
BOARD OF HEALTH Meeting
Agenda for April 23, 2026 at 9:00 AM

1. Call to Order
 - a. Opening ceremonies – Pledge Allegiance to the Flag of the United States of America
 - b. Roll Call
 - c. Approval of the Agenda*
 - d. Approval of the Minutes from March 26, 2026*
2. Public Comment
3. MMRMA Presentation – Phil Kamm, Senior Risk Control Consultant
4. Health Officer’s Report – pg 6
5. Medical Director’s Report – pg 98
6. Departmental Reports
 - a. Environmental Health – pg 100
 - b. Area Agency on Aging – pg 111
 - c. Personal Health & Disease Prevention – pg 124
 - d. Health Education & Promotion – pg 130
7. Financial Reports
 - a. Approve Payments* - pg 133
 - b. Review Financials* - pg 136
8. Committee Reports
 - a. Finance Committee – Minutes from 4/20/2026 – pg 141
 - b. Program, Policies, and Appeals – Did not meet
9. Unfinished Business
 - a. none
10. New Business
 - a. Three Rivers Building Post Tornado Update
 - b. Annual Pension Report - FORM 5572 – pg 142
 - c. Three Rivers Roof Replacement – pg 144
11. Public Comment
12. Commissioner Comments
13. Adjournment - Next meeting: April 23, 2026

Public Comment:
For the purpose of public participation during public hearings or during the public comment portion of a meeting, every speaker prior to the beginning of the meeting is requested but not required to provide the Board with his or her name, address and subject to be discussed. Speakers are requested to provide comments that are civil and respectful. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity.

Upcoming Meeting Dates:

- 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

March 26, 2026 – Board of Health Meeting Minutes

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

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

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

Mr. Hoffmaster moved to approve the minutes from the February 26, 2026 meeting with support from Mr. Collins. The motion passed.

Public Comment: No public comments were given.

Dane Porter, CPA, CGFM, Senior Manager with Maner Costerisan presented the FY2025 audit to the Board of Health. Mr. Hoffmaster moved to accept the audit and place it on file with support from Mr. Collins. The motion passed unopposed.

Rebecca Burns, Health Officer, reviewed the monthly Health Officer's Report with the following items included: FY25 Audit, Michigan Local Public Health Accreditation, Website Redesign Request for Bids, Employee Recognition, FY2025 Annual Report, Community Health Improvement/Strategic Plan, Staffing Update, BHSJCHA Mobile Unit on the Road, Agency Response to Tornados, Coldwater Office, Hillsdale Office, Sturgis Office, and Three Rivers Office.

Dr. Luparello reviewed the Medical Director's monthly report. This month's educational report was titled, "Recap of Day at the Capital".

Departmental Reports:

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

Financial Reports/Expenditures

- Mr. Hoffmaster moved to approve the expenditures for February with support from Mr. Shaffer. The motion passed.

- Mr. Shaffer moved to place the financials for February on file with support from Mr. Collins. The motion passed.

Committee Reports:

- Finance Committee – Mr. Hoffmaster moved to approve the minutes from the March 16, 2026 Finance Committee meeting, with support from Mr. Collins. The motion passed.
- Program, Policy, & Appeals Committee – Mr. Collins moved to approve the minutes from the March 18, 2026 Program, Policy, and Appeals Committee meeting with support from Mr. Hoffmaster. The motion passed.

Unfinished Business:

- There was no unfinished business.


New Business:

- Rebecca Burns provided an update on the post tornado damage to the Three Rivers facility. No action was taken.
- Mr. Hoffmaster moved to approve the bid from Inspiration Studio Designs in the amount of \$13,500 for website redesign. The motion received support from Mr. Collins. The motion passed unopposed.
- Mr. Hoffmaster moved to approve the FY2025 Annual Report as presented, with support from Mr. Collins. The motion passed unopposed.
- The board discussed recognizing employees for their quinquennial milestone years of service. The following employees will be formally recognized at the agency's all staff meeting in April: Lisa Redmond, 5 years; Chris Ash, 5 years; Cody Johnson, 10 years; Jolene Sheffer, 15 years; and Melissa Gilbert, 20 years. The board also congratulated Lee Zimmerman on his pending retirement. No action was taken.

Public Comment: No public comments were given.

With no further business, Mr. Hoffmaster moved to adjourn the meeting with support from Mr. Collins. The motion passed and the meeting was adjourned at 10:53 AM.

Respectfully Submitted by:


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

PUBLIC COMMENT

| |
|---|
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |

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

Agency Updates

Michigan Local Public Health Accreditation: The agency has received our final report from the accreditation review. I have attached it to my report. Out of 108 total indicators, the agency met 104. Four indicators were found to be not met and will require a corrective plan of action to be submitted and then the indicator remeasured to demonstrate compliance. The report is filled with information from the accreditors and includes a summary, special recognition (if any), and recommendations for improvement. Although not required, the Branch-Hillsdale-St. Joseph Community Health Agency chose to participate in the Quality Improvement supplemental standard and met all indicators. The work done on this supplemental standard is a demonstration of work done at all levels of the agency and by all divisions. I am proud of the work done by the team at BHSJCHA.

Website Redesign: The redesign of our website is underway. As part of this work we will ensure that our website meets the Department of Justice 2024 rule that mandates web content and mobile apps conform to Web Content Accessibility Guidelines (WCAG) 2.1.

Agency All-Staff Meeting: On Friday, April 24th, our offices will be closed while our team comes together for a day of training and celebration.

Community Health Improvement/Strategic Plan: This project is continuing to move forward with nonprofit organizations in Branch county being surveyed with that wrapping up by the end of this week.

Staffing Update: Current openings include; Immunization/Clinic Clerk part-time for St. Joseph County, Outreach Specialist for AAA 3C in Coldwater, and an Environmental Health Sanitarian in St. Joseph County. EH Sanitarian, Lee Zimmerman's last day is April 24th. We wish him well!

BHSJCHA Mobile Unit On the Road: We continue to offer services in Waldron and Litchfield but did need to change our Litchfield date due to maintenance needs of the mobile unit.

Annual Report Distribution: I have requested a time to present the Annual Report for 2025 to each Board of Commissioners. I will soon be visiting you at your county meeting.

Coldwater Office: Nothing at this time.

Hillsdale Office: Work on the HVAC project started on April 16th.

Sturgis: Nothing at this time.

Three Rivers Office: I am grateful for the partnership of St. Joseph County MDHHS Director Karen Marcah in providing us with a space to operate our EH department while we looked for a larger

temporary space. We are now in the leased space at 255 N US-131, Three Rivers which is part of River Crossings strip mall. The space is small but efficient and our team is glad to be back together. Our clinic services will operate in Three Rivers on Monday and Tuesday and be in Sturgis on Wednesday through Friday.

At the finance committee we will be reviewing the option to upgrade the roofing material to metal as was discussed at the last Board of Health meeting. And should the committee make a recommendation for Board of Health action, it will be on the meeting agenda.

Theresa and I meet with our MMRMA property claims manager on Friday's and I hope to have more information to share about progress between VanDam & Krusinga and MMRMA at the Board meeting.

Our Temporary Three Rivers Location: 255 N US-131





Branch-Hillsdale-St. Joseph Community Health Agency

Total Site Visit Report

03/02/2026

On-Site Review Summary

| | | Total Met | Total Not Met | Total Not Applicable | Total |
|---|-----------|------------------|----------------------|-----------------------------|--------------|
| Powers and Duties | Essential | 8 | 0 | 0 | 8 |
| | Important | 9 | 0 | 0 | 9 |
| Food Service | Essential | 14 | 0 | 0 | 14 |
| | Important | 3 | 0 | 2 | 5 |
| General Communicable Disease Control | Essential | 9 | 0 | 0 | 9 |
| Hearing | Essential | 10 | 0 | 0 | 10 |
| Immunization | Essential | 15 | 2 | 0 | 17 |
| Onsite Wastewater Treatment Management | Essential | 7 | 2 | 0 | 9 |
| HIV/AIDS & STI | Essential | 11 | 0 | 0 | 11 |
| Vision | Essential | 7 | 0 | 0 | 7 |
| Women, Infants, and Children (WIC) | Essential | 1 | 0 | 0 | 1 |
| Children's Special Health Care Services (CSHCS) | Essential | 22 | 0 | 0 | 22 |
| Total | | 116 | 4 | 2 | 122 |

| On-Site Review Summary Totals | Total Met | Total Not Met | Total Not Applicable | Total # of Indicators |
|---|-----------|---------------|----------------------|-----------------------|
| Total Essential | 104 | 4 | 0 | 108 |
| Total Important | 12 | 0 | 2 | 14 |
| Total Essential and Important Indicators | | | | 122 |

Powers and Duties

| Section Summary | | Total Met | Total |
|-----------------|---|-----------|-------|
| Essential | Indicator 1.1 | 1 | 1 |
| | Indicator 1.2 | 1 | 1 |
| | Indicator 1.3 | 1 | 1 |
| | Indicator 1.4 | 1 | 1 |
| | Indicator 1.5 | 1 | 1 |
| | Indicator 1.6 | 1 | 1 |
| | Indicator 1.7 | 1 | 1 |
| | Indicator QI-3.1 | 1 | 1 |
| | Total | 8 | 8 |
| Important | Indicator 1.8 (Not Scored; Demonstration Public Health 3.0 Indicator for Cycle 9) | 1 | 1 |
| | Indicator QI-1.1 | 1 | 1 |
| | Indicator QI-1.2 | 1 | 1 |
| | Indicator QI-1.3 | 1 | 1 |
| | Indicator QI-1.4 | 1 | 1 |
| | Indicator QI-2.1 | 1 | 1 |
| | Indicator QI-2.2 | 1 | 1 |
| | Indicator QI-2.3 | 1 | 1 |
| | Indicator QI-2.4 | 1 | 1 |
| Total | 9 | 9 | |
| Total | 17 | 17 | |

Minimum Program Requirement #1

A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

Indicator 1.1 A local health department shall implement and enforce laws for which responsibility is vested in the local health department. (Section 2433 (2) (a)).

- Lists of state and local laws and regulations for which the local health department is responsible in preventing disease, prolonging life, and promoting public health (see Attachment A for state laws that may be applicable).
- Documents setting out the local health department’s policies and procedures for enforcement of those laws and regulations for which it is responsible.

Indicator 1.1 Status: Met

Indicator Summary:

Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) shared several examples of how their staff work with residents, well drillers, and food establishments to ensure compliance with public health laws.

In one case, BHSJCHA issued an order letter to a well driller after a well was constructed within the required 50-foot isolation distance from a horse pasture. The well had not been drilled in accordance with the permit issued. Staff required the property owner to relocate the horse pasture, granting additional time due to weather conditions. A similar issue occurred at another location where a well was drilled before the permit was issued and within the required isolation distance. The well driller took responsibility, pulled the pump, abandoned the well, and re-drilled a well that was in compliance. Environmental health staff also had an in-person meeting with the well driller’s owner to reinforce quality-control expectations.

BHSJCHA also issued an order of immediate cease and desist to a food establishment that changed ownership without completing the required plan review. Environmental health staff worked closely with the operator to complete the plan review, approve the required changes, and ensure proper well connection during reconstruction.

Special Recognition:

BHSJCHA described additional enforcement examples related to onsite wastewater systems, including working closely with property owners to gain compliance and providing support services for vulnerable residents, as needed. For example, BHSJCHA staff provided multiple notices regarding an open septic system and connected the residents with support services, including Area Agency for Aging (AAA) for older adults. The system was eventually repaired.

Indicator 1.2

A local health department shall utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health. (Section 2433 (2) (b)).

- Demonstrating access to vital and health statistics for both internal and external customers.
- Documents that demonstrate both qualitative and quantitative analysis and interpretation of vital and health statistics in reports for, at a minimum, the major causes of morbidity, mortality and environmental health hazards within the jurisdiction.

Indicator 1.2 Status: Met

Indicator Summary:

BHSJCHA actively monitors community health trends, collects and analyzes national, state, and local health statistics data to guide programming, and shares findings with partners and the public.

BHSJCHA provides access to vital health statistics on its website through its “More Information” and “Health Data and Statistics” pages, which include county-level birth and death data and links to Michigan Department of Health and Human Services (MDHHS) vital statistics dashboards. The agency also produces monthly communicable disease reports, tri-county data summaries, and annual reports, all of which are shared with the Board of Health and the public. BHSJCHA regularly incorporates county health rankings and state injury and violence metrics into its analyses. BHSJCHA also maintains links to social media updates and publishes an annual report summarizing major activities from the previous year.

BHSJCHA’s 2024 Annual Report highlighted several key initiatives, including well and septic program activities, distribution of free safety-net and Per- and polyfluoroalkyl substances (PFAS) filters, vector-borne disease education, and efforts to increase transparency through Hedgehog, which allows the community to view food inspection and well/septic records. The agency also described its response to harmful algal blooms, including posting public signage, and detailed a school-based environmental health investigation conducted in collaboration with MDHHS following parent concerns. The report included clinical services data, rollout of the Kindergarten Oral Health Assessment (KOHA) program, AAA activities which are housed within BHSJCHA and financial information such as revenue, expenditures, and organizational structure.

Special Recognition:

BHSJCHA conducts analyses of local data to support community safety initiatives. The agency collaborated with county GIS staff and used the University of Michigan's Traffic Crash Reporting System to map crash locations alongside population concentrations. These data help identify high-risk road segments and inform safety planning. For a recent firearm-safety grant opportunity, BHSJCHA compiled local indicators including the number of Concealed Pistol Licenses (CPLs), hunting licenses, and the portion of residents with military service connections. The agency also reviewed recent Michigan Profile for Healthy Youth (MiPHY) school survey data to inform youth-focused prevention efforts.

Additional Comments:

BHSCHA identified a need for additional sustainable funding to support its community health worker program.

Indicator 1.3

A local health department shall make investigations and inquiries as to the causes of disease and especially epidemics, the causes of morbidity and mortality, and the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness. (Section 2433 (2) (c)).

- A written description of the organizational arrangements and capacity to conduct such investigations, including policies and procedures for doing the same.

- Documentation of required reports to the State of Michigan related to disease outbreaks and environmental health hazards.

- Documents which demonstrate the investigation of causes of morbidity and mortality and the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness within the jurisdiction.

Indicator 1.3 Status: Met

Indicator Summary:

BHSJCHA regularly conducts foodborne illness, communicable disease, and environmental health investigations to protect the public's health across its jurisdiction.

For example, BHSJCHA investigated a foodborne illness complaint after receiving two reports of gastrointestinal illness. Staff conducted an inspection of the food establishment in question within 24 hours of receiving the complaint and worked closely with the establishment's operator. BHSJCHA notified Michigan Department of Agriculture and Rural Development (MDARD) and worked with MDARD's epidemiologists, who assisted with case tracking. BHSJCHA could not identify the source of the foodborne illness and sent MDARD the termination report.

BHSJCHA is also active in communicable disease preparedness and response. Staff prepared for potential measles outbreaks by coordinating with regional epidemiologists, issuing provider bulletins and sending Michigan Health Alert Network (MIHAN) notifications to providers. They encouraged measles, mumps, and rubella (MMR) vaccination at community events, conducted surveillance for possible cases, and shared information through newsletters, press releases, and media outreach.

BHSJCHA's environmental health staff support investigations in instances where harmful algal blooms (HABs) are reported by residents by collecting water samples and coordinating with their regional epidemiologist for syndromic surveillance. In one instance, after receiving reports of a rash potentially linked to a HAB, surveillance indicated no rash alerts.

Special Recognition:

BHSJCHA utilizes its strong community partnerships for communicable disease outbreak communication and control.

For example, BHSJCHA responded to a varicella outbreak at a school within their jurisdiction by notifying providers about proper testing protocols, collaborated with school staff, followed up with affected families, ensured appropriate exclusion, and offered vaccination to unvaccinated students.

BHSJCHA also investigated multiple tuberculosis (TB) cases, including an active case at a school within their jurisdiction. Staff collaborated with the school's administrators to notify families, provided onsite education, and conducted multiple rounds of TB testing. BHSJCHA utilized translators to ensure communication with English as a second language learners and developed educational materials in Spanish, Arabic, and Haitian-Creole. In another instance, BHSJCHA was notified by a local hospital about an employee with active tuberculosis. The agency identified the individual's close contacts for follow-up and conducted on-site testing of additional staff at the worksite.

Indicator 1.4

A local health department shall plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both. (Section 2433 (2) (d)).

- Documentation which demonstrates involvement in activities to educate the population about the major causes of morbidity, mortality, and environmental health hazards.

Indicator 1.4 Status: Met

Indicator Summary:

BHSJCHA regularly plans, implements, and evaluates health education initiatives across its three counties and delivers outreach through a wide range of community partnerships.

Each of BHSJCHA's counties have medical marijuana grant funding which is used for the BHSJCHA's "Lock it Up" campaign. As a part of this campaign, BHSJCHA conducts social media and media outreach providing health education materials on marijuana and promoting the availability of marijuana lock bags. These bags are available at partner organizations and marijuana retailers. BHSJCHA also created health education videos on marijuana and pregnancy and collaborated with Michigan State Police on a video about impaired driving.

BHSJCHA provided Michigan legislators with information about its hearing, vision, and kindergarten oral health programs, as well as local childhood lead testing rates.

BHSJCHA disseminates quarterly Public Health News and Views newsletters, which include articles from its Medical Director on emerging issues such as immunizations and Women, Infants, and Children (WIC) program updates. These newsletters are sent to hospitals, provider networks, and infection control nurses and include resources on topics such as increasing vaccination rates, dental care access, and high-risk areas within BHSJCHA's jurisdiction for elevated blood lead levels, hand-foot-mouth disease, and alpha-gal syndrome.

Special Recognition:

BHSJCHA implements innovative and culturally tailored education for Amish communities. The agency promotes the use of black reflective tape on horse tack and developed a horse and buggy driver's manual reviewed by Amish bishops for cultural acceptability. BHSJCHA also provides Amish driver education manuals for schools and offers driving-safety slides for non-Amish drivers. BHSJCHA administers a survey tool for Amish residents to identify dangerous road areas and brings these findings to county road commissions and Michigan Department of Transportation. This work has led to changes such as relocation of rumble strips, adding school signage near Amish schools, and painting roadway warnings. Follow-up surveys are underway to assess the impact of these improvements.

Additional Comments:

BHSJCHA noted the need for increased funding to strengthen health education efforts related to chronic disease prevention, substance use, firearm safety, and immunizations.

Indicator 1.5

A local health department shall provide or demonstrate the provision of required services as set forth in Section 2473(2). (Section 2433 (2) (e)). See Attachment A for required services. Note: A LHD may indicate that it is not providing one or more required services. See Attachment B for excerpt from the Public Health Code (P.A. 368, Sept. 30, 1978).

- Documentation that required services set forth in Attachment A are available in the jurisdiction either by direct delivery or through other community providers.

Indicator 1.5 Status: Met

Indicator Summary:

BHSJCHA provides all required services, along with additional programs to meet the diverse needs of residents across its three counties.

Each of BHSJCHA's locations offers extended clinic hours, which are listed on its website's public calendar. WIC mobile clinic hours are also posted online and shared through social media.

To improve communication with non-English-speaking residents, BHSCHA uses PocketTalk devices and video translation services. Staff have supported clients speaking Haitian-Creole, Burmese, Spanish, Japanese, and other languages.

Since BHSJCHA does not offer family planning services, staff routinely share information with residents about where these services are available locally.

Special Recognition:

BHSJCHA partners with University of Michigan to address genetic predispositions to hearing loss in the Amish community, including coordinating visits from a mobile van that provides hearing aids. Through Children Special Health Care Services, BHSJCHA also obtained its first accessible wheelchair buggy to support Amish clients with mobility needs.

Additional Comments:

BHSJCHA identified the need for funding translation services to support their non-English speaking clients.

Indicator 1.6

A local health department shall have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law. (Section 2433 (2) (f)).

- A current Plan of Organization adopted by the local governing entity and approved by the Director of the Michigan Department of Health & Human Services (MDHHS), containing an organizational chart which includes the names of all local health department leadership, must be on file with MDHHS at all times.

Indicator 1.6 Status: Met

Indicator Summary:

BHSJCHA submitted a comprehensive and well-organized Plan of Organization that was clear and easy for the Reviewer to understand. The documentation provided fully satisfied this requirement.

Special Recognition:

BHSJCHA was well-prepared for the Powers and Duties On-Site Review and submitted a well-organized Plan of Organization.

Indicator 1.7

A local health department shall plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both. (Section 2433 (2) (g)).

- Documentation which demonstrates involvement in activities to provide and/or support Nutrition Services in the jurisdiction.

Indicator 1.7 Status: Met

Indicator Summary:

BHSJCHA provides tiered breastfeeding support to assist WIC clients during their visit. The breastfeeding peer counselor is the first point of contact and offers education and support. When additional support is needed, clients are referred to the breastfeeding coordinator nurse, followed by the nurse supervisor, and then the International Board Certified Lactation Consultant (IBCLC). All levels of support are available on the same day, and clients attending WIC appointments can also access immunizations, lead testing, and other services during their visit.

BHSJCHA partners with food pantries to offer on-site clinic services and health education during outreach events. Staff provide breastfeeding links and educational materials to clients and produce a quarterly WIC-breastfeeding newsletter that includes recipes featuring WIC-approved foods.

Special Recognition:

BHSJCHA connects clients experiencing food insecurity with local resources. County collaboratives share information on food bank locations, hours, and distribution days, which is posted on the health department's website. When requested, food banks also distribute food boxes from the health department parking lot. The agency further supports nutrition programs through its partnership with the AAA, whose registered dietitian reviews menus for Meals on Wheels.

Indicator 1.8
(Not Scored;
Demonstration
Public Health 3.0
Indicator for
Cycle 9)

A local health department shall engage multiple sectors and community partners to generate collective impact for improving social determinants of health and addressing public health priorities. Collaborative efforts and actions must include various cross-sector and non-traditional partnerships outside the health department and within the community, as defined below.

- Developing or building new cross-sector and non-traditional partnerships toward achieving collective impact; and/or
- Leading community health promotion efforts in partnership with health care systems, clinicians, health insurers, and hospitals; and/or
- Participating with and supporting community coalitions that examine data, set collective goals, and develop plans to improve health outcomes; and/or
- Leading or playing a prominent community role in engaging multiple sectors to address determinants of health; and/or
- Using creative and/or innovative strategies to collectively develop partnerships and impact the greatest health needs of the community; and/or
- Providing leadership in public health policy development through collaboration with multiple sectors and community partners. This may include serving as a chief health strategist or community convener to drive initiatives including those that foster shared resources, services, goals, and collective action to create or assure conditions that improve the community's health and well-being, such as a community health assessment, environmental assessment, and community health improvement plan in partnership with health systems; and/or

- Participating in formal or informal academic partnerships to implement and test evidence-based strategies, and/or participating in community-based participatory research.

Indicator 1.8 (Not Scored; Demonstration Public Health 3.0 Indicator for Cycle 9) Status: Met

Indicator Summary:

BHSJCHA shared numerous examples of its formal and informal partnerships that strengthen community health across Branch, Hillsdale, and St. Joseph counties.

BHSJCHA administers a Community Health Worker (CHW) program funded by the Michigan Center for Rural Health. CHWs receive referrals from hospitals, dialysis centers, and DHHS offices to help clients enroll in Medicaid and other human services programs. BHSJCHA participates in the new MI-Options program through the AAA, which connects callers from 2-1-1 to counselors who help older adults remain safely in their homes.

BHSJCHA supports infection prevention through data sharing with hospital infection prevention committees, allowing facilities to use local data for forecasting and planning.

BHSJCHA participates in an opioid settlement dollars committee with partners across all three counties. Together, they review community feedback and conduct asset-mapping to better understand substance-use resources and service gaps.

Across the region, BHSJCHA is an active member of county Human Services Commissions and Networks, which identify gaps in services and advocate for local change. Examples include BHSJCHA efforts within Hillsdale County by partnering with a local hospital to bring dental services back to My Community Dental Center (MCDC) and ongoing work on county-wide housing and transportation needs. In Branch County, BHSJCHA is working with partners using opioid settlement funds to study whether 2-1-1 referrals connect residents to the right services. In St. Joseph County, BHSJCHA worked with partners to conduct a housing study, hire a housing coordinator with American Rescue Plan Act (ARPA) funds, and host an annual Project Connect event where residents can access vaccines, blood pressure checks, food boxes, and services from more than 30 organizations.

Special Recognition:

Through its Office of Highway Safety Program (OHSP) grant, BHSJCHA collaborates with sheriffs' offices, county road commissions, Michigan State University (MSU) Extension's equine education program, drivers' education partners, Michigan Department of Transportation (MDOT), Mott's Children's Hospital, Bronson Methodist's injury prevention program, Michigan State Police, and 32 Amish bishops. More than 370 Amish families have completed safety surveys, and by the end of the grant cycle, BHSJCHA will have reached every Amish congregation in the region. In Hillsdale County, the fire department hosted a safety event after a series of crashes, bringing together more than 200 Amish residents to discuss roadway safety and receive educational materials.

Transportation has been a recurring need for Hillsdale County, identified across multiple Community Health Needs Assessments. In response, BHSJCHA partnered with Pivotal to design a public transportation route to improve access to hospitals and other services. Additional partners involved in improving transportation access in Hillsdale included community action agencies and county community-based organizations such as Michigan Works!, and WellWise (AAA for Hillsdale).

Minimum Program Requirement #QI-1

Use a performance management system to monitor achievement of organizational objectives.

Indicator QI-1.1 Staff at all organizational levels are engaged in establishing and/or updating a performance management system.

- Agency leadership and management are supportive of and engaged in establishing and/or updating a performance management system.

- Agency staff at all other levels are engaged in establishing and/or updating a performance management system.

Indicator QI-1.1 Status: Met

Indicator Summary:

BHSJCHA demonstrates meaningful engagement of staff at all organizational levels in the establishment, implementation, and ongoing use of a performance management system. The agency has adopted the VMSG Dashboard as the primary performance management platform and has implemented agency-wide expectations for staff participation. Documentation and discussion during the On-Site Review confirmed that staff are responsible for regularly updating assigned activities, with automated monthly reminders generated by the system. Oversight responsibility rests with plan owners, and staff have access to internal technical assistance to support use of the system.

Leadership and supervisors routinely discuss performance management during meetings, and the Quality Improvement Advisory Committee (QIAC) includes representation across divisions and position types. Reviewers noted continued progress since the previous Accreditation Cycle, including stronger system adoption and clearer staff roles within the performance management process.

Special Recognition:

The Reviewers commend BHSJCHA for their agency-wide adoption of the VMSG Dashboard and for establishing clear accountability structures to ensure routine staff engagement with performance management activities.

Additional Comments:

During the On-Site Review, BHSJCHA demonstrated responsiveness to staff feedback by retraining staff when data entry inconsistencies were identified, resulting in improved accuracy and standardization across programs.

Indicator QI-1.2 The agency has adopted a department-wide performance management system.

- The agency has adopted a performance management system.

Indicator QI-1.2 Status: Met

Indicator Summary:

BHSJCHA has adopted a department-wide performance management system and is actively using the VMSG Dashboard to track strategic, programmatic, and operational plans. The system includes goals, objectives, assigned responsibilities, timelines, and regular progress updates.

However, documentation and the On-Site Review discussion revealed that performance management concepts are primarily embedded within the Quality Improvement (QI) Plan rather than articulated through a distinct performance management framework. While the local health department (LHD) is still meeting this indicator, the Reviewers would recommend creating a further distinction between performance management and quality improvement.

Recommendations For Improvement:

The Reviewers recommend updating the Quality Improvement Plan to include a clearly defined performance management section that explicitly outlines:

- Performance standards and measures
- Reporting cycles and communication processes
- How performance management informs quality improvement

Reviewers would also recommend clarifying for staff how performance management and quality improvement function as related but distinct systems.

Michigan Public Health Institute (MPHI) staff are happy to support the BHSJCHA team through the Technical Assistance (TA) Bank in making updates to their QI Plan to more clearly reflect performance management.

Indicator QI-1.3 The agency has implemented a performance management system.

- The agency has a functioning performance management committee or team that is responsible for implementing the performance management system.
- The agency has established goals and objectives with identified time frames for measurement across programs and functions.
- The agency has implemented a process for monitoring the performance toward set goals and objectives.
- The agency analyzes progress toward achieving goals and objectives, and identifies areas in need of focused improvement processes.
- Through analysis of collected data, the agency identifies results and identifies next steps.
- The agency has completed a performance management self-assessment.

Indicator QI-1.3 Status: Met

Indicator Summary:

BHSJCHA has implemented its performance management system through structured processes, committee oversight, and routine monitoring of organizational plans. The agency has completed a performance management self-assessment and utilizes the QIAC to review performance data and identify areas needing attention. Documentation shows that goals and objectives include defined timeframes and that progress is monitored through the VMSG Dashboard.

During the On-Site Review, agency leadership acknowledged that while performance is routinely monitored, translating underperforming measures into formal quality improvement projects is an area of ongoing development. The agency described a new approach in which plans are reviewed prior to QIAC meetings and only priority issues are elevated for discussion and follow-up.

Recommendations For Improvement:

Reviewers would recommend:

- Strengthening the documented process for moving from low performance results to quality improvement action.
- Identifying and tracking a limited set of priority performance measures to better support QI project selection.
- Utilizing QIAC meetings to intentionally brainstorm QI opportunities informed by performance management data.

Additional Comments:

BHSJCHA demonstrated awareness of this as a growth area and expressed readiness to take the next step in maturing their performance management practices.

Indicator QI-1.4 The agency systematically assesses customer satisfaction with agency services and makes improvements.

- The agency has provided staff development opportunities related to performance management.

Indicator QI-1.4 Status: Met

Indicator Summary:

BHSJCHA provides staff with opportunities to participate in performance management through training on the VMSG Dashboard and through ongoing involvement in plan updates. QIAC members have completed advanced training, including the MPHI Performance Management Primer. Documentation and discussion confirmed that while staff are trained in system use, formal performance management-specific training for all staff is limited.

Recommendations For Improvement:

Reviewers recommend providing an agency-wide training focused specifically on performance management concepts, including purpose, benefits, and relevance to staff roles. Reviewers also recommend supporting new and hesitant staff with targeted orientation and role-specific examples of performance management in practice.

Minimum Program Requirement #QI-2

Develop and implement quality improvement activities in processes, interventions, and/or services.

Indicator QI-2.1 The agency has established a QI program based on organizational policies and direction.

- Establishment and implementation of an agency QI Plan.
- The QI plan is aligned with the agency's identified priorities and incorporated into its performance management system.
- The QI plan has been shared with agency staff.

Indicator QI-2.1 Status: Met

Indicator Summary:

BHSJCHA has established a formal quality improvement program supported by a Board-approved Quality Improvement Plan and Quality Improvement Policy. The LHD has clearly defined roles and responsibilities through its Quality Improvement Plan and has integrated QI activities into agency operations. Staff receive ongoing training, and QI activities are regularly discussed during staff meetings.

Special Recognition:

BHSJCHA has made intentional efforts to embed QI into their organizational culture and continues to refine their approach as staff capacity grows.

Recommendations For Improvement:

As previously mentioned in MPR 1, Reviewers recommend further strengthening alignment between performance management and quality improvement to support staff in identifying appropriate QI projects.

Indicator QI-2.2 The agency has engaged the local governing entity in establishing organizational policies and direction for implementing QI.

- Agency engagement with local governing entity to establish QI policies and direction for implementation.

Indicator QI-2.2 Status: Met

Indicator Summary:

BHSJCHA's local governing entity has adopted the agency's Quality Improvement Policy and Plan and receives regular updates on agency plans and activities. While the Board is informed of QI efforts, its involvement in identifying or prioritizing QI projects is limited. BHSJCHA leadership noted that because their multi-county structure, they try their best to key QI updates at a high level in order to maximize the Board's time for priority issues.

Recommendations For Improvement:

Reviewers recommend continuing to build the Board's understanding of quality improvement through periodic education and examples of completed QI projects.

Indicator QI-2.3 Programs and administrative areas within the agency are using data, partner input, and team knowledge to drive decision-making and evaluate whether changes made have resulted in improvement.

- Using program data to identify opportunities for improvement or comparing baseline data to data collected after a change has been made; and/or
- Implement a process to capture, analyze, and use input from a variety of partners to inform processes to improve services and outcomes. Partners include, but are not limited to, clients/customers, staff, local governing entity and other departments/agencies; and/or
- Making decisions for moving forward based on the analysis of data, including whether to standardize changes or to implement quality improvement tools/methods to test another change.

Indicator QI-2.3 Status: Met

Indicator Summary:

BHSJCHA provided strong documentation of quality improvement projects across administrative services, personal health services, and environmental health. Projects demonstrated the use of baseline data, partner or staff input, and post-implementation analysis to assess improvement.

Special Recognition:

BHSJCHA's documentation reflects a strong and growing culture of data-informed decision-making and continuous improvement. The Reviewers commend the LHD for their transparent discussion of how they proceed or move forward when QI projects do not fully meet their aims, as well as for demonstrating learning and adaptation through iterative testing.

Indicator QI-2.4 Program staff are involved in quality improvement activities, including professional development related to quality improvement.

- Program staff are using quality improvement tools and/or methods to address identified opportunities for improvement; and
- Program staff at all levels are involved in quality improvement activities/projects; and
- Program staff are participating in available training/technical assistance opportunities in quality improvement.

Indicator QI-2.4 Status: Met

Indicator Summary:

Staff at all levels participate in quality improvement activities and have access to training and technical assistance. The agency utilizes QI tools such as Plan, Do, Study, and Act (PDSA) cycles, root cause analysis, and structured templates. Staff reported having access to facilitation support when needed, particularly through QI roundtables and trained QI champions.

Minimum Program Requirement #QI-3

Build and support a diverse and skilled public health workforce.

Indicator QI-3.1 A local health department shall ensure a competent public health workforce through assessment of staff competencies and the provision of needs-based staff development opportunities.

- Completion of a competency assessment based on/ informed by a nationally adopted set of core competencies. (i.e.: The Council on Linkages Between Academia and Public Health Practice, Core Competencies for Public Health Professionals, etc).
- Completion of a staff engagement survey targeting workplace environment, training needs, etc. that drives departmental training offerings, completed on a routine basis.
- Documentation that the local health department has developed at least one strategy to address competency gaps identified through a workforce needs assessment.
- Documentation that the local health department has implemented at least one strategy to address competency gaps identified through the workforce needs assessment.
- Documentation of annually completed staff trainings, which may include: social determinants of health, cultural diversity, public health ethics, emerging public health issues, etc.

- Documentation of Academic partnerships, i.e. Internships, working collaboratively provide or create identified needed training for local health department staff or students, participation in community-based participatory research, etc.
- Evidence of a completed Workforce Development Plan. Local health departments are encouraged to seek approval of the plan by their local governing entity.

Indicator QI-3.1 Status: Met

Indicator Summary:

BHSJCHA completed a core competency assessment informed by nationally recognized public health competencies and used the results to directly inform their Workforce Development Plan. Training priorities align with identified gaps, and documentation demonstrates implementation of strategies to strengthen workforce capacity. Staff are provided time to complete required trainings, and leadership anticipates reviewing changes over time.

Special Recognition:

The Reviewers commend BHSJCHA for clearly linking competency assessment results to workforce development planning and training priorities.

Recommendations For Improvement:

Reviewers would recommend exploring opportunities to strengthen academic partnerships and internship pipelines, recognizing current geographic limitations.

Food Service

| Section Summary | | Total Met | Total Not Applicable | Total |
|-----------------|-------------------------|-----------|----------------------|-------|
| Essential | Indicator No Indicators | 14 | 0 | 14 |
| | Total | 14 | 0 | 14 |
| Important | Indicator No Indicators | 2 | 2 | 4 |
| | No Indicators | 0 | 0 | 0 |
| | Total | 2 | 2 | 4 |
| Total | | 16 | 2 | 18 |

Minimum Program Requirement #1

Plan Review

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Application form/transmittal letter summarizing scope* of plans or project (FL 6105)
- Completed worksheet
- Menu

- Standard Operating Procedures (SOP)**
- Layout (plans), including scaled drawings***
- Documented assessment and approval (e.g. marking as “satisfactory” on plan reviewer’s checklist) of proposed equipment.
- A copy of the pre-opening evaluation report is in the file.
- The evaluation report has a notation to indicate the establishment is approved to operate.
- The evaluation report verifies that there were no Priority or no more than two Priority foundation violations present prior to opening.
- Use of plan reviewer’s checklist; if applicable****
- Documented assessment and approval (e.g. marking as “satisfactory” on plan reviewer’s checklist) of hot water, dry storage, and refrigerated storage.
- Applicant is informed in writing of any deficiencies. All identified deficiencies are addressed in writing, email or a documented phone call or on revised plans.
- Plan approval letter is in the file that includes reference to a unique identifier (e.g.: date, location address, specified code number) marked on the approved plans and specifications.
- The pre-opening evaluation report is dated either before or on the same day the license is signed.
- An individual plan review file will be considered to meet MPR 1 when = 80% of the required indicators have been met.

Indicator No Indicators Status: Met

Indicator Summary:

The Branch Hillsdale St. Joseph Community Health Agency (BHSJCHA) self-assessment showed a compliance rating of 94%; 15 of the total 16 plans reviewed met Minimum Program Requirement (MPR) 1. The Michigan Department of Agriculture and Rural Development (MDARD) Accreditation On-Site Review agreed with BHSJCHA’s self-assessment findings.

