

**Meeting of the Board of Health  
St. Joseph County Department of Health  
4<sup>th</sup> Floor Council Chambers  
February 21, 2024  
4:30 p.m.**

Join Zoom Meeting

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Dial In - +1-309-205-3325 US | Meeting ID: Meeting ID: 863 7896 2552 Passcode: 603938

- I. CALL TO ORDER & ROLL CALL
- II. ADOPTION OF THE AGENDA
  - A. It is recommended the Board of Health members adopt the agenda for February 21, 2024.
- III. APPROVAL OF MINUTES
  - A. It is recommended the Board of Health members approve the minutes of the regular meeting of January 24, 2024.
- IV. BOARD PRESIDENT ANNOUNCEMENTS:
- V. HEALTH OFFICER PRESENTATION and REPORT:
  - 24-07 Discussion – Health Officer’s Report
    - Community, Access, Resources, and Education (CARE)
    - Environmental Health
    - Finance
    - Food Services - Spotlight
    - Health Outreach, Promotion & Education (HOPE)
    - Nursing – Immunizations, Mobile Clinic & Public Health Nursing
    - Vital Records
    - Lead Report
    - Health First Indiana (HFI)
- VI. NEW BUSINESS:
  - 24-08 St. Joseph County Department of Health: Strategic Plan 2024-2028
- VII. GRANT REQUESTS:
  - 24-09 Discussion and Vote – Apply – Immunization CoAg Grant
  - 24-10 Discussion and Vote – Apply – Safety PIN Grant
- VIII. OLD BUSINESS:

None
- IX. PUBLIC COMMENT: (3 Minute Limit)

The following statement provides guidance for the public comment portion of the meeting, as well as the expected decorum for all conversations during the meeting.

At regular meetings, the public is invited to address the Board for three minutes regarding items posted or not posted on the agenda. Individuals may only speak once during this section of the agenda. Speakers shall properly identify themselves by stating their name and address for the record. Personnel issues are not to be addressed during open sessions of the Board of Health. The Board President may interrupt, warn, or terminate a person's statement if the statement becomes personally directed, abusive, obscene, or inflammatory.

Public comment may be given in person. Input from the public can also be sent to the Board by mail or email via the St. Joseph County Department of Health.

X. TIME AND PLACE OF NEXT REGULAR MEETING:

March 20, 2024 – 4:30 p.m. 4<sup>th</sup> Floor Council Chambers.

XI. ADJOURNMENT

The Title VI Coordinator has made available at this meeting a voluntary Public Involvement Survey to collect demographic data to monitor and demonstrate St. Joseph County's compliance with its non-discrimination obligations under Title VI and Federal Regulation 23CFR 200.9(b)(4), and more importantly, ensure that affected communities and interested persons are provided equal access to public involvement. Compliance is voluntary. However, to demonstrate compliance with the federal regulation, the information requested must be documented when provided. It will not be used for any other purpose, except to show that those who are affected or have an interest in proceedings, or the proposed project have been given an opportunity to provide input throughout the process.

ST. JOSEPH COUNTY BOARD OF HEALTH  
ST. JOSEPH COUNTY, INDIANA

Regular Meeting

**MINUTES**

January 24, 2024  
4:30 p.m.

Council Chambers, 4<sup>th</sup> Floor  
County City Building, South Bend, IN

**Members Present:**

John Linn, P.E.  
Michelle Migliore, D.O.  
Robert Hays, MD,  
Kristin Vincent, CNM  
Ellen Reilander, Esq.  
Jill Kaps VanBrouaene

**Members Absent:**

Elizabeth Lindenman, MD  
Vacant Position  
Vacant Position

**Also Present:**

Diana Purushotham, MD  
Amy Ruppe  
Jennifer S. Parcell  
Mark Espich  
Carolyn Smith  
Robin Vida  
Renata Williams  
Micaela Enright

Alissa Balke  
Jodie Pairitz  
Tiffany Chukwuma  
Kim Dreibelbeis  
Jonathan Carmona  
Amy Lyczynski  
Briannah McCall  
Marcellus Lebbin, Counsel

**I. CALL TO ORDER & ROLL CALL**

The regular meeting of the St. Joseph County, Indiana Board of Health was called to order at 4:30 p.m.

**II. ELECTION OF OFFICERS FOR 2024**

Marcel Lebbin asked for nominations of President and Vice President.

Upon a motion by Ellen Reilander, Esq., being seconded by Robert Hays, MD, John Linn, P.E. was elected to remain President and Michelle Migliore, D.O. to remain as Vice President of the St. Joseph County Board of Health for 2024.

**III. ADOPTION OF THE AGENDA**

It is recommended the Board of Health members adopt the agenda for January 24, 2024.

There was a request to amend the agenda to include a Discussion and Vote to apply for the Health PHEP grant.

Upon a motion by Michelle Migliore, D.O., being seconded by Ellen Reilander, Esq. and unanimously carried, the agenda for January 24, 2024, was adopted as amended.

**IV. APPROVAL OF MINUTES**

1. It is recommended the Board of Health members approve the minutes of the regular meeting of December 13, 2023.

Ellen Reilander, Esq asked if the address for the individual who spoke in public comment be removed.

Marcel Lebbin stated it was not necessary to add the address of the speaker to the written minutes as it is on permanent record with the Executive Administrative Assistant.

Upon a motion by Ellen Reilander, Esq. being seconded by Michelle Migliore, D.O. and unanimously carried, the minutes of the December 13, 2023, regular meeting of the St. Joseph County Board of Health were approved as amended.

**V. BOARD PRESIDENT ANNOUNCEMENTS**

There were no Board President announcements.

**VI. HEALTH OFFICER PRESENTATION and REPORT**

- 24-01 Discussion – Fourth Quarter (Sept., Oct. Nov. Dec.) 2023 Health Officer’s Report
- Environmental Health
  - Finance
  - Food Services
  - Health Equity, Epidemiology and Data (HEED)
  - Health Outreach, Promotion & Education (HOPE)
  - Nursing – Immunizations, Mobile Clinic & Public Health Nursing
  - Vital Records
  - Lead Report - Spotlight
  - Health First Indiana (HFI)
  - Department of Health Vision and Mission Statement

Dr. Purushotham introduced the new Vision and Mission statements of the Department, went over the monies that were granted by the Health First Indiana and the productivity of the Department.

John Linn thanked and appreciated the staff that hung in with them through the issues of last year.

Micaela Enright presented the lead spotlight (slides attached to these minutes).

Board members asked a few questions about the testing and events.

Renata Williams, Director of CARE explained that we were able to test more due to the Community Health Worker's (CHW's) efforts.

There was a discussion about training realtor's and property owners about lead.

Michelle Migliore, DO asked if the flyers for the event could be send it to the entire BoH.

## **VII. NEW BUSINESS**

### 24-02 Discussion and Vote - Appointments Personnel Committee Finance Committee Appeals Committee

2023 Personnel Committee consisted of John Linn, P.E.; Michelle Migliore, DO; Robert Hays, MD; Ellen Reilander, Esq.

2023 Finance Committee consisted of John Linn, P.E.; Michelle Migliore, DO; Elizabeth Lindenman, MD; Jill Kaps VanBrauene; and Kristin Vincent.

2023 Appeals Committee consisted of John Linn, P.E; Michelle Migliore, DO and Ellen Reilander, Esq.

Upon a motion by Michelle Migliore, DO being seconded by Robert Hays, MD, the 2024 Personnel, Finance and Appeals Committee will remain the same as 2023.

### 24-03 Discussion and Vote - Budget Appropriations Fund 2504 – MIH Initiatives Fund 4940 – County-Wide Lead Initiative Fund 9169 – Health CHW Safety PIN Fund 9172 – NACCHO Mentor Program

Amy Ruppe, Administrator/Director of Finance explained the budget appropriations listed above.

Upon a motion by Michelle Migliore, DO, being seconded by Jill Kaps VanBrauene and unanimously carried, the four (4) Budget Appropriations were approved.

### 24-04 Discussion and Vote - Job Descriptions Community Health Worker Disease Investigation Specialist/Lead Program Coordinator

Amy Ruppe, Administrator/Director of Finance explained the job descriptions in consideration for approval.

Upon a motion by Michelle Migliore, D.O., being seconded by Robert Hays, M.D. and unanimously carried, the

Community Health Worker and the Disease Investigation Specialist/Lead Program Coordinator job descriptions were approved.

**VIII. GRANT REQUESTS**

24-05 Discussion and Vote - Receive - Health CHW Safety PIN

Upon a motion by Ellen Reilander, Esq., being seconded by Michelle Migliore, OD and unanimously carried, permission to receive the Health CHW Safety PIN Grant was sent to the County Commissioners favorably.

24-06 Discussion and Vote - Apply - Health PHEP

Upon a motion by Ellen Reilander, Esq., being seconded by Robert Hays, MD and unanimously carried, permission to apply for the Health PHEP grant sent to the County Commissioners favorably.

**IX. OLD BUSINESS**

There was no old business to discuss.

**X. PUBLIC COMMENT (3 Minute Limit)**

Cynthia Heckman-Davis residing in Walkerton, IN spoke about gun safety, and the Health First Indiana presentations held in December.

**XI. TIME AND PLACE OF NEXT REGULAR MEETING**

February 21, 2024 – 4:30 p.m. 4<sup>th</sup> Floor Council Chambers.

**XII. ADJOURNMENT**

Upon a motion by Ellen Reilander, Esq. being seconded by Robert Hays, M.D., and unanimously carried, the regular meeting of the St. Joseph County, Indiana Board of Health was adjourned at 5:35 p.m.

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John W. Linn, P.E.  
President of the Board

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Diana Purushotham, MD  
Secretary of the Board



**ST. JOSEPH COUNTY**  
**DEPARTMENT OF HEALTH**  
**Prevent. Promote. Protect.**

**Health Officer's Report of Unit Activities**

**February 2023**

## COMMUNITY, ACCESS, RESOURCES AND EDUCATION (CARE)

In January, our team reached a new milestone by conducting 129 Social Needs Assessments (SNAs), the highest number since the program began. These assessments revealed that out of the 129 community members a total of 358 separate needs were identified. The resources most frequently requested this month were food, health insurance, and utilities. Additionally, our team engaged in 35 outreach initiatives, which included lead awareness, community events, canvassing, and regular visits to partner sites.

### ENVIRONMENTAL HEALTH

	Jan-24	YTD 2024	YTD 2023	YTD 2022
<b>SEPTIC PROGRAM</b>				
<b>RESIDENTIAL NEW CONSTRUCTION</b>				
A. Inspections	6	6	12	9
B. Consultations	1	1	0	0
<b>RESIDENTIAL REPLACEMENT</b>				
A. Inspections	29	29	45	21
B. Consultations	0	0	1	1
<b>COMMERCIAL</b>				
A. Inspections	5	5	2	2
B. Consultations	0	0	0	1
C. Cluster System Inspections	1	1	0	0
<b>Abandonments w/o Replacement</b>	0	0	1	2
<b>Permit Applications Received</b>	19	19	28	26
<b>Permits Issued</b>	31	31	28	27
<b>Public Information Events</b>	0	0	0	0
<b>SUBDIVISION PROGRAM</b>				
A. Health Officer Reports	0	0	5	0
B. Subdivision Reviews	2	2	5	0
C. Rezoning and Replat Reviews	1	1	0	0
<b>WELLHEAD PROGRAM</b>				
A. Inspections Performed	4	4	7	5
<b>WELL DRILLING PROGRAM</b>				
<b>RESIDENTIAL</b>				
A. Inspections	15	15	12	9
B. Well Abandonments	18	18	12	13
<b>COMMERCIAL</b>				
A. Inspections	0	0	1	0
B. Well Abandonment Inspections	0	0	2	0
<b>NEW CONSTRUCTION</b>				
A. Permit Applications Received	4	4	4	4
B. Permits Issued	4	4	3	5
<b>REPLACEMENT</b>				
A. Permit Applications Received	10	10	13	
B. Permits Issued	13	13	13	
<b>Total Permits Applications Received</b>	19	19	25	*
<b>Total Permits Issued</b>	22	22	23	*
<b>Use of Existing Well</b>	1	1	3	
<b>Public Information Events</b>	0	0	0	0
<b>SOURCE WATER PROGRAM</b>				
A. Phase I Inquiries	20	20	15	21
B. Spill Responses	0	0	0	0
C. Meth Lab Occurrence Response	0	0	0	0
D. Well/ground water Sampling	7	7	0	**
E. Microbe Treatments/Pumping Inspections	0	0	0	**
F. Illicit Discharge	0	0	**	**



	Jan-24	YTD 2024	YTD 2023	YTD 2022
G. Other	0	0	**	**
<b>SURFACE WATER PROGRAM</b>				
A. Surface Water Sampling	0	0	0	0
<b>LEAD PROGRAM</b>				
A. Lead Risk Assessments	4	4	8	2
a. EBLL Assessments	2	2	6	2
b. Parent Request Assessments	2	2	2	*
B. Clearances	9	9	3	3
C. Children Tested for Lead Levels* (Dec 2023)	0	0	329	2
<b>CAFO PROGRAM</b>				
A. Inspections	0	0	0	0
<b>AIR QUALITY PROGRAM</b>				
A. Burn Permits	0	0	2	0
B. Indoor Air Quality Investigation	0	0	0	0
C. Mold Investigations	0	0	0	0
<b>VECTOR PROGRAM</b>				
A. Inspections performed	0	0	0	0
B. Sites Treated	0	0	0	0
C. Traps Collected	0	0	0	0
D. ISDH Submissions	0	0	0	0
E. Public Information Events	1	1	0	0
<b>HEALTHY HOMES PROGRAM (Inside)</b>				
A. Initial Complaints	9	9	5	8
a. No Water	4	4	1	3
b. Garbage/Food Waste	5	5	0	2
c. Feces	0	0	4	1
d. Rodents/Cockroaches	0	0	0	2
B. Follow-Up Complaints	9	9	2	12
a. No Water	6	6	0	4
b. Garbage/Food Waste	3	3	0	4
c. Feces	0	0	0	4
d. Rodents/Cockroaches	0	0	2	0
C. Dwellings Unfit	4	4	0	3
<b>MASSAGE</b>				
A. Establishment Inspections	3	3	3	0
B. Complaints	0	0	**	**
<b>TATTOO/BODY PIERCING PROGRAM</b>				
A. Inspections Performed	0	0	4	0
B. Complaints	0	0	**	**
<b>COMPLAINTS/INVESTIGATIONS</b>				
A. Garbage/Food Waste	5	5	1	6
B. Sewage	2	2	5	3
C. Water (ditches, lakes, ponds, & swells)	0	0	1	0
D. Motels/Hotels	0	0	0	0
E. Burning	1	1	0	1
F. Open Dumping	0	0	0	*
G. Followup Inspections	0	0	2	*
H. Eyelash Extensions	0	0	**	**
I. Other	26	26	0	19
<b>ABATEMENT CORRESPONDENCE</b>				
A. Abatement Correspondence Letters Mailed	40	40	24	51
B. Immediate Threat to Public Health Letters Mailed	1	1	0	0
C. Order to Vacate/Condemn Letters Mailed	5	5	0	3
D. Impending Legal Action Letters Mailed	5	5	3	1
<b>SUBSURFACE INVESTIGATIONS</b>				
A. Internal	0	0	0	*
B. External	0	0	0	*
<b>*DUE TO TIME LAG OF State Database System</b>				
<b>Lead testing numbers are one (1) month behind.</b>				

“The weather was not generally conducive for a lot of activities (such as septic installations) that required field work in January. However, the Environmental Unit was quite busy processing contractor registrations, updating forms, reevaluating standard procedures, and generally preparing for an anticipated busy year.”

