

BOARD OF HEALTH Meeting
Agenda for May 28, 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 April 23, 2026*
2. Public Comment - For the purpose of public participation during public hearings or during the public comment portion of a meeting, every speaker prior to the beginning of the meeting is requested but not required to provide the Board with his or her name, address and subject to be discussed. Speakers are requested to provide comments that are civil and respectful. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity.
3. Health Officer's Report – pg 6
4. Medical Director's Report – pg 8
5. Departmental Reports
 - a. Area Agency on Aging – pg 10
 - b. Personal Health & Disease Prevention – pg 11
 - c. Health Education & Promotion – pg 17
 - d. Environmental Health – pg 20
6. Financial Reports
 - a. Approve Payments* - pg 32
 - b. Review Financials* - pg 35
7. Committee Reports – pg
 - a. Finance Committee – Approve minutes from May 18, 2026 meeting. – pg 40
 - b. Program, Policy, and Appeals Committee – Approve minutes from May 20, 2026 meeting. – pg 41
8. New Business
 - a. 2027-2029 Multi-Year Plan / FY 2027 Annual Implementation Plan – pg 43
 - b. Website – Board of Health Resources Page
 - c. AAA FY26 Provider Amendments – pg 92
 - d. FY25-26 Budget Amendment #2 – pg 93
 - e. Three Rivers & Hillsdale Roof Replacement Funding Sources – pg 110

- f. Closed Session – Attorney-Client Privileged Communication (Written Legal Opinion) pursuant to MCL 15.268(h). The Board will consider entering into closed session to review and discuss written legal advice from legal counsel that is subject to attorney-client privilege under the Michigan Open Meetings Act. *Proposed motion: I move that the Board enter into closed session pursuant to Section 8(h) of the Michigan Open Meetings Act, MCL 15.268(h), for the purpose of considering written legal advice and attorney-client privileged communications from legal counsel. The Health Officer, Environmental Health Director, and Environmental Health Supervisor shall be permitted to attend the closed session.*
9. Unfinished Business
 - a. 54108 Delong Rd Failed Septic System – pg 111
 10. Public Comment
 11. Commissioner Comments
 12. Adjournment – Next meeting: June 25, 2026

Board of Health Training: AAA Planning Cycle

Upcoming Meeting Dates:

- 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 – AAA Multi-Year Plan
- September 25, 2025 – tbd
- November 13, 2025 – tbd

April 23, 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, Jon Houtz, Brent Leininger, Rick Shaffer, Tim Stoll, and Kevin Collins. No members were absent.

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

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

Mr. Shaffer moved to approve the minutes from the March 26, 2026 meeting with support from Mr. Houtz. The motion passed.

Public Comment: Public Comments were provided by 1 local resident.

Mr. Stoll moved to allow the local resident to have an additional 2 minutes for their public comments. The motion was supported by Mr. Shaffer and passed.

Phil Kamm, Senior Risk Control Consultant with MMRMA provided a presentation regarding Risk Management.

Theresa Fisher reviewed the monthly Health Officer's Report with the following items included: Michigan Local Public Health Accreditation, Website Redesign, All Agency Staff Meeting, Community Health Improvement/Strategic Plan, Staffing Update, BHSJCHA Mobile Unit on the Road, Annual Report Distribution, 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, "Carbon Monoxide Poisoning".

Departmental Reports:

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

Financial Reports/Expenditures

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

- Mr. Hoffmaster moved to place the financials for March on file with support from Mr. Stoll. The motion passed.

Committee Reports:

- Finance Committee – Mr. Hoffmaster moved to approve the minutes from the April 20, 2026 Finance Committee meeting, with support from Mr. Houtz. The motion passed.
- Program, Policy, & Appeals Committee – The committee did not meet.

Unfinished Business:

- There was no unfinished business.


New Business:

- The board discussed the Three Rivers building post tornado update. No action was taken.
- Mr. Hoffmaster moved to approve form 5572 as presented, with support from Mr. Shaffer. The motion passed unopposed.
- Mr. Hoffmaster moved to approve the bid from VanDam & Krusinga to change the roofing material for the Three Rivers roof to a metal standing seam roof, with support from Mr. Collins. A roll call vote was taken and the motion passed 6-0 (Mr. Hoffmaster, yes; Mr. Houtz, yes; Mr. Leininger, yes; Mr. Collins, yes; Mr. Shaffer, yes; Mr. Stoll, yes).

Public Comment: Public comment was given by one resident.

With no further business, Mr. Shaffer moved to adjourn the meeting with support from Mr. Hoffmaster. The motion passed and the meeting was adjourned at 10:41 AM.

Respectfully Submitted by:


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

PUBLIC COMMENT

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Health Officer's Report to the Board of Health for May 28, 2026
Prepared by: Rebecca A. Burns, M.P.H., R.S.

Agency Updates

Website Redesign: As our team works on the website redesign, we are evaluating everything that is currently offered and making decisions about what needs to stay and what can go. Anything that we bring over to the new website is being evaluated to ensure that it complies with accessibility rules. As a result, some things currently on the website won't be brought over. We discussed this with the Program, Policy and Appeals committee to get some feedback on those Board of Health Resources items they consider essential. If you have any input on this topic, please share that with me or Kris Dewey.

Community Health Improvement/Strategic Plan: In the past couple of weeks the contractor that we are working with on the Community Health Needs Assessment attended each human service collaborative body to gain input from other non-profit leaders on priorities. She also met with the Directors and Supervisors at the agency for input. Community input sessions are now completed. This information will be compiled for agency administration review on June 10th.

Agency Budget Amendment: Forwarded by the Finance committee for your approval is the final budget amendment for FY26. This amendment considers all new revenue and adjusts expenses for the remainder of the year.

AAA Action Items: The Finance committee reviewed FY26 Provider amendments which they have recommended for full board approval. The Program, Policy and Appeals committee reviewed the FY27-29 Multi-Year Plan and recommended this for full board approval.

Staffing Update: Current openings include; Immunization/Clinic Clerk part-time for St. Joseph County and Environmental Health Administrative Assistant in Hillsdale County.

Annual Report Distribution: I will be attending the Board of Commissioner meetings in St. Joseph and Hillsdale counties this month to present the Annual Report.

Coldwater Office: We will be working on identifying a contractor to clean the duct-work in this building.

Hillsdale Office: The HVAC equipment is installed. The final work on the project is in process and involves the replacement of the drywall ceiling which was removed to replace the line-sets from the A/C units to the furnaces.

Sturgis: Nothing at this time.

Three Rivers Office: Theresa and I meet with our MMRMA property claims manager on Friday's. We have been pleased with how she is continuing to reach out to the adjuster to keep the project moving. The new roof is now installed. We have been asked by VanDam & Krusinga if we want to move from white soffit and fascia to a brown that matches the new roof. The west end of the building will have all new soffit and fascia with some of that extending down the north and south sides of the building. I have asked for a price on those sections that we would have to pay to change should we not stay with white.



MEDICAL DIRECTOR'S REPORT

May 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.

EBOLA VIRUS

Ebola disease is caused by a group of viruses, known as orthoebolaviruses.

Can cause serious illness that, without treatment, can cause death.

Orthoebolaviruses discovered in 1976 in the Democratic Republic of the Congo and are found primarily in sub-Saharan Africa.

There are 4 types of orthoebolaviruses that cause illness in people and 2 types that have not affected people to date.

Symptoms are initially “dry” during the early course of the illness. These symptoms include fever, aches, pains, and fatigue. As the person becomes more ill, the symptoms progress to “wet” and include diarrhea, vomiting, and unexplained bleeding.

Individuals with Ebola disease may start to get sick 2 to 21 days after contact with an orthoebolavirus. On average, symptoms begin 8 to 10 days after exposure.

People get Ebola disease through contact with the body fluids of an infected sick or dead person. Rarely, you can get the disease from contact with an infected animal, like a bat or a non-human primate.

To prevent Ebola disease avoid contact with body fluids, and all things that an infected person may have touched and infected with blood or body fluids. Also avoid bats, forest antelopes, primates, and blood, fluids, or raw meat from these unknown animals.

There is an FDA approved vaccine for the prevention of Ebola disease but only in one species. Vaccination is recommended for US adults 18 years and older who are at potential risk for exposure.



Enclosure:

1. FY27-29 Multi-Year Area Plan & FY27 Annual Implementation Plan *
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Updates:

1. Services to Victims of Elder Abuse Program Updates:

- Victim Specialists continue their work directly serving individuals in our communities, collaborating and developing community partners & leading monthly IDT meetings.
- The “Elder Justice Symposium” agenda is taking shape! We’ve applied for a “Community Support Grant” from the St. Joseph County Community Foundation to provide lunch and refreshments during the training because we know it will enhance learning & attendance. Reminder: Symposium will be held e9/17/26 at SJC Training Center in Centreville

2. **FY2026 Provider Budget Amendments:** After receiving the full-year grant award, we take into consideration FY25 carry forward and a lot of provider input to bring forth the amendments to the Finance Committee. Overall, our providers are doing very well expending their funding and have expressed needs in the areas noted. Thank you for your time and review.

3. **Staffing Update:** Welcome Nina Smith! Nina is our new, full-time Outreach Specialist. She comes with health care/direct care work experience as well as a strong background as a pharmacy technician. Nina will work to promote our local aging network, promote services, plan & staff outreach events, and provide health care counseling and options counseling.

4. **MI Options Updates:** Our team remains busy with calls, walk-ins and referrals for both Medicare Counseling and Options Counseling. We are also receiving referrals from the MICaregiver Connection website: www.micaregiverconnection.com It’s a newer resource in Michigan that we’re promoting locally... Stay tuned for more marketing/promotion of our caregiver resources!

5. **FY2027-2029 Multi-Year Area Plan/FY2027 Annual Implementation Draft** is ready for your review and support. The Plan meets all of the ACLS Bureau’s FY27-29 Approval Criteria. During the multi-year planning cycle, we re-evaluate our local Census data, how we allocate funds & prioritize what services we fund with state/federal dollars, what program development efforts we want to embark upon, how we’ll advocate for the needs of older adults, people with disabilities and caregivers, and much more. Here’s how we compiled the Draft:

- Community Needs Survey: 300 community members and active service participants submitted their input online, on paper, or over the phone (50% return rate!)
- Hosted 4 community input sessions at our local senior centers, both counties
- Multiple conversations with our local providers and community agencies & partners
- Advisory Committee review & input consistent over the past 3 months
- Presentation and discussion with the Program, Policy & Appeals Committee on 5/20/26
- Public Hearing Conducted on 5/20/26 in Coldwater, great discussion!

We are proud to present the MYP/AIP to you and appreciate your time, discussion and input over the past few months. We request your support to submit the Plans to the ACLS Bureau on or before June 22nd. We’ll be sending the Plans to each County Commission in early June.

Personal Health and Disease Prevention: May 28, 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](#).

Respiratory Illnesses: The amount of acute respiratory illness causing people to seek health care is very low. As of May 15th, the Influenza Like Activity levels for Michigan are listed as minimal and RSV activity is decreasing.

Pediatric Respiratory Mortality Surveillance for Michigan:

2025-2026 Respiratory Season Confirmed Pediatric Deaths as of 05/08/2026

- COVID-19: 3
- Influenza: 9
- RSV: 1

Measles: As of April 23rd, there have been 1,792 confirmed measles cases in the United States for 2026. There have been 13 confirmed cases in Michigan.

Hantavirus: At this time, there are 10 confirmed global cases associated with the outbreak linked to a cruise ship that departed from Argentina. Three fatalities have been reported, including a Dutch couple and a German national. U.S. health officials have confirmed that there are currently no reported cases within the United States; however, 41 individuals are being monitored for possible infection.

The outbreak involves the Andes virus, a rare strain known to allow limited human-to-human transmission, typically requiring close and prolonged contact. The World Health Organization (WHO) has emphasized that this outbreak is not comparable to COVID-19 and does not represent a pandemic threat at this time.

Salmonella Outbreaks: The CDC is currently investigating three multistate outbreaks of Salmonella infections associated with contact with backyard poultry. More than one-quarter of reported cases involve children under the age of five.

The outbreak is notable due to the rapid increase in reported illnesses and the emergence of a new strain, Salmonella Saintpaul. At this time, 184 cases have been identified across 31 states. Michigan has reported 21 cases, all associated with the Salmonella Saintpaul strain. One death related to the outbreak has been reported in Washington state.

Immunizations/STD/HIV:

The MCIR Modernization effort is entering its final implementation phase, with the Go-Live date remaining scheduled for June 15. The current system, MCIR Legacy, will go offline at the close of business on June 10. During the anticipated 3–5 day transition period, MCIR will not be available for data entry or record lookups. Staff have been informed of the planned downtime and are prepared for the transition.

In preparation for implementation, a MCIR Town Hall was held on May 19 for Local Health Departments and immunizing providers. Questions were submitted in advance and addressed during the session to help support readiness for the transition.

The new online waiver process officially went live on May 11, 2026, and implementation has gone smoothly thus far. Our Immunization Coordinator has been actively working with local schools and childcare providers to support the transition to the new process. Educational materials, including a flyer with a QR code directing individuals to the exemption FAQ page and a link to the MIWAIV website, have been distributed to assist families and providers with accessing the new system.

Women, Infant, and Children (WIC):

The Agency was awarded a \$15,000 mini grant from the Region 9 Perinatal Quality Collaborative to support community babywearing education initiatives. In 2016, Michigan WIC introduced the Breastfeeding Peer Counselor Program to the benefits of babywearing. Through this grant, the Agency will host a train-the-trainer session for breastfeeding peer counselors and three local doulas to build ongoing community education and support related to babywearing. Planning activities will continue once funding is received.

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

CSHCS: Staff participated in a regional CSHCS meeting with other Local Health Departments. The collaborative meeting provided an opportunity to exchange ideas, share best practices, and discuss effective strategies for supporting families and enhancing program operations.

Hearing and Vision: The Hearing and Vision program has concluded for the current school year and will resume in the spring.

KOHA: The KOHA program will be wrapping up school based activities at the end of May. Staff have also been working on establishing and preparing processes to support program billing.

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

Confirmed & Probable Case Totals	Apr-26				FYTD 2025-2026 (Oct-Sept)				FYTD 2024-2025 (Oct-Sept)			
	BR	HD	SJ	Total	BR	HD	SJ	Total	BR	HD	SJ	Total
Anaplasmosis	-	-	1	1	-	-	1	1	-	-	1	1
Animal Bite/Rabies potential exposure	-	5	7	12	5	17	26	48	3	21	-	24
Blastomycosis	-	-	-	-	-	-	-	-	-	-	-	-
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-
Campylobacter	2	1	-	3	5	4	4	13	7	5	7	19
Chicken Pox	1	-	2	3	4	-	4	8	-	-	-	-
Chlamydia	7	3	14	24	41	25	94	160	47	41	109	197
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	-	-	-
CPO Carbapenemase-Producing Organism	-	-	-	-	-	-	-	-	1	-	-	1
CRE Carbapenem Resistant Enterobac.	-	-	-	-	-	-	-	-	-	-	-	-
Cryptosporidiosis	-	-	-	-	1	-	1	2	1	2	-	3
Giardiasis	-	-	-	-	1	-	-	1	-	-	1	1
Gonorrhea	-	2	4	6	10	2	31	43	5	9	32	46
H. Influenzae Disease - Inv.	-	-	-	-	1	3	-	4	-	1	2	3
Hepatitis A - Acute	-	-	-	-	-	-	-	-	1	-	-	1
Hepatitis B - Acute	-	-	-	-	-	-	-	-	-	-	2	2
Hepatitis B - Chronic	-	-	-	-	-	-	1	1	1	1	1	3
Hepatitis C - Acute	-	-	-	-	-	-	1	1	-	-	-	-
Hepatitis C - Chronic	-	-	-	-	1	5	12	18	1	4	8	13
Hepatitis C Unknown	-	-	-	-	-	-	-	-	1	-	-	1
Histoplasmosis	-	-	-	-	2	-	-	2	1	-	2	3
HIV/AIDS	-	1	-	1	1	2	-	3	1	-	-	1
Influenza	2	1	9	12	307	71	561	939	541	111	651	1,303
Kawasaki	-	-	-	-	5	-	-	5	-	-	-	-
Legionellosis	-	-	-	-	1	-	-	1	-	1	-	1
Listeriosis	-	-	-	-	-	-	-	-	-	-	-	-
Lyme Disease	-	-	-	-	-	1	1	2	3	2	5	10
Measles	-	-	-	-	-	-	-	-	-	-	-	-
Menengitis - Aseptic	-	-	-	-	-	-	-	-	-	1	-	1
Menengitis - Bacterial	-	-	-	-	-	-	-	-	1	-	-	1
Meningococcal Disease	-	-	-	-	-	-	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	-	-	-	-	-	-
Mycobacterium - Other	-	-	-	-	2	1	2	5	5	3	1	9
Norovirus	-	-	-	-	-	-	1	1	16	1	-	17
Novel Coronavirus	5	11	12	28	213	378	221	812	324	521	268	1,113
Pertussis	-	1	-	1	2	2	2	6	7	14	7	28
RSV	-	3	10	13	-	3	10	13	1	-	3	4
Salmonellosis	1	1	-	2	6	4	3	13	3	-	5	8
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.	-	-	-	-	4	2	8	14	1	3	1	5
Syphilis - Primary	-	-	-	-	2	-	-	2	1	-	9	10

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

	Apr-26					YTD 2024-2025					YTD 2023-2024				
	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total	BR	HD	ST	TR	Total
CHILD IMMUNIZATIONS															
# Vaccines Given CHA	90	106	86	-	282	617	753	482	276	2,128	1,705	1,199	401	1,383	4,688
All VFC Doses Given	478	227	-	462	1,167	3,786	1,812	-	4,035	9,633	4,187	2,165	157	3,577	10,086
Waivers	12	27	9	7	55	69	104	29	66	268	89	85	17	76	267
ADULT IMMUNIZATIONS															
# Vaccines Given CHA	53	4	29	-	86	514	110	137	282	1,043	389	144	115	109	757
All AVP Doses Given	40	3	-	16	59	379	89	-	244	712	391	124	14	132	661
COMMUNICABLE DISEASE															
TB Tests Done	3	3	1	-	7	39	43	1	16	99	27	60	2	14	103
STD treatments	1	3	4	1	9	6	8	5	45	64	6	4	-	64	74
HIV Testing	-	2	8	-	10	3	17	10	55	85	2	11	-	55	68
ENROLLMENTS															
Medicaid & Michild	-	-	1	-	1	3	1	1	-	5	11	4	-	-	15
REFERRAL SERVICE															
MCDC Referrals	7	5	18	21	51	30	19	150	188	387	27	22	85	83	217
MIHP referrals	4	-	21	17	42	10	-	186	231	427	2	-	283	272	557
Hearing Screens															
Pre-school	256	68	-	141	465	521	205	-	468	1,194	409	234	-	420	1,063
School Age	-	-	-	95	95	1,068	680	-	1,645	3,393	983	862	619	1,211	3,675
Vision Screens															
Pre-school	275	75	-	147	497	465	213	-	469	1,147	426	215	-	252	893
School Age	158	6	-	426	590	2,719	2,114	-	3,429	8,262	1,607	1,599	-	2,885	6,091
Children's Special Health Care Services															
Diagnostics	1	-	-	-	1	3	8	-	-	11	4	2	-	-	6
Assessments-Renewal	15	20	-	29	64	126	148	-	172	446	130	149	-	201	480
Assessments-New	7	8	-	7	22	14	125	-	40	179	15	53	-	34	102
OTHER															
Leads completed	6	8	12	7	33	6	8	12	7	33	-	-	-	-	-
Leads >3.5	1	2	2	1	6	1	2	2	1	6	-	-	-	-	-
	3,503					29,483					29,803				

State Participation/Enrollment Ratio [2]:

Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Curr Year P/E Ratio (last 12 months)
96.3%	95.8%	96.2%	96.0%	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	4,112	3,884	3,901	-0.10%	94.46%
Apr / 2026	4,042	3,835	(est[7]) 3,934		94.88%
May / 2026	0	0	(est[7]) 3,913		
Jun / 2026	0	0	0		
Jul / 2026	0	0	0		
Aug / 2026	0	0	0		
Sep / 2026	0	0	0		

Total (Year to date)	28,864	27,406	23,737		
Curr Year Avg	4,123	3,915	3,956	694.39%	94.29%
Months with Count	7	7	6	6	7
Average to Base % [8]		94.1%	95.05%		
Last yrs Base % [9]		105.5%	106.46%		
Last yrs Average	4,348	4,084	4,121		93.92%

Estimated average participation for current year to date:

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

3,948
3,956

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.

MAY 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 has provided 1,865 safe storage devices through events and community partners. We anticipate providing several hundred more before our supply is exhausted. Radio ads to support the campaign have been running through the month of May. Ads have been running on Pandora and Spotify through April and May. We continue to promote our messages through our social media platforms.

The OHSP grant work has been busy. We continue meetings with the Bishops across the jurisdiction. Initial surveys have been received from the Reading and Quincy areas. We are compiling the data to update our maps to include the communities' concerns about various roads. We will be providing this information to the Road Commissions for their awareness. The MDOT project to widen M86 between Centreville and M 66 in St. Joseph County has begun. We are developing a safety day event in collaboration with the communities, select Fire Departments, and Sheriff's Offices in Hillsdale and St. Joseph counties. Dates for these events will be announced when they are finalized.

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 from 13 local substance use disorder service providers. We will begin working with the county's IT and GIS departments in the near future to develop the online resource page.

The Annual All Staff Meeting went well. Staff enjoyed the day's activities. Thank you to Commissioner Leininger for assisting with the awards ceremony.

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 has met with the three county's human services networks. The next step is to complete the prioritization of needs and develop the Community Health Improvement Plan.

There were 5 media stories in since the last Board of Health meeting that mentioned the agency. We have issued no press releases since the April Board of Health meeting.

2. Community Health Worker Program:

Lisa Redmond has returned and is working with clients in the three counties. Rachel Baker continues to serve clients at Covered Bridge Healthcare and the Three Rivers office. The program continues to receive referrals from multiple agencies across the jurisdiction. The greatest needs requested were assistance with MDHHS Services applications (Medicaid, Food Assistance, and State Emergency Relief), Community Partner resources (domestic violence, utility shut off, and housing), Social Security applications for retirement and disability, and homelessness.

MAY HEALTH EDUCATION & PROMOTION BOARD OF HEALTH REPORT

3. Community Events:

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

Date	Event
5/4	Insight Community Forum – Branch County
5/8	Friendship Friday – St. Joseph County
5/12	St. Joseph County Human Services – CHNA Input Session
5/14	Story Walk – Hillsdale County
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
6/8	King’s Kupboard – Hillsdale County
6/12	Friendship Friday – St. Joseph County
6/22	Eby Center – Branch County
6/23	Safety Fair – Hillsdale 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 April:</p> <ul style="list-style-type: none"> National Public Health Week (Apr. 7–13) Child Abuse Prevention Month – Promoted Safe Sleep/local CAPA messaging STI Awareness Week (Apr. 14–20) – Promoted Testing & Treatment Lead Safety Tick Safety Driving Safety for 4/20 World Immunization Week Upcoming Breastfeeding Classes 	<ul style="list-style-type: none"> BHSJ Nursing Nest Support Group Ready for Kindergarten Clinics WIC Mobile Clinics CSHCS webinar series MI Saves- Septic Loan Replacement Program <p>Ongoing Initiatives:</p> <ul style="list-style-type: none"> WIC Monthly Social Media Toolkit MDHHS Safe Sleep Toolkit Medicaid Navigation Assistance
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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	4,493	5,103 <i>(Up 17.5% from March)</i>	103,200 <i>(Down 3.7% from March)</i>	Videos shared (5): OHSP(Share the Road, Distracted	9	5 Lock it up campaign: Bag locations,

MAY HEALTH EDUCATION & PROMOTION BOARD OF HEALTH REPORT

				Driving, Work Zone Safety), Measles Vaccination, Well Flooding		Educational videos- THC/Edibles, THC/Driving, THC/During Pregnancy; HPV Vaccination
TOTAL TO DATE (Since 10/1/2022)	<i>28 NEW followers since last report</i>	32,918	1,350,520	85	552	42

Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the May 28, 2026 Board of Health Meeting
Prepared by Joseph Frazier R.E.H.S. , Director of Environmental Health

Food Program Updates

The food program has successfully completed the food licensing process. This time of year is always stressful, but this year was even more challenging due to the relocation of our St. Joseph County office following storm damage. Staff did a tremendous job working with the public and clearly communicating where payments could be made. As a result, all payments were received by the second week of May.

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

- Territorial Table & Tavern – Hillsdale County
- Michigan’s Outpost Bar & Grill – Hillsdale County
- Biggby Coffee #426 – Hillsdale County
- The Topsy Turtle – Branch County
- Ambassadors for Christ – St. Joseph County

Wells, Septic, Pools, Vector, and Campgrounds

At this point, all CAPAs from the accreditation review have been submitted to MPHI, and we have implemented the necessary corrections. At the last Board of Health meeting, a question was raised about how our turnaround times for well and septic permits compare to other health departments. I reached out to two counties and found that we are currently in line with their timelines.

At the time of this report, I have extended a conditional offer of employment for the open Clerk position in our Branch County office. We are also beginning the interview process for the open Clerk position in the Hillsdale County office.

Our Vector Technicians have started for the season. We have welcomed back Issac Shively and Amelia Lutz, who have led the Vector program for the past two years. They have begun tick drags in all three counties and have already identified a number of ticks.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT	2025/2026											
	APRIL				YTD 2025/2026				YTD 2024/2025			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	-	2	-	2	3	6	2	11	2	5	20	27
CHANGE OF USE EVALUATIONS - FIELD	6	8	-	14	18	30	25	73	17	32	32	81
CHANGE OF USE EVALUATIONS - OFFICE	4	1	11	16	33	16	52	101	29	20	39	88
ON-SITE SEWAGE DISPOSAL												
PERMITS NEW CONSTRUCTION	4	8	8	20	27	38	43	108	40	52	56	148
REPAIR/REPLACEMENT	12	4	14	30	31	22	56	109	32	27	61	120
VACANT LAND EVALUATION	3	3	-	6	6	9	13	28	7	10	5	22
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	19	15	22	56	64	69	112	245	79	89	122	290
SEWAGE PERMITS INSPECTED	13	9	18	40	55	49	82	186	43	48	83	174
WELL PERMITS ISSUED	15	18	17	50	83	94	108	285	84	79	105	268
WELL PERMITS INSPECTED	11	6	10	27	86	122	91	299	85	74	126	285
FOOD SERVICE INSPECTION												
PERMANENT	23	33	31	87	139	161	217	517	153	166	229	548
NEW OWNER / NEW ESTABLISHMENT	1	3	2	6	12	6	13	31	8	3	14	25
FOLLOW-UP INSPECTION	-	3	-	3	4	6	5	15	2	4	7	13
TEMPORARY	1	3	1	5	10	7	19	36	8	7	20	35
MOBILE/STFU	10	8	23	41	24	16	54	94	16	19	40	75
PLAN REVIEW APPLICATIONS	-	2	1	3	1	8	6	15	7	3	7	17
FOOD RELATED COMPLAINTS	-	2	-	2	12	5	8	25	9	-	6	15
FOODBORNE ILLNESS INVESTIGATED	-	-	1	1	2	-	1	3	-	-	1	1
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	-	-	-	-	-	-	-	5	-	5	5	10
CAMPGROUND INSPECTION												
NON-COMM WATER SUPPLY INSP.	-	3	3	6	4	16	18	48	6	10	19	35
SWIMMING POOL INSPECTION	-	-	-	-	9	3	6	18	9	5	5	19
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	1	-	-	1	4	-	-	4	8	1	16	25
DHS LICENSED FACILITY INSP.	-	1	7	8	4	14	19	37	7	13	19	39
COMPLAINT INVESTIGATIONS	5	6	2	13	15	33	10	58	11	18	10	39
LONG TERM MONITORING	-	-	-	-	3	1	6	10	-	-	-	-
BODY ART FACILITY INSPECTIONS	-	-	-	-	2	1	9	12	2	5	8	15



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

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

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

Inspection Type Count By County

For Date Range: 04/01/2026 - 04/30/2026

County	Inspection Type / Reason	Count
Branch County		
<u>Food Safety</u>		
	Consultation - Plan Review Consultation	1
	Plan Review Activity - Initial	1
	Pre-Opening - Pre-Opening	1
	Risk Based Inspection - Routine	23
	STFU Inspection - Routine	9
	STFU Pre-Opening - Pre-Opening	1
	Temporary Food Inspection - Routine	1
	Total # of Food Safety inspections - Branch County	37
Hillsdale County		
<u>Food Safety</u>		
	Consultation - Plan Review Consultation	1
	Non Foodborne Illness Complaint - Initial	2
	Pre-Opening - Pre-Opening	3
	Risk Based Inspection - Follow-up	3
	Risk Based Inspection - Routine	33
	STFU Inspection - Routine	7
	STFU Pre-Opening - Pre-Opening	1
	Temporary Food Inspection - Routine	3
	Total # of Food Safety inspections - Hillsdale County	53
St. Joseph County		

Inspection Type Count By County

For Date Range: 04/01/2026 - 04/30/2026

County	Inspection Type / Reason	Count
<i>Food Safety</i>		
	Consultation - Plan Review Consultation	1
	Foodborne Illness Complaint - Initial	1
	Plan Review Activity - Initial	1
	Pre-Opening - Pre-Opening	2
	Risk Based Inspection - Routine	31
	STFU Inspection - Routine	21
	STFU Pre-Opening - Pre-Opening	1
	Temporary Food Inspection - Routine	1
	Total # of Food Safety inspections - St. Joseph County	59
	<u>Total # of inspections - All counties</u>	<u>149</u>



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(269) 273 - 2161 ext. 233

Food Establishment Inspection Report by Facility Name

For Date Range: 04/01/2026 - 04/30/2026 and Food Program

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Abundant Rock	Hillsdale	04/27/2026	Temporary Food Inspection - Routine	0	0	0	0
ADDISON GUN CLUB	SOMERSET TWP	04/02/2026	Risk Based Inspection - Routine	0	0	0	0
Adventure Zone Inc	Coldwater	04/23/2026	Plan Review Activity - Initial	0	0	0	0
Ambassador's for Christ Church	Three Rivers	04/15/2026	Pre-Opening - Pre-Opening	0	0	0	0
Amendment		04/27/2026	Plan Review Activity - Initial	0	0	0	0
Anderson Elementary School	Bronson	04/06/2026	Risk Based Inspection - Routine	1	0	1	0
Angel's Concessions	Sturgis	04/30/2026	STFU Inspection - Routine	0	0	0	0
ANN-DEE'S TAVERN	North Adams	04/22/2026	Risk Based Inspection - Routine	0	0	0	0
APPLEBEE'S	Sturgis	04/28/2026	Risk Based Inspection - Routine	1	1	2	1
Arrowhead Kettle Co	Coldwater	04/21/2026	STFU Inspection - Routine	0	0	0	0
Bass Boosters	Three Rivers	04/27/2026	STFU Inspection - Routine	0	0	0	0
BEACH CONCESSIONS #88	Hillsdale	04/14/2026	STFU Inspection - Routine	0	0	0	0
Big Daddyz Eats	Coldwater	04/30/2026	STFU Inspection - Routine	0	0	0	1
Big Wheels BBQ	CONSTANTINE	04/15/2026	STFU Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Big Wheels BBQ	CONSTANTINE	04/23/2026	STFU Inspection - Routine	0	0	0	0
Biggby Coffee #426	Hillsdale	04/17/2026	Pre-Opening - Pre-Opening	0	0	0	0
Bird Lake Christian Academy	OSSEO	04/03/2026	Risk Based Inspection - Routine	0	0	0	0
BPOE 1381 (ELKS LODGE)	STURGIS	04/17/2026	Risk Based Inspection - Routine	0	0	0	0
Brooklyn Way LLC	Coldwater	04/16/2026	STFU Inspection - Routine	1	0	1	1
Burger King #1419	Hillsdale	04/16/2026	Non Foodborne Illness Complaint - Initial	0	0	0	0
Burgers and Bows	Three Rivers	04/07/2026	STFU Inspection - Routine	0	0	0	0
Burr Oak Missionary Church	Burr Oak	04/10/2026	Temporary Food Inspection - Routine	0	0	0	0
Cambria Baptist Church	Hillsdale	04/06/2026	Risk Based Inspection - Routine	0	0	0	0
Camden United Methodist Church	Camden	04/16/2026	Risk Based Inspection - Routine	0	0	0	0
CAMDEN-FRONTIER SCHOOL	Camden	04/16/2026	Risk Based Inspection - Routine	0	0	0	0
CAVONI'S	HILLSDALE	04/02/2026	Risk Based Inspection - Routine	0	0	0	0
CENTRAL ELEMENTARY SCHOOL	White Pigeon	04/21/2026	Risk Based Inspection - Routine	0	0	0	0
Centreville Baptist Church	Centreville	04/03/2026	Temporary Food Inspection - Routine	0	0	0	0
Centreville Little League Adam's Park	Centreville	04/30/2026	Risk Based Inspection - Routine	0	1	0	1
Chief's Arrowhead Hots	Coldwater	04/21/2026	STFU Pre-Opening - Pre-Opening	0	0	0	0
Chunky Butts BBQ & Grill	Osseo	04/03/2026	STFU Inspection - Routine	0	0	0	0
Chunky Butts BBQ & Grill	Osseo	04/29/2026	STFU Inspection - Routine	0	0	0	0
Coldwater Garden	Coldwater	04/08/2026	Risk Based Inspection - Routine	0	0	0	0
Coldwater Treats DBA Dairy Queen	Coldwater	04/08/2026	Risk Based Inspection - Routine	0	0	0	0
COLON HIGH SCHOOL	COLON	04/14/2026	Foodborne Illness Complaint - Initial	0	0	0	0
Community Church of North Adams	North Adams	04/22/2026	Risk Based Inspection - Routine	0	0	0	0
CONSTANTINE HIGH SCHOOL	Constantine	04/16/2026	Risk Based Inspection - Routine	0	2	2	0
Country Table Restaurant	White Pigeon	04/21/2026	Risk Based Inspection - Routine	0	0	0	1
Cousins Maine Lobster	Plymouth	04/19/2026	STFU Inspection - Routine	0	0	0	0
D & S Lounge	Pittsford	04/29/2026	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Dips on the Vine	White Pigeon	04/28/2026	STFU Inspection - Routine	0	0	0	0
Donnelly's Concession	Jackson	04/27/2026	Temporary Food Inspection - Routine	0	0	0	0
DQ GRILL & CHILL	Three Rivers	04/30/2026	Risk Based Inspection - Routine	1	0	1	1
Eastside Elementary Schools	Constantine	04/07/2026	Risk Based Inspection - Routine	0	0	0	0
ENRICHMENT CENTER	Sturgis	04/14/2026	Risk Based Inspection - Routine	0	0	0	0
FAMILY AFFAIR RESTAURANT	MENDON	04/22/2026	Risk Based Inspection - Routine	0	0	0	0
FIRM FOUNDATION MINISTRIES	CENTREVILLE	04/23/2026	Risk Based Inspection - Routine	0	1	0	1
First Baptist	Sturgis	04/08/2026	Risk Based Inspection - Routine	0	0	0	0
Flame N Bun LLC	Coldwater	04/27/2026	STFU Inspection - Routine	0	1	1	0
FOE AERIE #2303	Three Rivers	04/17/2026	Risk Based Inspection - Routine	2	0	2	2
Four Corners Coffee	Cement City	04/20/2026	Risk Based Inspection - Routine	1	0	1	1
Frank Beck Chevrolet	Jonesville	04/28/2026	Temporary Food Inspection - Routine	0	0	0	0
Gabrielsons Grill LLC	Three Rivers	04/16/2026	Pre-Opening - Pre-Opening	0	0	0	0
Gibby's	Mendon	04/22/2026	Risk Based Inspection - Routine	0	1	1	0
Grill N Chill	Hillsdale	04/16/2026	STFU Pre-Opening - Pre-Opening	0	0	0	0
HANDMADE SANDWICHES & BEVERAGES	HILLSDALE	04/29/2026	Risk Based Inspection - Routine	0	0	0	0
Hillsdale College Dining Hall	Hillsdale	04/21/2026	Non Foodborne Illness Complaint - Initial	0	0	0	1
Hillsdale College Dow Conference Center	Hillsdale	04/14/2026	Risk Based Inspection - Follow-up	1	0	1	0
Hillsdale College Dow Conference Center	Hillsdale	04/28/2026	Risk Based Inspection - Follow-up	0	0	0	0
Hillsdale County ISD - YAP	Hillsdale	04/30/2026	Risk Based Inspection - Routine	0	0	0	0
HILLSDALE GOLF & COUNTRY CLUB	Hillsdale	04/17/2026	Risk Based Inspection - Routine	0	2	2	1
HILLSDALE GOLF & COUNTRY CLUB	Hillsdale	05/01/2026	Risk Based Inspection - Follow-up	0	0	0	0
HILLSDALE HIGH SCHOOL	Hillsdale	04/30/2026	Risk Based Inspection - Routine	0	0	0	0
HIP PADDERS CATERING	STURGIS	04/28/2026	Risk Based Inspection - Routine	0	0	0	0
Hot N Now	Sturgis	04/03/2026	Risk Based Inspection - Routine	0	0	0	0
Hungry Howies	Coldwater	04/10/2026	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Immaculate Conception Church Hall	THREE RIVERS	04/20/2026	Consultation - Plan Review Consultation	0	0	0	0
Jennings Elementary School	Quincy	04/29/2026	Risk Based Inspection - Routine	0	0	0	1
Jimmy Johns	Coldwater	04/15/2026	Risk Based Inspection - Routine	0	0	0	0
Johnny T's Bistro	Hillsdale	04/28/2026	Risk Based Inspection - Routine	0	0	0	0
JONESVILLE HIGH SCHOOL	JONESVILLE	04/06/2026	Risk Based Inspection - Routine	0	0	0	0
Kate's Diner I	Centreville	04/28/2026	STFU Inspection - Routine	0	0	0	0
Kate's Elephant Ear	Centreville	04/28/2026	STFU Inspection - Routine	0	0	0	0
Katie's Pizza	Myakka City	04/28/2026	STFU Inspection - Routine	0	0	0	0
Kentucky Fried Chicken - Coldwater	Coldwater	04/16/2026	Risk Based Inspection - Routine	0	0	0	0
KING DRAGON BUFFET	Sturgis	04/09/2026	Risk Based Inspection - Routine	0	0	0	4
La Cocina de Chelo	Bronson	04/03/2026	STFU Inspection - Routine	1	0	1	1
LIL PEPPI'S PIZZA	SOMERSET CENTER	04/15/2026	Risk Based Inspection - Routine	0	0	0	0
LITCHFIELD COMMUNITY SCHOOL	LITCHFIELD	04/23/2026	Risk Based Inspection - Routine	0	0	0	0
LITCHFIELD CONGREGATIONAL CHURCH	Litchfield	04/23/2026	Risk Based Inspection - Routine	0	0	0	0
Little Caesars	Coldwater	04/23/2026	Risk Based Inspection - Routine	0	0	0	2
Made in the Dunya / The Local Food Cart	Coldwater	04/22/2026	STFU Inspection - Routine	0	1	0	0
Made in the Dunya / The Local Food Cart	Coldwater	04/29/2026	STFU Inspection - Routine	0	0	0	0
Mancino's of Sturgis	Sturgis	04/03/2026	Risk Based Inspection - Routine	0	0	0	0
McComb's Street Eats	Osseo	04/17/2026	STFU Inspection - Routine	0	0	0	0
MCDONALD'S-HILLSDALE	Hillsdale	04/02/2026	Risk Based Inspection - Routine	0	0	0	1
Mels 50s Diner	Union City	04/27/2026	Risk Based Inspection - Routine	0	0	0	2
Michigans Outpost Bar & Grille	Allen	04/29/2026	Pre-Opening - Pre-Opening	0	0	0	2
Mocha Town	Coldwater	04/09/2026	Risk Based Inspection - Routine	0	0	0	1
Morgan's Mexican Restaurant	White Pigeon	04/21/2026	Risk Based Inspection - Routine	0	0	0	0
NEW DRAGON EXPRESS	STURGIS	04/17/2026	Risk Based Inspection - Routine	0	0	0	2
NORTH ADAMS PUBLIC SCHOOLS	North Adams	05/01/2026	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
OLIVIA'S CHOP HOUSE	JONESVILLE	04/10/2026	Risk Based Inspection - Routine	0	1	0	1
Oscar Browns Tavern	Coldwater	04/13/2026	Risk Based Inspection - Routine	0	0	0	0
Overkill Beverages	Waldron	04/16/2026	STFU Inspection - Routine	0	0	0	0
Paradiso Wine Bar / Inferno Cigar Lounge	Hillsdale	04/02/2026	Consultation - Plan Review Consultation	0	0	0	0
Party on the Patio Food Truck - TNT's Food Truck	Wolcottville	04/18/2026	STFU Inspection - Routine	0	0	0	0
PITTSFORD AREA SCHOOLS	Pittsford	04/29/2026	Risk Based Inspection - Routine	0	0	0	0
Pizza Hut	Coldwater	04/23/2026	Risk Based Inspection - Routine	0	0	0	0
PIZZA HUT	HILLSDALE	04/13/2026	Risk Based Inspection - Routine	0	0	0	0
Quincy Junior - Senior High School	Quincy	04/29/2026	Risk Based Inspection - Routine	0	0	0	0
READING HIGH SCHOOL	READING	04/27/2026	Risk Based Inspection - Routine	0	0	0	0
Refuge Coffee House LLC	Quincy	04/16/2026	Risk Based Inspection - Routine	0	0	0	0
REYNOLDS ELEMENTARY SCHOOL	Reading	04/27/2026	Risk Based Inspection - Routine	0	0	0	0
Riverside Elementary School	Constantine	04/07/2026	Risk Based Inspection - Routine	0	0	0	0
Rolling Refuge	Quincy	05/01/2026	STFU Pre-Opening - Pre-Opening	0	1	0	0
Rootin & Tootin	Mendon	04/25/2026	STFU Inspection - Routine	0	0	0	0
Royal Cafe	CENTREVILLE	04/03/2026	Risk Based Inspection - Routine	0	0	0	0
Ryan Elementary School	Bronson	04/06/2026	Risk Based Inspection - Routine	0	0	0	0
Saint Paul's Lutheran Church	Centreville	04/23/2026	Risk Based Inspection - Routine	0	0	0	0
Samuel Mancino's Restaurant	White Pigeon	04/21/2026	Risk Based Inspection - Routine	0	0	0	2
Shawarma Station	Jonesville	04/28/2026	STFU Inspection - Routine	0	1	0	0
Smokin Aint EZ BBQ	Three Rivers	04/29/2026	STFU Inspection - Routine	0	1	0	0
St Marys Assumption	Bronson	04/06/2026	Risk Based Inspection - Routine	0	0	0	0
Stoagies Family Room Cafe	Coldwater	04/23/2026	Risk Based Inspection - Routine	0	0	0	2
STURGIS HIGH SCHOOL	Sturgis	04/09/2026	Risk Based Inspection - Routine	0	0	0	1
Subway 3489	STURGIS	04/14/2026	Risk Based Inspection - Routine	0	0	0	0
SWAT - Sweets with a Twist	Three Rivers	04/13/2026	STFU Inspection - Routine	0	0	0	0
Sweets on the Street	Fort Wayne	04/29/2026	STFU Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Taco Bell #32989	Coldwater	04/09/2026	Risk Based Inspection - Routine	0	0	0	0
Taco Bell #32990	Sturgis	04/14/2026	Risk Based Inspection - Routine	0	0	0	0
Tacos Guerrerenses II	Constantine	04/21/2026	STFU Inspection - Routine	0	0	0	0
Taqueria El Cunado	Constantine	04/27/2026	STFU Inspection - Routine	0	0	0	0
Taqueria Munoz	Sturgis	04/15/2026	STFU Inspection - Routine	0	0	0	0
Taqueria Munoz	Sturgis	04/22/2026	STFU Inspection - Routine	0	0	0	0
Territorial Table & Tavern	Camden	04/21/2026	Pre-Opening - Pre-Opening	2	0	2	2
The Donut Hut	Hillsdale	04/08/2026	Risk Based Inspection - Routine	0	0	0	0
The Fizzy Fix	Sturgis	04/28/2026	STFU Inspection - Routine	0	0	0	0
THE GREAT WALL	HILLSDALE	04/28/2026	Risk Based Inspection - Routine	0	0	0	2
The Joint...Smokin' Good Foods LLC	Hillsdale	04/28/2026	STFU Inspection - Routine	0	0	0	0
The Patty Wagon LLC	Bronson	04/20/2026	STFU Inspection - Routine	0	2	1	1
The Saucy Dog's BBQ	JONESVILLE	04/10/2026	Risk Based Inspection - Routine	0	1	0	0
The Topsy Turtle Bar & Grill	Coldwater	04/24/2026	Consultation - Plan Review Consultation	0	0	0	0
The Topsy Turtle Bar & Grill	Coldwater	04/28/2026	Pre-Opening - Pre-Opening	0	0	0	0
The Udder Side	Jonesville	04/01/2026	Risk Based Inspection - Routine	0	0	0	0
The Wagyu Shack	Sturgis	04/29/2026	STFU Inspection - Routine	0	0	0	0
Three Rivers Lions Club	Three Rivers	04/27/2026	Risk Based Inspection - Routine	0	0	0	0
Trinity Lutheran Church School	Sturgis	04/28/2026	Risk Based Inspection - Routine	0	1	1	0
Tropical Smoothie Cafe	Coldwater	04/16/2026	Risk Based Inspection - Routine	0	0	0	0
Union Church of Quincy	Quincy	04/08/2026	Risk Based Inspection - Routine	0	0	0	1
Union City Elementary School	Union City	04/07/2026	Risk Based Inspection - Routine	0	0	0	1
Union City High School	Union City	04/27/2026	Risk Based Inspection - Routine	0	0	0	1
Union City Middle School	Union City	04/07/2026	Risk Based Inspection - Routine	0	0	0	0
WALDRON AREA SCHOOL	WRIGHT TWP	04/28/2026	Risk Based Inspection - Routine	0	0	0	0
Waldron Friendly Tavern	Waldron	04/28/2026	Risk Based Inspection - Routine	0	0	0	0

