

**Special Meeting of the Board of Health  
St. Joseph County Department of Health  
8<sup>th</sup> Floor, County-City Building  
Boardroom**

**March 1, 2023  
4:30 p.m.**

Available by Zoom:

<https://us06web.zoom.us/j/82552200355?pwd=QVR3QjYzSHJrUTYvaXFXWWg0dUhtdz09>

Meeting ID: 825 5220 0355

Passcode: 588507

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**I. CALL TO ORDER**

**II. ADOPTION OF THE AGENDA:**

It is recommended the Board of Health members adopt the agenda for the March 1, 2023.

Motion by \_\_\_\_\_ Seconded by \_\_\_\_\_ Vote \_\_\_\_\_

**III. APPROVAL OF GRANTS:**

23-08 Immunization CoAg Grant (2022-2023)

23-09 Immunization CoAg Grant (2023-2024)

23-10 Public Health Emergency Preparedness Budget Period 5

23-11 Sponsorship from St. Joseph Health System

23-12 Health Equity and Overdose Prevention Grant

23-13 Health Beacon Safety PIN Grant

23-14 Health Safety PIN Grant

**IV. PUBLIC COMMENT: (3 Minute Limit)**

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 15, 2023 – 4:30 p.m. 8<sup>th</sup> Floor County City Building, Boardroom

**XI. ADJOURNMENT:**

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 any person's statement if the statement becomes personally directed, abusive, obscene, or inflammatory.

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 Department of Health

*"Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St. Joseph County residents"*

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

February 24, 2023

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 annual Immunization CoAg grant through the Indiana Department of Health. Attached is the request for proposal as well as a completed Grant Application Data sheet filled out by Jodie Pairitz, Director of Nursing and Robin Vida, Director of HOPE.

Should you have any questions, I can be reached at 574-235-9750, Ext. 7902.

Thank you for your consideration of our request.

Sincerely,

Robert Einterz  
Health Officer

RE:ar:jsp

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

This \_\_\_\_\_ Day of \_\_\_\_\_, 2023 by a vote of (Aye) \_\_\_\_\_ to (Nay) \_\_\_\_\_

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John W. Linn  
President, Board of Health

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Michelle Migliore, MD  
Vice President, Board of Health

## GRANT APPLICATION DATA

Completed by Jodie Pairitz, Director of Nursing and Robin Vida, Director of HOPE

**Explain the purpose of the grant in detail:** 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 barriers to vaccinations. We have written for and been awarded this grant since January 2016 (7 years).

**How many individuals do you expect to impact?** During the last grant cycle (7/1/21-6/30/22), we seen 12,615 patients across all our clinics and expect an increase by 25% to a total of 15,769 patients seen. We will achieve this by having more mobile clinics, after hour clinics and the internal clinics (both South Bend and Mishawaka) open 5 days a week.

**How will you track and evaluate the success of the grant?** We plan on evaluating and making sure we can review our process by doing quarterly reports to the state evaluating our process to keep us in check with the grant. The other is that we meet internally every week with Dr. Fox, Robin, and Cassy to review the clinic's effectiveness and fine tune any gaps in the services.

**Who will be accountable for fiscal information?** Amy Ruppe, Administrator

**Who will be responsible for compliance with grant guidelines?** Dr. Mark Fox, Deputy Health Officer and Jodie Pairitz, Director of Nursing

**What is the time period of the grant (i.e., one-year July 1, 2022 – June 30, 2023)?**  
July 1, 2023 - June 30, 2024.

**Is this a renewable grant, if so, how long?** Yes, yearly.

**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)?** Yes, two vaccine refrigerators and two vaccine freezers.

**Give the number of employees the grant would support?** 9

4 PT Nurses, 1 FT Nurse, 2 PT Registrars, 1 FT Registrar, 1 Immun Outreach Coord

**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.

April 2006



## Request for Proposals

### Organizational Information:

Name of Organization:	VFC PIN #:
Address:	City:
County:	Zip Code:
State: IN	
Name of Medical Director:	Phone Number:
Title: (please enter full name and title)	Email:
Name of Administrative Director:	Phone Number:
Title: (please enter full name and title)	Email:
Name of Grant Manager/POC:	Phone Number:
Title: (please enter full name and title)	Email:
Name of Individual Completing Form:	Phone Number:
Title: (please enter full name and title)	Email:

Applicants should address the following areas:

#### A. Applicant Organizational Capacity (15 points)

The applicant must 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, the applicant should also identify the person responsible for the financial management of the grant. The applicant must provide resumes, no longer than three (3) pages, of the key personnel and job descriptions for each person identified as key personnel or that will be funded under this grant. The applicant must describe the roles and responsibilities of each person funded under this grant.

a. EMPLOYEE NAME	POSITION TITLE
<b>ROLES AND RESPONSIBILITIES</b>	
ADD ADDITIONAL STAFF MEMBER	<input type="radio"/> Yes <input type="radio"/> No

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

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

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

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

**2. Organizational Chart**

The applicant must provide an organizational chart. This chart should be included as an attachment and labeled as **Attachment 3**.

**Please upload orgaizational chart here (Attachment 3):**

**3. Program Administration**

The applicant must describe how the program will be administered. The applicant must include 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. The applicant must 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**

The applicant must describe its planned efforts to coordinate community partners with shared goals to increase immunization rates. Examples of some external partners that should be considered are school systems, coalitions, healthcare professionals and professional associations. Applicants that 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. If the applicant chooses to submit letters of support, all letters should be included as an attachment and labeled as **Attachment 4**.

**Please describe planned efforts to coordinate community partners with shared goals to increase immunization rates:****Letters of Support (Attachment 4) (please upload all letters in a single file)****6. Billing**

Billing is a key component to build 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 2022-2023 funding cycle, the applicant 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 2023-2024.** If the applicant did not receive funding in 2022- 2023 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, 2024. The applicant must have the ability to bill for immunization services for this population by June 30, 2024 to be eligible for future funding. Applicants must include any documentation that verifies billing process implementation and status, and label it as **Attachment 5**.

**Billing Capacity Plan:****Verification of billing process implementation and status (Attachment 5)**

**B. Need/Extent of Problem (20 points)**

The applicant must describe the documented need for the requested funding as evidenced by the submission of the most current, appropriate data and information. The applicant must describe a direct and substantial relationship between the proposed immunization activities to be funded under this grant and the stated goals of the Indiana Immunization Division. To be clear, the stated goals of the Indiana Immunization Division are:

- 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
- Increase participation in the consumer access portal
- Reduce barriers to vaccination by increasing access to vaccine
- Reduce vaccine wastage of publicly funded doses

**1. Population data**

*The applicant must provide the following population data:*

The total population of the jurisdiction:

The total population of children under the age of 36 months:

The total population of children ages 36 months to 18 years old:

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

The applicant must describe the vaccine coverage gaps within their jurisdiction based on immunization status of their population, including COVID-19.

**Description of vaccine coverage gaps:**

**3. Health Equity**

The applicant must describe their efforts to improve vaccine health equity within their jurisdiction for individuals seeking vaccinations.

**Description of Health Equity Plan**

**4. HPV Vaccination.**

The applicant must describe the current HPV vaccination coverage rate for their jurisdiction. The applicant must discuss any barriers to HPV vaccination. The applicant must submit a HPV vaccination plan that addresses any identified barriers to HPV vaccination and outlines a strategy to increase immunization coverage rates for children 9 to 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:**

**5. Seasonal Influenza Vaccination.**

The applicant must describe the current seasonal influenza vaccination coverage rate for their jurisdiction. The applicant must discuss any barriers to seasonal influenza vaccination. The applicant must 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:**

**6. Consumer Access Portal**

The applicant must describe the strategies and activities through which they currently promote and utilize the State of Indiana's consumer access portal.

**Consumer access portal strategies and activities:**

**7. Increase Access to Vaccines**

The applicant must 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:**

**8. Vaccine Wastage**

The applicant must describe efforts that have been implemented to reduce and prevent VFC vaccine wastage.

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

ISDH provides this funding to support programmatic activities based on the demonstrated LHD needs in addition to supporting the goals of the Immunization Division. The applicant must address the core activities to be eligible for funding.

***The applicant must include the following core activities in the 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, 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 the schools with the lowest vaccination coverage rates for kindergarten and first grade, sixth and seventh grade, and twelfth 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 and labeled as **Attachment 4**.
10. Describe efforts to maintain current billing process for immunization services for Medicaid-eligible and privately-insured individuals.
  - o 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 work plan to build capacity for billing services.
11. Develop a sustainability plan for these activities beyond the funding period. The sustainability plan should address what activities would be continued and what activities would have to be discontinued due to the lack of resources.

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

1. Assess the condition of storage and handling equipment.
  - o If the storage units are more than eight years old, the applicant should develop a plan for replacing the storage units.
  - o If the applicant is not using a cloud based temperature monitoring system, the applicant should develop a plan to upgrade the continuous temperature monitoring system.
2. Assess the condition and number of transport and emergency pack out equipment.
3. Promote other public health services that complement timely immunizations (i.e. blood lead testing, developmental assessments, etc.).

**Proposed Workplan:**

**The applicant must submit a budget that is directly tied to goals and objectives of the work plan (all budgets must be submitted using the Budget Template below).**

**The budget can include:**

- personnel costs,
- travel for 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.

**Budget Template:**

Attachment:  [IDOH2023\\_Budget\\_Template.xlsx](#) (0.07 MB)

**Proposed Budget:**

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

*Please 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 or Operations Manager and approval granted prior to funds being moved or expended.

The Grantee is 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 on a monthly basis and expensed per each of the line items listed above.