Special Recognition:

The BHSJCHA is congratulated for the high percentage rating for MPR 1.

Recommendations For Improvement:

The Reviewers have no recommendations for this cycle.

Minimum Program Requirement #2

Evaluation Frequency

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Food service establishment has received the required number of evaluations at the proper intervals based upon the frequency for that establishment.

Evaluation frequency is based upon Food Law Act 92 of 2000, Section 3123. However, not all the establishments in the sample require the same number of evaluations. Variations may be due to:

- * Establishments may have either opened or closed during the three-year review period.
- * Establishments may be seasonal operations
- * Establishments may have been evaluated shortly before the review period thus pushing the first evaluation 6 months back into the review period.
- * Establishments may be on a Risk Based Evaluation Schedule.
- * The review of evaluation frequency must take these factors into consideration.

- A seasonal establishment needs to have one evaluation anytime within each seasonal operational period.
- For TFU files, two operational evaluation reports must be present for each licensing year or documentation of why less than two operational evaluations were conducted for a licensing year.
- Determine the number of evaluations that were required and actually conducted on time during the three-year review period. Start with the first evaluation in the review period. To determine if the first evaluation in the review period was conducted on time, it will be necessary to go back to the date of the previous evaluation that occurred just before the first evaluation in the review period. Utilizing the date of the previous evaluation it can then be determined if the first evaluation within the review period was conducted on time.
- An LHD may utilize an optional MDARD risk Based evaluation schedule. For those LHDs, evaluation frequencies will be audited utilizing that schedule. See MDARD memo, "Risk Based Evaluation Schedule" dated November 13, 2008.
- The time between needed evaluations is going to be dependent upon the frequency schedule set for an establishment or if the establishment is a seasonal operation or a TFU.U.
- A pre-opening evaluation that is marked "Approved to Open" is considered a routine evaluation.
- An individual establishment file will be considered to meet MPR 2 when = 80% of the required routine evaluations have been completed at proper frequency.

Indicator No Indicators Status: Met

Indicator Summary:

The BHSJCHA self-assessment showed a compliance rating of 100%; 22 of the 22 total Food Service Establishment (FSE) files reviewed met MPR 2. The MDARD Accreditation On-Site Review agreed with BHSJCHA's self-assessment findings.

Special Recognition:

BHSJCHA is congratulated for maintaining inspection frequency and timeliness of routine evaluations.

Recommendations For Improvement:

The Reviewers have no recommendations for this cycle.

Minimum Program Requirement #3

Temporary Food Service Establishment Evaluations

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if the local health department has conducted an operational evaluation OR office consultation*, for low risk establishments only, of each temporary food service establishment prior to licensure.
- Determine if the temporary food establishment application sections of page one: Applicant/Business Contact Information, Public Event Information, and the Food column of the table on page two are completed and a copy of Appendix A is attached when needed.
- Temporary food establishment license was issued with no unresolved Priority or no more than 2 unresolved Priority foundation violations, deemed by the Director, to not be a risk to food safety.
- A violation of Priority or Priority foundation, if any, is designated on the license/evaluation form.
- Description of observed violation(s), if any, of Food Law or Michigan Modified Food Code on the license/evaluation form and noted if corrected.
- An individual TFE file will be considered to meet MPR 3 when = 80% of the required indicators have been met.

Indicator No Indicators Status: Met

Indicator Summary:

The BHSJCHA self-assessment showed a compliance rating of 100%; 21 of the 21 total temporary food establishment (TFE) records reviewed met MPR 3. The MDARD Accreditation On-Site Review agreed with BHSJCHA's self-assessment findings.

Special Recognition:

BHSJCHA is applauded for the completeness of TFE applications and licenses.

Recommendations For Improvement:

The Reviewers have no recommendations for this cycle.

Minimum Program Requirement #4

Evaluation Procedures

Indicator No Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if the local health department uses an evaluation report form approved by MDARD.
- Administrative information about the establishment's legal identity, address, and other information is entered on the evaluation report form.
- The report findings properly document and identify Priority, Priority Foundation, and Core violations.
- A summary of what is required by law or code is provided for each violation cited.
- The report is legible.
- The narrative clearly states the violations observed and necessary corrections.
- Timeframes for correcting Priority, Priority Foundation, and Core violations are specified.

- The evaluation report is signed and dated by the sanitarian.
- Verification that copy of evaluation report was given to establishment representative. Examples of verification include, but not limited to, signature of person in charge on report*, documentation that report was e-mailed to establishment, or documentation that report was mailed to facility.
- A pre-opening evaluation that is marked "Approved to Open" is considered a routine evaluation.
- An individual establishment file will be considered to meet MPR 4 when = 80% of the evaluations in that file meet all the indicators.

Indicator No Indicators Status: Met

Indicator Summary:

The BHSJCHA self-assessment showed a compliance rating of 100%; 22 of the 22 total FSE records reviewed met MPR 4. The MDARD Accreditation On-Site Review agreed with BHSJCHA's self-assessment findings.

Special Recognition:

BHSJCHA is congratulated for obtaining a high percentage score for this MPR.

Recommendations For Improvement:

The Reviewers discussed with the BHSJCHA Environmental Health Director the use of public health reasoning descriptions in the observation comments of a cited violation. It was reviewed that if a public health reasoning description is given, it should be written in such a way that it does not imply a secondary code violation that is different from the code section actually being cited and described.

Minimum Program Requirement #5

Demonstration of staff Field Review

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Show demonstration of risk-based evaluations by a variety of program staff; when possible, each establishment visit must be with a different inspector. Typically, a maximum of one Standardized Trainer who is currently conducting routine inspections may be used. However additional Standardized Trainers may be utilized under certain circumstances such as the prevention of a staff person from having to go out twice for risk-based evaluations in order to meet sample size.
- For Option 1 Accreditation, a list of all staff doing routine inspections, no matter the risk type, shall be provided to MDARD reviewers prior to the audit. The list of inspectors selected to go out with MDARD reviewers will be provided to the LHD no later than the Friday prior to the week of the Accreditation site visit. MDARD will use a random number generator to choose the inspectors being evaluated. MDARD will also chose the establishments for the field review by random numbers. Only high-risk facilities (e.g. Z category) will be chosen for this review.
- For Option 2 Accreditation, the LHD chooses the establishments and staff MDARD reviewers will accompany for demonstration of risk-based evaluations. The establishments chosen shall consist of varying risk levels, providing 50% of the establishments visited are at the highest risk level (e.g., Z category).

- Demonstrate that Risk Factors and Good Retail Practices in the establishments are correctly identified and resolved. MDARD reviewers will use the Accreditation MPR 5 Field Evaluation Worksheet (FEW) for scoring the inspections.

Indicator No Indicators Status: Met

Indicator Summary:

The Reviewers field audit of two BHSJCHA Food Service Program staff, using the MDARD Accreditation Field Evaluation Worksheet, showed an average compliance rating of 92% incorporating a risk-based evaluation methodology.

Special Recognition:

BHSJCHA is commended for this exemplary demonstration of risk-based inspections and achieving higher than 90% on this MPR.

Recommendations For Improvement:

The Reviewers have no recommendations for this cycle.

Minimum Program Requirement #6

Enforcement

Indicator No Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if the enforcement policy affords notice and opportunity for a hearing equivalent to the Administrative Procedures Act, Act 306 P.A.1969.
- The policy is compatible with Chapter 8 of the 2009 Food Code, and the Michigan Food Law.
- Determine if the LHD's policy has enforcement procedures for addressing unauthorized construction; operating without a license; imminent health hazards; and continuous and recurring violations.
- Verify if the policy has been adopted and signed by the health officer or designee.
- For the time period under review, assess the evaluation reports from the sample of establishments used for MPR 4 to determine if the LHD's enforcement policy is being followed. An individual establishment folder will be considered to be in compliance when the appropriate action specified in the enforcement policy is taken to eliminate:
 - * Operation without a license
 - * Imminent health hazards*
 - * Continuous Priority and Priority foundation*.
 - * Recurring Priority, Priority foundation, and Core*

Indicator No Indicators Status: Met

Indicator Summary:

The BHSJCHA self-assessment showed a compliance rating of 100%; 22 of the 22 total FSE records reviewed met MPR 6. An enforcement policy has been adopted that affords notice and opportunity for a hearing equivalent to Act 306, P.A. 1969, and meets all other Indicators for MPR 6. The MDARD Accreditation On-Site Review agreed with BHSJCHA's self-assessment findings.

Special Recognition:

The BHSJCHA is recognized for this excellent compliance rating.

Recommendations For Improvement:

The Reviewers discussed with BHSJCHA Environmental Health Director about updating the enforcement thresholds for recurring violations with BHSJCHA enforcement policy. Current policy sets the same enforcement thresholds for recurring core violations as it does for recurring priority (P) and priority foundations (Pf). The Reviewers discussed that since core violations tend to be good retail practice violations and are less of a risk to food safety, a higher enforcement threshold could be set then the recurring enforcement threshold for P and Pf violations which pose a higher risk to food safety.

Minimum Program Requirement #7

Follow- Up Evaluations

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- A follow-up evaluation shall be conducted by an LHD, preferably within 10 calendar days, but no later than 30 calendar days, to confirm correction of all previously identified Priority and Priority foundation violations.
- Information about the corrective action is described on the evaluation report and the corrective action appropriately addresses the violation cited. This includes violations that are corrected at the time of evaluation. For evaluations that do not require an onsite follow-up review see the MDARD memo dated 2-17-2015 titled "Guidance for Citation of Violations, Verification of Violation Correction (Follow-ups), Guidance for Confirmation of Correction of Priority foundation Violation Changes Cited in the 2012 Food Law, Evaluation Report Writing, and Issuance of License".
- An approved report form is used to document the results of the follow-up action.
- An individual establishment will be considered to meet the standard when 80% of the follow-up evaluations are conducted within 30 calendar days.
- If not more than two Priority foundation item violations are noted and the director determines that the violations are not a risk to food safety, the director may confirm correction of the Priority foundation item violations at the next routine evaluation.

Indicator No Indicators Status: Met

Indicator Summary:

The BHSJCHA self-assessment showed a compliance rating of 95%; 21 of the 22 total FSE records reviewed met MPR 7. The MDARD Accreditation On-Site Review agreed with BHSJCHA's self-assessment findings.

Special Recognition:

BHSJCHA is applauded for effective follow-up of priority and priority foundation violations.

Recommendations For Improvement:

The Reviewers have no recommendations for this cycle.

Minimum Program Requirement #8

Variances

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if variances are required and whether a HACCP Plan was submitted and approved for specialized processing methods, as required by Section 3-502.11 of the Food Code.
- Determine if the applicant's variance request is maintained in the file.
- Determine if the applicant has provided a statement of the proposed variance of the Food Code citing relevant code section numbers, an analysis of the rationale for how the public health hazards addressed by relevant code sections will be alternately addressed by the proposal, and a HACCP plan if required (FC sections 8-103.11).
- Determine if staff is following the department's procedures.

Indicator No Indicators Status: Met

Indicator Summary:

BHSJCHA did not have any variance requests to self-assess for the time frame under review. BHSJCHA does follow procedures for variance requests that align with Food Code standards and require Hazard Analysis Critical Control Point plans when necessary. This MPR is considered Met.

Recommendations For Improvement:

The Reviewers have no recommendations for this cycle.

Minimum Program Requirement #9

Consumer Complaint Investigation (Non-foodborne Illness)

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if a consumer complaint tracking system has been created.
- Determine if consumer complaint investigations are initiated within 5 working days.
- Determine if the findings (a brief notation that explains the results and conclusions of the investigation) are noted either in the logbook or stored with the filed complaint record.

Indicator No Indicators Status: Met

Indicator Summary:

The BHSJCHA self-assessment of complaint investigation records showed a compliance rating of 81%; 13 of the 16 total non-foodborne illness records reviewed met MPR 9. The MDARD Accreditation On-Site Review agreed with BHSJCHA's self-assessment findings.

Recommendations For Improvement:

The Reviewers have no recommendations for this cycle.

Minimum Program Requirement #10

Technical Training of Staff

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if the training record indicates each individual has completed training in the eight designated skill areas:
 - * Public health principles
 - * Communication skills
 - * Microbiology
 - * Epidemiology
 - * Food Law, Food Code, related policies
 - * HACCP
 - * Allergen management
 - * Emergency management

- Employees assigned full time to a food program complete training in these skill areas within 12 months of being assigned to the program. Employees not fully assigned to the food program or part-time employees have 24 months to complete training.

- The local health department's judgment as to the completeness and complexity of the training for each skill area must be documented by verifiable logs, certificates or equivalent.

- Employees that are only involved in the evaluation of specialty food service establishments, MPR 12, are exempt from this training requirement.

- Documentation of previous training or evaluations performed under a training plan by the Director of a new sanitarian that has completed training at another local health department or has similar experience.

Indicator No Indicators Status: Met

Indicator Summary:

The BHSJCHA had two new inspectors assigned to the food service program during the self-assessment review period. BHSJCHA assessed that each person completed training in the eight designated skill areas, training was completed on time, and the training was documented. The MDARD Accreditation On-Site Review agreed BHSJCHA self-assessment findings.

Special Recognition:

The BHSJCHA is to be congratulated for its thorough and documented training of staff.

Recommendations For Improvement:

The Reviewers have no recommendations for this cycle.

Minimum Program Requirement #11

Fixed Food Service Evaluation Skills

Indicator No
Indicators

Follow this link in order to fill out requirements for the MPR

- Determine if the training record indicates that each individual has completed:
 - * 25 joint field evaluations with any other food service program employee who has already completed training under MPR 10 and 11,
 - * 25 independent evaluations under the review (either field or paperwork review) of any other food service program employee who has already completed training under MPR 10 and 11, and
 - * Final five field evaluations with a Standardized Field Trainer.

- ☑ Employees assigned full time to a food program complete fixed food service evaluation skills training within 12 months of being assigned to the program. Employees not fully assigned to the food program or part-time employees have 24 months to complete training.
- ☑ Logs or equivalent documents are present showing completion of training.
- ☑ Employees who are only involved in the evaluation of specialty food service establishments, MPR 12, are exempt from this training requirement.
- ☑ Documentation of previous training or evaluations performed under a training plan by the Director of a new sanitarian that has completed training at another local health department or has similar experience.

Indicator No Indicators Status: Met

Indicator Summary:

The BHSJCHA had two new Inspectors assigned to the food service program during the self-assessment review period. BHSJCHA assessed that each person completed 25 joint inspections with previously trained staff, 25 independent inspections under the review of previously trained staff, final 5 inspections with a Standardized Field Trainer, and that training was completed on time and documented. The MDARD Accreditation On-Site Review agreed with BHSJCHA's self-assessment findings.

Special Recognition:

The BHSJCHA is commended for its field training and documentation of training of new inspectors.

Recommendations For Improvement:

The Reviewers have no recommendations for this cycle.

Minimum Program Requirement #12

Specialty Food Service Evaluation Skills

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- ☑ Determine if the supervisor has endorsed all employees who evaluate specialty food service establishments as having knowledge of the Food Law, Food Code, public health principles, and communication skills. Each employee must be endorsed for each type (TFE, TFU, or mobile) of specialty food service facility they evaluate. Automatic endorsement is received when an employee has met the requirements of MPR 10 and 11.

Indicator No Indicators Status: Met

Indicator Summary:

The BHSJCHA had three individuals trained in specialty food service establishments for the time frame under review. BHSJCHA self-assessment showed that all three were properly endorsed and met the indicator of this MPR. The MDARD Accreditation On-Site Review agreed with BHSJCHA's self-assessment findings.

Special Recognition:

The BHSJCHA is applauded for making use of this training option and building staff capacity for the evaluation of specialty food service establishments.

Recommendations For Improvement:

The Reviewers have no recommendations for this cycle.

Minimum Program Requirement #13

Foodborne Illness Investigations- Timely Response

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Determine if FBI complaint investigations are initiated by the end of the next business day by the person responsible for conducting the investigation . “Initiated” includes the initial contact, phone calls, file reviews, or determination that the complaint is an outbreak*, etc.
- Determine if local health department has promptly reported potential foodborne illness outbreaks to MDARD by forwarding information required on the Form ‘A” intake (Pursuant to the Michigan Food Law section 3129 (1)).
- Determine if local health department immediately notified MDARD when their investigation indicated that a source of a foodborne disease or poisoning was from an MDARD licensed food establishment by sending an FI-238 (Pursuant to the Michigan Food Law section 3129(2)).
- Determine if the local health department has submitted a copy of the final written report for foodborne illness outbreaks to the MDARD within 90 days after the investigation has been completed.

Indicator No Indicators Status: Met

Indicator Summary:

BHSJCHA’s initial self-assessed rating for MPR 13 was deemed a not met due to lack of proper documentation. BHSJCHA put corrective measures in place and re-assessed for this MPR before the Accreditation On-Site Review. The new re-assessed rating showed a compliance rating of 100%; 3 of the 3 total foodborne illness (FBI) files reviewed met MPR 13. The MDARD Accreditation On-Site Review agreed with BHSJCHA’s re-self-assessed findings for this MPR.

Special Recognition:

The BHSJCHA is recognized for identifying issues with this MPR during their initial self-assessment, putting corrective measures in place and re-assessing to ensure standards of this MPR are being met.

Recommendations For Improvement:

The Reviewers have no recommendations for this cycle.

Minimum Program Requirement #14

Foodborne Illness Investigation Procedures

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Determine if the complaint log or tracking system is systematically reviewed each time a foodborne illness complaint is received to determine if isolated complaints may indicate the occurrence of a foodborne illness outbreak.
- Documentation of the date of the log review and who conducted the review is present. This documentation can occur on, but is not limited to, the complaint intake form A or complaint database.

- Determine if the department has and follows standard operating procedures for foodborne disease surveillance and investigating foodborne illness outbreaks that include:
 - * A description of the foodborne illness investigation team and the duties of each member.
 - * Identify who will review log or tracking system for trends and how the reviews will be documented.
 - * Outline the methods used to communicate foodborne illness as stated in the Food Law 3131.(1) "A local health department shall develop and implement a communications system with other applicable governmental agencies, individuals, and organizations including, but not limited to, hospital emergency rooms and state and local police. The communications system shall provide the means to contact specific local health department employees and basic information necessary to initiate a foodborne illness outbreak investigation. The information provided in the communications system shall be updated annually."
 - * Procedures consistent with those described in the International Association for Food Protection publication "Procedures to Investigate a Foodborne Illness, 5th edition or newer, or equivalent procedures (e.g. Council to Improve Foodborne Outbreak Response (CIFOR))."

- Determine if department uses the proper forms for investigating foodborne illness complaints.
 - * For all alleged foodborne illness complaints a Form A or equivalent, and
 - * any of the following documents:
 - * LHD Electronic database form
 - * IAFP form C1/C2 OR equivalent
 - * The Michigan Gastrointestinal Illness Complaint Interview Form
 - * MDSS interview form or;
 - * An outbreak-specific questionnaire (if one is used)

- Determine that copies of completed forms are available for review during the audit, may be electronic.

- An individual foodborne illness complaint will be considered to meet the standard when = 80% of the required indicators have been met (e.g., four out of five listed indicators are met) for that complaint.

Indicator No Indicators Status: Met

Met With Conditions:

BHSJCHA's initial self-assessed rating for MPR 14 was deemed a not met due to lack of proper documentation. BHSJCHA put corrective measures in place and re-assessed for this MPR before the Accreditation On-Site Review. The new BHSJCHA's re-assessed rating showed a compliance rating of 100%; 3 of the 3 total FBI files reviewed met MPR 14. After the Reviewers examined the re-assessed FBI files, the MDARD Accreditation On-Site Review disagreed with BHSJCHA's re-self-assessed findings. The reviewed files were found to be missing documentation of the date and who conducted the review of FBI logs when an FBI complaint is received. Due to lack of this documentation on log review for FBI complaints, this MPR is rated as a met with conditions. This MPR will need to be met during the next Accreditation cycle, as an MPR cannot receive met with conditions two cycles in a row.

Recommendations For Improvement:

The Reviewers recommended the following improvements to BHSJCHA Environmental Health Director:

1. Update BHSJCHA current Form A to the more current Form A found at MDARD Food Emergency Response, Foodborne Illness, and Recalls webpage.
 2. Update written FBI procedure to:
 - a. Indicate communications systems will be maintained by BHSJCHA emergency preparedness coordinator, as opposed to current practice of having the specific communications list itself within the FBI procedure.
 - b. Indicate FBI log review will now be documented on the updated Form A.
 - c. Indicate that investigations will be done according to International Association for Food Protection publication "Procedures to Investigate a Foodborne Illness", 5th edition or newer, or equivalent procedures as opposed to the currently referenced FIRST methodology which is no longer utilized.
-

Important Factor I

Industry and Community Relations (Equivalent to FDA Retail Standard 7)

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

Community and Consumer Interaction

- * The jurisdiction sponsors or actively participates in meetings such as food safety task forces, advisory boards, or advisory committees.
- * These forums shall present information on food safety, food safety strategies, and interventions to control risk factors.
- * Offers of participation must be extended to industry and consumer representatives.

Outcome

- * The desired outcome of this standard is enhanced communication with industry and consumers through forums designed to solicit input to improve the food safety program.
- * A further outcome is the reduction of risk factors through educational outreach and cooperative efforts with stakeholders.

Documentation

Quality records needed for this standard reflect activities over the most recent three-year period and include:

- * Minutes, agendas, or other records that forums were conducted.
- * For formal, recurring meetings, such documents as bylaws, charters, membership criteria and lists, frequency of meetings, roles, etc.
- * Documentation of performed actions or activities designed with input from industry and consumers to improve the control of risk factors.
- * Documentation of food safety educational efforts. Statements of policies and procedures may suffice if activities are continuous, and documenting multiple incidents would be cumbersome (i.e. recognition provided to establishments with exemplary records or an on-going website).

Indicator No Indicators Status: Met

Indicator Summary:

The BHSJCHA meets the Indicators for Important Factor (IF) I by offering Food Safety Manager Certification courses and providing industry feedback surveys to evaluated food service establishments.

Important Factor II

Continuing Education and Training

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

Each current employee conducting inspections accumulates 20 contact hours of continuing education for the Accreditation time period under review. The candidate qualifies for one contact hour for each hour's participation in any of the following activities:

- * Attendance at regional seminars / technical conferences
- * Professional symposiums / college courses
- * Workshops
- * Food-related training provided by government agencies

The number of contact hours of training can be pro-rated for employees who have been on the job less than the 36-month Review period. Employees who have limited food service responsibilities (i.e. inspect only temporary food service, or seasonal food service) are not obligated to meet Important Factor II requirements.

Indicator No Indicators Status: Not Applicable

Indicator Summary:

The BHSJCHA self-assessed that they did not meet this IF at this time, thus this IF is not applicable for this cycle.

Important Factor III

Program Support

Indicator No Indicators Follow this link in order to fill out requirements for the Important Factor

Determine the actual number of FTEs assigned to the food service program.

- Determine the number of FTEs needed to evaluate all annually licensed food service establishments (except temporary food service establishments).
 - * Recommended number of FTEs: Divide the total number of licensed establishments by 150.
 - * Minimum number of FTEs: Divide the total number of licensed establishments by 225.
- Determine the average number of FTEs required to evaluate temporary food service establishments.
 - * Divide the total number of temporary food service licenses issued per year by 300.
- Determine if the department is on a risk based inspection schedule.

Indicator No Indicators Status: Met

Indicator Summary:

The BHSJCHA has 3.5 full-time equivalent (FTE) inspectors assigned to the food service program. Staffing recommendations are that the program has a minimum of 3.12 FTEs and a recommended 4.52 FTEs. BHSJCHA meets this IF by having FTE inspectors that exceed the calculated minimum number of FTEs required.

Important Factor IV

Quality Assurance Program

Indicator No Indicators Follow this link in order to fill out requirements for the MPR

- Option 1 Accreditation:
 - * LHD has a written quality assurance procedure that addresses doing quality assurance for plan review, TFEs, FBIs, routine evaluations, follow up evaluations, and non-foodborne complaints; and each staff person assigned to the food program has completed three field quality assurance reviews with a Standardized Trainer in the Accreditation time period under review. A LHD that has delegated authority of regulation of food establishments to another agency (e.g., university) would need to include these establishments and staff in the quality assurance review.
 - * The written quality assurance procedure outlines corrective measures that will be taken if deficiencies are found in any of the listed areas or field review.
 - * LHD staff who are only trained in specialty food service operations (MPR 12) are exempt from field quality assurance reviews.
 - * A Standardized Trainer who is currently in good standing automatically meets the field quality assurance review requirements of this Important Factor under Option 1 Accreditation.
- Option 2 Accreditation
 - * LHD has completed a full self-assessment against the MPRs at least six months before a scheduled site visit; and each staff person assigned to the food program has completed three field quality assurance reviews with a Standardized Trainer in the Accreditation time period under review. An LHD that has delegated authority of regulation of food establishments to another agency (e.g., university) would need to include these delegated establishments in their population size and random sampling for the self-assessment and conduct field quality assurance reviews of the delegated staff.
 - * LHD staff who are only trained in specialty food service operations (MPR 12) are exempt from field quality assurance reviews.
 - * A Standardized Trainer who is currently under good standing automatically meets the quality assurance requirements for field of this Important Factor under Option 2 Accreditation.

Indicator No Indicators Status: Not Applicable

Indicator Summary:

The BHSJCHA completed their self-assessment six months before the scheduled On-Site Review, however they were not able to complete three field quality assurance reviews with a Standardized Trainer for their staff for the time frame under review. This IF is not applicable for this Accreditation cycle.

Important Factor V

20.88 Agreement and National Environmental Assessment Reporting System

No Indicators Follow this link in in order to fill out requirements for the Important Factor.

- The jurisdiction has either a 20.88 Single-Signature Long-Term Food Information Sharing Agreement or is enrolled in NEARS.

No Indicators Status: Met

Indicator Summary:

The BHSJCHA met this IF by having a current 20.88 Agreement Sharing contract on file with MDARD.

General Communicable Disease Control

| Section Summary | | Total Met | Total |
|-----------------|---------------|-----------|-------|
| Essential | Indicator 1.1 | 1 | 1 |
| | Indicator 1.2 | 1 | 1 |
| | Indicator 1.3 | 1 | 1 |
| | Indicator 2.1 | 1 | 1 |
| | Indicator 2.2 | 1 | 1 |
| | Indicator 2.3 | 1 | 1 |
| | Indicator 2.4 | 1 | 1 |
| | Indicator 3.1 | 1 | 1 |
| | Indicator 3.2 | 1 | 1 |
| | Total | 9 | 9 |
| Total | | 9 | 9 |

Minimum Program Requirement #1

The local health department shall create routine reports that includes aggregate CD data with interpretation for dissemination throughout the local health department’s jurisdiction.

Indicator 1.1 The local health department shall be able to receive all Communicable Disease (CD) referrals from reporting entities AND maintain relevant, annually reviewed policies and procedures.

- Maintaining the following policies and procedures for receiving case reports from residents, physicians, health care facilities, laboratories, schools, and other reporting entities; **AND**
- Maintaining the following policies and procedures for entering the received reports into the Michigan Disease Surveillance System (MDSS) within one business day; **AND**

- Evidence that policies and procedures for above are adhered to and reviewed annually.

Indicator 1.1 Status: Met

Indicator Summary:

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) Policy Review Form was shared, containing annual signatures from the Personal Health and Disease Prevention (PHDP) Director and Medical Director signifying review of the Communicable Disease (CD) Manual for 2023, 2024, and 2025. BHSJCHA utilizes a project management software system that contains policies and will send reminders for annual review.

The BHSJCHA Communicable Disease Manual contains policies relevant to Minimum Program Requirement (MPR) 1. The Communicable Disease Surveillance policy outlines how case reports are received, timely entry into the Michigan Disease Surveillance System (MDSS), and relevant staff responsibilities.

Additional Comments:

The BHSJCHA Communicable Disease Surveillance policy also outlines responsibilities for state prison and county jail case investigations. An additional section for out-of-state referrals provides the process for ensuring these cases are routed appropriately.

Indicator 1.2

The local health department collects and reviews CD surveillance data that is reported to their jurisdiction by physicians, laboratories, and other authorized reporting entities.

- The local health department conducts analysis of reported disease cases that shall be documented in a weekly surveillance log (e.g., weekly MDSS line list, or report) and signed-off by the CD/Nursing Supervisor, Epidemiologist, or Medical Director; **AND**
- Documentation should also include how data is collected, collated, and analyzed and who within the LHD is responsible for such activities.

Indicator 1.2 Status: Met

Indicator Summary:

BHSJCHA shared weekly line lists from 2024, 2025, and 2026. Each year is contained within a single spreadsheet, with tabs for each week and a master signature tab signifying review and documenting any trends. The line lists are generated from Michigan Disease Surveillance System (MDSS) Report 1 and list all conditions within the one week time period. Fields listed include city, county, age, sex, condition, status, onset, and referral.

A supplemental document was shared that contains the specific settings and procedure for the weekly line list, ensuring that the report is consistent if done by several staff.

The Communicable Disease Surveillance policy contains a section titled "Analysis of Reported Illness & CD Data Distribution" that specifies what data analyses are performed and who is responsible.

Additional Comments:

The format utilized for weekly line list management is a best practice, allowing the Reviewer to easily refer to previous weeks to assess for any ongoing increases and document those in the trends and comments section on the master signature page.

Indicator 1.3

The local health department shall create routine reports that includes aggregate CD data with interpretation for dissemination throughout the local health department's jurisdiction.

- ☑ The local health department maintains and displays CD case counts in a routine report that can be distributed to interested entities such as community physicians, infection control, and the public.
- ☑ Paper-based or electronic reports should be distributed at least annually and include aggregate data to illustrate the jurisdiction's CD trends.
- ☑ The report should also include an analysis and interpretation of public health data with conclusions drawn from the data. For example, including a narrative about data findings, summarizing disease-specific control efforts, or discussing a specific condition or interest (e.g., local increase in Hepatitis C).
- ☑ If this analysis cannot be included in the agency's annual report, analysis and interpretation of CD data in another report or displayed on the agency's website would meet this indicator.
- ☑ **Indicator 1.3 Special Recognition:** The local health department disseminates a quarterly (or more frequent) update with similar data as the annual report to community physicians, infection control, and the public.

Indicator 1.3 Status: Met

Indicator Summary:

BHSJCHA distributes communicable disease data in several ways. Annual reports from 2023 and 2024 were shared and are available on the BHSJCHA website. The 2023 annual report contained a five-year table of case counts for select diseases. The 2024 annual report only provided a total count of communicable diseases investigated. BHSJCHA also posts communicable disease data tables monthly on their website. These provide cases counts for select diseases by each individual county for the current month, most recent fiscal year, and prior fiscal year. Analysis and interpretation of communicable disease data was present in the Public Health News & Views provider newsletter, available quarterly. A list of stakeholders was shared, outlining who receives the reports.

Special Recognition:

RECEIVED. The BHSJCHA Public Health News & Views provider newsletter is distributed quarterly and contains articles on communicable disease topics of current interest. In recent newsletters, this included chickenpox, measles, and Lyme Disease. Each contained relevant local data, Local Health Jurisdiction (LHJ) actions, and recommendations.

Recommendations For Improvement:

Consider expanding the analysis and interpretation aspects of this Indicator to data available to the public. This could be within an annual data summary document or a quarterly update similar to the Public Health News & Views provider newsletter.

Minimum Program Requirement #2

The local health department shall perform investigations of communicable diseases as required by Michigan law.

Indicator 2.1 The local health department shall conduct CD investigations as required by Michigan laws, rules, and/or executive orders AND maintain relevant, annually reviewed policies and procedures. The local health department shall electronically submit CD cases and case report forms that are complete, accurate, and timely to MDHHS by utilization of the MDSS.

- ☑ Maintaining the following policies and procedures for utilizing MDSS and case report forms for all CD; **AND**
- ☑ Maintaining the following policies and procedures for completing at least 90% of case demographic data (name, address, age/date of birth, sex, race, and ethnicity) and pertinent case data (onset date, diagnosis date, hospitalization status) in MDSS within 7 days of receipt; **AND**
- ☑ Maintaining the following policies and procedures for utilizing disease specific protocols to investigate individual case reports; **AND**
- ☑ Maintaining the following policies and procedures for completing cases within the local health department's timeframes; **AND**
- ☑ Maintaining the following policies and procedures for filling in, completing, or accounting for at least 90% of the detailed case report form's fields prior to case completion. Information that cannot be obtained should be documented; **AND**
- ☑ Maintaining the following policies and procedures for updating, reactivating, or reclassifying MDSS cases as new information is obtained (e.g., lab serogroups and serotype results, patient outcome, and outbreak identification); **AND**
- ☑ Evidence that policies and procedures for the above are adhered to and reviewed annually.
- ☑ **(Special Recognition):** The local health department has an internal review or audit process for improvement of data quality.
- ☑ **(Special Recognition):** The local health department documents the HIV and diabetes statuses of confirmed TB cases.

Indicator 2.1 Status: Met

Indicator Summary:

The BHSJCHA Policy Review Form was shared, containing annual signatures from the PHDP Director and Medical Director signifying review of the CD Manual for 2023, 2024, and 2025. BHSJCHA utilizes a project management software system that contains policies and will send reminders for annual review. The BHSJCHA CD Manual contains the Investigation of Communicable Disease policy. This outlines standards for conducting consistent disease investigations as required by Indicator 2.1. This includes who is responsible, how the case is contacted, health education to be provided, completion of a case, and how to handle cases lost to follow up.

Several BHSJCHA disease specific protocols were shared. This included Enteric Disease, Hepatitis B, Haemophilus influenzae type b (Hib), Meningococcal Disease, Pertussis, Rabies/Animal Bites, and Varicella. These protocols contained topics such as treatment, symptoms, client education, Public Health Nurse (PHN) actions, and control measures.

For evaluation of this indicator in practice, 20 cases from MDSS were reviewed from the disease groups Foodborne (10 cases), Meningitis (3), Other (4), and Vaccine-Preventable Disease (VPD) (3). 19 of the 20 cases met the requirement of 90% complete.

Special Recognition:

RECEIVED, meeting all three objectives. BHSJCHA shared quarterly CD case audits going back to 2023. Each reviewed ten or more cases in the groups Foodborne, Other, Meningitis, and VPD. Each reviewed case had key fields and sections reviewed (demographic, clinical, and epidemiological info), average time to completion, and comments. Salmonellosis serotype was also reviewed. All reviews were kept in a single spreadsheet as tabs and included a follow up email to investigators providing an overview of findings.

BHSJCHA also shared a tuberculosis (TB) case where Human Immunodeficiency Virus (HIV) status was documented.

BHSJCHA also maintains a disease specific protocol for Hepatitis C.

Additional Comments:

BHSJCHA shared a Communicable Disease Quick Guide document. This contained a list of resources, contact information, and brief tips on topics such as general case investigation, use of MDSS, and special practices of certain diseases.

Indicator 2.2

The local health department shall investigate suspect or confirmed outbreaks AND maintain relevant, annually reviewed policies and procedures on such investigations.

- The local health department conducts investigations of CD outbreaks and clusters; **AND**
- Outbreak investigation folder or log, which may include a list of investigated outbreaks and any additional outbreak investigation notes or documents not already attached to the aggregate form; **AND**
- Evidence that policies and procedures for outbreak investigations are reviewed annually.
- (Special Recognition):** The local health department maintains regular collaboration meetings with CD and environmental health (EH) staff (at least quarterly).
- (Special Recognition):** The local health department manages large outbreaks or monitoring events using the MDSS Outbreak Management System (OMS).

Indicator 2.2 Status: Met

Indicator Summary:

The BHSJCHA CD Manual contains an Outbreak Investigation Responsibilities & Reporting policy. This defines an outbreak, provides relevant contact information, outlines the outbreak action plan, and details collaboration for food and waterborne outbreaks. In addition to the policy, BHSJCHA maintains an Outbreak Investigation Flowchart outlining action items at different points in the investigation.

BHSJCHA shared a list of 39 outbreaks that had been documented in MDSS aggregate since 1/1/2023. No six-point narratives were shared as none were needed. An after action report for a chickenpox outbreak was shared. This provided a summary of the outbreak, key events and response activities, what went well, and areas for improvement.

Special Recognition:

RECEIVED, meeting both objectives. BHSJCHA holds quarterly Incident Management Team (HAT) meetings that contain both communicable disease and environmental health updates.

BHSJCHA also shared a list of cases managed in Outbreak Management System (OMS) (COVID-19, measles, and Marburg).

Indicator 2.3 The local health department shall notify MDHHS immediately of a suspected CD outbreak in their jurisdiction and provide finalized data for reporting.

- The local health department notifies MDHHS within 24 hours when their jurisdiction suspects a CD outbreak. Initial notification can be via phone, fax, email, or MDSS (must include an outbreak identifier); **AND**
- The local health department has a protocol that declares who at the local health department notifies MDHHS and what specific information should be relayed (initial notification should include, when available, possible pathogen, source, number ill, facility); **AND**
- The local health department reports all outbreaks into MDSS via the aggregate form within one business day; for non-routine outbreaks, the local health department has a protocol that indicates when to ALSO call or email an MDHHS point of contact (e.g., Regional Epidemiologist); **AND**
- The local health department updates the aggregate MDSS form with final outbreak data prior to marking complete at the end of the outbreak.

