

BOARD OF HEALTH Meeting

Agenda for July 24, 2025 at 9:00 AM

1. Call to Order
 - a. Opening ceremonies – Pledge Allegiance to the Flag of the United States of America
 - b. Roll Call
 - c. Approval of the Agenda*
 - d. Approval of the Minutes from June 26, 2025*
2. Public Comment
3. MERS Defined Benefit Actuarial Study presented by Marne Daggett, Regional Manager
4. Health Officer's Report – pg 36
5. Medical Director's Report – pg 69
6. Departmental Reports
 - a. Personal Health & Disease Prevention – pg 71
 - b. Health Education & Promotion – pg 78
 - c. Environmental Health – pg 81
 - d. Area Agency on Aging – pg 92
7. Financial Reports
 - a. Approve Payments* - pg 100
 - b. Review Financials* - pg 103
8. Committee Reports – pg 107
 - a. Finance Committee – Approval of the July 21, 2025 Finance Committee meeting – pg
 - b. Program, Policies, and Appeals – Approval of the July 16, 2025 Program, Policy, and Appeals Committee meeting – pg 108
9. Unfinished Business
 - a. MERS Surplus Draw Down
10. New Business
 - a. Hillsdale Building Exterior Renovation Project Bids - pg 109
 - b. Workforce Development Plan – pg 113
 - c. Employee Satisfaction Survey Results – pg 135
11. Public Comment
12. Commissioner Comments

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.

13. Adjournment - Next meeting: August 28, 2025

Upcoming Meeting Dates:

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

Board Education Schedule:

- 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

June 26, 2025 – Board of Health Meeting Minutes

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

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

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

Mr. Collins moved to approve the minutes from the May 22, 2025 meeting with support from Mr. Hoffmaster. The motion passed unopposed.

Public Comment: No public comments were given.

Rebecca Burns, Health Officer, reviewed the monthly Health Officer's Report with the following items included: FY2025 Budget Amendment, FY2026 Original Budget, Proposed 2026 Federal Budget, MERS Actuarial Report, Staffing Update, WIC Income Guidelines, Public Health Concerns, and Office Updates.

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

Departmental Reports:

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

Financial Reports/Expenditures

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

Committee Reports:

- Finance Committee – Mr. Hoffmaster moved to approve the minutes from the June 16, 2025 Board of Health Finance Committee meeting with support from Mr. Collins. The motion passed unopposed.

- Program, Policy, & Appeals Committee – Did not meet.

Unfinished Business:

- There was no unfinished business.

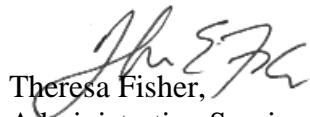
New Business:

- Mr. Hoffmaster moved to approve the AAA FY24-25 provider budget amendment as presented, with support from Mr. Collins. The motion passed unopposed.
- Mr. Hoffmaster moved to approve the FY24-25 Budget Amendment #2, as presented, with support from Mr. Collins. The motion passed unopposed.
- Mr. Hoffmaster moved to approve the FY25-26 Original Budget as presented, with support from Mr. Collins. The motion passed unopposed.
- The MERS Surplus Division was discussed but no action was taken.
- The December 31, 2024 MERS Annual Actuarial Valuation Report was 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 10:41 AM.

Respectfully Submitted by:



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

PUBLIC COMMENT

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Municipal Employees' Retirement System of Michigan

Annual Actuarial Valuation Report

December 31, 2024 - Branch-Hillsdale-St Joseph Comm Hlth
Agcy (1202)





Spring 2025

Branch-Hillsdale-St Joseph Comm Hlth Agcy

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

This report presents the results of the Annual Actuarial Valuation, prepared for Branch-Hillsdale-St Joseph Comm Hlth Agcy (1202) as of December 31, 2024. The report includes the determination of liabilities and contribution rates resulting from the participation in the Municipal Employees' Retirement System of Michigan ("MERS"). This report contains the minimum actuarially determined contribution requirement, in alignment with the MERS Plan Document, Actuarial Policy, the Michigan Constitution, and governing statutes. Branch-Hillsdale-St Joseph Comm Hlth Agcy is responsible for the employer contributions needed to provide MERS benefits for its employees and former employees.

The purposes of this valuation are to:

- Measure funding progress as of December 31, 2024,
- Establish contribution requirements for the fiscal year beginning January 1, 2026,
- Provide information regarding the identification and assessment of risk,
- Provide actuarial information in connection with applicable Governmental Accounting Standards Board (GASB) statements, and
- Provide information to assist the local unit of government with State reporting requirements.

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

The findings in this report are based on data and other information through December 31, 2024. The valuation was based upon information furnished by MERS concerning Retirement System benefits, financial transactions, plan provisions and active members, terminated members, retirees and beneficiaries. We checked for internal reasonability and year-to-year consistency, but did not audit the data. We are not responsible for the accuracy or completeness of the information provided by MERS.

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

Gains Policy at the February 17, 2022 Board meeting. The Dedicated Gains Policy automatically reduces the assumed rate of investment return in conjunction with recognizing excess investment gains to mitigate the impact on employer contributions the first year. The policy was effective with the December 31, 2021 annual actuarial valuation.

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

For a full list of all the assumptions used, please refer to the division-specific assumptions described in table(s) in this report, and to the Appendix on the MERS website at:

<https://www.mersofmich.com/Portals/0/Assets/Resources/AAV-Appendix/MERS-2024AnnualActuarialValuation-Appendix.pdf>

The actuarial assumptions used for this valuation, including the assumed rate of investment return, are reasonable for purposes of the measurement. The combined effect of the assumptions is expected to have no significant bias (i.e., not significantly optimistic or pessimistic).

In December 2021, the Actuarial Standards Board (ASB) adopted a revision to the Actuarial Standard of Practice (ASOP) No. 4, *Measuring Pension Obligations and Determining Pension Plan Costs or Contributions*. The revised ASOP No. 4 requires the calculation and disclosure of a liability referred to by the ASOP as the "Low-Default-Risk Obligation Measure" (LDROM). The LDROM calculation is provided in aggregate, along with aggregate employer results, in a separate report titled "Summary Report of the 79th Annual Actuarial Valuations," and will be available on the MERS website during the fall of 2025.

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

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

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

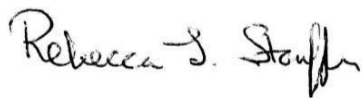
This information is purely actuarial in nature. It is not intended to serve as a substitute for legal, accounting, or investment advice.



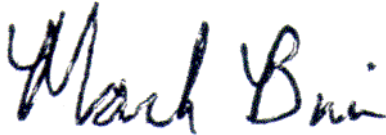
This report was prepared at the request of the MERS Retirement Board and may be provided only in its entirety by the municipality to other interested parties (MERS customarily provides the full report on request to associated third parties such as the auditor for the municipality). GRS is not responsible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

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

Sincerely,
Gabriel, Roeder, Smith & Company



Rebecca L. Stouffer, ASA, FCA, MAAA



Mark Buis, FSA, FCA, EA, MAAA



Kurt Dosson, ASA, FCA, MAAA



Shana M. Neeson, ASA, FCA, MAAA



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Executive Summary

Funded Ratio

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

	12/31/2024	12/31/2023
Funded Ratio*	93%	92%

* Reflects assets from Surplus divisions, if any.

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

Required Employer Contributions

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

Effective with the December 31, 2021 valuation, the MERS Retirement Board adopted a Dedicated Gains Policy which allows for recognition of asset gains in excess of a set threshold in combination with lowering the assumed rate of investment return. Following the completion of an Experience Study and effective with the 2024 valuations, the MERS Retirement Board adopted updated demographic and economic assumptions. **The combined impact of the implementation of updated assumptions and application of the Dedicated Gains Policy is shown in the contribution requirements below.**

Valuation Date:	Percentage of Payroll		Monthly \$ Based on Projected Payroll	
	12/31/2024	12/31/2023	12/31/2024	12/31/2023
Fiscal Year Beginning:	January 1, 2026	January 1, 2025	January 1, 2026	January 1, 2025
Division				
01 - Gnrl	-	-	\$ 59,905	\$ 53,958
Total Municipality -				
Estimated Monthly Contribution			\$ 59,905	\$ 53,958
Total Municipality -				
Estimated Annual Contribution			\$ 718,860	\$ 647,496

Employee contribution rates:

Valuation Date:	Employee Contribution Rate	
	12/31/2024	12/31/2023
Division		
01 - Gnrl	3.00%	3.00%

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

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

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

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



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

How and Why Do These Numbers Change?

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

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

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

Comments on Investment Rate of Return Assumption

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

The MERS Investment Return Assumption is **6.93%** per year. This, along with all other actuarial assumptions, is reviewed at least every five years in an Experience Study that compares the assumptions used against actual experience and recommends adjustments if necessary. If your municipality would like to explore contributions at lower assumed investment return assumptions, please review the “What If” projection scenarios later in this report.

Assumption and Method Changes in 2024

Effective February 17, 2022, the MERS Retirement Board adopted a dedicated gains policy that automatically lowers the assumed rate of investment return by using excess asset gains to mitigate large increases in required contributions to the Plan. Full details of this dedicated gains policy are available in the Actuarial Policy found on the MERS [website](#). Some goals of the dedicated gains policy are to:

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

The dedicated gains policy was implemented with the December 31, 2021 annual actuarial valuation and was reflected in the computed employer contribution amounts beginning in fiscal year 2023.

Investment performance measured for the one-year period ending December 31, 2024 resulted in no change to the assumed rate of investment return of 6.93%.



On February 12, 2025, the MERS Retirement Board adopted the results of an Experience Study covering the period, January 1, 2019 through December 31, 2023. The study examined recent experience and trends, with consideration for the COVID-19 pandemic. The study resulted in incremental assumption updates, with limited impact on employer contributions and funded status, for most employers when results are measured on the new assumption basis. The results of this study are reflected in the December 31, 2024 annual actuarial valuations.

MI Local Retirement Grant

Michigan lawmakers adopted Public Act 119 of 2023, which provided relief to local units of government with the most significant burden from qualified pension and retirement health benefit systems on their annual budget and revenues. As authorized under Public Act 119 of 2023, Section 990, the state pension and OPEB grants were awarded to eligible local governments in September 2024.

A smaller number of municipalities qualified for the **MI Local Retirement Grant** than the **Protecting MI Pension Grant Program** of the previous year. Pension funds received by municipalities were deposited into the MERS trust during September 2024 and are reflected in this valuation.

Comments on Asset Smoothing

To avoid dramatic spikes and dips in annual contribution requirements due to short-term fluctuations in asset markets, MERS applies a technique called **asset smoothing**. This spreads out each year's investment gains or losses over the prior year and the following four years. After initial application of asset smoothing, remaining excess market gains are used to buy down the assumed rate of investment return and increase the level of valuation assets, to the extent allowed by the dedicated gains policy. This smoothing method is used to determine your actuarial value of assets (valuation assets), which is then used to determine both your funded ratio and your required contributions. **The (smoothed) actuarial rate of return for 2024 was 3.79%, while the actual market rate of return was 7.28%.** The actuarial rate of return is below the assumed rate of return, which will put upward pressure on the employer contribution requirements determined in this valuation. To see historical details of the market rate of return compared to the smoothed actuarial rate of return, refer to this report's Appendix or view the "[How Smoothing Works](#)" video on the [Defined Benefit resource page](#) of the MERS website.

As of December 31, 2024, the actuarial value of assets is 107% of market value due to asset smoothing. This means that there are deferred investment losses, which will put upward pressure on contributions in the short term.

If the December 31, 2024 valuation results were based on market value instead of actuarial value:

- The funded percent of your entire municipality would be 88% (instead of 93%); and
- Your total employer contribution requirement for the fiscal year starting January 1, 2026 would be \$841,164 (instead of \$718,860).

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

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



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

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

The relative impact of the economic scenarios below will vary from year to year, as the participant demographics change. The impact of each scenario should be analyzed for a given year, not from year to year. The results in the table are based on the December 31, 2024 valuation and are for the municipality in total, not by division.

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

12/31/2024 Valuation Results	Lower Future Annual Returns	Lower Future Annual Returns	Valuation Assumptions
Investment Return Assumption	4.93%	5.93%	6.93%
Accrued Liability	\$ 25,342,265	\$ 22,704,499	\$ 20,488,888
Valuation Assets ¹	\$ 19,125,873	\$ 19,125,873	\$ 19,125,873
Unfunded Accrued Liability	\$ 6,216,392	\$ 3,578,626	\$ 1,363,015
Funded Ratio	75%	84%	93%
Monthly Normal Cost	\$ 11,392	\$ 8,126	\$ 5,739
Monthly Amortization Payment	\$ 96,169	\$ 74,296	\$ 54,166
Total Employer Contribution²	\$ 107,561	\$ 82,422	\$ 59,905

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

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

Projection Scenarios

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



The 6.93% scenario provides an estimate of computed employer contributions based on current actuarial assumptions, and a projected 6.93% market return. The other two scenarios may be useful if the municipality chooses to budget more conservatively and make contributions in addition to the minimum requirements. The 5.93% and 4.93% projection scenarios provide an indication of the potential required employer contribution if these assumptions were met over the long term.

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

The Funded Percentage graph shows projections of funded status under the 6.93% investment return assumption, both including the Surplus assets (contributed as of the valuation date), and without the Surplus assets. The graph including the Surplus assets assumes these Surplus assets grow with interest and are not used to lower future employer contributions. We modeled the projections including the Surplus assets in this fashion because the use of these assets within the plan is discretionary by the employer and we do not know when and how the employer will use them. Once the employer uses these Surplus assets, any future employer contributions are expected to be lower than those shown in the projections.

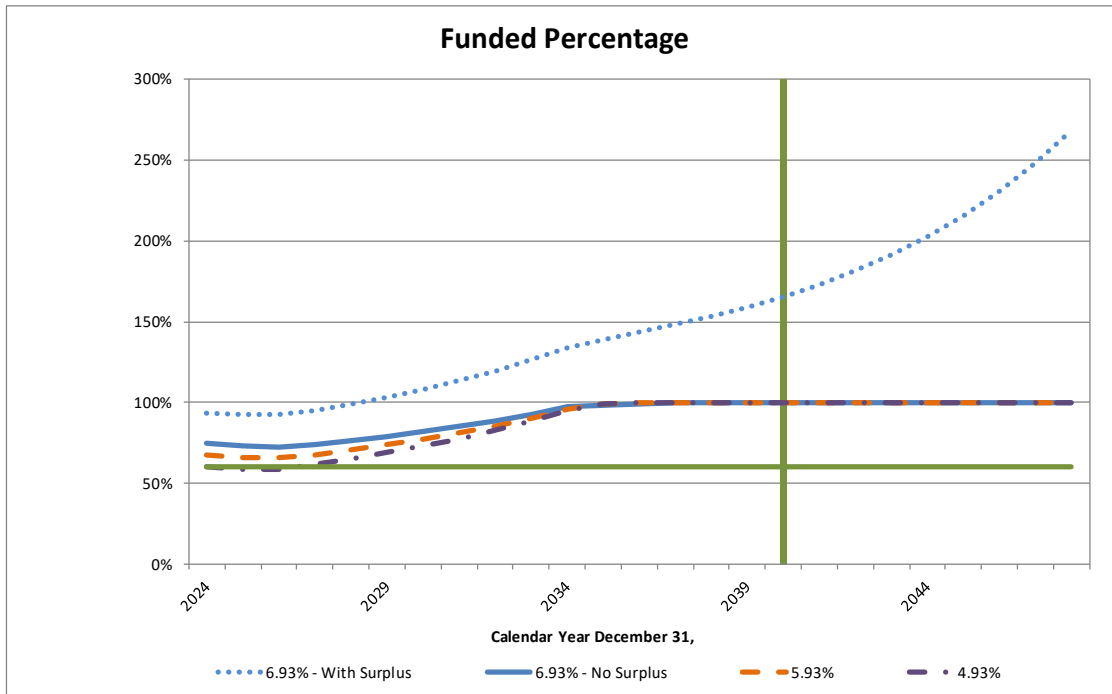
Valuation Year Ending 12/31	Fiscal Year Beginning 1/1	Actuarial Accrued Liability	Valuation Assets ²	Funded Percentage	Estimated Annual Employer Contribution
6.93%¹					
2024	2026	\$ 20,488,888	\$ 15,322,806	75%	\$ 718,860
2025	2027	\$ 20,600,000	\$ 15,100,000	74%	\$ 796,000
2026	2028	\$ 20,600,000	\$ 14,900,000	72%	\$ 885,000
2027	2029	\$ 20,600,000	\$ 15,300,000	74%	\$ 905,000
2028	2030	\$ 20,500,000	\$ 15,700,000	76%	\$ 926,000
2029	2031	\$ 20,400,000	\$ 16,100,000	79%	\$ 948,000
5.93%¹					
2024	2026	\$ 22,704,499	\$ 15,322,806	67%	\$ 989,064
2025	2027	\$ 22,800,000	\$ 15,000,000	66%	\$ 1,070,000
2026	2028	\$ 22,800,000	\$ 14,900,000	66%	\$ 1,160,000
2027	2029	\$ 22,700,000	\$ 15,400,000	68%	\$ 1,190,000
2028	2030	\$ 22,600,000	\$ 16,000,000	71%	\$ 1,210,000
2029	2031	\$ 22,400,000	\$ 16,600,000	74%	\$ 1,240,000
4.93%¹					
2024	2026	\$ 25,342,265	\$ 15,322,806	60%	\$ 1,290,732
2025	2027	\$ 25,300,000	\$ 14,800,000	59%	\$ 1,380,000
2026	2028	\$ 25,300,000	\$ 14,900,000	59%	\$ 1,470,000
2027	2029	\$ 25,200,000	\$ 15,600,000	62%	\$ 1,500,000
2028	2030	\$ 25,000,000	\$ 16,300,000	65%	\$ 1,530,000
2029	2031	\$ 24,800,000	\$ 17,100,000	69%	\$ 1,570,000

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



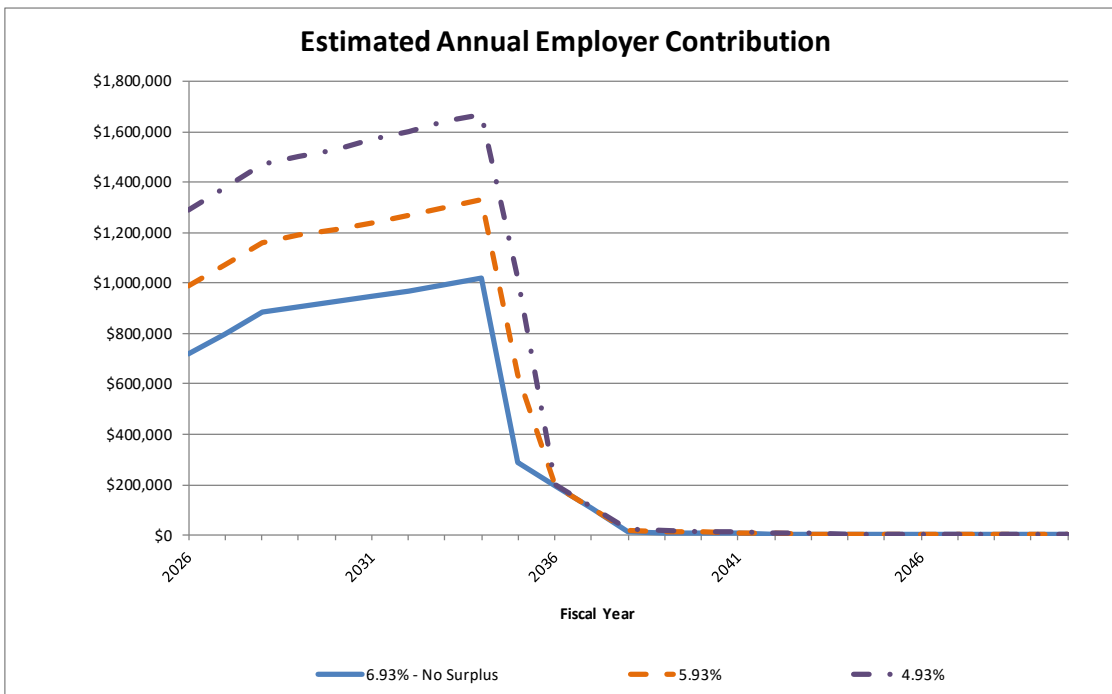
² Valuation Assets do not include assets from Surplus divisions, if any.





Notes:

Assumes assets from the Surplus division(s) will grow at the denoted investment return assumption and will not be used to lower employer contributions of non-surplus divisions during the projection period. Also assumes no additional contributions in future years to the surplus division(s). The green indicator lines have been added at 60% funded and 16 years following the valuation date for PA 202 purposes.



Notes:

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

Table 1: Employer Contribution Details for the Fiscal Year Beginning January 1, 2026

Division	Total Normal Cost	Employee Contribution Rate	Employer Contributions ¹			Blended ER Rate ⁵	Employee Contribution Conversion Factor ²
			Employer Normal Cost ⁶	Payment of the Unfunded Accrued Liability ⁴	Computed Employer Contribution		
Percentage of Payroll							
01 - Gnr1	12.35%	3.00%	-	-	-		
Estimated Monthly Contribution³							
01 - Gnr1			\$ 5,739	\$ 54,166	\$ 59,905		
Total Municipality			\$ 5,739	\$ 54,166	\$ 59,905		
Estimated Annual Contribution³			\$ 68,868	\$ 649,992	\$ 718,860		

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

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

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

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

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

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

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



Table 2: Benefit Provisions

01 - Gnrl: Closed to new hires

	2024 Valuation	2023 Valuation
Benefit Multiplier:	2.00% Multiplier (no max)	2.00% Multiplier (no max)
Normal Retirement Age:	60	60
Vesting:	6 years	6 years
Early Retirement (Unreduced):	55/25	55/25
Early Retirement (Reduced):	50/25	50/25
	55/15	55/15
Final Average Compensation:	5 years	5 years
COLA for Future Retirees:	2.50% (Non-Compound)	2.50% (Non-Compound)
COLA for Current Retirees:	2.50% (Non-Compound)	2.50% (Non-Compound)
Employee Contributions:	3.00%	3.00%
DC Plan for New Hires:	8/1/2015	8/1/2015
Act 88:	Yes (Adopted 8/16/1963)	Yes (Adopted 8/16/1963)

Table 3: Participant Summary

Division	2024 Valuation		2023 Valuation		2024 Valuation		
	Number	Annual Payroll ¹	Number	Annual Payroll ¹	Average Age	Average Benefit Service ²	Average Eligibility Service ²
01 - Gnrl							
Active Employees	14	\$ 833,496	17	\$ 961,350	54.2	22.4	22.4
Vested Former Employees	16	170,216	21	225,142	51.0	12.2	12.3
Retirees and Beneficiaries	85	1,333,219	79	1,225,911	72.5		
Pending Refunds	14		16				
Total Municipality							
Active Employees	14	\$ 833,496	17	\$ 961,350	54.2	22.4	22.4
Vested Former Employees	16	170,216	21	225,142	51.0	12.2	12.3
Retirees and Beneficiaries	85	1,333,219	79	1,225,911	72.5		
Pending Refunds	<u>14</u>		<u>16</u>				
Total Participants	129		133				

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

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

Table 4: Reported Assets (Market Value)

Division	2024 Valuation		2023 Valuation	
	Employer and Retiree ¹	Employee ²	Employer and Retiree ¹	Employee ²
01 - Gnrl	\$ 13,569,575	\$ 813,080	\$ 13,144,034	\$ 900,208
S1 - Surplus Unassociated	3,569,725	0	2,933,383	0
Municipality Total³	\$ 17,139,300	\$ 813,080	\$ 16,077,417	\$ 900,208
Combined Assets³	\$17,952,380		\$16,977,625	

¹ Reserve for Employer Contributions and Benefit Payments.

² Reserve for Employee Contributions.

³ Totals may not add due to rounding.

The December 31, 2024 valuation assets (actuarial value of assets) are equal to 1.065367 times the reported market value of assets (compared to 1.099555 as of December 31, 2023). Refer to the Appendix for a description of the valuation asset derivation and a detailed calculation of valuation assets.

Assets in the Surplus division(s) are employer assets that have been reserved separately and may be used within the plan at the employer's discretion at some point in the future. These assets are not used in calculating the employer contribution for the fiscal year beginning January 1, 2026.

Table 5: Flow of Valuation Assets

Year Ended 12/31	Employer Contributions		Employee Contributions	Investment Income (Valuation Assets)	Benefit Payments	Employee Contribution Refunds	Net Transfers	Valuation Asset Balance
	Required	Additional						
2014	\$ 181,018	\$ 0	\$ 71,723	\$ 681,958	\$ (587,518)	\$ (3,183)	\$ 0	\$ 12,313,421
2015	219,053	0	85,602	609,083	(613,919)	(2,351)	0	12,610,889
2016	226,464	0	64,400	640,744	(703,219)	(12,094)	0	12,827,184
2017	266,448	0	55,364	763,561	(767,980)	(9,208)	0	13,135,369
2018	258,445	46,080	50,404	471,387	(854,096)	(6,575)	0	13,101,014
2019	276,576	360,686	47,927	622,746	(910,624)	(5,240)	0	13,493,085
2020	316,727	947,935	48,270	1,173,623	(961,641)	0	0	15,017,999
2021	419,196	856,576	44,476	2,569,385	(1,023,634)	(19,860)	0	17,864,138
2022	592,188	218,996	36,767	639,569	(1,066,392)	(9,315)	0	18,275,951
2023	519,744	123,800	30,777	898,713	(1,181,153)	0	0	18,667,832
2024	548,781	412,928	29,569	715,492	(1,244,831)	(3,898)	0	19,125,873

Notes:

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

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

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

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



**Table 6: Actuarial Accrued Liabilities and Valuation Assets
as of December 31, 2024**

Division	Actuarial Accrued Liability					Valuation Assets	Percent Funded	Unfunded (Overfunded) Accrued Liabilities
	Active Employees	Vested Former Employees	Retirees and Beneficiaries	Pending Refunds	Total			
01 - Gnrl	\$ 4,761,570	\$ 1,652,684	\$ 14,053,057	\$ 21,577	\$ 20,488,888	\$ 15,322,806	74.8%	\$ 5,166,082
S1 - Surplus Unassociated	0	0	0	0	0	3,803,067		(3,803,067)
Total	\$ 4,761,570	\$ 1,652,684	\$ 14,053,057	\$ 21,577	\$ 20,488,888	\$ 19,125,873	93.3%	\$ 1,363,015

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

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



Table 7: Actuarial Accrued Liabilities - Comparative Schedule

Valuation Date December 31	Actuarial Accrued Liability	Valuation Assets	Percent Funded	Unfunded (Overfunded) Accrued Liabilities
2010	\$ 10,697,591	\$ 11,006,427	103%	\$ (308,836)
2011	10,827,507	11,330,296	105%	(502,789)
2012	11,406,292	11,592,393	102%	(186,101)
2013	12,163,363	11,969,423	98%	193,940
2014	12,735,860	12,313,421	97%	422,439
2015	14,333,735	12,610,889	88%	1,722,846
2016	14,703,549	12,827,184	87%	1,876,365
2017	15,161,226	13,135,369	87%	2,025,857
2018	15,274,448	13,101,014	86%	2,173,434
2019	16,238,893	13,493,085	83%	2,745,808
2020	18,048,699	15,017,999	83%	3,030,700
2021	19,207,905	17,864,138	93%	1,343,767
2022	19,416,144	18,275,951	94%	1,140,193
2023	20,191,197	18,667,832	92%	1,523,365
2024	20,488,888	19,125,873	93%	1,363,015

Notes: Actuarial assumptions were revised for the 2010, 2011, 2012, 2015, 2019, 2020, 2021, 2023, and 2024 actuarial valuations.

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

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

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

Tables 8 and 9: Division-Based Comparative Schedules

Division 01 - Gnrl

Table 8-01: Actuarial Accrued Liabilities - Comparative Schedule

Valuation Date December 31	Actuarial Accrued Liability	Valuation Assets	Percent Funded	Unfunded (Overfunded) Accrued Liabilities
2014	\$ 12,735,860	\$ 12,313,421	97%	\$ 422,439
2015	14,333,735	12,610,889	88%	1,722,846
2016	14,703,549	12,827,184	87%	1,876,365
2017	15,161,226	13,135,369	87%	2,025,857
2018	15,274,448	13,101,014	86%	2,173,434
2019	16,238,893	13,147,917	81%	3,090,976
2020	18,048,699	13,590,913	75%	4,457,786
2021	19,207,905	15,297,229	80%	3,910,676
2022	19,416,144	15,350,651	79%	4,065,493
2023	20,191,197	15,442,416	76%	4,748,781
2024	20,488,888	15,322,806	75%	5,166,082

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

The percent funded does not reflect valuation assets from Surplus divisions, if any.

Table 9-01: Computed Employer Contributions - Comparative Schedule

Valuation Date December 31	Active Employees		Computed Employer Contribution ¹	Employee Contribution Rate ²
	Number	Annual Payroll		
2014	61	\$ 2,383,929	9.50%	3.00%
2015	58	2,408,692	\$ 27,324	3.00%
2016	49	1,974,029	\$ 25,380	3.00%
2017	42	1,727,981	\$ 25,608	3.00%
2018	40	1,673,482	\$ 27,694	3.00%
2019	32	1,439,800	\$ 34,933	3.00%
2020	31	1,590,755	\$ 49,349	3.00%
2021	25	1,366,616	\$ 43,312	3.00%
2022	21	1,127,922	\$ 45,735	3.00%
2023	17	961,350	\$ 53,958	3.00%
2024	14	833,496	\$ 59,905	3.00%

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

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

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

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

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



Division S1 - Surplus Unassociated

Table 8-S1: Actuarial Accrued Liabilities - Comparative Schedule

Valuation Date December 31	Actuarial Accrued Liability	Valuation Assets	Percent Funded	Unfunded (Overfunded) Accrued Liabilities
2014	\$ 0	\$ 0		\$ 0
2015	0	0		0
2016	0	0		0
2017	0	0		0
2018	0	0		0
2019	0	345,168		(345,168)
2020	0	1,427,086		(1,427,086)
2021	0	2,566,909		(2,566,909)
2022	0	2,925,300		(2,925,300)
2023	0	3,225,416		(3,225,416)
2024	0	3,803,067		(3,803,067)

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

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

Table 10: Division-Based Layered Amortization Schedule

Division 01 - Gnrl

Table 10-01: Layered Amortization Schedule

Type of UAL	Date Established	Original Balance ¹	Original Amortization Period ²	Amounts for Fiscal Year Beginning 1/1/2026		
				Outstanding UAL Balance ³	Remaining Amortization Period ²	Annual Amortization Payment
Initial	12/31/2015	\$ 1,722,846	21	\$ 1,475,414	9	\$ 195,960
(Gain)/Loss	12/31/2016	35,723	19	30,719	9	4,080
(Gain)/Loss	12/31/2017	138,446	17	119,104	9	15,816
(Gain)/Loss	12/31/2018	137,878	15	119,430	9	15,864
(Gain)/Loss	12/31/2019	391,419	14	342,882	9	45,540
Assumption	12/31/2019	530,789	14	456,927	9	60,684
Experience	12/31/2020	1,339,721	13	1,204,255	9	159,948
Experience	12/31/2021	(580,117)	12	(536,434)	9	(71,244)
Experience	12/31/2022	348,501	11	335,348	9	44,544
Experience	12/31/2023	801,452	10	808,554	9	107,388
Experience	12/31/2024	548,990	10	587,035	10	71,412
Total				\$ 4,943,234		\$ 649,992

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

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

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

The unfunded accrued liability (UAL) as of December 31, 2024 (see Table 6) is projected to the beginning of the fiscal year for which the contributions are being calculated. This allows the 2024 valuation to take into account the expected future contributions that are based on past valuations. Each type of UAL (layer) is amortized over the appropriate period. Please see the Appendix on the MERS website for a detailed description of the amortization policy.

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

GASB Statement No. 68 Information

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

Actuarial Valuation Date:	12/31/2024
Measurement Date of the Total Pension Liability (TPL):	12/31/2024

At 12/31/2024, the following employees were covered by the benefit terms:

Inactive employees or beneficiaries currently receiving benefits:	85
Inactive employees entitled to but not yet receiving benefits (including refunds):	30
Active employees:	<u>14</u>
	129

Total Pension Liability as of 12/31/2023 measurement date:	\$ 19,689,207
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Total Pension Liability as of 12/31/2024 measurement date:	\$ 19,990,967
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Service Cost for the year ending on the 12/31/2024 measurement date:	\$ 102,520
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Change in the Total Pension Liability due to:

- Benefit changes ¹ :	\$ 0
- Differences between expected and actual experience ² :	\$ 145,711
- Changes in assumptions ² :	\$ (70,277)

Average expected remaining service lives of all employees (active and inactive):	1
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¹ A change in liability due to benefit changes is immediately recognized when calculating pension expense for the year.

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

Covered employee payroll (Needed for Required Supplementary Information):	\$ 833,496
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Note: Covered employee payroll may differ from the GASB Statement No. 68 definition.

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

	1% Decrease (6.18%)	Current Discount Rate (7.18%)	1% Increase (8.18%)
Change in Net Pension Liability as of 12/31/2024:	\$ 2,123,610	\$ 0	\$ (1,801,595)

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



GASB Statement No. 68 Information

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

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

Actuarial Valuation Date:	12/31/2024
Measurement Date of the Total Pension Liability (TPL):	12/31/2025

At 12/31/2024, the following employees were covered by the benefit terms:

Inactive employees or beneficiaries currently receiving benefits:	85
Inactive employees entitled to but not yet receiving benefits (including refunds):	30
Active employees:	<u>14</u>
	129

Total Pension Liability as of 12/31/2024 measurement date:	\$ 19,867,739
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Total Pension Liability as of 12/31/2025 measurement date:	\$ 20,079,823
--	---------------

Service Cost for the year ending on the 12/31/2025 measurement date:	\$ 95,396
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Change in the Total Pension Liability due to:

- Benefit changes ¹ :	\$ 0
- Differences between expected and actual experience ² :	\$ 207,399
- Changes in assumptions ² :	\$ (77,335)

Average expected remaining service lives of all employees (active and inactive):	1
--	---

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

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

Covered employee payroll (Needed for Required Supplementary Information):	\$ 833,496
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Note: Covered employee payroll may differ from the GASB Statement No. 68 definition.

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

	1% Decrease (6.18%)	Current Discount Rate (7.18%)	1% Increase (8.18%)
Change in Net Pension Liability as of 12/31/2025:	\$ 2,091,467	\$ 0	\$ (1,777,873)

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



Benefit Provision History

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

01 - Gnrl

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

S1 - Surplus Unassociated

Fiscal Month - January



Plan Provisions, Actuarial Assumptions, and Actuarial Funding Method

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

Increase in Final Average Compensation

Division	Increase Assumption
All Divisions	2.00%

Miscellaneous and Technical Assumptions

Loads – None.

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

Risk Commentary

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

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

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

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

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



Plan Maturity Measures

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

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

Ratio of Market Value of Assets to Total Payroll

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

Ratio of Actuarial Accrued Liability to Payroll

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

Ratio of Actives to Retirees and Beneficiaries

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

Ratio of Market Value of Assets to Benefit Payments

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

Ratio of Net Cash Flow to Market Value of Assets

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



State Reporting

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

Form 5572		
Line Reference	Description	Result
10	Membership as of December 31, 2024	
11	Indicate number of active members	14
12	Indicate number of inactive members (excluding pending refunds)	16
13	Indicate number of retirees and beneficiaries	85
14	Investment Performance for Calendar Year Ending December 31, 2024¹	
15	Enter actual rate of return - prior 1-year period	7.72%
16	Enter actual rate of return - prior 5-year period	6.91%
17	Enter actual rate of return - prior 10-year period	6.62%
18	Actuarial Assumptions	
19	Actuarial assumed rate of investment return ²	6.93%
20	Amortization method utilized for funding the system's unfunded actuarial accrued liability, if any	Level Percent
21	Amortization period utilized for funding the system's unfunded actuarial accrued liability, if any ³	10
22	Is each division within the system closed to new employees? ⁴	Yes
23	Uniform Assumptions	
24	Enter retirement pension system's actuarial value of assets using uniform assumptions	\$18,556,872
25	Enter retirement pension system's actuarial accrued liabilities using uniform assumptions ⁵	\$20,488,888
27	Actuarially Determined Contribution (ADC) using uniform assumptions, Fiscal Year Ending December 31, 2025	\$694,584

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

² Net of administrative and investment expenses.

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

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

⁵ Line 25 actuarial accrued liability is determined under PA 202 uniform assumptions which may differ from the valuation assumptions. In accordance with the March 4, 2025 memo on the selection of Uniform Assumptions, "[f]or retirement systems that utilize an investment rate of return that is less than 7.00% for funding purposes, the local government should use the lower investment rate of return for the uniform assumption as well." In particular, the assumed rate of return for PA 202 purposes is 6.93%.



Health Officer's Report to the Board of Health for July 24, 2025

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

Agency Updates

The Agency's Workforce Development Plan: The agency has updated the Workforce Development Plan and provided it for your approval. The plan describes the present staff, identifies challenges for the future, shares results of core competency assessment, and identifies training curriculum and schedule. Updated goals will direct us through 2026. The Workforce Development Plan is part of our accreditation materials demonstrating that we are a public health department meeting best practice standards. We have been doing core competency assessments of our staff about every 2 years for the past 8 years; aided in this work by participation in a cross-jurisdictional sharing grant to improve the public health workforce in Michigan.

FY 2026 Budget Updates: The Agency was notified on July 3rd that we will be receiving dedicated funding for HIV work of \$20,000. I had reported in June that this funding was eliminated from the amounts provided for original budget by MDHHS. This is the same amount awarded in FY25. These additional funds will be added into the budget amendment that we are planning after the start of the fiscal year.

Annual Employee Satisfaction Survey: The results of the annual employee satisfaction survey were shared with the Program, Policy, and Appeals committee and is included for the full board in the July meeting packet. The first 3 pages provide a summary and comparison from the previous year. Most responses to questions ticked in the positive direction this year, although the amounts are so small in most cases that change from year to year by small amounts is insignificant.

Hillsdale Exterior Bids: Bids were due on July 15th at 2 pm and two bidders submitted. The bids will be reviewed at the Finance Committee meeting on July 21st and I expect a recommendation to accept one will be before the board at the BOH meeting on Thursday, July 24th.

Legislative Action Alert Regarding MI House Budget: MALPH (Michigan Association for Local Public Health) issued a legislative action alert regarding Hearing & Vision Screening Program, Kindergarten Oral Health Assessments, and Child and Adolescent Health Centers in June. I want to share information regarding the Hearing & Vision Screening Program and Kindergarten Oral Health Assessment which are programs operated by this Agency.

Currently, these programs are funded as categorical health programs in the School Aid Budget. The services are often provided in school buildings and are operated collaboratively with public health with funds from the School Aid Budget to local health departments. The Michigan House has recommended that dedicated funding for these programs be eliminated and those funds be lumped into the per-pupil funding, rather than remain as categorical funded programs.

These are vital public health programs in ensuring child health. The Hearing & Vision Screening program screens around 1 million children each year, of which 85,000 are referred for further care. The program staff provide information and referral to parents/guardians of any child needing further assessment. The Oral Health Assessment program provides a free oral health assessment to incoming and current Kindergarten students. Since October 2024, 18,000 children had been screened with 1 in 4 referred for urgent dental care. This was before the program went statewide so many more have been screened to date.

Hearing and Vision Screening is an essential local public health service as specified in Michigan's Public Health Code; requiring all local health departments to conduct the service. Kindergarten Oral Health Assessments are a requirement in Michigan Law although not currently identified as an essential local public health service. Should the categorical funding be eliminated as proposed, MDHHS has no replacement funding for these programs. Our agency would be left to attempt to negotiate individual contracts with every school district to try to recapture the funds for these programs that would now be used at the discretion of the school district. It is likely that we would not be able to financially sustain the programs. Currently, the Agency has 2 full-time and 1 part-time dedicated Hearing & Vision Technicians, 1 full-time Children's Special HealthCare representative with training in hearing and vision screenings that is back-up, and 1 dental hygienist on contract for KOHA.

I am working with Kris to provide information on these programs to our legislators and the effect of this shift in funding.

Proposed 2026 Federal Budget: At this time, we have not received any notifications of reductions in funding from what we were provided earlier this year to work with for FY26 Original Budget.

Staffing Update: There are two part-time and one full-time positions currently posted on our website. AAA RN Care Consultant (Coldwater), part-time Clinic Clerk (Three Rivers), and part-time Community Health Worker (Three Rivers).

Public Health Concerns:

Arboviruses: Attached today is the updated arbovirus report for your information.

Surface Water Issues: We are so lucky in Michigan to have lakes, rivers, and streams in which to recreate and enjoy natural beauty. We often hear of concerns about the safety of our surface water throughout the summer. These concerns include issues such as algae and bacteria contamination. Our surface waters receive run-off every time we have a rain event washing in animal and bird waste, and other contaminants. Some blame septic systems and state that the septic drains into the waterway. If our agency suspects that a septic system is discharging into surface water we investigate to correct the problem. There are a lot of old septic systems on very small lots around lakes. These properties would be best served by a public sewer system and our agency has always been supportive of these types of projects. Complaints regarding septic systems discharging into surface water should be made to our Environmental Health department. Complaints of algae should also be made to EH. Families should continue to enjoy our beautiful surface waters but remember to remind children not to swallow the water while playing.

Beacon Health System 2024 Community Benefit Report: Attached to my report is the 2024 Community Benefit Report from Beacon Health System. Our agency is spotlighted on page 15 for our work with breastfeeding mom.

Coldwater Office: The new sign for Coldwater is installed! Last month I shared the mock-up. The actual sign is shared in the picture provided. We have selected the color of the product for the new counters in the restrooms as well as the color of the counter in the clinic intake area. In a meeting with the contractor on July 15th I was informed that the work is expected to be completed by the end of August.

Hillsdale Office: Nothing other than the bids to update the exterior of the building.

Sturgis: Nothing at this time.

Three Rivers Office: The carpet tile project will be completed by the BOH meeting.

Health Officer Evaluation: My evaluation is scheduled to be conducted at the September meeting. After the August meeting all BOH members will be provided with the evaluation tool. I am requesting that my evaluation be conducted in Closed Session.



Arbovirus* Activity, Including West Nile Virus and Eastern Equine Encephalitis: Weekly Summary, Michigan 2025

**Arboviruses are viruses transmitted by mosquitoes or other insects*

Updated: July 11, 2025

14 

Mosquito pools testing positive for arbovirus infection

1 

Animals testing positive for West Nile virus infection

0 

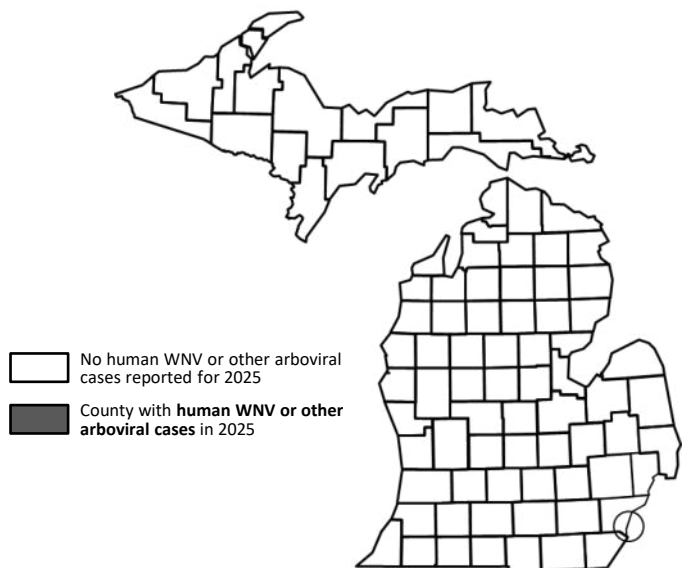
Human cases of West Nile virus or other arboviruses reported

Highlights

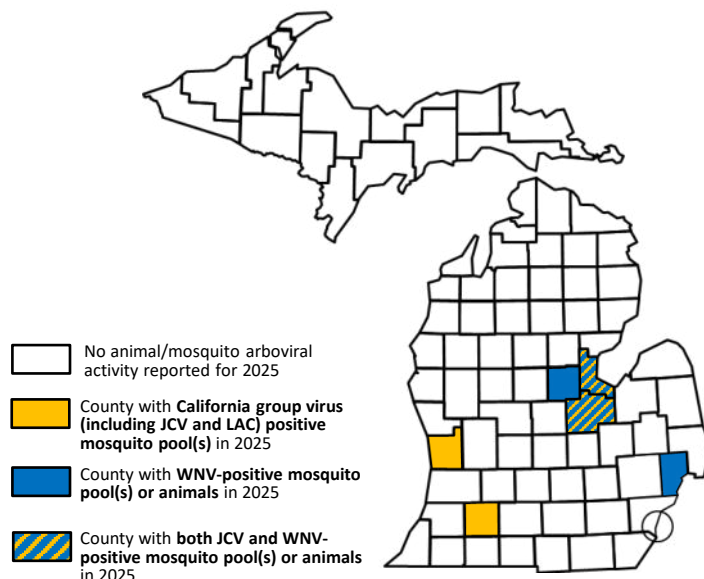
- So far in 2025, one bird from Saginaw County and five mosquito pools from Bay, Macomb and Midland (3) counties have tested positive for West Nile virus (WNV).
- Nine total mosquito pools from Bay (2), Kalamazoo, Ottawa, and Saginaw (5) counties have tested positive for Jamestown Canyon virus (JCV).
- In 2024,
 - Thirty-one Michigan residents tested positive for WNV, and seven tested positive for Jamestown Canyon virus (JCV).
 - Eighteen animals tested positive for Eastern equine encephalitis virus (EEEV).
 - 167 mosquito pools tested positive for arbovirus infection, out of 6,129 pools submitted for testing.

