

**Meeting of the Board of Health
St. Joseph County Department of Health
4th Floor Council Chambers
March 20, 2024
4:30 p.m.**

Join Zoom Meeting

<https://us06web.zoom.us/j/87145703217?pwd=9Jak81asMAJd4AnJTKLv3aJ5BtH2FB.1>

Dial In - +1 312 626 6799 US | Meeting ID: Meeting ID: 871 4570 3217 | Passcode: 625449

I. CALL TO ORDER & ROLL CALL

II. ADOPTION OF THE AGENDA

- A. It is recommended the Board of Health members adopt the agenda for March 20, 2024.

III. APPROVAL OF MINUTES

- A. It is recommended the Board of Health members approve the minutes of the regular meeting of February 21, 2024.

IV. BOARD PRESIDENT ANNOUNCEMENTS:

V. HEALTH OFFICER PRESENTATION and REPORT:

24-11 Discussion - Health Officer's Report

Community, Access, Resources, and Education (CARE)

Environmental Health

Finance

Food Services

Health Outreach, Promotion & Education (HOPE)

Nursing – Immunizations, Mobile Clinic & Public Health Nursing

Vital Records

Lead Report

Health First Indiana (HFI)

VI. NEW BUSINESS:

24-12 Discussion and Vote – Job Description - Mishawaka Registrar (Nursing)

24-13 Discussion and Vote – Job Description – Registrar (Vital Records)

24-14 Discussion and Vote - 2023 SJCDoH Annual Report

24-15 Resignation of Dr. Diana Purushotham

VII. GRANT REQUESTS:

24-16 – Discussion and Vote – Apply – Naloxone Kit Grant Opportunity

VIII. OLD BUSINESS:

24-08 Discussion and Vote - SJCDoH: Strategic Plan 2024-2028, as tabled.

IX. PUBLIC COMMENT: (3 Minute Limit)

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

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

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

X. TIME AND PLACE OF NEXT REGULAR MEETING:

April 17, 2024 – 4:30 p.m. 4th Floor Council Chambers.

XI. ADJOURNMENT

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

Regular Meeting

MINUTES

February 21, 2024
4:30 p.m.

Council Chambers, 4th Floor
County City Building, South Bend, IN

Members Present:

John Linn, P.E.
Michelle Migliore, DO
Robert Hays, MD,
Elizabeth Lindenman, MD
Ellen Reilander, Esq.
Jill Kaps VanBrouaene

Members Absent:

Kristin Vincent, CNM
Vacant Position
Vacant Position

Also Present:

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

Alissa Balke
Jodie Pairitz
Tiffany Chukwuma
Kim Dreibelbeis - Zoom
Brett Davis
Karen Teague
Marcellus Lebbin, Counsel

I. CALL TO ORDER & ROLL CALL

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

II. ADOPTION OF THE AGENDA

It is recommended the Board of Health members adopt the agenda for February 21, 2024.

There was a request to amend the agenda to include a Discussion and Vote to apply for the Safety PIN Grant.

Upon a motion by Michelle Migliore, DO., being seconded by Ellen Reilander, Esq. and unanimously carried, the agenda for February 21, 2024, was adopted as amended.

III. APPROVAL OF MINUTES

It is recommended the Board of Health members approve the minutes of the regular meeting of January 24, 2024.

Upon a motion by Michelle Migliore, DO., being seconded by Robert Hays, MD and unanimously carried, the minutes of the January 24, 2024, regular meeting of the St. Joseph County Board of Health were approved.

IV. BOARD PRESIDENT ANNOUNCEMENTS

There were no Board President announcements.

V. HEALTH OFFICER PRESENTATION and REPORT

24-01 Discussion – Health Officer’s Report
Community, Access, Resources, and Education (CARE)
Environmental Health
Finance
Food Services - Spotlight
Health Outreach, Promotion & Education (HOPE)
Nursing – Immunizations, Mobile Clinic & Public Health Nursing
Vital Records
Lead Report
Health First Indiana (HFI)

Ellen Reilander, Esq asked questions on the Overdose Snapshot Pilot project. Robin Vida explained the purpose of the pilot project – she reiterated the more timely and accurate the overdose reports are the better we can respond.

Ellen Reilander, Esq. mentioned a pipe burst at a retail store and the fire department had to be called and several had to close due to no water. She asked if it had been resolved and for further information.

Carolyn Smith, Director of Food Services stated it was a strip mall on Western Avenue and one store opened back up immediately, the other stores opened two days later.

Carolyn Smith presented the Food Services and Pool Program spotlight.

Karen Teague presented the pool and spa program spotlight.

Ellen Reilander asked how long it takes to complete a typical inspection.

Carolyn Smith stated it depends on if the manager accompanies you, it could take up to 30-45 minutes.

Ellen Reilander asked if a new restaurant opens does the owner have some type of training requirements under Indiana law?

Carolyn Smith stated they are supposed to have someone certified in Food Safety Management. Typically, plans are submitted to the State, and we get them as well so we can see what ceilings and floors are made of, what type of equipment they are using, the placement of sinks, etc. When we go in and do an opening inspection that is just again making sure they did what they said, then they get a permit issued. In about four weeks we go out unannounced for an inspection.

VI. NEW BUSINESS

24-08 St. Joseph County Department of Health: Strategic Plan 2024-2028

John Linn asked that this be tabled until the March 20, 2024, meeting as he did not have a chance to review it in its entirety.

Upon a motion by Ellen Reilander, Esq. being seconded by Michelle Migliore, DO, and unanimously carried, the St. Joseph County Department of Health: Strategic Plan 2024-2028 was tabled to the March 20, 2024, meeting of the Board of Health.

VII. GRANT REQUESTS

24-09 Discussion and Vote – Apply – Immunization CoAg Grant

Upon a motion by Michelle Migliore, D.O., being seconded by Robert Hays, MD and unanimously carried, permission to apply for the Immunization CoAg grant was sent to the County Commissioners favorably.

24-10 Discussion and Vote – Apply – Safety PIN Grant

Upon a motion by Ellen Reilander, Esq., being seconded by Jill Kaps VanBrouaene and unanimously carried, permission to apply for the Safety PIN grant was sent to the County Commissioners favorably.

VIII. OLD BUSINESS

There was no old business to discuss.

IX. PUBLIC COMMENT (3 Minute Limit)

No one present signed in to speak during public comment.

X. TIME AND PLACE OF NEXT REGULAR MEETING

March 20, 2024 – 4:30 p.m. 4th Floor Council Chambers.

XI. ADJOURNMENT

Upon a motion by Robert Hays, MD, being seconded by Michelle Migliore, DO., and unanimously carried, the regular meeting of the St. Joseph County, Indiana Board of Health was adjourned at 5:34 p.m.

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

Diana Purushotham, MD
Secretary of the Board



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

Health Officer's Report of Unit Activities

March 2023

COMMUNITY, ACCESS, RESOURCES AND EDUCATION (CARE)

In February, our team conducted 162 Social Needs Assessments (SNAs). These assessments revealed that out of the 162 community members a total of 410 separate needs were identified. The resources most frequently requested this month were food, health insurance, and transportation. Additionally, our team engaged in 65 outreach events, which included lead awareness, community events, canvassing, and regular visits to partner sites.

ENVIRONMENTAL HEALTH

	Feb-24	YTD 2024	YTD 2023
SEPTIC PROGRAM			
RESIDENTIAL NEW CONSTRUCTION			
A. Inspections	7	13	20
B. Consultations	1	2	0
RESIDENTIAL REPLACEMENT			
A. Inspections	51	80	86
B. Consultations	1	1	1
COMMERCIAL			
A. Inspections	1	6	5
B. Consultations	0	0	1
C. Cluster System Inspections	0	1	0
Abandonments w/o Replacement	1	1	6
Permit Applications Received	36	55	57
Permits Issued	33	64	54
Public Information Events	0	0	1
SUBDIVISION PROGRAM			
A. Health Officer Reports	0	0	12
B. Subdivision Reviews	0	2	14
C. Rezoning and Replat Reviews	0	1	
WELLHEAD PROGRAM			
A. Inspections Performed	8	12	15
WELL DRILLING PROGRAM			
RESIDENTIAL			
A. Inspections	13	28	23
B. Well Abandonments	13	31	31
COMMERCIAL			
A. Inspections	0	0	1
B. Well Abandonment Inspections	0	0	2
NEW CONSTRUCTION			
A. Permit Applications Received	6	10	11
B. Permits Issued	8	12	6
REPLACEMENT			
A. Permit Applications Received	17	27	28
B. Permits Issued	16	29	29

	Feb-24	YTD 2024	YTD 2023
Total Permits Applications Received	26	45	59
Total Permits Issued	27	49	52
Use of Existing Well	1	2	3
Public Information Events	0	0	0
SOURCE WATER PROGRAM			
A. Phase I Inquiries	13	33	21
B. Spill Responses	0	0	0
C. Meth Lab Occurrence Response	0	0	0
D. Well/ground water Sampling	0	7	0
E. Microbe Treatments/Pumping Inspections	0	0	0
F. Illicit Discharge	0	0	**
G. Other	0	0	**
SURFACE WATER PROGRAM			
A. Surface Water Sampling	0	0	0
LEAD PROGRAM			
A. Lead Risk Assessments	11	15	13
a. EBLI Assessments	1	3	10
b. Parent Request Assessments	10	12	3
B. Clearances	7	16	6
C. Children Tested for Lead Levels*	0	281	600
CAFO PROGRAM			
A. Inspections	0	0	0
AIR QUALITY PROGRAM			
A. Burn Permits	1	1	4
B. Indoor Air Quality Investigation	0	0	0
C. Mold Investigations	0	0	0
VECTOR PROGRAM			
A. Inspections performed	8	8	1
B. Sites Treated	0	0	0
C. Traps Collected	0	0	0
D. ISDH Submissions	0	0	0
E. Public Information Events	0	1	0
HEALTHY HOMES PROGRAM (Inside)			
A. Initial Complaints	15	24	18
a. No Water	4	8	6
b. Garbage/Food Waste	7	12	3
c. Feces	3	3	7
d. Rodents/Cockroaches	1	1	2
B. Follow-Up Complaints	21	30	31
a. No Water	15	21	15
b. Garbage/Food Waste	5	8	6

	Feb-24	YTD 2024	YTD 2023
c. Feces	1	1	8
d. Rodents/Cockroaches	0	0	2
C. Dwellings Unfit	2	6	3
MASSAGE			
A. Establishment Inspections	10	13	18
B. Complaints	1	1	**
TATTOO/BODY PIERCING PROGRAM			
A. Inspections Performed	0	0	4
B. Complaints	0	0	**
COMPLAINTS/INSVESTIGATIONS			
A. Garbage/Food Waste	12	17	20
B. Sewage	9	11	11
C. Water (ditches, lakes, ponds, & swells)	0	0	4
D. Motels/Hotels	0	0	0
E. Burning	0	1	0
F. Open Dumping	0	0	1
G. Followup Inspections	16	16	12
H. Eyelash Extensions	0	0	**
I. Other	11	37	4
ABATEMENT CORRESPONDENCE			
A. Abatement Correspondence Letters Mailed	43	83	49
B. Immediate Threat to Public Health Letters Mailed	0	1	0
C. Order to Vacate/Condemn Letters Mailed	2	7	3
D. Impending Legal Action Letters Mailed	4	9	6
SUBSURFACE INVESTIGATIONS			
A. Internal	6	6	0
B. External	1	1	0
*DUE TO TIME LAG OF State Database System			
Lead testing numbers are one (1) month behind.			
No data for these fields**			

County Health Department

LEAD: Dr. Purushotham - SUPPORT: Amy Ruppe

Valid: 01/01/2024-12/31/2024		Budget	January	February	March	TOTALS	
REVENUE							
	Beginning Balance	\$4,288,237.52				\$4,288,237.52	
	Property, FIT, Excise, Vehicle Excise Tax	\$2,089,100.00	\$0.00	\$0.00		\$0.00	
	Federal Reimbursements		\$9,222.66	\$178,658.35		\$187,881.01	
	Miscellaneous Revenue		\$0.00	\$0.00		\$0.00	
	TOTAL Tax, Fed Reimb and Misc Revenue		\$9,222.66	\$178,658.35	\$0.00	\$4,476,118.53	
	Environmental Health		\$58,410.00	\$100,805.00		\$159,215.00	
	Food Services		\$203,297.00	\$109,812.00		\$313,109.00	
	Immunization Clinic (South Bend)		\$12,478.85	\$10,157.97		\$22,636.82	
	Vital Records (South Bend)		\$38,654.45	\$50,999.00		\$89,653.45	
	Immunization Clinic (Mishawaka)		\$4,571.00	\$4,782.00		\$9,353.00	
	Vital Records (Mishawaka)		\$3,380.00	\$3,440.00		\$6,820.00	
	Fees (Charge 2, Coroner Fee)		(\$5,835.00)	(\$9,512.50)		(\$15,347.50)	
	Total Fee Revenue		\$314,956.30	\$270,483.47	\$0.00	\$585,439.77	
	TOTAL REVENUE		\$324,178.96	\$449,141.82	\$0.00	\$5,061,558.30	
EXPENDITURES							
Acct	10000 Series	Budget	January	February	March	Expenditures	Unexpended
11030	Administrator	\$87,220.40	\$5,814.70	\$5,814.70		\$11,629.40	\$75,591.00
11055	County Health Officer	\$250,000.00	\$19,230.76	\$19,230.76		\$38,461.52	\$211,538.48
11077	Admin. Assistant (3)	\$129,000.00	\$9,630.94	\$9,923.10		\$19,554.04	\$109,445.96
11143	Registrars (3)	\$113,673.00	\$8,156.34	\$7,806.54		\$15,962.88	\$97,710.12
11144	Nursing Registrars (2)	\$75,782.00	\$5,824.54	\$5,829.40		\$11,653.94	\$64,128.06
11145	Staff Assistants (2)	\$75,782.00	\$5,829.40	\$5,829.40		\$11,658.80	\$64,123.20
11151	Director of Vital Records	\$66,717.00	\$5,132.08	\$5,132.08		\$10,264.16	\$56,452.84
11154	Asst. Director Vital Records	\$57,750.00	\$4,442.30	\$4,442.30		\$8,884.60	\$48,865.40
11155	Nurses/Other Medical (7)	\$396,055.00	\$25,582.56	\$28,011.84		\$53,594.40	\$342,460.60
11161	Director of Env Health	\$66,717.00	\$5,132.08	\$5,132.08		\$10,264.16	\$56,452.84
11162	Asst. Dir Environmental Health	\$60,900.00	\$4,684.62	\$4,684.62		\$9,369.24	\$51,530.76
11163	Director of Food Services	\$66,717.00	\$5,132.08	\$5,132.08		\$10,264.16	\$56,452.84
11165	Asst Dir Food Services	\$60,900.00	\$4,684.62	\$4,684.62		\$9,369.24	\$51,530.76
11170	Director of CARE	\$66,717.00	\$5,132.08	\$5,132.08		\$10,264.16	\$56,452.84
11172	Environmental Health Specialist (10)	\$534,370.60	\$37,660.00	\$37,135.00		\$74,795.00	\$459,575.60
11174	Food Service Specialist (5)	\$273,000.00	\$21,000.00	\$21,000.00		\$42,000.00	\$231,000.00
11195	Public Health Coordinator	\$52,500.00	\$4,038.46	\$3,028.84		\$7,067.30	\$45,432.70
11196	Health Promotion Specialist	\$52,500.00	\$7,558.25	(\$7,558.25)		\$0.00	\$52,500.00
11197	Director of HOPE	\$66,717.00	\$5,132.08	(\$5,132.08)		\$0.00	\$66,717.00
11305	Deputy County Attorney	\$16,869.00	\$679.70	\$1,297.62		\$1,977.32	\$14,891.68
11650	Executive Secretary	\$48,000.00	\$3,692.30	\$3,692.30		\$7,384.60	\$40,615.40
11701	Director of Nursing	\$86,772.00	\$6,674.76	\$6,674.76		\$13,349.52	\$73,422.48
11950	Part Time	\$10,962.00	\$0.00	\$0.00		\$0.00	\$10,962.00
12010	Data Analyst	\$63,938.00	\$4,684.62	\$4,684.62		\$9,369.24	\$54,568.76
14800	FICA Taxes @ 7.65%	\$212,636.00	\$15,106.83	\$13,260.94		\$28,367.77	\$184,268.23
14810	PERF @ 11.2%	\$308,194.00	\$21,871.65	\$19,398.54		\$41,270.19	\$266,923.81
14840	Health Insurance	\$841,800.00	\$0.00	\$233,325.00		\$233,325.00	\$608,475.00
	Total 10000 Series	\$4,142,189.00	\$242,507.75	\$447,592.89	\$0.00	\$690,100.64	\$3,452,088.36
Acct	20000 Series	Budget	January	February	March	Expenditures	Unexpended
21030	Office Supplies	\$22,742.00	\$397.16	\$1,119.59		\$1,516.75	\$21,225.25
22120	Garage & Motor Supplies	\$11,980.00	\$540.25	\$141.45		\$681.70	\$11,298.30
22148	Field Supplies	\$4,000.00	\$39.99	\$9.99		\$49.98	\$3,950.02
22328	Equipment Repairs	\$2,250.00	\$0.00	\$0.00		\$0.00	\$2,250.00
22406	Immunization Supplies	\$200,000.00	\$10,546.86	\$2,818.71		\$13,365.57	\$186,634.43
	Total 20000 Series	\$240,972.00	\$11,524.26	\$4,089.74	\$0.00	\$15,614.00	\$225,358.00
Acct	30000 Series	Budget	January	February	March	Expenditures	Unexpended
31010	Legal Services	\$75,000.00	\$575.00	\$3,125.00		\$3,700.00	\$71,300.00
31070	Other Contractual Services	\$10,000.00	\$0.00	\$0.00		\$0.00	\$10,000.00
31150	Medical Services	\$3,000.00	\$189.46	\$0.00		\$189.46	\$2,810.54
32020	Travel/Mileage	\$13,941.00	\$130.00	\$425.00		\$555.00	\$13,386.00
32203	Cell Phones	\$20,025.00	\$1,958.00	\$0.00		\$1,958.00	\$18,067.00
32350	Postage	\$250.00	\$19.01	\$0.00		\$19.01	\$230.99
32550	Miscellaneous Costs	\$5,000.00	\$0.00	\$941.38		\$941.38	\$4,058.62
33128	Environmental Health	\$3,500.00	\$155.89	\$20.20		\$176.09	\$3,323.91
33368	Public Info & Educ	\$5,000.00	\$0.00	\$0.00		\$0.00	\$5,000.00
33938	Vector	\$50,000.00	\$0.00	\$0.00		\$0.00	\$50,000.00
34030	Liability Insurance Coverage	\$663,390.00	\$0.00	\$165,847.50		\$165,847.50	\$497,542.50
36500	Service Contract	\$17,000.00	\$0.00	\$0.00		\$0.00	\$17,000.00
38012	Interest on Debt	\$7,821.00	\$601.59	\$601.59		\$1,203.18	\$6,617.82
38013	Principle on Debt	\$45,797.00	\$3,315.02	\$3,561.57		\$6,876.59	\$38,920.41
39010	Dues & Subscriptions	\$3,000.00	\$0.00	\$0.00		\$0.00	\$3,000.00
39600	Refunds, Awards & Indemnities	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
39750	Information Technology	\$5,000.00	\$0.00	\$0.00		\$0.00	\$5,000.00
	Total 30000 Series	\$927,724.00	\$6,943.97	\$174,522.24	\$0.00	\$181,466.21	\$746,257.79
	Total Budget	\$5,310,885.00					
	TOTAL EXPENDITURES		\$260,975.98	\$626,204.87	\$0.00	\$887,180.85	
	Total Unexpended						\$4,423,704.15
	Net (Monthly)		\$63,202.98	(\$177,063.05)	\$0.00		
	FUND BALANCE		\$4,351,440.50	\$4,174,377.45	\$4,174,377.45		

