

BOARD OF HEALTH Meeting

Agenda for May 22, 2025 at 9:00 AM

1. Call to Order
 - a. Opening ceremonies – Pledge Allegiance to the Flag of the United States of America
 - b. Roll Call
 - c. Approval of the Agenda*
 - d. Approval of the Minutes from April 24, 2025*
2. Public Comment
3. Health Officer's Report – pg 6
4. Medical Director's Report – pg 10
5. Departmental Reports
 - a. Area Agency on Aging – pg 13
 - b. Personal Health & Disease Prevention – pg 14
 - c. Health Education & Promotion – pg 20
 - d. Environmental Health – pg 23
6. Financial Reports
 - a. Approve Payments* - pg 34
 - b. Review Financials* - pg 37
7. Committee Reports – pg
 - a. Finance Committee – Approval of the May 19, 2025 Finance Committee meeting – pg 42
 - b. Program, Policies, and Appeals – Did not meet
8. Unfinished Business
 - a. FY23-24 Audit – pg 43
9. New Business
 - a. AAA Annual Implementation Plan – pg 98
 - b. Temporary Staffing for Non-Community Water – pg 127
10. Public Comment
11. Commissioner Comments
12. Adjournment - Next meeting: June 26, 2025

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.

Upcoming Meeting Dates:

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

Upcoming Board Education Topics:

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

April 24, 2025 – Board of Health Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order by Chairman, Tim Stoll at 9:01 AM with the Pledge of Allegiance to the Flag of the United States. Roll call was completed as follows: Jared Hoffmaster, Tim Shaffer, Brent Leininger, Rick Shaffer, and Kevin Collins. Jon Houtz was absent during roll call but entered the meeting at 9:05 AM.

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

Mr. Leininger moved to approve the agenda with support from Mr. Shaffer. The motion passed unopposed.

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

Laura de la Rambelje, Director of Local Health Services presented the Agency with an award for successful completion of Public Health Accreditation, Cycle 8.

Jon Houtz joined the meeting at 9:05 AM, during the accreditation presentation.

Dane Porter, CPA, CGFM, Senior Manager from Maner Costerisan presented the FY23-24 Audit Report.

Public Comment: No public comments were given.

Rebecca Burns, Health Officer, reviewed the monthly Health Officer's Report with the following items included: Day at the Capital & Public Health Week in Michigan, Federal Grant Pull Back, Staffing Update, Measles Outbreak in Michigan, Respiratory Virus Season, Accreditation, Public Health Concerns, and Office Updates.

Dr. Luparello reviewed the Medical Director's monthly report. This month's educational report was titled, "Mosquito-Borne Illnesses".

Departmental Reports:

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

Financial Reports/Expenditures

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

Committee Reports:

- Finance Committee – Mr. Houtz moved to approve the minutes from the April 21, 2025 Board of Health Finance Committee meeting with support from Mr. Hoffmaster. The motion passed unopposed.
- Program, Policy, & Appeals Committee – Mr. Leininger moved to approve the minutes from the April 16, 2025 Board of Health Program, Policy, and Appeals Committee meeting with support from Mr. Shaffer. The motion passed unopposed.

Unfinished Business:

- There was no unfinished business to discuss.

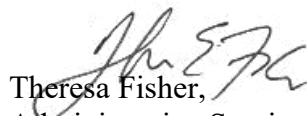
New Business:

- Mr. Shaffer moved to approve the annual report as presented with support by Mr. Leininger. The motion passed unopposed.
- Mr. Leininger moved to approve the updated Social Media policy, as presented, with support from Mr. Houtz. The motion passed unopposed.
- Mr. Leininger moved to approve the updated Procurement and Purchasing policies, as presented, with support from Mr. Houtz. The motion passed unopposed.
- Mr. Leininger moved to postpone acting on the FY34-34 audit report until the May Board of Health meeting. The motion received support from Mr. Hoffmaster and passed unopposed.
- Mr. Hoffmaster moved to accept and approve form 5572, with support from Mr. Leininger. The motion passed unopposed.
- Mr. Houtz moved to accept Bid #5553 from Constantine Flooring in the amount of \$33,763.59 for carpet replacement in the Three Rivers building. The motion was supported by Mr. Collins and passed unopposed.
- Board of Health meeting materials and format were discussed, but no action was taken.

Public Comment: No public comments were given.

With no further business, Mr. Leininger moved to adjourn the meeting with support from Mr. Hoffmaster. The motion passed unopposed and the meeting was adjourned at 10:50 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 May 22, 2025

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

Agency Updates

Older Michiganiaan's Day: This year I was able to attend as part of the contingent representing AAA IIIC. It was a great day and AAA IIIC was able to interact with all of our local legislators as well as a staff member from Senator Gary Peters office.

Agency's All-Staff Meeting April 25th: On April 25th we held our annual all-staff meeting in Coldwater at the Promedica (Insight) Conference Center. We brought in an educator from Notre Dame to speak on "Brain Care is Self-Care". She shared 6 neuroscience strategies for all of us to use both in the office and in our personal life to care for our brain. These 6 neuroscience tips are; Rest up, Listen to your body, Nourish your brain, Exercise your body and brain, Find friends to foster resilience, and Practice gratitude. Our health educator Josh shared GLAD (grateful, learned, accomplished, delighted) and reminded us to be mindful. I was able to work through a personality exercise called "True Colors" with the staff. True Colors helps individuals identify their own personal needs and desires and provides some ideas on how to interact with others who align with different needs and desires. Our agency Supervisors and Directors also covered the Quality Improvement projects they have worked on over the past year. We ended the day by celebrating with staff awards and were thankful that Commissioner and Board of Health Chair Tim Stoll attended to distribute employee recognitions.

FY 2025 Budget Amendment: The agency will be bringing a budget amendment to the Finance committee at their June meeting.

Proposed 2026 Federal Budget: The proposed budget does eliminate some of the funding sources that come through to local health departments in Michigan. I recognize that this budget is a proposal and changes will likely occur. Theresa and I are scheduled at the end of May to review line items and hope to be able to predict how much funding we could lose as our proposed FY 2026 budget is being put together.

Staffing Update: We have received notice of resignation from the Environmental Health Administrative Assistant in Branch County. This position will be posted soon.

Upgraded Phone System: The installation of our new phone system from TelNet will be completed on Friday, May 16th.

Audit: Theresa is working on this with the audit firm and expects to have an update for the board meeting.

Public Health Concerns:

Blood Lead Universal Testing Rules: The Universal Blood Lead Testing rules (Universal lead testing: R 333.301-304) have been finalized and are in effect as of April 30, 2025. To help prevent and address

lead poisoning of Michigan children, we invite you to help share the news and available resources throughout your community!

Universal Blood Lead Testing Highlights

- Children must be tested at 12 months and 24 months of age or by 72 months of age (age 6) if there is no record of a previous test. It is the physician's responsibility to test or order the test.
- Children must also be tested as follows:
 - Between 48 months and 60 months of age (age 4) if they live in one of the 82 cities and townships designated by MDHHS as high risk. Visit the Lead Testing Jurisdiction webpage to view the list of cities and townships.
 - At least once between their most recent test and age 72 months if they are at high risk because they live in a home:
 - Built before 1978.
 - Where other children with elevated blood lead levels live.
 - Within three months of when a physician or parent determines that they are at high risk.
- By law, parents can choose not to have their child's blood tested for lead. MDHHS recommends that the objection to the test be documented in the child's medical record.

I attached two sheets for your use and distribution from MDHHS.

Coldwater Office: I have been working with Frank Walsh on renovating the sign for our building on Marshall Road. He has obtained approval from the Board of Commissioners and is seeking approval from the township. Putting a sign back in the brick structure is the most cost-effective option. The HVAC upgrade project is complete. I understand that the county awarded the bid for the restroom remodel and new counter-tops in our clinic intake area.

Hillsdale Office: I believe I now have all the pieces needed to put the project out for bid.

Sturgis: Nothing at this time.

Three Rivers Office: The carpet tile has been ordered and we met with the contractor about the schedule for installation. The contractor will be working in June and July to complete the project.

Management of Blood Lead Test Results

Guidance for Health Care Providers

Michigan law requires blood lead testing of all young children at 12 months and 24 months and at other ages depending on certain risk factors. See reverse side for more information on the requirements.

Providers may use a capillary or venous sample for initial blood lead screening. False positive results may occur with capillary sample contamination. **If capillary test results are equal to or greater than 3.5 micrograms per deciliter, a venous sample must be used to confirm the result without delay.** If unable to obtain a timely venous sample, proceed with follow-up actions and continue attempts to confirm.

	Follow-up Testing	Follow-up Actions
BLL < 3.5 µg/dL	As required by universal lead testing law.	<ul style="list-style-type: none"> • Provide education about nutrition with a focus on iron and calcium intake. • Discuss common sources of lead exposure and lead exposure prevention.
BLL 3.5 – 9 µg/dL	Re-test every 3 months until BLL has declined for 2 – 4 tests. <hr/> Once BLL is declining, venous sample every 6 – 9 months.	<ul style="list-style-type: none"> • Follow above guidance. • Obtain an exposure history to identify potential sources of lead. • Assess for iron deficiency with laboratory testing. • Perform developmental screening. • For children < 3 years, refer to Early On. • Consider other children who may be exposed.
BLL 10 – 19 µg/dL	Re-test every 1 – 3 months until BLL has declined for 2 – 4 tests. <hr/> Once BLL is declining, venous sample every 3 – 6 months.	<ul style="list-style-type: none"> • Encourage family to: <ul style="list-style-type: none"> • Accept nursing case management services offered by the local health department. • Apply to the Lead Safe Home Program (URL: bit.ly/ApplyLeadServices) to determine eligibility for environmental investigation and abatement.
BLL 20 – 44 µg/dL	Re-test every 2 – 4-weeks until BLL has declined for 2 – 4 tests. <hr/> Once BLL is declining, venous sample every 1 – 3 months.	<ul style="list-style-type: none"> • Follow above guidance. • Perform a complete history and physical exam, assessing the child for signs and symptoms related to lead exposure. • Consider abdominal x-ray if ingested lead is suspected. • Contact Michigan Poison Control (800-222-1222) for guidance.
BLL > 45 µg/dL	Obtain confirmatory venous sample urgently, within 48 hours.	<ul style="list-style-type: none"> • Follow above guidance. • Contact local health department or the Michigan Department of Health and Human Services' Childhood Lead Poisoning Prevention Program with result. • Perform a complete history and physical exam including a detailed neurological exam. • Family should NOT return to lead-contaminated home. • Contact Michigan Poison Control (800-222-1222) for guidance regarding chelation treatment.

QUESTIONS?

Contact us at 517-335-8885
Michigan.gov/MiLeadSafe

Blood Lead Risk Assessment

Michigan's New Blood Lead Testing Requirements

Children must be tested at 12 months and 24 months of age or by 72 months of age (age 6) if there is no record of a previous test.

Children must also be tested:

- At age 4 if they live in one of the 82 cities and townships designated by MDHHS as high risk. The list of high risk jurisdictions can be viewed at bit.ly/LeadHighRisk.
- At least once between their most recent test and age 72 months if they are at high risk because they live in a home:
 - Built before 1978.
 - Where other children with elevated blood lead levels live.
- Within three months of when a physician or parent determines that they are at high risk.

The law states:

- It is the physician's responsibility to test or order the test.
- All elevated blood lead tests (≥ 3.5 $\mu\text{g}/\text{dL}$) from capillary blood must be confirmed with a venous test.
- Testing requirements do not apply if the parent/guardian objects to the test.

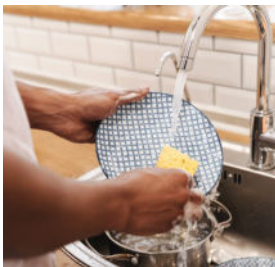
The following is a guide to identifying risk factors of lead exposure.



Does the child **live in or regularly visit a home built before 1978?** (Note: renovations can greatly increase risk of lead exposure in homes built before 1978.)



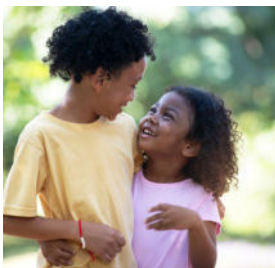
Does the child come in contact with an adult whose **job or hobby involves exposure to lead** (battery manufacturing/recycling, brass/bronze foundries, abrasive blasting outdoor metal structures, renovation of pre-1978 buildings, regular use of firing ranges, bullet reloading or casting, stained glass)?



Does the child live in or regularly visit a home that had a **water test with high lead levels?**



Does the child's caregiver use **home remedies** (e.g., *ba-baw-san*, *daw tway*, *greta*, *azarcon*, *balguti kesaria*, *ghasard*) or **imported spices** that may contain lead?



Does the child have a **sibling or friend who has an elevated blood lead level?**



Does the child have behaviors suggesting **high risk for lead exposure**, including pica and developmental delays?

To learn more about lead poisoning prevention and blood lead testing, contact the Childhood Lead Poisoning Prevention Program: 517-335-8885 or Michigan.gov/MiLeadSafe.

MEDICAL DIRECTOR'S REPORT

May 2025

1. Measles focus with community providers; lots of discussions.
2. Director and Administrator meetings, in person and zoom.
3. Meetings via zoom and teleconference with several associations.
4. Completed active TB treatment for one patient in Hillsdale. In person meeting with patient.
5. Working on state TB consultation regarding an active TB patient who moved to Michigan.
6. Reviewing policies; several for inspection.
7. Spring provider newsletter.

RABIES

Rabies is a fatal but preventable viral disease, which spreads to humans and pets through bites and scratches from infected animals. Urgent medical care should be sought after a rabies exposure. The virus is fatal if rabies-related medical care, called postexposure prophylaxis or PEP, is not started before symptoms begin.

Rabies is rare in people in the US, with only 1 to 3 cases reported each year. About 60,000 Americans receive PEP following exposure.

There are no confirmed instances of human-to-human transmission of rabies virus except from organ and tissue transplantation. The virus is transmitted through direct contact with infectious tissue or fluids. It is not transmitted through contaminated objects or materials.

People and pets are exposed through bites and scratches from animals infected with rabies. The virus is carried in saliva or mucus and spreads through the 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 time between exposure and the appearance of symptoms (incubations period) may be weeks to months.

The first symptoms may be like the flu (weakness, discomfort, fever, headache). There may also be prickling or an itching sensation at the site of the bite. These symptoms can last for several days. Typically, severe disease appears within two weeks of the first symptoms. 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.

May 22, 2025

Director's Report

Enclosure:

1. FY2026 Annual Implementation Plan *
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Updates:

1. Services to Victims of Elder Abuse Program Updates
 - The team continues to advocate for vulnerable adult victims of abuse, neglect and/or exploitation. We've exceeded the number of individuals served versus last year (yep, and it's mid-May!) We think the community partner development and training efforts have produced more awareness of our program and, thus, resulted in more referrals. The intensity of cases is certainly not decreasing either!
 - IDT meetings continue with case review, collaboration, and resource sharing.
2. We are still awaiting the full-year Statement of Grant Award from the ACLS Bureau who is awaiting their Notice of Award from the federal government. Providers held their April grant requests for federal reimbursement based on our advisement of no funding. We may need to do the same "hold" again for May services. This may cause delays in service for programs such as: congregate & home delivered meals, in home services like personal care and homemaking, transportation, health/wellness programming, caregiver services, and more.
3. No Wrong Door 2025 Updates:
Continuing momentum forward! We have a new AAA staff person on-boarding as our full-time Outreach Specialist. Training modules are underway with staff in the areas of Options Counseling and Medicare counseling (also called "SHIP"). A network development meeting with our NWD lead agency and our local SHIP offices (both Commission on Aging's) occurred on May 6th. It was a great meeting to connect and settle some major questions that have arisen during implementation and change over... We continue to remain positive!
4. FY2026 Annual Implementation Plan FINAL DRAFT (*action item) is available on our [website](#) and included in the meeting packet. We've discussed each section of the AIP draft with the Advisory Committee on April 15th as well as at our April BOH meeting. The Public Hearing on Monday, April 28th generated good dialogue. Testimony shared during the hearing and after the hearing is included in the Plan.

The Final Draft AIP Budget was presented on May 19th the BOH Finance Committee. Further updates will be shared at the BOH meeting.

Next steps: The FY26 AIP Final Draft will be sent electronically to both County Administrators. Requests for update presentations will be accommodated if requested (likely early June Commission meetings). The Plan is due to the ACLS Bureau on June 20th.

We appreciate your time and review of our FY2026 Annual Implementation Plan document!

Personal Health and Disease Prevention: May 22nd, 2025

Heidi Hazel, BSN, RN

Communicable Disease:

Data from our regional epi's.

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

Influenza: Influenza -like illness activity for Michigan is currently listed as minimal, but the CDC expects several more weeks of influenza activity.

Pediatric deaths: Nationally, there have been 226 influenza associated deaths and 10 for Michigan.

COVID-19/RSV: Activity continues to decline and are nearing seasonal lows.

Measles: As of May 8th, a total of 1,001 confirmed measles cases were reported across 31 jurisdictions.

Age

Under 5 years: 299 (30%)

5-19 years: 376 (38%)

20+ years: 311 (31%)

Age unknown: 15 (1%)

Vaccination Status

Unvaccinated or unknown: 96%

One MMR dose: 2%

Two MMR doses: 2%

There have been 8 confirmed measles cases in Michigan this year. Link to Measles updates can be found here: [Measles Updates MDHHS](#).

Salmonella in Backyard Poultry: Public Health Officials are investigating a multistate outbreak linked to backyard poultry. As of April 24th, 7 people have been infected with Salmonella Mbandaka across 6 states. No cases have been reported in Michigan.