2024 Michigan Arbovirus Surveillance	
Total Number of Mosquito Pools Tested	2,349
Total Number of Mosquitoes Tested	46,065
WNV-Positive Mosquito Pools	5
JCV-Positive mosquito pools	9
Animal Arbovirus cases	1
Human Arbovirus cases	0

Human Cases



Animal Cases



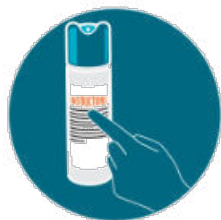
For more information

www.michigan.gov/westnile

Preventing Mosquito Bites and Arboviruses:

Tips for Michigan Residents

The most effective way to avoid arboviruses is to prevent mosquito bites. Be aware of the West Nile virus and other arbovirus activity in your area and take action to protect yourself and your family.



Use Insect Repellent

Use Environmental Protection Agency (EPA)-registered insect repellents with one of the active ingredients below. When used as directed, EPA-registered insect repellents are proven safe and effective, even for pregnant and breastfeeding women.

- DEET
- Picaridin
- IR3535
- Oil of lemon eucalyptus (OLE) or para menthane-diol (PMD)
- 2-undecanone

Find the insect repellent that's right for you by using [EPA's search tool](#)



Tips for Babies & Children

- Always follow instructions when applying insect repellent to children.
- Do not use insect repellent on babies younger than 2 months old.
- Do not apply insect repellent onto a child's hands, eyes, mouth, and cut or irritated skin.
 - Adults: Spray insect repellent onto your hands and then apply to a child's face.
- Do not use products containing oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD) on children under 3 years old.



Take steps to control mosquitoes inside and outside your home

- Use screens on windows and doors. Repair holes in screens to keep mosquitoes outside.
- Once a week, eliminate potential breeding areas for mosquitoes. Check inside and outside your home. Mosquitoes lay eggs on or near water:
 - Discard old tires, tin cans, ceramic pots or other containers that can hold water
 - Repair failed septic systems
 - Drill holes in the bottom of recycling containers left outdoors
 - Keep grass cut short and shrubbery trimmed
 - Clean clogged roof gutters, particularly if leaves tend to plug up the drains
 - Frequently replace the water in pet bowls
 - Flush ornamental fountains and birdbaths periodically; aerate ornamental pools, or stock them with predatory fish.

For Up-to-Date Information Visit Michigan's Emerging Diseases Website

www.michigan.gov/westnile

or the Centers for Disease Control and Prevention Website

www.cdc.gov/westnile



2024

Community Benefit Report

Connecting with Heart – Building Healthier Tomorrows, Together



Transformation Ministries, partner

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Our Mission

We deliver
outstanding care,
inspire health and
connect with heart.

Our Values

- Trust
- Respect
- Integrity
- Compassion

Beacon Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Beacon Health System cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Find us on social media



Greetings

“Connecting with Heart – Building Healthier Tomorrows, Together” has been more than a tagline—it’s been Beacon Community Impact’s guiding principle.

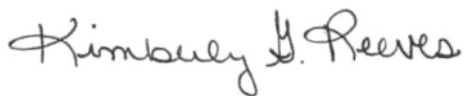
Over the past three years, Beacon Community Impact has been proud to stand beside you—our community partners, healthcare professionals, and neighbors—in a shared mission to uplift the health and well-being of individuals and families across our region.

Together, we have advanced a bold Implementation Strategy focused on expanding mental health services and increasing access to quality, inclusive health care. These priorities reflect the real and pressing needs voiced by our communities and are rooted in our commitment to building systems of care that are compassionate, responsive and built for everyone.

This progress would not have been possible without you. Through strong partnerships grounded in trust, collaboration and shared vision, we’ve connected thousands of residents with critical health education, supportive services and life-changing programs. Whether through our Early Childhood and Community Health Services teams, our grassroots nonprofit partners, or the strategic use of state and federal grant funding, our collective work has delivered measurable, lasting impact.

As we reflect on what we’ve accomplished, we also celebrate the spirit of partnership that has driven our success. Health is not created in isolation—it is built together, by people and organizations committed to lifting one another up. Your dedication, insight and leadership have helped make our communities stronger, healthier and more connected. Thank you for being part of this journey. Your partnership continues to inspire us, and we look forward to what we will achieve together in the years ahead.

With a heartfelt appreciation,



Kimberly Green Reeves, MPA
Executive Director
Community Impact
Beacon Health System



As we reflect
on what we’ve
accomplished,
we also
celebrate
the spirit of
partnership
that has driven
our success.

Beacon Health System: Caring for our Community



Beacon Health System is committed to delivering exceptional, accessible care close to home. With over 160 locations across Indiana and Michigan, we offer a comprehensive range of services tailored to meet the diverse needs of our communities. As the region's only locally owned, governed and operated health system, we ensure that every individual receives the care they need, regardless of their ability to pay.

Across all locations, our dedicated team of healthcare professionals is devoted to the well-being of our neighbors. Our approach aligns with priorities identified in the **Community Health Needs Assessment (CHNA)** to address key health challenges effectively. We share this goal with multiple organizations within a health network and collaborate extensively with them, utilizing data-driven, evidence-based and transparent practices to track progress and measure health outcomes.

Through strong partnerships with community organizations and residents, we expand our reach and impact, working together to provide high-quality care and support to those who need it most.



Impact highlight

Who we serve

Beacon's core service area comprises the following counties in Indiana and Michigan.

Indiana: St. Joseph County, Elkhart County, Marshall County

Michigan: St. Joseph County

For certain services, such as trauma care and pediatrics, Beacon's reach is much wider.

We have a steadfast commitment to improving health in our communities. To achieve this, we offer a range of services and programs to help people stay well, including:

- Prevention education on important health topics.
- Tools and resources to promote healthier lifestyle choices.
- Improved healthcare access by removing barriers and meeting people where they are.

We work toward our goals by:

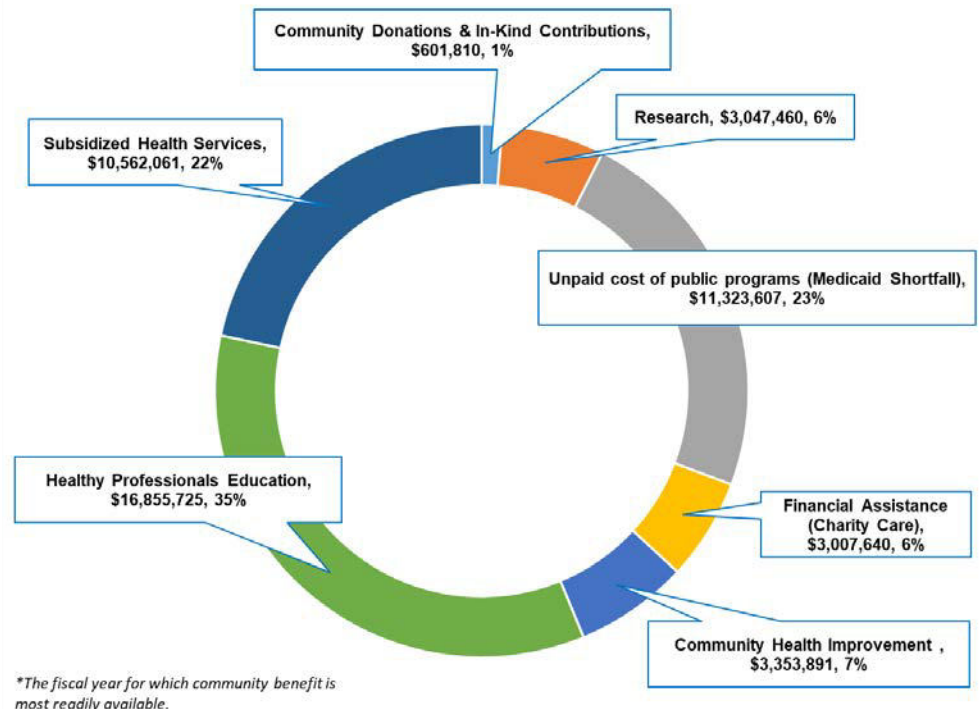
- Providing funding for nonprofit organizations that help create change in a CHNA priority area.
- Working with organizations, businesses and other groups to build the capacity of our community to respond to its top health needs.
- Directly delivering educational and clinical programming and case management services to address community health needs in our service area.



Community Benefit Numbers

Changing Lives in Our Communities

Our community benefit flows from our mission. In fiscal year 2023*, Beacon Health System provided \$48,752,194 in community benefit.



Through Beacon Community Impact, Beacon Health System was awarded over **\$7.7 million** in external grant funds to prevent child abuse, support lifelong care for individuals with sickle cell disease, improve the health of mothers and babies, address perinatal health disparities and much more.

Sickle cell disease is a lifelong, life-threatening disease that poses significant challenges for families, including constant management. To ensure the **earliest possible intervention**, Beacon Community Impact's Sickle Cell Health Educator screens newborns for the inherited sickle cell trait, involving both parents and pediatricians when the trait is found. Parents and clinicians receive education, and parents also receive counseling and assistance accessing care.

Obtaining health insurance is both complex and stressful for those who need to sign up for it independently of an employer, making them vulnerable to deception. Thanks to the Beacon Health Navigator program, a couple was able to withdraw from



2024 Highlights *Continued*



a fraudulent health insurance program and connect with a reliable, truthful source of **health insurance guidance**.

Transformation Ministries leveraged the **power of community** to help two siblings cope with their separation from their mother in Haiti and from each other in the foster care system. Not only have they been connected with counseling resources, with the help of nearby Haitian families, they have reconnected with their culture and have multiple adults to help them through difficult times.

Without guidance and support, people with substance use disorders can easily fall through available safety nets. The Support and Safe program works to **reduce the stigma around substance use disorders and helps clients access health services**. Through a partnership with the Marshall County Jail, the program even provided an incarcerated man with language services so that, for the first time, he could communicate effectively with jail staff.

An innovative program is **improving the health of expectant and postpartum mothers** and their babies by providing home blood pressure monitors that communicate readings to a nurse coordinator. In addition to educating women at risk for potentially life-threatening changes to their blood pressure, the nurse coordinator monitors their readings and intervenes to ensure they seek care when needed.



Addressing the 2021 Community Health Needs Assessment (CHNA)



Beacon Health System completed a Community Health Needs Assessment (CHNA) in 2021 to better understand and prioritize the health needs of the communities we serve in Indiana (Elkhart, LaPorte, Marshall, and St. Joseph counties). The CHNA process included secondary data collection, a key informant survey and focus groups throughout Beacon's core service area in Indiana. Executive leaders approved **mental health** and **healthcare access** as the top priorities after analysis of the data collected.

Three Rivers Health, which serves St. Joseph County in Michigan, joined the Beacon family after the completion of the 2021 CHNA. They participated in their local health department's CHNA, which found mental health and resource accessibility to be among the top three health needs, which aligns with our priority areas and implementation strategy.

Our 2022–2024 implementation strategy

Beacon's implementation strategy aligns with our mission and values by enhancing the skills of patients, practitioners and the community. Over the past three years, Beacon prioritized expanding mental health services and improving healthcare access to better serve our communities. Beacon worked with community partners and internal programs to improve access to health and wellness services by improving and strengthening local social and healthcare systems.

Mental health strategy

Mental illness, especially depression, increases the risk for many types of adverse physical health outcomes, particularly long-lasting conditions like type 2 diabetes and heart disease. Similarly, the presence of chronic conditions can increase the risk for mental illness. Robert Wood Johnson's County Health Rankings model examines quality of life and tells us a lot about how people perceive their health – whether they feel healthy and satisfied. When communities have higher rates of those who do not feel

healthy, it can influence other factors of health, including mortality rates, unemployment and poverty.

Mental health metrics

% of population with frequent mental health distress

% of the population with at least one caring and competent adult connection

Healthcare access strategy

Increasing healthcare access, quality and equity addresses all major social, economic, environmental and behavioral factors that enable individuals and communities to make healthy choices and enjoy a long, healthy life. Additionally, our 2021 CHNA research indicated that individuals with low health literacy were significantly more likely to delay or forgo needed care or to report difficulty finding a provider, compared with individuals who have adequate health literacy.

Healthcare access metrics

% of population with health insurance
(adults < 65 and children)

% of adults who reported their health care providers always involved them in decisions about their care, as much as they wanted.



Our Approach

Within Beacon Health System, the Beacon Community Impact Department leads efforts to impact our priority areas of mental health and healthcare access using a combination of internal programs and collaborative partnerships. Our implementation strategy incorporates a three-pronged approach:

1. We provide direct services to clients through Beacon's Early Childhood Services and Community Health Services teams.

Early Childhood Services include the St. Joseph County (Ind.) WIC program, two sickle cell programs and our maternal and infant health programs. These programs focus on the health status of women, infants and young families, particularly the most vulnerable in Beacon's service area. Our Community Health Services team focuses on prevention through community health educators who deliver school curricula to middle and high school students in the three Indiana counties we serve. Summer programming shifts to health-related day camps and participation at community health fairs. Though it may not be their primary focus, these community health teams screen for mental health challenges and provide appropriate referrals. Likewise, they emphasize the importance of trusted adults as protective factors for youth.

2. We fund local community organizations with expertise in their service areas.

These organizations are community nonprofits with boots-on-the-ground services in the most vulnerable neighborhoods and more diverse populations. Each of the funded partners addresses the top two health priorities and reports on the number of participants and on an outcome metric for either mental health or healthcare access. In addition, Beacon partnered with the local health department in Three Rivers, Michigan, to support building out their Community Health Worker Program to increase services addressing healthcare access and mental health.

3. Beacon administers state and federal grants as the fiscal agent to deliver direct programming funded by the grants and to build out the data infrastructure in Beacon communities.

In May of 2024, Beacon Community Impact was awarded \$5.4 million from the federal Health Resources and Services Administration for The Family Journey: A Healthy Start Initiative. The program was deployed in the community to improve birth outcomes and eliminate health disparities

through a coordinated cross-sector collaboration of more than 25 clinical and community partners in Elkhart and St. Joseph counties (Indiana). We hold several other grants to support maternal and infant health programs, such as distribution of prenatal vitamins, a remote patient monitoring program for maternal patients with high blood pressures, education promoting safe sleep for infants, and the fetal infant mortality review (FIMR) program. Beacon Community Impact also provides services and collaborates with outside organizations with funding from a State of Indiana Safety Pin grant. Finally, Beacon functions as the fiscal agent for programming run by local outpatient mental health provider Oaklawn to build crisis response teams.



Acknowledgment

Beacon's work in the community would not be possible without the support and effort of our community partners. We truly value the opportunity to continue to build relationships with them and would like to thank them for all that they do to improve health in the community.

Beacon Community Impact Initiatives

Within Beacon Health System, the Beacon Community Impact Department leads efforts to impact our 2022–2024 priority areas of mental health and healthcare access using a combination of internal programs and collaborative partnerships.

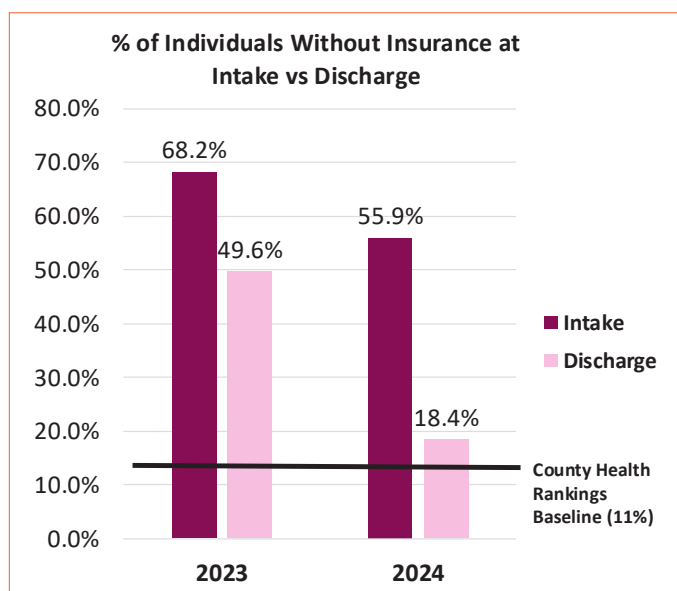
Note: Asterisks (*) denote partners and programs that address both healthcare access and mental health.

Healthcare access initiatives



Healthcare Access: Insurance Metric

Decrease the number of individuals without insurance



Implementation Strategy Target:

% of population without health insurance is 11%

*Target pulled from Robert Wood Johnson's County Health Rankings.

2023

of adults asked at intake: 3,529

of adults asked at discharge: 2,860

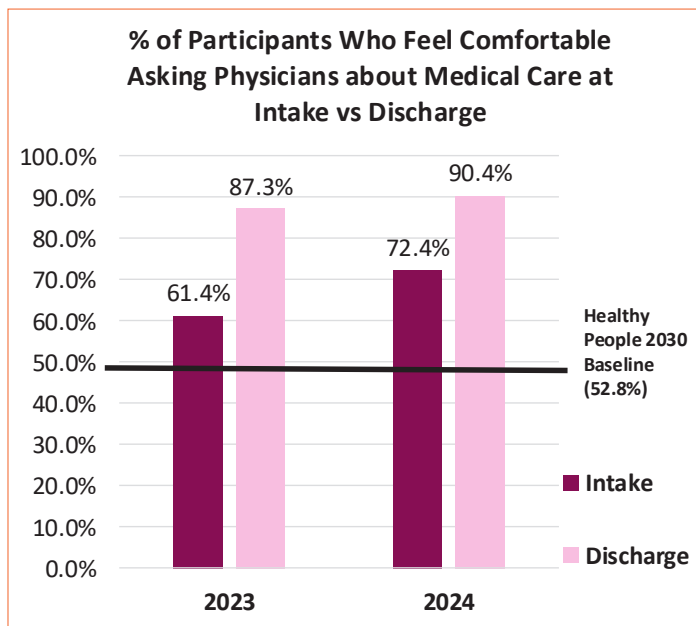
2024

of adults asked at intake: 7,512

of adults asked at discharge: 6,707

Healthcare Access: PCP Involvement Metric

Increase the number of participants who feel comfortable/confident asking their physician questions about medical care



Implementation Strategy Target:

52.8% of participants report physicians always involved them in decisions about healthcare as much as they wanted

*Target pulled from Healthy People 2030

2023

of adults asked at intake: 2,495

of adults asked at discharge: 1,539

2024

of adults asked at intake: 1,411

of adults asked at discharge: 878



La Casa de Amistad

Beacon Community Impact Initiatives *Continued*

Participating organizations (2023-2024)

Community partners

- Branch-Hillsdale-St. Joseph - Community Health Agency
- Center for Healing and Hope
- Child and Parent Services, Inc. (CAPS)*
- Cultivating Life
- Healthy Beginnings (Elkhart County Health Department)
- Mental Health Awareness of Michiana (MHAM)*
- United Health Services
- La Casa de Amistad
- Maple City Health Care

Beacon Community Impact programs

- Beacon Community Impact Programs
- Beacon Health Navigator
- COVID Outreach
- Family and Infant Support Program (FISP)*
- Sickie Cell - Infant Screening
- Sickie Cell Broadscope
- Women, Infants and Children (WIC)*



La Casa de Amistad

La Casa de Amistad helped a client access much-needed dental care despite their lack of health insurance by thinking creatively and utilizing local community resources. The client had been suffering from continuous dental pain, and with no insurance, traditional routes for care were not an option. At the time of intake, the client did not have a trusted adult in their life to guide them through the process. Our social service coordinator stepped into that role, becoming the support the client needed. The coordinator worked closely with the client, listening to their concerns and offering reassurance, ultimately developing a strong, trusting relationship with them. To address the client's dental needs, the coordinator identified a local program that offers dental care for uninsured individuals, on the condition that they volunteer their time. This program seemed like the perfect solution. The coordinator helped the client understand the volunteer requirement and facilitated their connection to the resource. By completing the required service hours, the client was ultimately able to receive the dental care they desperately needed. Beyond that, the process also empowered them by connecting them with a trusted adult and offering an alternative pathway to care that did not rely on insurance. Our coordinator's guidance and the community resource were key in helping the client access the care they deserved.



Beacon Health Navigator program

A couple needed health insurance, and the woman began to seek out options on the internet for health care. The company she contacted began to tell her how their health insurance product was the best. They informed her that their health coverage program would cover all her medical needs, and all her doctors would be able to be enrolled in her insurance plan. She was told that the premium would be minimal, and she was urged to sign up for the insurance coverage. She contacted the **Beacon Health Navigator program** and asked for recommendations. We supported her with knowledge and advocacy, asking the insurance representative questions about their program, including whether her preexisting condition would be covered. The response was that the insurance may cover a preexisting condition. The insurance representative had been very misleading. We further found that the insurance plan she was buying into was not valid, and she had paid \$300 for it. We ended up closing out the fraudulent insurance program and signing up the couple for Healthcare.gov. Navigators who work in an ethical and impartial manner are especially important to help patients communicate and get the accurate information they need to make decisions about their health care. Navigators must understand, care, be personable and show respect and cultural sensitivity.

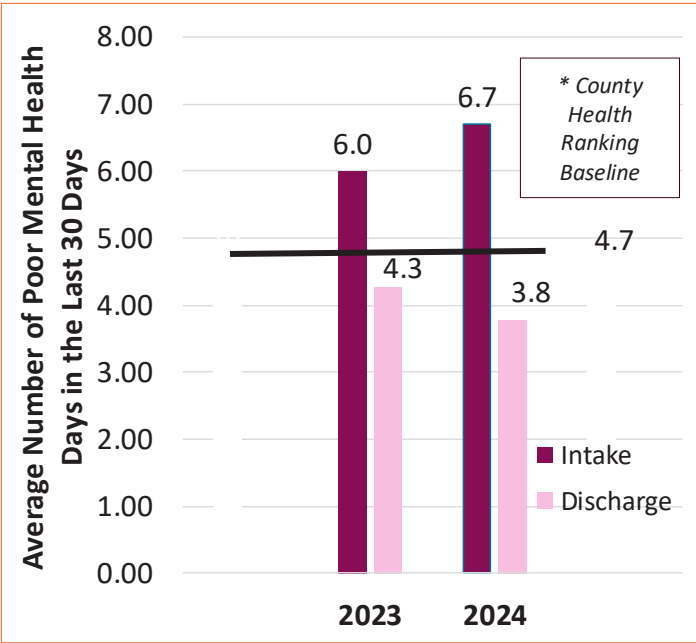


Mental health initiatives

Mental Health: Poor Mental Health Days Metric



Decrease the # of mentally unhealthy days



Implementation Strategy Target:
Average # of unhealthy days within the past 30 days is 4.7
*Target pulled from Robert Wood Johnson’s County Health Rankings.

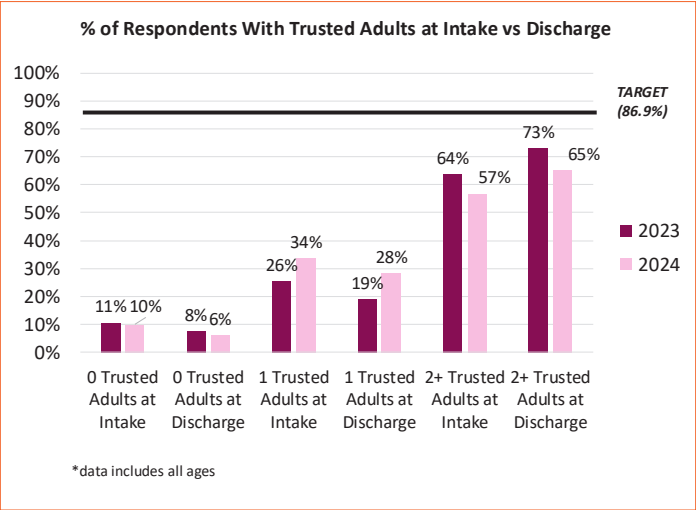
2023
of adults asked at intake: 2,447
of adults asked at discharge: 1,479

2024
of adults asked at intake: 2,430
of adults asked at discharge: 1,495

Mental Health: Trusted Adults Metric



Increase the number of youth participants with an adult to reach out to and the number of adults with a social support system



Implementation Strategy Target:
92.5% of children have an adult to reach out to 86.9% of adults have a social support system
*Target pulled from Indiana's National Survey of Children's Health and Healthy People 2030

Year	At Least 1 Trusted Adult at Intake	At Least 1 Trusted Adult at Discharge
2023	89%	92%
2024	90%	94%

2023
of adults asked at intake: 7,684
of adults asked at discharge: 6,776

2024
of adults asked at intake: 6,059
of adults asked at discharge: 5,590

Beacon Community Impact Initiatives *Continued*

Participating organizations

Community Partners

- Child and Parent Services, Inc. (CAPS)*
- Cultivating Life
- Gentlemen and Scholars Inc.
- Horizon Education Alliance (HEA)
- Imani Unidad
- La Casa de Amistad
- Maple City Health Care, Inc.
- Mental Health Awareness of Michiana (MHAM)*
- Oaklawn Psychiatric Center, Inc.
- Play Like a Champion Today, Michiana Athletic Recreation Association (MARA)
- Ribbon of Hope, Inc.
- SPA Women's Ministries Homes
- The LGBTQ Center
- Transformation Ministries
- United Health Services

Beacon Community Impact Programs

- BABE Store
- Beacon Health Navigator
- COVID Outreach
- COVID Vaccinations
- Family and Infant Support Program (FISP)*
- Sickie Cell – Infant Screening
- Sickie Cell Broadscope
- Women, Infants and Children (WIC)*



Oaklawn

Oaklawn held a safeTALK training in Elkhart County, and one of the participants was a mother who had lost a daughter to suicide. After completing the training, she shared that it had helped her understand that she had done everything she could to help/support her daughter, and the outcome wasn't her fault.



Transformation Ministries

In the midst of uncertainty and change, siblings "Nyala" and "Joseph" have found a place of stability and love through a **Transformation Ministries** program. Their story begins with a traumatic experience that separated them from their mother in Haiti, and they were further separated in foster care when placed in different homes. One afternoon, Nyala arrived at Transformation Ministries' City Light Kids weekly program visibly upset. She approached a staff member with tears in her eyes and shared that she was having a really bad day. Overwhelmed, she said, "I want to go home." Assured she was safe, the team worked to celebrate her courage and presence that day, but her sadness and longing persisted. When gently asked who she needed at home, she replied, "No, I want to go home to Haiti." It became clear that she wasn't just missing the physical place but also her birth mother, who was still living in Haiti, and the cultural connection that made her feel whole.

While sweet, loving and open-hearted, Nyala often wrestles with anxiety, depression, anger and sadness, making it challenging for her to cope. Recognizing the value of her bond with her older brother, Joseph, he was invited to help comfort his sister when he arrived at the program later. Joseph said that they could call their mother over the weekend, but Nyala has struggled to speak with her due to losing fluency in their native language, Creole. The siblings spent time together sharing laughter and love, and Joseph's presence offered Nyala a sense of calm. We then collaborated with the foster families to create opportunities for emotional safety.

A local Haitian family volunteered to cook traditional Haitian meals, speak Creole with the siblings and help immerse them in the sights, sounds



and flavors of their culture. This connection to their heritage has been a transformative step in grounding Nyala and Joseph, offering them both healing and a tangible reminder of home.

As trauma-informed staff, Transformation Ministries constantly work on ways to address their most pressing needs and create feelings of safety. Staff remain connected with the foster families about counseling and therapy services. The ministries staff were also able to secure a one-on-one mentor from Haiti for Joseph, and the children were thrilled to spend a school year together through Transformation Ministries. Joseph and Nyala now have multiple adults who help get them through difficult times. Nyala and Joseph's story is one of resilience, love and the power of community.



Beacon Community Impact Initiatives *Continued*

Initiatives supporting both healthcare access and mental health



Goal

Build capacity to serve our communities in the priority areas to address social determinants of health.



Cultivating Life at the Nexus Center

One of the most impactful stories comes from **Cultivating Life at the Nexus Center** and how they helped someone facing multiple barriers in access to care get back on medication for chronic illness. Without psychiatric medications, this individual had become so marginalized and paranoid that it was difficult for him to have much meaningful interaction with others. With the support of Cultivating Life, he is back on medication, and his attention to grooming and hygiene, as well as his general interpersonal abilities, have improved. "I will not soon forget this person's story," said staff at Cultivating Life. "It was an honor to be able to help in this capacity."



Supported and Safe Program

The Health Resources and Services Administration awarded Beacon Community Impact funding to create the **Supported and Safe Program**. This program provides comprehensive support and resources for individuals and their families experiencing the effects of psychostimulant substance use disorder (SUD). Supported and Safe provides education and services to reduce the

stigma surrounding SUD, improve access for those seeking SUD services and ultimately help create healthier communities.

The Supported and Safe Program has partnered with the Marshall County Jail to provide inmates with support and resources to prepare them for success. After one of our clients was released and living independently, he found himself in a difficult situation. He had very few clothes or personal care items and needed food. Thanks to the Safe and Supported program, he received assistance and was even taken to get food by a staffer. When they arrived to get food, the staffer went into the back to gather personal items for him and realized that none of the products on site could be used by the client due to his ethnicity. She decided to make a private donation on her own and purchase appropriate products without mentioning it to the client. Both the Safe and Supported staff and the client were touched by this care and generosity, and the client shared that this was the first time he had ever received hair and hygiene products that were made for him. "I know he felt seen and that is incredible," said the staffer.

In another interaction, Supported and Safe program staff connected with an incarcerated individual in his native language, bringing him to tears. He had many unanswered questions due to language barriers, and he was finally able to receive answers to some of them. He also had an opportunity to access resources through the Safe and Supported program, which will potentially have life-impacting results.

The outcomes and results achieved by the Safe and Supported program demonstrate positive attitude change in clients. Having a trusted connection to resources that empower individuals significantly reduces the probability of recidivism and their return to substance use after leaving the correctional system.



Study a method of training change agents to implement a trauma-informed approach to care within their organizations.



Beacon Community Impact

Beacon Community Impact is committed to fostering a trauma-informed workplace that enhances the well-being of both our associates and patients. This initiative is focused on providing our associates with the training and tools they need to promote a growth mindset, which not only improves our internal interactions but strengthens our ability to support patients effectively.

Since 2022, we've held monthly workshops covering key topics such as adverse childhood experiences (ACEs), positive childhood experiences (PCEs), protective factors, resilience and positive psychology principles. One of the core goals of these sessions is to increase hope and positivity through practices like gratitude. The workshops encourage our associates to explore self-care practices that improve overall well-being, such as using sensory gadgets, motivational cards, hand creams, inspirational materials and mindfulness tools. We've also partnered with organizations like Rhythm To You and have offered yoga sessions to further support our associates' mental and emotional health.

In 2024, we expanded this important work by partnering with the Beacon Health System e.Crew (Excellence Crew). Each year, leaders across the health system nominate rising stars within their teams to enhance their leadership skills and develop a project. While many projects aim to improve

workflows, this year's cohort focused on creating the Well-being Advocate initiative. This project integrated the principles of trauma-informed care and positive psychology with activities that promote growth and resilience in the workplace.

The impact of this initiative has been powerful. After the e.Crew associates presented their work to Beacon's executive team, leaders from across the system began collaborating to make educational resources and well-being initiatives more accessible to all associates. This is an important step toward improving patient outcomes by ensuring that our team members feel a strong sense of belonging and purpose at Beacon.



Additional Beacon Health System Community Initiatives



Promoting maternal and infant health

Both of Beacon Health System's top health priorities directly impact maternal and infant health in our core service areas. Infant mortality serves as a key indicator of the social, economic and environmental conditions affecting families, including access to health care. Recognizing this, Beacon made maternal and infant health a strategic system priority in 2023, with continued efforts in 2024 to improve maternal health outcomes in the community.

Beacon's strategy focuses on care coordination between clinical providers and Community Impact programs to address perinatal conditions such as hypertension, depression and social needs. This coordination spans hospitals, Beacon Medical Group outpatient offices and the community, ensuring comprehensive support for mothers from pregnancy through 18 months postpartum.

Expectant mothers are connected to this program through hospitals and BMG offices, where they receive personalized support from a dedicated care team, including a doula, community health worker, registered nurse and social worker. This team works alongside clinical providers to coordinate patient services and available resources, helping to ensure healthier outcomes for both mothers and their infants. The activities include:

- A continuum of care unique to patients' needs.
- Pregnancy, labor and delivery education and training.
- Providing mothers with navigator and cognitive behavioral health services.
- Linking mothers to resources identified through a social determinants of health screening.



Support for mothers and infants

Beacon Community Impact's Sickle Cell Program's Health Educator screens

newborns for the inherited sickle cell trait and communicates the results to pediatricians and parents. Should the newborn carry the sickle cell trait, parents and pediatricians are provided with educational literature. Counseling and access to care are also provided to parents, in addition to empowering them with a voice to advocate for their child and seek valuable resources within their communities.

Here is an example of the work being done in this wonderful program:

When our Sickle Cell Health Educator attempted to verify an infant's newborn well visit with their assigned provider, she discovered that the infant had missed several appointments. Attempting to contact the infant's parents, she found that their phone number was not accurate and contacted the birth center at the hospital for more accurate information. She was given several numbers and finally was able to reach the mother through a family member. The mother stated that her baby's pediatrician was out of network, she was feeling overwhelmed and she just had not been feeling well. She shared that she felt exhausted, depressed and emotional.

The Sickle Cell Health Educator asked if she had support or someone to assist her with the care of her baby, and she started crying. Our Beacon Sickle Cell Health Educator spoke to her for over an hour and arranged the baby's first well visit with the provider as well as transportation to and from their appointment. She then connected the mother with other services within our department that support pregnant and postpartum women. With the help of our programs and resources in the community, this mother was able to get back on track with her goals, and we later learned that she completed her degree — and the best part is that her baby is thriving.



Branch-Hillsdale-St. Joseph Community Health Agency

Branch-Hillsdale-St. Joseph Community Health Agency is working with a mom who is still in school. She wanted to continue breastfeeding once she returned to classes. Through the WIC program, we provided her with information and equipment for a successful experience. We educated her and the school to ensure there was time built into her day allowing her to pump. She has shared that without our support, she would not have had the confidence to stick with breastfeeding, or the knowledge to navigate or advocate for herself with school administration.



The Family Journey: A Healthy Start Initiative

In May 2024, Beacon Community Impact was awarded \$5.4 million from the federal Health Resources and Services Administration for **The Family Journey: A Healthy Start Initiative**. The program will improve birth outcomes and eliminate health disparities through a coordinated cross-sector collaboration of more than 25 clinical and community partners in Elkhart and St. Joseph counties (Indiana).

Within the first few months of the grant, we established a consortium of more than 50 diverse individuals from multiple clinical and community-based organizations. The consortium aims to advise and inform strategies for providing direct services to empower Family Journey participants. We will also develop cross-sector partnerships to provide participants with access to needed services.

After convening the consortium, Beacon Community Impact staff and other community partners started referring and enrolling participants into the program as the first members of the community to join this ecosystem of comprehensive and continued care. The consortium and community partners helped us enhance our program through the development of a new data capture infrastructure that allows Family Journey partners to share pertinent information with the participant's care coordinator.

While the program is still in its nascent stages, the Beacon Community Impact team is highly enthusiastic about its potential to significantly impact the community by removing barriers to service and improving health outcomes for mothers and families in our region.



Additional Beacon Health System Community Initiatives



B.A.B.E. Store

B.A.B.E. is a unique “store” that offers goods and services that new parents need to nurture healthy babies and foster skills to help the family through life. B.A.B.E. coupons are earned by keeping prenatal appointments, attending B.A.B.E. classes (on-site or Zoom) or parenting classes, and participating in other activities that improve child development and family health. Provider clinics and social service agencies distribute the coupons, which can be redeemed at the B.A.B.E. store for items ranging from diapers to child-proofing essentials. We have B.A.B.E. store locations in Indiana (South Bend, Elkhart and Goshen), with plans and partnerships in place to expand to Three Rivers, Michigan in 2025.

Also in 2024, we digitized our B.A.B.E. coupons to improve program efficiency, effectiveness and impact. A total of 37,533 digital coupons were issued to 4,901 individuals, and 1,211 individuals used 16,614 coupons in B.A.B.E. stores.



Birth Doula Support Program

In August of 2024 Beacon Community Impact started its first **Birth Doula Support Program**. This program allows patients to benefit from one-on-one labor and birth support: physically, mentally and emotionally. Our Birth Doula program offers various educational and physical support services such as Birth & Post partum education, comfort measure support, lactation support, being the patient’s advocate, and helping create a safe environment for patients to feel comfortable in.

Our Birth doula program provides opportunities to allow the hospital care team to connect and create a safe space for our diverse communities. It allows families to be empowered to ask questions about their care. In 2024, two doulas from Community Impact’s Early Childhood Services team served 114 individuals through their birthing experience.





The Remote Patient Monitoring Program

In 2024, we launched a new Maternal and Infant Health initiative addressing blood pressure. **The Remote Patient Monitoring Program** enables prenatal and postpartum obstetric patients with gestational or chronic hypertension or pre-eclampsia to take their blood pressures at home and share them electronically with a nurse coordinator who provides close monitoring between appointments and up to six weeks postpartum. The initiative aims to reduce maternal mortality risks and support a smooth transition to a primary care provider after obstetric care ends.

Patients are identified during prenatal visits or at delivery and invited to enroll in the program. They receive a Bluetooth-compatible blood pressure cuff and a device to record blood pressure readings once or twice daily based on provider recommendations. Patients receive verbal and written instructions on how to respond to abnormal readings.

All vital signs and screenings are transmitted to the Biofourmis platform, where a community health nurse monitors data, provides interventions and communicates directly with the on-call provider. The nurse adds weekly updates to patient charts to assist in ongoing care management. The nurse can also chat or video chat with patients for assessments and additional education between appointments.

In 2024, the nurse provided care to 65 residents in Elkhart County and 56 residents in St. Joseph County (Indiana). Of these participants, fewer than 5% of the babies needed NICU stays, and only three patients delivered before 37 weeks.



Nutritional support for Women, Infants and Children (WIC)

WIC was established as a permanent program in 1974 to safeguard the health of low-income women, infants and children up to age five who are at nutritional risk; it was recently noted that 53% of all infants born in the United States are on the WIC program. This program is carried out by providing nutritious foods to supplement their diets, nutrition education (including breastfeeding promotion and support) and referrals to health and other social services. St. Joseph County (Indiana) serves approximately 11,500 participants throughout the area. St Joseph County WIC has assumed the management responsibility of Marshall County and Starke County WIC programs, adding an additional 1,500 participants a month to the caseload.



St. Joseph County WIC

The breastfeeding initiation rate for the St. Joseph County WIC has maintained a rate of 80%, putting it in the top five of 36 WIC agencies in Indiana. For the past three years, St. Joseph County WIC has hosted a World Breastfeeding Event at the South Bend Cubs Stadium with great success. In 2023, 31 vendors provided education and referrals to managed health care organizations with over 475 attendees. This event helps some of our vendors achieve a larger outreach in the community.



Additional Beacon Health System Community Initiatives



Improving access to care for individuals experiencing homelessness

The Beacon Memorial Family Medicine Residency program launched the **Street Medicine South Bend (SMSB)** program in December 2022. This program is based on an emerging field of medicine that began in 1992 in Pittsburgh, PA, and has now reached over 85 communities that have established their own street medicine programs. This approach aims to address the health needs of individuals experiencing homelessness and meet them where they are to provide care.

SMSB's goal is to improve the health care of individuals experiencing homelessness by understanding their realities, building trust, minimizing barriers to accessing medical care and reducing these individuals' cost of care (as well as the overall cost of healthcare delivery in the South Bend community). In collaboration with the Beacon Health System Foundation, SMSB travels to the Knights Inn in South Bend, where Motels4Now is providing shelter to those experiencing homelessness. SMSB provides on-site evaluation, diagnostic testing and treatment, and volunteer clinicians connect patients to long-term primary care through one of the local federally qualified health centers, HealthLinc. In 2024, SMSB launched its Hepatitis C Testing Program aimed at providing free testing for the virus to interested individuals through the Health First St. Joseph County Grant.



Street Medicine South Bend (SMSB)

Since the program's inception, SMSB clinicians have seen 171 unique patients and had more than 390 total patient encounters. The SMSB Hepatitis C Testing Program has tested over 70 individuals for Hepatitis C, has six individuals in the process of receiving treatment and had two individuals complete treatment and clear the virus. Presently, research is being pursued to

see what impact SMSB has had on emergency department utilization in St. Joseph County. Currently, preliminary results suggest that patients' interactions with SMSB are associated with a decrease in both days of hospitalization and emergency department visits.



Fighting hunger

The **Food Pantry at Family Medicine Residency Clinic** was started in the summer of 2022 by Deb Pavey, one of the Memorial Family Medicine Residency residents who has since graduated. She saw the impact food insecurity has on our patients and dedicated her longitudinal service project for the residency's Care of the Underserved curriculum to meet this need.



Food Pantry and Family Medicine Residency Clinic

The **Food Pantry** gives an average of about 75 bags of food to families and individuals experiencing food insecurity each month. The pantry is now even more accessible, especially to our patients with transportation issues, through a food delivery program made possible by volunteers from the University of Notre Dame. About 20 patients are able to receive regular deliveries every other week. At the end of 2024, we began our partnership with Cultivate Food Rescue, South Bend, to distribute frozen meal packs to our patients. We look forward to seeing how often our patients use this resource in the upcoming year. Our food pantry and the clinic signage advertising it have decreased barriers to accessing food assistance. Patients are very appreciative of this program, and many patients use our pantry more than once.



Addressing the nursing shortage

In 2022, Beacon Health System and Ivy Tech Community College South

Bend-Elkhart partnered to create the Beacon School of Nursing and the Beacon Scholar Program to address the nursing shortage in our community and support equitable economic prosperity in underrepresented communities and minorities.

The Beacon Scholar program and partnership with Ivy Tech is two-tiered. Beacon supports nursing education by helping Ivy Tech cover the cost of faculty to assist in maintaining state-required faculty-student ratios and expand the program's capacity over the next five years. Beacon also covers the cost of students' tuition, fees and books, while providing them with a living stipend. Students graduate from the program as registered nurses with a job awaiting them at one of Beacon's hospitals. A central component of the program is to increase access to education for lower-income, underrepresented groups to ensure the workforce is reflective of the communities they serve.



BEACON SCHOLAR



Beacon Scholars

Since 2022, we have seen a 35% increase in the number of minority students enrolled in the Beacon Scholars Program. In 2024, 32% of Beacon Scholars were the first in their family to go to college, and 39% came from vulnerable ZIP codes.



Encouraging associates to volunteer

Beacon recognizes that volunteering enriches the lives of the workforce and the community, and "Beacon's Helping Hands" supports community involvement by encouraging Beacon associates to participate. Associates who volunteer with a 501(c)(3) charitable organization whose activities align with the Mission and Values of Beacon Health System may be compensated for their community service, up to four hours a year for full-time associates and up to two hours a year for part-time associates.



Beacon Volunteer Hours

In 2023, Beacon associates collectively logged 298.6 hours of helping charitable organizations in their community and living the Beacon Mission of connecting with heart.