# County Health Department

LEAD: Dr. Purushotham - SUPPORT: Amy Ruppe

Valid: 01/01/2024-12/31/2024		Budget	January	February	March	TOTALS	
<b>REVENUE</b>							
	<b>Beginning Balance</b>	\$4,288,237.52				\$4,288,237.52	
	Property, FIT, Excise, Vehicle Excise Tax	\$2,089,100.00	\$0.00			\$0.00	
	Federal Reimbursements		\$9,222.66			\$9,222.66	
	Miscellaneous Revenue		\$0.00			\$0.00	
	<b>TOTAL Tax, Fed Reimb and Misc Revenue</b>		<b>\$9,222.66</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4,297,460.18</b>	
	Environmental Health		\$58,410.00			\$58,410.00	
	Food Services		\$203,297.00			\$203,297.00	
	Immunization Clinic (South Bend)		\$12,478.85			\$12,478.85	
	Vital Records (South Bend)		\$38,654.45			\$38,654.45	
	Immunization Clinic (Mishawaka)		\$4,571.00			\$4,571.00	
	Vital Records (Mishawaka)		\$3,380.00			\$3,380.00	
	Fees (Charge 2, Coroner Fee)		(\$5,835.00)			(\$5,835.00)	
	<b>Total Fee Revenue</b>		<b>\$314,956.30</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$314,956.30</b>	
	<b>TOTAL REVENUE</b>		<b>\$324,178.96</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4,612,416.48</b>	
<b>EXPENDITURES</b>							
<b>Acct</b>	<b>10000 Series</b>	<b>Budget</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>Expenditures</b>	<b>Unexpended</b>
11030	Administrator	\$75,591.00	\$5,814.70			\$5,814.70	\$69,776.30
11055	County Health Officer	\$250,000.00	\$19,230.76			\$19,230.76	\$230,769.24
11077	Admin. Assistant (3)	\$129,000.00	\$9,630.94			\$9,630.94	\$119,369.06
11143	Registrars (3)	\$113,673.00	\$8,156.34			\$8,156.34	\$105,516.66
11144	Nursing Registrars (2)	\$75,782.00	\$5,824.54			\$5,824.54	\$69,957.46
11145	Staff Assistants (2)	\$75,782.00	\$5,829.40			\$5,829.40	\$69,952.60
11151	Director of Vital Records	\$66,717.00	\$5,132.08			\$5,132.08	\$61,584.92
11154	Asst. Director Vital Records	\$57,750.00	\$4,442.30			\$4,442.30	\$53,307.70
11155	Nurses/Other Medical (7)	\$396,055.00	\$25,582.56			\$25,582.56	\$370,472.44
11161	Director of Env Health	\$66,717.00	\$5,132.08			\$5,132.08	\$61,584.92
11162	Asst. Dir Environmental Health	\$60,900.00	\$4,684.62			\$4,684.62	\$56,215.38
11163	Director of Food Services	\$66,717.00	\$5,132.08			\$5,132.08	\$61,584.92
11165	Asst Dir Food Services	\$60,900.00	\$4,684.62			\$4,684.62	\$56,215.38
11170	Director of CARE	\$66,717.00	\$5,132.08			\$5,132.08	\$61,584.92
11172	Environmental Health Specialist (10)	\$546,000.00	\$37,660.00			\$37,660.00	\$508,340.00
11174	Food Service Specialist (5)	\$273,000.00	\$21,000.00			\$21,000.00	\$252,000.00
11195	Public Health Coordinator	\$52,500.00	\$4,038.46			\$4,038.46	\$48,461.54
11196	Health Promotion Specialist	\$52,500.00	\$7,558.25			\$7,558.25	\$44,941.75
11197	Director of HOPE	\$66,717.00	\$5,132.08			\$5,132.08	\$61,584.92
11305	Deputy County Attorney	\$16,869.00	\$679.70			\$679.70	\$16,189.30
11650	Executive Secretary	\$48,000.00	\$3,692.30			\$3,692.30	\$44,307.70
11701	Director of Nursing	\$86,772.00	\$6,674.76			\$6,674.76	\$80,097.24
11950	Part Time	\$10,962.00	\$0.00			\$0.00	\$10,962.00
12010	Data Analyst	\$63,938.00	\$4,684.62			\$4,684.62	\$59,253.38
14800	FICA Taxes @ 7.65%	\$212,636.00	\$15,106.83			\$15,106.83	\$197,529.17
14810	PERF @ 11.2%	\$308,194.00	\$21,871.65			\$21,871.65	\$286,322.35
14840	Health Insurance	\$841,800.00	\$0.00			\$0.00	\$841,800.00
	<b>Total 10000 Series</b>	<b>\$4,142,189.00</b>	<b>\$242,507.75</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$242,507.75</b>	<b>\$3,899,681.25</b>
<b>Acct</b>	<b>20000 Series</b>	<b>Budget</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>Expenditures</b>	<b>Unexpended</b>
21030	Office Supplies	\$22,742.00	\$397.16			\$397.16	\$22,344.84
22120	Garage & Motor Supplies	\$11,980.00	\$540.25			\$540.25	\$11,439.75
22148	Field Supplies	\$4,000.00	\$39.99			\$39.99	\$3,960.01
22328	Equipment Repairs	\$2,250.00	\$0.00			\$0.00	\$2,250.00
22406	Immunization Supplies	\$200,000.00	\$10,546.86			\$10,546.86	\$189,453.14
	<b>Total 20000 Series</b>	<b>\$240,972.00</b>	<b>\$11,524.26</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$11,524.26</b>	<b>\$229,447.74</b>
<b>Acct</b>	<b>30000 Series</b>	<b>Budget</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>Expenditures</b>	<b>Unexpended</b>
31010	Legal Services	\$75,000.00	\$575.00			\$575.00	\$74,425.00
31070	Other Contractual Services	\$10,000.00	\$0.00			\$0.00	\$10,000.00
31150	Medical Services	\$3,000.00	\$189.46			\$189.46	\$2,810.54
32020	Travel/Mileage	\$13,941.00	\$130.00			\$130.00	\$13,811.00
32203	Cell Phones	\$20,025.00	\$1,958.00			\$1,958.00	\$18,067.00
32350	Postage	\$250.00	\$19.01			\$19.01	\$230.99
32550	Miscellaneous Costs	\$5,000.00	\$0.00			\$0.00	\$5,000.00
33128	Environmental Health	\$3,500.00	\$155.89			\$155.89	\$3,344.11
33368	Public Info & Educ	\$5,000.00	\$0.00			\$0.00	\$5,000.00
33938	Vector	\$50,000.00	\$0.00			\$0.00	\$50,000.00
34030	Liability Insurance Coverage	\$663,390.00	\$0.00			\$0.00	\$663,390.00
36500	Service Contract	\$17,000.00	\$0.00			\$0.00	\$17,000.00
38012	Interest on Debt	\$7,821.00	\$601.59			\$601.59	\$7,219.41
38013	Principle on Debt	\$45,797.00	\$3,315.02			\$3,315.02	\$42,481.98
39010	Dues & Subscriptions	\$3,000.00	\$0.00			\$0.00	\$3,000.00
39600	Refunds, Awards & Indemnities	\$0.00	\$0.00			\$0.00	\$0.00
39750	Information Technology	\$5,000.00	\$0.00			\$0.00	\$5,000.00
	<b>Total 30000 Series</b>	<b>\$927,724.00</b>	<b>\$6,943.97</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$6,943.97</b>	<b>\$920,780.03</b>
	<b>Total Budget</b>	<b>\$5,310,885.00</b>					
	<b>TOTAL EXPENDITURES</b>		\$260,975.98	\$0.00	\$0.00	\$260,975.98	
	<b>Total Unexpended</b>						\$5,049,909.02
	<b>Net (Monthly)</b>		<b>\$63,202.98</b>	<b>\$0.00</b>	<b>\$0.00</b>		
	<b>FUND BALANCE</b>		<b>\$4,351,440.50</b>	<b>\$4,351,440.50</b>	<b>\$4,351,440.50</b>		

# Local Public Health Services

LEAD: Dr. Purushotham - SUPPORT: Amy Ruppe

Valid: 01/01/2024-12/31/2024		Budget	January	February	March	TOTALS	
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$0.00					\$0.00
01412	State Grant		\$3,293,255.46				\$3,293,255.46
	<b>TOTAL REVENUE</b>	<b>\$0.00</b>	<b>\$3,293,255.46</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$3,293,255.46</b>
	<b>EXPENDITURES</b>						
<b>Acct</b>	<b>10000 Series</b>	<b>Budget</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>Expenditures</b>	<b>Unexpended</b>
11167	Community Health Workers	\$258,661.00	\$0.00			\$0.00	\$258,661.00
11172	Environmental Health Specialist	\$27,300.00	\$0.00			\$0.00	\$27,300.00
11176	Assistant Director of CARE	\$60,900.00	\$3,747.72			\$3,747.72	\$57,152.28
11196	Health Promotion Specialist	\$52,500.00	\$4,038.46			\$4,038.46	\$48,461.54
11199	Perinatal Lead Coordinator	\$28,350.00	\$0.00			\$0.00	\$28,350.00
14800	FICA Taxes @ 7.65%	\$32,720.00	\$581.66			\$581.66	\$32,138.34
14810	PERF @ 11.2%	\$47,902.00	\$872.05			\$872.05	\$47,029.95
14840	Health Insurance	\$183,000.00	\$0.00			\$0.00	\$183,000.00
	<b>Total 10000 Series</b>	<b>\$691,333.00</b>	<b>\$9,239.89</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$9,239.89</b>	<b>\$682,093.11</b>
<b>Acct</b>	<b>20000 Series</b>	<b>Budget</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>Expenditures</b>	<b>Unexpended</b>
22148	Field Supplies	\$13,900.00	\$0.00			\$0.00	\$13,900.00
	<b>Total 20000 Series</b>	<b>\$13,900.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$13,900.00</b>
<b>Acct</b>	<b>30000 Series</b>	<b>Budget</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>Expenditures</b>	<b>Unexpended</b>
31015	Consultant Services	\$22,154.00	\$0.00			\$0.00	\$22,154.00
31070	Other Contractual Services	\$2,000.00	\$0.00			\$0.00	\$2,000.00
32020	Travel/Mileage	\$4,000.00	\$0.00			\$0.00	\$4,000.00
32050	Conferences & Trainings	\$8,100.00	\$0.00			\$0.00	\$8,100.00
32203	Cell Phones	\$7,700.00	\$223.92			\$223.92	\$7,476.08
32350	Postage	\$4,000.00	\$0.00			\$0.00	\$4,000.00
33368	Public Info & Ed	\$14,000.00	\$0.00			\$0.00	\$14,000.00
36015	Contractual Services	\$60,000.00	\$0.00			\$0.00	\$60,000.00
	<b>Total 30000 Series</b>	<b>\$121,954.00</b>	<b>\$223.92</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$223.92</b>	<b>\$121,730.08</b>
	<b>Total Budget</b>	<b>\$827,187.00</b>					
	<b>TOTAL EXPENDITURES</b>		\$9,463.81	\$0.00	\$0.00	<b>\$9,463.81</b>	
	<b>Total Unexpended</b>						<b>\$817,723.19</b>
	<b>Net (Monthly)</b>		<b>\$3,283,791.65</b>	<b>\$0.00</b>	<b>\$0.00</b>		
	<b>FUND BALANCE</b>		<b>\$3,283,791.65</b>	<b>\$3,283,791.65</b>	<b>\$3,283,791.65</b>		

# Health Immunization CoAg

LEAD: Jodie Pairitz

Valid: 07/01/2023-06/30/2024		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	(\$62,224.56)				(\$62,224.56)	
02708	Federal/Grants Reimbursements		\$35,928.34			\$35,928.34	
	<b>TOTAL REVENUE</b>	<b>(\$62,224.56)</b>	<b>\$35,928.34</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$26,296.22)</b>	
	<b>EXPENDITURES</b>						
<b>Acct</b>	<b>10000 Series</b>						
11077	Admin Assistant	\$38,131.64	\$330.85			\$330.85	\$37,800.79
11155	Nurses/Other Medical	\$61,971.00	\$0.00			\$0.00	\$61,971.00
11781	Imm Outreach Coordinator	\$26,250.04	\$4,038.46			\$4,038.46	\$22,211.58
11193	Part Time	\$150,040.65	\$13,123.60			\$13,123.60	\$136,917.05
14800	FICA Taxes	\$21,210.20	\$1,312.57			\$1,312.57	\$19,897.63
14810	PERF	\$14,151.41	\$489.36			\$489.36	\$13,662.05
14840	Health Insurance	\$45,750.00	\$0.00			\$0.00	\$45,750.00
	<b>Total 10000 Series</b>	<b>\$357,504.94</b>	<b>\$19,294.84</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$19,294.84</b>	<b>\$338,210.10</b>
<b>Acct</b>	<b>20000 Series</b>						
21030	Office Supplies	\$9,764.29	\$405.34			\$405.34	\$9,358.95
22406	Immunization Supplies	\$38,125.32	\$1,218.77			\$1,218.77	\$36,906.55
	<b>Total 20000 Series</b>	<b>\$47,889.61</b>	<b>\$1,624.11</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,624.11</b>	<b>\$46,265.50</b>
<b>Acct</b>	<b>30000 Series</b>						
32020	Travel /Mileage	\$504.18	\$0.00			\$0.00	\$504.18
32203	Cell Phones	\$3,493.04	\$314.74			\$314.74	\$3,178.30
33368	Public Info & Educ	\$14,788.70	\$49.60			\$49.60	\$14,739.10
36015	Contractual Services	\$14,108.44	\$597.44			\$597.44	\$13,511.00
	<b>Total 30000 Series</b>	<b>\$32,894.36</b>	<b>\$961.78</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$961.78</b>	<b>\$31,932.58</b>
<b>Acct</b>	<b>40000 Series</b>						
44010	Equipment	\$8,743.91	\$0.00			\$0.00	\$8,743.91
	<b>Total 40000 Series</b>	<b>\$8,743.91</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$8,743.91</b>
	<b>Total Budget</b>	<b>\$447,032.82</b>					
	<b>Total Expenditures</b>		<b>\$21,880.73</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$21,880.73</b>	
	<b>Total Unexpended</b>						<b>\$425,152.09</b>
	<b>Net (Monthly)</b>		<b>\$14,047.61</b>	<b>\$0.00</b>	<b>\$0.00</b>		
13	<b>FUND BALANCE</b>		<b>(\$48,176.95)</b>	<b>(\$48,176.95)</b>	<b>(\$48,176.95)</b>		

# Health PHEP

*LEAD: Jenna Rose*

Valid: 07/01/2023-06/30/2024		Budget	January	February	March	Total	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	(\$609.23)				(\$609.23)	
02708	Federal/Grants Reimbursements		\$777.95			\$777.95	
	<b>TOTAL REVENUE</b>	<b>(\$609.23)</b>	<b>\$777.95</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$168.72</b>	
	<b>EXPENDITURES</b>						
<b>Acct</b>	<b>30000 Series</b>						
32550	Miscellaneous Costs	\$19,808.62	\$473.58			\$473.58	\$19,335.04
	<b>Total 30000 Series</b>	<b>\$19,808.62</b>	<b>\$473.58</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$473.58</b>	<b>\$19,335.04</b>
	<b>Total Budget</b>	<b>\$19,808.62</b>					
	<b>Total Expenditures</b>		<b>\$473.58</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$473.58</b>	
	<b>Total Unexpended</b>						<b>\$19,335.04</b>
	<b>Net (Monthly)</b>		<b>\$304.37</b>	<b>\$0.00</b>	<b>\$0.00</b>		
	<b>FUND BALANCE</b>		<b>(\$304.86)</b>	<b>(\$304.86)</b>	<b>(\$304.86)</b>		

# Health Issues & Challenges Lead

*LEAD: Renata Williams*

Valid: 07/01/2022-06/30/2024		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$8,739.58				\$8,739.58	
02708	Federal/Grants Reimbursements		\$10,520.81			\$10,520.81	
	<b>TOTAL REVENUE</b>	<b>\$8,739.58</b>	<b>\$10,520.81</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$19,260.39</b>	
	<b>EXPENDITURES</b>						
<b>Acct</b>	<b>10000 Series</b>						
11155	Nurses/Other Medical	\$19,230.77	\$0.00			\$0.00	\$19,230.77
11172	Environmental Health Specialist	\$47,300.00	\$4,200.00			\$4,200.00	\$43,100.00
11199	Perinatal Coordinator	\$27,477.61	\$3,489.14			\$3,489.14	\$23,988.47
14800	FICA Taxes	\$7,166.92	\$550.88			\$550.88	\$6,616.04
14810	PERF	\$10,528.94	\$861.19			\$861.19	\$9,667.75
14840	Health Insurance	\$26,893.48	\$0.00			\$0.00	\$26,893.48
	<b>Total 10000 Series</b>	<b>\$138,597.72</b>	<b>\$9,101.21</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$9,101.21</b>	<b>\$129,496.51</b>
	<b>Total Budget</b>	<b>\$138,597.72</b>					
	<b>Total Expenditures</b>		<b>\$9,101.21</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$9,101.21</b>	
	<b>Total Unexpended</b>						<b>\$129,496.51</b>
	<b>Net (Monthly)</b>		<b>\$1,419.60</b>	<b>\$0.00</b>	<b>\$0.00</b>		
	<b>FUND BALANCE</b>		<b>\$10,159.18</b>	<b>\$10,159.18</b>	<b>\$10,159.18</b>		

