Meeting of the Board of Health
St. Joseph County Department of Health
8th Floor, County-City Building
Boardroom

March 15, 2023
4:30 p.m.

Available by Zoom:
https://us06web.zoom.us/j/81442698080?pwd=aHFaL1ZCTnR4RFdiRm5rV2hxb21jUT09
Meeting ID: 814 4269 8080
Passcode: 206238
One tap mobile
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I. CALL TO ORDER & ROLL CALL

II. ADOPTION OF THE AGENDA

It is recommended the Board of Health members adopt the agenda for the March 15, 2023.
Motion by _____ Seconded by _____ Vote _____

III. APPROVAL OF THE MINUTES

It is recommended the Board of Health members approve the minutes of February 15, 2023.

Motion by _____ Seconded by _____ Vote _____

It is recommended the Board of Health members approve the minutes of the March 1, 2023, special meeting.

Motion by _____ Seconded by _____ Vote _____

IV. BOARD PRESIDENT ANNOUNCEMENTS:

V. HEALTH OFFICER PRESENTATION and REPORT:

23-15 Discussion and Vote on February 2023 Health Officer's Report
Emergency Preparedness
Environmental Health
Finance
Food Services
Health Equity, Epidemiology and Data (HEED)
Health Outreach, Promotion & Education (HOPE)
Nursing – Immunizations, Mobile Clinic & Public Health Nursing
Vital Records

VI. NEW BUSINESS:

23-16 Presentation of the 2022 St. Joseph County Department of Health Annual Report.
23-17 Discussion regarding allowing the use of Res. 01-2021 (meeting electronically) for special meetings only.
23-18 Discussion regarding grant request process. See "Request for Financial Assistance – Department of Health" document.

VII. GRANT REQUESTS:

23-12 NACCHO Mentor Program - Receive (tabled from March 1, 2023, meeting)
23-19 Health CHWs for COVID - Apply

VIII. OLD BUSINESS: None

IX. BOARD NOTIFICATIONS:

1. Hirings: Prenatal/Perinatal Lead Program Coordinator - 02/06/23
2. Resignations: None
3. Retirements: None
4. Terminations: None

X. PUBLIC COMMENT: (3 Minute Limit)

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

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.

XI. TIME AND PLACE OF NEXT REGULAR MEETING:

April 19, 2023 – 4:30 p.m. St. Joseph County Department of Health Boardroom.

XII. ADJOURNMENT

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

Health Officer's Report of Unit Activities

February 2023

EMERGENCY PREPARDNESS UNIT			
DELIVERABLES	**OUTCOME**	**TIMELINE**	**FEBRUARY UPDATES**
Work with service providers in the Regional Planning Committee (furthermore referred to as RPC) to establish a space, protocols and to provide for the isolation of unhoused individuals positive with Covid-19.	A space for unhoused persons to isolate when positive with covid-19.	July 2021 – ongoing	1 attempted quarantine, ended up helping to find a space in elkhart to quarantine them since they were more associated with that area and better connected to service providers there.
	Protocols ensuring the safety and wellbeing of those in quarantine.	Establish a space and protocols by August 2021.	
	Protecting against further spread of Covid-19 among the unhoused and in congregate living spaces.	Space established and continuing to be maintained and utilized.	
Work with The City to establish a liaison between Landlords and Service providers.	Improve relationships between local landlords and local service providers to the unhoused population.	August 2022 – ongoing	Preliminary draft of HOME-ARP funds was released by the City's community development authority, still waiting for them to finalize the draft and submit it for approval.
	Utilize HOME-ARP funds to set up a fund to cover potential repairs to incentivize landlords to work with clients they may view as potentially higher risk.		
	Increase access to applications for service providers working with unhoused persons or persons		
	Work to connect tenants with resources or caseworkers so Landlords are not left on their own to manage persons.		
Create an inventory of service providers and stakeholders and create a contact directory.	Possession of a comprehensive list of contacts among service providers.	July 2021 – ongoing	In September I assisted Broadway Christian Parish and Our Lady of The Road in laminating 50 resource guides to hand out to patrons at their soup kitchens. In november we updated the guide to reflect Weather Amnesty's location and hours. I printed 20 more in February. Looking to create an updated "spring edition" with the street outreach sub-committee.
	Facilitation of greater communication between SJC and service providers.	Directory completed and added to website in August 2021	

DELIVERABLES	OUTCOME	TIMELINE	FEBRUARY UPDATES
Administer, monitor and assess the Wash Wednesdays program with Burton's Laundry.	Create access to laundry services for unhoused members of our community.	July 2021 - Ongoing	2/1/23: 4,080 Ibs
	Track the amount of clothing washed in pounds in order to give a greater idea as to the need.		2/15/23: 5,190 Ibs
	Provide Social Needs Assessment to patrons.		Total: 9,270 Ibs of clothing or about 927 loads of laundry in a consumer washer.
Administer, monitor and assess the Senior Suds Night program with Burton's Laundry, Christ the King, and Clay Church.	Create access to laundry services for Senior members of our community in need.	June 2022 - Ongoing	2/7/23: 2,420 Ibs
	Track the amount of clothing washed in pounds in order to give a greater idea as to the need.		2/21/23: 2,410 Ibs
	Provide Social Needs Assessment to patrons.		Total: 4,830 Ibs of clothing or about 483 loads of laundry in a consumer washer.
			1,410 loads of laundry washed between Wash Wednesday and Senior Suds Night in February. The biggest month yet for the progams in terms of laundry washed.
Create and implement a pilot program in partnership with Motels 4 Now of best practices to reduce the impact of predators who prey on unhoused individuals' substance use and misuse.	Aid in alleviating the burden imposed upon those without housing in SJC by predators.	August 2022 – December 2022	Continued with a literature review of available research published in this area in order to identify best practices to help guide such an effort. Interviewed two staff members at M4N in November. In January I interviewed Sheila the head of the program. In februaruy I followed back up with Sheila and to ask more questions. I also had my first interview with a member of our community with lived experience on the streets to get their perspective.
Work with community health partners in the vaccine rollout and monitoring vaccination rates among the unhoused population and in congregate living facilities.	Facilitate the ongoing rollout of the Covid-19 vaccine to the unhoused population and to those residing in Congregate living facilities.	July 2021 – ongoing	Working with nursing unit to try and set up mobile clinics at congregate living facilities in the Continuum of Care. No takers in February, but hoping to get some scheduled in March/April. Worked with HealthLinc's mobile team to help put them in touch with Our Lady of The Road's Soup Kitchen, Boradway Christian Parish's soup kitchen and Motels 4 Now to schedule covid-19 booster clinics onsite.
	Work with community health centers and our upcoming Mobile Unit in establishing mobile vaccination clinics targeted at unhoused often transient populations.	First mobile clinics to begin in August 2021	
	Monitor and report back to the DoH on relative vaccination rates among the unhoused and those staying in congregate living facilities.		
Perform vaccine/health education sessions at various service providers.	Aid in combatting misinformation about the vaccine.	August 2021 – ongoing	Worked with Broadway Christian parish to schedule another deescalation training for their staff and for the staff of other organizations in the RPC.
	Help educate unhoused and those residing in congregate living facilities on relevant information affecting their health.	First education session established in August 2021	
	Develop instruments for surveys of health needs of unhoused persons and residents of congregate living facilities.		

DELIVERABLES	OUTCOME	TIMELINE	FEBRUARY UPDATES
Provide rapid and PCR Covid-19 testing to service providers.	Allow service providers to confidently operate knowing that they can count on having rapid Covid-19 testing available to symptomatic individuals who	July 2021 – ongoing	Overseeing the distribution of the 39,812 tests received from State in May for distribution to low-income and vulnerable populations.
	-Allow service providers to offer PCR testing on site to individuals potentially exposed to Covid-19 who face unique transportation challenges which may otherwise prevent easy access to testing.		By the end of September we had distributed all 39,812 tests from our locations in the County City Building and at Mishawaka, from our Community Health Workers, and from allying with various community partners including the Food Bank of Northern Indiana, United Way, Our Lady of The Road, and SJC Public Library. Our order for more tests was received at the end of september. We were given 5,784 tests. By the end of February we had distributed all 5,784 of those tests.
Act as a liaison to relevant stakeholders and service providers on behalf of SJC DoH.	Serve on relevant local boards, committees and task forces.	July 2021 - ongoing	Attended the February Regional Planning Committee (RPC) Meeting. Attended the February RPC Data Sub-Group Meeting, attended the February RPC Street Outreach Sub-Committee Meeting.
	Create contact with stakeholders seeking to establish a low barrier intake facility/resource center.		
	-Explore opportunities with neighborhood associations, faith groups, City/County Coordinator, and other interested stakeholders to create a model of affordable, scattered housing for persons experiencing homelessness.		
Hold Quarterly ESF-8 Meetings	Keep agencies involved in ESF-8 up to date and cooperating towards preparing for the next crisis.	Ongoing	Continued to work with St. Joseph County Emergency Management Agency to update the Emergency Support Function contact lists and create a new Emergency Support Functions team. Made more updates to the list in February. Worked with Elkhart's emergency Management Coordinator Lydia on her ESF-8 meeting to learn more about facilitating our own here in SJC.
Attend all District 2 HCC and LHD Meetings	Act as a liaison for the SJCDoH in the D2 Health Care Coalition and with Emergency Preparedness counterparts at other Counties in our District	Ongoing	Attended the February HCC district 2 meeting virtually, as well as the February HCC D2 Local Health Department meeting in plymouth.
Attend Local Emergency Planning Commission Meetings	Act as a liaison for the SJCDoH to SJC's LEPC Meetings.	Ongoing	Met with St. Joseph County Emergency Management Agency about the Local Emergency Planning Commission in January. They plan on getting it back up and running but are still waiting to schedule
	Keep SJCDoH receiving funding from the PHEP Grant.		Met with IDOH rep in February to work on upcoming PHEP Deliverables. Working on entering ESF-8 partner organizations into EMresource to create a centralized contact

DELIVERABLES	OUTCOME	TIMELINE	FEBRUARY UPDATES
Work on PHEP Grant Deliverables	Keep Amy up to date on deliverables for the grant.	Ongoing	list and allow them to share resources through the platform if they wish. EMresource is an online portal that allows different medical facilities to share PPE across agencies, as well as emergency contacts and other resources.
Learn All EP Plans	Act as the internal expert for EP plans and their deployment	Ongoing	Continued to work with the St. Joseph County Emergency Management Agency to update the County Emergency Management Plan.
Update EP orientation and trainings for all employees.	Update current trainings regarding EP -Create/find new trainings surrounding EP	Ongoing	Went through EP orientation with 2 new employees and 1 resident rotation.
Maintain and Train on the Mobile Clinics	Keep mobile clinics in operating order. Create and administer trainings on how to operate the mobile clinics.	Ongoing	Continued working with Amy to get all the necessary information in order to surpluss the old ERV.
Work with the South Bend Heritage Foundation, The City of South Bend, Our Lady of The Road and Oaklawn in participating in the 2023 Indiana Supportive Housing Institute.	Participate in targeted trainings aimed at learning how to navigate the complex process of developing housing with supportive services to prevent and end homelessness. Working in partnership with the South Bend Heritage Foundation, The City of South Bend, Our Lady of The Road and Oaklawn to help develop the Heritage Foundation's next supportive housing plan.	November 2022 - ongoing	Marco Mariani, Executive Director of the South Bend Heritage Foundation reached out and invited the SJCDoH to participate as one of the community partners in the 2023 Indiana Supportive Housing Institute, along with the City of South Bend, Our Lady of The Road and Oaklawn. At the end of November they submitted their proposal for the team of aforementioned community partners to participate in 2023's Institute. If chosen the community partners will participate in over 80 hours of trainings to assist in the creation of a complete supportive housing plan. In january the South Bend Heritage Foundation's proposal was accepted!! In february I attended the first 3 days of sessions in Bloomington.
Work with the new Administration at the St. Joseph County Emergency Management Agency to establish new protocols and strengthen our county's ability to respond to emergencies	Liaise with new leadership on behalf of the SJCDoH and strengthen ties between us as partner organizations.	December 2022 - ongoing	Helped SJCEMA update their ESF contact list more in February. Working to update the County Emergency Management Plan as needed. Working to establish a SJCDoH Emergency Annex in partnership with SJCEMA.

ENVIRONMENTAL HEALTH UNIT

	Feb-23	YTD 2023	YTD 2022	YTD 2019
SEPTIC PROGRAM				
RESIDENTIAL NEW CONSTRUCTION				
A. Inspections	8	20	18	26
B. Consultations	0	0	0	0
RESIDENTIAL REPLACEMENT				
A. Inspections	41	86	46	85
B. Consultations	0	1	4	3
COMMERCIAL				
A. Inspections	3	5	6	0
B. Consultations	1	1	2	0
C. Cluster System Inspections	0	0	0	0
Abandonments w/o Replacement	5	6	2	
Permit Applications Received	29	57	43	**
Permits Issued	24	49	42	**
Public Information Events	1	1	1	**
SUBDIVISION PROGRAM				
A.Health Officer Reports	7	12	4	4
B. Subdivision Reviews	9	14	6	3
C. Rezoning and Replat Reviews			2	2
WELLHEAD PROGRAM				
A. Inspections Performed	8	15	12	8
WELL DRILLING PROGRAM				
Residential				
A. Inspections	11	23	17	24
B. Well Abandonments	19	31	24	27
COMMERCIAL				
A. Inspections		1	0	0
B. Well Abandonment Inspections		2	0	1
NEW CONSTRUCTION				
A. Permit Applications Received	7	11	7	**
B. Permits Issued	3	6	7	9
REPLACEMENT				
A. Permit Applications Recevied	13	28	**	**
B. Permits Issued	15	29	19	28
Total Permit Applications Received	33	59	**	**
Total Permits Issued	29	52	26	27
Use of Existing Well	0	3	**	**
Public Information Events	0	0	0	0
SOURCE WATER PROGRAM				
A. Phase One Inquiries	6	21	36	14
B. Spill Responses	0	0	0	0

	Feb-23	YTD 2023	YTD 2022	YTD 2019
C. Meth Lab Occurrence Response	0	0	0	0
D. Well/ground water Sampling	0	0	**	**
E. Microbe Treatments/Pumping Inspections	0	0	**	**
F. Other Source Water Inspections	0	0	1	1
SURFACE WATER PROGRAM				
A. Surface Water Sampling	0	0	0	0
LEAD PROGRAM				
A. HUD Lead Inspections	0	0	0	0
B. Lead Risk Assessments	5	13	4	11
EBLL Assessments	4	10	2	**
a. Parent Request	1	3	2	**
b. Clearances	3	6	4	**
C. Off Site Meetings	0	0	0	**
D. Public Information Events	0	0	1	6
E. Children Tested for Lead Levels*	329	329	221	675
CAFO PROGRAM				
A. Inspections	0	0	0	0
AIR QUALITY PROGRAM				
A. Burn Permits	2	4	1	**
B. Indoor Air Quality Investigation	0	0	0	0
C. Mold Investigations	0	0	0	**
VECTOR PROGRAM				
A. Inspections performed	1	1	0	0
B. Sites Treated	0	0	0	-
C.Traps Collected	0	0	0	0
D. ISDH Submissions	0	0	0	*
E. Public Information Events	0	0	0	0
HEALTHY HOMES PROGRAM (Inside)				
A. Initial Complaints	13	18	16	19
a. No Water	5	6	4	**
b. Garbage/Food Waste	3	3	6	**
c. Feces	3	7	3	**
d. Rodents/Cockroaches	2	2	3	**
A. Follow-Up Complaints	29	31	16	**
a. No Water	15	15	7	**
b. Garbage/Food Waste	6	6	5	**
c. Feces	8	8	4	**
d. Rodents/Cockroaches	0	2	0	**
e. Dwellings Unfit	3	3	5	3
MASSAGE				
A. Establishment Inspections	15	18	10	12

	Feb-23	YTD 2023	YTD 2022	YTD 2019
TATTOO/BODY PIERCING PROGRAM				
A. Inspections Performed y	0	4	2	2
COMPLAINTS/INSVESTIGATIONS				
A. Garbage/Food Waste (Outside)	19	20	16	5
B. Sewage	6	11	4	3
C. Water (ditches, lakes, ponds, & swells)	3	4	0	2
D. Motels/Hotels	0	0	1	0
E. Burning	0	0	2	2
F. Open Dumping	1	1	**	**
G. Followup Inspections	10	12	**	**
H. Other	2	4	33	1
ABATEMENT CORRESPONDENCE				
A. Abatement Correspondence Mailed	25	49	87	46
B. Immediate Threat to Public Health Correspondence	0	0	2	5
C. Order to Vacate/Condemn Correspondence Mailed	3	3	5	*
D. Impending Legal Action Correspondence Mailed	3	6	4	1
SUBSURFACE INVESTIGATIONS				
A. Internal	0	0	10	**
B. External	0	0	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