Bringing the Community Together with Physical Activity

Held in South Bend, Indiana, Sunburst features a half marathon, 10K run, 5K run and family friendly 5K Fitness Walk. Open to all ages and fitness levels, it's the perfect opportunity for community members to challenge themselves and enjoy a fun-filled race day.

Each year, over 4,000 participants cross the finish line while supporting Beacon Children's Hospital. The funds specifically support the Child Life and Creative Services Program, which helps kids cope with the challenges of hospitalization through art, music, pet therapy and more. Sunburst is more than just a race—it's a tradition that brings the community together for a great cause.



Sunburst Races

The race has been a special and beloved community tradition since 1984. In 2024, the 40th anniversary of the Sunburst races, we had 4,064 participants ranging in age from infant to 89 years old and more than 300 volunteers supporting the event. The 2024 races brought \$74,000 in sponsorships and \$7,315 in donations and fundraising – totaling \$81,315 to support patient care at Beacon Children's Hospital.



Half marathon - 718
10K run - 710
5k run - 1,516
5k walk - 1,120



Educating clinicians

Beacon Health System's Medical Education Committee looks to provide the system's medical professionals with timely and relevant educational sessions for which providers can earn continuing education credits. Beacon is accredited by the Indiana State Medical Association and can provide these sessions free of charge. In addition, Memorial Hospital of South Bend and Elkhart General Hospital each host two Grand Rounds educational sessions every month; attendance is free and open to the public. Topics addressed include disease and condition management, updates on new studies, discussions of social determinants of health and more.

Topics with high interest included a presentation by our Indiana State Health Commissioner, Lindsey Weaver, MD, FACEP, on street drug contamination, as well as a Valvular Heart Disease Management presentation by Beacon Interventional Cardiologist Mayank Mittal, MD, FACP, FACC. These topics align with the goal to improve community wellness. Also, Beacon actively helps educate doctors-in-training at the Indiana University School of Medicine and the Marian University College of Osteopathic Medicine. These efforts also support physician recruitment efforts, which ultimately improve access to care.



Grand Rounds

Grand Rounds sessions can be attended in person, live online or on demand via recordings. Throughout 2024, 546 individuals participated.

To the Future and Beyond!



Now: We completed our 2024 CHNA, which identified access to providers as the priority area for the next three years for Beacon's core service area in Indiana and Michigan. We engaged community partners, stakeholders and internal Beacon leaders to ensure the voices of patients and community members across the region are heard.

Near: We plan to leverage the expertise, tools and resources of Beacon Health System and collaborate with our community partners to deliver a continuum of care with improved health outcomes. This includes addressing access to providers with community health workers, a mobile clinic and efforts to improve community trust.

Far: Ultimately, we are striving to improve health outcomes for all individuals throughout Beacon's service area.



Grants Awarded to Beacon

In 2024, Beacon Community Impact secured more than \$7.7 million in external grant funds. Beacon is committed to responsible stewardship and continues to seek out grant opportunities to fund projects that align with our priorities to create a healthier community.

Program	Community Impact
Hypertension Remote Patient Monitoring	Served 150 high-risk maternal clients with blood pressure monitoring services
B.A.B.E. Store car seats	Distributed more than 300 car seats to families in need
Family and Infant Support Program (FISP) Programming	Provided nearly 100 Pack 'n Plays to support family care
Hypertension Remote Patient Monitoring Memorial Hospital	Supported remote blood pressure equipment for the hypertension (HTN) program
Healthy Start: The Family Journey Partner Training - Memorial Hospital	Provided training curriculum to serve county maternal health needs
Hypertension Remote Patient Monitoring Elkhart General	Supported remote blood pressure equipment for the hypertension (HTN) program
Healthy Start: The Family Journey Partner Training - Elkhart General	Training curriculum to serve county maternal health needs
Women, Infants & Children	Provide participants access to fresh, locally grown produce
Michiana Mobile Opioid Recovery/Response Plan with Oaklawn	Partnered with Oaklawn to provide a mobile crisis unit for SUD support
Family and Infant Support Program (FISP) Staffing	Registered nurse to support hypertensive patients in maternal health remote monitoring
Maternal Care: Hypertension Remote Patient Monitoring	Community Health Worker to support patients in maternal health remote monitoring program



Program	Sum of New Awards in 2024	St. Joseph County, IN	St. Joseph County, MI	Elkhart County, IN	Marshall County, IN	LaPorte County, IN
B.A.B.E. Store Pack 'n play	\$5,600.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Family and Infant Support Program (FISP)	\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Hypertension Remote Patient Monitoring and Healthy Start: The Family Journey Partner Training Memorial Hospital	\$40,000.00	<input checked="" type="checkbox"/>				
Hypertension Remote Patient Monitoring and Healthy Start: The Family Journey Partner Training Elkhart General	\$24,000.00			<input checked="" type="checkbox"/>		
Women, Infants & Children (WIC)	\$1,765,155.56	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Women, Infants & Children (Nutrition Program)	\$6,532.15	<input checked="" type="checkbox"/>				
Women, Infants & Children (United Way)	\$1,200.00	<input checked="" type="checkbox"/>				
Healthy Start: The Family Journey	\$5,487,894.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Newborn Screening	\$162,500.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sickle Cell Lifelong Care	\$87,500.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile Maternal Health Unit	\$150,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prenatal vitamins for the Family and Infant Support Program (FISP)	In-Kind	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
200 car seats	In-Kind	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Total	\$7,731,381.71					

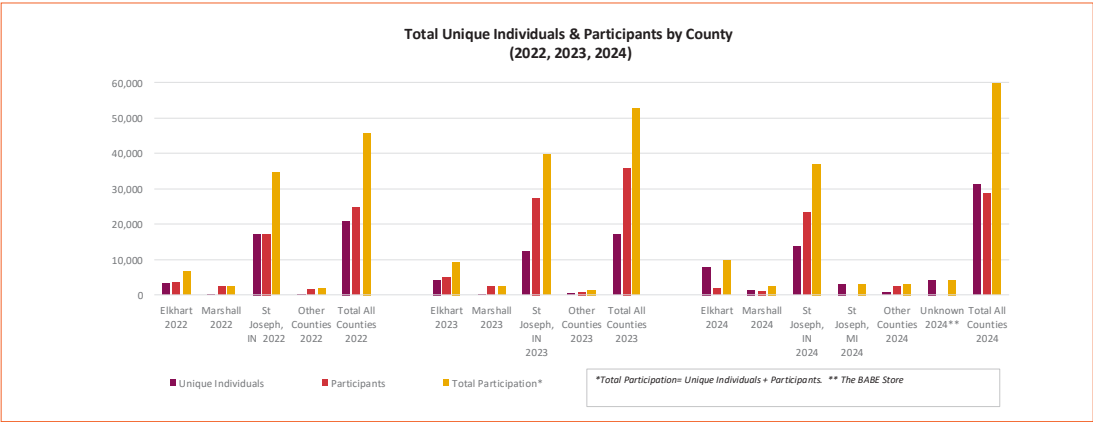
Our Reach

Counties and associated hospitals

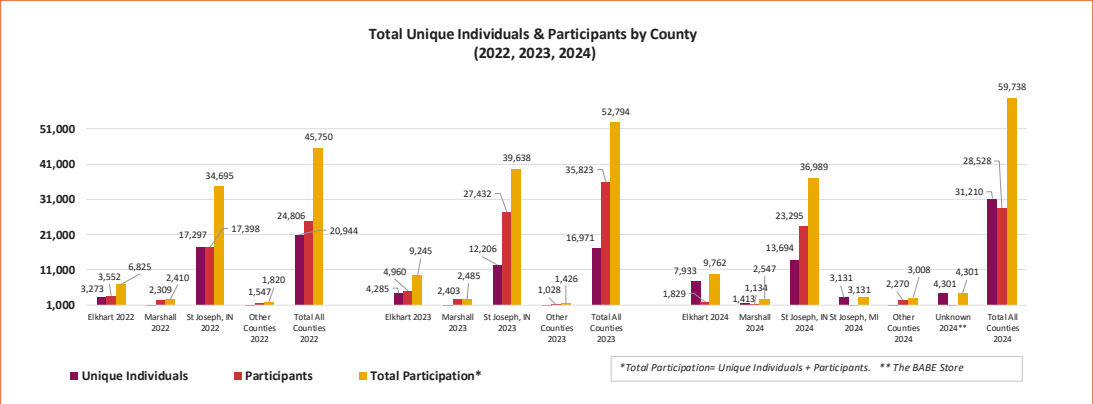
Community Hospital of Bremen • Elkhart General Hospital • Memorial Hospital of South Bend



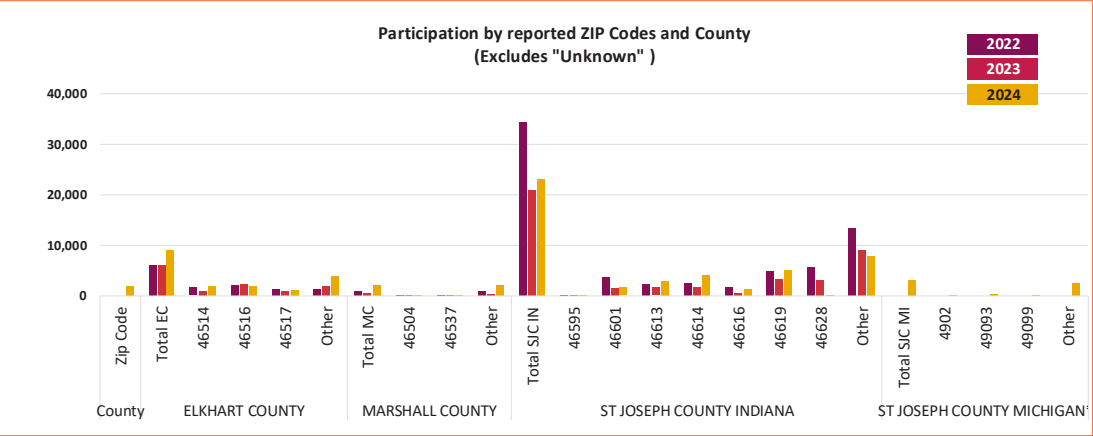
Who you served in
2022, 2023 & 2024
Participation



Who you served in
2022, 2023 & 2024
Participation

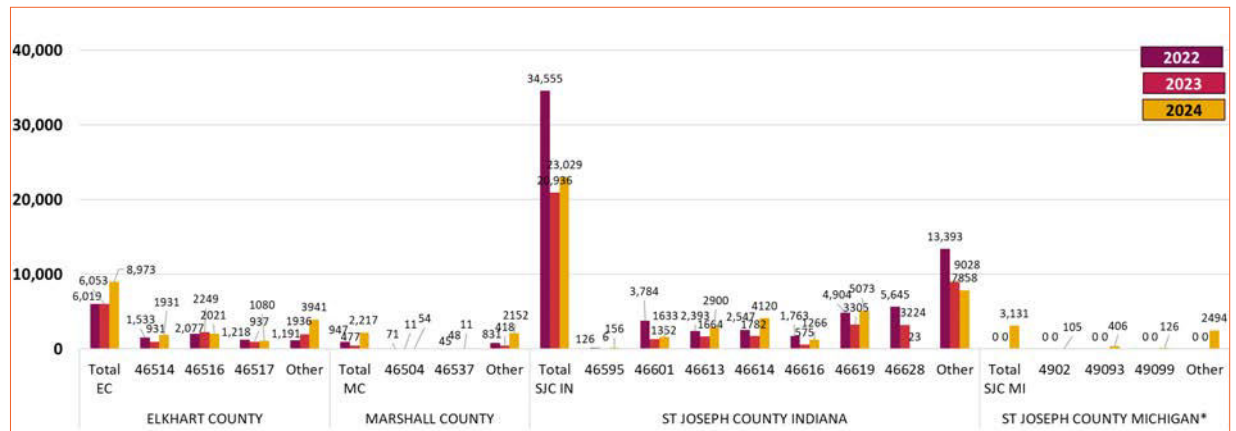


Who you served in
2022, 2023 & 2024
ZIP Code

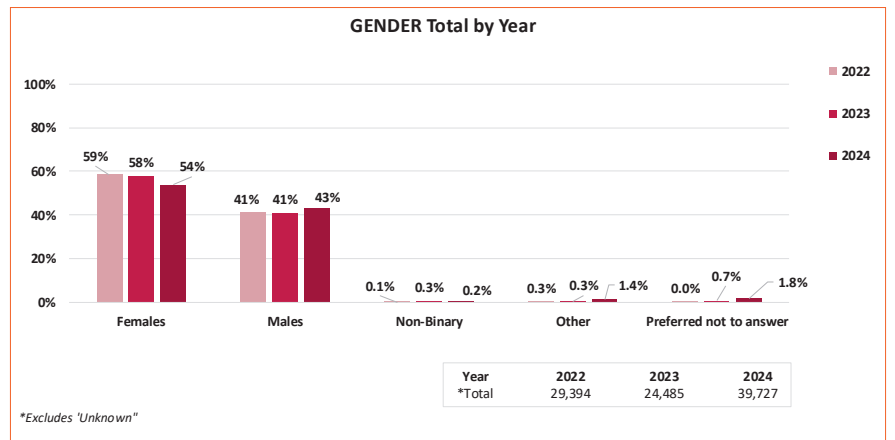




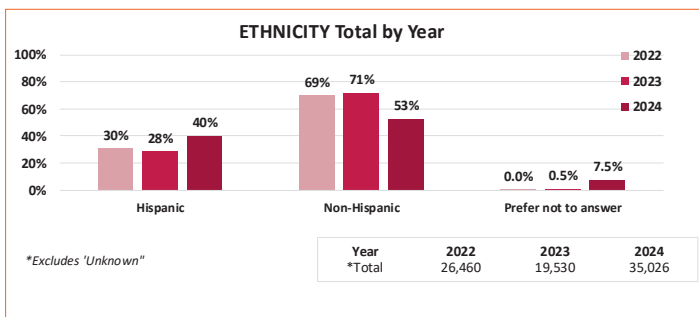
Who you served in 2022, 2023 & 2024 ZIP Code



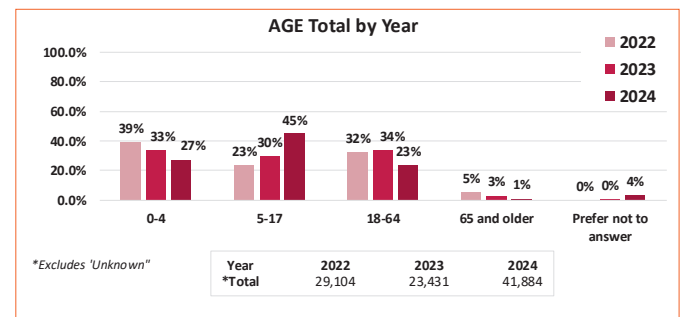
Who you served in 2022, 2023 & 2024 Gender



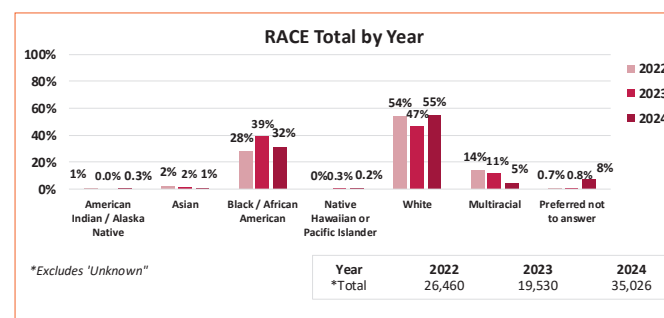
Who you served in 2022, 2023 & 2024 - Ethnicity



Who you served in 2022, 2023 & 2024 - Age



Who you served in 2022, 2023 & 2024 - Race





beaconhealthsystem.org/community-impact

MEDICAL DIRECTOR'S REPORT

July 2025

1. Watching numbers of communicable diseases.
2. Director and Administrator meetings, in person and zoom.
3. Meetings via zoom and teleconference with several associations.
4. Continuing treatment of multiple latent TB patients and several active TB patients.
5. Reviewed FIT testing applications for staff.
6. Continued telephone conversations with area providers.

NICOTINE POISONING IN BABIES AND TODDLERS

Study published July 14, 2025 in Pediatrics, a journal of the American Academy of Pediatrics.

From 2010 through 2023, the United States poison centers reported 134,663 cases of nicotine poisonings among kids under the age of 6.

Almost all occurred at home. The cases included exposure to nicotine pouches, chewing tobacco, regular cigarettes, vapes and nicotine replacement products like gum and lozenges.

Nicotine pouches, like Zyn, are behind the most significant rise in accidental poisonings at home.

The rate of poisonings involving pouches among kids under 6 rose from 0.48 per 100,000 children in 2020 to 4.14 per 100,000 in 2023. This is an increase in 763% in just three years.

Nicotine pouches contain as much as 6-9 milligrams of nicotine, a stimulant, and have been promoted as tobacco-free, spit-free and hands-free alternative to cigarettes and chewing tobacco. They come in flavors. They are not approved by the Food and Drug Administration as nicotine replacement. The pouches are tucked between the lip and gum and later discarded.

The packaging is “designed to be child resistant”.

A 2021 study from the Centers for Disease Control and Prevention’s Office found that sales of pouches rose in the past decade, from \$709,000 in 2016 to \$216 million by mid 2020.

April 2025 study found the use of nicotine pouches among high school students nearly doubled between 2023 and 2024.

What are the symptoms of nicotine toxicity in little kids?

Increases heart rate and blood pressure, nausea, vomiting, coma.

Most cases weren’t serious enough to warrant medical attention but 39 kids had trouble breathing and seizures.

A 1-year old boy and a 1 ½ year old boy died after ingesting liquid nicotine used in vapes.



Personal Health and Disease Prevention: July 24th, 2025

Heidi Hazel, BSN, RN

Communicable Disease:

Data from our regional epi's.

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

Measles: As of July 8th, a total of 1,288 confirmed measles cases were reported across 39 jurisdictions.

Age

Under 5 years: 368 (29%)

5-19 years: 469 (36%)

20+ years: 439 (34%)

Age unknown: 12 (1%)

Vaccination Status

Unvaccinated or unknown: 92%

One MMR dose: 4%

Two MMR doses: 4%

U.S. Deaths in 2025: 3

There have been 18 confirmed measles cases in Michigan this year. The link to Measles updates can be found here: [Measles Updates MDHHS.](#)

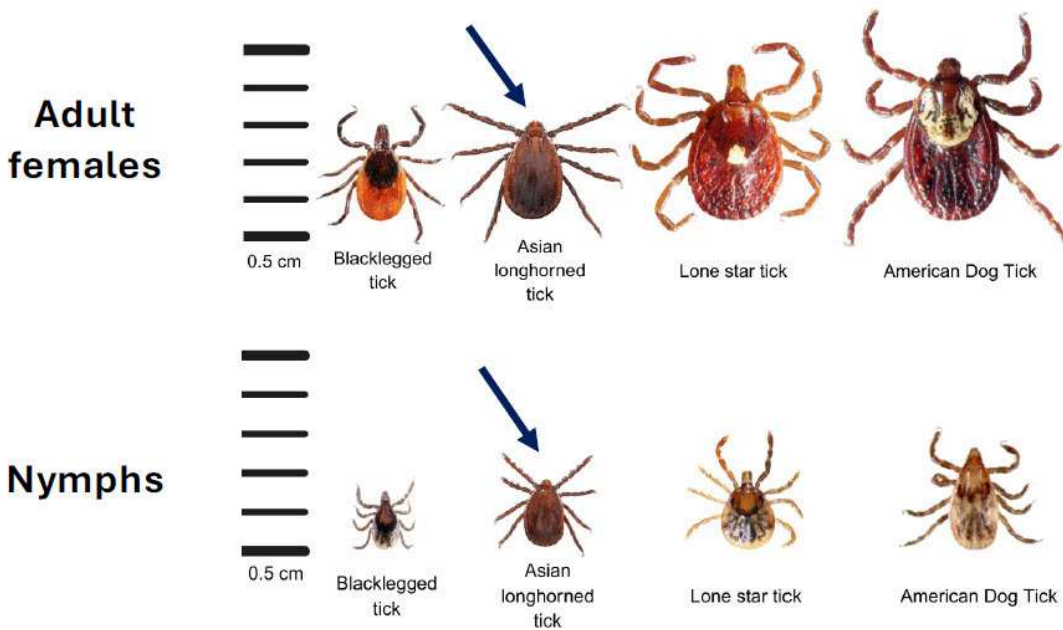
Lyme Disease: Lyme cases typically increase during this season. The number of cases reported to date are similar to that of previous years.

Tick bite prevention article: [Residents urged to take action to prevent tick bites this season.](#)

Article regarding discovery of Asian Longhorned Tick: [Asian Longhorned Ticks Discovered.](#)

Submitting Ticks: [Got a Tick? Submit a Pic!](#)

Comparison with top 3 most common ticks in Michigan



Pictures: Blacklegged tick, lone star tick and American dog tick- Tick Encounter, and Asian Longhorned Tick- USDA
Diagrams: designed by Erica Hotchkiss

Rabies: Rabies has been detected in 14 bats. One from Allegan, Genesee (2), Isabella, Kalamazoo (2), Menominee, Oakland (2), Osceola, Sanilac, Shiawassee, Washtenaw, and Wexford counties. [Map of Rabies Positive Animals in Michigan](#)

TB/LTBI: Cases that our nurses are following closely:

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

We are currently experiencing a shortage of Isoniazid (INH), a medication commonly used to treat TB and latent TB infection (LTBI). We are actively working with the CDC to secure additional doses. In the meantime, we are also evaluating alternative treatment regimens to ensure continued care for our patients.

Immunizations/STD/HIV:

June 27th marked National HIV Testing Day, and we used our social media platforms to help raise awareness and encourage testing within the community. As a result of ongoing outreach efforts, a total of 11 HIV tests were conducted during the month of June.

Women, Infant, and Children (WIC):

We are excited to announce that our Mobile Unit will soon be offering WIC appointments! Starting August 7th, we will be traveling twice a month to better serve our communities:

- First Thursday of each month: Library parking lot in Waldron
- Second Thursday of each month: Lot next to Litchfield City Hall

We look forward to bringing our services directly to these areas and making WIC appointments more accessible to families in need.

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

CSHCS:

In June, one of our nurses and a program representative attended the annual Children's Special Health Care Services (CSHCS) conference. This year's event centered on cleft palate care, with a focus on surgical repair, feeding strategies, speech development, and social-emotional support. Expert presentations were delivered by a physician from Wayne State University, along with a speech therapist and social worker from Helen DeVos Children's Hospital. The conference offered valuable insights and practical strategies to enhance continuity of care and strengthen case management for children and families impacted by cleft palate.

HEARING/VISION and KOHA:

We are continuing to offer back-to-school clinics at each of our locations throughout August. These clinics provide essential services to help students prepare for the new school year, including hearing and vision screenings, immunizations, and Kindergarten Oral Health Assessments.

Our annual client survey has been active from mid-June through July 31. Clients were invited to participate by scanning a QR code or completing a paper copy of the survey. Once the survey period closes, we will analyze the data to identify areas for quality improvement and enhance the services we provide.

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

*FYTD=Fiscal Year To Date

Confirmed & Probable Case Totals	Jun-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	2	5	2	9	5	31	4	40	7	30	7	44
Blastomycosis	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	1	1
Campylobacter	1	1	1	3	8	8	8	24	5	6	5	16
Chicken Pox	-	-	-	-	-	-	-	-	-	4	-	4
Chlamydia	9	5	9	23	61	54	127	242	71	63	125	259
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	-	-	-
CPO	-	-	-	-	-	-	-	-	-	-	-	-
CRE Carbapenem Resistant Enterobac.	-	-	-	-	-	-	-	-	2	2	1	5
Cryptosporidiosis	-	-	-	-	1	3	-	4	1	1	1	3
Giardiasis	-	-	-	-	1	-	1	2	-	3	1	4
Gonorrhea	1	1	4	6	6	10	40	56	17	26	26	69
H. Influenzae Disease - Inv.	-	-	-	-	-	1	2	3	1	-	-	1
Hepatitis B - Acute	-	-	-	-	-	-	2	2	2	-	1	3
Hepatitis B - Chronic	-	-	-	-	1	1	1	3	3	-	3	6
Hepatitis C - Acute	-	-	-	-	-	-	1	1	2	-	2	4
Hepatitis C - Chronic	-	-	-	-	1	4	8	13	3	6	6	15
Hepatitis C Unknown	-	-	-	-	1	-	-	1	-	1	-	1
Histoplasmosis	-	-	1	1	1	-	3	4	2	-	1	3
HIV/AIDS	-	-	-	-	1	-	-	1	1	-	2	3
Influenza	1	1	2	4	543	114	663	1,320	434	60	273	767
Kawasaki	-	-	-	-	-	-	-	-	-	-	-	-
Latent Tuberculosis	-	-	1	1	7	1	4	12	10	2	-	12
Legionellosis	-	-	1	1	7	1	5	13	-	-	2	2
Listeriosis	-	-	-	-	-	-	-	-	-	-	-	-
Lyme Disease	3	6	6	15	6	10	12	28	3	4	18	25
Measles	-	-	-	-	-	-	-	-	-	-	-	-
Menengitis - Aseptic	-	1	-	1	-	2	-	2	1	-	3	4
Menengitis - Bacterial	-	-	-	-	1	1	-	2	-	-	2	2
Meningococcal Disease	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	-	-	-	-	-	-
Mycobacterium - Other	-	-	-	-	5	3	1	9	1	2	5	8
Norovirus	-	-	-	-	16	1	-	17	-	-	-	-
Novel Coronavirus	5	9	4	18	334	536	279	1,149	632	696	489	1,817
Pertussis	-	-	-	-	7	14	7	28	-	2	1	3
Salmonellosis	2	1	2	5	5	1	7	13	5	4	1	10
Shiga Toxin-prod. (STEC)	-	-	-	-	6	34	4	44	-	2	-	2
Shigellosis	-	-	-	-	-	-	1	1	-	-	-	-
Shingles	1	-	-	1	1	-	1	2	1	1	-	2
Staphylococcus Aureus Infect.	-	-	-	-	-	-	-	-	-	-	1	1
Strep Invasive Gp A	4	-	-	4	8	-	5	13	4	6	3	13
Strep Pneumonia Inv Ds.	-	-	1	1	1	3	2	6	6	7	8	21
Syphilis - Primary	-	-	1	1	1	-	10	11	2	2	-	4
Syphilis - Secondary	-	-	-	-	1	-	3	4	-	3	-	3
Syphilis To Be Determined	-	-	2	2	5	4	10	19	1	4	5	10
Trichinosis	-	-	-	-	-	1	-	1	-	-	-	-
Tuberculosis	-	-	-	-	-	2	-	2	-	-	2	2
Unusual Outbreak/Occurrence	-	-	1	1	-	-	1	1	-	-	1	1
VZ Infection, Unspecified	-	-	-	-	-	4	-	4	1	2	3	6
Yersinia Enteritis	-	-	-	-	-	1	1	2	-	1	1	2

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

	Jun-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	450	278	-	535	1,263	2,219	1,567	448	1,961	6,195	1,204	1,065	534	458	3,261
All VFC Doses Given	75	125	46	51	297	4,799	2,520	203	4,148	11,670	6,458	3,199	-	5,506	15,163
Waivers	9	12	8	7	36	102	107	27	90	326	100	122	15	86	323
ADULT IMMUNIZATIONS															
# Vaccines Given	60	4	-	6	70	482	151	127	137	897	766	178	62	176	1,182
All AVP Doses Given	21	10	7	8	46	457	136	21	148	762	297	156	-	56	509
COMMUNICABLE DISEASE															
TB Tests Done	8	11	-	2	21	35	81	2	18	136	51	71	4	16	142
STD treatments	2	1	-	3	6	9	9	-	70	88	4	25	2	92	123
HIV Testing	-	3	-	8	11	3	17	-	68	88	5	10	1	66	82
ENROLLMENTS															
Medicaid & Michild	-	-	-	-	-	11	4	-	-	15	11	8	2	7	28
REFERRAL SERVICE															
MCDC Referrals	2	-	-	37	39	30	25	85	144	284	50	81	94	122	347
MIHP referrals	-	-	11	51	62	3	-	307	367	677	8	1	226	237	472
Hearing Screens															
Pre-school	16	2	-	13	31	460	236	-	473	1,169	312	136	-	645	1,093
School Age	-	-	-	-	-	983	862	619	1,266	3,730	1,086	1,034	-	1,805	3,925
Vision Screens															
Pre-school	16	2	-	13	31	481	217	-	310	1,008	391	82	-	654	1,127
School Age	-	-	-	-	-	2,078	1,599	-	3,097	6,774	3,183	2,241	-	4,590	10,014
Children's Special Health Care Services															
Diagnostics	1	-	-	-	1	6	3	-	-	9	18	2	-	-	20
Assessments-Renewal	24	28	-	28	80	175	204	-	261	640	159	182	-	243	584
Assessments-New	8	7	-	7	22	30	68	-	46	144	45	55	-	34	134

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

State Participation/Enrollment Ratio [2]:					
Jan-25	Feb-25	Mar-25	Apr-25	May-25	Curr Year P/E Ratio (last 12 months)
96.1%	95.8%	96.2%	96.1%	96.4%	95.8%

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	4,122	0.39%	94.62%
May / 2025	4,304	4,015	4,062	-1.46%	93.29%
Jun / 2025	4,277	4,012	(est[7]) 4,133		93.80%
Jul / 2025	0	0	(est[7]) 4,078		
Aug / 2025	0	0	0		
Sep / 2025	0	0	0		

Total (Year to date)	39,413	36,877	33,212		
Curr Year Avg	4,379	4,097	4,152	896.10%	92.79%
Months with Count	9	9	8	8	9
Average to Base % [8]		105.9%	107.25%		
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:

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

4,142
4,152

Funding Allocation Information

Total Funding Allocation: \$908,156

Assigned Funding Participation Count [11]:

Current Yr Base: 3,871

Previous Yr Base: 3,720

- [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) Update
3. Community Events
4. Car Seat Program
5. Social Media Update

1. Health Education & Promotion Department Update:

The Lock It Up Campaign for 2025 data through June 30, 2025:

- We have distributed **1,310** safe storage bags across the three counties.
- The educational videos have had **264** views.
- Social Media campaigns have reached **26,070**.
- Completed on-air radio interviews on WTVB-Coldwater, WCSR-Hillsdale, and WBET-Sturgis, as well as a TV interview with WILX-Lansing.

The Office of Highway Safety Planning grant continues to be on target with its activities. We continue meeting with the Bishops in the three counties. We have attended the July Road Commission meetings in the three counties.

The agency distributed 2 press releases. There were 12 media stories in June that mentioned the agency.

2. Community Health Worker Program:

The program served 30 clients in June. We continue partnering with Beacon Health System, Covered Bridge Healthcare, and WellWise. The program continues to receive referrals from multiple agencies across the jurisdiction. We are still seeking a part-time CHW position to be housed in St. Joseph County.

The greatest needs requested were assistance with financial insecurity, homelessness, insurance options, Lifeline applications, and assistance with home repairs.

3. Community Events:

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

Date	Event
6/3	Carol Shippy End of Year Celebration – St. Joseph County
6/4	Family Fun Day – Branch County
6/7	Safety Fair – Branch County
6/13	Friendship Friday – St. Joseph County
6/23	Coach Eby Center – Branch County
6/24	Safety Fair – Hillsdale County
6/27	Friendship Friday – St. Joseph County
7/9	Pines Behavioral Health Presentation – Branch County
7/11	Friendship Friday – St. Joseph County
7/15	Summer Play Event – Hillsdale County

7/17	Polish Festival – Branch County
7/24	Pines Behavioral Marijuana Presentation – Branch County
7/28	Coach Eby Center – Branch County
8/9	Huss Project – St. Joseph County
8/11	King’s Kupboard – Hillsdale County
8/16	Head Start Event – St. Joseph County
8/22	Friendship Friday – St. Joseph County
8/25	Coach Eby Center – Branch County

Social Media Update

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

<ul style="list-style-type: none"> • Job postings at BHSJ • WIC Social Media Toolkit • Safe Sleep Social Media Toolkit • Grill Safety Tips • Heat Safety Tips/Cooling Centers/Look Before You Lock • Safe Storage- Guns/Marijuana • Medicaid application assistance • National HIV Testing Day- June 27th (week promotion for testing) • Take Control of Your Birth Control • NEW- WIC income guidelines Kindergarten Readiness Clinics • Tick/Mosquito Prevention Tips 	<ul style="list-style-type: none"> • Blood Lead Level information- MDHHS • Lock it up campaign (locations, media interviews, Spotify and Pandora) • Car seat safety tips <p>Recalls: FreshRealm Recalls Chicken Fettuccine Alfredo Products Due to Possible Listeria Contamination Food Safety and Inspection Service Hormel Foods Corporation Recalls Canned Beef Stew Product Due to Possible Foreign Matter Contamination Food Safety and Inspection Service</p>
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Social Media Data (As of July 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/di gital articles, etc.)	Boosted Activities (# and Topic)
June	4,399	2,000 <i>(Up 511.2% from May)</i>	39,500 <i>(Up 80.3% from May)</i>	Videos shared (4): Vaccines during pregnancy, Sharing OHSP- Share the Road, Safe Sleep, Man Therapy (Men's Mental Health)	13	2- Lock it up locations & National HIV testing Day
TOTAL TO DATE (Since 10/1/2022)	7 NEW followers since last report	9,983	838,964	36	441	26

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

Food Program Updates

Our Food Team has been busy working with many of the weekend festivals happening throughout the Tri-County area. Food staff members have been called in for several consultation visits regarding Temporary Food Units (TFUs) and change of ownership inquiries. Much of this work involves educating the public on how to operate a food facility as safely as possible while still helping them achieve their goals. Staff are also processing TFU and temporary food applications for the upcoming Branch County Fair.

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

- **The Old Popcorn Stand** – Concession stand replacement in Centerville
- **Somerset Center United Methodist Church** – New limited nonprofit food license in Jerome

Wells, Septic, Pools, Vector, and Campgrounds

Our General Environmental Health staff are wrapping up campground and swimming pool inspections for the Tri-County area this season. We are also continuing to see an influx of well and septic applications. Staff are putting their new training to good use as they handle these real-world situations.

All 600 of our well and septic surveys have been mailed out across the Tri-County area, and we are beginning to receive responses. We are excited to continue collecting these, as the results will help guide our quality improvement efforts, with the goal of improving the customer experience.

In response to the positive identification of the Asian Longhorned Tick, MDHHS has requested that all collected ticks be submitted for identification. These samples were sent to the lab two weeks ago.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2024/2025

	JUNE				YTD 2024/2025				YTD 2023/2024			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	-	-	1	1	2	6	25	33	1	-	6	7
CHANGE OF USE EVALUATIONS - FIELD	3	12	7	22	21	55	44	120	27	50	50	127
CHANGE OF USE EVALUATIONS - OFFICE	5	4	11	20	45	24	62	131	50	13	66	129
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	8	6	5	19	56	66	71	193	47	55	70	172
REPAIR/REPLACEMENT	5	3	10	18	44	41	77	162	51	43	74	168
VACANT LAND EVALUATION	1	2	1	4	8	14	8	30	10	17	6	33
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	14	11	16	41	108	121	156	385	110	111	150	373
SEWAGE PERMITS INSPECTED	6	12	9	27	57	73	112	242	85	88	103	276
WELL PERMITS ISSUED	16	19	17	52	118	111	140	369	103	90	150	343
WELL PERMITS INSPECTED	15	7	24	46	110	86	155	351	101	122	147	370
FOOD SERVICE INSPECTION												
PERMANENT	14	17	33	64	189	203	296	688	199	201	289	689
NEW OWNER / NEW ESTABLISHMENT	-	1	1	2	9	4	17	30	6	12	26	44
FOLLOW-UP INSPECTION	-	1	-	1	2	5	7	14	11	8	10	29
TEMPORARY	10	3	13	26	24	13	40	77	32	21	52	105
MOBILE,STFU	1	3	20	24	24	26	76	126	28	24	56	108
PLAN REVIEW APPLICATIONS				-	9	4	9	22	6	1	12	19
FOOD RELATED COMPLAINTS	1	-	-	1	10	-	6	16	2	6	9	17
FOODBORNE ILLNESS INVESTIGATED	2	1	4	7	2	1	5	8	2	4	1	7
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	-	-	-	-	-	-	-	10	-	-	-	22
CAMPGROUND INSPECTION	7	4	4	15	7	5	5	17	-	2	2	4
NON-COMM WATER SUPPLY INSP.	1	4	2	7	13	18	23	54	17	20	27	64
SWIMMING POOL INSPECTION	7	3	3	13	19	14	12	45	8	16	6	30
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	1	-	-	1	9	1	16	26	9	5	10	24
DHS LICENSED FACILITY INSP.	-	1	6	7	11	16	26	53	13	14	13	40
COMPLAINT INVESTIGATIONS	6	9	5	20	22	36	17	75	6	30	11	47
LONG TERM MONITORING	-	-	-	-	-	-	11	-	-	-	-	-
BODY ART FACILITY INSPECTIONS	1	-	-	1	3	5	10	18	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: 06/01/2025 - 06/30/2025

County	Inspection Type / Reason	Count
Branch County		
	<u>Food Safety</u>	
	Foodborne Illness Complaint - Initial	2
	Non Foodborne Illness Complaint - Initial	1
	Risk Based Inspection - Routine	14
	STFU Inspection - Routine	1
	Temporary Food Inspection - Routine	10
	Total # of Food Safety inspections - Branch County	28
Hillsdale County		
	<u>Food Safety</u>	
	Non Foodborne Illness Complaint - Initial	1
	Pre-Opening - Pre-Opening	1
	Risk Based Inspection - Follow-up	1
	Risk Based Inspection - Routine	17
	STFU Inspection - Routine	3
	Temporary Food Inspection - Routine	3
	Total # of Food Safety inspections - Hillsdale County	26
Outside of District		
	<u>Food Safety</u>	
	STFU Inspection - Routine	1
	Total # of Food Safety inspections - Outside of District	1

Inspection Type Count By County

For Date Range: 06/01/2025 - 06/30/2025

County	Inspection Type / Reason	Count
St. Joseph County		
	<u>Food Safety</u>	
	Consultation - Plan Review Consultation	1
	Non Foodborne Illness Complaint - Initial	4
	Pre-Opening - Pre-Opening	1
	Progress Note - New Inspection Reason	10
	Risk Based Inspection - Routine	33
	STFU Inspection - Routine	18
	STFU Pre-Opening - Pre-Opening	2
	Temporary Food Inspection - Routine	13
	Total # of Food Safety inspections - St. Joseph County	82
	<u>Total # of inspections - All counties</u>	<u>137</u>



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Food Establishment Inspection Report by Facility Name