# Health Immun Supplemental

*LEAD: Jodie Pairitz*

Valid: 07/01/2023-06/30/2024		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	(\$10,510.79)				(\$10,510.79)	
02708	Federal/Grants Reimbursements		\$175,214.27			\$175,214.27	
	<b>TOTAL REVENUE</b>	<b>(\$10,510.79)</b>	<b>\$175,214.27</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$164,703.48</b>	
	<b>EXPENDITURES</b>						
<b>Acct</b>	<b>10000 Series</b>						
11087	Insurance Billing Specialist	\$51,250.00	\$0.00			\$0.00	\$51,250.00
11144	Nursing Registrar	\$36,988.00	\$0.00			\$0.00	\$36,988.00
11701	Director of Nursing	\$84,706.00	\$0.00			\$0.00	\$84,706.00
11950	Part Time	\$21,348.01	\$2,428.13			\$2,428.13	\$18,919.88
14800	FICA Taxes	\$20,028.97	\$185.75			\$185.75	\$19,843.22
14810	PERF	\$19,370.00	\$0.00			\$0.00	\$19,370.00
14840	Health Insurance	\$54,900.00	\$0.00			\$0.00	\$54,900.00
	<b>Total 10000 Series</b>	<b>\$288,590.98</b>	<b>\$2,613.88</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,613.88</b>	<b>\$285,977.10</b>
	<b>Total Budget</b>	<b>\$288,590.98</b>					
	<b>Total Expenditures</b>		<b>\$2,613.88</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,613.88</b>	
	<b>Total Unexpended</b>						<b>\$285,977.10</b>
	<b>Net (Monthly)</b>		<b>\$172,600.39</b>	<b>\$0.00</b>	<b>\$0.00</b>		
	<b>FUND BALANCE</b>		<b>\$162,089.60</b>	<b>\$162,089.60</b>	<b>\$162,089.60</b>		



# Health CHWs for COVID

LEAD: Renata Williams - SUPPORT: Alissa Balke

Valid: 08/31/2021-08/30/2024		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	(\$47,723.92)				(\$47,723.92)	
02708	Federal/Grants Reimbursements		\$0.00			\$0.00	
	<b>TOTAL REVENUE</b>	<b>(\$47,723.92)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$47,723.92)</b>	
	<b>EXPENDITURES</b>						
<b>Acct</b>	<b>10000 Series</b>						
11030	Administrator	\$4,799.61	\$564.64			\$564.64	\$4,234.97
11055	Health Officer	\$2,301.07	\$0.00			\$0.00	\$2,301.07
11077	Admin. Assistant	\$21,042.60	\$2,475.58			\$2,475.58	\$18,567.02
11167	Community Health Worker	\$267,295.67	\$22,409.88			\$22,409.88	\$244,885.79
11170	Director of CARE	\$11,946.63	\$2,523.74			\$2,523.74	\$9,422.89
11176	Assistant Dir of CARE	\$55,776.76	\$0.00			\$0.00	\$55,776.76
11196	Health Promotion Specialist	\$10,000.31	\$490.83			\$490.83	\$9,509.48
11197	Director of HOPE	\$0.19	\$0.00			\$0.00	\$0.19
11976	Deputy Health Officer	\$6,569.24	\$0.00			\$0.00	\$6,569.24
12014	Data Analyst	\$6,601.06	\$0.00			\$0.00	\$6,601.06
14800	FICA Taxes	\$28,186.37	\$2,125.04			\$2,125.04	\$26,061.33
14810	PERF	\$39,473.65	\$3,188.04			\$3,188.04	\$36,285.61
14840	Health Insurance	\$229,490.84	\$2,026.54			\$2,026.54	\$227,464.30
	<b>Total 10000 Series</b>	<b>\$683,484.00</b>	<b>\$35,804.29</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$35,804.29</b>	<b>\$647,679.71</b>
<b>Acct</b>	<b>20000 Series</b>						
22148	Field Supplies	\$2,431.38	\$0.00			\$0.00	\$2,431.38
	<b>Total 20000 Series</b>	<b>\$2,431.38</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,431.38</b>
<b>Acct</b>	<b>30000 Series</b>						
31015	Consultant Services	\$49,180.00	\$6,000.00			\$6,000.00	\$43,180.00
32020	Travel/Mileage	\$28,442.76	\$0.00			\$0.00	\$28,442.76
32050	Conferences & Training	\$39,078.49	\$177.16			\$177.16	\$38,901.33
32203	Cell Phones	\$5,593.10	\$447.84			\$447.84	\$5,145.26
33368	Public Information & Education	\$453,038.42	\$1,343.37			\$1,343.37	\$451,695.05
36015	Contractual Services	\$31,865.26	\$0.00			\$0.00	\$31,865.26
39010	Dues & Subscriptions	\$780.00	\$0.00			\$0.00	\$780.00
	<b>Total 30000 Series</b>	<b>\$607,978.03</b>	<b>\$7,968.37</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$7,968.37</b>	<b>\$600,009.66</b>
	<b>Total Budget</b>	<b>\$1,293,893.41</b>					
	<b>Total Expenditures</b>		<b>\$43,772.66</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$43,772.66</b>	
	<b>Total Unexpended</b>						<b>\$1,250,120.75</b>
	<b>Net (Monthly)</b>		<b>(\$43,772.66)</b>	<b>\$0.00</b>	<b>\$0.00</b>		
17	<b>FUND BALANCE</b>		<b>(\$91,496.58)</b>	<b>(\$91,496.58)</b>	<b>(\$91,496.58)</b>		

# Health Crisis CoAg

LEAD: Dr. Purushotham - SUPPORT: Amy Ruppe

Valid: 07/01/2023-06/30/2024		Budget	January	February	March	TOTALS	Unexpended
<b>Acct</b>	<b>REVENUE</b>						
00000	Beginning Balance	\$996,265.47				\$996,265.47	
02708	Federal/Grants Reimbursements		\$0.00			\$0.00	
	<b>TOTAL REVENUE</b>	<b>\$996,265.47</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$996,265.47</b>	
	<b>EXPENDITURES</b>						
<b>Acct</b>	<b>10000 Series</b>						
11167	Community Health Worker	\$98,885.00	\$15,482.04			\$15,482.04	\$83,402.96
11180	School Health Liasion	\$63,482.00	\$4,883.24			\$4,883.24	\$58,598.76
11781	Imm Outreach Coordinator	\$11,539.00	\$0.00			\$0.00	\$11,539.00
11782	MIH Coordinator	\$15,000.00	\$0.00			\$0.00	\$15,000.00
11950	Part Time	\$27,355.00	\$0.00			\$0.00	\$27,355.00
14800	FICA Taxes	\$15,851.00	\$1,502.14			\$1,502.14	\$14,348.86
14810	PERF	\$14,873.00	\$2,280.90			\$2,280.90	\$12,592.10
14840	Health Insurance	\$42,700.00	\$0.00			\$0.00	\$42,700.00
	<b>Total 10000 Series</b>	<b>\$289,685.00</b>	<b>\$24,148.32</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$24,148.32</b>	<b>\$265,536.68</b>
<b>Acct</b>	<b>20000 Series</b>						
21030	Office Supplies	\$3,500.00	\$0.00			\$0.00	\$3,500.00
	<b>Total 20000 Series</b>	<b>\$3,500.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,500.00</b>
<b>Acct</b>	<b>30000 Series</b>						
31015	Consultant Services	\$16,616.00	\$0.00			\$0.00	\$16,616.00
32020	Travel/Mileage	\$1,000.00	\$0.00			\$0.00	\$1,000.00
32203	Cell Phones	\$850.00	\$391.86			\$391.86	\$458.14
32550	Miscellaneous Costs	\$757,766.47	\$138.47			\$138.47	\$757,628.00
33368	Public Info & Educ	\$101,000.00	\$341.70			\$341.70	\$100,658.30
	<b>Total 30000 Series</b>	<b>\$877,232.47</b>	<b>\$872.03</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$872.03</b>	<b>\$876,360.44</b>
	<b>Total Budget</b>	<b>\$1,170,417.47</b>					
	<b>Total Expenditures</b>		<b>\$25,020.35</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$872.03</b>	
	<b>Total Unexpended</b>						<b>\$1,145,397.12</b>
	<b>Net (Monthly)</b>		<b>(\$25,020.35)</b>	<b>\$0.00</b>	<b>\$0.00</b>		
	<b>FUND BALANCE</b>		<b>\$971,245.12</b>	<b>\$971,245.12</b>	<b>\$971,245.12</b>		

## **FOOD SERVICES UNIT**

Approximately 75% of the 1680 entities that held food permits, at the beginning of 2024, were renewed; all annual permits are required to be renewed by January 31st. Establishments are assessed a 75% late fee, when they have not renewed their permit by 1/31.

Two Retail stores were instructed to close due to no water in the establishments. A pipe burst in an empty suite, of the complex, where the stores are located. The Fire Department was also called and during their investigation, an issue with the fire suppression system was identified. CVS and Dollar Tree closed due to no water. Three other food service establishments, in the same complex, still had water so they were able to remain open.

IDOH initiated monthly virtual training and shared on-boarding schedules relative to Indiana's new Food Sanitation Requirements 410 IAC 7-26, scheduled to be effective 7/8/2024. Reportedly, the new code is 35% different from the current code which has been in use since 2004. Local Health Departments are expected to receive draft copies, of the new code, by March and in-person day long training sessions are scheduled for May.

Fire investigations conducted on 1/5 and 1/9, respectively at Cheers Pub in Roseland and McDonalds on North Michigan. At Cheers, the fire occurred in a pizza oven and at McDonalds in a deep fryer. In both fires, staff used extinguishers to put out the fires and Fire Department arrived after to assess damages. After cleaning, sanitizing and completing minor repairs, both establishments were given approval, from our department, to resume operations.

## **HEALTH OUTREACH, PROMOTION & EDUCATION (HOPE)**

### Emergency Preparedness/Response:

- Teamed up with Red Cross to put on Psychological First Aid for the health department and its partners. There were 2 sessions – 8:30 AM and 1:00 PM. The 8:30 AM class hosted 13 individuals and the 1:00 PM class hosted 14 individuals. Overall, the event was a success with many positive reviews and remarks. We are hoping to partner together again as some of the health department was not able to join this time.
- Continued to work with St. Joseph County Emergency Management and the city of South Bend to put together an Inclement Weather Best Practices annex to the County Emergency Management Plan (CEMP).
- Attended the District 2 Healthcare Coalition and District 2 Local Health Department meetings. Alongside of the meetings, I also participated in the District 2 Healthcare Coalition Communication Drill via the 800mhz radio.
- Continued to present the All-Hazards Command and Activation Plan to the Unit Director's, currently working on putting together a tabletop exercise to work through following the completion of presenting the plan

### Substance Use Prevention:

- Narcan training @ KROC Center for all administrative/director staff
- Narcan training @ Venues, Parks, Arts for maintenance staff
- Discussed potential vaping presentation with St. Joseph High School for April
- Meeting with State Department of Health about Overdose Snapshot Pilot project

### Maternal/Infant Health:

- Attended FIMR Case Review Launch, Beacon Health System
- Meetings to discuss MIH transition of HOPE to CARE

- Informal meeting with enFocus to discuss infant mortality efforts in County

School Health Liaison:

- Worked with Ashely to transition duties
- Worked on strategic plan for next 6 months

**NURSING**

Nursing Unit has added a new public health nurse! She will be full time and has started her orientation. This is one step farther for St. Joseph County to be able to investigate more local communicable disease cases.

Total Covid 19 cases for January were 350 confirmed positives with 166 probable cases. There was only one Influenza associated death in St. Joseph County.

Animal bites for the month of January were 26 and only two specimens were sent.

Tuberculosis					
	Jan 2024	YTD 2024	YTD 2023	YTD 2022	YTD 2021
Directly Observed Therapies	50	50	26	123	45
Nurse Visits	38	38	28	14	12
QFT Ordered	2	2	1	1	1
CXR	0	0	0	0	0
New Active Cases	0	0	0	0	0
<b>Active TB Cases Following</b>	2	2	1	5	2
<b>Latent TB Cases Following</b>	35	35	28	16	15

Combined with all clinics totaled, have seen over 270 patients, and given over 609 immunizations. Since this is the slower season with the clinics, mobile is reaching out to have scheduled days for places like the BABE Store and other community partners. The Mobile Team also is working with assisted living facilities to provide immunizations for patients that can't come to the health department.

**MOBILE UNIT**

In January, the mobile team worked with the BABE Store and WIC clinic to offer vaccines for infants and their families. We were focusing on RSV vaccines but also gave other immunizations. We also continued our existing partnerships with other organizations. The mobile team saw 64 patients and gave 85 vaccines in January.

**Clinics**

1-9,11, 18, 23, 25 and 30, 2024 BABE Store  
 01-18-24 La Casa  
 1-18-24 Hannah's House

01-24-24 100 Center Hi-Rise  
 01-31-24 Briarcliff Nursing Home

## VITAL RECORDS UNIT

	<u>Records Filed in January 2024</u>	<u>YTD 2024 Occurrences</u>	<u>YTD 2023 Occurrences</u>	<u>YTD 2022 Occurrences</u>
<b><u>Statistics*</u></b>				
Total Births	320	342	356	348
Total Deaths	295	295	297	371

Birth & Death data reflected as of 02/14/2024.

**\*Statistics are subject to change. Statistics were generated from DRIVE.\***

## LEAD COMBINED UNIT

Environmental lead is harmful to the physical, mental, and social development of young children. To combat the risks that lead poses to children and families, the Department utilizes a collaborative, multi-unit response that includes the Public Health Nursing, Environmental Health, and CARE Units to provide services to St. Joseph County residents.

While there is no safe level of lead in the blood, a lead level of 3.5µg/dL is considered elevated. Any confirmed result of 5µg/dL and above is enrolled in case management until there are two consecutive levels below 5. Results between 3.5 – 4.9µg/dL are monitored until the level drops to below 3.5µg/dL.

### Testing

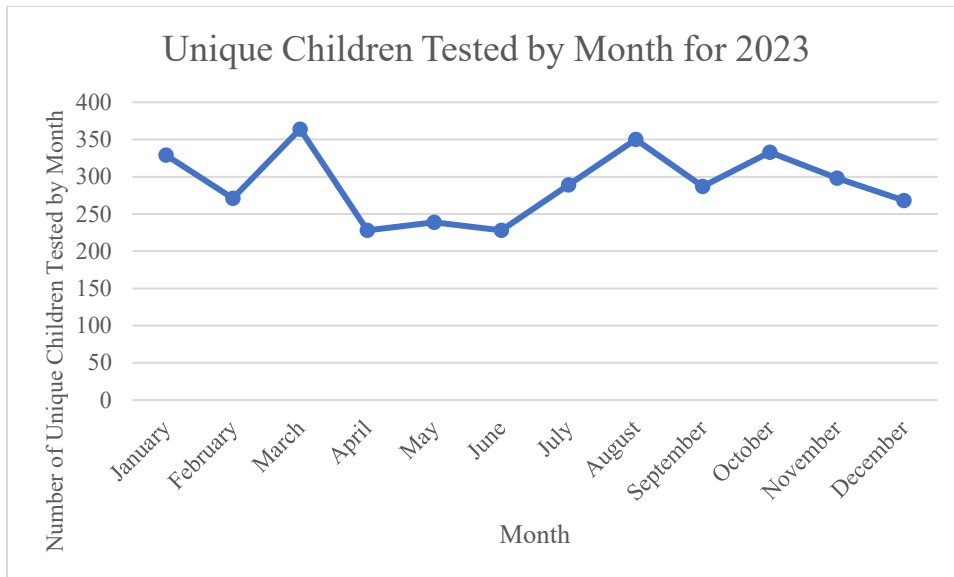
#### Lead Tests Across St. Joseph County

This chart is always two months behind due to when it is received from IDOH. For example, on February 1, 2024, the report will include all lead tests drawn in December of 2023.

