
BOARD OF HEALTH Meeting
Agenda for February 26, 2026 at 9:00 AM

1. Call to Order
 - a. Opening ceremonies – Pledge Allegiance to the Flag of the United States of America
 - b. Roll Call
 - c. Approval of the Agenda*
 - d. Approval of the Minutes from January 22, 2026*
2. Public Comment
3. Health Officer’s Report – pg 6
4. Medical Director’s Report – pg 10
5. Departmental Reports
 - a. Environmental Health – pg 13
 - b. Area Agency on Aging – pg 23
 - c. Personal Health & Disease Prevention – pg 24
 - d. Health Education & Promotion – pg 30
6. Financial Reports
 - a. Approve Payments* - pg 33
 - b. Review Financials* - pg 36
7. Committee Reports – pg 40
 - a. Finance Committee – Approve minutes from 2/13/26 meeting.
 - b. Program, Policies, and Appeals – Approve minutes from 2/18/2026 meeting.
8. Unfinished Business
 - a. none
9. New Business
 - a. AAA Conflict of Interest Statements – pg 42
 - b. HVAC Bids Hillsdale – pg 44
 - c. Bank Account for St. Joseph County Deposits – pg 67
 - d. Senior Medicare Patrol – pg 68
 - e. Quality Improvement Plan – pg 69
 - f. Cost Allocation Plan – pg 87
10. Public Comment
11. 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.

12. Adjournment - Next meeting: March 26, 2026

Upcoming Meeting Dates:

- March 16, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- March 18, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- March 26, 2026 @ 9:00 AM – Full Board Meeting
- April 15, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- April 20, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- April 23, 2026 @ 9:00 AM – Full Board Meeting
- May 18, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- May 20, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- May 28, 2026 @ 9:00 AM – Full Board Meeting
- June 15, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- June 17, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- June 25, 2026 @ 9:00 AM – Full Board Meeting
- July 15, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- July 20, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- July 23, 2026 @ 9:00 AM – Full Board Meeting
- August 17, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- August 19, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- August 27, 2026 @ 9:00 AM – Full Board Meeting
- September 16, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- September 21, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- September 24, 2026 @ 9:00 AM – Full Board Meeting
- November 2, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- November 4, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- November 12, 2026 @ 9:00 AM – Full Board Meeting
- December 2, 2026 @ 8:30 AM - PPA Committee (Leininger, Stoll, & Shaffer)
- December 7, 2026 @ 9:00 AM – Finance Committee (Hoffmaster, Houtz, & Collins)
- December 10, 2026 @ 9:00 AM – Full Board Meeting
- January 28, 2027 @ 9:00 AM – Full Board Meeting

2026 Board Education Schedule:

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

January 22, 2026 – Board of Health Meeting Minutes

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

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

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

Mr. Leininger was nominated for the position of Chair and there were no other nominations. Nominations were closed and the new Chair Brent Leininger, was approved unopposed.

Mr. Stoll transferred leadership of the meeting to Mr. Leininger to continue the meeting.

Mr. Shaffer was nominated for the position of Vice-Chair and there were no other nominations. Nominations were closed and the new Vice-Chair, Mr. Shaffer, was approved unopposed.

Mr. Shaffer moved to approve the committee appointments made by Chairman Leininger, with support from Mr. Stoll. The motion passed unopposed and the committee appointments are as follows:

- The Finance Committee – Mr. Hoffmaster (Chair), Mr. Houtz, and Mr. Collins
- Program, Policy, and Appeals Committee – Mr. Stoll (Chair), Mr. Shaffer, and Mr. Leininger.

Mr. Stoll moved to approve the minutes from the December 11, 2025 meeting with support from Mr. Collins. 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: New Year/New Appointments, FY25 Audit, Accreditation, Community Health Improvement/Strategic Plan Proposal, Rx Kids in Michigan, Board of Health Education Today, Employee Recognition, Staffing Update, BHSJCHA Mobile Unit on the Road, Public Health Concerns, Coldwater Office, Hillsdale Office, Three Rivers Office, and Sturgis Office.

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

Departmental Reports:

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

Financial Reports/Expenditures

- Mr. Stoll moved to approve the expenditures for December with support from Mr. Collins. The motion passed unopposed.
- Mr. Stoll moved to place the financials for November and December on file with support from Mr. Shaffer. The motion passed unopposed.

Committee Reports:

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

Unfinished Business:

- There was no unfinished business.

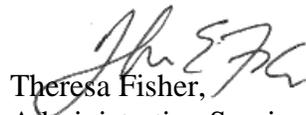
New Business:

- The Board of Health By-laws were reviewed by the group but no action was taken.
- The single audit governance letter was shared with the Board but no action was taken.

Public Comment: No public comments were given.

With no further business, Mr. Shaffer moved to adjourn the meeting with support from Mr. Stoll. The motion passed unopposed and the meeting was adjourned at 9:59 AM.

Respectfully Submitted by:



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

PUBLIC COMMENT

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Health Officer's Report to the Board of Health for February 26, 2026

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

Agency Updates

FY2025 Audit: Auditors have concluded their work on-site. There will be a presentation on the results of the audit at the March meeting.

Michigan Local Public Health Accreditation: The agency will welcome our accreditors the week of March 2nd. This marks the 9th cycle of Michigan Accreditation of local health departments. Our team is prepared and ready to go.

Request to Change Banking Affiliation for St. Joseph County: The agency holds bank accounts in each county to provide an ability for each office to deposit funds collected (usually fees for services) locally. In St. Joseph County we want to eliminate our account at Sturgis Bank and Trust and move to Century Bank that we do business with in Branch County.

Updated Cost Allocation Plan: The cost allocation plan updates our existing plan and expands upon it. The Program, Policy and Appeals (PPA) committee reviewed and approved to forward to the full Board for action. If you would like to review a red-line strike out version, please refer to the packet for the PPA meeting. The proposed and current version are provided in the board packet.

Quality Improvement Plan (2026-2029): The agency's Quality Improvement Plan expired in 2025. The plan presented for your adoption at the meeting is a 3-year plan that updates the 2025 version.

Senior Medicare Patrol: Our Area Agency Aging IIC team applied for this grant. Grants were expected to be awarded as I prepare this report but this has been delayed. Should we receive the grant we will award a portion of it to the St. Joseph County Commission on Aging (SJCOA). The Branch County Commission on Aging (Burnside Center) declined to participate. We are asking for action at the meeting to allow us to move forward with the award to SJCOA if we are approved for grant funds.

Website Redesign Request for Bids: The company that hosts our website and designed it has notified the agency that they will no longer be doing this work. Therefore, we need to find a new company to host and this will allow for the opportunity to upgrade our site. We have wanted to redesign the look and usability of the website and bring it into compliance with requirements of the Americans with Disabilities Act. The intent is to make the website compliant with Web Content Accessibility Guidelines (WCAG) Version 2.1 Level AA which is the technical standard for state and local governments' web content and mobile apps. Bid proposals are due on March 11th and will be brought to the Finance Committee at their March meeting.

Community Health Improvement/Strategic Plan Proposal: We are making progress on the analysis of available data already accumulated. Our next project is to complete focus group work in Branch

county as the hospital there has not completed a Community Health Needs Assessment that results in a Community Health Improvement Plan since 2019.

Rx Kids in Michigan: The effort to bring this program to the City of Coldwater did not succeed. I did provide a letter of support offering that the agency would share the program with families and new Mom’s and participate in events designed to support those families and Mom’s. There may be another opportunity for communities to participate later this summer.

Board of Health Education Today: The topic for BOH education today is the relationship and work done between our agency and MDHHS Regional Epidemiologists assigned to our service area. Branch and St. Joseph counties are in Region 5 which is served by Bethany Reimink. Hillsdale county is in Region 1 which is served by Meghan Weinberg. Meghan and Bethany pulled together a presentation for you and Meghan will be presenting.

She will be joining us remotely to provide the presentation. The regional epidemiologist model started around 2000 as a way to provide expert epidemiological support to local health departments in Michigan. It was recognition that most local health departments are too small to employ a full-time epidemiologist, which is certainly our situation here. Bethany and Meghan have been tremendous help but especially when we are investigating outbreaks.

Staffing Update: Current openings include; Immunization/Clinic Clerk PT for St. Joseph County and an Outreach Specialist for AAA 3C in Coldwater.

BHSJCHA Mobile Unit On the Road: We continue to offer services in Waldron and Litchfield.

Public Health Concerns:

Measles: I want to take a moment to recognize the status of measles disease in the US. Just since the beginning of 2026, as of February 13th, there are 910 confirmed measles cases reported in the US. 904 of those cases were reported in the following states/cities: Arizona, California, Colorado, Florida, Georgia, Idaho, Kentucky, Maine, Minnesota, Nebraska, New York City, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Utah, Vermont, Virginia, Washington, and Wisconsin. 6 cases were reported among international visitors to the US.

U.S. Cases

	2026 To date	2025 Full year
Total Cases	910	2280
Age		
Under 5 years	227 (25%)	582 (26%)
5-19 years	527 (58%)	1014 (44%)
20+ years	136 (15%)	671 (29%)
Age unknown	20 (2%)	13 (1%)
Vaccination Status		
Unvaccinated or Unknown	94%	93%
One MMR dose	2%	3%
Two MMR doses	3%	4%

U.S. Hospitalizations

Measles (Rubeola) MENU ▾		
Total Hospitalized	3% (30 of 910 cases)	11% (246 of 2280 cases)
Percent of Age Group Hospitalized		
Under 5 years	6% (13 of 227)	18% (107 of 582)
5-19 years	2% (9 of 527)	6% (57 of 1014)
20+ years	5% (7 of 136)	12% (82 of 671)
Age unknown	5% (1 of 20)	0% (0 of 13)

U.S. Deaths

	2026	2025
Total Deaths	0	3

There have been 5 new outbreaks reported in 2026. Of the confirmed cases, 90% are outbreak associated. The CDC also indicates that they are aware of probable measles cases being reported by jurisdictions but the information used here only includes confirmed cases.

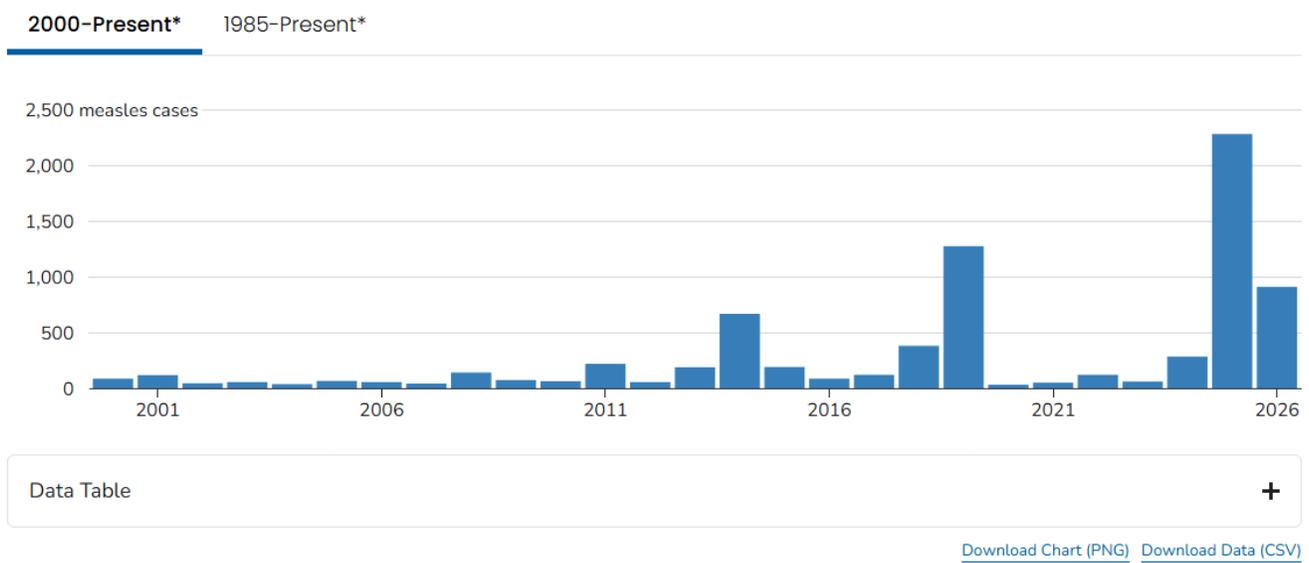
To understand why public health practitioners are concerned about measles today, it is helpful to know that in 2000 the US received measles elimination status. Meaning that there was no measles spreading within the country and new cases are found only when someone contracts measles abroad and returns to the country. Achieving measles elimination status in the United States was a historic public health achievement. The Pan American Health Organization is scheduled to meet with US officials in April to review data and make a determination on whether the US should maintain it's measles elimination status.

Measles outbreaks feed on unvaccinated populations to continue spreading, underscoring the importance of maintaining high and homogeneous vaccination coverage, strong surveillance, and rapid outbreak response. According to the CDC, the measles, mumps, and rubella (MMR) vaccine is very safe and effective. When more than 95% of people in a community are vaccinated (coverage >95%), most people are protected through community immunity (herd immunity). However, [vaccination coverage among U.S. kindergartners](#) has decreased from 95.2% during the 2019–2020 school year to 92.5% in the 2024–2025 school year, leaving approximately 286,000 kindergartners at risk during the 2024–2025 school year.

Strong surveillance and rapid outbreak response increase time and labor costs to local health departments. Heidi has recently updated our measles toolkit and reminded her staff to review and prepare for the time when we have a measles outbreak. Vaccination to prevent the disease is inexpensive compared to the cost of attempting to control it once here. We strongly urge everyone to know their vaccine status and talk with their Provider about receiving or having their children receive the MMR vaccine.

Yearly measles cases

as of February 12, 2026



*2025–2026 case counts are preliminary and subject to change.

References:

[Measles elimination status in the United States and Mexico - PAHO/WHO | Pan American Health Organization](#)

[Measles Cases and Outbreaks | Measles \(Rubeola\) | CDC](#)

Coldwater Office: Nothing at this time.

Hillsdale Office: The Finance Committee reviewed the bids for the HVAC project at the Hillsdale building and have a recommendation on one to accept for Board of Health action at the meeting today.

Sturgis: Nothing at this time.

Three Rivers Office: Nothing at this time.

MEDICAL DIRECTOR'S REPORT

February 2026

1. Watching numbers of communicable diseases and respiratory illnesses.
2. Director and Administrator meetings, in person and zoom.
3. Meetings via zoom and teleconference with several associations.
4. Continuing treatment of multiple patients.
5. Continued telephone conversations with area providers.
6. Planning to attend Day at the Capitol in March 2026.
7. Vaccination and Tuberculosis subcommittees for the Michigan Association of Public Health and Preventive Medicine Physicians.

What Are the Warning Signs of Heart Attack?

Coronary heart disease, which includes heart attack, is the No. 1 cause of death in the United States. But many of those deaths can be prevented.

About every 40 seconds someone in the U.S. will have a heart attack. Minutes matter. It's important to learn the warning signs of a heart attack so you can act fast to save a life – maybe your own.

Some heart attacks are sudden and intense but may start slowly, with mild pain or discomfort. Some signs of a heart attack include:

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- **Shortness of breath.** This may occur with or without chest discomfort.
- **Other signs:** These may include breaking out in a cold sweat, nausea or lightheadedness.

As with men, women's most common heart attack symptom is chest pain or discomfort. But women may experience other symptoms that are typically less associated with heart attack, such as shortness of breath, nausea/vomiting and back or jaw pain.



What should I do if I suspect a heart attack?

Even if you're not sure it's a heart attack, immediately call 911 or your local emergency medical services (EMS), such as the fire department or ambulance. EMS staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. People with chest pain who arrive at the hospital by ambulance also usually receive faster treatment.

What else can I do?

Before there's an emergency, find out which hospitals in your area have 24-hour emergency cardiac care. Also, keep a list of emergency phone numbers next to your phone and with you at all times. Take these steps now.

Why don't people act fast enough?

Many people having a heart attack wait more than three hours before seeking help. Some people feel it would be embarrassing to have a "false alarm." Others are so afraid of having a heart attack that they tell themselves they aren't having one. These feelings are easy to understand, but they're also very dangerous.

If you or someone close to you shows signs of a heart attack, **call 911 and get help right away!**

(continued)



What Are the Warning Signs of Heart Attack?

How can I help to avoid a heart attack?

- Don't smoke or vape and avoid second-hand smoke.
- Keep your blood pressure below 120/80 mm Hg.
- Get your cholesterol checked and talk to your health care professional about your numbers.
- Eat foods that are low in saturated fat, trans fat, sodium (salt) and added sugars.
- Be physically active. Aim for at least 150 minutes of moderate-intensity physical activity a week.
- Reach and maintain a healthy weight. A normal body mass index is between 18.5 and 24.9.
- Keep your fasting blood sugar less than 100 mg/dL or an A1C of less than 5.7%.
- Get enough sleep. Aim for an average of 7-9 hours of sleep a day.
- Get regular medical check-ups.
- Take your medication as prescribed.

If you think you may be having a heart attack, don't hesitate. Call 911 or your emergency response number right away. Making the call could save your life.



HOW CAN I LEARN MORE?

- 1 Call 1-800-AHA-USA1 (1-800-242-8721) or visit heart.org to learn more about heart disease and stroke.
- 2 Sign up for our monthly *Heart Insight* e-news for heart patients and their families at HeartInsight.org.
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at heart.org/SupportNetwork.