Name	Location	Date	Inspection Type/Reason	# of P	# of Pf	CDI	# of C
Welton Foods Pizza Trailer	Centreville	04/30/2026	STFU Inspection - Routine	0	0	0	0
WENDY'S--STURGIS	Sturgis	04/03/2026	Risk Based Inspection - Routine	0	0	0	1
WHITE PIGEON HIGH SCHOOL	WHITE PIGEON	04/21/2026	Risk Based Inspection - Routine	0	0	0	0
WILLIAMS ELEMENTARY SCHOOL	JONESVILLE	04/06/2026	Risk Based Inspection - Routine	0	0	0	0
				11	18	20	43

Food Inspection Codes

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

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

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

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

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 4/1/2026 Through 4/30/2026

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
4Imprint	1,960.80	55145	4/30/2026
Abila	1,814.59	26.04.17 A.01	4/17/2026
Abila	29,396.41	26.04.30 A.01	4/30/2026
Action Quick Print Plus	930.00	26.04.03 A.01	4/3/2026
Action Quick Print Plus	710.00	26.04.17 A.02	4/17/2026
Action Quick Print Plus	696.00	26.04.30 A.02	4/30/2026
Aflac Group Insurance	1,485.12	26.04.24 R.01	4/24/2026
Alert Medical Alarms	169.70	55134	4/17/2026
Alerus Retirement Solutions	3,888.00	26.04.10 R.01	4/10/2026
Alerus Retirement Solutions	3,888.00	26.04.24 R.02	4/24/2026
Amazon Capital Services, Inc	365.32	26.04.03 P.01	4/3/2026
Amazon Capital Services, Inc	3,228.48	26.04.17 P.01	4/17/2026
Amazon Capital Services, Inc	4,744.92	26.04.30 P.01	4/30/2026
Angela Shedd	2,023.38	26.04.03 A.02	4/3/2026
Angela Shedd	2,287.00	26.04.17 A.03	4/17/2026
Angela Shedd	1,964.58	26.04.30 A.03	4/30/2026
Barbara Krzyzanski	192.50	26.04.03 A.03	4/3/2026
Barbara Krzyzanski	35.00	26.04.17 A.04	4/17/2026
Barbara Krzyzanski	122.50	26.04.17 A.28	4/17/2026
Barbara Krzyzanski	131.25	26.04.30 A.04	4/30/2026
Barbara P. Foley	46.16	55132	4/10/2026
Barbara P. Foley	46.16	55143	4/24/2026
Beacon Properties Administration	4,533.45	26.04.30 A.05	4/30/2026
Branch Area Transit Authority	1,769.17	26.04.17 A.05	4/17/2026
Branch County Commission	32,682.80	26.04.17 A.06	4/17/2026
Branch County Complex	14,678.82	26.04.30 A.06	4/30/2026
Card Services Center	1,368.01	26.04.30 P.04	4/30/2026
CDW GOVERNMENT INC.	1,715.52	26.04.17 A.07	4/17/2026
Century Bank - Hillsdale Maintenance	2,000.00	26.04.30 A.07	4/30/2026
Century Bank - Three Rivers Maintenance	2,000.00	26.04.30 A.08	4/30/2026
Century EFTPS	31,066.65	26.04.10 R.02	4/10/2026
Century EFTPS	29,385.89	26.04.24 R.03	4/24/2026
Century FSA	129.00	26.04.10 R.03	4/10/2026
Century FSA	129.00	26.04.24 R.04	4/24/2026
Century Mastercard	2,011.51	26.04.03 P.03	4/3/2026
Century MERS	91,825.20	26.04.17 A.08	4/17/2026
Century MERS	64,483.70	26.04.30 A.09	4/30/2026
Century State/Michigan State Treasury	10,760.41	26.04.24 R.05	4/24/2026
Charter Communications	150.00	26.04.03 P.04	4/3/2026
Charter Communications	150.00	26.04.30 P.05	4/30/2026
Cintas Corporation Loc 351	115.45	26.04.17 P.02	4/17/2026
City Of Coldwater	40.00	26.04.30 A.10	4/30/2026
ConnectAmerica	209.00	26.04.17 A.09	4/17/2026
Control Solutions Inc.	117.33	26.04.03 A.04	4/3/2026
Crossroads Home Care Inc.	1,980.76	26.04.17 A.10	4/17/2026
DELTA DENTAL	4,674.79	26.04.30 A.11	4/30/2026
DiningRD	4,261.62	26.04.17 A.11	4/17/2026
DiningRD	40.47	26.04.30 A.12	4/30/2026
DL Gallivan Office Solutions	769.14	55126	4/3/2026
DL Gallivan Office Solutions	826.21	55146	4/30/2026
Dr. Karen M. Luparello	4,722.75	26.04.03 A.05	4/3/2026
FedEx	6.00	26.04.03 P.05	4/3/2026

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 4/1/2026 Through 4/30/2026

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
FedEx	13.36	26.04.17 P.03	4/17/2026
FedEx	12.70	26.04.30 P.06	4/30/2026
Frontier	462.80	26.04.03 P.06	4/3/2026
Frontier	465.27	26.04.30 P.07	4/30/2026
GDI Services Inc.	1,393.96	26.04.30 A.13	4/30/2026
Glaxo-Smithkline Financial Inc.	1,364.35	26.04.30 A.14	4/30/2026
Griffiths Mechanical Contracting, Inc.	844.50	26.04.30 A.15	4/30/2026
GT INDEPENDENCE	8,060.00	26.04.17 A.12	4/17/2026
Health Equity	3,640.88	26.04.10 PR.01	4/10/2026
Health Equity	3,946.88	26.04.24 PR.01	4/24/2026
Helping Angels Home Care LLC	2,872.40	26.04.17 A.13	4/17/2026
Hillsdale Board Of Public Utilities	2,328.79	26.04.03 P.07	4/3/2026
Hillsdale Board Of Public Utilities	2,420.77	26.04.30 P.08	4/30/2026
Hillsdale County Treasurer	487.15	26.04.03 A.06	4/3/2026
Home Roots Companion & Home Care Services LLC	5,363.48	26.04.17 A.14	4/17/2026
HomeJoy of Kalamzoo	5,693.27	26.04.17 A.15	4/17/2026
Hope Cafe	777.00	55147	4/30/2026
Hospital Network Healthcare Services	64.75	26.04.17 A.16	4/17/2026
Indiana MI Power Company	1,803.84	26.04.17 P.04	4/17/2026
Indiana State Tax	204.36	26.04.24 R.06	4/24/2026
Inspiration Studio Designs	6,750.00	55148	4/30/2026
JeneRose Domincel	(142.42)	54659	4/14/2026
JeneRose Domincel	117.42	55135	4/17/2026
Jessica Smith	200.00	55136	4/17/2026
KALAMAZOO CHD	500.00	26.04.17 A.17	4/17/2026
LA Colonial Properties, LLC	6,843.98	55131	4/3/2026
LA Colonial Properties, LLC	6,843.98	55149	4/30/2026
Laboratory Corporation of America	10.00	26.04.30 A.16	4/30/2026
Lajoy FI, LLC	4,952.08	26.04.17 A.18	4/17/2026
Laughter That Matters	2,500.00	55137	4/17/2026
Legal Services Of S.Central MI	1,800.00	26.04.17 A.19	4/17/2026
Maner Costerisan	7,650.00	26.04.03 A.07	4/3/2026
Maplecrest, LLC	1,361.80	26.04.30 A.17	4/30/2026
MAX AIR SYSTEMS	6,052.44	55127	4/3/2026
Medical Care Alert	499.35	26.04.17 A.20	4/17/2026
Merck Sharp & Dohme LLC	960.75	55150	4/30/2026
MERS 5% EMPLOYEES	15,485.46	26.04.24 R.07	4/24/2026
Michigan Gas	60.92	26.04.03 P.08	4/3/2026
Michigan Gas	62.06	26.04.30 P.09	4/30/2026
Michigan Public Health Institute	6,989.20	26.04.17 A.21	4/17/2026
Michigan State Disbursement Unit	190.11	55133	4/10/2026
Michigan State Disbursement Unit	190.11	55144	4/24/2026
Mulder's Moving & Storage	2,629.75	55138	4/17/2026
NACCHO	1,080.00	26.04.03 A.08	4/3/2026
Nationwide	610.00	26.04.10 R.04	4/10/2026
Nationwide	610.00	26.04.24 R.08	4/24/2026
Nurse Administrator's Forum	(190.00)	55085	4/15/2026
Nurse Administrator's Forum	190.00	55139	4/17/2026
Nurse Administrator's Forum	70.00	55151	4/30/2026
One Stop Promotions	1,200.00	55152	4/30/2026
Pitney Bowes Inc.	33.18	26.04.03 P.09	4/3/2026
Principal Life Insurance Company	2,097.49	26.04.30 P.10	4/30/2026

Branch-Hillsdale-St Joseph Community Health Agency

Check/Voucher Register - Check Register for BOH

00103 - Cash - Accounts Payable

From 4/1/2026 Through 4/30/2026

<u>Payee</u>	<u>Check Amount</u>	<u>Check Number</u>	<u>Effective Date</u>
ProAssurance Indemnity Company, Inc	475.00	26.04.03 P.10	4/3/2026
Prompt Care Express PC	160.00	55140	4/17/2026
Quincy Baseball & Softball Association	20.00	55153	4/30/2026
R. Johnson Builders, inc	38,500.00	55128	4/3/2026
Reserve Account	5,000.00	26.04.03 A.09	4/3/2026
Reserve Account	3,000.00	26.04.30 A.18	4/30/2026
Richard Clark	3,009.70	26.04.30 A.19	4/30/2026
Riley Pumpkin Farm	3,000.00	26.04.30 A.20	4/30/2026
RNS Communications, Inc.	4,590.00	26.04.03 A.10	4/3/2026
Rosati Schultz Joppich Amtsbueshler	165.00	26.04.17 A.22	4/17/2026
ROSE PEST SOLUTIONS	89.00	26.04.30 A.21	4/30/2026
Rueben & Lila Hochstetler	1,296.76	55129	4/3/2026
Sanofi Pasteur Inc.	1,571.26	26.04.30 P.11	4/30/2026
Semco Energy	178.16	26.04.03 P.11	4/3/2026
Semco Energy	233.11	26.04.30 P.12	4/30/2026
ServerSupply	1,401.25	55141	4/17/2026
ServerSupply	992.75	55154	4/30/2026
Shaffmasters U-Stor-n-Lock	150.00	26.04.03 A.11	4/3/2026
Shawn Williamson	125.00	55130	4/3/2026
Shred It	120.00	26.04.03 P.12	4/3/2026
Shred It	100.80	26.04.30 P.13	4/30/2026
St Joseph County COA	40,196.95	26.04.17 A.23	4/17/2026
St Joseph County Transit Authority	2,493.15	26.04.17 A.24	4/17/2026
Staples	507.90	26.04.03 P.13	4/3/2026
Staples	306.32	26.04.30 P.14	4/30/2026
State Of Michigan	30.00	55155	4/30/2026
State of Michigan	10.00	55156	4/30/2026
State of Michigan-Dept	23.00	55142	4/17/2026
Stratus Video, LLC	2,857.41	26.04.17 A.25	4/17/2026
TelNet Worldwide	1,757.66	26.04.17 A.26	4/17/2026
Upper Peninsula Health Care Solutions, Inc.	154.50	26.04.30 A.22	4/30/2026
Verdant Commercial Capital	1,322.75	26.04.17 P.05	4/17/2026
Verizon	1,771.22	26.04.03 P.14	4/3/2026
VRI INC.	54.00	26.04.17 A.27	4/17/2026
Western Michigan Health Insurance Pool Trust	57,564.86	26.04.30 P.15	4/30/2026
Report Total	662,384.20		

Branch-Hillsdale-St Joseph Community Health Agency
Balance Sheet - Unposted Transactions Included In Report
As of 4/30/2026

Current Period Balance

Assets

Cash on Hand	25,905.79
Cash with County Treasurer	3,555,659.72
Community Foundation Grant	309,955.94
Cash HD Building Maintenance	70,516.76
Cash TR Building Maintenance	95,140.17
Accounts Receivable	71,735.59
Due from Dental DAPP	1,275.67
Due from State	147,857.87
Due from Other Funding Sources	147,458.12
Prepaid Expenses	195,731.84
Biologic Inventory	120,637.02
Total Assets	<u><u>4,741,874.49</u></u>

Liabilities

Accounts Payable	140,550.21
Payroll Liabilites	163,891.26
Deferred Revenue	275,674.73
Deferred Revenue BR	38,310.17
Deferred Revenue HD	40,409.00
Deferred Revenue SJ	53,829.33
Biologics	120,637.02
Total Liabilities	<u>833,301.72</u>

Net Assets

Operation Fund Balance	327,260.72
Restricted Fund Balance	451,298.84
Designated Fund Balance	3,130,013.21
Total Net Assets	<u>3,908,572.77</u>

Total Liabilities and Net Assets	<u><u>4,741,874.49</u></u>
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BHSJ Community Health Agency
 Schedule of Cash Receipts and Disbursements
 October 1, 2025 thru
 April 30, 2026

Plus: Cash Receipts	\$628,471.27
Less: Cash Disbursements For Payroll/AP	\$ (772,650.24)
10/31/2025 Cash Balance	\$ 3,970,394.32
<hr/>	
Plus: Cash Receipts	\$633,432.70
Less: Cash Disbursements For Payroll/AP	\$ (663,990.11)
11/30/2025 Cash Balance	\$ 3,939,836.91
<hr/>	
Plus: Cash Receipts	\$620,491.36
Less: Cash Disbursements For Payroll/AP	\$ (639,361.22)
12/31/2025 Cash Balance	\$ 3,920,967.05
<hr/>	
Plus: Cash Receipts	\$847,544.81
Less: Cash Disbursements For Payroll/AP	\$ (894,796.16)
1/31/2026 Cash Balance	\$ 3,873,715.70
<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
<hr/>	
Plus: Cash Receipts	\$1,040,050.49
Less: Cash Disbursements For Payroll/AP	\$ (876,171.90)
4/30/2026 Cash Balance	\$ 3,865,615.66

12 Month Grants should be 58.33% expended. 9 Month Grants should be 77.78% expended.

	Current Month	Year to Date	Total Budget - Amendment1	Total Expended
024 MERS Pension Underfunded Liability Over budget. The annual payment of \$22,590 has been completed for the year. There was also a forfeiture from the DC plan.	22,590.00	26,088.93	22,590.00	115.48%
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.	14,760.50	114,980.11	139,756.63	82.27%
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. Will also adjust in the budget amendment.	15,712.74	119,101.39	150,000.00	79.40%
325 CSHCS Must fully expend budget for 325 before using 112; therefore, they must be evaluated together. They are slightly over budget at 60.64%. Will monitor.	443.48	172,845.18	222,409.00	77.71%
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.	6,181.26	37,379.82	48,972.39	76.32%
714 Onsite Sewage Disposal Over budget. Will monitor and adjust at next amendment.	50,438.06	323,411.13	478,127.44	67.64%
326 Vision (ELPHS) Within budget - 9 Mth program should be expended at 77.78%.	10,824.00	78,663.38	122,378.71	64.27%
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.	104,004.57	684,223.03	1,097,936.39	62.31%
721 Drinking Water Supply Over budget. Will monitor and adjust at next amendment.	37,202.32	277,116.46	446,323.69	62.08%
012 Area Agency on Aging Slightly over budget due to a one-time expense. This should fall back in line as the year progresses. Will monitor and adjust at the next budget amendment.	130,877.27	799,411.86	1,321,723.00	60.48%
327 Hearing (ELPHS) Within budget - 9 Mth program should be expended at 77.78%.	9,818.31	74,302.86	123,552.25	60.13%

Branch-Hillsdale-St Joseph Community Health Agency
Statement of Revenues and Expenditures - Amend 1 - Expense By Program - Summary Unposted Transactions Included In Report
From 4/1/2026 - 4/30/2026

	Current Month	Year to Date	Total Budget - Amendment1	Total Expended
332 HIV Prevention Slightly over budget due to allocation expenses. Will monitor and adjust at next budget amendment if needed.	2,650.53	16,577.80	27,641.28	59.97%
014 VOCA Slightly over budget due to one-time H SA contribution. Will level out as the year progresses.	16,943.12	122,359.65	205,743.00	59.47%
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.	84,243.54	693,892.96	1,175,295.07	59.03%
230 Medical Marijuana HD Short term grant, must be expended August 31. Will monitor.	821.30	6,445.92	11,026.17	58.46%
329 MCH Enabling Children	6,723.42	55,071.92	94,409.00	58.33%
021 Dental Clinic - Three Rivers	4,533.45	31,734.15	55,582.20	57.09%
745 Type II Water	18,432.88	124,565.86	222,027.00	56.10%
704 Food Service	47,924.43	327,338.22	584,971.73	55.95%
345 Lead Testing	3,220.33	20,608.06	39,725.50	51.87%
341 Infectious Disease	35,363.64	236,083.08	455,665.44	51.81%
029 Dental Clinic - Hillsdale	766.16	6,124.10	12,000.00	51.03%
286 HEP Special Projects	-	6,143.01	12,455.00	49.32%
405 Grant Writing	240.49	2,336.10	4,755.84	49.12%
108 WIC Breastfeeding	9,924.78	65,870.23	134,466.51	48.98%
331 STD	12,026.94	92,991.02	193,166.10	48.14%
723 PFAS Response - White Pigeon	-	1,228.42	2,662.72	46.13%
275 Medical Marijuana SJ	376.11	3,397.28	7,390.17	45.97%
722 PFAS Response	-	943.05	2,060.36	45.77%
008 Salary & Fringe Payoff	12,364.34	36,177.83	80,000.00	45.22%
605 General EH Services	2,178.53	20,571.71	46,236.45	44.49%
107 Medicaid Outreach	1,184.32	7,774.64	17,529.48	44.35%
207 MCRH Community Health Workers	6,941.22	60,220.76	140,082.73	42.98%
720 EH- Complaints	164.47	4,627.11	10,822.45	42.75%
025 PH Workforce & Infrastructure	6,750.00	80,350.00	193,725.06	41.47%
338 Immunization Vaccine Handling	6,805.86	45,286.21	114,296.82	39.62%
202 Oral Health	5,889.02	29,541.72	82,654.39	35.74%
205 OHSP Grant	4,271.16	36,681.86	106,432.71	34.46%
212 Medical Marijuana BR	497.65	6,309.54	18,886.23	33.40%
106 MI Options	6,668.29	77,483.32	237,877.50	32.57%
112 CSHCS Medicaid Outreach	30,549.50	42,059.82	132,000.41	31.86%
717 EGLE Swimming Pools	139.93	8,369.58	26,812.13	31.21%

Branch-Hillsdale-St Joseph Community Health Agency
Statement of Revenues and Expenditures - Amend 1 - Expense By Program - Summary Unposted Transactions Included In Report
From 4/1/2026 - 4/30/2026

	Current Month	Year to Date	Total Budget - Amendment1	Total Expended
010 Agency Support	10,380.99	96,984.26	320,280.00	30.28%
719 Body Art	-	1,917.79	6,701.95	28.61%
724 PFAS - Westside Landfill	-	812.64	2,880.36	28.21%
015 Local Expenses - Unallowable by Grants	7,361.18	15,305.93	62,829.73	24.36%
018 Aging Mastery	2,733.26	2,733.26	15,000.00	18.22%
096 CSHCS Donations SJ	-	6,651.16	41,360.84	16.08%
715 EGLE Long-Term Monitoring	-	297.40	4,920.70	6.04%
718 EGLE Septage	91.66	300.50	6,251.95	4.80%
097 CSHCS Donations BR HD	-	988.73	22,826.00	4.33%
716 EGLE Campgrounds	-	533.24	18,869.17	2.82%
287 HEP Special Projects II	194.91	710.53	27,798.14	2.55%
035 Vector Borne Disease Surveillance	505.71	926.28	58,080.93	1.59%
023 Capital Expenditures	-	-	53,000.00	0.00%
999 Insurance Claims	19,642.81	22,642.81	-	0.00%
Total Expense	<u>772,358.44</u>	<u>5,127,493.61</u>	<u>9,262,968.72</u>	<u>55.35%</u>

The Agency is currently 2.89% under budget.



May 18, 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 9:03 AM. Roll call was completed as follows: Jared Hoffmaster, Jon Houtz, and Kevin Collins. No members were absent.

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

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

Public Comment: No public comments were given.

New Business:

- Mr. Houtz moved to recommend that the full Board approve the AAA FY26 Provider Amendments, as presented, with support from Mr. Collins. The motion passed.
- Mr. Houtz moved to recommend that the full Board approve the FY25-26 Budget Amendment #2 with support from Mr. Collins. The motion passed.
- Mr. Collins moved to recommend that the full Board approve the proposal to utilize \$70,000 of CDC Infrastructure Grant funding to pay for the agency's portion of the replacement roof for the Three Rives building, and transferring funding from the Three Rivers building maintenance account to the Hillsdale building maintenance account next year when the roof in Hillsdale is replaced. The motion received support from Mr. Houtz and passed.

Public Comment: No public comments were given.

With no further business, the meeting was adjourned at 9:25 AM.

Respectfully Submitted by:

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



May 20, 2026 – Board of Health Program, Policy, & Appeals Committee Meeting Minutes

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health, Program, Policy, & Appeals Committee meeting was called to order by Tim Stoll at 8:31 AM. Roll call was completed as follows: Tim Stoll, Rick Shaffer, and Brent Leininger. No members were absent.

Also present from BHSJ were Rebecca Burns, Theresa Fisher, Joe Frazier, and Kyle Moore.

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

Public Comment

Public comment was provided by one individual.

New Business

- Mr. Leininger moved to enter closed session pursuant to Section 8(h) of the Michigan Open Meetings Act, MCL 15.268(h), for the purpose of considering written legal advice and attorney-client privileged communications from legal counsel. The Health Officer, Environmental Health Director, and Environmental Health Supervisor were permitted to attend the closed session. A roll call vote was taken and passed 3-0 (Mr. Leininger, yes; Mr. Shaffer, yes; Mr. Stoll, yes).

The closed session began at 8:34 AM.

The meeting returned to open session at 8:52 AM.

- Mr. Leininger moved to approve the minutes from the closed session, as read prior to leaving the closed session, with support from Mr. Shaffer. The motion passed.

BHSJ staff members Laura Sutter and Kris Dewey joined the meeting.

- Ms. Gretta Schermerhorn provided information to the committee regarding the septic system located at 54108 Delong Rd.

The meeting paused for a short break at 9:48 AM.

The meeting resumed at 9:56 AM.

- Ms. Gretta Schermerhorn continued to provide information to the committee. Ms. Schermerhorn requested compensation in the amount of \$27,267.49 for expenses related to the failed septic system.

- Mr. Leininger moved to recommend that Ms. Schermerhorn's request be added to the full Board agenda under old business for discussion and review. The committee did not make a recommendation to the full Board, as members wanted additional time to review the information provided by Ms. Schermerhorn during the meeting. The motion was supported by Mr. Shaffer. The motion passed.
- Mr. Shaffer moved to recommend that the full Board approve the AAA 2027-2029 Multi-Year Plan Annual Report, with support from Mr. Leininger. The motion passed.
- Mr. Leininger moved to recommend that the full Board approve the proposal to limit the amount of old Board of Health materials available to the public on the new website to one year, to assist with compliance with ADA accessibility guidelines. All other documents will be archived and made available upon request. The motion received support from Mr. Shaffer. The motion passed.

Unfinished Business

- The Procurement Policy was discussed, but no action was taken. The item will remain under old business on the next agenda.

Public Comment

No public comments were given.

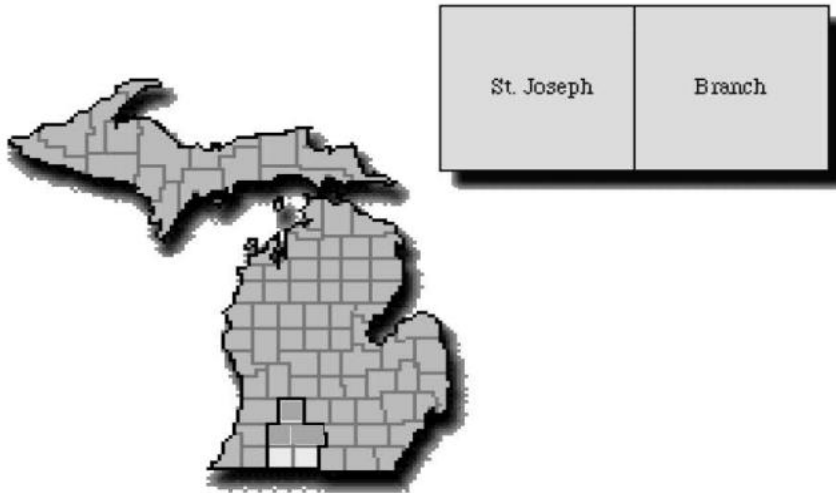
Mr. Leininger moved to adjourn the meeting, with support from Mr. Shaffer. The motion passed, and the meeting adjourned at 10:49 AM.

Respectfully Submitted by:

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

FY 2027 ANNUAL IMPLEMENTATION PLAN

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



Planning and Service Area

Branch, St. Joseph

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

Branch-St. Joseph
Community Health Agency
570 N. Marshall Road
Coldwater, MI 49036
517-278-2538 (phone)
888-615-8009 (toll-free)
517-278-2494 (fax)

Rebecca A. Burns, Health Officer
Laura Sutter, Director
Area Agency on Aging
www.bhsj.org/aaa

Regional Aging Representative

Ashley Ellsworth

EllsworthA2@michigan.gov
517-294-9680

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Executive Summary

Instructions

Please include in the Executive Summary a brief description of the following:

- A. The history of your Area Agency on Aging (AAA) and Planning and Service Area (PSA) including mission statement, vision, and primary focus for the next three years**
- B. How the AAA used data from assessment of unmet needs and the perspectives of older adults, family caregivers, service providers, and the public to inform and develop the multi-year plan. (OAA 1321.65(b)(3), OMA 400.586(y))**
- C. The AAA's Strategic/Long-Term Plan**
- D. Awards and Accreditations received by the AAA**

Please review demographic data for the PSA provided in the *Document Library* and confirm accuracy with the AAA's Regional Aging Representative for inclusion in the demographic data chart.

1. Provide a brief history of your AAA and PSA including the mission statement, vision, service population, and primary focus for the next three years.

The Branch-St. Joseph AAA mission is to provide a full range of high-quality services, programs and opportunities which promote the independence and dignity of older adults while supporting those who care for them throughout Branch and St. Joseph Counties. As an autonomous department within the Branch-Hillsdale-St. Joseph Community Health Agency, our agency has held this mission since our designation as an Area Agency on Aging in 1996. We are one of 16 AAAs in the State of Michigan responsible for administering Older Americans Act and Older Michiganians Act funding to address the needs of older adults age 60 and over, and family caregivers living in Branch and St. Joseph Counties.

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

Our Values include:

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

The two-county planning and service area (PSA) is completely rural, yet we have a diverse population and a wide continuum of agencies providing supports and services. One of our biggest strengths has been our organizational structure as an autonomous division within local public health. Some of our most notable work occurred during the COVID-19 pandemic including our continuity of operations, maintaining the agency's call center, and supporting clinics and services to hard to reach populations. This was a tremendous effort, among 6 staff, in addition to maintaining Friendly Reassurance calls, intakes/referrals as well as on-going AAA business and communication with all of our network providers. We continue to build community partnerships

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which address everything from food insecurity, housing crisis, vulnerable adult abuse/elder justice issues, and service delays/waiting lists. Our primary focus over the next three years will be maintaining a strong array of in-home & community-based services, strengthening our Community Living Program both with providers/vendors, staffing, and resources, as well as continuing to support direct care workers.

The 2026 Community Needs Survey implemented in early April, 2026 gathered data over the telephone, in person and via printed copies from over 300 individuals across Branch and St. Joseph Counties. We asked questions related to health and social engagement, living and working status, as well as other social determinant of health questions. Prioritization of services was a main component of the survey to glean which services meant the most to people now and into the future. Results gathered, as with every previous Multi-Year Area Plan, in home and access services (like transportation) rank as highest importance, while options counseling, information & assistance, health promotion and caregiver services are not far behind in the rankings.

Overall we've seen steady growth in the 60+ age category, and our "older old" (those age 80+) is growing dramatically. As compared to our statistics in 2019, the 60+ population grew from just over 23% of the total population to now nearly 26%. The total population in Branch and St. Joseph County is now 107,358 which is an increase from our last plan cycle as indicated in the Michigan Department of Health and Human Services (MDHHS) Vital Records data for 2024. As we examined poverty data, the number of individuals at or below poverty in Branch County was 13.2% in 2024, St. Joseph County was 12.2%. 10% of older adults in Region IIC are considered in poverty. This data has not significantly changed since our last Plan. Our efforts to reach individuals and families who are of racial and ethnic minorities, health and/or social disparities, and other disadvantaged groups will remain a high priority for our agency as well as our network providers. We must prevent and address unmet need, health disparities and access to supports and service with a holistic eye and approach.

The 2027-2029 MYP and 2027 AIP has fully incorporated feedback from each of the Input Forums, Public Hearing and Board/Advisory Committee meetings as well as the full results of the Community Needs Assessment. Our budget, program development goals and objectives, scope of services and array of planned services encompass the sentiments of our communities. We remain diligent and committed to serving those greatest in social and/or financial need in a manner that is respectful of their preferences and goals. Working in conjunction with a dynamic array of service providers and community partners at the local level, we intend to maintain high quality and accessible services for all who may seek assistance.

2. Describe how the AAA used data from the assessment of unmet needs and the perspectives of older adults, family caregivers, service providers, and the public to inform and develop the multi-year plan. [See OAA §1321.65(b)(3); OMA 400.586; Operating Standard for AAAs C-2(4).]

The Branch-St. Joseph Area Agency on Aging formally initiated our 2026 Community Needs Assessment on Tuesday, April 7, 2026 at a community event being sponsored by Congressman Tim Walberg in Sturgis, Michigan. The CNA is conducted in order to gain input directly from the public, current service participants, caregivers, community leaders, and providers of service. Our intent was to gain insight on the perception of need for services, how individuals obtain information about services AAA staff and Community Health Agency staff revised the tool in many ways including: more social determinant of health questions, condensing the survey into one tool (previously we ran two distinct surveys for different populations - one older adult needs assessment, one key leader needs assessment), and we refined language used. We kept the full list of home and community-based services for survey participants to rank as "Most Useful/currently use", "Might be useful in the future", or "Not useful to me". The survey was available in hard copy, or via electronic format via

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Alzheimer survey online. We also took responses over the telephone, with/without translation, with community members who chose that method. Our service provider network was provided hard copies for current service recipients to share their input. A press release was issued on April 16, 2026 encouraging feedback for our Needs Assessment, whether via Survey or via attendance at one of four different Community Input Forums throughout the planning & service area in early May. Press release distribution included all local and regional radio, press, news and media outlets including larger markets in Battle Creek and Kalamazoo. The press release is included in the “budget & other documents” tab of AMPS.

AAAIIC staff shared an overview of our planning process and the Community Needs Assessment component at all community meetings throughout April and May 2026. Community meetings & community organizations invited to participate included: Board of Health, AAA Advisory Committee, Branch County Community Network, St. Joseph County Human Services Commission, Branch County Interdisciplinary Team, St. Joseph County Interdisciplinary Team, Improving the Lives of Seniors, Branch and St. Joseph County Commission on Aging staff, in home participants, support group participants, and community center participants, Branch and St. Joseph County Transit provider staff & riders, Union City Senior Center, county United Way offices, county elected officials, and many many more.

Over 300 individuals across Branch and St. Joseph Counties completed the Community Needs Assessment survey. We asked questions related to health and social engagement, living and working status, as well as other social determinant of health questions. Prioritization of services was also a main component of the survey to glean which services meant the most to people now and into the future. After results were gathered, and as with every previous Multi-Year Area Plan, in home and access services rank as highest importance, while options counseling, information & assistance, health promotion and caregiver services are not far behind in the rankings. Further, during each of our four (4) Input Sessions, we discussed unmet need and heard from attendees what was missing from their perspective as a resident of their community. The input sessions illuminated more interest in additional health promotion classes, inter-generational programming and awareness/outreach to share what services/supports are available to older adults and family caregivers. The Plan was certainly developed with the community at the center, welcoming their input and participation, reaching them where they live and spend time!

3. List all awards and accreditations received by the AAA.

The Branch-St. Joseph Area Agency on Aging (IIIC) has not sought accreditation from NCQA or other accrediting bodies to date. We remain open to the national “Inform USA” (formerly AIRS) accreditation for information and referral (I&R) and community navigation services as it would be valuable to our agency's core service. Historically the certification has been cost prohibitive based on the status of funding. In terms of accolades and recognition, our team & director has been awarded locally and in the state for our elder justice efforts, with particular attention to the fact that our two county's were early developers of our Vulnerable Adult Protocol documents. Ongoing enhancement to the Protocols, multiple trainings and inter-agency collaboration are also noted among local and state officials in regard to Region IIIC.

4. Does your AAA have a Strategic/Long-Term Plan?

Yes No

Please describe your Strategic/Long-Term Plan and how it informed the development of the MYP.

Our agency is beginning the process of Strategic Planning with our public health partners this spring/summer. Our current Strategic Plan, though coming to closure, enhanced our AAA division's training on continuous quality improvement and emergency preparedness. These core functions of public health have enhanced the AAA division both at the staff level and the service level. These enhancements and training will remain in place permanently and have definitely informed the development of our 2027-2029 Multi Year Area Plan.

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Demographic Data for PSA

Population	Census (most current data available)	AAA Population Served Last Fiscal Year (NAPIS)
Total Population 60+ (%)	25.64	13.46
Race/Ethnicity 60+ (%)		
a. Black/African American	1.51	0.97
b. Asian	0.41	0.14
c. White	94.69	89.79
d. Hispanic/Latino	1.88	0.70
e. Other	3.38	0.53
Total 60+ Population in Rural areas (%)	100.00	98.30
Total 60+ Population at Poverty Level (%)	9.76	17.06
Total 85+ Population (%)	6.38	19.17
Total 60+ Non-English-Speaking Population (%)	4.68	0.06

Public Feedback

The Michigan Department of Health and Human Services (MDHHS) recognizes the importance of local collaboration, including consultation on the complete multi-year plan (MYP), for each AAA with the county/local unit of government to encourage and foster collaboration between Older American Act (OAA) programming and services provided by other non-OAA resources.