Local Public Health Services

LEAD: Dr. Purushotham - SUPPORT: Amy Ruppe

Valid: 01/01/2024-12/31/2024		Budget	January	February	March	TOTALS	
Acct	REVENUE						
00000	Beginning Balance	\$0.00				\$0.00	
01412	State Grant		\$3,293,255.46			\$3,293,255.46	
	TOTAL REVENUE	\$0.00	\$3,293,255.46	\$0.00	\$0.00	\$3,293,255.46	
	EXPENDITURES						
Acct	10000 Series	Budget	January	February	March	Expenditures	Unexpended
11167	Community Health Workers	\$258,661.00	\$0.00	\$0.00		\$0.00	\$258,661.00
11172	Environmental Health Specialist	\$27,300.00	\$0.00	\$0.00		\$0.00	\$27,300.00
11176	Assistant Director of CARE	\$60,900.00	\$3,747.72	\$4,684.62		\$8,432.34	\$52,467.66
11196	Health Promotion Specialist	\$52,500.00	\$4,038.46	\$11,596.71		\$15,635.17	\$36,864.83
11199	Perinatal Lead Coordinator	\$28,350.00	\$0.00	\$0.00		\$0.00	\$28,350.00
14800	FICA Taxes @ 7.65%	\$32,720.00	\$581.66	\$2,020.56		\$2,602.22	\$30,117.78
14810	PERF @ 11.2%	\$47,902.00	\$872.05	\$2,973.09		\$3,845.14	\$44,056.86
14840	Health Insurance	\$183,000.00	\$0.00	\$0.00		\$0.00	\$183,000.00
	Total 10000 Series	\$691,333.00	\$9,239.89	\$31,539.14	\$0.00	\$40,779.03	\$650,553.97
Acct	20000 Series	Budget	January	February	March	Expenditures	Unexpended
22148	Field Supplies	\$13,900.00	\$0.00	\$0.00		\$0.00	\$13,900.00
	Total 20000 Series	\$13,900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,900.00
Acct	30000 Series	Budget	January	February	March	Expenditures	Unexpended
31015	Consultant Services	\$22,154.00	\$0.00	\$0.00		\$0.00	\$22,154.00
31070	Other Contractual Services	\$2,000.00	\$0.00	\$0.00		\$0.00	\$2,000.00
32020	Travel/Mileage	\$4,000.00	\$0.00	\$0.00		\$0.00	\$4,000.00
32050	Conferences & Trainings	\$8,100.00	\$0.00	\$0.00		\$0.00	\$8,100.00
32203	Cell Phones	\$7,700.00	\$223.92	\$7.99		\$231.91	\$7,468.09
32350	Postage	\$4,000.00	\$0.00	\$0.00		\$0.00	\$4,000.00
33368	Public Info & Ed	\$14,000.00	\$0.00	\$39.00		\$39.00	\$13,961.00
36015	Contractual Services	\$60,000.00	\$0.00	\$0.00		\$0.00	\$60,000.00
	Total 30000 Series	\$121,954.00	\$223.92	\$46.99	\$0.00	\$270.91	\$121,683.09
	Total Budget	\$827,187.00					
	TOTAL EXPENDITURES		\$9,463.81	\$31,586.13	\$0.00	\$41,049.94	
	Total Unexpended						\$786,137.06
	Net (Monthly)		\$3,283,791.65	(\$31,586.13)	\$0.00		
	FUND BALANCE		\$3,283,791.65	\$3,252,205.52	\$3,252,205.52		

Health Immunization CoAg

LEAD: Jodie Pairitz

Valid: 07/01/2023-06/30/2024		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	(\$62,224.56)				(\$62,224.56)	
02708	Federal/Grants Reimbursements		\$35,928.34	\$24,494.61		\$60,422.95	
	TOTAL REVENUE	(\$62,224.56)	\$35,928.34	\$24,494.61	\$0.00	(\$1,801.61)	
	EXPENDITURES						
Acct	10000 Series						
11077	Admin Assistant	\$17,000.00	\$330.85	\$0.00		\$330.85	\$16,669.15
11155	Nurses/Other Medical	\$25,000.00	\$0.00	\$732.49		\$732.49	\$24,267.51
11781	Imm Outreach Coordinator	\$26,250.04	\$4,038.46	\$4,038.46		\$8,076.92	\$18,173.12
11193	Part Time	\$134,000.00	\$13,123.60	\$20,626.04		\$33,749.64	\$100,250.36
14800	FICA Taxes	\$15,450.00	\$1,312.57	\$1,924.97		\$3,237.54	\$12,212.46
14810	PERF	\$7,563.00	\$489.36	\$534.34		\$1,023.70	\$6,539.30
14840	Health Insurance	\$21,350.00	\$0.00	\$0.00		\$0.00	\$21,350.00
	Total 10000 Series	\$246,613.04	\$19,294.84	\$27,856.30	\$0.00	\$47,151.14	\$199,461.90
Acct	20000 Series						
21030	Office Supplies	\$34,764.29	\$405.34	\$3,784.22		\$4,189.56	\$30,574.73
22406	Immunization Supplies	\$13,125.32	\$1,218.77	\$1,983.01		\$3,201.78	\$9,923.54
	Total 20000 Series	\$47,889.61	\$1,624.11	\$5,767.23	\$0.00	\$7,391.34	\$40,498.27
Acct	30000 Series						
32020	Travel /Mileage	\$504.18	\$0.00	\$0.00		\$0.00	\$504.18
32203	Cell Phones	\$3,493.04	\$314.74	\$7.99		\$322.73	\$3,170.31
33368	Public Info & Educ	\$14,788.70	\$49.60	\$0.00		\$49.60	\$14,739.10
36015	Contractual Services	\$14,108.44	\$597.44	\$492.31		\$1,089.75	\$13,018.69
	Total 30000 Series	\$32,894.36	\$961.78	\$500.30	\$0.00	\$1,462.08	\$31,432.28
Acct	40000 Series						
44010	Equipment	\$8,743.91	\$0.00	\$689.78		\$689.78	\$8,054.13
	Total 40000 Series	\$8,743.91	\$0.00	\$689.78	\$0.00	\$689.78	\$8,054.13
	Total Budget	\$336,140.92					
	Total Expenditures		\$21,880.73	\$34,813.61	\$0.00	\$56,694.34	
	Total Unexpended						\$279,446.58
	Net (Monthly)		\$14,047.61	(\$10,319.00)	\$0.00		
13	FUND BALANCE		(\$48,176.95)	(\$58,495.95)	(\$58,495.95)		

Health PHEP

LEAD: Jenna Rose

Valid: 07/01/2023-06/30/2024		Budget	January	February	March	Total	Unexpended
Acct	REVENUE						
00000	Beginning Balance	(\$609.23)				(\$609.23)	
02708	Federal/Grants Reimbursements		\$777.95	\$0.00		\$777.95	
	TOTAL REVENUE	(\$609.23)	\$777.95	\$0.00	\$0.00	\$168.72	
	EXPENDITURES						
Acct	30000 Series						
32550	Miscellaneous Costs	\$19,808.62	\$473.58	\$417.60		\$891.18	\$18,917.44
	Total 30000 Series	\$19,808.62	\$473.58	\$417.60	\$0.00	\$891.18	\$18,917.44
	Total Budget	\$19,808.62					
	Total Expenditures		\$473.58	\$417.60	\$0.00	\$891.18	
	Total Unexpended						\$18,917.44
	Net (Monthly)		\$304.37	(\$417.60)	\$0.00		
	FUND BALANCE		(\$304.86)	(\$722.46)	(\$722.46)		

Health Issues & Challenges Lead

LEAD: Renata Williams

Valid: 07/01/2022-06/30/2024		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$8,739.58				\$8,739.58	
02708	Federal/Grants Reimbursements		\$10,520.81	\$0.00		\$10,520.81	
	TOTAL REVENUE	\$8,739.58	\$10,520.81	\$0.00	\$0.00	\$19,260.39	
	EXPENDITURES						
Acct	10000 Series						
11155	Nurses/Other Medical	\$19,230.77	\$0.00	\$0.00		\$0.00	\$19,230.77
11172	Environmental Health Specialist	\$47,300.00	\$4,200.00	\$4,200.00		\$8,400.00	\$38,900.00
11199	Perinatal Coordinator	\$27,477.61	\$3,489.14	\$4,361.54		\$7,850.68	\$19,626.93
14800	FICA Taxes	\$7,166.92	\$550.88	\$617.62		\$1,168.50	\$5,998.42
14810	PERF	\$10,528.94	\$861.19	\$958.90		\$1,820.09	\$8,708.85
14840	Health Insurance	\$26,893.48	\$0.00	\$0.00		\$0.00	\$26,893.48
	Total 10000 Series	\$138,597.72	\$9,101.21	\$10,138.06	\$0.00	\$19,239.27	\$119,358.45
	Total Budget	\$138,597.72					
	Total Expenditures		\$9,101.21	\$10,138.06	\$0.00	\$19,239.27	
	Total Unexpended						\$119,358.45
	Net (Monthly)		\$1,419.60	(\$10,138.06)	\$0.00		
	FUND BALANCE		\$10,159.18	\$21.12	\$21.12		

Health Immun Supplemental

LEAD: Jodie Pairitz

Valid: 07/01/2023-06/30/2024		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	(\$10,510.79)				(\$10,510.79)	
02708	Federal/Grants Reimbursements		\$175,214.27	\$0.00		\$175,214.27	
	TOTAL REVENUE	(\$10,510.79)	\$175,214.27	\$0.00	\$0.00	\$164,703.48	
	EXPENDITURES						
Acct	10000 Series						
11087	Insurance Billing Specialist	\$22,211.00	\$0.00	\$0.00		\$0.00	\$22,211.00
11144	Nursing Registrar	\$53,488.00	\$0.00	\$36,086.00		\$36,086.00	\$17,402.00
11155	Nurses/Other Medical	\$74,359.01	\$0.00	\$53,138.50		\$53,138.50	\$21,220.51
11701	Director of Nursing	\$61,345.00	\$0.00	\$41,320.00		\$41,320.00	\$20,025.00
11950	Part Time	\$0.00	\$2,428.13	(\$2,428.13)		\$0.00	\$0.00
14800	FICA Taxes	\$19,079.97	\$185.75	\$9,800.90		\$9,986.65	\$9,093.32
14810	PERF	\$12,358.00	\$0.00	\$6,648.66		\$6,648.66	\$5,709.34
14840	Health Insurance	\$45,750.00	\$0.00	\$22,875.00		\$22,875.00	\$22,875.00
	Total 10000 Series	\$288,590.98	\$2,613.88	\$167,440.93	\$0.00	\$170,054.81	\$118,536.17
	Total Budget	\$288,590.98					
	Total Expenditures		\$2,613.88	\$167,440.93	\$0.00	\$170,054.81	
	Total Unexpended						\$118,536.17
	Net (Monthly)		\$172,600.39	(\$167,440.93)	\$0.00		
	FUND BALANCE		\$162,089.60	(\$5,351.33)	(\$5,351.33)		

Health CHWs for COVID

LEAD: Renata Williams - SUPPORT: Alissa Balke

Valid: 08/31/2021-08/30/2024		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	(\$47,723.92)				(\$47,723.92)	
02708	Federal/Grants Reimbursements		\$0.00	\$0.00		\$0.00	
	TOTAL REVENUE	(\$47,723.92)	\$0.00	\$0.00	\$0.00	(\$47,723.92)	
	EXPENDITURES						
Acct	10000 Series						
11030	Administrator	\$5,081.76	\$564.64	\$564.64		\$1,129.28	\$3,952.48
11055	Health Officer	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
11077	Admin. Assistant	\$22,280.22	\$2,475.58	\$2,475.58		\$4,951.16	\$17,329.06
11167	Community Health Worker	\$364,727.13	\$22,409.88	\$20,164.56		\$42,574.44	\$322,152.69
11170	Director of CARE	\$22,713.66	\$2,523.74	\$2,523.74		\$5,047.48	\$17,666.18
11176	Assistant Dir of CARE	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
11196	Health Promotion Specialist	\$490.82	\$490.83	\$0.00		\$490.83	(\$0.01)
11197	Director of HOPE	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
11976	Deputy Health Officer	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
12014	Data Analyst	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
14800	FICA Taxes	\$28,186.37	\$2,125.04	\$1,924.68		\$4,049.72	\$24,136.65
14810	PERF	\$39,473.65	\$3,188.04	\$2,881.60		\$6,069.64	\$33,404.01
14840	Health Insurance	\$200,530.39	\$2,026.54	\$4,017.31		\$6,043.85	\$194,486.54
	Total 10000 Series	\$683,484.00	\$35,804.29	\$34,552.11	\$0.00	\$70,356.40	\$613,127.60
Acct	20000 Series						
22148	Field Supplies	\$2,431.38	\$0.00	\$0.00		\$0.00	\$2,431.38
	Total 20000 Series	\$2,431.38	\$0.00	\$0.00	\$0.00	\$0.00	\$2,431.38
Acct	30000 Series						
31015	Consultant Services	\$49,180.00	\$6,000.00	\$6,000.00		\$12,000.00	\$37,180.00
32020	Travel/Mileage	\$28,442.76	\$0.00	\$48.60		\$48.60	\$28,394.16
32050	Conferences & Training	\$39,078.49	\$177.16	\$113.58		\$290.74	\$38,787.75
32203	Cell Phones	\$5,593.10	\$447.84	\$0.00		\$447.84	\$5,145.26
33368	Public Information & Education	\$453,038.42	\$1,343.37	\$16,486.61		\$17,829.98	\$435,208.44
36015	Contractual Services	\$31,865.26	\$0.00	\$0.00		\$0.00	\$31,865.26
39010	Dues & Subscriptions	\$780.00	\$0.00	\$0.00		\$0.00	\$780.00
	Total 30000 Series	\$607,978.03	\$7,968.37	\$22,648.79	\$0.00	\$30,617.16	\$577,360.87
	Total Budget	\$1,293,893.41					
	Total Expenditures		\$43,772.66	\$57,200.90	\$0.00	\$100,973.56	
	Total Unexpended						\$1,192,919.85
	Net (Monthly)		(\$43,772.66)	(\$57,200.90)	\$0.00		
17	FUND BALANCE		(\$91,496.58)	(\$148,697.48)	(\$148,697.48)		