Do you have questions for the doctor or nurse?

Take a few minutes to write down questions for the next time you see your health care professional.

For example:

How can I tell heart attack from angina?

How is a heart attack different from cardiac arrest?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices to reduce your risk for heart disease, manage your condition or care for a loved one. Visit heart.org/AnswersByHeart to learn more.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2025/2026

	JANUARY				YTD 2025/2026				YTD 2024/2025			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	-	-	1	1	3	4	2	9	-	5	6	11
CHANGE OF USE EVALUATIONS - FIELD	-	2	3	5	6	14	14	34	9	13	17	39
CHANGE OF USE EVALUATIONS - OFFICE	1	-	3	4	11	14	29	54	11	8	26	45
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	2	4	1	7	11	22	22	55	24	33	34	91
REPAIR/REPLACEMENT	2	2	4	8	15	13	33	61	16	16	33	65
VACANT LAND EVALUATION	-	1	-	1	3	3	8	14	4	7	2	13
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	4	7	5	16	29	38	63	130	44	56	69	169
SEWAGE PERMITS INSPECTED	4	5	4	13	38	36	51	125	29	28	55	112
WELL PERMITS ISSUED	7	8	9	24	50	52	65	167	51	48	69	168
WELL PERMITS INSPECTED	9	15	16	40	57	89	64	210	60	47	53	160
FOOD SERVICE INSPECTION												
Routine	20	17	36	73	75	92	131	298	76	101	132	309
NEW OWNER / NEW ESTABLISHMENT	4	-	2	6	8	2	7	17	4	1	6	11
FOLLOW-UP INSPECTION	-	-	1	1	4	3	4	11	2	3	4	9
TEMPORARY	3	-	-	3	8	4	15	27	8	4	10	22
MOBILE, STFU	1	1	2	4	11	7	23	41	4	7	17	28
PLAN REVIEW APPLICATIONS	-	-	-	-	1	4	3	8	2	2	2	6
FOOD COMPLAINTS RECEIVED	1	-	2	3	7	2	6	15	3	-	5	8
FOODBORNE ILLNESS INVESTIGATED	-	-	-	-	1	-	-	1	-	-	1	1
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	-	-	-	-	-	-	-	5	-	5	5	10
CAMPGROUND INSPECTION	-	-	-	-	-	-	-	-	-	-	-	-
NON-COMM WATER SUPPLY INSP.	3	2	3	8	3	12	13	38	4	8	9	21
SWIMMING POOL INSPECTION	-	-	-	-	7	3	6	16	9	5	4	18
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	-	-	-	-	-	-	-	-	-	-	-	-
DHS LICENSED FACILITY INSP.	-	2	2	4	3	12	12	27	6	8	8	22
COMPLAINT INVESTIGATIONS	1	4	1	6	8	19	7	34	5	6	7	18
LONG TERM MONITORING	-	-	-	-	-	-	-	-	-	-	-	-
BODY ART FACILITY INSPECTIONS	-	-	6	6	-	-	7	7	-	1	1	2

**Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the February 26, 2026 Board of Health Meeting
Prepared by Joseph Frazier R.E.H.S. , Director of Environmental Health**

Food Program Updates

Food inspection staff have been working on gathering the requested information for the food portion of Accreditation. Staff have also participated in MDARD report writing and Accreditation training. In addition, they are organizing and preparing for the upcoming Food Licensing year.

This can be a very stressful time, as it coincides with the change in weather and increased demand for office staff to cover wells, septic, and food programs simultaneously. To help ease this burden, food program staff primarily assist with mailings and data entry.

Across the Tri-County area, several local food facilities have recently undergone changes in ownership:

- Tasteful Kreations – Bronson
- Biggby 254 – Coldwater
- Biggby 592 – Coldwater
- Biggby 484 – Sturgis
- Biggby 766 – Sturgis

Wells, Septic, Pools, Vector, and Campgrounds

Kyle is currently working on collecting all permits requested by EGLE for our Accreditation review, which will take place the first week of March. All documentation is being compiled electronically to help ensure the review process moves as smoothly as possible.

Within our Type II Noncommunity Water Program, we have extended an offer to a candidate for our open position. We are excited about the experience and expertise they will bring to the Agency, and I look forward to introducing them once they have officially started.



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: 01/01/2026 - 01/31/2026

County	Inspection Type / Reason	Count
Branch County		
<u>Food Safety</u>		
	Consultation - Plan Review Consultation	1
	Non Foodborne Illness Complaint - Initial	1
	Pre-Opening - Pre-Opening	4
	Risk Based Inspection - Routine	20
	STFU Inspection - Routine	1
	Temporary Food Inspection - Routine	3
	Total # of Food Safety inspections - Branch County	30
Hillsdale County		
<u>Food Safety</u>		
	Progress Note - New Inspection Reason	1
	Risk Based Inspection - Routine	17
	STFU Pre-Opening - Pre-Opening	1
	Total # of Food Safety inspections - Hillsdale County	19
St. Joseph County		
<u>Food Safety</u>		
	Consultation - Plan Review Consultation	1
	Non Foodborne Illness Complaint - Initial	2
	Pre-Opening - Pre-Opening	2
	Progress Note - New Inspection Reason	4
	Risk Based Inspection - Follow-up	1

Inspection Type Count By County

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

County	Inspection Type / Reason	Count
	Risk Based Inspection - Routine	36
	STFU Inspection - Routine	2
	Total # of Food Safety inspections - St. Joseph County	48
	<u>Total # of inspections - All counties</u>	<u>97</u>



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

20 Care Drive
Hillsdale, MI 49242
(517) 437 - 7395 ext. 331

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

Food Establishment Inspection Report by Facility Name

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

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
AMERICAN LEGION POST 170	THREE RIVERS	01/16/2026	Progress Note - New Inspection Reason	0	0	0	0
AMERICAN LEGION POST 170	THREE RIVERS	01/30/2026	Risk Based Inspection - Routine	0	0	0	3
AMERICAN LEGION POST 454	Colon	01/08/2026	Progress Note - New Inspection Reason	0	0	0	0
AMERICAN LEGION POST 454	Colon	01/29/2026	Risk Based Inspection - Routine	0	0	0	0
Arby's # 5968	Three Rivers	01/13/2026	Risk Based Inspection - Routine	0	0	0	3
Big Honkees Smoked Chicken & BBQ	Reading	01/29/2026	STFU Pre-Opening - Pre-Opening	0	0	0	0
Biggby 254	Coldwater	01/28/2026	Pre-Opening - Pre-Opening	0	0	0	2
Biggby 484	Sturgis	01/28/2026	Pre-Opening - Pre-Opening	0	0	0	1
Biggby 592	Coldwater	01/28/2026	Pre-Opening - Pre-Opening	0	0	0	1
Biggby 766	Sturgis	01/28/2026	Pre-Opening - Pre-Opening	1	0	1	0
Biggby Drive Thru # 592	Coldwater	01/07/2026	Risk Based Inspection - Routine	0	0	0	0
Branch County Men of Integrity	Coldwater	01/12/2026	Temporary Food Inspection - Routine	0	0	0	0
Broadway Grille - Union City	Union City	01/30/2026	Risk Based Inspection - Routine	0	1	1	2
Burger King #1416	Three Rivers	01/20/2026	Risk Based Inspection - Routine	0	0	0	0
Camp Selah	Reading	01/26/2026	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Cavoni's	Three Rivers	01/02/2026	Risk Based Inspection - Routine	0	0	0	0
COLDWATER BURGER KING #4652	COLDWATER	01/12/2026	Risk Based Inspection - Routine	0	0	0	1
COLDWATER UNITED METHODIST CHURCH	COLDWATER	01/30/2026	Risk Based Inspection - Routine	0	0	0	0
Colon United Methodist Church	Colon	01/08/2026	Risk Based Inspection - Routine	0	0	0	0
Cowboy Up	Mendon	01/23/2026	Progress Note - New Inspection Reason	0	0	0	0
Culver's #466	Coldwater	01/21/2026	Risk Based Inspection - Routine	0	0	0	0
Culver's #530	Sturgis	01/06/2026	Risk Based Inspection - Routine	0	0	0	0
DAD'S PLACE	Three Rivers	01/22/2026	Risk Based Inspection - Routine	0	0	0	0
EL CERRITO	HILLSDALE	01/21/2026	Risk Based Inspection - Routine	0	0	0	1
EL CERRITO MEXICAN RESTAURANT	COLDWATER	01/27/2026	Risk Based Inspection - Routine	0	1	1	4
El Cunado Mexican Cuisine 2	Coldwater	01/26/2026	STFU Inspection - Routine	0	0	0	0
El Patron Mexican Restaurant	Sturgis	01/16/2026	Risk Based Inspection - Routine	1	1	1	4
ELKS LODGE #1248	THREE RIVERS	01/02/2026	Risk Based Inspection - Routine	0	2	2	1
Elotes Don Martin	Sturgis	01/09/2026	STFU Inspection - Routine	0	0	0	0
FIRST UNITED METHODIST CHURCH	HILLSDALE	01/29/2026	Risk Based Inspection - Routine	0	0	0	0
Five Lakes Coffee INC	STURGIS	01/16/2026	Risk Based Inspection - Routine	0	0	0	0
Flor de Agave Restaurant	Three Rivers	01/26/2026	Consultation - Plan Review Consultation	0	0	0	0
FOE Ivanhoe Aerie 1314	Sturgis	01/21/2026	Risk Based Inspection - Routine	1	0	1	1
FRATERNAL ORDER OF EAGLES #1907	COLDWATER	01/14/2026	Risk Based Inspection - Routine	0	0	0	1
Gilbert Harvey House	Constantine	01/29/2026	Risk Based Inspection - Routine	0	0	0	1
GINOLFI'S	North Adams	01/29/2026	Risk Based Inspection - Routine	0	0	0	0
GIRARD UNITED METHODIST CHURCH	COLDWATER	01/26/2026	Risk Based Inspection - Routine	0	0	0	0
GREAT LAKES HEALTH & FITNESS	COLDWATER	01/29/2026	Risk Based Inspection - Routine	0	0	0	0
HERE'S TO YOU PUB AND GRUB	HILLSDALE	01/06/2026	Risk Based Inspection - Routine	0	0	0	0
Hillsdale County Conservation Club	Oseo	01/26/2026	Risk Based Inspection - Routine	0	0	0	0
HILLSDALE HOSPITAL	HILLSDALE	01/29/2026	Risk Based Inspection - Routine	0	0	0	0
Insight Hospital & Medical Center Coldwater	COLDWATER	01/20/2026	Consultation - Plan Review Consultation	0	0	0	1

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Jaywalker Restaurant	White Pigeon	01/16/2026	Risk Based Inspection - Routine	0	0	0	1
Jimmy John's #3994	Three Rivers	01/13/2026	Risk Based Inspection - Routine	0	0	0	0
Jimmy John's Sturgis	Sturgis	01/29/2026	Risk Based Inspection - Routine	1	0	1	0
Kick'n Kountry	Coldwater	01/13/2026	Risk Based Inspection - Routine	1	0	1	1
Kick'n Kountry	Coldwater	01/13/2026	Non Foodborne Illness Complaint - Initial	0	0	0	0
LAKEHOUSE COLDWATER	COLDWATER	01/14/2026	Risk Based Inspection - Routine	0	0	0	1
LEONIDAS SCHOOL	Leonidas	01/28/2026	Risk Based Inspection - Routine	0	0	0	0
LITCHFIELD-JONESVILLE LANES INC	Jonesville	01/23/2026	Risk Based Inspection - Routine	0	0	0	0
LITTLE CAESARS PIZZA	HILLSDALE	01/29/2026	Risk Based Inspection - Routine	0	0	0	0
LOYAL ORDER OF MOOSE 474	Three Rivers	01/16/2026	Risk Based Inspection - Routine	1	1	2	1
Magic Capital Grille LLC	Colon	01/08/2026	Risk Based Inspection - Follow-up	0	0	0	0
Magic Capital Grille LLC	Colon	01/30/2026	Non Foodborne Illness Complaint - Initial	0	0	0	0
MANCINO'S OF COLDWATER	COLDWATER	01/16/2026	Risk Based Inspection - Routine	0	0	0	0
McDONALDS OF THREE RIVERS #2196	Three Rivers	01/20/2026	Risk Based Inspection - Routine	1	0	1	0
Mendon United Methodist Church	MENDON	01/27/2026	Risk Based Inspection - Routine	0	1	1	0
MOOSE LODGE #677	COLDWATER	01/22/2026	Risk Based Inspection - Routine	0	0	0	0
Old Style Pizza Plus	Quincy	01/30/2026	Risk Based Inspection - Routine	1	0	0	0
OMARS BAR INC	COLDWATER	01/07/2026	Risk Based Inspection - Routine	0	0	0	0
OUR SAVIOR LUTHERAN CHURCH	UNION CITY	01/29/2026	Risk Based Inspection - Routine	0	0	0	0
RACHAEL'S	White Pigeon	01/14/2026	Risk Based Inspection - Routine	0	0	0	1
RAMSHACKLE BREWING CO	Jonesville	01/06/2026	Risk Based Inspection - Routine	0	0	0	0
River Trade Brewing Co	Constantine	01/14/2026	Risk Based Inspection - Routine	0	0	0	0
RIVIERA THEATRE BAR	THREE RIVERS	01/14/2026	Risk Based Inspection - Routine	0	0	0	0
Shawn Cockrell Memorial Tournament	Quincy	01/20/2026	Temporary Food Inspection - Routine	0	0	0	0
Smokin Aint EZ BBQ	Three Rivers	01/29/2026	STFU Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Somerset Beach Campground	Somerset Center	01/26/2026	Risk Based Inspection - Routine	0	0	0	0
SOMERSET CONGREGATIONAL CHURCH	SOMERSET	01/14/2026	Risk Based Inspection - Routine	0	0	0	0
SOUTH LANES	Three Rivers	01/15/2026	Risk Based Inspection - Routine	0	1	1	0
Spangler's Family Restaurant	Jonesville	01/26/2026	Risk Based Inspection - Routine	1	0	1	0
St Joseph County COA @ Kline's Resort	Three Rivers	01/23/2026	Risk Based Inspection - Routine	0	0	0	0
St. Paul's Lutheran Church	COLON	01/27/2026	Risk Based Inspection - Routine	0	0	0	0
Subway 34903	STURGIS	01/06/2026	Risk Based Inspection - Routine	1	0	1	0
SUPER 8: Food	Three Rivers	01/22/2026	Risk Based Inspection - Routine	1	0	1	0
Taqueria El Texano LLC	Camden	01/28/2026	Progress Note - New Inspection Reason	0	0	0	0
Taqueria El Texano LLC	Three Rivers	01/29/2026	Non Foodborne Illness Complaint - Initial	0	0	0	1
Tasteful Kreations Catering	Bronson	01/08/2026	Pre-Opening - Pre-Opening	0	0	0	0
Tasteful Kreations Catering	Bronson	01/16/2026	Pre-Opening - Pre-Opening	0	0	0	1
The Chicken Shack of Constantine LLC	Constantine	01/09/2026	Progress Note - New Inspection Reason	0	0	0	0
The Chill Bean	CENTERVILLE	01/15/2026	Risk Based Inspection - Routine	0	0	0	0
The Finish Line of Hillsdale	Hillsdale	01/27/2026	Risk Based Inspection - Routine	0	0	0	0
The Goodie Shop	COLDWATER	01/27/2026	Risk Based Inspection - Routine	0	1	1	0
THE IN BETWEEN	Sturgis	01/09/2026	Risk Based Inspection - Routine	0	0	0	0
THE LOCAL EATERY	Hillsdale	01/06/2026	Risk Based Inspection - Routine	0	0	0	1
The Parlor Ice Cream & Coffee	Sturgis	01/08/2026	Risk Based Inspection - Routine	0	1	1	1
The Post	Allen	01/05/2026	Risk Based Inspection - Routine	0	0	0	1
The Tavern	Quincy	01/30/2026	Risk Based Inspection - Routine	0	0	0	0
The Well AC	Hillsdale	01/08/2026	Risk Based Inspection - Routine	0	1	0	0
THREE RIVERS 6	Three Rivers	01/21/2026	Risk Based Inspection - Routine	0	0	0	0
Tibbits Opera Foundation & Arts Council Inc	Coldwater	01/05/2026	Temporary Food Inspection - Routine	0	0	0	0
Tokyo Li Inc	Three Rivers	01/21/2026	Risk Based Inspection - Routine	0	0	0	2
UNITED METHODIST CHURCH (WP)	White Pigeon	01/21/2026	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
VETERANS FOREIGN WARS	STURGIS	01/21/2026	Risk Based Inspection - Routine	0	1	0	0
Whiskey Creek Old #7	Burr Oak	01/13/2026	Risk Based Inspection - Routine	0	0	0	0
Willow's Bar & Grill	Coldwater	01/06/2026	Risk Based Inspection - Routine	0	0	0	0
WING HOUSE	COLDWATER	01/14/2026	Risk Based Inspection - Routine	0	0	0	0
				11	12	19	39

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.