For Date Range: 06/01/2025 - 06/30/2025 and Food Program

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Amaz'n Nutrition	Three Rivers	06/20/2025	Risk Based Inspection - Routine	0	0	0	0
Ambassador's for Christ	Three Rivers	06/12/2025	Temporary Food Inspection - Routine	0	0	0	0
AMERICAN LEGION #223	Constantine	06/05/2025	Progress Note - New Inspection Reason	0	0	0	0
AMERICAN LEGION #223	Constantine	06/19/2025	Progress Note - New Inspection Reason	0	0	0	0
AMERICAN LEGION 73	Sturgis	06/04/2025	Risk Based Inspection - Routine	0	1	1	1
American Legion Post #454	Colon	06/23/2025	Temporary Food Inspection - Routine	0	0	0	0
AMERICAN LEGION POST #52	COLDWATER	06/20/2025	Risk Based Inspection - Routine	1	0	1	0
AMERICAN LEGION POST 170	THREE RIVERS	06/05/2025	Progress Note - New Inspection Reason	0	0	0	0
AMERICAN LEGION POST 170	THREE RIVERS	06/30/2025	Progress Note - New Inspection Reason	0	0	0	0
AMERICAN LEGION POST 454	Colon	06/11/2025	Risk Based Inspection - Routine	0	1	1	1
AMIGO CENTRE (Food)	Sturgis	06/23/2025	Risk Based Inspection - Routine	0	0	0	0
Anderson Foods - Slushie	Standish	06/12/2025	STFU Inspection - Routine	0	0	0	0
Anderson Foods Hot Dogs	Standish	06/12/2025	STFU Inspection - Routine	0	0	0	0
Anderson Foods Lemonade	Standish	06/12/2025	STFU Inspection - Routine	0	0	0	0
Anderson Foods Popcorn	Standish	06/12/2025	STFU Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Angel's Concessions	Sturgis	06/27/2025	STFU Inspection - Routine	0	0	0	0
Applebee's #8399	Three Rivers	06/25/2025	Risk Based Inspection - Routine	2	0	2	3
Arctic Shaved Ice	Coldwater	06/23/2025	Temporary Food Inspection - Routine	0	0	0	0
Bellic River Group DBA Bens Soft Pretzel	Shipshewana	06/13/2025	STFU Inspection - Routine	0	0	0	0
Betzer Community Church	Pittsford	06/25/2025	Temporary Food Inspection - Routine	0	0	0	0
Big House Breakfast and Burgers	Three Rivers	06/11/2025	Non Foodborne Illness Complaint - Initial	0	0	0	0
Biggby Coffee #254	Coldwater	06/23/2025	Temporary Food Inspection - Routine	0	0	0	0
Branch County Coalition Against Domestic Violence	Coldwater	06/02/2025	Temporary Food Inspection - Routine	0	0	0	0
Branch County Coalition Against Domestic Violence	Coldwater	06/06/2025	Temporary Food Inspection - Routine	0	0	0	0
Branch County Shriners Club	Coldwater	06/23/2025	Temporary Food Inspection - Routine	0	0	0	0
Branch ISD - Branch ISD Temporary	Coldwater	06/04/2025	Temporary Food Inspection - Routine	0	0	0	0
Brewhouse BBQ	Sturgis	06/27/2025	STFU Inspection - Routine	0	0	0	0
Cafe Butter Chicken	Sturgis	06/11/2025	Risk Based Inspection - Routine	1	2	3	2
CAPRI DRIVE IN	COLDWATER	06/11/2025	Risk Based Inspection - Routine	0	0	0	0
Castaway Lounge LLC	Coldwater	06/20/2025	Temporary Food Inspection - Routine	0	0	0	0
Cavoni's	Three Rivers	06/24/2025	Risk Based Inspection - Routine	0	0	0	1
CC & Company LLC	Bronson	06/13/2025	Risk Based Inspection - Routine	0	1	1	0
Centreville Little League Adam's Park	Centreville	06/06/2025	Risk Based Inspection - Routine	0	0	0	0
Chickens on Fire	Coldwater	06/23/2025	Risk Based Inspection - Routine	0	0	0	0
CHURCH OF THE NAZARENE	STURGIS	06/04/2025	Risk Based Inspection - Routine	0	0	0	0
Clemens Food Group LLC	COLDWATER	06/19/2025	Risk Based Inspection - Routine	1	0	1	1
COLDWATER FREE METHODIST CHURCH	COLDWATER	06/05/2025	Risk Based Inspection - Routine	0	0	0	0
COLON MASONIC LODGE #73 F&A	Colon	06/11/2025	Risk Based Inspection - Routine	0	0	0	0
Colon United Methodist Church	Colon	06/04/2025	Progress Note - New Inspection Reason	0	0	0	0
Colon United Methodist Church	Colon	06/23/2025	Progress Note - New Inspection Reason	0	0	0	0
Colon United Methodist Church	Colon	06/26/2025	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
COMMERCIAL SPORTS BAR	COLDWATER	06/16/2025	Risk Based Inspection - Routine	0	0	0	1
COMMUNITY CHURCH OF NORTH ADAMS	North Adams	07/07/2025	Risk Based Inspection - Routine	0	0	0	0
COTTAGE INN PIZZA	Hillsdale	06/05/2025	Risk Based Inspection - Routine	0	0	0	0
Dairy Queen	Sturgis	06/27/2025	Risk Based Inspection - Routine	0	0	0	0
Dawn's Cafe LLC	Colon	06/11/2025	Risk Based Inspection - Routine	0	0	0	1
Dawn's Cafe LLC	Colon	06/26/2025	Non Foodborne Illness Complaint - Initial	0	0	0	0
Dickey's Barbeque Pit	Coldwater	06/03/2025	Risk Based Inspection - Routine	0	0	0	0
Dips on the Vine	White Pigeon	06/02/2025	STFU Inspection - Routine	0	0	0	0
DOMINO'S PIZZA #1228	JONESVILLE	06/05/2025	Risk Based Inspection - Routine	0	0	0	0
EL CERRITO MEXICAN RESTAURANT	COLDWATER	06/30/2025	Foodborne Illness Complaint - Initial	1	0	1	0
ELKS LODGE #1248	THREE RIVERS	06/20/2025	Risk Based Inspection - Routine	0	1	1	1
Farrand Hall Event Center	Colon	06/04/2025	Risk Based Inspection - Routine	0	0	0	0
FIRST BAPTIST CHURCH	COLDWATER	06/16/2025	Risk Based Inspection - Routine	0	0	0	0
FIVE STAR PIZZA	BRONSON	06/13/2025	Risk Based Inspection - Routine	0	1	1	0
Flying Club of Branch County	Coldwater	06/02/2025	Temporary Food Inspection - Routine	0	0	0	0
Forget Me Knot Heroes	Three Rivers	06/03/2025	Temporary Food Inspection - Routine	0	0	0	0
Forget Me Knot Heroes	Three Rivers	06/23/2025	Temporary Food Inspection - Routine	0	0	0	0
FREDDIE'S FREEZE INC	SOMERSET CENTER	06/18/2025	Risk Based Inspection - Routine	0	0	0	0
Frozen Cow	Three Rivers	06/13/2025	STFU Inspection - Routine	0	0	0	0
Frozen Paradise #2	Blissfield	06/25/2025	Temporary Food Inspection - Routine	0	0	0	0
Great Lakes Shaved Ice Co	Colon	06/21/2025	STFU Inspection - Routine	0	0	0	0
Grilled Goodness on Wheels	Sturgis	06/23/2025	Temporary Food Inspection - Routine	0	0	0	0
Healthies of Hillsdale	Hillsdale	06/11/2025	Risk Based Inspection - Routine	0	0	0	0
HERE'S TO YOU PUB AND GRUB	HILLSDALE	06/27/2025	Risk Based Inspection - Routine	1	1	1	1
Hillside Lanes & Lane 17	Hillsdale	06/13/2025	Risk Based Inspection - Routine	0	0	0	0
Homestead Cinnamon Rolls	Colon	06/12/2025	STFU Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Iglesia Rios De Agua Viva Church		06/30/2025	Temporary Food Inspection - Routine	0	0	0	0
Jackie's Concessions Elephant Ears	Standish	06/12/2025	STFU Inspection - Routine	0	0	0	0
Jackie's Concessions French Fries	Standish	06/12/2025	STFU Inspection - Routine	0	0	0	0
Kona Ice of Steuben County	PLEASANT LAKE	07/01/2025	STFU Inspection - Routine	1	0	1	0
LA Coffee Cafe	Three Rivers	06/03/2025	Risk Based Inspection - Routine	0	0	0	1
La Morenita LLC	Three Rivers	06/24/2025	Consultation - Plan Review Consultation	0	0	0	0
Lake Templene Garage Sale	Sturgis	06/16/2025	Temporary Food Inspection - Routine	0	0	0	0
LakeHouse Three Rivers	Three Rivers	06/18/2025	Risk Based Inspection - Routine	1	0	1	3
Lil' Brews and Blessings	Centreville	06/13/2025	STFU Inspection - Routine	0	0	0	0
Little Caesars - Three Rivers	Three Rivers	06/24/2025	Non Foodborne Illness Complaint - Initial	0	0	0	0
LITTLE CAESARS PIZZA	HILLSDALE	06/24/2025	Non Foodborne Illness Complaint - Initial	1	1	0	2
LUIGI'S PIZZA	LITCHFIELD	06/13/2025	Risk Based Inspection - Routine	0	1	0	1
Magic Bunny BBQ	Colon	06/21/2025	STFU Inspection - Routine	0	0	0	0
Magic Capital Grille LLC	Colon	06/11/2025	Risk Based Inspection - Routine	2	0	2	1
Main Street Smokehouse	Mendon	06/17/2025	Progress Note - New Inspection Reason	0	0	0	0
Main Street Smokehouse	Mendon	06/27/2025	Risk Based Inspection - Routine	0	0	0	1
Majoor's Concessions	Comstock Park	06/13/2025	STFU Inspection - Routine	0	0	0	0
MEL'S 50s DINER	UNION CITY	06/11/2025	Foodborne Illness Complaint - Initial	0	0	0	0
Mendon United Methodist Church	MENDON	06/17/2025	Progress Note - New Inspection Reason	0	0	0	0
Mendon United Methodist Church	MENDON	06/19/2025	Risk Based Inspection - Routine	0	0	0	0
Michindoh Conference Center	Hillsdale	06/03/2025	Risk Based Inspection - Routine	0	0	0	1
Mitten Smoke BBQ	Hillsdale	06/09/2025	STFU Inspection - Routine	0	0	0	0
Montgomery Community Center	Montgomery	06/06/2025	Risk Based Inspection - Routine	0	0	0	0
No. 1 Chinese Food	Three Rivers	06/05/2025	Risk Based Inspection - Routine	0	0	0	0
Papa's Mini Dippin Donuts	Elkhart	06/23/2025	Temporary Food Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Punjab Group Mendon Inc DBA Mendon Quick Stop	Mendon	06/17/2025	Risk Based Inspection - Routine	0	1	1	2
Quality Inn & Suites	Coldwater	06/27/2025	Non Foodborne Illness Complaint - Initial	0	0	0	0
Quincy Youth Sports	Quincy	06/16/2025	Temporary Food Inspection - Routine	0	0	0	0
RAMSHACKLE BREWING CO	Jonesville	06/20/2025	Risk Based Inspection - Routine	1	0	1	1
SALVATION ARMY	Sturgis	06/10/2025	Risk Based Inspection - Routine	0	0	0	0
Sidekick on Wheels	Jerome	06/17/2025	STFU Inspection - Routine	0	0	0	0
Smitty's Pizza & Subs, LLC	Bronson	06/13/2025	Risk Based Inspection - Routine	0	0	0	0
Smokin' Steve's BBQ & Fried Pies 2	North Adams	06/23/2025	STFU Inspection - Routine	0	0	0	0
Somerset Beach Campground	Somerset Center	06/23/2025	Risk Based Inspection - Routine	0	0	0	0
Somerset Center United Methodist Church	Jerome	06/11/2025	Pre-Opening - Pre-Opening	0	0	0	0
SOMERSET CONGREGATIONAL CHURCH	SOMERSET	06/13/2025	Risk Based Inspection - Routine	0	0	0	0
St Joseph County Commission on Aging - St. Joseph County Commision on Aging	Three Rivers	06/18/2025	Risk Based Inspection - Routine	0	0	0	2
Starbucks Coffee #61499	Three Rivers	06/05/2025	Risk Based Inspection - Routine	0	1	1	0
STRAND THEATRE	Sturgis	06/04/2025	Risk Based Inspection - Routine	0	0	0	0
Street Taco		06/27/2025	Temporary Food Inspection - Routine	0	0	0	0
Sturgis East Kiwanis	Sturgis	06/27/2025	Temporary Food Inspection - Routine	0	0	0	0
STURGIS PIZZA HUT	STURGIS	06/25/2025	Risk Based Inspection - Routine	0	0	0	0
Subway @ 131	THREE RIVERS	06/03/2025	Risk Based Inspection - Routine	0	0	0	2
Subway @ Main	Three Rivers	06/17/2025	Risk Based Inspection - Routine	0	0	0	0
Subway @ Tolbert	Three Rivers	06/17/2025	Risk Based Inspection - Routine	0	0	0	0
Sutra Indian Cuisine	Three Rivers	06/17/2025	Progress Note - New Inspection Reason	0	0	0	0
SWAT		06/23/2025	Temporary Food Inspection - Routine	0	0	0	0
Sweet Bellies	Three Rivers	06/13/2025	STFU Inspection - Routine	0	0	0	0
Taco Life	Fort Lauderdale	06/09/2025	Temporary Food Inspection - Routine	0	0	0	0
Taco Trailer & MSS Foods	Standish	06/12/2025	STFU Inspection - Routine	0	0	0	0
Taste Of Hope LLC	Howe	06/06/2025	STFU Pre-Opening - Pre-Opening	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
The Hope Cafe	Coldwater	06/06/2025	Risk Based Inspection - Routine	0	0	0	0
THE HUNT CLUB OF HILLSDALE	HILLSDALE	06/26/2025	Risk Based Inspection - Follow-up	0	0	0	0
THE LOCAL EATERY	Hillsdale	06/26/2025	Risk Based Inspection - Routine	0	0	0	0
The Oaks	Moscow	06/18/2025	Risk Based Inspection - Routine	0	0	0	0
The Old Popcorn Stand	Centreville	06/23/2025	Pre-Opening - Pre-Opening	0	0	0	0
The Post	Allen	06/25/2025	Risk Based Inspection - Routine	2	0	2	2
THE SALVATION ARMY	HILLSDALE	06/17/2025	Risk Based Inspection - Routine	0	0	0	0
The Stables	Quincy	06/20/2025	Risk Based Inspection - Routine	0	0	0	0
Three Rivers Fire Department	Three Rivers	06/13/2025	Temporary Food Inspection - Routine	0	0	0	0
Tortilleria 2 Hermanos	Sturgis	06/26/2025	STFU Pre-Opening - Pre-Opening	0	0	0	0
UNITED METHODIST CHURCH (WP)	White Pigeon	06/23/2025	Progress Note - New Inspection Reason	0	0	0	0
Vel's	Three Rivers	06/12/2025	Temporary Food Inspection - Routine	0	0	0	0
Vel's	Three Rivers	06/20/2025	Temporary Food Inspection - Routine	0	0	0	0
Weenie Kings	THREE RIVERS	06/03/2025	STFU Inspection - Routine	0	0	0	0
WENDY'S--STURGIS	Sturgis	06/25/2025	Non Foodborne Illness Complaint - Initial	1	0	1	0
Willow's Bar & Grill	Coldwater	06/27/2025	Risk Based Inspection - Routine	0	1	1	0
Wine About it LLC	White Pigeon	06/23/2025	Risk Based Inspection - Routine	0	0	0	0
WINGS ETC...	Sturgis	06/04/2025	Risk Based Inspection - Routine	1	1	2	2
YMCA CAMP EBERHART (Food)	Three Rivers	06/30/2025	Risk Based Inspection - Routine	0	0	0	0
				17	14	27	34

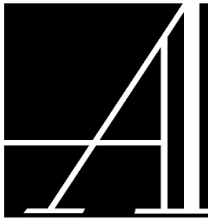
Food Inspection Codes

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.



July 24, 2025

Director's Report

Enclosures:

1. Services to Victims of Elder Abuse grant – 3rd Q program report
 2. Correspondence (7/14/25): Notice of ACLS Bureau OnSite Assessment of Region IIC AAA conducted 7/16/25.
-

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. The number of open cases in each county and their intensity has not diminished. The 3rd quarter programmatic report is attached.
 - IDT meetings continue with case review, collaboration, and resource sharing.
2. No Wrong Door 2025 Updates:

Over the past month, we have submitted our first quarter of programmatic reporting (with success!), hired a new part time Outreach Specialist and we've navigated our first referral from the State of Michigan's "Riverstar" call center! We are experiencing the state's process of referral-making and trying to make it as customer-friendly as possible. The MIOptions project is being announced statewide the week of July 21st so we may have more to share at the BOH meeting... Stay tuned!
3. Happy Birthday Older Americans Act

July 14th marked the 60th Anniversary of the Older Americans Act, signed into law on July 14, 1965, by President Lyndon Johnson. An excerpt from a USAging statement marking the anniversary:

"For six decades, the Older Americans Act (OAA) has connected older adults to vital services that help people age with health and dignity—in their own homes and communities, where they want to be. In 1965, the OAA was transformational for older adults, and today, it still stands as the only national framework comprehensively addressing the social services needs of older adults in the community. The Act continues to be one of the most successful examples of public private partnerships in action and leverages \$3 for every \$1 invested by the federal government. As the U.S. population ages—projected to include more than 97 million Americans over age 60 by 2040—we must scale OAA programs that are trusted, proven, and have withstood the test of time."



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

July 14, 2025

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

Dear Ms. Burns:

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

The assessment is scheduled for Wednesday, July 16, 2025, at the Region IIIC office located at 570 North Marshall Road Coldwater, Michigan. The intent of the assessment will be to determine if ongoing management and organizational procedures are established, in use, and in compliance with statewide operating standards. Please have appropriate staff available. Sample documentation will be examined.

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

Sincerely,

Scott Werner, Director
Operations & Aging Network Support Division

SW:ae

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



570 Marshall Road, Coldwater, MI 49036

www.bhsj.org/aaa

Services to Victims of Elder Abuse Grant FY24-25 3rd Quarter Report (St. Joseph County)

4/1/2025 to 6/30/2025

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

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

Office: (517) 278-2538

Toll Free (888) 615-8009

For additional information or questions please contact:

Toni Laughlin

Ph: (517) 617-5592

Email: laughlint@bhsj.org

Wendy Nowicke

Ph: (269) 501-2869

Email: nowickew@bhsj.org

Demographics - New Clients	Total	Previous Qtr. Totals	YTD
Black/African-American	0	1	1
Hispanic/Latino	0	0	0
Caucasian/Non-Latino	9	16	25
Female	6	9	15
Male	3	8	11
Vulnerable: Age 18-59	1	3	4
Elderly: Age 60 and Older	8	14	22
<u>New Clients Total</u>	9	17	26
<u>Continuing Clients</u>	6	4	10
<u>Total Clients Served</u>	15	21	36

Special Classification	Total	Previous Qtr. Totals	YTD
Deaf/Hard of Hearing	4	8	12
Disability	15	21	36
Homeless	6	12	18
LGBTQ	0	1	1
Veteran	3	1	4

Types of Victimization	Total	Previous Qtr. Totals	YTD
Arson	0	0	0
Bullying (Verbal, Cyber or Physical)	0	9	9
Domestic or Family Violence	5	3	8
Elder Abuse or Neglect	14	18	32
Identity Theft/Fraud/Financial Crime	9	10	19
Physical Assault	1	2	3
Robbery/Burglary	0	0	0
Sexual Assault	0	0	0
Survivors of Homicide	0	0	0
Multiple Victimizations	15	16	31

Direct Services	Total	Previous Qtr. Totals	YTD
Crime Victims Compensation	0	0	0
Information about Criminal Justice	12	8	20
Referral to Other Services	66	79	145
Referral to Other Victim Services	5	0	5
Victim Notification	4	6	10

**Services to Victims of Elder Abuse Grant
FY24-25 3rd Quarter Report (St. Joseph County)
Continued**

Personal Advocacy	Total	Previous Qtr. Totals	YTD
Child/Dependent Assistance	0	0	0
Emergency Medical Care	3	4	7
Individual Advocacy	23	72	95
Intervention with Person or Institutions	67	79	146
Law Enforcement Interview	0	0	0
Transportation	36	23	59

Emotional Support or Safety Services	Total	Previous Qtr. Totals	YTD
Crisis Intervention	38	17	55
Emergency Financial Assistance	6	2	8

Shelter/Housing Services	Total	Previous Qtr. Totals	YTD
Relocation Assistance	57	162	219
Transitional Housing	0	7	7

Criminal Justice Assistance	Total	Previous Qtr. Totals	YTD
Criminal Advocacy	0	0	0
Law Enforcement Interview	0	0	0
Notification of Criminal Justice Event	4	6	10
Other Emergency Assistance	0	0	0
Personal Protective Order	1	0	1
Prosecution Interview	0	0	0
Restitution Assistance	0	0	0
Victim Impact Statement	2	0	2



Services to Victims of Elder Abuse Grant FY24-25 3rd Quarter Report (Branch County)

4/1/2025 to 6/30/2025

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

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

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Wendy Nowicke

Ph: (269) 501-2869

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Demographics - New Clients	Total	Previous Qtr. Totals	YTD
Black/African-American	0	0	0
Hispanic/Latino	0	0	0
Caucasian/Non-Latino	8	15	23
Female	5	10	15
Male	3	6	9
Vulnerable: Age 18-59	1	2	3
Elderly: Age 60 and Older	7	14	21
<u>New Clients Total</u>	8	16	24
<u>Continuing Clients</u>	6	2	8
<u>Total Clients Served</u>	14	18	32

Types of Victimization	Total	Previous Qtr. Totals	YTD
Arson	0	0	0
Bullying (Verbal, Cyber or Physical)	7	13	20
Domestic or Family Violence	1	12	13
Elder Abuse or Neglect	13	14	27
Identity Theft/Fraud/Financial Crime	13	11	24
Physical Assault	2	6	8
Robbery/Burglary	3	4	7
Sexual Assault	0	0	0
Survivors of Homicide	0	0	0
Multiple Victimizations	13	17	30

Special Classification	Total	Previous Qtr. Totals	YTD
Deaf/Hard of Hearing	5	3	8
Disability	14	16	30
Homeless	0	2	2
LGBTQ	1	1	2
Veteran	3	0	3

Direct Services	Total	Previous Qtr. Totals	YTD
Crime Victims Compensation	3	4	7
Information about Criminal Justice	17	32	49
Referral to Other Services	47	53	100
Referral to Other Victim Services	1	0	1
Victim Notification	0	1	1

**Services to Victims of Elder Abuse Grant
FY24-25 3rd Quarter Report (Branch County)
Continued**

Personal Advocacy	Total	Previous Qtr. Totals	YTD
Child/Dependent Assistance	0	0	0
Emergency Medical Care	0	0	0
Individual Advocacy	120	30	150
Intervention with Person or Institutions	68	70	138
Law Enforcement Interview	7	23	30
Transportation	15	13	28

Emotional Support or Safety Services	Total	Previous Qtr. Totals	YTD
Crisis Intervention	111	85	196
Emergency Financial Assistance	1	3	4

Shelter/Housing Services	Total	Previous Qtr. Totals	YTD
Relocation Assistance	7	5	12
Transitional Housing	2	12	14

Criminal Justice Assistance	Total	Previous Qtr. Totals	YTD
Criminal Advocacy	0	24	24
Law Enforcement Interview	7	14	21
Notification of Criminal Justice Event	2	53	55
Other Emergency Assistance	13	23	36
Personal Protective Order	2	5	7
Prosecution Interview	0	0	0
Restitution Assistance	0	6	6
Victim Impact Statement	0	0	0



Services to Victims of Elder Abuse Grant FY24-25 3rd Quarter Report (Both Counties)

4/1/2025 to 6/30/2025

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

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

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www.bhsj.org/aaa

Office: (517) 278-2538

Toll Free (888) 615-8009

For additional information or questions please contact:

Toni Laughlin

PH: (517) 617-5592

Email: laughlint@bhsj.org

Wendy Nowicke

Ph: (269) 501-2869

Email: nowickew@bhsj.org

Demographics - New Clients	Total	Previous Qtr. Totals	YTD
Black/African-American	0	1	1
Hispanic/Latino	0	0	0
Caucasian/Non-Latino	17	31	48
Female	11	19	30
Male	6	14	20
Vulnerable: Age 18-59	2	5	7
Elderly: Age 60 and Older	15	28	43
<u>New Clients Total</u>	17	33	50
<u>Continuing Clients</u>	12	6	18
<u>Total Clients Served</u>	29	39	68

Types of Victimization	Total	Previous Qtr. Totals	YTD
Arson	0	0	0
Bullying (Verbal, Cyber or Physical)	7	22	29
Domestic or Family Violence	6	15	21
Elder Abuse or Neglect	27	32	59
Identity Theft/Fraud/Financial Crime	22	19	41
Physical Assault	3	8	11
Robbery/Burglary	3	6	9
Sexual Assault	0	0	0
Survivors of Homicide	0	0	0
Multiple Victimizations	28	33	61

Special Classification	Total	Previous Qtr. Totals	YTD
Deaf/Hard of Hearing	9	11	20
Disability	29	37	66
Homeless	6	14	20
LGBTQ	1	2	3
Veteran	6	1	7

Direct Services	Total	Previous Qtr. Totals	YTD
Crime Victims Compensation	3	4	7
Information about Criminal Justice	29	40	69
Referral to Other Services	117	132	249
Referral to Other Victim Services	6	0	6
Victim Notification	4	6	10

**Services to Victims of Elder Abuse Grant
FY24-25 3rd Quarter Report (Both Counties)
Continued**

Personal Advocacy	Total	Previous Qtr. Totals	YTD
Child/Dependent Assistance	0	0	0
Emergency Medical Care	3	4	7
Individual Advocacy	143	102	245
Intervention with Person or Institutions	139	149	288
Law Enforcement Interview	7	23	30
Transportation	51	36	87
Emotional Support or Safety Services		Previous Qtr. Totals	YTD
Crisis Intervention	149	102	251
Emergency Financial Assistance	7	5	12

Shelter/Housing Services	Total	Previous Qtr. Totals	YTD
Relocation Assistance	64	167	231
Transitional Housing	2	19	21

Criminal Justice Assistance	Total	Previous Qtr. Totals	YTD
Criminal Advocacy	0	24	24
Law Enforcement Interview	7	14	21
Notification of Criminal Justice Event	6	56	62
Other Emergency Assistance	13	23	36
Personal Protective Order	3	5	8
Prosecution Interview	0	0	0
Restitution Assistance	0	6	6
Victim Impact Statement	2	0	2

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 6/1/2025 Through 6/30/2025

Payee	Check Amount	Check Number	Effective Date
Abila	2,268.23	25-06-13 A.01	6/13/2025
Accident Fund	3,307.00	25-06-13 P.01	6/13/2025
Action Quick Print Plus	265.00	25-06-13 A.02	6/13/2025
Action Quick Print Plus	308.00	25-06-27 A.01	6/27/2025
Aflac District Office	450.53	25-06-06 PR.01	6/6/2025
Aflac District Office	450.53	25-06-20 PR.01	6/20/2025
Alert Medical Alarms	264.55	54832	6/13/2025
Alerus Retirement Solutions	3,753.00	25-06-06 R.01	6/6/2025
Alerus Retirement Solutions	3,703.00	25-06-20 R.01	6/20/2025
Amazon Capital Services, Inc	1,095.91	25-06-13 P.02	6/13/2025
Amazon Capital Services, Inc	263.89	25-06-27 P.01	6/27/2025
Angela Shedd	880.00	25-06-13 A.03	6/13/2025
Angela Shedd	678.20	25-06-27 A.02	6/27/2025
Barbara P. Foley	46.16	54830	6/6/2025
Barbara P. Foley	46.16	54844	6/20/2025
Beacon Properties Administration	4,631.85	25-06-30 A.01	6/30/2025
Blue Cross Blue Shield	66,749.44	25-06-13 P.03	6/13/2025
Branch Area Transit Authority	1,566.48	25-06-13 A.04	6/13/2025
Branch County Commission	41,288.83	25-06-13 A.05	6/13/2025
Branch County Complex	5,694.28	25-06-30 A.02	6/30/2025
Card Services Center	837.40	25-06-30 P.01	6/30/2025
CBPU	121.63	54833	6/13/2025
CDW GOVERNMENT INC.	266.78	25-06-13 A.06	6/13/2025
CDW GOVERNMENT INC.	623.79	25-06-27 A.03	6/27/2025
Center for Information Mgmt	1,425.00	25-06-13 A.07	6/13/2025
Century Bank - Hillsdale Maintenance	2,000.00	25-06-30 A.03	6/30/2025
Century Bank - Three Rivers Maintenance	2,000.00	25-06-30 A.04	6/30/2025
Century Basic	989.09	25-06-06 R.02	6/6/2025
Century Basic	989.09	25-06-20 R.02	6/20/2025
Century EFTPS	29,100.12	25-06-06 R.03	6/6/2025
Century EFTPS	137.70	25-06-20 L.01	6/20/2025
Century EFTPS	29,016.38	25-06-20 R.03	6/20/2025
Century Mastercard	1,334.50	25-06-13 P.04	6/13/2025
Century MERS	58,451.47	25-06-13 A.08	6/13/2025
Century State/Michigan State Treasury	37.11	25-06-20 L.02	6/20/2025
Century State/Michigan State Treasury	5,235.99	25-06-20 R.04	6/20/2025
Century State/Michigan State Treasury	5,162.50	25-06-20 R.05	6/20/2025
Cintas Corporation Loc 351	158.38	25-06-13 P.05	6/13/2025
City Of Coldwater	420.00	25-06-27 A.04	6/27/2025
City of Jonesville	100.00	25-06-27 A.05	6/27/2025
City Of Three Rivers	510.00	25-06-27 A.06	6/27/2025
City Of Three Rivers	75.00	25-06-27 A.07	6/27/2025
ConnectAmerica	95.00	25-06-13 A.09	6/13/2025
Crossroads Home Care Inc.	884.37	25-06-13 A.10	6/13/2025
CSHCS	240.00	54834	6/13/2025
Current Office Solutions	658.00	25-06-27 A.08	6/27/2025
Debra Kuesel	35.00	54847	6/27/2025
DELTA DENTAL	4,637.81	25-06-27 A.09	6/27/2025
DiningRD	7,975.70	25-06-13 A.11	6/13/2025
DL Gallivan Office Solutions	711.43	54848	6/27/2025
Docuphase	20,244.93	25-06-13 A.12	6/13/2025
Dr. Karen M. Luparello	4,430.00	25-06-30 A.05	6/30/2025

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 6/1/2025 Through 6/30/2025

Payee	Check Amount	Check Number	Effective Date
e3 Diagnostics	4,948.00	25-06-13 A.13	6/13/2025
Eurotrol U.S.B.V.	445.00	54835	6/13/2025
FedEx	9.96	25-06-13 P.06	6/13/2025
FedEx	30.89	25-06-27 P.02	6/27/2025
Frontier	338.46	25-06-27 P.03	6/27/2025
GDI Services Inc.	4,894.90	25-06-30 A.06	6/30/2025
Glaxo-Smithkline Financial Inc.	516.44	25-06-27 A.10	6/27/2025
Health Equity	2,043.28	25-06-06 PR.02	6/6/2025
Health Equity	2,043.28	25-06-20 PR.02	6/20/2025
Hedgerow Software US, Inc.	13,000.00	25-06-13 A.14	6/13/2025
Helping Angels Home Care LLC	1,897.12	25-06-13 A.15	6/13/2025
Hillsdale Board Of Public Utilities	1,799.94	25-06-27 P.04	6/27/2025
Hillsdale County Treasurer	1,254.99	25-06-13 A.16	6/13/2025
Home Roots Companion & Home Care Services LLC	427.52	25-06-13 A.17	6/13/2025
HomeJoy of Kalamzoo	3,343.29	25-06-13 A.18	6/13/2025
Hospital Network Healthcare Services	129.50	25-06-13 A.19	6/13/2025
Indiana MI Power Company	759.98	25-06-13 P.07	6/13/2025
INTERSTATE ALL BATTERY CENTER	192.92	54836	6/13/2025
JACKSON PUBLISHING CO.	977.50	54837	6/13/2025
Laboratory Corporation of America	56.90	25-06-27 A.11	6/27/2025
Legal Services Of S.Central MI	1,520.00	25-06-13 A.20	6/13/2025
Lloyd & McDaniel PLC	218.02	54845	6/20/2025
Macquarie Equipment Capital Inc.	1,322.75	25-06-27 A.12	6/27/2025
Maplecrest, LLC	1,361.77	25-06-30 A.07	6/30/2025
McKesson Medical-Surgical Gov. Solutions LLC	190.52	25-06-13 P.08	6/13/2025
McKesson Medical-Surgical Gov. Solutions LLC	1,102.87	25-06-27 P.05	6/27/2025
Medical Care Alert	417.90	25-06-13 A.21	6/13/2025
Merck Sharp & Dohme LLC	7,534.89	54849	6/27/2025
MERS 5% EMPLOYEES	12,510.51	25-06-13 A.22	6/13/2025
Michigan Gas Utilities	23.88	54838	6/13/2025
Michigan Public Health Institute	4,860.63	25-06-13 A.23	6/13/2025
Michigan State Disbursement Unit	190.11	54831	6/6/2025
Michigan State Disbursement Unit	190.11	54846	6/20/2025
Michigan State University	1,425.00	54839	6/13/2025
Mistel de Varona	135.00	54840	6/13/2025
Mistel de Varona	270.00	54850	6/27/2025
Nationwide	620.00	25-06-06 R.04	6/6/2025
Nationwide	620.00	25-06-20 R.06	6/20/2025
Ohio State Tax	7.80	25-06-20 R.07	6/20/2025
Ohio State Tax	18.05	25-06-20 R.08	6/20/2025
Ohio State Tax	22.08	25-06-20 R.09	6/20/2025
Perspective Enterprise	289.00	54851	6/27/2025
PFIZER INC	1,300.21	54841	6/13/2025
PFIZER INC	2,664.40	54852	6/27/2025
Pitney Bowes Inc.	662.22	25-06-13 P.09	6/13/2025
Pitney Bowes Inc.	483.30	25-06-27 P.06	6/27/2025
Principal Life Insurance Company	1,983.61	25-06-27 P.07	6/27/2025
Prompt Care Express PC	80.00	54842	6/13/2025
R&S Northeast LLC	331.49	25-06-27 A.13	6/27/2025
Reserve Account	3,000.00	25-06-27 A.14	6/27/2025

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 6/1/2025 Through 6/30/2025

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Richard Clark	2,463.85	25-06-30 A.08	6/30/2025
Riley Pumpkin Farm	1,205.00	25-06-30 A.09	6/30/2025
Sanofi Pasteur Inc.	1,276.24	25-06-27 P.08	6/27/2025
Semco Energy	90.90	25-06-13 P.10	6/13/2025
Shaffmasters U-Stor-n-Lock	150.00	25-06-27 A.15	6/27/2025
St Joseph County COA	55,809.16	25-06-13 A.24	6/13/2025
Stratus Video, LLC	2,972.27	54853	6/27/2025
TelNet Worldwide	22,628.58	54854	6/27/2025
Tibbits Green Apartments	1,771.00	54843	6/13/2025
Verizon	1,849.79	25-06-13 P.11	6/13/2025
VRI INC.	108.00	25-06-13 A.25	6/13/2025
Zoho Corporation	6,485.50	25-06-27 A.16	6/27/2025
Report Total	497,891.49		

Branch-Hillsdale-St Joseph Community Health Agency
Balance Sheet - Unposted Transactions Included In Report
As of 6/30/2025

	<u>Current Period Balance</u>
Assets	
Cash on Hand	19,220.94
Cash with County Treasurer	4,009,220.03
Community Foundation Grant	309,955.94
Cash HD Building Maintenance	50,450.00
Cash TR Building Maintenance	75,049.40
Accounts Receivable	86,319.20
Due from Dental DAPP	1,275.67
Due from State	(364,891.21)
Due from Other Funding Sources	225,541.33
Prepaid Expenses	169,582.74
Biologic Inventory	166,134.79
Total Assets	<u><u>4,747,858.83</u></u>
Liabilities	
Accounts Payable	195,508.74
Payroll Liabilites	177,669.62
Deferred Revenue	478,661.11
Biologics	166,134.79
Total Liabilities	<u>1,017,974.26</u>
Net Assets	
Operation Fund Balance	568,205.88
Restricted Fund Balance	400,753.85
Designated Fund Balance	2,760,924.84
Total Net Assets	<u>3,729,884.57</u>
Total Liabilities and Net Assets	<u><u>4,747,858.83</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	June 30, 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
Plus: Cash Receipts		\$595,773.92
Less: Cash Disbursements For Payroll/AP		\$ (617,779.81)
5/31/2025 Cash Balance		\$ 4,377,328.90
Plus: Cash Receipts		\$649,139.30
Less: Cash Disbursements For Payroll/AP		\$ (707,292.23)
6/30/2025 Cash Balance		\$ 4,319,175.97

12 Month Grants Should be 75% Expended.

	Current Month	Year to Date	Total Budget Final Budget	% Total Expended
351 CELC Infection Prevention Grant pulled back and ended in March. Ended within budget.	0.00	39,926.72	40,177.73	99.38%
717 EGLE Swimming Pools Seasonal activity. This should fall back in line as the year progresses. Will continue to monitor.	2,926.43	18,384.30	18,991.49	96.80%
210 Beacon Health Grant ended in May 25. Ended within budget.	782.29	17,083.99	17,690.00	96.57%
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	40,650.46	44,590.00	91.16%
325 CSHCS Within budget - RU 325 must be fully expended before RU 112 can be used. When looking at these 2 budgets together they are currently at 73.7%.	18,756.36	202,268.74	222,409.00	90.94%
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. Will continue to monitor.	13,305.17	132,984.63	150,000.00	88.66%
230 Medical Marijuana HD Short term grant, must be expended by end of August. Will continue to monitor.	3,161.13	9,071.69	11,463.05	79.14%
138 Immunization IAP Slightly over, will continue to monitor.	102,525.85	942,712.45	1,236,036.29	76.27%
714 Onsite Sewage Disposal Slightly over, will continue to monitor.	38,153.85	354,660.16	468,472.50	75.71%
010 Agency Support Slightly over, will continue to monitor.	8,262.10	97,342.68	129,577.00	75.12%
021 Dental Clinic - Three Rivers	4,631.85	41,686.65	55,582.20	75.00%
329 MCH Enabling Children	7,867.42	70,806.75	94,409.00	75.00%
108 WIC Breastfeeding	9,453.35	87,455.47	119,343.55	73.28%
721 Drinking Water Supply	35,292.84	309,723.49	427,382.31	72.47%
109 WIC	85,766.78	802,228.74	1,112,070.14	72.14%
332 HIV Prevention	1,929.93	19,716.42	27,540.88	71.59%
720 EH- Complaints	2,134.33	8,128.88	11,467.45	70.89%
704 Food Service	44,840.84	434,510.25	614,404.22	70.72%
012 Area Agency on Aging	122,060.28	940,557.79	1,335,699.89	70.42%
341 Infectious Disease	30,117.16	293,568.96	420,658.77	69.79%
032 Emergency Preparedness	13,193.90	128,187.69	183,943.64	69.69%

Branch-Hillsdale-St Joseph Community Health Agency
Statement of Revenues and Expenditures - Final Budget - Expense By Program - Summary - BG - Unposted Transactions Included In Report
From 6/1/2025 - 6/30/2025

008 Salary & Fringe Payoff	3,040.17	53,761.16	80,000.00	67.20%
207 MCRH Community Health Workers	7,367.90	70,513.40	105,074.41	67.11%
014 VOCA	15,558.04	136,772.28	205,743.32	66.48%
331 STD	11,924.02	107,966.37	162,586.27	66.41%
327 Hearing (ELPHS)	6,256.65	86,714.28	131,680.32	65.85%
605 General EH Services	2,454.68	25,859.83	39,339.60	65.73%
405 Grant Writing	20.63	1,977.84	3,040.63	65.05%
101 Workforce Development	6,076.49	32,859.89	50,760.89	64.73%
719 Body Art	(40.72)	4,623.09	7,223.01	64.01%
338 Immunization Vaccine Handling	6,589.13	52,750.17	82,738.82	63.76%
107 Medicaid Outreach	729.50	9,250.70	14,624.57	63.25%
326 Vision (ELPHS)	4,076.04	80,518.11	129,515.17	62.17%
205 OHSP Grant	4,859.43	50,615.37	83,409.61	60.68%
201 CSF Carseats	1,896.12	18,010.61	30,881.83	58.32%
745 Type II Water	18,637.73	126,692.58	218,165.12	58.07%
202 Oral Health	2,343.18	49,173.16	87,883.62	55.95%
718 EGLE Septage	288.01	3,022.31	6,083.38	49.68%
212 Medical Marijuana BR	2,338.03	9,310.40	19,749.76	47.14%
345 Lead Testing	1,438.29	17,446.04	37,740.43	46.23%
275 Medical Marijuana SJ	1,740.41	4,339.49	9,556.35	45.41%
286 HEP Special Projects	812.70	6,880.89	15,678.93	43.89%
112 CSHCS Medicaid Outreach	10,527.06	44,260.15	112,140.24	39.47%
015 Local Expenses - Unallowable by Grants	1,401.75	15,280.70	39,216.93	38.96%
035 Vector Borne Disease Surveillance	10,916.60	21,783.48	58,889.51	36.99%
363 363 CVDIMS Covid Immz Supplemental	3,490.91	35,294.13	122,576.46	28.79%
715 EGLE Long-Term Monitoring	584.15	895.05	3,456.18	25.90%
722 PFAS Response	0.00	676.77	2,675.02	25.30%
102 EH San Training Jurisdictional Sharing	0.00	2,362.57	10,000.00	23.63%
106 MI Options	8,641.55	32,563.23	155,553.00	20.93%
096 CSHCS Donations SJ	0.00	8,242.27	41,360.84	19.93%
025 PH Workforce & Infrastructure	20,742.23	70,659.59	355,049.12	19.90%
716 EGLE Campgrounds	1,957.20	3,809.90	21,437.48	17.77%
724 PFAS - Westside Landfill	32.85	1,264.38	7,256.36	17.42%
097 CSHCS Donations BR HD	0.00	3,749.60	22,826.36	16.43%
029 Dental Clinic - Hillsdale	1,581.41	8,168.96	62,000.00	13.18%
723 PFAS Response - White Pigeon	0.00	508.12	9,149.21	5.55%
355 COVID-19 PH Workforce Supplemental	22.56	454.05	66,263.00	0.69%
023 Capital Expenditures	0.00	0.00	73,000.00	0.00%
380 Measles Readiness and Response	0.00	0.00	75,752.67	0.00%
Total Expense	703,466.56	6,190,687.83	9,501,987.53	65.15%

The Agency is currently 9.85% under budget.

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

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health, Finance Committee meeting was called to order by Jon Houtz at 9:00 AM. Roll call was completed as follows: Jon Houtz, and Kevin Collins. Jared Hoffmaster was absent.

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

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

Public Comment: No public comments were given.

New Business:

- Mr. Collins moved to recommend that the full board accept the bid from R. Johnson Builders Inc., in the amount of \$69,000 for the Hillsdale Building Exterior Renovation project. The motion received support from Mr. Houtz. The motion passed unopposed

Public Comment: No public comments were given.

With no further business, Mr. Collins moved to adjourn the meeting with support from Mr. Houtz. The meeting was adjourned at 9:04 AM.

Respectfully Submitted by:



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

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

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health, Program, Policy, & Appeals Committee meeting was called to order by Committee-Chair, Brent Leininger, at 8:32 AM. Roll call was completed as follows: Brent Leininger, and Tim Stoll. Rick Shaffer was absent.

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

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

Public Comment: No public comments were given.

Unfinished Business:

- None

New Business:

- Mr. Leininger moved to recommend that the full Board approve the 2025-2026 Workforce Development Plan as presented, with support from Mr. Stoll. The motion passed unopposed.
- The Health Officer Evaluation Policy was discussed but no action was taken.
- The 2025 Employee Satisfaction Survey Results were discussed but no action was taken.
- Rebecca Burns provided an update on questions related to the Environmental Health Code, related to the disposal of dead animals. No action was taken.
- Lake water quality was discussed but no action was taken.

Public Comment: No public comments were given.

Mr. Leininger moved to adjourn the meeting with support from Mr. Stoll. The motion passed unopposed and the meeting adjourned at 9:31 AM.

Respectfully Submitted by:



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

Bid Form

Building Exterior Renovation Bid for BHSJ Building Located at 20 Care Drive, Hillsdale, MI
 Closing Date: Tuesday, July 15, 2025, at 2:00 PM EST.

We submit a bid to furnish requirements in accordance with the specifications listed in the Building Exterior Renovation Request for Bids. I hereby certify that I (we) do not have any substantial conflict of interest sufficient to influence the bidding process on this bid. A conflict of substantial interest is one which a reasonable person would think would compromise the open competitive bid process.

Legal Name of Person or Entity Represented: R. Johnson Builders Inc.
Telephone Number: 517-227-0765
Email Address: rjohnsonbuilders@outlook.com
Mailing Address: 113 Tuttle Dr.
City, State, Zip: Sherwood, MI. 49089
Social Security / Federal Employer Identification Number: (Information will be redacted from public information) 38-35550886
Signature of Authorized Representative:
Typed or Printed Name of Signature: Reinny Johnson
Title: President
Date: 7/11/2025
Total Cost to Complete Project: 69,000.00
Proposed Payment Terms: 50% to start / Balance on completion
Estimated Completion Date: (Must be completed by December 31, 2025) On or before 12/01/2025
Evidence of Accords Must be Attached: Type text here
<ul style="list-style-type: none"> • Copy of Certificate of General Contractor's License • Copy of Insurance Certificate • Copy of General Liability • Copy of Workers' Compensation Insurance
Contractors must provide a minimum of three references.

Certification Statement

By submitting this bid, the potential contactor certifies the following:

- The proposal is signed by an authorized representative of the entity.
- All costs, direct and indirect, have been determined and are included in the pricing proposal.
- No substantial conflict of interest exists which influenced the submitting bid.
- The bidder has read and understands the terms, conditions, and requirements set forth in this request for bid and agrees to them with no exceptions.

Therefore, in accordance to this request for bids and subject to all conditions here in, the undersigned offers and agrees to perform the services in accordance with the specifications and conditions of this request for bid at the price quoted, providing the bid is accepted within 60 days of the date of submission.

Individual / Entity Represented:	R. Johnson Builders Inc.
Signature:	<i>Reinny Johnson, Pres.</i>
Typed or printed name:	Reinny Johnson
Title:	President
Date:	7/11/2025

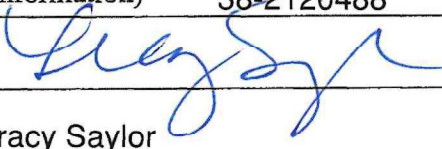


**BRANCH-HILLSDALE-ST. JOSEPH
COMMUNITY HEALTH
AGENCY** | YOUR LOCAL
HEALTH DEPARTMENT

Bid Form

Building Exterior Renovation Bid for BHSJ Building Located at 20 Care Drive, Hillsdale, MI
Closing Date: Tuesday, July 15, 2025, at 2:00 PM EST.

We submit a bid to furnish requirements in accordance with the specifications listed in the Building Exterior Renovation Request for Bids. I hereby certify that I (we) do not have any substantial conflict of interest sufficient to influence the bidding process on this bid. A conflict of substantial interest is one which a reasonable person would think would compromise the open competitive bid process.

Legal Name of Person or Entity Represented:	R.W. Mercer Company
Telephone Number:	(517) 787-2960
Email Address:	ryan.schonhard@rwmercerc.com
Mailing Address:	2322 Brooklyn Road
City, State, Zip:	Jackson, MI 49203
Social Security / Federal Employer Identification Number: (Information will be redacted from public information)	38-2120488
Signature of Authorized Representative:	
Typed or Printed Name of Signature:	Tracy Saylor
Title:	Vice President
Date:	7.15.2025
Total Cost to Complete Project:	\$89,377.00
Proposed Payment Terms:	Net 30
Estimated Completion Date:	End of November (Must be completed by December 31, 2025)
Evidence of Accords Must be Attached:	<ul style="list-style-type: none">• Copy of Certificate of General Contractor's License• Copy of Insurance Certificate• Copy of General Liability• Copy of Workers' Compensation Insurance
Contractors must provide a minimum of three references.	



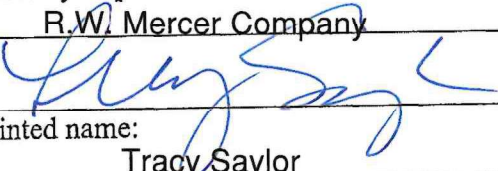
BRANCH-HILLSDALE-ST. JOSEPH
COMMUNITY HEALTH
AGENCY | YOUR LOCAL
HEALTH DEPARTMENT

Certification Statement

By submitting this bid, the potential contactor certifies the following:

- The proposal is signed by an authorized representative of the entity.
- All costs, direct and indirect, have been determined and are included in the pricing proposal.
- No substantial conflict of interest exists which influenced the submitting bid.
- The bidder has read and understands the terms, conditions, and requirements set forth in this request for bid and agrees to them with no exceptions.

Therefore, in accordance to this request for bids and subject to all conditions here in, the undersigned offers and agrees to perform the services in accordance with the specifications and conditions of this request for bid at the price quoted, providing the bid is accepted within 60 days of the date of submission.

Individual / Entity Represented:	R.W. Mercer Company
Signature:	
Typed or printed name:	Tracy Saylor
Title:	Vice President
Date:	7.15.2025



2025-2026 Workforce Development Plan

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Agency Profile

Mission

Helping People Live Healthier.

Vision

To be the trusted health resource for all people.