**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.  
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 \$5000.00

- Contracts  
Would include: Contract temp employee, cell phone contracts, billing contracts, media contracts for PSAs, etc.
- Other  
Miscellaneous category

**Invoices**

All invoices must be accompanied by written documentation of actual expenditures for all claimed items.

All invoices will be submitted on a monthly basis.

**D. Evaluation (10 points)**

This section reflects the 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. The applicant is required to clearly identify the benefits or outcomes of their proposed program.

**1. Outcomes.** The applicant must describe program activities and outcomes for the period of performance.

**2. Program monitoring.** The applicant must 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 make adjustments to your work plan if performance targets are not met within the established timeframes.

- The applicant must describe how the program will be held accountable for meeting program goals, objectives, and the actions undertaken to implement the grant program.
- The applicant should provide a description of the mechanism to assess progress and track performance in meeting the goals and objectives outlined in the work plan. The applicant should provide assurances that the work plan 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 must submit reports in a format prescribed by the Immunization Division.

- The applicant will 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.
- The applicant will 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 Medical Director		Date: 02-23-2023	M-D-Y
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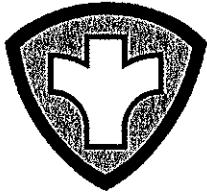
**Important!!!**

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

*"Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St. Joseph County residents"*

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

February 27, 2023

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 in 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 barriers to vaccination.

Should you have any questions, I can be reached at 574-235-9750, Ext. 7902.

Thank you for your consideration of our request.

Sincerely,

Robert Einterz  
Health Officer

RE:AR:jsp

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

This \_\_\_\_\_ Day of \_\_\_\_\_, 2023 by a vote of (Aye) \_\_\_\_\_ to (Nay) \_\_\_\_\_

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John W. Linn  
President, Board of Health

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Michelle Migliore, MD  
Vice President, Board of Health

## GRANT APPLICATION DATA

**Explain the purpose of the grant.**

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 barriers to vaccination.

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

Amy Ruppe, Administrator

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

Dr. Mark Fox, Deputy Health Officer  
Jodie Pairitz, Director of Nursing

**What is the time period of the grant (i.e., one-year May 31, 2005-May, 2006, etc.?)**

July 1, 2022- June 30, 2023.

**Is this a renewable grant, if so, how long?**

Yes, yearly.

**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?**

5

**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.

April 2006

**AMENDMENT #1**  
**CONTRACT #000000000000000000053474**

This is an Amendment to the Grant Agreement (the "Grant") entered into by and between the INDIANA DEPARTMENT OF HEALTH (the "State") and ST JOSEPH COUNTY HEALTH DEPARTMENT (the "Grantee") approved by the last State signatory on June 8, 2021.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

1. The Grant is hereby extended for an additional period of one year. It shall terminate on June 30, 2023. Activities are described in Attachment A-1, attached hereto, made a part hereof, and incorporated herein by reference as a part of this Grant.
2. The consideration during this extension period is \$657,428.27. Total remuneration under the Grant is not to exceed \$1,211,630.70. Activities are described in Attachment B-1, attached hereto, made a part hereof, and incorporated herein by reference as a part of this Grant.

**All matters set forth in the original Grant and not affected by this Amendment shall remain in full force and effect.**

### Non-Collusion and Acceptance

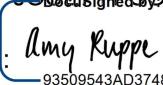
The undersigned attests, subject to the penalties for perjury, that the undersigned is the Contractor, or that the undersigned is the properly authorized representative, agent, member or officer of the Contractor. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Contract other than that which appears upon the face hereof. **Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC § 4-2-6-1, has a financial interest in the Contract, the Contractor attests to compliance with the disclosure requirements in IC § 4-2-6-10.5.**

### Agreement to Use Electronic Signatures

I agree, and it is my intent, to sign this Contract by accessing State of Indiana Supplier Portal using the secure password assigned to me and by electronically submitting this Contract to the State of Indiana. I understand that my signing and submitting this Contract in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Contract and this affirmation. I understand and agree that by electronically signing and submitting this Contract in this fashion I am affirming to the truth of the information contained therein. I understand that this Contract will not become binding on the State until it has been approved by the Department of Administration, the State Budget Agency, and the Office of the Attorney General, which approvals will be posted on the Active Contracts Database: <https://secure.in.gov/apps/idoa/contractsearch/>

**In Witness Whereof**, the Contractor and the State have, through their duly authorized representatives, entered into this Contract. The parties, having read and understood the foregoing terms of this Contract, do by their respective signatures dated below agree to the terms thereof.

ST. JOSEPH COUNTY HEALTH DEPARTMENT

By:   
Amy Ruppe  
93509543AD37480...

Title: Administrator

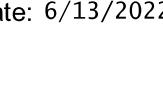
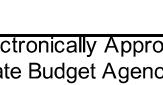
Date: 6/13/2022 | 15:44 EDT

INDIANA DEPARTMENT OF HEALTH

By:   
FD195E4E7AF9428...

Title: IDOH Chief of Staff

Date: 6/13/2022 | 21:42 EDT

Electronically Approved by: Department of Administration  By:  Rebecca Holwerda, Commissioner	(for)	
Electronically Approved by: State Budget Agency  By:  Zachary Q. Jackson, Director	(for)	Electronically Approved as to Form and Legality by: Office of the Attorney General  By:  Theodore E. Rokita, Attorney General

## Attachment A-1

### St. Joseph County Health Department

#### **Local Health Department Immunization Grant Scope of Work**

The St. Joseph County Health Department will conduct the following activities:

- Conduct at least one reminder recall event for a vaccination series or specific antigen. *The budget must reflect money for both printing and postage.*
- Conduct at least one MyVaxIndiana promotion activity to raise awareness and increase participation
- Develop and implement a plan that includes a minimum of two strategies to increase HPV vaccination.
- Conduct at least one quality assurance activity to review and improve the quality of data being submitted to the Indiana immunization registry.
- 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, if possible.
- Develop a partner engagement strategy plan that describes how they will work with new and existing partners to increase immunization coverage rates.
- Conduct at least one activity/implement at least one strategy that focuses on reducing VFC vaccine waste among enrolled VFC providers.
- Describe efforts to increase access to vaccines through evening and weekend hours.
- Conduct school located vaccination clinics at the schools with the lowest vaccination coverage rates for kindergarten, sixth grade and twelfth grade.
- Describe efforts to maintain current billing process for immunization services for Medicaid-eligible and privately-insured individuals.
- Develop a sustainability plan for these activities beyond the funding period.

#### **Local Health Department COVID-19 Supplemental Grant Scope of Work**

The St. Joseph County Health Department will conduct the following activities:

- Promote COVID-19 vaccination
- Provide direct COVID-19 vaccination services to general population based on stated criteria.
  - Offer evening vaccination clinic hours one day a week.
  - Offer one weekend vaccination clinic each month.
  - Conduct two vaccination clinics for each school corporation in their jurisdiction.

- Conduct direct COVID-19 outreach and vaccination to minority and hard to reach populations.
  - Conduct a community assessment on vaccination rates by September 30, 2022. The assessment must include documentation on the vaccination status of minorities and underserved populations.
  - Create a plan to address underserved populations in their jurisdiction. This plan will be submitted to IDOH for review and approval by November 30, 2022.
  - Implement the St. Joseph County Underserved Population Vaccination Plan by January 2, 2023.
- Employ or partner with Community Health Workers to reach vulnerable and underserved populations in their jurisdictions.
- Conduct compliance site visits on a percentage of COVID vaccinator providers operating within the county jurisdiction.
- Report compliance site visit data in a format required by the Indiana Department of Health
- Promote routine vaccinations according to the Advisory Committee on Immunization Practices
  - Offer evening vaccination clinic hours one day a week
  - Offer a weekend vaccination clinic one weekend each month
  - Conduct two vaccination clinics for each school corporation in their jurisdiction.
  - Conduct monthly reminder recalls for individuals 19-35 months of age that are missing or behind on one of more vaccines.
- Report data on all administered vaccines in the state Immunization Information System, CHIRP.
- Submit quarterly and annual reports in a format prescribed by the Indiana Department of Health.

[Attachment B-1](#)

**St. Joseph County Health Department**

St. Joseph Health Department

July 1, 2022 to June 30, 2023

	Original	Amend #1	Total Budget
LHD Immunization Grant		287,960.00	287,960.00
COVID Supplemental	554,202.43	369,468.27	923,670.70
Total Allotment:	554,202.43	657,428.27	1,211,630.70



# St. Joseph County Department of Health

*"Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St. Joseph County residents"*

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

February 24, 2023

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

Members of the Board of Health,

The Indiana Department of Health along with the St. Joseph County Department of Health would like your support in applying to the Centers for Disease Control (CDC) for funding for Public Health Emergency Preparedness Budget Period 5. Attached is the Letter of Intent (LOI) from the Indiana Department of Health.

Should you have any questions, I can be reached at 574-235-9750, Ext. 7902.

Thank you for your consideration of our request.

Sincerely,

Robert Einterz

RE:ar:jsp

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

This \_\_\_\_\_ Day of \_\_\_\_\_, 2023 by a vote of (Aye) \_\_\_\_\_ to (Nay) \_\_\_\_\_

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John W. Linn  
President, Board of Health

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Michelle Migliore, MD  
Vice President, Board of Health

## GRANT APPLICATION DATA

**Explain the purpose of the grant.**

Enhance Department of Health preparedness in order to better respond to public health and healthcare emergencies.

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

Amy Ruppe

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

Harrison Gilbride

**What is the time period of the grant (i.e., one-year May 31, 2005-May, 2006, etc.?)**

July 1, 2023 to June 30, 2024

**Is this a renewable grant, if so, how long?**

It is unknown at this current 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?**

0

**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.

April 2006



**Indiana  
Department  
of  
Health**

February 20, 2023



Eric J. Holcomb  
Governor  
Kristina M. Box, MD, FACOG  
State Health Commissioner

Dear Local Health Department:

We are excited to begin the Indiana Department of Health (IDOH) Division of Emergency Preparedness 2023-24 Budget Period 5 (BP5) Public Health Emergency Preparedness (PHEP) program and the Cities Readiness Initiative (CRI). Funding levels for both programs will be comparable to funding levels during Budget Period 4 (current year).