Rabies: Rabies has been detected in three bats. One from Isabella, Menominee and Allegan Counties. [Map of Rabies Positive Animals in Michigan](#)

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

-Hillsdale: 2 TB

-Branch: 4 LTBI

-St. Joseph: 3 LTBI and 1 TB

Immunizations/STD/HIV:

Sexually Transmitted Infections (STIs) Awareness Week was April 13-19. We had a meeting with the Emerging HIV Networks Coordinator and other staff from the Michigan Department of Health and Human Services. The purpose of the meeting was to discuss an increase in new HIV cases in region 8 (Berrien, Van Buren, Cass, Kalamazoo, Calhoun, Branch and St. Joseph Counties). Over the past two years, there have been 20 new HIV diagnoses, representing an 82% increase. Of these, three new cases were reported in Branch and St. Joseph Counties. We are exploring proactive strategies to prevent the spread before it leads to an outbreak or poses a larger risk to our community.

Women, Infant, and Children (WIC):

Staff recently attended the WIC conference and received updates on the progress toward a new, modernized WIC system that will leverage updated technology. While the full rollout likely won't occur until 2028, the upcoming system promises several improvements designed to support staff more effectively. These include enhanced features to ensure required fields are completed before proceeding in an appointment, helping reduce the potential for human error, and more robust, visual data reporting tools.

In addition, efforts are underway to implement online shopping as an option for WIC clients, with the goal of launching this feature sometime next year.

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

CSHCS:

We are excited to announce that we have begun accepting Summer Camp applications! These camps are specially designed for youth to attend programs tailored to their specific diagnoses or disabilities. Scholarships are available to assist families with camp costs. These scholarships can cover up to \$500 per child. Here is a link to the application: [2025 Camp Scholarship Application](#)

HEARING/VISION and KOHA:

Our technicians and Dental Hygienist were busy with Kindergarten Round-Up season.

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

*FYTD=Fiscal Year To Date

Confirmed & Probable Case Totals	Apr-25				FYTD 2024-2025 (Oct-Sept)				FYTD 2023-2024 (Oct-Sept)			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
Animal Bite/Rabies potential exposure	-	4	-	4	3	21	-	24	4	21	5	30
Blastomycosis	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	1	1
Campylobacter	-	2	-	2	7	5	7	19	5	4	3	12
Chicken Pox	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia	10	4	7	21	47	41	109	197	51	44	96	191
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	-	-	-
CPO Carbapenemase-Producing Organism	1	-	-	1	1	-	-	1	-	-	-	-
CRE Carbapenem Resistant Enterobac.	-	-	-	-	-	-	-	-	2	2	1	5
Cryptosporidiosis	-	-	-	-	1	2	-	3	1	1	1	3
Giardiasis	-	-	-	-	-	-	1	1	-	3	1	4
Gonorrhea	-	3	4	7	5	9	32	46	15	19	17	51
H. Influenzae Disease - Inv.	-	-	-	-	-	1	2	3	1	-	-	1
Hepatitis A - Acute	1	-	-	1	1	-	-	1	-	-	-	-
Hepatitis B - Acute	-	-	-	-	-	-	2	2	1	-	1	2
Hepatitis B - Chronic	-	-	-	-	1	1	1	3	3	-	3	6
Hepatitis C - Acute	-	-	-	-	-	-	-	-	1	-	1	2
Hepatitis C - Chronic	-	-	2	2	1	4	8	13	2	5	5	12
Hepatitis C Unknown	-	-	-	-	1	-	-	1	-	-	-	-
Histoplasmosis	-	-	1	1	1	-	2	3	2	-	1	3
HIV/AIDS	-	-	-	-	1	-	-	1	1	-	1	2
Influenza	9	1	37	47	541	111	651	1,303	426	60	271	757
Kawasaki	-	-	-	-	-	-	-	-	-	-	-	-
Legionellosis	-	-	-	-	-	1	-	1	-	-	2	2
Listeriosis	-	-	-	-	-	-	-	-	-	-	-	-
Lyme Disease	-	-	1	1	3	2	5	10	2	1	8	11
Measles	-	-	-	-	-	-	-	-	-	-	-	-
Menengitis - Aseptic	-	-	-	-	-	1	-	1	1	-	2	3
Menengitis - Bacterial	-	-	-	-	1	-	-	1	-	-	2	2
Meningococcal Disease	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	-	-	-	-	-	-
Mycobacterium - Other	-	-	-	-	5	3	1	9	1	1	3	5
Norovirus	-	-	-	-	16	1	-	17	-	-	-	-
Novel Coronavirus	12	11	11	34	324	521	268	1,113	619	678	479	1,776
Pertussis	-	-	-	-	7	14	7	28	-	1	-	1
RSV	1	-	3	4	1	-	3	4	-	-	-	-
Salmonellosis	-	-	2	2	3	-	5	8	5	-	1	6
Shiga Toxin-prod. (STEC)	-	-	-	-	-	1	1	2	-	2	-	2
Shigellosis	-	-	-	-	-	-	-	-	-	-	-	-
Shingles	-	-	-	-	-	-	1	1	1	1	-	2
Staphylococcus Aureus Infect.	-	-	-	-	-	-	-	-	-	-	-	-
Strep Invasive Gp A	-	-	-	-	3	-	4	7	4	5	3	12
Strep Pneumonia Inv Ds.	1	-	-	1	1	3	1	5	4	7	7	18
Syphilis - Primary	-	-	1	1	1	-	9	10	1	2	-	3

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

	Apr-25					YTD 2024-2025					YTD 2023-2024				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
CHILD IMMUNIZATIONS															
# Vaccines Given CHA	122	145	62	90	419	1,705	1,199	401	1,383	4,688	994	822	395	415	2,626
All VFC Doses Given	633	316	-	555	1,504	4,187	2,165	157	3,577	10,086	5,344	2,576	-	4,479	12,399
Waivers	8	17	1	7	33	89	85	17	76	267	90	88	9	70	257
ADULT IMMUNIZATIONS															
# Vaccines Given CHA	33	13	7	19	72	389	144	115	109	757	651	127	46	171	995
All AVP Doses Given	24	10	-	11	45	391	124	14	132	661	193	113	-	53	359
COMMUNICABLE DISEASE															
TB Tests Done	2	11	-	-	13	27	60	2	14	103	36	57	4	12	109
STD treatments	1	-	-	8	9	6	4	-	64	74	2	23	1	79	105
HIV Testing	-	3	-	7	10	2	11	-	55	68	3	7	1	56	67
ENROLLMENTS															
Medicaid & Michild	1	-	-	-	1	11	4	-	-	15	9	7	2	3	21
REFERRAL SERVICE															
MCDC Referrals	7	1	3	5	16	27	22	85	83	217	37	63	85	101	286
MIHP referrals	-	-	5	7	12	2	-	283	272	557	8	1	154	167	330
Hearing Screens															
Pre-school	186	64	-	174	424	409	234	-	420	1,063	204	119	-	447	770
School Age	130	147	-	186	463	983	862	619	1,211	3,675	1,084	945	-	1,775	3,804
Vision Screens															
Pre-school	173	60	-	198	431	426	215	-	252	893	267	65	-	463	795
School Age	36	44	-	63	143	1,607	1,599	-	2,885	6,091	3,181	2,239	-	4,467	9,887
Children's Special Health Care Services															
Diagnostics	1	1	-	-	2	4	2	-	-	6	14	1	-	-	15
Assessments-Renewal	15	24	-	34	73	130	149	-	201	480	120	139	-	191	450
Assessments-New	7	6	-	10	23	15	53	-	34	102	13	36	-	22	71

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

State Participation/Enrollment Ratio [2]:					
Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Curr Year P/E Ratio (last 12 months)
96.2%	96.2%	96.1%	95.8%	96.2%	95.5%

Months	Enrollment [3]	Initial Participation [4]	Closeout Participation [5]	% Change in Participation [6]	Participation/ Enrollment Ratio[2]
Oct / 2023	4,263	3,999	4,039		93.81%
Nov / 2023	4,252	3,953	4,007	-0.79%	92.97%
Dec / 2023	4,201	3,849	3,931	-1.90%	91.62%
Jan / 2024	4,262	3,916	3,989	1.48%	91.88%
Feb / 2024	4,269	3,953	3,997	0.20%	92.60%
Mar / 2024	4,271	3,941	3,997	0.00%	92.27%
Apr / 2024	4,305	3,984	4,024	0.68%	92.54%
May / 2024	4,316	3,959	3,992	-0.80%	91.73%
Jun / 2024	4,333	3,929	4,006	0.35%	90.68%
Jul / 2024	4,390	4,029	4,075	1.72%	91.78%
Aug / 2024	4,412	4,054	4,096	0.52%	91.89%
Sep / 2024	4,389	4,067	4,110	0.34%	92.66%
Oct / 2024	4,449	4,160	4,195	2.07%	93.50%
Nov / 2024	4,450	4,161	4,211	0.38%	93.51%
Dec / 2024	4,441	4,138	4,191	-0.47%	93.18%
Jan / 2025	4,461	4,153	4,198	0.17%	93.10%
Feb / 2025	4,373	4,079	4,127	-1.69%	93.28%
Mar / 2025	4,326	4,060	4,106	-0.51%	93.85%
Apr / 2025	4,332	4,099	(est[7]) 4,220		94.62%
May / 2025	0	0	(est[7]) 4,125		
Jun / 2025	0	0	0		
Jul / 2025	0	0	0		
Aug / 2025	0	0	0		
Sep / 2025	0	0	0		

Total (Year to date)	30,832	28,850	25,028		
Curr Year Avg	4,405	4,121	4,171	697.95%	92.71%
Months with Count	7	7	6	6	7
Average to Base %[8]		106.5%	107.76%		
Last yrs Base % [9]		106.7%	108.12%		
Last yrs Average	4,305	3,969	4,022		92.20%

Estimated average participation for current year to date:	4,172	Funding Allocation Information Total Funding Allocation: \$908,156 Assigned Funding Participation Count [11]: Current Yr Base: 3,871 Previous Yr Base: 3,720
Actual average monthly participation current year to date [10]:	4,171	

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

Included in This Month's Report:

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

1. Health Education & Promotion Department Update:

The Michigan Office of Highway Safety and Planning grant continues to be on target with the deliverables for the grant. We have received 372 surveys as of this writing. We met with the Bishops in St. Joseph County, with Mike Perkins from Michigan Department of Transportation to discuss plans for M-66, M-86 and US 12 projects in 2026. We have provided the Bishops draft copies of the Driver's Manual that we have been working on.

We are working on the Lock It Up Campaign for 2025. We are working to identify presenters for our online video education, ordered the secure storage devices, and will be starting the social media campaign.

The agency's All Staff Meeting was well received by the team. The keynote speaker was engaging and informative. Thank you to Commissioner Stoll for assisting with the staff longevity awards.

The 2024 Annual Report is available on the website.

There were 11 media stories in April that mentioned the agency.

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

We continue working with insurance providers to receive allowable reimbursement for services provided by the program. We continue to support Covered Bridge Healthcare with services offered in their offices two days per week. We are working with WellWise on a sub-contract for the No Wrong Door program to help clients with issues related to insurance and care options in Hillsdale County. The program continues to receive referrals from multiple agencies in the jurisdiction.

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

We wanted to share the following thank you from a client:

"I just wanted to take a moment to sincerely thank you for everything you've done (sic). Your kindness and dedication have truly lifted her spirits and made such a difference in her day. Knowing that she'll be able to get medications and that they're affordable has lifted a huge weight off (sic) shoulders. It means so much to see people like you who genuinely care about the health and well-being of others. I know I sometimes fall into the habit of assuming the worst, but your compassion is a refreshing reminder of the good in the world. I'm truly grateful for your help and the kindness you have shown." – T.H.

3. Community Events:

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

Date	Event
4/5	Wonderland Hunt – Branch County
4/9	Roundtable Presentations - St. Joseph County
4/9	Day at the Capital
4/12	Community Baby Shower – Hillsdale County
4/14	Coach Eby Center – Branch County
4/17	Spring Fling – Hillsdale County
4/17	Parent’s Night at Coldwater High School – Branch County
4/23	Jonesville Mission/Great Start Collaborative Outreach – Hillsdale County
4/24	Car Seat Checks at Branch County Sheriff’s Department– Branch County
4/28	Presentation on the OHSP Grant to the Traffic Safety Network of SW Michigan
4/30	King’s Kupboard – Hillsdale County
5/1	Car Seat Checks at the Market House – Hillsdale County
5/17	CAPA Color Run – Hillsdale County
5/23	Friendship Friday – St. Joseph County

4. Social Media Update

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

<ul style="list-style-type: none"> • STI Awareness Week (April 13-18th) information on STIs/prevention shared. • Public Health Week (April 7-13th)- Highlighted Campaigns such as, Wear One, Lock it up • Tick prevention tips • Hearing and Vision Screening Clinic for Kindergarten & Young 5s: Branch Hillsdale St. Joseph Community Health Agency • Take Control of Your Birth Control • OHSP/Buggy Safety • Medicaid Assistance • WIC Social Media Toolkit • Safe Sleep Toolkit • Safe Storage- Gun Locks 	<ul style="list-style-type: none"> • Beacon Health Campaigns • April Newborn Feeding Class/Postpartum Support Group • WIC and immz campaigns (Hulu, Spotify and Pandora) • Measles immz messaging • Food license renewal reminder for food establishments • Alcohol Awareness Month messaging <p>Recalls:</p> <p>Johnsonville, LLC, Recalls Cheddar Bratwurst Product Due to Possible Foreign Matter Contamination Food Safety and Inspection Service</p> <p>Cargill Kitchen Solutions Recalls Liquid Egg Products Due to an Unapproved Substance Food Safety and Inspection Service</p>
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MAY 2025

**HEALTH EDUCATION & PROMOTION
BOARD OF HEALTH REPORT**

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

	# of Followers (Facebook & Instagram)	Instagram Reach (Amount a post is viewed, commented on, shared, etc.)	Facebook Reach (Amount a post is viewed, commented on, shared, etc.)	Video (# and Topic)	Agency Mentions in Local Media (radio stations, local newspaper/digital articles, etc.)	Boosted Activities (# and Topic)
April	4,374	711 (Up 241.8% from March)	45,100 (Up 60.1% from March)	Videos shared: WIC-Seasonal Produce, OHSP-Share the Road, Safe Sleep	11	Beacon Grant: May Classes for Feeding/Postpartum Support Group, WIC & Immz Campaigns on Meta, Pandora and Spotify.
TOTAL TO DATE (Since 10/1/2022)	14 NEW followers since last report	7,654	777,564	28	426	24

**Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the May 22, 2025 Board of Health Meeting
Prepared by Joseph Frazier R.E.H.S. , Director of Environmental Health**

Food Service Program Update

Food licensing is complete for the year. Our staff has worked extremely hard to ensure that all incoming food licenses have been processed and entered correctly. We continue to see an increase in plan review submissions for proposed Transitory Food Unit (TFU) facilities, with staff actively reviewing and providing consultation services to operators.

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

- **Cambria Baptist Church** – New non-profit food license in Hillsdale County
- **Curly's Pub** – Change of ownership food license in St. Joseph County
- **Café Di Caro** – New facility location in Branch County
- **Big House Breakfast and Burgers** – New facility located in St. Joseph County

Well, Septic, and Pools

With warmer, drier weather upon us, our general staff is diligently working on the increasing number of well and septic applications flowing into the offices. We are also working to improve public satisfaction by revising our customer satisfaction survey for these processes. Our goal is to provide this feedback opportunity to both the public and operators.