Enclosure:

1. Annual Conflict of Interest & Disclosure Form
-

Updates:

1. Services to Victims of Elder Abuse Program Updates:
 - Nearly 50 individuals have been served year to date and we're only in February... Victim Specialists continue their work, leading monthly IDT meetings and preparing for our March "Contract Review".
 - A venue has been secured for the "Elder Justice Symposium" event! The St. Joseph County Sheriff's Office - Training Center in Centreville is reserved for September 17th (tentative). Our goal is to provide training for law enforcement, first responders and community partners with key note speakers from the Prosecuting Attorney's Association of MI, Attorney General's Office and a dementia care practitioner.
2. FY2026 Budget Update: A federal "Notice of Award" is anticipated very soon, indicating full-year funding awards based on the budget agreement made in late January. We anticipate continuation level funding.
3. Please complete and sign the enclosed "Annual Conflict of Interest & Disclosure Form" – thank you!
4. Staffing Update:

We are scheduling interviews for the full-time Outreach Specialist position. Our team is stepping up to complete Person-Centered Options Counseling for the MIOptions project which remains consistent with calls & referrals. It's a pleasure to have staff who are ready, willing and able to help out when projects ebb and flow!
5. MI Options Updates:

Our team remains busy with calls, walk-ins and referrals for both Medicare Counseling and Options Counseling. Activities have slowed down since Open Enrollment, but we're planning some spring promotional efforts with our project partners to boost interest in our communities.

Senior Medicare Patrol (SMP): Awaiting award notification at the time this report was written. The project goals include:

- ~ provide education events at local community/senior centers
- ~ develop materials to educate beneficiaries about Medicare waste, fraud and abuse
- ~ marketing & outreach efforts

Personal Health and Disease Prevention: February 26, 2026

Heidi Hazel, BSN, RN

Communicable Disease:

Data from our regional epi's.

Here is a link to the new Respiratory Illness Dashboard: [Respiratory Illness Dashboard](#).

-26.2% of Michigan Residents are vaccinated for Influenza

-9.1% of Michigan Residents are vaccinated for COVID-19

Respiratory Illnesses: As of January 31st, the Influenza Like Activity levels for Michigan are listed as high which have come down. Downward trends likely due to multiple snow days.

Nationally, 66 influenza-associated pediatric deaths have been reported during the 2025-2026 influenza season. To date, no influenza-associated pediatric deaths have been confirmed in Michigan for this season.

The CDC estimates that approximately 12,000 deaths nationwide have occurred from influenza so far this season.

RSV: Diagnosis of RSV have been low but are slowly increasing. Levels are lower than this time last year. Hospitalizations are highest among infants less than 1 year old.

COVID: Reported cases of COVID-19 did increase throughout December but have been decreasing over the past four weeks.

Measles: As of February 12th, 910 confirmed cases were reported in the US for 2026. For the full year of 2025, a total of 2,280 cases were confirmed.

Highly Pathogenic Avian Influenza: HPAI was detected in a backyard poultry flock from Ottawa County. This is the first detection in a Michigan domestic flock for 2026. The virus still spreads even with the cold temperatures. Bird owners are urged to continue to protect their flocks.

Immunizations/STD/HIV:

The Coldwater staff attended Project Connect. They administered one flu shot and reviewed vaccination records for three individuals. Although turnout was not large, it was still a positive opportunity to provide services and support those who attended.

We are seeing STD testing numbers increase again, including among older adults, even individuals in their 80s. This is encouraging news, as it shows that our education efforts are making an impact and helping people understand that no age is exempt from the risk of sexually transmitted infections (STIs).

February 14th marks the start of Condom Week. We have distributed posters throughout the community and increased our advertising efforts to continue spreading awareness about prevention and sexual health.

Women, Infant, and Children (WIC):

In addition to preparing for the WIC ME in April, staff have completed all necessary food package updates for special food packages to ensure a smooth implementation of the new food rule in March. Here is the link to the summary of food package updates. [Food Package Updates-WIC](#)

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

CSHCS: After transitioning from our former database, we are officially live on Nightingales Notes EMR. Our team partnered closely with our Nightingales Notes representative to add enhancements that significantly benefit our program. We are very excited about how well the system is supporting our work.

Hearing/Vision: We are wrapping up screenings at the high schools and middle schools before the end of the school year. Kindergarten Round-Up dates are also coming in and are being scheduled.

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

*FYTD=Fiscal Year To Date

Confirmed & Probable Case Totals	Jan-26				FYTD 2025-2026 (Oct-Sept)				FYTD 2024-2025 (Oct-Sept)			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
Animal Bite/Rabies potential exposure	-	1	1	2	3	5	4	12	2	11	-	13
Blastomycosis	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-
Campylobacter	-	-	1	1	2	2	4	8	5	2	7	14
Chicken Pox	2	-	-	2	3	-	1	4	-	-	-	-
Chlamydia	8	-	16	24	27	13	54	94	20	32	75	127
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	-	-	-
CRE Carbapenem Resistant Enterobac.	-	-	-	-	-	-	-	-	-	-	-	-
Cryptosporidiosis	-	-	-	-	-	-	1	1	-	-	-	-
RSV	2	-	3	5	2	-	3	5	2	14	-	16
Giardiasis	-	-	-	-	1	-	-	1	-	-	1	1
Gonorrhea	4	-	7	11	9	-	21	30	2	3	20	25
H. Influenzae Disease - Inv.	-	-	-	-	-	1	-	1	-	1	1	2
Hepatitis B - Acute	-	-	-	-	-	-	-	-	-	-	2	2
Hepatitis B - Chronic	-	-	-	-	-	-	1	1	1	1	-	2
Hepatitis C - Acute	-	-	-	-	-	-	-	-	-	-	-	-
Hepatitis C - Chronic	1	-	2	3	1	2	10	13	-	3	4	7
Hepatitis A	-	-	-	-	-	-	-	-	1	-	-	1
Histoplasmosis	-	-	-	-	1	-	-	1	-	-	-	-
HIV/AIDS	-	1	-	1	1	1	-	2	1	-	-	1
Influenza	65	15	168	248	91	28	256	375	196	35	190	421
Kawasaki	-	-	-	-	5	-	-	5	-	-	-	-
Legionellosis	1	-	-	1	1	-	-	1	-	1	-	1
Listeriosis	-	-	-	-	-	-	-	-	-	-	-	-
Lyme Disease	-	-	-	-	-	1	1	2	2	2	3	7
Measles	-	-	-	-	-	-	-	-	-	-	-	-
Menengitis - Aseptic	-	-	-	-	-	-	-	-	-	1	-	1
Menengitis - Bacterial	-	-	-	-	-	-	-	-	1	-	-	1
Meningococcal Disease	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	-	-	-	-	-	-
Mycobacterium - Other	-	-	1	1	1	-	1	2	4	2	1	7
Norovirus	-	-	-	-	-	-	-	-	5	-	-	5
Novel Coronavirus	60	131	68	259	144	250	163	557	211	421	179	811
Pertussis	-	1	-	1	2	1	1	4	7	11	3	21
Salmonellosis	-	-	1	1	4	1	3	8	2	-	3	5
Shiga Toxin-prod. (STEC)	-	-	1	1	-	1	1	2	-	1	1	2
Shigellosis	-	-	-	-	-	-	-	-	-	-	-	-
Shingles	-	1	-	1	-	1	1	2	-	-	1	1
Staphylococcus Aureus Infect.	-	-	-	-	-	-	-	-	-	-	-	-
Strep Invasive Gp A	-	-	-	-	-	-	-	-	3	-	2	5
Strep Pneumonia Inv Ds.	1	2	1	4	3	2	4	9	-	1	-	1
Syphilis - Primary	1	-	-	1	1	-	-	1	-	-	5	5
Syphilis - Secondary	-	1	-	1	-	2	-	2	1	-	1	2
Syphilis To Be Determined	-	-	1	1	3	-	2	5	-	3	7	10
Vibriosis	-	-	-	-	-	-	-	-	-	1	-	1
Tuberculosis	-	-	-	-	1	-	-	1	-	2	-	2
Unusual Outbreak/Occurrence	-	-	-	-	-	-	1	1	-	-	-	-
VZ Infection, Unspecified	-	-	-	-	-	4	1	5	-	1	-	1
Yersinia Enteritis	-	-	-	-	-	-	-	-	-	1	1	2

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

	Jan-26					YTD 2025-2026					YTD 2024-2025				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
CHILD IMMUNIZATIONS															
# Vaccines Given CHA	88	87	56	26	257	392	448	271	244	1,355	1,341	807	191	1,223	3,562
All VFC Doses Given	546	251	-	576	1,373	2,297	1,094	-	2,637	6,028	2,307	1,262	157	1,963	5,689
Waivers	1	8	4	7	20	39	61	18	46	164	62	59	7	53	181
ADULT IMMUNIZATIONS															
# Vaccines Given CHA	36	20	14	13	83	327	91	88	257	763	239	101	85	53	478
All AVP Doses Given	24	15	-	10	49	204	84	-	208	496	286	101	14	101	502
COMMUNICABLE DISEASE															
TB Tests Done	4	7	-	1	12	21	23	-	9	53	17	31	1	10	59
STD treatments	1	-	-	4	5	3	5	-	26	34	3	4	-	43	50
HIV Testing	-	4	-	6	10	-	10	-	35	45	2	8	-	37	47
ENROLLMENTS															
Medicaid & Michild	1	-	-	-	1	3	-	-	-	3	9	1	-	-	10
REFERRAL SERVICE															
MCDC Referrals	2	-	29	21	52	15	12	89	93	209	15	9	57	61	142
MIHP referrals	-	-	29	26	55	6	-	118	130	254	1	-	221	224	446
Hearing Screens															
Pre-school	8	-	-	7	15	212	13	-	158	383	199	92	-	66	357
School Age	125	48	-	154	327	1,032	677	-	1,128	2,837	774	684	619	562	2,639
Vision Screens															
Pre-school	3	-	-	5	8	138	7	-	140	285	189	91	-	54	334
School Age	140	600	-	613	1,353	1,477	1,697	-	1,841	5,015	1,390	1,017	-	1,610	4,017
Children's Special Health Care Services															
Diagnostics	-	1	-	-	1	2	5	-	-	7	3	1	-	-	4
Assessments-Renewal	22	28	-	18	68	58	84	-	80	222	68	78	-	97	243
Assessments-New	5	10	-	10	25	11	22	-	24	57	21	23	-	11	55
OTHER															
Leads completed	22	9	15	11	57	22	9	15	11	57	-	-	-	-	-
Leads >3.5	3	2	-	2	7	3	2	-	2	7	-	-	-	-	-

State Participation/Enrollment Ratio [2]:

Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Curr Year P/E Ratio (last 12 months)
96.5%	96.5%	96.1%	96.3%	95.8%	96.2%

Months	Enrollment [3]	Initial Participation [4]	Closeout Participation [5]	% Change in Participation [6]	Participation/ Enrollment Ratio[2]
Oct / 2024	4,449	4,160	4,195		93.50%
Nov / 2024	4,450	4,161	4,211	0.38%	93.51%
Dec / 2024	4,441	4,138	4,191	-0.47%	93.18%
Jan / 2025	4,461	4,153	4,198	0.17%	93.10%
Feb / 2025	4,373	4,079	4,127	-1.69%	93.28%
Mar / 2025	4,326	4,060	4,106	-0.51%	93.85%
Apr / 2025	4,332	4,099	4,122	0.39%	94.62%
May / 2025	4,304	4,015	4,062	-1.46%	93.29%
Jun / 2025	4,278	4,012	4,044	-0.44%	93.78%
Jul / 2025	4,277	4,073	4,091	1.16%	95.23%
Aug / 2025	4,246	4,027	4,048	-1.05%	94.84%
Sep / 2025	4,238	4,028	4,058	0.25%	95.04%
Oct / 2025	4,223	4,049	4,060	0.05%	95.88%
Nov / 2025	4,176	3,976	4,009	-1.26%	95.21%
Dec / 2025	4,099	3,901	3,930	-1.97%	95.17%
Jan / 2026	4,119	3,899	(est[7]) 3,998		94.66%
Feb / 2026	0	0	(est[7]) 3,975		
Mar / 2026	0	0	0		
Apr / 2026	0	0	0		
May / 2026	0	0	0		
Jun / 2026	0	0	0		
Jul / 2026	0	0	0		
Aug / 2026	0	0	0		
Sep / 2026	0	0	0		

Total (Year to date)	16,617	15,825	11,999		
Curr Year Avg	4,154	3,956	4,000	396.54%	94.24%
Months with Count	4	4	3	3	4
Average to Base % [8]		0.0%	0.00%		
Last yrs Base % [9]		105.5%	106.46%		
Last yrs Average	4,348	4,084	4,121		93.92%

Estimated average participation for current year to date:

3,994

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

4,000

Funding Allocation Information

Total Funding Allocation: \$0

Assigned Funding Participation Count [11]:

Current Yr Base: 0

Previous Yr Base: 3,871

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

Included in This Month's Report:

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

1. Health Education & Promotion Department Update:

January was Radon awareness month. Our staff supported messaging to the community related to Radon testing and risks. We distributed testing kits a several events that our staff attended.

AJ DeMond held visits with several Bishops in the area to discuss the work of the OHSP grant. He had the opportunity to introduce himself and make connections. We have expanded outreach in the Waldron and Quincy areas as well as connecting with the Bishops we worked with last year. On January 24th we participated in a Safety Day organized by Montgomery Fire Department. The day was very cold but the Amish community came out with over 200 participants. The Fire Department provided CPR, Stop the Bleed training, and shared steps to take at the scene of a crash. Our agency had the opportunity to connect with the Bishops and many families from the area. We provided our educational materials and 6 families were provided a flashing light kit at their request.

We are preparing our application for FY27 which is due at the end of the month. We have also been providing technical assistance to other entities in the state with Amish populations who wish to replicate our work. We have been invited to present our Driver's Education Vulnerable Roadway User slides and information at the Michigan Driver's Education Teacher Association's meeting on April 18th.

The Lock It Up Campaign will be starting again soon. We are awaiting final contracts, but hope to see those in the coming days.

The Health Education & Promotion team will be working with the Hillsdale County Opioid Committee again this fiscal year to complete an asset mapping project for substance use services. This project was proposed based on the community feedback obtained at the Elephant in the Room event held in October. The goal is to create a resource guide and online tool for residents to find services for support and recovery.

The department continues to prepare for accreditation and the annual All Staff Meeting. The team continues our collaboration work across the three counties including Substance Abuse Task Forces, Child Abuse Prevention, Human Services Networks, Better Birth Outcomes, and Transportation.

There were 14 media stories in since the last Board of Health meeting that mentioned the agency. We issued 2 press releases since the last Board of Health meeting.

[The U.S Food and Drug Administration \(FDA\) Issues Warning about Certain Supplements Substituted with Toxic Yellow Oleander | Branch Hillsdale St. Joseph Community Health Agency](#)

[Free Radon Test Kits Available to Residents | Branch Hillsdale St. Joseph Community Health Agency](#)

2. Community Health Worker Program:

Rachel Baker has begun working with Covered Bridge Healthcare two days each week. Lisa Redmond is currently on a medical leave. The program continues to receive referrals from multiple agencies across the jurisdiction. The program was awarded a Beacon Health System grant for the 2026 year to support our agency's CHW program.