Location and Population Served

The Branch-Hillsdale-St. Joseph Community Health Agency serves a tri-county area covering approximately 1,660 square miles in Southwest and South-Central Michigan. According to the 2020 Census, the total population of the region is 151,547. All three counties are designated as rural, consisting mainly of farmlands, small villages, and rural townships.

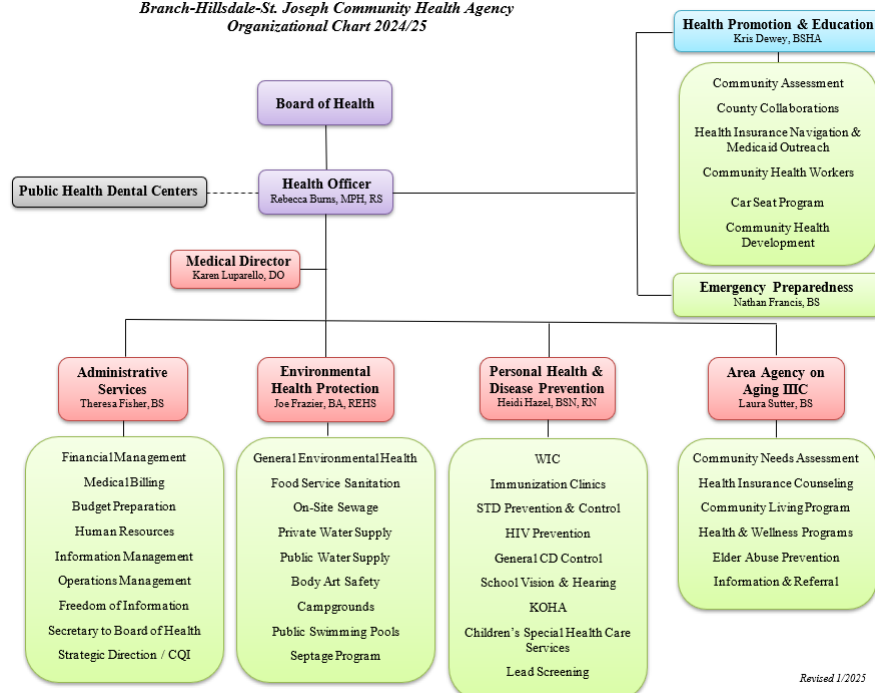
Governance

The Branch-Hillsdale-St. Joseph Community Health Agency traces its origins to the mid-1930s when the Kellogg Foundation helped establish local public health departments. The tri-county health district was officially formed on January 1, 1972, after years of collaboration dating back to 1966. The agency was renamed the Branch-Hillsdale-St. Joseph Community Health Agency on January 1, 1998, following an updated inter-governmental agreement.

The agency is governed by a Board of Health, consisting of six county commissioners—two representatives from each county. Board members represent business (retail or service), education, or agriculture and serve on various county boards. The Board holds monthly business meetings in accordance with approved bylaws.

Agency administration is overseen by a Health Officer and section directors who manage operations and public health initiatives.

*Branch-Hillsdale-St. Joseph Community Health Agency
Organizational Chart 2024/25*



Revised 1/2025

Organizational Structure

Learning Culture

Benjamin Franklin once said, “An investment in knowledge pays the best interest.” The Agency embraces this philosophy and actively encourages staff to enhance their skills and knowledge through training. Well-trained employees are more productive, allowing the Agency to reap the long-term benefits of continuous learning.

To foster a culture of growth, the Agency supports ongoing education and professional development. As part of this initiative, the Agency hosts an annual Staff Development Day, where all employees participate in training sessions and team-building exercises. New staff members are paired with experienced colleagues who serve as mentors, providing guidance and support.

The Agency encourages all employees to pursue training opportunities, empowering them to grow and perform at their best.

Funding

All regular full-time, minimum full-time, and regular part-time employees are eligible to apply for staff development assistance, as outlined in the Agency’s Personnel Policy Manual.

- Approved applicants may receive reimbursement for courses taken, up to a maximum of \$3,000 within: four consecutive quarters, three consecutive trimesters, or two consecutive semesters.
- Additionally, each program budget includes an allocation for staff training costs.

Workforce Policies

The Agency maintains a Staff Development Policy, which encourages employees to engage in professional development through training and continuing education. This policy is outlined on page 14 of the Personnel Policy Manual. The manual is distributed annually and is also accessible on the Agency’s shared Drive at: M:\Staff Information\Personnel Policy

Workforce Profile

Introduction

The Agency is structured into four divisions and two departments:

Divisions

- Area Agency on Aging
- Environmental Health
- Personal Health and Disease Prevention
- Administrative Support
- Departments
 - Health Education and Promotion
 - Emergency Preparedness

Staff members are distributed across four office locations in three counties.

Workforce Demographics & Succession Planning

The baby boomer generation is reaching retirement age, and the Agency has recently experienced multiple retirements. Key workforce trends include:

- 28% of staff will be at least 62 years old within the next four years.
- 11% of staff indicated in the most recent assessment that they plan to retire within the next five years.

Given these trends, the Agency should implement succession planning to ensure a smooth transition and minimize the loss of institutional knowledge.

Current Workforce Demographics

Demographic Information	Number/Percentage
Total Number of Employees	78
Total Number of FTE	71.46
Occupation Categories	
<i>Administrative Services Staff (IT, HR, Accounting)</i>	7.00%
<i>Clinic Support Staff (Clerk Tech, Immz Clerk, Peers)</i>	17.53%
<i>Clerical Support (Admin Assistants, Outreach, Billing, LBS, Program Specialist)</i>	15.95%
<i>Nurse / Social Worker</i>	14.73%
<i>Environmental Sanitarian</i>	15.39%
<i>Directors & Supervisors</i>	16.79%
<i>In Field Specially Trained Staff (Carseat Tech, CHW, H&V Tech, VOCA)</i>	8.40%
<i>Emergency Preparedness and Health Education Staff</i>	4.20%
Age	
<i>18-24</i>	7.1%
<i>25-44</i>	32.1%
<i>45-64</i>	53.6%
<i>65 or Over</i>	7.1%
Race/Ethnicity	
<i>White</i>	93.5%
<i>Other</i>	6.5%
Gender	
<i>Male</i>	10.7%
<i>Female</i>	89.3%
Retention Rate	80.28%
Retiring in the next 5 years	11%

Future Workforce

The most recent workforce survey indicates that 10.7% of respondents plan to retire within the next five years. These retirements pose a risk of losing institutional knowledge.

Workforce Challenges & Recruitment Strategy

- 54% of the Agency's workforce requires an advanced degree, making recruitment challenging.
- In the tri-county area, only 18.1% of the population has obtained a bachelor's degree or higher, limiting the local talent pool.
- Available housing stock and cultural activities are limited in our rural communities.

To address these challenges, the Agency should focus on recruiting recent college graduates who are eager to gain experience. This strategy will allow the Agency to leverage their technological skills and integrate advanced technology into operations.

However, for this approach to be successful, the Agency must:

1. Develop a structured mentoring program to support knowledge transfer.
2. Implement a succession plan to ensure continuity and maintain expertise.

Continuing Education (CE) Requirements by Discipline

Many Agency positions require continuing education (CE) credits to maintain professional certifications and licensure. Each program allocates training funds to support these educational requirements. Employees are encouraged to seek out and enroll in relevant training opportunities.

CE Requirements by Position

- Sanitarians in the food program: 20 CEUs every three years
- Registered Sanitarians: CEUs required to maintain registration
- Nurses & Licensed Social Workers: CEUs required for licensure renewal
- Certified Health Educators: CEUs required to maintain certification
- Community Health Worker: CEUs are required to maintain certification

Program-Specific Training Requirements

Certain roles require annual programmatic training, including:

- Emergency Preparedness Coordinator
- Immunization Staff
- WIC Staff
- Breastfeeding Staff

Core Competencies for Public Health Professionals

The Council on Linkages Between Academia and Public Health Practice is a collaborative group of organizations focused on improving public health education, training, practice, and research. As a result of the collective efforts of this group and its partners, the Core Competencies for Public Health Professionals were established. These competencies represent a consensus set of skills for the broad practice of public health, as outlined by the 10 Essential Public Health Services.

The Core Competencies are organized into eight domains, which reflect key skill areas within public health. They are further categorized into three tiers based on career stages:

- Frontline/Program Support Responsibilities
- Program Management/Supervisory Responsibilities
- Senior Management/Executive Responsibilities

Core Competencies for Public Health Professionals	
1. Analytic/Assessment Skills	Identify and understand data, turn data into information for action, assess needs and assets to address community health needs, develop a community health assessment, and use evidence for decisionmaking.
2. Policy Development/ Program Planning Skills	Determine needed policies and programs, advocate for policies and programs, plan, implement, and evaluate policies and programs, develop and implement strategies for continuous quality improvement, and develop and implement a community health improvement and a strategic plan.
3. Communication Skills	Assess and address population literacy, solicit and use community input, communicate data and information, facilitate communications, and communicate the roles of government, health care and others.
4. Health Equity Skills	Understand and address social determinants of health, promote diversity, advocate for equity, and implement policies and programs to reduce health disparities.
5. Community Partnership Skills	Evaluate and develop linkages and relationships within the community, maintain and advance partnerships and community involvement, negotiate for use of community assets, defend public health policies and programs, evaluate effectiveness and improve community engagement.
6. Public Health Sciences Skills	Understand the foundation and prominent events of public health, apply public health sciences to practice, critique and develop research, use evidence when developing policies and programs, and establish academic partnerships.
7. Management and Finance Skills	Understand the foundation and prominent events of public health, apply public health sciences to practice, critique and develop research, use evidence when developing policies and programs, and establish academic partnerships.
8. Leadership and Systems Thinking Skills	Incorporate ethical standards into the organization, create opportunities for collaboration among public health, health care, and other organizations, mentor personnel, adjust practice to address changing needs and environment, ensure continuous quality improvement, manage organizational change, and advocate for the role of governmental public health.

¹Public Health Foundation. (2021 October). Core Competencies for Public Health Professionals. Retrieved from https://phf.org/wp-content/uploads/2025/03/Core_Competencies_for_Public_Health_Professionals_2021October.pdf

Core Competency Workforce Needs Assessment

The Michigan Public Health Institute (MPHI) conducted a regional workforce assessment involving nine local health departments in southwest Michigan to identify areas of need for training and professional development. The assessment was distributed to all public health employees at the Branch-Hillsdale-St. Joseph Community Health Agency in 2022.

- Survey Participants: 73 employees were surveyed, with 61 responses, yielding a response rate of 83.6%.
- Survey Structure:
 - Part 1: Supplemental questions about staff access to professional development, agency norms regarding training, and preferences for training opportunities.
 - Part 2: The 2021 Council on Linkages Core Competency Assessment for public health professionals. This section was modified to include additional response choices such as “This does not apply to my job” and “I do not understand this statement,” along with a new tier of responses for administrative support staff.

Survey Data Across Staff Tiers

Data were collected across four tiers of staff:

- Tier A - Administrative Support Staff: Includes public health professionals handling administrative, clerical, facilities, technicians, and IT support roles. Responsibilities include ensuring efficient program and organizational logistics.
- Tier 1 - Front Line Staff/Entry Level: Public health professionals performing daily tasks like data collection, fieldwork, program planning, outreach, communications, customer service, and program support.
- Tier 2 - Program Management/Supervisory Level: Public health professionals in program management or supervisory roles, responsible for program development, implementation, evaluation, staff supervision, partnership management, and policy recommendations.
- Tier 3 - Senior Management/Executive Level: Public health professionals overseeing major programs or operations, setting organizational strategy and vision, fostering a quality culture, and engaging with the community to improve health.

Core Competency Survey Findings

Demographic Data & Longevity

Several key insights were drawn from the demographic data of survey respondents:

- Decline in Longevity: Only 26.2% of respondents have worked for the agency for more than 10 years, a significant drop from 35.8% in the 2020 survey.
- Newer Workforce:
 - 39% of respondents have worked at the agency for less than a year.
 - 31% have been with the agency for 1-5 years.

This indicates a significant shift in workforce tenure, potentially leading to a loss of institutional knowledge, further exacerbated by 24.1% of respondents indicating plans to retire within the next five years.

Education & Training

- Educational Attainment:
 - 36.2% of respondents have a Bachelor's Degree.
 - 22.4% have an Associate's Degree.
 - 13.8% have earned a Master's Degree, up from 9.6% in 2020.
- Plans for Further Education:
 - 7% of respondents are currently enrolled in a degree program.
 - 19.3% plan to enroll in college or pursue a degree within the next five years.

Training Preferences & Barriers

Respondents were asked about areas where they would like additional training:

- Top Training Requests:
 - Stress Management: 32.8%
 - Recruitment and Retention: 31.1%
 - Public Health 3.0: 23.0%
- Training Barriers:
 - Time Away from Work: 39.3%
 - Agency Budget Restrictions: 36.1%

Core Competency Survey Results

The second portion of the survey asked respondents to rate their competency in a series of statements related to eight core competency domains. These domains are crucial for public health practice and include:

1. Data Analytics and Assessment Skills
2. Policy Development/Program Planning Skills
3. Communication Skills
4. Health Equity Skills
5. Community Partnership Skills
6. Public Health Science Skills
7. Management and Finance Skills
8. Leadership and Systems Thinking Skills

Competency Rating Scale

Respondents rated their level of competency in each domain using the following scale:

- 1 = None (unaware or have very little knowledge of the skill)
- 2 = Aware (I have heard of, but have limited knowledge or ability to apply the skill)
- 3 = Knowledgeable (I am comfortable with my knowledge or ability to apply the skill)
- 4 = Proficient (very comfortable, am an expert, or could teach this skill to others)

The bolded scores highlight areas for potential staff training and development, which will be useful for addressing skill gaps and enhancing overall workforce capacity.	Tier 3	Tier 2	Tier 1	Tier A
	Mean Score	Mean Score	Mean Score	Mean Score
Data Analytics and Assessment Sills	2.83	2.75	2.67	2.60
<i>Description: Identify and understand data, turn data into information for action, assess needs and assets to address community health needs, develop a community health assessment, and use evidence for decision making.</i>				
Policy Development/Program Planning Skills	3.09	3.17	2.62	2.22
<i>Description: Determine needed policies and programs, advocate for policies and programs, plan, implement, and evaluate policies and programs, develop and implement strategies for continuous quality improvement, and develop and implement a community health improvement and a strategic plan.</i>				
Communication Skills	3.40	3.40	2.96	2.80
<i>Description: Assess and address population literacy, solicit and use community input, communicate data and information, facilitate communications, and communicate the roles of government, health care and others.</i>				
Health Equity Skills	2.94	2.89	3.02	2.78
<i>Description: Understand and address social determinants of health, promote diversity, advocate for equity, and implement policies and programs to reduce health disparities.</i>				
Community Partnership Skills	3.40	2.76	2.87	2.54
<i>Description: Evaluate and develop linkages and relationships within the community, maintain and advance partnerships and community involvement, negotiate for use of community assets, defend public health policies and programs, evaluate effectiveness and improve community engagement.</i>				
Public Health Sciences Skills	2.85	3.03	2.64	2.36
<i>Description: Understand the foundation and prominent events of public health, apply public health sciences to practice, critique and develop research, use evidence when developing policies and programs, and establish academic partnerships.</i>				
Management and Finance Skills	3.26	2.96	2.67	2.69
<i>Description: Engage other government agencies that can address community health needs, leverage public health and health care funding mechanisms, develop and defend budgets, motivate personnel, evaluate and improve program and organization performance, and establish and use performance management system to improve organization performance.</i>				
Leadership and Systems Thinking Skills	2.83	2.81	2.59	2.33
<i>Description: Incorporate ethical standards into the organization, create opportunities for collaboration among public health, health care, and other organizations, mentor personnel, adjust practice to address changing needs and environment, ensure continuous quality improvement, manage organizational change, and advocate for the role of governmental public health.</i>				

Competency Scores

The table above displays the mean competency scores for each of the eight core competency domains. Domains with a mean score under 3.00 are bolded, indicating areas where further professional development could strengthen staff competencies.

Core Competency Domain	Mean Score
Data Analytics and Assessment Skills	2.85
Policy Development/Program Planning Skills	3.20
Communication Skills	3.35
Health Equity Skills	3.10
Community Partnership Skills	3.00
Public Health Science Skills	3.25
Management and Finance Skills	3.15
Leadership and Systems Thinking Skills	2.90

Findings & Implications

- Data Analytics and Assessment Skills (2.85) and Leadership and Systems Thinking Skills (2.90) had the lowest scores, indicating areas that could benefit from additional professional development.
- Other areas like Communication Skills (3.35) and Public Health Science Skills (3.25) were rated higher, suggesting strengths in these domains within the workforce.

Prioritization Results

Based on the Core Competency Assessment findings, the Agency's workforce scored the lowest in Leadership and Systems Thinking Skills, followed by Data Analytics/Assessment Skills, and Public Health Science Skills. To address these gaps, the Agency should prioritize professional development in the following areas for each tier of staff:

Agency-Wide Priorities (For All Tiers)

- Leadership and Systems Thinking Skills
- Data Analytics/Assessment Skills
- Public Health Science Skills

For Tier 3 (Senior Management/Executive Level)

- Leadership and Systems Thinking Skills
- Data Analytics/Assessment Skills
- Public Health Science Skills

For Tier 2 (Program Management/Supervisory Level)

- Data Analytics/Assessment Skills
- Community Partnership Skills
- Leadership and Systems Thinking Skills

For Tier 1 (Front Line Staff/Entry Level)

- Leadership and Systems Thinking Skills
- Policy Development/Program Planning Skills
- Public Health Science Skills

For Tier A (Administrative Support Staff)

- Policy Development/Program Planning Skills
- Leadership and Systems Thinking Skills
- Public Health Science Skills

By focusing on these priority areas, the Agency can enhance staff competencies, ensuring a more well-rounded and effective workforce. This will also help address the identified skills gaps and prepare the workforce for future challenges in public health.

Updated Demographic Data from 2024 MPHI Survey

The Michigan Public Health Institute (MPHI) conducted a Regional Assessment in 2024, engaging nine local health departments in southwest Michigan. Updated workforce demographic data was collected as part of this assessment. The assessment targeted public health professionals at the Branch-Hillsdale-St. Joseph Community Health Agency, with a survey sent to 69 employees and 56 responses, yielding a response rate of 81.2%.

Survey Structure and Content:

The first section of the survey collected data related to the following:

1. Demographic & Career Stage Questions
 - These were aimed at all staffing tiers and gathered insights into staff demographics and their career stages within the agency.

Staffing Tiers for Data Collection:

The survey respondents were categorized into the following four staffing tiers:

- **Tier A – Administrative Support Staff**
Staff responsible for administrative, clerical, facilities, and technical support roles. They ensure efficient logistics for programs and operations.

- **Tier 1 – Front Line/Entry-Level Staff**
Staff involved in day-to-day tasks such as data collection, fieldwork, program planning, outreach, communications, customer service, and program support.
- **Tier 2 – Program Management/Supervisory Level**
Staff involved in program management or supervisory roles. Responsibilities include program development, implementation, evaluation, supervision, community partnerships, policy recommendations, and providing technical expertise.
- **Tier 3 – Senior Management/Executive Level**
Senior management professionals who oversee major programs or operations, set strategies, create organizational culture, and work with the community to improve health.

The Regional Equity Skills at Work Assessment was designed to evaluate staff competency levels in diversity, equity, inclusion (DEI), and health equity to inform training and development efforts. However, with the suspension of DEI initiatives, only demographic data from the assessment will be utilized for planning purposes.

Updated Demographic Survey Findings from 2024 MPHI Survey

The 2024 Regional Equity Skills at Work Assessment provided several insightful findings regarding the demographic trends of respondents at the Branch-Hillsdale-St. Joseph Community Health Agency. Notable observations from the survey data include:

Workforce Longevity and Retention:

- **Long-term Employment:** The percentage of respondents who have worked at the agency for over 10 years dropped slightly from 26.2% in 2022 to 25.1% in 2024. This is consistent with the ongoing trend of staff turnover, though the decline is marginal.
- **Less Than 1 Year:** The percentage of respondents with less than one year of service significantly decreased from 39% in 2022 to 17.9% in 2024, suggesting that staff are staying longer in their positions.
- **1-5 Years:** The percentage of respondents with 1-5 years of service increased from 31% in 2022 to 44.6% in 2024, signaling greater retention and stability within the workforce.
- **Retirement Plans:** Respondents indicating that they would retire within the next 5 years dropped notably from 24.1% in 2022 to 10.7% in 2024, indicating a significant reduction in the projected loss of experienced staff.

Educational Attainment:

- **Bachelor's Degree:** Approximately 33.9% of respondents indicated that they had attained a Bachelor's Degree, which is consistent with the 2022 survey.
- **Associate's Degree:** 23.2% of respondents reported having obtained an Associate's Degree, slightly lower than the previous year.
- **Master's Degree:** The percentage of respondents with a Master's Degree dropped from 13.8% in 2022 to 7.1% in 2024, indicating a loss in employees with advanced degrees.

Plans for Further Education:

- Currently Enrolled: The number of respondents currently enrolled in a degree program increased from 7% in 2022 to 8.9% in 2024, showing a slight growth in staff pursuing higher education while employed.
- Future Enrollment: However, the percentage of respondents indicating plans to enroll in a degree program or continue their education dropped significantly, from 19.3% in 2022 to 8.9% in 2024. This represents a decrease in anticipated educational advancement among staff.

Summary of Key Findings:

- The workforce appears to be stabilizing with greater retention of staff, particularly in the 1-5 years' service category, while the projected retirements have decreased.
- A slight decline in employees with advanced degrees suggests that the agency may face challenges in filling more specialized roles in the future.
- While some staff are still pursuing educational advancement, the decrease in anticipated future enrollment could indicate fewer opportunities for employees to further their education or a shift in priorities.

These findings suggest that while the workforce is becoming more stable, challenges related to education levels and future career development opportunities may need to be addressed to maintain long-term success.

Training Needs

Introduction

The Agency saw high turnover rates during the pandemic, and more than half of the staff (62.5%) have been employed by the Agency for five years or less. Newer staff need to concentrate their efforts on learning the daily responsibilities of their jobs and the programs and services available throughout the Agency so they can best help our clients. More seasoned staff should be working to increase their core competency skills.

Competency Based Training Needs

Based on the over-all core competency assessment, the Agency scored the lowest in Leadership and Systems Thinking Skills, followed closely by Data Analytical/Assessment Skills, and Public Health Sciences Skills.

Quality Improvement Training Needs

The agency lost many staff members trained in quality improvement during the pandemic. As the agency has emerged from the pandemic and reinitiated its push for quality improvement and performance management gaps in knowledge and understanding have become apparent. As a result,

2025-2026 Workforce Development Plan

the agency will prioritizing quality improvement training, as it affects all programs and services.

Barriers and Solutions

Survey respondents indicated the largest barriers to participate in training are budget restrictions and time away from work. The Agency does have limited resources to spend on staff development and training, and needs to target those funds where they will have the greatest impact.

The Agency will need to prioritize needs and find a balance between sending staff out for face-to-face training, providing in-house face-to-face training, and incorporating web-based training where possible.

Local health departments across the south-west Michigan region have been working collaboratively to leverage the power of the diverse group and develop trainings that can be used by all members of the group. The regional group consists of 9 local public health departments and the Michigan Public Health Institute. By pooling our resources, we are able to deliver better training opportunities than working alone. The group is creating educational materials and web-based trainings to help address the greatest core competency deficiencies in the region.

- Public Health 101 is a web-based training designed to increase the knowledge and understanding of Public Health Sciences Skills.
- Public Health Finance training focuses on increasing understanding of financial planning and is intended for public health officials and manager.

Workforce Development Goals

Goal	Measure	Timeframe	Responsible Parties
Improve the Leadership and Systems Thinking Skills core competency scores by .2 for Tier 2 and 3 employees.	The Agency will utilize the same survey used in 2022 to measure progress.	By June 30, 2026.	Health Officer and Directors
Improve the Data Analytical/Assessment Skills core competency score by .2 for Tier 2 and 3 employees.	The Agency will utilize the same survey used in 2022 to measure progress.	By June 30, 2026.	Health Officer and Directors
Improve Public Health Sciences core competency skills by .1 in all tiers.	The Agency will utilize the same survey used in 2022 to measure progress.	By June 30, 2026.	Health Officer and Directors
Quality Improvement for all Tiers	95% of staff will have completed quality improvement training	By December 31, 2025	All Staff
Create a culture that prioritizes continued education/training.	90% of staff will have completed at least 9 total hours of training	By December 31, 2026	All Staff

Curriculum and Training Schedule

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources/ Links
Leadership and Systems Thinking	Online self-paced training “Systems Thinking: Through a Public Health Lens”. 1 hour	Directors and supervisory staff.	Leadership and Systems Thinking Skills Financial Planning and Management Skills	Supervisors and Directors will be required to Complete	https://www.training-source.org/learn/mod/scorm/player.php?a=407&currentorg=Systems_Thinking_in_Leadership_ORG&scoid=1796
the Data Analytical/Assessment Skills	Online self-paced training “Overview of Public Health Data” 30 Minutes	Directors and supervisory staff.	Data Analytical/Assessment Skills	Supervisors and Directors will be required to Complete	https://www.nwcphp.org/training/overview-of-public-health-data
the Data Analytical/Assessment Skills	Online self-paced training “Analysis and Interpretation of Public Health Data, Part 1” 45 Minutes	Directors and supervisory staff.	Data Analytical/Assessment Skills	Supervisors and Directors will be required to Complete	https://www.nwcphp.org/training/part-2-basic-concepts-in-data-analysis-for-community-health-assessment

the Data Analytical/Assessment Skills	Online self-paced training “Analysis and Interpretation of Public Health Data, Part 2” 45 Minutes	Directors and supervisory staff.	Data Analytical/Assessment Skills	Supervisors and Directors will be required to Complete	https://www.nwcp.org/training/part-3-basic-concepts-in-data-analysis-for-community-health-assessment
Public Health 101	Public Health 101. Discusses the history and reasons for public health.	All Staff.	Public Health Sciences Skills.	All staff to complete. Training will be done upon hiring new staff.	https://miophi.org/workforce-development/public-health-101-online-training/
Quality Improvement Tier 2&3 and QIAC Members	Performance Management Primer. Self-paced course which provides a foundation for performance management.	Directors, Supervisors, and QIAC Members	Quality Improvement	Supervisors, Directors, and QIAC Members will be required to Complete	https://miophi.org/embracing-quality-in-public-health/pmqi-primer/
Quality Improvement	Introduction to Quality Improvement in Public Health (1059243)	All Staff	Quality Improvement	All Staff to Complete	https://www.train.org/mi-train/course/1059243/details
Additional Training	Training that aligns with job duties or personal interests, selected by staff members and approved by supervisors	All Staff	Any competency or job-related trainings.	All Staff to Complete at least 9 total hours of training by 12/31/2026.	

Public Health Roundtable or Spotlight	Staff discussing how they contribute to public health. Success stories and/or challenges	All Staff.	Public Health Sciences Skills.	Monthly. The Agency will include this on the agenda for each quarterly staff meeting.	Staff members.
Mentorship	Mentors will be assigned to all new staff members.	New Staff or staff that have changed positions.	Public Health Sciences Skills.	Upon Hire.	Staff members. Job Aids.
NIMS/ICS	Internet based learning for all staff members	All Staff as required by role	Federal Compliance	ASAP after hiring or reclassification	FEMA online or in classroom

Implementation and Monitoring

Introduction

The Agency will continue to assess core competency skills through the existing survey tool. Data from each survey will be analyzed and compared to previous surveys to allow the Agency to track its progress.

Communication

The workforce development plan will be shared with all staff via email and will also be a topic for discussion at the monthly All Staff meeting held following the Board of Health's approval of the plan. The plan and progress reports will be housed in the VMSG system.

Training Evaluation

A training evaluation will be completed at the end of each training, allowing the Agency to better understand if staff felt the training was a good value, increased their knowledge and skill. Program Directors will review the training evaluations and make recommendations for improvement.

Tracking

Staff training will be track by entering it into an excel spreadsheet. The spreadsheet will contain the staff name, the training name, the date of the training, and the location of the training. The spreadsheet will be located on the Coldwater shared drive where it can be accessed by the accounting and HR staff, who will be tasked with tracking the information. Certificates of completion will be placed in the employee's personnel record.

Roles and Responsibilities

The Administrative Services Director will coordinate the plan with support from the Health Officer. Program Directors will maintain the responsibility to determine which trainings are appropriate to send which staff to, at which time, to ensure adequate staffing is available to maintain services.

Review and Maintenance

As the metric used for monitoring progress is tied to the Workforce Needs Assessment findings, it will be difficult to measure results quarterly. However, work plans will be reviewed quarterly and the plan itself will be reviewed and updated following each Workforce Needs Assessment.

2025-2026 Workforce Development Plan

Just in Time Training

Just in Time Training will be administered to those persons whether they be staff or volunteers who are required to change roles due to an emergency situation. The time needed or situation is dependent upon the event taking place. This training will be administered by the Incident Commander or their designee. Just in Time Training materials are part of the MCM/SNS Plan or the Risk Communications Plan and will be reviewed or updated as required by the EPC.

	Employee Satisfaction Survey Results		2024		2025	
	Response Rate = 79.17% of active Staff	2024	n#	2025	n#	
Q1	Please identify the location of your home office.					Key:
	CW	48.15%	49	54.39%	57	Indicates improvement compared to the last survey score
	HD	18.52%		7.02%		
	TR	14.81%		22.81%		Indicates decline compared to the last survey score
	I don't want to anser this question (I'm afraid it may identify my answers)	18.52%		15.79%		
Q2	Which best describes your current position?		49		57	
	AAA	3.70%		3.51%		
	EH	12.96%		21.05%		
	PH&DP	31.48%		24.56%		
	HE&P	14.81%		10.53%		
	AS	5.56%		14.04%		
	Don't Want to Identify	31.48%		26.32%		
Q3	How long have you worked for the Agency?		49		57	
	Less than 1 year	24.07%		8.77%		
	1-5 years	48.15%		59.65%		
	5-15 years	14.81%		22.81%		
	16+ years	12.96%		8.77%		
	Questions on Evaluation (likert Scale Options: 1 Strongly Disagree, 2 Disagree, 3 Neither Disagree nor Agree, 4 Agree, 5 Strongly Agree)	Weighted Average		Weighted Average		
Q4	The management team and staff maintain respectful relationships.	3.92	49	4.11	56	
Q5	I am generally satisfied with my salary and benefits.	2.83	49	3.14	57	
Q6	My supervisor is flexible and willing to accomodate my family-related needs.	4.62	49	4.58	57	
Q7	The agency has a clearly defined and intentional leadership development strategy.	3.58	49	3.61	56	
Q8	The agency's effectiveness is not hampered by adversarial relationships between staff members and their supervisors.	3.62	49	3.75	56	
Q9	I trust my supervisor.	4.20	48	4.13	56	
Q10	I trust the administrative team and health officer. Question Changed in 2024 to: I trust the agency directors and the health officer.	3.63	49	3.88	57	
Q11	Conflict is resolved as quickly and effectively as possible.	3.54	49	3.77	56	
Q12	Everyone knows and understands the lines of authority within the organization.	3.75	48	3.88	57	
Q13	Established lines of authority are usually followed.	3.72	48	3.82	56	
Q14	Systems for quality assessment are in place and functioning effectively.	3.71	47	3.96	55	

Q15	Systems for quality improvement are in place and functioning effectively.	3.69	47	3.93	56
	Employee Satisfaction Survey Results - Continued	2024	24 n#	2025	25 n#
Q16	I enjoy working in this organization.	4.23	47	4.30	57
Q17	The agency is focused on achieving outcomes that fulfill its mission.	4.08	48	4.05	57
Q18	My supervisor provides regular feedback about my performance that is objective and motivates me to improve as a professional.	4.16	48	3.98	55
Q19	Job openings within the agency are filled using a well-defined hiring process.	3.63	48	3.79	56
Q20	Staff members are encouraged to pursue additional education and training.	3.47	48	3.75	56
Q21	My supervisor fosters a culture that celebrates the achievements of subordinates.	3.98	48	3.95	57
Q22	I am valued by my supervisor.	4.33	49	4.05	57
Q23	The agency is quick to adapt to the changing circumstances, technologies or public health best practices.	3.54	48	3.68	56
Q24	My talents, training and expertise are used effectively.	3.86	49	4.07	56
Q25	The health officer and administrative team do an effective job of leading the agency through change. ---Question changed in 2024 to: The health officer and directors do an effective job of leading the agency through change.	3.79	47	3.91	54
Q26	I feel respected by my supervisor.	4.25	48	4.07	56
Q27	I respect my supervisor.	4.38	48	4.29	56
Q28	I feel respected by my co-workers.	4.10	49	4.12	57
Q29	My supervisor seeks and values my opinion about the department's policies and procedures.	4.14	49	3.82	57
Q30	The agency is managed in an ethical and professional manner.	3.90	48	3.93	57
Q31	Supervisors/Administration seek advice and feedback from others before making significant decisions. Question changed in 2024 to: Supervisors/Directors seek advice and feedback from others before making significant decisions.	3.46	47	3.36	55
Q32	I fully support the agency's mission and values as articulated in its official documents.	4.15	48	4.32	57
Q33	The environment in the workplace is comfortable and safe.	4.06	49	4.18	57
Q34	I am knowledgeable about program plans for the programs I am assigned to work.	4.00	49	4.20	56
Q35	The agency's strategic plan is reviewed annually with the staff.	3.98	47	3.95	56
Q36	Employees are treated fairly and equally.	3.49	49	3.65	57
Q37	I feel a great deal of stress on my job.	2.90	49	2.98	56
Q38	My position adds value to the agency and the community.	4.35	49	4.40	57
Q39	I am trusted to work autonomously.	4.38	48	4.30	57

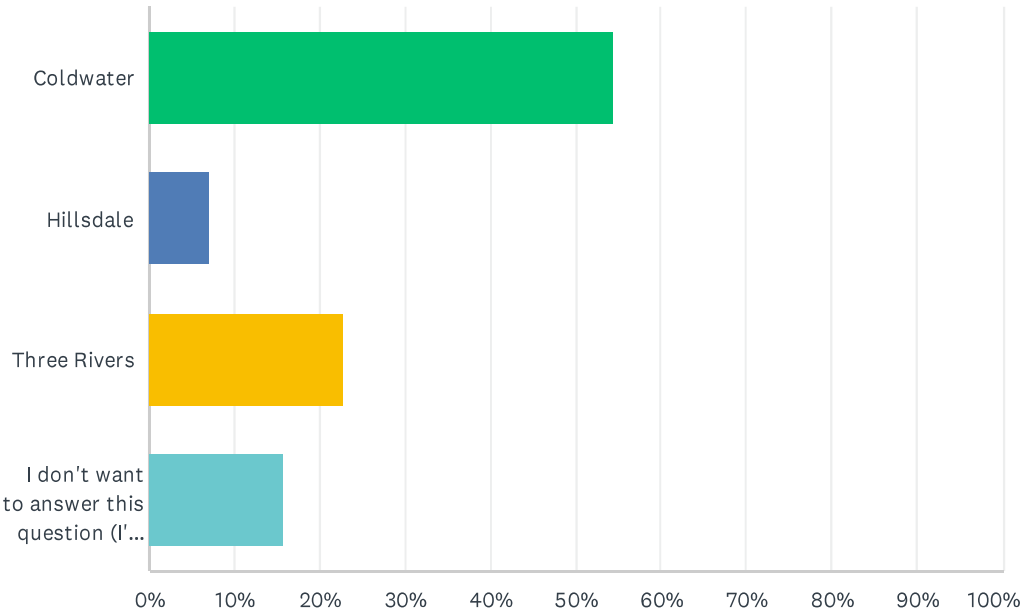
Key:
Indicates improvement compared to the last survey score
Indicates decline compared to the last survey score

	Employee Satisfaction Survey Results - Continued	2024	24 n#	2025	25 n#	
Q40	I understand my job responsibilities in the agency and have the tools needed to complete my assignments.	4.14	49	4.22	55	
Q41	I would encourage a friend to work for this agency.	3.90	48	3.93	57	
	Below is a list of attributes related to our services. A short explanation of what each term means has been provided. Using the following Likert Scale, please rank how well the agency demonstrates these attributes to our clients. For each category identify one of the following ratings: We do:					
Q42	(likert scale options: 1 Very Well, 2 Well, 3 Fair, 4 Poor or 5 Very Poor)	Inverted Scale (Lower Numbers are better)				
	Accessible Services: How accessible are our service for our clients? This includes: hours, location, explaining eligibility requirements, etc.	1.93	46	1.85	54	Key:
	Client-Focused Services: Do we deliver services in a way that demonstrates we are sensitive to their preferences and are culturally competent?	1.76	46	1.74	54	Indicates improvement
	Collaboration: Do we work well with other agencies and organizations to assure that the diverse needs of our clients are met?	1.78	45	1.79	53	Indicates decline
	Coordination: Do we work well internally to assure that clients receive all the services they need?	1.68	47	1.78	54	
	Effective Services: Do we provide services in the most competent and organized manner?	1.83	46	1.87	55	
	Equitable Services: Are we fair and impartial as we work with different populations and individuals?	1.73	45	1.66	53	
	Quality Services: Do we maintain standards of excellence as we provide services?	1.70	46	1.67	54	
	Timeliness of Services: Do we deliver services within a reasonable timeframe?	1.91	46	2.00	55	
	Valued-Services: Do the services we deliver add value to our clients' lives and make a difference?	1.53	45	1.56	55	
	Challenging: Is your job providing opportunities for professional growth?	2.51	47	2.20	55	

Employee Satisfaction Survey Results - Continued		2024	24 n#	2025	25 n#	
Q43	<p>Below is a list of attributes related to your job(changed in 2024). A short explanation of what each term means has been provided. Using the following Likert Scale, please rank how well the agency demonstrates these attributes to our employees. For each category identify one of the following ratings:</p> <p>(likert scale options: 1 Very Well, 2 Well, 3 Fair, 4 Poor or 5 Very Poor)</p>	Inverted Scale (Lower Numbers are better)				
	Communication: Is the information you need readily available so that you can accomplish your job and do messages flow freely though various channels?	2.09	47	2.14	56	Key:
	Coordination: Are team approaches being utilized to accomplished tasks and complete projects?	1.92	48	1.98	56	Indicates improvement
	Equitable: Are standards of performance applied fairly to all employees?	2.21	47	2.38	55	Indicates decline
	Fiscally Responsible: Is the agency a good steward of the public funds we receive?	1.87	47	1.80	56	
	Rewarding: Is your job satisfying and does it add meaning to your life?	1.79	48	1.66	56	
	Safety: Is your work environment clean and free of hazards?"	1.81	47	1.88	56	
	Technology: Is the electronic equipment and other tools provided adequate to accomplish your job?	2.06	48	2.32	56	
Q44	What do you enjoy most about your work experience with this agency?		34		43	
Q45	What do you least enjoy about your work experience with this agency?		33		37	
Q46	If you had the authority and resources to solve one internal problem in the agency, what would it be?		32		34	
Q47	If you could communicate anything to the Health Officer and Directors that would contribute to improving the work of this agency, what would you communicate?		23		26	
Q48	What do you see as the most significant opportunities for your division/section over the next five years?		22		22	
Q49	What resources will be needed to take advantage of these opportunities?		20		23	
Q50	What are the most significant obstacles for your division/section over the next five years?		25		26	
Q51	Where do you see our agency in five to ten years?		24		21	
Q52	Where would you want our agency to be in five to ten years?		20		21	
Q53	Do you have any suggestions you think would help improve internal communication?		20		21	
Q54	Additional comments:		11		13	
Q55	Have you answered ALL the questions that you wanted to answer and completed the survey?		49		57	

Q1 Please identify the location of your home office.

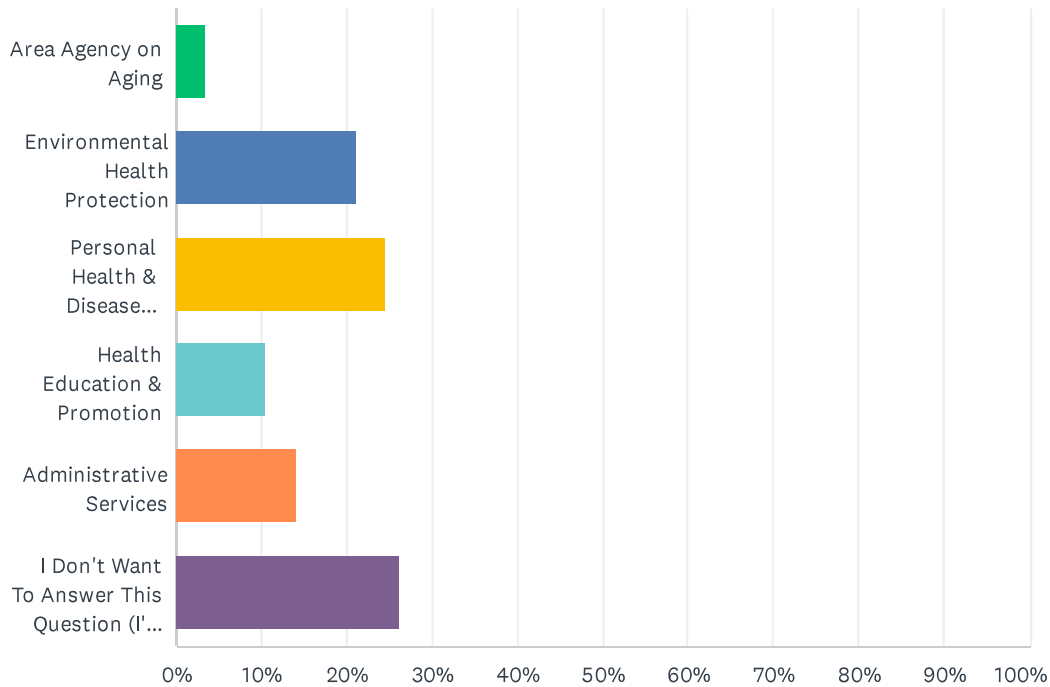
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ANSWER CHOICES	RESPONSES	
Coldwater	54.39%	31
Hillsdale	7.02%	4
Three Rivers	22.81%	13
I don't want to answer this question (I'm afraid it may identify my answers)	15.79%	9
TOTAL		57

Q2 Which best describes the current division/department you work in ?