In addition, our Vector Technicians began their work the week of May 12, 2025, across all three counties. Karlee Mullendore will be located in our St. Joseph County office, Isaac Shively is returning to Branch County, and Amelia Lutz is returning to Hillsdale County. These technicians will attend training in Lansing before beginning tick and mosquito trapping efforts in all three counties.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT

2024/2025

	APRIL				YTD 2024/2025				YTD 2023/2024			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	2	-	4	6	2	5	20	27	1	-	4	5
CHANGE OF USE EVALUATIONS - FIELD	4	12	8	24	17	32	32	81	19	32	38	89
CHANGE OF USE EVALUATIONS - OFFICE	3	5	6	14	29	20	39	88	30	11	44	85
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	3	11	6	20	40	52	56	148	35	45	44	124
REPAIR/REPLACEMENT	7	5	18	30	32	27	61	120	35	31	51	117
VACANT LAND EVALUATION	3	1	-	4	7	10	5	22	6	15	3	24
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	13	17	24	54	79	89	122	290	78	87	98	265
SEWAGE PERMITS INSPECTED	10	13	15	38	43	48	83	174	47	64	83	194
WELL PERMITS ISSUED	11	17	11	39	84	79	105	268	79	72	107	258
WELL PERMITS INSPECTED	8	9	12	29	85	74	126	285	89	98	130	317
FOOD SERVICE INSPECTION												
PERMANENT	17	35	33	85	153	166	229	548	150	158	222	530
NEW OWNER / NEW ESTABLISHMENT	2	1	2	5	8	3	14	25	5	11	17	33
FOLLOW-UP INSPECTION	-	-	-	-	2	4	7	13	9	7	6	22
TEMPORARY	-	2	7	9	8	7	20	35	11	9	31	51
MOBILE/STFU	8	9	15	32	16	19	40	75	17	14	32	63
PLAN REVIEW APPLICATIONS	2	1	2	5	7	3	7	17	5	1	11	17
FOOD RELATED COMPLAINTS	2	-	-	2	9	-	6	15	2	5	6	13
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	-	-	1	1	1	3	1	5
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	-	-	-	-	-	-	-	10	12	-	-	22
				-				-				-
				-	-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-
CAMPGROUND INSPECTION	-	-	-	-	-	-	-	-	-	-	1	1
NON-COMM WATER SUPPLY INSP.	1	1	2	4	6	10	19	35	10	15	24	49
SWIMMING POOL INSPECTION	-	-	1	1	9	5	5	19	-	6	2	8
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	-	-	16	16	8	1	16	25	3	1	10	14
DHS LICENSED FACILITY INSP.	-	1	3	4	7	13	19	39	11	12	10	33
COMPLAINT INVESTIGATIONS	4	6	2	12	11	18	10	39	4	24	4	32
LONG TERM MONITORING	-	-	-	-	-	-	-	-	-	-	-	14
BODY ART FACILITY INSPECTIONS	-	-	5	5	2	5	8	15	6	3	8	17



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: 04/01/2025 - 04/30/2025

County	Inspection Type / Reason	Count
Branch County		
	<u>Food Safety</u>	
	Non Foodborne Illness Complaint - Follow Up	1
	Non Foodborne Illness Complaint - Initial	1
	Pre-Opening - Pre-Opening	2
	Risk Based Inspection - Routine	17
	STFU Inspection - Routine	6
	STFU Pre-Opening - Pre-Opening	2
	Total # of Food Safety inspections - Branch County	29
Hillsdale County		
	<u>Food Safety</u>	
	Pre-Opening - Pre-Opening	1
	Progress Note - New Inspection Reason	1
	Risk Based Inspection - Routine	35
	STFU Inspection - Routine	9
	Temporary Food Inspection - Routine	2
	Total # of Food Safety inspections - Hillsdale County	48
St. Joseph County		
	<u>Food Safety</u>	
	Consultation - Plan Review Consultation	1
	Pre-Opening - Pre-Opening	2
	Progress Note - New Inspection Reason	4

Inspection Type Count By County

For Date Range: 04/01/2025 - 04/30/2025

County	Inspection Type / Reason	Count
	Risk Based Inspection - Routine	33
	STFU Inspection - Routine	15
	Temporary Food Inspection - Routine	7
	Total # of Food Safety inspections - St. Joseph County	62
	<u>Total # of inspections - All counties</u>	<u>139</u>



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(269) 273 - 2161 ext. 233

Food Establishment Inspection Report by Facility Name

For Date Range: 04/01/2025 - 04/30/2025 and Food Program

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
A Hint of ... LLC	Litchfield	04/30/2025	Risk Based Inspection - Routine	0	0	0	0
All American Circus	Hillsdale	04/24/2025	Temporary Food Inspection - Routine	0	0	0	0
Ambassador's for Christ Church	Three Rivers	04/29/2025	Risk Based Inspection - Routine	0	0	0	1
AMERICAN LEGION MEMORIAL POST	BRONSON	04/22/2025	Risk Based Inspection - Routine	0	0	0	0
ANDERSON ELEMENTARY SCHOOL	BRONSON	04/08/2025	Risk Based Inspection - Routine	0	0	0	0
Andrews Elementary School	Three Rivers	04/21/2025	Risk Based Inspection - Routine	0	0	0	0
ANN-DEE'S TAVERN	North Adams	04/29/2025	Risk Based Inspection - Routine	0	0	0	0
APPLEBEE'S	Sturgis	04/02/2025	Risk Based Inspection - Routine	0	1	1	0
Arrowhead Kettle Co.	Coldwater	04/28/2025	STFU Inspection - Routine	0	0	0	1
Auntie Anne's & Cinnabon	Hillsdale	04/07/2025	Risk Based Inspection - Routine	1	1	1	2
Azteca Mexican Restaurant	Bronson	04/22/2025	Risk Based Inspection - Routine	0	2	2	2
Bailey Elementary School	Hillsdale	04/30/2025	Risk Based Inspection - Routine	0	0	0	0
Bass Boosters	Three Rivers	04/17/2025	STFU Inspection - Routine	0	0	0	0
Big House Breakfast and Burgers	Three Rivers	04/29/2025	Pre-Opening - Pre-Opening	0	0	0	0
Big Wheels BBQ	CONSTANTINE	04/18/2025	STFU Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Big Wheels BBQ	CONSTANTINE	04/23/2025	STFU Inspection - Routine	0	0	0	0
Biggby Coffee North Sturgis	Sturgis	04/17/2025	Risk Based Inspection - Routine	0	0	0	2
BILL'S GRILL HOUSE	COLDWATER	04/04/2025	Risk Based Inspection - Routine	0	1	1	3
Bird Lake Christian Academy	OSSEO	04/18/2025	Risk Based Inspection - Routine	0	0	0	0
BOB EVANS RESTAURANTS LLC #2035	COLDWATER	04/11/2025	Risk Based Inspection - Routine	1	0	1	0
BRANCH AREA CAREERS CENTER	COLDWATER	04/15/2025	Risk Based Inspection - Routine	0	0	0	0
BRONSON HIGH SCHOOL	BRONSON	04/08/2025	Risk Based Inspection - Routine	0	0	0	1
Brooklyn Way LLC	Coldwater	04/28/2025	STFU Pre-Opening - Pre-Opening	0	0	0	0
Buck Yeah STFU	Three Rivers	04/18/2025	STFU Inspection - Routine	0	0	0	0
BUFFALO WILD WINGS (STURGIS)	STURGIS	04/10/2025	Risk Based Inspection - Routine	1	0	1	1
Caffe Di Caro	Coldwater	04/24/2025	Pre-Opening - Pre-Opening	0	0	0	0
Caffe Di Caro	Coldwater	04/29/2025	Pre-Opening - Pre-Opening	0	0	0	0
Cambria Baptist Church	Hillsdale	04/21/2025	Pre-Opening - Pre-Opening	0	0	0	0
Camden United Methodist Church	Camden	04/17/2025	Risk Based Inspection - Routine	0	0	0	0
CAMDEN-FRONTIER SCHOOL	Camden	04/17/2025	Risk Based Inspection - Routine	0	0	0	0
CENTRAL ELEMENTARY SCHOOL	White Pigeon	04/14/2025	Risk Based Inspection - Routine	0	0	0	0
Centreville Baptist Church	Centreville	04/21/2025	Temporary Food Inspection - Routine	0	0	0	0
CENTREVILLE ELEMENTARY	Centreville	04/30/2025	Risk Based Inspection - Routine	0	0	0	0
CENTREVILLE HIGH SCHOOL	Centreville	04/30/2025	Risk Based Inspection - Routine	0	0	0	0
China 1	Coldwater	04/04/2025	Non Foodborne Illness Complaint - Follow Up	0	0	0	0
Chunky Butts BBQ & Grill	Osseo	04/21/2025	STFU Inspection - Routine	0	0	0	0
COLDWATER GARDEN	COLDWATER	04/11/2025	Risk Based Inspection - Routine	0	0	0	1
COLON ELEM SCHOOL	Sturgis	04/22/2025	Risk Based Inspection - Routine	0	0	0	0
COLON HIGH SCHOOL	COLON	04/22/2025	Risk Based Inspection - Routine	0	0	0	0
Colon United Methodist Church	Colon	04/22/2025	Progress Note - New Inspection Reason	0	0	0	0
CONSTANTINE COMMUNITY SOUP KITCHEN	Constantine	04/28/2025	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Constantine Fire Department	Constantine	04/28/2025	Risk Based Inspection - Routine	0	0	0	0
Cottage Inn Pizza Sturgis	Sturgis	04/18/2025	Risk Based Inspection - Routine	0	1	1	1
Creative Dining Services/Abbott Labs	Sturgis	04/02/2025	Risk Based Inspection - Routine	0	0	0	2
CURLY'S INC.	Colon	04/22/2025	Progress Note - New Inspection Reason	0	0	0	0
Curly's Pub	Colon	04/22/2025	Pre-Opening - Pre-Opening	0	0	0	0
DAVINCI'S	STURGIS	04/09/2025	Risk Based Inspection - Routine	0	0	0	1
DAVIS MIDDLE SCHOOL	HILLSDALE	04/30/2025	Risk Based Inspection - Routine	0	0	0	0
Deadlift Coffee Company LLC	Three Rivers	04/21/2025	Risk Based Inspection - Routine	0	0	0	0
DEARTH COMMUNITY CENTER	Coldwater	04/15/2025	Risk Based Inspection - Routine	0	0	0	0
DQ GRILL & CHILL	Three Rivers	04/03/2025	Risk Based Inspection - Routine	0	0	0	1
El Cunado Mexican Cuisine 2	Coldwater	04/15/2025	STFU Inspection - Routine	0	0	0	0
El Guerrero LLC	Bronson	04/08/2025	STFU Pre-Opening - Pre-Opening	0	0	0	0
ENRICHMENT CENTER	Sturgis	04/09/2025	Risk Based Inspection - Routine	0	0	0	0
FAMILY AFFAIR RESTAURANT	MENDON	04/15/2025	Risk Based Inspection - Routine	0	0	0	0
FIRST PRESBYTERIAN CHURCH	THREE RIVERS	04/28/2025	Risk Based Inspection - Routine	1	0	1	0
FIVE STAR PIZZA	UNION CITY	04/10/2025	Risk Based Inspection - Routine	0	0	0	0
Forget Me Knot Heroes	Three Rivers	04/04/2025	Temporary Food Inspection - Routine	0	0	0	0
Forget Me Knot Heroes	Three Rivers	04/22/2025	Temporary Food Inspection - Routine	0	0	0	0
Frank Beck Chevrolet	Jonesville	04/14/2025	Temporary Food Inspection - Routine	0	0	0	0
Gibby's	Mendon	04/15/2025	Risk Based Inspection - Routine	0	1	0	1
GIER ELEMENTARY SCHOOL	HILLSDALE	04/30/2025	Risk Based Inspection - Routine	0	0	0	0
Haithcox Concessions		04/18/2025	Temporary Food Inspection - Routine	0	0	0	0
Hillsdale College Dining Hall	Hillsdale	04/16/2025	Risk Based Inspection - Routine	1	0	1	1
Hillsdale College Dow Conference Center	Hillsdale	04/16/2025	Risk Based Inspection - Routine	0	0	0	0
Hillsdale College Halter Center	Hillsdale	04/22/2025	Progress Note - New Inspection Reason	0	0	0	0
Hillsdale College Halter Center	Hillsdale	04/22/2025	Risk Based Inspection - Routine	0	0	0	0
Hillsdale County ISD - Hillsdale Preparatory	Hillsdale	04/10/2025	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Hillsdale County ISD - YAP	Hillsdale	04/28/2025	Risk Based Inspection - Routine	0	0	0	0
HILLSDALE GOLF & COUNTRY CLUB	Hillsdale	04/24/2025	Risk Based Inspection - Routine	1	0	0	1
HILLSDALE HIGH SCHOOL	Hillsdale	04/28/2025	Risk Based Inspection - Routine	0	0	0	0
Hillsdale Preparatory School	Hillsdale	04/10/2025	Risk Based Inspection - Routine	0	0	0	0
HIP PADDER'S CATERING	STURGIS	04/22/2025	Risk Based Inspection - Routine	0	0	0	0
Holiday Inn & Suites	Three Rivers	04/23/2025	Risk Based Inspection - Routine	0	1	0	1
Hoppin Elementary	THREE RIVERS	04/21/2025	Risk Based Inspection - Routine	0	0	0	0
Hot N Now	Sturgis	04/02/2025	Risk Based Inspection - Routine	1	0	1	0
Howardsville Christian School	Marcellus	04/16/2025	Temporary Food Inspection - Routine	0	0	0	0
HUNGRY HOWIES	COLDWATER	04/04/2025	Risk Based Inspection - Routine	0	0	0	0
HUNGRY HOWIE'S	HILLSDALE	04/02/2025	Risk Based Inspection - Routine	0	1	1	1
J Dawgz and Catering	Coldwater	04/04/2025	STFU Inspection - Routine	0	0	0	0
J Dawgz and Catering	Coldwater	04/11/2025	STFU Inspection - Routine	0	0	0	0
Jaspare's Pizza	Mendon	04/15/2025	Risk Based Inspection - Routine	0	0	0	1
JEANNIE'S DINER	COLDWATER	04/21/2025	Non Foodborne Illness Complaint - Initial	0	0	0	1
JENNINGS ELEMENTARY SCHOOL	QUINCY	04/08/2025	Risk Based Inspection - Routine	0	0	0	0
JONESVILLE HIGH SCHOOL	JONESVILLE	04/29/2025	Risk Based Inspection - Routine	0	0	0	0
JONESVILLE MIDDLE SCHOOL	JONESVILLE	04/29/2025	Risk Based Inspection - Routine	0	0	0	0
Kate's Diner I	Centreville	04/30/2025	STFU Inspection - Routine	0	0	0	0
Kate's Elephant Ear	Centreville	04/30/2025	STFU Inspection - Routine	0	0	0	0
Kernal Poppers	White Pigeon	04/24/2025	STFU Inspection - Routine	0	0	0	1
La Cocina de Chelo	Union City	04/11/2025	STFU Inspection - Routine	0	1	1	0
Lawless's BBQ, LLC	Jonesville	04/15/2025	STFU Inspection - Routine	0	0	0	0
LEGG MIDDLE SCHOOL	COLDWATER	04/22/2025	Risk Based Inspection - Routine	2	0	2	0
LITCHFIELD COMMUNITY SCHOOL	LITCHFIELD	04/24/2025	Risk Based Inspection - Routine	0	0	0	0
LITCHFIELD CONGREGATIONAL CHURCH	Litchfield	04/24/2025	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Made in the Dunya	Coldwater	04/29/2025	STFU Inspection - Routine	0	0	0	0
MaMazzoni's Italian Beef	Sturgis	04/14/2025	STFU Inspection - Routine	0	0	0	0
McComb's Street Eats	Osseo	04/10/2025	STFU Inspection - Routine	0	0	0	0
MCDONALDS OF COLDWATER	COLDWATER	04/15/2025	Risk Based Inspection - Routine	1	1	2	1
McDONALDS OF STURGIS 2180	Sturgis	04/18/2025	Risk Based Inspection - Routine	1	0	1	3
MEEKS MILL CAFE	Constantine	04/18/2025	Risk Based Inspection - Routine	0	0	0	1
MEL'S 50s DINER	UNION CITY	04/11/2025	Risk Based Inspection - Routine	1	0	1	1
Mema Kitchen - STFU	Three Rivers	04/28/2025	STFU Inspection - Routine	0	0	0	0
My Guys Frys	Sturgis	04/16/2025	STFU Inspection - Routine	0	0	0	0
New School Relics	Nottawa	04/28/2025	Temporary Food Inspection - Routine	0	0	0	0
Norton Elementary	THREE RIVERS	04/16/2025	Risk Based Inspection - Routine	0	0	0	0
PARK COMMUNITY SCHOOL	THREE RIVERS	04/28/2025	Progress Note - New Inspection Reason	0	0	0	0
PENNY'S	HILLSDALE	04/11/2025	Risk Based Inspection - Routine	1	0	1	1
QUINCY JR SR HIGH SCHOOL	QUINCY	04/08/2025	Risk Based Inspection - Routine	0	0	0	0
READING HIGH SCHOOL	READING	04/22/2025	Risk Based Inspection - Routine	0	0	0	0
REYNOLDS ELEMENTARY SCHOOL	Reading	04/22/2025	Risk Based Inspection - Routine	0	0	0	0
Rosalie's Roadhouse	Jonesville	04/02/2025	Risk Based Inspection - Routine	0	0	0	0
Sam's Place of TR	Three Rivers	04/01/2025	Consultation - Plan Review Consultation	0	0	0	0
Smokin' Steve's BBQ & Fried Pies	North Adams	04/22/2025	STFU Inspection - Routine	0	0	0	0
Smokin' Steve's BBQ & Fried Pies 2	North Adams	04/14/2025	STFU Inspection - Routine	0	0	0	0
Sozo Church of Hillsdale	Hillsdale	05/01/2025	Risk Based Inspection - Routine	0	0	0	0
ST MARY'S ASSUMPTION CHURCH & SCHOOL	BRONSON	04/07/2025	Risk Based Inspection - Routine	0	0	0	1
Subway - Hillsdale	Hillsdale	04/01/2025	Risk Based Inspection - Routine	0	0	0	0
Subway - Jonesville	Jonesville	04/14/2025	Risk Based Inspection - Routine	1	1	2	1
Subway 3489	STURGIS	04/21/2025	Risk Based Inspection - Routine	1	0	1	1
Taco Bell #32990	Sturgis	04/21/2025	Risk Based Inspection - Routine	0	0	0	1

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Taco Bell #37166	Hillsdale	04/03/2025	Risk Based Inspection - Routine	0	0	0	0
Tacos Guerrerenses 2	Constantine	04/14/2025	STFU Inspection - Routine	0	1	0	0
Taqueria Munoz	Sturgis	04/26/2025	STFU Inspection - Routine	0	0	0	0
THE DECK DOWN UNDER	Jerome	04/30/2025	Risk Based Inspection - Routine	0	0	0	0
The Donut Hut	Hillsdale	04/10/2025	Risk Based Inspection - Routine	0	0	0	0
The Joint...Smokin' Good Foods LLC	Hillsdale	04/24/2025	STFU Inspection - Routine	0	0	0	0
The Landmark Tap House DBA Main St Cafe	Three Rivers	04/17/2025	Risk Based Inspection - Routine	0	0	0	1
The Wagyu Shack	Sturgis	04/29/2025	STFU Inspection - Routine	0	0	0	0
TKO BBQ	Jonesville	04/29/2025	STFU Inspection - Routine	0	0	0	0
Town Fryer Restaurant LLC	Constantine	04/29/2025	Progress Note - New Inspection Reason	0	0	0	0
Vel's	Three Rivers	04/28/2025	Temporary Food Inspection - Routine	0	0	0	0
WALDRON AREA SCHOOL	WRIGHT TWP	04/15/2025	Risk Based Inspection - Routine	0	0	0	0
Waldron Friendly Tavern	Waldron	04/15/2025	Risk Based Inspection - Routine	0	0	0	0
Weenie Kings	THREE RIVERS	04/28/2025	STFU Inspection - Routine	0	0	0	0
Weenie Kings 2	Three Rivers	04/23/2025	STFU Inspection - Routine	0	0	0	0
WHITE PIGEON HIGH SCHOOL	WHITE PIGEON	04/14/2025	Risk Based Inspection - Routine	0	0	0	1
Wieners and Tacos on the Fly	Hillsdale	04/18/2025	STFU Inspection - Routine	0	0	0	0
WILLIAMS ELEMENTARY SCHOOL	JONESVILLE	04/29/2025	Risk Based Inspection - Routine	0	0	0	0
Zero Bar and Lounge	Somerset Center	04/30/2025	STFU Inspection - Routine	0	0	0	0
				15	13	23	40