Health Crisis CoAg

LEAD: Dr. Purushotham - SUPPORT: Amy Ruppe

Valid: 07/01/2023-06/30/2024		Budget	January	February	March	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$996,265.47				\$996,265.47	
02708	Federal/Grants Reimbursements		\$0.00	\$0.00		\$0.00	
	TOTAL REVENUE	\$996,265.47	\$0.00	\$0.00	\$0.00	\$996,265.47	
	EXPENDITURES						
Acct	10000 Series						
11167	Community Health Worker	\$98,885.00	\$15,482.04	\$18,525.70		\$34,007.74	\$64,877.26
11180	School Health Liasion	\$63,482.00	\$4,883.24	\$4,883.24		\$9,766.48	\$53,715.52
11781	Imm Outreach Coordinator	\$11,539.00	\$0.00	\$0.00		\$0.00	\$11,539.00
11782	MIH Coordinator	\$15,000.00	\$0.00	\$0.00		\$0.00	\$15,000.00
11950	Part Time	\$27,355.00	\$0.00	\$0.00		\$0.00	\$27,355.00
14800	FICA Taxes	\$15,851.00	\$1,502.14	\$1,726.02		\$3,228.16	\$12,622.84
14810	PERF	\$14,873.00	\$2,280.90	\$2,621.79		\$4,902.69	\$9,970.31
14840	Health Insurance	\$42,700.00	\$0.00	\$0.00		\$0.00	\$42,700.00
	Total 10000 Series	\$289,685.00	\$24,148.32	\$27,756.75	\$0.00	\$51,905.07	\$237,779.93
Acct	20000 Series						
21030	Office Supplies	\$3,500.00	\$0.00	\$0.00		\$0.00	\$3,500.00
	Total 20000 Series	\$3,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,500.00
Acct	30000 Series						
31015	Consultant Services	\$16,616.00	\$0.00	\$0.00		\$0.00	\$16,616.00
32020	Travel/Mileage	\$1,000.00	\$0.00	\$275.85		\$275.85	\$724.15
32203	Cell Phones	\$850.00	\$391.86	\$0.00		\$391.86	\$458.14
32550	Miscellaneous Costs	\$757,766.47	\$138.47	\$11,616.42		\$11,754.89	\$746,011.58
33368	Public Info & Educ	\$101,000.00	\$341.70	\$2,355.52		\$2,697.22	\$98,302.78
	Total 30000 Series	\$877,232.47	\$872.03	\$14,247.79	\$0.00	\$15,119.82	\$862,112.65
	Total Budget	\$1,170,417.47					
	Total Expenditures		\$25,020.35	\$42,004.54	\$0.00	\$15,119.82	
	Total Unexpended						\$1,103,392.58
	Net (Monthly)		(\$25,020.35)	(\$42,004.54)	\$0.00		
	FUND BALANCE		\$971,245.12	\$929,240.58	\$929,240.58		

FOOD SERVICES UNIT

2-2 A fire, at Sweet Frog Yogurt, 560 W Ireland Rd., resulted in heavy soot damage to adjacent businesses in the strip mall. All water and electricity, at Sweet Frog, was shut off, by the fire department. A thick black coating of soot covered all equipment, furniture, supplies and food items. It was determined that the fire originated in a rear office area where multiple electronic devices/equipment had been plugged into a surge protector. The charred equipment/devices were visible. The Fire Investigator determined that the fire had been extinguished by water from the pipe of a water softener unit near the site of the fire. The business remains closed. Midwest Kosher Deli, one of the adjacent businesses, had a light dusting of soot on shelving and all packaged products and equipment throughout the store. This business was thoroughly cleaned and sanitized, reinspected and approved to reopened, after 3 days. The third business was a barber shop that remained open, but did have to clean and sanitize shelves and product.

2-20 All inspection staff attended the monthly virtual training held for new food code. In addition to monthly virtual training, timeline for the new code includes mid-March release of draft code with 30-day comment period; day long in-person training in May, and Mid-July proposed adoption date.

In February, late fees totaling \$20,535.00 were reported to have been collected from 8.5% of our 1687 permitted entities that failed to renew their permit by January 31st. A 75% late charge is added, to the permit fee, when they are overdue.

HEALTH OUTREACH, PROMOTION & EDUCATION (HOPE)

Health First SJC:

- Hosted individual meetings with all 19 HFSJC awardees on overall program plan and key performance indicators (KPIs)
- Prepared contracts for Commissioners
- Participated in State calls as it relates to HFI

Emergency Preparedness/Response:

- Worked on Points of Dispensing Plans
- Worked on finalizing All Hazards Command and Activation Plan with Unit Directors
- Started creating tabletop exercise for Unit Directors to be held in March
- Attended District 2 HCC and LHD meetings
- Continued to collaborate with Emergency Management as appropriate
- Worked with county/city agencies to plan for Solar Eclipse on 4/8

Substance Use Prevention:

- Participated in Youth Mental Health Intercept Training to create system of crisis response for youth
- Continued Narcan distribution as requested
- Discussed potential Narcan implementation in Memorial ER

Maternal/Infant Health:

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

School Health Liaison:

- Continue to work with Ashely to transition duties
- Hosted webinar on Youth Substance Use for school staff
- Hosted school health leaders for a meeting on 2/15

Tuberculosis					
	Feb 2024	YTD 2024	YTD 2023	YTD 2022	YTD 2021
Directly Observed Therapies	51	101	45	211	98
Nurse Visits	38	76	60	39	24
QFT Ordered	5	7	2	5	1
CXR	0	0	0	3	0
New Active Cases	0	0	0	1	0
Active TB Cases Following	2	2	1	6	2
Latent TB Cases Following	31	38	33	20	15

We are finally able to take some of our cases back from state to investigate in St. Joseph County and with orientation almost done, we will be able to hopefully take back most if not all the cases that are assigned. There was a total of 28 animal bites with 2 specimens sent which were negative for rabies. There was one influenza death for the month of February. St. Joseph County had 165 confirmed Covid with an additional 85 probable that equals 251 cases.

Immunizations

For the month of February, all clinics have seen over 354

MOBILE CLINIC

In February, the mobile team continued their partnership with REAL Services to offer flu and covid vaccines, focusing on elderly and under-served populations. We also continued our partnership with the BABE store to try to reach tiny babies and their families. Portage School of Leaders asked us to do TB tests for a nursing class that was going to do clinicals at a nursing home.

The Immunization Outreach Coordinator, Shelley Chaffee, resigned her position for a new job and her last day will be March 8th. We are actively looking to fill the position.

The mobile team saw 117 patients and gave 163 vaccines in February.

Clinics

2-1-24 BABE Store

2-6-24 St. Vincent De Paul Food Pantry

2-7-24 Imani Unidad HIV testing event

2-8-24 BABE Store

2-13-24 Riley High School staff

2-14-24 St. Augustine's Soup Kitchen

2-15-24 BABE Store

2-21-24 South Bend Housing Authority

2-22-24 Miami Hills Apartments

2-26-24 Life Treatment Center

2-27-24 TB tests at Portage School

2-28-24 Catholic Charities

2-29-24 TB reads at Portage School

LEAD COMBINED UNIT

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

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

Testing

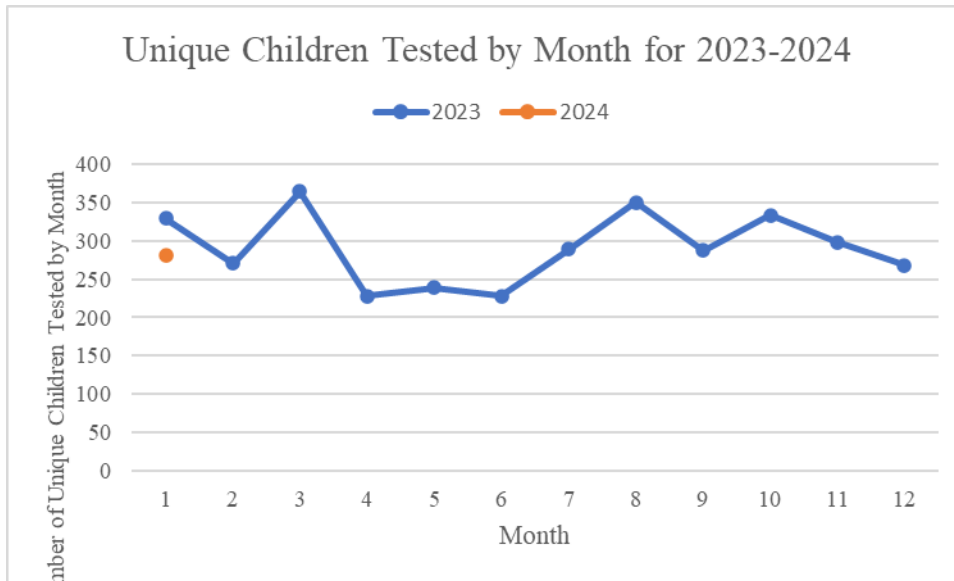
Lead Tests Across St. Joseph County

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

Tests drawn from January 1, 2024 – January 31, 2024

Pb Level (ug/dL)	Venous	Capillary	Unknown	Total
0	31	39	0	70
0.1-3.4	44	148	0	192
3.5-4.9	3	7	0	10
5-9.9	2	3	0	5
10-19.9	2	1	0	3
20-29.9	0	0	0	0
30-39.9	1	0	0	1
40-49.9	0	0	0	0
≥50	0	0	0	0
Total	83	198	0	281

There were no duplicate tests in the month of January, 281 unique children were tested.



Elevated Tests by Zip Codes

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

Zip Code	January 2024	YTD 2023
46613	4 elevated	64 elevated
46628	1 elevated	44 elevated
46619	1 elevated	32 elevated
46601	1 elevated	24 elevated
46544	1 elevated	20 elevated
46545	1 elevated	5 elevated
46614	0 elevated	22 elevated
46615	0 elevated	12 elevated
46616	0 elevated	9 elevated
46637	0 elevated	4 elevated
46617	0 elevated	4 elevated
46530	0 elevated	3 elevated
46561	0 elevated	2 elevated
46635	0 elevated	2 elevated

Community Outreach Settings

One part of the lead initiative is to offer lead education and testing for children aged 6 years and younger. We provide education and testing to the community by hosting lead events at daycares, churches, elementary schools, and other community settings. Depending on the event, a lead event may include education to families and/or testing of children. We aim to host at least two events per month. The events are organized and conducted by the Assistant Director of CARE and the CHWs from the CARE unit.

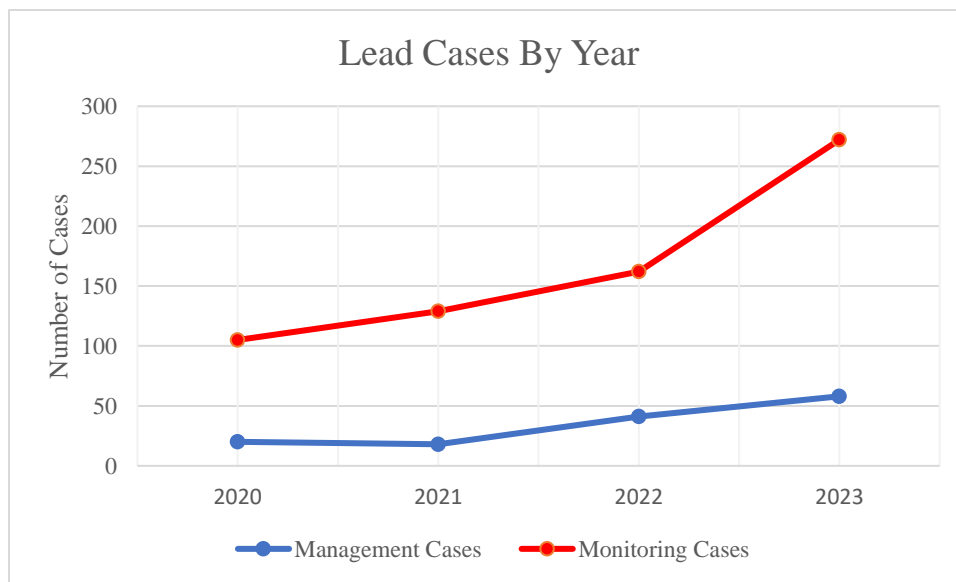
	Feb 2024	YTD 2024	YTD 2023	YTD 2022	YTD 2021
Events	4	5	40	22	0
a. Children Tested	4	4	265	183	0

Case Numbers

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

Current Case Numbers as of 2/29/2024

Case Management	Case Monitoring	Unconfirmed Cases
83	105	56



Risk Assessments

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

Activity	Feb 2024	YTD 2024	YTD 2023	YTD 2022	YTD 2021	YTD 2020
A. Lead Risk Assessments	11	15	13	4	12	10
i. EBLL Assessments	1	3	10	2	4	5
ii. Parent Requests	10	12	3	2	8	5
B. Clearances	7	16	6	4	4	7

Vital Records

	<u>Records Filed in February 2024</u>	<u>YTD 2024 Occurrences</u>	<u>YTD 2023 Occurrences</u>	<u>YTD 2022 Occurrences</u>
<u>Statistics*</u>				
Total Births	314	636	670	679
Total Deaths	277	583	544	654

Birth & Death data reflected as of 03/13/2024.

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

HEALTH OFFICER

Report in the Health Officer Presentation and Report portion.

Respectfully,

Diana Purushotham, MD
Health Officer

**POSITION DESCRIPTION
COUNTY OF ST. JOSEPH, INDIANA**

POSITION: Mishawaka Registrar
DIVISION or UNIT: Nursing
DEPARTMENT: Health
WORK SCHEDULE: 8:00 a.m. – 4:30 p.m., M-F
JOB CATEGORY: COMOT (Computer, Office Machine Operation, Technician)

DATE WRITTEN: February 2024
DATE REVISED:

STATUS: Full-time
FLSA STATUS: Non-exempt

To perform this position successfully, an individual must be able to perform each essential function of the position satisfactorily. The requirements listed in this document are representative of the knowledge, skill, and/or ability required. St. Joseph County provides reasonable accommodations to qualified employees and applicants with known disabilities who require accommodation to complete the application process or perform essential functions of the job unless those accommodations would present an undue hardship.

Incumbent serves as Mishawaka Registrar for the St. Joseph County Department of Health, responsible for scheduling appointments and providing customer service to clients, receiving and processing payments, and providing clerical and other support to clinic personnel as well as processing, issuing, filing, and maintaining vital records in compliance with State and County guidelines and assisting the public.

DUTIES:

Answers telephone and receives office visitors, provides and/or verifies vital records information, prepares copies, takes messages, schedules appointments, and/or refers callers to co-workers or more appropriate person or agency. Register clients, providing vaccine information/education, determining appropriate vaccine schedule, responding to inquiries, assisting clients with completing forms, reviewing and updating demographic and insurance information, scheduling appointments, and maintaining orderly flow of clients through clinic.

Locates previous medical records, if available, and prepares patient charts for Nurses, including specifying required vaccines.

Maintains accurate and organized records and enters immunization data into State immunization registry, billing, and electronic health record system. Compiles statistical data such as number of clients entering clinic, ages of patients, and vaccines given, prepares reports, and submits to Indiana Department of Health.