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

3. Community Events:

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

Date	Event
1/9	Friendship Fridays – St. Joseph County
1/12	King’s Kupboard – Hillsdale County
1/14	Salem Church Blood Drive – Hillsdale County
1/24	Montgomery Fire Department Safety Day
1/26	Coach Eby Center – Branch County
1/27	OHSP Advisory Committee Meeting
1/29	Project Connect – Branch County
2/13	Friendship Fridays – St. Joseph County
2/23	Coach Eby Center – Branch County
2/24	STI Lesson – St. Joseph County
2/28	Coach Eby Center – Branch County
3/2-3/6	Accreditation
3/13	Friendship Friday – St. Joseph County
3/18	Day at the Capital
3/19	Amish Safety Meeting – St. Joseph County
3/23	Coach Eby Center – Branch County
3/24	OHSP Presentation to Noon Club – Branch County

Social Media Update

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

<p>Media Topics for December:</p> <ul style="list-style-type: none"> • National Radon Month – Testing Kits/Awareness • Birth Defect Prevention- CSHCS • MDHHS HIV Survey • HorsePower/Horse and Buggy Safety- Horse and Buggy Safety Branch Hillsdale St. Joseph Community Health Agency • Folic Acid Awareness Week • Cervical Cancer Awareness Month <ul style="list-style-type: none"> ○ HPV Vaccination ○ Where can I find family planning/women's health services? Branch Hillsdale St. Joseph Community Health Agency 	<ul style="list-style-type: none"> • Passenger Safety • Respiratory illness prevention tips • WIC Monthly Social Media Toolkit • New WIC Food Package • Winter Safety <ul style="list-style-type: none"> ○ Warming Centers/Safety Tips ○ Carbon Monoxide • Medicaid Navigation Assistance • MDHHS Safe Sleep Toolkit
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Social Media Data (As of Febuary 1st, 2025)						
	# of Followers (Facebook & Instagram)	Instagram Reach (Amount a post is viewed, commented on, shared, etc.)	Facebook Reach (Amount a post is viewed, commented on, shared, etc.)	Video (# and Topic)	Agency Mentions in Local Media (radio stations, local newspaper/digital articles, etc.)	Boosted Activities (# and Topic)
January	4,461	612 <i>(Down 12.2% from December)</i>	56,385 <i>(Up 29.8% from December)</i>	Videos shared (6): Radon testing, radon mitigation system, cervical cancer, winter ice safety tips, hpv vaccine, respiratory illness/vaccination (Dr. Luparello)	14	None
TOTAL TO DATE (Since 10/1/2022)	<i>26 NEW followers since last report</i>	20,902	1,095,515	71	522	35

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

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

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Abila	2,268.23	26.01.23 A.01	1/23/2026
ACD.NET	574.80	55059	1/9/2026
Action Quick Print Plus	1,250.00	26.01.23 A.02	1/23/2026
Aflac District Office	753.82	55075	1/30/2026
Aflac District Office	753.82	55076	1/30/2026
Aflac District Office	753.82	55077	1/30/2026
Alert Medical Alarms	167.90	55063	1/23/2026
Alerus Retirement Solutions	3,456.00	26.01.02 R.01	1/2/2026
Alerus Retirement Solutions	3,606.00	26.01.16 R.01	1/16/2026
Alerus Retirement Solutions	3,838.00	26.01.30 R.01	1/30/2026
Amazon Capital Services, Inc	142.71	26.01.09 P.01	1/9/2026
Amazon Capital Services, Inc	3,142.65	26.01.23 P.01	1/23/2026
Angela Shedd	600.00	26.01.09 A.01	1/9/2026
Angela Shedd	1,538.00	26.01.23 A.03	1/23/2026
Barbara Krzyzanski	17.50	26.01.09 A.02	1/9/2026
Barbara Krzyzanski	140.00	26.01.23 A.04	1/23/2026
Barbara P. Foley	46.16	55057	1/2/2026
Barbara P. Foley	46.16	55061	1/16/2026
Barbara P. Foley	46.16	55078	1/30/2026
Beacon Properties Administration	4,533.45	26.01.23 A.05	1/23/2026
Branch Area Transit Authority	1,769.17	26.01.23 A.06	1/23/2026
Branch County Commission	27,460.02	26.01.23 A.07	1/23/2026
Branch County Complex	5,694.28	26.01.23 A.08	1/23/2026
Card Services Center	649.67	26.01.23 P.02	1/23/2026
Center for Information Mgmt	1,425.00	26.01.09 A.03	1/9/2026
Century Bank - Hillsdale Maintenance	2,000.00	26.01.23 A.09	1/23/2026
Century Bank - Three Rivers Maintenance	2,000.00	26.01.23 A.10	1/23/2026
Century EFTPS	28,444.21	26.01.02 R.02	1/2/2026
Century EFTPS	30,402.00	26.01.16 R.02	1/16/2026
Century EFTPS	29,419.59	26.01.30 R.02	1/30/2026
Century FSA	129.00	26.01.30 R.03	1/30/2026
Century Mastercard	261.20	26.01.09 P.02	1/9/2026
Century MERS	56,042.38	26.01.09 A.04	1/9/2026
Century State/Michigan State Treasury	16,095.42	26.01.30 R.04	1/30/2026
Charter Communications	150.00	26.01.23 P.03	1/23/2026
Cintas Corporation Loc 351	159.05	26.01.09 P.03	1/9/2026
City Of Coldwater	160.00	26.01.09 A.05	1/9/2026
City Of Coldwater	100.00	26.01.23 A.11	1/23/2026
City of Jonesville	0.00	26.01.23 A.12	1/23/2026
City Of Three Rivers	151.54	55060	1/9/2026
ConnectAmerica	95.00	26.01.23 A.13	1/23/2026
Crossroads Home Care Inc.	1,134.63	26.01.23 A.14	1/23/2026
Current Office Solutions	189.00	26.01.09 A.06	1/9/2026
DELTA DENTAL	4,405.83	26.01.23 A.15	1/23/2026
DiningRD	3,611.52	26.01.23 A.16	1/23/2026
DL Gallivan Office Solutions	450.84	55064	1/23/2026
Dr. Karen M. Luparello	4,430.00	26.01.09 A.07	1/9/2026
Eurotrol U.S.B.V.	857.00	55065	1/23/2026
FedEx	5.67	26.01.09 P.04	1/9/2026
FedEx	18.15	26.01.23 P.04	1/23/2026
Frontier	389.74	26.01.23 P.05	1/23/2026
GDI Services Inc.	4,638.32	26.01.23 A.17	1/23/2026

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

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

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Glaxo-Smithkline Financial Inc.	2,344.53	26.01.23 A.18	1/23/2026
Health Equity	143,004.88	26.01.02 PR.01	1/2/2026
Health Equity	3,804.88	26.01.16 PR.01	1/16/2026
Health Equity	3,675.88	26.01.30 PR.01	1/30/2026
Health Equity	176.58	55066	1/23/2026
Helping Angels Home Care LLC	2,877.42	26.01.23 A.19	1/23/2026
Hillsdale County Treasurer	3,370.61	26.01.09 A.08	1/9/2026
Home Roots Companion & Home Care Services LLC	260.52	26.01.23 A.20	1/23/2026
HomeJoy of Kalamzoo	2,655.86	26.01.23 A.21	1/23/2026
Hospital Network Healthcare Services	129.50	26.01.23 A.22	1/23/2026
Indiana MI Power Company	1,573.64	26.01.09 P.05	1/9/2026
Indiana State Tax	304.58	26.01.30 R.05	1/30/2026
KALAMAZOO CHD	500.00	26.01.23 A.23	1/23/2026
Laboratory Corporation of America	225.00	26.01.09 A.09	1/9/2026
Legal Services Of S.Central MI	560.00	26.01.23 A.24	1/23/2026
Legendary Homes	65.00	55067	1/23/2026
MALPH	4,737.00	55068	1/23/2026
Maner Costerisan	2,500.00	26.01.23 A.25	1/23/2026
Maplecrest, LLC	1,361.77	26.01.23 A.26	1/23/2026
McKesson Medical-Surgical Gov. Solutions LLC	154.20	26.01.09 P.06	1/9/2026
McKesson Medical-Surgical Gov. Solutions LLC	2,579.41	26.01.23 P.06	1/23/2026
Medical Care Alert	615.35	26.01.23 A.27	1/23/2026
Merck Sharp & Dohme LLC	2,889.89	55069	1/23/2026
MERS 5% EMPLOYEES	14,635.95	26.01.09 A.10	1/9/2026
Michigan Gas	72.08	26.01.09 P.07	1/9/2026
Michigan Public Health Institute	5,281.36	26.01.23 A.28	1/23/2026
Michigan State Disbursement Unit	190.11	55058	1/2/2026
Michigan State Disbursement Unit	190.11	55062	1/16/2026
Michigan State Disbursement Unit	190.11	55079	1/30/2026
Nationwide	610.00	26.01.02 R.03	1/2/2026
Nationwide	610.00	26.01.16 R.03	1/16/2026
Nationwide	610.00	26.01.30 R.06	1/30/2026
PFIZER INC	2,903.53	55070	1/23/2026
Pitney Bowes Inc.	547.74	26.01.23 P.07	1/23/2026
Principal Life Insurance Company	2,170.14	26.01.23 P.08	1/23/2026
Prompt Care Express PC	160.00	55071	1/23/2026
R&S Northeast LLC	133.07	26.01.09 A.11	1/9/2026
R&S Northeast LLC	736.80	26.01.23 A.29	1/23/2026
Republic Waste Services	354.90	26.01.09 P.08	1/9/2026
Reserve Account	3,000.00	26.01.09 A.12	1/9/2026
Reserve Account	3,000.00	26.01.23 A.30	1/23/2026
Reuben & Lila Hochstetler	2,486.54	55072	1/23/2026
Richard Clark	2,459.85	26.01.23 A.31	1/23/2026
Riley Pumpkin Farm	980.00	26.01.23 A.32	1/23/2026
RJB Heating & Cooling	3,500.00	55073	1/23/2026
Robert C. Khoenie, PLLC	533.54	55080	1/30/2026
ROSE PEST SOLUTIONS	86.00	26.01.23 A.33	1/23/2026
Sanofi Pasteur Inc.	6,051.94	26.01.23 P.09	1/23/2026
Semco Energy	154.73	26.01.09 P.09	1/9/2026
Shaffmasters U-Stor-n-Lock	150.00	26.01.09 A.13	1/9/2026

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

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

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
Shred It	120.00	26.01.09 P.10	1/9/2026
St Joseph County COA	31,267.74	26.01.23 A.34	1/23/2026
St Joseph County Transit Authority	2,493.15	26.01.23 A.35	1/23/2026
State of Michigan-Dept	11.50	55074	1/23/2026
Stratus Video, LLC	2,187.60	26.01.23 A.36	1/23/2026
TelNet Worldwide	1,759.01	26.01.09 A.14	1/9/2026
Verdant Commercial Capital	1,322.75	26.01.23 P.10	1/23/2026
Verizon	1,771.22	26.01.09 P.11	1/9/2026
VRI INC.	54.00	26.01.23 A.37	1/23/2026
Western Michigan Health Insurance Pool Trust	61,600.48	26.01.23 P.11	1/23/2026
Report Total	585,165.86		

Branch-Hillsdale-St Joseph Community Health Agency
Balance Sheet - Unposted Transactions Included In Report
As of 1/31/2026

	Current Period Balance
Assets	
Cash on Hand	15,887.00
Cash with County Treasurer	3,563,759.76
Community Foundation Grant	309,955.94
Cash HD Building Maintenance	64,450.00
Cash TR Building Maintenance	89,049.40
Accounts Receivable	77,265.03
Due from Dental DAPP	1,275.67
Due from State	120,738.95
Due from St. Joseph County	80,744.00
Due from Other Funding Sources	166,445.98
Prepaid Expenses	188,283.77
Biologic Inventory	159,743.51
Total Assets	4,837,599.01
 Liabilities	
Accounts Payable	218,103.08
Payroll Liabilites	91,909.78
Deferred Revenue	390,472.27
Deferred Revenue BR	38,310.17
Deferred Revenue HD	40,409.00
Deferred Revenue SJ	53,829.33
Biologics	159,743.51
Total Liabilities	992,777.14
 Net Assets	
Operation Fund Balance	260,738.18
Restricted Fund Balance	454,070.48
Designated Fund Balance	3,130,013.21
Total Net Assets	3,844,821.87
 Total Liabilities and Net Assets	 4,837,599.01

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

Plus: Cash Receipts	\$628,471.27
Less: Cash Disbursements For Payroll/AP	\$ (772,650.24)
10/31/2025 Cash Balance	\$ 3,970,394.32
<hr/>	
Plus: Cash Receipts	\$633,432.70
Less: Cash Disbursements For Payroll/AP	\$ (663,990.11)
11/30/2025 Cash Balance	\$ 3,939,836.91
<hr/>	
Plus: Cash Receipts	\$620,491.36
Less: Cash Disbursements For Payroll/AP	\$ (639,361.22)
12/31/2025 Cash Balance	\$ 3,920,967.05
<hr/>	
Plus: Cash Receipts	\$847,544.81
Less: Cash Disbursements For Payroll/AP	\$ (894,796.16)
1/31/2026 Cash Balance	\$ 3,873,715.70

12 Month Grants Should be 33.33% Expended. 9 Month Grants Should be 44.44% Expended.

	Current Month	Year to Date	Total Budget · Amendment1	Total Expended
325 CSHCS Must fully expend budget for 325 before using 112; therefore, they must be evaluated together. They are within budget at 35.21%.	30,668.04	124,801.78	222,409.00	56.11%
255 Community Health Direction Over budget; should come back in line as the year progresses and work begins in other grants that do not run the entire year.	17,342.01	76,342.85	150,000.00	50.89%
286 HEP Special Projects Grant ended October 31, 2025	0.00	6,143.01	12,455.00	49.32%
722 PFAS Response Slightly over budget due to one-time H SA contribution. Will level out as the year progresses.	693.27	891.64	2,060.36	43.27%
032 Emergency Preparedness Slightly over budget due to one-time H SA contribution. Will level out as the year progresses.	14,576.21	58,178.89	139,756.63	41.62%
327 Hearing (ELPHS) Within budget - 9 Month program should be expended at	9,895.99	48,218.31	123,552.25	39.02%
138 Immunization IAP Over budget due to increased staff time, training costs, and one-time H S A contribution. Should come back in line as the year progresses.	97,643.64	454,105.51	1,175,295.07	38.63%
714 Onsite Sewage Disposal Slightly over budget due to one-time H SA contribution. Will level out as the year progresses.	43,767.61	184,124.54	478,127.44	38.50%
721 Drinking Water Supply Slightly over budget due to one-time H SA contribution. Will level out as the year progresses.	38,488.70	164,348.09	446,323.69	36.82%
101 Workforce Development Consulting invoices slightly over budget. Will level out as the year progresses.	5,749.32	17,868.26	48,972.39	36.48%
326 Vision (ELPHS) Within budget - 9 Month program should be expended at	10,143.29	43,263.58	122,378.71	35.35%
723 PFAS Response - White Pigeon Slightly over budget due to one-time H SA contribution. Will level out as the year progresses.	656.63	936.67	2,662.72	35.17%
014 VOCA Slightly over budget due to one-time H SA contribution. Will level out as the year progresses.	17,191.76	71,225.25	205,743.00	34.61%
109 WIC Slightly over budget due to one-time H SA contribution. Will level out as the year progresses.	91,645.55	379,464.85	1,097,936.39	34.56%
745 Type II Water Slightly over budget due to one-time H SA contribution. Will level out as the year progresses.	18,013.01	74,753.77	222,027.00	33.66%

Branch-Hillsdale-St Joseph Community Health Agency
Statement of Revenues and Expenditures - Amend 1 - Expense By Program - Summary Unposted Transactions Included In Report
From 1/1/2026 - 1/31/2026

	Current Month	Year to Date	Total Budget Amendment1	Total Expended
332 HIV Prevention	2,232.61	9,249.83	27,641.28	33.46%
Slightly over budget due to one-time H SA contribution. Will level out as the year progresses.				
329 MCH Enabling Children	12,581.92	31,469.67	94,409.00	33.33%
704 Food Service	46,034.41	191,718.21	584,971.73	32.77%
021 Dental Clinic - Three Rivers	4,533.45	18,133.80	55,582.20	32.62%
720 EH- Complaints	1,127.28	3,432.15	10,822.45	31.71%
012 Area Agency on Aging	109,192.22	418,873.17	1,321,723.00	31.69%
341 Infectious Disease	35,901.63	141,010.91	455,665.44	30.94%
029 Dental Clinic - Hillsdale	1,235.76	3,700.31	12,000.00	30.83%
207 MCRH Community Health Workers	9,735.61	42,343.63	140,082.73	30.22%
331 STD	13,078.26	55,797.46	193,166.10	28.88%
724 PFAS - Westside Landfill	680.55	815.96	2,880.36	28.32%
717 EGLE Swimming Pools	589.18	7,404.22	26,812.13	27.61%
108 WIC Breastfeeding	9,773.49	36,310.74	134,466.51	27.00%
008 Salary & Fringe Payoff	2,489.88	21,201.81	80,000.00	26.50%
605 General EH Services	2,899.38	12,153.70	46,236.45	26.28%
107 Medicaid Outreach	1,226.81	4,431.38	17,529.48	25.27%
106 MI Options	11,870.85	56,247.25	237,877.50	23.64%
338 Immunization Vaccine Handling	5,946.33	26,498.48	114,296.82	23.18%
405 Grant Writing	341.23	1,040.84	4,755.84	21.88%
202 Oral Health	4,538.07	15,327.31	82,654.39	18.54%
025 PH Workforce & Infastructure	0.00	35,102.56	193,725.06	18.11%
010 Agency Support	11,202.40	53,203.70	320,280.00	16.61%
024 MERS Pension Underfunded Liability	168.02	3,498.93	22,590.00	15.48%
719 Body Art	901.72	982.21	6,701.95	14.65%
096 CSHCS Donations SJ	3,871.64	5,354.40	41,360.84	12.94%
205 OHSP Grant	4,426.80	9,885.49	106,432.71	9.28%
345 Lead Testing	(4,882.06)	3,567.81	39,725.50	8.98%
015 Local Expenses - Unallowable by Grants	2,433.73	4,512.91	62,829.73	7.18%
715 EGLE Long-Term Monitoring	0.00	301.70	4,920.70	6.13%
097 CSHCS Donations BR HD	0.00	988.73	22,826.00	4.33%
716 EGLE Campgrounds	252.00	542.61	18,869.17	2.87%
035 Vector Borne Disease Surveillance	140.85	263.98	58,080.93	0.45%
023 Capital Expenditures	0.00	0.00	53,000.00	0.00%
112 CSHCS Medicaid Outreach	0.00	0.00	132,000.41	0.00%
212 Medical Marijuana BR	0.00	0.00	18,886.23	0.00%
230 Medical Marijuana HD	0.00	0.00	11,026.17	0.00%
275 Medical Marijuana SJ	0.00	0.00	7,390.17	0.00%
287 HEP Special Projects II	227.87	227.87	0.00	0.00%
718 EGLE Septage	0.00	0.00	6,251.95	0.00%
Total Expense	691,226.92	2,920,260.73	9,220,170.58	31.67%

The Agency is currently 1.66% under budget.

February 13, 2026 – Board of 3Health Finance Committee Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health, Finance Committee meeting was called to order by Jared Hoffmaster at 9:00 AM. Roll call was completed as follows: Jared Hoffmaster, Jon Houtz, and Kevin Collins. No members were absent.

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

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

Public Comment: No public comments were given.