Main fund supported by tax revenue and fee revenue

LEAD: Dr. Einterz - SUPPORT: Amy Ruppe

		Budget		January	February	March	TOTALS	
	REVENUE							
	Beginning Balance	$3,733,060.38					$3,733,060.38	
	Property, FIT, Excise, Vehicle Excise Tax	$2,106,000.00		$0.00	$0.00		$0.00	
	Federal Reimbursements			$36,727.78	$36,727.78		$73,455.56	
	Miscellaneous Revenue			$0.00	$1,000.00		$1,000.00	
	TOTAL Tax, Fed Reimb and Misc Revenue			**$36,727.78**	**$37,727.78**	**$0.00**	**$3,807,515.94**	
	Environmental Health			$136,466.25	$123,830.00		$260,296.25	
	Food Safety			$110,513.75	$64,988.75		$175,502.50	
	Immunization Clinic (South Bend)			$11,896.12	$14,970.61		$26,866.73	
	Vital Records (South Bend)			$41,264.90	$41,486.00		$82,750.90	
	Immunization Clinic (Mishawaka)			$3,975.00	$2,657.00		$6,632.00	
	Vital Records (Mishawaka)			$6,285.00	$4,291.00		$10,576.00	
	Fees (Charge 2, Coroner Fee)			($6,345.62)	($6,083.85)		($12,429.47)	
	Total Fee Revenue			**$304,055.40**	**$246,139.51**	**$0.00**	**$550,194.91**	
	TOTAL REVENUE			**$340,783.18**	**$283,867.29**	**$0.00**	**$4,357,710.85**	
	EXPENDITURES							
Acct	**10000 Series**	**Budget**	**Carryforward**	**January**	**February**	**March**	**Expenditures**	**Unexpended**
11030	Administrator	$71,991.00	$0.00	$5,537.76	$5,537.76		$11,075.52	$60,915.48
11055	County Health Officer	$146,211.00	$0.00	$11,247.00	$11,247.00		$22,494.00	$123,717.00
11077	Admin. Assistant	$118,362.00	$0.00	$9,104.76	$8,831.65		$17,936.41	$100,425.59
11087	Billing/Records Registrar	$36,086.00	$0.00	$0.00	$0.00		$0.00	$36,086.00
11143	Registrars	$108,258.00	$0.00	$8,327.52	$8,100.77		$16,428.29	$91,829.71
11144	Nursing Registrars	$72,172.00	$0.00	$5,551.68	$5,551.68		$11,103.36	$61,068.64
11145	Staff Assistants	$72,172.00	$0.00	$5,551.68	$5,551.68		$11,103.36	$61,068.64
11151	Director of Vital Records	$63,540.00	$0.00	$4,887.70	$4,887.70		$9,775.40	$53,764.60
11154	Asst. Director Vital Records	$55,000.00	$0.00	$4,230.76	$4,230.76		$8,461.52	$46,538.48
11155	Nurses/Other Medical	$337,654.00	$0.00	$25,063.13	$23,350.68		$48,413.81	$289,240.19
11161	Director of Env Health	$63,540.00	$0.00	$4,887.70	$4,887.70		$9,775.40	$53,764.60
11162	Asst. Dir Environmental Health	$58,000.00	$0.00	$4,461.54	$4,461.54		$8,923.08	$49,076.92
11163	Director of Food Services	$63,540.00	$0.00	$4,887.70	$4,887.70		$9,775.40	$53,764.60
11165	Asst Dir Food Services	$58,000.00	$0.00	$4,461.54	$4,461.54		$8,923.08	$49,076.92
11170	Director of HEED	$80,000.00	$0.00	$6,153.84	$6,153.84		$12,307.68	$67,692.32
11172	Environmental Health Specialist	$468,000.00	$0.00	$30,999.78	$31,086.73		$62,086.51	$405,913.49
11174	Food Service Specialist	$260,000.00	$0.00	$20,000.00	$20,000.00		$40,000.00	$220,000.00
11195	Public Health Coordinator	$54,550.00	$0.00	$4,196.16	$4,196.16		$8,392.32	$46,157.68
11196	Health Promotion Specialist	$50,000.00	$0.00	$0.00	$0.00		$0.00	$50,000.00
11197	Director of HOPE	$63,540.00	$0.00	$4,887.70	$4,887.70		$9,775.40	$53,764.60
11650	Executive Secretary	$41,778.00	$0.00	$3,213.70	$3,213.70		$6,427.40	$35,350.60
11701	Director of Nursing	$82,640.00	$0.00	$6,356.92	$6,356.92		$12,713.84	$69,926.16
11950	Part Time	$95,326.00	$0.00	$2,673.68	$2,247.86		$4,921.54	$90,404.46
11976	Deputy Health Officer	$50,133.00	$0.00	$3,856.38	$3,856.38		$7,712.76	$42,420.24
12010	Data Analyst	$46,596.00	$0.00	$3,584.32	$3,584.32		$7,168.64	$39,427.36
14800	FICA Taxes @ 7.65%	$200,208.00	$0.00	$13,575.00	$13,350.99		$26,925.99	$173,282.01
14810	PERF @ 11.2%	$276,823.00	$0.00	$18,624.16	$18,568.17		$37,192.33	$239,630.67
14840	Health Insurance	$786,900.00	$0.00	$0.00	$0.00		$0.00	$786,900.00
	Total 10000 Series	**$3,881,020.00**	**$0.00**	**$216,322.11**	**$213,490.93**	**$0.00**	**$429,813.04**	**$3,451,206.96**
Acct	**20000 Series**	**Budget**	**Carryforward**	**January**	**February**	**March**	**Expenditures**	**Unexpended**
21030	Office Supplies	$21,542.00	$0.00	$687.91	$185.58		$873.49	$20,668.51
22120	Garage & Motor Supplies	$11,980.00	$0.00	$0.00	$0.00		$0.00	$11,980.00
22148	Field Supplies	$4,000.00	$986.50	$371.80	$562.99		$934.79	$4,051.71
22328	Equipment Repairs	$2,250.00	$0.00	$0.00	$0.00		$0.00	$2,250.00
22406	Immunization Supplies	$83,545.00	$0.00	$3,312.58	$7,069.10		$10,381.68	$73,163.32
22448	Education Books	$200.00	$0.00	$0.00	$0.00		$0.00	$200.00
	Total 20000 Series	**$123,517.00**	**$986.50**	**$4,372.29**	**$7,817.67**	**$0.00**	**$12,189.96**	**$112,313.54**
Acct	**30000 Series**	**Budget**	**Carryforward**	**January**	**February**	**March**	**Expenditures**	**Unexpended**
31150	Medical Services	$3,000.00	$0.00	$418.00	$658.35		$1,076.35	$1,923.65
32020	Travel/Mileage	$13,941.00	$0.00	$530.00	$1,187.53		$1,717.53	$12,223.47
32203	Cell Phones	$20,025.00	$0.00	$1,386.52	$1,479.79		$2,866.31	$17,158.69
32350	Postage	$250.00	$0.00	$0.00	$0.00		$0.00	$250.00
32550	Miscellaneous Costs	$25,000.00	$0.00	$0.00	$665.88		$665.88	$24,334.12
33128	Environmental Health	$3,500.00	$0.00	$0.00	$152.00		$152.00	$3,348.00
33368	Public Info & Ed	$5,000.00	$0.00	$0.00	$0.00		$0.00	$5,000.00
33938	Vector	$25,000.00	$2,691.69	$2,691.69	$0.00		$2,691.69	$25,000.00
34030	Liability Insurance Coverage	$71,866.00	$0.00	$0.00	$0.00		$0.00	$71,866.00
36015	Contractual Services	$100,000.00	$0.00	$0.00	$0.00		$0.00	$100,000.00
36500	Service Contract	$17,000.00	$0.00	$0.00	$0.00		$0.00	$17,000.00
38012	Interest on Debt	$7,821.00	$0.00	$651.72	$651.72		$1,303.44	$6,517.56
38013	Principle on Debt	$45,797.00	$0.00	$3,816.34	$3,816.34		$7,632.68	$38,164.32
39010	Dues & Subscriptions	$3,000.00	$0.00	$0.00	$0.00		$0.00	$3,000.00
39600	Refunds, Awards & Indemnities	$0.00	$0.00	$40.00	$273.99		$313.99	($313.99)
39750	Information Technology	$5,000.00	$0.00	$0.00	$0.00		$0.00	$5,000.00
	Total 30000 Series	**$346,200.00**	**$2,691.69**	**$9,534.27**	**$8,885.60**	**$0.00**	**$18,419.87**	**$330,471.82**
	Total Budget	**$4,350,737.00**	**$3,678.19**					
	TOTAL EXPENDITURES			$230,228.67	$230,194.20	$0.00	**$460,422.87**	
	Total Unexpended							**$3,893,992.32**
	Net (Monthly)			**$110,554.51**	**$53,673.09**	**$0.00**		
	FUND BALANCE			**$3,843,614.89**	**$3,897,287.98**	**$3,897,287.98**		

MIH Initiatives

Funds raised through sponsorships of the Achieving Birth Equity events will provide education and awareness for maternal infant health professionals and future community engagement, awareness events, and outreach to mothers and families through Maternal Infant Health Initiatives at the SJCDoH.

LEAD: Robin Vida - SUPPORT: Sally Dixon

		Budget	January	February	March	TOTALS	
Acct	**REVENUE**						
00000	Beginning Balance	$7,871.60				$7,871.60	
06400	Donations		$0.00	$0.00		$0.00	
	TOTAL REVENUE	**$7,871.60**	**$0.00**	**$0.00**	**$0.00**	**$7,871.60**	
	EXPENSES						
Acct	**20000 Series**					**Expenditures**	**Unexpended**
24012	Promotion Supplies	$0.00	$0.00	$0.00		$0.00	$0.00
	Total 20000 Series	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Acct	**30000 Series**					**Expenditures**	**Unexpended**
33368	Public Info & Educ	$0.00	$821.20	($821.20)		$0.00	$0.00
36015	Contractual Services	$0.00	$0.00	$0.00		$0.00	$0.00
	Total 30000 Series	**$0.00**	**$821.20**	**($821.20)**	**$0.00**	**$0.00**	**$0.00**
	Total Budget	**$0.00**					
	Total Expenditures		**$821.20**	**($821.20)**	**$0.00**	**$0.00**	
	Total Unexpended						**$0.00**
	Net (Monthly)		**($821.20)**	**$821.20**	**$0.00**		
	FUND BALANCE		**$7,050.40**	**$7,871.60**	**$7,871.60**		

County-Wide Lead Initiative

During our budget discussions in 2018 (preparing for FY2019), the importance of lead was stressed and the Auditor, Commissioners and Council created this fund and provides the funding for it.

LEAD: Cassy White

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	$378,839.24				$378,839.24	
05205	Interfund Transfer of Funds		$0.00	$0.00		$0.00	
	TOTAL REVENUE	**$378,839.24**	**$0.00**	**$0.00**	**$0.00**	**$378,839.24**	
	EXPENSES						
Acct	**10000 Series**						
11167	Community Health Worker	$156,732.00	$10,223.38	$11,730.42		$21,953.80	$134,778.20
11176	Assistant Dir Health Equity	$60,266.00	$4,635.84	$4,635.84		$9,271.68	$50,994.32
14800	FICA Taxes	$16,601.00	$1,117.32	$1,220.44		$2,337.76	$14,263.24
14810	PERF	$24,304.00	$1,664.21	$1,833.00		$3,497.21	$20,806.79
14840	Health Insurance	$91,500.00	$0.00	$0.00		$0.00	$91,500.00
	Total 10000 Series	**$349,403.00**	**$17,640.75**	**$19,419.70**	**$0.00**	**$37,060.45**	**$312,342.55**
Acct	**20000 Series**						
21030	Office Supplies	$5,000.00	$1,486.74	$284.99		$1,771.73	$3,228.27
22148	Field Supplies	$5,000.00	$0.00	$227.57		$227.57	$4,772.43
	Total 20000 Series	**$10,000.00**	**$1,486.74**	**$512.56**	**$0.00**	**$1,999.30**	**$8,000.70**
Acct	**30000 Series**						
31150	Medical Services	$100.00	$46.41	$0.00		$46.41	$53.59
32020	Travel/Mileage	$1,000.00	$0.00	$0.00		$0.00	$1,000.00
32050	Conferences & Training	$3,500.00	$0.00	$0.00		$0.00	$3,500.00
32203	Cell Phones	$3,240.00	$255.23	$286.44		$541.67	$2,698.33
32350	Postage	$1,000.00	$151.02	$123.65		$274.67	$725.33
33368	Public Information & Education	$3,142.50	$142.50	$60.00		$202.50	$2,940.00
36500	Service Contract	$5,000.00	$0.00	$0.00		$0.00	$5,000.00
39750	Information Tech	$9,900.00	$0.00	$0.00		$0.00	$9,900.00
	Total 30000 Series	**$26,882.50**	**$595.16**	**$470.09**	**$0.00**	**$1,065.25**	**$25,817.25**
	Total Budget	**$386,285.50**					
	Total Expenditures		**$19,722.65**	**$20,402.35**	**$0.00**	**$40,125.00**	
	Total Unexpended						**$346,160.50**
	Net (Monthly)		**($19,722.65)**	**($20,402.35)**	**$0.00**		
	FUND BALANCE		**$359,116.59**	**$338,714.24**	**$338,714.24**		

Health Immunization CoAg

The Indiana State Department of Health aims to increase vaccinations in each county, increase use in the state immunization registry, increase utilization of publicly funded adult vaccines, and reduce wastage of publicly funded vaccines. Grant is valid 07/01/22-06/30/23.

LEAD: Jodie Pairitz - SUPPORT: Shelley Chaffee

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	($69,598.98)				($69,598.98)	
02708	Federal/Grants Reimbursements		$69,598.98	$16,279.26		$85,878.24	
	TOTAL REVENUE	**($69,598.98)**	**$69,598.98**	**$16,279.26**	**$0.00**	**$16,279.26**	
	EXPENSES						
Acct	**10000 Series**						
11781	Imm Outreach Coordinator	$25,000.48	$3,846.16	$3,846.16		$7,692.32	$17,308.16
11193	Part Time	$87,229.89	$10,225.64	$10,331.78		$20,557.42	$66,672.47
14800	FICA Taxes	$8,600.20	$1,067.62	$1,072.89		$2,140.51	$6,459.69
14810	PERF	$2,495.19	$430.76	$430.76		$861.52	$1,633.67
14840	Health Insurance	$9,150.00	$0.00	$0.00		$0.00	$9,150.00
	Total 10000 Series	**$132,475.76**	**$15,570.18**	**$15,681.59**	**$0.00**	**$31,251.77**	**$101,223.99**
Acct	**20000 Series**						
21030	Office Supplies	$0.00	$51.98	$113.82		$165.80	($165.80)
22406	Immunization Supplies	$1,536.14	$0.00	$0.00		$0.00	$1,536.14
	Total 20000 Series	**$1,536.14**	**$51.98**	**$113.82**	**$0.00**	**$165.80**	**$1,370.34**
Acct	**30000 Series**						
32020	Travel /Mileage	$1,911.64	$0.00	$0.00		$0.00	$1,911.64
32203	Cell Phones	$1,595.64	$204.60	$204.60		$409.20	$1,186.44
33368	Public Info & Educ	$24,078.62	$452.50	$0.00		$452.50	$23,626.12
36015	Contractual Services	$7,976.33	$0.00	$7,879.30		$7,879.30	$97.03
	Total 30000 Series	**$35,562.23**	**$657.10**	**$8,083.90**	**$0.00**	**$8,741.00**	**$26,821.23**
	Total Budget	**$169,574.13**					
	Total Expenditures		**$16,279.26**	**$23,879.31**	**$0.00**	**$40,158.57**	
	Total Unexpended						**$129,415.56**
	Net (Monthly)		**$53,319.72**	**($7,600.05)**	**$0.00**		
	FUND BALANCE		**($16,279.26)**	**($23,879.31)**	**($23,879.31)**		

Health PHEP

The PHEP Grant provides funds to enhance Department of Health preparedeness in order to respond to public health and healthcare emergencies. Grant is valid 07/01/22-06/30/23.

LEAD: Harrison Gilbride

		Budget	January	February	March	Total	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	($11,251.40)				($11,251.40)	
02708	Federal/Grants Reimbursements		$5,456.54	$7,441.51		$12,898.05	
	TOTAL REVENUE	**($11,251.40)**	**$5,456.54**	**$7,441.51**	**$0.00**	**$1,646.65**	
	EXPENSES						
Acct	**30000 Series**						
32550	Miscellaneous Costs	$11,099.55	$3,964.82	$576.58		$4,541.40	$6,558.15
	Total 30000 Series	**$11,099.55**	**$3,964.82**	**$576.58**	**$0.00**	**$4,541.40**	**$6,558.15**
	Total Budget	**$11,099.55**					
	Total Expenditures		**$3,964.82**	**$576.58**	**$0.00**	**$4,541.40**	
	Total Unexpended						**$6,558.15**
	Net (Monthly)		**$1,491.72**	**$6,864.93**	**$0.00**		
	FUND BALANCE		**($9,759.68)**	**($2,894.75)**	**($2,894.75)**		

Health Issues & Challenges Lead

Funding opportunity through the Indiana State Department of Health (IDoH) to increase capacity in the Department of Health's Lead Program because the elevated blood lead level (EBLL) threshold will be lowering from 10 µg/dL to 3.5 µg/dL. The funds will be used to successfully administer case management and environmental risk assessment services to families with children who have confirmed EBLL's above 5 µg/dL. Grant is valid 07/01/22-06/30/24.