Contacts physicians' offices to request immunization records, prints walk-in requests for immunization records or other health information, and faxes immunization records to doctors, schools, day care centers, and parents as requested. Communicates with medical personnel, families, and funeral directors to provide assistance with death certificates and forms and reviews death certificates to ensure accuracy and compliance with state requirements. Stamps burial transit permits and prepares bills for funeral homes.

May provide English/Spanish interpretation services for clinic and/or other Division staff as necessary and periodically accompanies and/or assists Nurses at public health fairs as needed.

Maintains inventory of printed vaccination information, replenishing supply as necessary.

Prepares, verifies, records, and maintains birth and death records according to state guidelines, ensuring proper processing and filing of records, both digital, online and paper records.

Issues birth and death certificates, name changes, and/or corrections as requested, including assisting individuals with completing applications, preparing certificates, making, and certifying copies, and collecting and receipting payments.

Dates death certificates, affixes Health Officer's signature and enters information into appropriate database. Scans and stores in appropriate database/software system.

Scans various documents, including paternity affidavits, marriages, delayed registrations, home births, corrections, court orders, adoptions, paternities, birth applications, and burial permits.

Performs other administrative duties such as receiving and processing mail, processing payments, balancing cash drawer, and preparing deposit.

Performs genealogy searches as requested.

Prepares lab requisitions for qualifying pediatric clients for lead testing.

May assist with training new co-workers.

Assists with clinic duties, such as cleaning/sanitizing or organizing supplies.

Maintains current knowledge of Center for Disease Control (CDC) guidelines and immunization and vaccination standards.

Attends training sessions, as required.

Performs related duties as assigned.

I. JOB REQUIREMENTS AND DIFFICULTY OF WORK:

High school diploma or high school equivalent required with previous related work experience preferred.

Ability to meet all hiring and retention requirements, including passage of drug test.

Working knowledge of legal requirements and proper procedures for creating, filing, and releasing medical records information, with ability to ensure proper maintenance of department files, apply and interpret procedures, and complete additional training as needed. As well as working knowledge of state legal codes related to department and vital records, with ability to refer to manuals, journals, registries, and online information.

Working knowledge of standard policies and practices of St. Joseph County Department of Health, with ability to apply appropriate procedures accordingly.

Working knowledge of standard English grammar, spelling and punctuation, and ability to prepare documents, correspondence, and reports as required.

Working knowledge of standard office policies and procedures with computer skills, including word processing, spreadsheet, presentation, email, internet, and Department-specific software systems, and ability to apply such knowledge to a variety of interrelated processes, tasks, and operations.

Working knowledge of filing systems with ability to create and maintain accurate and complete Department files.

Ability to properly operate standard office equipment, including computer, copier, telephone, calculator and cash register.

Ability to effectively listen, comprehend, and communicate orally and in writing with co-workers, other County and City departments, elected officials, local media, and the public, including being sensitive to professional ethics, gender, cultural diversities, and disabilities.

Ability to competently serve the public with diplomacy and respect, including occasional encounters with irate or difficult persons.

Ability to provide public access to or maintain confidentiality of Department information and records according to state requirements and Health Insurance Portability and Accountability Act (HIPAA).

Ability to work alone with minimum supervision with others in a team environment.

Ability to compile, classify, analyze data, and make data-driven decisions.

Ability to work on several tasks at the same time, occasionally under time pressure or amidst frequent distractions.

Ability to understand, memorize, retain, and carry out verbal or written instructions.

Ability to file, post, and mail materials and to compile and collate data.

Ability to count, compute, and perform arithmetic operations.

Ability to compare or observe similarities and differences between data, people, or things, and apply knowledge of people and locations.

Shall comply with all employer and Department policies and work rules, including, but not limited to, attendance, safety, drug-free workplace, and personal conduct.

Ability to occasionally work extended, evening, or weekend hours.

May require possession of valid driver's license and demonstrated safe driving record.

II. RESPONSIBILITY:

Incumbent performs duties according to a formal schedule with priorities primarily determined by supervisor and service needs of the public. Incumbent follows standard operating procedures or policy and procedural manuals and must have supervisor's permission to deviate. Decisions are always determined by specific instructions or existing, well established policies and procedures. Errors in work are usually detected or prevented through procedural safeguards, supervisory review, legally defined procedures, and notification from other departments/agencies/public. Undetected errors could result in loss of time to correct error, loss of money to department, and/or inconvenience to other departments or agencies.

III. PERSONAL WORK RELATIONSHIPS:

Incumbent maintains frequent communication with co-workers, other County and City departments, state departments and agencies, service providers, healthcare providers, insurance companies, schools, medical personnel, funeral homes, and the public for purposes of exchanging information and rendering service.

Incumbent reports directly to Director of Nursing.

IV. PHYSICAL EFFORT AND WORK ENVIRONMENT:

Incumbent performs duties primarily in a standard office environment and service counter, including sitting/walking at will, sitting/standing/walking for long periods,

lifting/carrying objects weighing less than 25 pounds, handling/grasping/fingering objects, keyboarding, crouching/kneeling, bending, reaching, close/far vision, color/depth perception, hearing sounds/communication, and speaking clearly.

Incumbent is regularly exposed to normal health hazards associated with public health nursing for which universal health precautions must be followed to ensure safety of self and others, including wearing protective clothing or equipment.

Incumbent is required to occasionally work extended, evening, or weekend hours.

APPLICANT/EMPLOYEE ACKNOWLEDGMENT

The job description for the position of Mishawaka Registrar for the St. Joseph County Department of Health describes the duties and responsibilities for employment in this position. I acknowledge that I have received this job description, and understand that it is not a contract of employment. I am responsible for reading this job description and complying with all job duties, requirements and responsibilities contained herein, and any subsequent revisions.

Is there anything that would keep you from meeting the job duties and requirements as outlined?

Yes_____ No_____

Applicant/Employee Signature

Date

Print or Type Name

**POSITION DESCRIPTION
COUNTY OF ST. JOSEPH, INDIANA**

POSITION: Registrar
DIVISION or UNIT: Vital Records
DEPARTMENT: Health
WORK SCHEUDLE: 8:00 a.m. – 4:30 p.m., M-F
JOB CATEGORY: COMOT (Computer, Office Machine Operation, Technician)

DATE WRITTEN: March 2024
DATE REVISED:

STATUS: Full-time
FLSA STATUS: Non-exempt

To perform this position successfully, an individual must be able to perform each essential function of the position satisfactorily. The requirements listed in this document are representative of the knowledge, skill, and/or ability required. St. Joseph County provides reasonable accommodations to qualified employees and applicants with known disabilities who require accommodation to complete the application process or perform essential functions of the job unless those accommodations would present an undue hardship.

Incumbent serves as Registrar for the St. Joseph County Department of Health, responsible for processing, issuing, filing, and maintaining vital records in compliance with State and County guidelines and assisting the public. Incumbent also serves as the back up to the Mishawaka Registrar, responsible for scheduling appointments and providing customer service to clients, receiving and processing payments, and providing clerical and other support to clinic personnel.

DUTIES:

Answers telephone and receives office visitors, provides and/or verifies vital records information, prepares copies, takes messages, schedules appointments, and/or refers callers to co-workers or more appropriate person or agency.

Prepares, verifies, amends, records, and maintains birth and death records according to state guidelines, ensuring proper processing and filing of records, both digital, online and paper records.

Issues birth and death certificates, name changes, and/or corrections as requested, including assisting individuals with completing applications, preparing certificates, making, and certifying copies, notarizing documents, and collecting and receipting payments.

Dates death certificates, affixes Health Officer's signature and enters information into

appropriate database. Compares burial certificates with death certificates, noting discrepancies and performing research to obtain missing information. Scans and stores in appropriate database/software system.

Communicates with medical personnel, families, and funeral directors to provide assistance with death certificates and forms and reviews death certificates to ensure accuracy and compliance with state requirements. Stamps burial transit permits and prepares bills for funeral homes.

Compiles required statistics and reports and assists Indiana Department of Health (IDoH) personnel in coordinating services and resolving problems with procedures and records.

Types and scans various documents, including paternity affidavits, marriages, delayed registrations, home births, corrections, court orders, adoptions, paternitys, birth applications, and burial permits.

Reports all home births to Public Health Nurse and notifies proper authorities of deaths associated with tuberculosis, contagious diseases, and sudden infant death syndrome (SIDS). Forwards summaries of deaths in the County to Center for Disease Control (CDC).

Performs other administrative duties such as receiving and processing mail, balancing cash drawer, and preparing deposit.

Performs genealogy searches as requested.

May perform specialty duties such as correction and paternity affidavits.

Assists with development of Unit policies and procedures and attends education workshops and training seminars as necessary.

Serves as the back up in the Mishawaka office for the Mishawaka Registrar, responsible for greeting and assisting clinic visitors, registering clients, providing vaccine information/education, determining appropriate vaccine schedule, responding to inquiries, assisting clients with completing forms, reviewing and updating demographic and insurance information, scheduling appointments, and maintaining orderly flow of clients through clinic. Utilizes software in the immunization clinic.

Performs duties of co-workers in their absence and related duties as assigned.

I. JOB REQUIREMENTS AND DIFFICULTY OF WORK:

High school diploma or HSE. Prior related work experience preferred, especially customer service. Bilingual in Spanish is not required, but is preferred.

Ability to meet all hiring and retention requirements, including passage of drug test.

Possession of or ability to obtain and maintain required certifications and training such as valid Notary Public certification.

Working knowledge of state legal codes related to department and vital records, with ability to refer to manuals, journals, registries, and online information.

Working knowledge of vital records operations and procedures, with ability to effectively receive and route callers, accept forms and applications, and assist co-workers and the public accordingly.

Working knowledge of standard office policies and procedures with computer skills, including word processing, spreadsheet, presentation, email, internet, and Department-specific software systems, and ability to apply such knowledge to a variety of interrelated processes, tasks, and operations.

Working knowledge of filing systems with ability to create and maintain accurate and complete Department files.

Working knowledge of standard English grammar, spelling, and punctuation, and ability to prepare documents, correspondence, and written reports as required.

Ability to type with speed and accuracy and properly operate a variety of standard office equipment, including computers, telephones, calculators, fax machines, copiers, scanners, microfilm readers, and other equipment as needed.

Ability to count, compute, and perform arithmetic operations.

Ability to compile, classify, analyze data, and make data-driven decisions.

Ability to compare or observe similarities and differences between data, people, or things, copy data from one document to another, and mail materials.

Ability to provide public access to or maintain confidentiality of Department information and records according to state requirements and Health Insurance Portability and Accountability Act (HIPAA).

Ability to effectively listen, comprehend, and communicate with co-workers, other County and City departments, personnel from other departments and agencies, medical personnel, funeral homes, and the public, including being sensitive to professional ethics, gender, cultural diversities, and disabilities.

Ability to understand, memorize, retain, and carry out written or oral instructions and present findings in oral or written form.

Ability to work alone with minimum supervision with others in a team environment.

Ability to work on several tasks at a time, occasionally under time pressure or amidst distractions.

Shall comply with all employer and Department policies and work rules, including, but not limited to, attendance, safety, drug-free workplace, and personal conduct.

Ability to occasionally work extended, evening, or weekend hours and travel out of town for conferences and training, sometimes overnight.

II. RESPONSIBILITY:

Incumbent performs duties according to a formal schedule with work priorities determined by a supervisor and service needs of the public. Incumbent follows standard operating procedures or policy and procedural manuals and must have supervisor's permission to deviate. Decisions are always determined by specific instructions or existing, well established policies and procedures. Errors in work are primarily detected or prevented through procedural safeguards, supervisory review, legally defined procedures, and/or notification from other departments, agencies/public. Undetected errors could result in loss of time to correct error, loss of money to department, and/or inconvenience to other agencies/departments/public.

III. PERSONAL WORK RELATIONSHIPS:

Incumbent maintains communication with co-workers, other County and City departments, personnel from other departments and agencies, medical personnel, funeral homes, and the public for the purposes of exchanging information and rendering services.

Incumbent reports directly to Director of Vital Records.

IV. PHYSICAL EFFORT AND WORK ENVIRONMENT:

Incumbent performs duties primarily in a standard office environment and service counter, including sitting/walking at will, sitting/standing/walking for long periods, lifting/carrying objects weighing less than 25 pounds, handling/grasping/fingering objects, keyboarding, crouching/kneeling, bending, reaching, close/far vision, color/depth perception, hearing sounds/communication, and speaking clearly.

Incumbent is occasionally required to work extended, evening, or weekend hours and travel out of town for conferences and training, sometimes overnight.

APPLICANT/EMPLOYMENT ACKNOWLEDGMENT

The job description for the position of Vital Records Registrar for the St. Joseph County Department of Health describes the duties and responsibilities for employment in this position. I acknowledge that I have received this job description and understand that it is not a contract of employment. I am responsible for reading this job description and complying with all job duties, requirements and responsibilities contained herein, and any subsequent revisions.

Is there anything that would keep you from meeting the job duties and requirements as outlined?

Yes_____ No_____

Applicant/Employee Signature

Date

Print/Type Name

Annual Snapshot 2023



Dear Residents and Visitors of St Joseph County,

The Department of Health (DOH) has had a year of transitions and growth. There has been changes to the department's structure and leadership, it's vision and mission, as well as increased opportunities offered through new funding by Health First Indiana.

As you can see in the report the overall activity of the DOH has increased in 2023, with increased services, outreach events, social needs assessment, and completions of inspections and permits. This work is expected to improve and expand. The DOH received \$3,293,255.46 from Health First Indiana funding out of which \$973,755.46 will be allocated to 19 community partners to improve the overall health of our community. The decision to allocate a little under a third of our funding to community partners reflects our commitment to partnership and supporting the work of those who are improving the overall health of our community. The remainder of the funding will be used to improve and strengthen the work of the DOH. It will allow for innovative new programs to address school health, maternal and child health, mental health, obesity-related chronic conditions, cancer prevention, radon, and lead poisoning to highlight a few.

As we move into 2024, I am excited about the new initiatives we will begin and the strategic plan that outlines the path for improvement over the next four years. In addition, the DOH has restructured the organization work chart to reflect our mission and streamline responsibilities for new programs that we will be offering the county. We plan to continue to strengthen the DOH's position as a source of unbiased public health knowledge with increased transparency and resources for the community. In addition, the DOH looks forward to increasing community engagement and partnerships to share information, resources, evidence-based practices, and data to improve the health of our community.

I am honored to have the opportunity to be the St. Joseph County Health Officer and I am grateful to lead the excellent staff and team we have at the DOH to further serve the community. I will leave you with our new mission statement: *"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County."*

To a fantastic and healthy 2024!

With gratitude,

A handwritten signature in black ink, appearing to read "Diana Purushotham", is written over a light blue horizontal line.

Diana Purushotham
Health Officer

Our Organization



OUR VISION

Healthy People in a Healthy St. Joseph County.

OUR MISSION

To promote physical and mental health and facilitate the prevention of disease, injury, and disability for all

Board of Health

The Board of Health sets policy and oversees the Department of Health. It is composed of community members appointed by the mayors of South Bend Mishawaka, County Commissioners and County Council

Back (L-R) -

Front (L-R) -



Health Officer

Diana Purushotham M.D.

(July 24, 2023–Current)

Joseph Cerbin M.D.

(March 31, 2023-July 24, 2023)

Robert M. Einterz M.D.

(February 2020–March 31, 2023)

The Health Officer is the chief executive of the department of health. Dr. Purushotham brings a passion for health education and disease prevention to the Department.



Deputy Health Officer

Mark D. Fox, M.D., PhD, MPH

(August 28, 2018-July 21, 2023)

The Deputy Health Officer supports the chief executive of the department of health. His priority areas were lead, infant mortality, and immunizations.