Indicator 2.3 Status: Met

Indicator Summary:

The BHSJCHA CD Manual contains a section on Reporting to Michigan Department of Health and Human Services (MDHHS). This includes contact information for Regional Epidemiologists plus business and after hours phone numbers for various Michigan divisions and departments. It is specified that MDHHS will be notified by the PHDP director or clinic supervisor within 24 hours of a suspected outbreak and that all outbreaks will be entered into MDSS aggregate within 24 hours. It is specified that MDSS aggregate be updated with the final data and that a National Outbreak Reporting System (NORS) form will be submitted within the appropriate timeframe. The Outbreak Action Plan section outlines what information should be communicated.

Indicator 2.4 The local health department shall complete and submit the necessary foodborne or waterborne outbreak investigation forms.

- For foodborne or waterborne outbreaks, the local health department completes and submits the CDC 52.14 outbreak form to MDHHS and the Michigan Department of Agriculture and Rural Development (MDARD) within 60 days of the date the first case became ill.
- In the event that an investigation is still ongoing 60 days post first illness onset date, a preliminary 52.14 report (which includes data such as county of outbreak, onset date, exposure date, number of cases, and laboratory results) must be submitted to MDHHS within 60 days of the date the first case became ill; the completed final outbreak report form must then be sent to the appropriate agency(s) within 90 days.

Notes: Delays in outbreak reporting occur more often when outbreaks are due to illnesses with long incubation periods, or the outbreak was detected later due to additionally reported cases or laboratory information being received.

Indicator 2.4 Status: Met

Indicator Summary:

No Centers for Disease Control and Prevention (CDC) 52.14 forms were submitted by BHSJCHA during the timeframe for Accreditation review, nor was there any indication that any should have been submitted.

Minimum Program Requirement #3

The local health department shall enforce Michigan law governing the control of communicable disease as required by administrative rule and statute.

Indicator 3.1 The local health department performs activities necessary for case follow-up and outbreak mitigation, which includes guidance to prevent disease transmission AND maintains relevant, annually reviewed policies and procedures regarding CD control.

- Maintaining the following policies and procedures case follow-up and completion;
- Maintaining the following policies and procedures for guidance to prevent disease transmission; **AND**
- Evidence that policies and procedures are reviewed annually.
- The local health department can demonstrate timely case follow-up, follow-up efforts, and completion/updates of cases in MDSS; **AND**
- The local health department maintains control guidelines or other guidance materials to assist in the control of disease spread (e.g., Norovirus Control Guidelines in Nursing Homes, etc.) that can be distributed to community partners; **OR**
- Additional educational materials, fact sheets, social media postings, or other guidance documents that will assist the local health department with prevention of disease transmission.
- (Special Recognition):** The local health department provides communicable disease presentations to educational venues such as conferences or community health education fairs (at least annually).
- (Special Recognition):** The local health department meets with healthcare stakeholders (such as long-term care facilities and hospital infection preventionists) to provide communicable disease updates (at least quarterly).

Indicator 3.1 Status: Met

Indicator Summary:

The BHSJCHA CD Manual specifies that the PHN will provide health education during the investigation interview. This includes prevention of transmission, treatment, and recommended follow-up. BHSJCHA also maintains a separate Protocol to Prevent the Spread of Infectious Disease. This includes verification of compliance, warning notice, and emergency orders.

As examples of guidance materials, BHSJCHA shared email communications where various guidance materials were referenced. Links to those materials are also found in the CD Manual, Disease Specific Protocols, and the CD Quick Guide.

Special Recognition:

RECEIVED. BHSJCHA shared PowerPoint presentations for three different provider meetings, a provider meeting agenda, and two hospital CD presentations.

Indicator 3.2 The local health department maintains adequately prepared staff capable of enforcing Michigan law governing the control of CDs.

- ☑ New staff are provided orientation guidance.
- ☑ Routine collaboration between CD/EH/EPC staff.
- ☑ Staff has access to current and up-to-date reference materials (e.g., Control of Communicable Diseases Manual; Red Book; Brick Book; Michigan Communicable Disease Handbook; CDC Core Curriculum on Tuberculosis; MMWR case definitions; Rabies, Head lice, and Scabies manuals, etc.); **AND**
- ☑ Attendance of professional development activities (which may offer CME, CEU, or contact hours), which may include in-services, conferences, seminars, and trainings, including MDSS trainings; **AND**
- ☑ Attendance (in-person or remote) of the annual MDHHS CD Conference by at least one staff member. Exceptions may apply (e.g., remote attendance is not offered, the LHD is experiencing an outbreak or local emergency, etc.).
- ☑ Local health department staff are aware of how to elevate situations that may require legal intervention (such as public health threat to others, quarantine order, or enforcement of reporting requirements).
- ☑ **(Special Recognition)** The local health department staff attend relevant public health webinars, trainings or conferences (e.g., Public Health Law Webinars, Annual Tuberculosis Day Conference, health equity or implicit bias trainings).

Indicator 3.2 Status: Met

Indicator Summary:

BHSJCHA shared a list of CD staff professional development trainings. Over ten BHSJCHA staff attended the 2025 MDHHS CD Conference.

BHSJCHA utilizes a CD Orientation Plan to ensure that new staff are adequately prepared. Also, each nurse has access to up-to-date reference materials such as the Control of CD Manual and the CDC Pink Book.

Special Recognition:

RECEIVED. All BHSJCHA staff attended a variety of relevant public health webinars, trainings, and conferences. This included the MDHHS CD Conference, Outbreak Ready Foodborne Illness Training, Pink Book Training, and MDHHS Immunization Conference.

Hearing

| Section Summary | | Total Met | Total |
|-----------------|---------------|-----------|-------|
| Essential | Indicator 1.1 | 1 | 1 |
| | Indicator 2.1 | 1 | 1 |
| | Indicator 3.1 | 1 | 1 |
| | Indicator 3.2 | 1 | 1 |
| | Indicator 3.3 | 1 | 1 |
| | Indicator 4.1 | 1 | 1 |
| | Indicator 4.2 | 1 | 1 |
| | Indicator 5.1 | 1 | 1 |
| | Indicator 5.2 | 1 | 1 |
| | Indicator 6.1 | 1 | 1 |
| | Total | 10 | 10 |
| Total | 10 | 10 | |

Minimum Program Requirement #1

The local health department shall provide hearing screening services for preschool age children between the ages of 3 and 5 years.

Indicator 1.1 Program activity reports and statistics document the provision of hearing screening to children between the ages of 3 and 5 years in preschool, Head Start, and child care programs.

- A schedule or agency calendar documenting hearing technician assignments and/or responsibilities for the current year showing preschool children who were scheduled and received hearing screening services; **AND**
- A written policy or program plan articulating procedures for hearing screening for children between the ages of 3 and 5 years; **AND**
- A list of all preschool, Head Start, and child-care programs scheduled to receive hearing screening services for the current year; **AND**
- The local health department quarterly statistical records indicating the number of preschool age children screened for the past year.

Indicator 1.1 Status: Met

Indicator Summary:

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) On-Site Review was conducted on Thursday, March 5, 2026, with Heidi Hazel, Personal Health & Disease Prevention Director, Terri Penney, Hearing & Vision, Children’s Special Health Care Services, and Kindergarten Oral Health Assessment Supervisor. Emily Young, Nicole Ewers, and Marcy Moore, Hearing and Vision Screening Program Technicians were also in attendance. Carol Anderson, Hearing and Vision Technician, was unable to attend the review. Rebecca Burns, Health Officer, joined the group for an Exit Interview.

Updated and well-organized documentation was presented in hard copy as well as electronically for the On-Site Review. All Indicators had folders with examples of the necessary documentation. Staff calendars showed all public and private preschool programs, Head Start centers, and Great Start Readiness Programs scheduled for screenings. Emily stated that the protocol for screening Head Start sites has remained unchanged and screening takes place either in the summer or fall for all children ages three, four, and five years. This assists Head Start in meeting their compliance measures that require screening within 45 days of enrollment. A comprehensive list of all preschool programs within the three counties was provided. The preschool programs in Branch, Hillsdale, and St. Joseph counties are appreciative and eager for the hearing and vision screening services. Emily stated that she only has one large Montessori preschool who opts out of screenings.

There was discussion about children who are unable to screen (UTS) and the use of Otoacoustic Emission (OAE) hearing screening equipment. Emily stated that OAEs are only used as a last resort. She noted that the UTS rate has decreased with the availability of this equipment. It is a great opportunity to provide objective screening without needing the participation of the child, which is helpful for developmentally delayed and difficult-to-test children.

Special Recognition:

Kindergarten entry screenings are conducted in most communities in March and April. Carol, Emily, Nicole, and Marcy have a wonderful rapport with the schools who make a point of communicating when roundups are scheduled so they can block their calendars and accommodate all districts. The technicians also return to each school in the fall to capture children who were unable to attend a roundup. This ensures that all kindergarten children are screened and schools are following the kindergarten entry requirements. Great job, ladies!

Additional Comments:

The Coldwater Community Schools District Pupil Accounting Specialist, Julie Fitch, has raised concerns about children not meeting the kindergarten entry requirement that states children need hearing and vision screenings completed prior to the first day of school. Her remedy has been to exclude children until these services are completed. Terri has had several conversations with Julie and the school principal. The Reviewer has also conversed with Julie about the issue. The point of the requirement is to ensure children can see and hear, therefore they are ready to learn when school begins. Excluding children from school prevents learning altogether. Since Carol, Emily, Nicole, and Marcy return to all their schools in the fall to screen the children who did not attend a roundup, there is no reason to prevent a child from starting school. Emily stated that she will attempt to schedule a meeting with the Coldwater Elementary School principal, Julie Fitch, Terri, and the Reviewer to find a resolution that is acceptable to all involved.

Minimum Program Requirement #2

The local health department shall provide hearing screening services for school-age children every other year through grade 4.

Indicator 2.1 Program activity reports and statistics document the provision of hearing screening in private and public (including charter) schools for all estimated children in need (e.g., total number of children in grades K, 2, and 4).

- A schedule or agency calendar documenting hearing technician assignments and/or responsibilities for the current year; **AND**

- ☑ A written policy or program plan articulating the level of frequency for hearing screening for school-age children; **AND**
- ☑ A list of all schools scheduled to receive hearing screening services for the current year; **AND**
- ☑ The local health department quarterly statistical records indicating the number of school-age children screened for the past year.

Indicator 2.1 Status: Met

Indicator Summary:

The frequency of screening for the school-age population includes kindergarten, second, and fourth grades. Parent and teacher referrals for children in non-target grades are also accommodated.

A calendar showing all private and public schools scheduled for screening was available for review. A comprehensive list of all Branch/Hillsdale/St. Joseph County area schools was also provided. All schools received services, with none opting out of screening.

Special Recognition:

Some elementary buildings also have 5th and 6th grade students. If they are housed in the same building as K-4, they also receive screening services. Thank you for going above and beyond. The incidence of noise induced hearing loss continues to occur at younger ages. Screening 5th and 6th graders may allow for earlier identification of this problem.

Terri shared an update on the Amish Field Clinics. Michigan Medicine now utilizes a mobile unit that has a sound-proof test booth for diagnostic hearing tests. There is also an exam area for the otologist to conduct exams. 64 children have now been identified and fit with hearing aids. Emily, Nicole, and Marcy mentioned that they continue to build upon the existing rapport within the community and were allowed to screen in 13 of the Amish schools. To have established this wonderful relationship and provide a life-changing public health service for the Amish has made a tremendous difference for the families! This is an exemplary example of Public Health!!!

Minimum Program Requirement #3

The local health department shall assure that hearing screening is conducted in accordance with the Michigan Department of Health & Human Services (MDHHS) Hearing Technician’s Manual (DCH0519B, Rev. 6/03).

Indicator 3.1 All Stage I hearing screening is conducted individually with a pure tone audiometer at the frequencies of 1000, 2000, and 4000 Hertz at the intensities of 20, 20, and 25 decibels, respectively in each ear.

- ☑ The local health department maintains on file the MDHHS Hearing Technician’s Manual (DCH-0519B, Rev. 6/03) and observation of operating protocols as evidenced through the Technician Observation Program (TOP) indicates compliance with the manual; **AND**
- ☑ Appropriate and operational supplies and equipment for hearing technicians to perform preschool and school-age hearing screening.

Indicator 3.1 Status: Met

Indicator Summary:

The Stage I preliminary screening is a quick and cost-effective screening designed to separate children who hear well from those who may have difficulty. Children who miss any sounds will receive additional screening in approximately four weeks.

To update, reinforce, and clarify Hearing Screening Program protocols and policies, all newly trained technicians participate in a quality assurance activity known as the Technician Observation Program (TOP) within the first year after they are trained. After the initial quality assurance visit, technicians are seen every three years. This is an opportunity for technicians to ask questions, gain confidence, and improve their skills.

Confirmation of accurate preliminary screening techniques is witnessed through the TOP.

Indicator 3.2

Hearing screening records indicate that a standard air conduction threshold audiogram reading of 250, 500, 1000, 2000, 4000, and 8000 Hertz and unmasked bone conduction thresholds at 250, 500, 1000, 2000, and 4000 Hertz is conducted during Stage II for any child responding inappropriately to any stimulation in either ear during the Intermediate Sweep.

- The local health department maintains on file the Michigan Department of Health & Human Services Hearing Technician’s Manual (DCH-0519B, Rev. 6/03) and observation of operating protocols as evidenced through the Technician Observation Program (TOP) indicates compliance with the manual; **AND**
- Appropriate and operational supplies and equipment for hearing technicians to perform preschool and school-age hearing screening.

Indicator 3.2 Status: Met

Indicator Summary:

Stage II of the Hearing Screening Program includes an intermediate sweep and/or audiogram. An audiogram can take approximately 15 minutes to complete on one child and is a detailed report of how a child hears at many frequencies for air and bone conduction.

TOP visits are scheduled within the first year after training and then ideally every three years thereafter. Marcy is scheduled for her initial TOP on March 6, 2026, and Nicole was last seen on February 20, 2024. Carol and Emily are overdue for their TOP because of the pause during the COVID-19 pandemic and the backlog of newly trained technicians who take priority for their initial observation. The Reviewer will attempt to schedule TOPs for them in the coming months. If this is not possible, they will be scheduled during the next school year.

Indicator 3.3

Hearing screening records indicate that any child whose audiogram indicates abnormal hearing is referred for a physician’s evaluation and placed on a roster for periodic retesting based on recommended referral criteria.

- The local health department’s files on children whose audiograms indicate abnormal hearing confirms that these children are referred for a physician’s evaluation and are placed on a roster for periodic retesting based on recommended referral criteria (until two normal, consecutive audiograms obtained).

Indicator 3.3 Status: Met

Indicator Summary:

All parents receive written notification if their child’s audiogram meets any of the referral criteria. Children who need to be re-screened the following year are documented on a room summary form. When the technician returns to the school the following school year to screen, they cross reference all previous medical referrals with the class lists that are provided by the school and make notes indicating that an audiogram is to be performed.

Minimum Program Requirement #4

Where follow-up treatment is required, the local health department shall assure that a written statement indicating necessary course of action is provided to the parent or guardian of the child.

Indicator 4.1 Documentation exists that written statements indicating the necessary course of action has been provided to parents or guardians of children whenever follow-up examination or treatment is necessary as a result of hearing screening.

- The local health department maintains on file parent letters indicating confirmation of the process for follow-up of children referred from Stage II screening.

Indicator 4.1 Status: Met

Indicator Summary:

Examples of various referral letters were reviewed. The Reviewer recommends that parents receive notification if their child was 'unable to be screened' so an appointment may be scheduled with their primary care physician or a specialist if they have concerns about their child's hearing.

Indicator 4.2 Documentation demonstrates that children referred for examination or treatment have received the recommended services.

- The local health department maintains on file otology clinic reports, documentation from physicians (DCH-0381 or letter), or confirmation from parents that children have received treatment.

Indicator 4.2 Status: Met

Indicator Summary:

Written notification of the medical referral is sent within one to two weeks of when the audiogram was completed. Included with the letter is a copy of the child's audiogram, and a form for the physician to complete. When confirmation is received that medical treatment was sought, this is documented in Nightengale Notes electronic medical record and the follow-up process is considered complete. If nothing is received within six weeks, a second letter is mailed. If there is still no response, the child will be automatically screened during the next school year.

Special Recognition:

Terri mentioned that there is only one otologist in the area and it may take over a year to get an appointment. Fortunately for families, Nicole also works in Children's Special Health Care Services and is very knowledgeable and dedicated in getting families the care they need. Thank you, Nicole!

Minimum Program Requirement #5

The local health department shall assure that individuals administering the screening and testing are trained in accordance with curriculum approved by MDHHS.

Indicator 5.1 All hearing technicians have attended a MDHHS approved training (Stage I and Stage II) and received passing grades in both written testing and practical application.

- Hearing technician certificates confirming that technicians have participated and passed the approved MDHHS training course for the Hearing Screening Program.

Indicator 5.1 Status: Met

Indicator Summary:

All currently employed and trained technicians have attended the Comprehensive Hearing Training and successfully passed the written and the 'hands-on' portion of the training.

Indicator 5.2 All hearing technicians have attended at least one MDHHS approved skills workshop within the last 24 months.

- The local health department maintains on file attendance certificates from MDHHS Annual Technician Workshops.

Indicator 5.2 Status: Met

Indicator Summary:

The 2025 annual Technician Workshop was hosted virtually on Monday, September 8, 2025, with all technicians in attendance. The upcoming meeting for fall of 2026 is being hosted in Lansing, on September 23, 2026.

Minimum Program Requirement #6

A local health department shall conduct periodic free hearing programs for the testing and screening of children residing in its jurisdiction. The time and place of the programs shall be publicized.

Indicator 6.1 All hearing screening services are provided to children without charge to parents or guardians.

- A written policy or program plan articulating the opportunity to receive free preschool and school-age hearing screening services; **AND**
- Documentation of public bulletins, public service announcements and media advertisements that publicize opportunities for free preschool and school-age screening.

Indicator 6.1 Status: Met

Indicator Summary:

The BHSJCHA website provides information on hearing and vision services. The website clearly states that screenings are free of charge. Terri has participated in radio interviews to showcase the Hearing and Vision Screening Programs. Flyers are distributed to schools and preschool programs, and social media is regularly used to disseminate information about the screening services.

It may be beneficial to create a school folder on the Hearing and Vision webpage, so schools have general information readily available to them. Examples of helpful information include the summer screening calendar, kindergarten entry requirements, screening needs for the technicians while in the school, and link to the Public Health Code Hearing and Vision Law and Rules.

Immunization

| Section Summary | | Total Met | Total Not Met | Total |
|-----------------|---------------|-----------|---------------|-------|
| Essential | Indicator 1.1 | 1 | 0 | 1 |
| | Indicator 1.2 | 1 | 0 | 1 |
| | Indicator 1.3 | 1 | 0 | 1 |
| | Indicator 1.4 | 1 | 0 | 1 |
| | Indicator 2.1 | 1 | 0 | 1 |
| | Indicator 2.2 | 1 | 0 | 1 |
| | Indicator 2.4 | 1 | 0 | 1 |
| | Indicator 3.2 | 1 | 0 | 1 |
| | Indicator 4.1 | 1 | 0 | 1 |
| | Indicator 4.2 | 1 | 0 | 1 |
| | Indicator 4.3 | 1 | 0 | 1 |
| | Indicator 5.1 | 1 | 0 | 1 |
| | Indicator 6.1 | 1 | 0 | 1 |
| | Indicator 6.2 | 1 | 0 | 1 |
| | Indicator 6.3 | 1 | 0 | 1 |
| | Indicator 2.3 | 0 | 1 | 1 |
| | Indicator 3.1 | 0 | 1 | 1 |
| Total | | 15 | 2 | 17 |
| Total | | 15 | 2 | 17 |

Minimum Program Requirement #1

The local health department (LHD) shall offer immunization services to the public following a comprehensive plan to assure full immunization of all citizens living in the jurisdiction.

Indicator 1.1 The LHD shall offer vaccines to the public for protection in case of an epidemic or threatened epidemic of a vaccine preventable disease.

- The LHD shows evidence of the capability to vaccinate susceptible individuals in the event of a vaccine preventable disease outbreak or threatened epidemic/pandemic of a vaccine preventable disease.

Indicator 1.1 Status: Met

Indicator Summary:

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) presented evidence to the Reviewer of their capability to vaccinate susceptible individuals in the event of a vaccine preventable disease (VPD) outbreak in their jurisdiction. BHSJCHA Emergency Operation Plan (EOP) was recently reviewed and updated in December 2025. The EOP has been reviewed annually and updated as needed. There is documentation of three years of on time signatures and revision dates. BHSJCHA staff can access the most current EOP on the county's shared drive. BHSJCHA maintains an Infectious Disease of High Consequence Plan and Local Strategic National Stockpile Plan to ensure they are prepared for a VPD outbreak or threatened epidemic/pandemic.

BHSJCHA maintains a Vaccine Storage and Handling Procedure that is in accordance with the Centers for Disease Control and Prevention (CDC) Storage and Handling Guidelines. BHSJCHA maintains an Offsite Immunization Protocol and Transporting Vaccines Protocol that dictate how to efficiently set up clinics in settings other than the health department. These procedures and protocols are used to ensure vaccine viability during a VPD outbreak or threatened epidemic/pandemic.

BHSJCHA staff have the CDC VPD Manual and the Michigan Department of Health and Human Services (MDHHS) VPD Investigation Guidelines bookmarked on their computers to ensure they access the most current versions.

BHSJCHA ensures all internal and external staff and volunteers are trained on the EOP during their initial orientation training and during their Just-In-Time training with the Emergency Preparedness Coordinator.

Special Recognition:

BHSJCHA participates in numerous events throughout the year with community partners to offer health screenings and vaccination.

Recommendations For Improvement:

The Reviewer recommends BHSJCHA clearly define differences in planned and emergency transport in their Transporting Vaccine Protocol.

Indicator 1.2

LHD conducts free periodic immunization clinics for those residing in its jurisdiction. Clarification: "free periodic immunization clinics" refers to public vaccine, particularly Vaccines for Children Program (VFC) vaccine, Adult Vaccine Program (AVP) vaccine, and Section 317 funded vaccine. The LHD must be conducting clinics and administering vaccines.

- The LHD offers all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and included in the Vaccines for Children (VFC) Program to those residing in its jurisdiction.

- The LHD is a VFC provider.

Indicator 1.2 Status: Met

Indicator Summary:

BHSJCHA maintains a policy that all persons coming to BHSJCHA will be assessed, advised about, and administered with needed immunizations based on the Immunization Recommendations for Michigan.

BHSJCHA continues to operate as a Vaccines for Children (VFC) provider and offers all vaccines that are a part of the Immunization Recommendations for Michigan in their clinic. BHSJCHA has shown evidence of its ability to provide comprehensive services for individuals residing in BHSJCHA’s jurisdiction.

All VFC enrollments and profiles have been submitted on time for the past three years. The enrollments and profiles are stored electronically on file in the Michigan Care Improvement Registry (MCIR). BHSJCHA participates in the Michigan Adult Vaccination Program (MI-AVP) and offers outbreak vaccinations. If BHSJCHA has a request for travel vaccines, they will refer clients to local pharmacies who carry the needed vaccines.

BHSJCHA offers private vaccines for children and adults and participates with all major private insurance companies that are utilized in their jurisdiction. BHSJCHA continues to work towards identifying and addressing any insurance coverage disparities.

BHSJCHA has four immunization clinics that are open Monday through Friday from 8:00 am to 4:00 pm. BHSJCHA offers two late night clinics a month at each location and will add weekend clinics as needed. BHSJCHA offers immunization appointment scheduling and serves walk-in appointments. BHSJCHA clinic hours and location are posted on the BHSJCHA immunization website page, immunization related social media, and on resources shared with various locations in the community. Special accommodation appointments are offered to clients based on need.

Special Recognition:

BHSJCHA has a mobile unit that can be utilized for offsite and drive through immunization clinics.

BHSJCHA Immunization Department distributes a satisfaction survey to assess how they are meeting the needs of the community.

Indicator 1.3

The local health department uses the IAP mechanism to improve jurisdiction and LHD immunization rates, assure convenient, accessible clinic hours, coordinate immunization services, provide educational and technical services, and develop private and public partnerships.

- The LHD submits semi-annual Immunization Action Plan (IAP) reports on or before the due date each year.
- The LHD submits an annual IAP plan by the due date each year.
- At least one representative from each local health department will attend the IAP meetings held twice a year.

Indicator 1.3 Status: Met

Indicator Summary:

BHSJCHA utilizes the Immunization Action Plan (IAP) mechanism to assure protection against VPDs. The past three years of IAP Plans and Reports were received electronically on time. All BHSJCHA staff can access the current and previous IAP Plans and Reports within the BHSJCHA shared drive.

Special Recognition:

BHSJCHA submits well prepared and detailed IAP and reports.

Recommendations For Improvement:

The Reviewer recommends a coordinator from each of the three counties in the jurisdiction to attend the IAP meetings each year.

Indicator 1.4

The local health department shows evidence of clientele reminder/recall for Advisory Committee on Immunization Practices (ACIP) vaccines not up to date.

- The LHD will maintain a policy/protocol/operating procedure on the process for their reminder/recall efforts.
- The LHD conducts quarterly reminder and/or recall efforts for their health department clients and details which methods were used recorded on a document such as a chart or a graph (cards, letters, phone calls, other methods of outreach).
- The LHD participates in collaborative efforts with private providers to promote/implement a recall system.

Indicator 1.4 Status: Met

Indicator Summary:

BHSJCHA maintains a reminder/recall policy and protocol. BHSJCHA completes immunization reminders/recalls at least quarterly for clients not up to date with vaccines included in the Immunization Recommendations for Michigan. BHSJCHA maintains a chart tracking all reminder/recall efforts of the past three years.

Immunizing providers in the BHSJCHA jurisdiction are educated on the benefits of implementing MCIR recalls. BHSJCHA encourages providers to complete reminder/recalls for short-dated vaccines in their inventory to attempt to use the vaccines prior to expiration. BHSJCHA offers virtual reminders/recalls training for private providers upon request, discusses reminder/recall at routinely scheduled VFC site visits, and at the BHSJCHA provider meetings.

Special Recognition:

BHSJCHA maintains a reminder/recall list of dates that details what immunizations should be included in the recalls based on the time of year.

BHSJCHA typically completes reminder/recall efforts monthly.

BHSJCHA utilizes the most recent VPD trends, MCIR profile reports, MDHHS county report cards, and soon to expire vaccine stock to determine what antigens to recall for in addition to their scheduled reminder/recall.

Recommendations For Improvement:

The Reviewer recommends BHSJCHA communicate with private providers in the jurisdiction when a county wide recall is conducted.

Minimum Program Requirement #2

The local health department adheres to immunization policies and professional standards of practice as detailed in the *Standards for Child and Adolescent Immunization Practices* and the *Standards for Adult Immunization Practices*.

Indicator 2.1

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices regarding vaccination policies for their own clients.

- Barriers to vaccination should be identified and minimized at the local health department.
- Patient “out-of-pocket” costs are minimized.
- Vaccinations are coordinated with other healthcare services being provided at the health department.
- Clients seeking healthcare services at a local health department should be assessed at every encounter to determine which vaccines are indicated.
- Office or clinic-based patient record reviews and vaccination coverage assessments are performed bi-annually.

Indicator 2.1 Status: Met

Indicator Summary:

BHSJCHA works to minimize barriers to vaccinations for their clients. The BHSJCHA vaccine administration fee for children and adults is \$23.00 and can be lowered or waived based upon need.

BHSJCHA conducts quarterly immunization documentation audits. Ten charts are selected from each clinic and if issues are identified, the IAP will educate staff on best practices.

BHSJCHA utilizes the MCIR profile reports to track coverage trends. The Profile Report data is shared amongst immunization staff and management.

BHSJCHA reduces language barriers to vaccination. BHSJCHA provides documents in multiple languages, has an interpreter that is on staff, utilize a Health Insurance Portability and Accountability Act (HIPAA) and General Data Protection Regulation (GDPR) compliant two-way translation device called PockeTalk, and utilizes Stratus Translation services.

BHSJCHA Immunization department collaborates with other BHSJCHA programs such as Women, Infants, and Children (WIC), Sexually Transmitted Infections (STI), and Communicable Disease (CD) to vaccinate clients.

Special Recognition:

BHSJCHA performs peer reviews of their immunization nurses to assure proper immunization technique and accountability.

BHSJCHA has sensory friendly immunization clinic rooms at each location. These rooms are equipped with comfortable seating, bubble machines, sensory mats, blocks and toys.

BHSJCHA maintains a relationship with the Amish communities in their jurisdiction. Immunization staff have frequent phone calls and one on one immunization education with this population.

Recommendations For Improvement:

The Reviewer recommends BHSJCHA work with their Immunization Field Representative on completing Immunization Quality Improvement Program (IQIP) visits and follow ups at all four of their health department locations and their VFC providers.

Indicator 2.2

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices when administering vaccines to clients.

- All locations where vaccines are administered have written up-to-date vaccination protocols/standing orders that are easily accessible to all staff and at all locations where vaccines are administered.

- ☑ Local health department staff should simultaneously administer as many indicated vaccine doses as possible.
- ☑ Only true contraindications should be used when vaccinating individuals.
- ☑ Proper counseling of persons receiving vaccines should be performed, explaining immunization risks and benefits, including the distribution of the Michigan VIS.
- ☑ All vaccination documentation must contain Federally required elements.
- ☑ All immunization staff have access to client's immunization records.

Indicator 2.2 Status: Met

Indicator Summary:

BHSJCHA maintains updated immunization related policies, protocols, and operating procedures that are accessible to BHSJCHA staff on the BHSJCHA shared drive. The BHSJCHA Immunization Manual that contains these documents has been reviewed and updated annually.

BHSJCHA ensures all clients are screened appropriately and only true contraindications are followed prior to immunizations by utilizing a screening checklist for children and adults. BHSJCHA follows the Immunization Recommendations for Michigan guidelines. BHSJCHA provides proper counseling to clients receiving immunizations prior to administration. BHSJCHA staff educate on immunization risks and benefits and distribute current educational materials to clients. BHSJCHA utilizes governmental and non-governmental educational materials to promote immunizations in their jurisdiction.

Barbara Day, the Immunization Field Representative (IFR), conducted a review of vaccination documentation on ten immunization records for clients 18 years and younger. The records for review showed 100% correct and accurate documentation for all federally required elements.

BHSJCHA requires all clients who refuse immunizations to complete an immunization declination document at every encounter for every immunization. The declination is charted in the BHSJCHA electronic medical record (EMR) system and transferred to MCIR.

The BHSJCHA immunization webpage is easily accessible, does not contain any broken links or outdated materials, and has both governmental and non-governmental links and resources.

Special Recognition:

BHSJCHA maintains a YouTube page that contains educational and promotional videos as well as the BHSJCHA Board of Health meetings.

BHSJCHA maintains Facebook and Instagram pages and posts immunization related content on a consistent basis.

Recommendations For Improvement:

The Reviewer recommends establishing a BHSJCHA TikTok page. Utilizing this social media platform can help reach younger generations who primarily use TikTok apart from other platforms.

Additional Comments:

BHSJCHA is currently taking bids for a website re-design.

Indicator 2.3

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices regarding immunization policies for local health department staff.

- LHD ensures that immunization staff has been properly trained and updated on immunization practices.
- LHD staff immunization policy in place for Healthcare workers.
- Personnel who have contact with patients are encouraged to be appropriately vaccinated with all ACIP recommended vaccines.

Indicator 2.3 Status: Not Met

Reason Not Met:

BHSJCHA's immunization-related annual staff training log did not show evidence that all immunization staff completed six hours of immunization related training for the past three years.

BHSJCHA's immunization-related annual staff training log did not show evidence that the Medical Director completed six hours of immunization-related training for the past three years.

Indicator Summary:

BHSJCHA maintains and enforces their Immunization staff training protocol as well as their Public Health Nurse Immunization Clinic Checklist to ensure all new staff hired by the health department are oriented effectively. BHSJCHA requires immunization staff to complete all 18 CDC You Call the Shots modules as part of their orientation training. BHSJCHA Management ensures that the Primary and Backup VFC coordinators for each clinic site have completed annual training in the VFC Program and Storage and Handling.

BHSJCHA encourages immunization staff to be appropriately vaccinated with all Immunizations for Healthcare Worker recommended vaccines. All BHSJCHA employees are assessed for needed immunizations annually. Employees who decline needed immunizations must sign a declination form annually stating they are refusing recommended immunizations.

Recommendations For Improvement:

The Reviewer recommends BHSJCHA ensures all immunization staff and Medical Director have at least six hours annually of immunization-related training documented on a log or spreadsheet. The Reviewer will send examples of staff training documentation charts to BHSJCHA to help in creating a more comprehensive document to log staff immunization training.

Indicator 2.4

The LHD adheres to guidelines found in the Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices by promoting immunizations within their jurisdiction.

- Patient-oriented and community-based approaches to increase immunization levels within the health jurisdiction (e.g. use of community data/demographics, client surveys, and foreign language materials as appropriate for community, etc.)

Indicator 2.4 Status: Met

Indicator Summary:

BHSJCHA presented evidence of patient-oriented and community-based approaches to increase immunization levels to the Reviewer such as translation services, community partnerships and outreach, and tracking community data and demographic trends. BHSJCHA utilizes MCIR Profile Reports and the MDHHS immunization and data and statistics dashboard to track immunization vaccine coverage rates in the jurisdiction.

BHSJCHA has a strong partnership with the WIC department. BHSJCHA immunization and WIC departments maintain a policy to assess and promote the immunization of WIC clients in the jurisdiction. BHSJCHA tracks their WIC MCIR immunization coverage levels for all WIC clinics within the local health department (LHD) jurisdiction monthly following MDHHS guidance, including ages and antigens.

BHSJCHA carries all age-appropriate vaccines for adults. A MCIR record is generated and assessed for every BHSJCHA client at every encounter for all recommended immunizations.

BHSJCHA collaborates with numerous community organizations to promote Health Equity in immunizations across the jurisdiction.

Special Recognition:

BHSJCHA will complete at-home visits for clients who are unable to travel to the health department locations.

BHSJCHA's Immunization nurse presented information on vaccine hesitancy, misinformation, and disinformation at the Premier Public Health Conference in 2025.

Minimum Program Requirement #3

The LHD shall comply with federal requirements of the Vaccines for Children (VFC) entitlement program.

Indicator 3.1 The local health department shall assure adequate storage and handling of vaccines that it administers and distributes. **(Immunization Program Operations Manual - 2013-2017 and Omnibus Reconciliation Act of 1993)**

- Annual Enhanced VFC (EVFC) site visits at each LHD vaccine storage site with no outstanding issues.
- The local health department has appropriate equipment and monitoring devices to safely store vaccine at each of its clinic sites.
- The local health department can demonstrate that all staff responsible for storage and handling of vaccines are familiar with and have access to the most current CDC storage and handling guidelines and other guidelines, information, and policies related to storage and handling that are provided by MDHHS.
- The local health department has procedures in place to assure appropriate storage of vaccines and demonstrates these procedures.
- The local health department uses appropriate storage and handling methods in the ordering of vaccines and the transport of vaccines to off-site clinics and to other providers.

Indicator 3.1 Status: Not Met

Reason Not Met:

The digital data logs (DDLs) were not downloaded in the Sturgis clinic location for many weeks. The DDLs must be downloaded weekly. All coordinators for BHSJCHA need to follow the same processes for managing vaccines and the storage and handling of the vaccines according to the VFC Program within the locations in their county. The coordinators must follow all VFC requirements and/or monitor the staff completing the VFC requirements in their county.

Indicator Summary:

According to the most recent VFC Compliance Visit and Enhanced VFC Visit, BHSJCHA has current and up-to-date storage and handling policies that are consistent with CDC and MDHHS requirements and guidelines. BHSJCHA has stand-alone pharmaceutical refrigerators and freezers to assure temperature stability and maintain vaccine efficacy. The VFC and privately purchased vaccines are prominently marked as VFC or Private in the vaccine storage units.

BHSJCHA has certified calibrated DDL in each of the storage units as well as back-up digital data logging devices. Temperature logs indicate for the past ninety days that minimum/maximum temperatures were documented at the opening of the clinic day and twice daily temperatures have been appropriately recorded during business hours. Weekly calibrations demonstrated that all temperature monitoring devices and alarm systems maintained allotted temperature limits. The DDLs have been downloaded weekly and kept in an electronic file on the Immunization Clerk's computer at three of the four BHSJCHA clinics.

BHSJCHA has a Sensaphone alarm system on their vaccine storage equipment in good working order to protect vaccines from loss of viability due to incorrect temperatures. The alarm is tested monthly in each of the BHSJCHA clinic locations. BHSJCHA has an emergency response plan which utilizes the BHSJCHA locations as backup storage locations for vaccines that need to be relocated in case of equipment failure or power outages. BHSJCHA has a generator (at all locations but the Sturgis location) with a corresponding policy in place that includes monthly testing by the contractor and/or monthly testing by BHSJCHA maintenance staff. BHSJCHA has qualified immunization pack-out containers and portable vaccine units for the safe routine transport of vaccines, and an adequate supply of qualified immunization pack out containers to safely transport all vaccines in an emergency situation. BHSJCHA has no outstanding vaccine losses, and all required documentation is complete for vaccine order submission to MDHHS.