MDHHS also has an established relationship working directly with Federally Recognized Sovereign Tribes in Michigan (Tribes). As part of this work, MDHHS recognizes the importance of Tribal notification and consultation of the complete MYP for each AAA with a Tribe in the PSA to encourage and foster collaboration between Title III and Title VI programming (as required by the final rule for implementing OAA services). For AAAs without a Tribe in the PSA, MDHHS strongly encourages engagement with and targeting of elders and organizations within the PSA, such as Tribal health clinic or other Tribal affiliated organizations, to capture feedback.

Instructions

-The AAA will hold at least one public hearing on the FY 2027-2029 MYP in the PSA. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the MYP is made available. *Note - Additional testimony received after the MYP has been submitted to the ACLS Bureau can be forwarded to the AAA's Regional Aging Representative no later than July 31, 2026.

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

-The AAA is required to upload a copy of the official notice and/or press release(s) for a public hearing using the link in the *Budget and Other Documents* tab.

-AAA will describe the strategy/approach employed to encourage public attendance and testimony on the MYP, describing all methods used to gain public input and any impacts on the MYP; and how the AAA factored the accessibility issues of the service population and others in choosing the format of the meeting.

- AAAs will describe how the agency involved the Policy and Advisory Boards with encouraging and promoting participation at the public hearings(s). and if a representative from either the Policy and/or Advisory Board attended the hearing(s).

Please provide answers to the questions below:

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1. Did the AAA hold at least one public hearing on the MYP in your PSA? Yes No
2. Was the meeting held in an accessible facility or virtually following AAA requirements? Yes No
3. Did the AAA send an official notification of the complete MYP to your county/local government and Tribes within the PSA for review and consultation? Yes No
4. Was the Notice of Public Hearing(s) sent at least 30 days in advance of the scheduled hearing(s)? Yes No
5. Did the hearing notice include accessibility information for participants seeking to attend either in person or virtually? Yes No
6. Did a representative from either the Policy and/or Advisory Board(s) attend the hearing(s)? [See OAA 1321.63(a)(2)(3)(4)(5).] Yes No
7. Describe how your agency involved the Policy and/or Advisory Boards in encouraging and promoting participation to capture public feedback.

The Branch-St. Joseph Area Agency on Aging utilized multiple methods to encourage public and community partner input on the Multi-Year Area Plan. The Community Needs Survey was broadly distributed to key community leaders, community partners, and aging network providers. Many attended Input Sessions as well! At all community meetings, where AAA staff are in attendance, we offered updates and encouraged participation in the Community Needs Survey. The Public Hearing was advertised, 30 days in advance, as a "public notice ad" in the largest newspaper in our planning & service area, The Coldwater Daily Reporter. Aging network providers, community partners, the Board of Health/AAA Policy Board and the AAA Advisory Committee were also sent Public Hearing notices and reminders.

We added two more Community Input Sessions this planning cycle to have more dialogue and gather more input from our communities. We held Input Sessions at local senior/community centers which serve as accessible, welcoming, and focal points in each of our two counties' main cities:

Monday, May 4, 2026 at 11:00am - Union City Senior Center (new!)

Monday, May 4, 2026 at 2:00pm - Burnside Center, Coldwater (new!)

Key takeaways from the discussion in Branch County:

1. Increase transportation options for out of county medical appointments
2. Outreach to the community more about who agencies are and what they provide
3. Health insurance is confusing, more counseling is needed!

Wednesday, May 6, 2026 at 11:00am - Oaks Enrichment Center, Sturgis

Wednesday, May 6, 2026 at 2:00pm - Rivers Enrichment Center, Three Rivers

Key takeaways from the discussion in St. Joseph County:

1. Explore inter-generational programming more. Programs like chore or home repair at the COA could use the high school CTE building trades students to help fix safety issues, install grab bars, do heavy lifting/organizing, etc. Students could also help older adults learn more about smart phone technology and assist in understanding how to use technology more.
2. Health and wellness classes are very popular and they'd like to see more variety! Falls prevention class, like the evidence-based program "Matter of Balance", was discussed as well as caregiver classes.

During the Public Hearing, Laura Sutter, AAA Director, provided an overview of the Plans, highlighting Program Development, other grants/initiatives, FY 2027 Budget items as well as the Planned Service Array. The Hearing was held at the BHSJ Community Health Agency office in Coldwater which is a fully accessible building & meeting space. There were 8 people in attendance. One attendee was a Branch County Commissioner and Board of Health member with additional affiliations among multiple community boards

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and committees. Two Branch County residents also attended and shared they are still working, but have caregiving roles and are affiliated with multiple community organizations. All comments shared by attendees were supportive and complimentary of the Plans. Discussion and comments surrounded many topic areas including: the changes in the Senior Project Fresh program which have negatively impacted farmers and older adults in Branch County, we need to get the word out to the community about food bank and food pantries as well as understand what barriers people have to getting to food distributions, transportation needing to be more user friendly (schedules) and we need to outreach among minority/ethnic populations more. The Hearing began at 9:30am and concluded at 10:00am.

Discussion about the MYP began in March 2026 with the Director offering monthly updates to all Board and Advisory Committee members along with encouragement to share input, pose questions, attend the Public Input Forums and Public Hearing scheduled for May 20, 2026 in Coldwater.

The Board of Health (Branch-St. Joseph AAA Policy Board) and Branch-St. Joseph AAA Advisory Committee members have actively participated in the planning process by completing the Needs Survey, attending an Input Session, or via communication at meetings and with the Director as well. The Draft MYP was shared at the BOH Program, Policy & Appeals Committee level at their May 20th meeting. Then, the full Board reviewed the Plan at their May 28th meeting. Advisory Committee reviewed and supported the FY27-29MYP/FY27AIP draft at their May 19th meeting.

We are grateful to have the level of valuable participation and feedback from individuals at each of these input forums, multiple public meetings, board and advisory groups. It gives our agency the direction we need to proceed with confidence in wholeheartedly meeting the needs of older adults, people with disabilities and family caregivers across our planning and service area.

8. Please provide a description of the use of U.S. Mail and electronic means for MYP distribution.

The FY2027-2029 MultiYear Area Plan was solely shared via electronic mail to all County Board of Commissioners, County Administrators, the CHA Board of Health (AAAIIC Policy Board), the AAAIIC Advisory Committee and anyone from the community who requested it. It would be mailed, via U.S. Mail, if requested, to any address at any time.

9. Please provide a summary of oral and written testimony received, and its impact on the development of the MYP.

Community Input Forums were held (2) in Branch County on May 4th and (2) in St. Joseph County on May 6th. Key takeaways from the group discussion in Branch County included: a desire for more transportation options for out of county medical appointments, a need for outreach to the community about who agencies are and what they provide, and the need for additional assistance with navigating health insurance.

St. Joseph County Input forums were held in Sturgis and Three Rivers on May 6th. Key takeaways from the groups included: a desire for more disease prevention/health promotion activities, including fall prevention class; more inter-generational programming, such as high school students coming to help older adults understand their smart phones or to help with household chores/repairs. Both counties Input Forum participants hadn't really interacted with or knew what the Area Agency on Aging was - with the exception of one retired Adult Services staff from local MDHHS office, who wholeheartedly said she knew the area agency and what we did.

Community conversations and input that we receive directly impacts how the Plan is narrated and how priorities are set. We also incorporate more specific data results gathered from the Community Needs Survey data itself. In the last planning cycle, the Input Forum discussion was nearly identical to what we experienced in this cycle: a high priority to understand what services are provided and by what agency; health insurance counseling is highly regarded; and, transportation both in/out of county are very valuable

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services to older adults and caregivers.

Discussion and input gleaned from those in attendance at the Public Hearing surrounded many topic areas including: the changes in the Senior Project Fresh have negatively impacted farmers and older adults in Branch County, we need to get the word out to the community about food bank and food pantries as well as understand what barriers people have in getting to food distribution sites, our public transportation service needs to be more user friendly (schedules easier to understand) and we need to outreach among minority/ethnic populations more to support families.

<<<< INPUT Any formal Public Hearing Testimony???? Open to receive testimony thru early June!!!! >>>>

10. Describe the AAA's approach to ensure the MYP was shared with the aging network, family caregivers, service providers and the public.

The FY2027-2029 Multi Year Area Plan is shared far and wide among the local aging network, community partners, health/human service agency leadership, service providers, family caregivers and the public. It is posted on the front page of the AAA IIC website www.bhsj.org/aaa and is sent via email/USMail to anyone requesting the Plan. Generally we also receive media attention on the Plan if/when we present to the County Board of Commissions in both Branch and St. Joseph Counties. Should media attention be given, the AAAIIC Director will share feedback and related news articles with the ACLS Bureau Regional Aging Representative.

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Regional Service Definitions

Because this is the beginning of a multi-year cycle, all requests for service definitions must be included in the MYP for approval.

If the AAA is proposing to fund a regional service that is not included in the Operating Standards for Service Programs, provide rationale as to why activities cannot be funded under an existing service definition and information about the proposed service in this section.

Prior to adding requests for any regional service definitions, please have a conversation with the AAA's Regional Aging Representative to discuss ACLS Bureau and CSA criteria for approval to determine the best course of action.

Instructions

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

Service Name/Definition

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

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

Minimum Standards

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Access Services

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Management; Care Transition Coordination & Support; Case Coordination and Support; Disaster Advocacy and Outreach Programs; Information and Assistance; Options Counseling; Outreach (with specific attention to underserved populations); and Transportation. If the AAA is planning to provide any of these access services directly during FY 2027-2029 MYP cycle, complete this section.

Instructions

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

Care Management

<u>Starting Date</u>	10/01/2026	<u>Ending Date</u>	09/30/2027
<u>Total of Federal Dollars</u>	\$26,000.00	<u>Total of State Dollars</u>	\$142,404.00

Geographic area to be served

Branch & St. Joseph Counties

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

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

Activities:

- ~ Care Consultants will further refine and improve the intake process to assure targeting of appropriate participants
- ~ Seek additional service providers (purchase of service vendors) to serve participants in Region IIIC
- ~ Communicate continued need for additional flexibility and additional staff from existing service providers to be able to accommodate participants' person-centered support plan/care plan
- ~ Care consultants will work to implement new ACLS Bureau "Care Management" Operating Standards

Expected Outcomes:

- ~ Increase number of Purchase of Service vendors to serve CLP participants
- ~ Better identify the needs of individuals through a more comprehensive intake process
- ~ Better meet the needs of participants with additional categories/levels of care available
- ~ Adherence to ACLS Bureau Operating Standards by 2nd quarter FY2027.

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

Activities:

- ~ Care Consultants will continue to screen/assess participants/victims for current or past abuse, neglect and/or exploitation

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~ Care Consultants will seek training and education sessions relevant to the prevention of abuse, neglect and/or exploitation

Expected Outcomes:

- ~ Care Consultants will have an increased capacity to build stronger person-centered support plans by including resources and knowledge about abuse, neglect and exploitation
- ~ Care Consultants will continue to build their skill set to provide supports/services and arrange services through attending available state & locally available training events

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

Activities:

- ~ Care Consultants will complete a thorough intake and referral making process
- ~ Care Consultants will continue to monitor the Waiting List for access services monthly

Expected Outcomes:

- ~ Individuals and caregivers will be referred to alternate resources or be able to obtain services through direct service providers in a more timely manner
- ~ Care Consultants will be able to better identify needed services as a result of implementing the tiered approach

Information and Assistance

<u>Starting Date</u>	10/01/2026	<u>Ending Date</u>	09/30/2027
<u>Total of Federal Dollars</u>	\$29,000.00	<u>Total of State Dollars</u>	

Geographic area to be served

Branch and St. Joseph counties

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

Goal #1: Provision of comprehensive, unbiased information & assistance/referral

Activities:

- ~ Continue to provide referrals according to the ACLS Bureau and Inform USA standards
- ~ Continue to update files and maintain data entry into the State of Michigan Aging Information System - ADRCIS database
- ~ Staff shall complete satisfaction surveys with (10% as per Information and Assistance standard) callers each quarter to assure high quality information & assistance services

Expected Outcomes:

- ~ Staff will continue to provide the highest quality Information and Assistance/referral services to any person with an inquiry.
- ~ Survey respondents/individuals will indicate they experiences timely, accurate information to their questions and requests

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

Activities:

- ~ Staff shall continue participation in community-based taskforces, workgroups, committee-type partnership meetings to uphold information sharing and resource collaboration.

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- ~ Staff shall continue to share recent and relevant information/resources to all community and aging network partners
- ~ Staff shall continue to attend and participate in outreach events and seasonal community -based activities throughout the planning and service area.

Expected Outcomes:

- ~ Local and regional aging/disability network partners will continue to seek and receive accurate information from Branch-St. Joseph AAA.
 - ~ Branch St. Joseph AAA will continue to see an increase in Information and Assistance/referral calls
- Goal #3: Continue to maintain accurate data and submit accurate data/program reporting related to ACLS Bureau Standards and reporting requirements, for inclusion in the statewide resource database and NAPIS reporting tool.**

Activities:

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

Expected Outcomes:

- ~ All requested and required data and reports will be submitted accurately and timely

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

Activities:

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

Expected Outcomes:

- ~ People contacting and interacting with the Branch-St. Joseph AAA will indicate they have been listened to and responded to with the information/supports they were seeking and according to their preferences
- ~ Community partners will have an increased awareness of person-centered thinking and its practice within their organizations

Options Counseling

Starting Date 10/01/2026 Ending Date 09/30/2027

Total of Federal Dollars \$12,607.00 Total of State Dollars

Geographic area to be served

Branch and St. Joseph counties

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

Goal #1 Continue implementation of person-centered options counseling according to ACLS

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Bureau Operating Standards

Activities:

- ~ Participate in all ACLS Bureau sponsored OC training and education opportunities including all LTSS programs throughout Michigan
- ~ Continue development of internal intake and referral procedures for OC

Expected Outcomes:

- ~ Staff conducting OC services will be trained in provision of person-centered OC services
- ~ Staff will continuously monitor process of intake procedures and internal communication strategies to maximize efficient service delivery

Goal #2 Development of an outreach and education strategy to support community awareness of Options Counseling

Activities:

- ~ Establish monthly outreach and education efforts related to promotion of OC services among community & network partners

Expected Outcomes:

- ~ Staff will engage with new community partners and continuously share program information about Options Counseling, Information & Assistance, and other aging network services

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Direct Service Request

Because this is the beginning of a multi-year cycle, all requests to provide services directly must be included in the MYP for approval.

It is expected that in-home, community, nutrition, caregiver, and kinship caregiver services will be provided under contracts with community-based service providers, but when appropriate, AAAs can request to provide these services directly. Direct service provision requests must be approved by the Commission on Services to the Aging (CSA).

Direct service provision is defined as “providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting.” Direct service provision by the AAA may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the AAA’s administrative functions; or C) a service can be provided by the AAA more economically than any available contractor, and with comparable quality.

Prior to adding requests for direct service provision, please have a conversation with the AAA's Regional Aging Representative to discuss ACLS Bureau and CSA criteria for approval to determine the best course of action.

Instructions

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for all Direct Service Request for FY 2027-2029. *If you think you may wish to provide a service directly at any time during the multi-year cycle, even if it's not in year one, please submit the request with your MYP.

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

Friendly reassurance

Total of Federal Dollars \$4,000.00

Total of State Dollars

Geographic Area Served Branch and St. Joseph counties

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

Goal: Provide and promote Friendly Reassurance with Branch and St. Joseph counties to address social isolation among older adults

Objective: Decrease social isolation among older adults.

Activities: Adhere to ACLS Bureau Operating Standards for Friendly Reassurance by offering weekly

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(or as requested by the individual) telephonic check-ins to address emotional and physical well being, talk about current events, and other topics as raised by the participant. Work with individuals on ways to stay engaged in the community and with others.

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

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

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

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

A) The direct service provision request is intended to respond to the need to reduce social isolation in PSA3C and assure adequate supply of the service

Since 2020, Friendly Reassurance has been provided by Region IIIC (as a direct service) and both of the County Commission on Aging offices (under annual contract). We've continued the service, as intended, to support older adults to address loneliness, boredom and social isolation. We remain committed to provide the service based on client choice so that no matter where an individual calls, they can talk to someone rather than having to be transferred or leave messages for a call back. We also remain committed to provide the service based on client preference so that they can set the frequency of the calls as well as the time of day for example. This is how we assure person-centered service delivery and more streamlined access to the service as well.

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

Since FY 2020 we've been providing Friendly Reassurance to those seeking the service via online request, call in and via referral from local partner agencies. After successful implementation, we propose to continue to offer Friendly Reassurance into FY 2027 as we know the issue of social isolation remains an issue in our communities. Social isolation is noted among <<< # respondents >>>> in the Community needs assessment as having checked as having experienced the following over the past 6 months: "I felt isolated or lonely" and <<< # respondents >>>> "I felt down, hopeless, or depressed"

We do have the service slated to be put out to bid in the FY 2026 RFP so that provider agencies may continue to offer the services with grant funds.

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

During the May 20th Public Hearing held in the PSA on May 20, 2026, Friendly Reassurance was discussed as a part of the Plan overview and highlights.

<<<< INSERT!!!! ???? There was no formal comment or testimony given related to the Plan????? >>>>>

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Respite Care

Total of Federal Dollars

Total of State Dollars

\$8,000.00

Geographic Area Served Branch and St. Joseph counties

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

Goal: Develop out-of-home respite care options, including a respite voucher-type program, to support families and individuals in the community.

Objective: Support individuals/families seeking short-term and/or intermittent respite care, out of the home, for their loved one

Activities:

- ~ Seek regional aging representative support for best practices in respite care voucher programs including other AAA region examples
- ~ Establish draft intake and eligibility policies and procedures to begin serving non-CLP participants with the respite care voucher program
- ~ Develop two (2) additional respite care providers as Purchase of Service Vendors for respite care voucher program
- ~ Coordinate out of home respite options among all direct and annual contract providers respite programs

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

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.**
- (B) Such services are directly related to the Area Agency's administrative functions.**
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.**

A) Provision of a respite care voucher program by the Area Agency is necessary to assure an adequate supply of such services.

Currently there are only two ways an individual/family can access out-of-home respite care: pay out of pocket/private or be a current participant of an in home service provider. Through

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

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

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Regional Direct Service Request

Because this is the beginning of a multi-year cycle, all requests for regional direct services must be added to the MYP for approval.

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

Prior to adding requests for any regional direct service, please have a conversation with the AAA's Regional Aging Representative to discuss ACLS Bureau and CSA criteria for approval to determine the best course of action.

Instructions

AAAs that have a request to provide a regional service directly must complete this tab for each service. *If you think you may wish to provide a regional service directly at any time during the multi-year cycle, even if it's not in year one, please submit the request with your MYP.

Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on the left after the screen refreshes. Select the link for the newly added regional service and enter the information requested pertaining to basis, justification, and public hearing discussion for any new regional service request for FY 2027-2029.

Also specify in the appropriate text box for each service the planned goals and activities that will be undertaken to provide the service.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (B) Such services are directly related to the Area Agency's administrative functions.
- (C) Such services can be provided more economically and with comparable quality by the Area Agency.

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

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

2027–2029 MYP Goals

For each State Plan on Aging (SPoA) goal, AAAs are asked to identify the objectives and planned activities that will guide their work related to the goal during this multi-year cycle.

AAA may also enter goals, in addition to those corresponding with the SPoA goals.

The State Unit on Aging has identified the following four goals for their 2027-2029 State Plan on Aging (AAAs can type these in, under the Add MYP Goal tab, when creating their SPoA goals):

Goal 1 - Enhance access to services for older adults and caregivers to support their health, independence, and social connectedness.

Goal 2 - Promote collaborations and partnerships across MDHHS and other state departments, AAAs, Title VI Tribal grantees, and other agencies and organizations.

Goal 3 - Enhance pathways for accessing information, so that older adults and their support network, including those of greatest economic need and greatest social need, are aware of resources.

Goal 4 -Utilize language and messaging that celebrates aging and communicates the strength and value of older adults and those who provide care.

Instructions

Select the link entitled Add MYP Goal

Provide the title of goal in the MYP Goal tab. A narrative for each goal can be entered in this text box.

Objectives related to each goal can be entered in the Objectives tab and timeline, planned activities and expected outcomes for each objective can be entered in the Planned Activities tab.

This same process can be used to add additional,non-SPoAgoals.

-

MYP Goal

- A. Develop out of home respite care options for individuals and families as a way to support their health, well-being and social connectedness.

State Goal Match: 1

Objectives

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Region IIC AAA will develop out of home respite care options for individuals who need a break from caregiving for an older adult or to a kinship caregiver. Options to be explored include: expansion of existing in-home respite care provided through local Commission on Aging's, adult day services development, and Respite Care Voucher program development.

Respite care and caregiver support services seem to be more and more requested locally, and have also ranked high in need in our recent Community Needs Assessment <<<< INSERT DATA >>>> Development of a voucher program could allow more community members access to temporary, substitute supports and/or living arrangement options for their loved one. This could be helpful to a family if they need a long weekend away to attend a special life event out of town/state (graduation, wedding, special milestone event) but need a safe, caring environment/living arrangement for their parent whom can not be left alone. The voucher could support the family to have that break, assist in payment of the cost of care, and provide needed care to their loved one.

Our intent with this objective is to enhance and develop additional care options for individuals and families in need of a break from their caregiving role.

Planned Activities

1. Provide additional respite funding to successful bidders to expand their respite care options to support out of home respite care. 2. Work with existing Purchase of Service Vendors to develop intake and referrals from the AAAIIC under existing POS agreements to support day time and/or overnight respite options.

Timeline: 10/01/2026 to 09/30/2027

Planned

1. Develop funding allocations to support out of home respite for the 2026 Request for Proposal.
2. Develop/refine intake tool to support community members seeking respite care, outlining the Respite Voucher Program.
3. Develop & enhance POS vendor contracts, specifically with home care agencies, to support respite care voucher families.
4. Develop & initiate new contracts with local assisted living or homes for the aged to support respite care voucher families.

Expected Outcome

1. 2026 Request for Proposal has planned allocations for In home and Out of Home Respite
2. AAA IIC intake tool will reflect new program type(s) and intake information to support community members seeking respite care
3. Revise 4 local home care agency POS vendor contracts to support respite care voucher program
4. Develop & initiate 4 new POS vendor contracts with local assisted living, adult foster care, or homes for the aged to support respite care voucher program

Progress

B. Promote collaboration and partnership across MDHHS, AAAs, and other agencies/organizations

State Goal Match: 2

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Objectives

Throughout the FY2027-2029 planning cycle, AAIIIC will continue our collaborative work with multiple agencies at the local, regional and state-levels to enhance services and supports across Branch and St. Joseph Counties. AAA IIC intends to maintain our involvement in multiple projects and with multiple collaborative partners over the next three years.

At the time the FY27-29 MYP was being developed, the “MDHHS Bureau of Policy and Planning” issued a Request for Letters of Intent to Apply for the Rural Health Transformation Program Grant. The entire project encompasses partnerships & collaboration to develop a framework to address chronic disease, limited access to physical and behavioral health care, socioeconomic vulnerability and areas where there is a higher proportion of aging adults. We are hopeful to be successful in our proposal(s). We have ongoing collaborations with the local Federally Qualified Health Center, local health department, victim service organizations, and the AAA-based MiCommunity Care Collaborative.

Planned Activities

1. Continue collaborative work with local health care and social care partners to deliver high quality, accessible services to those in the Mi Coordinated Health and Rural Health Transformation Project .
Timeline: 10/01/2026 to 09/30/2029

Planned

- 1.Among local collaborative partners, including BHSJ CHA, attend all relevant local and state-sponsored meetings to continue development of the Rural Health Transformation Project.
- 2.Among AAA collaborative partners, continue development of clinical, quality and compliance work under Mi Community Care Collaborative in response to the MDHHS-MICH program.
- 3.Respond to funding opportunities from the MDHHS - Division of Victim Services to support the Victim Assistance Program at Region IIIC AAA.

Expected Outcome

- 1.If funded for the MDHHS Rural Health Transformation Project, our local collaboration and development work will result in stronger cross sector communication, more successful hospital to home discharges via BHSJ/AAA staff development, and further develop collaborative partners among the Southwest Michigan HUB and health care sectors.
- 2.Development of strong clinical, quality and compliance practices and approaches for the Mi Community Care Collaborative MDHHS-MICH program.
- 3.Secure stable funding from MDHHS - Division of Victim Services to support the Victim Assistance Program at Region IIIC AAA.

Progress

- C. Enhance outreach, awareness, and education efforts within Region IIIC to assure communication is clear, celebrates aging and honors the value of older adults and those who provide care.**

State Goal Match: 3, 4

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Objectives

<<< INSERT CNA Information about how people get information about supports/services >>>>

Planned Activities

1. The Branch-St. Joseph AAA (Region IIIC) strives to develop a comprehensive outreach plan to coordinate and promote our agency, our providers and all home & community based programs. Our AAA Outreach Specialist will work directly with BHSJ CHA health education & promotion division to support external communications and promotional activities for all AAA programs, including: Information & Assistance, Options Counseling, SHIP/MIPPA, Senior Medicare Patrol, Victim Assistance Program, and Community Living Program.

Timeline: 10/01/2026 to 09/30/2029

Planned

1. AAA staff will develop an outreach calendar with detailed themes, including local/state/federal level celebrations
2. AAA staff will work directly with health education & promotion to update them on current events, service highlights, themes/celebrations, promotional opportunities
3. AAA staff will engage in local, regional and state-level community events to promote the AAA and other aging network partners and programs
4. AAA staff will share aging & disability related materials with all local community partners and health care partners across the region

Expected Outcome

1. By September 1st, a 12-month outreach calendar will reflect detailed themes, including local/state/federal level celebrations, and planned events (for the upcoming fiscal year)
2. AAA staff will develop a meeting schedule and cadence to plan with health education & promotion to share current events, service highlights, themes/celebrations, promotional opportunities
3. Regular & ongoing communication and information sharing among local community partners and health care partners across the region will occur monthly/as needed

Progress

D. State Plan Goal 4

State Goal Match:

Objectives

Planned Activities

1.
Timeline: to

Planned

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Expected Outcome

Progress

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Supplemental Documents

SUPPLEMENTAL DOCUMENTS FOR SPECIAL APPROVAL

Select the supplemental document(s) from the Document Library only if applicable in FY 2027. Provide all requested information for each selected document. Completed documents can be uploaded to the *Budget & Other Documents* tab.

Document C: Proposal Selection Criteria - should only be completed if there are new or changed criteria for selecting providers (only if applicable).

Document D: Cash-In-Lieu-Of-Commodity Agreement (only if applicable).

Document E: Waiver of Minimum Percentage of a Priority Service Category (only if applicable).

***If you have any questions as to whether your AAA should complete any of these documents, contact your Regional Aging Representative.**

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SUPPLEMENTAL DOCUMENT C
Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	10/01/1996
Outline new or changed criteria that will be used to select providers:	
None.	

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Planned Service Array

Instructions

Complete the FY 2027-2029 MYP Planned Service Array for the PSA.

Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.

*Prior to finalizing the Planned Service Array, AAAs should meet with their Regional Aging Representative to discuss goals for service delivery.

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

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	<p>Nutrition Services</p> <ul style="list-style-type: none"> • Home Delivered Meals <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Adult Day Services • Caregiver Education • Caregiver Information and Assistance • Caregiver Support Groups • Caregiver Training • Respite Care
<p>Local Millage Funded</p>	<p>Access</p> <ul style="list-style-type: none"> • Case Coordination and Support • Information and Assistance • Transportation <p>In-Home</p> <ul style="list-style-type: none"> • Assistive Devices & Technologies • Chore • Friendly Reassurance • Homemaking • Personal Care <p>Community</p> <ul style="list-style-type: none"> • Disease Prevention/Health Promotion • Home Repair * • Senior Center Operations • Senior Center Staffing <p>Nutrition Services</p> <ul style="list-style-type: none"> • Congregate Meals • Home Delivered Meals <p>Caregivers of Older Adults Services</p> <ul style="list-style-type: none"> • Caregiver Education • Caregiver Information and Assistance • Caregiver Supplemental Services • Caregiver Support Groups • Caregiver Training • Respite Care

* Not PSA-wide

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Program Development Spending Plan

AAAs may use up to 20% of their OAA Title III-B allocation for program development during the 12-month fiscal year.

If approved by the State Unit on Aging, AAAs may use service funds for program development and coordination activities. (OAA 1321.17)

Instructions

Please provide answers to the question(s) below:

Does the MYP budget reflect the use of Program Development funds?

Yes No

If yes, please describe how the funds will be used.

Program development funds are utilized among all 5 staff positions in Region IIIC. The Director, Care Consultants, Program Specialist and Outreach Specialist are engaged in program development and coordination activities daily. As previously noted in the Plan, staff attend monthly meetings, interact with individuals and families, and have ongoing communication with key leaders and community partners. This time is related to program development, addressing community needs, and are considered coordination activities. Some of our recent topic areas considered program development in nature include: health & wellness, community based care options, housing/homelessness, in home services, gaps in services, access to care/support, kinship care and caregiver supports, eligibility requirements, program enhancements/revisions, and alternative care options. Referral making & taking, coordinating return calls, quality improvement efforts and overall community partnership development & relationship building are also encompassing in Region IIIC's program development efforts.

Advocacy Strategy

Instructions

AAAs will describe the comprehensive strategy for FY 2027-2029.

Included will be descriptions on how advocacy efforts will improve the quality of life for older adults within the PSA. Additionally, AAAs will give updates on current advocacy efforts (OAA 1321.61(a)(b)(c)) (Operating Standard for AAAs C-6)

Instructions

Please answer the following questions:

Please describe the following:

1. How will the AAA monitor, evaluate, and comment on policies, programs, hearings, levies, and community actions which affect older individuals and family caregivers which the area agency considers to be aligned with the interests identified in the Act?

The Branch-St. Joseph Area Agency on Aging is an active member of the Area Agencies on Aging Association of Michigan (4AM) who regularly monitors and evaluates programs, policies, levies, and hearings which may affect older individuals and family caregivers. The 4AM also shares advocacy updates, action items and develops responses to requests for input on draft legislation, policies and other programmatic issues that arise from various state or federal agencies/departments. We are actively in communication with our Michigan Senior Advocate Council member representing Region IIIC/Branch and St. Joseph Counties. Our AAIIIC Advisory Committee meets monthly to discuss policies, programs and community needs related to older adults/family caregivers. Community partners are alerted by AAIIIC staff when hot topics in aging/disability/family caregiver-related arise.

2. How will the AAA solicit comments from the public on the needs of older individuals and family caregivers?

During AAIIIC's planning and community needs assessment (CNA) process, every three years, we gather comments from the public on the needs of older individuals and family caregivers. The CNA process is initiated via multiple formats for individuals to provide comments and feedback related to community needs, in home service needs, and individual needs. The results are tabulated and analyzed by multiple AAA staff and Community Health Agency staff as well. The results are presented and narrated throughout the Multi Year Plan document, shared with community partners and our Policy Board.

3. How will the AAA represent the interests of older individuals and family caregivers to local level and executive branch officials, public and private agencies, or organizations?

The Branch-St Joseph Area Agency on Aging (IIIC) staff, leadership and Board will represent the interests of older adults and family caregivers at the local level, among executive branch officials, among public and private agencies and organizations on an ongoing basis. As a result of the planning process and Community Needs Assessment data being compiled, we share information widely via ongoing communication, presentations, and networking with community partners near and far.

4. How will the AAA consult with and support the State's Long-Term Care Ombudsman Program?

The Branch-St Joseph Area Agency on Aging (IIIC) staff, leadership and Board are very supportive of the State's Long-Term Care Ombudsman Program (LTCOP). We communicate regularly about the ombudsman program at the local level by making referrals and conferring with families about the local and state LTCOP. We support individuals/families by connecting them to resources for their loved ones who may reside in licensed long term care facilities. As advocates, we have and will continue to support LTCOP program

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priorities including financial, staffing and policy changes.

5. How will the AAA coordinate with public and private organizations, including units of general-purpose local government to promote new or expanded benefits and opportunities for older individuals and family caregivers?

The Branch-St Joseph Area Agency on Aging (IIC) staff, leadership and Board regularly coordinate, communicate and disseminate information to public and private organizations, including local units of government to promote new or expanded opportunities for older individuals and family caregivers. Because our Policy Board (Branch-Hillsdale-St. Joseph Community Health Agency Board of Health) is comprised solely of local County Commissioners (2 from each county of the three-county public health jurisdiction) this dissemination occurs minimally monthly. In addition, our Advisory Committee meets monthly as well as our staff participation in multiple community partner meetings. Some of these meetings where information and opportunities are shared include:

- ~ Branch County Improving the Lives of Seniors Committee
- ~ St. Joseph County Human Services Commission
- ~ St. Joseph County Adult Services Network
- ~ Caregiver related work groups and planning committees (each county)
- ~ Emergency preparedness work groups (each county)
- ~ Branch & St. Joseph County Transportation Authority - Local Advisory Committees
- ~ Interdisciplinary Team (each county) IDT membership includes law enforcement, mental health, health care/hospitals, COA, prosecutor's office, probate court, LTCOP, financial institutions, housing/homelessness organizations, etc.
- ~ Housing taskforce/homelessness work groups (each county)
- ~ Access to Healthcare (St. Joseph County)

6. How will the AAA take a leadership role in the PSA to assist communities in targeting resources from all appropriate sources to meet the needs of older adults and family caregivers with greatest economic and social need, particularly low-income minorities?

As indicated by the list of community partners noted in the previous question, the AAA has and shares a leadership role in the collaborative work of the groups named. We support one another to develop programs, identify gaps in services, and target those in greatest economic and social need in all that we do. Low income individuals/families are prioritized. The diverse community agencies whom we work with are also tied to the same targeting principles as we are in the aging network.

7. How will the AAA work with other aging network providers, including other AAAs, in coordinated effort?

The Branch-St Joseph Area Agency on Aging (IIC) again, as previously indicated, works in a coordinated and collaborative manner among our aging network providers and community partners in nearly everything we do! We also collaborate with other Area Agencies on Aging in statewide initiatives and in our state association to develop programs and services to meet the needs of our local communities/regions. Monthly meetings, collaborative partnerships (such as MI Community Care Collaborative and VA Veteran-Directed Care Program), shared mission and advocacy strategies are ways in which we coordinate efforts across our planning service area, the southwest region and the entire State of Michigan.

Planning and Service Area Aging Landscape

Constantly changing service demands make it essential for AAAs to carefully evaluate the potential, priority, targeted, and unmet needs of its service population for effective planning. All AAA PSAs are different, and it is important to understand the unique landscape of each and the impact on planning for service delivery.

Instructions

AAA's will provide for the CSA and ACLS Bureau a snapshot of the landscape of the aging services within the PSA by answering the following questions:

1. Describe notable changes in trends since the last MYP providing a picture of potentially eligible service population.

Older adults (those 60 years or greater) comprise 25.61% (29,353) of our total population in Branch and St. Joseph counties. Our total population in PSA 3C is 107,358 (according to the MI Dept. of Vital Statistics 2024). Those age 60-64 decreased 2.51% from our data source cited from 2019, yet those 70-74 rose over 46% and those 80-84 rose almost 27%. Our local population trends mirror Michigan trends in that we had a significant "baby boom" and our life expectancy has increased over the long term. Baby boomers are still the largest generation in Michigan versus millennials and GenZ who are now the two largest generations nationally. Racial and ethnic composition has remained similar in Region IIIC as they've been in past planning cycles, over 94% of our older adult population is white, over 1.5% are black/African American, less than 1/2% are Asian, and nearly 2% of older adults are Hispanic/Latino, remaining is the "other" category which comprises just over 3% of our older adult population. The other category for race/ethnicity may include Arab American and Native American/Native Alaskan individuals. The percentage of individuals at or below poverty in Branch County was 13.2% in 2024, St. Joseph County was 12.2%. It is of note that these percentages are higher than the state's poverty level. 10% of adults age 60 and older in Region IIIC are considered in poverty. This data has not significantly changed since our last Plan.

As a state and among all 16 Area Agencies on Aging in Michigan we must remain diligent in our planning and advocacy efforts as we look to 2040 when our oldest adult population (ages 75-84) could easily increase by 45 percent.

2. Describe how the AAA coordinates a comprehensive system of aging services within the PSA.

Branch-St. Joseph AAA develops a comprehensive, coordinated system of supports and services in an effort to promote the independence and well being of older adults and those who care for them across Branch and St. Joseph Counties. Through our multi-year planning and contracting process we gain input from community members, key stakeholders, providers, and community partners/organizations to develop our list of funded services. Based on the needs and projects proposed during our RFP process, a continuum of services are funded and contracted for. Services that are not contracted for directly are sought and purchased from our local Purchase of Service (POS) vendors. POS vendors can provide everything from fiscal intermediary services, personal care, homemaking, durable medical equipment/supplies, private duty nursing, medication management, and more. County senior millages are levied in each county in the PSA and administered by the County's Commission on Aging departments. The COA's utilize the millage funds to match federal and

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state grants as well as support senior center activities, special events, educational presentations, and other special programming outside the ACLS Bureau's funded services array.

3. Describe ways in which the AAA is informing, educating and advocating within their communities.

Informing, educating and advocating are activities we perform daily at the individual staff-level, at the agency leadership-level, and at the state-level as well. Region IIC staff revere communication highly and strive to provide high quality, unbiased information and assistance. We greet callers on the phone, in the office, on our website, on social media, and at community events.

We also revere community partnerships and collaboration as a way of communicating. We're engaged in event planning, education sessions and training both inside the agency and outside the agency. Our external training occurs among individuals we serve in our Community Living Program, among family and kinship caregivers, and with community partners. Community partners & providers support internal and external learning and event planning.

Advocacy is also shared broadly among our community partnerships, driven by local communities and then voiced with local, state and federal elected officials.

We use social media, our website www.bhsj.org/aaa, local radio stations and word of mouth as our primary communication tools. We also participate in multiple community networking groups to share information and resources.

4. Describe what home and community-based Medicaid services are available within the PSA. (Examples: PACE, MI Choice Waiver, etc.)

In PSA 3C, the list of home and community based services for individuals eligible for Medicaid includes: PACE (program for all inclusive care for the elderly); MIChoice Home & Community Based Waiver Program; MDHHS Adult Home Help; MICH (MI Coordinated Health, dual-eligible for both Medicare & Medicaid); and Targeted Care Management. Each of these programs have their own functional, financial and age eligibility criteria but they're all available to residents who qualify in Branch and St. Joseph counties.

5. Describe other significant initiatives and grants leveraged by the AAA. (Examples: MI Options, SCSEP, MHEP, etc.)

The Branch-St. Joseph Area Agency on Aging is an avid collaborative partner with Region 3A AAA and CareWell Services/Region 3B AAA in the statewide MIOptions program. The three (3) Area Agencies on Aging applied, under CareWell Services as the project lead, to provide person-centered options counseling and the State Health Insurance Program (SHIP) across Barry, Branch, Calhoun, Kalamazoo and St. Joseph Counties. Since June 2025, Region IIC has been sent over 200 referrals from the statewide call center as well as worked with over 500 individuals locally at the AAA and our SHIP partner agencies at each County Commission on Aging. The administrative changes, functionality of the call center, scheduling software, and overall implementation have been difficult to acclimate to at the local level and at the sub-contractor level. We do believe there are benefits to consistent delivery of Options Counseling and SHIP counseling and we remain committed to seeing the project into the future.

As a 'companion program' to the State Health Insurance Program, Region IIC AAA answered a Grant Funding Opportunity for Senior Medicare Patrol in early 2026. Our intent with SMP is to continue the valuable Medicare fraud, waste and abuse prevention efforts alongside our local Commission on Aging offices to provide this education and awareness to local beneficiaries and their families.