LEAD: Cassy White

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	$14,434.93				$14,434.93	
02708	Federal/Grants Reimbursements		$0.00	$0.00		$0.00	
	TOTAL REVENUE	**$14,434.93**	**$0.00**	**$0.00**	**$0.00**	**$14,434.93**	
	EXPENSES						
Acct	**10000 Series**						
11155	Nurses/Other Medical	$38,990.75	$0.00	$0.00		$0.00	$38,990.75
11167	Community Health Worker	$20,003.50	$0.00	$0.00		$0.00	$20,003.50
11172	Environmental Health Specialist	$103,816.48	$2,000.00	$4,000.00		$6,000.00	$97,816.48
11199	Perinatal Coordinator	$93,186.85	$0.00	$1,038.54		$1,038.54	$92,148.31
11950	Part Time	$153,103.76	$0.00	$0.00		$0.00	$153,103.76
14800	FICA Taxes	$31,296.25	$153.00	$368.01		$521.01	$30,775.24
14810	PERF	$36,929.97	$224.00	$448.00		$672.00	$36,257.97
14840	Health Insurance	$88,692.60	$0.00	$0.00		$0.00	$88,692.60
	Total 10000 Series	**$566,020.16**	**$2,377.00**	**$5,854.55**	**$0.00**	**$8,231.55**	**$557,788.61**
	Total Budget	**$566,020.16**					
	Total Expenditures		**$2,377.00**	**$5,854.55**	**$0.00**	**$8,231.55**	
	Total Unexpended						**$557,788.61**
	Net (Monthly)		**($2,377.00)**	**($5,854.55)**	**$0.00**		
	FUND BALANCE		**$12,057.93**	**$6,203.38**	**$6,203.38**		

Health COVID Vaccinations

The St. Joseph County Department of Health will assist the Indiana Department of Health regarding promotion of the COVID-19 vaccine and conduct direct outreach to minority and hard to reach populations. Grant is valid 07/01/22-06/30/23.

LEAD: Dr. Einterz - SUPPORT: Amy Ruppe

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	($113,898.19)				($113,898.19)	
02708	Federal/Grants Reimbursements		$113,898.19	$30,758.87		$144,657.06	
	TOTAL REVENUE	**($113,898.19)**	**$113,898.19**	**$30,758.87**	**$0.00**	**$30,758.87**	
	EXPENSES						
Acct	**10000 Series**						
11144	Nursing Registrar	$48,329.56	$7,435.32	$7,435.32		$14,870.64	$33,458.92
11155	Nurses/Other Medical	$63,425.88	$9,757.83	$9,757.83		$19,515.66	$43,910.22
11950	Part Time	$0.00	$0.00	$0.00		$0.00	$0.00
11985	Temporary/Seasonal Help	$25,926.30	$3,879.73	$3,982.95		$7,862.68	$18,063.62
14800	FICA Taxes	$8,549.29	$1,612.08	$1,619.98		$3,232.06	$5,317.23
14810	PERF	$9,035.46	$1,390.07	$1,390.07		$2,780.14	$6,255.32
14840	Health Insurance	$22,996.08	$3,832.68	$3,832.68		$7,665.36	$15,330.72
	Total 10000 Series	**$178,262.57**	**$27,907.71**	**$28,018.83**	**$0.00**	**$55,926.54**	**$122,336.03**
Acct	**30000 Series**						
36015	Contractual Services	$18,532.50	$2,851.16	$2,851.16		$5,702.32	$12,830.18
	Total 30000 Series	**$18,532.50**	**$2,851.16**	**$2,851.16**	**$0.00**	**$5,702.32**	**$12,830.18**
	Total Budget	**$196,795.07**					
	Total Expenditures		**$30,758.87**	**$30,869.99**	**$0.00**	**$61,628.86**	
	Total Unexpended						**$135,166.21**
	Net (Monthly)		**$83,139.32**	**($111.12)**	**$0.00**		
	FUND BALANCE		**($30,758.87)**	**($30,869.99)**	**($30,869.99)**		

Health CHWs for COVID

Train and deploy community health workers in St. Joseph County by building and strengthening community resilience to fight COVID-19 through addressing health disparities. Grant is valid 08/31/21-08/30/24.

LEAD: Cassy White - SUPPORT: Taylor Martin

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	$0.00				$0.00	
02708	Federal/Grants Reimbursements		$0.00	$54,322.02		$54,322.02	
	TOTAL REVENUE	**$0.00**	**$0.00**	**$54,322.02**	**$0.00**	**$54,322.02**	
	EXPENSES						
Acct	**10000 Series**						
11030	Administrator	$4,616.51	$543.10	$543.10		$1,086.20	$3,530.31
11055	Health Officer	$4,889.52	$575.21	$575.21		$1,150.42	$3,739.10
11077	Admin. Assistant	$17,709.60	$2,083.46	$2,083.46		$4,166.92	$13,542.68
11167	Community Health Worker	$224,950.53	$23,794.75	$24,558.17		$48,352.92	$176,597.61
11170	Director of HEED	$6,621.15	$778.93	$778.93		$1,557.86	$5,063.29
11176	Assistant Dir Health Equity	$30,915.93	$3,637.15	$3,637.15		$7,274.30	$23,641.63
11196	Health Promotion Specialist	$8,814.24	$1,036.94	$1,036.94		$2,073.88	$6,740.36
11197	Director of HOPE	$4,074.64	$479.34	$479.34		$958.68	$3,115.96
11976	Deputy Health Officer	$6,714.84	$789.96	$789.96		$1,579.92	$5,134.92
12014	Data Analyst	$11,000.06	$1,099.76	$1,099.76		$2,199.52	$8,800.54
14800	FICA Taxes	$24,742.17	$2,600.83	$2,651.79		$5,252.62	$19,489.55
14810	PERF	$35,874.88	$3,899.67	$3,985.17		$7,884.84	$27,990.04
14840	Health Insurance	$148,626.93	$2,838.46	$2,838.46		$5,676.92	$142,950.01
	Total 10000 Series	**$529,551.00**	**$44,157.56**	**$45,057.44**	**$0.00**	**$89,215.00**	**$440,336.00**
Acct	**20000 Series**						
22148	Field Supplies	$4,413.74	$0.00	$0.00		$0.00	$4,413.74
	Total 20000 Series	**$4,413.74**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$4,413.74**
Acct	**30000 Series**						
31015	Consultant Services	$48,835.00	$5,295.00	$5,295.00		$10,590.00	$38,245.00
32020	Travel/Mileage	$10,477.01	$0.00	$267.75		$267.75	$10,209.26
32050	Conferences & Training	$25,804.43	$715.00	$583.05		$1,298.05	$24,506.38
32203	Cell Phones	$3,930.30	$368.28	$368.28		$736.56	$3,193.74
33368	Public Information & Education	$211,675.25	$3,664.68	$835.25		$4,499.93	$207,175.32
36015	Contractual Services	$32,905.61	$121.50	$81.00		$202.50	$32,703.11
39010	Dues & Subscriptions	$820.00	$0.00	$40.00		$40.00	$780.00
	Total 30000 Series	**$334,447.60**	**$10,164.46**	**$7,470.33**	**$0.00**	**$17,634.79**	**$316,812.81**
	Total Budget	**$868,412.34**					
	Total Expenditures		**$54,322.02**	**$52,527.77**	**$0.00**	**$106,849.79**	
	Total Unexpended						**$761,562.55**
	Net (Monthly)		**($54,322.02)**	**$1,794.25**	**$0.00**		
	FUND BALANCE		**($54,322.02)**	**($52,527.77)**	**($52,527.77)**		

Health COVID Crisis CoAg

Based on a jurisdiction population tier, the IDOH will provide funding to the LHDs to hire additional staff (minimum 1 – maximum 7) to support continued COVID-19 response efforts in K-12 schools within the jurisdiction. The additional team member(s) will serve as the School COVID-19 Liaison(s) and be identified as the subject matter expert related to COVID-19 Response in schools. Grant is valid 07/01/22-06/30/23.

LEAD: Dr. Einterz and Dr. Fox

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	$531,852.40				$531,852.40	
02708	Federal/Grants Reimbursements		$550,000.00	$0.00		$550,000.00	
	TOTAL REVENUE	**$531,852.40**	**$550,000.00**	**$0.00**	**$0.00**	**$1,081,852.40**	
	EXPENSES						
Acct	**30000 Series**						
32550	Miscellaneous Costs	$531,852.40	$0.00	$96.16		$96.16	$531,756.24
	Total 30000 Series	**$531,852.40**	**$0.00**	**$96.16**	**$0.00**	**$96.16**	**$531,756.24**
	Total Budget	**$531,852.40**					
	Total Expenditures		**$0.00**	**$96.16**	**$0.00**	**$96.16**	
	Total Unexpended						**$531,756.24**
	Net (Monthly)		**$550,000.00**	**($96.16)**	**$0.00**		
	FUND BALANCE		**$1,081,852.40**	**$1,081,756.24**	**$1,081,756.24**		

Health Local Health Services

The Local Health Maintenance grant is a long-standing grant from the Indiana State Department of Health which allows Local Health Departments to utilize the funds to work on any area in ISDH's long range plan. The St. Joseph County Department of Health uses these funds to fund a Health Educator and a Community Health Worker. Carry-forward pays for benefits, supplies, travel, educational materials and trainings for staff.

LEAD: Robin Vida and Cassy White

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	$46,084.20				$46,084.20	
01412	State Grant		$0.00	$0.00		$0.00	
02708	Federal Grants/Reimbursements		$1,636.63	$1,636.63		$3,273.26	
	TOTAL REVENUE	**$46,084.20**	**$1,636.63**	**$1,636.63**	**$0.00**	**$49,357.46**	
	EXPENSES						
Acct	**10000 Series**						
11193	Health Promotion Specialist	$50,000.00	$3,846.16	$3,846.16		$7,692.32	$42,307.68
14800	FICA Taxes	$3,825.00	$280.67	$280.67		$561.34	$3,263.66
14810	PERF	$5,600.00	$430.76	$430.76		$861.52	$4,738.48
14840	Health Insurance	$18,300.00	$0.00	$0.00		$0.00	$18,300.00
	Total 10000 Series	**$77,725.00**	**$4,557.59**	**$4,557.59**	**$0.00**	**$9,115.18**	**$68,609.82**
Acct	**20000 Series**						
21030	Office Supplies	$2,280.00	$0.00	$0.00		$0.00	$2,280.00
	Total 20000 Series	**$2,280.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$2,280.00**
Acct	**30000 Series**						
32020	Travel /Mileage	$5,167.00	$0.00	$0.00		$0.00	$5,167.00
32203	Cell Phones	$540.00	$86.36	$86.36		$172.72	$367.28
33368	Public Info & Educ	$7,300.00	$0.00	$0.00		$0.00	$7,300.00
	Total 30000 Series	**$13,007.00**	**$86.36**	**$86.36**	**$0.00**	**$172.72**	**$12,834.28**
	Total Budget	**$93,012.00**					
	Total Expenditures		**$4,643.95**	**$4,643.95**	**$0.00**	**$9,287.90**	
	Total Unexpended						**$83,724.10**
	Net (Monthly)		**($3,007.32)**	**($3,007.32)**	**$0.00**		
	FUND BALANCE		**$43,076.88**	**$40,069.56**	**$40,069.56**		

Health Trust Fund

The Indiana Local Health Department Trust Account was established within the Indiana Tobacco Master Settlement Agreement Fund for the purpose of providing funding for services provided by local Boards of Health in each county. In using money distributed by this fund, the local Board of Health shall give priority to: (1) programs that share common goals with the mission statement and long range state plan established by the state department of health; (2) preventive health measures; and (3) support for community health centers that treat low income persons and senior citizens. Grant is valid January 1st to December 31st.

LEAD: Dr. Einterz - SUPPORT: Amy Ruppe

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	$296,519.51				$296,519.51	
01412	State Grant		$0.00	$0.00		$0.00	
02708	Federal Grants/Reimbursements		$0.00	$0.00		$0.00	
	TOTAL REVENUE	**$296,519.51**	**$0.00**	**$0.00**	**$0.00**	**$296,519.51**	
	EXPENSES						
Acct	**10000 Series**						
12018	PACEs Coordinator	$60,893.00	$4,684.08	$4,684.08		$9,368.16	$51,524.84
14800	FICA Taxes	$4,659.00	$354.56	$352.64		$707.20	$3,951.80
14810	PERF	$6,821.00	$524.62	$524.62		$1,049.24	$5,771.76
14840	Health Insurance	$18,300.00	$0.00	$0.00		$0.00	$18,300.00
	Total 10000 Series	**$90,673.00**	**$5,563.26**	**$5,561.34**	**$0.00**	**$11,124.60**	**$79,548.40**
Acct	**30000 Series**						
32020	Travel/Mileage	$2,444.00	$0.00	$484.87		$484.87	$1,959.13
32203	Cell Phones	$540.00	$40.92	$40.92		$81.84	$458.16
33368	Public Info. & Educ.	$500.00	$0.00	$0.00		$0.00	$500.00
	Total 30000 Series	**$3,484.00**	**$40.92**	**$525.79**	**$0.00**	**$566.71**	**$2,917.29**
	Total Budget	**$94,157.00**					
	Total Expenditures		**$5,604.18**	**$6,087.13**	**$0.00**	**$11,691.31**	
	Total Unexpended						**$82,465.69**
	Net (Monthly)		**($5,604.18)**	**($6,087.13)**	**$0.00**		
	FUND BALANCE		**$290,915.33**	**$284,828.20**	**$284,828.20**		

Health Vector

The Department of Health has been awarded a grant for our vector program to address Eastern Equine Encephalitis (EEE) from a local philanthropic foundation which prefers to maintain anonymity.

LEAD: Brett Davis

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	$11,924.80				$11,924.80	
02710	Local Grant Reimbursement		$0.00	$0.00		$0.00	
	TOTAL REVENUE	**$11,924.80**	**$0.00**	**$0.00**	**$0.00**	**$11,924.80**	
	EXPENSES						
Acct	**30000 Series**						
33938	Vector Abatement	$0.00	$0.00	$0.00		$0.00	$0.00
	Total 30000 Series	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
	Total Budget	**$0.00**					
	Total Expenditures		**$0.00**	**$0.00**	**$0.00**	**$0.00**	
	Total Unexpended						**$0.00**
	Net (Monthly)		**$0.00**	**$0.00**	**$0.00**		
	FUND BALANCE		**$11,924.80**	**$11,924.80**	**$11,924.80**		

Health National Birth Equity

Bi-yearly the Community Foundation of SJC offers special project challenge grants. The special project challenge grant encourages projects that include community development, health & human services, parks, recreation, and entertainment, and youth & education.

LEAD: Robin Vida - SUPPORT: Sally Dixon

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	$5,000.00				$5,000.00	
02710	Local Grant Reimbursement		$0.00	$0.00		$0.00	
	TOTAL REVENUE	**$5,000.00**	**$0.00**	**$0.00**	**$0.00**	**$5,000.00**	
	EXPENSES						
Acct	**30000 Series**						
36015	Contractual Services	$5,000.00	$0.00	$0.00		$0.00	$5,000.00
	Total 30000 Series	**$5,000.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$5,000.00**
	TOTAL EXPENSES	**$5,000.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	
							$5,000.00
	Net Income		**$0.00**	**$0.00**	**$0.00**	**$0.00**	
	FUND BALANCE	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	**$5,000.00**	

Beacon Safety Pin Grant

This grant was submitted by Beacon Health System and includes a partnership with Saint Joseph Health System, Elkhart Department of Health, St. Joseph County Department of Health, and Franciscan Health to decrease infant mortality through public health initiatives, clinical care, and community outreach. SJCDH FIMR is part of this collaborative to develop a birth equity plan and work to address the system issues that delay entry to prenatal care including insurance coverage and the delay in entry to prenatal care for mothers who access the system through emergency departments and crisis pregnancy centers.(CPC) SJCDH FIMR will also lead outreach, awareness, and training for purpose of eliminating inequities in birth outcomes. Grant is valid 04/01/21-03/31/23.

LEAD: Robin Vida - SUPPORT: Sally Dixon

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	$0.00				$0.00	
02710	Local Grant Reimbursement		$0.00	$0.00		$0.00	
	TOTAL REVENUE	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	
	EXPENSES						
Acct	**30000 Series**						
33368	Public Info & Educ	$5,626.90	$0.00	$0.00		$0.00	$5,626.90
	Total 30000 Series	**$5,626.90**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$5,626.90**
	Total Budget	**$5,626.90**					
	Total Expenditures		**$0.00**	**$0.00**	**$0.00**	**$0.00**	
	Total Unexpended						**$5,626.90**
	Net (Monthly)		**$0.00**	**$0.00**	**$0.00**		
	FUND BALANCE		**$0.00**	**$0.00**	**$0.00**		

Safety PIN Grant

Using FIMR recommendations to create a community of accessible and respectful care through intentional and simultaneous action with systems and policy, providers and institutions, and women and families through the addition of an Maternal Infant Health Initiatives Coordinator to facilitate community action while maintaining the FIMR Coordinator position fulfill activities related to Case Review. Grant is valid 10/01/21-09/20/23.