All federally required documentation is complete for all vaccines administered at BHSJCHA upon review of ten medical records. BHSJCHA uses the vaccine declination forms when clients refuse all recommended vaccines, which are scanned into their EMR – Nightengale Notes. There were no missed opportunities for vaccination detected during the review. Vaccine information is entered into the MCIR through Health Level (HL) 7 bidirectional transfer. Transfer logs are reviewed and errors are corrected in a timely manner.

Special Recognition:

BHSJCHA is in the process of updating their Sensaphone temperature alarm system to more accurately reflect the actual temperatures of their immunization storage units.

Recommendations For Improvement:

The Reviewer recommends that the coordinators follow a checklist for daily/weekly/monthly VFC and Immunization duties. The IAP Coordinator should review these checklists monthly for oversight of the Immunization Program at all of the BHSJCHA clinics.

Indicator 3.2

The local health department shall assure that all requirements for participation in vaccine programs (including VFC and other vaccine distribution programs) are met. **(Reference: Vaccines for Children Operations Guidelines, November 2012)**

- The local health department reviews the Michigan Department of Health and Human Services (MDHHS) VFC provider enrollment form and profile form for the agency and for each participating health care provider, including each community/migrant/rural health center in its jurisdiction via the MCIR, by the submission due date: April 1.

- ☑ The local health department completes the MDHHS vaccine dose reporting forms, temperature charts, and vaccine inventory forms and submits to MDHHS as supporting documentation with orders.
- ☑ The LHD processes provider VFC vaccine orders in a timely manner and assures that ordering requirements are met for each scheduled order.
- ☑ The local health department adheres to ACIP recommendations published in the MMWR, ACIP/VFC resolutions, and guidelines to contraindications for pediatric, adolescent and adult immunizations.
- ☑ The local health department has access to informational material in order to educate private providers about the requirements for the VFC Program.
- ☑ The local health department will perform VFC/IQIP site visits to VFC providers in its jurisdiction, according to minimum and maximum standards formulated by CDC and MDHHS.
- ☑ The local health department documents and reports appropriate follow-up plans resulting from VFC/IQIP site visits in the indicated CDC program(s).
- ☑ The LHD assures that all providers resolve VFC vaccine losses according to MDHHS/CDC procedures and timelines.
- ☑ The local health department assesses and documents each client's eligibility for the VFC Program and other publicly funded vaccine programs.
- ☑ The LHD works with providers to avoid vaccine fraud, abuse and wastage.

Indicator 3.2 Status: Met

Met With Conditions:

The Reviewer identified issues when reviewing private provider order documentation. BHSJCHA should utilize a checklist for approving provider VFC orders to ensure that ordering requirements are met for every provider order.

Indicator Summary:

BHSJCHA reviews the MDHHSVFC provider enrollment form and profile form for the agency and for each participating health care provider in the jurisdiction via the MCIR, by the April 1 submission due date. BHSJCHA maintains a policy that describes their process for recruiting and enrolling new providers into the VFC program.

BHSJCHA completes the MDHHS vaccine dose reporting forms, temperature charts, and vaccine inventory forms, and submits to MDHHS as supporting documentation with orders.

BHSJCHA maintains a policy on processing provider VFC vaccine orders in a timely manner.

BHSJCHA follows the Immunization Recommendations for Michigan and guidelines to contraindications for pediatric, adolescent, and adult immunizations.

BHSJCHA educates private providers about the requirements of the VFC program.

BHSJCHA performs VFC and IQIP site visits to VFC providers in its jurisdiction according to the minimum and maximum standards formulated by CDC and MDHHS. Follow-up plans generated from these visits are appropriately documented and reported.

BHSJCHA maintains a policy that ensures all providers resolve VFC vaccine losses according to MDHHS/CDC procedures and timelines.

BHSJCHA maintains a policy to ensure immunization staff assess and document each client's eligibility for the VFC program and other publicly funded vaccine programs.

BHSJCHA maintains a policy on and works with providers to avoid vaccine fraud, wastage, and abuse.

Recommendations For Improvement:

The Reviewer identified some issues with BHSJCHA assuring that ordering requirements are met for each scheduled order. The Reviewer will share examples of a provider order checklist to ensure all BHSJCHA locations have a standard process. The Reviewer identified some issues with BHSJCHA assuring that ordering requirements are met for each scheduled order. The Reviewer will share examples of a provider order checklist to ensure all BHSJCHA locations have a standard process.

Minimum Program Requirement #4

The local health department shall be an active participant and user of the Michigan Care Improvement Registry (MCIR).

Indicator 4.1 The local health department shall sustain an immunization level for their jurisdiction in MCIR of at least 72% for children who are aged 24 to 36 months for four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity); and four (4) doses of pneumococcal conjugate vaccine (or complete series).

The local health department shall also assess the immunization coverage level for their jurisdiction in MCIR children aged 24 to 36 months for four (4) doses of DTaP vaccine; three (3) doses of polio vaccine; one (1) dose of MMR vaccine; three (3) doses of Hib vaccine (or complete series); three (3) doses of hepatitis B vaccine; one (1) dose of varicella vaccine (or documented immunity), four (4) doses of pneumococcal conjugate vaccine (or complete series); and two (2) doses of hepatitis A vaccine.

- A jurisdiction rate within 10% of the State coverage rate from the County Report Cards for the 4:3:1:3:3:1:4 vaccine series for children aged 19-36 months.
- Or an increase of 3% or greater since the last Accreditation review.

- Or evidence of sustained efforts to increase coverage level percentages such as but not limited to ongoing reminder/recall efforts, ongoing outreach into the community, participation in community events, etc...

Indicator 4.1 Status: Met

Indicator Summary:

The jurisdictional coverage vaccination rate for BHSJCHA children aged 19-36 months for the 4:3:1:3:3:1:4 vaccine series: four (4) doses of Diphtheria, Tetanus, and Pertussis (DTaP); three (3) doses of inactivated Poliovirus (IPV); one (1) dose of Measles, Mumps, Rubella (MMR); three (3) doses of Haemophilus influenzae Type b (Hib); three (3) doses of Hepatitis B (HepB); one (1) dose of Varicella; and four (4) doses of Pneumococcal conjugate vaccine (PCV) is currently at 55.2%. The current 4:3:1:3:3:1:4 coverage vaccination rate for the State Of Michigan is currently at 66.3%.

BHSJCHA utilizes the MDHHS County Report Card and their MCIR Profile Report to evaluate the jurisdictional 4:3:1:3:3:1:4 coverage level on a monthly basis. BHSJCHA runs MCIR profile reports at least quarterly and will run vaccine series specific reports in addition to help identify coverage level trends in the jurisdiction.

BHSJCHA maintains an operating Procedure to Improve and Maintain Immunization Coverage Levels. This procedure outlines a detailed strategy on increasing the 4:3:1:3:3:1:4:2 vaccine series for children aged 19-26 months that include conducting age and antigen specific reminder recalls on a monthly basis. The procedure also details how BHSJCHA works to increase vaccination rates during respiratory season for all eligible residents in the jurisdiction. The IAP shares these reports at BHSJCHA coordinator meetings and private provider meetings. BHSJCHA completes county wide recalls and works with private providers to complete individual practice recalls.

Recommendations For Improvement:

The Reviewer recommends BHSJCHA utilize the MDHHS county report cards as well as MCIR profile reports to determine current coverage levels and deficiencies of the targeted age group relative to county sites.

Additional Comments:

Due to vaccine hesitancy, misinformation, and disinformation jurisdictions across the state are seeing reductions in immunization coverage levels.

Indicator 4.2

The local health department shall monitor and evaluate adolescent immunization coverage levels for children aged 156 months but not yet 216 months in their jurisdiction in the MCIR for one (1) dose Td/Tdap; three (3) doses of polio vaccine; two (2) doses of MMR vaccine; three (3) doses of hepatitis B vaccine; two (2) doses of varicella vaccine (or documented immunity); one (1) dose meningococcal conjugate vaccine (MenACWY); and completion of the human papillomavirus (HPV) vaccine series.

- The LHD evaluates on a monthly basis the MCIR adolescent immunization coverage level reports for children aged 13-17 years in their jurisdiction in the MCIR for one (1) dose Td/Tdap plus the primary series; three (3) doses of Polio vaccine; two (2) doses of MMR vaccine; three (3) doses of Hepatitis B vaccine; two (2) doses of Varicella vaccine (or documented immunity), one dose Meningococcal Conjugate vaccine (MenACWY), and completion of the Human Papillomavirus (HPV) vaccine series.

Indicator 4.2 Status: Met

Indicator Summary:

The jurisdictional coverage vaccination rate for BHSJCHA adolescents aged 13-17 years in their jurisdiction for 1:3:2:3:2:1:3 series: one (1) dose Td/Tdap plus the primary series; three (3) doses of IPV; two (2) doses of MMR; three (3) doses of HepB; two (2) doses of Varicella (or documented immunity); one (1) dose of Meningococcal Conjugate vaccine (MenACWY), and completion of the Human Papillomavirus (HPV) vaccine series is 48.4%. The Michigan rate for the 1:3:2:3:2:1:3 coverage series is at 34.4%.

BHSJCHA maintains a policy dictating a detailed strategy on how the LHD staff work to increase adolescent immunization coverage in their jurisdiction through conducting vaccine and age specific reminder recall efforts, holding targeted off-site clinics, and education.

Special Recognition:

Based on the most recent MDHHS County Quarterly Immunization Report Card, BHSJCHA ranks 4th out of 84 Michigan counties for completion of two or more doses of MenACWY for clients in the jurisdiction aged 13-17 years.

BHSJCHA ranks 7th out of 84 counties for completion of one or more doses of Meningitis B (MenB) for clients aged 16-18 years.

Additional Comments:

Due to vaccine hesitancy, misinformation, and disinformation jurisdictions across the state are seeing reductions in immunization coverage levels.

Indicator 4.3 The local health department shall submit immunization data to MCIR according to the statutory time lines.

- There is evidence that 95% of clients below the age of 20 years receiving immunizations at the local health department (all clinics in jurisdiction combined) have their immunization data submitted to MCIR within 72 hours. **Reference: Administrative Rule 325.163, § 5)**

Indicator 4.3 Status: Met

Indicator Summary:

100% of the vaccines administered by BHSJCHA to clients below the age of 20 years were entered into MCIR within 72 hours of administration. BHSJCHA utilizes HL7 for data transfer from their EMR into MCIR.

Special Recognition:

BHSJCHA has far exceeded the requirement to achieve at least 95% of records for clients below the age of 20 years submitted into MCIR within 72 hours. Thank you for your diligence in vaccination documentation into MCIR.

Minimum Program Requirement #5

The local health department uses the combined MCIR and School Immunization Record-keeping System (SIRS) web-based program (MCIR/SIRS) to track immunization levels of childcare center enrollees and school children.

Indicator 5.1 The local health department uses the MCIR/SIRS web-based reporting program to assure complete and accurate data has been submitted for school entrants new to the school district, all children attending Kindergarten, and seventh grade students, by December 15 and March 15 of each school year.

The local health department will assure complete and accurate reporting of childcare center immunization data by February 1st of each year to MDHHS utilizing the MCIR/SIRS reporting program. **(Reference: PH code 333.9208)**

- ☑ The local health department will assure complete and accurate school immunization data for all schools in the jurisdiction have been reported December 15 and March 15 of each year to MDHHS.
- ☑ The local health department will assure complete and accurate childcare immunization data has been reported by February 1st of each year to MDHHS.

Indicator 5.1 Status: Met

Indicator Summary:

BHSJCHA uses the combined MCIR and School Immunization Record-Keeping System (SIRS) web-based program (MCIR-SIRS) to track immunization levels of childcare center enrollees and school aged children.

BHSJCHA utilizes the MDHHS IP-100 and IP-101 Protocols for School and Childcare Centers along with BHSJCHA procedures when completing annual immunization reporting. The MDHHS IP-100 and IP-101 Protocols are bookmarked on all BHSJCHA immunization staff's computers. BHSJCHA assures that complete and accurate immunization data has been submitted for schools and childcare centers by the required timelines for the past three years. BHSJCHA maintains a master list of school and childcare contacts in their jurisdiction and maintains constant communication with schools and childcares throughout the year.

BHSJCHA's non-medical exemption policy follows all MDHHS administrative rules and is reviewed and updated annually.

BHSJCHA monitors and evaluates the immunization completion rate for schools and childcare centers daily during the reporting period.

BHSJCHA offers virtual or in person training to school and childcare staff on the use of MCIR SIRS for immunization reporting.

IP-100 County status reports for the most recent reporting period indicate Branch County schools are currently at an 86% immunization completion rate, a 1% provisional rate, a 93% school compliance rate, and a 6% exemption rate. Hillsdale County schools are currently at an 86% immunization completion rate, a 1% provisional rate, a 97% school compliance rate, and an 11% exemption rate. St. Joseph County schools are currently at an 85% immunization completion rate, a 1% provisional rate, a 95% school compliance rate, and a 10% exemption rate.

IP-101 County status reports for the most recent reporting period indicate Branch County childcare centers are currently at an 87% immunization completion rate, a 3% provisional rate, a 98% childcare compliance rate, and a 8% exemption rate. Hillsdale County childcare centers are currently at an 80% immunization completion rate, a 4% provisional rate, a 98% childcare compliance rate, and an 13% exemption rate. St. Joseph County childcare centers are currently at an 82% immunization completion rate, a 7% provisional rate, a 96% childcare compliance rate, and a 7% exemption rate.

Special Recognition:

BHSJCHA maintains constant communication with schools and childcares in their jurisdiction. Offering one-on-one training if needed.

Additional Comments:

BHSJCHA is working through the process of offering virtual exemption education for parents and guardians.

Minimum Program Requirement #6

The local health department complies with vaccine safety recommendations.

Indicator 6.1 The local health department vaccine programs conform to VAERS (Vaccine Adverse Event Reporting System) program requirements.

- The LHD maintains on file written VAERS policies, procedures, and reports complying with program requirements.

Indicator 6.1 Status: Met

Indicator Summary:

BHSJCHA maintains separate policies detailing how an LHD employee should report to the Vaccine Adverse Event Reporting System (VAERS) and MEDWATCH. The policies include when a VAERS report or MEDWATCH report is appropriate. VAERS and MEDWATCH reports are stored in the shared drive for all employees to access.

BHSJCHA requires all providers in their jurisdiction to report to the LHD IAP when a VAERS or MEDWATCH report is completed.

Recommendations For Improvement:

The Reviewer recommends BHSJCHA include retention instructions in their VAERS policy.

Indicator 6.2 The local health department provides the appropriate Vaccine Information Statements (VIS) to every client or parent/guardian prior to administering vaccines and educates all immunization providers in the jurisdiction about the use and sources of these statements.

- The LHD distributes VIS to all clients receiving vaccine listed on the National Vaccine Injury Compensation Program table at the clinic and documents the VIS date and date VIS given on the client's vaccine administration record.
- There is a protocol in place to assure that all providers within the jurisdiction who administer vaccines (both VFC and non-VFC providers) are informed concerning the requirements for use of Michigan Vaccine Information Statements (VIS), and changes to Michigan VIS versions which includes the MCIR language.

Indicator 6.2 Status: Met

Indicator Summary:

BHSJCHA maintains up to date Vaccine Information Statement (VIS) versions for all recommended vaccines, included on the National Vaccine Injury Compensation Program. Up to date VIS sheets are distributed to all clients who received an immunization. When a VIS is updated, BHSJCHA immunization staff will send an email to all vaccinating providers, educating them on the changes.

BHSJCHA maintains a policy describing their distribution of VIS to all immunizing providers in the jurisdiction.

Indicator 6.3 The local health department has a referral system if problems arise after a client receives vaccine.

- The LHD provides instructions for patients receiving vaccines concerning possible reactions and follow-up care.

Indicator 6.3 Status: Met

Indicator Summary:

BHSJCHA immunization staff utilize aftercare instructions following immunizations for infants, children, and adolescents, as well as adults to inform of possible reactions to immunizations. These instructions include likely adverse events as well as comfort measures. The documents contain a dosing schedule for antipyretics.

Special Recognition:

BHSJCHA aftercare instructions include a phone number that connects clients to Immunization staff after hours.

Onsite Wastewater Treatment Management

| Section Summary | | Total Met | Total Not Met | Total |
|-----------------|---------------|-----------|---------------|-------|
| Essential | Indicator 1.1 | 1 | 0 | 1 |
| | Indicator 1.2 | 1 | 0 | 1 |
| | Indicator 1.3 | 1 | 0 | 1 |
| | Indicator 2.3 | 1 | 0 | 1 |
| | Indicator 3.1 | 1 | 0 | 1 |
| | Indicator 4.1 | 1 | 0 | 1 |
| | Indicator 5.1 | 1 | 0 | 1 |
| | Indicator 2.1 | 0 | 1 | 1 |
| | Indicator 2.2 | 0 | 1 | 1 |
| Total | | 7 | 2 | 9 |
| Total | | 7 | 2 | 9 |

Minimum Program Requirement #1

The local health department shall have a wastewater treatment regulation capable of protecting the public health legally adopted under enabling state legislation. The regulation shall authorize an enforcement process that is utilized and includes the capability to deny permits, issue orders for corrections of failed systems, and/or other remedies for construction without a permit or for violating an order.

Indicator 1.1 Documentation that a wastewater treatment regulation is contained in a local sanitary code or ordinance legally adopted by the authorized local governing entity.

- The local health department maintains on file a copy of the local sanitary code and documentation confirming it has been legally adopted.

Indicator 1.1 Status: Met

Indicator Summary:

Two Reviewers from the Department of Environment, Great Lakes, and Energy (EGLE) conducted the On-Site Review.

The Reviewers determined that Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) achieved the "Met" status for this Indicator.

Additional Comments:

BHSJCHA confirmed that the Environmental Health Code (EHC), which was reviewed and approved November 15, 1990, adopted by the Board of Health on December 20, 1990, and effective April 1, 1991, contains wastewater treatment regulation. There have been no amendments since the last Accreditation Site Visit.

Indicator 1.2 Evidence that the local wastewater treatment regulation authorizes enforcement measures including permit denials, correction orders, and/or other remedies.

- The local health department maintains on file the specific sanitary code provisions that define the basis of denial and enforcement.

Indicator 1.2 Status: Met

Indicator Summary:

The Reviewers determined that BHSJCHA achieved the “Met” status for this Indicator.

Additional Comments:

The Review of the code identified the following sections defining the basis for enforcement with respect to:

Article I: Section 106 Power to issue Violation Notices; Power to Order Corrective Actions, including correction of imminent dangers; Section 108 Penalty, including criminal and civil penalties; Section 119 Appeals Board; and Section 120 Hearing of Appeals. Article VI: Section 600.9 Permit Denial.

Indicator 1.3 Evidence that actual enforcement measures are utilized.

- The local health department maintains on file, retrievable documentation for denials and/or enforcement actions.

Indicator 1.3 Status: Met

Indicator Summary:

The Reviewers determined that BHSJCHA achieved the “Met” status for this Indicator.

Special Recognition:

The Reviewers observed compliance with all applicable local and State regulations during the On-Site Review. The Reviewers observed several denials of permit applications due to site suitability not meeting the code. The Reviewers observed evidence of staff screening for Part 4, Administrative Rules applicability and/or deed restrictions. Evidence of enforcement through correction orders that achieved compliance was observed in three(3) complaint files.

Additional Comments:

Thirty (30) sewage permit files and six (6) complaints were reviewed. The Reviewers observed evidence of enforcement in both sewage complaints and sewage permits.

BHSJCHA received the letter entitled “Non-Residential Sanitary Sewage Discharges, Michigan Criteria for Subsurface Sewage Disposal” to Michigan Association of Local Environmental Health Administrators (MALEHA) on June 13th, 2025 and the September 19, 2025 letter addressed to BHSJCHA that established the Michigan Criteria for Subsurface Disposal (MCSSD) as the State minimum criteria for review and approval of all non-residential sanitary sewage discharges that are less than ten thousand (10,000) gallons per day, which includes discharges less than one thousand (1,000) gallons per day. All variances to the MCSSD for new construction, increase in use, and replacements are reviewed by the EGLE Onsite Wastewater Management Unit (OWMU). BHSJCHA management discussed that they have changed their policy/procedures to align with EGLE guidance for non-residential permits going forward.

Minimum Program Requirement #2

The local health department shall evaluate all parcels of land and authorize the installation of any on-site wastewater treatment system in accordance with applicable regulation(s). The evaluation shall employ a site specific physical assessment of the soil’s treatment and transport capacity and determine compliance with applicable regulations. Site conditions, including soil profile data obtained from on-site evaluations, shall be accurately documented. Documentation shall be maintained in an organized and functional filing system that provides retrievable information.

Indicator 2.1 Documentation of a site evaluation visit, which includes the soil characteristics, seasonal high water table, slope, isolation distances, location, and available area for initial and replacement systems.

- The local health department maintains on file recorded results of site evaluation visits that accurately document the required information.

Indicator 2.1 Status: Not Met

Reason Not Met:

Site evaluation documentation does not consistently contain essential elements.

The Reviewers determined that less than seventy (70) percent of the permit documents contained all of the essential elements necessary to meet this Indicator. More specifically, eleven (11) of thirty (30) of the sewage permit documents that were reviewed were without documentation of the essential elements in accordance with this Indicator.

The Reviewers noted that distance measurements for soil boring/excavation locations to reliable reference points were determined to be insufficient or missing for eleven (11) of thirty (30) of the site evaluation documents that were reviewed. It was observed that some soil boring locations were missing, some files used GPS alone without the approved use of GPS, and some files included single measurements without compass bearings from a reliable referent point.

To address the deficiencies discussed above, BHSJCHA must submit a Corrective Plan of Action (CPA).

Indicator Summary:

The Reviewers determined that BHSJCHA achieved the “Not Met” status for this Indicator.

Recommendations For Improvement:

The Reviewers suggest that as part of the CPA, BHSJCHA review policy/procedures and report form for site evaluations and modify them, if necessary, to ensure that essential elements of documenting soil boring locations are in accordance with this indicator. Considering a single method of logging soil boring locations should be given to assist in a consistent implementation of the policy/procedures.

The Reviewers also suggest that all environmental health staff participate in the process of reviewing the policy/procedures. This provides a mechanism for staff input so that they understand their responsibilities and provides an opportunity to discuss and needed changes in the policy/procedures.

Additional Comments:

During the Accreditation On-Site Review, the Reviewers learned that BHSJCHA has experienced high staff turnover, including a full turnover of management positions, during the past three (3) years, resulting in a majority of new staff working in the Onsite Wastewater Program.

The Reviewers also noted that the old site evaluation forms utilized during Accreditation Cycles 7 and 8 included a place to record the soil boring location, which is no longer included in the forms in Hedgerow®. This may have resulted in staff confusion during the implementation of the new permitting software.

Indicator 2.2

Permit documentation of the system location, design installation requirements, pertinent site characteristics, and nature of the building development.

- The local health department maintains on file the detailed plan and specifications prepared for each system for which a permit has been issued. The plan and specifications shall accurately define initial and replacement system location*, size, other pertinent construction details, and include documentation of variances, when granted.

*Note: The requirement for identifying a replacement system applies to issuance of new construction permits only.

Indicator 2.2 Status: Not Met

Reason Not Met:

Permit documentation does not consistently contain all essential design elements.

The Reviewers determined that less than seventy (70) percent of the permit documents contained all of the essential elements necessary to meet this Indicator. More specifically, eleven (11) of thirty (30) of the sewage permit documents that were reviewed were without documentation of the essential elements in accordance with this Indicator.

The Reviewers noted that Six (6) of the eleven (11) permits lacked sufficient specifications for system design or components such as missing tank sizing. One (1) permit document was identified without sufficient soil profile depth being reported to support the permitted design. Two (2) permits for non-residential systems were issued without a clear basis of design in gallons per day (GPD) being provided. Three (3) permits did not meet the minimum code requirements for tank or soil absorption system sizing for houses with either a garbage disposal or a water softener discharge connection and the permit did not document their required removal. Two (2) permits did not include pertinent site characteristics such as slope or drainage features. In the process of compiling the review findings, it was found that some of the permits missed the compliance measure in more than one of the categories discussed above.

To address the deficiencies discussed above, BHSJCHA must submit a Corrective Plan of Action (CPA).

Indicator Summary:

The Reviewers determined that BHSJCHA achieved the “Not Met” status for this Indicator.

Recommendations For Improvement:

The Reviewers recommend that as part of the CPA, BHSJCHA review policy/procedures for sewage permit documentation and modify them, if necessary, to ensure that the essential elements of documenting the soil absorption system design specification based on soil profile determinations and pertinent site characters are met.

The Reviewers suggest that all environmental health staff participate in the process of reviewing the policy/procedures. This provides a mechanism for staff input so that they understand their responsibilities and provides an opportunity to discuss and needed changes in the policy/procedures.

Additional Comments:

During the Accreditation On-Site Review, the Reviewers learned that BHSJCHA has experienced high staff turnover, including a full turnover of management positions, during the past three (3) years, resulting in a majority of new staff working in the Onsite Wastewater Program.

Indicator 2.3

There is evidence of an organized filing system allowing for retrieval of information.

- The local health department maintains an organized filing system or database/document management system with retrievable information.

Indicator 2.3 Status: Met

Indicator Summary:

The Reviewers determined that BHSJCHA achieved the “Met” status for this Indicator.

Special Recognition:

Special recognition is granted to BHSJCHA for transitioning to Hedgerow® for their permitting software and database technology within the last cycle. All incoming applications are filed electronically in the new database. Converting to an electronic filing system is a significant accomplishment that provides multiple benefits for the staff and enhances service delivery for the community.

Additional Comments:

All requested files were readily located and available for review.

BHSJCHA policies/procedures were reviewed as a part of the Accreditation On-Site Review. Reviewers observed that BHSJCHA agency management updated internal policies/procedures with the change to the new software.

Minimum Program Requirement #3

The local health department shall conduct an inspection during construction or prior to covering of the system, or shall apply an alternate method to assure the completed wastewater treatment system complies with permit requirements. Documentation of an inspection or alternate approval method shall be maintained with the permit.

Indicator 3.1

Documentation of construction and/or final inspection by the local health department or record of an alternate process to support the approval of the installation in accordance with the permit.

- The local health department shall conduct an inspection of all systems prior to final cover. The local health department maintains on file an accurate individual record of each inspection conducted during construction of each system. Unless otherwise specifically authorized, installer affidavits, which provide an accurate record of system installation, are maintained on file in isolated cases, representing no more than 10 percent of the total number of final inspections requested, where constraints prohibit inspection by the local health department in a timely manner.

Indicator 3.1 Status: Met

Indicator Summary:

The Reviewers determined that BHSJCHA achieved the “Met” status for this Indicator.

Special Recognition:

Special recognition is granted as the review of thirty (30) permits determined ninety-six (96) percent compliance was achieved with the documentation of all the essential elements of this Indicator. There is good consistency among staff in their final inspection documentation.

Minimum Program Requirement #4

The local health department shall respond to all wastewater system complaints and maintain records of complaint resolutions.

Indicator 4.1 Documentation that all complaints are recorded, evaluated, and investigated, as appropriate.

- The local health department maintains complaint forms and a filing or electronic database system containing results of complaint investigations and documentation of final resolution.

Indicator 4.1 Status: Met

Indicator Summary:

The Reviewers determined that BHSJCHA achieved the “Met” status for this Indicator.

Special Recognition:

Special Recognition is granted to BHSJCHA for timely response to sewage complaints, enforcement of the EHC where necessary, and complaint closure as appropriate. Only two (2) open complaints were observed over the three counties, and both were recently received and under investigation.

Additional Comments:

The complaint log and the policy/procedures were reviewed as part of BHSJCHA’s Accreditation On-Site Review. The Reviewer observed evidence of enforcement in the review of the complaint log with correction orders being sent for violations of the EHC.

Minimum Program Requirement #5

The local health department shall investigate, document and evaluate the probable cause(s) of system failure.

Indicator 5.1

Approval of permits where the system has failed*, includes retrievable documentation, when available, of the age, design, site conditions, and any other pertinent data allowing for assessment of probable reason(s) for failure, and there is an annual summary of data submitted to the Michigan Department of Environment, Great Lakes, and Energy (EGLE).

*Note: For the purpose of this guidance, a system consists of a tank or tanks, absorption system, and associated appurtenances. A system is considered to have failed when sewage backs up into the home or structure, discharges to the ground surface, contaminates surface water, or drinking water supplies, any part of the system is bypassed, the system is the source of an illicit discharge, there is an absence of an absorption system, or there is a structural failure of a septic tank or other associated appurtenances.

- The local health department maintains a filing system for all failed systems that includes retrievable documentation; **AND**

- Annual failed system data summaries are prepared and are on file.

Indicator 5.1 Status: Met

Indicator Summary:

The Reviewers determined that BHSJCHA achieved the “Met” status for this Indicator.

Special Recognition:

BHSJCHA management performed an internal Quality Assurance/Quality Control (QA/QC) review in 2025 that resulted in a change in policy/procedures for how staff handle indicator 5.1. The Reviewers observed that this QA/QC successfully resulted in the forms after that date routinely being filled out by all staff for all applicable replacement permits where low percentage prior to that date had been incomplete. QA/QC is encouraged as it helps the agency maintain their processes in compliance with the Minimum Program Requirements (MPRs).

Additional Comments:

The Reviewers observed the EGLE Failed System Data Collection Forms in replacement permit files in Hedgerow®. BHSJCHA has submitted the required failed system data submissions for the three (3) years of this Accreditation Cycle.

HIV/AIDS & STI

| Section Summary | | Total Met | Total |
|-----------------|---------------|-----------|-------|
| Essential | Indicator 1.1 | 1 | 1 |
| | Indicator 1.2 | 1 | 1 |
| | Indicator 1.3 | 1 | 1 |
| | Indicator 2.1 | 1 | 1 |
| | Indicator 2.2 | 1 | 1 |
| | Indicator 2.3 | 1 | 1 |
| | Indicator 3.1 | 1 | 1 |
| | Indicator 4.1 | 1 | 1 |
| | Indicator 5.1 | 1 | 1 |
| | Indicator 5.2 | 1 | 1 |
| | Indicator 6.1 | 1 | 1 |
| Total | | 11 | 11 |
| Total | | 11 | 11 |

Minimum Program Requirement #1

Provide and/or refer clients for HIV and STI screening and treatment, regardless of client ability to pay.

Reference: The Michigan Public Health Code, MCL 333.5114a, MCL 333.5127, 333.5129, 333.5131, 333.5133, 333.5204, 333.5205, 333.5207, Mich. Admin. R. 325.177.

Indicator 1.1 Provide HIV and STI screening, treatment, and linkage services in accordance with the Michigan Public Health Code, Michigan Department of Health and Human Services (MDHHS), current CDC guidance, accreditation, and current clinical guidelines.

- Screening clients for HIV and other STIs.
- Providing risk reduction/prevention counseling and linkage, including for PrEP, in accordance with current CDC guidance.
- Providing STI testing (including HIV) in accordance with client needs and MDHHS criteria.
- Providing HIV testing for all clients screened and/or treated for STIs.
- Providing STI testing for clients testing positive for HIV.
- Providing appropriate HIV and STI treatment or referral, according to current CDC treatment guidelines and current MDHHS policy.
- Assuring accessible clinic hours with low barrier accommodations for symptomatic cases and DIS referrals.

Indicator 1.1 Status: Met

Indicator Summary:

Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) provides Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infection (STI) screening, treatment, and linkage services in accordance with the Michigan Public Health Code, Michigan Department of Health and Human Services (MDHHS) standards, and current Centers for Disease Control and Prevention (CDC) clinical guidance.

BHSJCHA provides HIV and STI screening services across clinic locations in Three Rivers, Sturgis, and Coldwater. Staff recommend comprehensive STI and HIV testing to all clients, and testing services are offered through scheduled appointments, walk-ins, and flexible arrangements when needed. Rapid HIV testing is also available.

BHSJCHA uses standing orders for treatment and Expedited Partner Therapy (EPT) when appropriate.

BHSJCHA staff are able to maintain accessible services across the agency's rural service area by extending clinic hours (when needed) and coordinating services across clinic sites for client convenience. This flexible approach includes curbside services and testing arrangements outside of traditional clinic settings where appropriate.

Special Recognition:

BHSJCHA provided thorough documentation and demonstrated strong compliance with this Indicator.

Indicator 1.2

Provide court-ordered HIV and STI counseling, testing, and referral services and victim notification activities in accordance with the Michigan Public Health Code, MCL 333.5129, and current MDHHS guidance.

- Providing HIV and STI counseling, testing, and referral services on the basis of court order and for notification of victims.
- Documentation of timeliness for court-ordered testing.
- Maintaining an active relationship with the local victim advocate.

Indicator 1.2 Status: Met

Indicator Summary:

BHSJCHA provides court-ordered HIV and STI counseling, testing, and referral services and supports victim notification activities in accordance with the Michigan Public Health Code, MCL 333.5129, and MDHHS guidance. A Court-Ordered Testing Policy and Protocol were reviewed that sufficiently details the health department's process for testing and follow up.

Local courts contact the agency to schedule court-ordered testing appointments at the clinic. Although each court maintains its own system for court-ordered testing and victim advocate resources, the BHSJCHA staff coordinate with the respective court and offer assistance when needed. Court-ordered testing follow-up is conducted appropriately for both positive and negative results.

Special Recognition:

BHSJCHA provided thorough documentation and demonstrated strong compliance with this Indicator.

Indicator 1.3

Provide HIV and STI education, conduct outreach, and promote services to the community, providers, and community partners.

- Providing education on clinical services, infection trends, changes in clinical guidance to providers and community partners.
- Conducting regular outreach activities to promote and offer screening and testing services.

- Implementing recruitment and promotional strategies designed to increase awareness and stimulate testing among affected communities.
- Developing and disseminating promotional materials to increase HIV and STI screening, testing, awareness, and education.

Indicator 1.3 Status: Met

Indicator Summary:

BHSJCHA provides HIV and STI education, conducts outreach, and promotes services to the community, providers, and community partners. BHSJCHA promotes services through multiple communication channels including social media platforms such as Facebook, Instagram, YouTube, as well as community radio advertisements. The agency's health promotions team supports these efforts by developing promotional materials and coordinating with staff to increase awareness of available HIV and STI services.

BHSJCHA collaborates with local organizations and businesses. For example, they hosted STI education sessions for student athletes at Glen Oaks Community College, and for young adults with special needs at St. Joseph County's Intermediate School District. BHSJCHA also collaborates with a local clinic for adolescents as well as community partners and providers to promote screening and prevention services.

BHSJCHA provides sexual health supplies and educational materials at the clinic and throughout the community, including the distribution of Wear One packets.

Special Recognition:

BHSJCHA maintains active engagement in their community with ongoing partnerships and outreach events. BHSJCHA provided thorough documentation for this Indicator.

Minimum Program Requirement #2

Perform activities necessary to control the spread of HIV and STI; conduct reporting and follow-up of HIV, Stage 3 (AIDS), and STI cases.

Reference: The Michigan Public Health Code, MCL 333.5111, 333.5114, 333.5129, 333.5131, 333.5133, 333.5201-5207, Mich. Admin. R. 325.172-174, 325.177, 325.179b, 325.181

Indicator 2.1 Reporting of HIV, Stage 3 (AIDS), and STI cases is in compliance with the Michigan Communicable Disease Rules and the Michigan Public Health Code and in accordance with current MDHHS policy and law.

- Submitting HIV and STI case reports in a timely and appropriate manner.
- Providing education and technical assistance to physicians, laboratories, and other providers regarding the submission of labs, testing, and case report forms.

Indicator 2.1 Status: Met

Indicator Summary:

BHSJCHA reports HIV, Stage 3 acquired immunodeficiency syndrome (AIDS), and STI cases in compliance with the Michigan Communicable Disease Rules, the Michigan Public Health Code, and current MDHHS policy and law.

STI case reporting is completed through the Michigan Disease Surveillance System (MDSS), with nurses responsible for entering and reviewing STI cases. HIV case reporting and related documentation are entered into APHIRM by clinic administrative assistants at each county location. The HIV and STI follow-up protocol and documentation were reviewed and meet expectations for this requirement.

BHSJCHA staff also provide education and technical assistance to providers regarding HIV and STI reporting and case management regularly.

Special Recognition:

BHSJCHA demonstrates excellent performance for this Indicator with STI Quality Assurance (QA) reports showing that local data quality measures are nearly all similar or better than statewide.

Indicator 2.2

Confidentiality of written and electronic HIV, Stage 3 (AIDS), and STI reports, and associated patient and partner records are maintained in compliance with the Michigan Public Health Code, the Health Insurance Portability and Accountability Act (HIPAA), and program standards issued by MDHHS.

- Maintaining confidentiality of all HIV, Stage 3 (AIDS), and STI reports, records, and data pertaining to HIV and STI testing, treatment, and reporting, pursuant to the Michigan Public Health Code, HIPAA, and program standards issued by MDHHS.
- Ensuring that any records related to investigation of disease are confidential and maintained in accordance with the strictest retention policy (the State of Michigan or the Local Health Department).
- Ensuring policies are in place that protect clients' Personally Identifiable Information (PII) and address situations if there is a data breach.

Indicator 2.2 Status: Met

Indicator Summary:

BHSJCHA maintains confidentiality of written and electronic HIV, Stage 3 (AIDS), and STI reports and associated patient and partner records in compliance with the Michigan Public Health Code, Health Insurance Portability and Accountability Act (HIPAA), and program standards issued by MDHHS. The clinic maintains local confidentiality policies and procedures (HIPAA compliance), staff confidentiality statements including Personally Identifiable Information (PII), interpreter confidentiality agreements, and the agency's personnel policy manual outlining privacy and security requirements for employees.