New Business:

- Mr. Houtz moved to recommend that the full Board accept the bid from R Johnson Builders to replace the HVAC equipment in the Hillsdale facility, in the amount of \$77,000. The motion received support from Mr. Collins and passed.
- Mr. Houtz moved to recommend that the full Board approve opening a new depository account at Century Bank and Trust and closing the depository account at Sturgis Bank and Trust, with support from Mr. Collins. The motion passed.
- Mr. Collins moved to accept the Senior Medicare Patrol Project with a grant proposed of up to \$25,000, with support from Mr. Houtz. The motion passed.

Mr. Collins moved to adjourn the meeting with Support from Mr. Houtz. With no further business, the meeting was adjourned at 9:14 AM.

Respectfully Submitted by:


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

February 18, 2026 – Board of Health Program, Policy, & Appeals Committee Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health, Program, Policy, & Appeals Committee meeting was called to order by Tim Stoll, at 8:30 AM. Roll call was completed as follows: Tim Stoll, Rick Shaffer, and Brent Leininger. No members were absent.

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

Mr. Shaffer 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 Quality Improvement Plan with the recommended changes, with support from Mr. Shaffer. The motion passed.
- Mr. Shaffer moved to recommend that the full Board approve the Cost Allocation Plan as presented, with support from Mr. Leininger. The motion passed.
- The committee discussed the need to review the Procurement Policy for potential changes related to liability coverage limits for contractors. The policy will be added to the agenda for an upcoming committee meeting. No action was taken.

Public Comment: No public comments were given.

Mr. Leininger moved to adjourn the meeting with support from Mr. Shaffer. The motion passed and the meeting adjourned at 8:51 AM.

Respectfully Submitted by:



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



Annual Conflict of Interest and Disclosure Policy

Section 1. Purpose of Policy. This policy sets forth principles and procedures intended to maintain the integrity of the Area Agency on Aging Region 3C (AAA 3C), as well as comply with Michigan Office of Services to the Aging Operating Standards for Area Agencies on Aging. Members of the Branch-Hillsdale-St. Joseph Community Health Agency (CHA) Board of Health (serving as the AAA 3C Policy Board) are expected to conduct their personal/business affairs so that no conflict of interest or duality of interest interferes with their duties and responsibilities to the CHA/AAA 3C.

Section 2. Covered Individuals. This policy applies to the members and officers of the Board of Health.

Section 3. Conflict of Interest and Duality of Interest. This policy covers both conflicts of interests, involving the financial interests of or financial benefit to a covered individual as owner, employee, agent, consultant or otherwise, and duality of interests, involving the interests of an association, governmental entity, business or other entity (whether profit or nonprofit) in which a covered individual has a substantial personal interest as a director, officer, trustee, commissioner or substantial contributor or through another substantial relationship.

Section 4. Covered Transactions, Relationships and Affiliations. This policy applies to existing and proposed transactions, relationships and affiliations, including contracts for goods, facilities and services, leases, grants, gifts, financial assistance, partnerships, endorsements, policy positions, joint ventures and other undertakings and dealings, between the CHA/AAA 3C and (a) a covered individual; (b) a member of a covered individual's immediate family; and (c) an association, governmental entity, business or other entity (whether profit or nonprofit) with respect to which a covered individual has a conflict of interest or a duality of interests.

Section 5. Disclosure. All covered individuals shall provide a written disclosure annually to the CHA/AAA 3C of any conflict of interest or duality of interest between them and the CHA/AAA 3C as described in Section 3 and of any covered transactions, relationships, endorsements, policy positions or affiliations involving them as described in Section 4. In addition, a covered individual shall provide prompt disclosure to the Board of Health at any time that he or she becomes aware of any such conflict of interest, duality of interest or covered transaction, relationship or affiliation.

Section 6. Review, Report and Record. In the event that the CHA/AAA 3C becomes aware of a conflict of interest, or duality of interest of a covered transaction, relationship, endorsement, policy position or affiliation involving a covered individual, whether through disclosure made pursuant to Section 5 or otherwise, the matter shall be reviewed by a committee of disinterested members of the Board of Health. The review shall be reported to the Board of Health and shall be made a matter of record.

Section 7. Procedures. Any member of the Board of Health having a duality of interest or conflict of interest, real or apparent, with respect to any covered transaction, relationship, endorsement, policy position or affiliation that comes before the Board of Health shall not vote or use his or her personal influence on the matter, and shall not be counted in determining a quorum for the meeting at which the matter is voted upon. In deciding any such matter, the Board of Health shall obtain appropriate comparability data, including data as to the fair market value for any goods, services or facilities that may be involved. The minutes of the meeting shall adequately document the basis of the determination and shall reflect that the disclosure was made, that the interested Board member abstained from voting, and that his or her presence was not considered. No interested Board member and no interested officer shall take part in the discussion and, in appropriate instances, as determined by the officer conducting the meeting, shall be absent from the discussion and vote. However, an interested Board member or an interested officer may state a policy position relevant to the matter under consideration, explain the transaction or affiliation, and answer questions from Board members relating to the matter.

_____ I ***do not*** have a conflict of interest or duality of interest.

_____ I ***do*** have a conflict of interest or duality of interest, as follows:

_____ I have read this policy and agree to follow it.

Name (please print)

Signature

Date

Hillsdale Building HVAC Bid Review

Bids were due January 27, 2026 at 1 pm

Number of bids received: 3

Evaluation of Bids: The bid award shall be made in the best interest of BHSJ, as determined by BHSJ. Proposals will first be screened to ensure responsiveness to the RFP. Considerations are focused toward, but not limited to:

- Price: Bidders must carefully review the scope of work and ensure their proposal includes the total cost of the project.
- Insurance: Bidders must be licensed and maintain insurance
- Completion Date: Bidders must specify the estimated completion date for the work.
- Adequacy and Completeness: The submitted packet must contain all items.
- Evaluation of Contractors Work/References: References must be submitted in order for the bid to be considered complete.

Contractor	Price	Insurance Certificate	Adequacy & Completeness	Evaluation & References	Completion Date
Griffiths Mechanical	57,160.28	Not provided	Not complete	Not provided	Not provided
Ryan & Bradshaw	78,584.00	Provided	Submitted addendum after contact regarding line set location and basement ceiling repair	Provided all positive	June 30, 2026
R Johnson Builders	77,000.00	Provided	Complete	Provided all positive	June 1, 2026

EVALUATION CRITERIA

The Branch-Hillsdale-St. Joseph Community Health Agency will adhere to the following procedures in evaluating proposals. An Evaluation/Selection Committee (Committee), which may include members of the agency staff and possibly one or more outside experts, will screen and review all proposals. The factors to be considered by the Committee in reviewing the proposals will be:

1. Ability of the Proposer to Carry Out and Manage the Proposed Project (30%) An assessment of the statement of qualifications, including past experience of the organization in general. Qualities and indicators that will receive

consideration include the number and types of projects the organization or its employees have completed; the variety of projects completed and a demonstration of the organization's ability to undertake this project; and the demonstrated ability to work with governmental bodies and a full understanding of applicable laws or regulations that relate to the project.

2. Qualifications (30%) The qualifications (including education, training, licenses, experience, and past performance) of the Proposer and its agents, employees, and sub-service providers. BHSJCHA may consider Proposer's timely and accurate performance on contracts.

3. Cost of Proposal (40%) Cost, while not determinative, will be considered in the selection process.

4. Local Business (+5%) If the Proposer's company is physically located within the counties of Branch, Hillsdale, or St. Joseph will receive an additional five points.

Contractor	Ability to Carry out and Manage 30%	Qualifications 30%	Cost of Proposal 40%	Local Businesses receive 5 points	Total Score
Griffiths	Not Scored	Not Scored	Not Scored	Not Scored	0
Ryan & Bradshaw	28	30	38	5	101
R Johnson Builders	30	30	40	5	105

Invitation to Bid Building HVAC upgrade at building located at 20 Care Drive, Hillsdale, Michigan

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJ) is accepting sealed bids from licensed contractors to replace the current HVAC equipment for the building located at 20 Care Drive, Hillsdale, Michigan, excluding that equipment serving the MCDC suite. All project work must be completed by June 30, 2026. The closing date for the bid is Tuesday, January 27, 2026 at 1:00 p.m. Proposals not physically received by the deadline will be returned, unopened. To obtain a copy of the invitation to bid, please visit our web site at www.bhsj.org. Bids must be submitted on the bid form provided in the invitation to bid.

Request for Bids:

Closing Date: January 27, 2026 at 1:00 PM

Contract Administrator: Rebecca Burns

Telephone: 517-933-3040

Email Address: burnsr@bhsj.org

Website Address: www.bhsj.org

Location: 20 Care Drive, Hillsdale, MI

Scope: The bid shall cover the procurement of a licensed contractor to remove and properly dispose of and then replace HVAC furnaces #1, #2, #3, and #4 and corresponding air conditioning units and lines from a/c to furnace that serve the original building, excluding the window heating and cooling units. Failure of the general contractor to see information in any part of the contract documents will not be a valid reason for issuing a change order.

Updates/Notifications: All notifications, releases, and amendments associated with this project will be posted at www.bhsj.org. BHSJ will make no attempt to contact contractors with updated information. It will be the responsibility of each contractor to periodically check this site for the latest details.

General Information

Contract:

Replacement of the heating and air conditioning equipment serving the original building, excluding the MCDC suite. Excluded in the work are the window heating and cooling units. Failure of the general contractor to see information in any part of the contract documents will not be a valid reason for issuing a change order.

Bid Submission:

Completed proposals may be submitted in a sealed envelope by mail or hand-delivered in person. Bids should be in sealed envelopes, clearly marked as follows, and delivered to:

Branch-Hillsdale-St. Joseph Community Health Agency
HVAC BID – Attn: Rebecca Burns
20 Care Drive
Hillsdale, MI 49242

Pre-Bid Meeting: Wednesday, January 7, 2026 1:00-2:00 pm at 20 Care Dr, Hillsdale, MI.

Bids Due: Tuesday, January 27, 2026, at 1:00 p.m.

Bids Opened Publicly: Tuesday, January 27, 2026 at 1:30 p.m. in the conference room of the building located at 20 Care Drive, Hillsdale, MI 49093

Bids must be submitted on the bid form provided in the following pages and received in a sealed envelope.

Description:

The bid shall consist of the total cost for providing all manpower, equipment, materials, disposal and supplies required to perform the specified renovation.

Agency's Rights:

The Branch-Hillsdale-St. Joseph Community Health Agency reserves the right to accept or reject any or all bids in the best interest of the Agency.

Contract Cancellation:

The Branch-Hillsdale-St. Joseph Community Health Agency reserves the right to cancel any Agreement signed by the parties, by providing a written 30-day notice.

General Requirements

Scope of Work:

Replacement of heating and air conditioning equipment for the original building at the location of 20 Care Dr, Hillsdale, MI 49242. The window heating and cooling units at this location and the equipment in the MCDC suite are not included in the scope of work. Work to be completed by June 30, 2026. All bids must address:

1. Remove and dispose of existing HVAC equipment.
2. Remove bulk head and drywall ceiling covering AC line sets.
3. Remove and dispose of existing line sets.
4. Install new gas high efficiency furnaces with all necessary duct work.

5. Install new cased coils and condensation pumps if needed.
6. Install media air filters.
7. Install new 3 phase AC units with new line sets along the bulkhead area where the old line sets were run,
8. Connect all necessary electrical wiring.
9. Rebuild bulkhead, drywall finish ready for paint, paint bulk head and ceiling areas to match existing ceiling.
10. Remove and dispose of all debris.

Pre-Bid Meeting:

A pre-bid meeting to examine the existing HVAC equipment and review the spaces to be served by the equipment will be held on Wednesday, January 7, 2026 1:00 – 2:00 pm.

Equipment, Inspections, & Permits:

The Contractor shall supply all manpower, equipment, materials, and supplies required to perform the work. All equipment used to perform the work described in the Contract shall meet all applicable State and Local Regulations. The contractor shall be responsible to obtain and pay for all local/required permits and inspections.

Conditions to Bidding

1. **Inquiries:** All inquiries regarding this Request for Bid shall be submitted via email to Rebecca Burns burnsr@bhsj.org
2. **Cost of Preparing Bids:** All costs associated with the preparation of bids, including the cost of determining the nature of the engagement, preparing the bid, submitting the bid, negotiating for the contract and any other costs associated with responding to this Request for Bids are the sole responsibility of the Bidder and BHSJ will not reimburse any costs incurred in preparation of the bid. All responses will become the property of BHSJ once submitted.
3. **Acceptance or Rejection:** BHSJ reserves the right to accept or reject any or all bids; to waive any informalities or technicalities; clarify any ambiguities in bids; modify any criteria in the request for bid; and unless otherwise specified, to accept any item in a bid.
4. **Evaluation of Bids:** The bid award shall be made in the best interest of BHSJ, as determined by BHSJ. Proposals will first be screened to ensure responsiveness to the RFP. Considerations are focused toward, but not limited to:
 - Price: Bidders must carefully review the scope of work and ensure their proposal includes the total cost of the project.
 - Insurance: Bidders must be licensed and maintain insurance
 - Completion Date: Bidders must specify the estimated completion date for the work.
 - Adequacy and Completeness: The submitted packet must contain all items.
 - Evaluation of Contractors Work/References: References must be submitted in order for the bid to be considered complete.

EVALUATION CRITERIA

The Branch-Hillsdale-St. Joseph Community Health Agency will adhere to the following procedures in evaluating proposals. An Evaluation/Selection Committee (Committee), which may include members of the agency staff and possibly one or more outside experts, will screen and review all proposals. The factors to be considered by the Committee in reviewing the proposals will be:

1. **Ability of the Proposer to Carry Out and Manage the Proposed Project (30%)** An assessment of the statement of qualifications, including past experience

of the organization in general. Qualities and indicators that will receive consideration include the number and types of projects the organization or its employees have completed; the variety of projects completed and a demonstration of the organization's ability to undertake this project; and the demonstrated ability to work with governmental bodies and a full understanding of applicable laws or regulations that relate to the project.

2. **Qualifications (30%)** The qualifications (including education, training, licenses, experience, and past performance) of the Proposer and its agents, employees, and sub-service providers. BHSJCHA may consider Proposer's timely and accurate performance on contracts.

3. **Cost of Proposal (40%)** Cost, while not determinative, will be considered in the selection process.

4. **Local Business (+5%)** If the Proposer's company is physically located within the counties of Branch, Hillsdale, or St. Joseph will receive an additional five points.

5. **Review Process:** BHSJ reserves the right to make an award without further discussion of the bids submitted; therefore, proposals should be initially submitted on the most favorable term the bidder can propose. Bids will be included with information made available to the BHSJ Board of Health, which is also available to the public.
6. **Notification of Award:** It is expected that a decision will be made selecting the successful Bidder at the February 26, 2026 Board of Health meeting.
7. **Contractual Obligations:** This request for bid, including the terms and conditions set forth within, will be considered a contractual agreement between BHSJ and the awarded contractor once the bid is offered by BHSJ, and accepted by the awarded contractor. At the discretion of BHSJ, the awarded contractor may be required to enter into an additional contractual agreement for the services proposed in the bid.

Proposal Format

Proposals must be submitted on the attached Bid Form and submitted along with the attached Certification Form. They must be accompanied by the evidence of accords listed on the bid form and a minimum of three references.

General Provisions

1. **Contract:** This request for bid, including the terms and conditions set forth within, will be considered a contractual agreement between BHSJ and the awarded contractor once the bid is offered by BHSJ, and accepted by the awarded contractor. At the discretion of BHSJ, the awarded contractor may be required to enter into an additional contractual agreement for the services proposed in the bid.
2. **Independent Contractor:** Both parties, in the performance of this contract, shall be acting in their individual capacity and not as agents, employees, partners, joint ventures or associates of one another. The employees or agency of one party shall not be construed to be the employees or agency of the other party for any purpose, whatsoever.
3. **Project Completion Date:** The estimated project completion date should be specified by the bidder in the bid. This project must be completed by June 30, 2026. The specific completion date will be negotiated during the award process of the successful bid.
4. **Payment:** Once a successful proposal has been chosen and the procurement model and pricing has been determined, BHSJ will negotiate with the successful bidder to ensure the appropriate payment is made at completion of the project. If the contractor requires any payments be made up-front, the contractor must make that request on the submitted pricing proposal.

5. **Financial Award:** The contractor agrees and understands that the payment of sums specified in this contract is dependent and contingent upon and subject to the appropriation and allocation of funds for the purpose set forth in this request for bids and is contingent upon fund availability.
6. **General Indemnity:** The contractor shall save and hold harmless, pay on behalf of, protect, defend, indemnify BHSJ, assume entire responsibility and liability for losses, expenses, demands and claims in connection with or arising out of any injury, or alleged injury (including death) to any person, or damage, or alleged damage, to property of others sustained or alleged to have been sustained in connection with or to have arisen out of or resulting from the performance or the intended performance of any work/service, outlined or resulting from this agreement, by the contractor or their employees, including losses, expenses or damages sustained by officials (including the Health Officer, Board of Health, as well as employees) from any and all such losses, expenses, damages, demands and claims. The contractor further agrees to defend any suit or action brought against officials (as outlined above) based on any such alleged injury or damage and to pay all damages, cost and expenses in connection therewith or resulting there from. As an integral part of this agreement, the contractor agrees to purchase and maintain, during the life of this contract, general liability insurance as outlined above. The obligations of the contractor pursuant to this paragraph shall not be limited in any way by any limitation in the amount or type of proceeds, damages, compensation, or benefits payable under any policy of insurance or self-insurance maintained by or for the use and benefit of the contractor.
7. **Hold Harmless:** The contractor shall indemnify BHSJ against all claims for injury to or death of any persons; for loss or damage to any property; and for infringement of any copyright or patent occurring in connection with or in any way incidental to or arising out of the occupancy, use, service, operations, or performance of work under this contract.