LEAD: Robin Vida - SUPPORT: Sally Dixon

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	($3,600.58)				($3,600.58)	
01412	State Grant		$3,600.58	$6,482.38		$10,082.96	
	TOTAL REVENUE	**($3,600.58)**	**$3,600.58**	**$6,482.38**	**$0.00**	**$6,482.38**	
	EXPENSES						
Acct	**10000 Series**						
11782	MIH Coordinator	$25,138.75	$4,594.76	$4,594.76		$9,189.52	$15,949.23
14800	FICA Taxes	$1,971.76	$350.49	$350.49		$700.98	$1,270.78
	Total 10000 Series	**$27,110.51**	**$4,945.25**	**$4,945.25**	**$0.00**	**$9,890.50**	**$17,220.01**
Acct	**20000 Series**						
24012	Promotion Supplies	$14,500.91	$1,232.13	$1,192.32		$2,424.45	$12,076.46
	Total 20000 Series	**$14,500.91**	**$1,232.13**	**$1,192.32**	**$0.00**	**$2,424.45**	**$12,076.46**
Acct	**30000 Series**						
32020	Travel /Mileage	$3,536.00	$0.00	$0.00		$0.00	$3,536.00
32203	Cell Phones	$1,110.00	$30.00	$30.00		$60.00	$1,050.00
36015	Contractual Services	$69,054.50	$275.00	$275.00		$550.00	$68,504.50
	Total 30000 Series	**$73,700.50**	**$305.00**	**$305.00**	**$0.00**	**$610.00**	**$73,090.50**
	Total Budget	**$115,311.92**					
	Total Expenditures		**$6,482.38**	**$6,442.57**	**$0.00**	**$12,924.95**	
	Total Unexpended						**$102,386.97**
	Net (Monthly)		**($2,881.80)**	**$39.81**	**$0.00**		
25	**FUND BALANCE**		**($6,482.38)**	**($6,442.57)**	**($6,442.57)**		

CHW Safety PIN

Funding opportunity through the Indiana State Department of Health's Safety PIN (Protecting Indiana's Newborns) grant program to implement programs focused on reducing infant mortality. Grant is valid 01/01/22-12/31/23.

LEAD: Robin Vida - SUPPORT: Sally Dixon

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	($15,752.70)				($15,752.70)	
01412	State Grant		$15,752.70	$7,100.67		$22,853.37	
	TOTAL REVENUE	**($15,752.70)**	**$15,752.70**	**$7,100.67**	**$0.00**	**$7,100.67**	
	EXPENSES						
Acct	**10000 Series**						
11167	Community Health Worker	$105,543.55	$5,946.70	$5,946.70		$11,893.40	$93,650.15
14800	FICA Taxes	$24,762.42	$427.93	$427.93		$855.86	$23,906.56
14810	Perf	$12,620.89	$666.04	$666.04		$1,332.08	$11,288.81
14840	Health Insurance	$54,000.00	$0.00	$0.00		$0.00	$54,000.00
	Total 10000 Series	**$196,926.86**	**$7,040.67**	**$7,040.67**	**$0.00**	**$14,081.34**	**$182,845.52**
Acct	**30000 Series**						
32020	Travel /Mileage	$1,123.20	$0.00	$0.00		$0.00	$1,123.20
32050	Conferences & Trainings	$3,015.70	$0.00	$0.00		$0.00	$3,015.70
32203	Cell Phones	$1,018.00	$60.00	$60.00		$120.00	$898.00
33368	Public Info & Educ	$1,083.00	$0.00	$0.00		$0.00	$1,083.00
39750	Information Technology	$212.18	$0.00	$0.00		$0.00	$212.18
	Total 30000 Series	**$6,452.08**	**$60.00**	**$60.00**	**$0.00**	**$120.00**	**$6,332.08**
	Total Budget	**$203,378.94**					
	Total Expenditures		**$7,100.67**	**$7,100.67**	**$0.00**	**$14,201.34**	
	Total Unexpended						**$189,177.60**
	Net (Monthly)		**$8,652.03**	**$0.00**	**$0.00**		
	FUND BALANCE		**($7,100.67)**	**($7,100.67)**	**($7,100.67)**		

Drug Disposal

To obtain materials and supplies to allow for safer prescription drug disposal at a community level. The SJCDoH will partner with the 525 Foundation and their already existing Drop2Stop prescription drug disposal program. This grant will allow this program to expand and increase utilization. Grant is valid 07/01/22-02/28/23.

LEAD: Robin Vida

		Budget	January	February	March	TOTALS	Unexpended
Acct	**REVENUE**						
00000	Beginning Balance	$0.00				$0.00	
02711	Reimbursements		$0.00	$0.00		$0.00	
	TOTAL REVENUE	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	
	EXPENSES						
Acct	**30000 Series**						
33368	Public Info & Educ	$79,955.00	$79,955.00	$0.00		$79,955.00	$0.00
36015	Contractual Services	$19,970.00	$19,970.00	$0.00		$19,970.00	$0.00
	Total 30000 Series	**$99,925.00**	**$99,925.00**	**$0.00**	**$0.00**	**$99,925.00**	**$0.00**
	Total Budget	**$99,925.00**					
	Total Expenditures		**$99,925.00**	**$0.00**	**$0.00**	**$99,925.00**	
	Total Unexpended						**$0.00**
	Net (Monthly)		**($99,925.00)**	**$0.00**	**$0.00**		
	FUND BALANCE		**($99,925.00)**	**($99,925.00)**	**($99,925.00)**		

FOOD SERVICES UNIT

	Month	YTD 2023	YTD 2022	YTD 2019	% Difference 2022 VS 2023
Food Store Complaints	4	6	4	4	50%
Food Service Complaints	11	36	26	27	38.5%
Civil Penalties	0	0	0	0	
Health Officer Hearings	0	0	0	0	
Abatements Correspondence	0	0	1	5	-100%
Possible Foodborne Illness Investigations	3	3	4	1	-25%
Opening Inspections	10	21	20	54	5%
Inspections	223	452	375	394	20.5%
Plan & Review/New Constr./Remodel	2	3	7	7	-57.1%
Fire Investigations	0	1	1	0	0%
# Establishments Requested to Close	0	0	0	1	
Number of Temporary Events	8	12	8	12	154.5%
Temporary Inspections	10	28	11	17	154.5%
Mobile Inspections	0	3		3	
Meetings	4	7	11	8	-36.4%
Smoking Information					
Smoking Complaints	0	0	0	0	
Smoking Appeals Hearings					
Pool Information					
Pool Inspections	1	2	0	0	
Pool Consultations	0	0	0	2	
Pool Complaints	1	2	0	0	
Pool Closings	0	2	0	0	

205 permits that had not been renewed by January 31st were renewed in February. Approximate revenue collected for these permits totaled $43,360.00 plus an additional $6,873.75 in late fees. Overdue permits are assessed a 75% late fee.

HEALTH EQUITY, EPIDEMIOLOGY, AND DATA (HEED) UNIT

Community Health Worker (CHW) Programs
CDC CHWs:

In **February 2023**, we had 8 CHWs through our grant from the Center for Disease Control (CDC) stationed in twelve census tracts with the highest social vulnerability index or social needs. These CHWs worked to build relationships with residents of their assigned census tracts while providing resource navigation, insurance navigation, COVID-19 testing, and outreach events residents.

Social Needs Assessments:

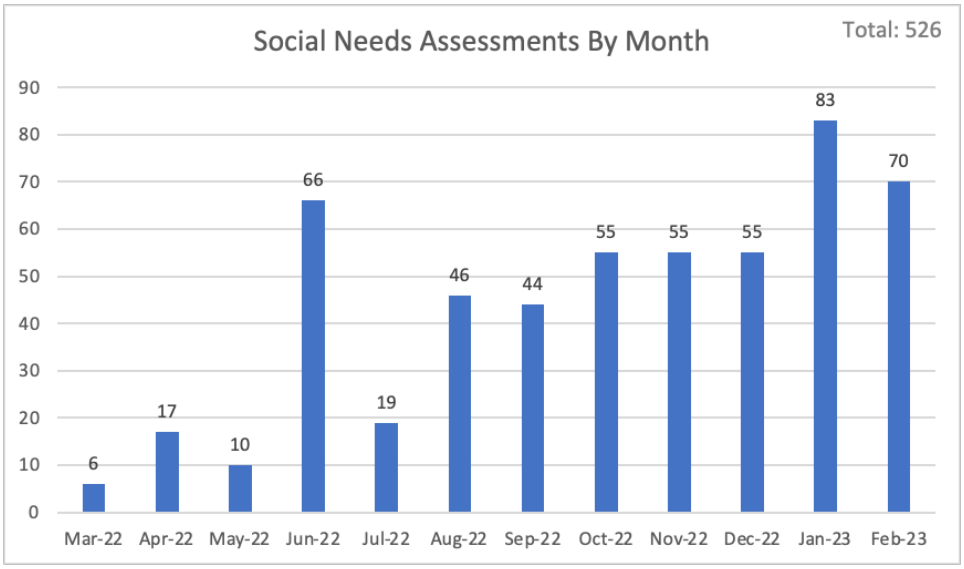
Social Needs Assessments (SNAs) are available on our website, and through community partners, for any public member to fill out to request assistance with resource navigation or insurance referrals. Our team responds to the completed surveys within 48 business hours to provide resources for the needs identified by the community member. Depending on the need or request of the community member, our CHWs will assist individuals in filling out applications.

Month

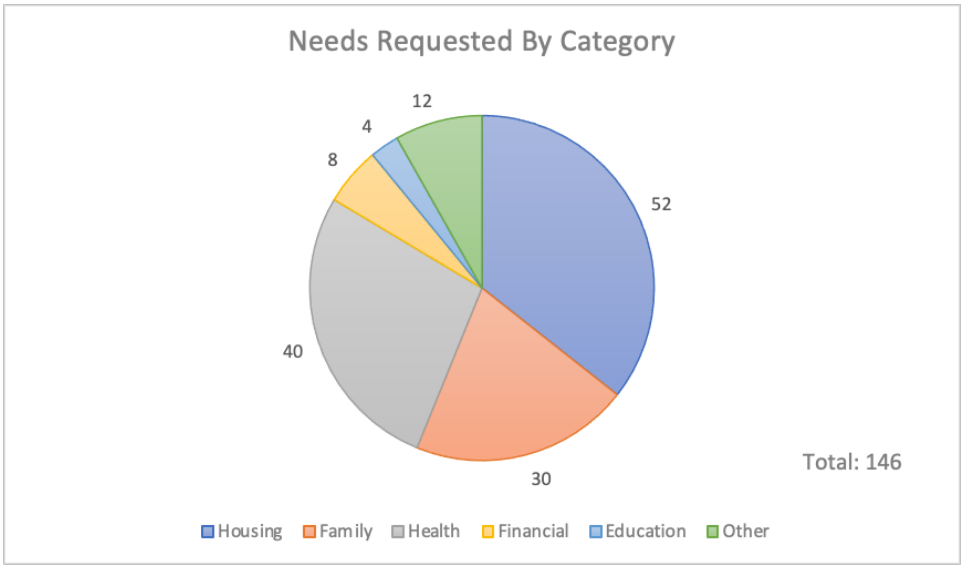
In **February,** our team received **70** SNAs with individuals requesting resources and **5** SNAs with no identified needs. A total of **146** resources were requested within the SNAs. Of the **65** SNAs that had identified needs, **50** individuals were able to be reached. Through the SNAs completed, **107** people and families were connected to **90** resources that could assist them with their needs.

Visuals for CDC CHWs

Total number of Social Needs Assessments completed since launch date 03/15/2022



Visuals for February's Numbers



Insurance Navigation:

Through the SNAs, our CHW team is connected with individuals and families that need assistance obtaining or changing their insurance coverage. Currently, we have 6 CDC CHWs who have completed their insurance navigation certification and can assist with these requests. FSSA, or Medicaid, can take a minimum of 60 days to receive coverage from when the process was started.

Month

In **February**, our team received **30** requests for insurance assistance covering **41** individuals. Of the requests for insurance assistance, **15** were ineligible for insurance. **All** were due to citizenship status. Our CHWs connect that ineligible for insurance with providers and specialists offering sliding-scale scale services. Our team assisted **26** adults and children in applying for insurance.

Lead CHWs:

Our lead CHWs work with families to provide community-based lead screenings, lead education, and lead management for families with children with elevated blood lead levels (EBLL). The team works with unconfirmed cases (those who have an initial screening with an EBLL above 3.5 mcg/dl), those who are in case monitoring (those with a confirmed EBLL of 3.5-4.9 mcg/dl), or those who fall within case management (those with a confirmed EBLL above 5 mcg/dl). For unconfirmed cases, our CHWs attempt to hand deliver education and forms for the child to receive a diagnostic test at LabCorp. If the child's level is indeed elevated, the child is moved into the appropriate category of monitoring or case management. In July 2022, the threshold for lead monitoring dropped to 3.5 mcg/dl. This increased the number of individuals our team was working to ensure care for. Our CHW team works closely with the nursing and environmental units to ensure families receive all needed services.

Monthly

In **February**, the Department hosted a **2 testing events** and tested **20** children for lead.

Please turn to the **Nursing Program Monthly Report** for the case management and case monitoring numbers.

Maternal/Infant Health (MIH) CHWs:

Our MIH 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 our MIH CHWs by WCC counselors when it is identified that a client needs insurance or other social resources. The MIH CHWs follow up with clients at the 7-day, 10-week, 15-week, 24-week, 30-week, and 34-week mark. This program aims to ensure that all pregnant people in St. Joseph County have access to medical services to improve the health and birth outcomes of our residents. This program launched in May 2022.

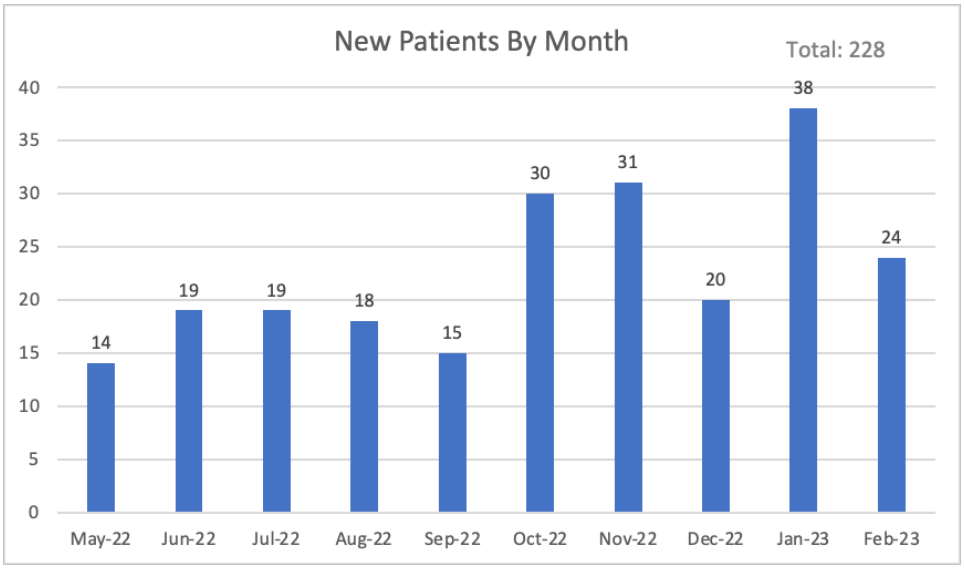
Month

In **February**, WCC counselors referred **22** clients with social needs to our MIH CHWs. Of those clients identified a total of **35** social needs. **11** of the **22** clients identified that it was their first pregnancy, and **15** of the **22** clients are classified as high-risk due to current or past medical complications.

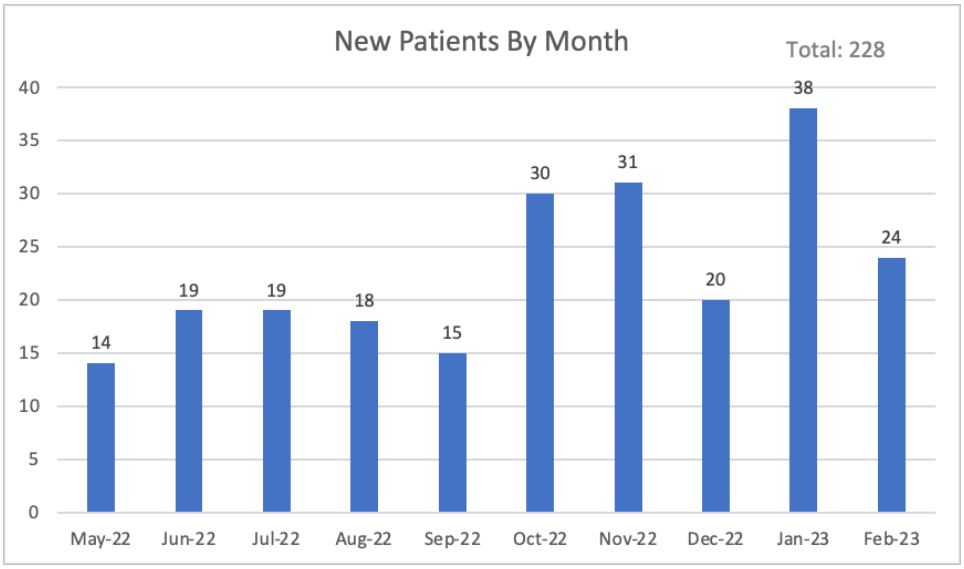
In **February**, MIH CHWs assisted **18** of the **22** clients in applying for or switching their insurance to a pregnancy plan.