BHSJCHA clinic staff use a client identification "gray card" system to help maintain confidentiality during the testing and results process. Clients receive a card containing agency information and a unique identifier or code word linked to their consent form and test results, which must be verified before results are provided to ensure the correct individual is receiving confidential information.

Special Recognition:

BHSJCHA demonstrates exceptional dedication to protecting client privacy and confidentiality with their unique card system for client identification.

Indicator 2.3

Investigate and respond to situations involving health threats to others, pursuant to the Michigan Public Health Code.

- Investigating and responding to situations involving health threats to others in accordance with the Michigan Public Health Code and in consideration of current science.

Indicator 2.3 Status: Met

Indicator Summary:

BHSJCHA investigates and responds to situations involving health threats to others in accordance with the Michigan Public Health Code. Staff provided the agency's Health Threat to Others protocol and STI outbreak response procedures. The procedure also outlines coordination with Disease Intervention Specialists (DIS) at the Bureau of HIV and STI Programs (BHSP) when needed.

The STI outbreak response procedure includes coordination with the Health Alert Team (HAT), comprised of agency leadership and program supervisors that meet on a quarterly basis to discuss response planning and emerging public health concerns.

BHSJCHA also maintains a legal action flow chart to guide staff through escalation steps when individuals are non-compliant with public health recommendations, supporting consistent and appropriate responses in accordance with public health law.

Special Recognition:

BHSJCHA demonstrates excellence for this Indicator by maintaining detailed policies and adhering to their procedures.

Minimum Program Requirement #3

Develop and maintain a system for staff-assisted referral of clients to medical and other prevention services, including mechanisms for monitoring and documenting referrals.

Reference: The Michigan Public Health Code, MCL 333.5114a, 333.5129

Indicator 3.1 Clients diagnosed with HIV or other STIs receive medical and other prevention services, which are responsive to their needs and in accordance with MDHHS program standards and guidelines.

- Facilitating referrals and linkage to prevention, treatment, and support services appropriate and responsive to client needs.
- Establishing, maintaining, and documenting linkages with health care and other community resources that are necessary and appropriate for the prevention and control of HIV and STIs and for addressing the prevention and care needs of clients.
- Providing education and technical assistance to local physicians, hospitals, other providers, and community groups to increase awareness about HIV and STIs, encourage screening for and treatment of HIV and STIs, support referral and linkages to needed services, and promote health department assisted Partner Services (PS).
- Documenting a high level of completeness of referrals in Aphirm.

Indicator 3.1 Status: Met

Indicator Summary:

BHSJCHA ensures that clients diagnosed with HIV or other STIs receive medical and prevention services responsive to their needs and in accordance with MDHHS program standards and guidelines.

BHSJCHA maintains county-specific 211 resource guides as well as a Memorandum of Agreement with Cares Sexual Wellness Services (CARES). Client Authorization for Counselor Assisted Referral (CARF) forms are used to support referrals and linkage to care.

Clinic staff discuss available services with clients during visits to identify additional needs and connect them with resources such as food access, mental health support, and other social services. Staff also facilitate referrals for Women, Infants, and Children (WIC) services at BHSJCHA, to CARES for HIV-related services and PrEP referrals, to Covered Bridge (a Federally Qualified Health Center in St. Joseph County), to Community Mental Health, and Infectious Disease providers in Kalamazoo.

Special Recognition:

BHSJCHA demonstrates exemplary performance for this Indicator with coordinated referral practices and detailed documentation, including client follow up where appropriate.

Minimum Program Requirement #4

Conduct partner services (PS), by referral or through state or local staff, for HIV, syphilis, gonorrhea, and emerging infections.

Reference: The Michigan Public Health Code, MCL 333.5114a, 333.5129, Mich. Admin. Code R. 325.173, Recommendations for Conducting Integrated Partner Services for HIV/STI Prevention (2011).

Indicator 4.1 Individuals diagnosed with HIV, syphilis, gonorrhea, and emerging infections receive counseling regarding the availability of partner services (PS) and are offered assistance in notifying their sex and/or needle-sharing partners of their exposure.

- Providing PS, by referral or through state or local staff, which is responsive to client needs and is provided in accordance with the Michigan Public Health Code and current MDHHS standards and guidelines and as outlined by Partner Services (including Aphirm).
- Provision of risk reduction/prevention counseling.
- Maintaining staffing adequate to meet PS needs and having a documented plan in place for PS coverage.
- Maintaining relationships, for example, via memoranda of understanding/agreement (MOU/MOA), with health care providers, community-based organizations, and others that provide HIV and STI testing and treatment, in order to facilitate access to health department-assisted PS among clients diagnosed with HIV and STIs.
- Maintaining timely entry of index client(s) and/or identified partner(s) documentation into the designated data system in use (i.e. Aphirm and MDSS), in accordance with current MDHHS policy and in order to facilitate access to health department assisted PS and rapid linkage to care for clients diagnosed with HIV and STIs.

Indicator 4.1 Status: Met

Indicator Summary:

BHSJCHA ensures that individuals diagnosed with HIV or other sexually transmitted infections receive counseling regarding partner services and are offered assistance with notifying partners of potential exposures, consistent with the Michigan Public Health Code and MDHHS program standards.

BHSJCHA documentation includes a Partner Counseling and Referral Services (PCRS) implementation procedure, protocols outlining their partner contact interview processes, and guidance materials from the CDC and the State of Michigan Partner Services program.

Clinic staff provide Partner Services counseling to clients diagnosed with HIV or STIs and offer assistance with partner notification. They also collaborate with providers in the region, accepting referrals to facilitate partner testing and timely linkage to appropriate services.

Special Recognition:

BHSJCHA demonstrates exceptional performance for this Indicator with their thorough policies and procedures and consistent efforts to facilitate partner services.

Minimum Program Requirement #5

Implement clinical quality management and evaluation activities to provide efficient and effective evidence-based HIV and STI prevention and treatment services.

Indicator 5.1 Conduct clinical quality assurance activities for HIV and STI testing and treatment services.

- Adhering to QA for 340B compliance where relevant.
- Providing written protocol and procedures for quality assurance activities associated with HIV and STI prevention and testing services.
- Providing evidence of staff and supervisor participation in training, competencies, and professional development activities.
- Providing record of timely, complete, and accurate device and specimen handling according to clinical quality standards.

Indicator 5.1 Status: Met

Indicator Summary:

BHSJCHA conducts clinical quality assurance activities to support HIV and STI testing and treatment services in accordance with MDHHS program standards and guidelines. BHSJCHA maintains Quality Assurance (QA) monitoring documentation, and records related to 340B medication dispensing.

BHSJCHA management staff receive quarterly BHSP Quality Assurance reports, which are reviewed and shared with clinic staff during monthly meetings. In addition, the Communicable Disease Director conducts weekly line list reviews to monitor all reportable disease activity and ensure appropriate follow-up.

BHSJCHA requires annual staff training that includes HIV and STI, and staff meet regularly within each county to review program updates. BHSJCHA utilizes Local Health Department (LHD) Connect for client documentation and use follow-up communication tools, including “Yoo Hoo” letters, to support client follow-up when needed.

Special Recognition:

BHSJCHA demonstrates thorough and consistent performance for this Indicator with their extensive monitoring and evaluation activities.

Indicator 5.2 Continuously monitor, evaluate, and implement data-driven activities to strengthen the quality of HIV and STI prevention, testing and treatment services.

- Continuously monitoring trend and case data from Afirm and MDSS.
- Using BHSP-supplied data and dashboard reports to drive program planning and decision making.
- Routinely apply program monitoring and evaluation activities for the purpose of continuous improvement.
- Providing evidence of data-driven quality improvement activities, program and/or strategic planning.

Indicator 5.2 Status: Met

Indicator Summary:

BHSJCHA monitors and evaluates HIV and STI prevention, testing, and treatment activities to support continuous quality improvement in accordance with MDHHS program standards. Management staff described efforts to improve return rates for HIV test results, including the implementation of a gray card system and code word process that allows staff to verify client identity when providing results by phone. Policies are also in place outlining follow-up procedures for clients who do not return for results, including contacting confidential testing clients by phone and other methods.

BHSJCHA was recognized for their collaboration with the Bureau of HIV/STI Programs (BHSP) on a Network Detection and Response effort addressing increases in HIV cases in Southwest Michigan.

BHSJCHA gathers client and staff feedback through annual agency-wide customer satisfaction surveys distributed through both QR code and paper formats. Results are reviewed during annual clinical all-staff meetings and help inform program improvements.

Special Recognition:

BHSJCHA has been recognized by the Bureau of HIV and STI Programs (BHSP) for their Network Detection and Response efforts.

Minimum Program Requirement #6

Perform activities to improve population-specific outcomes related to HIV and STI.

Indicator 6.1 Provide inclusive HIV and STI services that are designed with a focus on health equity and use an integrative health approach.

- Conducting education and outreach activities for priority populations.
- Reviewing and evaluating outcome data by Social Determinants of Health (SDOH).
- Collaborating with multi-sectorial partnerships and community programs and services to address SDOH.
- Using local data on HIV and STI disparities to influence program planning.
- Maintaining an updated and accessible community resource guide.

- Ensure staff receive adequate training on Health Equity topics.

Indicator 6.1 Status: Met

Indicator Summary:

BHSJCHA provides HIV and STI services that incorporate health equity principles and an integrative health approach consistent with MDHHS program standards. This work includes staff completion of Sexual Orientation, Gender Identity, and Expression (SOGIE) training, outreach and promotion activities, and documentation related to community engagement and service delivery.

BHSJCHA serves several culturally and linguistically diverse populations, including Amish communities in Hillsdale and St. Joseph counties, Spanish-speaking populations in the Sturgis area of St. Joseph County, and Arabic and Haitian Creole-speaking populations within the region. Staff maintain relationships with community leaders, including Bishops within Amish communities, to support outreach and engagement with these populations.

Health education staff are centrally located within the agency and support programming across all counties, including assisting with translation and culturally appropriate outreach efforts.

Special Recognition:

BHSJCHA demonstrates exceptional performance for this Indicator by serving their community with a strong focus on delivering equitable services.

Vision

| Section Summary | | Total Met | Total |
|-----------------|---------------|-----------|-------|
| Essential | Indicator 1.1 | 1 | 1 |
| | Indicator 2.1 | 1 | 1 |
| | Indicator 3.1 | 1 | 1 |
| | Indicator 4.1 | 1 | 1 |
| | Indicator 4.2 | 1 | 1 |
| | Indicator 5.1 | 1 | 1 |
| | Indicator 6.1 | 1 | 1 |
| | Total | 7 | 7 |
| Total | | 7 | 7 |

Minimum Program Requirement #1

The local health department shall provide vision screening services for preschool children between the ages of 3 and 5 years at program centers.

Reference: Michigan Administrative Code, R 325.13094 (1).

Indicator 1.1 There is documentation that children between the ages of 3 and 5 years were scheduled for and received vision screenings in preschool, Head Start, and child care programs.

- A written policy or program plan articulating procedures for vision screening children between the ages of 3 and 5 years; **AND**

- An agency calendar or appointment book documenting vision technician assignments and/or responsibilities for the past year; **AND**
- A list of preschool, Head Start, and child care programs scheduled to receive vision screening services for the current year; **AND**
- Local health department quarterly Reporting Forms (DCH-0604) indicating the number of preschool children screened, passed, failed, referred, and receiving care.

Indicator 1.1 Status: Met

Indicator Summary:

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) Accreditation On-Site Review was conducted with Heidi Hazel, Personal Health & Disease Prevention Director, Terri Penney, Hearing & Vision, Children’s Special Health Care Services, and Kindergarten Oral Health Assessment Supervisor. Emily Young, Nicole Ewers, and Marcy Moore, Hearing and Vision Screening Program Technicians were also in attendance. Carol Anderson, Hearing and Vision Technician, was unable to attend the review. Rebecca Burns, Health Officer, joined the group for an Exit Interview. A comprehensive notebook outlining the policies and procedures for the Vision Screening Program, including those for preschool and school-age children, was made available to facilitate the review.

Documentation was presented that showed a comprehensive schedule of screenings for children between the ages of three and five years. Head Start staff assist in the screening process by helping bring kids to the screening. Much of the pre-school screenings are done as part of kindergarten round up in the Spring. Those that are missed in this process are screened in the first few weeks of school.

The SPOT camera is primarily used for Head Start and pre-school screenings.

The local health department (LHD) maintains on file a list of names of preschool children who were referred to eye care practitioners.

BHSJCHA presented a calendar of those preschools that were scheduled for screening on file. Follow up records were present for those that failed the vision screen and were referred for follow up. Head Start schedules were available.

Special Recognition:

The Hearing and Vision team at BHSJCHA is a well-functioning, passionate team that is serving the community well.

Minimum Program Requirement #2

The local health department shall provide vision screening services for school-age children in grades 1, 3, 5, 7, & 9 or in grades 1, 3, 5, & 7, and in conjunction with driver training classes at schools (public, private, charter, etc.)

Reference: Michigan Administrative Code R 325.13094 (2).

Indicator 2.1 Program activity reports and statistics document the provision of vision screening in public and private schools for all estimated children in need (e.g., total number of children in grades 1 ,3, 5, 7, and 9).

- A chart or schedule documenting agency vision technician assignments and/or responsibilities for the current year; **AND**
- A written policy or program plan articulating the level of frequency for vision screening school-age children; **AND**

- Local Health Department Quarterly Reporting Forms (DCH-0604) indicating the number of school-age children screened, passed, failed, referred, and receiving care since the last accreditation site visit.

Indicator 2.1 Status: Met

Indicator Summary:

School-aged screenings are occurring and detailed schedules were reviewed. Technicians have detailed schedules kept on a master calendar. Policies were present, detailing the work to be conducted by the Technicians. Follow up records were present for those that failed their vision screenings and needed further follow-up.

BHSJCHA does a good job of screening all grades including ninth grade. They do not have issues getting into schools to screen ninth graders. If students fail in ninth grade, they continue to screen them in high school.

Significant time and effort are put into screenings with the Amish population. This relationship would not be possible without the significant efforts of the Technicians building trust within the community.

Special Recognition:

Staff work with the Amish population is remarkable. The Technicians have taken time to build relationships and trust within these communities.

Additional Comments:

The Lions Club is duplicating screening services in some schools. Michigan Department of Health and Human Services (MDHHS) staff will follow up with the Lions Club to discuss this.

Minimum Program Requirement #3

The local health department shall assure that vision screening is conducted in accordance with the Michigan Department of Health and Human Services (MDHHS) Vision Technician’s Manual (latest edition).

Reference: Michigan Administrative Code R 325.13092.

Indicator 3.1 Appropriate screening equipment and supplies are in working order and used in the screening of preschool, ages 3-5 years, and school-age children.

- The local health department has on file the MDHHS Vision Technician Screening Manual (latest edition); **AND**
- Preschool supplies and equipment used by vision technicians including a tape measure, training cards, the LEA Symbols flash card acuity test, and a Stereo Butterfly Test for the screening of preschool children for binocular and monocular visual acuity, two-line difference acuity, and near stereopsis; **AND**
- School-age supplies and equipment used by vision technicians including a functioning stereoscopic instrument for the screening of school-age children for monocular visual acuity, far phoria, and two-line difference acuity, black wooden “E”, or comparable orientation “E”, and the plus lens test.

Indicator 3.1 Status: Met

Indicator Summary:

During Technician Assessment Program (TAP) evaluations, the equipment was found to be in working order. Screenings are done following MDHHS protocol per the Vision Manual. SPOT and Plus Optics are used when appropriate and are in working order.

Minimum Program Requirement #4

Where follow-up treatment is required, the local health department shall assure that a written statement indicating the necessary course of action is provided to the parent or guardian of the child.

Reference: PA 368 of 1978, MCL 333.9305 (1).

Indicator 4.1 Documentation exists that written statements indicating the necessary course of action have been provided to parents or guardians of children whenever follow-up examination or treatment is necessary as a result of vision screening.

- DCH-0503 Room Summary Forms and DCH-0503P Preschool Daily Report Forms (or equivalents) confirming follow-up information on children referred to an eye care practitioner, and sample parent letters for inspection to confirm agency process for follow-up of children referred to an eye care practitioner

Indicator 4.1 Status: Met

Indicator Summary:

Follow-up spreadsheets were observed listing names for follow-up and status of those exams. Sample follow-up letters for parents were observed and are being used. These letters are sent to parents within one week of a failed screen. Follow-up letters are sent two weeks after the initial letter if follow-up confirmation has not been received.

Indicator 4.2 Documentation demonstrates that a child referred for examination or treatment has received the recommended services.

- DCH-0503 Room Summary Forms and DCH-0503P Preschool Daily Report Forms (or equivalents), or letters confirming the follow-up of children referred to an eye care practitioner.

Indicator 4.2 Status: Met

Indicator Summary:

Follow-up information received by BHSJCHA was on file. All letter samples were available. A large percentage of those referred to vision exams received glasses.

Minimum Program Requirement #5

The local health department shall assure that individuals administering the screening and testing are trained in accordance with curriculum approved by the MDHHS.

Reference: Michigan Administrative Code R 325.13093.

Indicator 5.1 All vision technicians have been trained in accordance with curriculum approved by MDHHS, all vision technicians have attended an MDHHS approved vision technician workshop once in the last two years.

- Vision training certificates are on file confirming that technicians have participated in the approved MDHHS training course to become qualified to screen preschool and school-age children; **AND**
- Workshop certificates are on file confirming that technicians have participated in the approved MDHHS vision technician workshop once in the last two years; **AND**
- Appraisal forms to confirm the participation of the vision technicians in the State-developed Technician Assessment Program (TAP), where preschool screening procedures are observed and evaluated by an outside monitor with a minimum of at least 5 children, ages 3-5 years; **AND**

- Appraisal forms to confirm the participation of the vision technicians in the State-developed TAP, where school-age screening procedures are observed and evaluated by an outside monitor with a minimum of at least 5 children in grades 1,3,5,7 and 9.

Indicator 5.1 Status: Met

Indicator Summary:

The Vision Technicians have successfully completed comprehensive training conducted by the MDHHS for the screening of preschool and school-age children. Each Technician has attended the annual meeting at least once every two years for the purpose of upgrading skills and knowledge. Vision Technicians are all up to date with TAP observations (between 2022 and 2024).

Minimum Program Requirement #6

A local health department shall conduct periodic free vision programs for the testing and screening of children residing in its jurisdiction. The time and place of the programs shall be publicized.

Reference: PA 368 of 1978, MCL 333.9301.

Indicator 6.1 All vision screening services are provided to children without charge to parents or guardians.

- Public announcements and media advertisement publicizing opportunities for scheduling preschool children for vision screening at local health departments.
- Documentation of public bulletins and public service announcements, since the last accreditation site visit, that includes language indicating free vision testing is available.
- An annual timetable for the purpose of notifying the public of vision screening dates, locations, and procedures for scheduling preschool children, ages 3 through 5 years, and school-age children in grades 1, 3, 5, 7, and 9, or in conjunction with driver's training.

Indicator 6.1 Status: Met

Indicator Summary:

Marketing flyers and notices were observed in different forms including radio promotion. Most materials are available in English, Spanish, Arabic and Haitian.

Women, Infants, and Children (WIC)

| Section Summary | | Total Met | Total |
|-----------------|---------------|-----------|-------|
| Essential | Indicator 1.1 | 1 | 1 |
| | Total | 1 | 1 |
| Total | | 1 | 1 |

Minimum Program Requirement #1

The WIC Management Evaluation and Corrective Action Plan (as required) are conducted and satisfactorily completed on a biennial basis as mandated by the United States Department of Agriculture.

Indicator 1.1

The previous WIC Management Evaluation Review (12 Months prior to the Accreditation Date) and its follow-up Corrective Action Plan (CAP) is successfully completed, near completion or progressing toward completion; or there were no citations found during the Management Evaluation Review. (7 CFR 246.9 (a), WIC Policy 1.05)

- The WIC Management Evaluation (ME) must have all Met Indicators, or the WIC ME CAP for each of the indicators must be Met/Completed.**

See WIC Schedule for applicable WIC ME, WIC Follow-Up CAP.

Indicator 1.1 Status: Met

Indicator Summary:

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) Women, Infant, and Children (WIC) Program has completed the 2024 WIC Management Evaluation and follow-up.

Special Recognition:

3.1 The WIC staff at BHSJCHA are cross-trained in many program areas which allows a family to obtain information and additional services providing a personalized health department experience. They demonstrate excellent customer service throughout the whole WIC appointment by calling the clients by name and going over and beyond to accommodate their needs.

When clients were asked how they were treated in WIC they responded, "They helped me breastfeed my preemie, they are really nice there", "Very helpful with my first pregnancy which cut down on my stress level. WIC was with me all the way through to help me. They are like family" and "Really good, I am treated nicely and they are always very professional. I wouldn't change anything."

5.6 There is an ongoing partnership with Great Start Collaborative to help host their annual baby shower for pregnant and new parents in the community. All participants receive information on various programs including nutrition and breastfeeding with lots of door prizes.

They have an Outreach Community Worker on staff to reach potentially eligible families to increase WIC participation.

6.5 The BHSJCHA WIC breastfeeding initiation rates are currently 79.61% which is higher than the state rate of 72.97%. They also surpass the state rate with their six-month duration rate of 31.79%.

All WIC staff attend their annual county fairs to visit with WIC families, provide information on agency services, and promote breastfeeding. They also offer breastfeeding support groups on Facebook, breastfeeding classes and after-hours peer counselor support.

8.1 The BHSJCHA WIC Program provided \$3,391,359 in food dollars in 2025 (updated), which supports local WIC families and businesses. This amount has increased by \$240,425 since the previous year.

Children's Special Health Care Services (CSHCS)

| Section Summary | | Total Met | Total |
|-----------------|---------------|-----------|-------|
| Essential | Indicator 1.1 | 1 | 1 |
| | Indicator 1.2 | 1 | 1 |
| | Indicator 2.1 | 1 | 1 |
| | Indicator 2.2 | 1 | 1 |
| | Indicator 2.3 | 1 | 1 |
| | Indicator 2.4 | 1 | 1 |
| | Indicator 2.5 | 1 | 1 |
| | Indicator 3.1 | 1 | 1 |
| | Indicator 3.2 | 1 | 1 |
| | Indicator 3.3 | 1 | 1 |
| | Indicator 4.1 | 1 | 1 |
| | Indicator 4.2 | 1 | 1 |
| | Indicator 4.3 | 1 | 1 |
| | Indicator 5.1 | 1 | 1 |
| | Indicator 5.2 | 1 | 1 |
| | Indicator 5.3 | 1 | 1 |
| | Indicator 6.1 | 1 | 1 |
| | Indicator 6.2 | 1 | 1 |
| | Indicator 6.3 | 1 | 1 |
| | Indicator 6.4 | 1 | 1 |
| Indicator 6.5 | 1 | 1 | |
| Indicator 6.6 | 1 | 1 | |
| | Total | 22 | 22 |
| Total | | 22 | 22 |

Minimum Program Requirement #1

The local health department (LHD) Children's Special Health Care Services (CSHCS) program shall assure that adequate, trained personnel are available to provide outreach, enrollment and support services for children and youth with special health care needs (CYSHCN) and their families.

- Indicator 1.1 LHD CSHCS shall maintain a staffing configuration that includes a Registered Nurse and a program representative to provide program services to CSHCS client caseload and meet program requirements. When changes occur, the LHD shall submit a CSHCS staff roster to the Michigan Department of Health & Human Services (MDHHS) CSHCS program and shall notify the MDHHS when changes to the roster occur.
- There shall be evidence that the staffing is adequate to provide the required program services to the community and caseload. The table below provides recommended staffing levels based on caseload. It is incumbent on each LHD to determine the appropriate staffing levels/configuration to meet the needs of the community and of the CSHCS enrolled caseload.

Caseload Ranges

Recommended Registered Nurse FTE

Recommended Program Representative FTE

<183

.25
.25
183-488
.50
.25-.50
489-732
1.0
.50
733-976
1.0-1.5
1.0
977-1,586
2.0
1.0-1.5
1,587-2,440
2.0-2.5
1.5-2.0
2,441-3,416
3.0
2.0
3,417-4,026
5.0
5.0
>4,206
6.0
6.0

- There shall be evidence of a current, accurate staff roster. If changes have been made to the staffing, documentation exists showing that the revised roster was sent to MDHHS.

Indicator 1.1 Status: Met

Indicator Summary:

The Branch Hillsdale St. Joseph Community Health Agency (BHSJCHA) Children's Special Health Care Services (CSHCS) team has a growing caseload of around 870 clients. CSHCS recommends staffing 1.0-1.5 full-time equivalents (FTEs) for program nurses and recommends 1.0 FTEs for program representatives. BHSJCHA is meeting the State recommended levels.

Indicator 1.2

New LHD CSHCS employees shall take required courses, as listed on the CSHCS website, within 90 days of employment. All LHD CSHCS staff shall take these courses within 90 days of notification that the training courses have been updated. At least one person from each health department's CSHCS program shall participate in the CSHCS Annual meeting.

- There shall be evidence that exists of timely staff training using required courses within the specified timeframes.
- There shall be evidence of routine staff training/updating through participation in the CSHCS Annual meetings by at least one person from each health department.

Indicator 1.2 Status: Met

Indicator Summary:

The BHSJCHA CSHCS team met with the Accreditation Specialist and their analyst, Karrie, to be individually assessed within the CSHCS Database prior to the On-Site Review. All staff excelled in this exercise, demonstrating proficient and regular use of the database.

Minimum Program Requirement #2

In accordance with the security and privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA), the local health department CSHCS program shall manage CSHCS client protected health information (PHI) in a secure and private manner that results in coordinated care.

Indicator 2.1

The LHD CSHCS program staff shall routinely use the CSHCS database to securely manage CSHCS client PHI and effectively and efficiently coordinate care.

- There shall be evidence of proficient and regular use of the CSHCS database by LHD CSHCS program staff to successfully carry out local CSHCS functions.

Indicator 2.1 Status: Met

Indicator Summary:

The BHSJCHA CSHCS team met with the Accreditation Specialist and their analyst, Karrie, to be individually assessed within the Document Management Portal (DMP) prior to the On-Site Review. All staff excelled in this exercise, demonstrating proficient and regular use of the DMP.

Indicator 2.2

The LHD CSHCS program staff shall use the secure electronic method of communication for sharing of PHI designated by CSHCS (e.g. DMP).

- There shall be evidence of proficient and regular use of the designated electronic system for sharing PHI, by the appropriate LHD CSHCS program staff to successfully carry out CSHCS functions.

Indicator 2.2 Status: Met

Indicator Summary:

The BHSJCHA CSHCS team met with the Accreditation Specialist and their analyst, Karrie, to be individually assessed within the Document Management Portal (DMP) prior to the On-Site Review. All staff excelled in this exercise, demonstrating proficient and regular use of the DMP.

Indicator 2.3

LHD CSHCS shall have a shared, comprehensive client record for CSHCS enrollees that reflects communication among the staff and includes dates and staff identifier.

- There shall be evidence that the LHD maintains comprehensive client record on all CSHCS enrollees that all local CSHCS staff use to record contacts and document services provided.

Indicator 2.3 Status: Met

Indicator Summary:

The BHSJCHA CSHCS team have used Microsoft Access as their Electronic Medical Record (EMR) system for charting up until January 2026, when they went live with Nightengale Notes. Staff worked hard to transfer the files of active clients from Access to Nightengale Notes during the close of 2025.

BHSJCHA CSHCS staff gave the Reviewers a quick introduction to Nightengale Notes and how they utilize this system to ensure documentation within the client record is captured. BHSJCHA CSHCS staff are comfortable and knowledgeable using this EMR. They are currently working out how to streamline reports and letters but feel confident in finding a solution.

BHSJCHA CSHCS staff copy and paste emails straight into Nightengale Notes, which efficiently saves time for staff when charting. The Reviewers and BHSJCHA CSHCS staff had a positive, productive conversation about the importance of documentation and what comprehensive documentation looks like.

The Reviewers were pleased to see the inter-staff communication within the charting, which clearly showed staff members communicating and handing off tasks to each other transparently.

Recommendations For Improvement:

The Reviewers recommend BHSJCHA CSHCS staff provide specific, detailed information when documenting interactions with families and providers, including who initiated the contact. In some client charts, the documentation did not show the Reviewers the full story of the conversation that happened with the family or resolutions to issues previously charted. When all actions are documented, it is much easier to identify if the encounter was a billable activity.

Additional Comments:

BHSJCHA CSHCS staff shared with the Reviewers that when two staff members were charting in Access, it would not save both entries. Staff acknowledged that this could be some of the charting gaps the Reviewers noticed.

Indicator 2.4

LHD CSHCS shall only access the minimum information necessary in the CSHCS database or other electronic data systems to complete tasks for CSHCS clients.

- There shall be evidence that LHD CSHCS staff implement the privacy provisions of HIPAA in carrying out their CSHCS tasks using the CSHCS electronic data systems and that staff receive the local health department's policy and procedure regarding HIPAA compliance.

Indicator 2.4 Status: Met

Indicator Summary:

The BHSJCHA CSHCS staff provided copies of their signed and dated Health Insurance Portability and Accountability Act (HIPAA) Agreements to the Reviewers.

The BHSJCHA CSHCS team shared that they do not have the ability to encrypt emails but always disclose to families that emails are not secure. Email communication has become a successful method of reaching several families. In general, phone calls are typically the first method of contact with families, which also works well.

BHSJCHA CSHCS staff shared that they are currently not utilizing text but will explore the possibility. Nightengale Notes also has the capability to text through the system, which staff will also look into.

Additional Comments:

BHSJCHA CSCHS staff requested that the Reviewers send a new link to SharePoint. This will allow staff to attempt a successful login to gain access to recordings of the CSHCS State Meetings.

BHSJCHA CSHCS staff also asked the Reviewers to connect them to another Local Health Department (LHD) that has been successful with texting clients, in order to learn what works well.

Indicator 2.5 LHD CSHCS shall offer families a private location for the exchange of confidential information.

- There shall be evidence that the LHD CSHCS program has a private location, and it is offered to CSHCS families where they can privately exchange confidential information.

Indicator 2.5 Status: Met

Indicator Summary:

BHSJCHA contains four different conference rooms as an option to meet with CSHCS families to privately exchange confidential information.

The Reviewers and BHSJCHA CSHCS staff discussed language interpretation and services available for staff to use to assist families. The Reviewers highlighted that when using Linguistica, staff can call in advance to schedule a date/time with an interpreter if needed (i.e., for a home visit, American Sign Language, etc.).

Minimum Program Requirement #3

The local health department CSHCS program shall have family-centered policies and procedures in place, as well as accurate and timely reporting.

Indicator 3.1 LHD CSHCS shall regularly use the most current Children's Special Health Care Services Guidance Manual for Local Health Departments (Guidance Manual) and the Medicaid Provider Manual to effectively and consistently carry out local program expectations, policies, and requirements. LHD CSHCS shall demonstrate awareness of the CSHCS Comprehensive Agreement (CA) and submission timeframes.

- There shall be evidence that the LHD CSHCS program staff routinely use the CSHCS Guidance Manual and Medicaid Provider Manual in carrying out local program expectations, policies, and requirements.

Indicator 3.1 Status: Met

Indicator Summary:

The Reviewers observed evidence that the BHSJCHA CSHCS program staff routinely use the CSHCS Guidance Manual and Medicaid Provider Manual.

Indicator 3.2 LHD CSHCS shall have written policies and procedures in accordance with CSHCS published policy that are reviewed annually and updated as needed regarding local CSHCS program functions.

- There shall be evidence of written policies and procedures (electronic or hard-copy) that stipulate local procedures in accordance with current CSHCS published policy.

- There shall be evidence that the written policies and procedures are reviewed annually and updated as necessary. See Addendum 1 for the minimum list of policy statements to submit with procedures.

Indicator 3.2 Status: Met

Indicator Summary:

The BHSJCHA CSHCS Policy and Procedure Manual contained all the required policies and procedures that the Reviewers were looking for. BHSJCHA CSHCS staff shared that this manual is updated annually.

Special Recognition:

The Reviewers appreciated many of the details within the BHSJCHA CSHCS Policy and Procedure Manual! Policies and procedures around limited English proficiency, county transfers, returned mail, bereavement, etc. are not required procedures, but are included in the manual and important for current and incoming staff.

Recommendations For Improvement:

The Reviewers noted that some policies and procedures were in multiple places, with similar language. The Reviewers suggest consolidating and streamlining procedures to ensure staff know exactly where to go to find what they are looking for.

Indicator 3.3 LHD CSHCS shall facilitate family input regarding the local CSHCS program at least annually.

- There shall be evidence of outreach for family involvement for input regarding possible improvements to the overall local CSHCS program..

Indicator 3.3 Status: Met

Indicator Summary:

The BHSJCHA CSHCS team mail their satisfaction survey out within the annual update packet, with a self-addressed stamped envelope for families to return. Paper surveys contain a QR code option for families who prefer to complete the survey online. All survey responses are held until the end of the month, then sent to the Marketing/Promotions team who track all survey data.

Special Recognition:

The Reviewers applaud the BHSJCHA CSHCS team for consistently striving to make their survey more meaningful, and continuing to make updates as needed! Staff do an amazing job of following up with families who express concerns in the survey, including home visits if necessary!

The Reviewers also praise the BHSJCHA CSHCS staff for brainstorming ways to address survey concerns to increase customer satisfaction. When staff were notified that some families found it challenging to get ahold of them, they created a phone chain so that if one staff member was unavailable, it would ring the next staff member until someone was able to answer.

Additional Comments:

During staff turnover in the Marketing/Promotions department, some survey responses were lost while staff were transitioning the data collection tool from Survey Monkey to Alchemer. BHSJCHA CSHCS staff worked very hard attempting to locate the missing surveys but were unsuccessful.

Minimum Program Requirement #4

The local health department CSHCS program shall collaborate with community partners and provide outreach, case-finding, program representation, and referral services to CYSHCN/families in a family-centered manner.

Indicator 4.1 LHD CSHCS shall routinely conduct outreach, case finding and program representation which includes, but is not limited to, the provision of information regarding CSHCS policy on diagnostic referrals, program eligibility, and covered services, to families, local hospitals, providers, the community and other agencies.

- There shall be evidence of outreach, case-finding, and program representation to families and community organizations.

Indicator 4.1 Status: Met

Indicator Summary:

The BHSJCHA CSHCS staff shared an outreach log outlining past outreach activities with the Reviewers. BHSJCHA staff make an effort to keep local providers, agencies, and families informed and educated about the CSHCS program. Activities ranged from sharing information with schools and physician offices, to community fairs, and having lunch with the Board of Commissioners.

Special Recognition:

The Reviewers were thrilled with the way BHSJCHA CSHCS staff connect and build relationships with multiple agencies! The BHSJCHA staff also participate in Regional LHD meetings to collaborate with other LHDs. BHSJCHA CSHCS staff regularly send the Marketing/Promotions department information related to CSHCS and the Family Center for Facebook posts!

Indicator 4.2

LHD CSHCS shall partner with and refer CYSHCN and CSHCS clients to other needed services/programs and/or assist in making applications for other programs in the community for which the child and/or family may be eligible.

- There shall be evidence of referral procedures and practices for families of CYSHCN and those enrolled in the CSHCS program. The LHD CSHCS shall have evidence of partnering with and assisting families in applying for other programs for which they might be eligible such as Early On, WIC, CMH, MRS, MICHild, Healthy Kids, Medicaid, HCC/TEFRA, SSI and Medicare.

Indicator 4.2 Status: Met

Indicator Summary:

The Reviewers found evidence of BHSJCHA CSHCS staff partnering with and referring families to other programs. Staff discussed the possibility of tracking non-CSHCS clients and the referrals that are given. This equates to significant time and effort from staff but is not captured anywhere. This kind of tracking can demonstrate valuable services BHSJCHA CSHCS staff provide to the community that may not always be recognized.

Indicator 4.3

LHD CSHCS shall inform all families about the Family Center for Children and Youth with Special Health Care Needs (Family Center). Written documents sent to families from the LHD shall contain the Family Phone Line toll-free number and the CSHCS website (www.michigan.gov/cshcs).

- There shall be evidence of informing clients/families about the Family Center, to include the Family Phone Line when appropriate, as well as inclusion of the required information on family-focused materials and correspondence to families.

Indicator 4.3 Status: Met

Indicator Summary:

The Reviewers discussed current Family Center opportunities such as Camp & Conference Scholarships, the new Family Center website, the Family Center referral form, and the Family Engagement Grant.

The Reviewers shared that BHSJCHA CSHCS staff could be very helpful to State staff in finding out how to best outreach to Amish families.

Recommendations For Improvement:

The Reviewers recommend adding the direct link to the Family Center website on letters sent to families listing the Family Center as a resource instead of only providing the link to the CSHCS website.

Additional Comments:

The Reviewers will provide BHSJCHA CSHCS staff with a list of previously approved conferences.

Minimum Program Requirement #5

The local health department CSHCS program shall assist families in the CSHCS application and renewal process as well as the application processes for other relevant programs.

Indicator 5.1

LHD CSHCS shall assist any family who is referred to or who contacts the local health department with needs regarding completion of CSHCS application and renewal processes and/or forms.

- There shall be evidence that the LHD CSHCS has assisted families who have been referred or who have contacted the LHD for help with the CSHCS application and renewal process and/or forms.