Since 2018, AAIIIC has been awarded an MDHHS Division of Victim Services, Victim Assistance Program "Victim of Crime Act" grant to deliver comprehensive, trauma-informed services to older adults and

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individuals with disabilities who rely on assistance for daily living and have experienced crime. This work has required a highly responsive and specialized approach to address the layered vulnerabilities associated with age, disability, dependency, and, in many cases, social isolation. Through sustained service delivery, we have developed deep expertise in assessing risk, stabilizing crisis situations, and supporting long-term recovery. Our core services include individualized safety planning that accounts for caregiver dynamics, crisis intervention available at critical points of harm, and intensive case management that supports clients through complex systems such as healthcare, legal processes, housing, and benefits access. We also prioritize coordinated care, working closely with medical and social service providers to ensure continuity of support and reduce the risk of re-victimization. Our approach emphasizes autonomy, dignity, and informed consent, ensuring that each client's voice guides the services they receive.

We have built and sustained strong multidisciplinary partnerships with adult protective services, law enforcement, domestic violence shelters, healthcare providers, and disability advocacy organizations to support a coordinated community response. These partnerships enable timely referrals, joint case coordination, and improved outcomes for victims navigating multiple systems. To reduce barriers to access, we prioritize flexible and accessible service delivery, including in-home advocacy for individuals with mobility limitations, transportation assistance for essential appointments, and communication accommodations such as plain-language materials and interpretation services. We have served over 500 individuals in this program since 2019.

Since 2009 we've been actively developing our Community Living Program in Region IIC. We were one of the first AAA's in Michigan to develop a Veteran Directed Home and Community Based program with our local VA Medical Center in Battle Creek/VISN 11. And, we were the first AAA in the country to enroll a female veteran! We quickly worked to develop a self-determination model of care as well as development of our Purchase of Service vendor pool to include a fiscal intermediary. We also developed our cultural competence and knowledge of Veterans Services, health care and home and community based care through the VA system. Regional collaborative groups have also formed, and our team participates in each meeting to grow our relationships and community collaborations to support veterans and their families.

Most recently, our agency has become involved in the Michigan Community Care Collaborative (M3C), to remain viable as we align with MDHHS's intent to integrate care in Michigan. As a part of integration, the Department has stated a goal to ensure an improved care experience for low-income seniors and people with disabilities who are enrolled in both Medicare and Medicaid. Because of our experience in Vet-Directed Care and successes with our local Community Living Program, we are poised to succeed in serving those who are dually eligible, needing long-term supports and services, within our planning and service area. Since January 2026 our agency has been working alongside our AAA partners in southwest Michigan to support health plan members under the new MI Coordinated Health program. Through our participation in M3C, we are currently working with dually eligible health plan members being referred to us by one of the nine MICH health plans.

6. a. Describe how the AAA addresses unmet needs by referring individuals to organizations such as Commissions/Councils on Aging, Departments on Aging, Health Care Organizations/Systems, Veterans Agencies, Tribal Organizations, Faith-based Organizations, Public Health, Mental Health, Community Action Agencies, Legal Assistance and Elder Rights Programs, etc.

In Region IIC, our staff are comprehensively trained about local agencies, programs, services, and resources to support individuals in our communities. As previously mentioned, we participate in (or lead) many collaborative groups and meetings each month to keep up-to-date about programs, capacity, gaps in services and problem-solve. Direct contacts with our local Commission on Aging offices, health care organizations, federally qualified health center, county Veteran Affairs offices, VA Medical Centers (both

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Battle Creek and Ann Arbor), faith based organizations including their soup kitchens, public health, mental health, Community Action, Legal Services of SouthCentral MI and Legal Aid of West MI, and local MDHHS offices/APS and more are a part of our community partnerships! We provide reciprocal referrals and address ongoing community needs with all of these entities every week.

6. b. How does the AAA foster relationships with these community partners?

The AAA fosters relationships with the aforementioned community partners through one-on-one communication, resource sharing, in-person and virtual meetings, community planning & events, and special project collaboration. Through multiple and frequent meetings, emails, and ongoing communication, trust is built and relationships are formed and strengthened.

7. Describe how the AAA identifies veterans during intake and coordinates veteran-related support services and/or referral programs with appropriate veteran agencies.

Region IIIC staff conversationally develop rapport with individuals seeking information and resources. Our staff is trained to ask "have you or your loved one served in the military". Staff then note that answer in the ADRCIS record and further inquire as to how engaged with VA services, medical care, or community based care they may be. Staff would then discuss veteran-related supports and services and make referrals as requested by the person inquiring about services to the appropriate veteran agencies.

8. Describe services that address incidence of hunger, food insecurity, malnutrition, physical and mental conditions and/or self-direction. [See OAA 306(a)(16) (42 U.S.C. 3026(a)(16)).]

In our Request for Proposal being initiated in the summer of 2026, Region IIIC intends to bid state/federal aging network funds for following services that would address hunger, food insecurity, malnutrition, physical and mental conditions and/or self direction: home delivered meals, congregate meals, case coordination & support. The AAIIIC does provide Community Living Program (State Care Management & Targeted Care Management) as an access service in both county's of the PSA. The assessments conducted by our Care Consultants address physical and mental conditions and/or self direction (interRAI). Our Care Consultants also have experience with and conducting: Level Of Care Determination, Health Risk Assessments, and Brief Interview for Mental Status questionnaires.

9. Describe how the AAA or its subcontractors are maintaining the fidelity of the health promotion/disease prevention programs.

The AAA IIIC staff conducting annual provider assessments do incorporate questions regarding the fidelity of their evidence-based disease prevention programming as implemented by the provider. We assure they have a trained instructor(s) and are reporting their activities according to ACLS Bureau standards.

10. Describe how the AAA promotes health promotion/disease prevention programs to maximize community awareness and participation.

The AAIIIC participates regularly in the ACLS Bureau EBDP meetings and also shares flyers, notices, social media posts as new class schedules are released for all health promotion/disease prevention programs. We also work with another health department division, health education & promotion, to place flyers on our agency lobby televisions and on our social media. These flyers and notices are also sent electronically to community partners to maximize community awareness and participation.

11. Describe Alzheimer's Disease and related disorders programs and education that the AAA offers and/or supports.

In the past, our agency has completed the "Dementia Capability Quality Assurance Assessment" tool. Care Consultants have specialized dementia training to support Community Living Program participants as well as general callers seeking information and resources related to dementia care. The Branch-St. Joseph AAA team has an ability to identify people with dementia. Using various tools including standardized screening

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
FY2027-2029 Multi Year Plan

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and assessment, staff are able to efficiently evaluate participants and their caregivers. The second strength is that the entire agency staff has received some form of formal training on dementia. This allows our staff, in all of their various roles, to be sensitive to the needs of this population and effectively support those with dementia and their caregivers. We require contracted aging network providers to offer dementia specific education to their staff, including drivers, aides, activity personnel, site managers, and volunteers. We will continue our work and planning to foster the development of dementia capable activities to enhance the knowledge base and specialized services for those with dementia and their caregivers. Our agency will work closely with community organizations and service providers to encourage and support discussions and trainings that are dementia focused.

12. Does the AAA administer a senior millage in the PSA?

Yes No

13. Are there any counties or townships in the PSA in which the AAA is working with the local officials to initiate potential senior millage? If yes, please describe:

Yes No

Greatest Economic and Greatest Social Need

In compliance with OAA regulations, AAAs are required to have a targeted focus on populations with Greatest Economic and Greatest Social Need. (45 CFR OAA 1321)

Instructions

AAAs will describe how the agency defines Greatest Economic and Greatest Social Need for the PSA; how the AAA educates its partners, services providers, and the public on OAA expectations; strategies for targeting priority populations; and how the Advisory Council is engaged, by providing answers to the following questions:

Please describe the following:

1. How the AAA defines Greatest Economic and Greatest Social need for the PSA.

In Region IIIC, we rely solely on the Older Americans Act (OAA) and individual and/or family disclosure to define greatest economic need and greatest social need.

The OAA requires services to be prioritized to serve those with the greatest economic need and greatest social need, particularly low-income minority older individuals, older persons with limited English proficiency (LEP), older persons residing in rural areas, and older persons with disabilities. Region IIIC defines "greatest economic need" as it is defined in the Older Americans Act (OAA) as an income level at or below the federal poverty level. Should a person seeking services disclose they are impoverished, then their confidential client record and associated documentation states as such. Should a person seeking services wish to discuss their income level in greater detail, we sensitively discuss poverty guidelines, Medicaid income/asset limits and other program eligibility requirements. In all regards, it is something that is self-disclosed and self-determined.

As outlined in the OAA, social need is a "Need caused by non-economic factors" include physical and mental disabilities, language barriers, and cultural, social, or geographic isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently. Region IIIC defines "greatest social need" as it is defined in the Older Americans Act (OAA) as a need resulting from non-income level vantage point, as stated above. Should a person seeking services disclose they are in need, then that information is confidentially documented in the case record as such. Should a person seeking services wish to discuss their income level, their personal characteristics, their feelings of isolation or their safety concerns, we sensitively listen and discuss options and possible care/supports choices. In all regards, it is something that is self-disclosed and self-determined.

2. How the AAA educates the public, its partners, and service providers on the Older Americans Act expectations regarding targeting older adults with greatest economic and greatest social need.

Region IIIC staff regularly discuss, inform and monitor the OAA expectations regarding targeting older adults with greatest economic and greatest social need. Our agency brochure, print/webpage images, language and content, and all AAIIIC polices indicate compliance in regard to targeting and prioritizing older adults in greatest social or economic need. As stated in our Request for Proposal (RFP) documents, internal policies, external-facing policies, Board/Advisory Committee governance practices and as prescribed by the federal Older American's Act: All individuals aged 60 years and older are eligible to receive federal and state funded services, substantial emphasis must be given to serving elder persons with the greatest social or economic

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need. "Substantial emphasis" is regarded as an effort to service a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. We utilize the 2026 (current year, as applicable) Federal Poverty Guidelines, as established by the US Department of Health and Human Services, to place definition to "low income" (or a person in economic need). In 2026, for a household of 1 (one) individual the annual income level is \$15,960, for 2 (two) people it is \$21,640. For our regional planning purposes, individuals who are members of the following racial/ethnic categories are to be considered as belonging to a minority group: African American/Black, Native American, Asian/Pacific Islander, Multi-Racial and Other. The "Other" category consists of persons whose response to the race item on the Census could not be categorized into a specific race, e.g., "Native-American," or "Hispanic." These definitions are embedded within our RFP process and are addressed in each agency's/business's response to the RFP. The definitions serve as guidance and also infiltrate the agencies' administrative policies/procedures for targeting. Our agency monitors providers' compliance with targeting and prioritization of targeted populations as we visit all contract providers annually for compliance with the ACLS Operating Standards for Service Programs. Use and implementation of these definitions, as outlined, set our clear expectations with all of our providers. Our outreach efforts with under-served populations consists of collaborative messaging, regular meetings and events, and regular contact with aging network partners. Comprehensive training on targeting and assessment of need is ongoing throughout the PSA among AAA staff and provider agencies.

3. AAA's strategy to target priority populations for greatest economic and greatest social need.

Region IIIC AAA uses multiple outreach and education efforts to reach under-served populations and individuals who may be considered in greatest economic and/or social need. Ongoing, collaborative messaging, regular meetings and events, and regular contact with aging network partners are key to our strategy. AAIIIC and our local providers adhere to OAA targeting rules by implementing messages aimed at older adults who may be low income, a minority, a person with disabilities, a person with language barriers or cultural barriers. Comprehensive training on inclusive communities and inclusive service provision has been focused on in the past, and remain a priority.

4. How the AAA's Advisory Council assisted in targeting individuals with greatest economic and greatest social need. [See OAA § 1321.63(b)]

The Region IIIC Area Agency on Aging Advisory Committee is aware of and promotes targeting individuals with greatest economic and social need. Through monthly, collaborative meetings and with guest speakers, we inform and promote services to those greatest in need. We are also now more aware that individuals who completed the Community Needs Survey indicated they find out about resources, programs, and services primarily from: (#1) friends, family or neighbors; (#2) Doctor or therapist; (#3) referral agencies like 211 or AAA or COA; (#4) Websites and social media. We intend to continue our outreach planning with Advisory Committee members, our staff at the AAA, and among our community partners to impact our service delivery to those in greatest need.

Coordination to Serve Native American Elders and Family Caregivers

All Tribes have unique cultures and identities that should be honored and respected. AAAs should use this section to describe methods used for collaboration, sharing program information, opportunities for Tribal representation in various groups, connection with services beyond Title VI, and engagement with elders and organizations within and adjacent to the PSA.

Instructions

In compliance with the OAA, AAAs will describe the following:

Please describe the following:

1. Methods for collaboration on and sharing of program information and changes.

The Branch-St. Joseph Area Agency on Aging (AAAIIC) regularly participates in over 15 meetings per month among community agencies, providers, and multiple health/human service agencies to maintain collaborative working relationships, share best practices, and share program information. This ongoing sharing of program details and identification of community needs supports a strong aging network, a strong provider network, and a strong consortium dedicated to supporting older adult, family caregivers and people with disabilities across the two-county planning and service area.

2. How services will be provided in a culturally appropriate and trauma-informed manner.

AAAIIC staff are broadly trained to support service delivery in a culturally appropriate manner. As an example, our Care Consultants get to know the Community Living Program participants through listening and story telling. Through those stories and active listening, we learn about their preferences, their history, their cultural needs and more. We are a person-centered and trauma-informed staff who've received many, many hours of learning in these practices and approaches. As another example, our Elder Abuse Victim Specialists participate in over 50 hours of training focused on trauma, vicarious trauma, recovery and trauma-informed support for victims of abuse, neglect and exploitation. We also work with providers and their staff to share training opportunities and enhance existing topic areas to include cultural sensitivity and trauma-informed approaches.

3. Communication opportunities that service providers will offer to Title VI programs, such as participation in meetings, inclusion on email distribution lists, and presentation opportunities.

The Branch-St. Joseph Area Agency on Aging does not have a federally recognized tribe within our PSA.

4. Opportunities to serve on advisory councils, workgroups and boards. AAAs please note whether your policy and advisory boards have tribal representation.

The AAAIIC is open to all individuals to serve on the Advisory Committee. The Board Bylaws for the Branch-Hillsdale-St. Joseph Community Health Agency state the Board shall be composed of representatives from the respective counties' Boards of Commissioners, who are current county commissioners, and in accordance with Michigan's Public Health Code, Act 368, P.A. of 1978, MCL 333.2415. Because we do not have a federally recognized tribe within our PSA, at this time, there are no members of a tribe represented on the Advisory Committee or the Board of Health.

5. How service providers will provide outreach to Tribal elders and family caregivers regarding Title III services for which they may be eligible.

The Branch-St. Joseph Area Agency on Aging does not have a federally recognized tribe within our PSA. Should a visitor be a tribal member, they would be welcomed to participate in any service or activity being hosted or provided by our aging network agencies.

6. Is there a Federally Recognized Tribe within your PSA?

Yes No

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7. How Title VI programs may refer individuals for Title III services.

The Branch-St. Joseph Area Agency on Aging does not have a federally recognized tribe within our PSA, however, if they'd like to make a referral to us, we'd be happy to assist and provide answers to any questions they may have about long term supports and services in the PSA.

8. Describe any current and future collaborative efforts with Tribe(s) within the PSA including any anticipated outreach efforts.

The Branch-St. Joseph Area Agency on Aging does not have a federally recognized tribe within our PSA therefore we do not have any planned future collaborative efforts.

FY2027 Area Plan Budget

Branch-St. Joseph Area Agency on Aging
 3C

Date: 5/14/2026
 Budget Period: 10/1/2026

Rev No: 0
 to 9/30/2027

Area Plan Budget Overview

Area Plan Budget Summary	Federal/State Award	Other	Program Income	Cash Match	In-Kind Match	Grand Total
Administration	\$ 60,456	\$ 95,000	\$ -	\$ 35,902	\$ 25,000	\$ 216,358
Program Development & Coordination Activities	\$ 21,000	\$ -	\$ -	\$ -	\$ -	\$ 21,000
AAA RD/Nutritionist	\$ 950	\$ -	\$ -	\$ -	\$ -	\$ 950
Services	\$ 1,040,452	\$ 50,000	\$ 232,500	\$ 287,822	\$ 21,696	\$ 1,632,470
Total	\$ 1,122,858	\$ 145,000	\$ 232,500	\$ 323,724	\$ 46,696	\$ 1,870,778

Administration Budget

Administration Revenue	Federal / State / Other Administration	Local Cash Match	Local In-Kind Match	Grand Total
Federal	\$ 48,395	\$ 35,902	\$ 25,000	\$ 109,297
Title III Administration	\$ 48,395	\$ 35,902	\$ 25,000	\$ 109,297
State	\$ 12,061			\$ 12,061
State Administration	\$ 8,476			\$ 8,476
State Merit Award (MATF) Administration	\$ 3,201			\$ 3,201
State Caregiver Support Administration	\$ 384			\$ 384
Other	\$ 95,000			\$ 95,000
Other Administration	\$ 95,000			\$ 95,000
Grand Total	\$ 155,456	\$ 35,902	\$ 25,000	\$ 216,358

Administration Expenditures	Amount	FTEs
Salaries/Wages	\$ 178,400	5.00
Fringe Benefits	\$ 35,600	
Office Operations	\$ 2,358	
Total	\$ 216,358	

Services Budget

Fund Sources	Access Services	In-Home Services	Community Services	Nutrition Services	Caregivers of Older Adults Services	Older Relative (Kinship) Caregiver Services	Other Services	Grand Total
Federal	\$ 63,607	\$ 33,500	\$ 32,596	\$ 311,072	\$ 50,254	\$ 2,800	\$ 5,500	\$ 499,329
Title III-B Supportive Services	\$ 63,607	\$ 33,500	\$ 24,000	\$ -	\$ -	\$ -	\$ 5,500	\$ 126,607
Title III-C1 Congregate Meals	\$ -	\$ -	\$ -	\$ 95,170	\$ -	\$ -	\$ -	\$ 95,170
Title III-C2 Home-Delivered Meals	\$ -	\$ -	\$ -	\$ 130,179	\$ -	\$ -	\$ -	\$ 130,179
Title III-D Preventive Health	\$ -	\$ -	\$ 8,596	\$ -	\$ -	\$ -	\$ -	\$ 8,596
Title III-E National Family Caregiver Support	\$ -	\$ -	\$ -	\$ -	\$ 50,254	\$ 2,800	\$ -	\$ 53,054
Title VII-A Ombudsman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Title VII EAP Elder Abuse Prevention	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition Services Incentive Program (NSIP)	\$ -	\$ -	\$ -	\$ 85,723	\$ -	\$ -	\$ -	\$ 85,723
State	\$ 100,212	\$ 227,910	\$ -	\$ 127,692	\$ 85,309	\$ -	\$ -	\$ 541,123
State Access Services	\$ 7,808	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,808
State In-Home Services (Direct Care Worker Pay)	\$ -	\$ 60,682	\$ -	\$ -	\$ 7,900	\$ -	\$ -	\$ 68,582
State Aging Network Services	\$ 12,176	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,176
State Alternative Care	\$ -	\$ 30,521	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 30,521
State Merit Award (MATF)	\$ -	\$ -	\$ -	\$ -	\$ 32,370	\$ -	\$ -	\$ 32,370
State Care Management	\$ 80,228	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 80,228
State Caregiver Support	\$ -	\$ -	\$ -	\$ -	\$ 3,887	\$ -	\$ -	\$ 3,887
State Congregate Meals	\$ -	\$ -	\$ -	\$ 2,523	\$ -	\$ -	\$ -	\$ 2,523
State Home Delivered Meals	\$ -	\$ -	\$ -	\$ 125,169	\$ -	\$ -	\$ -	\$ 125,169
State In-Home Services	\$ -	\$ 136,707	\$ -	\$ -	\$ 2,500	\$ -	\$ -	\$ 139,207
Michigan State Ombudsman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Nursing Home Ombudsman	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
State Respite Care	\$ -	\$ -	\$ -	\$ -	\$ 38,652	\$ -	\$ -	\$ 38,652
Medicaid	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,000
Targeted Case Management	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,000
Program Income	\$ 12,000	\$ 33,000	\$ 1,500	\$ 175,000	\$ 11,000	\$ -	\$ -	\$ 232,500
Program Income	\$ 12,000	\$ 33,000	\$ 1,500	\$ 175,000	\$ 11,000	\$ -	\$ -	\$ 232,500
Local	\$ 67,500	\$ 91,736	\$ 25,855	\$ 105,000	\$ 16,277	\$ 2,500	\$ 650	\$ 309,518
Cash Match	\$ 55,000	\$ 88,300	\$ 25,300	\$ 105,000	\$ 11,722	\$ 2,500	\$ -	\$ 287,822
In-Kind Match	\$ 12,500	\$ 3,436	\$ 555	\$ -	\$ 4,555	\$ -	\$ 650	\$ 21,696
Grand Total	\$ 293,319	\$ 386,146	\$ 59,951	\$ 718,764	\$ 162,840	\$ 5,300	\$ 6,150	\$ 1,632,470

Expenditures by Service & Fund Category

30.59% 33.15% 3.06% 14.24% 18.96% 100.00%

Services	Federal	State	Medicaid	Program Income	Local	Grand Total
Access Services	\$ 63,607	\$ 100,212	\$ 50,000	\$ 12,000	\$ 67,500	\$ 293,319
Care Management	\$ 26,000	\$ 92,404	\$ 50,000	\$ -	\$ 35,000	\$ 203,404
Case Coordination & Support	\$ 7,000	\$ 7,808	\$ -	\$ -	\$ 15,000	\$ 29,808
Options Counseling	\$ 7,607	\$ -	\$ -	\$ -	\$ 2,500	\$ 10,107
Transportation	\$ 23,000	\$ -	\$ -	\$ 12,000	\$ 15,000	\$ 50,000
In-Home Services	\$ 33,500	\$ 227,910	\$ -	\$ 33,000	\$ 91,736	\$ 386,146
Assistive Devices & Technologies	\$ -	\$ 10,300	\$ -	\$ -	\$ 1,668	\$ 11,968
Chore Services	\$ 8,000	\$ -	\$ -	\$ 500	\$ 2,500	\$ 11,000
Friendly Reassurance	\$ 8,000	\$ -	\$ -	\$ -	\$ 900	\$ 8,900
Homemaker	\$ 13,000	\$ 169,100	\$ -	\$ 16,500	\$ 40,000	\$ 238,600
Medication Management	\$ -	\$ 3,307	\$ -	\$ -	\$ 1,668	\$ 4,975
Personal Care	\$ 4,500	\$ 45,203	\$ -	\$ 16,000	\$ 45,000	\$ 110,703
Community Services	\$ 32,596	\$ -	\$ -	\$ 1,500	\$ 25,855	\$ 59,951
Health Promotion: Evidence-Based	\$ 8,596	\$ -	\$ -	\$ 500	\$ 2,500	\$ 11,596
Health Promotion: Non Evidence-Based	\$ 5,000	\$ -	\$ -	\$ -	\$ 555	\$ 5,555
Home Repair	\$ 5,000	\$ -	\$ -	\$ 500	\$ 3,000	\$ 8,500
Legal Assistance	\$ 12,000	\$ -	\$ -	\$ 500	\$ 1,800	\$ 14,300
Ombudsman	\$ 2,000	\$ -	\$ -	\$ -	\$ 18,000	\$ 20,000
Nutrition Services	\$ 311,072	\$ 127,692	\$ -	\$ 175,000	\$ 105,000	\$ 718,764
Congregate Meals	\$ 108,170	\$ 2,523	\$ -	\$ 55,000	\$ 15,000	\$ 180,693
Home-Delivered Meals	\$ 202,902	\$ 125,169	\$ -	\$ 120,000	\$ 90,000	\$ 538,071
Caregivers of Older Adults Services	\$ 50,254	\$ 85,309	\$ -	\$ 11,000	\$ 16,277	\$ 162,840
Adult Day Services	\$ -	\$ 16,000	\$ -	\$ -	\$ -	\$ 16,000
Caregiver Education (use for Caregiver Outreach)	\$ 8,454	\$ -	\$ -	\$ 500	\$ 8,000	\$ 16,954
Caregiver Information and Assistance	\$ 29,000	\$ -	\$ -	\$ -	\$ 4,000	\$ 33,000
Caregiver Options Counseling	\$ 5,000	\$ -	\$ -	\$ -	\$ 555	\$ 5,555
Caregiver Supplemental - Transportation	\$ -	\$ 16,000	\$ -	\$ 10,000	\$ 500	\$ 26,500
Caregiver Support Groups	\$ 5,800	\$ -	\$ -	\$ 500	\$ 1,000	\$ 7,300
Caregiver Training	\$ 2,000	\$ -	\$ -	\$ -	\$ 222	\$ 2,222
Respite Care – In-Home Respite	\$ -	\$ 37,309	\$ -	\$ -	\$ 2,000	\$ 39,309
Respite Care – Out-of-Home Respite (Day)	\$ -	\$ 8,000	\$ -	\$ -	\$ -	\$ 8,000
Respite Care – Out-of-Home Respite (Overnight)	\$ -	\$ 8,000	\$ -	\$ -	\$ -	\$ 8,000
Older Relative (Kinship) Caregiver Services	\$ 2,800	\$ -	\$ -	\$ -	\$ 2,500	\$ 5,300
Kinship Caregiver Support Groups	\$ 2,800	\$ -	\$ -	\$ -	\$ 2,500	\$ 5,300
Other Services	\$ 5,500	\$ -	\$ -	\$ -	\$ 650	\$ 6,150
Unmet Needs	\$ 5,500	\$ -	\$ -	\$ -	\$ 650	\$ 6,150
Grand Total	\$ 499,329	\$ 541,123	\$ 50,000	\$ 232,500	\$ 309,518	\$ 1,632,470

Access Services Expenditures by Fund Source

Service	Title III-B Supportive Services	State Access Services	State Aging Network Services	State Care Management	Targeted Case Management	Program Income	Cash Match	In-Kind Match	Grand Total
Access Services	\$ 63,607	\$ 7,808	\$ 12,176	\$ 80,228	\$ 50,000	\$ 12,000	\$ 55,000	\$ 12,500	\$ 293,319
Care Management	\$ 26,000	\$ -	\$ 12,176	\$ 80,228	\$ 50,000	\$ -	\$ 25,000	\$ 10,000	\$ 203,404
Case Coordination & Support	\$ 7,000	\$ 7,808	\$ -	\$ -	\$ -	\$ -	\$ 15,000	\$ -	\$ 29,808
Options Counseling	\$ 7,607	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,500	\$ 10,107
Transportation	\$ 23,000	\$ -	\$ -	\$ -	\$ -	\$ 12,000	\$ 15,000	\$ -	\$ 50,000
Grand Total	\$ 63,607	\$ 7,808	\$ 12,176	\$ 80,228	\$ 50,000	\$ 12,000	\$ 55,000	\$ 12,500	\$ 293,319

In-Home Services Expenditures by Fund Source

Service	Title III-B Supportive Services	State In-Home Services (Direct Care Worker Pay)	State Alternative Care	State In-Home Services	Program Income	Cash Match	In-Kind Match	Grand Total
In-Home Services	\$ 33,500	\$ 60,682	\$ 30,521	\$ 136,707	\$ 33,000	\$ 88,300	\$ 3,436	\$ 386,146
Assistive Devices & Technologies	\$ -	\$ -	\$ -	\$ 10,300	\$ -	\$ -	\$ 1,668	\$ 11,968
Chore Services	\$ 8,000	\$ -	\$ -	\$ -	\$ 500	\$ 2,500	\$ -	\$ 11,000
Friendly Reassurance	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ 800	\$ 100	\$ 8,900
Homemaker	\$ 13,000	\$ 53,500	\$ 25,000	\$ 90,600	\$ 16,500	\$ 40,000	\$ -	\$ 238,600
Medication Management	\$ -	\$ -	\$ -	\$ 3,307	\$ -	\$ -	\$ 1,668	\$ 4,975
Personal Care	\$ 4,500	\$ 7,182	\$ 5,521	\$ 32,500	\$ 16,000	\$ 45,000	\$ -	\$ 110,703
Grand Total	\$ 33,500	\$ 60,682	\$ 30,521	\$ 136,707	\$ 33,000	\$ 88,300	\$ 3,436	\$ 386,146

Community Services Expenditures by Fund Source

Service	Title III-B Supportive Services	Title III-D Preventive Health	Program Income	Cash Match	In-Kind Match	Grand Total
Community Services	\$ 24,000	\$ 8,596	\$ 1,500	\$ 25,300	\$ 555	\$ 59,951
Health Promotion: Evidence-Based	\$ -	\$ 8,596	\$ 500	\$ 2,500	\$ -	\$ 11,596
Health Promotion: Non Evidence-Based	\$ 5,000	\$ -	\$ -	\$ -	\$ 555	\$ 5,555
Home Repair	\$ 5,000	\$ -	\$ 500	\$ 3,000	\$ -	\$ 8,500
Legal Assistance	\$ 12,000	\$ -	\$ 500	\$ 1,800	\$ -	\$ 14,300
Ombudsman	\$ 2,000	\$ -	\$ -	\$ 18,000	\$ -	\$ 20,000
Grand Total	\$ 24,000	\$ 8,596	\$ 1,500	\$ 25,300	\$ 555	\$ 59,951

Other Services Expenditures by Fund Source

Row Labels	Title III-B Supportive Services	In-Kind Match	Grand Total
Other Services	\$ 5,500	\$ 650	\$ 6,150
Unmet Needs	\$ 5,500	\$ 650	\$ 6,150
Grand Total	\$ 5,500	\$ 650	\$ 6,150

Nutrition Services Expenditures by Fund Source

Service	Title III-C1 Congregate Meals	Title III-C2 Home- Delivered Meals	Nutrition Services Incentive Program (NSIP)	State Congregate Meals	State Home Delivered Meals	Program Income	Cash Match	Grand Total
Nutrition Services	\$ 95,170	\$ 130,179	\$ 85,723	\$ 2,523	\$ 125,169	\$ 175,000	\$ 105,000	\$ 718,764
Congregate Meals	\$ 95,170	\$ -	\$ 13,000	\$ 2,523	\$ -	\$ 55,000	\$ 15,000	\$ 180,693
Home-Delivered Meals	\$ -	\$ 130,179	\$ 72,723	\$ -	\$ 125,169	\$ 120,000	\$ 90,000	\$ 538,071
Grand Total	\$ 95,170	\$ 130,179	\$ 85,723	\$ 2,523	\$ 125,169	\$ 175,000	\$ 105,000	\$ 718,764

Caregivers of Older Adults Services Expenditures by Fund Source

Service	Title III-E National Family Caregiver Support	State Caregiver Support	State In-Home Services	State In-Home Services (Direct Care Worker Pay)	State Respite Care	State Merit Award (MATF)	Program Income	Cash Match	In-Kind Match	Grand Total
Access Assistance	\$ 34,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,555	\$ 38,555
Caregiver Information and Assistance	\$ 29,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000	\$ 33,000
Caregiver Options Counseling	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 555	\$ 5,555
Counseling/Support Groups/Training	\$ 7,800	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 1,222	\$ -	\$ 9,522
Caregiver Support Groups	\$ 5,800	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 1,000	\$ -	\$ 7,300
Caregiver Training	\$ 2,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 222	\$ -	\$ 2,222
Information Services	\$ 8,454	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 8,000	\$ -	\$ 16,954
Caregiver Education (use for Caregiver Outreach)	\$ 8,454	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ 8,000	\$ -	\$ 16,954
Respite Services	\$ -	\$ 3,887	\$ 2,500	\$ 7,900	\$ 38,652	\$ 16,370	\$ -	\$ 2,000	\$ -	\$ 71,309
Adult Day Services	\$ -	\$ -	\$ -	\$ -	\$ 10,000	\$ 6,000	\$ -	\$ -	\$ -	\$ 16,000
Respite Care – In-Home Respite	\$ -	\$ 3,887	\$ 2,500	\$ 7,900	\$ 12,652	\$ 10,370	\$ -	\$ 2,000	\$ -	\$ 39,309
Respite Care – Out-of-Home Respite (Day)	\$ -	\$ -	\$ -	\$ -	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ 8,000
Respite Care – Out-of-Home Respite (Overnight)	\$ -	\$ -	\$ -	\$ -	\$ 8,000	\$ -	\$ -	\$ -	\$ -	\$ 8,000
Supplemental Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,000	\$ 10,000	\$ 500	\$ -	\$ 26,500
Caregiver Supplemental - Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,000	\$ 10,000	\$ 500	\$ -	\$ 26,500
Grand Total	\$ 50,254	\$ 3,887	\$ 2,500	\$ 7,900	\$ 38,652	\$ 32,370	\$ 11,000	\$ 11,722	\$ 4,555	\$ 162,840

Older Relative (Kinship) Caregiver Services Expenditures by Fund Source

Service	Title III-E National Family Caregiver Support	Cash Match	Grand Total
Counseling/Support Groups/Training	\$ 2,800	\$ 2,500	\$ 5,300
Kinship Caregiver Support Groups	\$ 2,800	\$ 2,500	\$ 5,300
Grand Total	\$ 2,800	\$ 2,500	\$ 5,300

Method of Service Provision

	9.50%	38.39%	52.11%	100.00%
Services	Direct Services	Contracted Services	Purchased Services	Grand Total
Access Services	\$ 110,107	\$ 79,808	\$ 103,404	\$ 293,319
Care Management	\$ 100,000	\$ -	\$ 103,404	\$ 203,404
Case Coordination & Support	\$ -	\$ 29,808	\$ -	\$ 29,808
Options Counseling	\$ 10,107	\$ -	\$ -	\$ 10,107
Transportation	\$ -	\$ 50,000	\$ -	\$ 50,000
In-Home Services	\$ 4,000	\$ 204,500	\$ 177,646	\$ 386,146
Assistive Devices & Technologies	\$ -	\$ -	\$ 11,968	\$ 11,968
Chore Services	\$ -	\$ 11,000	\$ -	\$ 11,000
Friendly Reassurance	\$ 4,000	\$ 4,900	\$ -	\$ 8,900
Homemaker	\$ -	\$ 116,600	\$ 122,000	\$ 238,600
Medication Management	\$ -	\$ -	\$ 4,975	\$ 4,975
Personal Care	\$ -	\$ 72,000	\$ 38,703	\$ 110,703
Community Services	\$ -	\$ 59,951	\$ -	\$ 59,951
Health Promotion: Evidence-Based	\$ -	\$ 11,596	\$ -	\$ 11,596
Health Promotion: Non Evidence-Based	\$ -	\$ 5,555	\$ -	\$ 5,555
Home Repair	\$ -	\$ 8,500	\$ -	\$ 8,500
Legal Assistance	\$ -	\$ 14,300	\$ -	\$ 14,300
Ombudsman	\$ -	\$ 20,000	\$ -	\$ 20,000
Nutrition Services	\$ -	\$ 180,693	\$ 538,071	\$ 718,764
Congregate Meals	\$ -	\$ 180,693	\$ -	\$ 180,693
Home-Delivered Meals	\$ -	\$ -	\$ 538,071	\$ 538,071
Caregivers of Older Adults Services	\$ 38,555	\$ 95,285	\$ 29,000	\$ 162,840
Adult Day Services	\$ -	\$ 16,000	\$ -	\$ 16,000
Caregiver Education (use for Caregiver Outreach)	\$ -	\$ 16,954	\$ -	\$ 16,954
Caregiver Information and Assistance	\$ 33,000	\$ -	\$ -	\$ 33,000
Caregiver Options Counseling	\$ 5,555	\$ -	\$ -	\$ 5,555
Caregiver Supplemental - Transportation	\$ -	\$ 26,500	\$ -	\$ 26,500
Caregiver Support Groups	\$ -	\$ 7,300	\$ -	\$ 7,300
Caregiver Training	\$ -	\$ 2,222	\$ -	\$ 2,222
Respite Care – In-Home Respite	\$ -	\$ 26,309	\$ 13,000	\$ 39,309
Respite Care – Out-of-Home Respite (Day)	\$ -	\$ -	\$ 8,000	\$ 8,000
Respite Care – Out-of-Home Respite (Overnight)	\$ -	\$ -	\$ 8,000	\$ 8,000

Services	Direct Services	Contracted Services	Purchased Services	Grand Total
Older Relative (Kinship) Caregiver Services	\$ -	\$ 2,800	\$ 2,500	\$ 5,300
Kinship Caregiver Support Groups	\$ -	\$ 2,800	\$ 2,500	\$ 5,300
Other Services	\$ 2,500	\$ 3,650	\$ -	\$ 6,150
Unmet Needs	\$ 2,500	\$ 3,650	\$ -	\$ 6,150
Grand Total	\$ 155,162	\$ 626,687	\$ 850,621	\$ 1,632,470

Branch-St. Joseph Area Agency on Aging ~ FY 2025-2026 Funding Adjustments ~ Effective June 1, 2026 **

based upon FY26 full year SGA #2026-7 dated 3/31/26, FY25 Carry forward & planned transfers

Provider	Service	Funding Source	Original Award	Increase/ (Decrease)	Adjusted Award	Rationale
AAA Operations / Community Living Program	AAA Operations/CLP	Fed Admin: Title IIIB, C1, C2, E	\$ 48,437	\$ 71	\$ 48,508	adjustment
		State Admin: Alt, HDM	8,467	13	8,480	adjustment
		CLP - Title III-B	36,000	4,241	40,241	FY25 carry forward
		Info & Assist. - Title III-E	36,909	95	37,004	FY25 carry forward
	Medicare Counseling	MIOptions - SHIP/MIPPA *	8,842	(8,842)	-	initially over-estimated, federal reduction, reallocated
	Adult Day Services	St. Respite Escheats	4,564	(4,564)	-	reallocation, in home respite services @ COA's
	In Home Respite	St. Respite Escheats	5,000	1,121	6,121	reallocation, available if needed, purchase of service
TOTAL			\$ 148,219	\$ (7,865)	\$ 140,354	<i>(amended sources only)</i>
Branch Area Transit Authority	Transportation	State Merit	\$ 13,230	\$ 870	\$ 14,100	state increase, local units
	TOTAL			\$ 13,230	\$ 870	\$ 14,100
Branch County Commission on Aging	Congregate Meals	Title IIIC-1	39,820	780	40,600	FY25 carry forward
	Home Delivered Meals	Title IIIC-2	54,631	405	55,036	FY25 carry forward
		NSIP	36,661	(494)	36,167	federal decrease
	Homemaking	Title III-B	5,040	3,000	8,040	FY25 carry forward, local need
	In-Home Respite	St. Respite Escheats	16,000	10,000	26,000	reallocation, FY25 carry forward
	Medicare Counseling	MI Options - SHIP/MIPPA *	19,000	(9,500)	9,500	initially over-estimated, federal reduction
	Caregiver Support	Title III-E	3,360	250	3,610	FY25 carry forward
TOTAL			\$ 174,512	\$ 4,441	\$ 178,953	<i>(amended sources only)</i>
St Joseph County Commission on Aging	Congregate Meals	Title III-C1	54,990	1,079	56,069	FY25 carry forward
	Home Delivered Meals	Title III-C2	75,443	568	76,011	FY25 carry forward
		NSIP	38,417	(683)	37,734	federal decrease
		State HDM	72,602	(11)	72,591	federal decrease
	In-Home Respite	St. Respite Escheats	20,000	10,000	30,000	reallocation, FY25 carry forward
	Disease Prev/ Health Promotion	Title III-D	5,007	(36)	4,971	federal decrease
	Caregiver Support	Title III-E	4,640	360	5,000	FY25 carry forward
	In-Home Repair	Title III-B	5,000	(5,000)	-	requested reallocation
	Homemaking	Title III-B	5,160	8,000	13,160	requested reallocation, FY25 carry forward
	Senior Medicare Patrol	MDHHS - SMPP	-	2,500	2,500	New project! *
	Medicare Counseling	MI Options - SHIP/MIPPA *	19,000	(9,500)	9,500	initially over-estimated, federal reduction
TOTAL			\$ 300,259	\$ 7,277	\$ 307,536	<i>(amended sources only)</i>

**** NOTES:** All amendments are pending accurate and reasonable provider budget submissions

Award amounts are based on most recent communication & guidance issued by the ACLS Bureau. All grant funding is subject to state programmatic guidance, fiscal guidance, and other requirements.

ACLS Bureau programmatic reports are required for all OAA/OMA and Other Special Program funding.

* MI Options SHIP/MIPPA special project 4/1/25 - 9/30/26. SMPP Award period 3/1/26-9/30/26. No budgets required at this time.