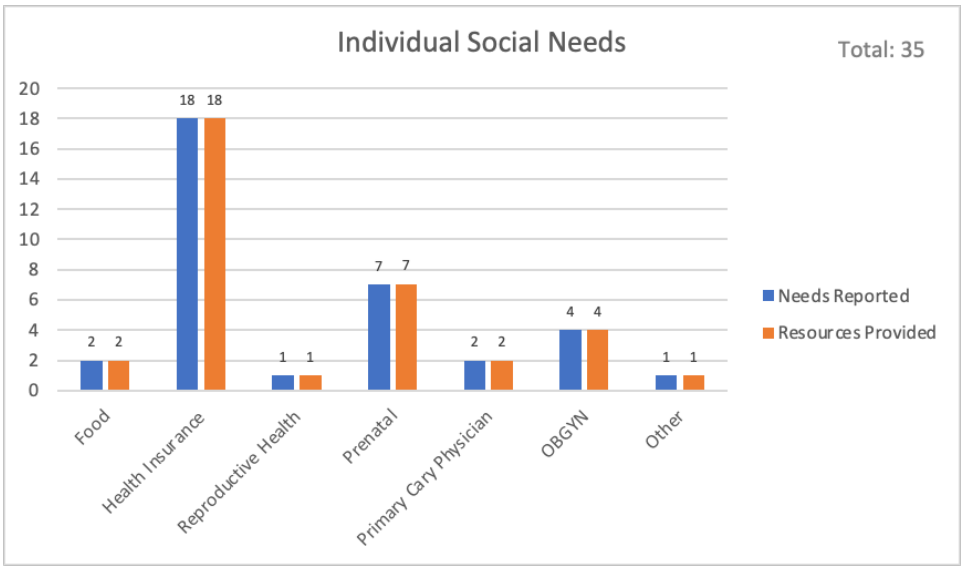
In **February**, MIH CHWs completed follow-ups on **15** separate cases. They provided further extensive assistance to **21** clients a total of **29** times.

MIH CHWs Visuals



Visuals for February's Numbers





PACEs:
Positive and Adverse Childhood Experiences

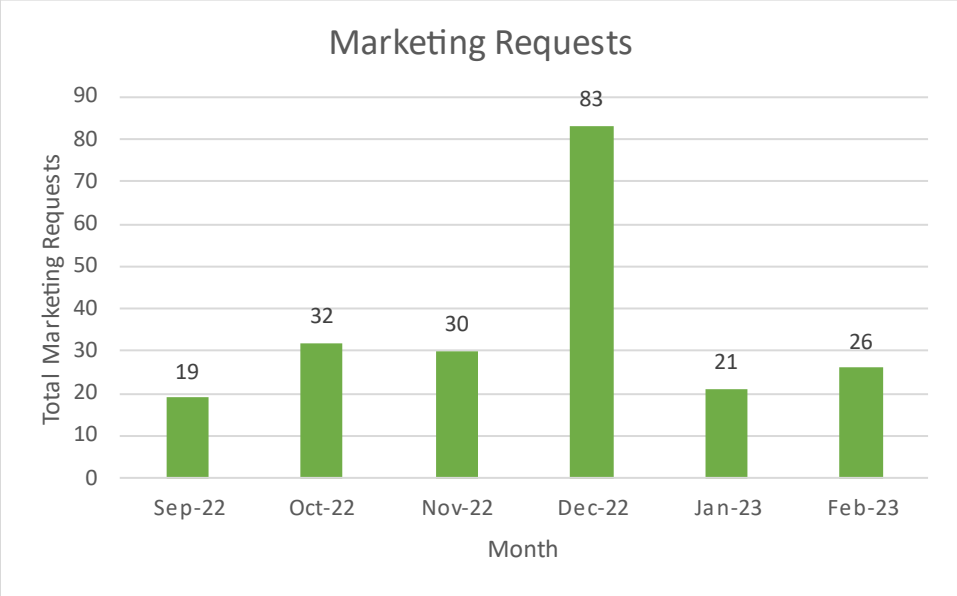
February 2023

Project Area	Project Description	January Monthly Update
Positive Childhood Experiences (PCE) Data	The goal of this project is to establish a process to measure and increase exposure to Positive Childhood Experiences among youth and adolescents in St. Joseph County. Data stems from a school-based survey, and there are a variety of PCE-strengthening activities that can be developed in response to the data.	● Ongoing discussions to facilitate another round of data collection within SBCSC ● Pursuing survey partnership with new school districts ● Manuscript is in progress. ● Preliminary conversations to administer survey through after school programs.
Community Partnerships	This project aims to develop concrete partnerships with local and state organizations that support PACEs work. Current partnerships include SJC CARES, Self-Healing Communities of Greater Michiana, South Bend Community School Corporation, the University of Notre Dame, and Beacon Community Impact.	● SJC Cares committees are ongoing and focused on mental health and suicide. Data visualizations have been made for suicide attempts, suicide fatalities, overdose hospitalizations, and overdose fatalities. Visualizations indicate geographic regions and demographic groups with higher rates of suicide/overdose attempts and fatalities.

Marketing Update:
Health observances for each month are highlighted on social media and the DoH website. For the month of January, the health observances were leftover safety, flu, and family health history.

Feb - 23							
Type	**Unit**						
	HEED	Environmental	Immunizations	HOPE	Nursing	Admin	Foods
Digital Media			4	1			
Website Change		4	2			1	1
NEWLY DESIGNED Material	1			1			
Digital Flyers (PDF,logo,flyers etc.)	2			1			
CHANGE of Existing Printed Material							
Social Media	*2						
REPRINTS of Existing Printed Material (No Changes)	3		2	1			
Total	**8**	**4**	**8**	**4**		**1**	**1**
Grand Total of All Marketing Requests							**26**

*multiple changes within 1 form or off form made



Community Boards, Meetings, Reports, and Committees

- Participated in the Health Alliance meeting.
- Participated in the Lead Affinity meeting.
- Participated in SJC Food Access Council meeting.

- Participated in Fetal Infant Mortality Review meeting.
- Director of HEED serves as Data, Analytics and Grants (DAG) subcommittee chair for the Health Improvement Alliance.
- Assistant Director of Health Equity serves on the SJC Cares DEI committee.
- PACEs Coordinator participated in SJC Cares.

HEALTH OUTREACH, PROMOTION & EDUCATION (HOPE)

	Total Number of Releases by DoH	Media Stories Featuring DoH
Media Engagement	4 COVID Metrics 0 Unique 1 Public Notice 0 Media Roundtable 0 Press Conference	SB Tribune = 2 WSBT = 1 WNDU = 1 ABC57 = 0 WVPE= 0

https://www.southbendtribune.com/story/opinion/columns/2023/02/14/actions-by-st-joe-county-officials-have-weakened-the-board-of-health/69902343007/
https://www.southbendtribune.com/story/opinion/columns/2023/02/25/changes-to-st-joseph-county-health-board-have-strengthened-it/69936510007/
https://www.wndu.com/2023/02/16/sjc-council-pulls-nearly-8000-maternal-infant-health-initiatives/
https://wsbt.com/news/local/st-joseph-county-jail-struggles-to-keep-narcan-vending-machine-stocked-demand-up-drugs-overdose-opioid-south-bend-mishawaka-indiana#

	Total Number of Posts	Total Reach* (unique people who've seen our posts)	Total Post Engagement
Social Media	22	3,466	403

	ESSENCE Alerts	Narcan Distribution	Wound Care Kits Distribution
Substance Abuse	0	100	0

	ESSENCE Alerts
Suicide	4

*An ESSENCE alert is given when an abnormal number of cases presents to either ER over a 24-hr time period on 2 consecutive days.

Attended Activities/Meetings:
SJC Cares Suicide Prevention Committee meeting
IPHA Strategic Plan meeting
IPHA Board Retreat Planning meeting & IPHA Board Retreat
Partnership for Drug-Free SJC Monthly Meeting, Executive Committee Meeting, Community awareness meeting, and advocacy and policy meeting
Health Improvement Alliance ELC meeting; facilitated HIA operations committee meeting
FIMR Case Review Team
Suicide & Overdose Fatality Review Meeting
IN Suicide Advisory Board Meeting
NACCHO Suicide, Overdose, ACEs meetings
Upper Room Recovery Board Meeting
Various meetings with Mentees from WI and OH for NACCHO mentor/mentee grant
Various meetings with Coroner's office and Overdose Fatality Review experts to ensure best practices
Various meetings with 525 Foundation on Drug Disposal Grant
Various meetings with Oaklawn to discuss MAT project, Narcan, etc.
Various meetings held with community stakeholders on opioid settlement monies
Various Meetings with DoH Units

Various IDOH meetings RE: updates, grant updates, School liaison, etc.
Presentation for IUSB Nursing Students on DoH work with highlight of substance use disorder
3 Narcan Trainings, DTSB

Highlights:

Director of HOPE continues work on her strategic workplan for addressing overdose and opioid use disorder. Current focus in on creating data equity and improving surveillance, Narcan distribution reporting, overdose reporting, and identifying other key indicators. Key piece of next steps including supporting best practices of the opioid settlement monies with community stakeholders.

Director of HOPE has been working with Nursing team and CDC fellow to plan an HPV educational summing up in April.

Health promotion specialists continue to assist with the development of outreach/education materials for CHWs as well as curriculum for CHWs. Health Promotion Specialists also continue to work with other Units in the Department to create outreach materials etc.

Director of HOPE and HOPE team continue to develop a culture of public health in St. Joseph County; refine communications internally and externally.

FIMR Case Review and FIMR Reporting

- Case abstractions and summary preparation and weekly check ins with medical record abstractor.
- The Case Review Team met at the SJCDoH on Friday, February.
    - 16 team members in attendance
- As of March 1. 2023:
    - 2022 Data: 28 infant deaths. (no change from 1.31.23) 15 Fetal Deaths (No change from 1.31.23). 8 infant and 5 fetal cases remain to review for 2022 and will be completed at the March and May 2023 Case Review Meeting.
    - 2023 Data: < 5 infant and < 5 fetal.
- Conducted a maternal interview on 2/27 with Yolanda Washington, RN present for orientation to the process. (with the mother's permission.)
- Next Case Review Team Meeting date = Friday, March 17, 2023, from 12:00N to 1:30PM at Center for Hospice Care. This meeting and all remaining Case Review Meetings for 2023 will be Executive Session.
- Next Community Action Update will be scheduled for May, after a 2017-2021 report is completed in April. The report is being prepared using a Perinatal Period of Risk Analysis.

SJDOH FIMR and WCC CHW Project

- Please see HEED report for number of clients served.
- Continuing bi-monthly check ins with CHWs and monthly with WCC staff, Bev Horton. We review clients served and any care topics.
- With the CHWs serving so many mothers, we are working on a process to ensure that they are not double-booked for clients as sometimes, with 4 different WCC sites, this inadvertently happens.
- Ongoing interaction with FSSA to obtain review of Medicaid applications.

FIMR Community Action: Maternal Infant and Preconception Health Workgroup

- 6 in attendance. Plus, the Notre Dame team from ND Research and ND Athletics and the Compton Family Ice Arena

- We toured Obrien's and made plans for the set up for the event including buffet, bar, tables, and use of the booths. We received information about AV equipment available, security needs, and use of logos and slides on the existing TVs and arena scoreboard.
- Save the Date flyer going to providers the week of March 6th (attached)

FIMR Community Action: Birth Equity & Justice SJC
The Community Engagement and Policy workgroups have been combined back into one meeting. We had shifted to 2 separate meetings during the time period of the conference prep in 2021 and 2022, so without that planning it made sense to go back to one since many group volunteers participate in both.

- 18 attendees for our Feb meeting.
- The main topic of the meeting was the decision of the County Council not to re-appropriate the fund balance from the conference proceeds which we are using for refreshments and gift cards for the health cafes. Once the "Sharing Pregnancy & Birth Story" health cafes were complete, the remaining fund balance would have gone to program development based on the information and suggestions shared by the mothers who participated in the events.
- Since the meeting we learned that items that declined by the Council cannot be revisited for 6 months unless the Council decides to make an exception based on a request from the petitioner which we intend to submit.
- In the meantime, the 2 health cafes, scheduled for WCC on 2/23, took place because we had enough gift cards, and the food was donated to WCC. Remaining cafes will need to be placed on hold until the funds are restored.
- Participated in morning WCC health café as the notetaker.
- Plans remain to create educational flyers for mothers and employers to understand the rights for pregnant and postpartum mothers in the workplace and how employers are required to comply with the law that takes effect in late June.
- Re: state legislation – there is a bill that passed that House regarding Safety PIN funding that will change evaluation requirements so that a decrease in the infant mortality rate is not the only measure considered for renewal since improving outcomes is a longer-term process, impacted by more than community programs. Other measures will be developed for assessing the effectiveness of Safety PIN funded programs.

National Birth Equity Collaborative Birth Equity Assessment & Workplan

- All interviews and surveys are complete. FIMR reports and other documentation was submitted for incorporation into the report in January. The report is on schedule to be received by the end of March 2023.

Community Boards, Meetings, Reports, Presentations, and Committees and Connections

Maternal Infant Health Initiatives Coordinator:

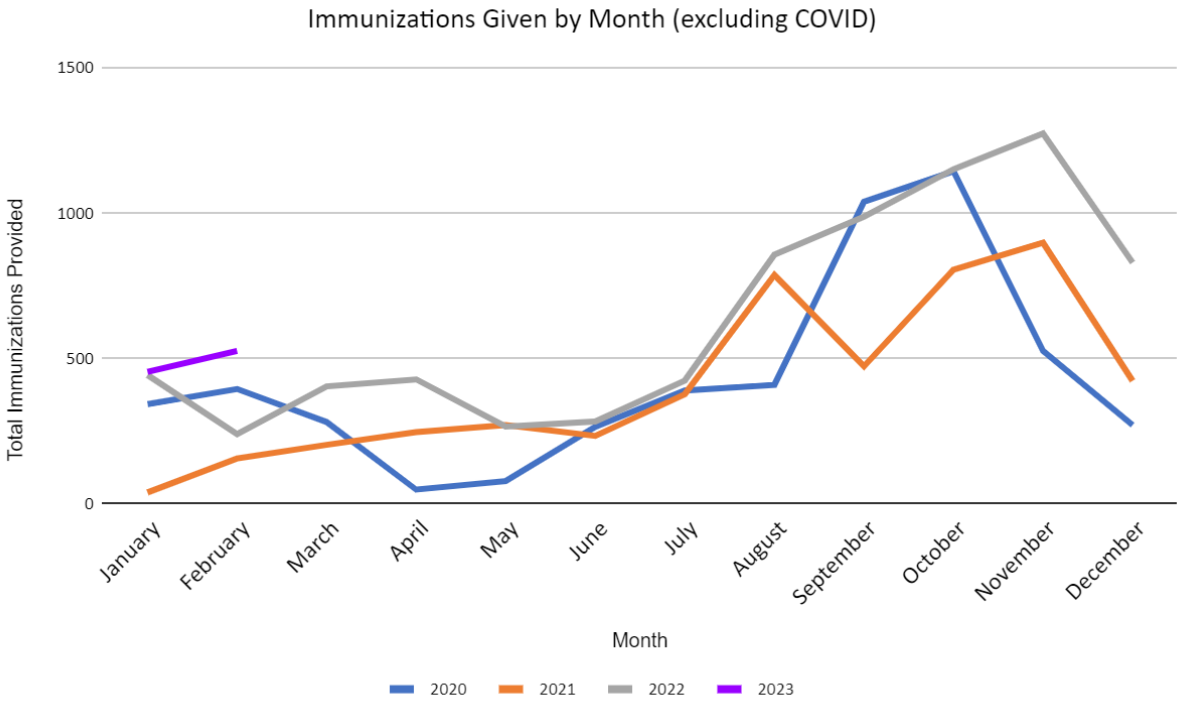
- Distribution of "Give Your Baby Room to Breathe" flyers and buttons to health systems and community partners continues.
- Distribution of sleep sacks, car seats, and pack and plays through SJCDoH CHWs.
- Additional meetings with UND partners regarding logistics for Maternal Mental Health event.
- Presented data and process for development of the "Room to Breathe" for the Marion County FIMR Program.
- Presented to Masters of Science, Global Health Class at the University of Notre Dame. *Infant Mortality in SJC and eliminating disparities*. Neil Lobo. Feb 24, 2023
- Attended Indiana Perinatal Quality Improvement Collaborative (IPQIC) Women's Health Committee meeting via Zoom, Feb 8.
- Upcoming invitations to present about FIMR and infant & fetal mortality:
    - Indiana Clinical and Translational Sciences Institute – as part of *Indiana's Impact on Health from Global to Local. Maternal & Infant Mortality*. March 8, 2023

    - St. Joseph Health System, Family Medicine Residents – *Achieving Birth Equity*, March 2023.
    - Presenting "Give Your Baby Room to Breathe" data and campaign development with IDoH Team, March 13, 2023
- Family & Children's Services Program Advisory Board, March 9.
- Working on 2017 – 2021 FIMR report.