Administration

Health Officer– Diana Purushotham, M.D.
(July 2023-current)

Joseph Cerbin, M.D. (March-July 2023)

Robert M. Einterz, M.D. (until March 2023)

Deputy Health Officer– Mark D. Fox, M.D., PhD, MPH (until July 2023)

Administrator– Amy Ruppe

Data Analyst(s)- Brandon Gary, Peter Duffy

Executive Administrative Assistant– Jennifer Parcell

Our Organization: Units and Staff



Environmental Health

Director—Mark Espich
 Assistant Director—Brett Davis
 Administrative Assistant—Melanie Martinez, Pam Thompson (5/31/23)
 Staff Assistant—Jozie Mikel, Melaine Martinez (05/31/23)
 Environmental Health Specialists—Stephan Sass; Amelia Lyczynski; Brianna McCall; David Ekkens; Jeff Murawski; Jessica Dilling; Josiah Hartman; Kara Dishman; Patrick Sovinski; Katey Myers, John Engstrom (8/22/23)
 Vector Specialist—Bradley Johnson (08/10/23)

Nursing

Director—Jodie Pairitz
 Administrative Assistants—Gina Frendenburg (11/08/23), Donna Hurley (12/29/23)
 Registrars—Ana Otero-Torres, Fran Woodcox, Loida Acosta, Paula Sulentic, Marisol Cruz-Casteneda
 Immunization Nurses—Mary Pickens (01/30/23), Delores Williams, Barbara James, Stephanie Swanson, Elaine Flemming, Abigail Maxwell;
 Public Health Nurses—Lauren Gunderson; Ashley Helmen, Lori Montgomery
 Disease Investigation Specialist(s)—Danielle Sims, Micaela Enright

Health Outreach, Promotion, & Education

Director—Robin Vida
 Health Promotion Specialists—Kristen Sachman
 Maternal/Infant Coordinator—Sally Dixon (06/20/23)



Food Services

Director—Carolyn Smith
 Assistant Director—Karen Teague
 Administrative Assistant—Sarah DeFreeuw
 Staff Assistant—Sharyl Smith
 Food Service Specialists—Jacob Parcell; Jamie Young, Kaitlyn Hammes, Lynette Wesley, Melissa Papp

Vital Records

Director—Ericka Tijerina
 Assistant Director—Denise Kingsberry
 Registrars—Angie Weatherspoon, Katie Mesaros, Lisa Murray, Kimyon Woods-Holt (07/20/23)

Emergency Preparedness

Public Health Coordinator—Jenna Rose, Harry Gilbride (06/07/23)

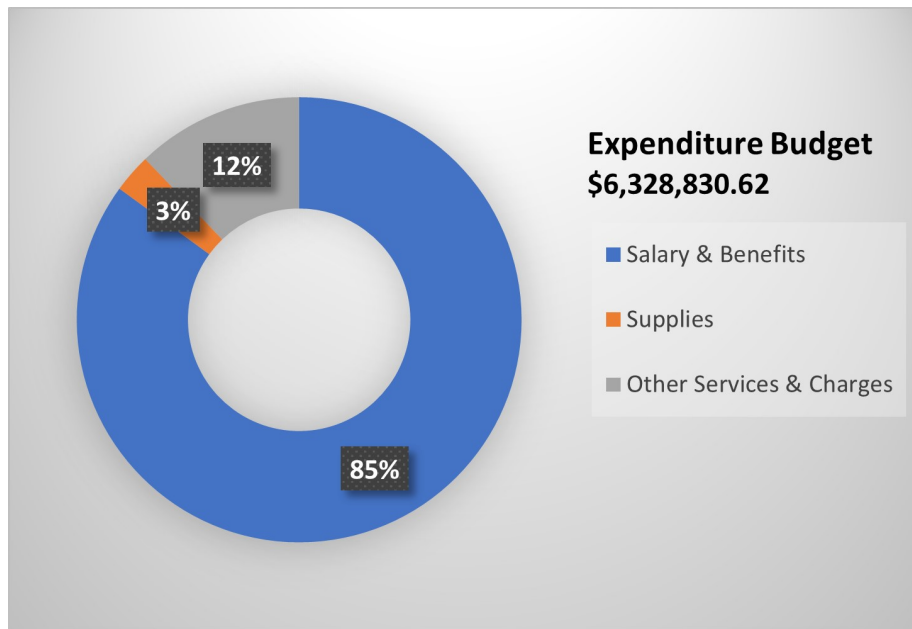
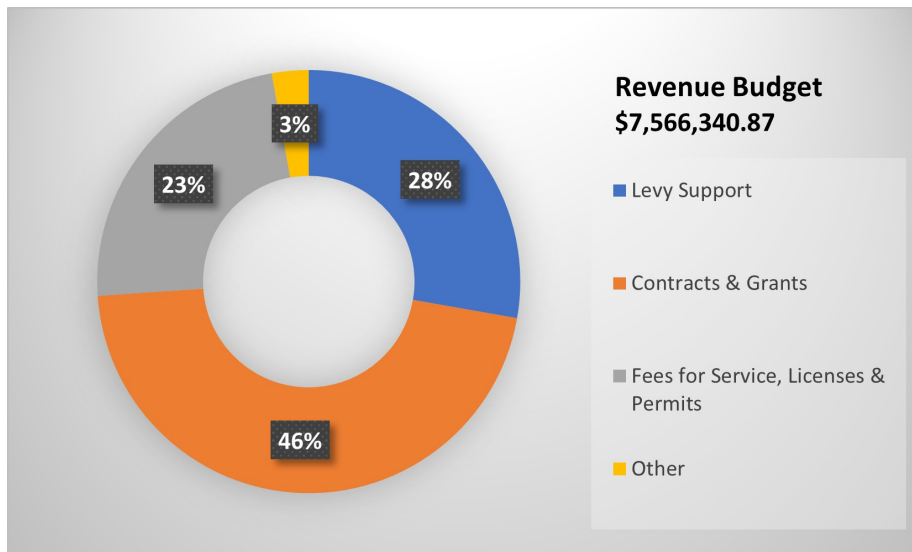


Health Equity, Epidemiology, & Data

Director—Cassy White (06/02/23), Renata Williams
 Assistant Director—Taylor Coats (06/02/23), Alissa Balke
 Administrative Assistant—Amy Schnick
 PACEs Coordinator—Frank Spesia (07/05/23)
 Data Analyst—Mary Wachira (07/31/23)
 Health Promotion Specialist—Tiffany Chukwuma
 Perinatal/Prenatal Lead Program Coordinator—Nancy Coiro

Community Health Worker Coordinator(s)- Savannah Hardy (06/02/23); Jael Jackson (08/10/23); Jonathan Carmona
 Community Health Workers: Andrea Romo; Andrea Tobar (Safety PIN); Cathy Escobedo (Safety PIN); Jessica Robinson; Kim Dreibelbeis; LaRhonda Hosea; LaShawna Love; Maria (Melissa) Elissetche; Mercedes Lopez; Rafael Lemus; Veronica Escobedo; Tracina Chism-Fikes (Safety PIN) (05/26/23); Clara Davis (06/16/23); Sherrie Selmon (12/04/23)

Financials



Environmental Health Unit



CONTAMINATION CLEANUPS AND MONITORING

The Environmental Unit has been an instrumental partner in facilitating the ongoing clean up of the former South Bend Range factory on South Bend's west side. Additionally, the Environmental Unit has been monitoring and working towards rectification of two areas of sodium chloride groundwater contamination. Multiple properties were added to the Wellhead Protection Program, where the Department of Health routinely performs inspections within certain distances of municipal water supply wells.

PERMITS

There were 861 well and septic system permits issued in 2023. Only 15% (128) of those permits were for well and/or septic abandonments, meaning there remains a high demand for and high risk for our groundwater.

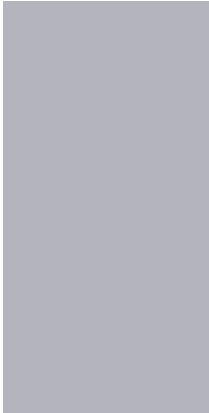
VECTOR CONTROL

The Environmental Unit's Vector Control program refined operations for better efficiency, and in turn, collected 277 mosquito traps in 2023, and tested 13,589 mosquitoes split amongst 315 pools for West Nile Virus. An additional 11,832 mosquitoes split amongst 172 pools were sent to the Indiana Department of Health for arboviral testing. In all, there were a record-setting 153 West Nile Virus-positive mosquito pools detected in 2023. However, due to rapid response and interventions, there were no human cases detected.

NUMBERS AT A GLANCE

- Conducted 117 lead risk assessments
- Conducted 1,035 septic inspections/ consultations
- Conducted 152 Wellhead Protection Area inspections
- Conducted 94 massage establishment inspections and 47 tattoo/body piercing establishments
- 951 complaint responses regarding housing:
 - Pests
 - Cleanliness
 - Water shutoff
 - Waste disposal
- Processed 4,341 Property Transfer applications
- Sent 518 Orders of Abatement

Nursing



IMMUNIZATIONS

The mobile team had a busy 2023. The Mobile Team got our online scheduling system, Phreesia, up and running so that patients could pre-register for mobile clinics by using a QR code printed on the flyers used to advertise upcoming clinics. The Team saw patients of all ages, from babies at the BABE Store to seniors in assisted living facilities. We worked closely again with the school systems to get students up to date on their required immunizations. The mobile team worked with new partners in the community including South Bend Parks, Boys & Girls Club, and AIDS Ministries. The Mobile Unit partnered with Beacon Community Impact and REAL Services to assist with grants they each had to help people get immunized. The Regular Immunization Clinics in both South Bend and Mishawaka continue to be open five days a week and we are seeing on average 12-18 patients per day in our busiest season. The clinic also provided travel consults along with appropriate vaccines for international travel. All of the clinics received new refrigerators and freezers to replace older models.

TUBERCULOSIS (TB)

The TB team provides directly observed therapy (DOT) and case management services for active and latent infected tuberculosis patients. Patients who get medication through the Saint Joseph County Department of Health receive them free of charge. Our team also assists the refugee clinics with state requirements in regard to Tuberculosis and works closely with Class B's to fulfill CDC requirements. In addition, the team provides education and contact tracing for anyone potentially exposed. In 2023 we began offering a new service at our clinic called a QuantIFERON Gold Plus (TB blood test) at an affordable price of \$35.

PUBLIC HEALTH NURSING

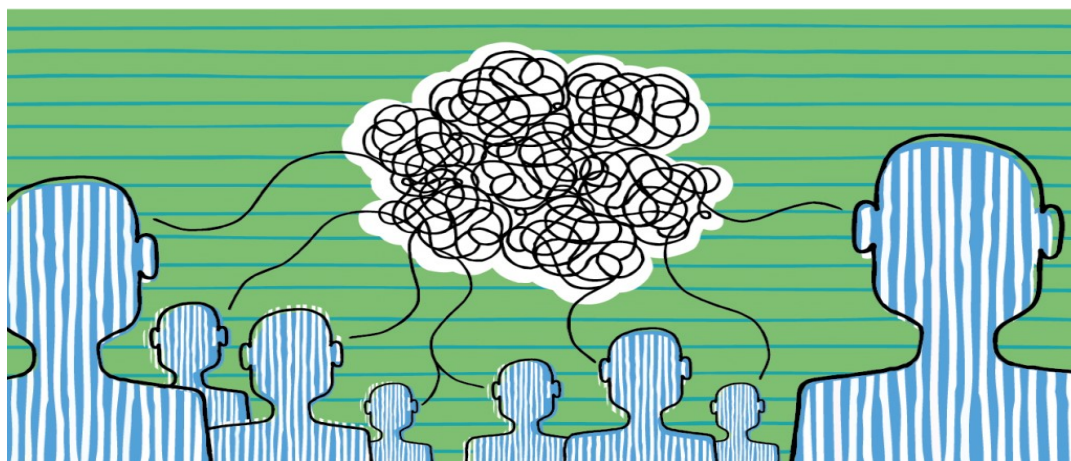
In our Nursing Unit, the Lead Disease Investigation Specialist receives all elevated blood lead levels (EBLLs) from the Indiana Department of Health and assigns each case to either a Public Health Nurse or a Community Health Worker to investigate. Public Health Nurses and Community Health Workers provide case management services for children under the age of 7 with confirmed lead levels greater than 5 µg/dL. In 2023, the team received 272 monitoring (3.5 – 4.9 µg/dL) and unconfirmed cases and 58 case management cases (≥ 5 µg/dL).

Public Health Nursing has also assisted with over 514 Animal Bites and excluding Covid-19, 1,128 Communicable Diseases cases. Since we are in the process of hiring new staff, St. Joseph County Nursing Division has had the State help investigate communicable diseases with their Local Health Department Assistance Program. The goal for 2024 will be to take all of St. Joseph Counties' cases back to investigate locally. As with everything, the Nursing Division looks forward to helping the resident's of St. Joseph County get the needed resources and education to prevent the spread of infectious disease.

NUMBERS AT A GLANCE

- Mobile Clinics Conducted: **113**
- Immunizations Provided: **5,110**
- Number of Individuals Immunized: **3,657**
- Active TB Case Management: **3**
- Directly observed therapies (DOT) Visits by TB Nurses: **376**
- Nurse Visits by TB Nurse: Lauren Gunderson RN and Danielle Sims, Disease Investigation Specialist (DIS): **352**
- Lead Managed Cases (>5ug/dL): **58**
- Lead Monitoring Cases (3.5-4.9ug/dL): **272**

Health Outreach, Promotion, and Education



MENTAL HEALTH (SUBSTANCE USE & SUICIDE PREVENTION)

In 2023, we received two NACCHO grants focused on 1) Health Equity in Addressing Overdose Response and 2) Addressing the Intersection of ACEs, Suicide, and Overdose. Through our efforts to address overdose response, we had the opportunity to mentor a community in Ohio and a community in Wisconsin on their overdose prevention efforts. Grant funds have allowed for the expansion of access to Naloxone across the county. Addressing the intersection of ACEs, suicide, and overdose allowed us as a Department to coordinate partnerships to create a community-focused action plan on addressing risk and protective factors to reduce overdose and suicide by addressing trauma.

MATERNAL/INFANT HEALTH

In 2023, the HOPE team, through Maternal Infant Health Initiatives, continued work towards ensuring the conditions of optimal births for all people and to eliminate racial and social inequities in a sustained effort. Our FIMR program transitioned to Beacon Community Impact in September 2023 as they were awarded the state funding.

The Fetal Infant Mortality Case Review (FIMR) Team: Studied 9 cases of infant loss and 2 cases of stillbirth from 2022 and 2023. In the Spring of 2023, we released our 2023 report on data from 2017-2021 and is available [here](#). Our reviews were less than 2022 due to staff turnover. Our Community Action Workgroups engaged in the following activities and initiatives based on the recommendations from the FIMR Case Review which led us for the first part of 2023 and was committed to planning a mental health educational workshop for maternal health providers at University of Notre Dame. Over 60 providers and clinical staff attended a training session featuring Dr. Camila Arnaudo.

HEALTH COMMUNICATIONS

The HOPE team completed 386 total requests for health communications (see chart for breakdown). Requests were either for website, social media, or printed (flyers, one-pagers, etc.).

Numbers at a Glance

- 3,000+ doses of naloxone distributed to community partners and members
- 50 wound-care kits distributed to treatment housing & street medicine outreach

Overdose & Suicide

Deaths

- 97 (Preliminary) overdoses
- 45 suicides

FIMR Reviews

- Reviewed 11 infant and fetal death cases.

Health Communication

Requests

Unit	Total Requests
Administration	12
CARE	138
Environmental	68
Food Service	12
HOPE	38
Immunization	86
Nursing	14

Food Services Unit



FOOD SERVICES

As agents of the Indiana Department of Health, our Food Safety Inspection Officers (FSIO) are responsible for ensuring that all who reside in and visit St Joseph County enjoy safe, sanitary, honestly prepared and presented food. Food establishments are inspected to assess its staff's overall understanding and compliance with food safety rules and sanitation requirements. The 3,441 routine plus 638 temporary inspections performed, in 2023 represent a 46.8% combined increase over the 2,452 routine and 599 temporary inspections completed in 2022. The prevention and reduction of foodborne illness is always the main goal of any inspection.

TEMPORARY EVENTS

Among last year's 234 temporary events were several celebratory activities held in conjunction with Notre Dame's first home game vs HBCU Tennessee State. Highlighted that weekend were First Friday food vendor sales, Saturday morning tailgating & evening Bar Crawl, plus a Sunday morning Fun Fest. Several out of town food vendors participated in these historic weekend's first time events.

On September 9th-10th, the City of South Bend transformed one of its park venues to host Fusion Fest. This two-day multicultural celebration featured vendors offering authentic cuisine from five global regions of the world. The entire food inspection staff was on hand to conduct inspections.

AQUATICS

2023 totals reflect an increase in pool closures due to changes in how and where collected data was recorded which resulted in totals being reported more smoothly. Facilities required to closed between inspections, due to a series of unsatisfactory bacteriological reports, accounts for some of the increase in closures. Additionally, since COVID, many facilities report higher maintenance staff turnover, resulting in a decreased level of monitoring and correction of disinfectant concentration issues.