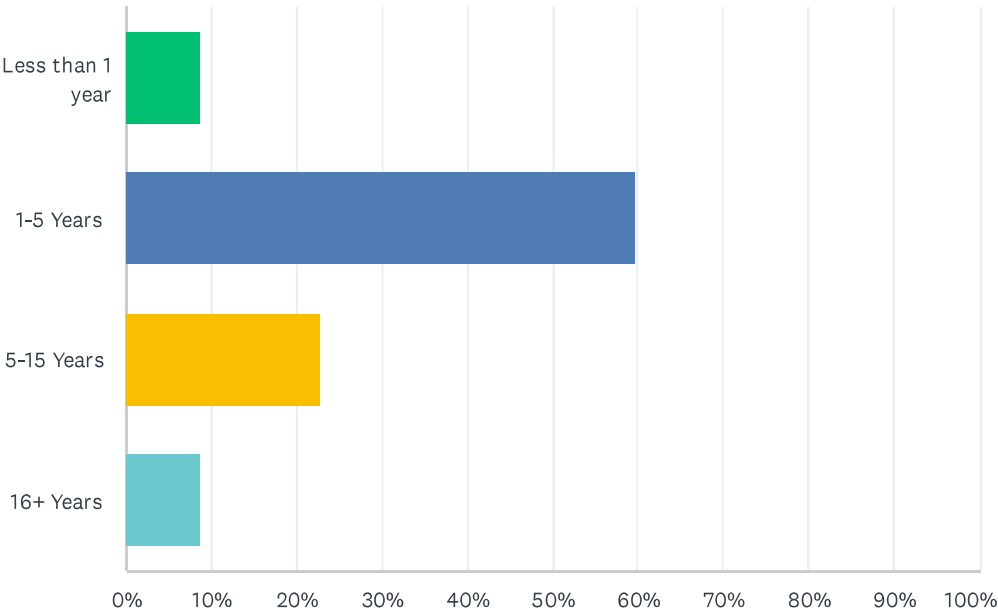
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ANSWER CHOICES	RESPONSES	
Area Agency on Aging	3.51%	2
Environmental Health Protection	21.05%	12
Personal Health & Disease Prevention	24.56%	14
Health Education & Promotion	10.53%	6
Administrative Services	14.04%	8
I Don't Want To Answer This Question (I'm Afraid It May Identify My Answers)	26.32%	15
TOTAL		57

Q3 How long have you worked for the Agency

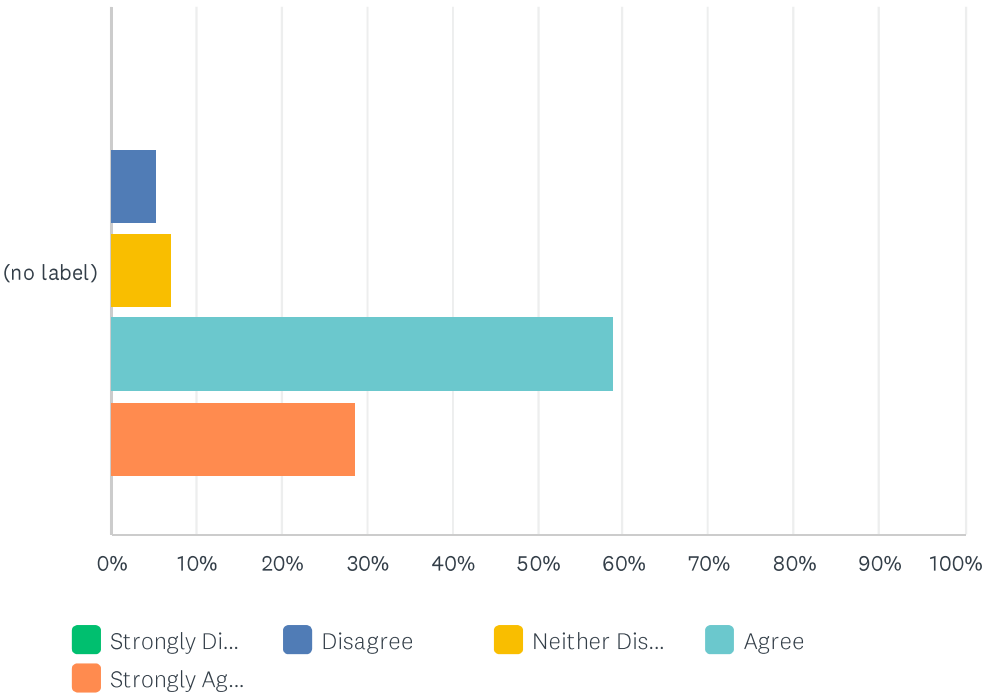
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ANSWER CHOICES	RESPONSES	
Less than 1 year	8.77%	5
1-5 Years	59.65%	34
5-15 Years	22.81%	13
16+ Years	8.77%	5
TOTAL		57

Q4 The management team and staff maintain respectful relationships.

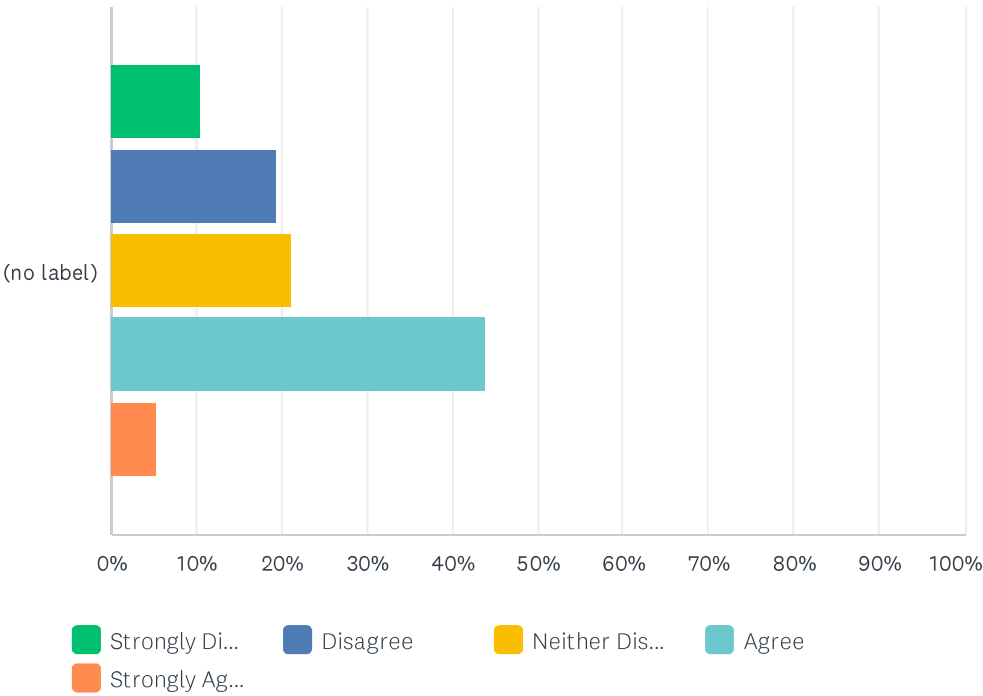
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	5.36% 3	7.14% 4	58.93% 33	28.57% 16	56	4.11

Q5 I am generally satisfied with my salary and benefits.

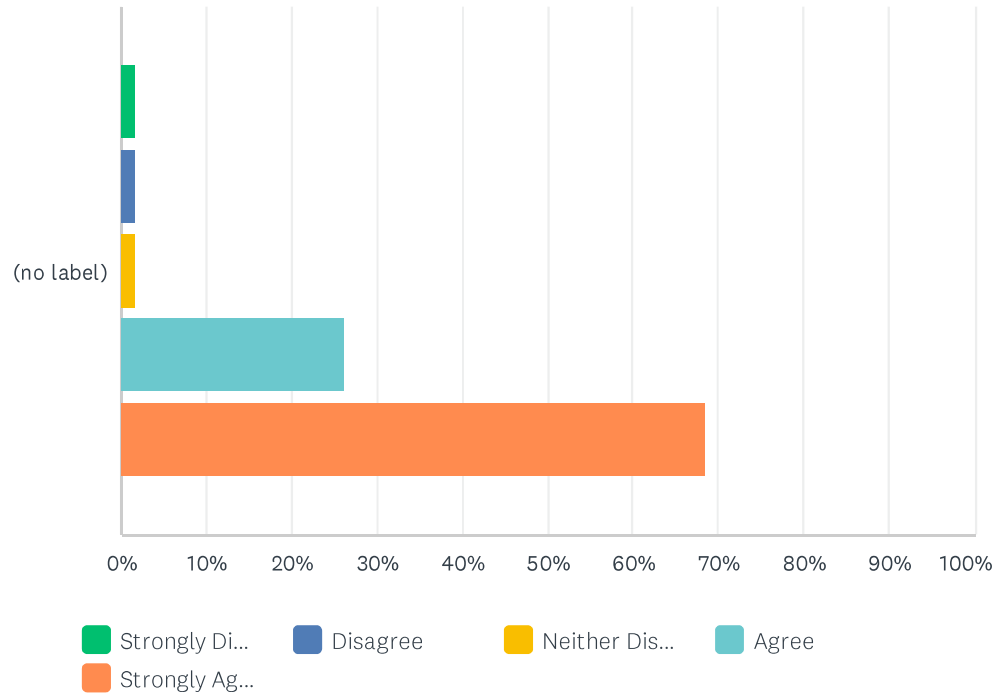
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	10.53% 6	19.30% 11	21.05% 12	43.86% 25	5.26% 3	57	3.14

Q6 My supervisor is flexible and willing to accomodate my family-related needs.

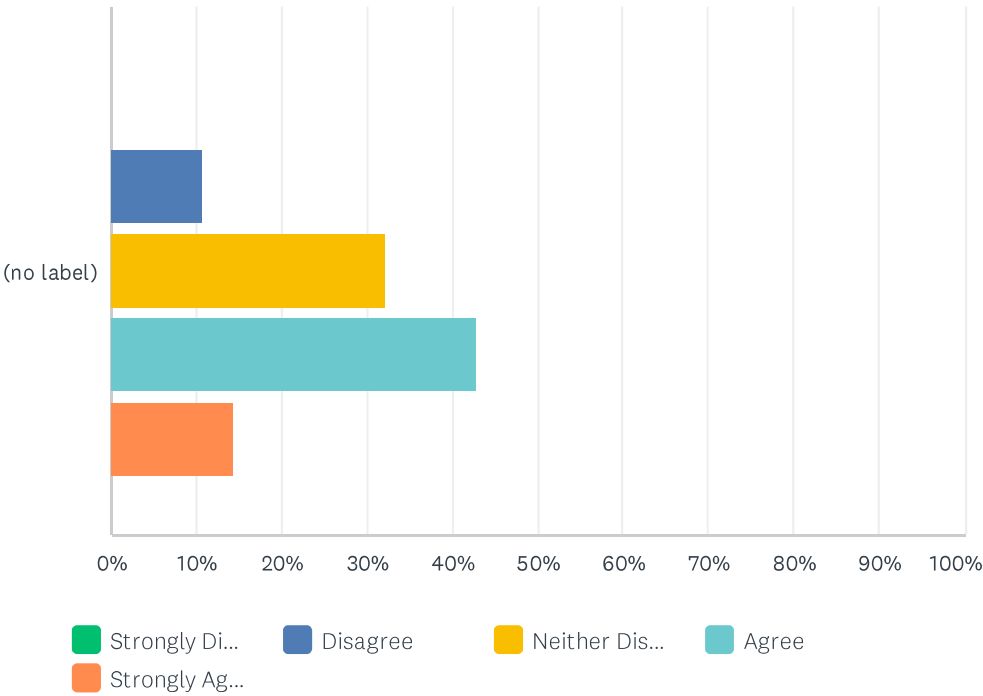
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.75% 1	1.75% 1	1.75% 1	26.32% 15	68.42% 39	57	4.58

Q7 The agency has a clearly defined and intentional leadership development strategy.

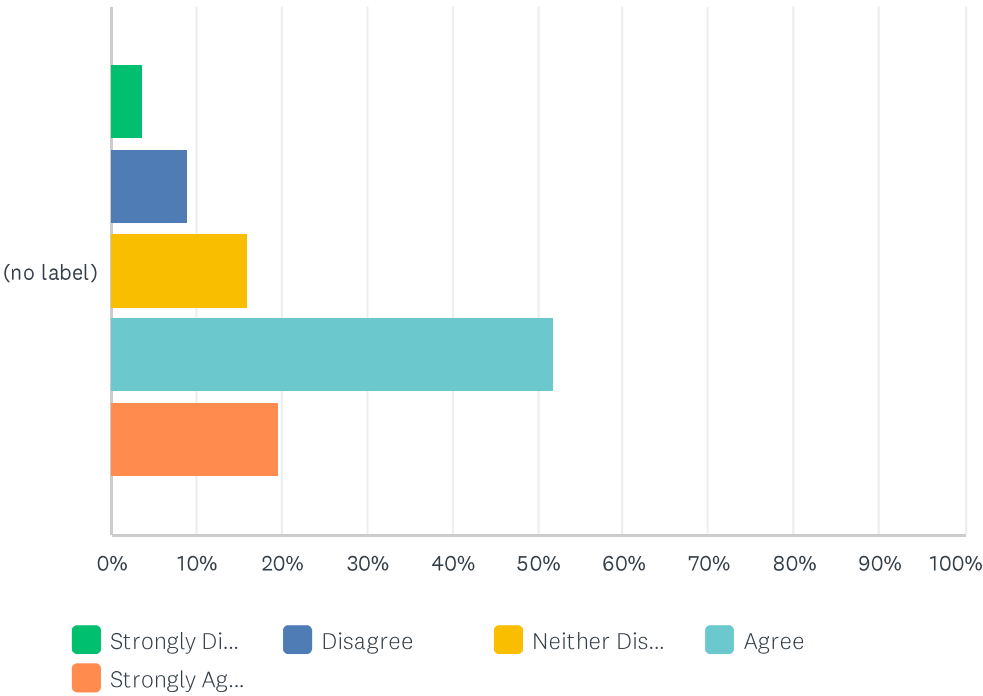
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	10.71% 6	32.14% 18	42.86% 24	14.29% 8	56	3.61

Q8 The agency's effectiveness is not hampered by adversarial relationships between staff members and their supervisors.

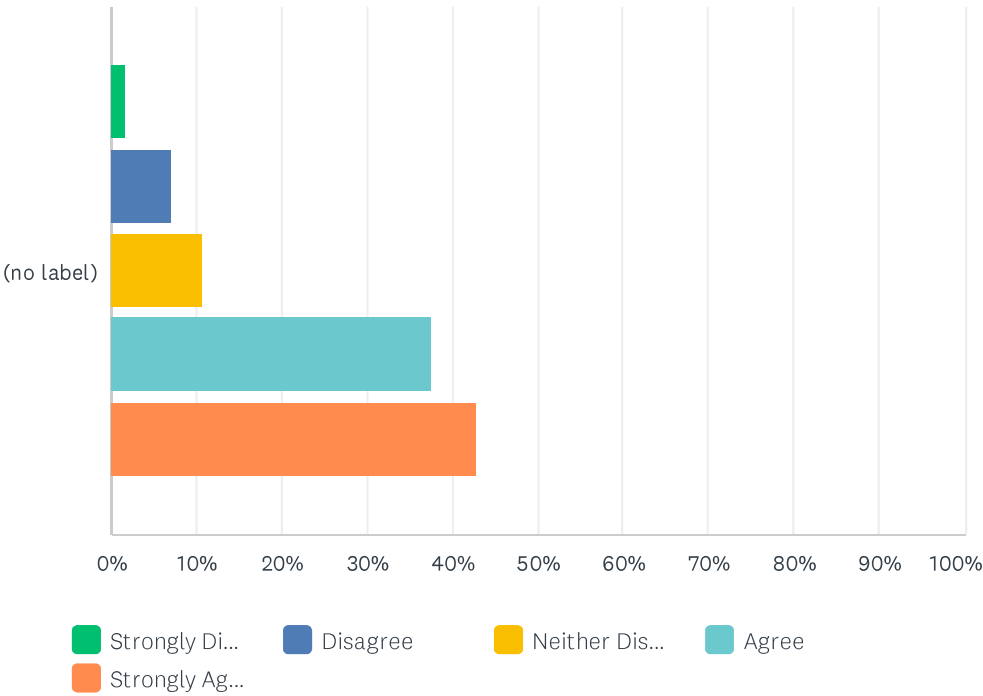
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	3.57% 2	8.93% 5	16.07% 9	51.79% 29	19.64% 11	56	3.75

Q9 I trust my supervisor.

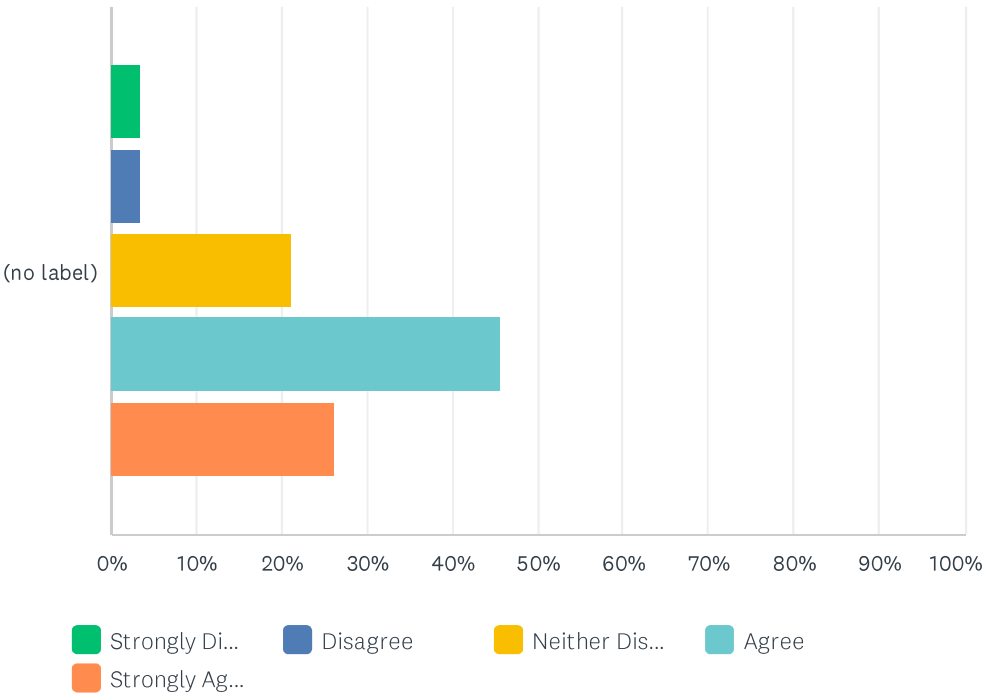
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.79% 1	7.14% 4	10.71% 6	37.50% 21	42.86% 24	56	4.13

Q10 I trust the agency directors and the health officer.

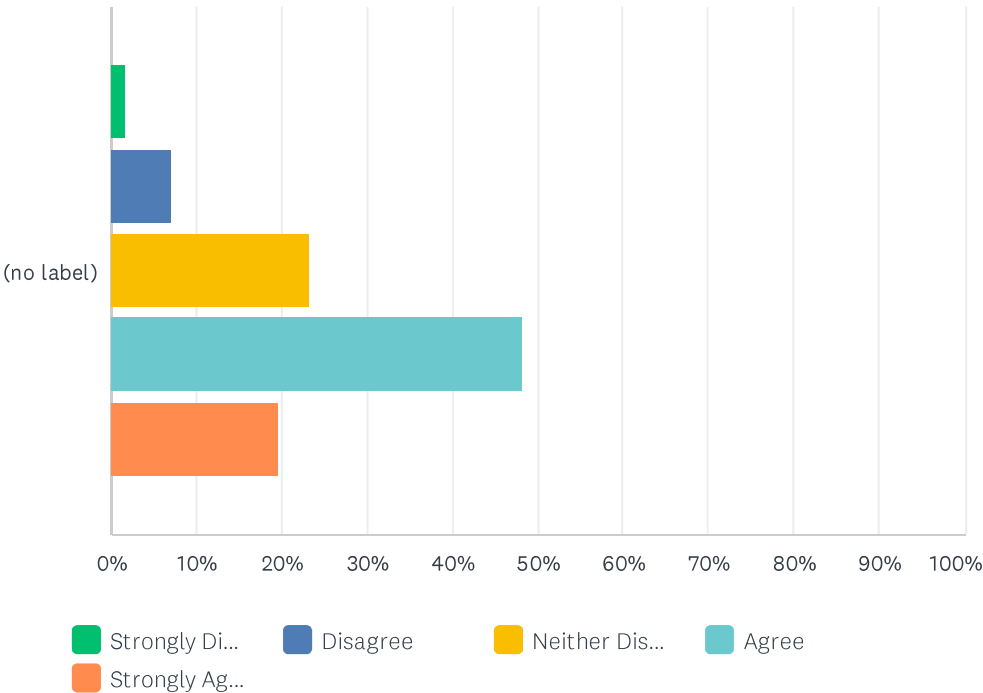
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	3.51% 2	3.51% 2	21.05% 12	45.61% 26	26.32% 15	57	3.88

Q11 Conflict is resolved as quickly and effectively as possible.

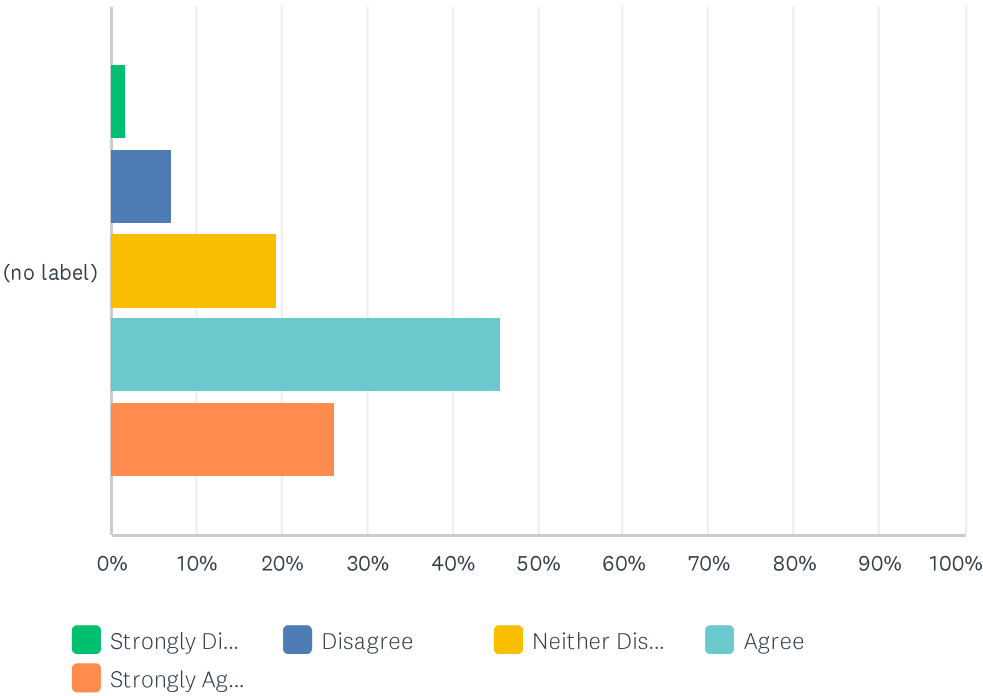
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.79% 1	7.14% 4	23.21% 13	48.21% 27	19.64% 11	56	3.77

Q12 Everyone knows and understands the lines of authority within the organization.

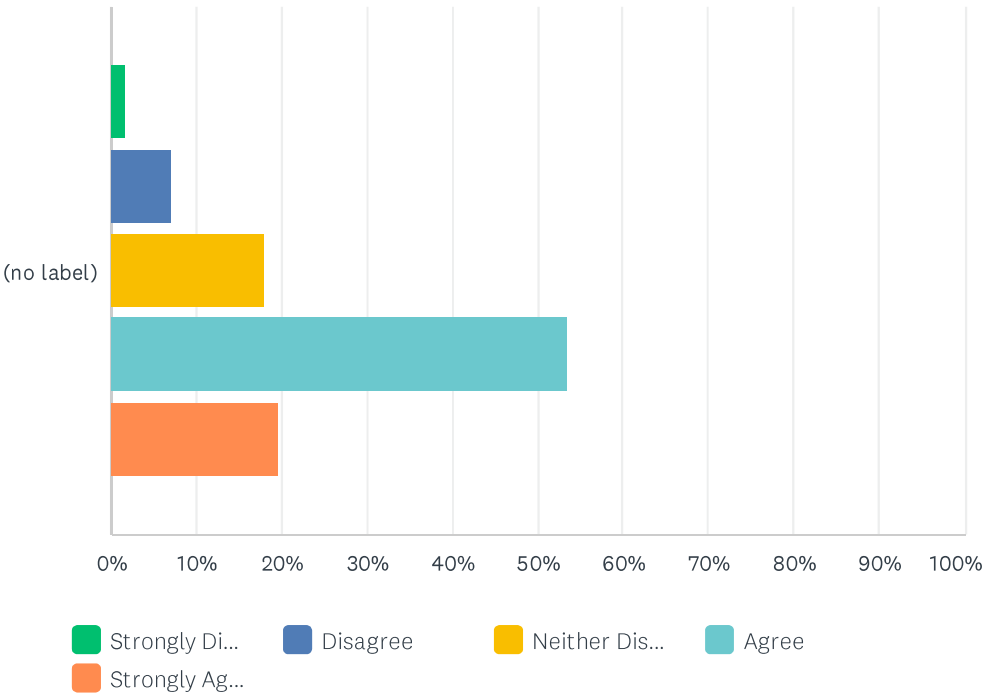
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.75% 1	7.02% 4	19.30% 11	45.61% 26	26.32% 15	57	3.88

Q13 Established lines of authority are usually followed.

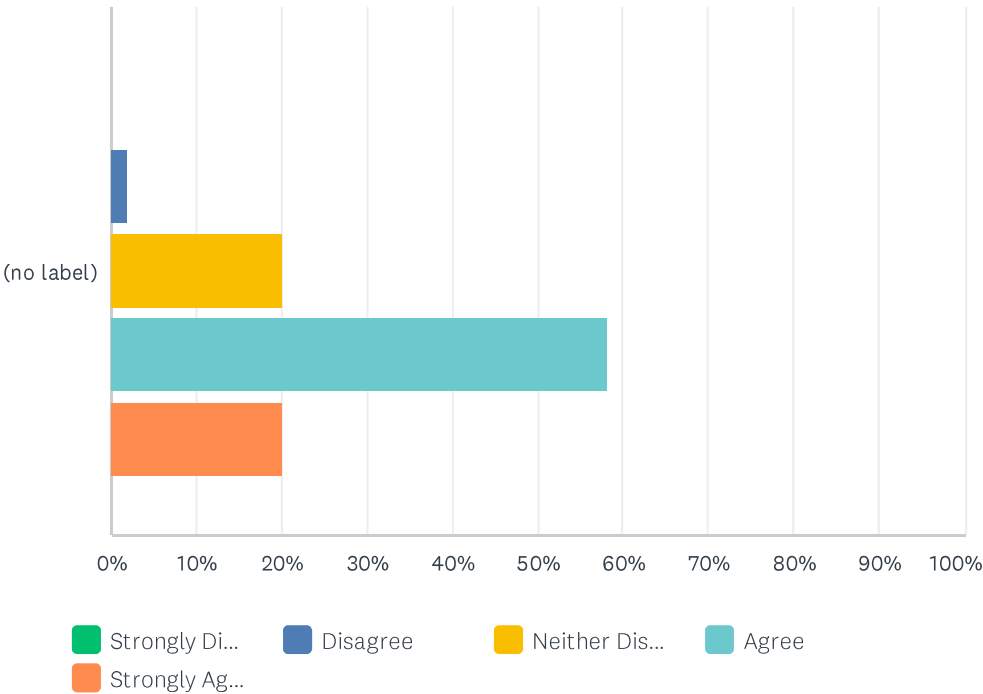
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.79% 1	7.14% 4	17.86% 10	53.57% 30	19.64% 11	56	3.82

Q14 Systems for quality assessment are in place and functioning effectively.

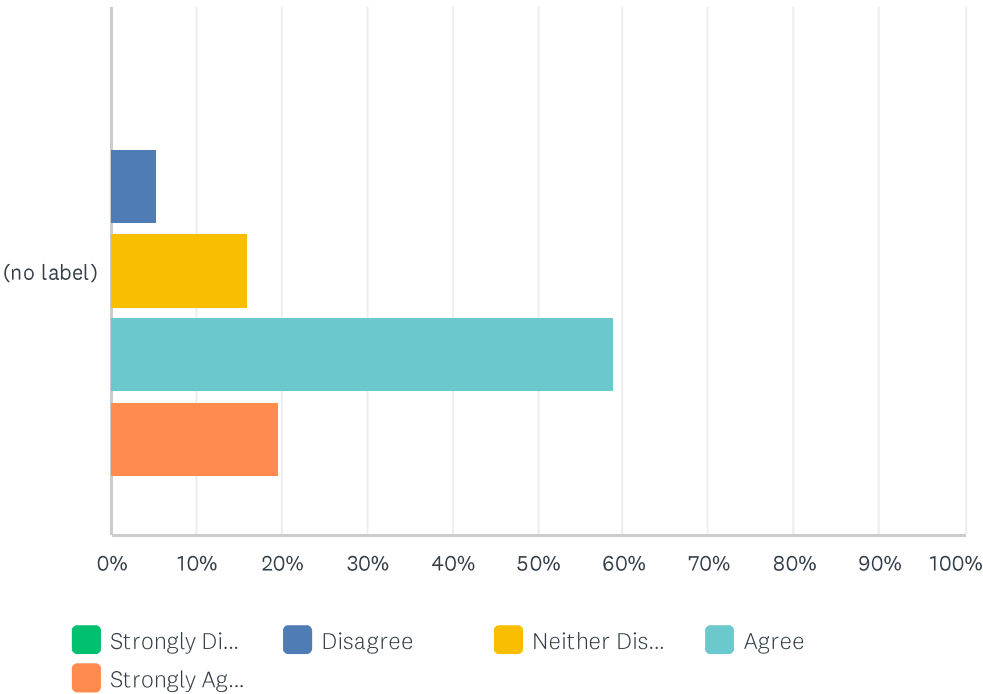
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	1.82% 1	20.00% 11	58.18% 32	20.00% 11	55	3.96

Q15 Systems for quality improvement are in place and functioning effectively.

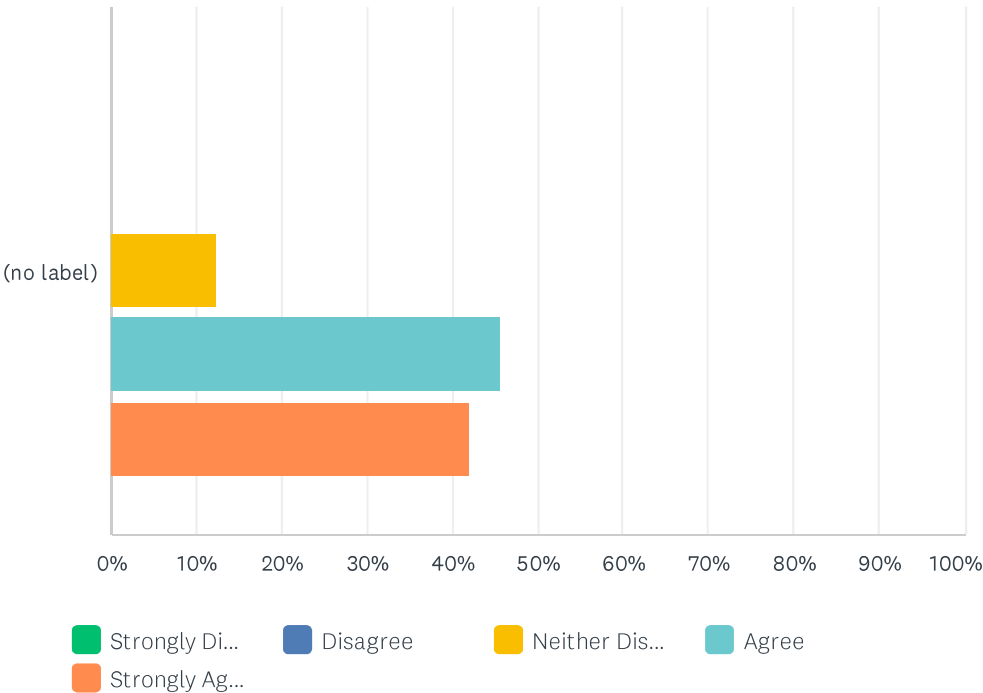
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	5.36% 3	16.07% 9	58.93% 33	19.64% 11	56	3.93

Q16 I enjoy working in this organization.

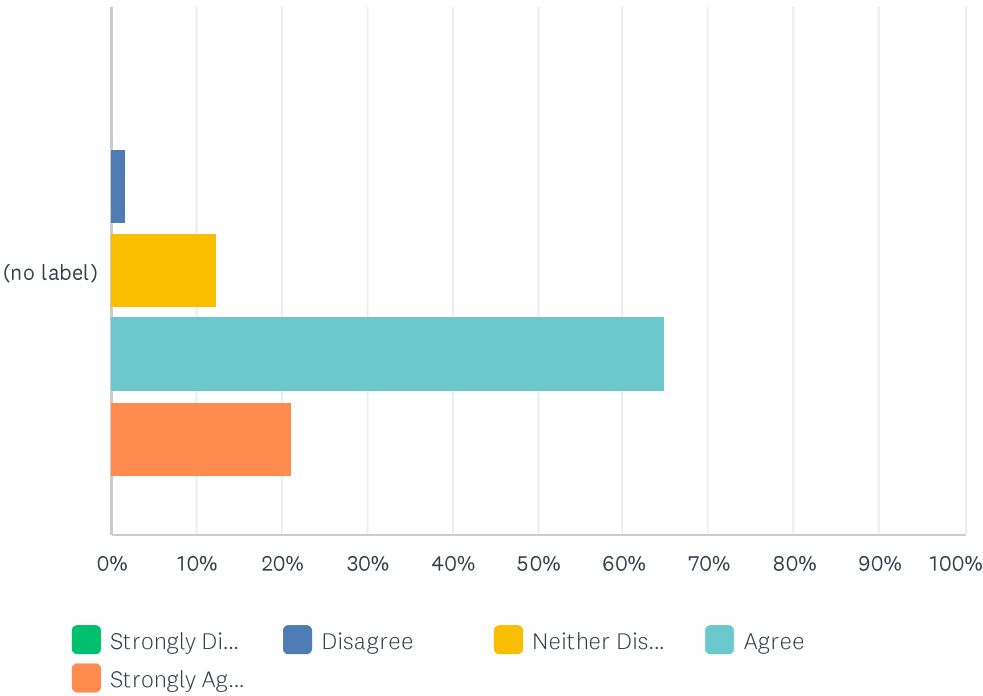
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	12.28% 7	45.61% 26	42.11% 24	57	4.30

Q17 The agency is focused on achieving outcomes that fulfill its mission.

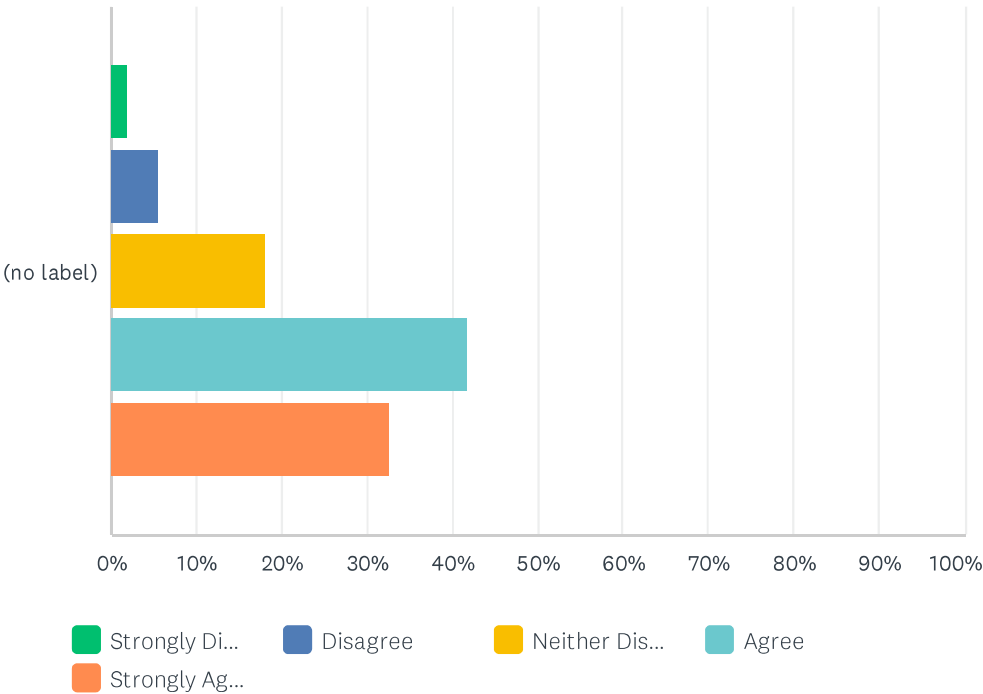
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	1.75% 1	12.28% 7	64.91% 37	21.05% 12	57	4.05

Q18 My supervisor provides regular feedback about my performance that is objective and motivates me to improve as a professional.

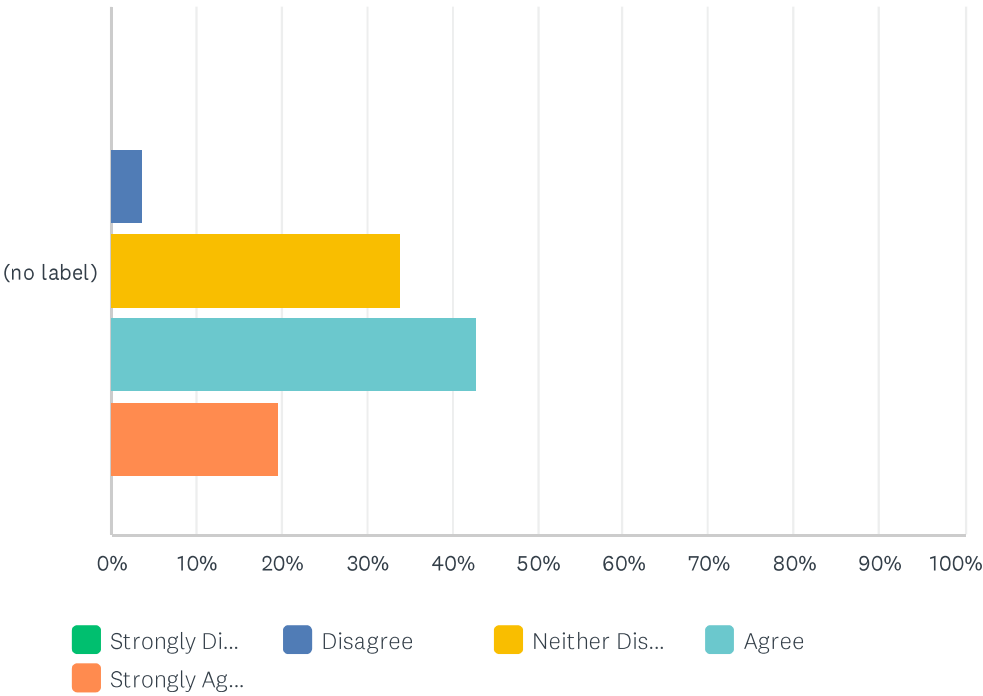
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.82% 1	5.45% 3	18.18% 10	41.82% 23	32.73% 18	55	3.98

Q19 Job openings within the agency are filled using a well-defined hiring process.

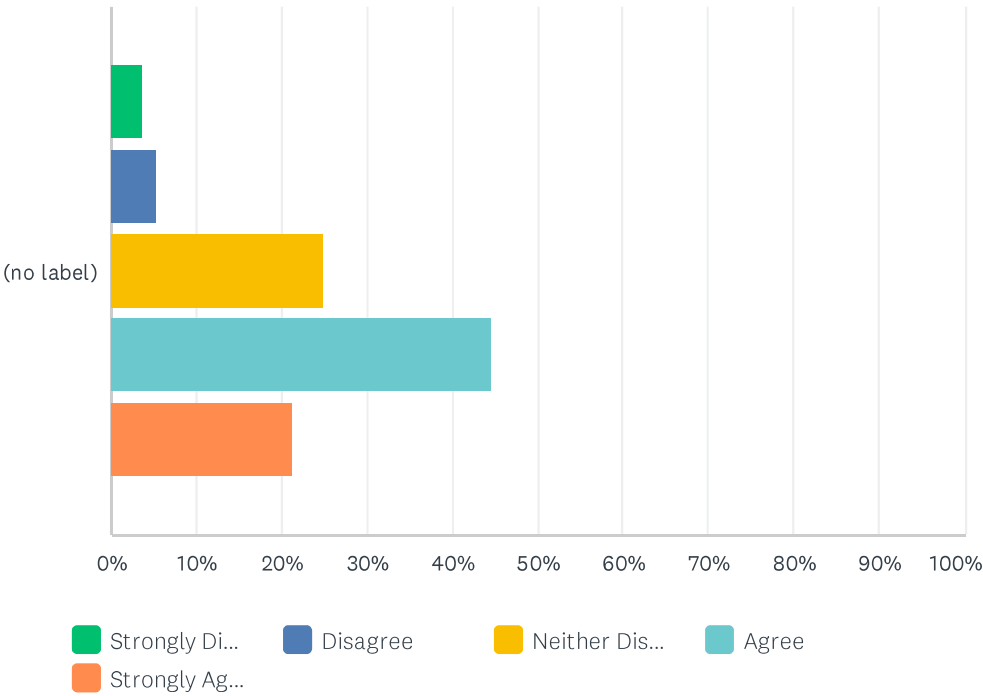
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	3.57% 2	33.93% 19	42.86% 24	19.64% 11	56	3.79

Q20 Staff members are encouraged to pursue additional education and training.

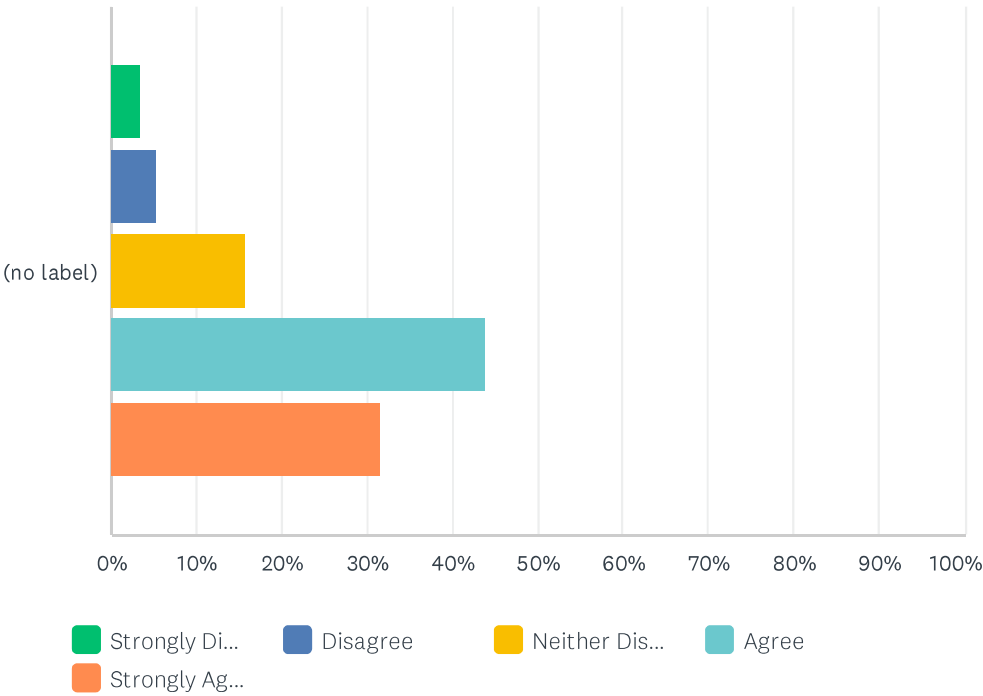
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	3.57% 2	5.36% 3	25.00% 14	44.64% 25	21.43% 12	56	3.75

Q21 My supervisor fosters a culture that celebrates the achievements of subordinates.

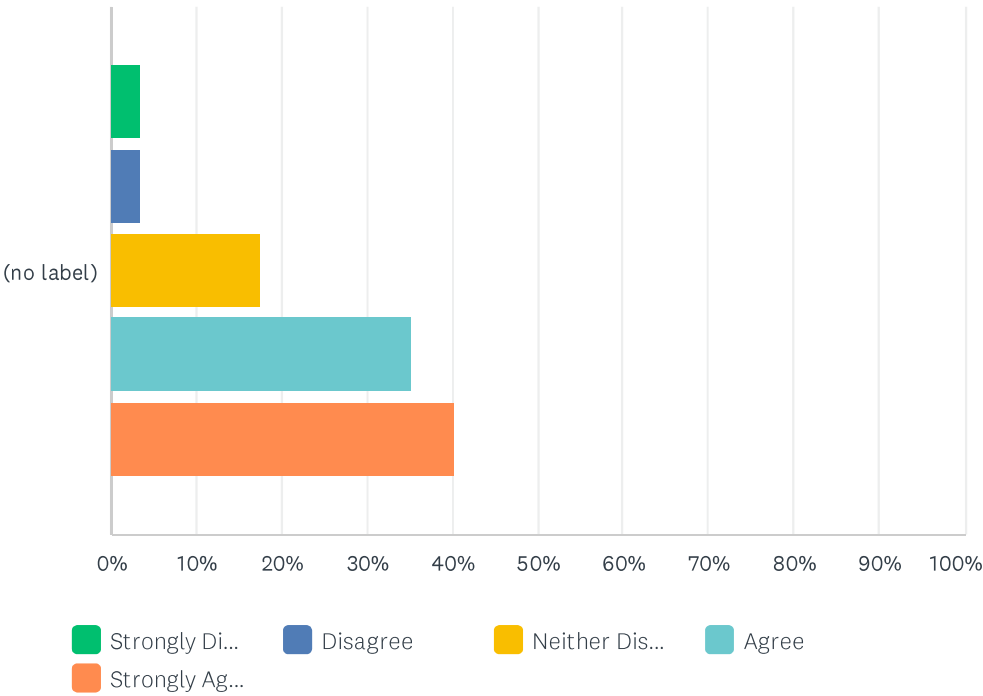
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	3.51% 2	5.26% 3	15.79% 9	43.86% 25	31.58% 18	57	3.95

Q22 I am valued by my supervisor.