Indicator 5.1 Status: Met

Indicator Summary:

The BHSJCHA CSHCS staff have assisted families who have been referred to them or who have contacted them for help with the CSHCS application. Staff contact families by phone or mail offering assistance in completing the CSHCS application.

Staff also provided evidence of attempting to locate families prior to the lapse of CSHCS coverage. Staff shared that to identify families who need renewal assistance, they pull the Renewal Follow Up report one month before coverage expires. They also pull the Beneficiaries Not Renewed report and compare the two reports. Next, they make two phone/mail attempts to contact the family and offer assistance. If the client does not renew coverage, a close out letter is mailed the day after the client falls off the CSHCS program.

Recommendations For Improvement:

The Reviewers encouraged BHSJCHA CSHCS staff to add the close out letter process to their Renewal Follow Up procedures. The Reviewers also recommend documenting if it's known that an outside provider is assisting the family with Renewal Follow Up.

Indicator 5.2

LHD CSHCS shall locate individuals or families who do not return a CSHCS Application within 30 days after being invited to join CSHCS, to offer assistance with application completion.

- The LHD CSHCS program shall have evidence of attempting to locate those who have not returned an application within 30 days of being invited to join CSHCS and of offering to assist with completing the application.

Indicator 5.2 Status: Met

Indicator Summary:

The BHSJCHA CSHCS staff typically pull the Enrollment App Not Returned report monthly. Staff will make two attempts via phone and/or mail to contact the family.

Recommendations For Improvement:

The Reviewers and BHSJCHA CSHCS staff discussed adding to procedures when the Enrollment App Not Returned report is pulled. Staff also shared a time-line document of when to pull certain reports. The Reviewers thought this was visually appealing and could also be helpful to add to the Policy and Procedure manual.

Indicator 5.3

LHD CSHCS shall assist clients/families who have received a CSHCS 90-day temporary eligibility period (TEP).

- There is evidence that the LHD CSHCS program contacts families that have a TEP and offers/provides assistance during their 90-day TEP to avoid loss of CSHCS coverage.

Indicator 5.3 Status: Met

Indicator Summary:

The BHSJCHA CSHCS staff become aware a client is in a Temporary Eligibility Period (TEP) after receiving a message through DMP. Staff also pull the TEP report monthly to identify clients. Staff will make two points of contact via phone and/or mail to reach the family.

Additional Comments:

BHSJCHA CSHCS staff and the Reviewers discussed County Transfers and how that can be challenging when the transferring LHD does not notify the new LHD the client is now in their county. The Reviewers agreed and will look into an LHD call training for all LHDs on the correct way to process a County Transfer.

Minimum Program Requirement #6

The local health department CSHCS program shall provide information and support services to CSHCS enrollees and their families.

Indicator 6.1

LHD CSHCS shall initiate contact to inform CSHCS clients/families of applicable CSHCS and related benefits upon enrollment and as needed according to individual circumstances. Following initial enrollment, CSHCS enrolled families shall be contacted at least annually to provide updated information about the CSHCS program, benefits, assess family needs, and update client information.

- There shall be evidence that, at enrollment, the LHD initiates a contact with CSHCS clients/families and informs them about CSHCS and the CSHCS benefits that are applicable to their circumstances at that time, rights and responsibilities as well as other benefits that might address their needs. There shall also be evidence that the LHD contacts enrolled clients/families at least annually to provide updated information about the CSHCS program, benefits, assess family needs, and update client information.

Indicator 6.1 Status: Met

Indicator Summary:

The BHSJCHA CSHCS team are notified of new clients via DMP, and a chart is created in Nightengale Notes. Next, a welcome packet is sent to the family. BHSJCHA CSHCS staff will call the family to introduce them to CSHCS and offer a Plan of Care (POC).

For annual contact, BHSJCHA CSHCS staff pull the third month report and Renewal Follow Up report. The representative mails the family an annual update packet including an annual update letter, Rights and Responsibilities, a survey, and a self-addressed stamped envelope to return to the LHD with any updates.

Recommendations For Improvement:

The Reviewers recommend updating procedures to state how BHSJCHA CSHCS staff are notified of a new client, that when a call is made a POC is also offered, and update the process to include the new EMR.

Indicator 6.2

LHD CSHCS shall assist the CSHCS enrolled client/family with needs related to CSHCS care and services as appropriate. Examples include: adding authorized providers, billing problems, hospice, insurance issues, premium assistance, application to the CSN fund, applications for home care and/or respite services, and others.

- There shall be evidence that the LHD CSHCS assists enrolled clients/families with their needs related to services and systems of care navigation.

Indicator 6.2 Status: Met

Indicator Summary:

The BHSJCHA CSHCS team provided ample evidence of assisting clients/families with their needs related to care and services.

Special Recognition:

The Reviewers commend the BHSJCHA CSHCS team for the support they provide to families who need assistance with their care and service needs! The Reviewers saw numerous situations through charting where BHSJCHA CSHCS staff helped families with financial challenges, billing, pharmacy, the Children with Special Needs Fund, insurance issues, Community Mental Health, and several needs unique to the multiple Amish families across the communities BHSJCHA serves!

Recommendations For Improvement:

The Reviewers recommend BHSJCHA CSHCS staff reconfigure a care and service needs policy and procedure. It can be linked or combined with another policy, if preferred. The Reviewers will provide some policy examples to assist BHSJCHA CSHCS staff.

Indicator 6.3

LHD CSHCS program shall facilitate transition for CSHCS enrolled youth, young adults, and their families. LHD CSHCS program shall begin the transition process by the age of 14 but may begin earlier as appropriate.

- There shall be evidence that the LHD facilitates transition of youth and young adults toward aspects of adult life, including adult health care, work, and independence following the CSHCS guidelines. There shall be evidence of the transition process by the age of 14 or earlier as appropriate.

Indicator 6.3 Status: Met

Indicator Summary:

The BHSJCHA CSHCS team shared that if they are in contact with the family, they will initiate a transition conversation for clients ages 14-18 and offer care coordination.

At age 14, a transition letter is sent to the family. At age 18, a birthday letter is sent along with a release of information, pamphlets, a transition to adulthood link, and staff attempt to schedule a POC.

Recommendations For Improvement:

The Reviewers encourage the BHSJCHA CSHCS staff to further reach out to families in between ages 14-18 to ensure they are getting transition information. Staff mentioned they now have access to a transition report, which will be helpful in reaching out to additional families.

Indicator 6.4

LHD CSHCS shall assist and authorize in-state travel and assist with obtaining authorization for out-of-state travel for CSHCS enrolled families as needed following CSHCS policies and procedures.

- There shall be evidence that the LHD CSHCS staff assists and, if appropriate, authorizes in-state travel following CSHCS published Non-Emergency Medical Transportation and Assistance (NEMT) policy. There shall be evidence that the LHD CSHCS staff discuss the process to obtain out-of-state travel if the family requests out-of-state assistance.

Indicator 6.4 Status: Met

Indicator Summary:

The BHSJCHA CSHCS staff handle transportation reimbursements on a regular basis and work very hard to assist families with this benefit.

Indicator 6.5

LHD CSHCS shall assist with funded out-of-state care for CSHCS-enrolled families as needed.

- There shall be evidence that the LHD CSHCS is assisting clients/families as needed with out-of-state care.

Indicator 6.5 Status: Met

Indicator Summary:

BHSJCHA CSHCS staff are able to assist with funded out-of-state (OOS) care for CSHCS-enrolled families as needed.

Indicator 6.6

The LHD CSHCS program shall provide Level I and Level II care coordination and make case management available to CSHCS families as needed, according to current CSHCS policies and procedures.

- There shall be evidence that the LHD CSHCS program is providing Level I and Level II care coordination services and making case management services available to clients/families as needed in accordance with current CSHCS policies and procedures.

Indicator 6.6 Status: Met

Indicator Summary:

The BHSJCHA CSHCS team provide Level I and Level II care coordination to families, as well as home visits and Case Management. The Reviewers were pleased with how comfortable BHSJCHA CSHCS staff are with billing, particularly Case Management.

Recommendations For Improvement:

The Reviewers found instances where it was noted that additional training on billing may be beneficial for staff. Level II billing opportunities present themselves when staff are outside the scope of routine work. This can include making multiple contacts to coordinate care, which would demonstrate a more substantial effort to assist the family.

Situations in which simple information sharing, pulling medical records, or submitting information for families into the DMP are still base funding activities that are not applicable for billing purposes.

The Reviewers encouraged staff to continue ensuring documentation is specific, to support the units billed and give themselves full credit for the work they are completing. The Reviewers also discussed with BHSJCHA CSHCS staff POC goals and adding additional goals that family and staff continue to work on, and items that will require follow-up.

Additional Comments:

BHSJCHA CSHCS staff shared with the Reviewers some examples of Medicaid Health Plans (MHPs) missing enrollment for prospective CSHCS clients. Staff shared two specific examples with Reviewers that can be brought back to the State, investigated, and addressed by the MHPs specifically with BHSJCHA and in general at the upcoming Annual Meeting.

The Reviewers offered to provide additional training on billing if BHSJCHA CSHCS staff are interested. Please feel free to contact State staff with any concerns or questions regarding billing.

MEDICAL DIRECTOR'S REPORT

April 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. Vaccination and Tuberculosis subcommittees for the Michigan Association of Public Health and Preventive Medicine Physicians.
7. Continuous review of policies.

CARBON MONOXIDE POISONING

Carbon Monoxide (CO) is a tasteless, odorless gas.

Often called the “silent killer”.

CO gas is formed whenever fuel is burned.

Most CO poisonings take place at home. Sources must be properly cared for and vented.

The most common causes of Michigan deaths are faulty furnaces and water heaters.

In Michigan, 145 people died and 3,868 people sought medical treatment for CO poisoning between 2009 and 2013.

Anyone can be at risk. Most at risk and harm to their health are fetuses and infants, pregnant women, the elderly and people with heart disease, lung disease or anemia.

CO is dangerous because it blocks your body from taking in oxygen.

Poisoning can happen suddenly or gradually over time. It can cause serious illness or death in just minutes.

Breathing in CO can cause mild symptoms that seem like the flu or more serious symptoms such as fainting. The symptoms depend on the amount of CO a person comes in contact with, the length of time of contact and the general health of the individual.

Mild symptoms include headache, weakness, dizziness, sleepiness, shortness of breath, tightness in the chest, nausea and/or vomiting.

Sever symptoms include confusion, loss of muscle control, blurred vision, extreme headache, weakness, fainting and convulsions.

If you think you are having symptoms of CO poisoning, you should go outside for fresh air immediately.

Call 911 and tell them that you think you are experiencing CO poisoning. Head to the ER.

A simple blood test done at the hospital can usually detect CO poisoning.

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

Food Program Updates

The food program is heading into the start of the temporary food season. The Michigan Department of Agriculture and Rural Development (MDARD) has launched an online temporary food inspection training program. I am utilizing this program as a refresher course to educate our general and Type II staff who assist with simple temporary food inspections. This training will also support documentation to the State of Michigan that our Agency is continuing staff education.

Across the tri-county area, several local food facilities have recently opened to the public:

- Jersey Mike's – Coldwater
- Agaves Mexican Restaurant – Sturgis

Wells, Septic, Pools, Vector, and Campgrounds

As we approach the end of this accreditation cycle, Kyle and I have been working on our corrective action plan for MPR 2.1 and 2.2. At this time, we are ahead of schedule in compiling our corrective action plans and will be ready to submit them to MPHI for review.

Our Environmental Health general staff are now settled into our temporary location in Three Rivers and have been providing services to the public.

As requested by the Board of Health, we reviewed permit issuance data across our three counties. Permits issued during February and March were analyzed to determine the average time required for issuance. Due to the wide range in the data, averages are reported using the median.

Please note that these averages are influenced by several variables, including time of year, scheduling conflicts (approximately 10% of which were outside of our control), staffing levels, emergency cases, residential versus non-residential systems, replacement versus new proposals, and applications involving both well and septic systems.

- The median time to issue a septic permit, once a complete application is received, is **13 calendar days**.
- The median time to issue a well permit, once a complete application is received, is **9 calendar days**.

To illustrate how these variables can affect timelines, consider the following example: applications proposing both a well and septic system for new construction are dependent on the septic permit timeline,

as both permits are issued simultaneously (average of 13 days). In contrast, a replacement well application takes an average of **4 calendar days** to process.

The 13-day septic permit timeline and 9-day well permit timeline represent overall averages across all project types, regardless of the variables involved.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2025/2026

| | MARCH | | | | YTD 2025/2026 | | | | YTD 2024/2025 | | | |
|---|-------|----|----|-------|---------------|-----|-----|-------|---------------|-----|-----|-------|
| | BR | HD | SJ | TOTAL | BR | HD | SJ | TOTAL | BR | HD | SJ | TOTAL |
| WELL/SEWAGE SYSTEM EVAL. | - | - | - | - | 3 | 4 | 2 | 9 | - | 5 | 16 | 21 |
| CHANGE OF USE EVALUATIONS - FIELD | 5 | 6 | 11 | 22 | 12 | 22 | 25 | 59 | 13 | 20 | 24 | 57 |
| CHANGE OF USE EVALUATIONS - OFFICE | 16 | 1 | 9 | 26 | 29 | 15 | 41 | 85 | 26 | 15 | 33 | 74 |
| ON-SITE SEWAGE DISPOSAL | | | | | | | | | | | | |
| PERMITS NEW CONSTRUCTION | 10 | 5 | 11 | 26 | 23 | 30 | 35 | 88 | 37 | 41 | 50 | 128 |
| REPAIR/REPLACEMENT | 3 | 3 | 7 | 13 | 19 | 18 | 42 | 79 | 25 | 22 | 43 | 90 |
| VACANT LAND EVALUATION | - | 2 | 5 | 7 | 3 | 6 | 13 | 22 | 4 | 9 | 5 | 18 |
| PERMITS DENIED | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL | 13 | 10 | 23 | 46 | 45 | 54 | 90 | 189 | 66 | 72 | 98 | 236 |
| SEWAGE PERMITS INSPECTED | 4 | 2 | 11 | 17 | 42 | 40 | 64 | 146 | 33 | 35 | 68 | 136 |
| WELL PERMITS ISSUED | 14 | 10 | 20 | 44 | 68 | 76 | 91 | 235 | 73 | 62 | 94 | 229 |
| WELL PERMITS INSPECTED | 16 | 14 | 12 | 42 | 75 | 116 | 81 | 272 | 77 | 65 | 114 | 256 |
| FOOD SERVICE INSPECTION | | | | | | | | | | | | |
| PERMANENT | 23 | 21 | 31 | 75 | 116 | 128 | 186 | 430 | 136 | 131 | 196 | 463 |
| NEW OWNER / NEW ESTABLISHMENT | 1 | - | 1 | 2 | 11 | 3 | 11 | 25 | 66 | 2 | 12 | 20 |
| FOLLOW-UP INSPECTION | - | - | - | - | 4 | 3 | 5 | 12 | 2 | 4 | 7 | 13 |
| TEMPORARY | 1 | - | 1 | 2 | 9 | 4 | 18 | 31 | 8 | 5 | 13 | 26 |
| MOBILE/STFU | 1 | 1 | 6 | 8 | 14 | 8 | 31 | 53 | 8 | 10 | 25 | 43 |
| PLAN REVIEW APPLICATIONS | - | 1 | 2 | 3 | 1 | 6 | 5 | 12 | 5 | 2 | 5 | 12 |
| FOOD RELATED COMPLAINTS | 2 | - | - | 2 | 12 | 3 | 8 | 23 | 7 | - | 6 | 13 |
| FOODBORNE ILLNESS INVESTIGATED | - | - | - | - | 2 | - | - | 2 | - | - | 1 | 1 |
| FOOD CLASSES | | | | | | | | | | | | |
| MANAGEMENT CERTIFICATION CLASS | - | - | - | - | - | - | - | 5 | - | 5 | 5 | 10 |
| CAMPGROUND INSPECTION | | | | | | | | | | | | |
| | - | - | - | - | - | - | - | - | - | - | - | - |
| NON-COMM WATER SUPPLY INSP. | 1 | 1 | 2 | 4 | 4 | 13 | 15 | 42 | 5 | 9 | 17 | 31 |
| SWIMMING POOL INSPECTION | 2 | - | - | 2 | 9 | 3 | 6 | 18 | 9 | 5 | 4 | 18 |
| PROPOSED SUBDIVISION REVIEW | - | - | - | - | - | - | - | - | - | - | - | - |
| SEPTIC TANK CLEANER | 3 | - | - | 3 | 3 | - | - | 3 | 8 | 1 | - | 9 |
| DHS LICENSED FACILITY INSP. | 1 | - | - | 1 | 4 | 13 | 12 | 29 | 7 | 12 | 16 | 35 |
| COMPLAINT INVESTIGATIONS | 2 | 3 | 1 | 6 | 10 | 27 | 8 | 45 | 7 | 12 | 8 | 27 |
| LONG TERM MONITORING | - | - | - | - | 3 | 1 | 6 | 10 | - | - | - | - |
| BODY ART FACILITY INSPECTIONS | 2 | - | 2 | 4 | 2 | 1 | 9 | 12 | 2 | 5 | 3 | 10 |



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: 03/01/2026 - 03/31/2026

| County | Inspection Type / Reason | Count |
|--------------------------|--|-----------|
| Branch County | | |
| <u>Food Safety</u> | | |
| | Consultation - Plan Review Consultation | 2 |
| | Non Foodborne Illness Complaint - Initial | 2 |
| | Plan Review Activity - Initial | 1 |
| | Pre-Opening - Pre-Opening | 1 |
| | Risk Based Inspection - Routine | 23 |
| | STFU Inspection - Routine | 1 |
| | Temporary Food Inspection - Routine | 1 |
| | Total # of Food Safety inspections - Branch County | 31 |
| Hillsdale County | | |
| <u>Food Safety</u> | | |
| | Risk Based Inspection - Routine | 21 |
| | STFU Inspection - Routine | 1 |
| | Total # of Food Safety inspections - Hillsdale County | 22 |
| St. Joseph County | | |
| <u>Food Safety</u> | | |
| | Non Foodborne Illness Complaint - Initial | 1 |
| | Pre-Opening - Pre-Opening | 1 |
| | Risk Based Inspection - Routine | 31 |
| | STFU Inspection - Routine | 4 |
| | STFU Pre-Opening - Pre-Opening | 2 |

Inspection Type Count By County

For Date Range: 03/01/2026 - 03/31/2026

| County | Inspection Type / Reason | Count |
|--------|---|------------------|
| | Temporary Food Inspection - Routine | 1 |
| | Total # of Food Safety inspections - St. Joseph County | 40 |
| | <u>Total # of inspections - All counties</u> | <u>93</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: 03/01/2026 - 03/31/2026 and Food Program

| Name | Location | Date | Inspection Type/Reason | # of P | # of Pf | CDI | # of C |
|------------------------------------|------------|------------|---|--------|---------|-----|--------|
| Agaves Mexican Restaurant | Sturgis | 03/26/2026 | Pre-Opening - Pre-Opening | 0 | 0 | 0 | 0 |
| American Comfort LLC | Marcellus | 03/27/2026 | STFU Pre-Opening - Pre-Opening | 0 | 0 | 0 | 0 |
| American Legion Post 360 | Reading | 03/11/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Applebees #8393 | Coldwater | 03/03/2026 | Consultation - Plan Review Consultation | 0 | 0 | 0 | 0 |
| Applebees #8393 | Coldwater | 03/13/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Arbys #6059 | Coldwater | 03/06/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Big Pines Brewing | Hillsdale | 03/13/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Biggby Coffee #571 | Jonesville | 03/27/2026 | Risk Based Inspection - Routine | 1 | 0 | 1 | 1 |
| Branch Inter School District | Coldwater | 03/05/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 1 |
| Branch ISD Lincoln Learning Center | Coldwater | 03/18/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Buffalo Wild Wings | Coldwater | 03/03/2026 | Consultation - Plan Review Consultation | 0 | 0 | 0 | 0 |
| Buffalo Wild Wings | Coldwater | 03/10/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Bull's Holy Smoke | Sturgis | 03/05/2026 | STFU Inspection - Routine | 0 | 0 | 0 | 0 |
| Bull's Holy Smoke | Sturgis | 03/25/2026 | STFU Inspection - Routine | 0 | 0 | 0 | 0 |
| Burnside Senior Center | Coldwater | 03/17/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |

| Name | Location | Date | Inspection Type/Reason | # of P | # of Pf | CDI | # of C |
|--|--------------|------------|---|--------|---------|-----|--------|
| Burr Oak Missionary Church | Burr Oak | 03/09/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| BURR OAK SCHOOL | Centreville | 03/09/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Burr Oak United Methodist Kitchen | Burr Oak | 03/09/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 1 |
| Chicago Street Pub Inc | Coldwater | 03/12/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 1 |
| Coldwater Burger King #4652 | Coldwater | 03/27/2026 | Non Foodborne Illness Complaint - Initial | 0 | 0 | 0 | 0 |
| Coldwater Cinemas Inc | Coldwater | 03/17/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| CONGRESS SCHOOL | STURGIS | 03/04/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Cottage Inn Pizza | Coldwater | 03/27/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Cottage Inn Sturgis | Sturgis | 04/01/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 2 |
| Dairy Queen | Quincy | 03/06/2026 | Risk Based Inspection - Routine | 0 | 1 | 0 | 0 |
| Designer Donut & Coffee LLC DBA Foltz | Sturgis | 03/06/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 1 |
| EASTWOOD SCHOOL | Sturgis | 03/13/2026 | Risk Based Inspection - Routine | 1 | 0 | 1 | 0 |
| El Camino Real | Three Rivers | 03/27/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| El Cunado Mexican Cuisine | Coldwater | 03/05/2026 | STFU Inspection - Routine | 0 | 0 | 0 | 0 |
| El Taco Loco II | Coldwater | 03/03/2026 | Risk Based Inspection - Routine | 1 | 0 | 1 | 1 |
| Factoryville Bible Church | Athens | 03/25/2026 | Temporary Food Inspection - Routine | 0 | 0 | 0 | 0 |
| FIRST CHURCH OF GOD | Three Rivers | 03/12/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| FIRST UNITED METHODIST CHURCH OF STURGIS | Sturgis | 03/19/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Frankie's | Three Rivers | 03/12/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 2 |
| Golden Hour Coffee Co | Jonesville | 03/31/2026 | STFU Inspection - Routine | 0 | 0 | 0 | 0 |
| Grambys Homestyle Restaurant | Sturgis | 03/05/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 1 |
| Hillsdale College Dining Hall | Hillsdale | 03/24/2026 | Risk Based Inspection - Routine | 0 | 1 | 1 | 1 |
| Hillsdale College Dow Conference Center | Hillsdale | 03/24/2026 | Risk Based Inspection - Routine | 1 | 0 | 1 | 1 |
| Hillsdale County ISD - Hillsdale Preparatory | Hillsdale | 03/18/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Hillsdale Dairy Queen | Hillsdale | 03/06/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| HILLSDALE FILLING STATION DELI | Hillsdale | 03/23/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |

| Name | Location | Date | Inspection Type/Reason | # of P | # of Pf | CDI | # of C |
|--|--------------|------------|---|--------|---------|-----|--------|
| Hillsdale Preparatory School | Hillsdale | 03/18/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| HILLSDALE TWP FIRE DEPT | HILLSDALE | 03/18/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Jefferson Elementary School | Coldwater | 03/18/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 1 |
| Jerolene Elementary | Sturgis | 03/19/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Jersey Mike's Subs | | 03/20/2026 | Plan Review Activity - Initial | 0 | 0 | 0 | 0 |
| Jersey Mike's Subs | | 03/31/2026 | Pre-Opening - Pre-Opening | 0 | 0 | 0 | 0 |
| JILLY BEANS TOO | JONESVILLE | 03/27/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| La Morenita LLC | Three Rivers | 03/27/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| LAKE AREA CHRISTIAN SCHOOL--fixed | STURGIS | 03/09/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Lakeland Elementary | Coldwater | 03/12/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Lincoln Elementary School | Coldwater | 03/18/2026 | Risk Based Inspection - Routine | 1 | 0 | 0 | 0 |
| LONE RANGER CAFE | READING | 03/26/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| MAIN STREET PIZZA | JONESVILLE | 03/23/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| MaMazzoni's Italian Beef | Sturgis | 03/30/2026 | STFU Inspection - Routine | 0 | 0 | 0 | 0 |
| Mancino's of Sturgis | Sturgis | 03/20/2026 | Non Foodborne Illness Complaint - Initial | 0 | 0 | 0 | 0 |
| Max Larsen Elementary School | Coldwater | 03/12/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 1 |
| McDonalds of Quincy Store 19180 | Quincy | 03/25/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Mr Gyros | Coldwater | 03/17/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| NUTRITION XTREME | Jonesville | 03/31/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Ohana Kalea Shave Ice | Lagrange | 03/25/2026 | STFU Inspection - Routine | 0 | 0 | 0 | 0 |
| Pigeon Inn | White Pigeon | 03/11/2026 | Risk Based Inspection - Routine | 1 | 0 | 1 | 1 |
| PIPER'S GRINDERS GALORE | Constantine | 03/20/2026 | Risk Based Inspection - Routine | 0 | 1 | 1 | 0 |
| Pleasant Street 2025 LLC (Corner Cafe) | Sturgis | 03/19/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Ponderosa Steakhouse | Coldwater | 03/24/2026 | Non Foodborne Illness Complaint - Initial | 0 | 0 | 0 | 0 |
| Popeyes | Sturgis | 04/01/2026 | Risk Based Inspection - Routine | 0 | 1 | 1 | 2 |

| Name | Location | Date | Inspection Type/Reason | # of P | # of Pf | CDI | # of C |
|---|--------------|------------|-------------------------------------|--------|---------|-----|--------|
| Quality Inn & Suites | Coldwater | 03/06/2026 | Risk Based Inspection - Routine | 0 | 1 | 0 | 0 |
| Ray's Tavern | Reading | 03/11/2026 | Risk Based Inspection - Routine | 0 | 1 | 1 | 0 |
| READING PIZZA BARN | READING | 03/12/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| READING UNITED METHODIST CHURCH | READING | 03/12/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Red Fox Sportsman Club | Jonesville | 03/30/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Ritas Hospitality DBA Best Western Plus | Coldwater | 03/06/2026 | Risk Based Inspection - Routine | 1 | 0 | 0 | 0 |
| ROUGH DRAFT | HILLSDALE | 03/16/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Share the Warmth of Hillsdale County | Hillsdale | 03/19/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Small Town Girl | Coldwater | 03/25/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| St Charles School | Coldwater | 03/12/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| ST. JOHN'S EPISCOPAL CHURCH | Sturgis | 03/13/2026 | Risk Based Inspection - Routine | 1 | 0 | 0 | 0 |
| Starbucks Coffee Sturgis | Sturgis | 03/31/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| STURGES-YOUNG CENTER FOR THE ARTS | Sturgis | 03/13/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Sturgis Central Commons | Sturgis | 03/19/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| STURGIS MIDDLE SCHOOL | STURGIS | 03/09/2026 | Risk Based Inspection - Routine | 1 | 0 | 1 | 0 |
| Subway #19719 | Coldwater | 03/10/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Taco Bell #33023 | Three Rivers | 03/24/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Taqueria Luna Express | Sturgis | 03/31/2026 | STFU Pre-Opening - Pre-Opening | 0 | 0 | 0 | 0 |
| Tasty Twist of Coldwater | Coldwater | 03/11/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Three Rivers 9th St umc | Three Rivers | 03/12/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| THREE RIVERS PIZZA HUT | THREE RIVERS | 03/24/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Tibbits Opera Foundation & Arts Council Inc | Coldwater | 03/30/2026 | Temporary Food Inspection - Routine | 0 | 0 | 0 | 0 |
| TOMAHAWK TAVERN | White Pigeon | 03/11/2026 | Risk Based Inspection - Routine | 0 | 1 | 0 | 0 |
| WALL SCHOOL | STURGIS | 03/09/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| Wendy's #4405 | Hillsdale | 03/12/2026 | Risk Based Inspection - Routine | 0 | 1 | 0 | 0 |
| WENZEL SCHOOL | STURGIS | 03/04/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |
| YOUTH FOR CHRIST | Sturgis | 03/04/2026 | Risk Based Inspection - Routine | 0 | 0 | 0 | 0 |

| Name | Location | Date | Inspection Type/Reason | # of P | # of Pf | CDI | # of C |
|------|----------|------|------------------------|---------|---------|----------|----------|
| | | | | <hr/> 9 | <hr/> 8 | <hr/> 10 | <hr/> 18 |

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.



Enclosures:

1. Services to Victims of Elder Abuse – Q2 FY2026 program report
2. FY27-29 Multi-Year Area Plan and 2026 Request for Proposal Timeline
3. 2026 Community Needs Survey

Updates:

1. Services to Victims of Elder Abuse Program Updates:
 - Victim Specialists continue their work directly serving individuals in our communities, collaborating and developing community partners & leading monthly IDT meetings.
 - Staff continue to work on details for the “Elder Justice Symposium” event at the St. Joseph County Sheriff’s Office - Training Center in Centreville on September 17th.
2. FY2026 Budget Update: We have been issued a full-year Statement of Grant award. It is continuation level funding. We will be working with providers on adjustment requests and should have amendment information ready for the May Finance Committee and BOH.
3. Staffing Update:
We are (still) in the process of hiring a full-time Outreach Specialist.
4. MI Options Updates:
Our team remains busy with calls, walk-ins and referrals for both Medicare Counseling and Options Counseling.
Senior Medicare Patrol (SMP): Implementation has begun, mostly administrative
5. FY2027-2029 Multi-Year Area Plan and 2026 Request for Proposal Timeline
Planning has begun! Our Community Input Survey is LIVE!

Please take a look and complete the Community Input Survey. It can be completed online (via QR code), on paper, or via the telephone with one of our team members. We took a more consolidated approach this year: eliminated “key leader” survey, trimmed down questions, simplified language and included more social determinant of health-type questions which will support more community-level projects within BHSJ CHA and outside BHSJ CHA!

Please attend a Community Input Forum:

| | |
|---|--|
| Branch: Monday May 4 th | St. Joseph: Wednesday May 6 th |
| 9:30am – Union City Senior Center | 11:00am – Oaks Enrich. Center, Sturgis |
| 2:00pm – H&C Burnside Center, Coldwater | 2:00pm – Rivers Enrich. Center, Three Rivers |

Please attend the Public Hearing:

Wednesday, May 20th
9:30am – BHSJ Community Health Agency, 570 Marshall Road, Coldwater
(Note: some of you may be here already for Program, Policy and Appeal Committee!)



Services to Victims of Elder Abuse Grant FY25-26 2nd Quarter Report (St. Joseph County)

1/1/2026 to 3/31/2026

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

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

570 Marshall Road, Coldwater, MI 49036

www.bhsj.org/aaa

Office: (517) 278-2538

Toll Free (888) 615-8009

For additional information or questions please contact:

Toni Laughlin Ph: (517) 617-5592 Email: laughlint@bhsj.org

Wendy Nowicke Ph: (269) 501-2869 Email: nowickew@bhsj.org

| Demographics - New Clients | Total | Previous Qtr. Totals | YTD |
|------------------------------------|-----------|----------------------|-----------|
| Black/African-American | 0 | 0 | 0 |
| Hispanic/Latino | 0 | 0 | 0 |
| Caucasian/Non-Latino | 5 | 13 | 18 |
| Female | 2 | 10 | 12 |
| Male | 3 | 3 | 6 |
| Vulnerable: Age 18-59 | 3 | 0 | 3 |
| Elderly: Age 60 and Older | 2 | 13 | 15 |
| <u>New Clients Total</u> | 5 | 13 | 18 |
| <u>Continuing Clients</u> | 7 | 0 | 7 |
| <u>Total Clients Served</u> | 12 | 13 | 25 |

| Types of Victimization | Total | Previous Qtr. Totals | YTD |
|--------------------------------------|-------|----------------------|-----|
| Arson | 0 | 0 | 0 |
| Bullying (Verbal, Cyber or Physical) | 2 | 4 | 6 |
| Domestic or Family Violence | 2 | 3 | 5 |
| Elder Abuse or Neglect | 11 | 13 | 24 |
| Identity Theft/Fraud/Financial Crime | 8 | 9 | 17 |
| Physical Assault | 1 | 3 | 4 |
| Robbery/Burglary | 0 | 0 | 0 |
| Sexual Assault | 2 | 3 | 5 |
| Survivors of Homicide | 0 | 0 | 0 |
| Multiple Victimizations | 12 | 13 | 25 |

| Special Classification | Total | Previous Qtr. Totals | YTD |
|------------------------|-------|----------------------|-----|
| Deaf/Hard of Hearing | 5 | 7 | 12 |
| Disability | 12 | 13 | 25 |
| Homeless | 3 | 4 | 7 |
| LGBTQ | 0 | 0 | 0 |
| Veteran | 1 | 1 | 2 |

| Direct Services | Total | Previous Qtr. Totals | YTD |
|------------------------------------|-------|----------------------|-----|
| Crime Victims Compensation | 0 | 0 | 0 |
| Information about Criminal Justice | 27 | 38 | 65 |
| Referral to Other Services | 40 | 24 | 64 |
| Referral to Other Victim Services | 5 | 0 | 5 |
| Victim Notification | 9 | 6 | 15 |

**Services to Victims of Elder Abuse Grant
FY25-26 2nd Quarter Report (St. Joseph County)
Continued**

| Personal Advocacy | Total | Previous Qtr. Totals | YTD |
|--|--------------|-----------------------------|------------|
| Child/Dependent Assistance | 0 | 0 | 0 |
| Emergency Medical Care | 0 | 0 | 0 |
| Individual Advocacy | 43 | 76 | 119 |
| Intervention with Person or Institutions | 34 | 69 | 103 |
| Law Enforcement Interview | 4 | 0 | 4 |
| Transportation | 10 | 13 | 23 |

| Emotional Support or Safety Services | Total | Previous Qtr. Totals | YTD |
|---|--------------|-----------------------------|------------|
| Crisis Intervention | 23 | 60 | 83 |
| Emergency Financial Assistance | 0 | 0 | 0 |

| Shelter/Housing Services | Total | Previous Qtr. Totals | YTD |
|---------------------------------|--------------|-----------------------------|------------|
| Relocation Assistance | 7 | 15 | 22 |
| Transitional Housing | 0 | 0 | 0 |

| Criminal Justice Assistance | Total | Previous Qtr. Totals | YTD |
|--|--------------|-----------------------------|------------|
| Criminal Advocacy | 0 | 0 | 0 |
| Law Enforcement Interview | 4 | 0 | 4 |
| Notification of Criminal Justice Event | 9 | 10 | 19 |
| Other Emergency Assistance | 0 | 0 | 0 |
| Personal Protective Order | 2 | 0 | 2 |
| Prosecution Interview | 0 | 0 | 0 |
| Restitution Assistance | 10 | 29 | 39 |
| Victim Impact Statement | 2 | 0 | 2 |



Services to Victims of Elder Abuse Grant FY25-26 2nd Quarter Report (Branch County)

1/1/2026 to 3/31/2026

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

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

570 Marshall Road, Coldwater, MI 49036

www.bhsj.org/aaa

Office: (517) 278-2538

Toll Free (888) 615-8009

For additional information or questions please contact:

Toni Laughlin Ph: (517) 617-5592 Email: laughlint@bhsj.org

Wendy Nowicke Ph: (269) 501-2869 Email: nowickew@bhsj.org

| Demographics - New Clients | Total | Previous Qtr. Totals | YTD |
|------------------------------------|-----------|----------------------|-----------|
| Black/African-American | 0 | 0 | 0 |
| Hispanic/Latino | 0 | 0 | 0 |
| Caucasian/Non-Latino | 4 | 16 | 20 |
| Female | 3 | 12 | 15 |
| Male | 1 | 6 | 7 |
| Vulnerable: Age 18-59 | 0 | 2 | 2 |
| Elderly: Age 60 and Older | 4 | 16 | 20 |
| <u>New Clients Total</u> | 4 | 18 | 22 |
| <u>Continuing Clients</u> | 6 | 0 | 6 |
| <u>Total Clients Served</u> | 10 | 18 | 28 |

| Types of Victimization | Total | Previous Qtr. Totals | YTD |
|--------------------------------------|-------|----------------------|-----|
| Arson | 0 | 0 | 0 |
| Bullying (Verbal, Cyber or Physical) | 5 | 2 | 7 |
| Domestic or Family Violence | 2 | 5 | 7 |
| Elder Abuse or Neglect | 9 | 15 | 24 |
| Identity Theft/Fraud/Financial Crime | 9 | 17 | 26 |
| Physical Assault | 0 | 1 | 1 |
| Robbery/Burglary | 2 | 4 | 6 |
| Sexual Assault | 0 | 0 | 0 |
| Survivors of Homicide | 0 | 0 | 0 |
| 9 Multiple Victimizations | 9 | 18 | 27 |

| Special Classification | Total | Previous Qtr. Totals | YTD |
|------------------------|-------|----------------------|-----|
| Deaf/Hard of Hearing | 9 | 5 | 14 |
| Disability | 10 | 18 | 28 |
| Homeless | 1 | 1 | 2 |
| LGBTQ | 0 | 1 | 1 |
| Veteran | 3 | 3 | 6 |

| Direct Services | Total | Previous Qtr. Totals | YTD |
|------------------------------------|-------|----------------------|-----|
| Crime Victims Compensation | 0 | 2 | 2 |
| Information about Criminal Justice | 6 | 12 | 18 |
| Referral to Other Services | 1 | 76 | 77 |
| Referral to Other Victim Services | 0 | 3 | 3 |
| Victim Notification | 0 | 2 | 2 |