NUMBERS AT A GLANCE

- Retail inspections: 3,441
- Perfect Inspection Certificates: 1,165
- Food Service Complaints: 204
- Food Store Complaints: 30
- Abatement Correspondence: 4
- Opening Inspections: 112
- Temporary Events: 267
- Temporary Inspections: 638
- Possible Food Borne Illness Investigations: 9
- Smoking Complaints: 5
- Fire Investigations: 5
- Pool Inspections: 145
- Pool Consultations: 2
- Pool complaints: 6
- Pools Closed: 123

Vital Records Unit



BACKGROUND

St. Joseph County Vital Records provides services for birth and death events that occurred in St. Joseph Co., IN. Our office offers the ability to establish paternity in office, make corrections to birth records, record legal name and gender changes, and a variety of other maintenance services. We conveniently offer two locations for services in South Bend and Mishawaka.

The purchase of a new microfilm machine was an upgrade made to improve quality services for our customers requesting older records.

DATABASE UPDATE

The Indiana State Department of Health has had continued success with the rollout of DRIVE. Birth, death, and fetal death certificates are now fully processed digitally. Continued efforts have provided additional resources for reporting and data sharing.

Numbers at a Glance

- Total Births: 4,169
- Total Deaths: 3,402
- Births Records Issued: 16,702
- Deaths Records Issued: 18,233
- Corrections/Amendments: 135
- Correction/Amendment Copy: 3
- Paternities: 78
- Paternity Copy: 99

Emergency Preparedness/Response Unit



EMERGENCY PREPAREDNESS & RESPONSE

As we re-emerged and adapted to post pandemic response, our efforts have shifted to ensuring our Emergency Preparedness and Response plans reflect realistic actions in our community. The primary focus of 2023 was to assess what was learned that worked and what didn't work of the Department of Health's response. Our Local Public Health Coordinator has worked diligently to edit and revise our All Hazards Command and Activation plan which is inclusive of our Continuity of Operations plan, Crisis Emergency Risk Communication Plan, and other appropriate annexes. The Local Public Health Coordinator also continued cultivating connections at the State and regional levels by actively participating in District 2 Local Health Department meetings and District 2 Healthcare Coalition meetings.

A focus for 2024 will be to build up our Emergency Support Function (ESF) 8 meetings and organizing quarterly tabletop exercises for Department of Health staff. We ended the year with planning for a community training on psychological first aid and planning for the solar eclipse coming in April of 2024.

Health Equity, Epidemiology, & Data



Community Health Workers

The CHW programs are designed to reduce health disparities and improve community wellbeing, primarily by engaging residents around health priorities and assisting them in accessing health resources. The CHWs respond to Social Needs Assessments (SNAs) that residents complete online or through community partners. The HEED Unit has 3 CHW programs: CDC-CHWs, Lead CHWs, and the Maternal/Infant Health (MIH) CHWs. In 2023, eight **CDC-CHWs** were focused on twelve census tracts with the highest social vulnerability index. The CHWs build relationships with residents in these census tracts, provide resource connections, insurance navigation, COVID-19 testing, and work with community partners to identify pressing community health needs.

In 2023, 907 individuals filled out an SNA requesting help for them and their family. In total, the CDC-CHWs assisted 1,933 people, connecting them to 1,298 resources. The CDC-CHWs assisted 330 residents in applying for insurance. Those who were ineligible for insurance were referred to health providers and specialists offering sliding-scale services.

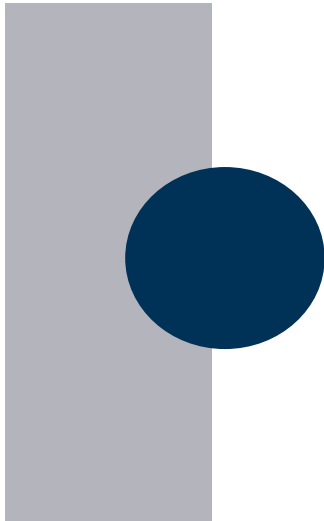
Outreach

To broaden the awareness and impact of our programs, the CDC and Lead CHWs regularly engage in community outreach. Outreach efforts include lead awareness events, attending community events, canvassing, and recurrent partner site visits. In 2023, CHWs participated in 1,537 outreach activities.

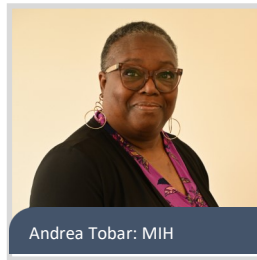
Numbers at a Glance

- Conducted **907** Needs Assessments
- Provided insurance assistance to **330** St. Joseph County Residents
- Provided social support resources to **1,298** St. Joseph County Residents.
- Participated in **1,537** outreach activities.

Health Equity, Epidemiology, & Data (MIH)



Cathy Escobedo: MIH



Andrea Tobar: MIH



Jessica Robinson: CDC-CHW

The **Maternal/Infant Health CHWs** are embedded within the Women’s Care Center (WCC) to provide insurance navigation, resource referral, and connection to prenatal care for pregnant persons. Clients are referred to the MIH CHWs by WCC counselors when they identified that a client needs insurance or other social resources. Since May 2022, the MIH CHWs have worked with 238 clients. Out of these, it was the first pregnancy for 120 clients. 89 clients were classified as high risk due to current or past medical complications. In total, the MIH CHWs received 238 SNAs reporting 364 social needs and assisted 136 individuals in applying for or switching insurance to a pregnancy plan.

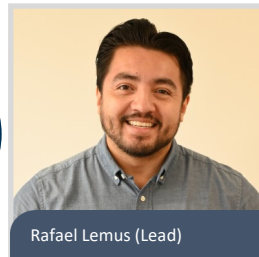
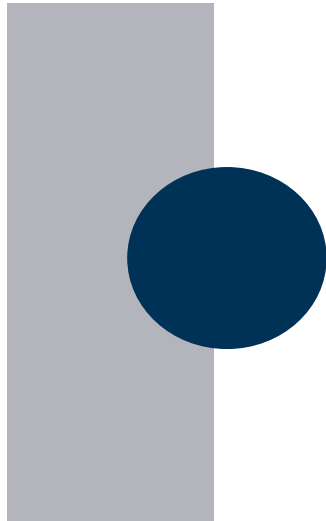
DATA ANALYSIS AND REPORTING

In 2023, 25 projects were underway within the REDCap (Research Electronic Database Capture) database. These projects facilitated communication between the community and the Department through customer satisfaction surveys, information requests, social needs assessments, and other tools. The REDCap instruments also provide insight into Department operations to improve our service for community members. Automated alert systems increase efficiency and consistency, improve accountability, enhance speed and accuracy of data management and analysis, and allow for the department to adapt to the evolving needs of the community.

Numbers at a Glance

- Supported **238** pregnant clients
- Assisted **136** pregnant individuals in insurance navigation
- Managed **25** projects through REDCap

Health Equity, Epidemiology, & Data (Lead)



The **Lead Community Health Workers** (Lead CHWs) work with families to provide community-based lead screenings, education, case management and monitoring, and solutions for the social needs of families that have children with elevated blood lead levels (EBLL).

Environmental lead is harmful to the physical, mental, and social development of young children. While there is no safe level of lead in the blood, mitigation strategies depend on the EBLL value. Any confirmed result of $5\mu\text{g}/\text{dL}$ and above is enrolled in case management until there are two consecutive levels below 5. Results between $3.5 - 4.9\mu\text{g}/\text{dL}$ are monitored until the level drops to below $3.5\mu\text{g}/\text{dL}$.

The Department of Health continued to strengthen our multidisciplinary response to childhood lead poisoning through coordination with the Nursing and Environmental Health Units. The process begins when a Disease Investigation Specialist receives blood lead testing results and creates case investigation documents. They then assign the cases to the Community Health Workers or Public Health Nurses for confirmation, monitoring, or case management.

The CHWs work to ensure that confirmatory testing occurs within the recommended timeframe. The Environmental Health Specialist conducts lead risk assessments in the homes of children with elevated lead blood levels. The team provides families with testing kits and resource guides on ways to reduce lead exposure in homes and will continue to monitor the family until the case is closed. Coordination among these units helps ensure that families receive all recommended services for children with EBLLs. In 2023, this team worked with 330 lead cases.

Numbers at a Glance

- Lead Cases: **330**
- Lead Managed Cases (> $4.9\mu\text{g}/\text{dL}$): **216**
- Lead Monitoring Cases (3.5 to $4.9\mu\text{g}/\text{dL}$): **58**
- **56** unreachable and unconfirmed Lead referral cases
- **40** Lead screening and educational events and tested **265** children
- **117** home lead risk assessments

Annexes:

Environmental Health

	Difference 2023 vs 2022	2023	2022	2021	2020
SEPTIC PROGRAM					
Residential - New Construction					
A. Inspections	-3.0%	194	200	180	154
B. Consultations	-28.6%	10	14	29	16
Residential - Replacement					
A. Inspections	17.1%	780	666	683	871
B. Consultations	-64.3%	20	56	87	53
Commercial					
A. Inspections	-15.2%	28	33	12	30
B. Consultations	-84.6%	2	13	6	8
C. Cluster System Inspections	0.0%	1	1	18	5
Abandonments without Replacements	13.2%	43	38	44	130
Permit Applications Received	10.0%	528	480	589	758
Permits Issued	3.1%	469	455	495	609
Public Information Events	0.0%	1	1	3	2
SUBDIVISION PROGRAM					
A. Health Officer Reports	25.0%	35	28	48	40
B. Subdivision Reviews	59.0%	62	39	55	56
C. Rezoning and Replat Reviews	-87.5%	1	8	10	8
WELLHEAD PROGRAM					
A. Inspections Performed	16.0%	152	131	114	125
WELL DRILLING PROGRAM					
Residential					
A. Inspections	-4.9%	175	184	281	209
B. Well Abandonments	-5.5%	225	238	314	247
Commercial					
A. Inspections	0.0%	3	3	1	1
B. Well Abandonment Inspections	66.7%	5	3	4	4
New Construction					
A. Permit Applications Received	10.3%	86	78	97	65
B. Permits Issued	-7.8%	71	77	95	69
Replacement Permits Issued	19.2%	255	214	304	270
Public Information Events	-91.7%	1	12	0	0
SOURCE WATER PROGRAM					
A. Phase I Inquiries	3.6%	200	193	191	124
B. Spill Responses	-25.0%	3	4	1	4
C. Meth Lab Occurrence Response		0	0	0	0
D. Other Source Water Inspections	1108.3%	145	12	16	13

Environmental (cont.)

SURFACE WATER PROGRAM		Difference 2023 vs 2022	2023	2022	2021	2020
A. Surface Water Sampling		N/A	0	0	0	0
LEAD PROGRAM		Difference 2023 vs 2022	2023	2022	2021	2020
A. HUD Lead Inspections			0	0	7	6
B. Lead Risk Assessments		60.3%	117	73	45	56
a.	EBLL Assessments	81.8%	60	33	20	22
b.	Parent Request	42.5%	57	40	48	34
C. Clearances		283.3%	69	18	23	24
D. Off-site Meetings			12	0	0	5
E. Public Information Events		700.0%	8	1	1	1
D. Children Tested for Lead Levels*		-2.0%	3484	3556	3286	3560
CAFO PROGRAM		Difference 2023 vs 2022	2023	2022	2021	2020
A. Inspections Performed		N/A	0	0	0	0
AIR QUALITY PROGRAM		Difference 2023 vs 2022	2023	2022	2021	2020
A. Burn Permits		-15.7%	59	70	**	**
B. Indoor Air Quality Investigations			0	0	0	1
C. Mold Investigations		-33.3%	4	6	0	6
VECTOR PROGRAM		Difference 2023 vs 2022	2023	2022	2021	2020
A. Inspections Performed		-57.4%	29	68	35	24
B. Sites Treated		-3.3%	29	30	9	17
C. Traps Collected		39.9%	277	198	275	212
D. ISDH Submissions		157.9%	441	171	323	125
E. Public Information Events		75.0%	7	4	8	2
HEALTHY HOMES PROGRAM (Inside)		Difference 2023 vs 2022	2023	2022	2021	2020
A. Initial Complaints		2.2%	185	181	202	152
a.	No Water	-9.8%	37	41	37	48
b.	Garbage/Food Waste	9.4%	58	53	57	40
c.	Feces	-1.9%	52	53	37	33
d.	Rodents/Cockroaches	11.8%	38	34	71	31
B. Follow-up Complaints		-88.3%	23	196	161	192
a.	No Water	45.2%	135	93	60	90
b.	Garbage/Food Waste	-25.8%	49	66	58	49
c.	Feces	-15.4%	22	26	26	45
d.	Rodents/Cockroaches	118.2%	24	11	17	25
C. Dwellings Declared Unfit		39.3%	39	28	22	13

Environmental (cont.)

MASSAGE		Difference 2023 vs 2022	2023	2022	2021	2020
A. Establishment Inspections		-17.5%	94	114	78	70
TATTOO/BODY PIERCING PROGRAM						
TATTOO/BODY PIERCING PROGRAM		Difference 2023 vs 2022	2023	2022	2021	2020
A. Inspections Performed		-4.1%	47	49	38	28
COMPLAINTS / INVESTIGATIONS						
COMPLAINTS / INVESTIGATIONS		Difference 2023 vs 2022	2023	2022	2021	2020
A. Garbage/Food Waste (Outside)		-14.4%	113	132	64	93
B. Sewage		11.8%	114	102	96	111
C. Water (ditches, lakes, ponds & swells)		50.0%	6	4	8	4
D. Motels/Hotels		325.0%	17	4	5	7
E. Burning		43.8%	23	16	17	26
F. Other		-63.9%	146	404	153	82
ABATEMENT LETTERS						
ABATEMENT LETTERS		Difference 2023 vs 2022	2023	2022	2021	2020
A. Abatement Letters		1.0%	398	394	341	174
B. Immediate Threat to Public Health Letters		-38.5%	8	13	8	4
C. Order to Vacate/Condemn Letter		39.0%	57	41	31	12
D. Impending Legal Action Letters		61.8%	55	34	35	22
SUBSURFACE INVESTIGATIONS						
SUBSURFACE INVESTIGATIONS		Difference 2023 vs 2022	2023	2022	2021	2020
A. Internal		-100.0%	0	29	0	0
B. External		N/A	2	0	0	0

Amongst all programs, the environmental unit saw a 5.6% increase in total services offered in 2023 when compared to 2022. Public service events related to the lead, and vector program all saw significant increases. Most in-spections within each respective program boast similar or greater amounts for this year compared to last.