BHSJ shall not be precluded from receiving the benefits of any insurance the contractor may carry which provides for indemnification for any loss or damage to property in the contractor's custody and control, where such loss or destruction is to BHSJ property. The contractor shall do nothing to prejudice BHSJ's right to recover against third parties for any loss, destruction, or damages to BHSJ property.



Bid Form

HVAC Bid for BHSJ Building Located at 20 Care Drive, Hillsdale, MI
 Closing Date: Tuesday, January 27, 2026, at 1:00 PM EST.

We submit a bid to furnish requirements in accordance with the scope of work listed under General Requirements above. 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:
Telephone Number:
Email Address:
Mailing Address:
City, State, Zip:
Social Security / Federal Employer Identification Number: (Information will be redacted from public information)
Signature of Authorized Representative:
Typed or Printed Name of Signature:
Title:
Date:
Total Cost to Complete Project:
Proposed Payment Terms:
Estimated Completion Date: (Must be completed by June 30, 2026)
Evidence of Accords Must be Attached: <ul style="list-style-type: none"> • Copy of Mechanical 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:
Signature:
Typed or printed name:
Title:
Date:



Select Language
Powered by Google Translate

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Invitation to Bid - HVAC

Friday December 5, 2025 - Monday January 26, 2026

Note Added January 6, 2026. Bid Closes January 27, 2026 at 1:00 PM

Please view the document to submit a bid. The bid will be reviewed and awarded in February 2026.

NOTE - January 6, 2026

Upon further investigation, the line sets for the air conditioning units are located above the hallway ceiling, **run through joists, in the lower level of the building, not in the bulkhead as originally expected.** The hallway ceiling is constructed of drywall that is finished and painted. In order to replace the line sets removal of the drywall ceiling will be required. Restoration of the ceiling will be required by the contractor. Bids should be clear about the restoration of the ceiling. **Questions should be directed to Rebecca Burns at burnsr@bhsj.org or 517-933-3040.**

UPDATES:

- There are 4 thermostats that serve the system. They are located two on the lower level and two on the upper level.
- Bids should include replacement of humidifier units.
- A/C units are single stage, not 3-stage, as mentioned in the bid information.

 **Invitation to Bid HVAC**
posted December 5, 2025



1401 Vera Drive
Hillsdale, MI 49242
(517) 437-4259
FAX (517) 437-4260

PROPOSAL

19097

TO Branch-Hillsdale-St. Joseph Community Health Agency HVAC BID – Attn: Rebecca Burns 20 Care Dr Hillsdale, MI 49242	PHONE 517-933-3040	DATE 01/27/2026
	JOB NAME / LOCATION	
	JOB NUMBER	JOB PHONE

We hereby submit specifications and estimates for:
HVAC systems

- (4) Ruud, model R96TA100, 69,000/98,000 BTU two-stage natural gas furnaces and 96% fuel efficient
- (3) Ruud, model RA13NY60, 5-ton 13 SEER2 condensers with R454B refrigerant
- (1) Ruud, model RA13NY36, 3-ton 13 SEER2 condenser with R454B refrigerant
- (3) Ruud 5-ton cased cooling coils
- (1) Ruud 3-ton cased cooling coil
- Connect to existing PVC vent and combustion air piping below ceiling in mechanical room
- Reconnect to existing gas piping
- Reconnect all line and low voltage wiring
- Install new refrigeration line piping to each system
- Sheet metal transitions to the existing supply air plenums
- Reconnect to the existing return air ductwork and install 4" media air filters
- Condensate drain piping to floor drain
- Commission systems
- Includes removal and disposal of all equipment, refrigeration lines, and debris
- Demo and refinish existing refrigeration line bulkhead
- Permit and inspections

TOTAL: SEVENTY-ONE THOUSAND NINE HUNDRED EIGHTY-FOUR DOLLARS \$71,984.00

We Propose hereby to furnish material and labor – complete in accordance with the above specifications, for the sum of: _____ dollars (\$ _____).

Payment to be made as follows:

Progressive payments due the 10th of the following month.

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Worker's Compensation Insurance.

Authorized Signature _____


Note: This proposal may be withdrawn by us if not accepted within 30 days.
 Scott Donihue, President

Acceptance of Proposal – The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Signature _____

Date of Acceptance: _____



Bid Form

HVAC Bid for BHSJ Building Located at 20 Care Drive, Hillsdale, MI
Closing Date: Tuesday, January 27, 2026, at 1:00 PM EST.

We submit a bid to furnish requirements in accordance with the scope of work listed under General Requirements above. 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:	Ryan + Bradshaw Inc
Telephone Number:	517-437-4259
Email Address:	ryanandbradshaw@hotmail.com
Mailing Address:	1401 Vera Dr
City, State, Zip:	Hillsdale, MI 49242
Social Security / Federal Employer Identification Number: (Information will be redacted from public information)	38-1918163
Signature of Authorized Representative:	
Typed or Printed Name of Signature:	SCOTT DONIHUE
Title:	PRESIDENT
Date:	JAN 27 2026
Total Cost to Complete Project:	\$71,984.00
Proposed Payment Terms:	PROGRESSIVE
Estimated Completion Date: (Must be completed by June 30, 2026)	JUNE 30, 2026
Evidence of Accords Must be Attached:	<ul style="list-style-type: none">• Copy of Mechanical License• Copy of Insurance Certificate• Copy of General Liability• Copy of Workers' Compensation Insurance
Contractors must provide a minimum of three references.	

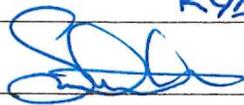


Certification Statement

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:	RYAN & BRADSHAW INC.
Signature:	
Typed or printed name:	SCOTT DONIHUE
Title:	PRESIDENT
Date:	4/27/26

GRETCHEN WHITMER
Governor

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Mechanical Contractor License

L345500

SCOTT ADEN DONIHUE
1401 VERA DR
HILLSDALE, MI 49242

Classifications:

- 1 - Hydronic & Cooling and Process Piping
- 2 - HVAC Equipment
- 3 - Ductwork
- 5 - Limited Heating Service

License No.
7112700

Expiration Date:
08/31/2028

This document is duly
issued under the laws of the
State of Michigan



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
FEDERATED MUTUAL INSURANCE COMPANY
HOME OFFICE: P.O. BOX 328
OWATONNA, MN 55060

CONTACT NAME: CLIENT CONTACT CENTER
PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664
E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM

INSURED
RYAN AND BRADSHAW, INC.
1401 VERA DR
HILLSDALE, MI 49242-9340

INSURERS AFFORDING COVERAGE NAIC #
INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 13935

INSURER B: FEDERATED RESERVE INSURANCE COMPANY 16024

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 0

REVISION NUMBER: 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	N	N	6123871	05/01/2025	05/01/2026	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input checked="" type="checkbox"/> BUSINESS OWNER'S LIABILITY						MED EXP (Any one person)
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000
	OTHER:						PRODUCTS & COMP/OP ACC \$2,000,000
B	AUTOMOBILE LIABILITY	N	N	6123872	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per Person)
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per Accident)
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per Accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	N	N	6123873	05/01/2025	05/01/2026	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	N	1894758	05/01/2025	05/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L EACH ACCIDENT \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE EA EMPLOYEE \$1,000,000
							E.L DISEASE POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS COPY IS NOT TO BE REPRODUCED FOR ISSUANCE OF CERTIFICATES.

CERTIFICATE HOLDER

A CERTIFICATE HAS BEEN FILED WITH EACH OF YOUR CERTIFICATE HOLDERS. 0 0

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Nicholas R. Lower



1401 Vera Drive
 Hillsdale, MI 49242
 (517) 437-4259
 FAX (517) 437-4260

PROPOSAL

19109

TO Branch-Hillsdale-St. Joseph Community Health Agency HVAC BID – Attn: Rebecca Burns 20 Care Dr Hillsdale, MI 49242	PHONE 517-933-3040	DATE 02/10/2026
	JOB NAME / LOCATION	
	JOB NUMBER	JOB PHONE

We hereby submit specifications and estimates for:

Addendum #1 to original scope of work, per email received 02-05-2026

- Additional labor and materials to demo ceiling to gain access to refrigeration piping
- Once refrigeration piping work is completed, replace drywall, finish, and paint

ADD: FOUR THOUSAND EIGHT HUNDRED DOLLARS \$4,800.00

- Additional labor and materials to replace (3) duct mounted humidifiers with similar models and automatic digital controls

ADD: ONE THOUSAND EIGHT HUNDRED DOLLARS \$1,800.00

We Propose hereby to furnish material and labor – complete in accordance with the above specifications, for the sum of: _____ dollars (\$ _____).

Payment to be made as follows:

Progressive payments due the 10th of the following month.

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Worker's Compensation Insurance.

Authorized Signature

Scott Donihue

SD

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Scott Donihue, President

Acceptance of Proposal – The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Signature _____

Date of Acceptance: _____

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>Renny Johnson</i>
Typed or printed name:	Renny Johnson
Title:	President
Date:	1/23/24



Bid Form

HVAC Bid for BHSJ Building Located at 20 Care Drive, Hillsdale, MI
 Closing Date: Tuesday, January 27, 2026, at 1:00 PM EST.

We submit a bid to furnish requirements in accordance with the scope of work listed under General Requirements above. 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 Park Dr
City, State, Zip:	Sherwood, MI, 49089
Social Security / Federal Employer Identification Number: (Information will be redacted from public information)	38-3550886
Signature of Authorized Representative:	<i>Renny Johnson</i>
Typed or Printed Name of Signature:	Renny Johnson
Title:	President
Date:	1/23/26
Total Cost to Complete Project:	77,000 ⁰⁰
Proposed Payment Terms:	50% to start / balance on completion
Estimated Completion Date: (Must be completed by June 30, 2026)	6/1/26
Evidence of Accords Must be Attached:	<ul style="list-style-type: none"> • Copy of Mechanical License • Copy of Insurance Certificate • Copy of General Liability • Copy of Workers' Compensation Insurance
Contractors must provide a minimum of three references.	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Joe Drennan	
Vozar Insurance		PHONE (A/C, No, Ext): (517) 741-3607	FAX (A/C, No): (517) 741-3640
365 N Broadway St		E-MAIL ADDRESS: joe@vozarins.com	
Union City MI 49094		INSURER(S) AFFORDING COVERAGE	
		INSURER A: FREMONT INS CO	
		INSURER B: LIBERTY MUTUAL	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED		NAIC #	
R Johnson Builders Inc			
113 TUTTLE PARK DR			
SHERWOOD MI 49089-9715			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP0094535-02	12/22/2024	12/22/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAP0033409-02	12/22/2024	12/22/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC5-33S-B26Z4V-015	09/19/2025	09/19/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Branch Hillsdale St Joseph Community Health Agency 20 Care Dr Hillsdale MI 49242	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Joe Drennan
--	--

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Q887153

GRETCHEN WHITMER
Governor

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Company Builder License

R JOHNSON BUILDERS INC.
113 TUTTLE DRIVE
SHERWOOD, MI 49089

Qualifying Officer:
Reinny Duane Johnson
Qualifying Officer #
2101065236

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

License No.
2102162703

Expiration Date:
05/31/2027

This document is duly
issued under the laws of the
State of Michigan

GRETCHEN WHITMER
Governor

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Mechanical Contractor License

L344848

REINNY JOHNSON
113 TUTTLE DR
SHERWOOD, MI 49089

Classifications:

- 1 - Hydronic & Cooling and Process Piping
- 2 - HVAC Equipment
- 3 - Ductwork
- 5 - Limited Heating Service
- 7 - Limited Refrigeration and Air Conditioning Service

License No.
7106816

Expiration Date:
08/31/2028

This document is duly
issued under the laws of the
State of Michigan

Griffiths Mechanical
1250 E Chicago Rd
Jonesville, MI 49250



PROPOSAL

Presented to:
BHSJ Community Health Agency
570 N. Marshall Rd
Coldwater, MI 49036

Customer Contact:
M: (517) 279-9561
E: hazelh@bhsj.org

Job # 22632
Job Name Bid Invite
Proposal # P-22632-1
Technician Chad Berger
Issue Date Jan 27 2026

Service Location:
Hillsdale HSDI
20 Care Drive
Hillsdale, MI 49242

Price: \$57,160.28

Description

Rheem 96% two stage 100K

[R962V1005A21M4SCAP] Rheem two stage constant CFM blower 100,000 BTU. 96% A.F.U.E. Econet enabled. 10 year parts and limited lifetime heat exchanger warranty.

Rheem 96% two stage 85K

[R962V0855A21M4SCAP] Rheem two stage constant CFM blower 85,000 BTU. 96% A.F.U.E. Econet enabled. 10 year parts and limited lifetime heat exchanger warranty.

Rheem Coil - 5 ton 21in

[RCFY6021STAAMC] Rheem cased coil - 5 ton 21in. Bi-directional air flow. Multi positional N coil. Aluminum fins. 10 year parts warranty.

Rheem Coil - 4 ton 21in

[RCFY4821STANMC] Rheem cased coil - 4 ton 21in. Bi-directional air flow. Multi positional N coil. Aluminum fins. 10 year parts warranty.

Rheem 13 SEER2 5 Ton

[RA13NY60A]1NA] Rheem 13.4 SEER2 5 ton Condensing unit. R-454B refrigerant. 10 year parts and compressor warranty.

Rheem 13 SEER2 4 Ton

[RA13NY48A]1NA] Rheem 13.4 SEER2 4 ton Condensing unit. R-454B refrigerant. 10 year parts and compressor warranty.

Line Set

3/8 x 3/4 x 3/4 insulation - Filter driers included

Condenser pad 36in

3in DiversiTech Condensing unit pad 36 x 36

Media Filter - Aprilaire 413

[AF413] Aprilaire 413 Air Filters are designed exclusively by Aprilaire to work with Aprilaire Model 4400, Model 3410, and Model 2410 Air Purifiers. If you added the Upgrade Kit 1413 to your Aprilaire Model 2400 or Model 2140 you can also use the Aprilaire 413 Air Filters

Description

W/R 2 Stg Digital Programmable Thermostat

[Tstat2] Multi stage digital programmable thermostat

Misc. Install Kit

Electric, venting, drain, and gas piping materials

Aprilaire 500

[500] Aprilaire 500 Bypass Humidifier - 24 VAC at 60 Hz, 0.5 A, Automatic Digital Control, 12 gpd Capacity

Labor Regular/Straight

[LABREG] Labor Straight Time/Hr

Permit Fee

Permit Fee

Sub - Contractor

Line set access - Repair drywall in mechanical room and basement hallways to gain access to all line sets from mechanical room to east side of building. Drywall will cut out where needed. Drywall will be replaced and finished where needed. Paint to match is included.

Price

\$57,160.28

[Review and Sign](#)

Sign up for a Maintenance Plan and save \$3,816.81

Proposal Notes:

Remove and properly dispose of existing (4) furnace, A/C, and humidifier systems located in basement. Provide and install (4) new Rheem 96% two stage furnaces and (4) 13 SEER2 A/C systems. Provided and install (4) new Aprilaire bypass humidifiers. Replacement of all refrigeration line sets included. Aprilaire media filter for all systems included. All reconnections of ductwork, gas, electrical, and venting included. Sub-contractor included for drywall repairs and painting. Start up and commissioning included.

Customer Approval:

I accept this proposal and agree to the terms and conditions.

Contractor Warranties:

AIG Extended Warranty:

5 year labor warranty.

Contract Terms:

Payment Terms: Payment in full is due upon completion of work, unless otherwise stated in writing. Completion shall mean that the system has been installed, tested, and is operational in accordance with industry standards. If payment is not made when due, a late charge of 5% of the unpaid or \$5.00 whichever is less, may be assessed in accordance with MCL 445.1209. Title to all equipment and materials remains the property of Griffiths Mechanical Contracting, Inc. until payment is received in full. Griffiths Mechanical Contracting, Inc. reserves the right to file a mechanic's lien for any unpaid balance as permitted under Michigan law. Accepted payment methods: Cash, Check, Credit/Debit or Financing.

Change Orders: Any work requested by the Customer that is not included in the original scope must be authorized in writing through a signed change order and may affect total cost and completion time.

Warranty: Contractor warrants workmanship for one (1) year from date of completion, unless otherwise specified. Manufacturer warranties apply to all installed equipment and materials. Warranty is void if payment is not made in full or if system is serviced by others during the warranty period.

Delays and Access: Customer shall provide clear access to the work area and any necessary utilities. Contractor is not responsible for delays caused by conditions beyond its control.

Permits and Inspections: Contractor shall obtain required permits unless otherwise agreed in writing. Customer is responsible for fees or penalties resulting from inspection delays due to nonpayment or lack of access.

Limitation of Liability: Contractor's liability is limited to the cost of the work performed. Contractor shall not be liable for incidental or consequential damages.

Cancellation/ Right to Rescind: Customer may cancel within three (3) business days of signing per Michigan law. Cancellation must be in writing and delivered to the Contractor's business address.

Dispute Resolution: Any dispute shall first be addressed by negotiation. If unresolved, it may be submitted to binding arbitration or small claims court in Michigan.