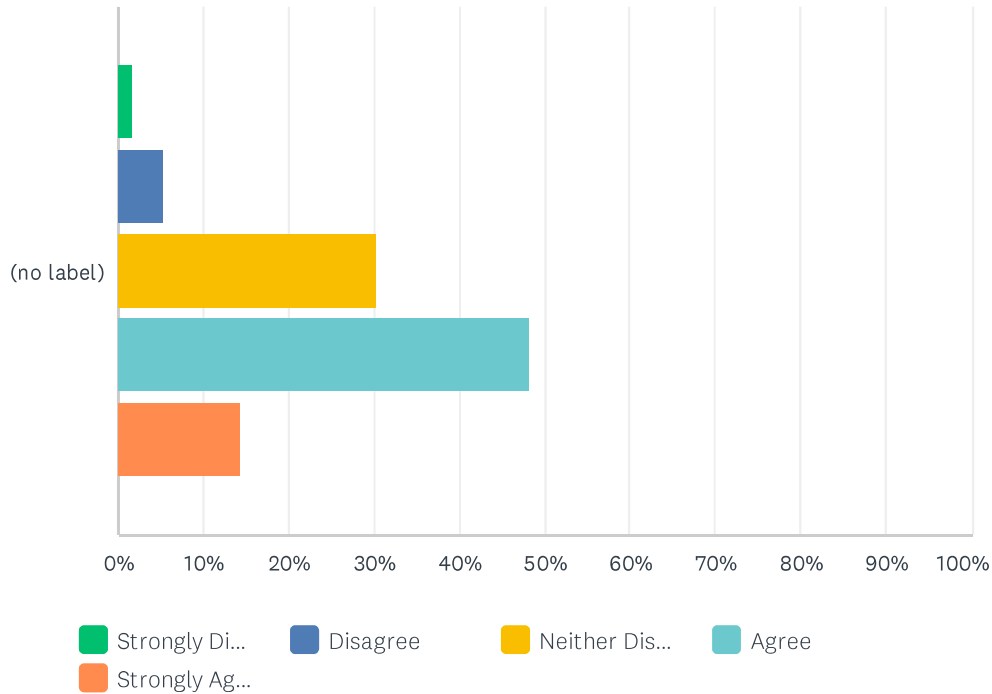
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	3.51% 2	3.51% 2	17.54% 10	35.09% 20	40.35% 23	57	4.05

Q23 The agency is quick to adapt to the changing circumstances, technologies or public health best practices.

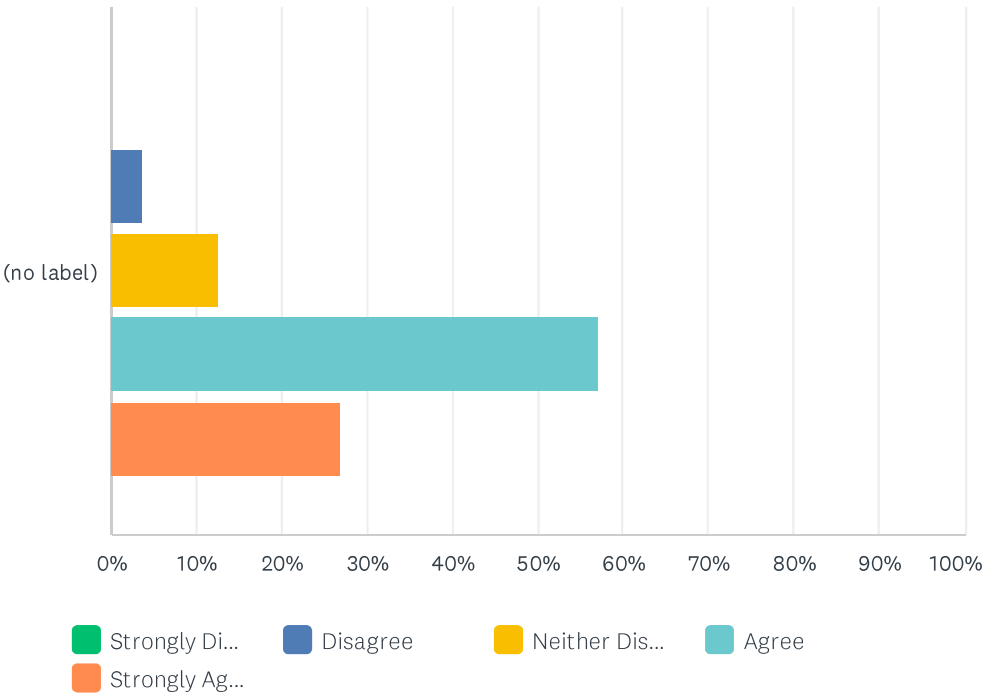
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.79% 1	5.36% 3	30.36% 17	48.21% 27	14.29% 8	56	3.68

Q24 My talents, training and expertise are used effectively.

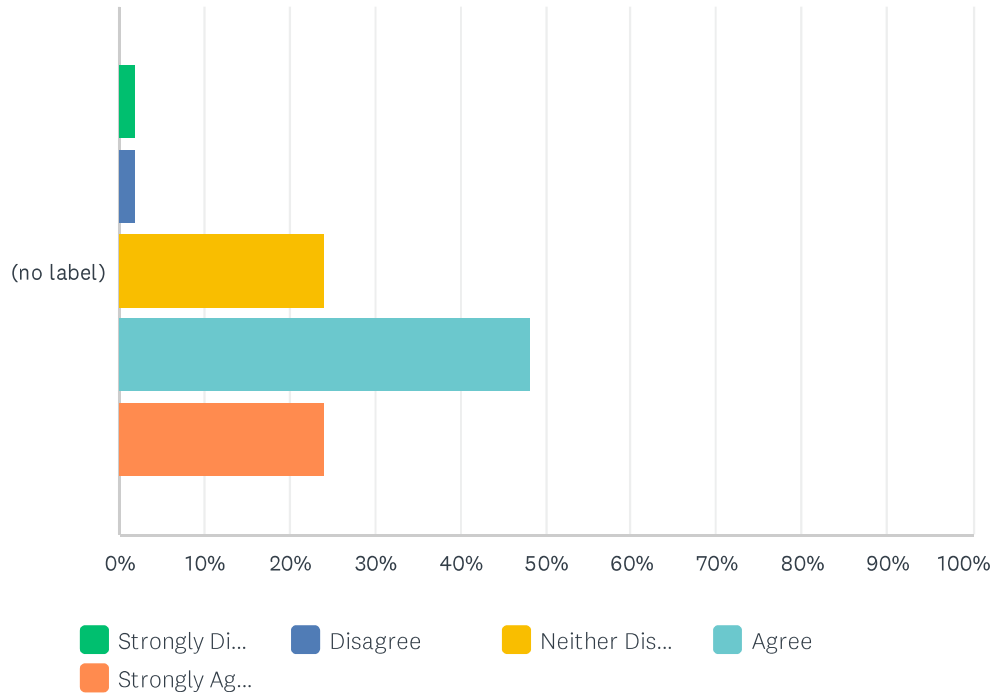
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	3.57% 2	12.50% 7	57.14% 32	26.79% 15	56	4.07

Q25 The health officer and administrative team do an effective job of leading the agency through change.

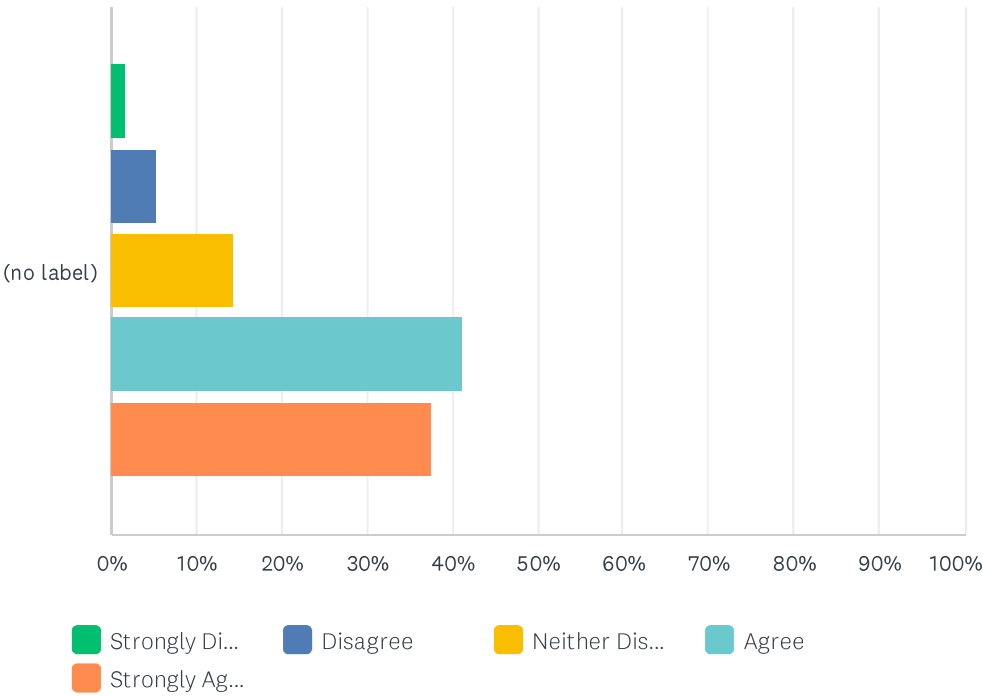
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.85% 1	1.85% 1	24.07% 13	48.15% 26	24.07% 13	54	3.91

Q26 I feel respected by my supervisor.

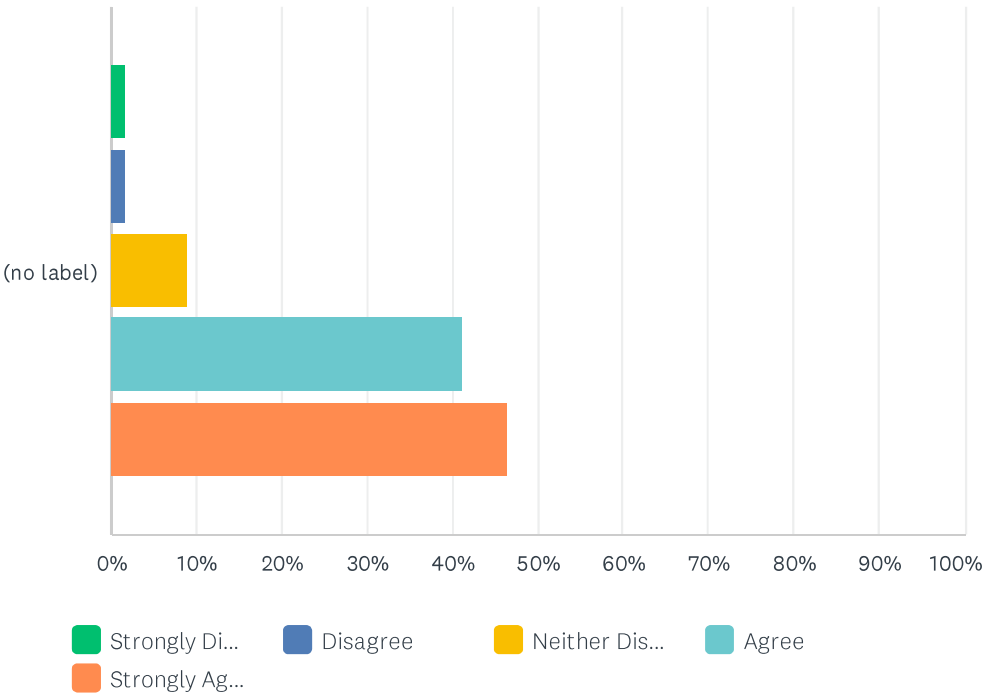
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.79% 1	5.36% 3	14.29% 8	41.07% 23	37.50% 21	56	4.07

Q27 I respect my supervisor.

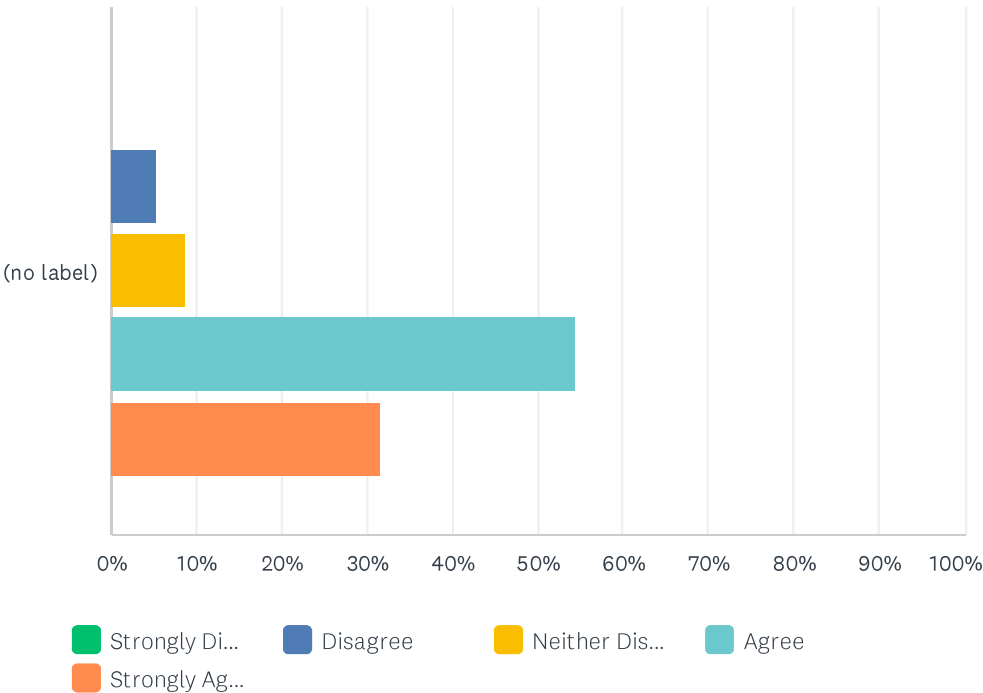
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.79% 1	1.79% 1	8.93% 5	41.07% 23	46.43% 26	56	4.29

Q28 I feel respected by my co-workers.

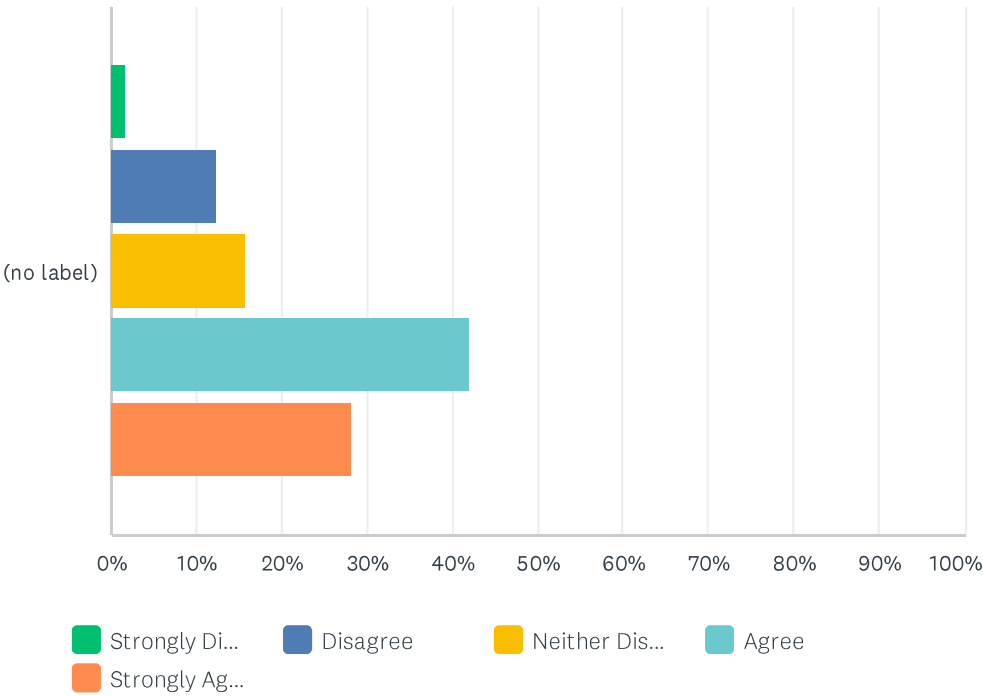
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	5.26% 3	8.77% 5	54.39% 31	31.58% 18	57	4.12

Q29 My supervisor seeks and values my opinion about the department's policies and procedures.

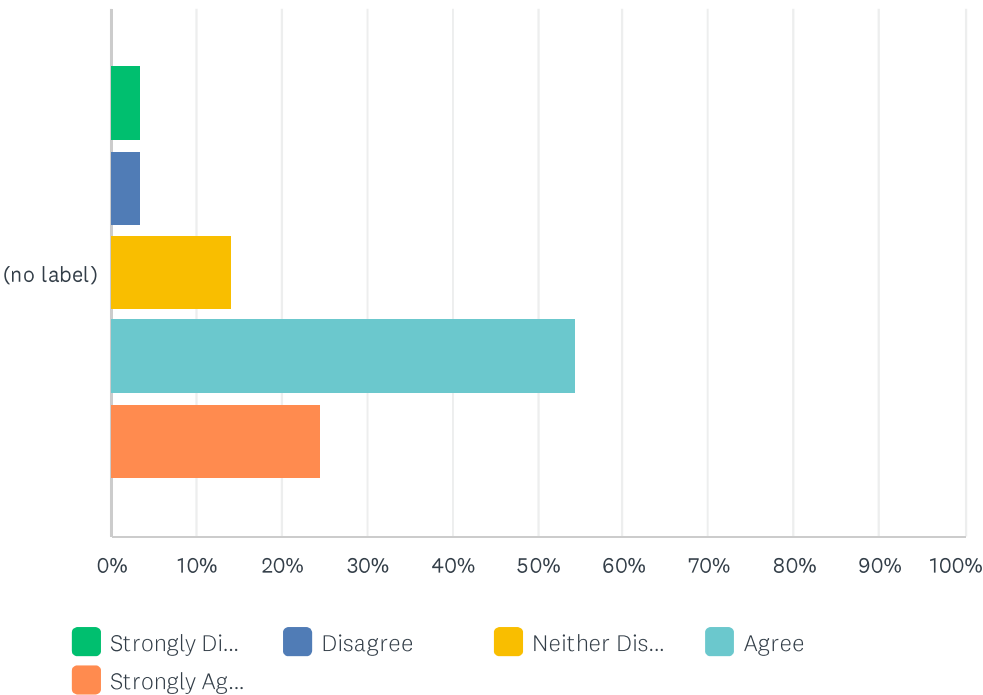
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.75% 1	12.28% 7	15.79% 9	42.11% 24	28.07% 16	57	3.82

Q30 The agency is managed in an ethical and professional manner.

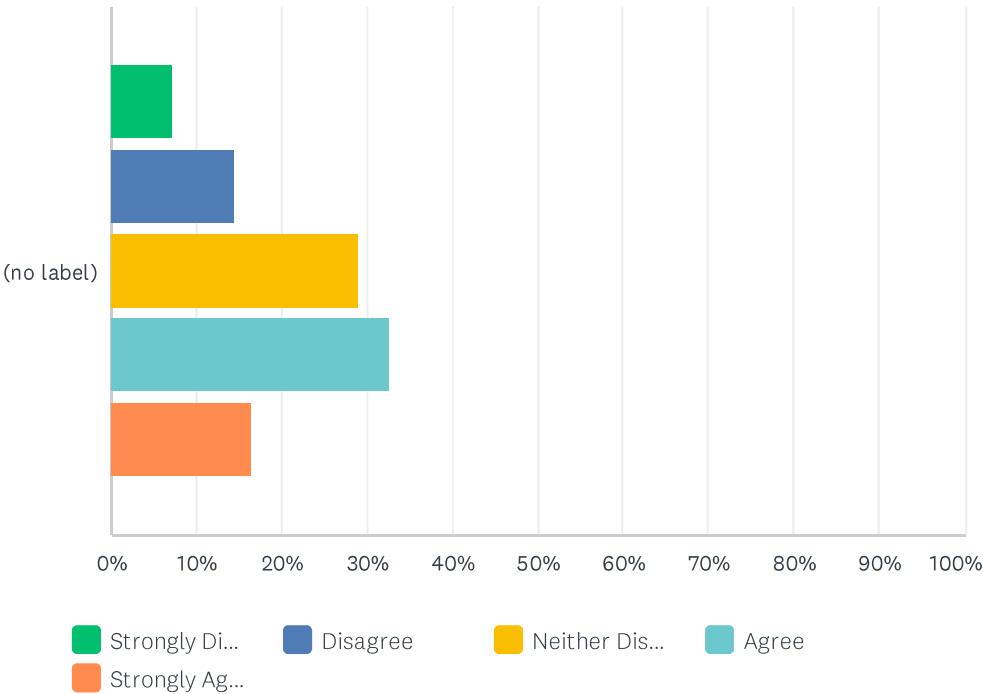
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	3.51% 2	3.51% 2	14.04% 8	54.39% 31	24.56% 14	57	3.93

Q31 Supervisors/Directors seek advice and feedback from others before making significant decisions.

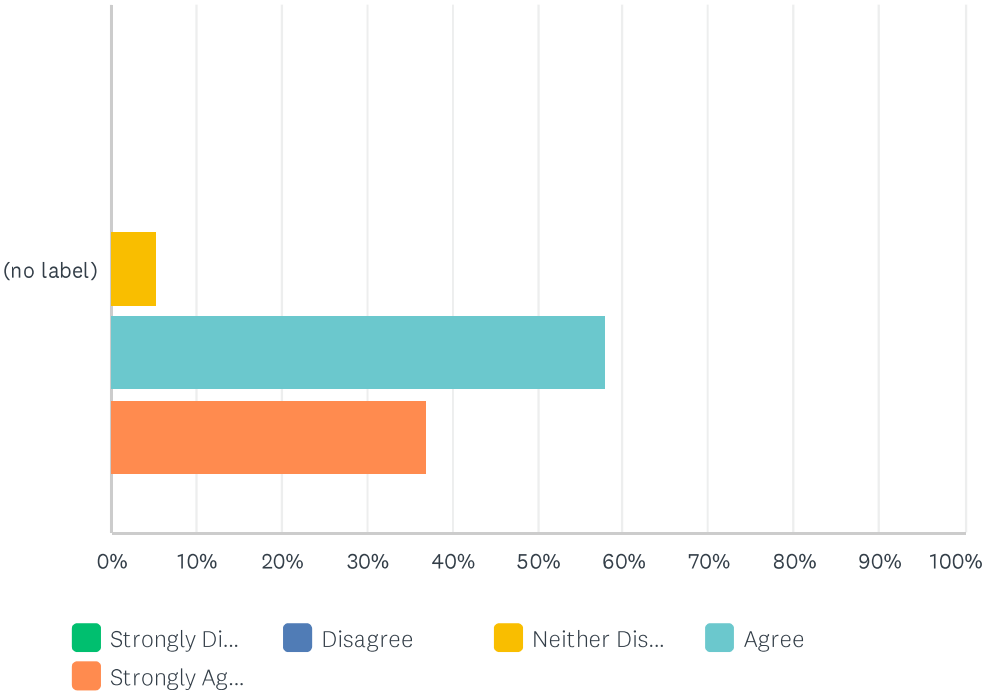
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	7.27% 4	14.55% 8	29.09% 16	32.73% 18	16.36% 9	55	3.36

Q32 I fully support the agency's mission and values as articulated in its official documents.

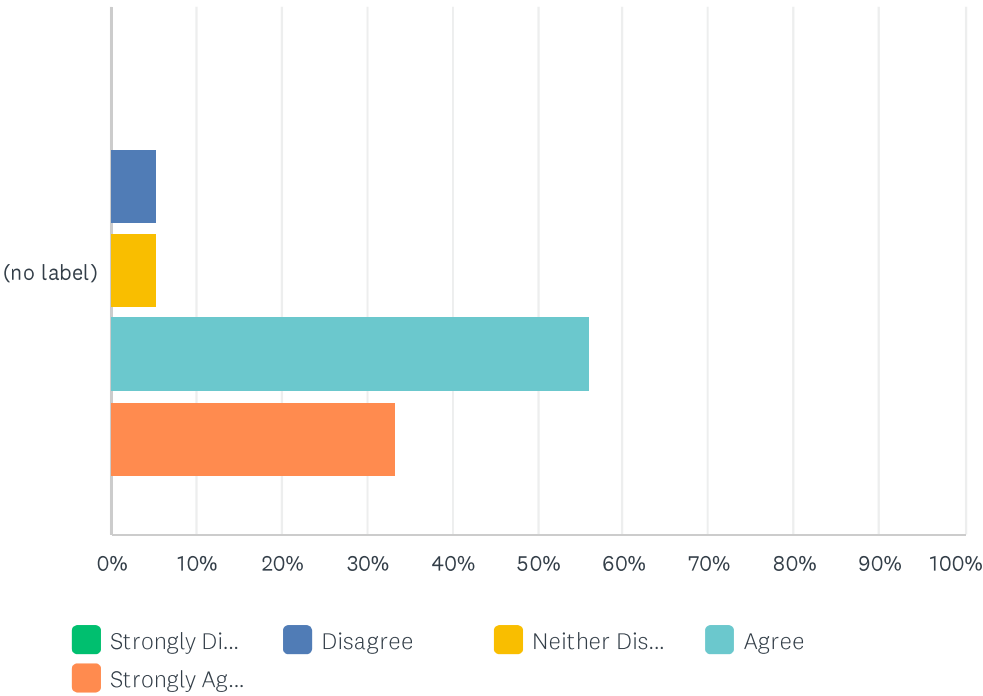
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	5.26% 3	57.89% 33	36.84% 21	57	4.32

Q33 The environment in the workplace is comfortable and safe.

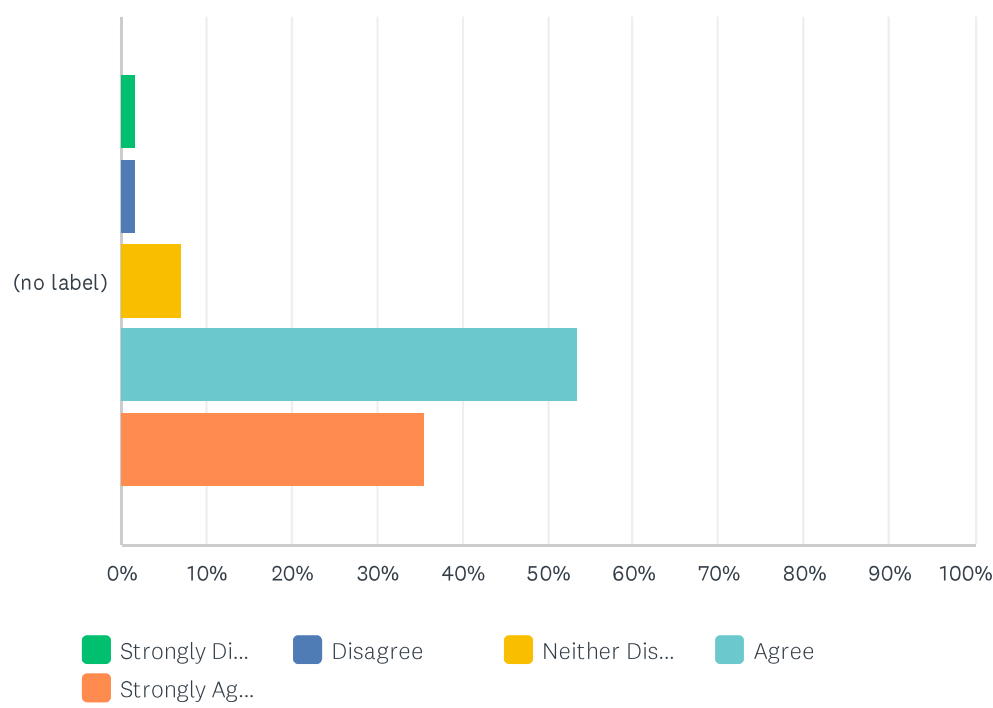
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	5.26% 3	5.26% 3	56.14% 32	33.33% 19	57	4.18

Q34 I am knowledgeable about program plans for the programs I am assigned to work.

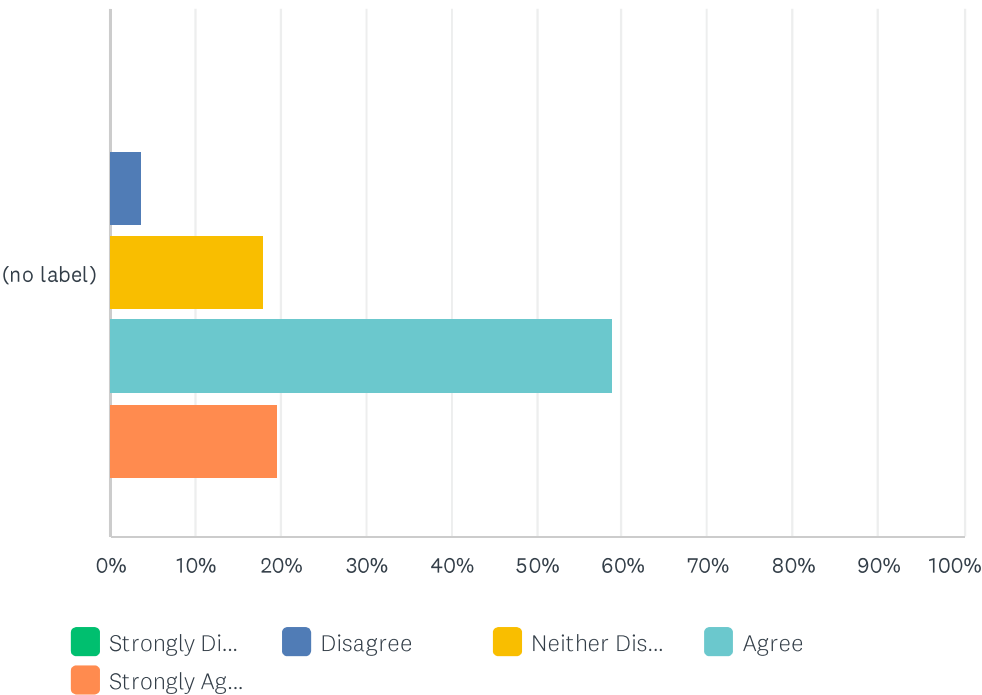
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.79% 1	1.79% 1	7.14% 4	53.57% 30	35.71% 20	56	4.20

Q35 The agency's strategic plan is reviewed annually with the staff.

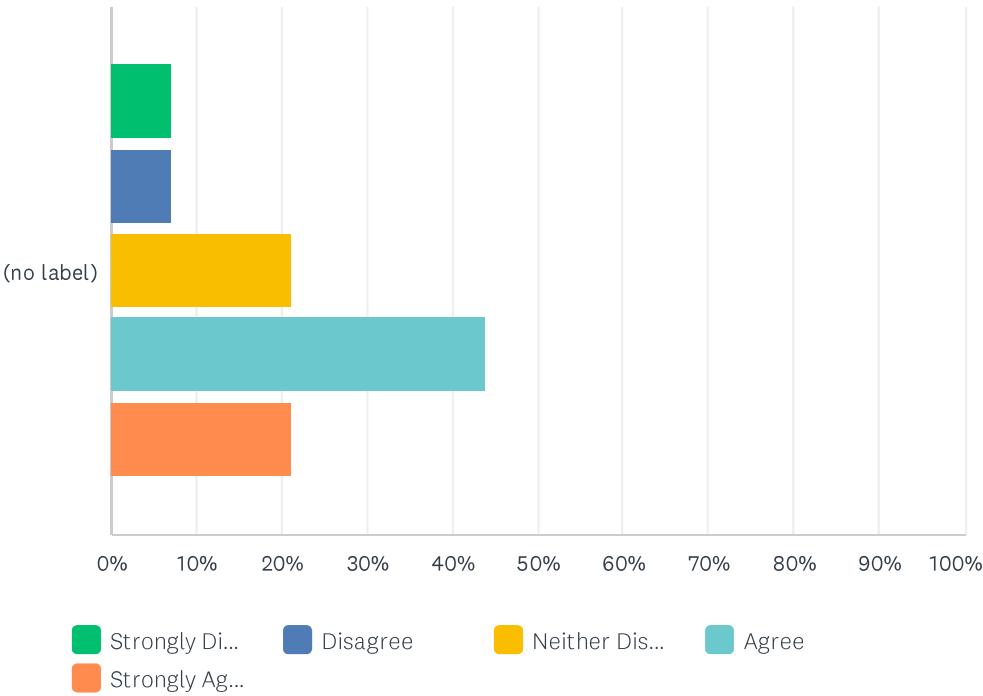
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	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	3.57% 2	17.86% 10	58.93% 33	19.64% 11	56	3.95

Q36 Employees are treated fairly and equally.

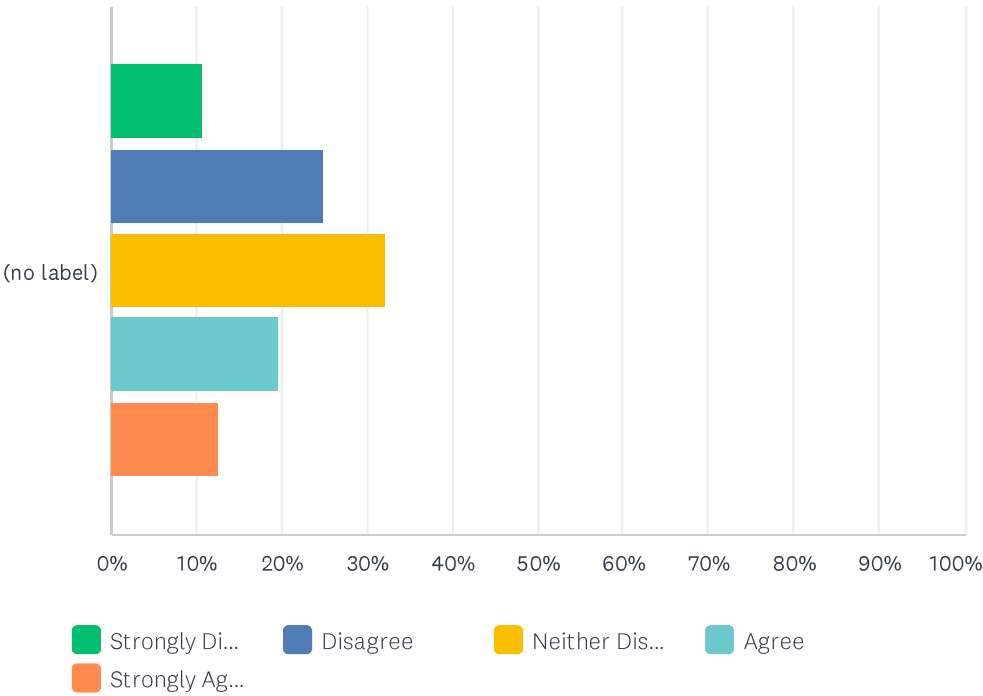
Answered: 57 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	7.02% 4	7.02% 4	21.05% 12	43.86% 25	21.05% 12	57	3.65

Q37 I feel a great deal of stress on my job.

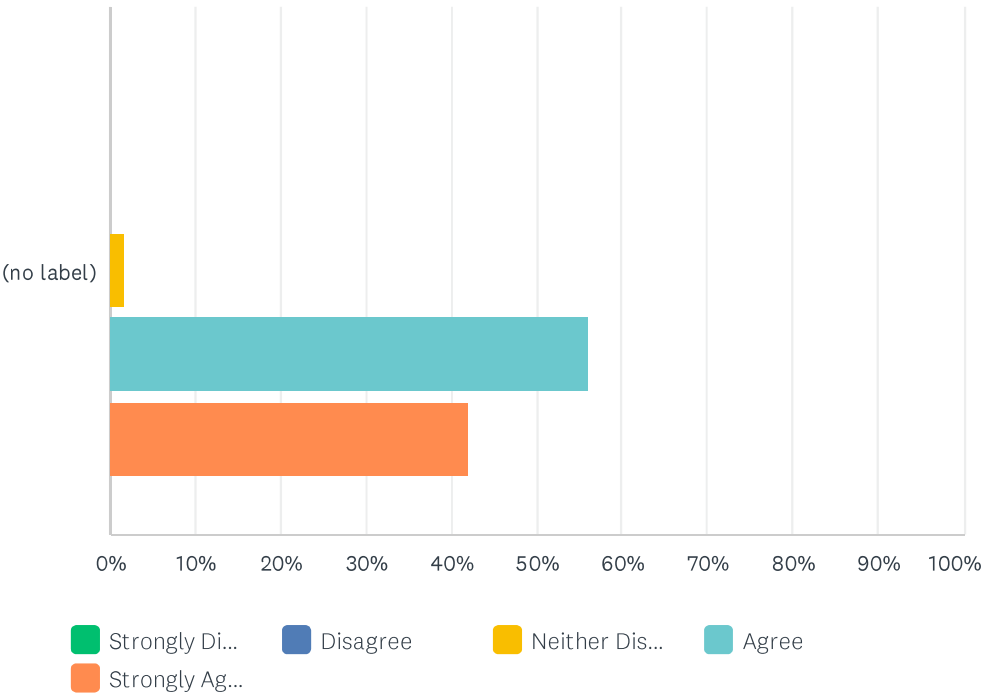
Answered: 56 Skipped: 1



	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	10.71% 6	25.00% 14	32.14% 18	19.64% 11	12.50% 7	56	2.98

Q38 My position adds value to the agency and the community.

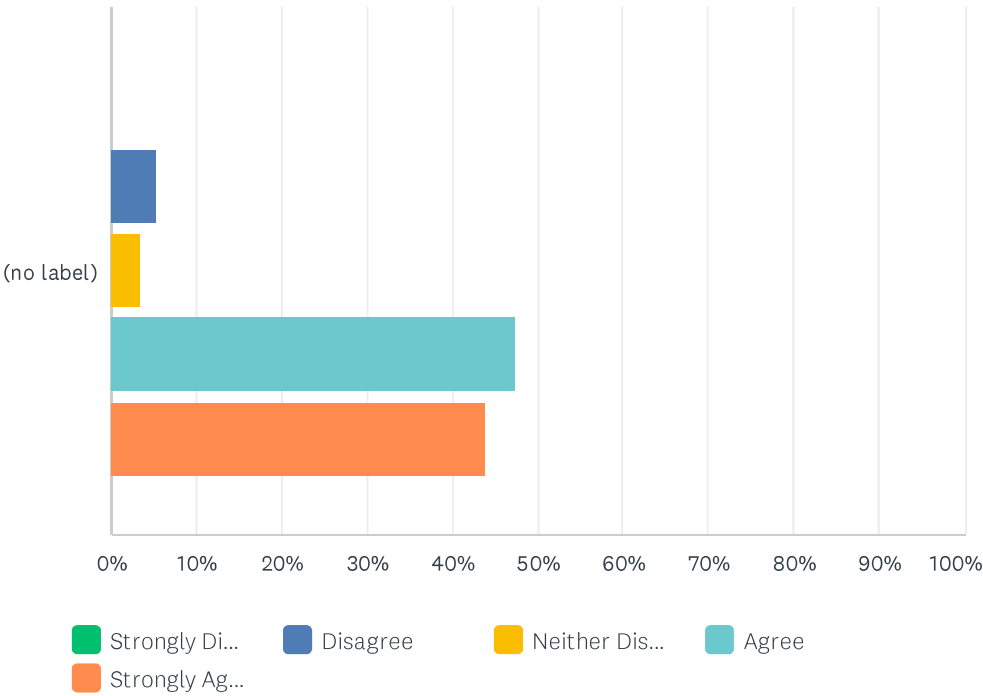
Answered: 57 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	1.75% 1	56.14% 32	42.11% 24	57	4.40

Q39 I am trusted to work autonomously.

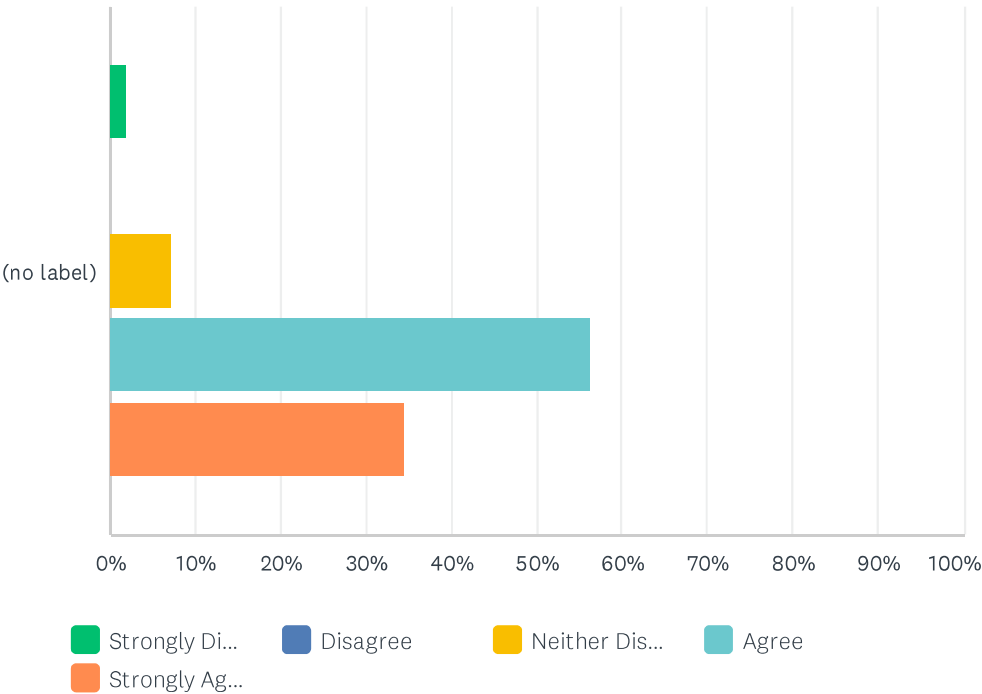
Answered: 57 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	5.26% 3	3.51% 2	47.37% 27	43.86% 25	57	4.30

Q40 I understand my job responsibilities in the agency and have the tools needed to complete my assignments.

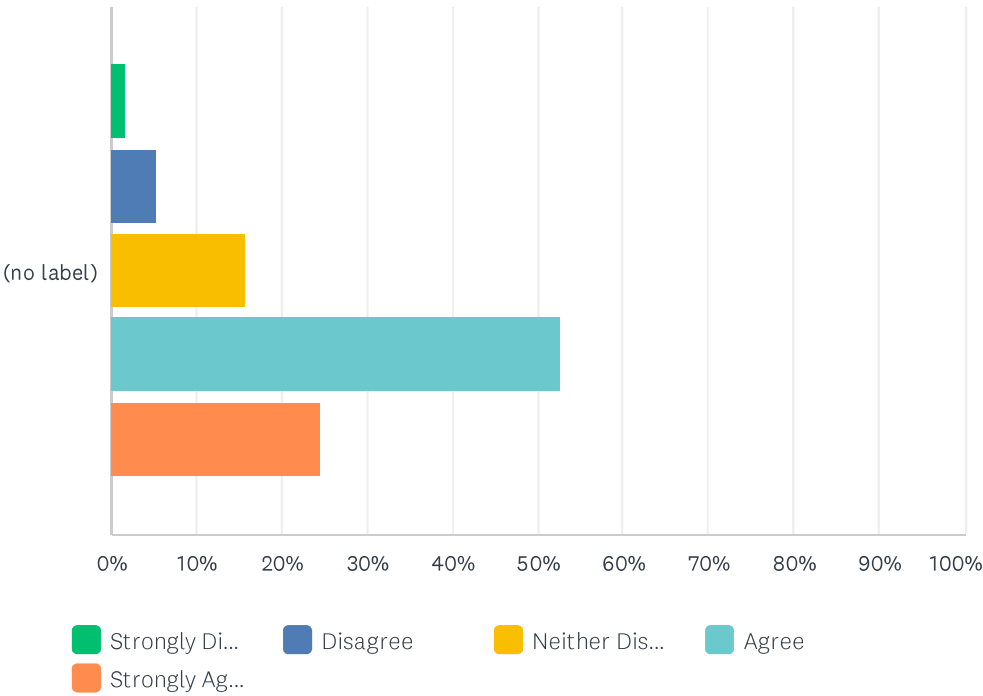
Answered: 55 Skipped: 2



	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.82% 1	0.00% 0	7.27% 4	56.36% 31	34.55% 19	55	4.22

Q41 I would encourage a friend to work for this agency.