#### Tests drawn from December 1, 2023 – December 31, 2023

<b>Pb Level (ug/dL)</b>	<b>Venous</b>	<b>Capillary</b>	<b>Unknown</b>	<b>Total</b>
<b>0</b>	28	33	0	61
<b>0.1-3.4</b>	40	117	0	157
<b>3.5-4.9</b>	9	9	1	19
<b>5-9.9</b>	12	6	0	18
<b>10-19.9</b>	4	2	0	6
<b>20-29.9</b>	2	0	0	2
<b>30-39.9</b>	3	0	0	3
<b>40-49.9</b>	0	0	0	0
<b>≥50</b>	2	0	0	2
<b>Total</b>	<b>100</b>	<b>167</b>	<b>1</b>	<b>268</b>

**There were three duplicate tests in the month of December, 268 unique children were tested.**



### Elevated Tests by Zip Codes

This table provides where we are seeing the most amount of elevated lead draws in the County by zip code. For example, in 2023, the zip code of 46613 repeatedly had one of the highest amounts of elevated lead tests. This could stem from a variety of factors (i.e., population size).

Zip Code	December 2023	YTD 2023
46613	12 elevated	64 elevated
46628	3 elevated	44 elevated
46619	1 elevated	32 elevated
46601	4 elevated	24 elevated
46614	3 elevated	22 elevated
46544	4 elevated	20 elevated
46615	2 elevated	12 elevated
46616	1 elevated	9 elevated
46545	0 elevated	5 elevated
Zip Code	December 2023	YTD 2023
46637	0 elevated	4 elevated
46617	1 elevated	4 elevated
46530	0 elevated	3 elevated
46561	0 elevated	2 elevated
46635	0 elevated	2 elevated

### Community Outreach Settings

One part of the lead initiative is to offer lead testing for children aged 6 years and younger. We provide testing to the community by hosting lead events at daycares, churches, or elementary schools. We aim to host two events per month. The events are organized and conducted by the Health Promotion Specialist, Assistant Director of CARE and the CHWs from the CARE unit.

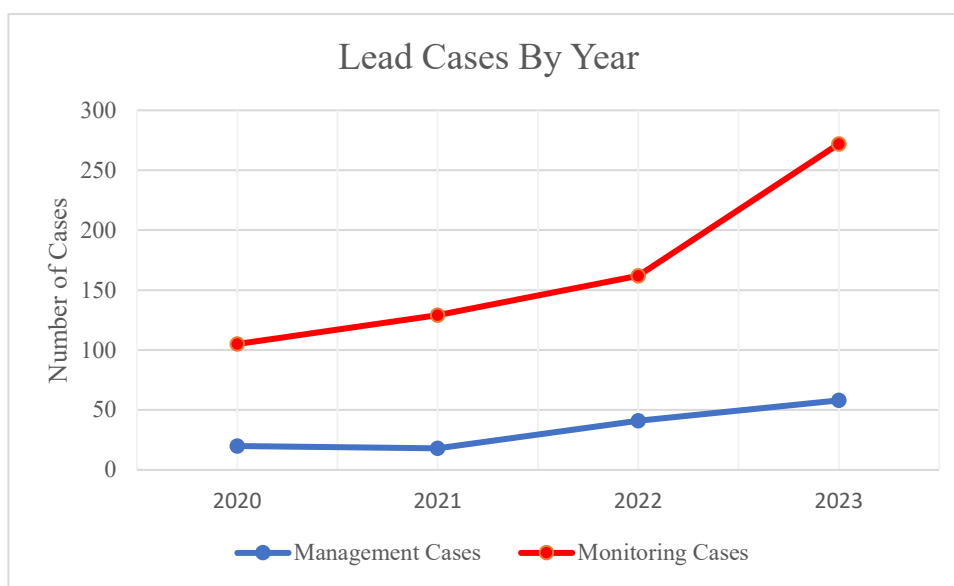
	Jan 2024	YTD 2023	YTD 2022	YTD 2021
<b>Events</b>	1	40	22	0
<b>a. Children Tested</b>	0	265	183	0

### Case Numbers

Public Health Nursing receives elevated blood lead level (EBLL) reports from IDoH. They create and assign lead case investigations based on the lead level. A Public Health Nurse receives cases for management with elevated levels  $\geq 10$ ug/dL. Community Health Workers (CHWs) receive cases for management with levels between 5 ug/dL and 9.9 ug/dL. In addition to case management, the CHWs follow up on unconfirmed cases (those who have an initial test with a BLL above 3.5 ug/dL) and families in case monitoring (confirmed BLL of 3.5-4.9 ug/dL). For unconfirmed cases, our CHWs attempt to hand deliver education and forms for the child to receive a confirmed test at LabCorp. The Disease Investigation Specialist follows up with primary care providers and parents for repeat testing and risk assessment requirements.

#### Current Case Numbers as of 1/31/2024

Case Management	Case Monitoring	Unconfirmed Cases
86	121	56



### Risk Assessments

The Environmental Health Unit's lead risk assessor's role is to determine potential sources of exposure to lead through dust sampling, soil sampling, water sampling, and XRF testing of paint and other miscellaneous items such as toys or furniture. The environmental risk assessment helps families understand where the lead exposure is likely coming from, how to address these hazards to mitigate further exposure, and how to prevent new lead hazards from appearing in the home.

Activity	Jan 2024	YTD 2023	YTD 2022	YTD 2021	YTD 2020
A. Lead Risk Assessments	4	8	2	2	9
i. EBLL Assessments	2	6	2	0	5
ii. Parent Requests	2	2	0	2	4

<b>Activity</b>	<b>Jan 2024</b>	<b>YTD 2023</b>	<b>YTD 2022</b>	<b>YTD 2021</b>	<b>YTD 2020</b>
B. Clearances	9	3	3	2	5

**HEALTH OFFICER**

Report in the Health Officer Presentation and Report portion.

Respectfully,

Diana Purushotham, MD  
Health Officer





**ST. JOSEPH COUNTY**  
**DEPARTMENT OF HEALTH**  
Prevent. Promote. Protect.

# Food Services & Pool Program

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH  
OPTIMAL HEALTH FOR A THRIVING ST. JOSEPH COUNTY

# Who we are...

106.5 years of combined  
department service

Carolyn Smith, Director : 27 years

Karen Teague, Assistant Director : 23  
years

Sarah DeFreeuw, Administrative  
Assistant: 2 years

Sharyl Smith, Staff Assistant : 26 years

► Food Safety Inspection Officers  
(FSIO)

Melissa Papp -12 years

Lynette Wesby – 8 years

Jacob Parcell - 6 years

Kaitlyn Hammes - 1.5 years

Jamie Young - 1 year

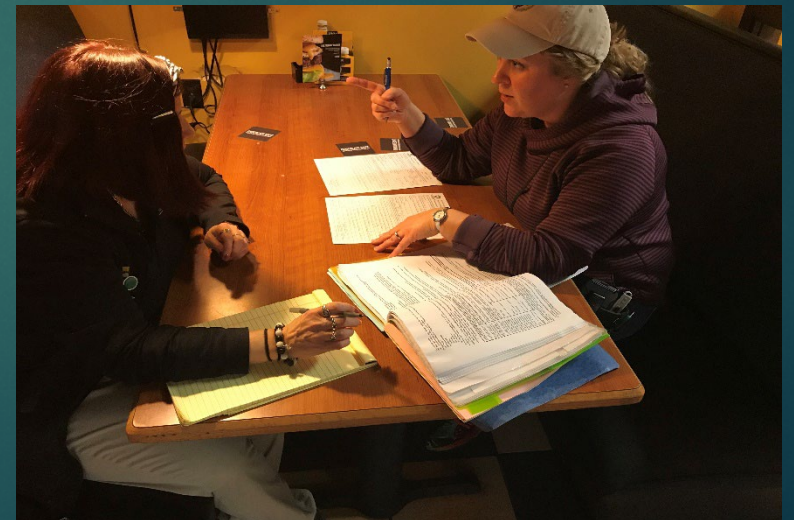


# Who we are...

- ▶ As Food Safety Inspection Officers (FSIO), we are agents of IDOH, empowered by law to conduct food safety inspections.
- ▶ We are agents of the County Health Officer.
- ▶ We are educators who enforce laws and regulations to prevent food related illness and disease.
- ▶ We are instructors who assure adherence to the most current food industry best practices.
- ▶ We are communicators who report operator compliance to ensure safe food is served to all who reside in and visit St. Joseph County.
- ▶ We are Certified Food Protection Managers (CFPM) and Certified Pool & Spa Operators (CPO®).

# What we do...

- ▶ We inspect food establishments to assess their overall level of compliance to food safety regulations and monitor their adherence to food handling practices.
- ▶ We enforce laws and regulations that protect public health and ensure food safety.
- ▶ We review past inspection reports and check records maintained at the establishment.
- ▶ We observe and interview food staff to make an accurate assessment of their overall understanding of food safety and sanitation requirements.
- ▶ We recommend appropriate interventions and/or corrective actions, if risk factors are cited.



# Why we do it...

- ▶ As Food Safety Inspection Officers (FSIO), we are mandated to enforce federal codes, state regulations and local ordinances.
- ▶ Federal, state and local laws give local health departments the authority to perform food establishment inspections.
- ▶ The main goal, of any inspection performed by a FSIO, is prevention and reduction of foodborne illness.

# Frequency of Inspections

**The frequency of inspections is based on risk. Facilities with menu items and procedures that present a greater potential risk are inspected more frequently.**

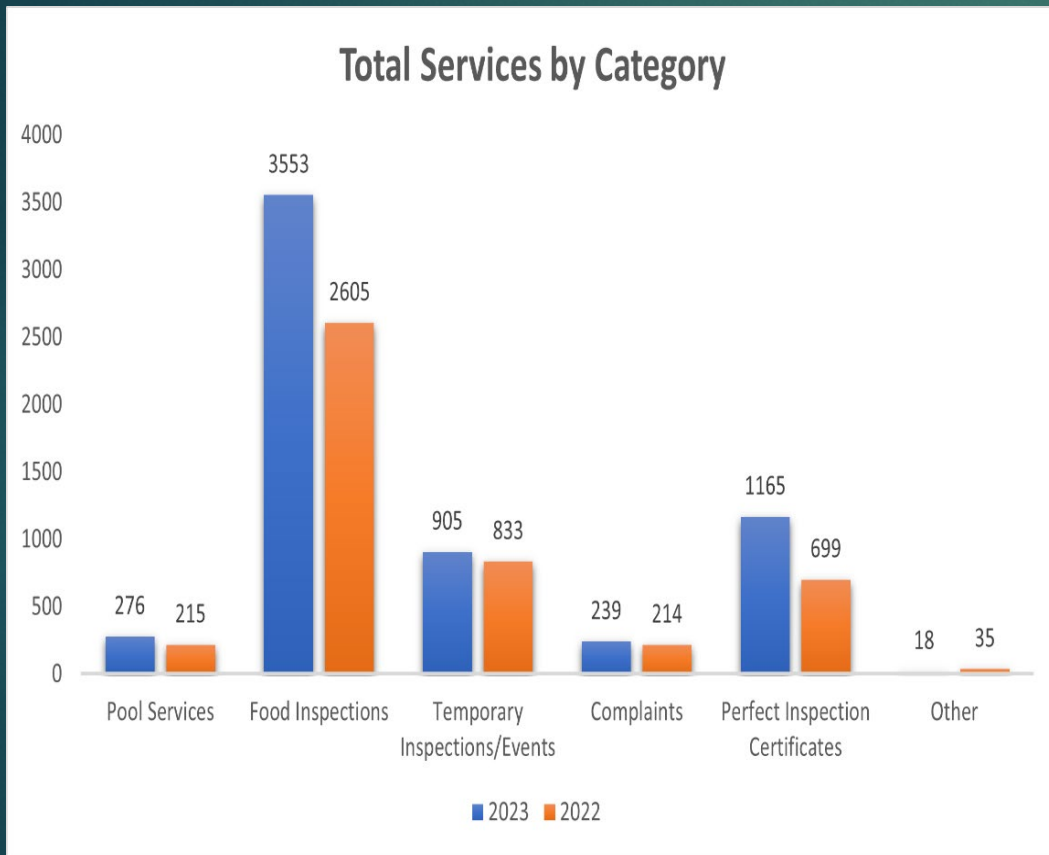
**Factors determining inspection frequency may include:**

- ▶ Type of food served/sold
- ▶ Amount of preparation/handling required
- ▶ Quantity of food prepared
- ▶ The population served

**General Timeline for inspections:**

- higher risk facility: could be inspected 3-4 times annually
- moderate risk facilities: 2 times annually
- low risk facilities : annually
- Routine inspections are unscheduled and unannounced

# 2023 vs 2022 Service Numbers

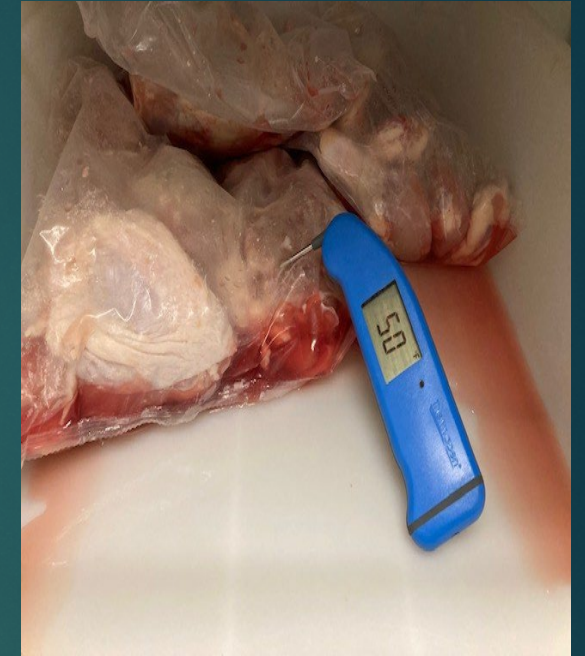


- ▶ Retail inspections: 3441
- ▶ Perfect Inspection Certificates: 1165
- ▶ Food Service Complaints: 204
- ▶ Food Store Complaints: 30
- ▶ Abatement Correspondence: 4
- ▶ Opening Inspections: 112
- ▶ Temporary Events: 267
- ▶ Temporary Inspections: 638
- ▶ Possible Food Borne Illness Investigations: 9
- ▶ Smoking Complaints: 5
- ▶ Fire Investigations: 5
- ▶ Pool Inspections: 145
- ▶ Pool Consultations: 2
- ▶ Pool complaints: 6
- ▶ Pools Closed: 123

- Retail Inspections : 2,453
- Perfect Inspection certificates: 699
- Food Service Complaints: 205
- Food Store Complaints: 27
- Abatement Correspondence :16
- Opening Inspections: 152
- Temporary Events: 234
- Temporary Inspections: 599
- Possible Food Borne Illness Investigations: 8
- Smoking Complaints: 2
- Fire Investigations: 10
- Pool Inspections: 145
- Pool Consultations: 0
- Pool Complaints: 3
- Pools Closed: 67