Entire Agreement: This document, including any attached proposals or change orders, represents the entire agreement.

Griffiths Mechanical Contracting, Inc.

1250 E Chicago Rd Jonesville, MI 49250

(517)849-2632 | Office@griffithsmechanical.com

MI License # 71-02786

Depository Bank Accounts

The agency currently utilizes a depository account at Sturgis Bank and Trust for staff in the St. Joseph County offices to make local deposits. At the time the account was established, Sturgis Bank and Trust was selected because it maintained branch locations in both Three Rivers and Sturgis.

Since that time, Century Bank and Trust has opened a branch office in Three Rivers that is significantly closer to the agency than the Sturgis Bank and Trust location. Century Bank and Trust also maintains a branch in Sturgis that is comparable in distance to the agency's office as the Sturgis Bank and Trust location.

Currently, the depository account at Sturgis Bank and Trust is the only account the agency maintains with that institution, while the agency utilizes Century Bank and Trust for the majority of its other banking relationships.

A comparison of travel distances highlights the operational benefit of this change:

- **Sturgis office**
 - Century Bank and Trust (Sturgis): 1.5 miles
 - Sturgis Bank and Trust (Sturgis): 1.3 miles
- **Three Rivers office**
 - Century Bank and Trust (Three Rivers): 0.6 miles
 - Sturgis Bank and Trust (Sturgis): 1.6 miles

While the Sturgis locations are comparable in distance, the Century Bank and Trust branch in Three Rivers is closer to the agency than the Sturgis Bank and Trust location, resulting in reduced travel time and mileage for staff making deposits.

As a result, the agency proposes opening a new depository account at Century Bank and Trust and closing the existing depository account at Sturgis Bank and Trust. This change is expected to reduce staff time and mileage costs associated with making deposits and eliminate the need to maintain a separate banking relationship for a single account.

February 6, 2026

BOH Finance Committee: AAAIIC Senior Medicare Patrol Project

The SMP projects receive grants from the Administration for Community Living (ACL) to recruit and train retired professionals and other older adults and community members to prevent, recognize, and report health care fraud, errors, and abuse. These SMP team members then participate in outreach events to help educate Medicare and Medicaid beneficiaries on the same prevention, recognition, and reporting techniques.

The SMP program has been active in Branch and St. Joseph Counties since early 2000's via the Area Agency and each County Commission on Aging office. SMP is "coupled" with the State Health Insurance Program (SHIP) because it's a topic area that is discussed during 1:1 Medicare counseling sessions and is included in all outreach efforts!

The SMP program model is one of prevention. SMPs educated Medicare beneficiaries to scrutinize their medical statements and bills and subsequently reduce fraud and errors. Though beneficiaries have several avenues they can take to report fraud, SMP staff/volunteers help the beneficiary/family refer the complaint to the appropriate entity.

Our project proposal is built upon collaboration and how it's been successful for so many years. Depending on our award amount, we would propose to sub-award a portion to St. Joseph County COA to continue SMP efforts including; outreach, 1:1 beneficiary/family support, and marketing. Branch County COA declined a sub-award but is committed to collaboration, outreach and 1:1 beneficiary/family support.

Grant Funding Opportunity maximum award per grantee: \$25,000

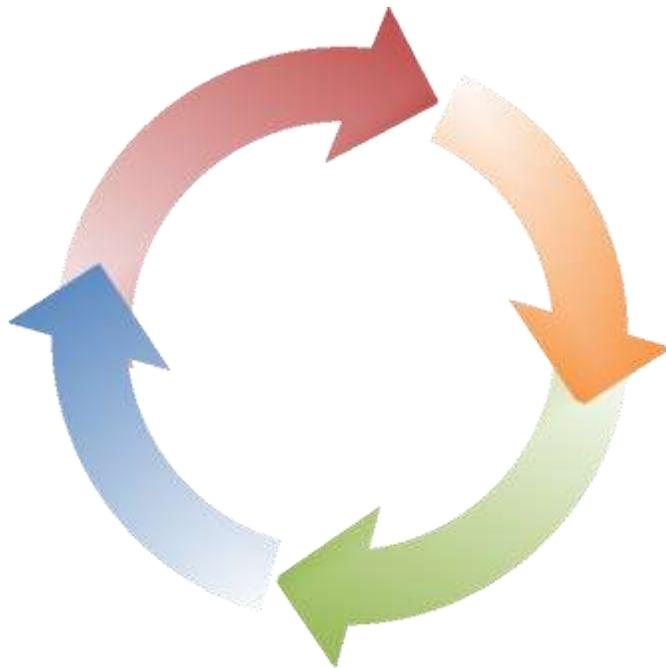
AAA IIC SMP Grant Request: \$25,000



Branch-Hillsdale-St. Joseph Community Health Agency

Quality Improvement Plan

2026-2029





Updates to the BHSJ CHA Quality Improvement Plan

Revision Date	Update	Page #s	Approved by

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Definitions and Acronyms

Continuous Improvement Teams (CIT): A CIT is a team that brings frontline workers and managers together to make program or system changes to improve day-to-day operations in the work environment.

Continuous Quality Improvement (CQI): is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. [3]

Plan-Do-Check-Act (PDCA): is an iterative four-stage problem-solving model for improving a process or carrying out change. PDCA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDCA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. [6]

Quality: Quality in public health is the result of worthy work well-done. Quality is achieved when the work of the agency is based on science and the best available evidence; is linked with the health outcomes that are most important to the agency and the communities served; and is performed in an acceptable manner, often defined by specific standards. [4]

Quality Improvement (QI): is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization. [3]

Quality Improvement Advisory Committee (QIAC): The QI Advisory Committee is made up of representatives from all programs or divisions within the agency. They meet no less than quarterly to discuss QI initiatives, projects, and to learn about QI tools.

Quality Improvement & Accreditation Program (QIAP): The Quality Improvement & Accreditation Program serves as the overarching leader for quality improvement and performance improvement activities throughout the Department.

Quality Improvement Plan (QIP): identifies specific areas of current operational performance for improvement within the agency. The QIP and the Strategic Plan can and should cross-reference one another.

Quality Improvement Project Teams: program-level teams, organized to carry out QI activities, namely PDSA cycles. QI Project Teams, with assistance from the Quality Improvement & Accreditation Program, are charged with developing, implementing, evaluating and reporting on formal QI projects.

Quality Management: the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. [3]

Quality Management System: the continuous use of quality management practices so that they are integrated into an agency's core operations. [1]

Quality methods: builds on an assessment component in which a group of selected indicators are regularly tracked and reported. The data should be regularly analyzed. The indicators show whether agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and

re-measures to determine if interventions were effective. [3]

Quality Tools: are designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing. [6]

Strategic planning and Program planning and evaluation: Generally, the Department's Strategic Plan and QI Plan encompass strategic planning and QI activities that occur at the level of the overall organization, while Program planning and evaluation are program-specific activities that feed into the Department's Strategic Plan and QI Plan. Program evaluation alone does not equate with QI unless program evaluation data are used to design program improvements and to measure the results of the improvements as implemented. [3]

Branch-Hillsdale-St. Joseph Community Health Agency Quality Improvement Plan

Section I: Purpose

The purpose of the Branch-Hillsdale-St. Joseph Community Health Agency (BHSJ CHA) Quality Improvement Plan is to provide guidance for BHSJ CHA's Quality Improvement (QI) efforts. The plan provides a framework for QI processes and activities as well as a plan to measure and monitor the Agency's progress towards QI goals.

Section II: Overview of Quality

Quality in public health is the result of worthy work well-done. Quality is achieved when the work of the Agency is based on science and the best available evidence (worthy); is linked with the health outcomes that are most important to the agency and the communities served (work); and is performed in an acceptable manner, often defined by specific standards (well-done).

BHSJ CHA has an interest in systematically evaluating and improving the quality of programs, processes, and services to achieve a high level of efficiency, effectiveness, and customer satisfaction. Thus, implementation of a Quality Improvement culture throughout BHSJ CHA will contribute to the Agency's overall goal to protect and improve the health of the population. Our vision for the future state of quality is "An agency that utilizes continuous quality improvement at all levels to achieve our mission of helping people live healthier."

Section III: QI Governance Structure

A. Organization Structure

1. Quality Improvement & Accreditation Program (QIAP)

The Quality Improvement & Accreditation Program serves as the overarching leader for quality improvement and performance improvement activities throughout the Department. QIAP provides oversight, coordination, training, technical assistance, and data management for all BHSJ CHA programs.

2. Quality Improvement (QI) Advisory Committee

The QI Advisory Committee was established to assist QIAP in managing QI efforts across BHSJ CHA. The QI Advisory Committee is made up of representatives from all programs or divisions within the agency, including Administration, Area Agency on Aging, Environmental Health, Health Education and Promotion, and Personal Health & Disease Prevention. Every effort will be made to have representation from all levels of employment. They meet no less than quarterly to discuss QI initiatives, projects, and to learn about QI tools. (See Appendix A for the QI Advisory Committee.)

B. Roles and Responsibilities

1. Health Officer and Board of Health

- a. Provide leadership to achieve the BHSJ CHA's vision, mission, strategic plan, and direction related to QI efforts.
- b. Promote and support a culture of QI in BHSJ CHA.
- c. Promote and support QI efforts and initiatives.

2. Quality Improvement & Accreditation Program

- a. Provide direction for QI efforts throughout the Agency, including the facilitation of an Agency-wide QI Advisory Committee to coordinate QI efforts.
- b. Oversee the development and implementation of the QI Plan.
- c. Provide training, consultation, and technical assistance for QI efforts
- d. Ensure communication of QI activities and QI project results to the Executive Team and Health Officer.
- e. Promote and support a culture of QI in BHSJ CHA.

3. Division Directors

- a. Support the implementation of QI projects:
 - Identify QIAC members to lead QI projects within the divisions or programs.
 - Assist in identifying resources for QI projects and public health measures for tracking.
 - Assure that QI projects advance the Program, Division, and Department goals, objectives, and strategic plans.
- b. Provide the QIAC members and project teams with opportunities to share their findings through staff meetings.
- c. Promote and support a culture of QI in BHSJ CHA.

4. Managers/Supervisors

- a. Develop an understanding of QI principles & tools.
- b. Assure and support staff participation in QI activities as needed.
- c. Lead program-level QI projects as needed.
- d. Promote and support a culture of QI in BHSJ CHA.

5. Quality Improvement Advisory Committee (QIAC)

- a. Participate in Department-wide QI activities.
- b. Assist in the development and refinement of the program's population indicators and performance measures.
- c. Participate in and or lead division- or program-level QI projects.
- d. Monitor performance of division- or program-level QI projects.
- e. Provide recommendations, expertise, and guidance to QI project teams.
- f. Serve as a liaison between the QIAC and their program.
- g. Advocate for QI practices and support a culture of QI in BHSJ CHA.

6. All Staff

- a. Develop an understanding of basic QI principles and tools.
- b. Become familiar with their program's public health measures.
- c. Identify program areas for improvement and suggest improvement actions to the QIAC members.
- d. Participate in QI activities as needed.

Section IV: Staff Training and Resources

A. New Staff

New departmental staff will receive an orientation and training in QI processes at BHSJ CHA within the first 6 months of employment. During this orientation, new employees will learn basic QI terminology and principles as well as receive an overview of the Department's QI infrastructure, including their role in QI projects. Quality Improvement is also covered in the required [Public Health 101](#) training.

New supervisors will be required to take an additional 4-hours of Quality Improvement training after completion of their ICS courses.

B. Current Staff

The Quality Improvement Advisory Committee will annually select a course for required training of all staff by September 30 of each year.

Additionally, there are links to three introductory QI trainings available to all staff in BHSJ CHA on the MITrain website. These trainings could include any of the following courses:

1. [Introduction to Quality Improvement in Public Health](#), by the Public Health Foundation (30 minutes) – This course is required for all staff in 2025-2026
2. [CQI for Public Health: The Fundamentals](#), by The Ohio State University College of Public Health (2 hours)
3. [Quality Improvement Quick Guide Tutorial](#), by the Public Health Foundation (45 minutes)

In addition to the web-based courses, education on QI tools and principles will be added to existing BHSJ CHA trainings sponsored by the agency.

C. QI Advisory Committee

In addition to the educational opportunities listed above, QIAC members will receive ongoing specialized training in various QI methods and tools at quarterly QIAC meetings. The QIAC members also have an opportunity to enroll in additional QI trainings approved by their Division Director and paid for by BHSJ CHA.

D. QI Support

QIAP provides support to programs to carry out QI activities (i.e., develop and manage public health measures as well as implement QI projects). Programs can request guidance or technical assistance. The following examples represent common support request topics: designing meaningful public health measures using Results-Based Accountability, using QI tools, updating public health measures, prioritizing and selecting a Quality improvement project, implementing a QI project plan using the PDCA process, and designing PDCA test cycles and completing storyboards.

E. Tools and Resources

QIAP maintains a library of QI templates, forms, and reference materials that are available to QIAC members and program staff on the agency shared drive: M:\Operations\Quality Improvement.

Section V: BHSJ CHA Quality Management System and Activities

A. Quality Management System Overview

In 2002, the Turning Point Performance Management National Excellence Collaborative developed a Performance Management System Framework (Figure 1). This framework serves as the basis for BHSJ CHA's QI efforts and is referred to as the Quality Management System in BHSJ CHA.

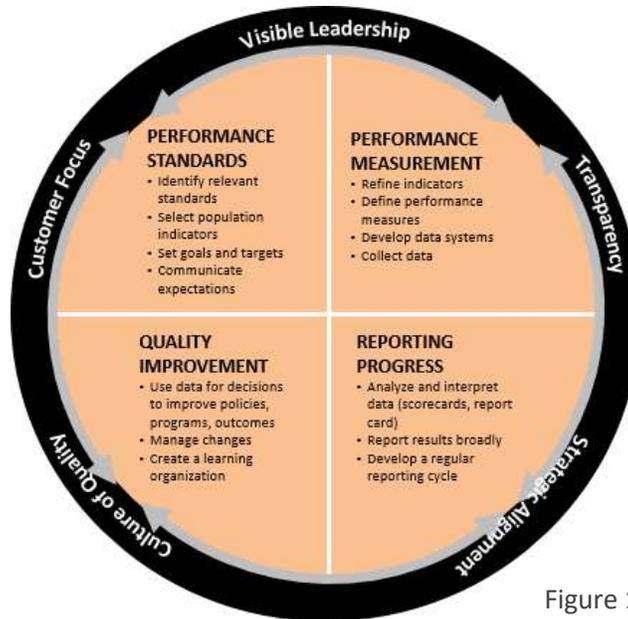


Figure 1. Performance Management System Framework

BHSJ CHA's QI activities are organized by the four components of the Quality Management System (QMS).^[1] Within each component, BHSJ CHA follows a structure and timeframe to guide the implementation of the Department's QI efforts:

1) Performance Standards & 2) Performance Measurement

BHSJ CHA follows the Results-Based Accountability Framework to develop a set of Public Health Measures. These measures are reviewed and **updated annually**. Public Health Measures are tracked through the County Health Rankings.

3) Reporting Progress

BHSJ CHA programs collect data for all Public Health Measures **annually**. Reports from our performance management system are generated and shared among BHSJ CHA leaders.

4) Quality Improvement

BHSJ CHA uses the **Plan-Do-Check-Act** Cycle to guide QI projects as needed (**ongoing basis**).

B. Description of QI Activities



1) **Performance Standards** are organizational or system goals, standards, and targets to improve public health practices.

2) **Performance Measurement** is used to assess achievement of performance standards.

Each program or division in BHSJ CHA has a set of **Public Health Measures**, which includes both performance standards and performance measures.

- Public Health Measures are structured according to the accreditation standards.
- QIAC members work with their programs to update their Public Health Measures annually.
- The Public Health Measures and data are tracked our performance management system.

There are two categories of measures: population health and program performance. Thus, BHSJ CHA's Public Health Measures includes two levels of measures: Population Indicators **and** Performance Measures. [2]

1. **Population Indicators** reflect a measurement of the population's condition or well-being. The indicators are influenced by many factors outside the direct control of our Agency, thus accountability for these measures is often shared by a group of partners.
2. **Performance Measures** measure how well a program, agency or system is working. It focuses on the work performed by the agency and are collected at the program-level.

Other Definitions

Public Health Measures also include targets and goals:

Targets are chosen by each program as measurement goalposts in the progress towards reaching standards. Targets are based on realistic expectations of how far a program is able to move each year or they may be based on national, state, scientific guidelines or other benchmarks.

Goals are identified by each program to identify a unified purpose that embodies the priorities each program will work on for that strategic planning cycle.



3) Reporting Progress is the documentation and reporting of how targets are met through appropriate feedback channels.

Each BHSJ CHA program collects data for their Public Health Measures annually and enters the information in our performance management system.

The data is compared against the program’s target and data from previous years. The results are provided in our performance management system’s reports and discussed quarterly by the QIAC.

Currently, data is reported either annually or quarterly, depending on the measure.

4) Quality Improvement is a process to manage improvement efforts.