IDOH will continue to provide funding to continue to support this effort following the successes over the past years in the PHEP program regarding the increased effort of targeting funding toward a dedicated preparedness staff member (part-time minimally) at each local health department.

Although IDOH is waiting to receive information regarding specific funding allocations for the State of Indiana, you can anticipate your award will be similar to past years. Jurisdictions that qualify for Cities Readiness Initiative (CRI) funding will see funding amounts comparable to past years as well.

Please take a moment to complete the following page and return to us by **March 2**. We ask each local health department to provide its concurrence and agreement with the IDOH Division of Emergency Preparedness applying for Public Health Emergency Preparedness funding from the Centers for Disease Control and Prevention. We also ask each local health department to indicate its intent to participate in the Public Health Preparedness Program and, if applicable, the Cities Readiness Initiative. In addition to your concurrence and intent, please also provide contact information for whom you would like copied on grant related documents and who will sign the contract on behalf of your health department.

We look forward to your continued support, collaboration and leadership in public health preparedness in the coming year! Please let me know if you have any questions.

Sincerely,

Kiley Huntington, MPH  
Interim Division Director  
Division of Emergency Preparedness

To **promote, protect, and improve** the health and safety of all Hoosiers.



## Indication of Local Health Department Concurrence and Intent to Participate in the BP5 (2023-2024)

Please complete and return via email the below district area supervisor and copy Holley Rose ([hrose1@health.in.gov](mailto:hrose1@health.in.gov)) by **3/2/2023**.

- Districts 1-4: Deborah Holbrook  
[dholbrook1@health.in.gov](mailto:dholbrook1@health.in.gov)
- Districts 8-10: Johanna Miller  
[jomiller@health.in.gov](mailto:jomiller@health.in.gov)
- District 6: Rick Brown  
[rickbrown@health.in.gov](mailto:rickbrown@health.in.gov)
- District 5: Holley Rose  
[hrose1@health.in.gov](mailto:hrose1@health.in.gov)
- District 7: Karlie Ray  
[kray@health.in.gov](mailto:kray@health.in.gov)

Public Health Preparedness & Response Grant For Budget Period 5 (BP4) (2023-2024)

Please check the appropriate boxes and complete the blanks below.

**RETURN BEFORE 03/02/2023**

### County Health Department

**Concurs** with the IDOH Division of Emergency Preparedness application for Public Health Emergency Preparedness funding.

**And**

**WILL NOT PARTICIPATE** in the public health preparedness grant(s) indicated above during Budget Period 5 (July 1, 2023 – June 30, 2024).

**Or**

**WILL PARTICIPATE** in the public health preparedness grant(s) indicated above during Budget Period 5 (July 1, 2023 – June 30, 2024).

### Please list (must be completed)

Person that will sign the contract (print): \_\_\_\_\_

Person that will sign the contract's email (print): \_\_\_\_\_

**Did person that will sign the contract change from the prior year:  Yes  No**

Person to be copied on the contract (print): \_\_\_\_\_

Person to be copied on the contract's email (print): \_\_\_\_\_

### REQUIRED EVEN IF NOT PARTICIPATING

Person Completing Form (print): \_\_\_\_\_

Person Completing Form (sign): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date form completed: \_\_\_\_/\_\_\_\_/\_\_\_\_



# St. Joseph County Department of Health

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

February 24, 2023

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 in requesting a sponsorship from Saint Joseph Health System to support a Maternal Mental Health event on Mary 4, 2023. Attached is a completed Grant Application Data sheet filled out by Sally Dixon, RN, MIH Coordinator.

Should you have any questions, I can be reached at 574-235-9750, Ext. 7902.

Thank you for your consideration of our request.

Sincerely,

Robert Einterz

RE:ar;jsp

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

This \_\_\_\_\_ Day of \_\_\_\_\_, 2023 by a vote of (Aye) \_\_\_\_\_ to (Nay) \_\_\_\_\_

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John W. Linn  
President, Board of Health

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Michelle Migliore, MD  
Vice President, Board of Health

## SPONSORSHIP APPLICATION DATA

2/23/2023: Maternal Infant Health Initiatives. Sally Dixon, RN

**Explain the purpose of the grant:** Requesting a sponsorship from Saint Joseph Health System to support a Maternal Mental Health event (May 4, 2023) for obstetricians, pediatricians, family medicine, midwives, and nurse practitioners, and mental health practitioners to attend to learn about screening, prescribing, and referring mothers before, during and after pregnancy for mental health care. Dr. Camila Arnaudo, an addiction psychiatrist and specialist in perinatal mood disorders and a member of Indiana's Maternal Mortality Committee is the confirmed speaker. We are working with Beacon Health System to provide CME's for the event (Continuing Medical Education). Beacon Health System is a sponsor through an existing Safety PIN grant and the University of Notre Dame Athletics are donating the use of Obrien's at the Compton Family Ice Center for the event. The reason for the event is that maternal mental health is the main factor present in Indiana's maternal mortality cases and is also a significant factor in infant and fetal mortality. Our FIMR Case Review Team made a recommendation to develop and educational program this year after noticing through the review process that many mothers stop their mental health related medications during pregnancy when it is important to balance their well-being with taking pharmaceuticals. There are a range of medications that are compatible with pregnancy and opportunities to connect mothers to mental health support programs so this program will increase awareness and provide education on these matters.

**Who will be accountable for fiscal information?** Sally Dixon, Robin Vida, Amy Ruppe. We plan to request \$2,000

**Who will be responsible for compliance with sponsor guidelines?** Sally Dixon, Robin Vida, Amy Ruppe

**What is the time period of the sponsorship (i.e., one-year May 31, 2005-May, 2006, etc.?)** From receipt until the event takes place on May 4<sup>th</sup>, 2023

**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?** N/A

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

**Give the number of employees the grant would support?** This is a sponsorship for an event, not employees. The funds will go towards the expenses related to the event which include possible CME costs, food, printing, AV equipment, provided by the venue, etc.

**How would your department plan or would you continue operations after the grant expires?** Following the event, any follow up operations related to maternal mental health will be conducted within the usual responsibilities of the HOPE team.

April 2006



# St. Joseph County Department of Health

*"Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St. Joseph County residents"*

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

February 24, 2023

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 Health Equity and Overdose Prevention grant through the National Association of County and City Health Officials (NACCHO). Attached are the two technical assistance work plans (one for Greenfield, WI and one for Lorain County, OH) filled out by Robin Vida, Director of HOPE.

Should you have any questions, I can be reached at 574-235-9750, Ext. 7902.

Thank you for your consideration of our request.

Sincerely,

Robert Einterz  
Health Officer

RE:AR:jsp

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

This \_\_\_\_\_ Day of \_\_\_\_\_, 2023 by a vote of (Aye) \_\_\_\_\_ to (Nay) \_\_\_\_\_

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John W. Linn  
President, Board of Health

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

## GRANT APPLICATION DATA

**Explain the purpose of the grant.**

Funding opportunity through the National Association of County & City Health Officials (NACCHO) to participate in their Health Equity and Overdose Prevention Mentorship Program to learn from peers, share experiences and exchange strategies for integrating health equity into drug overdose prevention and response work.

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

Amy Ruppe

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

Robin Vida

**What is the time period of the grant (i.e., one-year May 31, 2005-May, 2006, etc.?)**

9 months October 2022 – June 2023

**Is this a renewable grant, if so, how long?**

No

**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?**

2 part time

**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.

April 2006

# HEALTH EQUITY AND OVERDOSE PREVENTION MENTORSHIP PROGRAM

## TECHNICAL ASSISTANCE PLAN

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH

MENTEE: GREENFIELD, WI

**INSTRUCTIONS:** After discussing the results of the Needs and Assets Assessment and working with your mentee to develop their Work Plan, identify the top priorities your mentee will address during the project period. Then, develop a technical assistance (TA) plan to address these needs. There is no expectation that mentors will be able to meet all the mentees' needs. In providing TA throughout the program, we hope for mentors to help their mentees think through the feasibility of their goals alongside the resources available. Furthermore, it's important that mentors tailor the TA to their areas of expertise and available resources. You may adjust the number of bullets or rows within each section of this plan if needed.

**KEY STRATEGY AREAS:** Identify the key strategy area/s on which the work will focus.

1. Organizational Equity (OE)
2. Policy Advocacy (PA)

**MENTEE'S OBJECTIVES:** Work with your mentee to identify specific and measurable objectives for which you will tailor TA and the work plan. Indicate them below.

1. OE Goal 1: Create attainable goals dedicated to health equity through continuous learning.
  - a. Objective 1: By July 31, 2023, all GHD staff will have gone through 3 health equity trainings.
  - b. Objective 2: By July 31, 2023, GHD will conduct a strategic planning process through a health equity lens.
  - c. Objective 3: By April 14, 2023, 2 OFR team members will attend two national conferences to increase education around national efforts in equitable approaches to drug overdose.
2. OE Goal 2: Provide space for and empower populations experiencing inequities in Greenfield.
  - a. Objective 1: By July 31, 2023, GHD and Greenfield OFR will conduct two community listening sessions.
3. PA Goal 1: Assess the City's readiness to introduce Health in All Policies (HiAP).
  - a. Objective 1: By July 31, 2023, GHD will establish a healthy equity work team to assess readiness in HiAP.
4. PA Goal 2:
  - a. Objective 1: By July 31, 2023, GHD will conduct one HiAP Summit with area healthcare-related field leaders.