NURSING

IMMUNIZATIONS

Immunizations					
	February 2023	**YTD 2023**	**YTD 2022**	**YTD 2021**	**YTD 2020**
Unique Patients Seen (including COVID immunizations)	267	548	2,138	13,390	316
Total Immunizations Given (including COVID immunizations)	591	1,144	2,661	13,600	738
Total Immunizations Given (excluding COVID immunizations)	526	980	683	195	738



MOBILE CLINIC

In February, the mobile team was again focused on childhood immunizations and school required immunizations. We also completed a clinic at Morningview Assisted Living to get the residents up to date on pneumonia vaccines.

We continued to help with getting the Phreesia self-scheduling application set the way we need and should be able to start using it in March for online registration for mobile events.

A few of the staff on the mobile team were able to take vacations to warm destinations this month.

For routine immunizations, the mobile team saw 92 patients and administered 180 routine immunizations. We also administered 17 covid vaccinations.

Clinics

2/2/23 Harrison Elementary

2/3/23 La Casa

2/9/23 Oaklawn

2/13/23 Trailpoint Village – cancelled by the facility

2/15/23 Morningview Assisted Living

2/16/23 Jackson Middle School

2/27/23 Madison Elementary

	LEAD CASE MANAGEMENT					
	5 mcg & ABOVE					
	February 2023	**YTD 2023**	**YTD 2022**	**YTD 2021**	**YTD 2020**	**YTD 2019**
New Cases Received	2	5	<3	<5	<5	<5
Closed Cases	<5	<5	<5	<5	<5	<5
Open Cases being followed	61	5	37	32	21	32
	CASE MONITORING 3.5- 4.9 mcg/dl					
	February 2023	**YTD 2023**	**YTD 2022**	**YTD 2021**	**YTD 2020**	**YTD 2019**
New Cases Received	26	45	113	23	21	23
Total Monitored Cases	97	45	173	106	97	93
	TUBERCULOSIS					
	February 2023	**YTD 2023**	**YTD 2022**	**YTD 2021**	**YTD 2020**	**YTD 2019**
Directly Observed Therapies	19	45	1418	588	622	1443
Nurse Visits	32	60	324	90	179	162
QFT Ordered	1	2	50	19	26	56
CXR	0	0	5	0	8	56
New Active Cases	0	0	7	9	4	7
Active TB Cases Following	1	1	12	11	7	21
Latent TB Cases Following	32	33	56	21	38	37
	ANIMAL BITES					
	FEBRUARY 2023	**YTD 2023**	**YTD 2022**	**YTD 2021**	**YTD 2020**	**YTD 2019**
Animal Bites	28	48	441	146	122	143
Specimens Sent to ISDH Lab	4	6	75	13	21	22
Specimens Positive	0	0	0	0	0	0

Most all staff have become very comfortable with Athena, our new electronic medical record system. We are now just working with the state programs communicating better with decrementing all the vaccines. As you all can see from the immunization report, we gave 526 immunizations and saw in total 267 patients. This is just shy of 287 patients seen in January. Public Health has been stable without anything out of the ordinary. Our goal that we are working on for the next month will be continued integration in all of our programs and increasing patients seen in all clinics.

VITAL RECORDS UNIT

	Records Filed in February 2023	YTD 2023 Occurrences	YTD 2022 Occurrences	YTD 2021 Occurrences	YTD 2020 Occurrences
Birth Statistics*					
Total Births	289	630	679	623	557
Death Statistics*					
Total Deaths	214	503	654	610	511

Birth & Death data reflected as of 03/07/2023.

Statistics are subject to change. Statistics were generated from our local hospitals, Chronica, and DRIVE.

HEALTH OFFICER

Report in the Health Officer Presentation and Report portion.

Respectfully,

Robert M. Einterz, MD
Health Officer

Tests drawn January 1, 2023 – January 31, 2023

Pb Level (ug/dL)	*Venous*	*Capillary*	*Unknown*	*Total*
0	38	43	2	83
0.1-3.4	30	100	86	216
3.5-4.9	6	7	0	13
5-9.9	8	4	2	14
10-19.9	2	0	0	2
20-29.9	0	0	0	0
30-39.9	0	1	0	1
40-49.9	0	0	0	0
≥50	0	0	0	0
Total	**84**	**155**	**90**	**329**

There were no duplicate tests in the month of January, 329 unique children were tested.

2023 YTD = 329

2022 YTD = 221

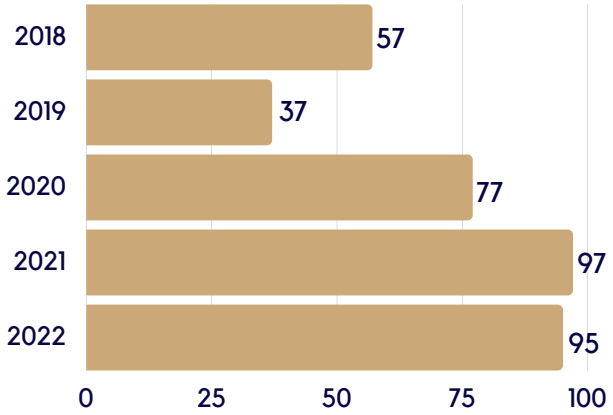
Elevated tests by zip codes:

46628	4 elevated	YTD: 4 elevated
46613	3 elevated	YTD: 3 elevated
46601	2 elevated	YTD: 2 elevated
46619	2 elevated	YTD: 2 elevated
46545	2 elevated	YTD: 2 elevated
46544	1 elevated	YTD: 1 elevated
46615	1 elevated	YTD: 1 elevated
46617	1 elevated	YTD: 1 elevated
46530	1 elevated	YTD: 1 elevated

Health, Outreach, Promotion and Education (HOPE)

- 2,500 doses of naloxone and 150 wound-care kit distributed to community agencies
- 20 Opioid/Narcan trainings
- Death by suicide – 43
- Reviewed 43 fetal infant mortality cases in collaboration with local health partners
- 174,941 accounts on Social Media interacted with our messages
- 44,684 Facebook page visits

Overdose Deaths



Vital Records

- Total Births: 3,973
- Total Deaths: 3,356
- Births Records Issued: 14,326
- Deaths Records Issued: 18,912
- Corrections/Amendments: 40
- Paternity Affidavits: 54
- Paternity Copy: 80

Foods Services

- Retail Inspections : 2,453
- Perfect Inspection certificates: 699
- Opening Inspections: 152
- Service Complaints: 205
- Food Store Complaints: 27
- Smoking Complaints: 2
- Abatement Correspondence: 16
- Establishments Ordered Closed: 1
- Temporary Events: 234
- Temporary Inspections: 599
- Possible Food Borne Illness Investigations: 8
- Fire Investigations: 10
- Completed Pool Inspections: 145
- Pools Closed: 67
- Pool Complaints: 3

Nursing

- Immunizations Provided: 12,328
- Number of Individuals Immunized: 7,583
- Mobile Clinics Conducted: 83
- Active TB Case Management: 12
- Directly observed therapies (DOT) Visits by TB Nurses: 1,461
- Nurse Visits by TB Nurses: 324
- Investigated 792 cases of communicable diseases
- Lead Managed Cases (>4.9ug/dL): 41
- Lead Monitoring Cases (3.5 to 4.9ug/dL): 162

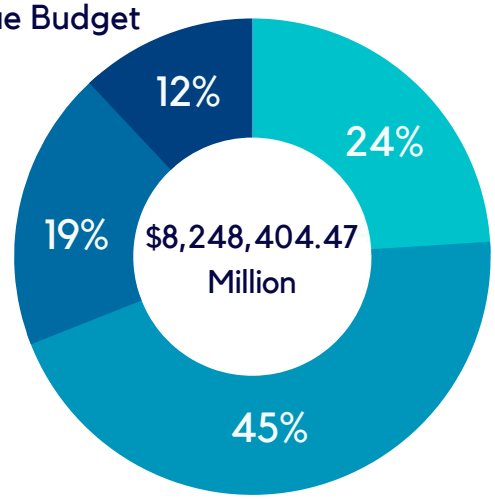
ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

Annual Report 2022

227 W. Jefferson Boulevard,
8th & 9th Floor
South Bend, IN 46601

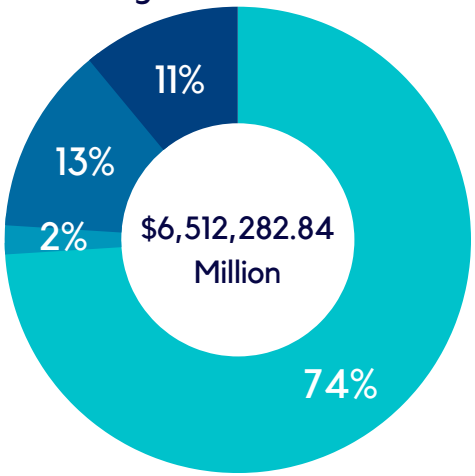
Financials

Revenue Budget



- Levy Support
- Contacts & Grants
- Fees for Services, Licenses & Permits
- Other

Expenditure Budget



- Salary & Benefits
- Supplies
- Other Services & Charges
- Other

Environmental Health

- Conducted 73 lead risk assessments
- Conducted 983 septic inspections/consultations
- Conducted 131 Wellhead Protection Area inspections
- Conducted 114 massage establishment inspections and 49 tattoo/body piercing establishments
- 1,039 complaint responses regarding housing:
  - Pests
  - Cleanliness
  - Water shutoff
  - Waste disposal
- Processed 5,278 Property Transfer applications
- Sent 482 Orders of Abatement

Emergency Preparedness

- Distributed over 45,000 rapid COVID-19 tests to community members and community partners
- Distributed over 5,000 personal protective equipment (PPE) items including gloves, face masks, hand sanitizer, etc. to community partners
- Collaborated with 20 community organizations
- Oversaw 5,698 laundry wash loads for the Wash Wednesday program
- Completed 2,127 laundry wash loads for the Senior Suds Night

Health Equity, Epidemiology, and Data (HEED)

- Conducted 327 Needs Assessments
- Lead Referrals: 203
- 10 children received Lead Test after CHW home visit
- Provided insurance assistance to 111 County Residents
- Conducted 21 Lead Screening Events at Daycares, and tested 183 children
- Conducted 45 monthly health cafés in the census tracts
- Supported 155 pregnant clients
- Assisted 106 pregnant individuals in insurance navigation
- Gained REDCap license to support documentation, accountability, and data analysis
- Managed 17 projects through REDCap
- Produced the first data and evidence driven county health equity report
- Awarded $75,000 in grants for ACEs, suicide, and overdose prevention
- Assessed PCEs for 820 adolescents in one middle school and two high schools in St. Joseph County
- Convened 75 people from 35 local providers in healthcare, mental health, education, and social services for PACEs Day

Annual Snapshot 2022

A Message from the Health Officer:

The St. Joseph County Department of Health had an outstanding year in 2022. We achieved—and in most instances surpassed—each of the goals and nearly every objective of the Department's four-year strategic plan. The activities of the Department, as described in this annual report, set a high standard for local health departments throughout the State of Indiana.

In addition to satisfying all statutory requirements, the Unit leaders and their staff implemented a number of innovative and highly successful programs designed to reduce health disparities and health inequities and promote better health throughout the County. Noteworthy activities include:

- Community health workers' efforts to connect low-income residents with needed resources
- The weekly refugee screening clinic that enabled multiple refugees, particularly individuals and families fleeing persecution in Afghanistan and Ukraine, to pursue a healthy start in the county
- A partnership with Women's Care Center to reduce infant and maternal mortality
- An innovative initiative to document the prevalence of adverse childhood experiences in the county and to intervene with measures that nurture resiliency
- Collaboration with service providers and advocates to reduce the number of unhoused people
- A productive immunization team that administered more non-COVID vaccines than in any previous year
- A year-long effort to plan a behavioral crisis response facility, including coordinating the input of multiple institutional partners
- Protecting the community from a myriad of communicable diseases and health burdens.

The Department proved to be highly fiscally responsible. We increased our reserve by nearly $2 million dollars, right-sized the Department by eliminating some positions, and ended the year in the black for the first time in many years.

Respectfully,

Robert Einterz, M.D.

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 St. Joseph County residents

Board of Health

The Board of Health sets policy and oversees the Department of Health. It is composed of community members appointed by the County Commissioners; or, when the Commissioners fail to act, by the County party Chairperson.

Back (L-R) - Marcellus M. Lebbin, J.D, John W. Linn, Michelle A. Migliore, DO, Ilana T. Kirsch, M.D., FACOG, Ellen Reilander, J.D, Heidi Beidinger -Burnett, PhD, MPH; President of the Board, Jason Marker, M.D.; Vice President of the Board

Administration

Health Officer– Robert M. Einterz, M.D.
Deputy Health Officer– Mark D. Fox, M.D., PhD, MPH
Executive Administrative Assistant– Jennifer Parcell
Finance Manager– Amy Ruppe

Health Officer

Robert M. Einterz, M.D.

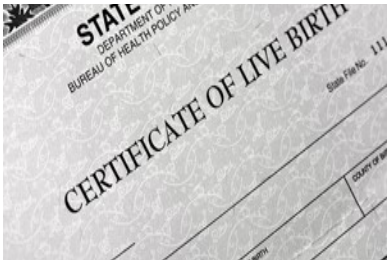
The Health Officer is the chief executive of the department of health. Dr. Einterz was appointed health officer in February 2020. He created a 4 year strategic plan to minimize the morbidity and mortality associated with local health conditions, risk factors, and the magnitude of local disparities.

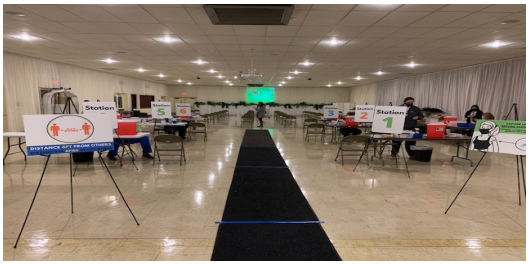
Deputy Health Officer

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

Dr. Fox was appointed deputy health officer in 2018. His work is focused on community health improvement initiatives, including health equity, lead poisoning prevention, immunizations, infant mortality, and health promotion.