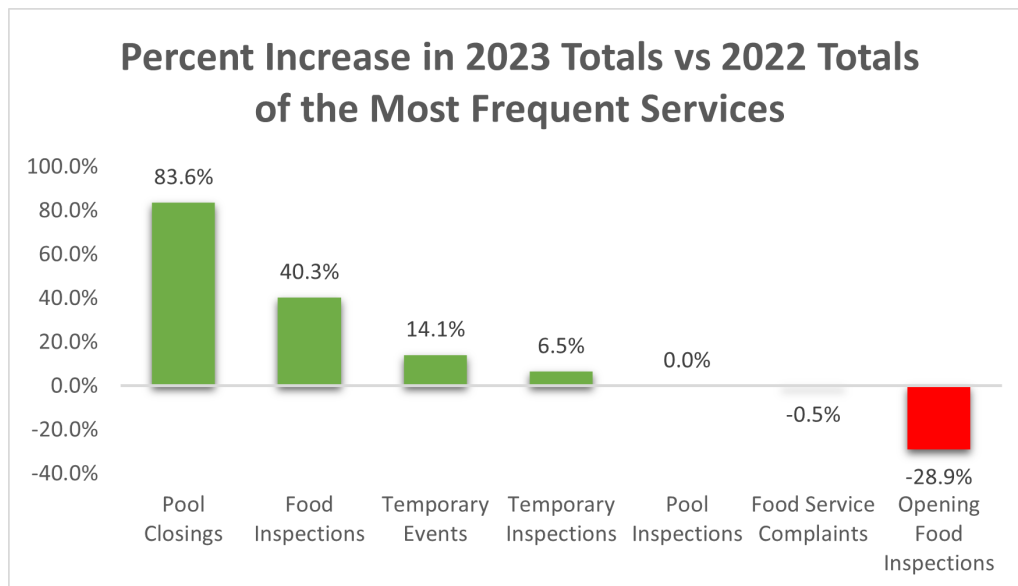
Finance

Overview of Revenue and Expenditures

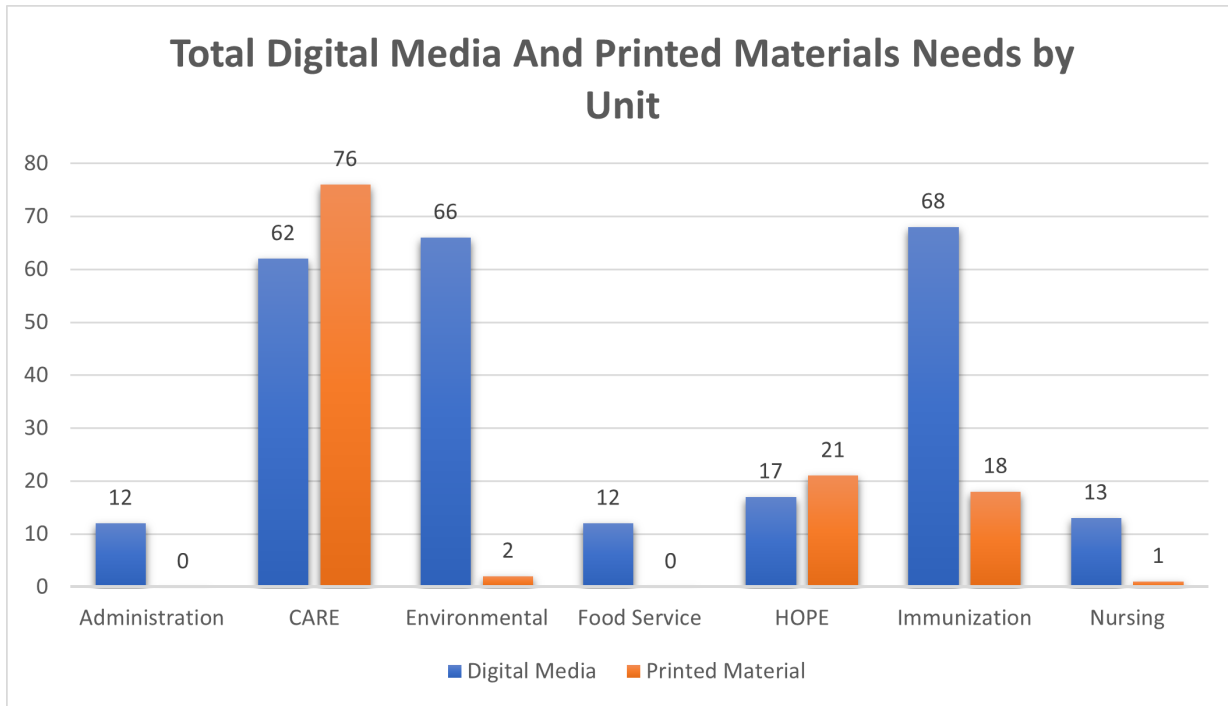
	2021	2022	2023
County Health Fund Revenue	\$3,468,867.48	\$5,529,274.92	\$4,609,147.74
County-Wide Lead Initiative Revenue	\$0	\$201,058.12	\$291,701.55
Grant Revenue	\$1,868,121.14	\$2,518,071.43	\$2,665,491.58
TOTAL REVENUE	\$5,336,988.62	\$8,248,404.47	\$7,566,340.87
County Health Fund Expenditures	\$3,518,924.87	\$3,693,682.30	\$4,053,970.60
County-Wide Lead Initiative Expenditures	\$135,357.88	\$253,185.48	\$283,542.04
Grant Expenditures	\$1,167,108.71	\$2,565,415.06	\$1,991,317.98
TOTAL EXPENDITURES	\$4,821,391.46	\$6,512,282.84	\$6,328,830.62

Food Services

	2023	2022	Difference 2023 vs 2022
Food Store Complaints	30	27	11.1%
Food Service Complaints	204	205	-0.5%
Civil Penalties	0	3	-100.0%
Heath Officer Hearings	0	1	-100.0%
Abatements Correspondence	4	16	-75.0%
Possible Foodborne Illness Investigations	9	8	12.5%
Opening Food Inspections	108	152	-28.9%
Food Inspections	3441	2452	40.3%
Plan Review New Construction Remodel	32	40	-20.0%
Fire Investigations	5	10	-50.0%
Establishments Requested To Close	0	1	-100.0%
Temporary Events	267	234	14.1%
Temporary Inspections	638	599	6.5%
Mobile Inspections	56	23	143.5%
Meetings	86	70	22.9%
Smoking Complaints	5	2	150.0%
Smoking Appeals Hearings	0	0	*
Pool Inspections	145	145	0.0%
Pool Consultations	2	0	*
Pool Complaints	6	3	100.0%
Pool Closings	123	67	83.6%

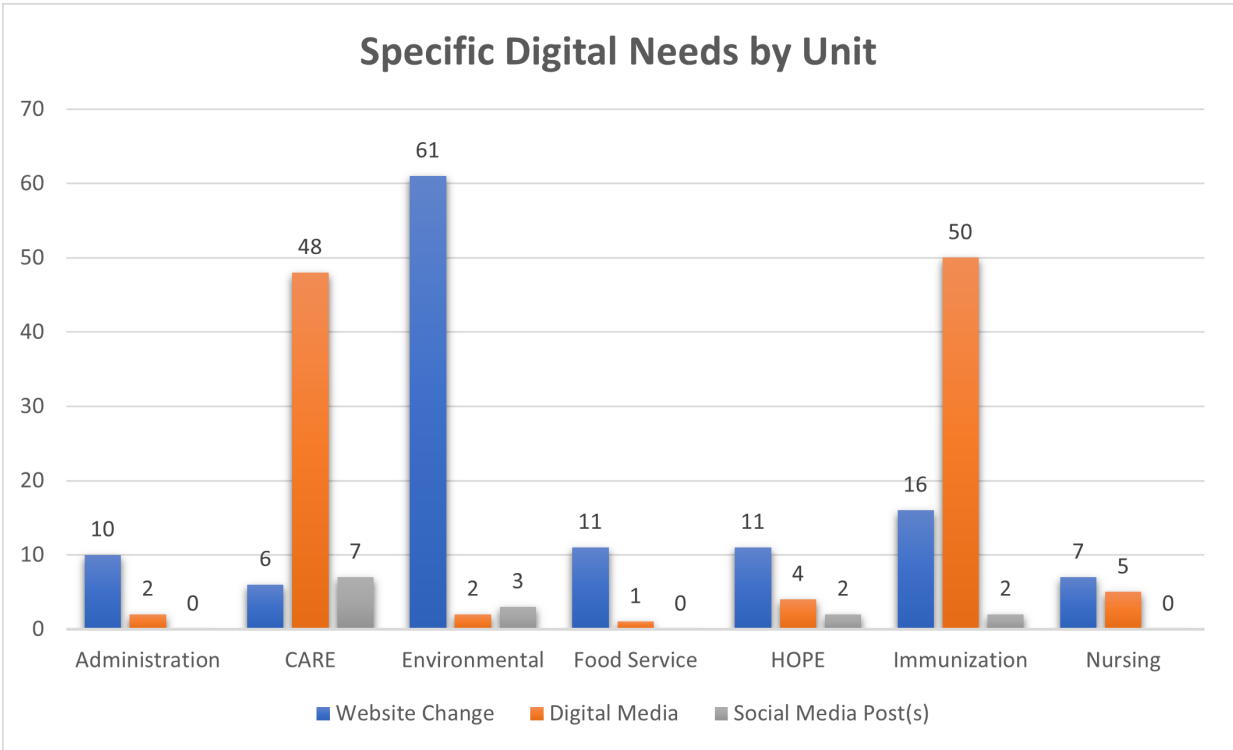
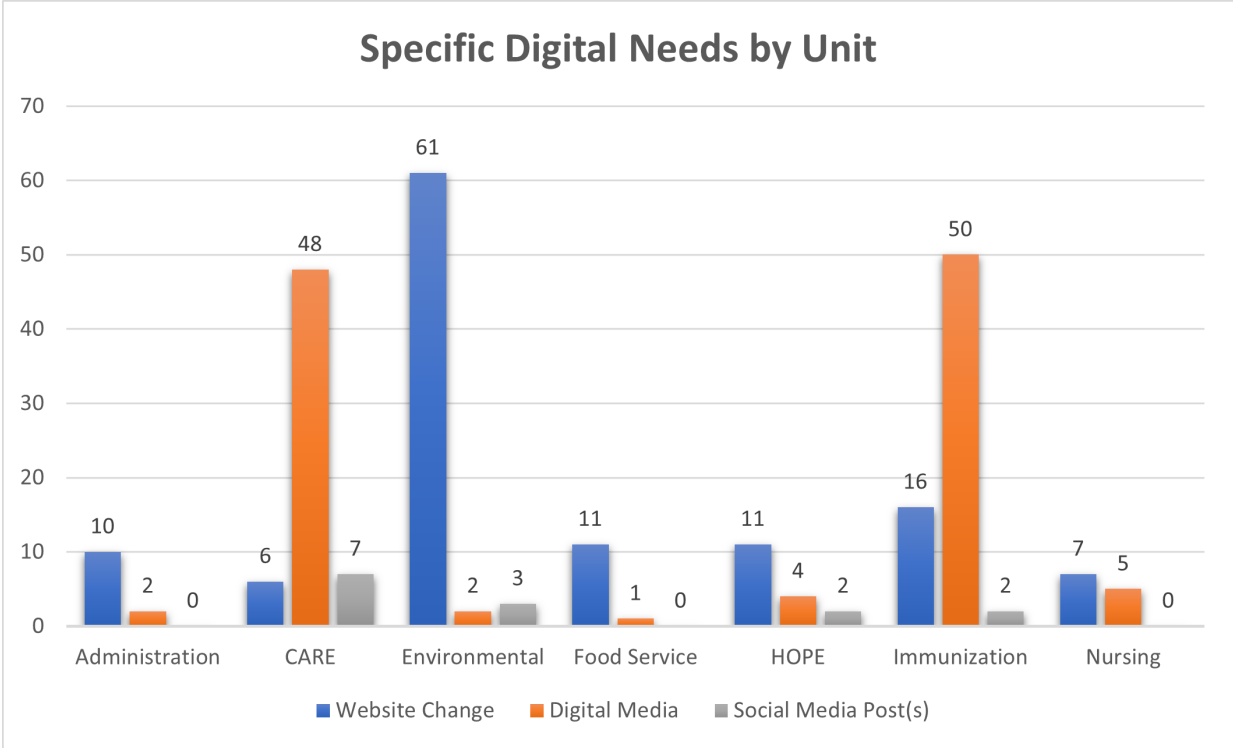


Health Outreach, Promotion, and Education (HOPE)

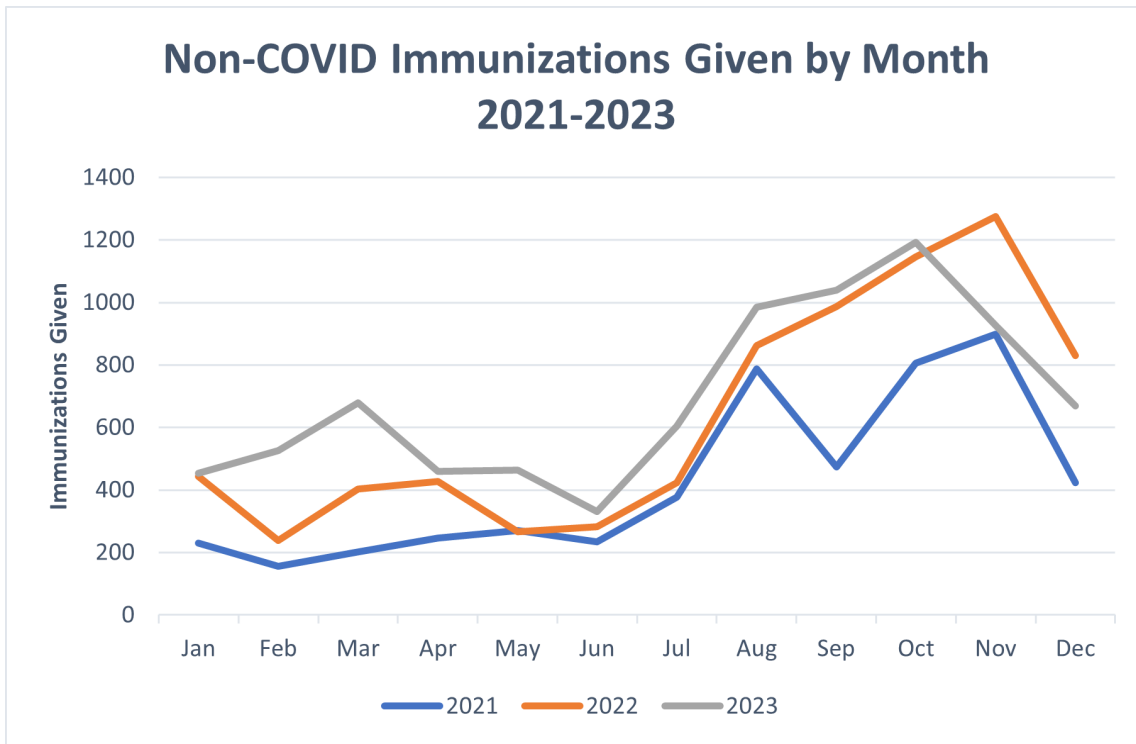


A table combining the totals for digital media and printed materials within each unit can be found in HOPE's "Numbers at a Glance" (page 8).

HOPE (cont.)



Nursing



We saw a spike in immunizations given starting in August which then decreases towards the end of the calendar year. This trend is similar in years past.

Immunizations Given Excluding Covid			
	2021	2022	2023
Jan	231	443	454
Feb	156	239	526
Mar	203	404	679
Apr	247	428	460
May	271	266	464
Jun	234	283	331
Jul	377	424	605
Aug	787	862	986
Sep	473	988	1040
Oct	805	1147	1193
Nov	898	1276	926
Dec	423	831	670
Total	5105	7591	8334

Immunizations Given Including Covid			
	2021	2022	2023
Jan	3979	2046	553
Feb	9621	615	591
Mar	23136	680	753
Apr	21644	682	567
May	10974	505	700
Jun	5691	621	345
Jul	1375	660	606
Aug	1600	1093	986
Sep	1331	1253	1040
Oct	2278	1595	1330
Nov	3989	1565	1136
Dec	4237	1020	862
Total	89855	12335	9469

*Data in the chart is also represented in this table

Nursing (cont.)

Confirmed Communicable Disease Cases 2021-2023			
Condition	2021	2022	2023
2019 Clinical Novel Coronavirus	7	13	12
2019 Novel Coronavirus	22142	17420	3019
Anaplasma phagocytophilum	<5	<5	0
Animal Bites	15	421	514
Botulism, infant	<5	0	0
CP-CRE (Retired)	<5	22	<5
Campylobacteriosis	10	9	13
Candida auris, clinical	<5	7	<5
Candida auris, colonization/screening	0	0	<5
Carbapenemase-producing organisms	0	0	8
Coccidioidomycosis	<5	0	<5
Cryptococcus neoformans	<5	0	0
Cryptosporidiosis	8	<5	5
Dengue	<5	0	0
Giardiasis	13	8	7
Haemophilus influenzae, invasive	<5	<5	11
Hepatitis A, acute	0	<5	<5
Hepatitis B virus infection, Chronic	10	13	13
Hepatitis B, acute	<5	5	<5
Hepatitis C Virus Infection, past or present	85	66	47
Hepatitis C, acute	0	<5	<5
Histoplasmosis	<5	<5	<5
Influenza-Associated Death	<5	8	8
Influenza-Associated Pediatric Mortality	0	<5	<5
Lead	104	145	52
Legionellosis	8	7	5
Listeriosis	<5	0	0
Lyme disease	30	21	20
Malaria	0	0	<5
MonkeyPox	0	<5	0
Multisystem Inflammatory Syndrome (MIS)	<5	0	0
Pandrug-resistant Organisms	0	0	<5
Pertussis	<5	<5	7

Nursing (cont.)

Reinfection of Hepatitis C Virus	0	<5	0
Salmonellosis, excluding <i>S. typhi</i> and <i>S. paratyphi</i>	13	11	14
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	<5	<5	<5
Shigellosis	0	0	<5
<i>Strep pneumoniae</i> , invasive	20	39	34
Streptococcal disease, invasive, Group A	10	20	40
Streptococcal toxic shock syndrome	0	<5	0
Varicella (Chickenpox)	<5	<5	<5
West Nile virus, neuroinvasive	<5	0	0

St Joseph County saw a significant decrease in total cases of the 2019 Novel Coronavirus in 2023. The change in cases represents a decrease of 82.7% when compared to the number of cases in 2022. Additionally, only 2 communicable diseases that had less than 5 confirmed cases in 2022 had 5 or more confirmed cases in 2023.