**GOALS FOR TECHNICAL ASSISTANCE:** Based on the mentee's objectives and considering your role as a mentor, describe the goals of the TA.

1. Provide guidance on conducting community listening sessions with an equity lens based on best practices.
2. Provide support and experience on how to disseminate the collected information back to the community and internally at the department of health.
3. Support and assist the GHD in identifying potential training and training programs for Health in All Policies.
4. Advance the GHD's confidence in assessing internal departmental policies for health equity.

## TECHNICAL ASSISTANCE ACTIVITIES

Activity	Timeline	Resources Required
Share the Minnesota Department of Health, Health Equity Data Analysis (HEDA)	By December 31, 2022	Staff time
Provide GHD with examples of SJC HEDA process and activities for Health Cafes.	By January 30, 2023	Staff time
Research at least 3 national HiAP trainings and/or communities using a HiAP approach.	By March 1, 2023	Staff time; potentially funds for training
Attend at least one meeting with Health Equity workgroup	By March 31, 2023	Staff time; funds for travel to Greenfield, WI
Review GHD existing organizational policies and identify opportunities for equity.	By June 30, 2023	Staff time

**ANTICIPATED CHALLENGES:** Based on the Needs and Assets Assessment and discussions with the mentee, briefly describe any anticipated challenges with the proposed TA activities or the mentee's progress in the identified key strategy areas. Be sure to consider fit and feasibility of the activities in the context of the mentee's local jurisdiction, as well as the mentee and their stakeholders' readiness for change.

Some of the work proposed in the mentee's workplan has already begun. This may be a challenge since the project/objectives may have less opportunity to be changed or adjusted.

GHD may have a harder time with community engagement as that is an activity not frequently conducted.

Building internal capacity and acceptance for an equity lens in all related work.

**ASSESSING PROGRESS:** While this program does not require mentors to design a formal evaluation, briefly describe how you will monitor the impact and utility of the TA activities and assess the mentee's progress.

The St. Joseph County Department of Health and the Greenfield Health Department will have at least a monthly check-in to assess progress and identify any challenges and subsequent solutions.

**COMMITMENT STATEMENT:** I/We at the St. Joseph County Department of Health commit to working with our mentee to ensure the completion of their project objectives within the timeline. Given unforeseen circumstances, we will work with our mentee to make the necessary adjustments to ensure continued feasibility of their project. Further, we make the commitment to ourselves, our colleagues and our mentee to facilitate learning, growth, grace, and amenability to change when necessary.

# HEALTH EQUITY AND OVERDOSE PREVENTION MENTORSHIP PROGRAM

## TECHNICAL ASSISTANCE PLAN

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH

MENTEE: LORAIN COUNTY PUBLIC HEALTH

**INSTRUCTIONS:** After discussing the results of the Needs and Assets Assessment and working with your mentee to develop their Work Plan, identify the top priorities your mentee will address during the project period. Then, develop a technical assistance (TA) plan to address these needs. There is no expectation that mentors will be able to meet all the mentees' needs. In providing TA throughout the program, we hope for mentors to help their mentees think through the feasibility of their goals alongside the resources available. Furthermore, it's important that mentors tailor the TA to their areas of expertise and available resources. You may adjust the number of bullets or rows within each section of this plan if needed.

**KEY STRATEGY AREAS:** Identify the key strategy area/s on which the work will focus.

1. Community Engagement (CE)
2. Data Equity (DE)

**MENTEE'S OBJECTIVES:** Work with your mentee to identify specific and measurable objectives for which you will tailor TA and the work plan. Indicate them below.

1. CE Goal 1: Increase partner collaboration and community involvement in planning and implementation of efforts that address disparities in SUD across populations.
  - a. Objective 1: Increase awareness of health disparities and substance use disorders by providing educational resources to community members and stakeholders by July 31, 2023.
  - b. Objective 2: Expand our jurisdiction capacity to address health inequities in drug overdose and connect individuals with resources that will address the root causes and provide support by July 31, 2023.
2. DE Goal 2: Strengthen the collection and analysis of data to advance health equity, inform strategies, and address disparities and improve outcomes for individuals impacted by SUD.
  - a. Objective 1: In collaboration with partners, LCPH will develop a process to collect, analyze, and utilize equitable data to support each strategy of the CHIP SUD group by March 31, 2023.
  - b. Objective 2: By June 30, 2023, LCPH will implement and maintain a public facing dashboard reflecting equitable overdose data to raise awareness and enhance dissemination among Lorain County residents.

**GOALS FOR TECHNICAL ASSISTANCE:** Based on the mentee's objectives and considering your role as a mentor, describe the goals of the TA.

1. Provide support and best practices for developing educational resources that support community members and inform stakeholders.

2. Provide examples of trainings that focus on equity and substance use disorder that can range across a variety of stakeholder sectors.
3. Provide support for trainings that address trauma, social determinants of health, equity, and SUD.
4. Support the development of stakeholder strategies to collectively address overdose and SUD with a health equity lens.
5. Identify and share best practices for engaging individuals with lived experience into collaborative, community-based work.
6. Provide support for the identification of national, state, and local health equity indicators
7. Identify and share best practices on collecting, analyzing, and disseminating substance use data using a health equity lens.

## TECHNICAL ASSISTANCE ACTIVITIES

Activity	Timeline	Resources Required
Share with the team SJCDoh list of resources and who/how it is utilized.	January 3, 2023	Staff time
Complete at least 3 health equity and SUD trainings and provide feedback	February 15, 2023	Staff time; potentially funds for training
Identify LCPH needs for trauma training and help provide resources for next steps	March 3, 2023	Staff time
Attend a CHIP SUD meeting (in-person and/or virtually)	March 31, 2023	Staff time; funds for travel
Research existing data sources at National, State, Local level to see what is available and what's missing	April 2023	Staff time
Identify and share best practices for engaging with individuals with lived experience in community-focused work.	May/June 2023	Staff time

**ANTICIPATED CHALLENGES:** Based on the Needs and Assets Assessment and discussions with the mentee, briefly describe any anticipated challenges with the proposed TA activities or the mentee's progress in the identified key strategy areas. Be sure to consider fit and feasibility of the activities in the context of the mentee's local jurisdiction, as well as the mentee and their stakeholders' readiness for change.

Lorain County Public Health is newer to the data equity scene. More time will have to be spent on research, etc. to identify existing indicators that can be used to develop useful data.

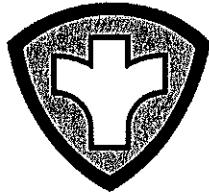
Buy-in from communities with lived experience since that activity is not done consistently. Stakeholder engagement in meetings, etc.

Internal equity in SUD may be lacking and more work may need to be done to bring everyone to the same level of shared understanding.

**ASSESSING PROGRESS:** While this program does not require mentors to design a formal evaluation, briefly describe how you will monitor the impact and utility of the TA activities and assess the mentee's progress.

The St. Joseph County Department of Health and Lorain County Public Health will connect at least monthly to assess progress, work through challenges, and identify potential solutions.

**COMMITMENT STATEMENT:** I/We at the St. Joseph County Department of Health commit to working with our mentee to ensure the completion of their project objectives within the timeline. Given unforeseen circumstances, we will work with our mentee to make the necessary adjustments to ensure continued feasibility of their project. Further, we make the commitment to ourselves, our colleagues and our mentee to facilitate learning, growth, grace, and amenability to change when necessary.



# St. Joseph County Department of Health

*"Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St. Joseph County residents"*

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

February 27, 2023

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

Members of the Board of Health,

The Indiana Department of Health along with the St. Joseph County Department of Health would like your support for the Health Beacon Safety Pin Grant. This grant was submitted by Beacon Health System and includes a partnership with Saint Joseph Health System, Elkhart Department of Health, St. Joseph County Department of Health, and Franciscan Health to decrease infant mortality through public health initiatives, clinical care, and community outreach. SJCDH FIMR is part of this collaborative to develop a birth equity plan and work to address the system issues that delay entry to prenatal care including insurance coverage and the delay in entry to prenatal care for mothers who access the system through emergency departments and crisis pregnancy centers. (CPC) SJCDH FIMR will also lead outreach, awareness, and training for purpose of eliminating inequities in birth outcomes. Attached is the Grant Application Data and the Contract

Should you have any questions, I can be reached at 574-235-9750, Ext. 7902.

Thank you for your consideration of our request.

Sincerely,

Robert Einterz

RE:ar;jsp

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

This \_\_\_\_\_ Day of \_\_\_\_\_, 2023 by a vote of (Aye) \_\_\_\_\_ to (Nay) \_\_\_\_\_

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John W. Linn  
President, Board of Health

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Michelle Migliore, MD  
Vice President, Board of Health

## GRANT APPLICATION DATA

### **Explain the purpose of the grant.**

This grant was submitted by Beacon Health System and includes a partnership with Saint Joseph Health System, Elkhart Department of Health, St. Joseph County Department of Health, and Franciscan Health to decrease infant mortality through public health initiatives, clinical care, and community outreach. SJCDH FIMR is part of this collaborative to develop a birth equity plan and work to address the system issues that delay entry to prenatal care including insurance coverage and the delay in entry to prenatal care for mothers who access the system through emergency departments and crisis pregnancy centers. (CPC) SJCDH FIMR will also lead outreach, awareness, and training for purpose of eliminating inequities in birth outcomes.

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

Beacon Health System is the fiduciary organization for this grant. The SJCDH FIMR expenses will be paid from funds received through Beacon for activities. Sally Dixon, Robin Vida, and Amy Ruppe will manage fiscal information.