Branch-St. Joseph Area Agency on Aging ~ FY 2025-2026 Funding Adjustments ~ Effective June 1, 2026 **

based upon FY26 full year SGA #2026-7 dated 3/31/26, FY25 Carry forward & planned transfers

Provider	Service	Funding Source	Original Award	Increase/ (Decrease)	Adjusted Award	Rationale
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		State Admin: Alt, HDM	8,467	13	8,480	adjustment
		CLP - Title III-B	36,000	4,241	40,241	FY25 carry forward
		Info & Assist. - Title III-E	36,909	95	37,004	FY25 carry forward
	Medicare Counseling	MIOptions - SHIP/MIPPA *	8,842	(8,842)	-	initially over-estimated, federal reduction, reallocated
	Adult Day Services	St. Respite Escheats	4,564	(4,564)	-	reallocation, in home respite services @ COA's
	In Home Respite	St. Respite Escheats	5,000	1,121	6,121	reallocation, available if needed, purchase of service
TOTAL			\$ 148,219	\$ (7,865)	\$ 140,354	<i>(amended sources only)</i>
Branch Area Transit Authority	Transportation	State Merit	\$ 13,230	\$ 870	\$ 14,100	state increase, local units
		TOTAL			\$ 13,230	\$ 870
Branch County Commission on Aging	Congregate Meals	Title IIIC-1	39,820	780	40,600	FY25 carry forward
	Home Delivered Meals	Title IIIC-2	54,631	405	55,036	FY25 carry forward
		NSIP	36,661	(494)	36,167	federal decrease
	Homemaking	Title III-B	5,040	3,000	8,040	FY25 carry forward, local need
	In-Home Respite	St. Respite Escheats	16,000	10,000	26,000	reallocation, FY25 carry forward
	Medicare Counseling	MI Options - SHIP/MIPPA *	19,000	(6,500)	12,500	initially over-estimated, federal reduction
	Caregiver Support	Title III-E	3,360	250	3,610	FY25 carry forward
TOTAL			\$ 174,512	\$ 7,441	\$ 181,953	<i>(amended sources only)</i>
St Joseph County Commission on Aging	Congregate Meals	Title III-C1	54,990	1,079	56,069	FY25 carry forward
	Home Delivered Meals	Title III-C2	75,443	568	76,011	FY25 carry forward
		NSIP	38,417	(683)	37,734	federal decrease
		State HDM	72,602	(11)	72,591	federal decrease
		In-Home Respite	St. Respite Escheats	20,000	10,000	30,000
	Disease Prev/ Health Promotion	Title III-D	5,007	(36)	4,971	federal decrease
	Caregiver Support	Title III-E	4,640	360	5,000	FY25 carry forward
	In-Home Repair	Title III-B	5,000	(5,000)	-	requested reallocation
	Homemaking	Title III-B	5,160	8,000	13,160	requested reallocation, FY25 carry forward
	Senior Medicare Patrol	MDHHS - SMPP	-	2,500	2,500	New project! *
	Medicare Counseling	MI Options - SHIP/MIPPA *	19,000	(6,500)	12,500	initially over-estimated, federal reduction
TOTAL			\$ 300,259	\$ 10,277	\$ 310,536	<i>(amended sources only)</i>

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Award amounts are based on most recent communication & guidance issued by the ACLS Bureau. All grant funding is subject to state programmatic guidance, fiscal guidance, and other requirements.
ACLS Bureau programmatic reports are required for all OAA/OMA and Other Special Program funding.
* MI Options SHIP/MIPPA special project 4/1/25 - 9/30/26. SMPP Award period 3/1/26-9/30/26. No budgets required at this time.



Amendment #2 Budget
FY2025-2026

May 28, 2026

Prepared by: Theresa Fisher, Administrative Services Director

**BRANCH-HILLSDALE-ST. JOSEPH
COMMUNITY HEALTH AGENCY
10/1/2025 - 9/30/2026
Amendment #2**

TOTAL REVENUES

		STATE/FED	ELPHS	COUNTY APPROP	FEE OTHER	FUND BALANCE	Amend #2 BUDGET	DIFFERENCE	Amend 1 BUDGET
		\$ 5,305,586	\$ 1,285,483	\$ 795,657	\$ 1,870,327	\$ 179,187	\$ 9,436,240	\$ 353,548	\$ 9,082,691
		56.2%	13.6%	8.4%	19.8%	1.9%			
<u>CORE SUPPORT & OTHER</u>									
Salary/Fringe Payoff	008				\$ 80,000		\$ 80,000	\$ -	\$ 80,000
General Administration	010				\$ 304,955		\$ 304,955	\$ 122,675	\$ 182,280
Local Expenses unallowed by Grants	015			\$ 46,544	\$ 4,000		\$ 50,544	\$ (12,275)	\$ 62,819
Capital Improvements	023			\$ 53,000			\$ 53,000	\$ -	\$ 53,000
MERS Pension Underfunded	024			\$ 22,590	\$ 3,499		\$ 26,089	\$ 3,499	\$ 22,590
Dental Clinic - St. Joseph Co.	021				\$ 55,582		\$ 55,582	\$ -	\$ 55,582
Dental Clinic - Hillsdale Co.	029				\$ 12,000	\$ -	\$ 12,000	\$ -	\$ 12,000
Emergency Preparedness	032	\$ 146,229		\$ 32,196			\$ 178,425	\$ 38,672	\$ 139,753
CSHCS Dontations - SJ	096				\$ 10,000	\$ 31,361	\$ 41,361	\$ -	\$ 41,361
CSHCS Dontations - BR/HD	097				\$ -	\$ 22,826	\$ 22,826	\$ -	\$ 22,826
Workforce Development	101	\$ 48,535		\$ 6			\$ 48,541	\$ (431)	\$ 48,972
Cross Jurisdictional Sharing	102	\$ 21,530		\$ 1,306			\$ 22,836	\$ 22,836	\$ -
TOTAL CORE SUPPORT & OTHER		\$ 216,294	\$ -	\$ 155,642	\$ 470,036	\$ 54,187	\$ 896,159	\$ 174,976	\$ 721,183
<u>PERSONAL HEALTH & DISEASE PREVENTION</u>									
Medicaid Outreach	107	\$ 7,579		\$ 7,579	\$ -	\$ -	\$ 15,157	(\$2,386)	\$ 17,543
WIC Breastfeeding	108	\$ 89,014		\$ 33,017	\$ -	\$ -	\$ 122,031	(\$12,435)	\$ 134,467
WIC - Women, Infants, & Children	109	\$ 908,156		\$ 190,735	\$ 1,500	\$ 50,000	\$ 1,150,391	\$52,043	\$ 1,098,348
CSHCS Medicaid Outreach	112	\$ 43,064		\$ 87,039	\$ -	\$ -	\$ 130,103	(\$1,883)	\$ 131,987
PH&DP Special Projects	120	\$ 15,000		\$ 11			\$ 15,011	\$15,011	\$ -
Immunization IAP	138	\$ 883,378		\$ 62,682	\$ 194,250	\$ -	\$ 1,140,310	(\$35,107)	\$ 1,175,417
Kindergarten Oral Health Screening	202	\$ 82,619		\$ 662	\$ -	\$ -	\$ 83,281	\$627	\$ 82,653
Children's Special Health Care Services	325	\$ 222,409		\$ 0	\$ -	\$ -	\$ 222,409	\$0	\$ 222,409
School Vision	326	\$ 6,000	\$ 90,100	\$ 8,087	\$ 7,900	\$ -	\$ 112,087	(\$10,287)	\$ 122,374
School Hearing	327	\$ 3,500	\$ 90,100	\$ 7,945	\$ 8,000	\$ -	\$ 109,545	(\$14,002)	\$ 123,548
MCH Enabling Children	329	\$ 94,409		\$ -	\$ -	\$ -	\$ 94,409	\$0	\$ 94,409
STD Prevention & Control	331		\$ 155,734	\$ 12,558	\$ 3,050	\$ -	\$ 171,342	(\$21,858)	\$ 193,200
HIV Prevention & Control	332	\$ 20,000		\$ 1,906	\$ -	\$ -	\$ 21,906	(\$5,737)	\$ 27,643
Immunization Vaccine Handling (Gov't)	338	\$ 71,814		\$ 20,320	\$ 250	\$ -	\$ 92,384	(\$21,909)	\$ 114,293
Infectious Disease	341		\$ 385,146	\$ 11,192	\$ 15,788	\$ 15,000	\$ 427,126	(\$28,567)	\$ 455,693
Lead Testing	345	\$ 27,000		\$ 7,153	\$ 2,500	\$ -	\$ 36,653	(\$3,079)	\$ 39,733
TOTAL PERSONAL HEALTH & DISEAS		\$ 2,473,942	\$ 721,080	\$ 450,885	\$ 233,238	\$ 65,000	\$ 3,944,145	(\$89,571)	\$ 4,033,716

FY25-26 Amendment #1 Budget		STATE/FED	ELPHS	COUNTY APPROP	FEES OTHER	FUND BALANCE	Amend #2 BUDGET	DIFFERENCE	Amend 1 BUDGET
<u>ENVIRONMENTAL HEALTH PROTECTION</u>									
Vector Borne Disease Surveillance	035	\$ 33,000		\$ 2,971	\$ -	\$ -	\$ 35,971	(\$22,108)	\$ 58,079
General Environmental Health	605	\$ -		\$ 21,552	\$ -	\$ -	\$ 21,552	(\$24,683)	\$ 46,235
Food Protection	704		\$ 279,569	\$ 1,196	\$ 269,000	\$ -	\$ 549,765	(\$35,191)	\$ 584,956
Onsite Sewage	714		\$ 284,834	\$ 63,318	\$ 179,000	\$ -	\$ 527,151	\$49,036	\$ 478,116
EGLE LT Monitoring	715	\$ 3,250		\$ 811	\$ -	\$ -	\$ 4,061	(\$859)	\$ 4,921
EGLE Campground	716	\$ 5,970		\$ 123	\$ 12,000	\$ -	\$ 18,093	(\$776)	\$ 18,869
EGLE Swimming	717	\$ 3,560		\$ 8,138	\$ 7,000	\$ -	\$ 18,698	(\$8,113)	\$ 26,811
EGLE Septage	718	\$ 2,700		\$ 853	\$ 1,800	\$ -	\$ 5,353	(\$899)	\$ 6,252
Body Art	719	\$ 5,400		\$ 25	\$ 710	\$ -	\$ 6,135	(\$566)	\$ 6,702
EH Complaints	720	\$ -		\$ 15,250	\$ -	\$ -	\$ 15,250	\$4,428	\$ 10,822
Drinking Water Supply	721	\$ 270,834		\$ 57,250	\$ 152,000	\$ -	\$ 480,083	\$33,771	\$ 446,312
Type II Water	745	\$ 220,637		\$ 2,777	\$ -	\$ -	\$ 223,414	\$1,393	\$ 222,022
TOTAL ENVIRONMENTAL HEALTH		\$ 545,351	\$ 564,403	\$ 174,265	\$ 621,510	\$ -	\$ 1,905,528	\$ (4,570)	\$ 1,910,097
<u>EMERGING ISSUES GRANTS:</u>									
PH Workforce Infrastructure	025	\$ 232,000		\$ 1,242	\$ -	\$ -	\$ 233,242	\$39,517.27	\$ 193,725
PFAS - Lear Siegler	722	\$ 2,000		\$ 157	\$ -	\$ -	\$ 2,157	\$96.80	\$ 2,060
PFAS - White Pigeon	723	\$ 2,542		\$ 164	\$ -	\$ -	\$ 2,706	\$43.52	\$ 2,663
PFAS - Westside Landfill	724	\$ 2,820		\$ 0	\$ -	\$ -	\$ 2,820	(\$60.34)	\$ 2,880
TOTAL EMERGING ISSUE GRANTS		\$ 239,362	\$ -	\$ 1,564	\$ -	\$ -	\$ 240,926	\$39,597	\$ 201,328
<u>HEALTH EDUCATION & PROMOTION:</u>									
OHSP	205	\$ 104,068		\$ 2,943	\$ -	\$ -	\$ 107,012	\$581	\$ 106,431
MI Center Rural Health	207	\$ -		\$ 791	\$ 61,640	\$ 60,000	\$ 122,431	(\$17,648)	\$ 140,079
Medical Marihuana BR	212	\$ 18,886		\$ 2	\$ -	\$ -	\$ 18,888	\$2	\$ 18,886
Medical Marihuana HD	230	\$ 11,026		\$ 21	\$ -	\$ -	\$ 11,047	\$21	\$ 11,026
Community Health Services	255	\$ -		\$ -	\$ 160,500	\$ -	\$ 160,500	\$10,500	\$ 150,000
Medical Marihuana SJ	275	\$ 7,390		\$ 21	\$ -	\$ -	\$ 7,411	\$21	\$ 7,390
HEP Special Projects	286	\$ -		\$ 1,272	\$ 6,150	\$ -	\$ 7,423	(\$5,032)	\$ 12,455
HEP Special Projects II	287	\$ -		\$ 701	\$ 27,288	\$ -	\$ 27,989	\$27,989	\$ -
Grant Writing	405	\$ -		\$ 7,549	\$ -	\$ -	\$ 7,549	\$2,793	\$ 4,756
TOTAL HEALTH EDUCATION & PROMOTIO		\$ 141,370	\$ -	\$ 13,301	\$ 255,578	\$ 60,000	\$ 470,249	\$19,227	\$ 451,022

FY25-26 Amendment #1 Budget		STATE/FED	ELPHS	COUNTY APPROP	FEES OTHER	FUND BALANCE	Amend #2 BUDGET	DIFFERENCE	Amend 1 BUDGET
AREA AGENCY ON AGING									
Area Agency on Aging	012	\$ 1,243,442			\$ 289,965	\$ -	\$ 1,533,407	\$211,684	\$ 1,321,723
VOCA	014	\$ 205,743					\$ 205,743	\$0	\$ 205,743
Senior Medicare Patrol	018	\$ 15,000					\$ 15,000	\$15,000	
No Wrong Door	106	\$ 225,082		\$ 0			\$ 225,082	(\$12,795)	\$ 237,877
TOTAL AREA AGENCY ON AGING		\$ 1,689,267	\$ -	\$ 0	\$ 289,965	\$ -	\$ 1,979,232	\$213,889	\$ 1,765,343

	Amendment #2	Amend 1
Fund Balance per most recent Audit:	\$ 3,967,661.00	\$ 3,599,659.00
Nonspendat \$ 136,763.00		
Assigned \$ 3,139,770.00		
Unassigned \$ 323,126.00		
Projected fund balance to start year:		
Allocated for use in this budget:	\$ 179,186.84	\$ 191,171.45
Projected fund balance for future use:	\$ 3,788,474.16	\$ 3,408,487.55

**BRANCH-HILLSDALE-ST. JOSEPH
COMMUNITY HEALTH AGENCY
10/1/2025 - 9/30/2026**

TOTAL EXPENSES

Amendment #2

		Amendment #2	Amended #1	
		Budget 2025-26	Budget 2025-26	DIFFERENCE
		\$ 9,436,240	\$ 9,082,690	353,548
<u>CORE SUPPORT & OTHER:</u>				
Salary/Fringe Payoff	008	\$ 80,000	\$ 80,000	0
General Administration	010	\$ 304,955	\$ 182,280	122,675
Local Expenses Unallowed by Grants	015	\$ 50,544	\$ 62,819	(12,275)
Capital Improvements	023	\$ 53,000	\$ 53,000	0
MERS Pension Underfunded	024	\$ 26,089	\$ 22,590	3,499
Dental Clinic - St. Joseph Co.	021	\$ 55,582	\$ 55,582	0
Dental Clinic - Hillsdale Co.	029	\$ 12,000	\$ 12,000	0
Emergency Preparedness	032	\$ 178,425	\$ 139,753	38,672
CSHCS Donations - SJ	096	\$ 41,361	\$ 41,361	0
CSHCS Donations - BR/HD	097	\$ 22,826	\$ 22,826	0
Workforce Development	101	\$ 48,541	\$ 48,972	(431)
Cross Jurisdictional Sharing - EH	102	\$ 22,836	\$ -	22,836
TOTAL CORE SUPPORT & OTHER		\$ 896,159	\$ 721,184	\$ 174,976

PERSONAL HEALTH & DISEASE PREVENTION

Budget Amendment #2

Medicaid Outreach	107	\$ 15,157	\$ 17,543	(2,386)
WIC - Breastfeeding	108	\$ 122,031	\$ 134,467	(12,435)
WIC - Women, Infants, & Children	109	\$ 1,150,391	\$ 1,098,348	52,043
CSHCS Medicaid Outreach	112	\$ 130,103	\$ 131,987	(1,883)
PH&DP Special Projects	120	\$ 15,011		15,011
Immunization Clinics	138	\$ 1,140,310	\$ 1,175,417	(35,107)
Immunization/Vaccine Handling	338	\$ 92,384	\$ 114,293	(21,909)
Children's Special Health Care Services	325	\$ 222,409	\$ 222,409	0
School Vision & Hearing Clinics	326	\$ 112,087	\$ 122,374	(10,287)
School Vision & Hearing Clinics	327	\$ 109,545	\$ 123,548	(14,002)
MCH Enabling Children	329	\$ 94,409	\$ 94,409	0
STD Prevention & Control	331	\$ 171,342	\$ 193,200	(21,858)
HIV Prevention & Control	332	\$ 21,906	\$ 27,643	(5,737)
Infectious Disease	341	\$ 427,126	\$ 455,693	(28,567)
Lead Testing	345	\$ 36,653	\$ 39,733	(3,079)
Kindergarten Oral Health Screening	202	\$ 83,281	\$ 82,653	627
TOTAL PERSONAL HEALTH & DISEAS		\$ 3,944,145	\$ 4,033,716	\$ (89,571)

		Amend 2'	Amended #1	
		Budget 2025-26	Budget 2025-26	DIFFERENCE
<u>ENVIRONMENTAL HEALTH PROTECTION</u>				
Vector Borne	035	\$ 35,971	\$ 58,079	(22,108)
General Environmental Health	605	\$ 21,552	\$ 46,235	(24,683)
Food Protection	704	\$ 549,765	\$ 584,956	(35,191)
Onsite Sewage	714	\$ 527,151	\$ 478,116	49,036
EGLE LT Monitoring	715	\$ 4,061	\$ 4,921	(859)
EGLE Campground	716	\$ 18,093	\$ 18,869	(776)
EGLE Swimming	717	\$ 18,698	\$ 26,811	(8,113)
EGLE Septage	718	\$ 5,353	\$ 6,252	(899)
Body Art	719	\$ 6,135	\$ 6,702	(566)
EH Complaints	720	\$ 15,250	\$ 10,822	4,428
Drinking Water Supply	721	\$ 480,083	\$ 446,312	33,771
Type II Water	745	\$ 223,414	\$ 222,022	1,393
TOTAL ENVIRONMENTAL HEALTH		\$ 1,905,528	\$ 1,910,097	\$ (4,570)

EMERGING ISSUES GRANTS

PH Workforce Infastructure	025	\$ 233,242	\$ 193,725	39,517
PFAS - Lear Siegler	722	\$ 2,157	\$ 2,060	97
PFAS - White Pigeon	723	\$ 2,706	\$ 2,663	44
PFAS - Westside Landfill	724	\$ 2,820	\$ 2,880	(60)
TOTAL EMERGING ISSUES GRANTS		\$ 240,926	\$ 201,328	\$ 39,597

HEALTH EDUCATION & PROMOTION:

OHSP	205	\$ 107,012	\$ 106,431	581
MI Center Rural Health	207	\$ 122,431	\$ 140,079	(17,648)
Medical Marihuana BR	212	\$ 18,888	\$ 18,886	2
Medical Marihuana HD	230	\$ 11,047	\$ 11,026	21
Community Health Services	255	\$ 160,500	\$ 150,000	10,500
Medical Marihuana SJ	275	\$ 7,411	\$ 7,390	21
HEP Special Projects	286	\$ 7,423	\$ 12,455	(5,032)
HEP Special Projects II	287	\$ 27,989		27,989
Grant Writing	405	\$ 7,549	\$ 4,756	2,793
TOTAL HEALTH EDUCATION & PROMOTION		\$ 470,249	\$ 451,022	\$ 19,227

		Amend 2'	Amended #1	
		Budget 2025-26	Budget 2025-26	DIFFERENCE
AAA:				
Area Agency on Aging	012	\$ 1,533,407	\$ 1,321,723	211,684
VOCA	014	\$ 205,743	\$ 205,743	0
Senior Medicare Patrol	018	\$ 15,000		15,000
No Wrong Door	106	\$ 225,082	\$ 237,877	(12,795)
TOTAL CORE SUPPORT		\$ 1,979,232	\$ 1,765,343	\$ 213,889
GRAND TOTAL:		\$ 9,436,240	\$ 9,082,690	\$ 353,548

Amendment #2
10/1/2025 - 9/30/2026

Prepared By: Theresa Fisher

	008	009	010	012	014	015	018
	SALARYFRINGE	SPACE	GENERAL	AREA AGENCY	VOCA	LOCAL	Senior Medicare
PROGRAM EXPENSES	PAYOFF	ALLOCATION	ADMINISTRATIO	ON AGING	CSRUV-2026	EXPENSES	Patrol
1. SALARIES & WAGES	80,000.00	-	537,328.25	182,632.37	105,853.34	-	6,508.65
2. FRINGE BENEFITS			841,395.07	92,126.98	40,851.39	-	1,646.91
3. CAP EXP FOR EQUIP & FAC							
4. CONTRACTUAL (SUBCONTRACTS)				1,138,367.00	-	-	2,500.00
5. SUPPLIES & MATERIALS			30,000.00	462.68	121.73	100.00	200.00
6. TRAVEL			12,000.00	10,000.00	4,000.00	-	50.00
7. COMMUNICATION			35,000.00	1,100.00	1,000.00	-	100.00
8. COUNTY/CITY CENTRAL SERVICES							
9. SPACE COSTS							
SPACE ALLOCATION		(292,331)	119,657.00	4,107.00	1,802.00		173.00
10. ALL OTHERS (ADP & MISC.)		292,331.00	183,600.00	12,901.00	3,146.94	20,263.47	1,099.25
TOTAL PROGRAM EXPENSES	80,000	-	1,758,980.32	1,441,697.02	156,775.40	20,363.47	12,277.81
1. INDIRECT COST							
33.37834%			(1,454,025.32)	91,710.11	48,967.60	-	2,722.19
2. COST ALLOCATION PLAN/OTHER							
COMMUNITY HEALTH SERVICES	-	-	-	-	-	-	-
PREVENTION SERVICES	-	-	-	-	-	-	-
IMMUNIZATION DISTRIBUTION	-	-	-	-	-	-	-
CSHCS &/or MCH DISTRIBUTION	-	-	-	-	-	-	-
ENVIRONMENTAL HEALTH	-	-	-	-	-	-	-
ALLOCATION EXPENSE	-	-	-	-	-	-	-
UNALLOWABLE EXPENSE ALLOCATION	-	-	-	-	-	30,181	-
TOTAL INDIRECT COST	-	-	(1,454,025.32)	91,710.11	48,967.60	30,180.87	2,722.19
UNALLOCATED FUND BALANCE							
TOTAL EXPENDITURES	80,000	-	304,955	1,533,407	205,743	50,544	15,000
SOURCE OF FUNDS							
1. FEES & COLLECTIONS - 1ST & 2ND PARTY	-	-	40	-	-	-	-
2. FEES & COLLECTIONS - 3RD PARTY	-	-	-	-	-	-	-
3. FED/STATE FUNDING (NON-MDHS)	-	-	-	1,243,442.00	205,743.00	-	-
4. FEDERAL MEDICAID COST BASED REIMB.	-	-	-	-	-	-	-
5. FEDERALLY PROVIDED VACCINES	-	-	-	-	-	-	-
6. FEDERAL MEDICAID OUTREACH	-	-	-	-	-	-	-
7. REQUIRED MATCH - LOCAL	-	-	-	-	-	-	-
8. LOCAL - NON ELPHS							
9. LOCAL - NON ELPHS	-	-	-	-	-	-	-
10. LOCAL - NON ELPHS							
11. OTHER - NON ELPHS	80,000.00	-	304,915.00	289,965.13	-	4,000.00	-
12. MDHS NON COMPREHENSIVE							
13. MDHS COMPREHENSIVE	-	-	-	-	-	-	15,000.00
14. ELPHS MDHS HEARING	55505						
15. ELPHS MDHS VISION	55505						
16. ELPHS MDHS OTHER	55505						
17. ELPHS FOOD	55505						
18. ELPHS PRIVATE/TYPE III WATER	55505						
19. ELPHS ON-SITE WASTEWATER TREA	55505						
20. MCH FUNDING	55520						
21. LOCAL - COUNTY APPROPRIATIONS				0.00	0.00	46,544.34	0.00
22. INKIND MATCH							
23. MDHS FIXED UNIT RATE	-	-	-	-	-	-	-
MDHS LOCAL COMM STABLIZATION							
SOURCE OF FUNDS ABOVE	80,000	-	304,955	1,533,407	205,743	50,544	15,000
USE OF DESIGNATED FUND BALANCE	-	-	-	0	-	-	-
Apply MERS Surplus Fund			138,000				
TOTAL SOURCE OF FUNDS IN BUDGET	80,000	-	304,955	1,533,407	205,743	50,544	15,000

Amendment #2
10/1/2025 - 9/30/2026

48%

PROGRAM EXPENSES	021	023	024	025	029	032 - 9 Mth	32 - 3 Mth
	DENTAL CLINIC	CAPITAL	MERS PENSION	DC Infrastructure	DENTAL CLINIC	PUBLIC HEALTH	PUBLIC HEALTH
	THREE RIVERS	IMPROVEMENTS	UNDERFUNDED	Grant	HILLSDALE	EMERG. PREP.	EMERG. PREP.
1. SALARIES & WAGES	-	-	-	666.16	-	56,219.79	18,739.93
2. FRINGE BENEFITS	-	-	26,089.00	249.46	-	26,812.40	8,937.47
3. CAP EXP FOR EQUIP & FAC							
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-	-	-
5. SUPPLIES & MATERIALS	-	-	-	-	-	12,618.00	1,600.00
6. TRAVEL	-	-	-	-	-	2,000.00	1,000.00
7. COMMUNICATION	-	-	-	-	-	5,509.00	300.00
8. COUNTY/CITY CENTRAL SERVICES							
9. SPACE COSTS							
SPACE ALLOCATION				21.00		817.50	272.50
10. ALL OTHERS (ADP & MISC.)	55,582.20	53,000.00	-	232,000.00	12,000.00	4,832.50	1,812.50
TOTAL PROGRAM EXPENSES	55,582.20	53,000.00	26,089.00	232,936.61	12,000.00	108,809.19	32,662.40
1. INDIRECT COST				305.62	-	27,714.77	9,238.26
33.37834%							
2. COST ALLOCATION PLAN/OTHER							
COMMUNITY HEALTH SERVICES	-	-	-	-	-	-	-
PREVENTION SERVICES	-	-	-	-	-	-	-
IMMUNIZATION DISTRIBUTION							
CSHCS &/or MCH DISTRIBUTION	-	-	-	-	-	-	-
ENVIRONMENTAL HEALTH	-	-	-	-	-	-	-
ALLOCATION EXPENSE							
UNALLOWABLE EXPENSE ALLOCATION	-	-	-	-	-	-	-
TOTAL INDIRECT COST	-	-	-	305.62	-	27,714.77	9,238.26
UNALLOCATED FUND BALANCE							
TOTAL EXPENDITURES	55,582	53,000	26,089	233,242	12,000	136,524	41,901
SOURCE OF FUNDS							
1. FEES & COLLECTIONS - 1ST & 2ND PA	-	-	-	-	-	-	-
2. FEES & COLLECTIONS - 3RD PARTY	-	-	-	-	-	-	-
3. FED/STATE FUNDING (NON-MDHHS)	-	-	-	-	-	-	-
4. FEDERAL MEDICAID COST BASED RE	-	-	-	-	-	-	-
5. FEDERALLY PROVIDED VACCINES	-	-	-	-	-	-	-
6. FEDERAL MEDICAID OUTREACH	-	-	-	-	-	-	-
7. REQUIRED MATCH - LOCAL	-	-	-	-	-	11,349.60	3,273.30
8. LOCAL - NON ELPHS							
9. LOCAL - NON ELPHS	-	-	-	-	-	-	-
10. LOCAL - NON ELPHS							
11. OTHER - NON ELPHS	55,582.00	-	3,499.00	-	12,000.00	-	-
12. MDHHS NON COMPREHENSIVE							
13. MDHHS COMPREHENSIVE	-	-	-	232,000.00	-	113,496.00	32,733.00
14. ELPHS MDHHS HEARING							
15. ELPHS MDHHS VISION							
16. ELPHS MDHHS OTHER							
17. ELPHS FOOD							
18. ELPHS PRIVATE/TYPER III WATER							
19. ELPHS ON-SITE WASTEWATER TREA							
20. MCH FUNDING							
21. LOCAL - COUNTY APPROPRIATIONS	0.20	53,000.00	22,590.00	1,242.23	-	11,678.36	5,894.35
22. INKIND MATCH							
23. MDHHS FIXED UNIT RATE	-	-	-	-	-	-	-
MDHHS LOCAL COMM STABILIZATION							
SOURCE OF FUNDS ABOVE	55,582	53,000	26,089	233,242	12,000	136,524	41,901
USE OF DESIGNATED FUND BALANCE	-	-	-	-	-	-	-
Apply MERS Surplus Fund							
TOTAL SOURCE OF FUNDS IN BUDGET	55,582	53,000	26,089	233,242	12,000	136,524	41,901

Amendment #2
10/1/2025 - 9/30/2026

PROGRAM EXPENSES	35	96	97	101	102	106	107
	VECTOR BORNE DISEASE	CSHCS DONATIONS	CSHCS DONATIONS	WORKFORCE DEVELOPMENT	Sharing EH Training	MI Options	MEDICAID OUTREACH
1. SALARIES & WAGES	15,592.97	-	-	2,785.32	11,897.59	73,623.34	5,521.73
2. FRINGE BENEFITS	1,470.55	-	-	753.05	3,724.19	28,575.27	1,318.90
3. CAP EXP FOR EQUIP & FAC							
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-	25,000.00	-
5. SUPPLIES & MATERIALS	70.00	-	-	25.00	-	21,619.00	75.00
6. TRAVEL	12,000.00	-	-	100.00	-	5,000.00	50.00
7. COMMUNICATION	50.00	-	-	-	-	3,000.00	50.00
8. COUNTY/CITY CENTRAL SERVICES							
9. SPACE COSTS							
SPACE ALLOCATION	267.00			47.00		1,336.00	122.00
10. ALL OTHERS (ADP & MISC.)	825.00	41,360.84	22,826.00	43,650.00	2,000.00	51,598.61	475.00
TOTAL PROGRAM EXPENSES	30,275.52	41,360.84	22,826.00	47,360.37	17,621.78	209,752.21	7,612.64
1. INDIRECT COST	5,695.52	-	-	1,181.05	5,214.29	34,112.20	2,283.29
33.37834%							
2. COST ALLOCATION PLAN/OTHER							
COMMUNITY HEALTH SERVICES	-	-	-	-	-	-	4,658
PREVENTION SERVICES	-	-	-	-	-	-	604
IMMUNIZATION DISTRIBUTION							
CSHCS &/or MCH DISTRIBUTION	-	-	-	-	-	-	-
ENVIRONMENTAL HEALTH	-	-	-	-	-	-	-
ALLOCATION EXPENSE							
UNALLOWABLE EXPENSE ALLOCATION	-	-	-	-	-	(18,782)	-
TOTAL INDIRECT COST	5,695.52	-	-	1,181.05	5,214.29	15,329.79	7,544.59
UNALLOCATED FUND BALANCE							
TOTAL EXPENDITURES	35,971	41,361	22,826	48,541	22,836	225,082	15,157
SOURCE OF FUNDS							
1. FEES & COLLECTIONS - 1ST & 2ND PARTY	-	-	-	-	-	-	-
2. FEES & COLLECTIONS - 3RD PARTY	-	-	-	-	-	-	-
3. FED/STATE FUNDING (NON-MDHHS)	-	-	-	-	-	225,082.00	-
4. FEDERAL MEDICAID COST BASED RE	-	-	-	-	-	-	-
5. FEDERALLY PROVIDED VACCINES	-	-	-	-	-	-	-
6. FEDERAL MEDICAID OUTREACH	-	-	-	-	-	-	7,578.61
7. REQUIRED MATCH - LOCAL	-	-	-	-	-	-	-
8. LOCAL - NON ELPHS							
9. LOCAL - NON ELPHS	-	-	-	-	-	-	-
10. LOCAL - NON ELPHS							
11. OTHER - NON ELPHS	-	10,000.00	-	-	-	-	-
12. MDHHS NON COMPREHENSIVE							
13. MDHHS COMPREHENSIVE	33,000.00	-	-	48,535.00	21,530.00	-	-
14. ELPHS MDHHS HEARING							
15. ELPHS MDHHS VISION							
16. ELPHS MDHHS OTHER							
17. ELPHS FOOD							
18. ELPHS PRIVATE/TYPE III WATER							
19. ELPHS ON-SITE WASTEWATER TREA							
20. MCH FUNDING							
21. LOCAL - COUNTY APPROPRIATIONS	2,971.04	-	-	6.42	1,306.07	0.00	7,578.61
22. INKIND MATCH							
23. MDHHS FIXED UNIT RATE	-	-	-	-	-	-	-
MDHHS LOCAL COMM STABLIZATION							
SOURCE OF FUNDS ABOVE	35,971	10,000	-	48,541	22,836	225,082	15,157
USE OF DESIGNATED FUND BALANCE	-	31,361	22,826	-	-	-	-
Apply MERS Surplus Fund							
TOTAL SOURCE OF FUNDS IN BUDGET	35,971	41,361	22,826	48,541	22,836	225,082	15,157

Amendment #2
10/1/2025 - 9/30/2026

PROGRAM EXPENSES	108	109	112	120	138	199	202
	WIC BREASTFEEDING	WIC RESIDENTIAL	CSHCS MEDICAID OUTREACH	PH&DP Special Projects	IMMUNIZATION/ IAP	PREVENTION SERV ADM.	KINDERGARTEN ORAL HEALTH
1. SALARIES & WAGES	66,569.23	541,636.84	-	1,010.00	288,350.31	80,850.95	7,686.24
2. FRINGE BENEFITS	8,863.86	167,506.02	-	140.00	120,600.43	13,019.94	1,905.01
3. CAP EXP FOR EQUIP & FAC							
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-	-	-
5. SUPPLIES & MATERIALS	600.00	11,800.00	-	-	188,500.00	225.00	3,100.00
6. TRAVEL	3,000.00	12,600.00	-	942.75	5,000.00	2,000.00	3,400.00
7. COMMUNICATION	5,300.00	24,600.00	-	-	6,200.00	500.00	700.00
8. COUNTY/CITY CENTRAL SERVICES							
9. SPACE COSTS							
SPACE ALLOCATION	5,844.00	29,771.00		25.00	14,275.00	48,596.00	184.00
10. ALL OTHERS (ADP & MISC.)	5,150.00	58,550.00	-	12,509.00	403,700.00	1,550.00	57,600.00
TOTAL PROGRAM EXPENSES	95,327.09	846,463.86	-	14,626.75	1,026,625.74	146,741.89	74,575.25
1. INDIRECT COST	25,178.31	236,700.12	-	383.85	136,500.97	31,332.55	3,201.40
33.37834%							
2. COST ALLOCATION PLAN/OTHER							
COMMUNITY HEALTH SERVICES	4,658	4,658	-		4,658	-	4,658
PREVENTION SERVICES	6,656	62,569	-		36,083	(178,074)	846
IMMUNIZATION DISTRIBUTION							
CSHCS &/or MCH DISTRIBUTION	-	-	130,103		(63,557)	-	-
ENVIRONMENTAL HEALTH	-	-	-		-	-	-
ALLOCATION EXPENSE							
UNALLOWABLE EXPENSE ALLOCATION	(9,787)	-	-		-	-	-
TOTAL INDIRECT COST	26,704.20	303,926.97	130,103.26	383.85	113,684.26	(146,741.89)	8,705.39
UNALLOCATED FUND BALANCE							
TOTAL EXPENDITURES	122,031	1,150,391	130,103	15,011	1,140,310	-	83,281
SOURCE OF FUNDS							
1. FEES & COLLECTIONS - 1ST & 2ND PARTY	-	-	-		7,500	-	-
2. FEES & COLLECTIONS - 3RD PARTY	-	1,500.00	-		186,750.00	-	-
3. FED/STATE FUNDING (NON-MDHHS)	-	-	-		-	-	-
4. FEDERAL MEDICAID COST BASED RE	-	-	-		458,000.00	-	-
5. FEDERALLY PROVIDED VACCINES	-	-	-		350,000.00	-	-
6. FEDERAL MEDICAID OUTREACH	-	-	43,064.18		-	-	-
7. REQUIRED MATCH - LOCAL	-	-	43,064.18		-	-	-
8. LOCAL - NON ELPHS							
9. LOCAL - NON ELPHS	-	-	-		-	-	-
10. LOCAL - NON ELPHS							
11. OTHER - NON ELPHS	-	-	-		-	-	-
12. MDHHS NON COMPREHENSIVE							
13. MDHHS COMPREHENSIVE	89,014.00	908,156.00	-	15,000.00	75,378.00	-	82,619.00
14. ELPHS MDHHS HEARING							
15. ELPHS MDHHS VISION							
16. ELPHS MDHHS OTHER							
17. ELPHS FOOD							
18. ELPHS PRIVATE/TYPER III WATER							
19. ELPHS ON-SITE WASTEWATER TREATMENT							
20. MCH FUNDING							
21. LOCAL - COUNTY APPROPRIATIONS	33,017.29	190,734.82	43,974.90	10.60	62,682.00	-	661.64
22. INKIND MATCH							
23. MDHHS FIXED UNIT RATE	-	-	-		-	-	-
MDHHS LOCAL COMM STABLIZATION							
SOURCE OF FUNDS ABOVE	122,031	1,100,391	130,103	15,011	1,140,310	-	83,281
USE OF DESIGNATED FUND BALANCE	-	-	-		-	-	-
Apply MERS Surplus Fund		50,000					
TOTAL SOURCE OF FUNDS IN BUDGET	122,031	1,150,391	130,103	15,011	1,140,310	-	83,281