Food Inspection Codes

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

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

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

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

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 4/1/2025 Through 4/30/2025

Payee	Check Amount	Check Number	Effective Date
4Imprint	2,115.36	54769	4/4/2025
ACD.NET	1,911.17	54778	4/18/2025
Action Quick Print Plus	277.00	25-04-04 A.01	4/4/2025
Action Quick Print Plus	445.00	25-04-18 A.01	4/18/2025
Aflac District Office	450.53	25-04-11 PR.01	4/11/2025
Aflac District Office	450.53	25-04-25 PR.01	4/25/2025
AleraEdge	1,405.80	54779	4/18/2025
Alert Medical Alarms	224.60	54780	4/18/2025
Alerus Retirement Solutions	3,686.00	25-04-11 R.01	4/11/2025
Alerus Retirement Solutions	3,753.00	25-04-25 R.01	4/25/2025
Amazon Capital Services, Inc	1,077.38	25-04-04 P.01	4/4/2025
Amazon Capital Services, Inc	1,192.58	25-04-18 P.01	4/18/2025
Angela Shedd	2,862.70	25-04-18 A.02	4/18/2025
Angela Shedd	2,595.10	25.04.04A.01	4/4/2025
Area Agencies On Aging Mich.	2,477.50	25-04-04 A.02	4/4/2025
Barbara P. Foley	46.16	54776	4/11/2025
Barbara P. Foley	46.16	54791	4/25/2025
Beacon Properties Administration	4,631.85	25-04-30 A.01	4/30/2025
Blue Cross Blue Shield	74,142.60	25-04-18 P.02	4/18/2025
Branch Area Transit Authority	1,566.48	25-04-18 A.03	4/18/2025
Branch County Commission	23,679.50	25-04-18 A.04	4/18/2025
Branch County Complex	5,694.28	25-04-30 A.02	4/30/2025
Card Services Center	1,465.18	25-04-30 P.02	4/30/2025
CDW GOVERNMENT INC.	800.17	25-04-18 A.05	4/18/2025
Century Bank - Hillsdale Maintenance	2,000.00	25-04-30 A.03	4/30/2025
Century Bank - Three Rivers Maintenance	2,000.00	25-04-30 A.04	4/30/2025
Century Basic	1,006.59	25-04-11 R.02	4/11/2025
Century Basic	1,006.59	25-04-25 R.02	4/25/2025
Century EFTPS	1,817.19	25-04-11 C.01	4/11/2025
Century EFTPS	91.80	25-04-11 L.01	4/11/2025
Century EFTPS	27,690.02	25-04-11 R.03	4/11/2025
Century EFTPS	106.56	25-04-25 DI.01	4/25/2025
Century EFTPS	91.80	25-04-25 L.01	4/25/2025
Century EFTPS	33.58	25-04-25 L.03	4/25/2025
Century EFTPS	27,843.30	25-04-25 R.03	4/25/2025
Century Mastercard	2,556.44	25-04-04 P.02	4/4/2025
Century MERS	62,220.81	25-04-18 A.06	4/18/2025
Century State/Michigan State Treasury	16.35	25-04-11 L.02	4/11/2025
Century State/Michigan State Treasury	16.35	25-04-25 L.02	4/25/2025
Century State/Michigan State Treasury	54.74	25-04-25 L.04	4/25/2025
Century State/Michigan State Treasury	405.83	25-04-25 R.04	4/25/2025
Century State/Michigan State Treasury	4,929.14	25-04-25 R.05	4/25/2025
Century State/Michigan State Treasury	4,979.28	25-04-25 R.06	4/25/2025
Charter Communications	150.00	25-04-04 P.03	4/4/2025
Cintas Corporation Loc 351	141.08	25-04-04 P.04	4/4/2025
City Of Three Rivers	45.00	25-04-18 A.07	4/18/2025
Clia Laboratory Program	248.00	54781	4/18/2025
CLIAwaived Inc.	3,640.00	25-04-04 A.03	4/4/2025
ConnectAmerica	95.00	25-04-18 A.08	4/18/2025
Control Solutions Inc.	578.82	25-04-18 A.09	4/18/2025
Crossroads Home Care Inc.	1,419.81	25-04-18 A.10	4/18/2025
DELTA DENTAL	4,390.42	25-04-18 A.11	4/18/2025

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 4/1/2025 Through 4/30/2025

Payee	Check Amount	Check Number	Effective Date
DiningRD	4,522.19	25-04-18 A.12	4/18/2025
DL Gallivan Office Solutions	793.28	54770	4/4/2025
Dr. Karen M. Luparello	4,508.00	25-04-30 A.05	4/30/2025
Frontier	308.62	25-04-04 P.05	4/4/2025
GDI Services Inc.	4,972.55	25-04-30 A.06	4/30/2025
Glaxo-Smithkline Financial Inc.	3,247.58	25-04-18 A.13	4/18/2025
Health Equity	2,377.18	25-04-11 PR.02	4/11/2025
Health Equity	2,377.18	25-04-25 PR.02	4/25/2025
Helping Angels Home Care LLC	948.56	25-04-18 A.14	4/18/2025
Hillsdale Board Of Public Utilities	2,184.67	25-04-04 P.06	4/4/2025
Hillsdale County Treasurer	1,177.21	25-04-18 A.15	4/18/2025
Home Roots Companion & Home Care Services LLC	106.88	25-04-18 A.16	4/18/2025
HomeJoy of Kalamzoo	2,582.77	25-04-18 A.17	4/18/2025
Hospital Network Healthcare Services	64.75	25-04-18 A.18	4/18/2025
Indiana MI Power Company	1,062.98	25-04-18 P.03	4/18/2025
Insight Hospital & Medical Center Coldwater	50.00	54782	4/18/2025
KALAMAZOO CHD	500.00	25-04-18 A.19	4/18/2025
Laboratory Corporation of America	81.78	25-04-18 A.20	4/18/2025
Legal Services Of S.Central MI	1,220.00	25-04-18 A.21	4/18/2025
Lisa Eicher	56.22	54783	4/18/2025
MACKS FIRE PROTECTION	993.50	25-04-04 A.04	4/4/2025
Macquarie Equipment Capital Inc.	1,322.75	25-04-18 A.22	4/18/2025
Maner Costerisan	3,000.00	25-04-04 A.05	4/4/2025
Maplecrest, LLC	1,325.28	25-04-30 A.07	4/30/2025
McKibbin Media Group	800.00	54784	4/18/2025
Medical Care Alert	412.60	25-04-18 A.23	4/18/2025
Merck Sharp & Dohme LLC	7,608.56	54785	4/18/2025
MERS 5% EMPLOYEES	8,759.82	25-04-18 A.24	4/18/2025
MI Security & Lock, LLC	3,140.49	54771	4/4/2025
Michigan Gas	50.02	25-04-04 P.07	4/4/2025
Michigan Public Health Institute	3,533.90	25-04-18 A.25	4/18/2025
Michigan State Disbursement Unit	190.11	54777	4/11/2025
Michigan State Disbursement Unit	190.11	54792	4/25/2025
Midwest Communications	720.00	54786	4/18/2025
Mistel de Varona	675.00	54772	4/4/2025
Mistel de Varona	675.00	54787	4/18/2025
Nationwide	620.00	25-04-11 R.04	4/11/2025
Nationwide	620.00	25-04-25 R.07	4/25/2025
Nissley Disposal Inc	110.00	25-04-04 P.08	4/4/2025
Prompt Care Express PC	71.00	54788	4/18/2025
Republic Waste Services	273.00	25-04-04 P.09	4/4/2025
Reserve Account	3,000.00	25-04-30 A.08	4/30/2025
Richard Clark	2,463.85	25-04-30 A.09	4/30/2025
Riley Pumpkin Farm	510.00	25-04-30 A.10	4/30/2025
Rosati Schultz Joppich Amtsbueshler	1,095.00	25-04-18 A.26	4/18/2025
ROSE PEST SOLUTIONS	83.00	25-04-04 A.06	4/4/2025
Sanofi Pasteur Inc.	4,003.48	25-04-18 P.04	4/18/2025
Semco Energy	162.55	25-04-04 P.10	4/4/2025
Shaffmasters U-Stor-n-Lock	150.00	25-04-04 A.07	4/4/2025
Shred It	90.00	25-04-04 P.11	4/4/2025
St Joseph County COA	27,391.69	25-04-18 A.27	4/18/2025

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 4/1/2025 Through 4/30/2025

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
St Joseph County Transit Authority	2,024.74	25-04-18 A.28	4/18/2025
State Of Michigan	74.00	54773	4/4/2025
State of Michigan-Dept	11.50	54774	4/4/2025
STP Paintong	17,450.00	25-04-04 A.08	4/4/2025
STP Paintong	17,450.00	25-04-18 A.29	4/18/2025
Stratus Video, LLC	3,687.57	54789	4/18/2025
Swick Broadcasting Company	805.40	54775	4/4/2025
Tasteful Kreations	0.00	54790	4/18/2025
TMK Worldwide, LLC	168.54	25-04-04 A.09	4/4/2025
Verizon	1,866.08	25-04-04 P.12	4/4/2025
VRI INC.	108.00	25-04-18 A.30	4/18/2025
Report Total	437,400.07		

Branch-Hillsdale-St Joseph Community Health Agency
Balance Sheet - Unposted Transactions Included In Report
As of 4/30/2025

	<u>Current Period Balance</u>
Assets	
Cash on Hand	20,084.20
Cash with County Treasurer	4,089,378.85
Community Foundation Grant	309,955.94
Cash HD Building Maintenance	46,450.00
Cash TR Building Maintenance	71,049.40
Accounts Receivable	87,196.13
Due from Dental DAPP	1,275.67
Due from State	(266,132.70)
Due from Other Funding Sources	72,990.02
Prepaid Expenses	165,510.40
Biologic Inventory	160,499.51
Total Assets	<u><u>4,758,257.42</u></u>
Liabilities	
Accounts Payable	155,295.63
Payroll Liabilites	134,911.11
Deferred Revenue	487,617.17
Deferred Revenue BR	38,310.17
Deferred Revenue HD	40,409.00
Deferred Revenue SJ	53,829.33
Biologics	160,499.51
Total Liabilities	<u>1,070,871.92</u>
Net Assets	
Operation Fund Balance	534,452.23
Restricted Fund Balance	392,008.43
Designated Fund Balance	2,760,924.84
Total Net Assets	<u>3,687,385.50</u>
Total Liabilities and Net Assets	<u><u>4,758,257.42</u></u>

BHSJ Community Health Agency
Schedule of Cash Receipts and Disbursements

Plus: Cash Receipts	October 31, 2024 thru	\$662,795.09
Less: Cash Disbursements For Payroll/AP	March 31, 2025	\$ (822,130.30)
10/31/2024 Cash Balance		\$ 4,686,183.48
Plus: Cash Receipts		\$815,038.10
Less: Cash Disbursements For Payroll/AP		\$ (653,168.03)
11/30/2024 Cash Balance		\$ 4,848,053.55
Plus: Cash Receipts		\$571,613.15
Less: Cash Disbursements For Payroll/AP		\$ (1,018,660.01)
12/31/2024 Cash Balance		\$ 4,401,006.69
Plus: Cash Receipts		\$821,312.23
Less: Cash Disbursements For Payroll/AP		\$ (768,005.46)
1/31/2025 Cash Balance		\$ 4,454,313.46
Plus: Cash Receipts		\$208,213.14
Less: Cash Disbursements For Payroll/AP		\$ (616,845.56)
2/28/2025 Cash Balance		\$ 4,045,681.04
Plus: Cash Receipts		\$570,058.30
Less: Cash Disbursements For Payroll/AP		\$ (620,991.20)
3/31/2025 Cash Balance		\$ 3,994,748.14
Plus: Cash Receipts		\$1,050,682.89
Less: Cash Disbursements For Payroll/AP		\$ (646,096.24)
4/30/2025 Cash Balance		\$ 4,399,334.79

12 Month Grants Should be 58.33% Expended, 9 Month Grants Should be 66.66% Expended

	Current Month	Year to Date	Total Budget - Amendment1	% Total Expended
024 MERS Pension Underfunded Liability Over budget due to one time payment of \$22,590 already completed for the year. Will fall back in line as the year progresses.	0.00	38,045.05	44,590.00	85.32%
325 CSHCS Slightly over budget - RU 325 must be fully expended before RU 112 can be used. When looking at these 2 budgets together they are currently at 62.5%. Will adjust in next amendment.	24,517.33	183,512.38	222,409.00	82.51%
720 EH- Complaints Increased activity. We will continue to monitor and will adjust at the next budget amendment.	475.34	4,876.11	6,109.89	79.80%
210 Beacon Health Grant ends in May 2025, this will fall back in line as the year progresses.	2,044.54	15,629.29	20,000.00	78.14%
255 Community Health Direction Over budget due to grant cycles. This should come back in line as the year progresses and staff spend more time in partial year grants.	13,765.33	106,447.48	150,000.00	70.96%
719 Body Art Over budget due to increased staff time. We will continue to monitor and adjust at the next budget amendment.	1,039.55	4,407.07	6,259.47	70.40%
717 EGLE Swimming Pools Over budget due to extra staff time for training. We will continue to monitor and adjust at the next amendment.	207.38	11,710.39	16,652.59	70.32%
605 General EH Services Over budget, will monitor and adjust in next amendment.	2,509.65	21,031.94	32,660.38	64.39%
010 Agency Support Over budget due to one time expenditure for audit fees and prepaid postage. Legal fees are also running higher than expected. Will monitor and adjust in next amendment.	8,469.62	81,212.45	126,220.00	64.34%
008 Salary & Fringe Payoff Over budget due to yearly pay out of sick time. This will fall in line as the year progresses.	98.46	49,442.66	80,000.00	61.80%
332 HIV Prevention Over budget due to change in Medical Director's allocation. Will adjust in next budget amendment.	2,199.46	15,547.69	25,498.93	60.97%
341 Infectious Disease Over budget due to increased staff time and a change in the Medical Director's allocation. Will adjust in next budget amendment.	33,646.78	225,801.12	376,327.24	60.00%

	Current Month	Year to Date	Total Budget Amendment1	% Total Expended
714 Onsite Sewage Disposal	39,246.87	279,152.28	477,364.15	58.47%
Slightly over budget. This should come back in line as the year progresses.				
138 Immunization IAP	108,331.78	720,995.47	1,300,401.52	55.44%
329 MCH Enabling Children	7,831.62	55,036.12	99,409.00	55.36%
704 Food Service	53,185.14	339,301.71	616,146.78	55.06%
326 Vision (ELPHS)	10,375.30	68,728.41	124,893.05	55.02%
327 Hearing (ELPHS)	9,500.55	67,103.45	123,035.71	54.53%
032 Emergency Preparedness	14,239.24	99,591.57	182,953.96	54.43%
021 Dental Clinic - Three Rivers	4,631.85	32,422.95	60,000.00	54.03%
109 WIC	87,224.22	625,251.51	1,166,245.37	53.61%
721 Drinking Water Supply	33,968.38	241,504.85	453,011.68	53.31%
014 VOCA	13,980.84	105,806.94	205,743.40	51.42%
107 Medicaid Outreach	1,123.07	7,538.33	14,928.97	50.49%
202 Oral Health	7,762.15	41,352.26	84,585.50	48.88%
029 Dental Clinic - Hillsdale	726.40	5,784.36	12,000.00	48.20%
205 OHSP Grant	7,001.02	39,800.04	82,583.69	48.19%
207 MCRH Community Health Workers	7,258.76	55,515.57	115,599.08	48.02%
331 STD	11,949.78	84,460.50	176,115.32	47.95%
108 WIC Breastfeeding	10,061.08	67,027.83	140,989.60	47.54%
338 Immunization Vaccine Handling	6,639.04	41,505.72	89,356.68	46.44%
201 CSF Carseats	2,100.42	14,069.73	30,779.56	45.71%
012 Area Agency on Aging	78,571.87	667,020.62	1,582,916.42	42.13%
101 Workforce Development	4,903.28	21,153.01	51,027.54	41.45%
745 Type II Water	16,822.66	88,507.85	220,763.05	40.09%
096 CSHCS Donations SJ	439.99	7,948.27	20,574.31	38.63%
025 PH Workforce & Infrastructure	18,325.57	49,917.36	135,967.06	36.71%
286 HEP Special Projects	360.87	5,610.42	15,565.22	36.04%
015 Local Expenses - Unallowable by Grants	4,579.76	13,188.94	37,956.74	34.74%
405 Grant Writing	56.53	1,103.18	3,246.50	33.98%
345 Lead Testing	280.84	14,531.35	48,328.50	30.06%
363 363 CVDIMS Covid Immz Supplemental	5,282.66	33,838.58	135,349.60	25.00%
718 EGLE Septage	789.25	1,244.67	6,309.81	19.72%
722 PFAS Response	52.29	537.12	3,000.09	17.90%
097 CSHCS Donations BR HD	0.00	3,299.60	20,640.49	15.98%
724 PFAS - Westside Landfill	52.18	1,163.66	7,675.09	15.16%
351 CELC Infection Prevention	0.00	39,926.72	400,000.00	9.98%
112 CSHCS Medicaid Outreach	4,626.96	4,626.96	78,501.57	5.89%
723 PFAS Response - White Pigeon	119.47	398.94	9,700.09	4.11%
212 Medical Marijuana BR	623.52	709.21	17,732.37	3.99%
035 Vector Borne Disease Surveillance	941.17	2,415.97	61,338.75	3.93%
716 EGLE Campgrounds	34.10	446.08	18,377.23	2.42%

	Current Month	Year to Date	Total Budget Amendment1	% Total Expended
275 Medical Marijuana SJ	147.50	147.50	7,466.18	1.97%
230 Medical Marijuana HD	136.57	136.57	9,666.18	1.41%
355 COVID-19 PH Workforce Supplemental	34.52	431.49	66,263.00	0.65%
023 Capital Expenditures	0.00	0.00	78,000.00	0.00%
102 EH San Training Jurisdictional Sharing	0.00	300.00	0.00	0.00%
<u>715 EGLE Long-Term Monitoring</u>	<u>0.00</u>	<u>0.00</u>	<u>3,958.10</u>	<u>0.00%</u>
Total Total Expense	663,292.51	4,708,217.30	9,703,194.41	48.52%

The Agency is currently 9.81% under budget.