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

Sally Dixon and Robin Vida

### **What is the time period of the grant (i.e., one-year May 31, 2005-May, 2006, etc.?)**

2 years: The Safety PIN grant is for 2 years, but the SJCDH funding is for the first year. April 2021 – April 2022

### **Is this a renewable grant, if so, how long?**

There is potential for a two-year renewal if goals are reached, determined by IDoH (at end full grant period in April 2023)

### **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?**

No salary support. Program support only.

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

This grant is intended to support specific outreach, awareness, and training activities regarding eliminating inequities in birth outcomes. By design, these activities should build capacity within existing programs and structures so that they can be maintained once funding expires.

**AMEMNDMENT TO MEMORANDUM**  
**BETWEEN**  
**BEACON HEALTH SYSTEM AND ST JOE COUNTY HEALTH DEPARTMENT**

It is mutually understood that the following paragraphs were updated," effective October 3, 2022:

**1. Period of Performance.** The period of performance covered by this Agreement shall be April 01, 2021 and shall remain in effect through March 31, 2023 (24 months), and shall not extend beyond unless extended in writing by mutual agreement between the parties or unless terminated at an earlier date by action of the prime sponsor. Either party, in its sole discretion, may terminate this agreement immediately without cause by providing sixty (60) days written notice to the other party. The parties acknowledge and agree that they shall not enter into an agreement the same as, or substantially similar to, the one described in this Agreement for one (1) year after the March 31, 2023, unless this Agreement is renewed on the same terms and compensation.

In the event of a material breach by either party that is not cured within 30 days of receipt of written notice thereof from the other party, the non-breaching party may, by written notice to the breaching party, (i) terminate this Agreement; (ii) terminate or suspend the provision of the Service hereunder; and/or (iii) pursue other legal and equitable rights and remedies to which it may be entitled.

**2. Key Personnel.** The Project Director for Beacon Health System shall be Sue Taylor or any other person designated by Beacon Health System.

**Compensation.** The actual cost to Beacon Health System, including all direct and indirect costs for the performance of this work shall not exceed the estimated cost of \$699,980.00 U.S. Dollars in accordance with the attached detailed budget (Exhibit B). Beacon Health System shall not be obligated to reimburse SJCHD for any costs incurred in excess of the amount specified herein unless this Agreement is modified in writing. All payments shall be considered provisional and subject to adjustment within the total cost established by this Agreement in the event that subject adjustment is necessary as a result of audit by the Federal Government.

SJCHD shall submit, in writing, a monthly billable statement by the 30th day of each month. Any expense submitted after this day shall be paid within the following month's statement. SJCHD shall submit an itemized budget expense log to [ahightshoe@beaconhealthsystem.org](mailto:ahightshoe@beaconhealthsystem.org) each month. Payment from Beacon Health System will occur within approximately 15 days of receipt at which point SJCHD will be responsible for ensuring all subsequent individuals are paid.

**Allowable Costs.** All costs incurred by SJCHD shall be reasonable, allocable, and allowable in accordance with Safety Pin Grant Innovative Approaches to Addressing Infant Mortality grant specifications. SJCHD agrees to be solely responsible for any expenditure made by it and disallowed by the prime sponsor and further agrees to reimburse Beacon Health System for any costs so disallowed

**3. Prior Approval Requirements.** All requests for budget revisions requiring the prime sponsor's approval will be initiated by SJCHD and routed for proper institutional approval, and then routed to Beacon Health System's Community Impact Attn: Sue Taylor. Beacon Health System may use its Institutional Prior Approval System where applicable in accordance with the prime sponsor's General Terms and Conditions for Research Grants.

EXHIBIT B

<i>SJCHD Budget September 22' – March 23'</i>	<i>Detail</i>	<i>Acct Number</i>	<i>Budget</i>	<i>Spent Y2D</i>	<i>Balance Left</i>
	SJCHD - Outreach and training	8605	\$ 5,626.90	0.00	5,626.90

FOR BEACON HEALTH SYSTEM

Sue Taylor  
Sue Taylor, Manager

10/10/22  
Date

FOR ST JOE COUNTY HEALTH DEPARTMENT

Amy Ruppe, Administrator  
Name, Position

11/23/22  
Date



# St. Joseph County Department of Health

*"Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St. Joseph County residents"*

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

February 27, 2023

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 fund the St. Joseph County Department of Health Fetal Infant Mortality Review Program for the Title V Grant funding cycle of October 1, 2021 through September 30, 2023. Attached is the Grant Application Data sheet and the contract.

Should you have any questions, I can be reached at 574-235-9750, Ext. 7902.

Thank you for your consideration of our request.

Sincerely,

Robert Einterz  
Health Officer

RE:AR.jsp

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

This \_\_\_\_\_ Day of \_\_\_\_\_, 2023 by a vote of (Aye) \_\_\_\_\_ to (Nay) \_\_\_\_\_

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John W. Linn  
President, Board of Health

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Michelle Migliore, MD  
Vice President, Board of Health

## GRANT APPLICATION DATA

### SJC Dept of Health: HOPE Division\_FIMR Program Title V Grant

**Explain the purpose of the grant.**

To fund the St. Joseph County Department of Health Fetal Infant Mortality Review Program for the Title V Grant funding cycle of October 1, 2021 through September 30 2023.

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

Robin Vida and Sally Dixon, Amy Ruppe

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

Robin Vida, Sally Dixon, Amy Ruppe

**What is the time period of the grant (i.e., one-year May 31, 2005-May, 2006, etc.?)**

2 years October 1, 2021 through September 30, 2023.

**Is this a renewable grant, if so, how long?**

If meet goals, renewal for another two years.

**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?**

Two

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

Indiana Department of Health is looking for creative, solutions to Infant Mortality with potential for replication in other Indiana counties. With success in our first two years, the program will be funded for another two years. At that point, if infant mortality and racial and ethnic disparities are reduced in St. Joseph County, we would expect that the FIMR Program and new Community Engagement, Liaison position will continue to be funded through Title V.

April 2006

## GRANT AGREEMENT

### Contract #000000000000000000057478

This Grant Agreement ("Grant Agreement"), entered into by and between INDIANA DEPARTMENT OF HEALTH (the "State") and ST. JOSEPH COUNTY DEPARTMENT OF HEALTH (the "Grantee"), is executed pursuant to the terms and conditions set forth herein. In consideration of those mutual undertakings and covenants, the parties agree as follows:

**1. Purpose of this Grant Agreement; Funding Source.** The purpose of this Grant Agreement is to enable the State to award a Grant of **\$176,000.00** (the "Grant") to the Grantee for eligible costs of the services or project (the "Project") described in **Attachments A and B** of this Grant Agreement, which are incorporated fully herein. The funds shall be used exclusively in accordance with the provisions contained in this Grant Agreement and in conformance with **Indiana Code § 16-46-14** establishing the authority to make this Grant, as well as any rules adopted thereunder. The funds received by the Grantee pursuant to this Grant Agreement shall be used only to implement the Project or provide the services in conformance with this Grant Agreement and for no other purpose.

#### FUNDING SOURCE:

If Federal Funds: Program Name per Catalog of Federal Domestic Assistance (CFDA):  
\_\_\_\_\_  
N/A\_\_\_\_\_

CFDA # \_\_\_\_\_  
N/A\_\_\_\_\_

If State Funds: Program Title \_\_\_\_\_  
Safety PIN \_\_\_\_\_

**2. Representations and Warranties of the Grantee.**

A. The Grantee expressly represents and warrants to the State that it is statutorily eligible to receive these Grant funds and that the information set forth in its Grant Application is true, complete and accurate. The Grantee expressly agrees to promptly repay all funds paid to it under this Grant Agreement should it be determined either that it was ineligible to receive the funds, or it made any material misrepresentation on its grant application.

B. The Grantee certifies by entering into this Grant Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into this Grant Agreement by any federal or state department or agency. The term "principal" for purposes of this Grant Agreement is defined as an officer, director, owner, partner, key employee or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of the Grantee.

**3. Implementation of and Reporting on the Project.**

A. The Grantee shall implement and complete the Project in accordance with **Attachment A** and with the plans and specifications contained in its Grant Application, which is on file with the State and is incorporated by reference. Modification of the Project shall require prior written approval of the State.

B. The Grantee shall submit to the State written progress reports until the completion of the Project. These reports shall be submitted on a quarterly basis and shall contain such detail of progress or performance on the Project as is requested by the State.

**4. Term.** This Grant Agreement commences on **October 01, 2021** and shall remain in effect through **September 30, 2023**. Unless otherwise provided herein, it may be extended upon the written agreement of the parties and as permitted by state or federal laws governing this Grant.

**5. Grant Funding.**

A. The State shall fund this Grant in the amount of **\$176,000.00**. The approved Project Budget is set forth as **Attachment B** of this Grant Agreement, attached hereto and incorporated herein. The Grantee shall not spend more than the amount for each line item in the Project Budget without the prior written consent of the State, nor shall the Project costs funded by this Grant Agreement and those funded by any local and/or private share be changed or modified without the prior written consent of the State.

B. The disbursement of Grant funds to the Grantee shall not be made until all documentary materials required by this Grant Agreement have been received and approved by the State and this Grant Agreement has been fully approved by the State.

**6. Payment of Claims.**

A. If advance payment of all or a portion of the Grant funds is permitted by statute or regulation, and the State agrees to provide such advance payment, advance payment shall be made only upon submission of a proper claim setting out the intended purposes of those funds. After such funds have been expended, Grantee shall provide State with a reconciliation of those expenditures. Otherwise, all payments shall be made thirty five (35) days in arrears in conformance with State fiscal policies and procedures. As required by IC § 4-13-2-14.8, all payments will be by the direct deposit by electronic funds transfer to the financial institution designated by the Grantee in writing unless a specific waiver has been obtained from the Indiana Auditor of State.