Amendment #2
10/1/2025 - 9/30/2026

PROGRAM EXPENSES	205	207	212	230	255	275	286
	OHSP	MI CENTER RURAL HEALTH	MARIJUANA BRANCH	MARIJUANA HILLSDALE	COMMUNITY HEALTH SERVICE	MARIJUANA ST JOSEPH	HEP SPECIAL PROJECTS
1. SALARIES & WAGES	34,813.00	61,689.37	3,951.00	2,868.00	112,950.15	2,868.00	2,274.27
2. FRINGE BENEFITS	17,398.44	17,749.27	1,654.47	1,206.66	46,710.15	1,206.52	766.52
3. CAP EXP FOR EQUIP & FAC							
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-	-	-
5. SUPPLIES & MATERIALS	8,215.00	650.00	-	-	500.00	-	50.00
6. TRAVEL	2,606.00	6,000.00	100.00	200.00	3,500.00	150.00	140.00
7. COMMUNICATION	100.00	1,050.00	10.00	10.00	1,000.00	10.00	-
8. COUNTY/CITY CENTRAL SERVICES							
9. SPACE COSTS							
SPACE ALLOCATION	258.00	544.00	34.00	26.00	1,356.00	26.00	17.00
10. ALL OTHERS (ADP & MISC.)	26,194.00	3,575.00	11,596.00	5,853.00	6,400.00	2,596.00	3,160.00
TOTAL PROGRAM EXPENSES	89,584.44	91,257.64	17,345.47	10,163.66	172,416.31	6,856.52	6,407.79
1. INDIRECT COST	17,427.31	26,515.30	1,871.01	1,360.05	53,291.96	1,360.01	1,014.96
33.37834%							
2. COST ALLOCATION PLAN/OTHER							
COMMUNITY HEALTH SERVICES	-	4,658	-	-	(65,208)	-	-
PREVENTION SERVICES	-	-	-	-	-	-	-
IMMUNIZATION DISTRIBUTION							
CSHCS &/or MCH DISTRIBUTION	-	-	-	-	-	-	-
ENVIRONMENTAL HEALTH	-	-	-	-	-	-	-
ALLOCATION EXPENSE							
UNALLOWABLE EXPENSE ALLOCATION	-	-	(328)	(477)	-	(806)	-
TOTAL INDIRECT COST	17,427.31	31,173.03	1,543.01	883.05	(11,916.31)	554.01	1,014.96
UNALLOCATED FUND BALANCE							
TOTAL EXPENDITURES	107,012	122,431	18,888	11,047	160,500	7,411	7,423
SOURCE OF FUNDS							
1. FEES & COLLECTIONS - 1ST & 2ND PARTY	-	-	-	-	-	-	-
2. FEES & COLLECTIONS - 3RD PARTY	-	1,000.00	-	-	-	-	-
3. FED/STATE FUNDING (NON-MDHHS)	104,068.39	-	18,886.00	11,026.00	-	7,390.00	-
4. FEDERAL MEDICAID COST BASED RE	-	-	-	-	-	-	-
5. FEDERALLY PROVIDED VACCINES	-	-	-	-	-	-	-
6. FEDERAL MEDICAID OUTREACH	-	-	-	-	-	-	-
7. REQUIRED MATCH - LOCAL	-	-	-	-	-	-	-
8. LOCAL - NON ELPHS							
9. LOCAL - NON ELPHS	-	-	-	-	-	-	-
10. LOCAL - NON ELPHS							
11. OTHER - NON ELPHS	-	60,640.00	-	-	160,500.00	-	6,150.35
12. MDHHS NON COMPREHENSIVE							
13. MDHHS COMPREHENSIVE	-	-	-	-	-	-	-
14. ELPHS MDHHS HEARING							
15. ELPHS MDHHS VISION							
16. ELPHS MDHHS OTHER							
17. ELPHS FOOD							
18. ELPHS PRIVATE/TYPER III WATER							
19. ELPHS ON-SITE WASTEWATER TREAT							
20. MCH FUNDING							
21. LOCAL - COUNTY APPROPRIATIONS	2,943.36	790.67	2.48	20.72	-	20.53	1,272.40
22. INKIND MATCH							
23. MDHHS FIXED UNIT RATE	-	-	-	-	-	-	-
MDHHS LOCAL COMM STABILIZATION							
SOURCE OF FUNDS ABOVE	107,012	62,431	18,888	11,047	160,500	7,411	7,423
USE OF DESIGNATED FUND BALANCE	-	60,000	-	-	-	-	-
Apply MERS Surplus Fund							
TOTAL SOURCE OF FUNDS IN BUDGET	107,012	122,431	18,888	11,047	160,500	7,411	7,423

Amendment #2
10/1/2025 - 9/30/2026

	287	325	326	327	329	331
	HEP SPECIAL PROJECTS II	CSHCS OR & ADVOCACY	VISION	HEARING	MCH - ENABLING SERVICES CHILDREN	SEXUAL TRANS. DISEASES
PROGRAM EXPENSES						
1. SALARIES & WAGES	8,188.00	176,474.59	46,098.71	43,210.79	-	75,850.64
2. FRINGE BENEFITS	3,066.04	50,856.64	19,746.83	21,078.67	-	25,431.00
3. CAP EXP FOR EQUIP & FAC						
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-	-
5. SUPPLIES & MATERIALS	750.00	1,600.00	1,575.00	675.00	-	2,250.00
6. TRAVEL	600.00	6,000.00	3,500.00	3,500.00	-	500.00
7. COMMUNICATION	50.00	1,400.00	550.00	550.00	-	300.00
8. COUNTY/CITY CENTRAL SERVICES						
9. SPACE COSTS						
SPACE ALLOCATION	79.00	3,436.00	1,721.00	1,692.00	-	6,060.00
10. ALL OTHERS (ADP & MISC.)	11,500.00	12,150.00	6,450.00	7,050.00	-	13,550.00
TOTAL PROGRAM EXPENSES	24,233.04	251,917.24	79,641.54	77,756.46	-	123,941.64
1. INDIRECT COST	3,756.41	75,879.40	21,978.15	21,458.76	-	33,806.13
33.37834%						
2. COST ALLOCATION PLAN/OTHER						
COMMUNITY HEALTH SERVICES		4,658	4,658	4,658	-	4,658
PREVENTION SERVICES		20,058	5,810	5,672	-	8,936
IMMUNIZATION DISTRIBUTION						
CSHCS &/or MCH DISTRIBUTION		(130,103)	-	-	94,409	-
ENVIRONMENTAL HEALTH		-	-	-	-	-
ALLOCATION EXPENSE						
UNALLOWABLE EXPENSE ALLOCATION		-	-	-	-	-
TOTAL INDIRECT COST	3,756.41	(29,508.24)	32,445.57	31,788.88	94,409.00	47,400.15
UNALLOCATED FUND BALANCE						
TOTAL EXPENDITURES	27,989	222,409	112,087	109,545	94,409	171,342
SOURCE OF FUNDS						
1. FEES & COLLECTIONS - 1ST & 2ND PARTY			7,900	8,000	-	3,000
2. FEES & COLLECTIONS - 3RD PARTY	-	-	-	-	-	-
3. FED/STATE FUNDING (NON-MDHHS)	-	-	-	-	-	-
4. FEDERAL MEDICAID COST BASED RE	-	-	6,000.00	3,500.00	-	-
5. FEDERALLY PROVIDED VACCINES	-	-	-	-	-	-
6. FEDERAL MEDICAID OUTREACH	-	-	-	-	-	-
7. REQUIRED MATCH - LOCAL	-	-	4,655.00	5,228.00	-	-
8. LOCAL - NON ELPHS						
9. LOCAL - NON ELPHS	-	-	-	-	-	-
10. LOCAL - NON ELPHS						
11. OTHER - NON ELPHS	27,288.00	-	-	-	-	50.00
12. MDHHS NON COMPREHENSIVE						
13. MDHHS COMPREHENSIVE	-	142,409.00	-	-	-	-
14. ELPHS MDHHS HEARING				90,100		
15. ELPHS MDHHS VISION			90,100			
16. ELPHS MDHHS OTHER						155,734
17. ELPHS FOOD						
18. ELPHS PRIVATE/TYPER III WATER						
19. ELPHS ON-SITE WASTEWATER TREAT						
20. MCH FUNDING					94,409	
21. LOCAL - COUNTY APPROPRIATIONS	701.45	0.00	3,432.11	2,717.34	-	12,557.79
22. INKIND MATCH						
23. MDHHS FIXED UNIT RATE	-	80,000.00	-	-	-	-
MDHHS LOCAL COMM STABILIZATION						
SOURCE OF FUNDS ABOVE	27,989	222,409	112,087	109,545	94,409	171,342
USE OF DESIGNATED FUND BALANCE						
Apply MERS Surplus Fund						
TOTAL SOURCE OF FUNDS IN BUDGET	27,989	222,409	112,087	109,545	94,409	171,342

Amendment #2
10/1/2025 - 9/30/2026

PROGRAM EXPENSES	332	338	341	345	405	605
	HIV PREVENTION	IMMUNIZATION/ VACCINE HANDLIN	INFECTIOUS DISEASE	LEAD TESTING	GRANT WRITING	GENERAL ENVIRO. HEALTH
1. SALARIES & WAGES	10,304.21	36,266.63	190,940.72	26,233.21	3,600.00	153,124.93
2. FRINGE BENEFITS	2,759.48	17,274.82	57,552.13	8,214.01	1,502.00	57,906.61
3. CAP EXP FOR EQUIP & FAC						
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-	-
5. SUPPLIES & MATERIALS	250.00	250.00	18,400.00	11,500.00	50.00	4,000.00
6. TRAVEL	100.00	600.00	1,800.00	800.00	50.00	4,000.00
7. COMMUNICATION	200.00	4,300.00	1,000.00	800.00	-	750.00
8. COUNTY/CITY CENTRAL SERVICES						
9. SPACE COSTS						
SPACE ALLOCATION	154.00	3,747.00	8,308.00	513.00	44.00	15,975.00
10. ALL OTHERS (ADP & MISC.)	2,625.00	7,350.00	39,600.00	250.00	600.00	48,350.00
TOTAL PROGRAM EXPENSES	16,392.68	69,788.45	317,600.85	48,310.23	5,846.00	284,106.54
1. INDIRECT COST	4,360.44	17,871.25	82,942.79	11,497.91	1,702.96	70,438.83
33.37834%						
2. COST ALLOCATION PLAN/OTHER						
COMMUNITY HEALTH SERVICES	-	-	4,658	4,658	-	4,658
PREVENTION SERVICES	1,153	4,724	21,925	3,039	-	-
IMMUNIZATION DISTRIBUTION						
CSHCS &/or MCH DISTRIBUTION	-	-	-	(30,852)	-	-
ENVIRONMENTAL HEALTH	-	-	-	-	-	(337,651)
ALLOCATION EXPENSE						
UNALLOWABLE EXPENSE ALLOCATION	-	-	-	-	-	-
TOTAL INDIRECT COST	5,513.08	22,595.32	109,525.55	(11,657.01)	1,702.96	(262,554.35)
UNALLOCATED FUND BALANCE						
TOTAL EXPENDITURES	21,906	92,384	427,126	36,653	7,549	21,552
SOURCE OF FUNDS						
1. FEES & COLLECTIONS - 1ST & 2ND PARTY	-	-	250	-	-	-
2. FEES & COLLECTIONS - 3RD PARTY	-	-	2,000.00	2,500.00	-	-
3. FED/STATE FUNDING (NON-MDHHS)	-	5,000.00	-	-	-	-
4. FEDERAL MEDICAID COST BASED RE	-	37,000.00	-	15,000.00	-	-
5. FEDERALLY PROVIDED VACCINES	-	-	-	-	-	-
6. FEDERAL MEDICAID OUTREACH	-	-	-	-	-	-
7. REQUIRED MATCH - LOCAL	-	-	-	-	-	-
8. LOCAL - NON ELPHS						
9. LOCAL - NON ELPHS	-	-	-	-	-	-
10. LOCAL - NON ELPHS						
11. OTHER - NON ELPHS	-	250.00	13,538.00	-	-	-
12. MDHHS NON COMPREHENSIVE						
13. MDHHS COMPREHENSIVE	20,000.00	29,814.00	446.00	12,000.00	-	-
14. ELPHS MDHHS HEARING						
15. ELPHS MDHHS VISION						
16. ELPHS MDHHS OTHER			384,700			
17. ELPHS FOOD						
18. ELPHS PRIVATE/TYPER III WATER						
19. ELPHS ON-SITE WASTEWATER TREA						
20. MCH FUNDING						
21. LOCAL - COUNTY APPROPRIATIONS	1,905.76	20,319.76	11,192.41	7,153.22	7,548.96	21,552.19
22. INKIND MATCH						
23. MDHHS FIXED UNIT RATE	-	-	-	-	-	-
MDHHS LOCAL COMM STABLIZATION						
SOURCE OF FUNDS ABOVE	21,906	92,384	412,126	36,653	7,549	21,552
USE OF DESIGNATED FUND BALANCE	-	-	15,000	-	-	-
Apply MERS Surplus Fund						
TOTAL SOURCE OF FUNDS IN BUDGET	21,906	92,384	427,126	36,653	7,549	21,552

Amendment #2
10/1/2025 - 9/30/2026

PROGRAM EXPENSES	704	714	715	716	717	718
	FOOD	NSITE SEWAGE	EGLE	EGLE	EGLE	EGLE
	PROTECTION	DISPOSAL	LT MONITOR	CAMPGROUND	SWIMMING	SEPTAGE
1. SALARIES & WAGES	278,928.79	190,338.33	1,290.00	4,870.00	6,000.00	1,800.00
2. FRINGE BENEFITS	95,516.63	57,244.60	222.65	1,588.59	3,013.44	599.28
3. CAP EXP FOR EQUIP & FAC						
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-	-
5. SUPPLIES & MATERIALS	1,600.00	300.00	100.00	450.00	125.00	100.00
6. TRAVEL	14,000.00	20,000.00	500.00	1,600.00	600.00	300.00
7. COMMUNICATION	2,000.00	1,600.00	100.00	1,000.00	300.00	25.00
8. COUNTY/CITY CENTRAL SERVICES						
9. SPACE COSTS						
SPACE ALLOCATION	9,428.00	4,030.00	16.00	71.00	106.00	29.00
10. ALL OTHERS (ADP & MISC.)	18,650.00	4,600.00	200.00	2,100.00	300.00	125.00
TOTAL PROGRAM EXPENSES	420,123.42	278,112.93	2,428.65	11,679.59	10,444.44	2,978.28
1. INDIRECT COST	124,983.67	82,639.07	504.90	2,155.77	3,008.54	800.84
33.37834%						
2. COST ALLOCATION PLAN/OTHER						
COMMUNITY HEALTH SERVICES	4,658	-	-	-	-	-
PREVENTION SERVICES	-	-	-	-	-	-
IMMUNIZATION DISTRIBUTION						
CSHCS &/or MCH DISTRIBUTION	-	-	-	-	-	-
ENVIRONMENTAL HEALTH	-	166,399	1,128	4,257	5,245	1,574
ALLOCATION EXPENSE						
UNALLOWABLE EXPENSE ALLOCATION	-	-	-	-	-	-
TOTAL INDIRECT COST	129,641.40	249,038.32	1,632.65	6,413.26	8,253.91	2,374.45
UNALLOCATED FUND BALANCE						
TOTAL EXPENDITURES	549,765	527,151	4,061	18,093	18,698	5,353
SOURCE OF FUNDS						
1. FEES & COLLECTIONS - 1ST & 2ND PA	249,000	137,000	-	12,000	7,000	1,800
2. FEES & COLLECTIONS - 3RD PARTY	-	12,000.00	-	-	-	-
3. FED/STATE FUNDING (NON-MDHHS)	-	-	3,250.00	5,970.00	3,560.00	2,700.00
4. FEDERAL MEDICAID COST BASED RE	-	-	-	-	-	-
5. FEDERALLY PROVIDED VACCINES	-	-	-	-	-	-
6. FEDERAL MEDICAID OUTREACH	-	-	-	-	-	-
7. REQUIRED MATCH - LOCAL	-	-	-	-	-	-
8. LOCAL - NON ELPHS						
9. LOCAL - NON ELPHS	-	-	-	-	-	-
10. LOCAL - NON ELPHS						
11. OTHER - NON ELPHS	20,000.00	30,000.00	-	-	-	-
12. MDHHS NON COMPREHENSIVE						
13. MDHHS COMPREHENSIVE	-	-	-	-	-	-
14. ELPHS MDHHS HEARING						
15. ELPHS MDHHS VISION						
16. ELPHS MDHHS OTHER						
17. ELPHS FOOD	279,569					
18. ELPHS PRIVATE/TYPER III WATER						
19. ELPHS ON-SITE WASTEWATER TREA		284,834				
20. MCH FUNDING						
21. LOCAL - COUNTY APPROPRIATIONS	1,195.82	63,317.75	811.30	122.85	8,138.36	852.73
22. INKIND MATCH						
23. MDHHS FIXED UNIT RATE	-	-	-	-	-	-
MDHHS LOCAL COMM STABILIZATION						
SOURCE OF FUNDS ABOVE	549,765	527,151	4,061	18,093	18,698	5,353
USE OF DESIGNATED FUND BALANCE	-	-	-	-	-	-
Apply MERS Surplus Fund						
TOTAL SOURCE OF FUNDS IN BUDGET	549,765	527,151	4,061	18,093	18,698	5,353

Amendment #2
10/1/2025 - 9/30/2026

PROGRAM EXPENSES	719	720	721	722	723	724
	EGL	EH	DRINKING	PFAS	PFAS	PFAS
	BODY ART	COMPLAINTS	WATER SUPPLY	Lear Siegler	White Pigeon	Westside Landfill
1. SALARIES & WAGES	2,000.00	5,760.00	174,168.84	435.55	754.66	294.58
2. FRINGE BENEFITS	517.61	920.68	52,568.10	105.86	215.62	85.92
3. CAP EXP FOR EQUIP & FAC						
4. CONTRACTUAL (SUBCONTRACTS)	-	-	-	-	-	-
5. SUPPLIES & MATERIALS	100.00	100.00	300.00	-	-	-
6. TRAVEL	800.00	1,000.00	18,000.00	25.00	50.00	25.00
7. COMMUNICATION	25.00	100.00	1,400.00	50.00	25.00	25.00
8. COUNTY/CITY CENTRAL SERVICES						
9. SPACE COSTS						
SPACE ALLOCATION	29.00	54.00	3,902.00	5.00	11.00	5.00
10. ALL OTHERS (ADP & MISC.)	75.00	50.00	1,800.00	1,355.03	1,326.06	2,257.51
TOTAL PROGRAM EXPENSES	3,546.61	7,984.68	252,138.94	1,976.43	2,382.34	2,693.00
1. INDIRECT COST	840.34	2,229.90	75,681.03	180.71	323.86	127.00
33.37834%						
2. COST ALLOCATION PLAN/OTHER						
COMMUNITY HEALTH SERVICES	-	-	-	-	-	-
PREVENTION SERVICES	-	-	-	-	-	-
IMMUNIZATION DISTRIBUTION						
CSHCS &/or MCH DISTRIBUTION	-	-	-	-	-	-
ENVIRONMENTAL HEALTH	1,748	5,036	152,263	-	-	-
ALLOCATION EXPENSE						
UNALLOWABLE EXPENSE ALLOCATION	-	-	-	-	-	-
TOTAL INDIRECT COST	2,588.79	7,265.46	227,944.44	180.71	323.86	127.00
UNALLOCATED FUND BALANCE						
TOTAL EXPENDITURES	6,135	15,250	480,083	2,157	2,706	2,820
SOURCE OF FUNDS						
1. FEES & COLLECTIONS - 1ST & 2ND PA	710	-	152,000	-	-	-
2. FEES & COLLECTIONS - 3RD PARTY	-	-	-	-	-	-
3. FED/STATE FUNDING (NON-MDHHS)	5,400.00	-	-	-	-	-
4. FEDERAL MEDICAID COST BASED RE	-	-	-	-	-	-
5. FEDERALLY PROVIDED VACCINES	-	-	-	-	-	-
6. FEDERAL MEDICAID OUTREACH	-	-	-	-	-	-
7. REQUIRED MATCH - LOCAL	-	-	-	-	-	-
8. LOCAL - NON ELPHS						
9. LOCAL - NON ELPHS	-	-	-	-	-	-
10. LOCAL - NON ELPHS						
11. OTHER - NON ELPHS	-	-	-	-	-	-
12. MDHHS NON COMPREHENSIVE						
13. MDHHS COMPREHENSIVE	-	-	-	2,000.00	2,542.00	2,820.00
14. ELPHS MDHHS HEARING						
15. ELPHS MDHHS VISION						
16. ELPHS MDHHS OTHER						
17. ELPHS FOOD						
18. ELPHS PRIVATE/TYPER III WATER						
19. ELPHS ON-SITE WASTEWATER TREA			270,834			
20. MCH FUNDING						
21. LOCAL - COUNTY APPROPRIATIONS	25.41	15,250.13	57,249.88	157.14	164.20	0.00
22. INKIND MATCH						
23. MDHHS FIXED UNIT RATE	-	-	-	-	-	-
MDHHS LOCAL COMM STABLIZATION						
SOURCE OF FUNDS ABOVE	6,135	15,250	480,083	2,157	2,706	2,820
USE OF DESIGNATED FUND BALANCE	-	-	-	-	-	-
Apply MERS Surplus Fund						
TOTAL SOURCE OF FUNDS IN BUDGET	6,135	15,250	480,083	2,157	2,706	2,820

Three Rivers Roof Replacement Funding Source

There are sufficient funds remaining in the CDC Infrastructure Grant to cover the agency's portion of the Three Rivers roof replacement project. Commissioner Leininger expressed interest in the agency exploring the use of the Three Rivers Building Maintenance Fund to offset a portion of those costs in order to preserve sufficient grant funding for the future replacement of the Hillsdale building roof.

As of the end of March, the Three Rivers Building Maintenance Fund balance was \$93,049, while the Hillsdale Building Maintenance Fund balance was \$68,450.

The agency's share of the Three Rivers roof replacement is estimated to be approximately \$80,000. The Hillsdale roof replacement is expected to cost approximately twice that amount, as the agency will be responsible for the full cost of that project. At present, the Hillsdale Building Maintenance Fund does not contain sufficient funds to fully cover the anticipated replacement cost.

Excluding the anticipated cost of the Three Rivers roof replacement, approximately \$145,000 remains available in the CDC Infrastructure Grant, which must be expended by July 30, 2027.

Proposal

The agency proposes utilizing \$10,000 from the TR Building Maintenance Fund and \$70,000 in CDC Infrastructure Grant funds toward the Three Rivers roof replacement project in order to accelerate expenditure of the grant funds and reduce the risk of any future funding rescission or reduction.

When the Hillsdale roof replacement project is undertaken, funds would then be transferred from the Three Rivers Building Maintenance Fund to the Hillsdale Building Maintenance Fund to cover the portion of the Hillsdale project not covered by the remaining CDC Infrastructure Grant funds. The transfer would be structured so that both the Three Rivers and Hillsdale Building Maintenance Funds maintain equal balances following the project expenditures.

Bill & Gretta Schermerhorn

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Gretta62@yahoo.com

May 20, 2026

We appreciate the time you are taking to hear about our septic system issue.

This is an Appeals Committee and we are appealing the decisions made by the health department in regard to our septic system challenges.

Bill and I have been in the Three Rivers/Marcellus area for over thirty years. We raised our children here. Two of our girls graduated from Three Rivers. Both graduated from Western. One lives in Chicago as an account manager and our other daughter is currently serving in the Navy and, as we speak, is in the Middle East, fighting for what we are doing now. Freedom of speech. Representative government. Upholding the rule of law. I would think it would include codes,

This presentation is to help you fully understand our position.

We bought the property in April of 2006. We lost our home to a fire in 2019. We rebuilt in 2021. When they installed our septic system, it wasn't installed according to the permit and subsequently, it failed. According to Lee Zimmerman, when he came out to investigate the failure, he determined it "failed within six months to eight months." That's a quote.

We are a harmed consumer. We have been harmed personally, financially, emotionally, environmentally, and economically.

- A. Violation of Consumers Rights
 - a. Lack of proper inspections.
 - b. Approval was granted when the installation did not meet standards.

- B. Under the Consumers Protection law, it gives us the right to seek compensation, claim negligence, and hold people accountable.

- C. Qualification of a harmed consumer:
 - a. We paid for a proper septic system but did not receive it.
 - b. The system failed prematurely
 - i. A properly installed system should last 20-30 years

D. We were told by the health department that the failure was because of hydraulic overload and soil clogging.

1. Hydraulic overload is when a septic system receives more wastewater than the system can absorb.
2. In a septic system, hydraulic overloading occurs when the incoming wastewater flow rate exceeds the system's designed flow rate. This can prevent the system from effectively treating the wastewater or passing it back to the water table. Some causes of hydraulic overloading
3. The system was installed to accommodate six people.
4. The permit said we had a water softener. So, the health department knew more water was going into the system but the permit wasn't changed to reflect that information.
Ie: three bedrooms.
5. It has only been Bill and I here, so that doesn't seem correct.

E. Reason for soil clogging.

a. It is a sign of failing or improperly installed drainfield.

1. Soil clogging is when the soil around the drainfield becomes "sealed off" and can no longer absorb water.

b. Biomat accumulation is the natural buildup of a slimy, tar-like layer of organic matter, bacteria and waste byproducts in a septic system's drainfield. An excessive amount clogs the soil causing slow drains, sewage odors and standing water in the yard.

c. a septic tank that is too small forces solids and untreated wastewater into the drainfield before they can break down. This overwhelms the system, rapidly accelerating biomat accumulations and leading to clogs, bad odors and drainfield failures.

d. too small a tank causes serious system failure. Because the tank is undersized, it fills up too quickly and doesn't have enough time to break down the solid waste. It forces untreated wastewater and solid waste directly into the drainfield, resulting in irreversible damage.

e. Once the drainfield is clogged or plugged, the liquid has nowhere to go, leading to a flooded, soggy yard and eventually leading to complete system replacement.

f. foul odors come from an overwhelmed tank, and emit strong, unpleasant sulfur smell around your yard and inside the home.

Our home is supposed to be your sanctuary. Instead, it became a source of anxiety, inconvenience, and fear of further problems.

We relied on our health department's professionalism, to protect us from these problems, but we did not get it.

Here are a few examples...

- a. The health dept was supposed to protect us from incompetent workmanship, but it appears that the health department needed a little guidance themselves.
- b. We suffered damage because of the health departments decisions.
- c. We have damaged property, loss of use, replacement costs of the septic system plus electrician
- d. There was a deviation from the permit
- e. The health department approved the system. You confirmed the system was installed correctly.

A. Reliance: having trust or depending on someone.

- a. We built our home after a house fire, we lost everything in April 2019
- b. We moved into this home May 28, 2021
- c. We have always used the system correctly in a normal and reasonable manner
- d. There is no hydraulic overload
- e. We relied on the experts of the health department to inspect the system and follow the codes and regulations.

B. Negligence

- f. The code violation itself constitutes a breach of the duty owed to us as homeowners. We were entitled to expect that the health department would follow all applicable codes, standards and requirements were followed. The failure to comply with these mandatory codes is, in itself, evidence of negligence.
- g. The system was not built according to the permit and was approved by the health department.

C. Expectation of the original system

- f. We expect to have a functional system
 - a. We expected not to have backups or flooding
 - b. bathroom smell
 - c. trench in yard
- g. We expected to have normal use of home
 - a. We can't use our bathroom
 - b. We expected not to have significant property damage with a trench running in our yard. We can't use our yard because of sewage running through it.
 - c. We expected to be able to use our bathroom and not have to move to a different part of the home.
- h. The expectation comes from the professional role of the health department.

D. Representation

- a. The health department said the system was installed correctly.
- b. That it was built to code.
- c. We were told it was built on proper soil, not near a clay layer.
- d. We expect it to be installed to handle normal use
- e. These representations formed the basis of our reliance on the health departments work and contributed to our reasonable expectation, that the system would function safely and effectively.
- f. The health department approved the system even though there were several codes that were not followed.
- g. The permit wasn't correctly filled out and followed correctly.

E. Expectation

- a. We expected a fully functional system
- b. We expected not to have backups or runoff in our yard
- c. We expected to be able to use our home in the way it was built for.
- d. We expected to be able to use our bathroom and not to have to move out of our bathroom.
- e. The system was supposed to be designed to ensure the safety of our home and property.
- f. We didn't expect replacement costs.

F. It appears to us that the disregard for the required permits, codes, and installation standards for our septic system has caused significant harm to our family and property. Our family has been exposed to raw sewage while moving through the yard, and we have been unable to use our outdoor spaces because of sewage discharge.

G. Accessing areas such as our fire pit would require walking through sewage. Even if we walked around the sewage, we are unable to enjoy our property because of the smell of and seeing the sewage. These conditions have caused not only physical hazards but also extreme embarrassment and humiliation for our family.

H. This ordeal is affecting our retirement. This issue has created a huge financial burden for us. We have worked our whole life, 50 years, for retirement and now we have to take some of our retirement funds to fix a problem that never should have happened and that we have already paid for.

I. It begs the question? What is the point of a permit and codes if you don't abide, adhere, obey, follow, uphold, comply and respect them? The word "shall" is throughout the code system, meaning that it "must", to indicate mandatory requirements, compulsion, obligation and necessity. Imposes a duty that must be fulfilled. No alternatives.

J. The health department professionals who have decades of experience of approving septic systems for homes, is generally expected to be familiar with proper installation procedures and local codes.

K. Experienced sanitarians are held to a higher standard of care due to their training and expertise. Because of the issues we are experiencing with the septic system, it is clear that this standard was not met, resulting in significant harm and hardship for our family.

*** It also appears that numerous codes were disregarded, to name a few.

1. Article III- Technical definitions On-site sewage disposal
2. Tank size.
 - a. The code called for a 1,500 gallon tank for a three bedroom home with a water softener.
 - b. A 1,000 gallon tank was installed.

A. 308 – Fill sand

B. 313 – Percolation test. No perk test was completed.

C. 318 – Excluding water softeners from the septic system.

D. 321 – Sewage system failure (B).

E. Article IV – General Provisions on Site Sewage Disposal

- 401 – It shall be unlawful to discharge or permit sewage to be deposited, upon the ground surface.

- That is what is going on. Our drainfield is releasing sewage in our backyard.

F. 702.3 - Multiple tanks

G. 702.7.1 Single family Residential Premises Capacity

Table VII – B - Tank size for size of home

1. For the last year or so, we needed to monitor our septic tank to prevent sewage backups going into our home. When the tank nears the inlet pipe, we must call a septic company to pump it for an additional cost.
2. Even though we want to be made whole, as a result of the investigation we undertook, our larger concern is the number of apparent code violations and the serious breakdowns in the process. The circumstances suggest a significant departure from the standard of care that a reasonable person would expect under similar circumstances.
3. Also, it appears to have been a failure to exercise appropriate care and oversight, or have the slightest care, creating an unreasonable risk of harm to our family and our property.
4. Our goal is not to have conflicts, but to ensure these issues are acknowledged, addressed responsibly, and resolved in a fair and cooperative manner.
5. We feel we should be compensated for our loss of use of our property, our time, and our financial output. Especially since a septic system failure can create direct physical hazards, health risks, and substantial disruption of daily life
6. This whole situation has affected our home life, our finances, the stress we are under, having to pay thousands of dollars out of our pocket to fix something we have already paid for. It isn't fair we have to go through this.
7. Spending hours upon hours researching codes, regulations, time wasted looking up definitions, just to be able to understand the basics. Coordinating with contractors and researching solutions. Time spent dealing with health department personnel. We waited nearly three months to get a new permit that should have taken up to ten days. When the new permit was pulled on August 18, 2025, I was discussing the situation with the health department staff and the sanitarian. I was told we should be able to get the permit in a week. We didn't get the permit. We had to contact our county commissioner to get involved. We got the permit within two days after almost three months of waiting for it, after contacting our county commissioner.
8. Because of the delay, we had to dig a longer and wider trench in our yard to make room for the winter months, for the drainage released from the drainfield, because it was too late in the year to install septic systems. We had to double our efforts to ensure our tank didn't have any backups into the home.

9. Spending time interviewing other septic installer companies, spending an hour and half or more trying to explain what we think, and what some of the conclusions have borne out, just to get a bid. As a result of all that, the rest of our property is getting put on the back burner because all our time is spent trying to get through this. Sleepless nights, crying a lot because we don't know what to do or how to handle it.

10. The stress, anxiety, health concerns, and unnecessary frustration caused by this situation have become overwhelming. It has been an extremely difficult feeling as though no one cares about what we are going through. No one involved has even asked to come out to the property to see the issues firsthand. It feels as though, once they received their payment, their responsibility ended.

11. We spent countless hours late into the night—trying to document everything and put this together. The emotional strain of having to relive these events while trying to advocate for us has taken a real toll. At times, the situation feels too much to handle.

12. This is NOT our fault. We are paying for the original system through our mortgage, now we have to pay for it again? We shouldn't have to pay for it again. We did nothing wrong. We are the harmed consumer. We contribute to this community just like all of you. If this happened to you, would you just roll over and accept what we are going through? Probably not.

At what point is enough, enough?

Here is a list of out-of-pocket expenses.

Out of pocket expenses

1. Garrett Lab.
 - a. Niles, MI
 - b. \$215.96
 - i. BOD testing
 - ii. Drinking water testing x 2
 - iii. TSS testing
 - c. Milage to Niles, MI and back
 - i. 37 miles x 6. there and back from home, 3 times.
 - ii. \$155.40 @ .70 cents per mile, per Michigan IRS standard.
2. Clean Earth Environmental
 - a. \$825.75

- i. Investigating the cause of a failed septic system.
3. Attorney Fees
- a. \$3,500. Actual is \$4,100, before taxes
4. New Permit
- a. \$235.00
 - b. \$10.38 for a registered letter to health dept
 - i. We were not receiving our permit from Mr. Zimmerman saying we would get it, 2x
 - ii. We filled out and mailed a complaint form to health dept.
 - c. We received a permit after we called our county commissioner.
 - i. We forwarded the emails to Jarod Hoffmaster of the emails Lee Zimmerman said he would have the permits but did not produce.
 - d. Replacement of blueberry plants @ \$15.00 each x 15 = \$225.00
 - i. I was going to plant them, but Lee Zimmerman said to wait because he said he may have to put the drainfield where I wanted to plant the blueberry bushes.
 - ii. Then he never let us know. Took three months to get permit.
 - e. \$5,767.49- misc. costs, as above
 - i. \$17,000 for new septic system and additional tank
 - 1. Plus the tax for withdrawing \$30,000 equals \$7,000
 - 2. We weren't sure what we would run into once they started.
 - 3. Turns out we didn't need the whole \$30,000.
 - ii. \$1,500 for an electrician for installation of pump station
 - iii. Add \$3,000 for taxes on \$25,000

Total- \$27,267.49

Just recently, in addition to the above,

April 14, 2026, Bill & I met with three members of the Three Rivers staff, we filled them in on what was going on.

After I attended the April 23, 2026 Health Board meeting, here in Coldwater, a staff member emailed me so we could possibly work through this situation. We have been exchanging emails since April 23, 2026.

Breakdown since April 14th.

- A. We had a meeting in Three Rivers on April 14, 2026
- B. April 23rd, after I spoke at the April health board meeting, Kyle reached out to me through email with his contact information in case we had any questions.
- C. April 28, 2026, Kyle and I were emailing, and he asked for the discharge amount going into the system.
- D. April 28, 2026, I emailed Kyle about the discharge amount of the water softener/iron curtain going into the system.
- E. Around April 28th – May 1st, there was a speaker phone call between the plumber, Kyle and Bill and I. The plumber said we can't put a dry well in because they have been illegal since 2018.
- F. May 1, 2026, I emailed staff after I spoke with a couple of plumbers. One said they aren't allowed to remove the water discharge from the system and that a dry well is illegal since 2018. And another one said they don't really pull the water softener out of the system. They haven't had any issues with it going into the system.
- G. Staff mentioned I should challenge what a professional plumber said about not being able to disconnect the water softener/iron curtain from the system as well as challenge the plumber about dry wells have been illegal since 2018.
- H. Staff member questioned whether the plumber was correct on dry wells being illegal since 2018.
- I. I put a call into the LARA board master plumber and I haven't received a call back.
- J. We are not professionals. We don't know what to ask the plumber. We are not supposed to know what the health department professionals know. The health department needed to challenge the plumber.
- K. Staff knew April 28th and May 1, 2026, how much discharge was going into the system outside of regular use.
- L. The new install could have been paused, postponed, or put on hold, until the issue about the discharge amount got straightened out.
 - a. Perhaps added an addition tank, expand the drainfield, etc.
- M. The permit could have been amended, modified, or revised, to reflect the extra discharge. But it wasn't.
- N. The department had many days, nine days, to adjust the permit or pause the new installation. But the health department didn't stop the install.

Now what we have is this...

The new installation started on May 7, 2026, completed and APPROVED on May 8, 2026.

May 14, 2026, just a few days ago, we received an email from staff at the health department stating, “the system CANNOT be approved for the following reasons.”

1. The system that was installed is smaller than what was required on the permit. The permit required 900 square feet, but only 875 square feet was installed. The 875 square foot system may still be approved if the water treatment discharges (the water softener and iron curtain) are disconnected from the septic system.
2. The permit also showed where the drainage bed was supposed to be installed. That location was based on the soil test taken 34 feet south and 31.5 feet east of the southeast corner of the house. This is shown on the permit dated 10/16/2025 (FAC-026089).
3. The installed drainage bed is now located 37 feet south of the original soil test area. Before this location can be approved, the BHSJCHA must complete more soil tests to make sure the soil type, soil texture, and seasonal water table are similar to the original test results.
4. If the new soil tests show important differences that could affect how the septic system handles wastewater, the system will need to be moved to the original approved location.

“In regard to an acceptable method of discharging water treatment discharge, that ultimately would not fall under the BHSJCHA's purview. I can affirm that our Agency's Environmental Health Code does not consider water softener discharge to be "sewage" so it does not require to be sent to a septic system or municipal sewer. I have seen water softener discharge routed to a dry well, onto the ground surface or into a sump pit which is directed to the ground.”

“Please note that a non-approval letter will be sent that emphasizes this information above. Once corrections have been made and verified by this office, an approval letter can then be issued.”

*** So now, we have two times our system was approved and, again, failed!! Twice!!!

What is going on? Clearly there is a problem with communication, a disconnect between everyone in the department. We are getting the brunt of the inadequacies of the health department.

If a 2,300-gallon tank isn't big enough to handle the discharge amount, how in the world did a 1,000-gallon tank get approved?

Do you know what it is like to come home every day and know we have to smell sewage in our home? Every. Single. Day. For over a year! Over 365 days!

I called the LARA board and didn't get a response. If they were to say, it is up to the local health department, then where does that leave us!! We are at the mercy of the local health department and looked what happened. We have two septic systems that we can not use that the health department approved and then not approved.

In closing,

We have paid almost \$30,000 to fix the problem, only to be told the new system ISN'T installed correctly!!! This is so unfair, it sickens us. Being forced to pay nearly \$30,000 for a problem that should never have occurred feels profoundly unfair and has caused us significant distress. Clearly, we are paying for some other people's mistake.

Based on the issues we are having, we feel extremely overwhelmed and heartbroken with this situation and the justice system. We went ahead with the septic system replacement.

We do not believe this is fair given the circumstances and all the evidence we have.

This is truly a travesty of justice. We view the circumstances created by the health department, with none of them willing to address our concerns, as a profound injustice that has left us heartbroken.

We have been carrying this septic system mess for so long; it is draining us emotionally, financially, and mentally. Anyone in our position would feel heartbroken — it's not just a "house problem." It's our home, our retirement home, our sanctuary, from the world that our children can come home and renew themselves, it is our safety, our savings, and our peace of mind. We have been fighting for something that should have been done right from the beginning.

It's exhausting to keep pushing when you feel like no one is listening, especially when you've been treated so unfairly and left to pick up the pieces. Heartbreak isn't only about relationships — it's also what happens when people, systems, and professionals you rely on let you down.

Again, our home is supposed to be your sanctuary. Instead, it became a source of anxiety, inconvenience, and fear of further problems. It feels like we lost another house to negligence. The first on fire and now this.

Feeling ignored, dismissed, or blamed by the very people who caused the problem — that hurts on a level most people never have to experience. We trusted the health department, and the system that was supposed to protect us.

Feeling like no one is being held accountable is its own kind of heartbreak.

We aren't trying to be over dramatic, but with me being a veteran, serving my country, knowing we have the greatest country in the world, it is so disheartening to see we don't even have a chance to be made whole.

It's disheartening because we shouldn't have to fight this hard. We shouldn't have had to pay tens of thousands for someone else's negligence. And we shouldn't feel abandoned in our own community.

We are allowed to feel disappointed. We are allowed to feel discouraged. We are allowed to feel let down. We deserve to be made whole.

Thank you again for listening to us.

Sincerely and with much heartache,

Bill & Gretta Schermerhorn

In addition,

It now appears the health department is trying to make us put in a dry well to handle the discharge from the water softener/iron curtain.

This is what it would entail at great expense to us....

- Getting bids from at least three bids from different trades
 - o Plumber
 - o Construction
 - o Electrical
 - o Pulling a permit for all trades
 - o Once complete, an inspection from all the trades
 - o And who knows what else.
- The current mechanics room is too small and compact to include anything else.
- It would require us to move out the furniture in the bedroom
- It would require removing an interior wall.
 - o Remove the dry wall
 - o removing the flooring,
 - o removing the studded wall
 - o It would require jackhammering a hole in the finished basement floor, in the bedroom next to the mechanics' room.
- Which would mean we would lose a bedroom to accommodate the sump pump.
- It takes away from the total appraised value of the home, for resale value.
- Purchasing a sump pump
- Installing drain tiles
- Purchasing a large enough tank to accommodate at least 370 gallons of discharged water every twelve days. Perhaps a 500 gallon tank.
- It would mean proper drainage around the foundation of the home
- Will need a battery backup system for power outages.
 - o We just lost power for half a day on Sunday.
- It would require a dedicated circuit in the electrical panel.
 - o That means we must get a subpanel to the main panel because there aren't openings available in the main panel.
- Once completed
 - o We will need to rebuild a wall in the bedroom, to separate the addition to the mechanics' room.