# Routine Inspections

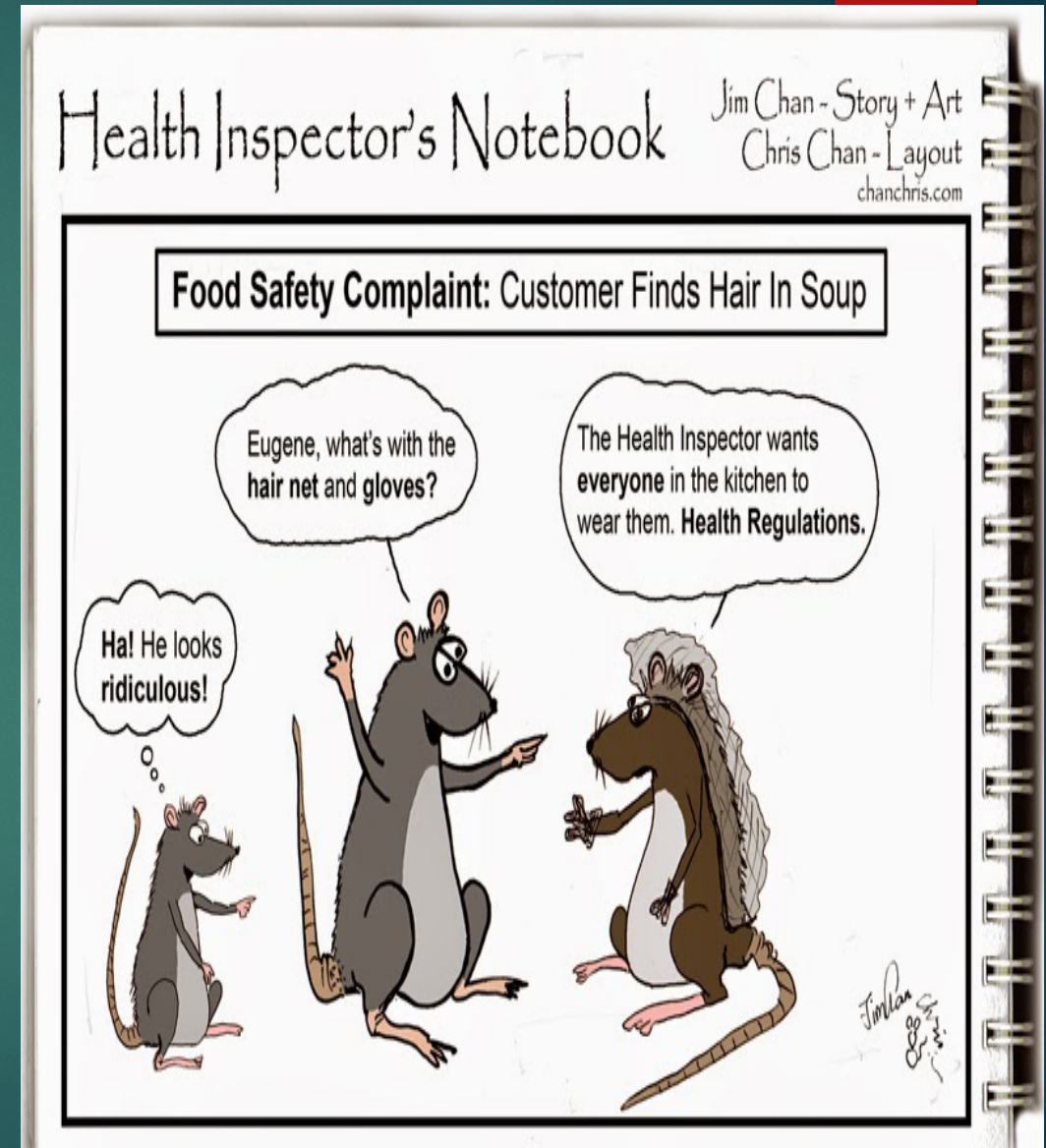
- ▶ Ensure compliance with food safety code requirements.
- ▶ Evaluate risk factors most frequently identified as causing foodborne injury.
- ▶ Monitor overall sanitation practices.
- ▶ Provide education on best practices.
- ▶ Review employee hygiene policies.





# Complaints

- ▶ Investigate consumer reported non-compliances/concerns
- ▶ Implement corrective actions
- ▶ Address questionable procedures



# Possible Food Borne Illness (PFBI)

**A PFBI is defined as an incident involving two (2) or more cases of a similar illness resulting from the ingestion of a common food.**

- ▶ Collaborate with Public Health Nurses, HOPE, and IDOH
- ▶ Inspect the establishment
  - ▶ HACCP
  - ▶ Review flow of food
  - ▶ Food samples
  - ▶ Procedures
  - ▶ Trace back food supply
  - ▶ Review establishment's health policies and employee illnesses

# Fire Inspections

- ▶ Inspect establishment after fire
- ▶ Evaluate foods and/or supplies for disposition
- ▶ Examine equipment for damage, cleanliness and sanitization
- ▶ Schedule date to reinspect for re-opening



# Temporary Event Inspections

“Temporary Events” are transitory public gatherings that take place for a specific purpose or special event; they typically, cannot exceed 14 consecutive days. The 4HFair, Art Beat, Shipshewana on the Road, Kamm Island Fest, Osceola Music Festival and last year’s Fusion Fest are a few examples.

Temporary food operations present unique circumstances that require more vigilant adherence to safe food handling guidelines. In addition to the requirements for time, temperature and handwashing, food prepared and served outside, may be at higher risk for environmental contamination, insects, etc.



# Food Trucks

Since the City of South Bend amended its ordinance in 2015, mobile food trucks have been allowed to operate independently of any designated event or celebration.

Since then, mobile truck vendors have increased, exponentially.

Vendors operating a mobile truck are required to hold both a mobile food truck and a commissary permit.

Mobile Food Trucks are required to return to an operating base location (commissary), at least every 24 hours, for discharge of liquid or solid wastes, refilling water and ice bins, vehicle and equipment cleaning, and boarding food.



# Home Based Vendor

- ▶ While, Home-based vendors (HBV) are not required to hold permits, nor are they inspected, our food unit fields 3-4 weekly inquiries from individuals about operating as a HBV, out of their home.
- ▶ State law allows the sale of non-potentially hazardous (PHF)/temperature controlled for safety (TCS) foods to be prepared by a HBV.
- ▶ As the local regulatory authority, SJCDoH has no oversight of any HBV, however all home-based vendors must obtain a food handler certificate, from a certified issuer, that is accredited by the American National Standards Institute(ANSI) and record of the HBV's certification is to be maintained with the LHD.



# SJCDoH Pool Program

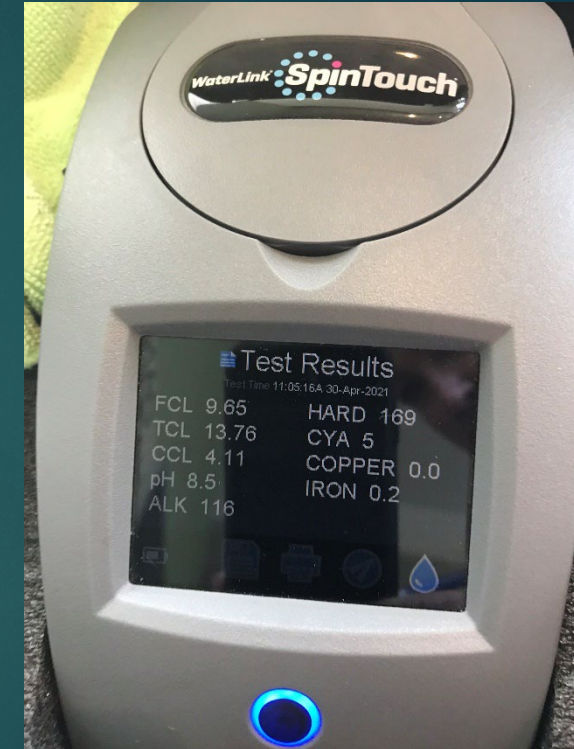
Swimming and other water-based activities are fun and healthy ways to be physically active, however, there can be potential risks.

In our Food Unit, several inspectors hold the Certified Pool Operator® certification and are trained to conduct pool inspections to ensure that all who reside in and visit St. Joseph County have safe swimming experiences that pose minimal risk of illness or injury.



# Aquatics

- ▶ Inspect all Public and Semi-public pools and spas
  - ▶ Chemical levels
  - ▶ Signage
  - ▶ Lifesaving equipment
  - ▶ Lifeguard requirements
  - ▶ Monitor weekly bacterial water reports
  - ▶ Investigate complaints
  - ▶ Consultations
  - ▶ Ensure Virginia Graeme compliance and investigate drownings





# Aquatics

- ▶ New pool construction is reviewed and approved by the Indiana Department of Homeland Security.
- ▶ SJCDoH offers consultations to new pool operator regarding correct signage, life saving equipment, pool chemistry and sanitary facilities.
- ▶ Public and semi-public pools and spas are inspected 1 time annually with any follow-ups as needed.
- ▶ SJCDoH inspections are based on Indiana State Public and Semi-Public Pools Rule 410 IAC 6-2.1



## Saturation Index Calculation

Saturation Index Factors						Total Dissolved Solids Factor	
Temperature	Calcium Hardness (Expressed as CaCO <sub>3</sub> )		Total Carbonate Alkalinity		TDS	Factor	
*F	Tf	ppm	Cf	ppm	Af		
32	0.0	25	1.0	25	1.4	≤800	12.1
37	0.1	50	1.3	50	1.7	801-1,500	12.2
						1,501-2,900	12.3
						2,901-5,500	12.4
						>5,500	12.5

$$\text{SI} = \text{pH} + \text{Tf} + \text{Cf} + \text{Af} - \text{TDSf}$$

Saturation Index = pH as tested + Temperature factor + Calcium factor + Alkalinity factor - TDS factor

# 2024 Goals

- ▶ Training and preparation for implementation of 2024 food code 410 IAC 7-26
- ▶ On boarding of county-wide Integrated Permit Processing System
- ▶ Update County Ordinance to reflect new revised food code

THANK YOU!  
COMMENTS/QUESTIONS?



"I warned you about eating at your desk.  
The Board of Health impounded  
your keyboard."

## **St Joseph County Department of Health: Strategic Plan 2024-2028**

**Vision:** Optimal health for a thriving St. Joseph County.

**Mission:** To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County.

### **Summary:**

The purpose of this strategic plan is to outline the Health Department's goals, plans and initiatives for creating a healthier St. Joseph County. The Health Department is committed to meeting and exceeding the delivery of our core public health services and will have an increased focus on evidence-based programming and data collection to drive implementation of future health initiatives. In the next four years, the Health Department will also implement novel measures to improve infant-maternal child health, reduce the impact of obesity-related chronic conditions, and address mental health needs in our community. The St. Joseph County Department of Health (SJCDoH) is invested in strengthening its presence in the community and remaining a neutral space for reliable, evidence-based information that promotes, protects, and secures healthy living for all those that reside and visit St Joseph County.

### **Introduction:**

The current life expectancy of resident of St. Joseph County is 76.2 years compared to 76.5 years for residence of Indiana<sup>1</sup>. It is also noted that the top 3 leading causes of death in the county include lung cancer, heart disease and accidents<sup>2</sup>. Obesity associated chronic conditions such as heart disease and diabetes mellites are increasing in our community and our coupled with a rise in childhood obesity. Another important trend in St. Joseph County is the increase in substance abuse and mental health challenges following the COVID pandemic<sup>3</sup>. In addition, maternal and child health continue to be poor in our community due to a significant need for early prenatal care and improved management of high-risk pregnancies. According to the Indiana Department of Health (IDOH), St. Joseph County is ranked 65 out of 92 counties in Indiana for infant mortality. The Fetal Infant Mortality Review (FIMR) review from 2017-2021 reported that 56.3% of infant deaths had a good chance of prevention, providing us with insights on methods to improve infant health. Finally, lead poisoning continues to be an area of active work for the SJCDoH, as approximately 70% of homes built before 1978 contain lead paint<sup>4</sup>. The SJCDoH will continue to monitor, grow, and support initiatives that improve the health of all those that reside and visit St. Joseph County.

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<sup>1</sup> Indiana Department of Health Score card 2023

<sup>2</sup> Burden of Disease Report, St. Joseph County, Indiana 2020

<sup>3</sup> SAMHSA, Disaster Technical Assistance Center Supplemental Research Bulletin, A preliminary look at mental health and substance use- related effects of Covid-19 pandemic, May 2021.

<sup>4</sup> SJCDoH internal data calculations, based on census data from 2022.

## **The Strategic Plan:**

The strategic plan focuses on community engagement, evidence-based programming, and strengthening the infrastructure of the Department of Health.

### **Community Education:**

*Objective:* To establish the health department as a reliable source for public health information in our community.

*Rationale:* Accurate health information is key to enabling people with the necessary tools to make choices that improve their health outcomes.

*Plan:* A specialized Health Promotion Specialist (HPS) will collaborate with community partners and the Community Health Workers (CHWs) to deliver practical health education.

- The HPS will host community-tailored conferences, events, and one-on-one sessions with community members to promote best practices and address health conditions such as hypertension, diabetes, obesity, and cancer prevention.
- The SJCDoH will partner with community experts to create, deliver, or participate in health promotion programming.
- The SJCDoH will ensure our website has up to date resources on health information and references to local groups and programs in our community.

### **Community Partnership**

*Objective:* To collaborate with key stakeholders in evaluation, monitoring, and delivery of public health related services.

*Rationale:* Embracing partnership and collaboration with key community stakeholders can provide a variety of avenues to increase understanding of health in our community. It also provides an opportunity for the SJCDoH to be a source of reliable information and support for local partners with similar goals to improve the health of our community.

*Plan:*

- Use Health First Indiana (HFI) grant opportunities to collaborate on health initiatives, improve the delivery of health care services, and strengthen SJCDoH relationships with community partners.
- Create a Director of Community Partnership and Development position within the SJCDoH to increase collaboration with community partners and ensure that HFI grant recipients are well-positioned to execute their programming and report the results.
- Create an action group that convenes with key stakeholders in different sectors that influence public health with the mission to collaborate, share information on the state of health in the county and develop complementary programming and interventions to positively impact public health.
- Create a collaborative Social Needs Assessment for St. Joseph County
- Collaborate with educational partners and formalize an internship and fellowship opportunities within the SJCDoH to facilitate an understanding about public health and its impact on our community. In addition, to increase general education to community

learners, the SJCDoH will also create a public facing online portal for students to view educational opportunities within the SJCDoH.

- Engage volunteers in the community to augment the work of the health department and increase community participation. The SJCDoH will create a formal volunteer program that will engage individuals with various experiences and match them with projects and opportunities within the SJCDoH, to cultivate a community of service in the sphere of public health.

### **Strengthen the Structure of the Health Department**

*Objective:* To review the structure of the health department and identify opportunities for growth and streamlining of services.

*Rationale:* Coupling the structure of the department with its mission, goals and objectives will ensure increased accountability, transparency, and productivity of the department.

*Plan:*

- Review and adjust the current organizational chart to reflect the goals of the department and Health First Indiana funding opportunities.
- Review staff workspace allocation to improve communication and workflow efficiencies.
- Improve Employee Recruitment and Retention
  - o Update the SJCDoH personnel policy, last updated in 2000.
  - o Implement an Anniversary Recognition initiative.

### **Improve Public's Experience**

*Objective:* Use technology to improve the health department's public interface. This will include updating the website and portals to make it easier for the public to access SJCDoH services and information.

*Rational:* Increased accessibility will improve the use of services offered by SJCDoH, enhance the public experience, and increase our ability to effectively communicate with the public.

*Plan:*

- Update our website to make it more user friendly and easier to navigate.
- Utilize CivicGov to make it easier for the public to obtain license and permits.
- Hire a communication specialist who will support website management, improve communication strategies, increase social media footprint and methods for public engagement.
- SJCDoH will consider creating a health department app from which people can obtain push notification for health advisories and make it easier for people to access the services offered by the health department.
- Create a public-facing dashboard on public health information that is shared in an easy to view and understandable manner.
- Implement the Force 5 contract to advertise the Community Health Worker program and to increase connection to resources.

## **Develop Impactful and Evidence-Based Programming**

*Objective:* To develop programming within the health department that supports the public health needs of the community that is evidence-based with measurable outcomes.

*Rationale:* Collection of baseline data and use of evidence-based programming will enable the SJCDoH to monitor implementation, measure the impact of health interventions, and ensures resources are spent appropriately.

*Plan:*

- Use data that is currently available to act on public health issues that have been demonstrated to be areas of need in our community. Including, but not limited to: maternal and child health, chronic conditions, radon toxicity, lead poisoning and mental health.
- Programs will be evidence based and data driven. SJCDoH will collect and monitor data to measure success and identify opportunities for improvement throughout the process.
- When appropriate, data on projects will be published for our community to review. This will promote engagement, transparency, and hopefully foster discussion on programming and outcomes that can be utilized by others or help tailor future projects.
- Avoid duplication: The SJCDoH will plan to partner with programs already established that are achieving public health goals to prevent duplication of services. If there are gaps in services offered, then the health department will consider programming that would address those needs to ensure that everyone is able to access important health initiatives within the county.

## **SJCDoH Services and Programming**

*Objective:* SJCDoH will develop and strengthen programming that improves public health through the use of Health First Indiana funding.

*Rational:* By further investing in services already provided by SJCDoH we can maximize our capacity to meet the increase community demand as well as develop public health focused programming to better serve the health and wellness of all that reside in and visit St. Joseph County.