Our Organization: Units and Staff





Environmental Health

Director—Mark Espich
Assistant Director—Brett Davis
Administrative Assistant—Pam Thompson
Staff Assistant—Melanie Martinez
Environmental Health Specialists—
Briannah McCall; David Ekkens; Jeff Murawski; Jessica Dilling; John Engstrom; Josiah Hartman; Kara Dishman; Patrick Sovinski

Vital Records

Director—Ericka Tijerina
Assistant Director—Denise Kingsberry
Registrars—
Angelica Macedo
Katie Mesaros
Kimyon Woods-Holt

Nursing

Director of Nursing—Jodie Pairitz
Immunizations Coordinator—Shelley Chaffee
Registrars—Ana O-Torres; Fran Woodcox; Loida Acosta; Paula Sulentic
Disease Investigation Specialists—Danielle Sims; Renata Williams
Nurses—Abigail Maxwell; Ashley Helman; Barbara James; Lauren Gunderson; Lori Montgomery; Stephanie Swanson

Health Outreach, Promotion, & Education

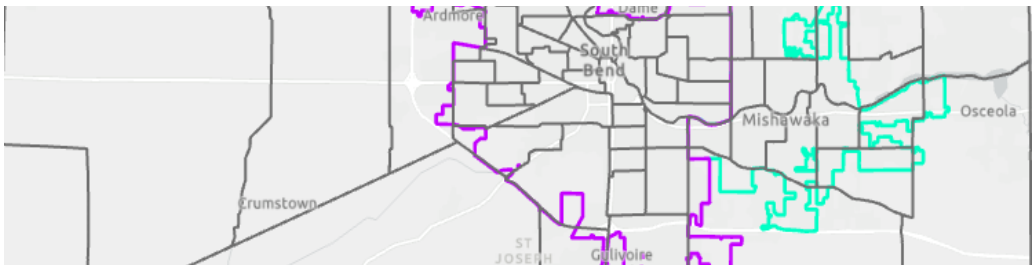
Director—Robin Vida
Maternal Infant Health Coordinator—Sally Dixon
Health Promotion Specialist—Kristen Sachman

Emergency Preparedness/ Congregate Outreach

Public Health Coordinator– Harry Gilbride

Food Services

Director—Carolyn Smith
Assistant Director—Karen Teague
Administrative Assistant—Sarah DeFreeuw
Staff Assistant—Sharyl Smith
Food Safety Inspection Officers—Jacob Parcell; Jamie Young; Kaitlyn Hammes; Lynette Wesby; Melissa Papp

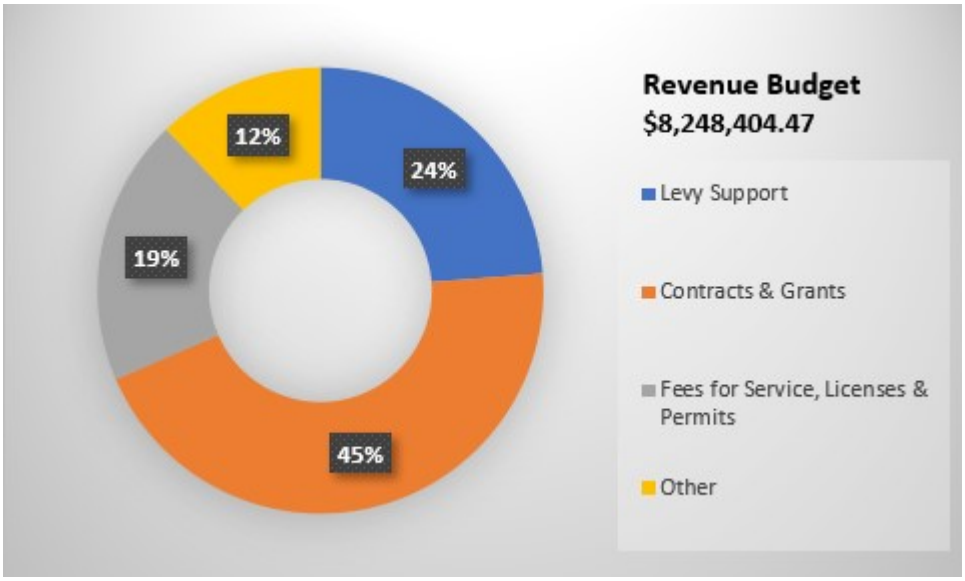


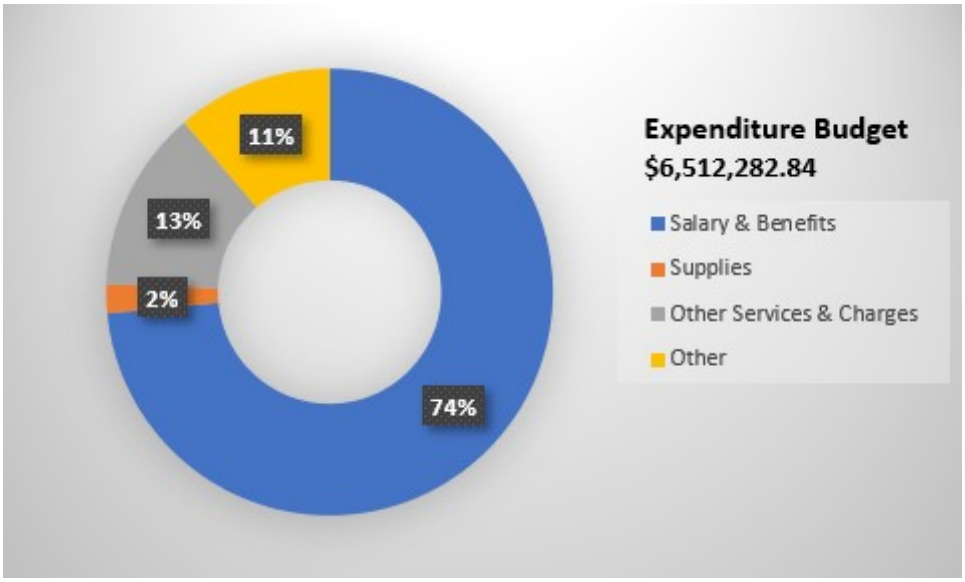
Health Equity, Epidemiology, & Data

Director—Cassy White, MPH
Assistant Director—Taylor Martin, LCSW
Administrative Assistant—Amy Schnick
CHWs Coordinators—Jael Jackson; Jonathan Carmona
CHWs—Cathy Escobedo; Clara Davis; Jessica Robinson; Kim Dreibelbeis; LaRhonda Hosea; LaShawna Love; Mellisa Elissetche; Mercedes Lopez; Rafael Lemus; Savannah Hardy; Tracina Chism-Fikes; Veronica Escobedo
PACEs Coordinator—Frank Spesia Public Health Associate–Dominique Quartararo
Data Analysts—Mary Wachira; Peter Duffey

Financials


COUNTY-CITY
BUILDING


Revenue Budget
$8,248,404.47
12%
24%
19%
45%
Levy Support
Contracts & Grants
Fees for Service, Licenses & Permits
Other


Expenditure Budget
$6,512,282.84
11%
13%
2%
74%
Salary & Benefits
Supplies
Other Services & Charges
Other

Environmental Health Unit

SOUTH BEND RANGE CLEANUP

The Environmental Health Unit discovered 76 barrels of hazardous chemicals in the unsecured former South Bend Range factory on the west side of South Bend, and was able to get the Indiana Department of Environmental Management and the US EPA to take action quickly. The facility is now better secured and the barrels have been sampled and staged for removal/disposal in the first part of 2023.

PERMITS

There were 821 well and septic system permits issued in 2022. St. Joseph County has more septic systems than any other county in Indiana. In 2022 there were over 5 times as many permit applications received for residential replacements/repairs than there were residential new construction systems.

VECTOR CONTROL

The Environmental Unit's Vector Control program collected 198 mosquito traps in 2022, and tested 7,015 mosquitoes split amongst 195 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 30 West Nile Virus-positive mosquito pools detected in 2022, the third highest in Indiana and the highest annual number in St. Joseph County history.

NUMBERS AT A GLANCE

- Lead risk assessments: 73
- Septic inspections/ consultations: 983
- Wellhead Protection Area inspections: 131
- Conducted 114 massage establishment inspections and 49 tattoo/body piercing establishments
- 1,039 complaint responses regarding housing:
  - Pests
  - Cleanliness
  - Water shutoff
  - Waste disposal
- Processed 5,278 Property Transfer applications
- Sent 482 Orders of Abatement

Nursing Unit

IMMUNIZATIONS

In 2022, the Nursing Unit implemented several changes to enhance capacity and increase access to our services, including the addition of bilingual registrars, additional mobile clinics serving the Hispanic population, and increasing the opening hours for our different clinics. Partnering with area schools, we worked to improve compliance with the state-mandated immunization requirements for school-aged children.

TUBERCULOSIS (TB)

The nurses and disease investigation specialists provide directly observed therapies (DOTs) and case management for active and latent infected tuberculosis patients. The patients receive free medication for treatment through the State. The team also provides education and contact tracing for anyone potentially exposed. In 2022, the team managed 12 active cases, 1,461 DOTs, and had 324 home visits. One of the unit member won the Excellence in TB Prevention and Care from the State.

PUBLIC HEALTH NURSING

The nurses and disease investigation specialists investigated 792 cases of communicable diseases that resulted in 639 confirmed cases. Hepatitis C continues to be the primary disease of concern in the county. In addition, the team managed 528 animal bites reports and worked with 107 bites specimens to follow up on post exposure rabies vaccine.

NUMBERS AT A GLANCE

- Immunizations Provided: 12,328
- Number of Individuals Immunized: 7,583
- Mobile Clinics Conducted: 83
- Active TB Case Management: 12
- Directly observed therapies (DOT) Visits by TB Nurses: 1,461
- Nurse Visits by TB Nurses: 324
- Investigated 792 cases of communicable diseases
- Lead Managed Cases (>4.9µg/dL): 41
- Lead Monitoring Cases (3.5 to 4.9µg/dL): 162

Health Outreach Promotion and Education

MENTAL HEALTH (SUBSTANCE USE & SUICIDE PREVENTION)

The HOPE team distributed 2,500 Narcan doses to local law enforcement, the EMS, Schools, Behavioral Health, MAT Providers, and other community providers. The unit created a strategic workplan to improve the epidemiology and surveillance of substance use disorder, treatment, and recovery; and supported the writing of the county's suicide prevention grant. The unit was awarded a NACCHO grant to mentor two local departments of health on substance use disorder, data equity, community engagement, and strategic partnerships.

MATERNAL/INFANT HEALTH

The unit's Fetal Infant Mortality Case Review (FIMR) team reviewed 29 cases of infant deaths and 14 cases of stillbirth from 2021 and 2022 and made recommendations. The team designed the "Give Your Baby Room to Breathe" campaign to create awareness and education on sleep related Sudden Unexpected Infant Death.

In collaboration with the Community Action group the unit conducted the first 'Achieving Birth Equity Conference' that brought together over 200 participants through the sponsorship from 25 partners. This team hosted 6 'Sharing Pregnancy and Birth Stories' health series to dialogue on what would improve pregnancy, birth, and parenting experiences in our community. The Birth Equity Policy and Legislation group advocated for and informed work on maternal infant health related policies at the state and national levels.

CREATING A CULTURE OF PUBLIC HEALTH

The HOPE team worked with local artists to create 4 additional videos highlighting the departments' efforts and initiatives. The unit director became the school liaison to all school districts in the county and collaborated to improve student health.

NUMBERS AT A GLANCE

- 2,500 doses of naloxone and 150 wound-care kit distributed to community agencies
- 20 Opioid/Narcan trainings
- Death by suicide – 43
- Collaborated with local health partners to review 43 fetal infant mortality cases
- 174,941 accounts on Social Media interacted with our messages
- 44,684 Facebook page visits

Overdose Deaths

Food Services Unit

FOOD SERVICES

Food inspectors promote safe food handling practices, preventing food borne illnesses, and protect consumer health. Inspections are designed to assess a business's compliance with sanitation regulations, gauge its staff's knowledge of safe food handling requirements and provide regulatory oversight to food establishments. The complexity of an operation's menu and the extent of its preparation methods determine the frequency of establishment inspections. In 2022, the unit conducted unannounced inspections to 2,453 retail entities and 599 temporary food vendors.

AQUATICS

The Food Services Unit also conducts the inspection for 166 permitted public/semi-public pools/spas. Pool/spa inspections ensure clean and sanitary operations and maintenance of facilities and include the pool/spa facility review. A pool or spa may be required to close when disinfectant concentrations are either over the maximum or below the minimum ppm limits, in case of failed and/or missed bacteriological water samples, or a combination of these factors. There were 67 pool closings in 2022.

CONTINUOUS LEARNING

The Food Services staff utilized multiple opportunities for continued learning through virtual training, webinars and in-person workshops. The learning experiences enhanced knowledge and inspection skills, promoted professional development, and offered exposure to national food industry leaders.

NUMBERS AT A GLANCE

- Retail Inspections : 2,453
- Perfect Inspection certificates: 699
- Opening Inspections: 152
- Service Complaints: 205
- Food Store Complaints: 27
- Smoking Complaints: 2
- Abatement Correspondence: 16
- Establishments Ordered Closed: 1
- Temporary Events: 234
- Temporary Inspections: 599
- Possible Food Borne Illness Investigations: 8
- Fire Investigations: 10
- Completed Pool Inspections: 145
- Pools Closed: 67
- Pool Complaints: 3

Vital Records Unit

BACKGROUND

St. Joseph County Vital Records provides services for birth and death events that occurred in the county. Services available from this unit include establishing paternity in-office with an affidavit, making minor corrections to birth records, recording legal name and gender changes, court ordered paternity, and genealogy. Vital Records services are accessible from the South Bend and Mishawaka offices and through online requests.

DATABASE UPDATE

DRIVE (Database for Registering Indiana's Vital Events) continues to evolve in providing enhanced security, efficiency, and accuracy of records throughout the state. In DRIVE, users can collaborate on a single platform with optimal performance.

REAL ID ACT

Once again, the Real ID Act has been postponed. The new date is scheduled for May 7, 2025. From this date, all states and territories will require residents to present the REAL ID issued license, ID, or other accepted ID (passport) to access federal facilities and commercial aircrafts.

NUMBERS AT A GLANCE

- Total Births: 3,973
- Total Deaths: 3,356
- Births Records Issued: 14,326
- Deaths Records Issued: 18,912
- Corrections/ Amendments: 40
- Paternity Affidavits: 54
- Paternity Copy: 80

Emergency Preparedness Unit

EMERGENCY PREPAREDNESS

The Public Health Coordinator participated in meetings related to Health Care Coalition District 2, District 2 Local Health Departments, Local Emergency Planning Commission and with community partners in healthcare, public safety, and emergency preparedness. These meetings are designed for training, preparation, and coordination of emergency scenarios across agencies. The unit trains new staff on emergency preparedness and coordinates with emergency coordinators from the Indiana Department of Health (IDOH) to keep the Emergency Training, Exercise Plans, and the Emergency Operations Plan up to date.

MOBILE CLINIC

The unit received a new mobile clinic. This upgraded mobile clinic eased the work of the Nursing immunization unit toward reaching residents in different parts of the county. The mobile clinic has also increased efficiency in the lead testing events conducted by the community health workers. The public health coordinator lead the training on the new mobile clinic and oversaw the decommissioning of the old vehicle for auction.

NUMBERS AT A GLANCE

- Distributed over 45,000 rapid COVID-19 tests to community members and community partners
- Distributed over 5,000 personal protective equipment (PPE) items including gloves, face masks, hand sanitizer, etc. to community partners

Emergency Preparedness Unit

CONGREGATE OUTREACH

The public health coordinator serves as the Congregate Outreach Coordinator and works with the homeless shelters and in-patient rehabilitation centers to address the health needs of unhoused individuals and individuals residing in congregate settings. The unit leader assists in establishing quarantine spaces and protocols, monitoring individuals in quarantine, educating service providers and residents on relevant health and safety matters, conducting mobile clinics, and providing tests and PPE supplies to shelters, in-patient rehab, and soup kitchens.

WASH WEDNESDAYS AND SENIOR SUDS NIGHT

The Wash Wednesday program is created in partnership with Burton's Laundry for unhoused individuals to wash their clothes for free, every other Wednesday. The public health coordinator manages and monitors this program.

In 2022, the Wash Wednesday program expanded and established a Senior Suds Night to serve seniors on fixed incomes, every other Tuesday. This expansion was realized through the involvement of new local partners like Christ the King and Clay Church Food Pantry. The Senior Suds Night invites individuals aged 55 and above to the Burton's Laundry, to wash and dry their clothes for free. On this visit, the seniors are also provided with detergent and a packed meal.

NUMBERS AT A GLANCE

- Collaborated with 20 community organizations
- Oversaw 5,698 laundry wash loads for the Wash Wednesday program
- Completed 2,127 laundry wash loads for the Senior Suds Night

Health Equity, Epidemiology, & Data

COMMUNITY HEALTH WORKERS (CHWs)

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 2022, **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 conduct health cafes to identify pressing community health needs. The CDC-CHWs received 327 SNAs, assisting 203 individuals who requested assistance and providing 265 resources. The CDC-CHWs team assisted 111 residents in applying for insurance. They also connected those ineligible for insurance to health providers and specialists offering sliding-scale services.

The **Lead CHWs** work with families to provide community-based lead screenings, lead education, lead case management and monitoring, and addressing social needs for families with children with elevated blood lead levels (EBLL). In 2022, the team worked with 203 lead referrals. This team works closely with the Nursing and Environmental Health units to ensure families receive all needed services.

NUMBERS AT A GLANCE

- Conducted 327 Needs Assessments
- Lead Referrals: 203
- 10 children received Lead Test after CHW home visit
- Provided insurance assistance to 111 County Residents
- Conducted 21 Lead Screening sessions in Daycares, and tested 183 children
- Conducted 45 monthly health cafés in the census tracts

Health Equity, Epidemiology, & Data

The **MIH 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 it is identified that a client needs insurance or other social resources. Since May 2022, the MIH CHWs have worked with 155 clients. Out of these, 64 were first pregnancy, and 96 were classified as high risk due to current or past medical complications. The MIH CHWs received 155 SNAs reporting 271 social needs. The MIH CHWs assisted 106 individuals in applying for or switching insurance to a pregnancy plan.