May 19, 2025 – Board of Health Finance Committee Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health, Finance Committee meeting was called to order by Jared Hoffmaster at 9:04 AM. Roll call was completed as follows: Jared Hoffmaster, Jon Houtz, and Kevin Collins. No members were absent.

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

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

Public Comment: No public comments were given.

New Business:

- Mr. Collins moved to recommend that the full board approve the AAA Annual Implementation Plan budget, as part of the full Annual Implementation Plan. The motion was supported by Mr. Houtz and passed unopposed.
- Mr. Houtz moved to recommend the full board approve the temporary staffing plan for the Non-Community Water program, with support from Mr. Collins. The motion passed unopposed.
- Mr. Houtz moved to recommend the full board accept the amended FY23-24 Audit as presented. The motion received support from Mr. Collins and passed unopposed.

Public Comment: No public comments were given.

With no further business, meeting was adjourned at 9:21 AM.

Respectfully Submitted by:



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

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

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

YEAR ENDED SEPTEMBER 30, 2024

Draft



TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT.....	1-3
MANAGEMENT'S DISCUSSION AND ANALYSIS	4-8
BASIC FINANCIAL STATEMENTS.....	9
Government-wide Financial Statements	
Statement of Net Position.....	10
Statement of Activities.....	11
Fund Financial Statements	
Governmental Fund	
Balance Sheet.....	12
Reconciliation of the Governmental Fund Balance Sheet to the Statement of Net Position	13
Statement of Revenues, Expenditures, and Changes in Fund Balance	14
Reconciliation of the Statement of Revenues, Expenditures, and Changes in Fund Balance of the Governmental Fund to the Statement of Activities.....	15
Notes to Financial Statements	16-31
REQUIRED SUPPLEMENTARY INFORMATION	32
General Operating Fund	
Budgetary Comparison Schedule.....	33
Defined Benefit Pension Plan	
Schedule of Changes in Employer's Net Pension Liability and Related Ratios.....	34
Schedule of Employer Contributions.....	35
Note to Required Supplementary Information	36
OTHER SUPPLEMENTARY INFORMATION.....	37
Supplemental Schedule: Funded Service Categories by Source -	
Aging and Adult Services Agency.....	38-42
Schedule of Expenditures of Federal Awards	43-44
Notes to Schedule of Expenditures of Federal Awards.....	45-46
INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH <i>GOVERNMENT AUDITING STANDARDS</i>	47-48
INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE	49-51
SCHEDULE OF FINDINGS AND QUESTIONED COSTS	52
SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS	53

INDEPENDENT AUDITOR'S REPORT

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

Report on the Audit of the Financial Statements

Opinions

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

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

Basis for Opinions

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

Management's Responsibility for the Financial Statements

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

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

Auditor's Responsibility for the Audit of the Financial Statements

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

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

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

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

Required Supplementary Information

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

Supplementary Information

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

Other Reporting Required by *Government Auditing Standards*

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

March 7, 2025

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

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

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

Financial Highlights

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

Overview of the Financial Statements

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

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

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

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

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

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

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

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

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

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

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

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

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

Government-wide Financial Analysis:

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

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

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

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

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

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

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

Financial Analysis of the Government's Fund

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

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

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

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

Governmental Fund Budgetary Highlights

Over the course of the year, the Branch-Hillsdale-St. Joseph Community Health Agency's Board of Public Health amended the budget to take into account events that occurred during the year. Total revenue budget was increased \$1,007,521, or approximately 12%, primarily due to increases in grant revenue and county appropriations. Actual revenue was \$1,223,267 under the final amended budget due to lower than anticipated State revenue through the CPBC grant programs and Medicaid cost based reimbursements. Total expenditures budget was also increased by \$1,007,521, or approximately 12%, primarily due to contractual services for consulting fees, repairs and maintenance, and supplies and materials. Actual expenditures were \$941,517 under the final amended budget.

Capital Asset and Debt Administration

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

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

Economic Factors and Next Year's Budget and Rates

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

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

Requests for Information

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

Rebecca A. Burns, M.P.H., R.S.
Health Officer
Branch-Hillsdale-St. Joseph Community Health Agency
570 Marshall Road
Coldwater, MI 49036
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BASIC FINANCIAL STATEMENTS

Draft

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

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

See accompanying notes to financial statements.

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

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

See accompanying notes to financial statements.

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

ASSETS

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

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

LIABILITIES

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

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

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

TOTAL FUND BALANCE	<u>3,599,659</u>
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TOTAL LIABILITIES AND FUND BALANCE	<u><u>\$ 5,573,841</u></u>
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**BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY
RECONCILIATION OF THE GOVERNMENTAL FUND BALANCE
SHEET TO THE STATEMENT OF NET POSITION
SEPTEMBER 30, 2024**

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

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

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

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

Capital assets, net	501,313
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Governmental funds report actual pension expenditures for the fiscal year, whereas the governmental activities will recognize the net pension liability as of the measurement date. Pension contributions subsequent to the measurement date will be deferred in the statement of net position. In addition, resources related to changes of assumptions, differences between expected and actual experience, and differences between projected and actual pension plan investment earnings will be deferred over time in the government-wide financial statements. These amounts consist of:

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

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

(3,055,820)

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

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

See accompanying notes to financial statements.

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

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

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

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

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

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

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

76,974

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

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

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

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

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

Reporting Entity

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

Basis of Presentation

GOVERNMENT-WIDE FINANCIAL STATEMENTS

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

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

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

FUND FINANCIAL STATEMENTS

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

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

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

Basis of Presentation (continued)

FUND FINANCIAL STATEMENTS (continued)

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

Basis of Accounting

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

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

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

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

Budgets and Budgetary Accounting

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

Cash

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

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

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

Cash (continued)

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

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

Receivables and Unearned Revenue

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

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

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

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

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

Inventories

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

Prepays

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

Capital Assets

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

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

Land improvements	7-20 years
Equipment	4-10 years

Compensated Absences

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

Net Pension Liability

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

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

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

Deferred Outflows of Resources

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

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

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

Fund Balance Classification Policies and Procedures

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

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

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

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

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

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

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

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

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

Fund Balance Classification Policies and Procedures (continued)

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

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

Use of Estimates

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

NOTE 2 - DEPOSITS

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

Custodial Credit Risk - Deposits

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

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

Credit Risk

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

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

NOTE 2 - DEPOSITS (continued)

Interest Rate Risk

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

Concentration of Credit Risk

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

Foreign Currency Risk

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

NOTE 3 - CAPITAL ASSETS

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

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

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

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

NOTE 4 - LONG-TERM OBLIGATIONS

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

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

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

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

NOTE 5 - RETIREMENT PLANS

Defined Benefit Pension Plan

Plan Description

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

Summary of Significant Accounting Policies

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

Benefits Provided

Benefits provided include a plan with a multiplier of 2.00%

Vesting period of 6 years

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

NOTE 5 - RETIREMENT PLANS (Continued)

Defined Benefit Pension Plan (continued)

Benefits Provided (continued)

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

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

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

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

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

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

Contributions

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

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

Payable to the Pension Plan

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

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

NOTE 5 - RETIREMENT PLANS (continued)

Defined Benefit Pension Plan (continued)

Net Pension Liability

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

Actuarial Assumptions

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

Inflation: 2.50%

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

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

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

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

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

Projected Cash Flows

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

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

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

NOTE 5 - RETIREMENT PLANS (continued)

Defined Benefit Pension Plan (continued)

Projected Cash Flows (continued)

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

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

Discount Rate

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

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

NOTE 5 - RETIREMENT PLANS (continued)

Defined Benefit Pension Plan (continued)

Discount Rate (continued)

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

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

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

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

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

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

NOTE 5 - RETIREMENT PLANS (continued)

Defined Benefit Pension Plan (continued)

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

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

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

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

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

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

Change in Assumptions

Change in discount rate from 7.25% to 7.18%.

Changes in Benefits

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

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

NOTE 5 - RETIREMENT PLANS (continued)

Defined Contribution Pension Plan

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

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

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

NOTE 6 - RISK MANAGEMENT

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

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

NOTE 7 - CONTINGENT LIABILITIES

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

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

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

NOTE 8 - DETAILS OF FUND BALANCE CLASSIFICATIONS

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

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

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

NOTE 9 - UPCOMING ACCOUNTING PRONOUNCEMENTS

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

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

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

NOTE 9 - UPCOMING ACCOUNTING PRONOUNCEMENTS (continued)

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

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

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

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

REQUIRED SUPPLEMENTARY INFORMATION

Draft

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

	Original Budget	Final Amended Budget	Actual	Variance with Final Budget Positive (Negative)
REVENUES				
Licenses and permits	\$ 370,240	\$ 375,240	\$ 353,057	\$ (22,183)
Intergovernmental				
Federal/State	6,487,224	6,998,207	6,114,359	(883,848)
Local	153,711	200,628	149,839	(50,789)
County appropriations	731,467	1,150,366	1,001,853	(148,513)
Charges for services	597,223	618,166	602,840	(15,326)
Interest and rents	80,000	90,000	110,382	20,382
Other	191,262	186,041	63,051	(122,990)
TOTAL REVENUES	8,611,127	9,618,648	8,395,381	(1,223,267)
EXPENDITURES				
Current				
Salaries and wages	3,485,330	3,574,672	3,514,343	60,329
Fringe benefits	1,721,671	2,023,069	1,974,397	48,672
Supplies and materials	822,408	1,115,248	988,075	127,173
Contractual	1,324,738	1,358,366	1,144,167	214,199
Communications	100,761	119,457	80,431	39,026
Travel and training	233,723	315,405	206,646	108,759
Insurance	50,000	50,000	45,026	4,974
Repairs and maintenance	535,545	673,198	465,930	207,268
Building and equipment rentals	145,252	155,123	159,571	(4,448)
Printing and advertising	33,990	44,545	32,756	11,789
Postage	44,355	35,100	23,628	11,472
Other	113,354	154,465	42,161	112,304
TOTAL EXPENDITURES	8,611,127	9,618,648	8,677,131	941,517
NET CHANGE IN FUND BALANCE	-	-	(281,750)	(281,750)
Fund balance, beginning of year	3,881,409	3,881,409	3,881,409	-
Fund balance, end of year	<u>\$ 3,881,409</u>	<u>\$ 3,881,409</u>	<u>\$ 3,599,659</u>	<u>\$ (281,750)</u>

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

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

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

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

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

NOTE 1 - DEFINED BENEFIT RETIREMENT PLAN

Actuarial Assumptions

Actuarial valuation information relative to the determination of contributions:

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

Methods and assumptions used to determine contribution rates:

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

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

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

OTHER SUPPLEMENTARY INFORMATION

Draft

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

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

(a) This schedule only includes
Aging Services programs.

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

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

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

State CG Support	Merit Award Fund Administration	State Care Management	State Administration	State Caregiver Support Administration	State Aging New Services	Program Income
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,668
-	-	-	-	-	-	31,697
-	-	-	-	-	-	326
-	-	-	-	-	-	81,170
-	-	-	-	-	-	4,500
-	-	80,228	-	-	12,598	-
4,022	-	-	-	-	-	3,504
-	-	-	-	-	-	51
-	-	-	-	-	-	44,651
-	-	-	-	-	-	18,033
-	-	-	-	-	-	191
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	3,200	-	8,751	397	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
<u>\$ 4,022</u>	<u>\$ 3,200</u>	<u>\$ 80,228</u>	<u>\$ 8,751</u>	<u>\$ 397</u>	<u>\$ 12,598</u>	<u>\$ 187,791</u>

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

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

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

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

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

Federal Grantor/Pass Through Grantor/Program Title	Assistance Listing Number	Pass-Through Grantor Number	Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (continued)			
Passed through Michigan Department of Health and Human Services			
Public Health Emergency Preparedness	93.069		
FY 23-24 Public Health Emergency Preparedness		NU90TU000003	\$ 32,733
FY 23-24 Public Health Emergency Preparedness		U3REP190584	116,471
			<u>149,204</u>
Tuberculosis Control Program	93.116		
FY 23-24 Tuberculosis Control		NU52PS910173	112
FY 23-24 Tuberculosis Control		NU52PS910173	334
			<u>446</u>
Immunization Cooperative Agreements	93.268		
FY 23-24 Vaccine Supply		NH23IP922635	459,654
FY 23-24 Bridge Access Program		NH23IP922635	2,718
FY 23-24 Vaccine Initiative		NH23IP922635	7,520
FY 23-24 Immunization Action Plan		NH23IP922635	75,378
FY 23-24 Immunization Fixed Fees		NH23IP922635	3,800
FY 23-24 COVID-19 COVID Immunization		NH23IP922635	46,710
			<u>595,780</u>
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases	93.323		
COVID-19 Contact Tracing Testing Coordination		NU50CK000510	87,834
COVID-19 Public Health Crisis Response - Coronavirus	93.354		
FY 23-24 COVID-19 Workforce Development		NU90TP922186	32,421
Medicaid Cluster			
Medical Assistance Program	93.778 ^(c)		
FY 22-23 Medicaid Outreach		2505MI5ADM	7,140
FY 23-24 CSHCS Medicaid Outreach		2405MI5ADM	21,985
FY 23-24 CSHCS Care Coordination (d)		2405MI5ADM	3,431
FY 23-24 CSHCS Care Coordination (d)		2505MI5ADM	1,500
FY 23-24 CSHCS Care Coordination (d)		2505MI5MAP	2,029
FY 23-24 CSHCS Care Coordination (e)		2405MI5MAP	4,575
FY 23-24 CSHCS Medicaid Elevated Blood Lead Case Management		2405MI5MAP	654
FY 23-24 CSHCS Medicaid Elevated Blood Lead Case Management		2505MI5MAP	2,379
FY 23-24 CSHCS Outreach and Advocacy (d)		2405MI5ADM	71,205
Total Medicaid Cluster			<u>114,898</u>
Primary Care Medicine and Dentistry Clinician Educator Career Development	93.967		
FY 23-24 Public Health Infrastructure		NE110E000025	107,238
Preventative Health Services	93.991		
Local Health Department (LHD) Sharing Support		NB01T0000043	48,037
Maternal and Child Health Services Block Grant	93.994		
FY 23-24 CSHCS Care Coordination		B0452932	79,379
FY 23-24 MCH - Children		B0452932	47,609
FY 23-24 MCH - All other		B0452932	46,086
			<u>173,074</u>
Passed through Michigan Department of Health and Human Services and MMAP, Inc.			
State Health Insurance Assistance Program	93.324	90SAPG0090	18,380
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			<u>2,002,732</u>
TOTAL FEDERAL AWARD EXPENDITURES			<u>\$ 3,161,879</u>

(f)

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

NOTE 1 - BASIS OF PRESENTATION

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

NOTE 3 - SUBRECIPIENTS

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

NOTE 4 - SUMMARY OF SIGNIFICANT EXPLANATIONS OF SCHEDULE

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

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

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

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

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

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

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

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

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

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

March 7, 2025

Draft

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

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

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

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

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

Basis for Opinion on Each Major Federal Program

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

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

Responsibilities of Management for Compliance

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

Auditor's Responsibilities for the Audit of Compliance

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

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

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

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

Report on Internal Control Over Compliance

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

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

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

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

March 7, 2025

Draft

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

Section I - Summary of Auditor's Results

Financial Statements

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

Unmodified

Internal control over financial reporting:

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

Noncompliance material to financial statements noted? _____ Yes X No

Federal Awards

Internal control over major programs:

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

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

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

Identification of major programs:

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

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

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

Section II - Financial Statement Findings

None noted.

Section III - Federal Award Findings and Questioned Costs

None noted.

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

FINDINGS/COMPLIANCE

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

No prior audit findings noted.

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

No prior audit findings noted.