*Plan:*

- Environmental Health Unit
  - Develop a robust vector program to protect from vector borne diseases. We are noticing higher rates of mosquitoes carrying West Nile, that are presenting earlier in the summer, spanning a longer season and covering a larger area.
    - Provide 1.5 FTE to allow for dedicated team to provide robust surveillance and earlier mitigation of mosquitoes.
    - Increase tick surveillance.
    - Develop educational programming on mosquitoes and ticks.

- Offer Lead Renovation, Repair, and Painting (RRP) training for lead remediation.
  - Augment the SJCDoH's current lead initiatives by offering RRP classes to allow property owners, maintenance staff and the public to receive RRP certification so they can safely handle lead remediation.
- Radon surveillance and mitigation programming
  - Radon is the number one cause of Lung Cancer in non-smokers<sup>5</sup>. Radon levels are expected to be elevated in 1 out of 4 homes in St. Joseph County<sup>6</sup>. Some regions such as New Carlisle, North liberty and Walkerton are affected more and will require additional outreach to screen for elevated radon levels.
  - Utilize CHWs to deliver and record radon levels in homes, using home radon kits to track levels to collect data on the areas most affected. In addition, CHWs will provide education and increase awareness about radon in our community.
  - Partner with local governmental groups or community partners to help subsidize remediation and provide education on safe practices for all those noted to have high levels of radon in their homes.
- Improve the septic permitting process.
  - Hire an additional Environmental Health Specialist to assist with septic inspections.
  - Utilize CivicGov as a method to streamline the septic permitting process and increase transparency.
- Nursing Unit
  - Immunization
    - According to Indiana Department of Health, St Joseph County is ranked 87 out of 92 counties in terms of the number of children less than 3 years old completing recommended vaccine series at a rate of 48.8%<sup>7</sup>. The SJCDoH will aim to ensure appropriate reporting in CHIRP and increase educational awareness and access to vaccines.
      - Develop a method to ensure that immunizations completed by health professionals are inputted into CHIRP and to provide additional support where needed.
    - Increase access to immunization by participating in more local community events using our mobile clinic.
    - Use Health First Indiana grant funds to partner with community partners to identify unique ways to reach those individuals that need vaccinations by increasing access and education.

<sup>5</sup> Environmental Protection Agency estimates. [Health Risk of Radon | US EPA](https://www.epa.gov/radon/health-risk-radon#head): <https://www.epa.gov/radon/health-risk-radon#head>

<sup>6</sup> DOH internal Data, extracted from radon tests collected from 2003-2017 that had a Radon level at EPA Action Threshold of 4.0 pCi/L or higher.

<sup>7</sup> Indiana Department of Health score card: [Health First Indiana: County Health Scorecard](https://www.in.gov/healthfirstindiana/county-health-scorecard/) <https://www.in.gov/healthfirstindiana/county-health-scorecard/>



- Hire a school health liaison to improve the health of students. This job will assist with education and support to increase access to immunization. They will also facilitate new initiatives such as a mobile dental program for school aged kids aimed at improving oral health.
  - Increase capacity to complete communicable disease investigations and reduce our need for state support to manage the high volume.
    - The SJCDoH will hire an additional public health nurse and Disease Investigation Specialist (DIS) to ensure that we can report and manage all communicable disease investigations and reduce the need for state support.
- Food Services/Pool Unit
  - Hire an additional FTE to support pool and food inspection.
  - Support an online portal for permits through CivicGov
  - Stay up to date with the new 2024 food code ensure appropriate communication and support to the community food establishment regarding these changes.
  - Provide community education when requested to explain the safe process for food handling.
- Vital Records
  - Continue to work on processes to move into an electronic system with an easier community facing interface.
  - Update the binding of old books, to preserve the integrity of our vital records.
  - Add an additional FTE to accommodate changes in the state rules regarding obtaining birth certificates for those born at another county.
  - Create a referral program through CHWs to obtain free birth certificates for those who cannot afford them.
- Continue to foster and develop our multi-unit Lead Poisoning Program
  - This currently includes members from our environmental health, CHWs, Disease investigation specialists (DIS), Public Health Nurse (PHN) and perinatal lead coordinator.
    - Share educational material and resources for lead poisoning.
    - Continue to promote and develop the Lead Free by 3 campaigns.
    - Work to prevent lead exposure to newborns by promoting early lead screening and testing of high-risk homes for pregnant women.
    - Increase outreach events, programs, community partnership and coordination with local health professionals to ensure appropriate Lead screening.
    - Continue community collaboration with lead awareness and testing programs.
- Community, Access, Resources, and Education Unit
  - Develop educational programs and presentations that address hypertension, diabetes, nutrition, and cancer. These resource and educational workshop will be conducted at community sites and available by requests through our website. We will use CHWs to further support health education promotion in our community.

- Elder care and fall prevention
  - Recognizing the unique needs of our elderly population a health promotion specialist will promote healthy behaviors tailored to that demographic. These topics will include but are not limited to: fall risk reduction techniques, resource navigation to include hearing aids, vision and hearing screening, general resources for the senior population and fostering a sense of community and friendship to promote their overall health.
- Mental Health
  - During the COVID pandemic and thereafter we as a community have begun to recognize the increased need for mental health support. The SJCDoH will continue to play a role in working with our community partners to improve mental health and the overall wellbeing of our community.
  - A health promotion specialist will be dedicated to mental health programming, coordination, data collection and assisting with addressing the stigma of mental health.
    - This role will promote healthy strategies for individuals to deal with stress, anxiety, and social factors that exacerbate mental health conditions.
    - The HPS will also have a unique focus on addressing mental health in pregnant and post-partum women.
  - Continue to lead substance use prevention initiatives including our naloxone distribution, training and harm reduction efforts.
- Trauma and Injury Reduction
  - Increase local car seat safety and injury programs for community members.
  - Increase services for seniors with a focus on fall risk reduction programs.
- Maternal and Child Health
  - St Joseph County is currently ranked 65 in the state of Indiana for infant and child mortality. However, the FIMR review (2014-2021) stated that 56.3% of infant deaths had a good chance of prevention.
  - SJCDoH will hire a maternal and child health coordinator to develop and collaborate with community health professionals to address the issue of maternal and child health. There will be a focus on increasing access to early prenatal care and methods to support mothers during and after birth to ensure that both they and their baby have the resources necessary to be healthy and thrive.
  - The coordinator will also work with 3 CHWs dedicated to maternal infant health (MIH-CHWs) that will work exclusively on improving maternal and child health. The MIH-CHWs will be located at centers where women find out they are pregnant. They will provide insurance navigation support and connection to resources both within the SJCDoH and the community that are specific to mothers and their partner's needs.

- Use HFI funding to support innovative programs in our community that address maternal and child health.
- Convene community partners, stakeholders, and leaders on maternal and child health issues so we can move the needle on maternal and child health.
- Consider building a memorandum of understanding with health systems in which we utilize our CHWs to ensure women have appropriate insurance coverage. In return, the health systems will see the patient for their prenatal care within 2 weeks of referral.

The above are a few of the programs we will be implementing to grow and strengthen the services the SJCDoH offers to the community. However, it is important to acknowledge all the work the health department already does in the areas of food and pool safety, environmental health, nursing, and vital records that continues to keep our community safe and healthy.

Respectfully submitted,

Diana Purushotham MD  
Health Officer  
St Joseph County Department of Health



# St. Joseph County Department of Health

*"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County"*

**ST. JOSEPH COUNTY**  
**DEPARTMENT OF HEALTH**  
*Prevent. Promote. Protect.*

February 9, 2024

St. Joseph County Board of Health  
County City Building, 8<sup>th</sup> Floor  
South Bend, IN 46601

Members of the Board of Health,

The Department of Health would like your support to apply for the Immunization CoAg Grant. The Indiana Department of Health has issued grant funds to support immunization services to continue to increase childhood immunization rates, improve access to immunizations, increase influenza & other recommended vaccines and reduce the barriers to vaccination.

Attached is the Grant Application Data sheet, prepared by Jodie Pairitz, Director of Nursing.

If you have any questions, I can be reached at 574-235-9750 Ext. 7903.

Thank you for your consideration of our request.

Sincerely,

Diana Purushotham, MD  
Health Officer

DP:JP:jsp

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

This 21<sup>st</sup> Day of February 2024 by a vote of (Aye) \_\_\_\_\_ to (Nay) \_\_\_\_\_ Abstain \_\_\_\_\_

\_\_\_\_\_  
John W. Linn, P.E.  
President, Board of Health

\_\_\_\_\_  
Michelle Migliore, MD  
Vice President, Board of Health

227 W. Jefferson Blvd. | 8th Fl. | South Bend, IN 46601  
P: (574) 235-9750 | F: (574) 235-9960



@stjosephcountyhealth



@sjchealth

## GRANT APPLICATION DATA

### **What is the purpose of the grant (provide as much detail as possible)?**

The Indiana State Department of Health has issued grant funds to support immunization services to continue to increase childhood immunization rates, improve access to immunizations, increase influenza & other recommended vaccines, and reduce the barriers to vaccination.

### **How many individuals do you expect to reach with this grant?**

St. Joseph County has over 272,000 + individuals. The Nursing Division with this grant will be able to support staff so that the County Health Department will be able to provide as much coverage for as many individuals the need to be up to date with immunizations as possible.

### **How will you track and evaluate the success of the program/grant?**

Continued evaluation each quarter and monthly meetings with the Health Officer, Immunization Outreach Coordinator, School Health Liaison, and Director of Nursing to look at data collected from the state website (CHIRP) and the electronic medical record system, Athena.

### **Who will be accountable for fiscal information?**

Amy Ruppe, Administrator

### **Who will be responsible for compliance with grant guidelines?**

Jodie Pairitz, MSN RN, Director of Nursing  
Shelly Chaffee, Outreach Immunization Coordinator  
Dr. Diana Purushotham, Health Officer of St. Joseph County

### **What is the term of the grant (i.e., July 1, 2023 - June 30, 2024)?**

July 1, 2024- June 30, 2024

### **What is the total grant award?**

We will be requesting approximately \$616,000

### **Is this a renewable grant? If so, how often/long?**

It is unknown at this time if the grant will be renewable.

### **Is there a match for the grant? If so, how much and how will it be funded? Is this match in dollars or in-kind contribution?**

There is no match required.

### **Is there or will there be any capital costs for the grant (i.e., vehicles, location (building), equipment)?**

No.

### **Give the number of employees the grant would support?**

Six (6) part-time staff and three (3) full-time staff for a total of nine (9).

### **How would your department plan or would you continue operations after the grant expires?**

We would pursue other grant funding and absorb operations as able and look to community partners to sustain the efforts.



**Dear Local Health Department Health Officers and Administrators:**

The Indiana Department of Health (IDOH) Immunization Division anticipates receiving grant funding that will be available to local health departments (LHDs) through a competitive application process. As part of our funding application, we must provide a breakdown of how the funds will be spent. We encourage local health departments to respond to this Request for Proposal to be eligible to receive these grant funds, which must be used to purchase items and/or services that will assist agencies in increasing immunization rates while complying with Vaccines for Children (VFC) program requirements for the grant period of July 1, 2024, to June 30, 2025.

IDOH has identified the following goals for this grant period. All applicants must submit applications that explain how they will conduct activities that support and further IDOH's efforts with these goals:

- Increase compliance with immunization recommendations in accordance with the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), including COVID-19 vaccines
- Increase health equity for individuals seeking vaccinations
- Increase HPV vaccination
- Increase seasonal influenza vaccination
- Reduce barriers to vaccination by increasing access to vaccines
- Reduce vaccine wastage of publicly funded doses

**Who may apply:**

Local health departments in Indiana are eligible to apply for this funding. IDOH will evaluate submitted applications using the following criteria against the total amount of federal funding available and the number of applications submitted:

- Workplan
- Budget narrative justification
- Demonstrated need
- Grant deliverable compliance, if previously funded
- Previous grant application submission history
- An assessment of your immunization program, including the amount of funding you are requesting. *(Although we are not capping budget requests, a budget/need justification will be a critical evaluation factor.)*

Please note that these are reimbursement grants. Grantees will assume upfront expenses and invoice the state for reimbursement. Payment terms are 35 days in arrears.

IDOH is submitting a Cooperative Agreement application to CDC that will supply funding through June 30, 2025, and anticipates that funding will be available during the grant period. Continued funding will be based on the amount of funding awarded to Indiana, past performance, and a comprehensive application.

**Grant proposals are due to the Indiana Department of Health's Immunization Division no later than 5 p.m. EST on March 1, 2024.**

All grant proposals **MUST** be submitted electronically in REDCap and include a narrative, work plan, and detailed budget. All required attachments **MUST** be uploaded where indicated and in the required format. (**Word .doc, Excel .xls** format only).

Direct questions to David McCormick at [DMcCormick@Health.IN.gov](mailto:DMcCormick@Health.IN.gov) or (317) 233-7010.

Awarded proposals will be announced on or around May 1, 2024. All awarded proposals will start on July 1, 2024, and will end on June 30, 2025.

Sincerely,

Dave McCormick

Director, Immunization Division

Please select **Continue** below to proceed with the application.

**Continue**

Powered by REDCap



## Request for Proposals

### Organizational Information:

Name of Organization:	<input type="text"/>	VFC PIN #:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>
County:	<input type="text" value=""/>	Zip Code:	<input type="text"/>
State:	<input type="text" value="IN"/>		
Name of Local Health Officer/ Medical Director:	<input type="text"/>	Phone Number:	<input type="text"/>
Title:	<input type="text"/>	Email:	<input type="text"/>
<b>(Enter full name and title)</b>			
Name of Health Administrator:	<input type="text"/>	Phone Number:	<input type="text"/>
Title:	<input type="text"/>	Email:	<input type="text"/>
<b>(Enter full name and title)</b>			
Name of Grant Manager/POC:	<input type="text"/>	Phone Number:	<input type="text"/>
Title:	<input type="text"/>	Email:	<input type="text"/>
<b>(Enter full name and title)</b>			
Individual Completing Form:	<input type="text"/>	Phone Number:	<input type="text"/>
Title:	<input type="text"/>	Email:	<input type="text"/>
<b>(Enter full name and title)</b>			

## Applicants should address the following areas:

### A. Applicant Organizational Capacity

Demonstrate that the organization has sufficient qualified personnel, or will actively retain qualified personnel within 60 days of the grant award, to successfully implement and complete the project.

#### 1. Key Personnel

Key personnel must include, at a minimum, a public health nurse with experience in the field of immunizations. Unless the financial management of the grant falls under the responsibility of the public health nurse, identify the person responsible for the financial management of the grant. Provide resumes, no longer than three pages, of the key personnel and job descriptions for each person identified as key personnel or that will be funded under this grant. Describe the roles and responsibilities of each person funded under this grant.



a. EMPLOYEE NAME

POSITION TITLE

ROLES AND RESPONSIBILITIES

ADD ADDITIONAL STAFF MEMBER

Yes  No

The resumes and job descriptions of key personnel should be included as attachments and labeled as Attachment 1 and 2 respectively.

Upload the resumes and job descriptions for each person identified as key personnel here:

Resumes (**Attachment 1**) (*Upload all resumes in a single file*):

Job Descriptions (**Attachment 2**) (*Upload all job descriptions in a single file*):

### 2. Organizational Chart

Upload an organizational chart as an attachment labeled **Attachment 3**.

Organizational Chart (**Attachment 3**) (*Upload organizational chart as a single file*):

### 3. Program Administration

Describe how the program will be administered, including details on how oversight and financial management will be conducted.

**Program Administration Description:**

### 4. Program Planning and Implementation

Submit program narratives that describe current plans to increase vaccination coverage levels and respond to vaccine-preventable outbreaks. Include references to other divisions and agencies that are involved in these activities, including emergency preparedness and epidemiology staff, if applicable.

**Program Narrative:**

### 5. Engagement with External Partners

Describe planned efforts to coordinate community partners with shared goals to increase immunization rates. Examples of external partners that should be considered are school systems, coalitions, healthcare professionals, and professional associations. Applicants who do not describe strong engagement with external partners with this shared goal focus will not receive full points. Letters of support are not required but are recommended.

All letters should be included as an attachment and labeled as **Attachment 4**.