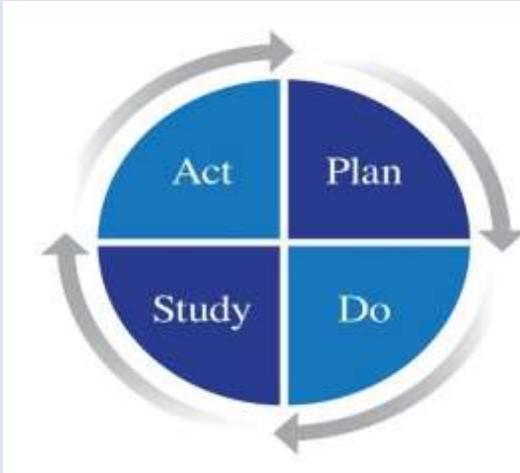
In this component, QIAP encourages programs to conduct QI projects to address areas or opportunities for improvement as needed.

To guide QI projects, QIAP encourages programs to follow the **Plan-Do-Check-Act** Cycle, a process for testing changes that can lead to improvements (Figure 2).

Through the QI Team, QIAP also creates opportunities for QIAC members to learn from one another. Additionally, an annual QI Summit is convened by QIAP to bring together the Department’s leaders and QIAC members to discuss QI efforts across the BHSJ CHA.



Plan-Do-Check-Act (PDCA) Cycle



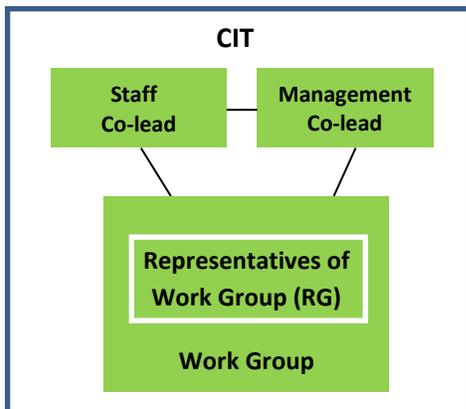
The PDCA Cycle (also known as the PDSA or Deming Cycle) is a systematic process for continuous learning and improvement.

A “**Plan**” for testing changes or new strategies is developed, followed by completing the activities as planned (“**Do**”). Outcomes are monitored for signs of progress (“**Check**”) and based on what is learned, the next steps are planned (“**Act**”). These steps can be completed in a rapid cycle and repeated over and over for continuous learning and improvement. (<https://deming.org>)

All Programs within BSHJ CHA are encouraged to implement rapid-cycle PDCA projects to continuously assess and improve the quality of the Department’s programs and services.

Continuous Improvement Teams

A CIT is a team that brings frontline workers and managers together to make program or system changes to improve day-to-day operations in the work environment. CITs strive to empower staff to help make improvements so that all clients can have a better experience. The CIT structure is based on a Partnership Model.



A pair of co-leads (one representing staff and one representing management) leads the CIT through a **collaborative** process where every member has a voice and an opportunity to contribute their ideas. (This CIT structure is supported by Staff and Management sponsors. A coach also supports the team’s development.)

The team works together using quality and performance improvement methods and tools to set goals, establish metrics, identify problems, and make system changes, improvements and recommendations.

The following are benefits of CITs:

- Program or system changes that will lead to a better customer experience
- Cultural and relationship transformation – CITs give staff more opportunities to play a leadership role and contribute to changes in the workplace in a collaborative way
- Staff have opportunities to build leadership and team-building skills and quality and performance improvement expertise.

C. Culture of Quality Improvement

NACCHO's Roadmap to a Culture of Sustainable Quality Improvement

NACCHO's QI Culture Roadmap includes a self-assessment tool (SAT) to determine in which phase public health departments are in towards reaching a level of sustainable quality improvement implementation. As part of the QI Roadmap tool, NACCHO offers improvement strategies tailored to move health departments' scores from one level to the next higher level.

Branch-Hillsdale-St. Joseph Community Health Agency has trained all staff in quality improvement. New staff are trained within six months of hire. All divisions are expected to complete one QI project during each fiscal year. Projects are required to be documented in the agency's performance management system.

. Strategies for Continuous Process and Leadership foundational areas are listed in the table below:

Foundational Area	Strategies
Leadership	Routinely communicates the organization's QI vision and goals to staff
	Provides structure for staff to receive QI training and get involved in QI
	Provides the resources, training and staff time to effectively run improvement activities & projects
Continuous Process	Develop and document standardized work for key work processes
	Make developing/updating standardized work a required output of all process improvement efforts
Teamwork & Collaboration	Create teams that cut across all locations to spur innovation
	Make more visible QI projects completed, post in program/division offices
Employee Empowerment	Clearly define QI expectations of staff
	Make readily available beginner and advanced-level trainings & resources to accommodate both new and experienced staff
QI Infrastructure	Form a QI Leadership Committee
	–Representation from each division
	–Selects annual improvement areas
	Maintain the tracking of accreditation performance standards
Customer Focus	Analyze and use data from customer surveys for improvement in services
	Track improvements for the entire organization
	Share progress with staff

Section VI: BHSJ CHA QI Goals and Objectives (updated annually)

QIAP Public Health Measures

Performance Goal 1: Building organizational capacity to apply QI processes and tools			
1.1	Percent of QIAC members who completed QI process training activities offered by the agency.		100%
1.2	One QIAC member completes the MPH's QI Train the Trainer Course annually		1
1.3	Percent of Project Leads with a performance management report regarding their QI project annually.		90%
1.4	Percent of employees who complete QI orientation training on time annually.		90%

Performance Goal 2: Supporting the implementation of QI projects			
2.1	QIAP will provide 4 QI roundtable sessions to all staff by annually.		4
2.2	Percent of Project Leads that complete a QI Project annually.		90%

Section VII: Communication Strategies

The following communication strategies will be implemented to ensure clear and concise internal communication about the Agency's QI Plan.

A. Utilize existing communication venues such as the Health Officer's monthly meeting, Director & Supervisor meetings, BHSJ Insider, and the annual all staff meeting to:

1. Present the QI Plan to senior leaders with the expectation that they will share in their organizational units
2. Share findings from QI initiatives
3. Share successes and lessons learned

B. Utilize the performance management system to:

1. Post the QI Plan and revisions
2. Post QI tools and examples of tool application
3. Report out results at the annual all staff meeting

C. Utilize QIAC members

1. Report on QI Team activity at their program-level staff meetings
2. Teach QI tools to staff in their program
3. Report out results at the annual staff meeting

Section VIII: QI Plan Progress Evaluation

A. Quarterly

1. QIAP logs and tracks requests for technical assistance and QI training activities quarterly.
2. Project Leads and/or QIAC members submit quarterly updates on their QI projects using the performance management system.

B. Annually

1. The QI Plan will be evaluated by the QIAP Team during 1st quarter of the fiscal year to determine if any targets were met, as well as to provide input on new goals.

Section IX: References

1. Public Health Foundation. (2002). *From Silos to Systems: Using Performance Management to Improve the Public's Health*.
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4. Gunzenhauser, J.D. (2012, May). *Quality Improvement in Public Health Practice. Quality Improvement Summit*. Lecture conducted from California Endowment Center, Los Angeles, CA.
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7. National Association of County and City Health Officials (2024). Quality Improvement Additional Resources. Retrieved from <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/quality-improvement>

Section XI: Appendices

Appendix A: QI ADVISORY COMMITTEE Charter



Branch-Hillsdale-St. Joseph Community Health Agency QI ADVISORY COMMITTEE CHARTER

Vision

A public health department where: 1) Staff are empowered to identify areas of improvement and find solutions through the application of Quality Improvement tools; and 2) leaders use public health measures for decision-making.

Mission

To train & assist staff to measure and improve the implementation and impact of their program activities.

Goals

- 1) To build organizational capacity for the application of QI processes and tools
- 2) To support the implementation of QI projects
- 3) To lead BHSJ CHA's efforts to obtain and maintain public health accreditation

Role of QI Accreditation Program (QIAP)

- Convenes and facilitates meetings for the Agency-wide QIAC
- Provides access to beginning and intermediate QI training
- Facilitates the development, implementation, and revision of the Agency's QI Plan
- Orients QIAC members to the performance management system
- Provides consultation & technical assistance to QIAC
- Plans and facilitates Agency Roundtable discussions

Role of QI Advisory Committee²

- Serve as liaisons between CITs and their respective programs
- Attend and participate in QIAC meetings
- Provides consultation & technical assistance to CITs and Directors
- Plan, implement and report on program or department-level QI projects
- Share successes and lessons learned with staff members
- Share QI tools learned with staff in their respective programs
- Create program/division-level reports using VMSG and identify program successes and measures/indicators in need of improvement
- With Program Director input, enter program goals, metrics, baseline stories, strategies, evidence and partners in VMSG
- Review customer satisfaction surveys for areas for improvement annually
- Annually review and provide input on the BHSJ CHA QI Plan

Role of Program Supervisors and Division Directors

- Review and provide input on the development/revision of public health measures to be used in programmatic decision-making
- Allow the QIAC to schedule meetings with you as needed
- Include QIAC updates on your staff meeting agendas
- Support the QIAC and their team members when implementing QI projects

QI Team: Agency-wide team consisting of representatives from BHSJ CHA's programs, divisions, or offices

1. QIAC: are QI Advisory Committee members; they are designated quality and performance improvement experts for each of the Department's programs.
2. Program refers to programs or divisions, or offices within BHSJ CHA

Appendix B: QI Annual Calendar

Activity	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
QI Team Reviews & Updates BHSJ CHA QI Plan									X			
QI Round Tables		X			X			X			X	
Programs Complete Customer Satisfaction Initiative	X	X			X	X	X					
Programs start new QI Projects			X	X	X	X	X	X	X			
Programs Update Goals, PH Measures, Strategies, and VMSG									X			
QIAC Reviews & Approves Programs' Goals, PH Measures & Strategies			X			X			X			X
QIAP reviews reports & archives data				X	X							

Program: Administrative Services	Effective Date: 8/24/2023
Subject: Cost Allocation Plan	Last Updated: 02/26/2026

Purpose: The purpose of this policy is to establish a consistent and compliant methodology for allocating costs to programs and funding sources. The Agency is committed to ensuring that all costs charged to Federal, State, and Local awards are reasonable, necessary, allowable, and properly allocated in accordance with Title 2 CFR Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and other applicable regulations.

This policy ensures that costs are assigned to benefiting programs based on a documented cost allocation methodology that reflects a beneficial and causal relationship between the expense incurred and the program(s) served.

Policy Statement: The Branch-Hillsdale-St. Joseph Community Health Agency is committed to full compliance with Title 2 CFR Part 200, including Subpart E – Cost Principles.

The Agency incurs both direct and indirect costs in the course of operations:

- Direct costs are those that can be specifically identified with a particular program, grant, activity, or employee.
- Indirect costs are those that benefit multiple programs or activities and cannot be readily assigned to a single cost objective without disproportionate effort.

All costs, whether direct or indirect, shall be:

- Necessary and reasonable for the performance of the award
- Allowable under applicable Federal, State, and Local regulations
- Allocated based on a documented methodology that ensures equitable distribution among benefiting programs
- Treated consistently across all funding sources

Indirect costs will be accumulated in an indirect cost pool and allocated to benefiting programs using a rational and consistently applied distribution base that reflects relative benefit received. Costs treated as indirect will not be charged directly to programs, and costs charged directly will not be included in the indirect cost pool.

Reviewed Date: 11/13/2025 BOH

Unallowable costs, as defined under 2 CFR Part 200 or other applicable regulations, will be identified and excluded from any allocation to programs.

The Agency will maintain documentation supporting the methodology and calculations used in its cost allocation plan.

Scope: This policy applies to all costs incurred by the Agency, regardless of funding source.

Responsible Party: Administrative Services

Implementing Procedure:

1. Salaries and Fringes:

- a. Employees record actual time worked into an electronic timekeeping system. Time entries must be approved by the employee's supervisor. Salaries and related fringe benefits are allocated to programs based on actual time worked in each program during the payroll period, in accordance with 2 CFR 200.430.
- b. If an employee is on leave (sick/vacation), that time is distributed based on the other days worked during that payroll. If an employee is on leave for an entire pay period, that leave time is distributed based on the allocation from the immediately preceding payroll period.
- c. The monthly LSA expense is allocated based on the most recent budgeted Full-Time Equivalent FTE allocation in effect at the time of the charge.

2. Supplies and Materials:

- a. Supplies and materials that directly benefit a specific program are charged directly to that program as indicated on the purchase requisition.
- b. Shared supplies that benefit multiple programs are allocated based on documented historical usage or another reasonable and consistently applied methodology.
- c. Printing and copy expenses are allocated through the indirect cost pool unless specifically identifiable to a single program. Postage is allocated based on actual usage reports generated from the postage meters.

3. Travel

- a. All travel expenses are entered into the electronic timekeeping system and charged directly to the program in which the travel was incurred. Travel must comply with Agency travel policy and applicable Federal and State regulations.

4. Communications

- a. Communication expenses are allocated based on the current approved budgeted FTE allocation in effect at the time the expense is recorded.

5. Space/Facility Costs

- a. Space-related costs (e.g., rent, utilities, maintenance) are allocated based on the square footage of occupied space and the FTE(s) assigned to that space.
- b. If a room is used exclusively by one program, 100% of the associated space cost is allocated to that program.
- c. Common areas (e.g., conference rooms, break rooms, hallways) that cannot be specifically assigned to a program or FTE are included in the indirect cost pool.

6. All Others

- a. Items/services (supplies, training expenses, etc.) that directly benefit a program are charged to that program.
- b. The following costs are allocated through indirect unless specifically attributable to a single program:
 - i. Miscellaneous shared supplies
 - ii. Audit and legal expenses
 - iii. Insurance
- c. Program-support functional areas are allocated as follows:
 - i. Personal Health and Disease Prevention costs are allocated based on each benefiting program's percentage of total salary and fringe within the allocation base.
 - ii. Health Education and Promotion costs are allocated using the same salary/fringe percentage methodology.
 - iii. Environmental Health costs are allocated using the same salary/fringe percentage methodology.
- d. Any cost that cannot be directly assigned to a specific program, employee, or established allocation base will be coded to Administration and distributed through the indirect cost pool.

7. Indirect Costs

- a. Indirect costs are accumulated in an indirect cost pool.
- b. The indirect cost pool is distributed across all benefiting programs based on each program's percentage of total salaries and fringes benefits, which serves as the approved allocation base.
- c. Costs treated as indirect will not be charged directly to programs.

8. Reconciliation of Budget-Based Allocations

Allocations based on budget FTE or salary spreads are reconciled to actual values twice annually.

- a. March 31 (mid-year review)
- b. September 30 (fiscal year-end)

Adjustments are made as necessary to ensure that final allocations reflect actual activity and comply with 2 CFR Part 200 requirements for accuracy and allowability.

Prepared By: Theresa Fisher
Approved By: Board of Health
Approval Date: 2/26/2026
Revision Number: 2026.02.26

Program: Administrative Services	Effective Date: 8/24/2023
Subject: Cost Allocation Plan	Last Updated:

Purpose: To allocate various costs to programs in a consistent manner based upon certain methods, detailed below.

Policy Statement: The agency incurs many different costs for operation. Some of these can be directly traced to a program or employee, sometimes they cannot. The costs that aren't directly traceable to specific programs /employees need to be allocated in a reasonable, allowable and consistent manner.

Scope: Any cost that is incurred by the agency.

Responsible Party: Administrative Services

Implementing Procedure:

1. Salaries and Fringes:

- a. Employees enter time into an electronic time entry system, which is then approved by their supervisor. It is allocated based on the time each associate spent working in each program. If an employee takes leave time (sick/vacation), that time is distributed based on the other days worked during that payroll. If an employee uses leave time for an entire payroll, that time is distributed based on the prior payroll's spread.
- b. *The exception to this is the LSA expense. This monthly bill is allocated based on the most recent budgeted FTE allocation that's in effect at that point in time.

2. Supplies and Materials:

- a. Supplies are allocated either by where they're charged on the purchase requisition (if they directly benefit the program(s) or they're based on a spread derived on past usage of those supplies/materials.
- b. Items such as printing and copy expenses are distributed through indirect.
- c. Postage is allocated based on actual usage reports generated from the postage meters.

3. Travel

- a. All travel is entered into the electronic entry system and is directly charged to the program in which it was incurred.

4. Communications

Reviewed Date: 11/13/2025 BOH

- a. *Distributed based on the current budgeted FTE allocation for that point in time.

5. Space/Facility Costs

- a. *Allocated based on the square footage of the room and the FTE(s) who occupy it. If the room is used by only one program, the entire cost is allocated to said program. Common areas (lunchroom, conference rooms) that can't be tied to a program or FTE are distributed as indirect.

6. All Others

- a. Items/services (supplies, training expenses, etc.) that directly benefit a program are charged to that program.
- b. Miscellaneous supplies, audit/legal expense, and insurance costs are distributed through indirect. Prevention Services costs are allocated based on the percentage of total salary/fringe each program in the spread consists of. Health Education Service costs are allocated based on the percentage of total salary/fringe each program in the spread consists of. Environmental Health (EH) costs are allocated based on the percentage of total salary/fringe each program in the spread consists of.
- c. Any cost that can't be directly tracked to a program, associate or spread will be coded under the correct account number in administration and distributed as indirect.

7. Indirect Costs

- a. Distributed across all programs based on percentage of salaries/fringes in each program.

*All cost allocations for items that are based on budget spreads are brought to actual values based on actual time worked at March 31st (six months) and September 30th (year-end).

Prepared By: Theresa Fisher
Approved By: Board of Health
Approval Date: 8/24/2023
Revision Number: 2023.08.24

PUBLIC COMMENT

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