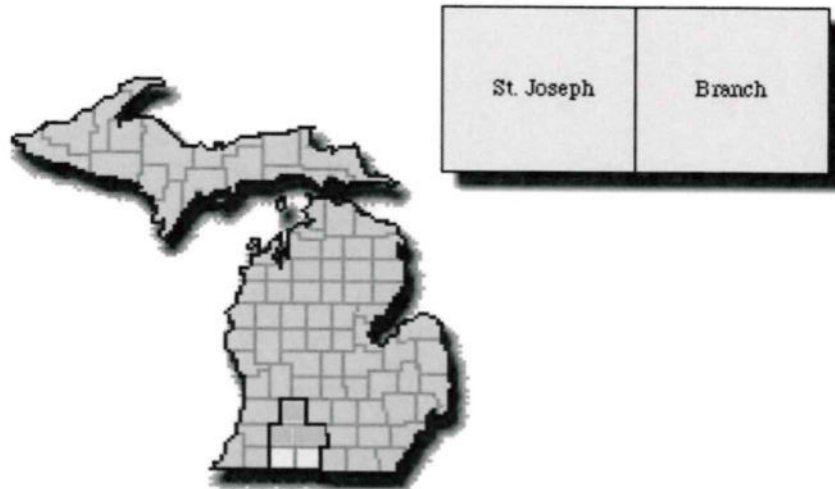
Findings Related to Compliance with Requirements Applicable to Federal Awards and Internal Control Over Compliance in Accordance with the Uniform Guidance.

No prior audit findings noted.

Draft

FY 2026 ANNUAL IMPLEMENTATION PLAN

BRANCH-ST. JOSEPH AREA AGENCY ON AGING 3-C



Planning and Service Area

Branch, St. Joseph

Branch-St. Joseph Area Agency on Aging 3-C

Branch-St. Joseph

Community Health Agency

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Coldwater, MI 49036

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Rebecca A. Burns, Health Officer

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Area Agency on Aging

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STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Table of Contents

Executive Summary	3
County/Local Unit of Government and Tribal Review	7
Public Hearings	9
Regional Service Definitions	11
Access Services	12
Direct Service Request	14
Regional Direct Service Request	16
Program Development Objectives	18
Planned Service Array	21

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Executive Summary

Instructions

Please include in the Executive Summary a brief description of the following (**note - if you need additional space, you may upload a Word document via the Budget and Other Documents tab*):

A. Any substantive changes in priorities, plans, or objectives set by the Area Agency on Aging (AAA) for the use of federal and state funding during FY 2026. If none, indicate, "no" to the question: *"Have there been any substantive changes since the previous year?"*

B. How the AAA educates the public, its partners, and service providers on the Administration for Community Living (ACL) and the ACLS Bureau expectations regarding targeting older adults in the greatest social and/or economic need.

C. Progress made through advocacy efforts to date and focus of advocacy efforts in FY 2026.

D. AAA's successes over the past year, highlights of new services or other topics, as well as any anticipated challenges.

E. Ways in which your agency will support the Veteran population and a description of any partnerships and/or collaborations with Veteran service organizations within your region.

F. Please provide, in the spaces below, information on counties served, Federally Recognized Tribes in your Planning and Service Area (PSA), and accreditations awarded to your AAA.

Please provide demographic data in the chart below for your PSA (using the most currently available data from the American Community Survey (ACS), the Decennial Census Survey, and NAPIS--see chart entitled: *FY 26 AIP Demographic Data* in the Document Library).

Upload the required supplemental document entitled: *Contingency Planning*, addressing a contingency plan for lack of funding or in the event of a government shutdown/continuing resolution, in the Budget and Other Documents section

Have there been substantive changes since the previous year? (If yes, please describe below.)

☐ Yes ☒ No

The Branch-St. Joseph Area Agency on Aging (Region IIIC AAA) mission is to provide a full range of high-quality services, programs and opportunities which promote the independence and dignity of older adults, while supporting those who care for them throughout Branch and St. Joseph Counties. As an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, our agency has held this mission since our designation as an Area Agency on Aging in 1996. We are one of 16 AAAs in the State of Michigan responsible for administering Older Americans Act (OAA) and Older Michiganians Act

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

(OMA) funding to address the needs of older adults age 60 and over, and family caregivers living in Branch and St. Joseph Counties.

Our Vision states: We envision inclusive communities filled with enriching activities and opportunities for older adults. Where people who have questions or needs can find assistance and support in a manner that suits their preferences.

Our Values include:

1. We place the people we serve at the center of our operations, honoring their preferences and privacy.
2. We assure efficient use of public and private resources.
3. We develop programs and services using an inclusive process to promote healthy aging and livable communities for all ages.
4. We exhibit strong leadership which responds to changing needs and fosters collaboration and cooperation throughout the communities we serve.
5. We use effective communication to carry out our mission and vision in an open, respectful and unbiased manner.

The two-county planning and service area (PSA) is entirely rural, yet we have a diverse population and a wide continuum of agencies providing supports and services. We also acknowledge diverse and growing community partnerships which continue to develop and thrive. Further, one of our most unique features as an area agency is our organizational structure. We are a division within local public health. The cross-agency collaboration and efficiencies are evident in every aspect of our day -to-day work and proved successful by working alongside a team of public health officials during a pandemic. We continue to thrive as a small but mighty agency.

Our staff of 7 full-time and one part-time employees continue to answer calls in real time. As a core function, we continue person-centered Information and Assistance (I&A), referral and options counseling with families, individuals and professional seeking answers. The No Wrong Door project initiated by MDHHS in fall 2024 has led to a successful regional partnership among our surrounding AAA's (CareWell Services (lead) and Kalamazoo AAA3A) as well as our regional Disability Network partner in southwest Michigan. Collaboration and core functions were the building blocks of our successful grant and we'll endeavor to carry forward a successful project throughout Region IIIC. The NWD project formalizes the provision of options counseling (a component of I&A) and also carries out the State Health Insurance Program (SHIP) at the local level through a new structure.

We will continue to serve vulnerable adults who've been victims of abuse, neglect and/or exploitation through our Victim Assistance Program funded by the Michigan Department of Health and Human Services (MDHHS) Division of Victim Services. Friendly Reassurance calls and Gap Filling services have continued and address unique situations and needs among those individuals who reside alone and without many family supports. Further, the community partnerships that were built as we addressed food insecurity, housing emergencies and service delays during the pandemic have remained intact and further leveraged to support ongoing needs. In collaboration with our public health partners, we continue to educate individuals and our communities about immunizations and support their access to clinics of their choice. Our link with the Community Health Agency clinic division has supported coordinated communication, work with long term care facilities, creating access to services for hard to reach and/or home-bound individuals. These efforts to promote and link individuals to adult immunizations will, forever, be a part of what we do.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Region IIIC has well-established connections with both County's Office of Veterans Affairs. In Branch County they are co-located in our building which offers the convenience of prompt referral-making and introductions to the aging network. In St. Joseph County, the Veteran's Office is centrally located and, again, convenient for checking in, networking and referral-making when we are close to the county building. AAA staff will be formally trained by the ACLS Bureau and Michigan Veteran's Affairs office in the summer of 2025. This is a welcomed opportunity to learn the dynamics and culture of serving veterans and their families. In FY2026, we will remain a provider for the Battle Creek VA Medical Center under the VA Veteran Directed Home & Community Based Services program which has been a success since 2009 in our PSA. Targeting our resources toward those whom are 60 or greater, in the greatest social and/or economic need, is something we also do every day. Staff time and grant funding are limited, therefore focusing on those who need us the most are at the forefront of our operational goals. At the time of a call or inquiry, we're listening, observing, and responding with respectful questions to understand stated needs. We will continue our efforts to reach those who don't speak English, are of another culture or have been historically under served. Our providers, like us, strive to be open to all individuals seeking information and/or supports and we show this through staff training and the way we offer outreach in our communities. Focusing on certain neighborhoods or attending new community partners' events, for example, are real examples of how we are focusing on our unique regional needs via outreach and education.

The FY 2026 AIP does not outline any significant new priorities, plans or major objectives for the use of Older Americans Act (OAA) or state (Older Michiganians Act) funding during FY 2026. As always, we will continue to work transparently with providers, the ACLS Bureau and our leadership team to address local needs and utilize federal and state funds in an efficient manner. Advocacy efforts are ongoing with our elected officials in the State Legislature and US Congress. We utilize our established relationships with fellow AAAs, Area Agencies on Aging Association of Michigan (4AM), the Michigan Senior Advocates Council and local Advisory Committee members to share our local stories, invite legislators to local events and also participate in home visits when possible. FY 2026 will be a continuation of these efforts, both locally and in Lansing, with legislators and their staff. During FY2025 we spent significant time educating new legislators and re-framing our story as it relates to the effect of pauses in funding and how it affects our administration and ultimately how it affects service provision to older adults. Funding challenges in Region IIIC arose in FY25 as we fully expended ARPA (American Rescue Plan Act) funding early in the fiscal year. This coupled with month-to-month funding awards and pull backs of certain federal sources have hindered service provision and caused disturbances in our network. Waiting lists are affected and continue to grow. Our communication with elected officials will need to continue to share data and paint a picture of the affects of the funding flow.

We remain diligent and committed to serving those greatest in social and/or financial need in a manner that is respectful of their preferences and goals. Working in conjunction with a dynamic array of service providers and community partners at the local level, we intend to maintain high quality and accessible services for all who may seek assistance.

Planning and Service Area (counties) Served.

Branch County and St. Joseph County

Is there a Federally Recognized Tribe within your PSA? (If yes, list below.)

☐ Yes ☒ No

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Please list any accreditations your AAA has received.

None at this time.

Demographic Data for PSA

Population	Census (most current data available)	AAA Population Served Last Fiscal Year (NAPIS)
Total Population 60+ (%)	26,700.00	3,686.00
Race/Ethnicity 60+ (%)		
a. Black/African American	489.00	35.00
b. Asian	29.00	4.00
c. White	25,425.00	3,398.00
d. Hispanic/Latino	399.00	25.00
e. Other	29.00	14.00
Total 60+ Population in Rural areas (%)	27,049.00	3,669.00
Total 60+ Population at Poverty Level (%)	2,355.00	628.00
LGBTQ+ Clients served		2.00
Total 85+ Population (%)	1,705.00	673.00
Total 60+ Non-English-Speaking Population (%)	1,120.00	

Did the AAA upload the required supplemental document addressing a contingency plan for lack of funding or in the event of a government shutdown?

☒ Yes ☐ No

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

County/Local Unit of Government and Tribal Review

The Michigan Department of Health and Human Services (MDHHS) recognizes the importance of local collaboration including consultation of the complete AIP for each AAA with their county/local unit of government to encourage and foster collaboration between Older Americans Act (OAA) programming and that provided by other non-OAA resources.

MDHHS also has an established relationship of working directly with the Federally Recognized Sovereign Indian Tribes of Michigan (Tribes). As part of this work, MDHHS recognizes the importance of Tribal notification, including consultation of the complete AIP for each AAA within their PSA to encourage and foster collaboration between Title III and Title VI programming as outlined in the OAA.

The AAA must send a notification of the complete AIP to the chairperson of each County Board of Commissioners, and to any Tribes within the Planning and Service Area (PSA) for notification and consultation. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 20, 2025. For a PSA comprised of a single county or portion of the county, notification of the AIP is to be sent to each local unit of government. AAAs are encouraged to provide a copy of their official press release for public hearing to their county/local unit of government and Tribes within the PSA as well. The AAA may use electronic communication, including e-mail and website-based documents, as an option for local government notification and consultation of the AIP. To employ this option, the AAA must do the following:

- Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft AIP on the AAA's website.
- Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via e-mail, if requested.
- Be available to discuss the AIP with local government officials, if requested.
- Request e-mail notification from the local unit of government of their feedback of the AIP or concerns.

Instructions

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate county and/or local units of government, and Tribes for notification and consultation, to gain support.

Describe any current and future collaborative efforts with Tribe(s) within your PSA including any anticipated outreach efforts. AAAs, note whether your Policy and Advisory Boards have representation from the Tribe(s) and/or elders within your PSA. If not, describe the AAAs efforts to build and foster relationships with the Tribe(s) to encourage potential representation on these respective boards.

The Branch-St. Joseph Area Agency on Aging FY2026 Annual Implementation Plan final draft will be

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

shared with both Branch and St. Joseph County Board of Commissioners once supported by our Advisory Committee and approved by the Branch-Hillsdale-St. Joseph Board of Health. Both Advisory and Board of Health groups have been in discussion about the Plan since February and will be taking formal action at their May meetings. The FY26 AIP Draft was shared on April 15th with the Advisory Committee at their regular meeting. Positive testimony and comments were discussed and shared.

Once the Final Draft of the FY2026 AIP is approved, we will forward the Plan to each County Board of Commissioners via electronic transmission to their respective County Administrators. As in years past, both Boards request an Annual Implementation Plan update at either their working meeting and/or at a regular meeting in June.

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Public Hearings

At least one public hearing on the FY 2026 AIP must be held in the PSA. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the AIP is made available.

The AAA must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include but are not limited to paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; press releases and public service announcements; and a notice to AAA partners, service provider agencies, older adult organizations, and local units of government. See Operating Standards for AAAs, Section B-2 #3. The public hearing notice should be available at least 30 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least 14 days prior to the hearing, along with information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).

Instructions

Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location city and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload under the Budget and Other Documents tab.

The AAA should upload a copy of your official notice and/or press release(s) for a public hearing. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and any impacts on the AIP. Describe how the AAA factored the accessibility issues of the service population and others in choosing the format of the meeting.

AAAs are also required to upload document entitled: *Newspaper and Media Outlets Notification List*.

For FY 2026, AAAs please describe how the agency involved the Policy and Advisory Boards with encouraging and promoting participation at the public hearings(s). Did a representative from either the Policy and/or Advisory Board attend the hearing(s).

Date	City	Time	Barrier Free?	No. of Attendees
04/28/2025	Three Rivers, MI	10:00 AM	Yes	9

The Region IIIC AAA utilized multiple methods to encourage public and community partner input on the FY2026 AIP. The Public Hearing was released via formal Press Release on March 27, 2025 to all print and radio news outlets across the two-county PSA. (see list in the document library) Press Releases also go to network television stations who carry national affiliation. Paid advertisements were not sought this year as the pricing is so cost prohibitive. The full Press Release is attached in the "budget and other documents" section of the AIP and complies with Bureau Operating Standards & AIP Instructions. Aging network

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

providers, the Board of Health (AAA IIIC Policy Board) and the AAA Advisory Committee were also engaged in and sent notices for the Public Hearings. The FY 2026 AIP Draft (including the budget) was posted on our AAA website along with the Public Hearing listed in the "Upcoming Events" section. Virtual participation in the Public Hearing was also an option. The virtual meeting link was publicized within our Public Notice and posted on our website.

The Public Hearing was hosted at the Three Rivers office of the Community Health Agency at 10:00am on Monday, April 28, 2025. The Hearing began at 10:05am. The Plan was discussed in detail, section by section by the Area Agency on Aging Director. Significant discussion surrounding the federal budget and advocacy efforts took place. A resident and advocate from Branch County shared his perspective and personal experience with his personal advocacy on the budget at both the federal and state levels. Many of his peers on the Michigan Senior Advocates Council are remain both hopeful and concerned with the dissent in Washington DC. The notion of the efficiency of home and community based care was discussed. For decades, the aging network has shared the strong message that home & community based care generally costs approximately \$90/day versus care in a long term care facility/licensed setting being over \$300/day. This message is still true and our efforts need to surround education and sharing our local success stories. Advocates can share their voice at Older Michiganian's Day on May 7th in Lansing or visit the AAA Association of Michigan's website at <https://4ami.org/> to search for legislators and/or develop an advocacy letter.

The group also discussed the loss of the adult day program in Sturgis/St. Joseph County in the winter of 2024. We are looking at developing other alternate ways of offering short term and/or overnight respite for families. The group discussion included support for those creative methods of service provision to support caregivers/families.

Testimony in support of the FY2026 Annual Implementation Plan was received on May 1, 2025 from St. Joseph County Commissioner (and AAA IIIC Advisory Committee member) Rick Shaffer. His testimony is uploaded in the "budget & other documents" tab as well as shared here:

Testimony: 2026 Annual Implementation Plan
Branch - St. Joseph
Area Agency on Aging; 3-C

As a St Joseph County Commissioner that serves on the Area Agency on Aging 3C Advisory Committee, it is a pleasure to serve and learn monthly, through reporting, of the wide variety of support services available to seniors in our communities. As a Health Care Provider in my community, I am well aware of many cases where there has been intervention by this Agency where the support that as been provided has been invaluable and perhaps the result may have been an avoidance of Emergency Room and/or the need for more intense senior housing (i e : Senior Apartment, Adult Foster Care, Skilled Nursing Facilities)

I am confident that as this historical and futuristic Implementation Plan for 2023-2026 is reviewed, it provides for a "firm foundation " for a wide variety of services that will be of great value to all of our communities within it' s jurisdiction.

Rick Shaffer RN

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Regional Service Definitions

If the AAA is proposing to fund a new (not previously approved in this multi-year planning cycle) regional service that is not included in the Operating Standards for Service Programs, provide rationale as to why activities cannot be funded under an existing service definition, and information about the proposed service in this section.

Instructions

Enter the new regional service name, fund source(s), unit of service, and minimum standards.

Service Name/Definition

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

Service Category	Fund Source		Unit of Service
Access	Title III PartB	Title III PartD	
In-Home	Title III PartE	Title VII	
Community	State Alternative Care	State Access	
Nutrition	State In-home	State Respite	
Caregivers of Older Adults	Other		
Older Relative (Kinship) Caregiver			

Minimum Standards

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Access Services

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Management; Care Transition Coordination & Support; Caregiver Case Management; Caregiver Information and Assistance; Caregiver Options Counseling; Case Coordination and Support; Disaster Advocacy and Outreach Programs; Information and Assistance; Options Counseling; Outreach (with specific attention to underserved populations); and Transportation. If the AAA is planning to provide any of these access services directly during FY 2026, complete this section.

Instructions

Select from the list of access services those services the AAA plans to provide directly during FY 2026, and provide the information requested.