**Describe planned efforts to coordinate community partners with shared goals to increase immunization rates:**

**Letters of Support (Attachment 4) (Upload all letters in a single file)**

### 6. Billing

Billing is a key component to building capacity for a sustainable immunization program. Private insurance and Medicaid billing may be accomplished through a partnership with a third-party biller

**i. Existing Awardee.** If the applicant received funding in the 2023-2024 funding cycle, they must affirm their ability to bill for fully insured and Medicaid-eligible patients. Applicants must include documentation that verifies billing process implementation and status for their health department clinics, and label it as **Attachment 5**.

- I affirm we have the ability to bill for fully insured and Medicaid-eligible patients.
- I do not affirm that we have the ability to bill for fully insured and Medicaid-eligible patients.

**Verification of billing process implementation and status (Attachment 5)**

**ii. New applicant for 2024-2025.** If the applicant did not receive funding in the 2023- 2024 funding cycle and cannot currently bill for fully insured and Medicaid-eligible patients, the applicant must include a plan to build that capacity by June 30, 2025. The applicant must be able to bill for immunization services for this population by June 30, 2025, to be eligible for future funding.

All documentation that verifies billing process implementation and status should be included as an attachment and labeled as **Attachment 5**.

**Billing Capacity Plan:**

**Verification of billing process implementation and status (Attachment 5)**

### B. Need/Extent of Problem

Describe the documented need for the requested funding as evidenced by the submission of the most current, appropriate data and information. Describe a direct and substantial relationship between the proposed immunization activities to be funded under this grant and the stated goals of the IDOH Immunization Division.

1. Increase compliance with immunization recommendations in accordance with the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), including COVID-19 vaccines
2. Increase health equity for individuals seeking vaccinations
3. Increase HPV vaccination rates
4. Increase seasonal influenza vaccination rates
5. Reduce barriers to vaccination by increasing access to vaccines.
6. Reduce vaccine wastage of publicly funded doses

**1. Advisory Committee on Immunization Practices recommendation compliance**

Describe the vaccine coverage gaps within your jurisdiction based on the immunization status of the population, including COVID-19.

**Description of vaccine coverage gaps:**

**2. Health Equity**

Describe the efforts to improve vaccine health equity within your jurisdiction for individuals seeking vaccinations.

**Description of Health Equity Plan**

**3. HPV Vaccination.**

In an effort to protect the well-being of children at the earliest age possible, we strongly recommend that providers begin administering HPV vaccinations at the age of nine. To facilitate this, we have revised our dashboard to reflect the initiation of the HPV vaccination series, and up-to-date records, for the age group of 9-12 years of age. Applicants are required to affirm their current HPV vaccination coverage rate for children in the specified age group within their jurisdiction below. Furthermore, applicants must identify any obstacles that hinder HPV vaccination and develop a comprehensive plan to address these barriers while devising a strategy for increasing immunization coverage rates among children aged 9-12 years. Applicants are expected to continue to advocate for HPV vaccination for all age-appropriate children between the ages of 9-18 years of age.

**Please review and confirm the HPV coverage rates for your jurisdiction:**

<https://www.in.gov/health/immunization/immunization-data/hpv-data/>

- I attest that the HPV coverage rates reported reflect those of my jurisdiction
- The HPV coverage rates reported do not accurately reflect those of my jurisdiction

**Description of HPV vaccination plan:**

**4. Seasonal Influenza Vaccination.**

Describe the current seasonal influenza vaccination coverage rate for your jurisdiction. The applicant must discuss any barriers to seasonal influenza vaccination. Submit a flu vaccination plan that addresses any identified barriers to flu vaccination and outlines a strategy to increase immunization coverage rates for children 6 months to 9 years of age.

**Please review and confirm the Influenza coverage rates for your jurisdiction:**

<https://www.in.gov/health/immunization/immunization-data/influenza-data/>

- I attest that the seasonal influenza coverage rates reported reflect those of my jurisdiction
- The seasonal influenza coverage rates reported do not accurately reflect those of my jurisdiction

**Description of Flu vaccination plan:**

**5. Consumer Access Portal**

Describe the strategies and activities through which you promote the utilization of the state of Indiana's consumer access portal.

**Consumer access portal strategies and activities:**

**6. Increase Access to Vaccines**

Describe efforts to increase access to vaccines. These actions should reflect evening and weekend hours and school-located vaccination clinics.

**Describe efforts to increase access to vaccines:**

**7. Vaccine Wastage**

Describe efforts that have been implemented to reduce and prevent VFC vaccine wastage.

**Describe efforts to reduce and prevent vaccine wastage:**

**IDOH provides this funding to support programmatic activities based on the demonstrated LHD needs in addition to supporting the goals of the Immunization Division. Applicants must address these core activities to be eligible for funding.**

***Include the following core activities in your work plan:***

1. Conduct at least one reminder recall event for a vaccination series or specific antigen. The budget must reflect money for both printing and postage.
2. Conduct at least one consumer access portal promotion activity to raise awareness and increase participation
3. Develop and implement a plan that includes a minimum of two strategies to increase HPV vaccination. Special attention should be given to reducing missed opportunities for HPV vaccination.
4. Conduct at least one quality assurance activity to review and improve the quality of data being submitted to the Indiana immunization registry.
5. Conduct at least one exercise or event with emergency preparedness staff in preparation for or in response to a vaccine-preventable disease outbreak, focusing on pandemic influenza or COVID-19, if possible.
6. Develop a partner engagement strategy plan that describes how they will work with new and existing partners to increase immunization coverage rates.
7. Conduct at least one activity/implement at least one strategy that focuses on reducing vaccine wastage.
8. Describe efforts to increase access to vaccines through evening and weekend hours.
9. Conduct school-located vaccination clinics at schools with the lowest vaccination coverage rates for kindergarten and first grade, sixth and seventh grade, and 12th grade. Schools should be selected by using the data in the [School Supplemental Report](#). The workplan must include the number of school-located vaccination clinics planned by quarter. Letters of Commitment with each school corporation should be included as an attachment as indicated above and labeled as **Attachment 4**.
10. Assess the condition of storage and handling:
  - Submit an assessment report as a deliverable by June 30, 2024.
  - If the storage units are over eight years old, prepare and submit a replacement plan by June 30, 2024.
  - If the applicant is not using a cloud-based temperature monitoring system, develop and submit a plan to upgrade to a continuous temperature monitoring system by June 30, 2024.
  - *After completing and submitting the assessment, applicants are authorized to utilize the allocated funds to purchase vaccine storage and temperature monitoring equipment as per their submitted plans. The procurement of these units should be carried out using the established procurement methods of their respective agencies.*
11. Describe efforts to maintain the current billing process for immunization services for Medicaid-eligible and privately insured individuals.
  - If the applicant is a new applicant and is not able to bill both private insurance and Medicaid for immunization services, the applicant must include activities in the workplan to build the capacity for these billing services.

***The applicant may include the following suggested activities in the workplan:***

1. Assess the condition and number of transport and emergency pack-out equipment.
2. Promote other public health services that complement timely immunizations (i.e. blood lead testing, developmental assessments, etc).

**Proposed Workplan (*Upload workplan as a single file*):**

**Submit a budget that is directly tied to the goals and objectives of the work plan.**

**The budget can include:**

- personnel/fringe costs,
- travel for immunization-related activities within the jurisdiction,
- supplies and postage for reminder recall activities,
- supplies and equipment for direct vaccination services,
- equipment for storage and handling improvements,
- equipment to improve data entry or transfer to the state immunization registry, and
- equipment and software to increase or sustain billing capacity.

Budget items with direct ties to improving immunization rates and accessibility to immunization records will be considered. **The budget should include travel to the annual Public Health Nurse conference that is held each spring in Indianapolis.** Applicants are encouraged to present on programmatic successes at the Public Health Nurse conference. The budget cannot include costs associated with the purchase of vehicles and/or property, out-of-state travel, food, or construction projects.

**All budgets must be submitted using the Budget Template which can be downloaded here. Once completed, upload the template using the upload file link next to the Proposed Budget and transpose the Budget Summary page to the table below.**

**Budget Template:**

Attachment:  [IDOH2024\\_Budget\\_Template.xlsx](#) (0.07 MB)

**Proposed Budget:**

Totals by Budget Category	
Budget Category	Total Funds Allocated
Salary (100)	<input type="text"/>
Fringe (150)	<input type="text"/>
Travel (800)	<input type="text"/>
Supplies (400)	<input type="text"/>
Equipment (500)	<input type="text"/>
Contractual (300)	<input type="text"/>
Other	<input type="text"/>
<b>Grant Total</b>	<input type="text"/>

**Transpose the totals from the Budget Summary page of the budget template here.**

**Additional Information:**

Any deviation in program expenditures must be requested in writing to the IDOH Immunization Division Director, David McCormick at [DMcCormick@Health.IN.gov](mailto:DMcCormick@Health.IN.gov), or the Operations Manager Emily Lahey at [ELahey@Health.IN.gov](mailto:ELahey@Health.IN.gov) and approval granted prior to funds being moved or expended.

Grantees are responsible for the cost of all repairs, maintenance, and/or replacement of equipment purchased with grant funds while the grantee has care, custody, and control over this equipment, and will not be reimbursed with grant funds for such expenses.

All invoices should be:

- Submitted monthly and expensed per each of the line items listed above.
- Accompanied by written documentation of actual expenditures for all claimed items.

Line item examples:

- Personnel - County employees/staff who are working on Immunization grant activities
- Fringe - FICA and benefits for County employees/staff working on Immunization grant activities typically XX% of salary
- Travel - Nurse travel to Health Fairs, school clinics, conferences, etc.  
*The current state reimbursement rate is \$0.38 per mile*
- Supplies - Approved supply expenditures include the following: educational materials/forms/patient handouts, printing supplies (paper/toner), and Immunization clinic supplies.

- Equipment - Equipment needed to accomplish stated goals. i.e. storage and handling equipment, data loggers, etc. Equipment are items valued over \$5,000.00
- Contracts - This would include temporary contractual employees, cell phone contracts, billing contracts, media contracts for PSAs, etc.
- Other - Miscellaneous category

#### **D. Evaluation**

This section reflects IDOH's goal to embrace high standards of ethics, management, and accountability. This section emphasizes IDOH's commitment to ensure that applicants achieve the goals outlined in their work plan and other benchmark standards as well as assess their performance to ensure goals are met during the period of performance. Applicants are required to clearly identify the benefits or outcomes of their proposed program.

**1. Outcomes.** Describe program activities and outcomes for the period of performance.

**2. Program monitoring.** Describe what the project is going to measure, how activities are going to be measured, how monitoring will be documented, and the steps in place to adjust your work plan if performance targets are not met within the established timeframes.

- Describe how the program will be held accountable for meeting program goals, objectives, and the actions undertaken to implement the grant program.

- Describe the mechanism to assess progress and track performance in meeting the goals and objectives outlined in the work plan. Provide assurances that the workplan developed for this program will assist intended beneficiaries, and that work will be conducted in a timely and cost-effective manner.

**3. Program reporting.** The applicant will be required to submit the following reports as prescribed by the Immunization Division.

- Submit quarterly reports within thirty (30) days of the end of each quarter. The Indiana Department of Health will post county-level data for all evaluation metrics on the immunization website within 15 days of the end of each quarter.
- Submit a year-end report within thirty (30) days of the end of the performance period.

I attest that the above information is true, accurate, and complete and understand that any falsification, omission, or concealment of material fact may subject me or the represented organization to administrative, civil, or criminal liability. Furthermore, I am a duly authorized representative for \_\_\_\_\_ and am authorized to sign such an agreement.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Local Health Officer/ Medical Director		Date:	02-09-2024   M-D-Y
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**Important!!!**

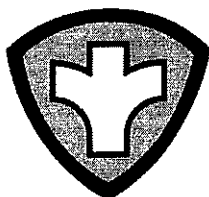
When selecting the "Save and Return Later" option, the provided **website link** and the **survey return code** will be required to return and finish your application later.

Please be sure to capture both items, as you will need to use the link and then enter the return code to pick up where you left off.

Submit

Save & Return Later





# St. Joseph County Department of Health

*"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County"*

**ST. JOSEPH COUNTY**  
**DEPARTMENT OF HEALTH**  
Prevent. Promote. Protect.

February 21, 2024

St. Joseph County Board of Health  
County City Building, 8<sup>th</sup> Floor  
South Bend, IN 46601

Members of the Board of Health,

The Department of Health would like your support to apply for the Safety PIN Grant-. The Indiana Department of Health has issued grant funds to support Indiana's goal of reducing infant mortality by supporting community-driven projects that address unique needs of the community.

Attached is the Grant Application Data sheet, prepared by Renata Williams, Director of Community, Access, Resources, and Education (CARE).

If you have any questions, I can be reached at 574-235-9750 Ext. 7903.

Thank you for your consideration of our request.

Sincerely,

Diana Purushotham, MD  
Health Officer

DP:JP:jsp

APPROVED X DENIED \_\_\_\_\_

This 21<sup>st</sup> Day of February 2024 by a vote of (Aye) 6 to (Nay) 0 Abstain 0

John W. Linn, P.E.  
President, Board of Health

Michelle Migliore, MD  
Vice President, Board of Health

227 W. Jefferson Blvd. | 8th Fl. | South Bend, IN 46601  
P: (574) 235-9750 | F: (574) 235-9960



@stjosephcountyhealth



@sjchealth

## GRANT APPLICATION DATA

**What is the purpose of the grant (provide as much detail as possible)?**

The Safety PIN – Protecting Indiana’s Newborns (PIN) grant program supports Indiana’s goal of reducing infant mortality by supporting community-driven projects that address unique needs of the community.

**How many individuals do you expect to reach with this grant?**

At least 500 annually.

**How will you track and evaluate the success of the program/grant?**

The RedCap platform will be used for data collection and analysis. This platform allows for real-time data collection and monitoring, which can be used to track progress towards the grant’s objectives.

**Who will be accountable for fiscal information?**

Amy Ruppe, Director of Finance

**Who will be responsible for compliance with grant guidelines?**

Renata Williams, and Alissa Balke

**What is the term of the grant (i.e., July 1, 2023 - June 30, 2024)?**

May 1, 2024, through April 30, 2026.

**What is the total grant award?**

Up to \$250,000 annually (up to 500,000 for 2 years)

**Is this a renewable grant? If so, how often/long?**

Safety PIN is a two-year, performance-based grant. At the end of the first two project years, if grantees demonstrate reduced infant mortality/improved birth outcomes, an additional two years of additional funding will be awarded through a performance award.

**Is there a match for the grant? If so, how much and how will it be funded? Is this match in dollars or in-kind contribution?**

No.

**Is there or will there be any capital costs for the grant (i.e., vehicles, location (building), equipment)?**

No

**Give the number of employees the grant would support?**

0

**How would your department plan or would you continue operations after the grant expires?**

We will explore other potential funding sources and/or HFI funding.

# Safety PIN Funding Opportunity

Innovative Approaches to Addressing Infant Mortality



February 1, 2024

## Funding Opportunity Description

### Purpose:

The purpose of this Request for Applications (RFA) is to fund competitive grants for community-based organizations, local health departments, hospitals, other healthcare-related entities, or not-for-profit organizations (as defined by IRS Tax Determination) within the state of Indiana to implement programs focused on reducing infant mortality.

The Maternal and Child Health (MCH) Division is using a tiered approach with this funding opportunity that includes funding caps to ensure equitable opportunity across the state. Funding tiers and number of awards are estimates and are subject to change at MCH's discretion based on the applications received. Please request the appropriate amount of funding needed for program implementation and staff directly involved in the proposed program.

Tier	Number of Awards	Total Budget for Two Years
1	6	\$1,000 - \$100,000
2	5	\$100,001 – 300,000
3	3	\$300,001 - \$500,000

### Submission Details:

Applications must be received by IDOH by **NO LATER THAN:**

**Friday, March 15, 2024, at 5 p.m. EST**

**SUBMIT APPLICATIONS VIA EMAIL TO:** [idohmch@health.in.gov](mailto:idohmch@health.in.gov)

## Summary of Safety PIN funding

The [Safety PIN – Protecting Indiana’s Newborns \(PIN\)](#) grant program supports Indiana’s goal of reducing infant mortality<sup>1</sup> by supporting community-driven projects that address unique needs of the community. Safety PIN is a two-year, performance-based grant. At the end of the first two project years, if grantees demonstrate reduced infant mortality/improved birth outcomes, an additional two years of additional funding (not to exceed the original budget) will be awarded through a performance award. Grantees must demonstrate improvements in birth outcomes/reducing in infant mortality in their

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<sup>1</sup> Infant mortality is any death of a baby before their first birthday. The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births. This rate is often used as an indicator to measure the health and well-being of a nation because factors affecting the health of entire populations can also impact the mortality rate of infants. More information can be found here: <https://www.in.gov/health/mch/data/infant-mortality/>

defined catchment area to qualify for these additional funds. For this funding round, projects tentatively start May 1, 2024, through April 30, 2026. The performance award will be given out no sooner than the last quarter of the year 2025 and no later than the start of the first quarter of the year 2026.