**Services to Victims of Elder Abuse Grant
FY25-26 2nd Quarter Report (Branch County)
Continued**

| Personal Advocacy | Total | Previous Qtr. Totals | YTD |
|--|--------------|-----------------------------|------------|
| Child/Dependent Assistance | 0 | 0 | 0 |
| Emergency Medical Care | 0 | 0 | 0 |
| Individual Advocacy | 26 | 49 | 75 |
| Intervention with Person or Institutions | 42 | 61 | 103 |
| Law Enforcement Interview | 3 | 5 | 8 |
| Transportation | 11 | 16 | 27 |

| Emotional Support or Safety Services | Total | Previous Qtr. Totals | YTD |
|---|--------------|-----------------------------|------------|
| Crisis Intervention | 32 | 37 | 69 |
| Emergency Financial Assistance | 5 | 3 | 8 |

| Shelter/Housing Services | Total | Previous Qtr. Totals | YTD |
|---------------------------------|--------------|-----------------------------|------------|
| Relocation Assistance | 32 | 6 | 38 |
| Transitional Housing | 0 | 0 | 0 |

| Criminal Justice Assistance | Total | Previous Qtr. Totals | YTD |
|--|--------------|-----------------------------|------------|
| Criminal Advocacy | 3 | 0 | 3 |
| Law Enforcement Interview | 0 | 5 | 5 |
| Notification of Criminal Justice Event | 0 | 1 | 1 |
| Other Emergency Assistance | 1 | 10 | 11 |
| Personal Protective Order | 2 | 2 | 4 |
| Prosecution Interview | 0 | 0 | 0 |
| Restitution Assistance | 0 | 0 | 0 |
| Victim Impact Statement | 0 | 0 | 0 |



Services to Victims of Elder Abuse Grant FY25-26 2nd Quarter Report (Both Counties)

1/1/2026 to 3/31/2026

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

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

570 Marshall Road, Coldwater, MI 49036

www.bhsj.org/aaa

Office: (517) 278-2538

Toll Free (888) 615-8009

For additional information or questions please contact:

Toni Laughlin PH: (517) 617-5592 Email: laughlint@bhsj.org

Wendy Nowicke Ph: (269) 501-2869 Email: nowickew@bhsj.org

| Demographics - New Clients | Total | Previous Qtr. Totals | YTD |
|------------------------------------|-----------|----------------------|-----------|
| Black/African-American | 0 | 0 | 0 |
| Hispanic/Latino | 0 | 0 | 0 |
| Caucasian/Non-Latino | 9 | 29 | 38 |
| Female | 5 | 22 | 27 |
| Male | 4 | 9 | 13 |
| Vulnerable: Age 18-59 | 3 | 2 | 5 |
| Elderly: Age 60 and Older | 6 | 29 | 35 |
| <u>New Clients Total</u> | 9 | 31 | 40 |
| <u>Continuing Clients</u> | 13 | 0 | 13 |
| <u>Total Clients Served</u> | 22 | 31 | 53 |

| Types of Victimization | Total | Previous Qtr. Totals | YTD |
|--------------------------------------|-------|----------------------|-----|
| Arson | 0 | 0 | 0 |
| Bullying (Verbal, Cyber or Physical) | 7 | 6 | 13 |
| Domestic or Family Violence | 4 | 8 | 12 |
| Elder Abuse or Neglect | 20 | 28 | 48 |
| Identity Theft/Fraud/Financial Crime | 17 | 26 | 43 |
| Physical Assault | 1 | 4 | 5 |
| Robbery/Burglary | 2 | 4 | 6 |
| Sexual Assault | 2 | 3 | 5 |
| Survivors of Homicide | 0 | 0 | 0 |
| Multiple Victimitizations | 21 | 31 | 52 |

| Special Classification | Total | Previous Qtr. Totals | YTD |
|------------------------|-------|----------------------|-----|
| Deaf/Hard of Hearing | 14 | 11 | 25 |
| Disability | 22 | 31 | 53 |
| Homeless | 4 | 5 | 9 |
| LGBTQ | 0 | 1 | 1 |
| Veteran | 4 | 4 | 8 |

| Direct Services | Total | Previous Qtr. Totals | YTD |
|------------------------------------|-------|----------------------|-----|
| Crime Victims Compensation | 0 | 2 | 2 |
| Information about Criminal Justice | 33 | 50 | 83 |
| Referral to Other Services | 41 | 100 | 141 |
| Referral to Other Victim Services | 5 | 3 | 8 |
| Victim Notification | 9 | 8 | 17 |

**Services to Victims of Elder Abuse Grant
FY25-26 2nd Quarter Report (Both Counties)
Continued**

| Personal Advocacy | Total | Previous Qtr. Totals | YTD |
|---|--------------|-----------------------------|------------|
| Child/Dependent Assistance | 0 | 0 | 0 |
| Emergency Medical Care | 0 | 0 | 0 |
| Individual Advocacy | 69 | 125 | 194 |
| Intervention with Person or Institutions | 76 | 130 | 206 |
| Law Enforcement Interview | 7 | 5 | 12 |
| Transportation | 21 | 29 | 50 |
| | | | |
| Emotional Support or Safety Services | | Previous Qtr. Totals | YTD |
| Crisis Intervention | 55 | 97 | 152 |
| Emergency Financial Assistance | 5 | 3 | 8 |

| Shelter/Housing Services | Total | Previous Qtr. Totals | YTD |
|---------------------------------|--------------|-----------------------------|------------|
| Relocation Assistance | 39 | 21 | 60 |
| Transitional Housing | 0 | 0 | 0 |

| Criminal Justice Assistance | Total | Previous Qtr. Totals | YTD |
|--|--------------|-----------------------------|------------|
| Criminal Advocacy | 3 | 0 | 3 |
| Law Enforcement Interview | 4 | 5 | 9 |
| Notification of Criminal Justice Event | 9 | 11 | 20 |
| Other Emergency Assistance | 1 | 10 | 11 |
| Personal Protective Order | 4 | 2 | 6 |
| Prosecution Interview | 0 | 0 | 0 |
| Restitution Assistance | 10 | 29 | 39 |
| Victim Impact Statement | 2 | 0 | 2 |



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

Multi-Year Area Plan (FY2027-2029)
Annual Implementation Plan (FY2027)
& 2026 Request for Proposal

OVERVIEW AND TIMELINE

The Multi-Year Area Plan (MYP) & Annual Implementation Plan (AIP) are documents written for submission to the Michigan Department of Health & Human Services – Bureau of Aging, Community Living, and Supports (ACLS Bureau) under the authority of the Older Americans Act and the Older Michiganians Act. These extensive documents outline the overall role and function of the Branch-St. Joseph Area Agency on Aging (AAA IIC). Further, the documents outline how resources (state, federal, and local), community priorities, advocacy strategies, program development objectives, and service targeting will be carried out across the two-county planning and service area.

The input we gather through multiple public input sessions, public hearings, a community needs assessment, Policy Board meetings and Advisory Committee meetings inform every aspect of our work. *We thank you in advance for your time and participation throughout the planning process.*

In addition to these detailed planning documents, services will be re-bid this year to coincide with the planning cycle. We anticipate beginning the Request for Proposal process in June, with proposals due to the AAA in the beginning of August. The AAA (IIC) Policy Board/Community Health Agency Board of Health will award the 3-year contracts promptly so that they are in place for the start of the new fiscal year which commences October 1, 2026.

~ **TIMELINE FOR COMPLETION** ~

- Multi-Year Area Plan (Fiscal Years 2027-2029)
- Annual Implementation Plan (Fiscal Year 2027)
 - 2026 Request for Proposal process

March & April 2026

- ⌘ Begin compilation and analysis of data & demographics
- ⌘ Finalize assessment tools for community needs assessment; Release survey link and email community partners, distribute paper copies to in home service participants – Mid-April. Request surveys returned by May 4th. Online surveys accepted thru May 11th.
- ⌘ Promote May Public Input Forums to media & community partners – April 10th
- ⌘ Place Public Notice Ad (Daily Reporter) for “Notice of Public Hearing” – April 10th to be published on April 18th for May Hearing.
- ⌘ Document drafting begins including; needs assessment, service & program recommendations, and 2027 budget information. Incorporate input from Advisory Committee, older adults, caregivers, community leaders, community partners, and Board of Health (AAA IIIC Policy Board).

May 2026

- ⌘ Public Input Forums:

Branch County:

Union City Senior Center, 501 N. Broadway St., Union City

Monday, May 4, 2026

9:30 AM

H. & C. Burnside Center, 65 Grahl Drive, Coldwater

Monday, May 4, 2026

2:00 PM

St. Joseph County:

Oaks Enrichment Center, 306 N. Franks Ave., Sturgis

Wednesday, May 6, 2026

11:00 AM

Rivers Enrichment Center, 1200 W. Broadway Street, Three Rivers

Wednesday, May 6, 2026

2:00 PM

- ⌘ Draft MYP/AIP available to public on May 15th.
- ⌘ Review & approval of draft Plans by Advisory Committee @ May 19th meeting.
- ⌘ Review of draft Plans by Board of Health/PPA Committee @ May 20th meeting.

⌘ Public Hearing:

BHSJ Community Health Agency, 570 N. Marshall Road, Coldwater

Wednesday, May 20, 2026

9:30 AM

June 2026

- ⌘ Send MYP/AIP to each County Board of Commissioners requesting approval – June 1
- ⌘ Board of Health final review & support of MYP/AIP @ May 28th meeting
- ⌘ Multi-Year Plan/AIP is DUE to ACLS Bureau on/before June 22, 2026.
- ⌘ RFP process begins: Prepare RFP packet & send to potential bidders - 1st week of June
- ⌘ RFP Public Notice Ads placed in local newspapers to appear June 6th
- ⌘ Letters of Intent to Bid due on June 15th
- ⌘ Mandatory Pre-Proposal Bidders Conference – June 22nd, Coldwater

July & August 2026

- ⌘ Grant Proposals are DUE to the AAA by 10:00am on July 24, 2026
- ⌘ BOH Program, Policy & Appeals Committee grant proposal review – Wed. August 19th
- ⌘ BOH Program, Policy & Appeals Committee makes recommendations to Board of Health – August 27th
- ⌘ Grant Awards/Denials sent to bidders' week of August 31, 2026
- ⌘ Contracts are negotiated, prepared & sent to providers week of September 7th

September 2026

- ⌘ Contracts due back to the AAA on or before September 21st. All awards/contracts are contingent upon Michigan Commission on Services to the Aging approval of our MYP/AIP planning documents.
- ⌘ Contracts commence October 1, 2026.



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

Every three years our agency prepares a Multi-Year Area Plan. The plan sets priorities, based upon community needs, for the use of state and federal funding to support services across Branch and St. Joseph County. Your input will directly affect the development of services in our area.

The survey will collect information about the following: demographics, health, housing, finances, unmet needs, and service usage. The survey is anonymous and should take about 15 minutes to complete.

If you need assistance to complete the survey, please contact our office by email at aaa3c@bhsj.org, Toll Free at (888) 615-8009, or (517) 278-2538

You may complete this paper survey and mail it to AAA Region 3C, 570 Marshall Rd., Coldwater, MI 49036, or you can complete online by using the QR code above or web link below:

<https://survey.alchemer.com/s3/8786440>

Thank you for your time and input!

1. What county do you live in?

- Branch
- St. Joseph
- Other: _____

2. How would you describe yourself?

- Caucasian/White
- African American/Black
- Native American/Alaskan Native
- Asian
- Middle Eastern
- Other (Please specify)

3. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No

4. What gender do you identify with?

- Female
- Male
- Transgender
- Non-binary/Non-conforming
- Other not listed
- Prefer not to respond

5. Do you have a disability?

- Yes
- No

6. Have you served in the military?

- Yes
- No

7. What is your primary language?

- English
- Spanish
- Arabic
- Haitian Creole
- Other: _____

8. What is your age?

- Under age 50
- 50-59
- 60-69
- 70-79
- 80-89
- 90 or over

9. Please describe your employment status?

- Retired
- Disabled or unable to work
- Employed full time
- Employed part time
- Unemployed
- Volunteer

10. Do you currently live:

- Alone
- With a spouse
- With relatives, other than a spouse
- With non-relatives
- With a long-term partner
- Other _____

11. Have you experienced any of the following in the past 6 months? (check all that apply)

- Family, friends or unpaid caregivers have helped me with daily tasks such as grocery shopping, transportation to appointments, personal care, etc.
- A paid caregiver has helped me with daily activities.
- I have been unable to find a caregiver/family member to help me at home.
- I am taking care of a loved one and I don't know what help may be available to us.
- Someone has taken advantage of me financial or emotionally.
- Someone has physically hurt me.
- I have difficulty using technology. (Includes cell phone and computer)
- I talked with family or friends by video, phone call or text.
- I engaged with others in a social setting.
- I had doctor appointment(s) by video or telehealth.
- I have had to choose between food and medicine.
- I received or am receiving Meals on Wheels.
- I have gone hungry.
- I felt isolated or lonely.
- I felt nervous, on-edge, or anxious.
- I felt down, hopeless, or depressed.
- I do not know where to find mental health services.
- I fell or have been at risk of falling.
- I have been to the emergency room.
- I used public transportation.
- I missed medical appointments due to lack of transportation.
- I have had difficulty understanding benefits I am entitled to. (May include retirement and insurance)
- I could not pay my utility bills.
- I worried that I may lose my home.

12. How do you find information about resources, programs, and services? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Referral agencies like 2-1-1 or Area Agency on Aging | <input type="checkbox"/> Doctor or Therapist |
| <input type="checkbox"/> Church/Faith-based Organizations | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Community Groups/Clubs | <input type="checkbox"/> Social Media (Facebook, Instagram, YouTube) |
| <input type="checkbox"/> Friends, Family, or Neighbors | <input type="checkbox"/> Television |
| <input type="checkbox"/> Health Fairs/Community Events | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Websites | <input type="checkbox"/> Other: _____ |

Services for Older Adults and Caregivers

The Branch-St. Joseph Area Agency on Aging strives to maximize the state and federal funding we receive to help older adults live, age, and grow. To effectively do so, we must prioritize available services. Your ratings of how useful the following services are to yourself, older adults, and caregivers will help us identify priority services for the community.

| Service or Program | Most useful or currently use | Might be useful in the future | Not useful to me |
|--|------------------------------|-------------------------------|--------------------------|
| Abuse, Neglect, Exploitation, Awareness and Prevention Programming (Helps people recover & navigate resources) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult day services (daytime care for adults in group settings) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Case management/In home assessment & monitoring (coordination and management of support services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Caregiver services (Educational events, support groups, or instruction to improve skills) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chore services (home maintenance tasks such as yard work or heavy cleaning) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Congregate Meals (group meals held at a dining center) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health education to promote disease prevention, health and wellness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friendly reassurance (contact with isolated adults to ensure safety & offer social interaction) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grandparents raising grandchildren/Kinship Caregiver Support (family or friend raising child(ren) under age 18 for a parent who is unable to care for them) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Home delivered meals (Meals on Wheels) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Home repair (improvements to prevent or fix a sub-standard condition or address a safety hazard) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homemaker services (laundry, sweeping, washing dishes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Information & Assistance/Options counseling (unbiased information and support with decision making about supports and services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal Services (assist with legal affairs including advice, representation, document preparation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicare/Health insurance counseling (unbiased information regarding Medicare enrollment and health insurance plans) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal care (assistance with bathing, dressing, and grooming) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Emergency Response System (call for help button) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respite Care (providing the caregiver a break) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation WITHIN the county | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation to OTHER counties/states | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for completing our survey! For community updates and information on resources, visit us on at our website www.bhjsj.org/aaa or follow us on Facebook at Area Agency on Aging IIIC.

Personal Health and Disease Prevention: April 23, 2026

Heidi Hazel, BSN, RN

Communicable Disease:

Data from our regional epi's.

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

-27% of Michigan Residents are vaccinated for Influenza

-9.5% of Michigan Residents are vaccinated for COVID-19

Respiratory Illnesses: As of April 13th, the Influenza Like Activity levels for Michigan are listed as minimal.

Nationally, 139 influenza-associated pediatric deaths have been reported during the 2025-2026 influenza season; 85% occurred among children who were not fully vaccinated against influenza. Of these deaths, six were reported in Michigan.

Research has shown that getting the Flu vaccine may cut heart attack, stroke risk in half.

[Article regarding benefits of getting your Flu Vaccine.](#)

Spring allergies or influenza?

| Spring Allergies | Influenza |
|---|---|
| <p>Causes</p> <ul style="list-style-type: none"> • Environmental allergens, such as pollen, causes the immune system to overreact and release histamines that trigger symptoms. | <p>Causes</p> <ul style="list-style-type: none"> • The influenza virus, which spreads through droplets when people cough, sneeze or talk. |
| <p>Timing</p> <ul style="list-style-type: none"> • Develops gradually. • Can last weeks or months. | <p>Timing</p> <ul style="list-style-type: none"> • Appears suddenly. • Can last several days to two weeks. |
| <p>Common symptoms</p> <ul style="list-style-type: none"> • Sneezing. • Runny or stuffy nose. • Itchy or watery eyes. • Scratchy throat. • Postnasal drip. • Mild fatigue. | <p>Common symptoms</p> <ul style="list-style-type: none"> • Fever or chills. • Body aches. • Fatigue and weakness. • Headache. • Dry cough. • Sore throat. • Runny or stuffy nose. • Sometimes nausea or vomiting. |

RSV: RSV activity continues to spread. Due to the ongoing increase in RSV cases, the MDHHS has extended the end of the season window for the administration of RSV monoclonal antibodies from March 31st to April 30th for infants and children.

Measles: As of April 9th, there have been 1,714 confirmed measles cases in the United States for 2026. There have been 8 confirmed cases in Michigan.

Rabies: A skunk tested positive for Rabies in Oakland County after biting a resident.

[2026 Rabies Positive Animals in Michigan](#)

Immunizations/STD/HIV:

The State is modernizing the Michigan Care Improvement Registry (MCIR) to enhance how immunization data is managed, accessed, and utilized across Michigan. Training for the new system is now underway, with an official launch date of June 15. The updated system, called STC|ONE, will connect Michigan to the nation's longest-running Immunization Information System (IIS) user consortium, providing access to data from 17 jurisdictions.

Recall notices for adolescents aged 11-13 have been mailed. A total of 2,865 notices were sent, each including an informational resource about HPV.

We are excited to share that STI testing is now available in Sturgis! This will continue to be an important service even after we return to our main building. We are also working on training all staff to provide testing. Once we are back in our Three Rivers office, we will be offering STI testing there too.

Women, Infant, and Children (WIC):

We have been offering virtual appointments to our St. Joseph clients to help ease the hardships caused by the recent tornadoes.

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

CSHCS: Summer camp season is here, and applications are now being accepted! These camps offer youth the opportunity to participate in programs designed around their specific diagnosis or disability. Financial assistance is available, with scholarships to help make camp more accessible for families. Check out the link here: [2026 Camp Scholarship Application](#)

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

*FYTD=Fiscal Year To Date

| Confirmed & Probable Case Totals | Mar-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 | 4 | 4 | 9 | 5 | 12 | 19 | 36 | 3 | 17 | - | 20 |
| Blastomycosis | - | - | - | - | - | - | - | - | - | - | - | - |
| Brucellosis | - | - | - | - | - | - | - | - | - | - | - | - |
| Campylobacter | - | 1 | - | 1 | 3 | 3 | 4 | 10 | 7 | 3 | 7 | 17 |
| Chicken Pox | - | - | 1 | 1 | 3 | - | 2 | 5 | - | - | - | - |
| Chlamydia | 5 | 6 | 12 | 23 | 34 | 22 | 80 | 136 | 37 | 37 | 102 | 176 |
| Coccidioidomycosis | - | - | - | - | - | - | - | - | - | - | - | - |
| CRE Carbapenem Resistant Enterobac. | - | - | - | - | - | - | - | - | - | - | - | - |
| Cryptosporidiosis | 1 | - | - | 1 | 1 | - | 1 | 2 | 1 | 2 | - | 3 |
| Giardiasis | - | - | - | - | 1 | - | - | 1 | - | - | 1 | 1 |
| Gonorrhea | - | - | 2 | 2 | 10 | - | 27 | 37 | 5 | 6 | 28 | 39 |
| H. Influenzae Disease - Inv. | 1 | 1 | - | 2 | 1 | 3 | - | 4 | - | 1 | 2 | 3 |
| Hepatitis B - Acute | - | - | - | - | - | - | - | - | - | - | 2 | 2 |
| Hepatitis B - Chronic | - | - | - | - | - | - | 1 | 1 | 1 | 1 | 1 | 3 |
| Hepatitis C - Acute | - | - | - | - | - | - | 1 | 1 | - | - | - | - |
| Hepatitis C - Chronic | - | 1 | 1 | 2 | 1 | 5 | 12 | 18 | 1 | 4 | 6 | 11 |
| Hepatitis C Unknown | - | - | - | - | - | - | - | - | 1 | - | - | 1 |
| Histoplasmosis | - | - | - | - | 2 | - | - | 2 | 1 | - | 1 | 2 |
| HIV/AIDS | - | - | - | - | 1 | 1 | - | 2 | 1 | - | - | 1 |
| Influenza | 70 | 13 | 124 | 207 | 305 | 70 | 552 | 927 | 532 | 110 | 614 | 1,256 |
| Kawasaki | - | - | - | - | 5 | - | - | 5 | - | - | - | - |
| Latent Tuberculosis | - | - | - | - | 1 | - | - | 1 | 1 | 1 | 1 | 3 |
| Legionellosis | - | - | - | - | 1 | - | - | 1 | - | 1 | - | 1 |
| Listeriosis | - | - | - | - | - | - | - | - | - | - | - | - |
| Lyme Disease | - | - | - | - | - | 1 | 1 | 2 | 3 | 2 | 4 | 9 |
| Measles | - | - | - | - | - | - | - | - | - | - | - | - |
| Menengitis - Aseptic | - | - | - | - | - | - | - | - | - | 1 | - | 1 |
| Menengitis - Bacterial | - | - | - | - | - | - | - | - | 1 | - | - | 1 |
| Meningococcal Disease | - | - | - | - | - | - | - | - | - | - | - | - |
| Mumps | - | - | - | - | - | - | - | - | - | - | - | - |
| Mycobacterium - Other | 1 | 1 | 1 | 3 | 2 | 1 | 2 | 5 | 5 | 3 | 1 | 9 |
| Norovirus | - | - | 1 | 1 | - | - | 1 | 1 | 16 | 1 | - | 17 |
| Novel Coronavirus | 12 | 48 | 10 | 70 | 208 | 367 | 209 | 784 | 312 | 510 | 257 | 1079 |
| Pertussis | - | - | 1 | 1 | 2 | 1 | 2 | 5 | 7 | 14 | 7 | 28 |
| RSV | 4 | 7 | 15 | 26 | 4 | 7 | 15 | 26 | - | 8 | 1 | 9 |
| Salmonellosis | 1 | 2 | - | 3 | 5 | 3 | 3 | 11 | 3 | - | 3 | 6 |
| Shiga Toxin-prod. (STEC) | - | - | - | - | - | 1 | 1 | 2 | - | 1 | 1 | 2 |
| Shigellosis | - | - | - | - | - | - | - | - | - | - | - | - |
| Shingles | - | - | - | - | - | 1 | 1 | 2 | - | - | 1 | 1 |
| Staphylococcus Aureus Infect. | - | - | - | - | - | - | - | - | - | - | - | - |
| Strep Invasive Gp A | - | - | - | - | 1 | 1 | 1 | 3 | 3 | - | 4 | 7 |
| Strep Pneumonia Inv Ds. | - | - | 2 | 2 | 4 | 2 | 8 | 14 | - | 3 | 1 | 4 |
| Syphilis - Primary | 1 | - | - | 1 | 2 | - | - | 2 | 1 | - | 8 | 9 |
| Syphilis - Secondary | - | - | - | - | - | 2 | 1 | 3 | 1 | - | 3 | 4 |
| Syphilis To Be Determined | - | - | - | - | 4 | - | 2 | 6 | 2 | 3 | 7 | 12 |
| Trichinosis | - | - | - | - | - | - | - | - | - | 1 | - | 1 |
| Tuberculosis | - | - | - | - | 1 | - | - | 1 | - | 2 | - | 2 |
| Unusual Outbreak/Occurrence | - | - | - | - | - | - | 1 | 1 | - | - | - | - |
| VZ Infection, Unspecified | - | - | - | - | - | 5 | 1 | 6 | - | 1 | - | 1 |
| Yersinia Enteritis | - | - | - | - | - | - | - | - | - | 1 | 1 | 2 |

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

| | Mar-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 | 78 | 90 | 84 | 9 | 261 | 527 | 647 | 396 | 276 | 1,846 | 1,583 | 1,054 | 339 | 1,293 | 4,269 |
| All VFC Doses Given | 529 | 262 | - | 468 | 1,259 | 3,308 | 1,585 | - | 3,573 | 8,466 | 3,554 | 1,849 | 157 | 3,022 | 8,582 |
| Waivers | 7 | 12 | 2 | 3 | 24 | 57 | 77 | 20 | 59 | 213 | 81 | 68 | 16 | 69 | 234 |
| ADULT IMMUNIZATIONS | | | | | | | | | | | | | | | |
| # Vaccines Given CHA | 77 | 11 | 16 | 9 | 113 | 461 | 106 | 108 | 282 | 957 | 356 | 131 | 108 | 90 | 685 |
| All AVP Doses Given | 78 | 2 | - | 13 | 93 | 339 | 86 | - | 228 | 653 | 367 | 114 | 14 | 121 | 616 |
| COMMUNICABLE DISEASE | | | | | | | | | | | | | | | |
| TB Tests Done | 8 | 10 | - | 4 | 22 | 36 | 40 | - | 16 | 92 | 25 | 49 | 2 | 14 | 90 |
| STD treatments | - | - | 1 | 3 | 4 | 5 | 5 | 1 | 44 | 55 | 5 | 4 | - | 56 | 65 |
| HIV Testing | 1 | 3 | 2 | 2 | 8 | 3 | 15 | 2 | 55 | 75 | 2 | 8 | - | 48 | 58 |
| ENROLLMENTS | | | | | | | | | | | | | | | |
| Medicaid & Michild | - | 1 | - | - | 1 | 3 | 1 | - | - | 4 | 10 | 4 | - | - | 14 |
| REFERRAL SERVICE | | | | | | | | | | | | | | | |
| MCDC Referrals | 5 | 2 | 25 | 31 | 63 | 23 | 14 | 132 | 167 | 336 | 20 | 21 | 82 | 78 | 201 |
| MIHP referrals | - | - | 19 | 34 | 53 | 6 | - | 165 | 214 | 385 | 2 | - | 278 | 265 | 545 |
| Hearing Screens | | | | | | | | | | | | | | | |
| Pre-school | 25 | 121 | - | 169 | 315 | 265 | 137 | - | 327 | 729 | 223 | 170 | - | 246 | 639 |
| School Age | 14 | - | - | 29 | 43 | 1,068 | 680 | - | 1,550 | 3,298 | 853 | 715 | 619 | 1,025 | 3,212 |
| Vision Screens | | | | | | | | | | | | | | | |
| Pre-school | 27 | 128 | - | 182 | 337 | 190 | 138 | - | 322 | 650 | 253 | 155 | - | 54 | 462 |
| School Age | 377 | - | - | 133 | 510 | 2,561 | 2,108 | - | 3,003 | 7,672 | 1,571 | 1,555 | - | 2,822 | 5,948 |
| Children's Special Health Care Services | | | | | | | | | | | | | | | |
| Diagnostics | - | 3 | - | - | 3 | 2 | 8 | - | - | 10 | 3 | 1 | - | - | 4 |
| Assessments-Renewal | 22 | 22 | - | 25 | 69 | 111 | 128 | - | 143 | 382 | 115 | 125 | - | 167 | 407 |
| Assessments-New | 7 | 87 | - | 6 | 100 | 7 | 117 | - | 33 | 157 | 8 | 47 | - | 24 | 79 |
| OTHER | | | | | | | | | | | | | | | |
| Leads completed | 18 | 12 | 7 | 10 | 47 | 18 | 12 | 7 | 10 | 47 | - | - | - | - | - |
| Leads >3.5 | 2 | 1 | 2 | - | 5 | 2 | 1 | 2 | - | 5 | - | - | - | - | - |
| | | | | | 3,278 | | | | | 25,980 | | | | | 26,110 |
| | | | | | (149) | | | | | - | | | | | - |

State Participation/Enrollment Ratio [2]:

| Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Curr Year P/E Ratio (last 12 months) |
|--------|--------|--------|--------|--------|--------------------------------------|
| 96.1% | 96.3% | 95.8% | 96.2% | 96.0% | 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 | 4,120 | 3,899 | 3,932 | 0.05% | 94.64% |
| Feb / 2026 | 4,092 | 3,862 | 3,905 | -0.69% | 94.38% |
| Mar / 2026 | 4,113 | 3,884 | (est [7]) 3,983 | | 94.43% |
| Apr / 2026 | 0 | 0 | (est [7]) 3,980 | | |
| 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) | 24,823 | 23,571 | 19,836 | | |
| Curr Year Avg | 4,137 | 3,929 | 3,967 | 595.87% | 94.26% |
| Months with Count | 6 | 6 | 5 | 5 | 6 |
| Average to Base %[8] | | 94.4% | 95.32% | | |
| 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:

3,971

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

3,967

Funding Allocation Information

Total Funding Allocation: \$908,156

Assigned Funding Participation Count [11]:

Current Yr Base: 4,162

Previous Yr Base: 3,871

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

APRIL HEALTH EDUCATION & PROMOTION BOARD OF HEALTH REPORT

Included in This Month's Report:

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

1. Health Education & Promotion Department Update:

The Lock It Up campaign is in full swing. Safe Storage devices been distributed with our 29 partners by next week. We have begun the advertising campaign running the educational videos on social media, radio ads will begin in May, and streaming advertising.

The OHSP grant work has been busy. We continue meetings with the Bishops across the jurisdiction. We have received a good number of follow up surveys with the communities we worked with last year. Initial surveys have been distributed in the Reading and Quincy areas. AJ DeMond and OHSP Advisory Committee member Robin Bordner presented at the Michigan Drivers Education Teachers Association's annual meeting on April 18th. We provided presentations to several civic groups in April. Our educational video for motorists has started in the Secretary of State offices in the three counties.

The Health Education & Promotion team has been working on the Hillsdale County Opioid Committee's asset mapping project for substance use services. We have received information on local substance use disorder service providers and are compiling the information for development of the resource guide.

The department continues to prepare the annual All Staff Meeting on Friday, April 24th. This year's theme is "Building Bridges".

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

The Community Health Needs Assessment work continues. The consultant will be meeting with the human service organization collaboratives in the three counties at their May meetings.

There were 15 media stories in since the last Board of Health meeting that mentioned the agency. We issued 3 press releases since the last Board of Health meeting.

2. Community Health Worker Program:

We are anticipating the return of Lisa Redmond. Rachel Baker continues to serve clients at Covered Bridge Healthcare and the Three Rivers office. The program served 53 clients in the second quarter. The program continues to receive referrals from multiple agencies across the jurisdiction. Rachel participated in the Three Rivers Multi Agency Resource Center and assisted 2 families with applications for resources.

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.

APRIL HEALTH EDUCATION & PROMOTION BOARD OF HEALTH REPORT

3. Community Events:

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

| Date | Event |
|---------|--|
| 3/2-3/6 | Accreditation |
| 3/4 | Bishops Meeting – Hillsdale County |
| 3/13 | Friendship Friday – St. Joseph County |
| 3/18 | Day at the Capital |
| 3/19 | Amish Safety Meeting – St. Joseph County |
| 3/20 | Multi Agency Resource Center – Branch County |
| 3/21 | Multi Agency Resource Center – St. Joseph County |
| 3/24 | OHSP Presentation to Noon Club – Branch County |
| 4/9 | Spring Fling – Hillsdale County |
| 4/10 | Friendship Friday – St. Joseph County |
| 4/16 | Presentation to Sunrise Rotary – Branch County |
| 4/18 | Presentation to Michigan Drivers Education Instructor’s Conference – Statewide |
| 4/23 | Presentation to Rotary – St. Joseph County |
| 4/24 | Agency All Staff Meeting |
| 4/25 | Community Baby Shower – Hillsdale County |
| 4/27 | Coach Eby Dinner – Branch County |
| 4/27 | Touch a Truck Head Start Event – St. Joseph County |
| 4/30 | Human Resources Roundtable – St. Joseph County |
| 5/4 | Insight Community Forum – Branch County |
| 5/8 | Friendship Friday – St. Joseph County |
| 5/12 | St. Joseph County Human Services – CHNA Input Session |
| 5/19 | Hillsdale Human Services Network – CHNA Input Session |
| 5/20 | Branch County Community Network – CHNA Input Session |
| 5/29 | Healthy Family Fun Day – Branch County |

Social Media Update

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

| | |
|--|--|
| <p>Media Topics for March:</p> <ul style="list-style-type: none"> • Nutrition Month – Promote WIC • Colorectal Cancer Awareness • Mobile WIC Clinics • Breastfeeding Classes/Nursing Nest Group • Michigan Saves- Septic Replacement Loan Program • Ready for Kindergarten Clinics • Lead Safety • Kidney Disease Awareness • Tuberculosis Awareness | <ul style="list-style-type: none"> • Ready.gov/EP: Spring Flooding & Tornado Awareness • County Health Rankings Release • March 4th- HPV Awareness Day • Physicians’ Week (Mar. 25-31) • Doula Week (Mar. 22–28) – Promote “What is a Doula?” • WIC Monthly Social Media Toolkit • MDHHS Safe Sleep Toolkit • Medicaid Navigation Assistance |
|--|--|

APRIL

HEALTH EDUCATION & PROMOTION BOARD OF HEALTH REPORT

Social Media Data (As of April 1st, 2026)

| | # of Followers (Facebook & Instagram) | Instagram Reach (Amount a post is viewed, commented on, shared, etc.) | Facebook Views (Amount of times content was played or displayed. Unable to pull reach.) | Video (# and Topic) | Agency Mentions in Local Media (radio stations, local newspaper/digital articles, etc.) | Boosted Activities (# and Topic) |
|--|---|---|---|---|---|-------------------------------------|
| March | 4,465 | 4,343 <i>(Up 69.5% from Feb.)</i> | 112,900 <i>(Down 25.7% from Feb.)</i> | Videos shared (5): HPV Vaccination, Share the Road, Public Health Week, Measles Vaccination, BC3NP Program | 15 | 1 Congenital Syphilis (3/9-3/14) |
| TOTAL TO DATE (Since 10/1/2022) | 17 NEW followers since last report | 27,815 | 1,247,320 | 80 | 543 | 37 |