B. Requests for payment will be processed only upon presentation of a Claim Voucher in the form designated by the State. Such Claim Vouchers must be submitted with the budget expenditure report detailing disbursements of state, local and/or private funds by project budget line items.

C. The State may require evidence furnished by the Grantee that substantial progress has been made toward completion of the Project prior to making the first payment under this Grant. All payments are subject to the State's determination that the Grantee's performance to date conforms with the Project as approved, notwithstanding any other provision of this Grant Agreement.

D. Claims shall be submitted to the State within twenty (20) calendar days following the end of the month in which work on or for the Project was performed. The State has the discretion, and reserves the right, to NOT pay any claims submitted later than thirty (30) calendar days following the end of the month in which the services were provided. All final claims and reports must be submitted to the State within sixty (60) calendar days after the expiration or termination of this agreement. Payment for claims submitted after that time may, at the discretion of the State, be denied. Claims may be submitted on a monthly basis only. If Grant funds have been advanced and are unexpended at the time that the final claim is submitted, all such unexpended Grant funds must be returned to the State.

E. Claims must be submitted with accompanying supportive documentation as designated by the State. Claims submitted without supportive documentation will be returned to the Grantee and not processed for payment. Failure to comply with the provisions of this Grant Agreement may result in the denial of a claim for payment.

**7. Project Monitoring by the State.** The State may conduct on-site or off-site monitoring reviews of the Project during the term of this Grant Agreement and for up to ninety (90) days after it expires or is otherwise terminated. The Grantee shall extend its full cooperation and give full

access to the Project site and to relevant documentation to the State or its authorized designees for the purpose of determining, among other things:

- A. whether Project activities are consistent with those set forth in **Attachment A**, the Grant Application, and the terms and conditions of the Grant Agreement;
- B. the actual expenditure of state, local and/or private funds expended to date on the Project is in conformity with the amounts for each Budget line item as set forth in **Attachment B** and that unpaid costs have been properly accrued;
- C. that Grantee is making timely progress with the Project, and that its project management, financial management and control systems, procurement systems and methods, and overall performance are in conformance with the requirements set forth in this Grant Agreement and are fully and accurately reflected in Project reports submitted to the State.

**8. Compliance with Audit and Reporting Requirements; Maintenance of Records.**

- A. The Grantee shall submit to an audit of funds paid through this Grant Agreement and shall make all books, accounting records and other documents available at all reasonable times during the term of this Grant Agreement and for a period of three (3) years after final payment for inspection by the State or its authorized designee. Copies shall be furnished to the State at no cost
- B. If the Grantee is a "subrecipient" of federal grant funds under 2 C.F.R. 200.330, Grantee shall arrange for a financial and compliance audit that complies with 2 C.F.R. 200.500 *et seq.* if required by applicable provisions of 2 C.F.R. 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements).

C. Deleted.

**9. Compliance with Laws.**

- A. The Grantee shall comply with all applicable federal, state and local laws, rules, regulations and ordinances, and all provisions required thereby to be included herein are hereby incorporated by reference. The enactment or modification of any applicable state or federal statute or the promulgation of rules or regulations thereunder after execution of this Grant Agreement shall be reviewed by the State and the Grantee to determine whether the provisions of this Grant Agreement require formal modification.
- B. The Grantee and its agents shall abide by all ethical requirements that apply to persons who have a business relationship with the State as set forth in IC § 4-2-6, *et seq.*, IC § 4-2-7, *et seq.* and the regulations promulgated thereunder. **If the Grantee has knowledge, or would have acquired knowledge with reasonable inquiry, that a state officer, employee, or special state appointee, as those terms are defined in IC 4-2-6-1, has a financial interest in the Grant, the Grantee shall ensure compliance with the disclosure requirements in IC § 4-2-6-10.5 prior to the execution of this Grant Agreement.** If the Grantee is not familiar with these ethical requirements, the Grantee should refer any questions to the Indiana State Ethics Commission, or visit the Inspector General's website at <http://www.in.gov/ig/>. If the Grantee or its agents violate any applicable ethical standards, the State may, in its sole discretion, terminate this Grant immediately upon notice to the Grantee. In addition, the Grantee may be subject to penalties under IC §§ 4-2-6, 4-2-7, 35-44.1-1-4, and under any other applicable laws.

- C. The Grantee certifies by entering into this Grant Agreement that neither it nor its principal(s) is presently in arrears in payment of taxes, permit fees or other statutory, regulatory or judicially required payments to the State. The Grantee agrees that any payments currently due to the State may be withheld from payments due to the Grantee. Additionally, payments may be withheld, delayed, or denied and/or this Grant suspended until the Grantee is current in its payments and has submitted proof of such payment to the State.

D. The Grantee warrants that it has no current, pending or outstanding criminal, civil, or enforcement actions initiated by the State, and agrees that it will immediately notify the State of any such actions. During the term of such actions, the Grantee agrees that the State may suspend funding for the Project. If a valid dispute exists as to the Grantee's liability or guilt in any action initiated by the State or its agencies, and the State decides to suspend funding to the Grantee, the Grantee may submit, in writing, a request for review to the Indiana Department of Administration (IDOA). A determination by IDOA shall be binding on the parties. Any disbursements that the State may delay, withhold, deny, or apply under this section shall not be subject to penalty or interest.

E. The Grantee warrants that the Grantee and any contractors performing work in connection with the Project shall obtain and maintain all required permits, licenses, registrations, and approvals, and shall comply with all health, safety, and environmental statutes, rules, or regulations in the performance of work activities for the State. Failure to do so may be deemed a material breach of this Grant Agreement and grounds for immediate termination and denial of grant opportunities with the State.

F. The Grantee affirms that, if it is an entity described in IC Title 23, it is properly registered and owes no outstanding reports to the Indiana Secretary of State.

G. As required by IC § 5-22-3-7:

(1) The Grantee and any principals of the Grantee certify that:

(A) the Grantee, except for de minimis and nonsystematic violations, has not violated the terms of:

(i) IC § 24-4.7 [Telephone Solicitation Of Consumers];  
(ii) IC § 24-5-12 [Telephone Solicitations]; or

(iii) IC § 24-5-14 [Regulation of Automatic Dialing Machines];

in the previous three hundred sixty-five (365) days, even if IC 24-4.7 is preempted by federal law; and

(B) the Grantee will not violate the terms of IC § 24-4.7 for the duration of this Grant Agreement, even if IC § 24-4.7 is preempted by federal law.

(2) The Grantee and any principals of the Grantee certify that an affiliate or principal of the Grantee and any agent acting on behalf of the Grantee or on behalf of an affiliate or principal of the Grantee, except for de minimis and nonsystematic violations,

(A) has not violated the terms of IC § 24-4.7 in the previous three hundred sixty-five (365) days, even if IC § 24-4.7 is preempted by federal law; and

(B) will not violate the terms of IC § 24-4.7 for the duration of this Grant Agreement even if IC § 24-4.7 is preempted by federal law.

## **10. Debarment and Suspension.**

A. The Grantee certifies by entering into this Grant Agreement that it is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from entering into this Grant by any federal agency or by any department, agency or political subdivision of the State. The term "principal" for purposes of this Grant Agreement means an officer, director, owner, partner, key employee or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of the Grantee.

B. The Grantee certifies that it has verified the suspension and debarment status for all subcontractors receiving funds under this Grant Agreement and shall be solely responsible for any recoupments or penalties that might arise from non-compliance. The Grantee shall immediately notify the State if any subcontractor becomes debarred or suspended, and shall, at the State's request, take all steps required by the State to terminate its contractual relationship with the subcontractor for work to be performed under this Grant Agreement.

**11. Drug-Free Workplace Certification.** As required by Executive Order No. 90-5, April 12, 1990, issued by the Governor of Indiana, the Grantee hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace. Grantee will give written notice to the State within ten (10) days after receiving actual notice that the Grantee, or an employee of the Grantee in the State of Indiana, has been convicted of a criminal drug violation occurring in the workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of grant payments, termination of the Grant and/or debarment of grant opportunities with the State of Indiana for up to three (3) years.

In addition to the provisions of the above paragraphs, if the total amount set forth in this Grant Agreement is in excess of \$25,000.00, the Grantee certifies and agrees that it will provide a drug-free workplace by:

- A. Publishing and providing to all of its employees a statement notifying them that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition; and
- B. Establishing a drug-free awareness program to inform its employees of: (1) the dangers of drug abuse in the workplace; (2) the Grantee's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs; and (4) the penalties that may be imposed upon an employee for drug abuse violations occurring in the workplace; and
- C. Notifying all employees in the statement required by subparagraph (A) above that as a condition of continued employment the employee will: (1) abide by the terms of the statement; and (2) notify the Grantee of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; and
- D. Notifying in writing the State within ten (10) days after receiving notice from an employee under subdivision (C)(2) above, or otherwise receiving actual notice of such conviction; and
- E. Within thirty (30) days after receiving notice under subdivision (C)(2) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) take appropriate personnel action against the employee, up to and including termination; or (2) require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency; and
- F. Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (A) through (E) above.

**12. Employment Eligibility Verification.** As required by IC § 22-5-1.7, the Grantee hereby swears or affirms under the penalties of perjury that:

- A. The Grantee has enrolled and is participating in the E-Verify program;
- B. The Grantee has provided documentation to the State that it has enrolled and is participating in the E-Verify program;
- C. The Grantee does not knowingly employ an unauthorized alien.
- D. The Grantee shall require its contractors who perform work under this Grant Agreement to certify to Grantee that the contractor does not knowingly employ or contract with an unauthorized alien and that the contractor has enrolled and is participating in the E-Verify

program. The Grantee shall maintain this certification throughout the duration of the term of a contract with a contractor.