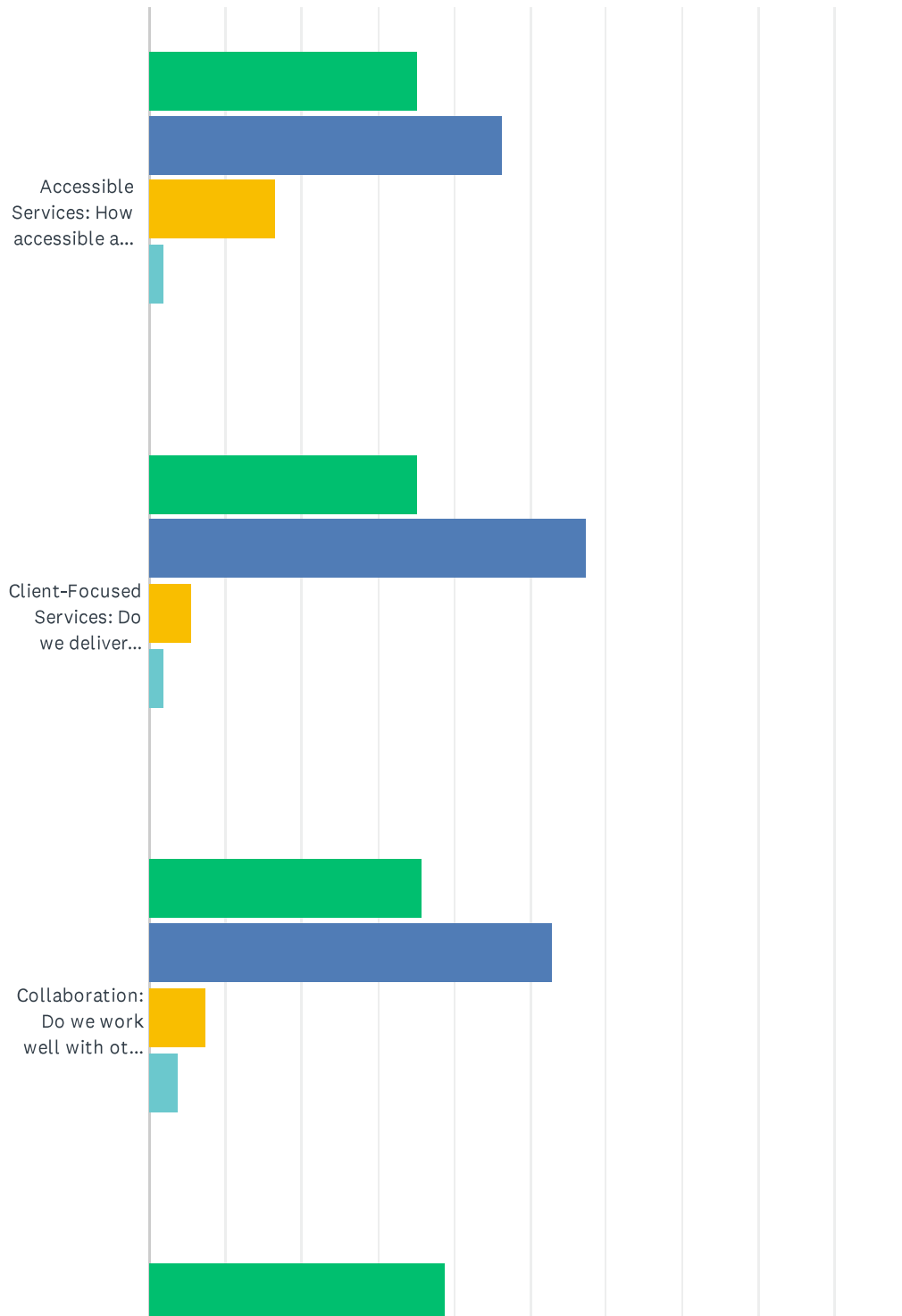
Answered: 57 Skipped: 0



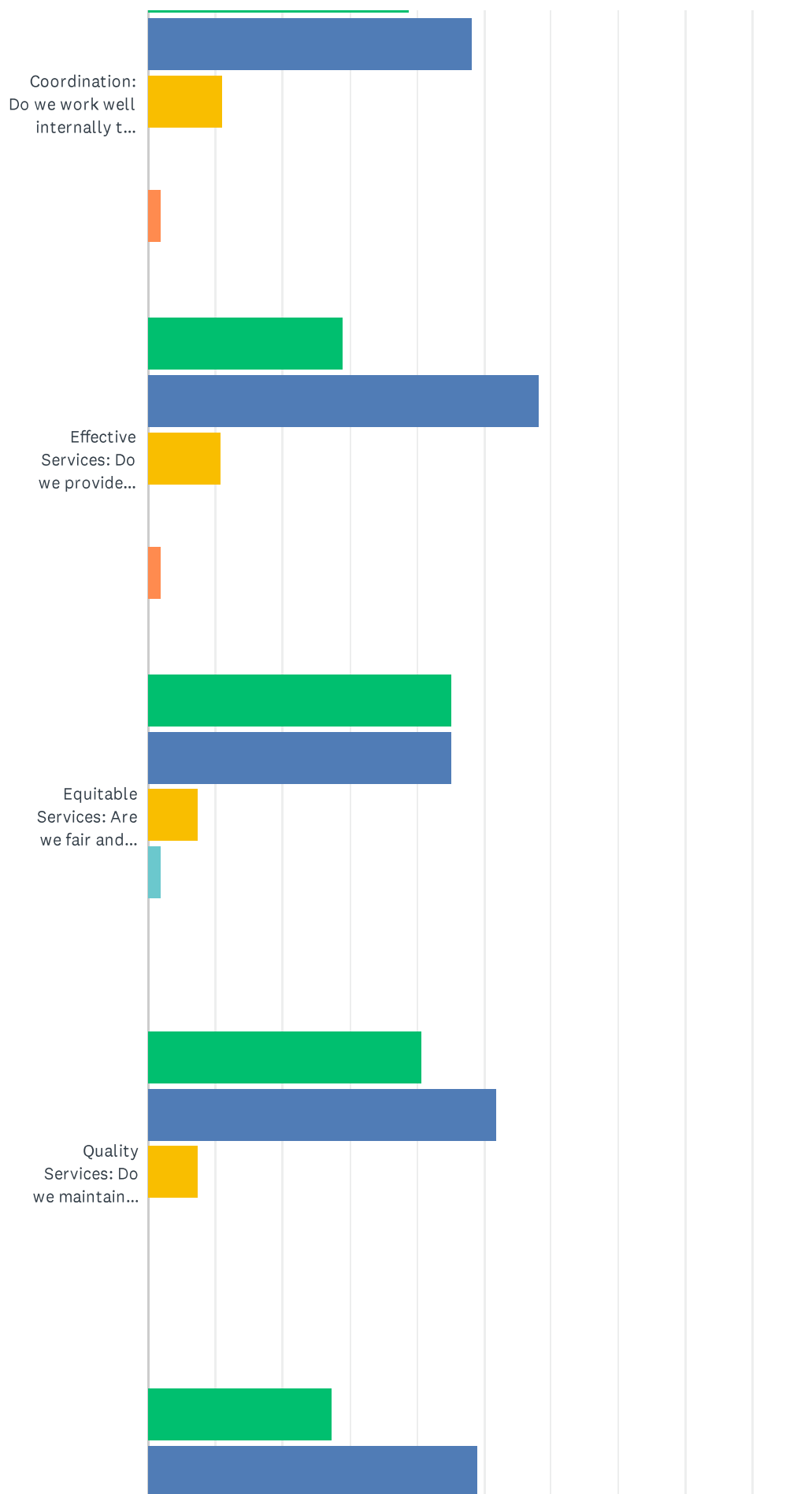
	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	1.75% 1	5.26% 3	15.79% 9	52.63% 30	24.56% 14	57	3.93

Q42 Below is a list of attributes related to our services. A short explanation of what each term means has been provided. Using the following Likert Scale, please rank how well the agency demonstrates these attributes to our clients. For each category identify one of the following ratings: We do: Very Well, Well, Fair, Poor or Very Poor.

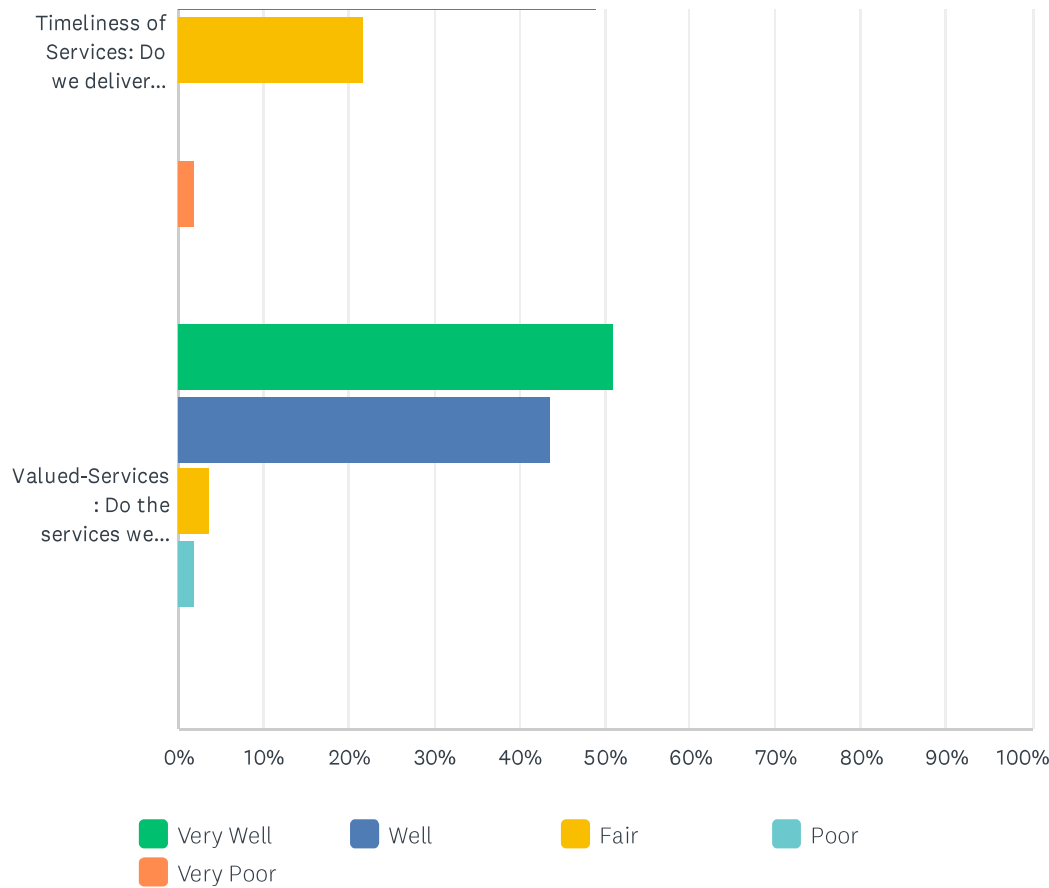
Answered: 55 Skipped: 2



2025 - Workplace Satisfaction Survey



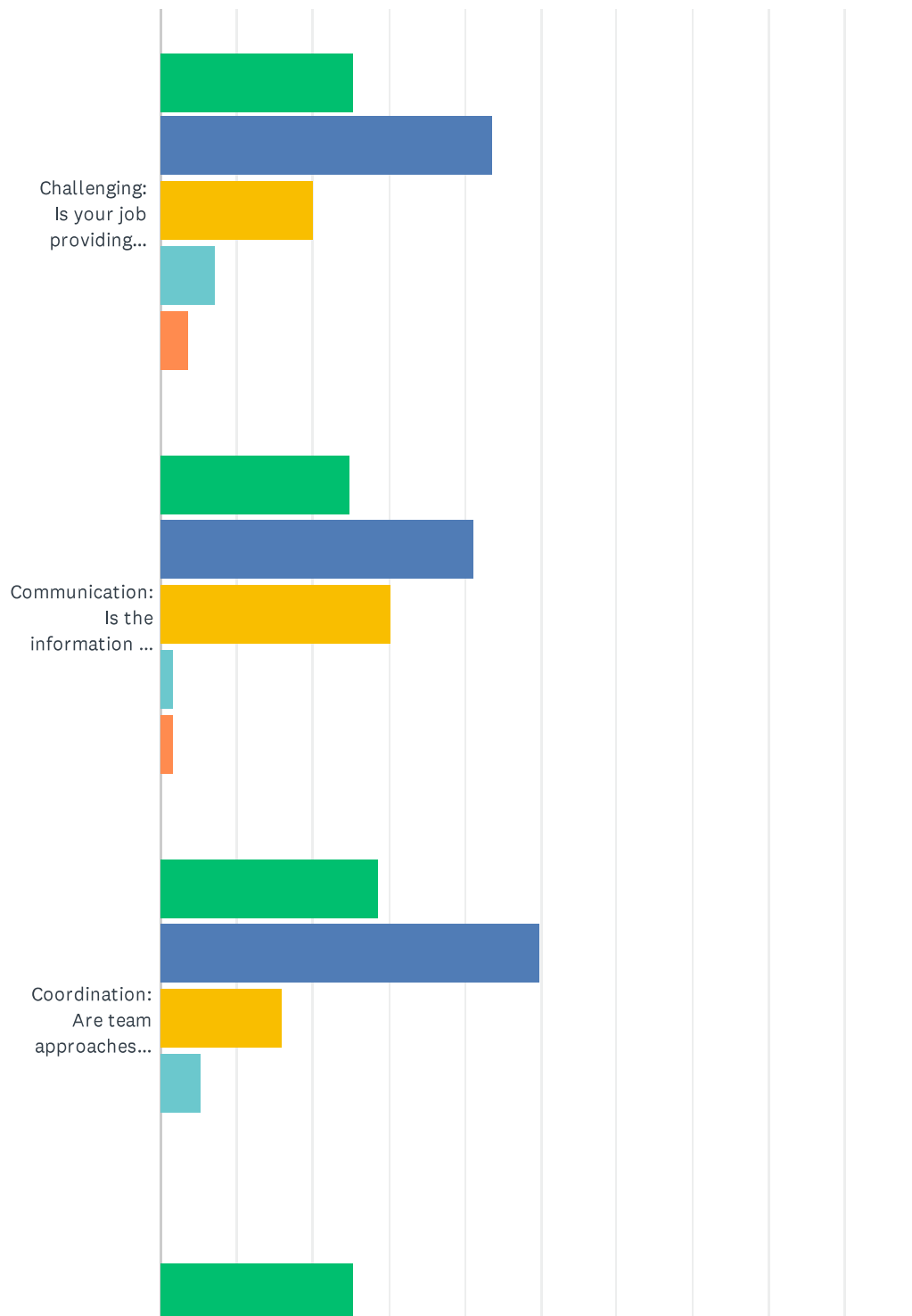
2025 - Workplace Satisfaction Survey



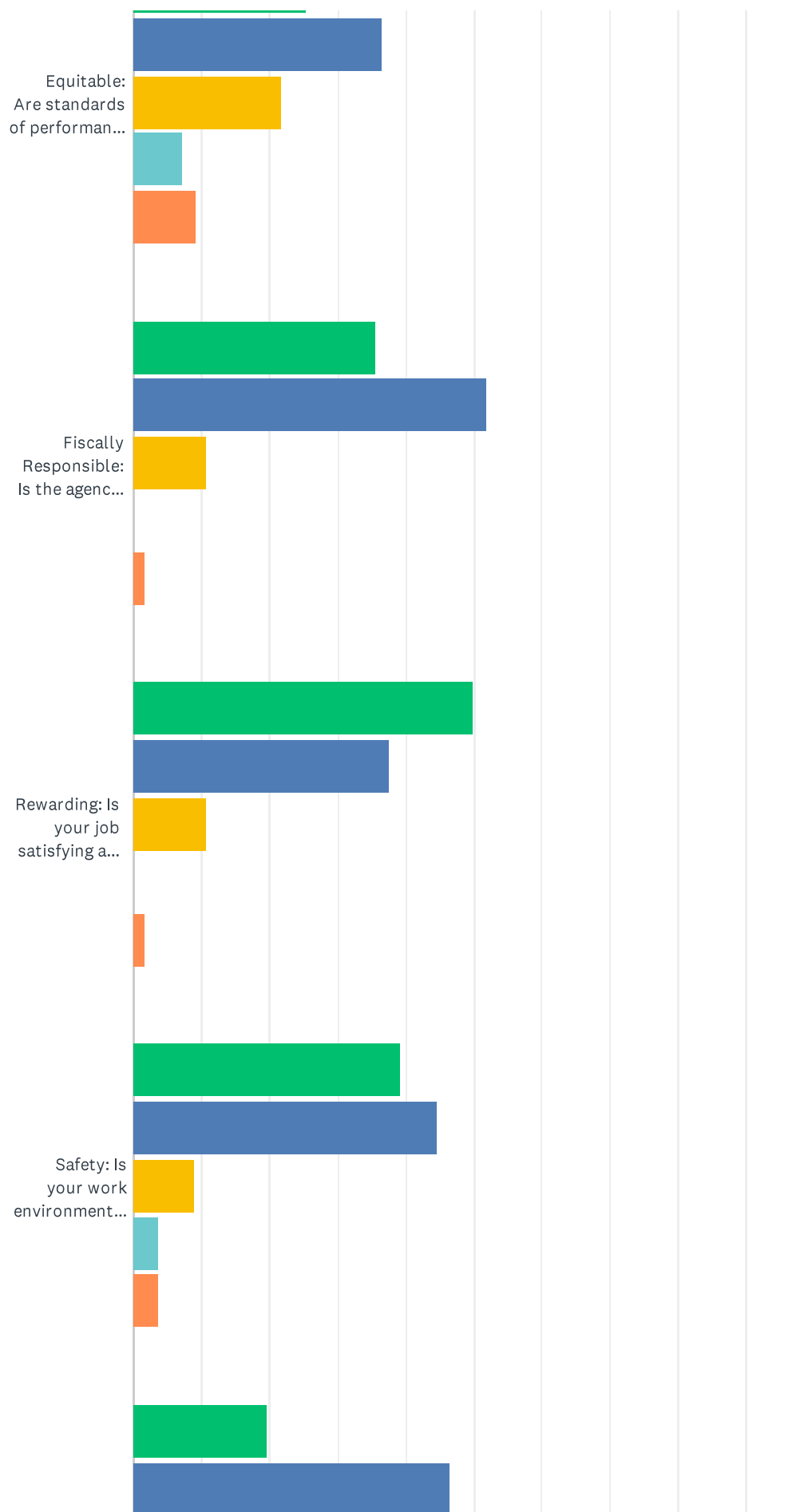
	VERY WELL	WELL	FAIR	POOR	VERY POOR	TOTAL	WEIGHTED AVERAGE
Accessible Services: How accessible are our service for our clients? This includes: hours, location, explaining eligibility requirements, etc.	35.19% 19	46.30% 25	16.67% 9	1.85% 1	0.00% 0	54	1.85
Client-Focused Services: Do we deliver services in a way that demonstrates we are sensitive to their preferences and are culturally competent?	35.19% 19	57.41% 31	5.56% 3	1.85% 1	0.00% 0	54	1.74
Collaboration: Do we work well with other agencies and organizations to assure that the diverse needs of our clients are met?	35.85% 19	52.83% 28	7.55% 4	3.77% 2	0.00% 0	53	1.79
Coordination: Do we work well internally to assure that clients receive all the services they need?	38.89% 21	48.15% 26	11.11% 6	0.00% 0	1.85% 1	54	1.78
Effective Services: Do we provide services in the most competent and organized manner?	29.09% 16	58.18% 32	10.91% 6	0.00% 0	1.82% 1	55	1.87
Equitable Services: Are we fair and impartial as we work with different populations and individuals?	45.28% 24	45.28% 24	7.55% 4	1.89% 1	0.00% 0	53	1.66
Quality Services: Do we maintain standards of excellence as we provide services?	40.74% 22	51.85% 28	7.41% 4	0.00% 0	0.00% 0	54	1.67
Timeliness of Services: Do we deliver services within a reasonable timeframe?	27.27% 15	49.09% 27	21.82% 12	0.00% 0	1.82% 1	55	2.00
Valued-Services: Do the services we deliver add value to our clients' lives and make a difference?	50.91% 28	43.64% 24	3.64% 2	1.82% 1	0.00% 0	55	1.56

Q43 Below is a list of attributes related to your job. A short explanation of what each term means has been provided. Using the following Likert Scale, please rank how well the agency demonstrates these attributes to our employees. For each category identify one of the following ratings: We do: Very Well, Well, Fair, Poor or Very Poor.

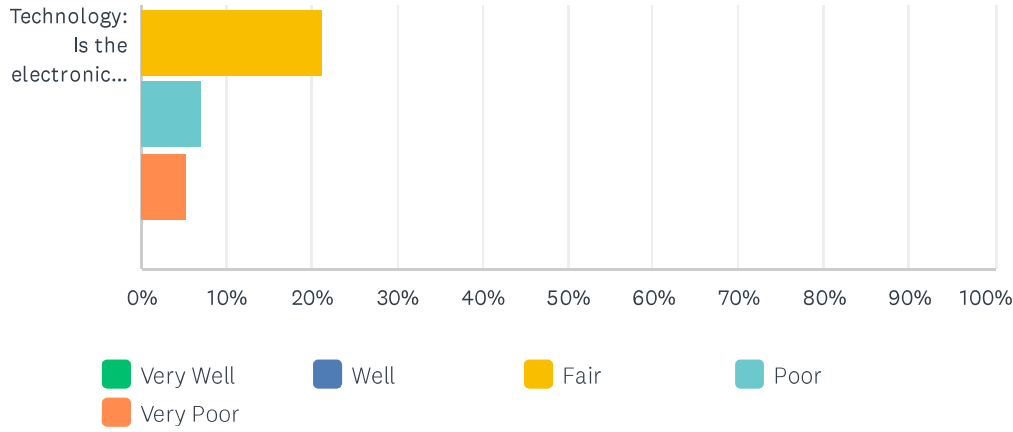
Answered: 56 Skipped: 1



2025 - Workplace Satisfaction Survey



2025 - Workplace Satisfaction Survey



	VERY WELL	WELL	FAIR	POOR	VERY POOR	TOTAL	WEIGHTED AVERAGE
Challenging: Is your job providing opportunities for professional growth?	25.45% 14	43.64% 24	20.00% 11	7.27% 4	3.64% 2	55	2.20
Communication: Is the information you need readily available so that you can accomplish your job and do messages flow freely though various channels?	25.00% 14	41.07% 23	30.36% 17	1.79% 1	1.79% 1	56	2.14
Coordination: Are team approaches being utilized to accomplished tasks and complete projects?	28.57% 16	50.00% 28	16.07% 9	5.36% 3	0.00% 0	56	1.98
Equitable: Are standards of performance applied fairly to all employees?	25.45% 14	36.36% 20	21.82% 12	7.27% 4	9.09% 5	55	2.38
Fiscally Responsible: Is the agency a good steward of the public funds we receive?	35.71% 20	51.79% 29	10.71% 6	0.00% 0	1.79% 1	56	1.80
Rewarding: Is your job satisfying and does it add meaning to your life?	50.00% 28	37.50% 21	10.71% 6	0.00% 0	1.79% 1	56	1.66
Safety: Is your work environment clean and free of hazards?"	39.29% 22	44.64% 25	8.93% 5	3.57% 2	3.57% 2	56	1.88
Technology: Is the electronic equipment and other tools provided adequate to accomplish your job?	19.64% 11	46.43% 26	21.43% 12	7.14% 4	5.36% 3	56	2.32

Q44 What do you enjoy most about your work experience with this agency?

Answered: 43 Skipped: 14

#	RESPONSES
1	The amount of support I receive from the supervisors is great. They really care about their employees.
2	co-workers
3	Being part of a team that enjoys helping our communities.
4	assisting clients in finding solutions to various issues
5	collaboration between individuals and different departments
6	The people
7	The people I work with
8	The people that I work with & the job that I do
9	Our mission and working to carry it out every day
10	Working with the public, meeting new people, love kids.
11	It's a pleasure to come to work and there is no hesitation to ask for my assistance.
12	Meeting customers and providing exceptional services.
13	I feel valued and feel I make a difference
14	Friendly co-workers
15	I enjoy interacting with the community and being a part of the grants our division manages.
16	clients
17	Meeting New families, and New babies. Being there to emotionally , and physically help people feel safe and taken care of.
18	NA
19	I enjoy the co-workers and flexibility
20	The calm environment
21	My coworker as like family. I know I can go to them for anything.
22	working with the public
23	The low stress environment.
24	Getting to know our families and helping them to succeed with their goals.
25	My coworkers are great, funny and good cooks.
26	communicating with the public and having them leave feeling satisfied that we have helped/solved their issues.
27	an overall feeling of helping my community
28	prefer not to answer
29	Variety of day-to-day events and tasks.
30	My Co-Workers. Work hours.

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31	The Team I Work With
32	The ability to assist individuals with needed services. The co workers
33	I enjoy the opportunities I have to learn and grow at the agency. Most of the people are friendly and I enjoy working with the team.
34	Everyone here in Coldwater are great to work with.
35	The work environment. Everyone is wonderful to work with.
36	The fact that I can live the mission and vision each day.
37	The amazing people, pay, and professional development opportunities.
38	The people we provide services to.
39	Co-workers and making a difference.
40	I enjoy the people I work with and the culture within my department. I haven't branched out much with other departments but, EH has a great connected family like feel to its atmosphere.
41	Pride in knowing we are helping the community. Being able to help clients when they have questions.
42	Working with the public
43	I really enjoy having a supervisor who cares for their team. Nothing is a super emergency and it is okay if mistakes happen as long as we correct them. I also really enjoy when we can help the public finally finish a project they have been working on for a long time.

Q45 What do you least enjoy about your work experience with this agency?

Answered: 37 Skipped: 20

#	RESPONSES
1	In my program, there is significant guidance from the state on how to perform the necessary work and what standards must be met. However, I've noticed that other areas within my department do not receive the same level of direction. This lack of consistency has led to frustration, particularly around training, and has resulted in varied and sometimes conflicting approaches. As a result, some negative perceptions have developed among staff within the department and across different offices.
2	difficulty knowing what to do and when to do it
3	negativity from some other staff members
4	Some of the courses on the training document provided my HR during New Hire Orientation weren't easy to find as there wasn't a location of the training course listed.
5	Certain people that are allowed to get away with things with no consequences and the rules do not apply to them
6	You have multiple supervisors, overall they are very respectful, one can be very rude. And disrespectful to you i. Front of co-workers.
7	Having to go through many steps to get certain products procured
8	Some of the homes that we go into are in very poor conditions.
9	The frustrations caused by technological glitches
10	Inconsistency in responses from supervision,
11	I am thankful for my job and thankful to work.
12	the feel of being watched at all times by specific directors
13	Gossip , back stabbing, talking that is negative about our place of work and about our staff. It makes people keep leaving! That and the amt we get paid isn't enough. People leave because of that too.
14	NA
15	Sometimes I feel that the valid concerns and thoughts brought up are not considered by admin when making big decisions that directly influence lower level staff. Once Admin had their mind made up, they do not appear to consider others input that work directly with clients in the day to day.
16	The barriers in getting information, lack of training and constant policy changes related to my job but I believe that is more of a state/MDSS related problem.
17	going to other offices to cover call offs.
18	Having to fill in at other offices.
19	Time constraints
20	The inflexibility.
21	Some co workers are held to a different standard than others.
22	There always seems to be internet/server/phone/share drive issues which makes it hard to complete work tasks.
23	pay

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24	prefer not to answer
25	Negative public responses.
26	The Pay and lack of hours
27	Lack of information regarding funding
28	My least favorable experience is that some staff are not held accountable for their tasks/responsibilities and the work is then pushed off onto their colleagues without questioning why that staff did not complete their duties.
29	How dirty this agency is. Only hear excuses why it can't be cleaner.
30	The salary does make it a little hard to afford life.
31	Working through "red tape", but that is a personal struggle.
32	Not feeling trusted to work autonomously and frequent travel.
33	I would say the pay/benefits.
34	Recently, my work experience with this agency has been well but, coworkers and myself are consistently faced with technology issues (i.e. Wifi, connection to shared folders, and connection to printers). In almost every task I have, utilization of the shared folder is needed to look at historic info. I find myself stuck at a stand-still frequently throughout the week due to these issues. I understand technology will fail and it is always changing but sadly, it is almost a daily occurrence.
35	The cattyness that can be seen at times between certain people/departments.
36	Having so much paperwork to complete
37	The frequent technology issues can make it challenging to complete tasks.

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

Answered: 34 Skipped: 23

#	RESPONSES
1	Creating a formal training program for new team members.
2	To hold people accountable when their job requirements are not done properly
3	I think it is very difficult with us being a 3 county agency. I think that all offices should run the same and use all of the same things for all areas. It should not be allowed for example one clinic to use these gloves, needles, whatever and another location use a different brand. It shouldn't matter which location you are working at, it should all be the same.
4	Understand the phone system better.
5	n/a
6	Agency positivity. This seems odd, but there is so much complaining that I believe to be caused by concern of internal judgement and support. Do we support one another and work as a team to provide essential services or is it an independent show where people are afraid to make mistakes?
7	Provide consistent and reliable internet across the agency
8	Staff being treated fairly and consistently.
9	I think there is still need for improvement on communication. This is not a procedural problem however, but more of a "people" problem. I do not know if this is a problem that can be "fixed", but more so brought up and examined.
10	Negativity! The way Trainings are done. ,Talking about people from co workers, from co workers.
11	NA
12	Ensuring staff feel valued and appreciated for what they do
13	Better cleaning, the floors are disgusting. Not to beat a dead horse but clients make comments about the cleanliness multiple times. There is no sweeping/vacuuming or mopping being done anywhere in the clinic and back hallway offices. Lobby maybe but not back here. There is a lot of grim and buildup around the faucets and toilets.
14	have a different policy in place for coverage of call offs, certain offices tend to have more than other offices. Certain staff call in more than others.
15	Filling in at other offices. It's hard to comprehend removing someone from servicing their potential clients in their home office to cover for someone else. Unexpected/emergency absences are always going to happen, but there should be a policy to handle that situation without taking staff away from their own work.
16	information sharing
17	Additional staffing.
18	One internal problem is the vague wording in policies that leave it to the discretion of supervisors/directors to enforce. Often times, employees within the same department are held to different standards based on this discretion. A clear, concise revision to these policies ie. break policies, tardiness, absent-ism, etc. would allow consistence with enforcement.
19	I would hold everyone to the same standard and not pick and choose who is allowed to do what and when.
20	3% cost of living increase, not a pay raise, but a cost of living increase.

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21	better quality paid cleaning/housekeeping services
22	increase salary
23	make sure we have the proper items(example children's band aids) to do our job
24	Ensuring that employees are doing their jobs correctly and in a timely manner.
25	Scheduling conflicts
26	have more consistent and reliable technology (internet, intranet, EMR, etc.)
27	Hire a maintenance person who does thorough and complete cleaning on a daily basis
28	The lack of budget for the necessities.
29	The training and available resources for insurance would be improved.
30	Increasing staff
31	Funds to our job.
32	Wifi and technology issues within the TR office.
33	One Team! We are one team. It doesn't matter what area you are you (clinic, EH, Etc) if someone needs help stop and ASK what they need and HELP them. I see so many people walk passed people who clearly are unsure where to go (usually VA, AAA or MDHHS) or people that walk passed things they could help with or pick up off the floor. Respect the building, departments, team as a who and the clients. Without the community we would NOT have a job!
34	Making sure everyone is treated fairly.

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

Answered: 26 Skipped: 31

#	RESPONSES
1	From an outside perspective, there appears to be ongoing tension between upper management and employees. It seems that leadership may sometimes approach staff with a degree of cynicism, assuming the worst intentions. While I understand the challenge of managing situations where some individuals might take advantage of the system—and the importance of treating everyone equally—it's also important to recognize that not all employees are acting in bad faith. A more balanced, empathetic approach could help rebuild trust and morale.
2	There are no consequences to some employees when mistakes are made
3	It can be challenging to enforce policies in my department when they're not being consistently followed across other departments. It's particularly difficult when some departments raise concerns about non-compliance elsewhere, yet don't uphold the same standards within their own teams. If all departments are on the same page, it would help create a more consistent and fair environment for everyone.
4	communication seems to trickle down well
5	That to be very mindful of how each employee is treated and disciplined. There are definite differences with certain employees that never receive any consequences of their actions
6	Nothing at this time..
7	I thank them for their support!
8	Certain staff appear to be untouchable and act superior and are allowed to treat other employees rudely,
9	Encouragement goes a long way with staff, especially those who do hard jobs with not the highest pay. People choose to work here for the pay they get, but praise goes a long way with people and also sets up criticism to be accepted without strife. Let the tough parts of their job (dealing with people, critiques, etc.) be built on a foundation of praise from you.
10	Tell the Employees to stop talking about each other. That drives people away from our agency over and over again. And better pay.
11	NA
12	Take the time to genuinely consider concerns and valid points from those that work face to face with clients before making big changes influencing staff. Staff that work with clients sometimes know best as to what may and may not work but admin sometimes does not appear to care.
13	Always ask for input from the people who are actually going to be affected by a change.
14	Do your best to insulate the agency/ community from the federal uncertainty.
15	We could always improve on communication avenues throughout the agency.
16	The importance of professional dialog between departments, we can be friendly and professional.
17	prefer not to answer
18	Proper management of all staff. Particularly, how we communicate with each other, being professional and doing what is expected of us.
19	That every position at bhsj buildings have 1 person that trains staff for each department

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20	Hire people without degrees just start them off with less pay. You would get a great class of workers in here. Not everyone can afford college. Missing out on some great people that could work here because of that rule.
21	A clean office building in Coldwater. Bathrooms and clinic floors should be mopped daily.
22	Proper training by someone who has done the job you have applied for and for at least 2 weeks.
23	Only one person should train for each position. It gets confusing when you get two people saying two different things.
24	Listen to the community more and be nimble enough to change as the data demonstrates and needs require.
25	Continue to be present within each of the buildings not just your home office location.
26	I would not feel comfortable doing so

Q48 What do you see as the most significant opportunities for your division/section over the next five years?

Answered: 22 Skipped: 35

#	RESPONSES
1	The opportunity to cross-train and learn beyond the responsibilities I was originally hired for has allowed me to grow professionally and has opened the door to potential advancement into higher-level positions.
2	More collaboration in PHDP departments by holding combined service events.
3	continue to expand resources for our clients
4	A better system for clients to make it fir their appointments
5	Keeping up with technology to better server our clients
6	New staff developing into strong LHD personnel.
7	On-going grant opportunities.
8	Just living in the day - today.
9	?
10	NA
11	Not sure
12	Grow and be able to serve more clients
13	We can help more families in our counties.
14	none
15	More growth and training. Bringing everyone up to speed and being comfortable in their roles.
16	population growth
17	Continuing to support community members who need clinic services.
18	Learning as a team the best way to serve our population by understanding our QI projects.
19	Unsure
20	Growth of programs that reach deeper into community, getting outside of the buildings to serve where needed.
21	Funding.
22	none

Q49 What resources will be needed to take advantage of these opportunities?

Answered: 23 Skipped: 34

#	RESPONSES
1	External training sources and internal coverage to be able to learn other sections in the department.
2	more help in some departments
3	Marketing, more staff time, budgeted expenses.
4	staff and funding
5	Still searching
6	Grants
7	Training, salary benefits, more opportunities for internal engagement.
8	Awareness - grant budget is not shared with staff.
9	NA
10	?
11	NA
12	Not sure
13	Hire more staff
14	We could use more funding to hire another person to help with the growing numbers in our program.
15	none
16	Training recommendations and hands-on experiences. Working with other regulatory authorities (EGLE, MDARD, MDHHS).
17	Staffing
18	Translation services and outreach
19	We will need staff time, which unfortunately takes away from our client's time.
20	Unsure
21	Financial resources and a willingness to listen to community, be bold, and flexible.
22	Additional health education staff (maybe one for each county). OR a health educator assigned to specific public health initiatives (ex: STIs, EH, or Substance Use Prevention).
23	Unsure.

Q50 What are the most significant obstacles for your division/section over the next five years?

Answered: 26 Skipped: 31

#	RESPONSES
1	Having a young team brings a fresh perspective to the rules and regulations. As a result, some policies and procedures will need to be updated to reflect the new information and insights we're gaining.
2	budget increases that allow for more help in some departments
3	staff and funding
4	funding, politics at federal and state levels
5	Regulglations
6	Keeping current staff
7	Turnover due to pay structure. I understand this is hard to change, but I see leftover budgeted money allocated to things other than salary.
8	Staffing
9	Possibly funding - we will see.
10	?
11	NA
12	Increased workload on staff cause staff turnover
13	Just keeping afloat with Medicaid cuts. Being able to keep our clients and providing our services.
14	Funding
15	Staffing
16	Staffing/Funding
17	money
18	Funding and federal government devaluation of public health.
19	Newer staff and management changes.
20	The ability to communicate with our clients who need assistance with translation.
21	Finances, turnover and federal decision making.
22	Unsure
23	Financial security with the changes is Federal and State priorities.
24	Lack of staff and increased responsibilities.
25	Money
26	Funding.

Q51 Where do you see our agency in five to ten years?

Answered: 21 Skipped: 36

#	RESPONSES
1	hopefully providing additional services with a family planning division
2	here and thriving!
3	Growth of clients
4	Growing to meet our clients needs.
5	Struggling to rebound from government cuts to funding.
6	NA
7	Same place it's always been.
8	NA
9	The same, hopefully without any funding cut
10	Hopefully thriving and expanding on services that our community can benefit from!
11	being more of a cornerstone in the community
12	Continuing to grow and helping the community.
13	same position
14	More services offered out in the community.
15	Same, but always improving.
16	Going strong
17	Hopefully a valued institute in the community
18	I see BHSJ as a culturally competent, financially responsible, thriving agency with well trained staff.
19	Hopefully, still here helping the community
20	We will still be here, serving the community.
21	More present within the community.

Q52 Where would you want our agency to be in five to ten years?

Answered: 21 Skipped: 36

#	RESPONSES
1	showing growth
2	better, more stable funding
3	Number one
4	Still around!
5	Growing
6	NA
7	still a good part of the community
8	?
9	NA
10	Better, good funding, and admin working as a team with lower level staff instead of just telling them a directive without getting AND considering input first.
11	same as above
12	Hopefully largely the same; guarding and improving the public health.
13	Continuing to grow and helping the community.
14	no opportunity to advance
15	Continued and respected by other agencies and the residents.
16	N/A
17	Assisting those in need in the community
18	Other than slight improvements with some of the websites we use there is not much I would change
19	In the community. More diversity in staff to reflect the cultures we see in community.
20	Funded and staffed adequately.
21	More person centered and less in the hindsight of the community.

Q53 Do you have any suggestions you think would help improve internal communication?

Answered: 21 Skipped: 36

#	RESPONSES
1	It might be helpful to have more casual, informal check-ins with employees now and then. Some team members have mentioned that it can feel a little discouraging when leadership doesn't know their names—even after they've been here for a while. I feel it could go a long way to make everyone feel valued and seen.
2	everyone read their email
3	Always treat others the way you want to be treated.
4	Using the tools and training all employees appropriately
5	The issue with communication is not the stuff we discuss at monthly meetings. The lack of communication is the lack of knowledge of driveways being demolished, technology not working for hours at a time and the IT response being "hope you don't need to do anything important today", scanners being down for two weeks and no response from IT despite repeatedly informed of issue, IT help desk ticket resolved, reversed when vacation ended, and then other IT staff redirecting calls months later based on ticket that should have been closed months ago.
6	Challenge people to be more intentional with their own communication. Not just how they send out communication, but also receive it (opening emails, checking voicemails, etc).
7	i love the monthly zoom meetings after the BOH,It lets me know what is going on in the agency. The all staff meeting was one of the best ones that we have had, but i think that maybe a change of venue could be good for all parties.
8	Weekly meetings, a safe place where people listen to problems and actually listen without personal judgement
9	NA
10	Internal communication seems to be better.
11	encourage staff to share the nuggets of information they may learn each day even if they aren't sure if any co-workers will use that nugget
12	In regards to IT issues, when there is a clear issues such as spam, spoofed calls, printer issues, fax issues, etc., it should be communicated through email or the insider. Often times, numerous tickets are being submitted on behalf of the same issue with zero communication. If the problem persists and/or is resolved, it is not clearly communicated. It's very frustrating to have the same issue persist for a long duration without any communication.
13	More direct communication and less whispering behind peoples backs.
14	prefer not to answer
15	Keep monthly all staff meetings.
16	Involving front line staff with suggestions and ideas.
17	Transparency! Complete and udder transparency!
18	If appointments are made by someone who is not in that building or department a heads up email to the person who is in that department would be nice.
19	I feel as though we have taken strides in this area. Supervisors need to continue sharing and communicating between front line and leadership. Staff need to take ownership of using the communication tools that are available to them.

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20	Supervisors/Directors should be sharing on insider a list of updates so all staff are informed about programs.
21	Maybe have more three yearly in person meetings/training days (or even add two half day programs) for all staff. One in each county showing we are willing to go there as well continue "forcing" some people to get out of the social circle they are comfortable in.

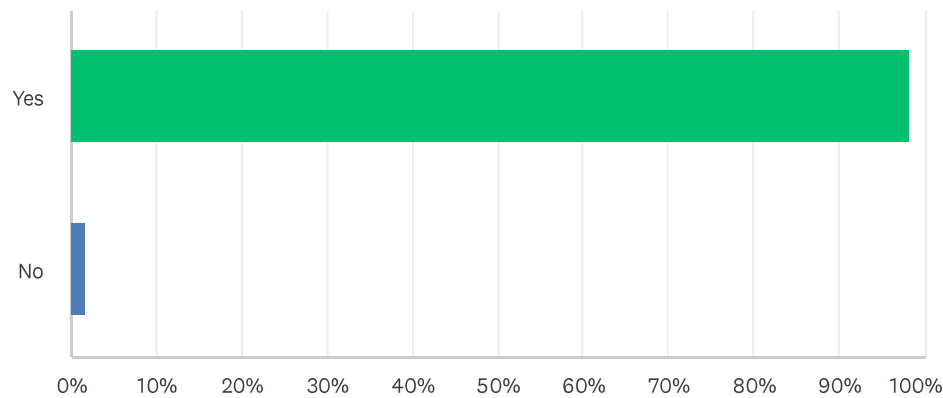
Q54 Additional comments:

Answered: 13 Skipped: 44

#	RESPONSES
1	I would like to see the retention of employees be rewarded better. I appreciate that we receive guaranteed raises for the first 6 years, but after that only when we receive cost of living increases. I think that the longevity payments for those employees should better reflect the employee's loyalty. I think a minimum scale should be 250/500/750/1000 and I still think that is on the low side. Help retain those that are willing to stay...
2	Keep up the great work!
3	Some staff seem to be special and allowed to build up flex time for appointments and others are not permitted. Some treat co-workers in ways that most of us would find ourselves out of a job if we talked that way to a supervisor, supervisors in areas other than IT are the ones troubleshooting issues with staff instead of IT.
4	Thank you.
5	we have had a fair share of technical problems lately, and getting them solved has been a challenge and lack of that communication.
6	NA
7	I am a happy employee. I see myself staying in my currently position. I do, however, wish there was opportunity for a few more hours, few more benefits. When hired in, I was aware that will probably not happen, due to funding, and I am ok with that. I am thankful for my job.
8	you need to re-evaluate the pay structure. Lower tier level 2 employees are not making a livable wages
9	The Agency has added a chat board for us to communicate with each other which helps bring us together across offices.
10	N/A
11	N/A
12	I would like to see more personal ownership, not just in their area and role but in the building and the community they all work in. Take pride not only in what you do but where you do it AND who you do it for.
13	I love my job and I tell that to people constantly. I really enjoy working with this agency. The people have been extremely welcoming and eager to help.

Q55 Have you answered ALL the questions that you wanted to answer and completed the survey?

Answered: 57 Skipped: 0



ANSWER CHOICES		RESPONSES	
Yes		98.25%	56
No		1.75%	1
TOTAL			57

PUBLIC COMMENT

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