- Hang drywall
 - Nails
 - Mud
 - Tape
 - Paint it again
- Clean up the mess
- Replace the flooring
- Sell our furniture because now it doesn't fit in the smaller space.
- It isn't a bedroom anymore
- The list goes on and on.
- It may seem silly to list all the things that need to be completed in order to remove the water softener from the system, but these are the facts.
- It would cost us thousands of dollars, when there are millions of Michiganders that have the softener going into the septic system.
 - There are approximately 1.4 million homes with septic systems where they route the discharge into the septic system.
- According to the Water Quality Association and NSF International, headquartered in Ann Arbor, show that the salty brine discharge does not harm the beneficial bacteria in the septic tank.
- They also state it improves the performance. Calcium and magnesium Ions and the discharge actually aid the settling of the solids in the tank, meaning cleaner effluent goes out to the drain field.
- Better soil percolation: the minerals released during the softener's regeneration process can slightly improve soil permeability in the drain field preventing clogs.

Is it standard, acceptable, practice to deviate somewhat from the permit to move a drainfield a little here, a little there? If it is standard practice, if not, then the installers need to know to go by the letter of the law.

Our installer has been installing septic tanks for 40 years and he didn't seem concerned about it being off a little.

We feel we are being singled out because we are questioning the integrity of the first installation and now, clearly, the second installation, and the health department's practices. It seems the left hand doesn't know what the right hand is doing.

It is difficult to comprehend how this occurred.

We feel they are making it difficult for us to get on with our lives. We just want a working system and a clear path forward. The ongoing difficulties and uncertainty have made it challenging for us to move on and return to normal daily life.

Excerpt from email received on 5/21/2026 from Ms. Gretta Schermerhorn.

I also made a couple of final thoughts.

* There isn't any shame in admitting everything didn't go to plan. People make mistakes. Let's make the corrections. Get more training, more schooling or training. Perhaps even policy changes, so this doesn't happen to anyone else.

* There are many people who know about our situations. It is disheartening that not one person picked up the phone to call us, text us or emailed us to see how they could help. Not one person came out to our property to put eyes on the mess we are going through. To sit down and have a cup of coffee. Perhaps discussions could have made a difference, perhaps we wouldn't be in the situation we are in now. A little empathy and compassion can go long way.

Re:Board of Health meeting.

burnsr@bhsj.org | THU APR 9 4:15 PM | 4 minute(s) read

Mrs. Schermerhorn,

We are in receipt of your email. So that we can best respond I would like to schedule a meeting to discuss your concerns. Are you available to meet on Tuesday, April 14th, anytime between 1:30 and 4:00 pm?


You would be meeting with myself, Environmental Health Director Joe Frazier, and if available Environmental Health Supervisor Kyle Moore.


I look forward to hearing from you,
Rebecca

Rebecca A. Burns, MPH RS

Health Officer   



 517-933-3040

 269-501-2503

 burnsr@bhsj.org

 www.bhsj.org

 570 Marshall Rd, Coldwater, MI 49036

The content of this email is confidential and intended for the recipient specified in message only. It is strictly forbidden to share any part of this message with any third party, without a written consent of the sender. If you received this message by mistake, please reply to this message and follow with its deletion, so that we can ensure such a mistake does not occur in the future.

From: Gretta Schermerhorn <gretta62@yahoo.com>

To: "Burnsr@bhsj.org" <Burnsr@bhsj.org>, "frasierj@bhsj.org" <frasierj@bhsj.org>, "hoffmasterj@stjosephcountymi.gov" <hoffmasterj@stjosephcountymi.gov>

Date: Tue, 07 Apr 2026 21:09:20 -0400

Subject: Board of Health meeting.

Dear Members of the Health Board,

My husband and I are writing to formally request assistance and guidance regarding a serious issue with our septic system.

In April 2019, our home was destroyed in a devastating fire, and we lost everything. After much effort, we rebuilt our home on the same property, relocating it further back on our ten-acre parcel. Construction was completed, and we moved into our new home on May 28, 2021.

For some time, everything appeared to function properly. However, approximately a year and a half ago, we began noticing persistent wet areas in our yard. Initially, we attributed this to seasonal rain and snowmelt. Over time, the issue worsened, prompting concern that something more serious was occurring.

After discussing the situation with family members, we contacted a professional to inspect the system. Lee Zimmerman evaluated the property and informed us that the drainfield had failed. Lee Zimmerman determined the septic system failed within the first six month to eight months. Following this, we hired Clean Earth Environmental to conduct a more detailed assessment to determine the cause of the failure. We have those reports.

We are now facing a significant and unexpected septic system issue and replacement at a significant cost, which we already paid for once and are continually paying for it through our mortgage. We are seeking the Health Board's assistance in understanding our options.

Given the circumstances surrounding the rebuild after our house fire, we are especially concerned that the system was not properly installed correctly. From the tank size and the drainfield installation.

We would be grateful for the opportunity to discuss this matter further and provide any documentation or reports you may need. There is more information I can share at the meeting.

Thank you for your time and consideration.

Bill & Gretta Schermerhorn

54018 DeLong Rd.

Marcellus, MI 49067

Flowerfield Township

Bill & Gretta Schermerhorn

54018 Delong Rd Marcellus, MI 49067 269-718-7067 (G) 269-718-2216 (B)

Gretta62@yahoo.com

April 14, 2026

We appreciate the time you are taking to hear about our septic system issue.

This is a letter to fully understand our position.

We built a new home after we lost our home to a fire. When they installed our septic system, it wasn't installed according to the permit and subsequently, it failed. According to Lee Zimmerman, when he came out to investigate the failure, he determined it "failed with in six months to eight months."

We are harmed personally, financially, emotionally, environmentally, and economically.

- A. Personal harm & emotional harm
- B. Financial harm
- C. Violation of Consumers Rights
 - a. Lack of proper inspections or approvals
 - b. Approvals granted when the installation did not meet standards.
- D. Under the Consumers Protection law gives us the right to seek compensation, claim negligence, and hold people accountable.
- E. Qualification of a harmed consumer:
 - a. We paid for a proper septic system but did not receive it.
 - i. MI law expects contractors to perform work to code
 - b. The system failed prematurely
 - i. A properly installed system should last 20-30 years
 - ii. We were told by the health department that the failure was because of hydraulic overload and soil clogging.
 - 1. Hydraulic overload is when a septic system receives more wastewater than the system can absorb.
 - 2. The system was installed to accommodate six people.
Ie: three bedrooms.
 - 3. It has only been Bill and I here, so that doesn't seem correct.
 - 4. Soil clogging is when the soil around the drainfield becomes "sealed off" and can no longer absorb water.

D. Reasons for soil clogging.

- a. It is a sign of failing or improperly installed drainfield.

Our home is supposed to be your sanctuary. Instead, it became a source of anxiety, inconvenience, and fear of further problems.

We relied on our health department's professionalism, to protect us from these problems, but we did not get it.

Here are a few examples...

A. Misrepresentation

- The builder made a factual statement, (contract) that we would get a working system
- We relied on this statement
- Because we relied on the builder's assurances, a legitimate expectation was created that the septic system would be installed correctly and without defects."
- That expectation turned out to not happen.
- The health dept was supposed to protect us from incompetent workmanship by the contractor and installer.
- We suffered damage because of it

B. Negligence

- He had a duty to install it correctly and to follow the codes and regulations
- We relied on, and we expected him to install and perform the build professionally
- We have damaged property, loss of use, replacement costs of the septic system plus electrician
- A builder with forty years of building homes with septic systems, should meet the standard of care
- Deviation from permit
- The health department approved the system. You confirmed the system was installed correctly.

C. Reliance: having trust or depending on someone.

- We bought our home after a house fire, we lost everything in April 2019
- We moved into this home May 28, 2021
- We have always used the system correctly in a normal and reasonable manner
- We relied on the builder to follow codes and regulations
- We trusted the builder's workmanship
- There is no hydraulic overload
- We relied on the experts of the health department to inspect the system.

D. Negligence per se

- The code violation itself constitutes a breach of the duty owed to us as homeowners. We were entitled to expect that a licensed installer would follow all applicable codes, standards, and installation requirements. The failure to comply with these mandatory codes is, in itself, evidence of negligence per se.
- The system was not built according to the permit and was approved by the health department.

E. Expectation of the original system

- We expected to have a functional system
- We expected not to have backups or flooding
 - o bathroom smell
 - o trench in yard
- We expected to have normal use of home
 - o We can't use our bathroom
 - o We expected not to have significant property damage with a trench running in our yard. We can't use our yard because of sewage running through it
- The expectation comes from the professional role of the health department.

F. Representation

- He said that he installed the system correctly
- That he built the system to code
- It was built on proper soil
- Not near a clay layer
- He represented that he installed the system to handle normal use
- These representations formed the basis of our reliance on the builder's work and contributed to our reasonable expectation that the system would function safely and effectively.
- The health department approved the system even though there were several codes that were not followed.

G. Expectation

- We expected a fully functional system
- We expected not to have backups or runoff in our yard
- We expected to be able to use our home in the way it was built for.
- We expected to be able to use our bathroom and not to have to move out of our bathroom and bedroom.
- The system was supposed to be designed to ensure the safety of our home and property.
- We didn't expect replacement costs

It appears to us that the disregard for the required permits, codes, and installation standards for our septic system has caused significant harm to our family and property. Our family has been exposed to raw sewage while moving through the yard, and we have been unable to use our outdoor spaces because of sewage discharge.

Accessing areas such as our fire pit would require walking through sewage. Even if we walked around the sewage, we are unable to enjoy our property because of the smell of and seeing the sewage. These conditions have caused not only physical hazards but also extreme embarrassment and humiliation for our family.

This ordeal is affecting our retirement. This issue has created a huge financial burden for us. We have worked our whole life for retirement and now we have to take some of our retirement funds to fix a problem that never should have happened and that we have already paid for.

It begs the question? What is the point of a permit and codes if you don't abide, adhere, obey, follow, uphold, comply and respect them? The word "shall" is throughout the code system, meaning that it "must", to indicate mandatory requirements, compulsion, obligation and necessity. Imposes a duty that must be fulfilled. No alternatives.

The health department professionals who have decades of experience of approving septic systems for homes, is generally expected to be familiar with proper installation procedures and local codes.

Experienced sanitarians are held to a higher standard of care due to their training and expertise. Because of the issues we are experiencing with the septic system, it is clear that this standard was not met, resulting in significant harm and hardship for our family.

It also appears that numerous codes were disregarded, to name a few.

1. Article III- Technical definitions On-site sewage disposal

A. 308 – fill sand

B. 313 – Percolation test. No perk test was completed.

C. 318 – Excluding water softeners from the septic system.

D. 321 – Sewage system failure (B).

E. Article IV – General Provisions on Site Sewage Disposal

- 401 – It shall be unlawful to discharge or permit sewage to be deposited, upon the ground surface.

F. 702.3 - Multiple tanks

G. 702.7.1 Single family Residential Premises Capacity

Table VII – B - Tank size for size of home

We need to monitor our septic tank to prevent sewage backups going into our home. When the tank nears the inlet pipe, we must call a septic company to pump it for an additional cost.

Even though we want to be made whole, as a result of the investigation we did, it seems, because so many codes were not followed and gross negligence of the process, which is showing intentional and reckless disregard for the safety of our family and property, it is a departure from the standard of care that a reasonable person would exercise under similar circumstances. Also, a failure to act or have the slightest care, creating an unreasonable risk of harm to us and our property.

We feel we should be compensated for our loss of use of our property, our time, and our financial output. Either through punitive damages, which is acting with reckless disregard for us and our property, or compensatory damages, actual and general. Actual loss of funds, and general, emotional distress, pain and suffering, and loss of enjoyment of our property. Especially since a septic system failure can create direct physical hazards, health risks, and substantial disruption of daily life

This whole situation has affected our home life, our finances, the stress we are under, not knowing if we have to pay thousands of dollars out of our pocket to fix something we already paid for. It isn't fair we have to go through this.

Spending hours upon hours researching codes, regulations, time wasted looking up definitions, just to be able to understand the basics. Coordinating with contractors, cleaning up backups, and researching solutions. Time spent dealing with health department personnel. We waited nearly three months to get a new permit that should have taken up to ten days. When the new permit was pulled, I was discussing the situation with the health department staff and the sanitarian. I was told we should be able to get the permit in a week. We didn't get the permit. We had to contact our county commissioner to get involved. We got the permit within two days after almost three months of waiting for it, after contacting our county commissioner. We also incurred travel and transportation costs.

Spending time interviewing other septic installer companies, spending an hour and half or more trying to explain what we think, and what some of the conclusions have borne out, just to get a bid. As a result of all that, the rest of our property is getting put on the back burner because all our time is spent trying to get through this. Sleepless nights, crying a lot because we don't know what to do or how to handle it.

The stress, anxiety, health concerns, and unnecessary frustration caused by this situation have become overwhelming. It has been an extremely difficult feeling as though no one cares about

what we are going through. No one involved has even asked to come out to the property to see the issues firsthand. It feels as though, once they received their payment, their responsibility ended.

We spent countless hours late into the night—trying to document everything and put this together. The emotional strain of having to relive these events while trying to advocate for ourselves has taken a real toll. At times, the situation feels too much to handle.

Below is a list of out-of-pocket expenses, so far.

Out of pocket expenses

1. Garrett Lab.
 - a. Niles, MI
 - b. \$215.96
 - i. BOD testing
 - ii. Drinking water testing x 2
 - iii. TSS testing
 - c. Milage to Niles, MI and back
 - i. 37 miles x 6. there and back from home, 3 times.
 - ii. \$155.40 @ .70 cents per mile, per Michigan IRS standard.
2. Clean Earth Environmental
 - a. \$825.75
 - i. Investigating the cause of a failed septic system.
3. Attorney Fees
 - a. \$3,500. Actual is \$4,100, before taxes
4. New Permit
 - a. \$235.00
 - b. \$10.38 for a registered letter to health dept
 - i. We were not receiving our permit from Mr. Zimmerman saying we would get it, 2x
 - ii. We filled out and mailed a complaint form to health dept.
 - c. We received a permit after we called our county commissioner.
 - i. We forwarded the emails to Jarod Hoffmaster of the emails Lee Zimmerman said he would have the permits but did not produce.
 - d. Replacement of blueberry plants @ \$15.00 each x 15 = \$225.00
 - i. I was going to plant them but Lee Zimmerman said to wait because he said he may have to put the drainfield where I wanted to plant the blueberry bushes.
 - ii. Then he never let us know. Took three months to get permit.
 - e. \$27,542.49 this includes up to \$5,000 the cost of an electrician.

- i. \$5,542.49- misc. costs, as above
- ii. \$17,000 for new septic system and additional tank
- iii. \$5,000 for an electrician for installation of pump station and..
- iv. We may have to get another electrical panel because the one we have has no openings.

Total- \$27,767.49

Having to pay almost \$30,000 is so unfair, it sickens us. Being forced to pay nearly \$30,000 for a problem that should never have occurred feels profoundly unfair and has caused us significant distress. We are paying for some other people's mistake

In closing, again, based on the issues we are having, we feel extremely overwhelmed and heartbroken with this situation and the justice system. We are going ahead with the septic system replacement ourselves. We do not believe this is fair given the circumstances and all the evidence we have.

This is truly a travesty of justice. We view the circumstances created by the builder, the septic installer, and the health department, with **none of them willing to address our concerns**, as a profound injustice that has left us heartbroken.

We have been carrying this septic system mess for so long; it is draining us emotionally, financially, and mentally. Anyone in our position would feel heartbroken — it's not just a "house problem." It's our home, our retirement home, our sanctuary, our safety, our savings, and our peace of mind. We have been fighting for something that should have been done right from the beginning.

It's exhausting to keep pushing when you feel like no one is listening, especially when you've been **treated so unfairly** and left to pick up the pieces. Heartbreak isn't only about relationships — it's also what happens when people, systems, and professionals you rely on let you down.

Again, our home is supposed to be your sanctuary. Instead, it became a source of anxiety, inconvenience, and fear of further problems. It feels like we lost another house to negligence. The first on fire and now this.

Feeling ignored, dismissed, or blamed by the very people who caused the problem — that hurts on a level most people never have to experience. We trusted the builder, the installer, and the health department, and the system that was supposed to protect us.

Feeling like no one is being held accountable is its own kind of heartbreak.

We aren't trying to be over dramatic, but with me being a veteran, serving my country, knowing we have the greatest country in the world, it is so disheartening to see we don't even have a chance to be made whole.

It's disheartening because we shouldn't have to fight this hard. We shouldn't have had to pay tens of thousands for someone else's negligence. And we shouldn't feel abandoned in our own community.

We are allowed to feel disappointed. We are allowed to feel discouraged. We are allowed to feel let down.

Thank you again for listening to us.

Sincerely and with much heartache,

Bill & Gretta Schermerhorn

800.336.3201
fax 888.336.3201
services@garrettlabs.com



garrett laboratories, inc.

p.o. box 645 nils, michigan 49120
garrettlabs.com since 1971

WATER ANALYSIS

CLIENT: BILL SCHERMERHORN

LAB#: W6164

SAMPLE ADDRESS: 54018 DELONG RD, MARCELLUS MI 49067

COLLECTION DATE/TIME: 2025-04-09 - 08:00:00AM

COLLECTION BY: BILL SCHERMERHORN

RESULTS

SAMPLE TYPE: ROUTINE DISTRIBUTION SYSTEM

SAMPLE SITE: DRINKING SPICKET

COLIFORMS: NEGATIVE /100mL

E COLI: NEGATIVE /100mL

SAMPLE SITE: DRINKING

COLIFORMS: POSITIVE /100mL

E COLI: NEGATIVE /100mL



SAMPLE SITE: SEPTIC TANK

COLIFORMS: >2419.6 /100mL

E COLI: >2419.6 /100mL

BOD: 230 mg/L

TSS: 78 mg/L

SUBMITTED BY: Carol Morris

Digitally signed by Carol Morris
DN: cn=Carol Morris, o=Garrett Laboratories, ou=
email=services@garrettlabs.com, c=US
Date: 2025.04.23 09:23:56 -0400

REPORT DATE: 04/23/2025

FEDERAL & STATE STANDARDS: COLIFORMS NEGATIVE PER 100mL

CERTIFICATION # 8003 NITRATE NITROGEN <10.0 mg/L

ARSENIC AND LEAD TEST PERFORMED BY
LABORATORY IN-C-71-01 MI-9926

ARSENIC: <0.010 mg/L (10 ug/L)
LEAD: <0.012 mg/L (12 ug/L)

Coliforms Date Time: 04/09/2025 11:45 AM (MPN) 04/09/2025 3:15 PM	E Coll Date Time: 04/09/2025 11:45 AM (MPN) 04/09/2025 3:15 PM	Nitrate/Nitrites Date Time Tested:			
Colitag	By: AR/AG	Colitag	By: AR/AG	Easy Chem Analyzer	By:

April 15, 2025

Garrett Laboratories, Inc.
408 N. 3rd St.
Niles, MI 49120

RE: W6164

Order No.: 2504804

Dear Mr. Brandon Garrett:

[Guide to Reading Lab Result](#)

Prein&Newhof Laboratory received 1 sample(s) on 4/10/2025 on your behalf. Your test results are provided in your Prein&Newhof Laboratory analytical report. Please carefully review your analytical report, noting the following.

- You can be assured that the sample results meet the Safe Drinking Water Criteria as no analyte tested exceeds the EPA Maximum Contaminant Level unless indicated by an " * " in the "Qual" column.
- You can be assured that all samples were received and analyzed within required holding times unless noted by a "H" in the "Qual" column.
- You can be assured that all quality control data is within laboratory-defined or method-specified acceptance limits unless defined by the addition of an attached Case Narrative document.
- When testing for PFHxS, PFOA, PFOS, MeFOSAA, and EtFOSAA results include both branched and linear isotopes. We extract a Method Blank and analyze it with the preparation batch. Method Blank analytes are within the Reporting Limit (RL).

We use EPA Approved Methods for all regulated parameters. EPA Lab #: MI000014

We are certified by the State of Michigan for Drinking Water Analysis for: Coliform Bacteria, Metals, Cyanide, Minerals, Anions, Volatile Organics, THM's, Haloacetic Acids, and PFAS.
Michigan Lab ID#: 0020

To learn more about interpreting your Drinking Water Test Results and reading your Lab Report, follow the link above to view our "Guide to Reading Lab Results". If you have any concerns about your test results or need additional help, please call: 616-364-7600 or email me: sbylsma@preinnewhof.com.

Thank you for trusting Prein&Newhof with your testing needs.

Sincerely,



Steve Bylsma
Laboratory Manager

Original

Page 1 of 3

(DW)
 WO#: 2504804
 Date Reported: 4/15/2025

CLIENT: Garrett Laboratories, Inc.	Collection Date: 4/9/2025 8:00:00 AM
Project: W6164	Received Date: 4/10/2025 11:30:00 AM
Lab ID: 2504804-01	Matrix: WASTEWATER
Client Sample ID: 54018 Delong Rd.- Septic Tank	Sampled By: Bill S.
Location:	

Analyses	Result	RL	Qual	Units	MCL	Date Analyzed
----------	--------	----	------	-------	-----	---------------

BOD, 5 DAY				SM5210B-2016	A5210B	Analyst: SJ
Biochemical Oxygen Demand	230	2.00		mg/L		4/15/2025 3:00:00 PM

Qualifiers:	< Not Detected at the Reporting Limit	H Holding times for preparation or analysis exceeded
	MCL Maximum Contaminant Level	PL Permit Limit
	RL Reporting Limit	

Original Page 2 of 3



Garrett Laboratories, Inc.

408 N. 3RD ST.
NILES, MI 49120 US
(800) 336-3201
services@garrettlabs.com
garrettlabs.com

INVOICE

BILL TO
BILL SCHERMERHORN
BILL SCHERMERHORN

INVOICE W6164
DATE 04/23/2025
TERMS Net 30
DUE DATE 05/23/2025

DESCRIPTION	AMOUNT
ADDITIONAL WATER SAMPLE FOR COLIFORMS, E. COLI, 2 @ \$27.80	55.60
MPN - WATER SAMPLE FOR COLIFORMS, E. COLI, 1 @ \$39.56	39.56
BOD SAMPLE, 1 @ \$68.00	68.00

A \$48 late fee will be assessed to past due invoices.

SUBTOTAL	163.16
TOTAL	163.16
PAYMENT	163.16
BALANCE DUE	\$0.00

PAID

Garrett Laboratories, Inc.

408 N 3rd St
Niles, MI
49120
(269) 683-3200
garrettlabs.com

April 9, 2025
9:36 AM

Pay invoice

Receipt: Xj8g
Authorization: 009088

Mastercard
AID Au 00 00 00 04 10 10

FOR HERE

Custom Amount	\$163.16
Total	\$163.16
Mastercard 2948 (Chip)	\$163.16
William P Schermerhorn	

Thank you for your business!

800.336.3201
fax 888.336.3201
services@garrettlabs.com



garrett laboratories, inc.

p.o. box 645 nils, michigan 49120
garrettlabs.com since 1971

WATER ANALYSIS

CLIENT: BILL & GRETTA SCHERMERHORN

LAB#: W6197

SAMPLE ADDRESS: 54018 DELONG RD, MARCELLUS MI 49067

COLLECTION DATE/TIME: 2025-04-14 - 09:37:00AM

COLLECTION BY: BILL & GRETTA SCHERMERHORN

RESULTS

SAMPLE TYPE: ROUTINE DISTRIBUTION SYSTEM

SAMPLE SITE: DRINKING FAUCET

COLIFORMS: NEGATIVE /100mL

E COLI: NEGATIVE /100mL

SAMPLE SITE: SEPTIC TANK

TSS: 78 mg/L

SUBMITTED BY: Carol Morris

Digitally signed by Carol Morris
DN: cn=Carol Morris, o=Garrett Laboratories, ou
email=services@garrettlabs.com, c=US
Date: 2025.04.23.09.39:44 -0500

REPORT DATE: 04/23/2025

FEDERAL & STATE STANDARDS: COLIFORMS NEGATIVE PER 100mL

CERTIFICATION # 8003 NITRATE NITROGEN <10.0 mg/L

ARSENIC AND LEAD TEST PERFORMED BY

ARSENIC: <0.010 mg/L (10 ug/L)

LABORATORY IN-C-71-01 MI-9926

LEAD: <0.012 mg/L (12 ug/L)

Coliforms Date Time: 04/14/2025 3:40 PM Colitag	By: AMG	E Coli Date Time: 04/14/2025 3:40 PM Colitag	By: AMG	Nitrate/Nitrites Date Time Tested: Easy Chem Analyzer	By:
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April 17, 2025

Garrett Laboratories, Inc.
408 N. 3rd St.
Niles, MI 49120

RE: W6197

Order No.: 2504A46

Dear Mr. Brandon Garrett:

[Guide to Reading Lab Results](#)

Prein&Newhof Laboratory received 1 sample(s) on 4/15/2025 on your behalf. Your test results are provided in your Prein&Newhof Laboratory analytical report. Please carefully review your analytical report, noting the following.

- You can be assured that the sample results meet the Safe Drinking Water Criteria as no analyte tested exceeds the EPA Maximum Contaminant Level unless indicated by an " * " in the "Qual" column.
- You can be assured that all samples were received and analyzed within required holding times unless noted by a "H" in the "Qual" column.
- You can be assured that all quality control data is within laboratory-defined or method-specified acceptance limits unless defined by the addition of an attached Case Narrative document.
- When testing for PFHxS, PFOA, PFOS, MeFOSAA, and EtFOSAA results include both branched and linear isotopes. We extract a Method Blank and analyze it with the preparation batch. Method Blank analytes are within the Reporting Limit (RL).

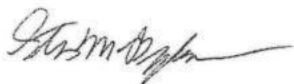
We use EPA Approved Methods for all regulated parameters. EPA Lab #: MI000014

We are certified by the State of Michigan for Drinking Water Analysis for: Coliform Bacteria, Metals, Cyanide, Minerals, Anions, Volatile Organics, THM's, Haloacetic Acids, and PFAS.
Michigan Lab ID#: 0020

To learn more about interpreting your Drinking Water Test Results and reading your Lab Report, follow the link above to view our "Guide to Reading Lab Results". If you have any concerns about your test results or need additional help, please call: 616-364-7600 or email me: sbylsma@preinnewhof.com.

Thank you for trusting Prein&Newhof with your testing needs.

Sincerely,



Steve Bylsma
Laboratory Manager

(DW)

WO#: 2504A46

Date Reported: 4/17/2025

CLIENT: Garrett Laboratories, Inc.
Project: W6197
Lab ID: 2504A46-01
Client Sample ID: W6197- 54018 Delong Rd.
Location:

Collection Date: 4/14/2025 9:37:00 AM
Received Date: 4/15/2025 10:00:00 AM
Matrix: AQUEOUS
Sampled By: Bill/Greta S.

Analyses	Result	RL	Qual	Units	MCL	Date Analyzed
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SOLIDS, TOTAL SUSPENDED

SM2540D-2020

Analyst: SJ

Suspended Solids (Residue, Non-Filterable)

78.0

4.00

mg/L

4/17/2025 2:17:32 PM

Qualifiers: < Not Detected at the Reporting Limit
 MCL Maximum Contaminant Level
 RL Reporting Limit

H Holding times for preparation or analysis exceeded
 PL Permit Limit



Garrett Laboratories, Inc.

408 N. 3RD ST.
NILES, MI 49120 US
(800) 336-3201
services@garrettlabs.com
garrettlabs.com

100
100
100
100
100
100
100

INVOICE

BILL TO
BILL SCHERMERHORN
BILL SCHERMERHORN

INVOICE **W6197**
DATE **04/09/2025**
TERMS **Net 30**
DUE DATE **05/09/2025**

DESCRIPTION	AMOUNT
WATER SAMPLE FOR COLIFORMS, E. COLI, 1 @ \$27.80	27.80
WATER SAMPLE FOR TSS , 1 @ \$25.00	25.00

A \$48 late fee will be assessed to past due invoices.

SUBTOTAL	52.80
TOTAL	52.80
PAYMENT	52.80
BALANCE DUE	\$0.00

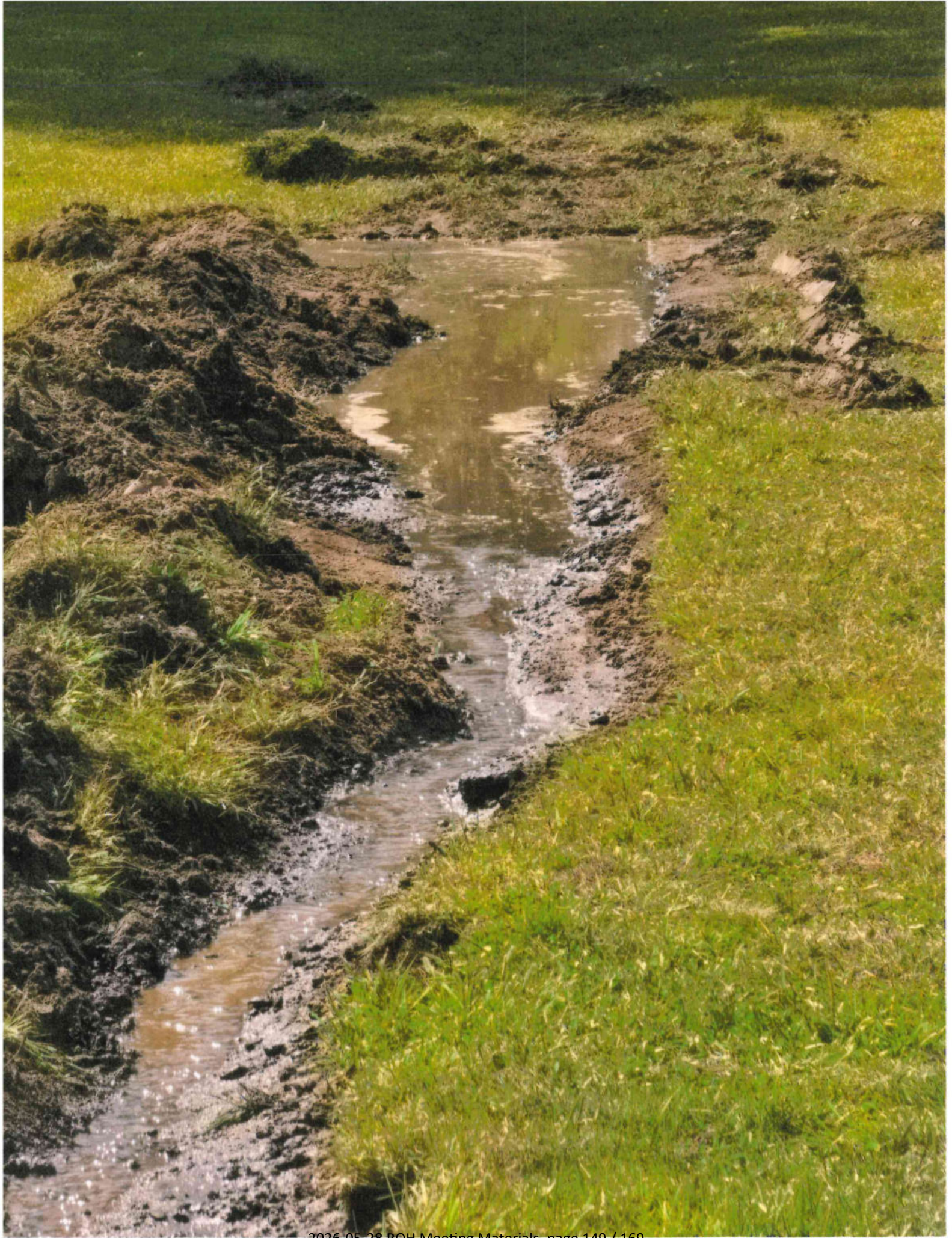
PAID

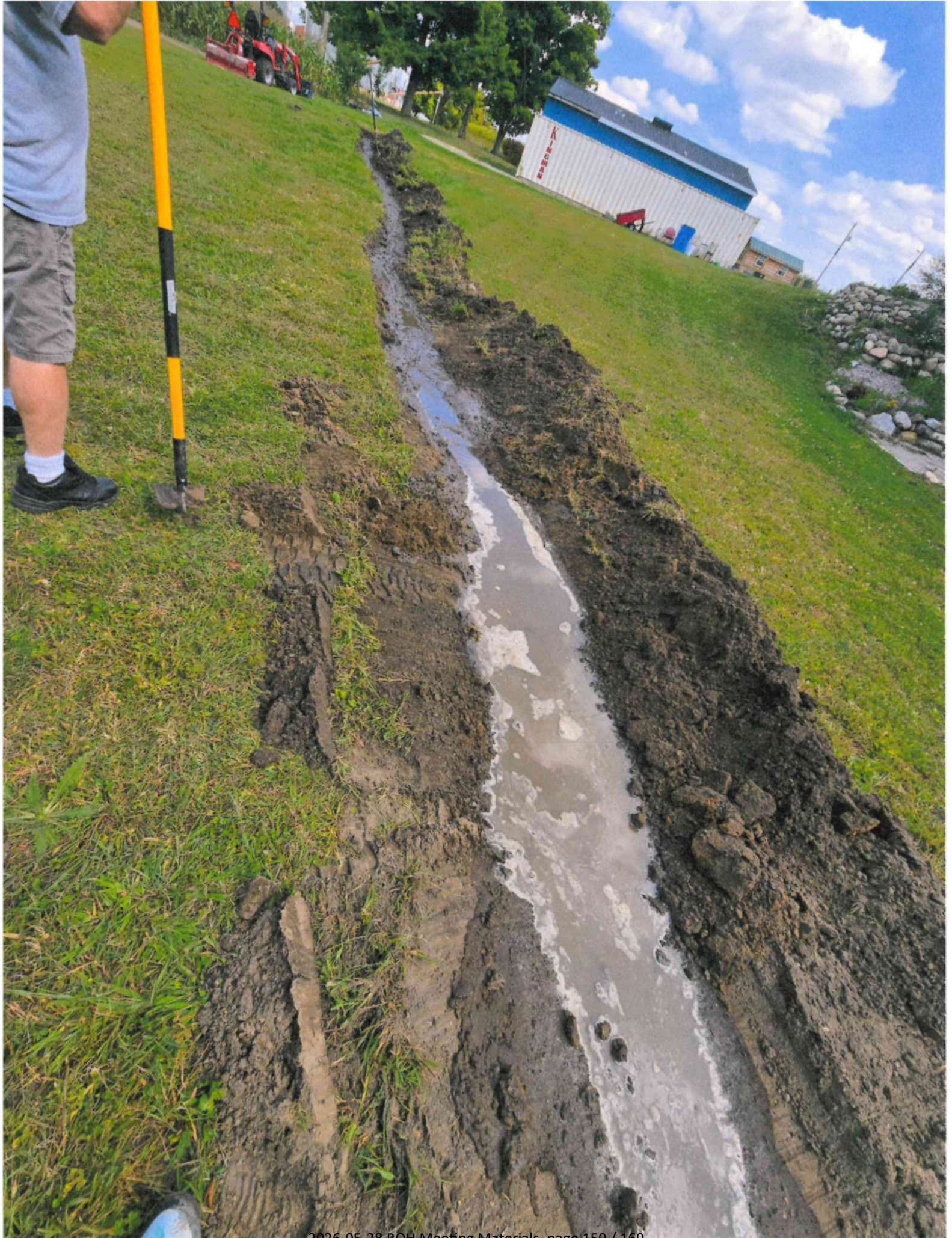
Pay invoice













Branch-Hillsdale-St. Joseph Community Health Agency

www.bhsj.org

570 Marshall Road 20 Care Drive 1110 Hill Street
 Coldwater, MI 49036 Hillsdale, MI 49242 Three Rivers, MI 49093
 (517) 279-9561 ext. 106 (517) 437-7395 ext. 311 (269) 273-2161 ext. 233

Office Use Only	
Date Received	<u>7-20-20</u>
"C" Receipt #	<u>68490</u>
Received by	<u>SRH</u>
Amount Received	<u>390⁰⁰ CL# 17818</u>
Township Code	<u>FF</u>
Section Number	<u>28</u>
Record Search by	<u>SH</u>

APPLICATION FOR:

Sewage Permit (\$197) 390⁰⁰ CL# 17818

Well Permit (\$193)

Site (vacant land) Evaluation (\$134)

Make checks payable to: "Community Health Agency" (Drivers license number must be on all personal checks) (Signature below and payment of fees indicate that the applicant has or will provide all necessary information accurately. No refund will be available after staff has provided field assistance. There is a \$25.00 handling fee charged if no field service has been provided.)

Address/Location 54018 Delong Road

Subdivision _____ Lot # _____ Property Tax ID # 75-007-028-004-000

Owners' Name: Bill & Gretta Schemerhorn Phone: 269 718-7068

Owners' Current Address: 54018 Delong Road City: Marcellus State MI Zip 49067

Contractor or Contact Person David Roberts Phone: 269 375-5094

Address 1019 Greenway Terrace City: Kalamazoo State MI Zip 49006

Send Permit to: Owner Contractor or Contact Person
 Email Address: davidrobertshomes@hotmail.com

	Existing	Proposed
# of bedrooms	_____	<u>3</u>
# of bathrooms	_____	<u>2</u>
# of occupants	_____	<u>2</u>
Water softener?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Garbage disposal?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Fuel oil tank?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Previous Health Dept. Site Evaluation Yes No

THE FOLLOWING ANSWERS MAY HELP US LOCATE EXISTING PERMITS ALREADY ON FILE

Check here if there is WELL SEPTIC system on site.

When was home built? -

Name of original owner? -

Name(s) of previous owners? -

Property size 10 Acres +/-

TOWNSHIP ZONING PERMIT# _____

APPLICANT MUST INCLUDE SKETCH OF:

1. site boundaries and property dimensions
2. locations of all buildings and driveways
3. locations of existing well and/or sewage system
4. prominent landmarks on or near the site (surface water, fences, large trees, buildings, neighboring houses, etc.)
5. wells, sewage systems, and fuel tanks on adjacent lots
6. indication of the direction (north arrow)

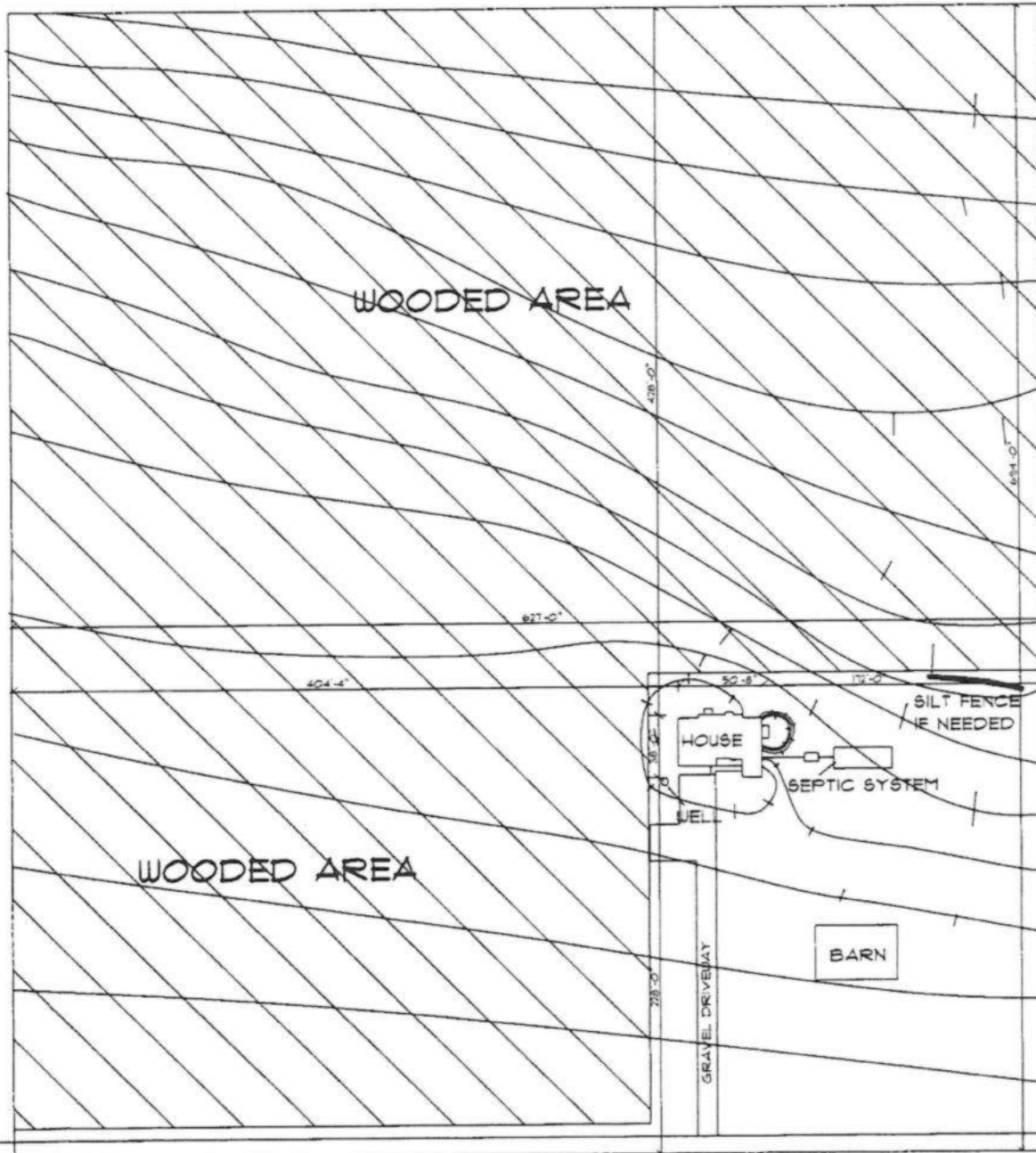
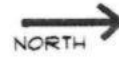
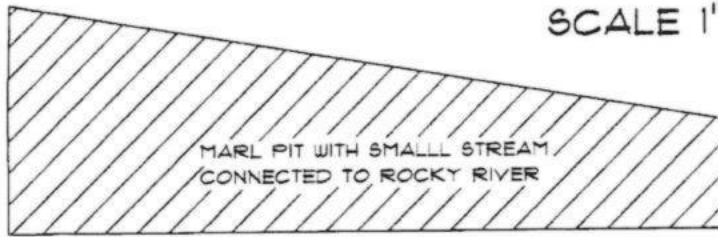
I, the owner or the owner's representative, agree to allow the representative of the Community Health Agency access to the described parcel to perform necessary tests and observations. The applicant certifies that the information contained in this application is complete and accurate to the best of their knowledge.