The State may terminate for default if the Grantee fails to cure a breach of this provision no later than thirty (30) days after being notified by the State.

**13. Funding Cancellation.** As required by Financial Management Circular 2007-1 and IC § 5-22-17-5, when the Director of the State Budget Agency makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this Grant Agreement, it shall be canceled. A determination by the Director of the State Budget Agency that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

**14. Governing Law.** This Grant Agreement shall be governed, construed, and enforced in accordance with the laws of the State of Indiana, without regard to its conflict of laws rules. Suit, if any, must be brought in the State of Indiana.

**15. Information Technology Accessibility Standards.** Any information technology related products or services purchased, used or maintained through this Grant must be compatible with the principles and goals contained in the Electronic and Information Technology Accessibility Standards adopted by the Architectural and Transportation Barriers Compliance Board under Section 508 of the federal Rehabilitation Act of 1973 (29 U.S.C. §794d), as amended.

**16. Insurance.** The Grantee shall maintain insurance with coverages and in such amount as may be required by the State or as provided in its Grant Application.

**17. Nondiscrimination.** Pursuant to the Indiana Civil Rights Law, specifically IC § 22-9-1-10, and in keeping with the purposes of the federal Civil Rights Act of 1964, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the Grantee covenants that it shall not discriminate against any employee or applicant for employment relating to this Grant with respect to the hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of the employee or applicant's: race, color, national origin, religion, sex, age, disability, ancestry, status as a veteran, or any other characteristic protected by federal, state, or local law ("Protected Characteristics"). Furthermore, Grantee certifies compliance with applicable federal laws, regulations, and executive orders prohibiting discrimination based on the Protected Characteristics in the provision of services.

The Grantee understands that the State is a recipient of federal funds, and therefore, where applicable, Grantee and any subcontractors shall comply with requisite affirmative action requirements, including reporting, pursuant to 41 CFR Chapter 60, as amended, and Section 202 of Executive Order 11246 as amended by Executive Order 13672.

**18. Notice to Parties.** Whenever any notice, statement or other communication is required under this Grant, it will be sent by E-mail or first class U.S. mail service to the following addresses, unless otherwise specifically advised.

A. Notices to the State shall be sent to:

Indiana Department of Health  
ATTN: Contract and Audit Section  
2 North Meridian Street  
Indianapolis, in 46204  
E-mail: [isdhcontracts@isdh.in.gov](mailto:isdhcontracts@isdh.in.gov)

B. Notices to the Grantee shall be sent to:

St. Joseph County Department Of Health  
ATTN: Sally Dixon, Maternal Infant Health Coordinator  
8<sup>th</sup> Floor, County City Building, 227 W. Jefferson Blvd., #825  
South Bend, IN 46601  
E-mail: [sdixon@sjcindiana.com](mailto:sdixon@sjcindiana.com)

As required by IC § 4-13-2-14.8, payments to the Grantee shall be made via electronic funds transfer in accordance with instructions filed by the Grantee with the Indiana Auditor of State.

**19. Order of Precedence; Incorporation by Reference.** Any inconsistency or ambiguity in this Grant Agreement shall be resolved by giving precedence in the following order: (1) requirements imposed by applicable federal or state law, including those identified in paragraph 24, below, (2) this Grant Agreement, (3) Attachments prepared by the State, (4) Invitation to Apply for Grant; (5) the Grant Application; and (6) Attachments prepared by Grantee. All of the foregoing are incorporated fully herein by reference.

**20. Public Record.** The Grantee acknowledges that the State will not treat this Grant as containing confidential information, and the State will post this Grant on the transparency portal as required by Executive Order 05-07 and IC § 5-14-3.5-2. Use by the public of the information contained in this Grant shall not be considered an act of the State.

**21. Termination for Breach.**

A. Failure to complete the Project and expend State, local and/or private funds in accordance with this Grant Agreement may be considered a material breach, and shall entitle the State to suspend grant payments, and to suspend the Grantee's participation in State grant programs until such time as all material breaches are cured to the State's satisfaction.

B. The expenditure of State or federal funds other than in conformance with the Project or the Budget may be deemed a breach. The Grantee explicitly covenants that it shall promptly repay to the State all funds not spent in conformance with this Grant Agreement.

**22. Termination for Convenience.** Unless prohibited by a statute or regulation relating to the award of the Grant, this Grant Agreement may be terminated, in whole or in part, by the State whenever, for any reason, the State determines that such termination is in the best interest of the State. Termination shall be effected by delivery to the Grantee of a Termination Notice, specifying the extent to which such termination becomes effective. The Grantee shall be compensated for completion of the Project properly done prior to the effective date of termination. The State will not be liable for work on the Project performed after the effective date of termination. In no case shall total payment made to the Grantee exceed the original grant.

**23. Travel.** No expenses for travel will be reimbursed unless specifically authorized by this Grant.

**24. Federal and State Third-Party Contract Provisions-Deleted.**

**25. Provision Applicable to Grants with tax-funded State Educational Institutions:  
"Separateness" of the Parties-Deleted.**

**26. Amendments.** No alteration or variation of the terms of this **Grant Agreement** shall be valid unless made in writing and signed by the parties hereto. No oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. Any alterations or amendments, except a change between budget categories which requires the prior written consent of a duly

authorized representative of the State, shall be subject to the contract approval procedure of the State.

**27. HIPAA Compliance.** If this Grant Agreement involves services, activities or products subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Grantee covenants that it will appropriately safeguard Protected Health Information (defined in 45 CFR 160.103), and agrees that it is subject to, and shall comply with, the provisions of 45 CFR 164 Subpart E regarding use and disclosure of Protected Health Information.

**28. State Boilerplate Affirmation Clause.** I swear or affirm under the penalties of perjury that I have not altered, modified, changed or deleted the State's standard contract clauses (as contained in the 2021 OAG/ IDOA *Professional Services Contract Manual* or the 2021 *SCM Template*) in any way except as follows: \_\_\_\_\_

Compliance with Audit and Reporting Requirements; Maintenance of Records-Modified  
Federal and State Third-Party Contract Provisions-Deleted.

Provision Applicable to Grants with tax-funded State Educational Institutions: "Separateness" of  
the Parties-Deleted.

Amendments-Added.

HIPAA Compliance-Added

## Non-Collusion, Acceptance

The undersigned attests, subject to the penalties for perjury, that the undersigned is the Grantee, or that the undersigned is the properly authorized representative, agent, member or officer of the Grantee. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Grantee, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Grant Agreement other than that which appears upon the face hereof. **Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC § 4-2-6-1, has a financial interest in the Grant, the Grantee attests to compliance with the disclosure requirements in IC § 4-2-6-10.5.**

### Agreement to Use Electronic Signatures

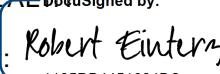
I agree, and it is my intent, to sign this Contract by accessing State of Indiana Supplier Portal using the secure password assigned to me and by electronically submitting this Contract to the State of Indiana. I understand that my signing and submitting this Contract in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Contract and this affirmation. I understand and agree that by electronically signing and submitting this Contract in this fashion I am affirming to the truth of the information contained therein. I understand that this Contract will not become binding on the State until it has been approved by the Department of Administration, the State Budget Agency, and the Office of the Attorney General, which approvals will be posted on the Active Contracts Database:

[https://fs.gmis.in.gov/psp/guest/SUPPLIER/ERP/c/SOI\\_CUSTOM\\_APPS.SOI\\_PUBLIC\\_CNTRCT\\_S.GBL](https://fs.gmis.in.gov/psp/guest/SUPPLIER/ERP/c/SOI_CUSTOM_APPS.SOI_PUBLIC_CNTRCT_S.GBL)

**In Witness Whereof**, the Grantee and the State have, through their duly authorized representatives, entered into this Grant Agreement. The parties, having read and understood the foregoing terms of this Grant Agreement, do by their respective signatures dated below agree to the terms thereof.

ST. JOSEPH COUNTY DEPARTMENT OF

HEALTH DocuSigned by:

By:   
Robert Eintz  
1125DB4451624BC...

Title: Health Officer

Date: 11/19/2021 | 10:18 PST

INDIANA DEPARTMENT OF HEALTH

DocuSigned by:

By:   
FD195E4E7AF9428...

Title: IDOH Chief of Staff

Date: 11/22/2021 | 08:49 EST

Electronically Approved by: Department of Administration By: <span style="float: right;">(for)</span> Rebecca Holw erda, Commissioner	
Electronically Approved by: State Budget Agency By: <span style="float: right;">(for)</span> Zachary Q. Jackson, Director	Electronically Approved as to Form and Legality by: Office of the Attorney General By: <span style="float: right;">(for)</span> Theodore E. Rokita, Attorney General

**Attachment A: Scope of Work**  
**Safety PIN**  
**St. Joseph County Department of Health (SJCDoH)**  
**October 1, 2021- September 30, 2023**

**Description of Work:**

The St. Joseph County Department of Health will expand their current Fetal and Infant Mortality Review (FIMR) program's capacity by renaming their program: Maternal Infant Health Initiatives (MIHI). The Maternal Infant Health (MIH) Coordinator, along with the Director of HOPE, will be responsible for the FIMR Coordinator activities, including the Case Review Team (CRT), Community Action workgroups, and new community engagement. The FIMR Coordinator and CRT will continue to review cases of infant and fetal death to support established recommendations and monitor for changing trends. The MIH Coordinator will facilitate community action to create a community of accessible and respectful care through intentional and simultaneous action with systems and policy, providers and institutions, and women and families. The Community Action workgroups will meet every month and the case review team will meet minimum of every other month. The broad community action team will meet a minimum of twice a year. Recommendations to the community action team from the Case Review Team will be updated as trends change from their current recommendations.