Care Management

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/30/2026
<u>Total of Federal Dollars</u>	\$36,000.00	<u>Total of State Dollars</u>	\$92,404.00

Geographic area to be served

Branch & St. Joseph Counties

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

Goal #1: Implement more flexible service options in order to provide a more self-directed care model.

Activities:

- ~ Care Consultants will further refine and improve the intake process to assure targeting of appropriate participants to each level of care outlined in the "Access and Service Coordination Continuum"
- ~ Seek additional service providers (Purchase of Service vendors) to serve participants in Region IIIC AAA
- ~ Communicate continued need for additional flexibility and additional staff from existing service providers to be able to accommodate participants' person-centered support plan/care plan
- ~ Care consultants will discuss with participants adult immunizations (including COVID-19 immunization/boosters, flu, pneumonia and shingles) for themselves, their family members and/or caregivers

Goal #2: Continue staff education and skill building including staff collaboration to better serve victims of elder abuse, neglect and exploitation

Activities:

- ~ Care Consultants will continue to screen/assess participants/victims for current or past abuse, neglect and/or exploitation
- ~ Care Consultants will seek training and education sessions relevant to the prevention of abuse, neglect and/or exploitation

Goal #3: Minimize wait times for individuals seeking access/care management services

Activities:

- ~ Continue implementation of the tiered approach to Access Services (Care Management funded)
- ~ Care Consultants will complete a thorough intake and referral making process
- ~ Care Consultants will continue to monitor the Waiting List for access services weekly

Information and Assistance

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

<u>Starting Date</u>	10/01/2025	<u>Ending Date</u>	09/30/2026
<u>Total of Federal Dollars</u>	\$36,000.00	<u>Total of State Dollars</u>	

Geographic area to be served

Branch and St. Joseph Counties

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

Goal #1: Provision of comprehensive, unbiased Information and Assistance (I&A)/referral

Activities:

- ~ Continue to provide referrals according to the ACLS Bureau and national Alliance for Information and Referral Systems (AIRS) standards
- ~ Continue to update files and maintain data entry into the State of Michigan Aging Information System - Aging and Disability Resource Center Information Center (ADRCIS) database
- ~ Staff shall complete surveys with (10% as per I&A standard) callers each quarter to assure high quality I&A services
- ~ Staff shall support education efforts among callers regarding adult immunizations, including vaccination, testing, support and access, as requested

Goal #2: Continue ongoing outreach and education activities among local and regional aging/disability network partners and among general community audiences

Activities:

- ~ Staff shall continue participation in community-based taskforces, workgroups, committee-type partnership meetings to uphold information sharing and resource collaboration
- ~ Staff shall continue to share recent and relevant information/resources to all community and aging network partners
- ~ Staff shall continue to attend and participate in outreach events and seasonal community-based activities throughout the planning and service area

Goal #3: Continue to maintain accurate data and submit accurate data/ program reporting related to ACLS Bureau Standards and reporting requirements, for inclusion in the statewide resource database and National Aging Program Information Systems (NAPIS) reporting tool

Activities:

- ~ Staff shall continue to develop and monitor the ADRCIS resource database for accurate data entries
- ~ Staff shall continue to seek updated information through contact with programs, service agencies, and organizations for inclusion in the database
- ~ Staff shall continue to complete accurate data entry into the database according to the ACLS Bureau standards

Goal #4: Continue to use and promote a person-centered approach

Activities:

- ~ Staff shall continue to use the person-centered approach in all interactions with callers, families, caregivers, participants and community partners
- ~ Staff shall continue to be able to explain the person-centered philosophy, providing education where opportunities arise

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Direct Service Request

This section applies only if the AAA is submitting a new request to provide in-home, community, nutrition, caregiver, or kinship caregiver service(s) directly that was not previously approved in this multi-year planning cycle.

It is expected that in-home, community, nutrition, caregiver, and kinship caregiver services will be provided under contracts with community-based service providers, but when appropriate, AAAs can request to provide these services directly. Direct service provision requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision is defined as "providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting." Direct service provision by the AAA may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the AAA's administrative functions; or C) a service can be provided by the AAA more economically than any available contractor, and with comparable quality.

Instructions

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any new Direct Service Request for FY 2026. Specify in the appropriate text box for each service the planned goals and activities that will be undertaken to provide the service.

Please skip this section if the AAA is not submitting a new request to provide an in-home, community, nutrition, caregiver, or kinship caregiver service directly during FY 2026.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

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

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

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

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

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Regional Direct Service Request

This section applies only if the AAA is submitting a new request to provide a regional service directly that was not previously approved in the multi-year planning cycle.

It is expected that regionally defined services will be provided under contract with community-based service providers, but when appropriate, AAAs may request to provide regional services directly upon approval by the CSA. The basis for requesting direct provision of a regional service by the AAA would be if, in the judgment of the ACLS Bureau: A) provision is necessary to assure an adequate supply; B) the service is directly related to the AAA's administrative functions; or C) a service can be provided by the AAA more economically than any available contractor, and with comparable quality.

Instructions

AAAs that have a new request to provide a regional service directly must complete this tab for each service. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on the left after the screen refreshes. Select the link for the newly added regional service and enter the information requested pertaining to basis, justification, and public hearing discussion for any new regional service request for FY 2026. Also specify in the appropriate text box for each service the planned goals and activities that will be undertaken to provide the service.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

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

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

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

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

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

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

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Program Development Objectives

Please provide information for any new goals and objectives that are proposed by the AAA during FY 2026.

For FY 2026, this is also where you will provide updates to the current Approved MYP Objectives.

Instructions

The AAA may enter a new goal in the appropriate text box. It is acceptable, *though not required*, if some of the AAA's goals correspond to the ACLS Bureau's state plan goals. There is an entry box to identify which, if any, state plan goal(s) correlate with the entered goal. See the Document Library for Michigan's State Plan on Aging for FY 2024 – FY 2026.

A narrative for each goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box.

Complete the information in the text boxes for the timeline, planned activities and expected outcomes for each objective (see Document Library for additional instructions on completing this section).

*Please work with your Regional Aging Representative on updating current MYP objectives.

Area Agency on Aging Goal

- A. Work to develop a viable community partner to develop an adult day program for individuals and families in Branch County.**

State Goal Match: 3, 4

Narrative

We've been giving our community partners some additional time to recoup from the pandemic as previously reported. We have approached them in FY2025 (December 2024, March 2025) and will again before the end of the fiscal year to discuss development of a Branch County Adult Day program. We will also add St. Joseph County key leaders to the discussion due to the loss of our St. Joseph County Adult Day Program at the end of December 2024. They chose to terminate their contract due to diversifying other business opportunities for their organization, Thurston Woods Village. We will continue to network and cultivate relationships as well as look to develop purchase of service type arrangements in the interim.

Objectives

1.
Timeline: to

Activities

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Expected Outcome

B. Provide advocacy, information, and training to support the rights of older/vulnerable adults to live free from abuse, neglect and/or exploitation.

State Goal Match: 4

Narrative

FY2025 has definitely been a very busy year for our team in responding to victims of abuse, neglect and exploitation. As of the end of the second quarter, we've served 40 individuals and also worked with multiple new community partners through our Interdisciplinary Team efforts in each county. Our team has been working diligently to provide victim-centered advocacy, support, resources and safety planning to assure victims stated goals are achieved. Each county's Interdisciplinary Team is meeting monthly, discussing complex cases and working to address community-specific issues related to the prevention of abuse, neglect and exploitation. Ongoing communication and collaboration with local community partners, including law enforcement and other first responders, has been a strongly held priority for our agency. Additional community partners include the Coach Eby Center, Hope United (a faith-community collaborative), Restored Hope Furniture Ministry, Keystone Place, Integrated Services, and multiple food pantries. In 2026 our efforts will process and further develop these relationships as well as revising the "St. Joseph County Vulnerable Adult Protocol" to address new laws/mandates and practices.

Objectives

1.
Timeline: to

Activities

Expected Outcome

C. Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ individuals.

State Goal Match: 1

Narrative

As with all internal and external efforts to improve accessibility of our services to all community members living in or visiting our planning & service area, AAA staff and our network partners will continue our efforts with broad outreach and a continued focus on training & self-awareness to assure all who seek services and supports are able to find them.

Objectives

1.
Timeline: to

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Activities

Expected Outcome

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

Planned Service Array

Complete the FY 2026 AIP Planned Service Array form for your PSA. Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.

Category	Services
Provided by Area Agency	<p>Access</p> <ul style="list-style-type: none"> • Care Management • Information and Assistance <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Caregiver Information and Assistance
Contracted by Area Agency	<p>Access</p> <ul style="list-style-type: none"> • Case Coordination and Support • Transportation <p>In-Home</p> <ul style="list-style-type: none"> • Assistive Devices & Technologies • Chore • Friendly Reassurance • Homemaking • Medication Management • Personal Care <p>Community</p> <ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Home Repair * • Legal Assistance <p>Nutrition Services</p> <ul style="list-style-type: none"> • Congregate Meals • Home Delivered Meals <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Caregiver Education • Caregiver Support Groups • Caregiver Training • Respite Care <p>Regional Services</p>

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2023-2026 Multi Year Plan

Branch-St. Joseph Area Agency on Aging

FY 2026

	Regional Services <ul style="list-style-type: none"> • Gap Filling: Services that eliminate a threat to independence, health or safety that requires immediate attention when other resources are unavailable.
Local Millage Funded	Access <ul style="list-style-type: none"> • Case Coordination and Support • Transportation In-Home <ul style="list-style-type: none"> • Chore • Friendly Reassurance • Homemaking • Personal Care Community <ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Home Repair * Nutrition Services <ul style="list-style-type: none"> • Congregate Meals • Home Delivered Meals Caregivers of Older Adults Services <ul style="list-style-type: none"> • Caregiver Education • Caregiver Support Groups • Caregiver Training • Respite Care Regional Services <ul style="list-style-type: none"> • Gap Filling: Services that eliminate a threat to independence, health or safety that requires immediate attention when other resources are unavailable.
Funded by Other Sources	Access <ul style="list-style-type: none"> • Options Counseling

* Not PSA-wide

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

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2026

Funded Under Disease Prevention Health Promotion Service Definition

Provide the information requested below for Evidence-Based Programs (EBDP) to be funded under Title III-D.

Title III-D funds can only be used on health promotion programs that meet the highest-level criteria as determined by the Administration for Community Living (ACL) Administration on Aging (AoA). Please see the "List of Approved EBDP Programs for Title III-D Funds" in the Document Library. Only programs from this list will be approved beginning in FY 2026. If funding has been allocated as a single amount for all Title III-D programs for a provider, enter on first line under "Funding Amount for This Service".

Program Name	Provider Name	Anticipated No. of Participants	Funding Amount for Service
<i>Example</i>	<i>Example: List each provider offering programs on a single line as shown below.</i>	<i>Example: Total participants for all providers</i>	<i>Example: Funding total for all providers</i>
Arthritis Exercise Program	1) Forest City Senior League Program 2) Grove Township Senior Services 3) Friendly Avenue Services	80	\$14,000
Arthritis Foundation Exercise Program (AFEP)	St. Joseph County Commission on Aging (classes held at both Three Rivers Enrichment Center and Sturgis Enrichment Center)	150	\$2,500
Stay Active and Independent for Life (SAIL)	St. Joseph County Commission on Aging (classes held at both Three Rivers Enrichment Center and Sturgis Enrichment Center)	150	\$2,500
Arthritis Foundation Aquatic Program	Branch County Commission on Aging	80	\$3,631

Planned FY2026 Caregiver Programs: Complete the chart below. Include all caregiver programs within the PSA. This includes, but is not limited to: Respite, Respite Vouchers, Education/Outreach, Training, Support Groups, PTC, Savvy, DCS, Trualta, Regionally Specific Programs, etc. If you have any questions, please reach out to Lacey Charboneau at charboneaul2@michigan.gov

Name/Type of Program	State/Federal (OAA) Funds Used? (yes/no)	Description of Program	Agency Comments (optional)
Alzheimer's Association Support Group	Yes	The Alzheimer's Association and St. Joseph County COA co-lead a support group for any caregiver/loved one needing support. Meetings are held in Three Rivers @ an accessible community center on the 1st Tuesday of each month.	All caregiver programs are open to and advertised/promoted to all caregiver types, including kinship/grandparents raising grandchildren.
Branch County Caregiver/Kinship Family Support Group	Yes	Branch COA collaborates with the Branch ISD and local domestic violence/sexual assault organization to support kinship/caregiver families through an evening support group once per month at a local church. They provide speakers and support, as well as a meal and childcare.	"
In Home Respite Care	Yes	Both county Commission on Aging organizations provide donation-based respite care to support family caregivers in their home.	"
Caregiver Education	Yes	Branch County has developed and published various educational resource guides for caregivers.	"
Caregiver Education/ Training	Yes	Both County Commission on Aging organizations arrange for special speakers and presenters throughout the year. All programs open to all caregivers.	"

FY 2026 AREA PLAN BUDGET

AAA: Branch-St. Joseph Area Agency on Aging
PSA: 3C

Date: 4/14/2025
Budget Period: 10/1/2025
Rev No: original
to 9/30/2026

Area Plan Budget Overview

Area Plan Budget Summary	Federal/State Award	Other	Program Income	Cash Match	In-Kind Match	Grand Total
Administration	\$ 60,357	\$ 96,800	\$ -	\$ 35,902	\$ 25,000	\$ 218,059
Program Development	\$ 22,523	\$ -	\$ -	\$ -	\$ 2,503	\$ 25,026
AAA RD/Nutritionist	\$ 950	\$ -	\$ -	\$ -	\$ 106	\$ 1,056
Services	\$ 1,023,102	\$ 60,000	\$ 233,000	\$ 294,397	\$ 18,087	\$ 1,628,586
Total	\$ 1,106,932	\$ 156,800	\$ 233,000	\$ 330,299	\$ 45,696	\$ 1,872,727

Administration Budget

Administration Revenue	Federal / State / Other Administration	Local Cash Match	Local In-Kind Match	Grand Total
Federal	\$ 48,377	\$ 35,902	\$ 25,000	\$ 109,279
Title III Administration	\$ 48,377	\$ 35,902	\$ 25,000	\$ 109,279
State	\$ 11,980			\$ 11,980
State Administration	\$ 8,481			\$ 8,481
State Merit Award (MATF) Administration	\$ 3,115			\$ 3,115
State Caregiver Support Administration	\$ 384			\$ 384
Other	\$ 96,800			\$ 96,800
Other Administration	\$ 96,800			\$ 96,800
Grand Total	\$ 157,157	\$ 35,902	\$ 25,000	\$ 218,059

Administration Expenditures	Amount	FTEs
Salaries/Wages	\$ 178,400	5.00
Fringe Benefits	\$ 35,600	
Office Operations	\$ 4,059	
Total	\$ 218,059	

Services Budget

Fund Sources	Access Services	In-Home Services	Community Services	Nutrition Services	Caregivers of Older Adults Services	Older Relative (Kinship) Caregiver Services	Grand Total
Federal	\$ 60,395	\$ 35,200	\$ 38,131	\$ 289,783	\$ 52,180	\$ 500	\$ 476,189
Title III-B Supportive Services	\$ 60,395	\$ 35,200	\$ 29,500	\$ -	\$ -	\$ -	\$ 125,095
Title III-C1 Congregate Meals	\$ -	\$ -	\$ -	\$ 95,188	\$ -	\$ -	\$ 95,188
Title III-C2 Home-Delivered Meals	\$ -	\$ -	\$ -	\$ 130,325	\$ -	\$ -	\$ 130,325
Title III-D Preventive Health	\$ -	\$ -	\$ 8,631	\$ -	\$ -	\$ -	\$ 8,631
Title III-E National Family Caregiver Support	\$ -	\$ -	\$ -	\$ -	\$ 52,180	\$ 500	\$ 52,680
Title VII-A Ombudsman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Title VII EAP Elder Abuse Prevention	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition Services Incentive Program (NSIP)	\$ -	\$ -	\$ -	\$ 64,270	\$ -	\$ -	\$ 64,270
State	\$ 100,212	\$ 216,520	\$ -	\$ 127,688	\$ 102,493	\$ -	\$ 546,913
State Access Services	\$ 7,808	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,808
State In-Home Services	\$ -	\$ 119,000	\$ -	\$ -	\$ 20,207	\$ -	\$ 139,207
State In-Home Services (Direct Care Worker Pay)	\$ -	\$ 67,000	\$ -	\$ -	\$ 1,582	\$ -	\$ 68,582
State Congregate Meals	\$ -	\$ -	\$ -	\$ 2,523	\$ -	\$ -	\$ 2,523
State Home Delivered Meals	\$ -	\$ -	\$ -	\$ 125,165	\$ -	\$ -	\$ 125,165
State Alternative Care	\$ -	\$ 30,520	\$ -	\$ -	\$ -	\$ -	\$ 30,520
State Aging Network Services	\$ 12,176	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,176
State Caregiver Support	\$ -	\$ -	\$ -	\$ -	\$ 3,887	\$ -	\$ 3,887
State Respite Care	\$ -	\$ -	\$ -	\$ -	\$ 45,316	\$ -	\$ 45,316
State Merit Award (MATF)	\$ -	\$ -	\$ -	\$ -	\$ 31,501	\$ -	\$ 31,501
State Nursing Home Ombudsman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Michigan State Ombudsman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Care Management	\$ 80,228	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 80,228
Medicaid	\$ 60,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 60,000
Targeted Case Management	\$ 60,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 60,000
Program Income	\$ 12,000	\$ 33,000	\$ 1,500	\$ 175,000	\$ 11,500	\$ -	\$ 233,000
Program Income	\$ 12,000	\$ 33,000	\$ 1,500	\$ 175,000	\$ 11,500	\$ -	\$ 233,000
Local	\$ 70,902	\$ 91,732	\$ 27,050	\$ 105,000	\$ 17,800	\$ -	\$ 312,484
Cash Match	\$ 60,902	\$ 88,300	\$ 26,450	\$ 105,000	\$ 13,745	\$ -	\$ 294,397
In-Kind Match	\$ 10,000	\$ 3,432	\$ 600	\$ -	\$ 4,055	\$ -	\$ 18,087
Grand Total	\$ 303,509	\$ 376,452	\$ 66,681	\$ 697,471	\$ 183,973	\$ 500	\$ 1,628,586