Signature [Signature]

Date 7-20-2020

SITE PLAN

SCALE 1" = 100'



5401B DELONG ROAD

BURLEU ROAD

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

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 River, MI 49093
(269) 273-2161 ext. 233#

SEPTIC SYSTEM CONSTRUCTION PERMIT Permit # S 38564

Application Receipt Number 68490		Property Identification Number 75-007-028-004-00		
Township Name Flowerfield	Section 28	Building number and Road name 54018 Delong Road	Subdivision/Site Condominium N/A	Lot # N/A
Property Owner: Bill and Greta Schemerhorn		Soil and Site Evaluation Report: (This information is provided ONLY to establish the soil permeability and to describe any restrictions on soil adsorption system design. DO NOT assume that a basement installation will be feasible using the details from this soil evaluation) Soil exposure: <input checked="" type="checkbox"/> auger <input type="checkbox"/> backhoe cut <input type="checkbox"/> other		
Mailing Address: 54018 Delong Road				
City: Marcellus MI 49067				
Issued by: Bengt Alfberts Date: 08/04/20 (Health Officer/Representative)		Soil Depth Range(inches)(qualifier) Soil Texture Presence of Mottles (Y or N) 0-10 (Topsoil) Brown SL N 10-20 Reddish Brown SCL N 20-32 Reddish Brown SCL N 32-48 Tan S N 48-60 Highly mottled to Semi-saturated 6LEY S 48+ Y		
Building Information: New <input checked="" type="checkbox"/> Single-family (P) <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Apartment (C) <input type="checkbox"/> Alteration <input type="checkbox"/> Other Commercial: <input type="checkbox"/> Number of Bedrooms: 3 Industrial Agricultural Institutional <u>water softener</u> <u>garbage disposal</u>		* End of Bore * (Qualifier may be soil color or other texture description) Soil Texture Codes: S-sand LS-loamy sand SL-sandy loam CSL-coarse sandy loam VFSL-very fine sandy loam Si-Silt L-loam SIL-silt loam CL-clay loam SCL-sandy clay loam SiCL-silty clay loam SC-sandy clay SiC-silty clay C-clay		
Well Permit Number 36791 WSSN _____		Limiting layer/water table 48" inches below ground surface <input checked="" type="checkbox"/> impermeable soil (SC, SiC, C) <input checked="" type="checkbox"/> saturated (seasonal) perched, permanent) <input type="checkbox"/> muck <input type="checkbox"/> marl <input type="checkbox"/> compacted glacial till <input type="checkbox"/> no limiting layer was observed		
This permit authorizes the construction, repair, enlargement or relocation of the sewage disposal system in accordance with plans and information contained in the approved application submitted to the Community Health Agency. Work authorized by this permit shall be subject to any special conditions or requirements as noted on the permit and shall comply with all requirements of the <u>Environmental Health Code for Branch, Hillsdale, and St. Joseph Counties, Michigan</u> . It shall be unlawful for any sewage system constructed under the authority of this permit to be placed in operation without the prior approval. Installer must contact county office for an inspection before final cover is applied.		Soil profile location: 43 S 11 W off proposed home SE corner 13 N 110 E off exist barn SE corner Soil Survey series name (if known) Kalamazoo Loam		
System Design Layout (Permit page 2) must be attached to copies made of this permit.		Elevated Drainfield Deed Addendum N/A Other Deed Document N/A		

REMINDER: Call MISS DIG before excavation 800-482-7171

PERMIT EXPIRES ONE YEAR FROM THE ISSUE DATE

Permit Page 2: # 38564 Site Address: 54018 Delong Road Township Flowerfield

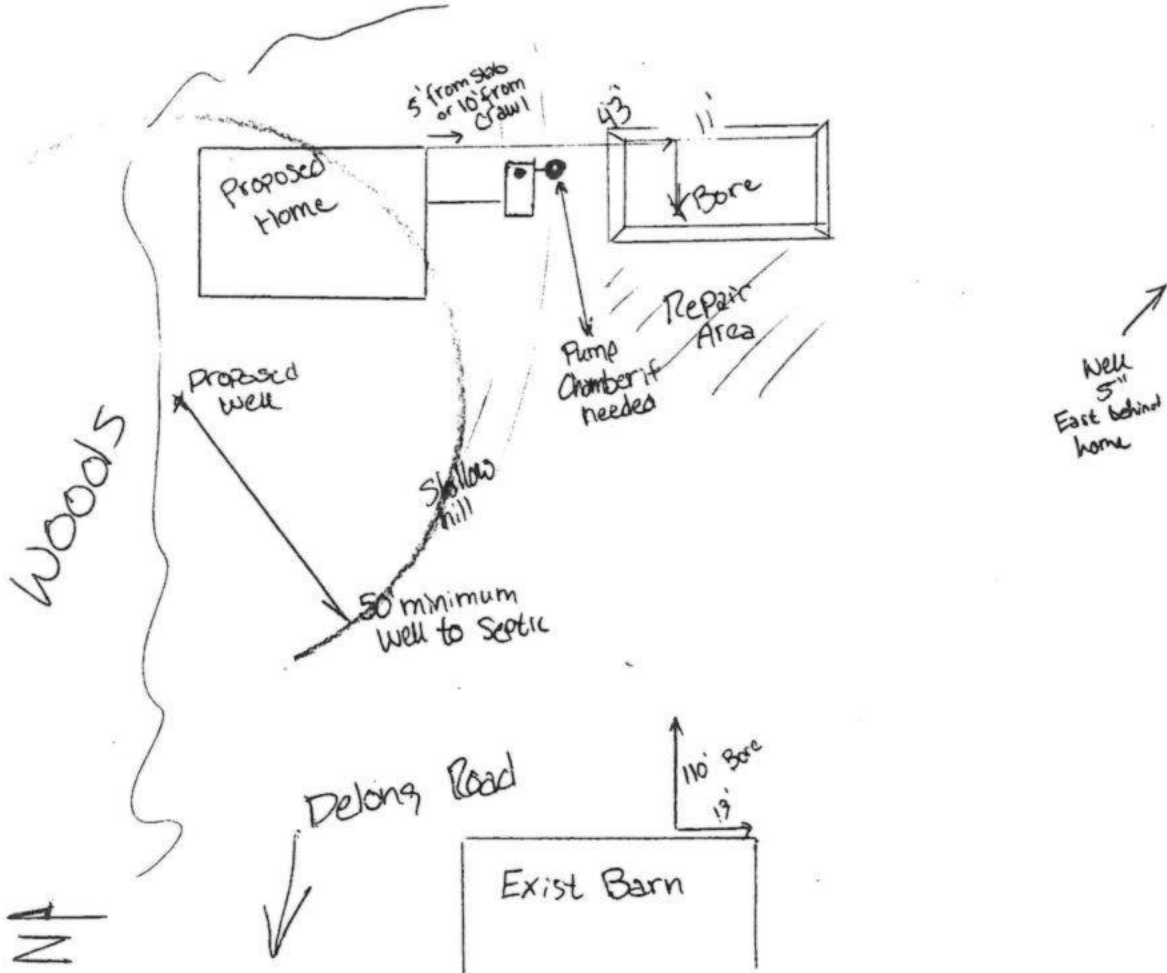
Design Specifications: (All changes in location or size of system must be approved by the Health Department)
(Existing septic tank must be 750 gallons or more, in sound condition, properly isolated and not be of metal)

Septic Tank: recommend shallow 1000 gallon Septic drain/leach field: 600
(minimum gallon capacity) (MINIMUM, more square feet=longer service)
Maximum excavation: Stone bottom from original grade: 0 inches
Elevated drainfield: Top of clean, coarse sand above grade: 0 inches
No more than 3 feet of final soil cover above stone or chambers
Minimum horizontal isolation from: Water supply well: 50 feet
Property boundary: 5 feet Surface water: 50 feet
Sub-surface building foundation: 10 feet Concrete slab 5 feet
Other: _____

Additional requirements/Comments:
remove Sandy Clay loam, fill with clean sand to grade, install filterbed, 12" minimum topsoil cover.
Install T-Pipe and riser on tank outlet, install pump chamber if gravity flow is impossible with riser at grade.

Proposed leach field: Stone-filled trench Filter bed Raised filter bed Plastic chamber Gravel-less pipe
 Alternating Fields (initial and reserve area required) Other systems allowed: _____

Existing leach field or dry well: NA Must be abandoned - dry wells filled in. NA May be used with alternating valve as a back-up system.



No leach field may be installed when soils are in a saturated condition. Precautions shall be taken to minimize the smearing or sealing of absorption system sidewalls and bottom during excavation. Connecting sewer pipes between house, tank and field must be PVC / Schedule 40



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

TO: Bill and Greta Schemerhorn
54018 Delong Rd
Marcellus, MI 49067

DATE: 4/08/2021

RE: Sewage Permit #38564
54018 Delong Rd
Flowerfield Twp – Section 28

Enclosed is the final approval for your septic system, along with the final drawing. Please keep it on file in your home records. Also included is a helpful information sheet regarding maintaining and protecting your On Site Sewage Disposal System.

If you have any questions, or if we can be of further assistance, please call our office at 269-273-2161 x233.

Sincerely,

Stephanie Hough
Stephanie Hough
Environmental Health Clerk Manager

570 N. Marshall Road
Coldwater, MI 49036
(517) 279-9561
(517) 278-2823 Fax

20 Care Drive
Hillsdale, MI 49242
(517) 437-7395
(517) 437-0166 Fax

1110 Hill Street
Three Rivers, MI 49093
(269) 273-2161
(269) 273-2452 Fax

1555 E. Chicago Rd
Suite C
Sturgis, MI 49091
(269) 273-2161

Branch - Hillsdale - St. Joseph Community Health Agency

1110 Hill Street, Three Rivers, MI 49093

269-273-2161 ext. 233



FINAL ON-SITE SEPTIC SYSTEM CONSTRUCTION INSPECTION

Permit #: 38564

Property Identification Number: 75-000-007-028-004-00

Property Owner: SCHEMERHORN

Site Address: 54018 DELONG RD

Township: FF

Section: 028

Inspection Request Date: 4-7-21 Time: 3:30 AM/PM NR

Installer: Roberts Brothers Excavating

Failed System Data Sheet Completed? Yes No new Build

Septic Tank/Pump Chamber: Type: New Existing Type of Tank: Plastic Concrete

Tank Size: 1,000 1,500 Other (Please specify) Shallow 1000

Size of 2nd tank (if applicable): 1,000 1,500 Other (Please specify)

Location of septic tank riser: Inlet Center Outlet

Outlet Baffle Type: T-Baffle Plastic Alternating Valve Y/N type:

Pump Chamber (if applicable) Type: N/A Size:

Sewage Drainage Type: Filter Bed Trenches Drywell Pump Mound Gravity Mound Alternative or Engineered Privy Septic Tank Only Other (specify):

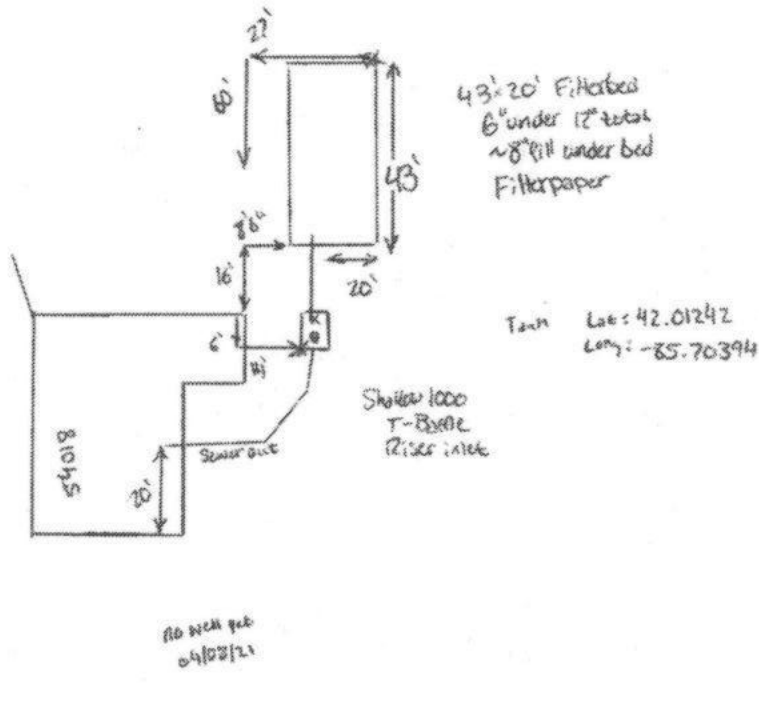
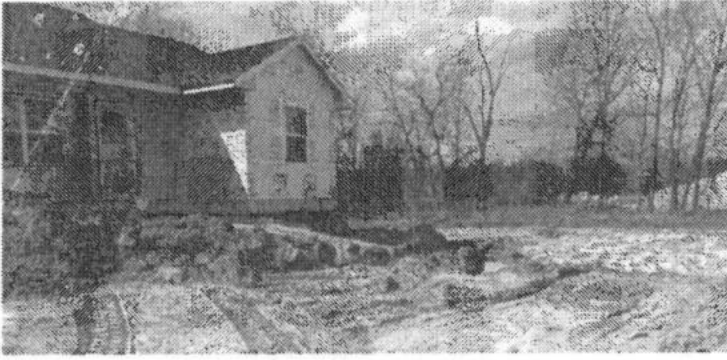
Trench Draining System: Width: Lengths: 1 2 3 4 5 6

Filter Bed: Width: 20' Length: 43' Number of Laterals: 4

All Drainage Types: Depth of Stone Beneath Pipe: 6" Soil Cover Depth: 12" Total Square Ft installed: 860 Barrier Used: Filter paper Type of Fill Added (if applicable): Clean Sand Number of inches: 8"

Additional Details:

Inspected by: Benjamin Alberts Date: 04/07/2021



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Office Use Only	
Date Received	<u>8-18-2025</u>
"C" Receipt #	<u>5177</u>
Received by	<u>RB</u>
Amount Received	<u>235-00</u>
Township Code	<u>FF</u>
Section Number	<u>28</u>
Record Search by	<u>RB</u>

5
12

APPLICATION FOR:

- Sewage Permit (\$235)
- Well Permit (\$215)
- Site (vacant land) Evaluation (\$150)

Make checks payable to: "Community Health Agency" (Drivers license number must be on all personal checks) (Signature below and payment of fees indicate that the applicant has or will provide all necessary information accurately. No refund will be available after staff has provided field assistance. There is a \$25.00 handling fee charged if no field service has been provided.)

Address/Location 54018 Delong Rd

Subdivision _____ Lot # _____ Property Tax ID # 75-007-028-004-00

Owners' Name: Bill & Gretta Schermerhorn Phone: 269-718-7067

Owners' Current Address: 54018 Delong Rd City: Marcellus State MI Zip 49067

Contractor or Contact Person: Gretta Schermerhorn Phone: 269-718-7067

Address 54018 Delong Rd City: Marcellus State MI Zip 49067

Send Permit to: Owner Contractor or Contact Person

Email Address: Gretta2@yahoo.com

Existing Proposed TOWNSHIP ZONING PERMIT# _____

of bedrooms 5 _____

of bathrooms 3 _____

of occupants 2 _____

Water softener? Y N Y N

Garbage disposal? Y N Y N

Fuel oil tank? Y N Y N

Previous Health Dept. Site Evaluation Yes No

THE FOLLOWING ANSWERS MAY HELP US LOCATE EXISTING PERMITS ALREADY ON FILE

Check here if there is WELL SEPTIC system on site.

When was home built? 2021

Name of original owner? Bill & Gretta Schermerhorn

Name(s) of previous owners? _____

Property size 10 acres

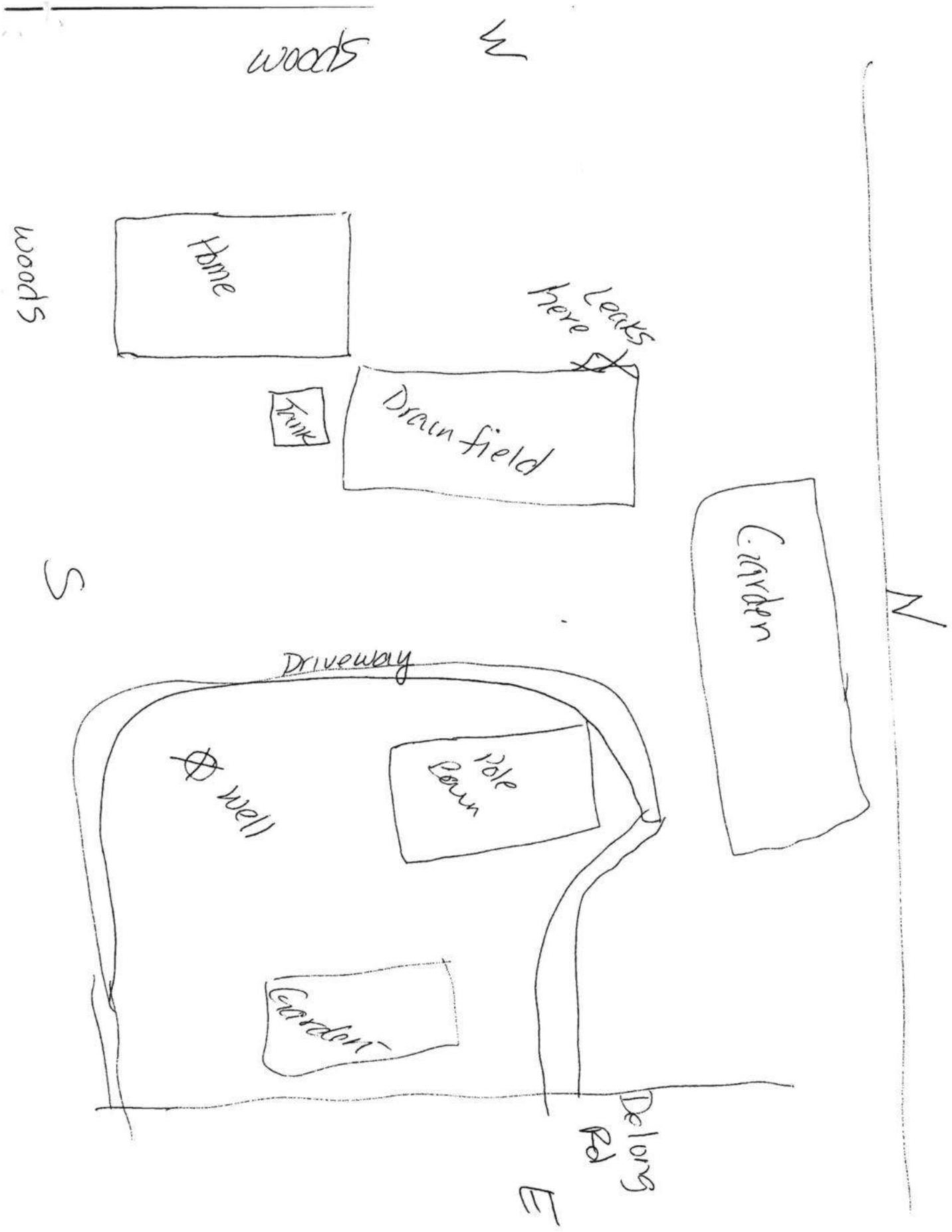
APPLICANT MUST INCLUDE SKETCH OF:

1. site boundaries and property dimensions
2. locations of all buildings and driveways
3. locations of existing well and/or sewage system
4. prominent landmarks on or near the site (surface water, fences, large trees, buildings, neighboring houses, etc.)
5. wells, sewage systems, and fuel tanks on adjacent lots
6. indication of the direction (north arrow)

I, the owner or the owner's representative, agree to allow the representative of the Community Health Agency access to the described parcel to perform necessary tests and observations. The applicant certifies that the information contained in this application is complete and accurate to the best of their knowledge.

Signature Gretta Y. Schermerhorn

Date 8-18-2025





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570 Marshall Road
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 (517) 437 - 7395 ext. 331

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

*****Septic Permit*****

Permit Number: FAC-026089

Property ID Number: 75-007-028-004-00

<p style="text-align: center;">Property Location</p> <p>Road Street Address: 54018 DELONG RD MARCELLUS MI 49067</p> <p>St. Joseph County Township: Flowerfield</p> <p>Section: 28 Town: 5 S Lot: Range: 12 W Subdivision:</p>	<p style="text-align: center;">Owner Information</p> <p>Land Owner Name: BILL SCHEMERHORN</p> <p>Address: 54018 DELONG RD MARCELLUS MI 49067</p> <p>City: MARCELLUS Zip: 49067</p>
<p>Utilization</p> <p>Replacement On-Site Sewage Residential Building Use: Single Family Residential Number of Bedrooms: 5</p>	

MINIMUM ISOLATION DISTANCES (FEET)

Well/Unprotected Suction Lines	Septic Tank/Sewer Lines	50	Final Disposal	50
Pressurized Water Lines	Septic Tank/Sewer Lines	10	Final Disposal	10
Dwelling Structure w/Footing Drains	Septic Tank/Sewer Lines	10 ft.	Final Disposal	25 ft., if present
Dwelling Structure w/o Footing Drains	Septic Tank/Sewer Lines	10	Final Disposal	10

PERMIT SPECIFICATIONS

System Type	Bed - Dosed	Septic Tank Size in Gallons	Two 1,000 gallon septic
Number of Septic Tank Compartments	1	Pump Chamber Size	200 gal. or more
Time of Dosing	4	Square Footage of Dispersal Area	900
Drain Bed Width in Feet	26 ft.	Drain Bed Length in Feet	35 ft.
Number of Tile Lines	5	Tile Lines on Center in Feet	~ 3.5 ft.
Bottom of Stone in Inches	10 in. above ground at		
Clean Washed Sand	To Bottom of St	Header type:	Standard
Weather approval required prior to constru	Yes	Scarification inspection required prior to c	Yes
Benchmark inspection required prior to co	Yes		

Fill Requirement clean sand

Additional Requirements Use the existing 1,000 gallon septic tank. Install an additional 1,000 gallon septic tank. Install a pump chamber. Strongly recommend installing a 1,000 gallon septic tank with a second compartment that is an adequate pump chamber. If this tank can be found in a low profile version, that would be the one to choose.

The top of the existing 1,000 gallon septic tank is 47 inches below grade.

Identify the utility lines, before excavating. There are at least 2 electric lines, 1 propane tank line and 1 cable service line underground.

54018 DeLong Rd.
Marcellus



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Contact a Michigan licensed septage hauler to empty the existing septic tank.
If missing, install a plastic vented baffle, on the outlet end, inside that tank.
Install the new tank, as close as possible, next to the existing one.
If possible, install a plastic vented baffle, inside the tank, on the outlet end and before the pump chamber compartment. Install a riser on the outlet access to raise the lid to finished grade. Install a riser on the access to the pump chamber to raise that lid ABOVE finished grade. secure plastic lids with screws.
Risers are to be secured to the tank.
Remove vegetative cover, compacted soil near the driveway, topsoil, and install
2NS or clean sand in the excavated area and to a height of 10 inches above the ground - using the elevation at the soil boring location as a guide. Install the filterbed on the prepared base of sand.
INSTALL 14 INCHES OF COVER OVER THE FILTERBED.
The height of the finished filterbed will be approximately 36 inches above the ground at the soil boring location. Make the mound's side slopes meet the 2 to 1 environmental health code requirement.
As an example, a filterbed that is 26 ft. wide, 35 ft. long and has a finished height of 3 ft. above the current ground surface will have a finished width of 38 feet and a finished length of 47 feet. The additional 12 ft. of width and length is just soil for the mound's side slopes. The stone in the filterbed needs to be greater than 50 ft from the water well, not the soil that makes the filterbed's slopes.
Use filter fabric to cover the stone in the filterbed, before backfilling.

The health department acknowledges that the failed absorption system may remain as "buried in place", once the sewer pipe is cut and capped.
However, the property owner requests that the failed filterbed be removed and the excavation be filled with soil and topsoil to establish a lawn.
If the failed filterbed is removed, it must be disposed of by burying it in a location that allows it to be at least 4 ft. above the seasonal high water table, covered with soil, isolated.
NOTE: Install filterbed during acceptable weather conditions.
Scarification of the filterbeds bottom is required.
Benchmark/seasonal high water table elevation is required.

Contact the health department and schedule with a Sanitarian to meet at this location and review these requirements.
Any modification of these requirements must be discussed with the property owner, in the presence of a health department Sanitarian, and accepted by the property owner and Sanitarian, before that modification can occur.

SOIL PROFILE INFORMATION

0 to 8 - very dark brown sandy loam; topsoil; no mottles present
8 to 15 - dark brown sandy loam with clay films; no mottles present
15 to 28 - brown sandy clay loam with pebbles; no mottles present
28 to 38- light brown sand; no mottles present
38 to 40 - light brown sand; random dark orange mottles ARE present
40 to 45 - light brown sand with dark brown banding; no mottles present
45 to 48 - very dark brown loam; no mottles present
48 to 52 - light brown sand; no mottles present
52 to 54 - light brown sand and grey colored sand; dark reddish-orange mottles Are present mottles Are present
The soil profile is 34 ft. south and 31.5 ft. east of the southeast corner of the house. Kalamazoo soil series

Permit Approved By: Lee Zimmerman
Environmental Health Sanitarian
(269) 273-2161 ext. 224 , zimmermanl@bhsj.org
DATE: 10/16/2025

PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE: 10/16/2026

Since many interrelating factors contribute to the failure of a sewage disposal system, approval cannot be considered a guarantee by the Branch-Hillsdale-St. Joseph Community Health Agency that successful operation is assured. Footage drainage, downspouts, water conditioners, shall not be connected to the sewage system or sewage disposal area.



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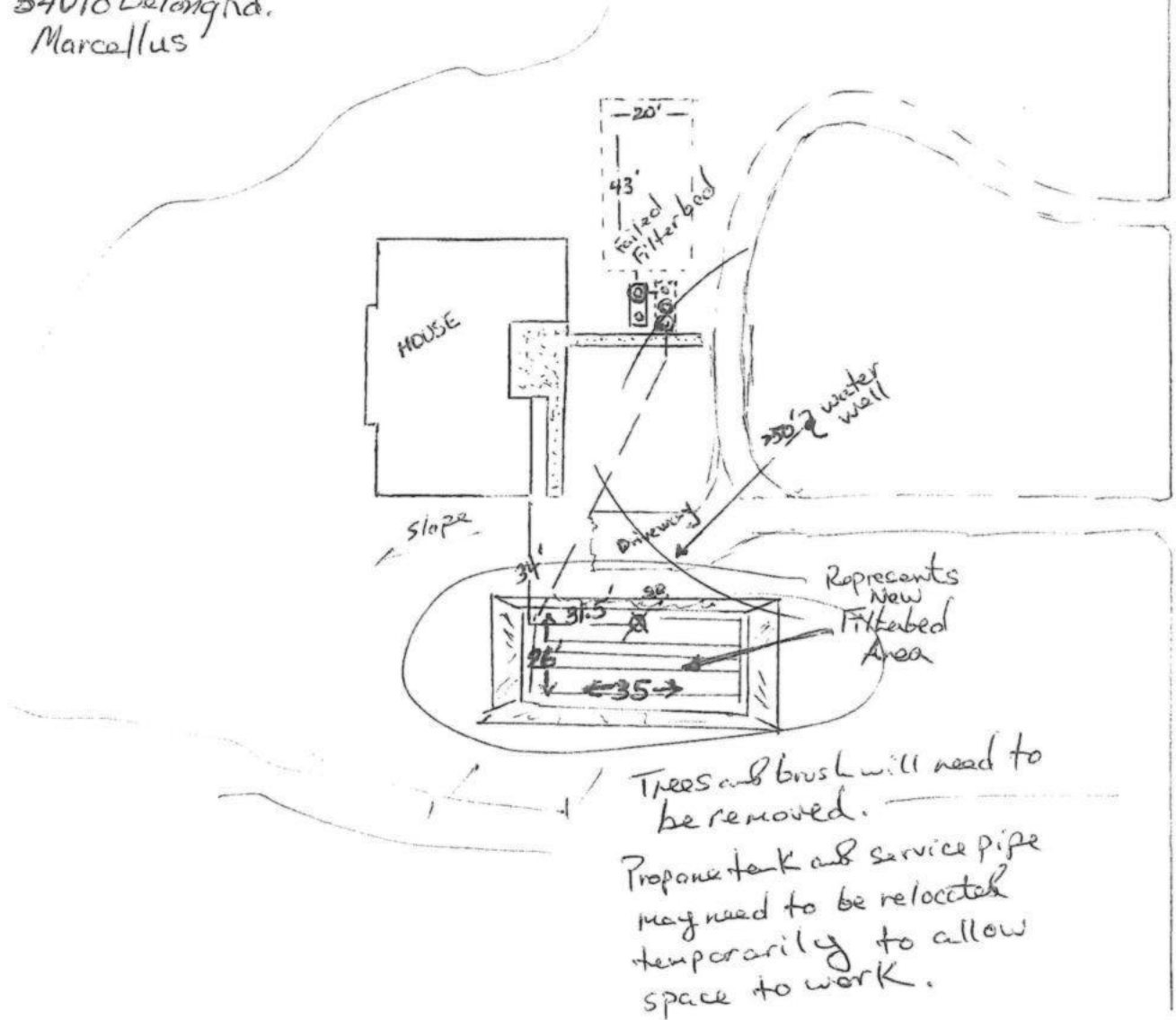
20 Care Drive
 Hillsdale, MI 49242
 (517) 437 - 7395 ext. 331

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



On-Site Sewage System Site Diagram

75-007-028-004-00
 54018 Delong Rd.
 Marcellus



Delong Rd.

- Not to Scale -

This permit authorizes the construction, repair, enlargement or relocation of the sewage disposal system in accordance with plans and information contained in the approved application submitted to the Community Health Agency. Work authorized by this permit shall be subject to any special conditions or requirements as noted on the permit and shall comply with all requirements of the Environmental Health Code for Branch, Hillsdale, and St. Joseph Counties, Michigan. It shall be unlawful for any sewage system constructed under the authority of this permit to be placed in operation without the prior approval. Installer must contact county office for an inspection before final cover is applied.

Inputs on the septic system design and install at 54018 Delong Rd

- **Wastewater samples were taken from the septic tank and the TSS and BOD levels are concerning:**
 - TSS (Total Suspended Solids) and BOD (Biochemical oxygen demand) levels of the water sample collected from the septic tank revealed average strength levels of domestic wastewater per the US EPA. (“US EPA, **Design Manual: Onsite Wastewater Treatment and Disposal Systems, October 1980.**”). Likewise, the referenced numbers on the reports that demonstrated this concern are those in the column titled “RL” which stands for “reporting level”. This column defines the minimum number that requires the true result to be listed, as opposed to stating “Not applicable”.
- **The bottom of the system is too close to the clay layer because the system should have been mounded:**
 - A Clean Earth Environmental report made a comment stating “Stone is only 9-10 inches below cover and the drain field is saturated, not draining properly, and water is pushing out of drain field. From top of stone to bottom of stone is 6 inches in depth.”
 - This comment does not disclose the distance to a limiting layer (i.e., clay). Likewise, this stance goes against our final inspection report that records the depth of stone. A lack of the required amount of stone below the pipe would fall under the liability of the installer.
 - Our final inspection recorded an image prior to the final grading of the property. This means that the “absence” of a visible above-grade mound does not necessarily mean the system is too close to the seasonal high water table (SHWT), but rather could simply be “blended” into the landscape to avoid a mound in the yard. This is very common.
- **The septic tank size permitted was too small in accordance with the BHSJCHA’s EH Code:**
 - The permit should have accommodated a 1500-gallon tank instead of a 1000-gallon tank per the code due to the proposed water softener presented on the application.
 - The purpose of the septic tank is to separate solids from liquids, allowing bacteria to break down waste, and acts as a primary treatment method before wastewater is released into a drainfield for final purification. The effectiveness of a tank is determined by evaluating TSS and BOD levels in or after the septic tank that verifies if the wastewater strength is too high or okay for discharge into the absorption area. TSS (Total Suspended Solids) and BOD (Biochemical oxygen demand) levels of the water sample collected from the septic tank revealed average strength levels of domestic wastewater.
 - Per the information above and consultation with EGLE, installation of a 1500-gallon tank would not have impacted the failure of the system. Minimally, it may have delayed the hydraulic overload by a capacity of 500 gallons, but as soon as the tank became full, the amount of effluent travelling to the absorption area would be equivalent, thus resulting in the same impact on the system.
- **The BHSJCHA EH Code contradicts itself:**
 - This claim is based on a misinterpretation of the wording in Rule 318.
 - Rule 318 – SEWAGE - **Shall mean a combination** of the domestic liquid or semi-solid wastes conducted away from a dwelling or habitable building and includes human excreta (black water), and garbage disposal wastes, dishwashers, bath water, laundry wastes, basement draining, and other commercial and industrial wastes (gray waters), **excluding** roof, water softener discharge, footing and storm drainage, clear cooling water waste or condensate. Commercial laundry waste and wastes from industrial and commercial processes are not considered sewage and generally require a separate permit from the Michigan Department of Natural Resources.
 - This does not mean water softeners are recommended for exclusion, but rather that is does not meet the definition of “Sewage”

- **It is “illegal” to route a water softener anywhere but the septic system?**

- This was insinuated from a master plumber, but also combatted by other master plumbers.
 - [M] 314.2 Evaporators and cooling coils. Condensate drain systems shall be provided for equipment and appliances containing evaporators or cooling coils. Condensate drain systems shall be designed, constructed and installed in accordance with Sections 314.2.1 through 314.2.5. [M] 314.2.1 Condensate disposal. Condensate from all cooling coils and evaporators shall be conveyed from the drain pan outlet to an approved place of disposal. Such piping shall maintain a horizontal slope in the direction of discharge of not less than one-eighth unit vertical in 12 units horizontal (1-percent slope). Condensate shall not discharge into a street, alley or other areas so as to cause a nuisance.
 - A water softener does not utilize a condensate drain system.
 - Likewise, an “approved place of disposal” does not only mean a municipal sewer system or private septic system per our EH Code (Rule 318).

Inputs on the septic system design and install at 54018 Delong Rd

- **Wastewater samples were taken from the septic tank and the TSS and BOD levels are concerning:**
 - TSS (Total Suspended Solids) and BOD (Biochemical oxygen demand) levels of the water sample collected from the septic tank revealed average strength levels of domestic wastewater per the US EPA. (“US EPA, **Design Manual: Onsite Wastewater Treatment and Disposal Systems, October 1980.**”). Likewise, the referenced numbers on the reports that demonstrated this concern are those in the column titled “RL” which stands for “reporting level”. This column defines the minimum number that requires the true result to be listed, as opposed to stating “Not applicable”.
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 - A Clean Earth Environmental report made a comment stating “Stone is only 9-10 inches below cover and the drain field is saturated, not draining properly, and water is pushing out of drain field. From top of stone to bottom of stone is 6 inches in depth.”
 - This comment does not disclose the distance to a limiting layer (i.e., clay). Likewise, this stance goes against our final inspection report that records the depth of stone. A lack of the required amount of stone below the pipe would fall under the liability of the installer.
 - Our final inspection recorded an image prior to the final grading of the property. This means that the “absence” of a visible above-grade mound does not necessarily mean the system is too close to the seasonal high water table (SHWT), but rather could simply be “blended” into the landscape to avoid a mound in the yard. This is very common.
- **The septic tank size permitted was too small in accordance with the BHSJCHA’s EH Code:**
 - The permit should have accommodated a 1500-gallon tank instead of a 1000-gallon tank per the code due to the proposed water softener presented on the application.
 - The purpose of the septic tank is to separate solids from liquids, allowing bacteria to break down waste, and acts as a primary treatment method before wastewater is released into a drainfield for final purification. The effectiveness of a tank is determined by evaluating TSS and BOD levels in or after the septic tank that verifies if the wastewater strength is too high or okay for discharge into the absorption area. TSS (Total Suspended Solids) and BOD (Biochemical oxygen demand) levels of the water sample collected from the septic tank revealed average strength levels of domestic wastewater.
 - Per the information above and consultation with EGLE, installation of a 1500-gallon tank would not have impacted the failure of the system. Minimally, it may have delayed the hydraulic overload by a capacity of 500 gallons, but as soon as the tank became full, the amount of effluent travelling to the absorption area would be equivalent, thus resulting in the same impact on the system.
- **The BHSJCHA EH Code contradicts itself:**
 - This claim is based on a misinterpretation of the wording in Rule 318.
 - Rule 318 – SEWAGE - **Shall mean a combination** of the domestic liquid or semi-solid wastes conducted away from a dwelling or habitable building and includes human excreta (black water), and garbage disposal wastes, dishwashers, bath water, laundry wastes, basement draining, and other commercial and industrial wastes (gray waters), **excluding** roof, water softener discharge, footing and storm drainage, clear cooling water waste or condensate. Commercial laundry waste and wastes from industrial and commercial processes are not considered sewage and generally require a separate permit from the Michigan Department of Natural Resources.
 - This does not mean water softeners are recommended for exclusion, but rather that is does not meet the definition of “Sewage”

- **It is “illegal” to route a water softener anywhere but the septic system?**

- This was insinuated from a master plumber, but also combatted by other master plumbers.
 - [M] 314.2 Evaporators and cooling coils. Condensate drain systems shall be provided for equipment and appliances containing evaporators or cooling coils. Condensate drain systems shall be designed, constructed and installed in accordance with Sections 314.2.1 through 314.2.5. [M] 314.2.1 Condensate disposal. Condensate from all cooling coils and evaporators shall be conveyed from the drain pan outlet to an approved place of disposal. Such piping shall maintain a horizontal slope in the direction of discharge of not less than one-eighth unit vertical in 12 units horizontal (1-percent slope). Condensate shall not discharge into a street, alley or other areas so as to cause a nuisance.
 - A water softener does not utilize a condensate drain system.
 - Likewise, an “approved place of disposal” does not only mean a municipal sewer system or private septic system per our EH Code (Rule 318).

PUBLIC COMMENT

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