### **Information, Eligibility and Requirements:**

#### **The applicant organization:**

- Must be a health department, hospital, other healthcare related entity, or a not-for-profit organization (as defined by the IRS Tax Determination)
- Must serve populations within Indiana
- Must comply with financial requirements as listed in the budget section
- Must collaborate with traditional and nontraditional agencies or organizations
- Does not need to be a current Safety PIN grantee though current grantees are eligible to apply

#### **Application and review information:**

Applications will be reviewed for the following components:

- Intent to provide services in areas of the state with the highest infant mortality rates
- Use of evidence-based or evidence-informed program practices that have a demonstrated impact on improving birth outcomes and reducing infant mortality and morbidity
- Proven capacity to receive grant dollars, submit timely and accurate invoices, provide administrative and HR support, and ability to collect and report required programming and evaluation data
- A well-developed plan to either expand services to new geographic areas and/or additional clients not already served by other funding sources or to provide continued services for Safety PIN grants ending this year
- If applicable, previous ability to meet grant expectations, including reporting, invoicing, and responding in a timely manner to all requests for current/past Safety PIN grants

The Maternal and Child Health Division encourages projects which focus on the following suggested topics. Applications are **NOT** limited to the following:

- Data-driven responses to root causes of infant mortality (e.g., access to care, mental health, substance use, and social determinants of health) in defined communities with demonstrable rates of poor birth outcomes
- Innovative approaches or new ways to implement evidence-based/evidence-informed practices
- Hyper-local interventions at the neighborhood or ZIP code level
- Improve access and coordination of care through outreach and follow-up services for pregnant individuals and families who are at risk of not receiving prenatal care and support
- Continue to work with postpartum individuals during the fourth trimester (during the postpartum period) to ensure they are getting adequate and trusted postpartum care for themselves and their newborn

- Incentivize collaboration between health care providers and other human services providers in providing outreach to at-risk pregnant individuals and families

*The department does not anticipate funding:*

- *Additional home visiting programs or hospital-based perinatal navigation programs or the expansion of these currently funded programs*
- *Fetal Infant Mortality Review Teams/Community Action Teams*

### **Reporting And Performance Criteria:**

All applicants are required to collect data for monitoring and evaluation purposes.

- Applicants must submit quarterly reports and annual reports utilizing the IDOH reporting tool\* created by IDOH's Maternal and Child Health (MCH) team.
- Applicants must report its use of funds and programming/resources provided, any subrecipients/contracts with this funding, and reflect this in the budget of the application with a detailed budget justification.
- Applicants must host IDOH for a site visit upon request to ensure progress of the program.
- Implement the required Components of Safe Sleep Service or Program if providing that program, see Appendix A.

*\*IDOH will create personalized reporting tools for each grantee based off programming, goals, and objectives. The grantee will have 60 days from execution of the contractual agreement to adopt the template from IDOH or request changes with justification. IDOH is subject to change the report template at any time if deemed necessary. The reporting template that IDOH will provide will include, but is not limited to, mandatory items such as:*

- *Population served numbers*
- *Demographics of population served*
- *Trainings*
- *Initiatives during the quarter*
- *Partnerships*
- *Resources used*
- *Specific program data (safe sleep, breastfeeding, etc.)*

## Safety PIN: APPLICATION

<b>SECTION</b>	<b>SECTION HEADING</b>
<b>1</b>	<b>PRIMARY INFORMATION</b>
<b>2</b>	<b>PROJECT OVERVIEW</b>
<b>3</b>	<b>PROGRAM OVERVIEW</b> <i>3-A: PROGRAM DESCRIPTION</i> <i>3-B: PROJECT GOALS</i> <i>3-C: HEALTH EQUITY</i> <i>3-D: DATA AND EVALUATION</i> <i>3-E: SUSTAINABILITY PLAN</i> <i>3-F: COLLABORATION WITH LOCAL HEALTH DEPARTMENTS</i>
<b>4</b>	<b>REQUIRED ATTACHMENTS</b> <i>4-A: WORK PLAN</i> <i>4-B: BUDGET</i> <i>4-C: OTHER STATE FUNDING SYNOPSIS</i>

### Application Instructions

Please refer to this document for all required application information. The application **must** be completed on the application template that the Maternal and Child Health Programs Team is providing and returned to IDOH by **March 15 at 5 p.m. EST**. The template provided should **not** be changed in any way and will serve as the page limit. Please ensure font is legible and application is concise. Any applications received that are not on the template or past the deadline will not be accepted for review. During the review process, IDOH may request additional information from applicant organizations.

### Section 1: Primary Information

This section must list the name, title, and contact information of the following individuals within the applicant agency:

- Program Name
- Organization Name
- Project Director
- Primary Contact
- Signatory Contact

### Section 2: Project Overview and funding request

This section must provide a brief description of the program, funding amount request, counties served, and the anticipated reach.

## Section 3: Program Overview

### Section 3-A: Program description:

This section must provide a clear picture of the proposed program(s).

- Describe how the proposed project(s) or service(s) will be implemented.
  - Identify any other organization that will participate in the proposed project. Describe their roles, responsibilities, funding, or resources being provided and commitment to the project.
  - Describe who the target population is and how they will be identified, recruited, and retained.
  - What established relationships/partnerships currently exist or need to be cultivated.
- Describe how the program will disseminate information about the services to local community organizations and the target population.
- Describe how you will use community and organization's voices during the planning, implementation, or quality improvement of this program.
- Describe the birth outcome(s)/how you will address infant mortality rates that your program aims to reduce and those that will be measured for the performance award. For reference, infant mortality rate data can be found here: [Health: MCH: Infant Mortality](#)
- Describe the potential barriers to the success of the project and how these barriers will be addressed.

### Section 3-B: Project Goals:

This section should describe how the program intends to achieve the proposed goals, outcomes, and objectives. One goal should be specifically about the improvement of the proposed birth outcome measure.

- Provide the overall project goals, outcomes, and objectives for the proposed program(s). Ensure SMARTIE objectives are used: **S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime-bound, **I**nclusive, and **E**quitable.
- Describe how achievement of the goals will produce meaningful and relevant results.

### Section 3-C: Equitable Access:

The purpose of the section is to describe how you will address potential barriers to program participation.

- Describe the unique needs of the community in which you plan to serve. How does this program address those needs?
- Describe how you will reduce barriers to achieving equitable health outcomes.
- Differences in outcomes may be impacted by race, socioeconomic status, education level, age, sex, disability, location, ethnicity, and sexual orientation.

### **Section 3-D: Data and Evaluation**

This section should describe your organization's ability to collect data and adequately demonstrate progress being made to achieve project goals and objectives. Please be sure to include the following:

- The plan for data management, analysis, and dissemination to stakeholders.
- All methods of quality improvement that take into consideration equity outcomes and privacy protection.
- Explain the capacity to submit quarterly reports that are complete and timely.

### **Section 3-E: Sustainability plan**

This section should outline a plan for how program activities will be sustained at the conclusion of this funding and how the program will move forward beyond state investment. This plan may include, but is not limited to:

- Anticipated contributors of sustained funding (e.g. Medicaid, private funder)
- Plans to ensure dedicated staff after the conclusion of grant funding.
- Plan to continue and expand on collaborating partnerships.

**THE SUSTAINABILITY PLAN SHOULD NOT BE LIMITED TO APPLY FOR FUTURE STATE OR FEDERAL FUNDING.**

### **Section 3-F: Collaboration with Local Health Department**

Demonstrate the level of engagement and/or planned collaboration *for this specific proposed project* your organization will have with the local health department(s) in the identified catchment area. Choose one statement that best describes the collaboration:

1. Applicant organization has communicated with the local health department (LHD) administrator of the intent to apply. Must indicate to whom within the LHD the application was discussed and acknowledge that this proposed project is/will not be a duplication of services provided by the LHD. If project spans multiple counties, each local health department must be notified. Visit the LHD Outreach [division webpage](#) or reach out to David Hopper, local health department outreach director, at [dahopper@health.in.gov](mailto:dahopper@health.in.gov) if you need a connection to the LHD administrator.
2. Applicant organization intends to partner with the LHD on the proposed project. Please share the LHD's role in the project and how it will complement relevant core public health services. For reference, a list of core public health services is found at [Health First Indiana: Home](#).
3. Applicant organization is an LHD. Please share how this proposed project complements relevant Health First Indiana-funded projects/core public health services. For reference, a list of core public health services is found at [Health First Indiana: Quick Facts](#).



## SECTION 4: Required Attachments

### Section 4-A: Work plan

- Complete the provided work plan document and complete the following:
  - Ensure the project goals and objectives match those stated in the application.
  - List in chronological order the activities to occur within the project period (May 2024 – April 2026).

### Section 4-B: Budget and justification

The budget and budget justification worksheet must be submitted with the application as a separate Microsoft Excel document. **Do NOT submit a different format.** The budget must correlate with the tentative project duration:

- May 1, 2024 through April 30, 2026

Create separate budgets for each Fiscal Year (FY) using the appropriate tabs for each worksheet:

Budget years of the funding:

- FY 2024 (May 1, 2024 – June 30, 2024)
- FY 2025 (July 1, 2024 – June 30, 2025)
- FY 2026 (July 1, 2025 – April 30, 2026)

The budget is an estimate of what the project will cost. In this section, demonstrate that:

- All expenses are directly related to project.
- The relationship between budget and project objectives is clear.
- The time commitment to the project is identified for staff categories that are **directly** involved in the project and is adequate to accomplish project goals.
- There is a limit of **10%** of the budget that can be used for administration costs with no indirect or *de minimis* rates allowed.

All staff listed in the budget must be included in the staffing plan as indicated in Section 4 above.

In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed [state rates](#). Currently, the in-state travel reimbursement is \$0.49 per mile, \$41 per day per diem, and \$107 plus tax per night of lodging. In completing the budget, all amounts should be rounded to the nearest penny.

### Completing the Budget Worksheet

There are a total of five tabs in the workbook – a summary tab, a tab for each fiscal year, and a Narrative and Justification tab. Please complete the information about your organization at the top of the summary tab. The tables at the bottom of the summary tab will automatically populate the totals for each category when you fill in the information on the tabs for each fiscal year. **Do not change any of the formulas already populated in the total columns.**

### Fiscal Years

For each individual staff member, provide the name of the staff member and their title or role in the project. Each staff member's hourly rate, hours per week, and weeks per year should be entered, and the annual MCH salary column will automatically calculate the total. Common fringe categories have been provided but please only fill in the fringe based on what is used by each staff member.

Typical contractual service categories have been provided as a guide. List each contract, general categories of supplies (office supplies, etc.), travel by staff members, rent/utilities, communication, subrecipient funds and supplies, and other expenditures in the appropriate section. Formulas have already been entered into the total column for each section.

Travel must be calculated for each staff member who will be reimbursed and may not exceed the State's rates as indicated for each item. Any indirect costs such as rent, utilities, etc. should be listed out as separate line items.

Administrative costs including but not limited to accounting, audit, rent, utilities, clerical staff, and staff not directly involved in the program **must** be limited to 10% of the total budget ask and there should be no indirect cost or De minimis rate included.

### Narrative and Justification

Within the budget worksheet there is a budget narrative and justification tab also required to be completed. It should describe the funding request and how the expenses will help provide these services. Please provide justification for each expense laid out in the budget and be as specific as possible for all the line items.

### **Grant funds and program income shall not be expended for the following:**

1. To supplant or replace current public or private funding
2. To supplant ongoing or usual activities of any organization involved in the project
3. To purchase or improve land or to purchase, construct, or make permanent improvements to any building
4. Depreciation of existing buildings or equipment
5. Reimbursement of pre-award costs
6. To support planning efforts and other activities associated with the program or application
7. Contributions, gifts, donations
8. Entertainment, food
9. Automobile purchase
10. Interest and other financial costs
11. Costs for in-hospital patient care
12. Fines and penalties
13. Fees for health services
14. Accounting expenses for government agencies
15. Bad debts

16. Contingency funds
17. Executive expenses (car rental, car phone, entertainment
18. Fundraising expenses
19. Legal fees
20. Legislative lobbying or political education
21. Equipment (over \$5,000 per unit) unless special approval is received
22. Dues to societies, organizations, or federations
23. Incentives (does not include program supplies like diaper bags, gift cards, sleep sacks, etc.)
24. More than \$30 a month per cell phone
25. Out-of-state training that is also being held in state
26. Out-of-state travel, hotel, per diem
27. Liability Insurance
28. De minimis rate or indirect costs
29. Electronic medical records
30. Exceed 10% administrative costs

**Section 4-C: Other State Funding synopsis**

Include an overview and amount of what other State Agency, Indiana Department of Health, Health First Indiana and/or MCH funding you currently hold. Please provide a general synopsis of what the funding is being used for and who your contact is with. Format as a PDF.

## Additional Information

### Legislative and IDOH Requirements and Obligations

Please note the following Safety PIN Legislation (IC 16-46-14) and Current IDOH Requirements:
The additional two-year award/performance awards (after the initial two years) is determined by the IDOH-MCH Division.
Safety PIN Contracts span two full calendar years and IDOH will utilize selected birth outcomes when awarding addition two-year awards/performance awards. The most up to date available data will be used for the determination.
Quarterly Reports are expected to be turned in on time with the following deadlines: <u>Quarter 1</u> Jan.1 to March 31: Due April 10 <u>Quarter 2</u> April 1 to June 30: Due July 10 <u>Quarter 3</u> July 1 to Sept. 30: Due Oct. 10 <u>Quarter 4</u> Oct. 1 to Dec. 31: Due Jan. 10
Quarterly Reports will be created by IDOH with the expectation that all information requested be provided. There will be a 60 days post-contract execution date for IDOH staff to work with organization staff to confirm the quarterly report.
Host IDOH for site visits when requested.
Turn in invoices monthly by the deadline set in the contract.
Follow Safe Sleep (if applicable to your program).
Grant funds and program income shall not be expended for unallowable costs.
Any changes to the original scope of work, budget, or target population must be requested in writing, and that any approved changes be documented in a written response from the state.
Safety PIN funding is secured through the 2023-2025 cohort and will be up for a renewal of funds from state legislation in 2025.
Maintain communication with IDOH in a timely manner.
Follow any other additional requirements of IDOH either laid out in a contract or requested by staff members.

## Points of Contact

Mary Ellen Potts  
Operations and Evaluation Manager  
Maternal and Child Health  
317-232-3491  
[MaPotts@health.in.gov](mailto:MaPotts@health.in.gov)

Kate Schedel  
Programs Director  
Maternal and Child Health  
317-234-7731  
[kschedel@health.in.gov](mailto:kschedel@health.in.gov)

## Questions

Please join us for an informational webinar **9 a.m.-10 a.m. EST Feb. 15** at the Teams link below.

*Microsoft Teams meeting*

*Join on your computer, mobile app or room device*

[Click here to join the meeting](#)

Meeting ID: 288 288 499 992

Passcode: WPhfTo

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[indiana@m.webex.com](mailto:indiana@m.webex.com)

Video Conference ID: 116 135 904 1

[Alternate VTC instructions](#)

**Or call in (audio only)**

[+1 317-552-1674,441026296#](tel:+13175521674,441026296#) United States, Indianapolis

Phone Conference ID: 441 026 296#

To ensure fair and equitable consideration to all applicants, questions about the requirements or the application process must be submitted in writing via email. Submit questions via email to [idohtmch@health.in.gov](mailto:idohtmch@health.in.gov)

- Please use the following email subject line: QUESTION - Safety PIN Funding Opportunity

Applicants are encouraged to submit questions no later than **5 p.m. EST, Mar. 1, 2024**. Answers will be compiled into a single document that will be updated on a rolling basis weekly and will be posted online for all applicants.

**FAQ and Information is or will be posted to the Funding Opportunity page here:**

[Health: Grant Opportunities \(in.gov\)](#)