FY 2026 AREA PLAN BUDGET

Branch-St. Joseph Area Agency on Aging
3C

Date: 4/14/2025
Budget Period: 10/1/2025

Rev No: original
to 9/30/2026

Expenditures by Service & Fund Category

	29.24%	33.58%	3.68%	14.31%	19.19%	100.00%
Services	Federal	State	Medicaid	Program Income	Local	Grand Total
Access Services	\$ 60,395	\$ 100,212	\$ 60,000	\$ 12,000	\$ 70,902	\$ 303,509
Access Services	\$ 60,395	\$ 100,212	\$ 60,000	\$ 12,000	\$ 70,902	\$ 303,509
Care Management	\$ 36,000	\$ 92,404	\$ 60,000	\$ -	\$ 40,902	\$ 229,306
Case Coordination & Support	\$ 7,000	\$ 7,808	\$ -	\$ -	\$ 15,000	\$ 29,808
Transportation	\$ 17,395	\$ -	\$ -	\$ 12,000	\$ 15,000	\$ 44,395
In-Home Services	\$ 35,200	\$ 216,520	\$ -	\$ 33,000	\$ 91,732	\$ 376,452
In-Home Services	\$ 35,200	\$ 216,520	\$ -	\$ 33,000	\$ 91,732	\$ 376,452
Assistive Devices & Technologies	\$ -	\$ 15,000	\$ -	\$ -	\$ 1,666	\$ 16,666
Chore Services	\$ 8,000	\$ -	\$ -	\$ 500	\$ 2,500	\$ 11,000
Friendly Reassurance	\$ 8,000	\$ -	\$ -	\$ -	\$ 900	\$ 8,900
Homemaker	\$ 10,200	\$ 119,020	\$ -	\$ 16,500	\$ 40,000	\$ 185,720
Medication Management	\$ 5,000	\$ 10,000	\$ -	\$ -	\$ 1,666	\$ 16,666
Personal Care	\$ 4,000	\$ 72,500	\$ -	\$ 16,000	\$ 45,000	\$ 137,500
Community Services	\$ 38,131	\$ -	\$ -	\$ 1,500	\$ 27,050	\$ 66,681
Community Regional Services	\$ 10,500	\$ -	\$ -	\$ -	\$ 1,250	\$ 11,750
Community Living Program Services (RSD)	\$ 5,000	\$ -	\$ -	\$ -	\$ 600	\$ 5,600
Gap Filling/Special Needs(RSD)	\$ 5,500	\$ -	\$ -	\$ -	\$ 650	\$ 6,150
Community Services	\$ 27,631	\$ -	\$ -	\$ 1,500	\$ 25,800	\$ 54,931
Disease Prevention/Health Promotion	\$ 8,631	\$ -	\$ -	\$ 500	\$ 2,500	\$ 11,631
Home Repair	\$ 5,000	\$ -	\$ -	\$ 500	\$ 3,500	\$ 9,000
Legal Assistance	\$ 12,000	\$ -	\$ -	\$ 500	\$ 1,800	\$ 14,300
Ombudsman	\$ 2,000	\$ -	\$ -	\$ -	\$ 18,000	\$ 20,000
Nutrition Services	\$ 289,783	\$ 127,688	\$ -	\$ 175,000	\$ 105,000	\$ 697,471
Nutrition Services	\$ 289,783	\$ 127,688	\$ -	\$ 175,000	\$ 105,000	\$ 697,471
Congregate Meals	\$ 106,188	\$ 2,523	\$ -	\$ 55,000	\$ 15,000	\$ 178,711
Home-Delivered Meals	\$ 183,595	\$ 125,165	\$ -	\$ 120,000	\$ 90,000	\$ 518,760
Caregivers of Older Adults Services	\$ 52,180	\$ 102,493	\$ -	\$ 11,500	\$ 17,800	\$ 183,973
Access Assistance	\$ 36,000	\$ -	\$ -	\$ -	\$ 4,000	\$ 40,000
Caregiver Information and Assistance	\$ 36,000	\$ -	\$ -	\$ -	\$ 4,000	\$ 40,000
Counseling/Support Groups/Training	\$ 8,180	\$ -	\$ -	\$ 500	\$ 1,055	\$ 9,735
Caregiver Support Groups	\$ 7,680	\$ -	\$ -	\$ 500	\$ 1,000	\$ 9,180
Caregiver Training	\$ 500	\$ -	\$ -	\$ -	\$ 55	\$ 555
Information Services	\$ 8,000	\$ -	\$ -	\$ 500	\$ 10,000	\$ 18,500
Caregiver Education (use for Caregiver Outreach)	\$ 8,000	\$ -	\$ -	\$ 500	\$ 10,000	\$ 18,500
Respite Services	\$ -	\$ 87,105	\$ -	\$ 500	\$ 2,245	\$ 89,850
Adult Day Services	\$ -	\$ 47,000	\$ -	\$ 500	\$ -	\$ 47,500
Respite Care – In-Home Respite	\$ -	\$ 40,105	\$ -	\$ -	\$ 2,245	\$ 42,350
Supplemental Services	\$ -	\$ 15,388	\$ -	\$ 10,000	\$ 500	\$ 25,888
Caregiver Supplemental - Transportation	\$ -	\$ 15,388	\$ -	\$ 10,000	\$ 500	\$ 25,888
Older Relative (Kinship) Caregiver Services	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ 500
Counseling/Support Groups/Training	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ 500
Kinship Caregiver Support Groups	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ 500
Grand Total	\$ 476,189	\$ 546,913	\$ 60,000	\$ 233,000	\$ 312,484	\$ 1,628,586

FY 2026 AREA PLAN BUDGET

Branch-St. Joseph Area Agency on Aging

3C

Date: 4/14/2025 Rev No: original
Budget Period: 10/1/2025 to 9/30/2026

Access Services Expenditures by Fund Source

Service	Title III-B Supportive Services	State Access Services	State Aging Network Services	State Care Management	Targeted Case Management	Program Income	Cash Match	In-Kind Match	Grand Total
Access Services	\$ 60,395	\$ 7,808	\$ 12,176	\$ 80,228	\$ 60,000	\$ 12,000	\$ 60,902	\$ 10,000	\$ 303,509
Care Management	\$ 36,000	\$ -	\$ 12,176	\$ 80,228	\$ 60,000	\$ -	\$ 30,902	\$ 10,000	\$ 229,306
Case Coordination & Support	\$ 7,000	\$ 7,808	\$ -	\$ -	\$ -	\$ -	\$ 15,000	\$ -	\$ 29,808
Transportation	\$ 17,395	\$ -	\$ -	\$ -	\$ -	\$ 12,000	\$ 15,000	\$ -	\$ 44,395
Grand Total	\$ 60,395	\$ 7,808	\$ 12,176	\$ 80,228	\$ 60,000	\$ 12,000	\$ 60,902	\$ 10,000	\$ 303,509

In-Home Services Expenditures by Fund Source

Row Labels	Title III-B Supportive Services	State In-Home Services	State In-Home Services (Direct Care Worker Pay)	State Alternative Care	Program Income	Cash Match	In-Kind Match	Grand Total
In-Home Services	\$ 35,200	\$ 119,000	\$ 67,000	\$ 30,520	\$ 33,000	\$ 88,300	\$ 3,432	\$ 376,452
Assistive Devices & Technologies	\$ -	\$ 15,000	\$ -	\$ -	\$ -	\$ -	\$ 1,666	\$ 16,666
Chore Services	\$ 8,000	\$ -	\$ -	\$ -	\$ 500	\$ 2,500	\$ -	\$ 11,000
Friendly Reassurance	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ 800	\$ 100	\$ 8,900
Homemaker	\$ 10,200	\$ 53,500	\$ 40,000	\$ 25,520	\$ 16,500	\$ 40,000	\$ -	\$ 185,720
Medication Management	\$ 5,000	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ 1,666	\$ 16,666
Personal Care	\$ 4,000	\$ 40,500	\$ 27,000	\$ 5,000	\$ 16,000	\$ 45,000	\$ -	\$ 137,500
Grand Total	\$ 35,200	\$ 119,000	\$ 67,000	\$ 30,520	\$ 33,000	\$ 88,300	\$ 3,432	\$ 376,452

Community Services Expenditures by Fund Source

Sum of Amount	Column Labels					
Row Labels	Title III-B Supportive Services	Title III-D Preventive Health	Program Income	Cash Match	In-Kind Match	Grand Total
Community Regional Services	\$ 10,500	\$ -	\$ -	\$ 650	\$ 600	\$ 11,750
Community Living Program Services (RSD)	\$ 5,000	\$ -	\$ -	\$ -	\$ 600	\$ 5,600
Gap Filling/Special Needs(RSD)	\$ 5,500	\$ -	\$ -	\$ 650	\$ -	\$ 6,150
Community Services	\$ 19,000	\$ 8,631	\$ 1,500	\$ 25,800	\$ -	\$ 54,931
Disease Prevention/Health Promotion	\$ -	\$ 8,631	\$ 500	\$ 2,500	\$ -	\$ 11,631
Home Repair	\$ 5,000	\$ -	\$ 500	\$ 3,500	\$ -	\$ 9,000
Legal Assistance	\$ 12,000	\$ -	\$ 500	\$ 1,800	\$ -	\$ 14,300
Ombudsman	\$ 2,000	\$ -	\$ -	\$ 18,000	\$ -	\$ 20,000
Grand Total	\$ 29,500	\$ 8,631	\$ 1,500	\$ 26,450	\$ 600	\$ 66,681

Nutrition Services Expenditures by Fund Source

Row Labels	Title III-C1 Congregate Meals	Title III-C2 Home- Delivered Meals	Nutrition Services Incentive Program (NSIP)	State Congregate Meals	State Home Delivered Meals	Program Income	Cash Match	Grand Total
Nutrition Services	\$ 95,188	\$ 130,325	\$ 64,270	\$ 2,523	\$ 125,165	\$ 175,000	\$ 105,000	\$ 697,471
Congregate Meals	\$ 95,188	\$ -	\$ 11,000	\$ 2,523	\$ -	\$ 55,000	\$ 15,000	\$ 178,711
Home-Delivered Meals	\$ -	\$ 130,325	\$ 53,270	\$ -	\$ 125,165	\$ 120,000	\$ 90,000	\$ 518,760
Grand Total	\$ 95,188	\$ 130,325	\$ 64,270	\$ 2,523	\$ 125,165	\$ 175,000	\$ 105,000	\$ 697,471

Caregivers of Older Adults Services Expenditures by Fund Source

Row Labels	Title III-E National Family Caregiver Support	State In-Home Services	State In-Home Services (Direct Care Worker Pay)	State Caregiver Support	State Respite Care	State Merit Award (MATF)	Program Income	Cash Match	In-Kind Match	Grand Total
Access Assistance	\$ 36,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000	\$ 40,000
Caregiver Information and Assistance	\$ 36,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000	\$ 40,000
Counseling/Support Groups/Training	\$ 8,180	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 1,000	\$ 55	\$ 9,735
Caregiver Support Groups	\$ 7,680	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 1,000	\$ -	\$ 9,180
Caregiver Training	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 55	\$ 555
Information Services	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 10,000	\$ -	\$ 18,500
Caregiver Education (use for Caregiver Outreach)	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 10,000	\$ -	\$ 18,500
Respite Services	\$ -	\$ 20,207	\$ 1,582	\$ -	\$ 45,316	\$ 20,000	\$ 500	\$ 2,245	\$ -	\$ 89,850
Adult Day Services	\$ -	\$ -	\$ -	\$ -	\$ 27,000	\$ 20,000	\$ 500	\$ -	\$ -	\$ 47,500
Respite Care ~ In-Home Respite	\$ -	\$ 20,207	\$ 1,582	\$ -	\$ 18,316	\$ -	\$ -	\$ 2,245	\$ -	\$ 42,350
Supplemental Services	\$ -	\$ -	\$ -	\$ 3,887	\$ -	\$ 11,501	\$ 10,000	\$ 500	\$ -	\$ 25,888
Caregiver Supplemental - Transportation	\$ -	\$ -	\$ -	\$ 3,887	\$ -	\$ 11,501	\$ 10,000	\$ 500	\$ -	\$ 25,888
Grand Total	\$ 52,180	\$ 20,207	\$ 1,582	\$ 3,887	\$ 45,316	\$ 31,501	\$ 11,500	\$ 13,745	\$ 4,055	\$ 183,973

Older Relative (Kinship) Caregiver Services Expenditures by Fund Source

Row Labels	Title III-E National Family Caregiver Support	Grand Total
Counseling/Support Groups/Training	\$ 500	\$ 500
Kinship Caregiver Support Groups	\$ 500	\$ 500
Grand Total	\$ 500	\$ 500

FY 2026 AREA PLAN BUDGET

Branch-St. Joseph Area Agency on Aging
3C

Date: 4/14/2025
Budget Period: 10/1/2025

Rev No: original
to 9/30/2026

Method of Service Provision

	9.57%	71.91%	18.52%	100.00%
Services	Direct Services	Contracted Services	Purchased Services	Grand Total
Access Services	\$ 109,306	\$ 74,203	\$ 120,000	\$ 303,509
Access Services	\$ 109,306	\$ 74,203	\$ 120,000	\$ 303,509
Care Management	\$ 109,306	\$ -	\$ 120,000	\$ 229,306
Case Coordination & Support	\$ -	\$ 29,808	\$ -	\$ 29,808
Transportation	\$ -	\$ 44,395	\$ -	\$ 44,395
In-Home Services	\$ 4,000	\$ 196,400	\$ 176,052	\$ 376,452
In-Home Services	\$ 4,000	\$ 196,400	\$ 176,052	\$ 376,452
Assistive Devices & Technologies	\$ -	\$ -	\$ 16,666	\$ 16,666
Chore Services	\$ -	\$ 11,000	\$ -	\$ 11,000
Friendly Reassurance	\$ 4,000	\$ 4,900	\$ -	\$ 8,900
Homemaker	\$ -	\$ 108,000	\$ 77,720	\$ 185,720
Medication Management	\$ -	\$ -	\$ 16,666	\$ 16,666
Personal Care	\$ -	\$ 72,500	\$ 65,000	\$ 137,500
Community Services	\$ 2,500	\$ 58,581	\$ 5,600	\$ 66,681
Community Regional Services	\$ 2,500	\$ 3,650	\$ 5,600	\$ 11,750
Community Living Program Services (RSD)	\$ -	\$ -	\$ 5,600	\$ 5,600
Gap Filling/Special Needs(RSD)	\$ 2,500	\$ 3,650	\$ -	\$ 6,150
Community Services	\$ -	\$ 54,931	\$ -	\$ 54,931
Disease Prevention/Health Promotion	\$ -	\$ 11,631	\$ -	\$ 11,631
Home Repair	\$ -	\$ 9,000	\$ -	\$ 9,000
Legal Assistance	\$ -	\$ 14,300	\$ -	\$ 14,300
Ombudsman	\$ -	\$ 20,000	\$ -	\$ 20,000
Nutrition Services	\$ -	\$ 697,471	\$ -	\$ 697,471
Nutrition Services	\$ -	\$ 697,471	\$ -	\$ 697,471
Congregate Meals	\$ -	\$ 178,711	\$ -	\$ 178,711
Home-Delivered Meals	\$ -	\$ 518,760	\$ -	\$ 518,760
Caregivers of Older Adults Services	\$ 40,000	\$ 144,473	\$ -	\$ 184,473
Access Assistance	\$ 40,000	\$ -	\$ -	\$ 40,000
Caregiver Information and Assistance	\$ 40,000	\$ -	\$ -	\$ 40,000
Counseling/Support Groups/Training	\$ -	\$ 10,235	\$ -	\$ 10,235
Caregiver Support Groups	\$ -	\$ 9,680	\$ -	\$ 9,680
Caregiver Training	\$ -	\$ 555	\$ -	\$ 555
Information Services	\$ -	\$ 18,500	\$ -	\$ 18,500
Caregiver Education (use for Caregiver Outreach)	\$ -	\$ 18,500	\$ -	\$ 18,500
Respite Services	\$ -	\$ 89,850	\$ -	\$ 89,850
Adult Day Services	\$ -	\$ 47,500	\$ -	\$ 47,500
Respite Care – In-Home Respite	\$ -	\$ 42,350	\$ -	\$ 42,350
Supplemental Services	\$ -	\$ 25,888	\$ -	\$ 25,888
Caregiver Supplemental - Transportation	\$ -	\$ 25,888	\$ -	\$ 25,888
Grand Total	\$ 155,806	\$ 1,171,128	\$ 301,652	\$ 1,628,586

Proposal for two Part-time Temporary EH Assistant Clerk

Noncommunity Water Supply Funding:

The agency is proposing to hire 2 part-time temporary Environmental Health Assistant Clerks to work on a digitization project of Noncommunity Water Supply facility information and assist with any new filing. The positions would end on September 30, 2025. We have grant funding in the program to support these 2 temporary positions for this fiscal year.

\$20,000 – staff time, indirect, space, computers/cell phone, marketing, start up costs for IT/Software, etc.

PUBLIC COMMENT

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