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 3/1/2026 Through 3/31/2026

| <u>Payee</u> | <u>Check Amount</u> | <u>Check Number</u> | <u>Effective Date</u> |
|---|---------------------|---------------------|-----------------------|
| Abila | 2,268.23 | 26.03.20 A.01 | 3/20/2026 |
| Accident Fund | 3,379.25 | 26.03.20 P.01 | 3/20/2026 |
| ACD.NET | 544.85 | 55115 | 3/20/2026 |
| Action Quick Print Plus | 1,740.00 | 26.03.06 A.01 | 3/6/2026 |
| Action Quick Print Plus | 245.00 | 26.03.20 A.02 | 3/20/2026 |
| Aflac Group Insurance | 1,500.32 | 26.03.27 R.01 | 3/27/2026 |
| Alert Medical Alarms | 169.70 | 55116 | 3/20/2026 |
| Alerus Retirement Solutions | 3,888.00 | 26.03.13 R.01 | 3/13/2026 |
| Alerus Retirement Solutions | 3,888.00 | 26.03.27 R.02 | 3/27/2026 |
| Amazon Capital Services, Inc | 381.62 | 26.03.06 P.01 | 3/6/2026 |
| Amazon Capital Services, Inc | 1,411.63 | 26.03.20 P.02 | 3/20/2026 |
| Angela Shedd | 1,374.85 | 26.03.06 A.02 | 3/6/2026 |
| Angela Shedd | 2,194.30 | 26.03.20 A.03 | 3/20/2026 |
| Area Agencies On Aging Mich. | 2,227.50 | 26.03.20 A.04 | 3/20/2026 |
| BankSupplies | 11,313.70 | 26.03.20 A.05 | 3/20/2026 |
| Barbara Krzyzanski | 78.75 | 26.03.06 A.03 | 3/6/2026 |
| Barbara Krzyzanski | 157.50 | 26.03.20 A.06 | 3/20/2026 |
| Barbara P. Foley | 46.16 | 55113 | 3/13/2026 |
| Barbara P. Foley | 46.16 | 55124 | 3/27/2026 |
| Beacon Properties Administration | 4,533.45 | 26.03.20 A.07 | 3/20/2026 |
| Branch Area Transit Authority | 1,769.17 | 26.03.20 A.08 | 3/20/2026 |
| Branch County Commission | 27,912.76 | 26.03.20 A.09 | 3/20/2026 |
| Branch County Complex | 6,616.12 | 26.03.06 A.04 | 3/6/2026 |
| Branch County Complex | 5,694.28 | 26.03.20 A.10 | 3/20/2026 |
| Card Services Center | 764.70 | 26.03.20 P.04 | 3/20/2026 |
| Center for Information Mgmt | 1,425.00 | 26.03.20 A.11 | 3/20/2026 |
| Century Bank - Hillsdale Maintenance | 2,000.00 | 26.03.20 A.12 | 3/20/2026 |
| Century Bank - Three Rivers Maintenance | 2,000.00 | 26.03.20 A.13 | 3/20/2026 |
| Century EFTPS | 29,293.37 | 26.03.13 R.02 | 3/13/2026 |
| Century EFTPS | 29,463.39 | 26.03.27 R.03 | 3/27/2026 |
| Century FSA | 129.00 | 26.03.13 R.03 | 3/13/2026 |
| Century FSA | 129.00 | 26.03.27 R.04 | 3/27/2026 |
| Century Mastercard | 2,812.19 | 26.03.06 P.02 | 3/6/2026 |
| Century MERS | 61,888.59 | 26.03.20 A.14 | 3/20/2026 |
| Century State/Michigan State Treasury | 10,597.81 | 26.03.27 R.05 | 3/27/2026 |
| Charter Communications | 150.00 | 26.03.06 P.03 | 3/6/2026 |
| Cintas Corporation Loc 351 | 141.08 | 26.03.06 P.04 | 3/6/2026 |
| City Of Coldwater | 40.00 | 26.03.20 A.15 | 3/20/2026 |
| City of Jonesville | 40.00 | 26.03.20 A.16 | 3/20/2026 |
| City Of Three Rivers | 75.00 | 26.03.20 A.17 | 3/20/2026 |
| City Of Three Rivers | 145.49 | 55104 | 3/6/2026 |
| ConnectAmerica | 95.00 | 26.03.20 A.18 | 3/20/2026 |
| Control Solutions Inc. | 309.53 | 26.03.06 A.05 | 3/6/2026 |
| Crossroads Home Care Inc. | 1,147.68 | 26.03.20 A.19 | 3/20/2026 |
| Dale W. Hubbard, Inc. Service Group | 386.07 | 55105 | 3/6/2026 |
| Dasen Ritchey | 190.00 | 55106 | 3/6/2026 |
| DELTA DENTAL | 4,590.57 | 26.03.20 A.20 | 3/20/2026 |
| DiningRD | 4,308.10 | 26.03.20 A.21 | 3/20/2026 |
| DL Gallivan Office Solutions | 627.70 | 55107 | 3/6/2026 |
| Dr. Karen M. Luparello | 4,606.25 | 26.03.06 A.06 | 3/6/2026 |
| Dragon Enterprises | 4,900.00 | 55108 | 3/6/2026 |
| FedEx | 36.46 | 26.03.06 P.05 | 3/6/2026 |

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 3/1/2026 Through 3/31/2026

| <u>Payee</u> | <u>Check Amount</u> | <u>Check Number</u> | <u>Effective Date</u> |
|---|---------------------|---------------------|-----------------------|
| Frontier | 389.04 | 26.03.06 P.06 | 3/6/2026 |
| GDI Services Inc. | 4,664.60 | 26.03.20 A.22 | 3/20/2026 |
| Glaxo-Smithkline Financial Inc. | 773.81 | 26.03.20 A.23 | 3/20/2026 |
| Health Equity | 3,640.88 | 26.03.13 PR.01 | 3/13/2026 |
| Health Equity | 3,640.88 | 26.03.27 PR.01 | 3/27/2026 |
| Hedgerow Software US, Inc. | 13,000.00 | 26.03.06 A.07 | 3/6/2026 |
| Helping Angels Home Care LLC | 2,821.00 | 26.03.20 A.24 | 3/20/2026 |
| Hillsdale Board Of Public Utilities | 2,882.64 | 26.03.06 P.07 | 3/6/2026 |
| Hillsdale County Treasurer | 2,676.51 | 26.03.06 A.08 | 3/6/2026 |
| Home Roots Companion & Home Care Services LLC | 4,050.42 | 26.03.20 A.25 | 3/20/2026 |
| HomeJoy of Kalamzoo | 4,561.84 | 26.03.20 A.26 | 3/20/2026 |
| Hospital Network Healthcare Services | 64.75 | 26.03.20 A.27 | 3/20/2026 |
| Indiana MI Power Company | 1,585.30 | 26.03.20 P.05 | 3/20/2026 |
| Indiana State Tax | 204.36 | 26.03.27 R.06 | 3/27/2026 |
| Legal Services Of S.Central MI | 1,470.00 | 26.03.20 A.28 | 3/20/2026 |
| Maner Costerisan | 11,350.00 | 26.03.06 A.09 | 3/6/2026 |
| Maplecrest, LLC | 1,361.80 | 26.03.20 A.29 | 3/20/2026 |
| McKesson Medical-Surgical Gov. Solutions LLC | 1,265.67 | 26.03.20 P.06 | 3/20/2026 |
| Medical Care Alert | 349.35 | 26.03.20 A.30 | 3/20/2026 |
| MERS 5% EMPLOYEES | 15,599.17 | 26.03.27 R.07 | 3/27/2026 |
| MI Municipal Risk Management Authority | 11,218.75 | 26.03.06 A.10 | 3/6/2026 |
| Michigan Gas | 75.78 | 26.03.06 P.08 | 3/6/2026 |
| Michigan Public Health Institute | 6,044.99 | 26.03.20 A.31 | 3/20/2026 |
| Michigan State Disbursement Unit | 190.11 | 55114 | 3/13/2026 |
| Michigan State Disbursement Unit | 190.11 | 55125 | 3/27/2026 |
| Midwest Communications | 320.00 | 55109 | 3/6/2026 |
| Nationwide | 610.00 | 26.03.13 R.04 | 3/13/2026 |
| Nationwide | 610.00 | 26.03.27 R.08 | 3/27/2026 |
| PFIZER INC | 2,903.53 | 55117 | 3/20/2026 |
| Pitney Bowes Inc. | 483.30 | 26.03.20 P.07 | 3/20/2026 |
| Principal Life Insurance Company | 2,045.56 | 55118 | 3/20/2026 |
| Prompt Care Express PC | 80.00 | 55119 | 3/20/2026 |
| R&S Northeast LLC | 71.34 | 26.03.06 A.11 | 3/6/2026 |
| R&S Northeast LLC | 190.98 | 26.03.20 A.32 | 3/20/2026 |
| Richard Clark | 2,745.90 | 26.03.20 A.33 | 3/20/2026 |
| Riley Pumpkin Farm | 5,385.00 | 26.03.20 A.34 | 3/20/2026 |
| Rosati Schultz Joppich Amtsbueshler | 60.00 | 26.03.20 A.35 | 3/20/2026 |
| ROSE PEST SOLUTIONS | 86.00 | 26.03.20 A.36 | 3/20/2026 |
| Sanofi Pasteur Inc. | 1,949.61 | 26.03.20 P.08 | 3/20/2026 |
| Semco Energy | 234.06 | 26.03.06 P.09 | 3/6/2026 |
| Shred It | 150.00 | 26.03.06 P.10 | 3/6/2026 |
| St Joseph County COA | 32,433.66 | 26.03.20 A.37 | 3/20/2026 |
| St Joseph County Transit Authority | 2,493.15 | 26.03.20 A.38 | 3/20/2026 |
| State of Mich EGLE | 35.00 | 55110 | 3/6/2026 |
| State Of Michigan | 119.00 | 55111 | 3/6/2026 |
| State Of Michigan | 280.00 | 55120 | 3/20/2026 |
| State of Michigan-Dept | 46.00 | 55121 | 3/20/2026 |
| Stratus Video, LLC | 2,339.67 | 26.03.20 A.39 | 3/20/2026 |
| Swick Broadcasting Company | 400.00 | 55112 | 3/6/2026 |
| TelNet Worldwide | 1,759.01 | 26.03.06 A.12 | 3/6/2026 |
| The Summit Apartments | 110.00 | 55122 | 3/20/2026 |

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 3/1/2026 Through 3/31/2026

| <u>Payee</u> | <u>Check Amount</u> | <u>Check Number</u> | <u>Effective Date</u> |
|---|---------------------|---------------------|-----------------------|
| Theresa Fisher | 122.68 | 55123 | 3/20/2026 |
| Verdant Commercial Capital | 1,322.75 | 26.03.20 P.09 | 3/20/2026 |
| Verizon | 1,771.22 | 26.03.06 P.11 | 3/6/2026 |
| VRI INC. | 54.00 | 26.03.20 A.40 | 3/20/2026 |
| Western Michigan Health Insurance Pool Trust | 57,564.86 | 26.03.20 P.10 | 3/20/2026 |
| Report Total | 458,521.32 | | |

Branch-Hillsdale-St Joseph Community Health Agency
Balance Sheet - Unposted Transactions Included In Report
As of 3/31/2026

| | Current Period Balance |
|---|------------------------|
| Assets | |
| Cash on Hand | 16,276.93 |
| Cash with County Treasurer | 3,391,781.13 |
| Community Foundation Grant | 309,955.94 |
| Cash HD Building Maintenance | 68,450.00 |
| Cash TR Building Maintenance | 93,049.40 |
| Accounts Receivable | 66,669.02 |
| Due from Dental DAPP | 1,275.67 |
| Due from State | 216,310.97 |
| Due from Other Funding Sources | 202,877.09 |
| Prepaid Expenses | 175,769.09 |
| Biologic Inventory | 138,023.31 |
| Total Assets | 4,680,438.55 |
| Liabilities | |
| Accounts Payable | 271,241.73 |
| Payroll Liabilites | 122,281.93 |
| Deferred Revenue | 292,494.17 |
| Biologics | 138,023.31 |
| Total Liabilities | 824,041.14 |
| Net Assets | |
| Operation Fund Balance | 273,694.42 |
| Restricted Fund Balance | 452,689.78 |
| Designated Fund Balance | 3,130,013.21 |
| Total Net Assets | 3,856,397.41 |
| Total Liabilities and Net Assets | 4,680,438.55 |

BHSJ Community Health Agency
 Schedule of Cash Receipts and Disbursements
 October 1, 2025 thru
 March 31, 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 |
| <hr/> | |
| Plus: Cash Receipts | \$572,212.52 |
| Less: Cash Disbursements For Payroll/AP | \$ (635,104.49) |
| 2/28/2026 Cash Balance | \$ 3,810,823.73 |
| <hr/> | |
| Plus: Cash Receipts | \$559,290.93 |
| Less: Cash Disbursements For Payroll/AP | \$ (668,377.59) |
| 3/31/2026 Cash Balance | \$ 3,701,737.07 |

12 Month Grants should be 50.00% expended. 9 Month Grants should be 66.67% 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 slightly over budget at 51.89%. Will monitor. | 20,186.79 | 172,401.70 | 222,409.00 | 77.51% |
| 032 Emergency Preparedness Showing over budget due to one-time purchases for supplies. The agency received additional special project funds for this purpose and the budget will be corrected in the next budget amendment. | 21,642.99 | 100,219.61 | 139,756.63 | 71.71% |
| 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. | 13,905.64 | 103,388.65 | 150,000.00 | 68.92% |
| 101 Workforce Development Over budget. The work plan for this grant has the majority of the work early in the year. This will come in line as the year progresses. | 6,997.30 | 31,198.56 | 48,972.39 | 63.70% |
| 714 Onsite Sewage Disposal Over budget. Will monitor and adjust at next amendment. | 50,109.64 | 273,077.50 | 478,127.44 | 57.11% |
| 326 Vision (ELPHS) Within budget - 9 Mth program should be expended at | 11,409.82 | 67,839.38 | 122,378.71 | 55.43% |
| 721 Drinking Water Supply Over budget. Will monitor and adjust at next amendment. | 37,960.49 | 240,018.55 | 446,323.69 | 53.77% |
| 109 WIC Slightly over budget due to increased travel associated with staff displacement from the TR tornado and one-time H SA contribution. Will continue to monitor. | 103,525.67 | 580,218.46 | 1,097,936.39 | 52.84% |
| 327 Hearing (ELPHS) Within budget - 9 Mth program should be expended at | 9,066.75 | 64,484.55 | 123,552.25 | 52.19% |
| 138 Immunization IAP Over budget due to increased staff time, one-time H SA contribution, and higher than expected immunizations given. Will monitor and adjust in next budget amendment. | 92,109.74 | 609,649.42 | 1,175,295.07 | 51.87% |
| 014 VOCA Slightly over budget due to one-time H SA contribution. Will level out as the year progresses. | 18,444.37 | 105,416.53 | 205,743.00 | 51.23% |
| 329 MCH Enabling Children Slightly over budget due to a change in the budget allocation. This will fall back in line as the year progresses. | 5,296.42 | 48,348.50 | 94,409.00 | 51.21% |
| 230 Medical Marijuana HD Short term grant, must be expended August 31. Will monitor. | 5,525.05 | 5,624.62 | 11,026.17 | 51.01% |
| 012 Area Agency on Aging Slightly over budget due to a one-time expenses. This should fall back in line as the year progresses. Will monitor and adjust at the next budget amendment | 139,704.95 | 668,534.59 | 1,321,723.00 | 50.58% |

Branch-Hillsdale-St Joseph Community Health Agency
Statement of Revenues and Expenditures - Amend 1 - Expense By Program - Summary Unposted Transactions Included In Report
From 3/1/2026 - 3/31/2026

| | Current Month | Year to Date | Total Budget · Amendment1 | Total Expended |
|--|------------------|--------------|------------------------------|-------------------|
| 332 HIV Prevention | 2,446.31 | 13,927.27 | 27,641.28 | 50.38% |
| Slightly over budget due to allocation expenses. Will monitor and adjust at next budget amendment if needed. | | | | |
| 286 HEP Special Projects | - | 6,143.01 | 12,455.00 | 49.32% |
| 021 Dental Clinic - Three Rivers | 4,533.45 | 27,200.70 | 55,582.20 | 48.93% |
| 745 Type II Water | 18,318.04 | 106,132.98 | 222,027.00 | 47.80% |
| 704 Food Service | 45,478.14 | 279,413.79 | 584,971.73 | 47.76% |
| 723 PFAS Response - White Pigeon | 56.55 | 1,228.42 | 2,662.72 | 46.13% |
| 722 PFAS Response | 6.32 | 943.05 | 2,060.36 | 45.77% |
| 029 Dental Clinic - Hillsdale | 590.14 | 5,357.94 | 12,000.00 | 44.64% |
| 405 Grant Writing | 416.66 | 2,095.61 | 4,755.84 | 44.06% |
| 341 Infectious Disease | 33,267.82 | 200,719.44 | 455,665.44 | 44.04% |
| 345 Lead Testing | 6,114.53 | 17,387.73 | 39,725.50 | 43.76% |
| 331 STD | 13,391.73 | 80,964.08 | 193,166.10 | 41.91% |
| 108 WIC Breastfeeding | 8,446.09 | 55,945.45 | 134,466.51 | 41.60% |
| 720 EH- Complaints | 522.56 | 4,462.64 | 10,822.45 | 41.23% |
| 275 Medical Marijuana SJ | 2,933.65 | 3,021.17 | 7,390.17 | 40.88% |
| 605 General EH Services | 3,681.37 | 18,393.18 | 46,236.45 | 39.78% |
| 207 MCRH Community Health Workers | 4,564.72 | 53,279.54 | 140,082.73 | 38.03% |
| 025 PH Workforce & Infastructure | 38,497.44 | 73,600.00 | 193,725.06 | 37.99% |
| 107 Medicaid Outreach | 985.00 | 6,590.32 | 17,529.48 | 37.59% |
| 338 Immunization Vaccine Handling | 6,425.88 | 38,480.35 | 114,296.82 | 33.66% |
| 212 Medical Marijuana BR | 5,598.66 | 5,811.89 | 18,886.23 | 30.77% |
| 717 EGLE Swimming Pools | 680.24 | 8,229.65 | 26,812.13 | 30.69% |
| 205 OHSP Grant | 8,340.81 | 32,410.70 | 106,432.71 | 30.45% |
| 008 Salary & Fringe Payoff | - | 23,813.49 | 80,000.00 | 29.76% |
| 106 MI Options | 6,635.21 | 70,815.03 | 237,877.50 | 29.76% |
| 202 Oral Health | 4,819.20 | 23,652.70 | 82,654.39 | 28.61% |
| 719 Body Art | 210.68 | 1,917.79 | 6,701.95 | 28.61% |
| 724 PFAS - Westside Landfill | (3.32) | 812.64 | 2,880.36 | 28.21% |
| 010 Agency Support | 11,676.95 | 86,603.27 | 320,280.00 | 27.03% |
| 096 CSHCS Donations SJ | 1,296.76 | 6,651.16 | 41,360.84 | 16.08% |
| 024 MERS Pension Underfunded Liability | - | 3,498.93 | 22,590.00 | 15.48% |
| 015 Local Expenses - Unallowable by Grants | 3,550.20 | 7,944.75 | 62,829.73 | 12.64% |
| 112 CSHCS Medicaid Outreach | 11,510.32 | 11,510.32 | 132,000.41 | 8.71% |
| 715 EGLE Long-Term Monitoring | (4.30) | 297.40 | 4,920.70 | 6.04% |
| 097 CSHCS Donations BR HD | - | 988.73 | 22,826.00 | 4.33% |
| 716 EGLE Campgrounds | (9.37) | 533.24 | 18,869.17 | 2.82% |
| 287 HEP Special Projects II | 181.14 | 515.62 | 27,798.14 | 1.85% |
| 035 Vector Borne Disease Surveillance | 32.12 | 420.57 | 58,080.93 | 0.72% |
| 023 Capital Expenditures | - | - | 53,000.00 | 0.00% |

Branch-Hillsdale-St Joseph Community Health Agency
 Statement of Revenues and Expenditures - Amend 1 - Expense By Program - Summary Unposted Transactions Included In Report
 From 3/1/2026 - 3/31/2026

| | Current Month | Year to Date | Total Budget · Amendment1 | Total Expended |
|----------------------|-------------------|---------------------|------------------------------|-------------------|
| 718 EGLE Septage | - | - | 6,251.95 | 0.00% |
| 999 Insurance Claims | 3,000.00 | 3,000.00 | - | 0.00% |
| Total Expense | 784,077.32 | 4,355,135.17 | 9,247,968.72 | 47.09% |

The Agency is currently 2.91% under budget.

April 20, 2026 – Board of Health Finance Committee Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health, Finance Committee meeting was called to order by Jared Hoffmaster at 9:05 AM. Roll call was completed as follows: Jared Hoffmaster, Jon Houtz, and Kevin Collins. No members were absent.

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

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

Public Comment: No public comments were given.

New Business:

- Theresa Fisher provided a summary of the annual pension report, form 5572. No action was taken.
- Mr. Collins moved to recommend that the full Board approve the proposal from VanDam & Krusinga to upgrade the roof replacement of the Three Rivers building to a metal, standing seam product, with the understanding that warranty information will be provided at the full board meeting. The motion received support from Mr. Houtz. The motion passed.

With no further business, the meeting was adjourned at 9:17 AM.

Respectfully Submitted by:



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

Form 5572 Summary Data Comparison FY2025 vs FY2024

| Description | Source | FY2025 | FY2024 |
|---|---|---------------|---------------|
| 1 Is this unit a primary government (County, Township, City, | Calculated | NO | NO |
| 2 Provide the name of your retirement pension system | Calculated | MERS | MERS |
| 3 Financial Information | | FY2025 | FY2024 |
| 4 Enter retirement pensio system's assets (system fiduciary net position ending) | Most Recent Audit Report | 17,990,767 | 17,012,232 |
| 5 Enter retirement pension system's liabilities (total pension liability ending) | Most Recent Audit Report | 19,990,967 | 19,689,207 |
| 6 Funded Ratio | Calculated | 90.0% | 86.4% |
| 7 Actuarial Determined Contribution (ADC) | Most Recent Audit Report | 622,827 | 541,551 |
| 8 Governmental Fund Revenues | Most Recent Audit Report | 9,067,943 | 8,395,381 |
| 9 All systems combined ADC/Governmental fund revenues | Calculated | 6.90% | 6.50% |
| 10 Membership | | FY2025 | FY2024 |
| 11 Indicate number of active members | Actuarial Funding Valuatio used in Most Recent Audit Report | 14 | 17 |
| 12 Indicate number of inactive members | Actuarial Funding Valuatio used in Most Recent Audit Report | 16 | 21 |
| 13 Indicate number of retirees and beneficiaries | Actuarial Funding Valuatio used in Most Recent Audit Report | 85 | 79 |
| 14 Investment Performance | | FY2025 | FY2024 |
| 15 Enter actual rate of return - prior 1-year period | Actuarial Funding Valuatio used in Most Recent Audit Report | 7.72% | 11.60% |
| 16 Enter actual rate of return - prior 5-year period | Actuarial Funding Valuatio used in Most Recent Audit Report | 6.91% | 8.07% |
| 17 Enter actual rate of return - prior 10-year period | Actuarial Funding Valuatio used in Most Recent Audit Report | 6.62% | 6.49% |
| 18 Actuarial Assumptions | | FY2025 | FY2024 |
| 19 Actuarial assumed rate of investment return | Actuarial Funding Valuatio used in Most Recent Audit Report | 6.93% | 6.93% |
| 20 Amortization method utilized for funding the system's unfunded actuarial accrued liability, if any | Actuarial Funding Valuatio used in Most Recent Audit Report | Level Percent | Level Percent |
| 21 Amortization period utilized for funding the system's unfunded actuarial accrued liability, if any | Actuarial Funding Valuatio used in Most Recent Audit Report | 10.00% | 10.00% |

| | | | | |
|-----------------------------------|---|--|---------------|---------------|
| 22 | Is each division within the system closes to new employees? | Actuarial Funding Valuation used in Most Recent Audit Report | Yes | Yes |
| 23 Uniform Assumptions | | | FY2025 | FY2024 |
| 24 | Enter retirement pension system's actuarial value of assets using uniform assumptions | Actuarial Funding Valuation used in Most Recent Audit Report | 18,556,872 | 17,689,903 |
| 25 | Enter retirement pension system's actuarial accrued liabilities using uniform assumptions | Actuarial Funding Valuation used in Most Recent Audit Report | 20,488,888 | 20,252,892 |
| 26 | Funded ratio using uniform assumptions | Calculated | 90.60% | 87.30% |
| 27 | Actuarially Determined Contribution (ADC) using uniform assumptions | Actuarial Funding Valuation used in Most Recent Audit Report | 694,584 | 688,200 |
| 28 | All systems combined ADC/Governmental fund revenues | Calculated | 7.70% | 8.20% |
| 29 Pension Trigger Summary | | | FY2025 | FY2024 |
| 30 | Does this system trigger "underfunded status" as defined by PA 202 of 2017? | Primary government triggers: Less than 60% funded <u>AND</u> greater than 10% ADC/Governmental fund revenues. Non-Primary government triggers: Less than 60% funded. | No | No |



VanDam & Krusinga - Serving West Michigan Since 1962

7858 Ravine Rd.
Kalamazoo, MI 49009
1-800-493-8673
www.vk1call.com

Client: St Joseph Co. Health Dept.
Property: 1110 Hill St.
Three Rivers, MI 49093

Cellular: (269) 501-2503

Operator: KENS

Estimator: Ken Shek

E-mail: kens@vk1call.com

Type of Estimate: Tornado

Date Entered: 3/31/2026

Date Assigned:

Price List: MIKA8X_MAR26

Labor Efficiency: Restoration/Service/Remodel

Estimate: 33870_BHSJ_RF-1-1

This estimate is for the repair costs of tornado damage to your property as viewed during the initial on-site inspection. Some measurements have been derived from Matterport scan and Hover report, please review for accuracy. Also note the list of not included items located at the end. Final scope to be determined by the insurance company and/or representative.

CLICK this link for a virtual tour of the Pre-Mitigation Matterport Scan:

<https://my.matterport.com/show/?m=TQfRUsu2Vqt>

CLICK this link for a virtual tour of the Post-Demolition scan of this space

Not yet available.

Selections:

The selection process will require timely effort on your(the customer) part. Our project managers will help guide you through this process to ensure efficiency. Delays in selections will increase the duration of your project. The scope of work has been written to replace Like/Kind/& Quality items. An exact match may not be possible due to age or condition.

Scope of Work:

Our scope of work is written as a package price. Line item costs can include materials, labor, soft costs, and other labor burdened costs. Deletion of line items from the packaged scope of work may result in a partial or no credit due to the administrative costs of changing the scope of work. Material allowances will be provided separately through your project manager.



VanDam & Krusinga - Serving West Michigan Since 1962

7858 Ravine Rd.
Kalamazoo, MI 49009
1-800-493-8673
www.vk1call.com

33870_BHSJ_RF-1-1

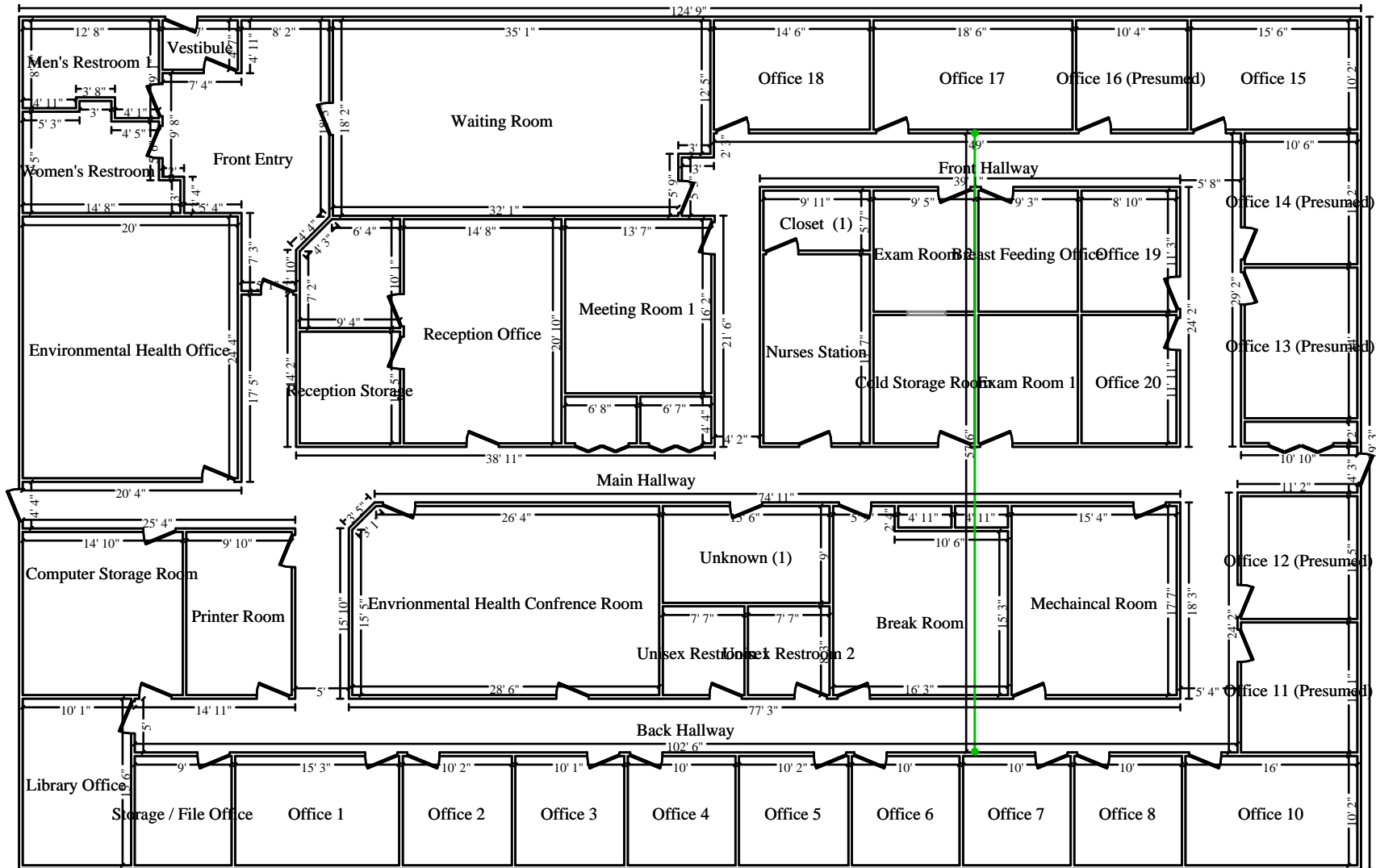
General

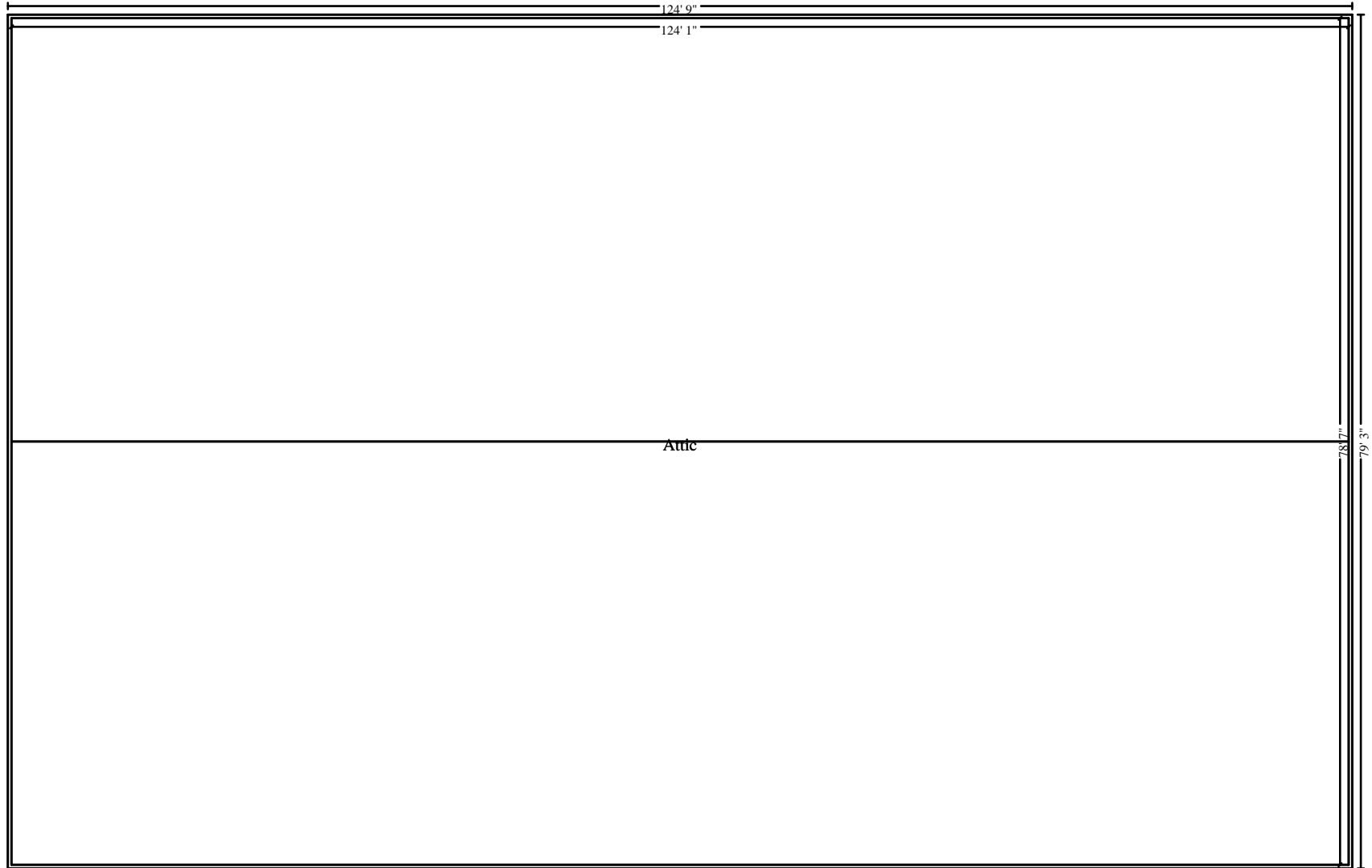
| DESCRIPTION | QTY | UNIT PRICE | TOTAL |
|---|-----------|--------------|------------|
| ** Sub-Bids ** | | | |
| ***** | | | |
| 1. Roofing (Shingles) **For asphalt shingles** | 1.00 EA @ | 79,737.60 = | 79,737.60 |
| 2. Roofing (Standing Seam) **For standing seam** | 1.00 EA @ | 158,400.00 = | 158,400.00 |
| 3. Roofing (Metal Shingles) **For metal shingles** | 1.00 EA @ | 189,600.00 = | 189,600.00 |

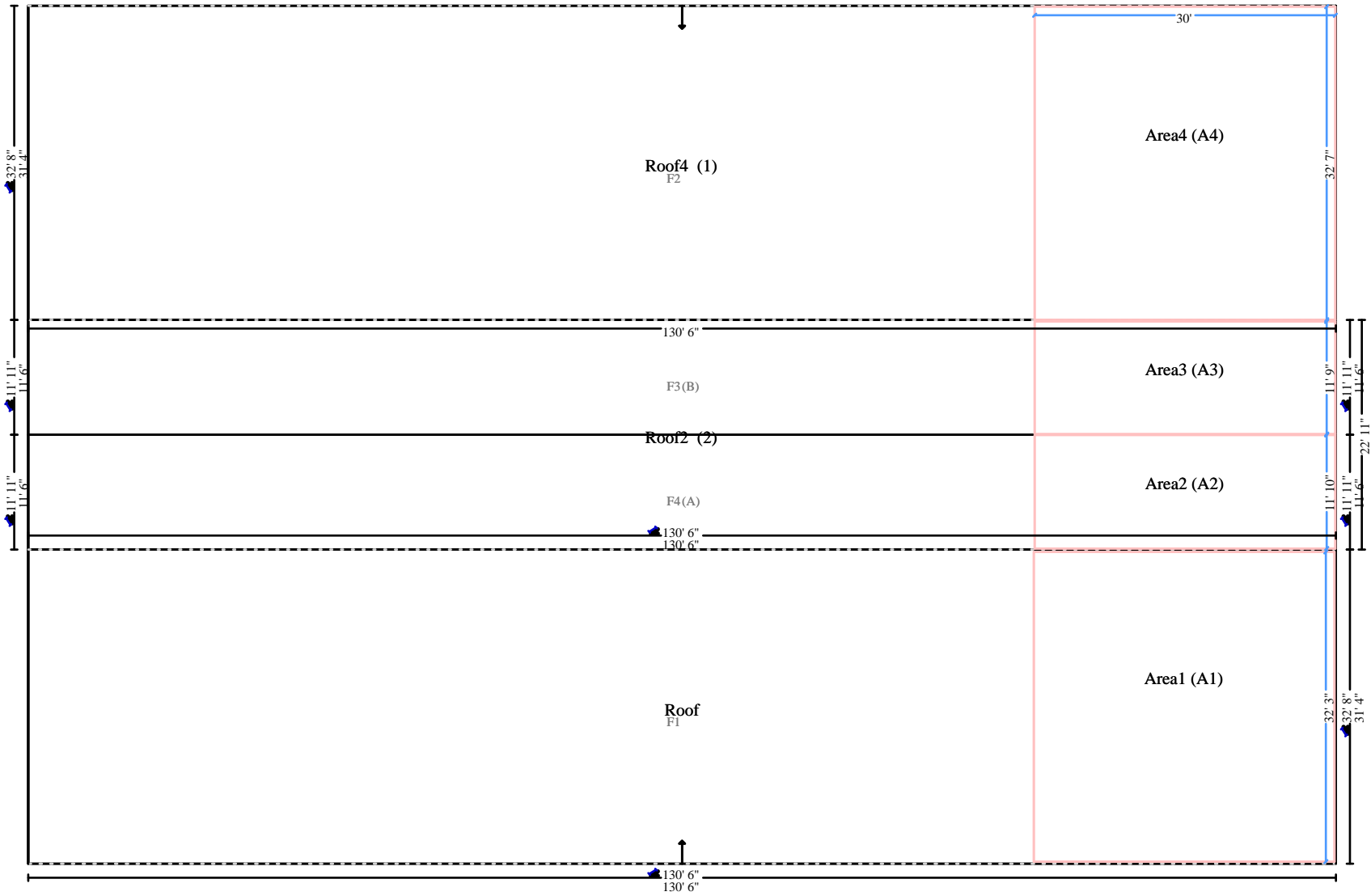
Grand Total Areas:

| | | |
|-----------------------------|------------------------------------|--------------------------------|
| 23,479.04 SF Walls | 19,530.19 SF Ceiling | 43,009.23 SF Walls and Ceiling |
| 19,048.65 SF Floor | 2,116.52 SY Flooring | 3,133.09 LF Floor Perimeter |
| 0.00 SF Long Wall | 0.00 SF Short Wall | 3,494.85 LF Ceil. Perimeter |
| 19,048.65 Floor Area | 19,771.15 Total Area | 23,479.04 Interior Wall Area |
| 6,432.66 Exterior Wall Area | 815.96 Exterior Perimeter of Walls | |
| 11,640.56 Surface Area | 116.41 Number of Squares | 700.34 Total Perimeter Length |
| 130.48 Total Ridge Length | 0.00 Total Hip Length | |

Thank you for choosing VanDam and Krusinga. We look forward to completing your repairs.







PUBLIC COMMENT

| |
|---|
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |
| • |