**Goals & Objectives:**

**Goal 1: Establish the new Maternal Infant Health Initiatives (MIHI) to be the public facing program name that includes the FIMR program to better achieve the state and national performance measures.**

Objective 1: By January 2022, Transition the current FIMR program to Maternal Child Health (MCH) Community Engagement and Initiatives.

Objective 2: By 9/30/2023. MIHI team will formalize roles of current FIMR Community Action Team workgroups by setting annual goals for accomplishments and working to meet those goals.

**Goal 2: Raise Community awareness and support on social determinants of health, barriers, and birth inequities.**

Objective 1: By 9/30/2023, engage the community, beyond health professionals and policymakers to build awareness, listen, remove barriers, and build solutions based on experiences and solutions from women and families.

Objective 2: By 9/30/2023, the MIH Initiative will engage the provider community to enlist their commitment to creating a community of accessible and respectful care.

**Goal 3: By the end of the grant period, the FIMR team will work to reduce the racial, ethnic, socioeconomic, and other inequities in birth outcomes specifically the racial disparity between Black and white infants will decrease by 1 point by 2023.**

Objective 1: By 9/30/2023, MIHI will work collaboratively to address structural and social determinants of health present in systems, policies, and institutions that contribute to inequities in birth outcomes.

Objective 2: By 9/30/2023, MIHI will partner to work to increase the number of women who access clinical prenatal care in the first trimester to 65% for all births, by removing barriers to care.

Objective 3: By 9/30/2023, MIHI will work to increase the number of women who are connected to community-based programs including prenatal care coordination, NFP, Doula care, CHW.

Objective 4 : By 9/30/2023, MIHI will work with Prenatal care providers, community-based care, hospitals will provide women and families access to consistent, accessible, evidence-based, information, in multiple languages about pregnancy health related topics.

**Goal 5: By September 30, 2023, the FIMR team will provide at least two initiatives that will aid in reducing the infant mortality rate of St Joseph County.**

Objective 1: By 9/30/2023 the Community Action work groups will collaborate with local birthing hospitals and/or community organizations to address specific recommendations from the CRT.

Objective 2: By 9/30/2023, women in two primary care practices in SJC will receive quality pregnancy intention screening at well women visits.

Objective 3: By 9/30/2023, MIHI will partner to work to decrease the number of women of childbearing age who do not have insurance.

**Goal 6: MIHI will raise awareness of the need for folic acid to help aid in the reduction of infant mortality by the end of the grant period.**

Objective 1: By 9/30/23, The MCH Initiative will work to increase awareness and use of folic acid before, during, and between pregnancies through medical providers.

Objective 2: By 9/30/23, The MCH Initiative will work to increase awareness and use of pre and between pregnancy folic acid through community-based organizations.

**Reporting Requirements**

- Grantee will work with Indiana Department of Health (IDOH) programmatic staff to develop a comprehensive quarterly report template and an evaluation plan for the two-year grant cycle based on grantee's goals and objectives. Grantee will be required to report quarterly.
- Grantee will complete quarterly reports and submit them to IDOH within 10 days of the conclusion of each quarter.
- Quarterly reports for each quarter are to be submitted no later than the following dates:
  - Quarter 1: October 1 - January 1; Report due January 10
  - Quarter 2: January 1 – April 1; Report due April 10
  - Quarter 3: April 1 – July 1; Report due July 10
  - Quarter 4: July 1 – September 30; Report due October 10
- Grantee will participate in an in-person or virtual site visit with IDOH staff on a bi-annual basis.
- Grantee will participate in an annual Safety PIN All-Grantee Meeting hosted by IDOH.
- Grantee will submit invoices monthly to [MCHInvoices@isdh.in.gov](mailto:MCHInvoices@isdh.in.gov)
  - Grantee will be specific when invoicing and include a clear description of each item that is being invoiced.
  - Expenditures will be clearly linked to the scope of the project and included in the original budget unless written approval by IDOH.
  - IDOH MCH reserves the right to ask for additional documentation and clarification on any budget concerns during the contract period.

Additional Conditions

The Grantee agrees to abide by the following additional conditions:

1. That grant funds and program income shall not be expended for the following:
  - a. To supplant or replace current public or private funding;
  - b. To supplant ongoing or usual activities of any organization involved in the project
  - c. To purchase or improve land, or to purchase, construct, or make permanent improvements to any building;
  - d. To reimburse pre-award costs;
  - e. To support planning efforts and other activities associated with the program or application;
  - f. For fundraising, political education, or lobbying activities;
  - g. Replace or repair existing buildings or equipment due to depreciation;
  - h. Contributions, gifts, donations;
  - i. Entertainment, food;
  - j. Automobile purchase;
  - k. Interest and other financial costs;
  - l. Fines and penalties;
  - m. Fees for health services;
  - n. Bad debts;
  - o. Contingency funds;
  - p. Executive expenses (e.g., car rental, car phone, entertainment);
  - q. Accounting expenses for government agencies;
  - r. Legal fees;
  - s. Equipment;
  - t. Out-of-state travel;
  - u. Incentives;
  - v. Dues to societies, organizations, or federations.
2. Grantee shall take appropriate measures to maintain client confidentiality and protect personal health information in accordance with applicable federal and state laws.

3. Grantee shall notify the state in writing any changes to staff, location, and services as stipulated in original grant application/proposal.
4. That acceptance of any services offered under this Grant Agreement shall be voluntary on the part of the individual to whom such services are offered and that acceptance of any services shall not be a prerequisite to eligibility for the receipt of any other services under the Grant Agreement.
5. That any proposed changes in the target population served under this Grant Agreement or that any proposed changes in geographic location of service sites must be requested in writing, and that any approved changes be documented in a written response from the state.
6. The grantee agrees to keep Personnel Time and Activity Reports on all staff being paid partially or totally with grant funds and/or program income.
7. That any changes in the budget shall be requested in writing to and approved by a duly authorized representative of the State, prior to implementation.
8. That all income generated by grant funds shall be subject to the same requirements as the basic grant monies.
9. To adopt and enforce a no smoking policy in project facilities at all times.
10. That funding is contingent upon providing summary reports as specified by the State.
11. Performance awards at the end of the two years are contingent upon the reduction of the infant mortality rate in your region.

## ATTACHMENT B



## Maternal & Child Health Subrecipient Budget

Name of Organization:	St. Joseph County Department of Health		
Employer ID Number (EIN)	35-6000194	State Fiscal Years	2022, 2023, 2024
Address:	8th Floor, County City Building, 227 W Jefferson Blvd, #825		
City:	South Bend	State:	Indiana
Zip:	46601		
Phone:	574-235-9750	Fax:	574-235-9960
Website:	<a href="http://www.sjcindiana.com/302/Health-Department">www.sjcindiana.com/302/Health-Department</a>		
Name of Chief Executive:	Dr. Robert Einterz		
Title:	Health Officer	Phone:	574-235-9750
Email:	<a href="mailto:reinterz@sjcindiana.com">reinterz@sjcindiana.com</a>		
Name of Program Contact:	Sally Dixon		
Title:	Maternal Infant Health Coordinator	Phone:	574-250-8680
Email:	<a href="mailto:sdixon@sjcindiana.com">sdixon@sjcindiana.com</a>		
Name of Contract Signatory:	Dr. Robert Einterz		
Title:	Health Officer	Phone:	574-235-9750
Email:	<a href="mailto:reinterz@sjcindiana.com">reinterz@sjcindiana.com</a>		
<b>MCH FUNDS REQUESTED - Fiscal Year 2022 (10/01/2021 - 06/30/2022) 9 Months</b>			
Activity 100		Salary Total:	\$ 52,161.33
Activity 150		Fringe Benefits Total:	\$ 3,971.00
Activity 300	200.000	Contracts Total:	\$ 4,000.00
Activity 400	200.600	Supplies Total:	\$ 5,009.00
Activity 800	200.700	Travel Total:	\$ 926.70
	200.800	Rent & Utilities:	\$ -
	200.850	Communication:	\$ 540.00
	200.900	Other Expenses:	\$ 1,100.00
Activity 900		Other Total:	\$ 1,640.00
Activity CONSULT		Consultants	\$ -
		FY 2022 Total	\$ 67,708.03
<b>MCH FUNDS REQUESTED - Fiscal Year 2023 (07/01/2022 - 06/30/2023) 12 Months</b>			
Activity 100		Salary Total:	\$ 69,548.44
Activity 150		Fringe Benefits Total:	\$ 5,295.00
Activity 300	200.000	Contracts Total:	\$ 4,375.00
Activity 400	200.600	Supplies Total:	\$ 5,085.22
Activity 800	200.700	Travel Total:	\$ 1,164.70
	200.800	Rent & Utilities:	\$ -
	200.850	Communication:	\$ 720.00
	200.900	Other Expenses:	\$ 1,850.00
Activity 900		Other Total:	\$ 2,570.00
Activity CONSULT		Consultants	\$ -
		FY 2023 Total	\$ 88,038.36
<b>MCH FUNDS REQUESTED - Fiscal Year 2024 (07/01/2023 - 9/30/2023) 3 Months</b>			
Activity 100		Salary Total:	\$ 17,387.11
Activity 150		Fringe Benefits Total:	\$ 1,324.00
Activity 300	200.000	Contracts Total:	\$ 375.00
Activity 400	200.600	Supplies Total:	\$ -
Activity 800	200.700	Travel Total:	\$ 237.50
	200.800	Rent & Utilities:	\$ -
	200.850	Communication:	\$ 180.00
	200.900	Other Expenses:	\$ 750.00
Activity 900		Other Total:	\$ 930.00
Activity CONSULT		Consultants	\$ -
		FY 2024 Total	\$ 20,253.61
		Total Two-Year Request	\$ 176,000.00