St. Joseph County Department of Health

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

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

March 11, 2024

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

Members of the Board of Health,

The Department of Health would like your support to apply for the Naloxone (Narcan) grant. This grant, awarded by the Indiana Department of Health is to supply local departments of health Naloxone (Narcan) to distribute to organizations, lay community members, etc.

Attached is the Grant Application Data sheet, prepared by Robin Vida, Director of Health Outreach, Promotions and Education.

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

Thank you for your consideration of our request.

Sincerely,

Diana Purushotham, MD
Health Officer

DP:RV:jsp

APPROVED _____ DENIED _____

This **20th** Day of **March 2024** by a vote of (Aye) _____ to (Nay) _____ Abstain _____

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

Michelle Migliore, MD
Vice President, Board of Health

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



@stjosephcountyhealth



@sjchealth

GRANT APPLICATION DATA

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

This grant, awarded by the Indiana Department of Health is to supply local departments of health Naloxone (Narcan) to distribute to organizations, lay community members, etc.

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

We will request 6,000 doses for this grant cycle.

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

Naloxone distribution is tracked by amount distributed and to what organization, etc.

Who will be accountable for fiscal information?

N/A

Who will be responsible for compliance with grant guidelines?

Robin Vida, MPH, CHES, Director of Health Outreach, Promotion, Education

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

Unspecified, reports are bimonthly until maximum number of Naloxone doses has been distributed to local department of health.

What is the total grant award?

\$0- there is no money with this grant, it is just physical Naloxone

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

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

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

There is no match required.

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

No

Give the number of employees the grant would support?

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.

Naloxone Grant Opportunity for Local Health Departments Now Open

February 2024

Project Description

The Indiana Department of Health (IDOH) is accepting applications from local health departments (LHDs) in response to the grant opportunity for the distribution of opioid overdose reversal kits that include naloxone nasal spray. IDOH will be responsible for awarding the number of overdose reversal kits and is partnering with Overdose Lifeline to distribute the kits to LHDs. LHDs will be responsible for the distribution of kits in their communities.

Naloxone hydrochloride is an opioid antagonist and a safe and effective medication used to quickly reverse the life-threatening effects of an opioid overdose. The naloxone kits distributed in accordance with this grant will be administered intranasally by spraying a fine mist up the nostril of the affected person.

The goal of this grant is to expand the number of LHDs that participate in the distribution of opioid overdose reversal kits. LHDs are highly encouraged to collaborate with community organizations, including county jails, for this opportunity. Jails in the county will be able to receive naloxone kits through the LHD to give to incarcerated persons upon their release.

This effort will require providing education about naloxone kit programs and the law that provides immunity for lay responders to carry and administer the life-saving medication. Lay responders who agree to participate in a naloxone kit program must be trained by the awardee on how to administer naloxone (if not previously trained).

Service Delivery

The services will be implemented beginning February 2024. Failure to comply with all terms of this grant will halt any future awarded, but unshipped, naloxone kits.

Failure to comply includes:

- Not submitting required reports within the required time period
- Not distributing the naloxone kits as outlined in the application
- Distributing naloxone kits without ensuring lay responders are properly trained
- Selling the kits instead of distributing them free of charge
- Not registering with OptIN
- Inaccurate reporting of the distribution of naloxone kits
- Loss of naloxone kits

Funding

All grants are contingent upon the availability of funding. The funding for this program is provided by the Family and Social Services Administration, Division of Mental Health and Addiction through State Opioid Response funding. Individual awardee naloxone kit totals will be determined based on the geographic service area and the need identified by the awardee.

IDOH recommends applicants reach out to other local agencies to see if they are interested in receiving naloxone from the health department through this grant. In the past, health departments have reached out to faith-based organizations, public libraries, homeless shelters, schools, etc. These agencies provided the health department with the number of naloxone kits they would need, and the health department factored those numbers into the total number of kits they requested.

Applicants are encouraged to apply at their earliest convenience. Overdose reversal kits will be awarded on an ongoing basis. Each application will be capped at 6,000 individual kits. If an LHD needs more than 6,000 kits, they will be eligible to re-apply once they have distributed at least 75% (4,500) of the 6,000 kits. Kits will be awarded based on community need as determined by statewide opioid and overdose data.

Eligibility

- Respondents must be either:
 - Local health departments
 - Entities that serve Native American/Indigenous populations (including those who do not live on reservation land)
 - Any non-LHD community organization wishing to apply for overdose reversal kits will need to apply through Overdose Lifeline at www.OverdoseLifeline.org
- Respondents must be able to provide training on the administration of naloxone prior to distribution.
- Respondents must be able to provide addiction treatment and referral information for treatment programs when distributing the naloxone kits.
- Respondents must register as a distribution entity on OptIN.

Awardee Participation Guidelines

- The awardee must not charge the receivers of the naloxone kits and must ensure that naloxone kits are not resold after distribution.
- The awardee must provide adequate education when distributing naloxone kits in a manner consistent with I.C. 16-42-27 and provide documentation thereof.
- The awardee must provide treatment program contact information for the community when distributing naloxone.
- The awardee must register with OptIN.
- If the awardee's point of contact changes anytime during the naloxone kit distribution or reporting period, the awardee must notify the department within 5 business days after the change and provide the contact information for the new contact.
- The awardee must submit distribution reports to continue receiving overdose reversal kits containing naloxone. According to the instructions received upon award.

Grant Application

- The application will be online in REDCap. Applicants will not have the option to submit a PDF or Word document.
- Applicants must address all the questions in the application.
- It is recommended that the grant application be completed in one sitting.
- If an applicant needs to complete part of the application at a later date, click the Save & Return button at the bottom of the REDCap screen. The applicant must keep record of their unique survey code.

- When applicants return to the link to complete an unfinished application, they must click the returning button in the upper-right corner. The applicant will then enter their unique survey code.
- If an applicant has misplaced their unique survey code, they should contact the naloxone program manager.
- Once the application is submitted, it cannot be edited.
- REDCap application link: <https://redcap.isdh.in.gov/surveys/?s=JNA9CJ34N84FFXF7>

Delivery of Naloxone and Reporting Requirements

Once IDOH has notified the LHD of their award and received the LHD's signed grant agreement, LHD will submit a request for naloxone kits on the Overdose Lifeline website. Overdose Lifeline will distribute kits containing naloxone to awarded applicants. It is recommended that LHDs request kits on a monthly or bimonthly basis since kits will not be delivered in bulk as they were in previous iterations of this grant.

Award recipients will be required to submit routine reports to Overdose Lifeline. Failure to submit the required reports will be deemed a termination for breach of grant agreement and shall entitle the Indiana Department of Health to suspend or cancel the remaining undelivered naloxone kits.

More detailed instructions on the dose request application and the distribution report will be included with the award notification.

Grant Agreement

Each organization that is awarded will be required to sign and complete a grant agreement. Naloxone kits will not be shipped until the signed grant agreement has been received and reviewed by IDOH.

OptIN Registration

Entities that disperse naloxone must be registered with OptIN, the state's naloxone entity website. Registered entities must review their organizational information on an annual basis. The site tracks where naloxone is dispersed throughout the state. The site also has multiple educational videos and resources.

- To register as a new entity, visit <https://OptIN.in.gov/>.
 - Select "Register as a New Naloxone Entity."
 - Follow the prompts.
- Registered entities may update their information on file, submit their annual report or get a copy of the Indiana state health commissioner's standing order by visiting <https://OptIN.in.gov/>.
 - Select "Current Entities Only."
 - Follow the prompts.

Points of Contact

For any questions or concerns, please contact the IDOH staff listed below:

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

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

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

Summary

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

Current Status

The current life expectancy of a resident of St. Joseph County is 76.2 years, compared to Indiana's average life expectancy of 76.5 years.¹ The top three leading causes of death in St. Joseph County are cancers, heart disease and accidents.² Obesity associated chronic conditions, including heart disease and diabetes, are increasing in our community, and are coupled with a rise in childhood obesity. Further, St. Joseph County is experiencing an increase in substance abuse and mental health challenges following the COVID pandemic.³ In addition, maternal and child health continue to be poor in our community and reflects the need for increased access to early clinical care during pregnancy, education, and support. According to the Indiana Department of Health (IDOH), St. Joseph County is ranked 65th out of 92 counties in Indiana for infant mortality. The Fetal Infant Mortality Review (FIMR) from 2017-2021 reported that 56.3% of infant deaths had a good chance of prevention, providing us with insights on methods to improve infant health. Finally, lead poisoning continues to be an area of active work for the SJCDoH, as approximately 70% of homes built before 1978 contain lead paint⁴. This Strategic Plan

¹ Indiana Department of Health Scorecard 2023

² Burden of Disease Report, St. Joseph County, Indiana 2020

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

⁴ SJCDoH internal data calculations, based on census data from 2022.

summarizes the goals, plans, and initiatives that the SJCDoH plans to undertake in the next four years in order to improve the health of all those that reside in and visit St. Joseph County.

The Strategic Plan

This Strategic Plan will address increasing community education, developing community partnerships, strengthening the structure of the SJCDoH, improving the public's experience, developing impactful and evidence-based programming, and maintaining SJCDoH services and programming.

1. Increasing Community Education

Objective: To establish the SJCDoH as a reliable source for public health information in St. Joseph County.

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

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

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

2. Developing Community Partnerships

Objective: To collaborate with key stakeholders in evaluating, monitoring, and delivering public health related services.

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

Plan:

- Use Health First Indiana (HFI) grant opportunities to collaborate on health initiatives, improve the delivery of health care services, and strengthen SJCDoH relationships with community partners.
- Create a Director of Community Partnership and Development position within the SJCDoH to increase collaboration with community partners and ensure that HFI grant recipients are well-positioned to execute their programming and report the results.

- Create an action group that convenes with key stakeholders in different sectors that influence public health with the mission to collaborate, share information on the state of health in the county, and develop complementary programming and interventions to positively impact public health.
- Create a collaborative Community Health Needs Assessment for St. Joseph County.
- Collaborate with educational partners and formalize internship and fellowship opportunities within the SJCDoH to facilitate an understanding about public health and its impact on our community. In addition, to increase general education to community learners, the SHCDoH will also create a public facing online portal for students to view educational opportunities within the SJCDoH.
- Engage volunteers in the community to augment the work of the SJCDoH and increase community participation. The SJCDoH will create a formal volunteer program that will engage individuals with various experiences and match them with projects and opportunities within the SJCDoH to cultivate a community of service in the sphere of public health.

3. Strengthening the Structure of the SJCDoH

Objective: To review the structure of the SJCDoH and identify opportunities for efficiencies and streamlining of services.

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

Plan:

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

4. Improving the Public's Experience

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

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

Plan:

- Update the SJCDoH website to make it more user friendly and easier to navigate.
- Use CivicGov to make it easier for the public to obtain licenses and permits.
- Hire a communication specialist to support website management, improve communication strategies, increase the department's social media footprint, and develop methods for public engagement.

- Consider creating an SJCDoH app that allows users to receive push notifications for health advisories and more easily access the services offered by the department.
- Create a public-facing dashboard of public health information that is shared in an easy-to-view and understandable manner.
- Increase advertisement of the Community Health Worker program and resource connections.

5. Developing Impactful and Evidence-Based Programming

Objective: To develop programming within the SJCDoH that supports the public health needs of the community, is evidence-based, and has measurable outcomes.

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

Plan:

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

6. Developing SJCDoH Services and Programming

Objective: SJCDoH will use available funding and resources, including Health First Indiana funding, to develop and strengthen programming that improves public health.

Rationale: By further investing in services already provided by the SJCDoH, we can maximize our capacity to meet increased community demand, as well as to develop public health-focused programming, in order to better serve the health and wellness of all residents of and visitors to St. Joseph County.

Plan:

- Environmental Health Unit
 - Develop a robust vector program to protect from vector borne diseases. In particular, we are noticing higher rates of mosquitoes carrying West Nile virus, that are presenting earlier in the summer, spanning a longer season, and covering a larger area.

- Provide 1.5 FTE to allow for a dedicated team to provide robust surveillance and earlier mitigation of mosquitoes.
 - Increase tick surveillance.
 - Develop educational programming on mosquitoes and ticks.
 - Offer Lead Renovation, Repair, and Painting (RRP) training for lead remediation.
 - Augment the SJCDoH’s current lead initiatives by offering RRP classes to allow property owners, maintenance staff, and the public to receive RRP certification so they can safely handle lead remediation.
 - Provide radon surveillance and mitigation programming.
 - Radon is the primary cause of lung cancer in non-smokers.⁵ Radon levels are expected to be elevated in 1 out of 4 homes in St. Joseph County.⁶ Parts of western St. Joseph County, including New Carlisle, North Liberty, and Walkerton, are affected more and will require additional outreach to screen for elevated radon levels.
 - Use CHWs to deliver and record radon levels in homes, using home radon kits to track levels to collect data on the areas most affected. In addition, CHWs will provide education and increase awareness about radon in our community.
 - Coordinate with local governmental groups and community partners to help subsidize remediation and provide education on safe practices for residents with high levels of radon in their homes.
 - Improve the septic permitting process.
 - Hire an additional Environmental Health Specialist to assist with septic inspections.
 - Use CivicGov as a method to streamline the septic permitting process and increase transparency.
- Nursing Unit
- Immunization: According to Indiana Department of Health, St. Joseph County is ranked 87th out of 92 counties in terms of the number of children less than 3 years old completing recommended vaccine series at a rate of 48.8%.⁷ The SJCDoH will aim to ensure appropriate reporting in CHIRP and to increase educational awareness and access to vaccines.
 - Develop a method to ensure that immunizations completed by health professionals are inputted into CHIRP. Provide additional support where needed.
 - Increase access to immunization by participating in more local community events using our mobile clinic.

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

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

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

community sites and will be available by request through our website. We will use CHWs to further support health education promotion in our community.

- Elder care and fall prevention.
 - Recognizing the unique needs of our elderly population, a health promotion specialist will promote healthy behaviors tailored to that demographic. These topics will include, but are not limited to, fall risk reduction techniques; resource navigation to include hearing aids, vision testing, and hearing screening; general resources for the senior population; and fostering a sense of community and friendship to promote their overall health.
- Mental Health
 - During the COVID pandemic and thereafter we as a community have begun to recognize the increased need for mental health support. The SJCDoH will continue to play a role in working with our community partners to improve mental health and the overall wellbeing of our community.
 - A health promotion specialist will be dedicated to mental health programming, coordination, data collection and assisting with addressing the stigma of mental health.
 - This role will promote healthy strategies for individuals to deal with stress, anxiety, and social factors that exacerbate mental health conditions.
 - The HPS will also have a unique focus on addressing mental health in pregnant and post-partum women.
 - Continue to lead substance use prevention initiatives, including naloxone distribution, training, and harm reduction efforts.
- Trauma and Injury Reduction
 - Increase local car seat safety and injury prevention programs for community members.
 - Increase services for seniors with a focus on fall risk reduction programs.
- Maternal and Child Health: St. Joseph County is currently ranked 65th in the state of Indiana for infant and child mortality. However, the FIMR review (2017-2021) stated that 56.3% of infant and 66% of fetal deaths had a good chance of prevention.
 - Hire a maternal and child health coordinator to develop and collaborate with community health professionals to address the issue of maternal and child health. There will be a focus on increasing access to early prenatal care and methods to support mothers during and after birth to ensure that both mother and baby have the resources necessary to be healthy and thrive.
 - Dedicate three CHWs to maternal infant health (MIH-CHWs) that will work exclusively on improving maternal and child health. The MIH-CHWs will be located at centers where women find out they are pregnant. These CHWs will provide insurance navigation support and connection to resources both within

the SJCDoH and in the community that are specific to mothers and their partner's needs.

- Use HFI funding to support innovative programs in our community that address maternal and child health.
 - Convene community partners, stakeholders, and leaders on maternal and child health issues so we can move the needle on maternal and child health.
 - Consider building a memorandum of understanding with health systems in which we use our CHWs to ensure women have appropriate insurance coverage. In return, the health systems would see patients for their prenatal care within 2 weeks of referral.
- Emergency Preparedness
 - Enhance our emergency preparedness response and continuity of operations plans. The public health coordinator will ensure that our process is clearly defined, developed and refined. They will also increase our collaboration with St Joseph County Emergency Management, Indiana Department of Health and other local partners.

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

Respectfully submitted,



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St Joseph County Department of Health