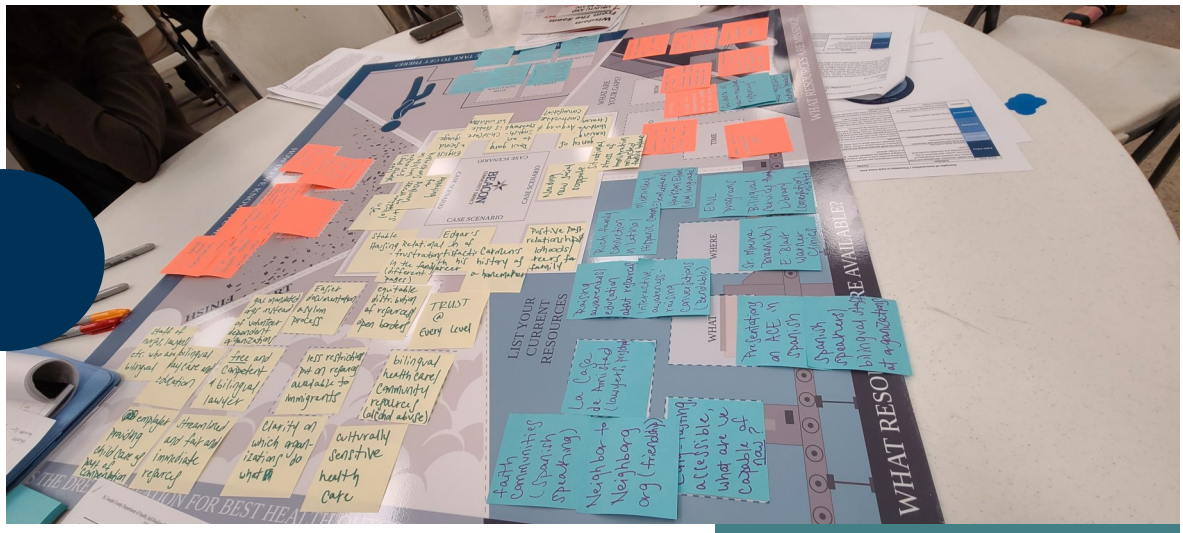
DATA ANALYSIS AND REPORTING

In 2022, 17 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 provide insights into the services of the Department that can better assist community members and improves rapport between the residents and CHWs. Automated alert systems increase efficiency and consistency in oversight and accountability, enhance speed and accuracy of data management and analysis, and allow for the department to understand the evolving needs of the community more quickly. The use of REDCap was made possible through a partnership with the Regenstrief Institute and Indiana University. In September, the DoH applied for and received its own REDCap license.

NUMBERS AT A GLANCE

- Supported 155 pregnant clients
- Assisted 106 pregnant individuals in insurance navigation
- Gained REDCap license to support documentation, accountability, and data analysis
- Managed 17 projects through REDCap
- Produced the first data and evidence driven county health equity report

Health Equity, Epidemiology, & Data



Positive Childhood Experiences (PCEs) are a set of seven experiences that can mitigate the harms of Adverse Childhood Experiences (ACEs) and improve health outcomes throughout the life course. The seven PCEs are different types of relationships and supports that individuals may be exposed to during childhood.

The department developed a PCEs survey to assess the prevalence of PCEs among adolescents in St. Joseph County. The mean PCE score was four, and 75% of the respondents had five or fewer PCEs. The DoH was awarded two separate planning grants totaling $75,000 to address the intersection of ACEs, suicide, and overdose. In 2022, these funds were used to support PACEs Day, an event that brought together local providers in healthcare, mental health, education, and social services. Additional planning funds have supported the development of a strategic plan to address ACEs, suicide, and overdose between the HEED and HOPE units.

Future efforts to address PACEs will be collaborative and data driven. The PCEs survey is an opportunity to efficiently collect data that is local and actionable. Pairing these PCEs data with additional measures to assess the risk for suicide and overdose will give the DoH powerful insights into both the risk and protective factors at play in our community. These data will be used to inform new partnerships and programs intended to minimize the risk factors, strengthen the protective factors, and ultimately decrease the rates of suicide and overdose in St. Joseph County.

NUMBERS AT A GLANCE

- Awarded $75,000 in grants for ACEs, suicide, and overdose prevention
- Assessed PCEs for 820 adolescents in one middle school and two high schools in St. Joseph County
- Convened 75 professionals from 35 local providers in healthcare, mental health, education, and social services for PACEs Day

Multi-unit Lead Abatement

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, in July 2022, the Indiana Department of Health lowered the reference threshold for blood lead levels from 10µg/dL to 5µg/dL. 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.

In 2022, we implemented a coordinated response to better integrate the services of our Nursing, Environmental Health, and Health Equity, Epidemiology & Data units. The Disease Investigation Specialist receives all blood lead testing results, creates case investigation documents, and assigns cases to the Community Health Workers or Public Health Nurses for confirmation, monitoring, or case management. In 2022, the team worked with 203 lead referrals.

The Lead Community Health Workers (Lead CHWs) work with families to provide community-based lead screenings, lead education, case management and monitoring, and to address the social needs for families of children with elevated blood lead levels (EBLL). The CHWs also work to ensure that confirmatory testing occurs within the recommended timeframe. The Environmental Health Specialist conducts lead risk assessments in all the homes where a child has elevated lead blood levels. The team provides families with testing kits and resource guide on ways to reduce lead exposure in homes. Coordination among these units helps ensure that families receive all recommended services for children with EBLLs.

NUMBERS AT A GLANCE

- Lead Referrals: 203
- Lead Managed Cases (>4.9µg/dL): 41
- Lead Monitoring Cases (3.5 to 4.9µg/dL): 162
- 32 unreachable and unconfirmed Lead referral cases
- 10 children received Lead test after CHW home visit
- 21 Lead screening events in Daycares, and tested 183 children
- 73 home Lead risk assessments

Annexes:

Finance

Overview of Revenue and Expenditures

	2020	2021	2022
County Health Fund Revenue	$3,048,961.68	$3,468,867.48	$5,529,274.92
County-Wide Lead Initiative Revenue	$200,000.00	$0	$201,058.12
Grant Revenue	$396,887.39	$1,868,121.14	$2,518,071.43
TOTAL REVENUE	**$3,645,849.07**	**$5,336,988.62**	**$8,248,404.47**
County Health Fund Expenditures	$3,100,681.85	$3,518,924.87	$3,693,682.30
County-Wide Lead Initiative Expenditures	$21,257.55	$135,357.88	$253,185.48
Grant Expenditures	$695,717.04	$1,167,108.71	$2,565,415.06
TOTAL EXPENDITURES	**$3,817,656.44**	**$4,821,391.46**	**$6,512,282.84**

NOTE: The increase in the County Health Fund revenue is due to the Indiana Department of Health (IDoH) submitting to insurances for reimbursements on our behalf for the COVID-19 vaccines we administered and salary recovery we received from four different grants.

Environmental Health Unit

Work Activities	2020	2021	2022
SEPTIC PROGRAM			
Residential - New Construction			
A. Inspections	154	180	200
B. Consultations	16	29	14
Residential - Replacement			
A. Inspections	871	683	666
B. Consultations	53	87	56
Commercial			
A. Inspections	30	12	33
B. Consultations	8	6	13
C. Cluster System Inspections	5	18	1
Abandonments without Replacements	130	44	38
Permit Applications Received	758	589	480
Permits Issued	609	495	455
Public Information Events	2	3	1
SUBDIVISION PROGRAM			
A. Health Officer Reports	40	48	28
B. Subdivision Reviews	56	55	39
C. Rezoning and Replat Reviews	8	10	8
WELLHEAD PROGRAM			
A. Inspections Performed	125	114	131
WELL DRILLING PROGRAM			
Residential			
A. Inspections	209	281	184
B. Well Abandonments	247	314	238
Commercial			
A. Inspections	1	1	3
B. Well Abandonment Inspections	4	4	3
New Construction			
A. Permit Applications Received	65	97	78
B. Permits Issued	69	95	77
Replacement Permits Issued	270	304	214
Public Information Events	0	0	12

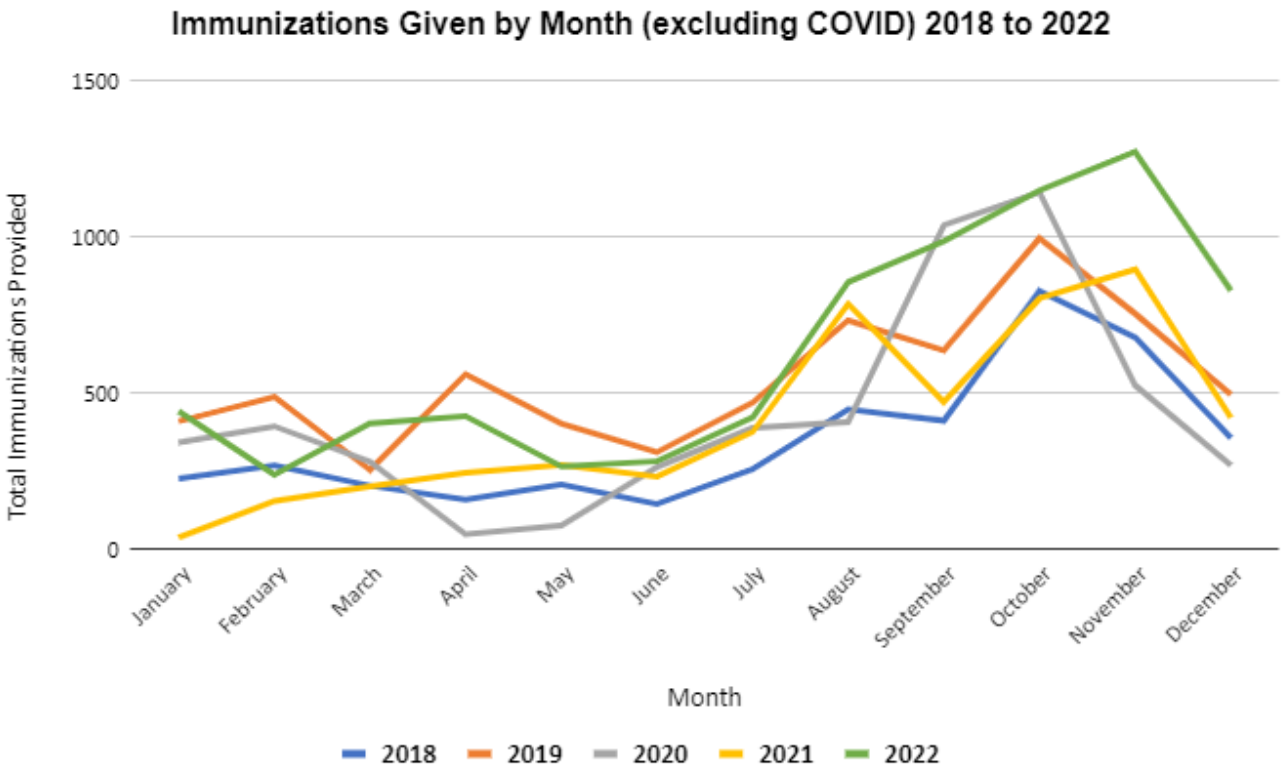
	2020	2021	2022
SOURCE WATER PROGRAM			
A. Phase I Inquiries	124	191	193
B. Spill Responses	4	1	4
C. Meth Lab Occurrence Response	0	0	0
D. Other Source Water Inspections	13	16	12
SURFACE WATER PROGRAM			
A. Surface Water Sampling	0	0	0
LEAD PROGRAM			
A. HUD Lead Inspections	6	7	0
B. Lead Risk Assessments	56	45	73
EBLL Assessments	22	20	33
Parent Request	34	48	40
C. Clearances	24	23	18
D. Off-site Meetings	5	0	0
E. Public Information Events	1	1	1
Children Tested for Lead Levels*	3560	3286	3556
CAFO PROGRAM			
A. Inspections Performed	0	0	0
AIR QUALITY PROGRAM			
A. Burn Permits	**	**	70
B. Indoor Air Quality Investigations	1	0	0
C. Mold Investigations	6	0	6
VECTOR PROGRAM			
A. Inspections Performed	24	35	68
B. Sites Treated	17	9	30
C. Traps Collected	212	275	198
D. ISDH Submissions	125	323	171
E. Public Information Events	2	8	4
HEALTHY HOMES PROGRAM (Inside)			
A. Initial Complaints	152	202	181
No Water	48	37	41
Garbage/Food Waste	40	57	53
Feces	33	37	53
Rodents/Cockroaches	31	71	34

	2020	2021	2022
HEALTHY HOMES PROGRAM (Inside)			
A. Follow-up Complaints	192	161	196
No Water	90	60	93
Garbage/Food Waste	49	58	66
Feces	45	26	26
Rodents/Cockroaches	25	17	11
B. Dwellings Declared Unfit	13	22	28
MASSAGE			
A. Establishment Inspections	70	78	114
TATTOO/BODY PIERCING PROGRAM			
A. Inspections Performed	28	38	49
COMPLAINTS / INVESTIGATIONS			
A. Garbage/Food Waste (Outside)	93	64	132
B. Sewage	111	96	102
C. Water (ditches, lakes, ponds & swells)	4	8	4
D. Motels/Hotels	7	5	4
E. Burning	26	17	16
F. Others (campers and Recreation Vehicles-RVs)	82	153	404
ABATEMENT LETTERS			
A. Abatement Letters	174	341	394
B. Immediate Threat to Public Health Letters	4	8	13
C. Order to Vacate/Condemn Letter	12	31	41
D. Impending Legal Action Letters	22	35	34
SUBSURFACE INVESTIGATIONS			
A. Internal	0	0	29
B. External	0	0	0

* Due to time lag of State Database System, the Lead testing numbers are one month behind.
**No data collected on Burn Permits during this time frame.

Nursing

Immunizations



Total Immunizations (including COVID)					
	2018	**2019**	**2020**	**2021**	**2022**
January	228	411	343	3979	2046
February	270	490	395	9621	615
March	205	255	282	23136	680
April	160	562	49	21644	682
May	209	403	78	10974	505
June	147	312	265	5691	621
July	258	471	390	1375	660
August	449	734	409	1600	1093
September	413	638	1039	1331	1253
October	828	998	1144	2278	1595
November	679	756	526	3989	1565
December	358	497	271	4237	1020
Total	**4204**	**6527**	**5191**	**89855**	**12335**

Tuberculosis			
	2020	2021	2022
TST Placed	361	338	348
TST Positive	11	5	11
Active Cases	5	12	12

Communicable Disease Surveillance						
	2020		2021		2022	
Condition	Started	Confirmed	Started	Confirmed	Started	Confirmed
Anaplasmosis			<5	0		<5
Animal Bites	598	598	752	752	417	413
Babesiosis	0	0	<5	0	0	0
Botulism (Infant)	<5	0	0	0	0	0
Campylobacteriosis	49	35	83	20	17	12
Candida auris, clinical	<5	<5	0	0		6
Carbapenemase producing Carbapenem Resistant (CP-PRE)	8	<5	15	7	40	21
Coccidioidomycosis	<5	<5	0	0	0	0
Cryptococcus neoformans	<5	<5	<5	<5	0	0
Cryptosporidiosis	10	5	7	6		<5
Dengue	<5	<5	<5	0	0	0
EEE (Encephalitis)	0	0	<5	0	0	0
Ehrlichiosis	0	0	<5	1	0	0
Giardiasis	14	12	9	9	10	0
Hemophilus influenzae, invasive	5	<5	8	5	<5	<5
Hepatitis A, acute	37	0	14	<5	<5	<5
Hepatitis B, Chronic	33	9	50	8	38	13
Hepatitis B, acute	<5	<5	5	<5	<5	<5
Hepatitis C, Perinatal	<5	0	<5	0	<5	0
Hepatitis C, acute	7	<5	<5	<5	<5	<5
Hepatitis C, Chronic	208	79	168	77	112	57
Hepatitis E	<5	0	<5	0	0	0
Histoplasmosis	16	<5	12	<5	6	<5
Influenza-Associated Death	<5	<5	6	6		8
Influenza-Associated Pediatric Mortality					<5	<5
Legionellosis	15	7	22	12		7
Listeriosis	<5	<5	0	0	0	0
Lyme disease	60	31	95	14	35	22

Meningococcal Invasive Disease (Neisseria)	0	0	<5	<5	0	0
Multisystem Inflammatory System (MIS)						
Monkeypox	0	0	0	0	9	<5
Mumps	<5	0	6	0	0	0
Paratyphoid Fever	0	0	<5	<5	0	0
Pertussis (Whooping Cough)	7	0	9	<5	<5	0
Psittacosis (Ornithosis)					<5	0
Q-Fever (Coxiella Burnetii Infection)	<5	0	<5	0	0	0
Rocky Mountain Spotted Fever	<5	0	<5	0	0	0
Rubeola (Measles)	0	0	5	0	0	0
Rubella (Measles)	<5	0	0	0	0	0
Salmonellosis, excluding S. typhi and S. paratyphi	17	11	25	20	12	9
Severe Staph (Previously Healthy person)	0	0	<5	0	0	0
Severe Acute Respiratory Syndrome (SARS-CoV)	0	0	0	0	<5	0
Shiga toxin-producing Escherichia coli (STEC)	<5	<5	7	0	<5	<5
Shigellosis	0	0	6	<5	<5	
Strep pneumoniae, invasive	20	19	34	33	39	39
Streptococcal disease, invasive, Group A	12	10	25	15	22	22
Toxic Shock Syndrome Streptococcal (STSS)	0	0	<5	<5	0	0
Tularemia	<5	0	0	0	0	0
Typhus Fever	0	0	<5	0	0	0
Unknown Vector Zoo	0	0	<5	0	0	0
Varicella (Chickenpox)	29	<5	47	5	22	<5
West Nile Virus Non-Invasive Disease	0	0	<5	0	0	0
Yersiniosis	<5	<5	0	0	<5	0
Zika Virus Infection, Non-Congenital	0	0	<5	0	0	0
Total	**34456**	**22985**	**1445**	**1013**	**28815**	**18136**

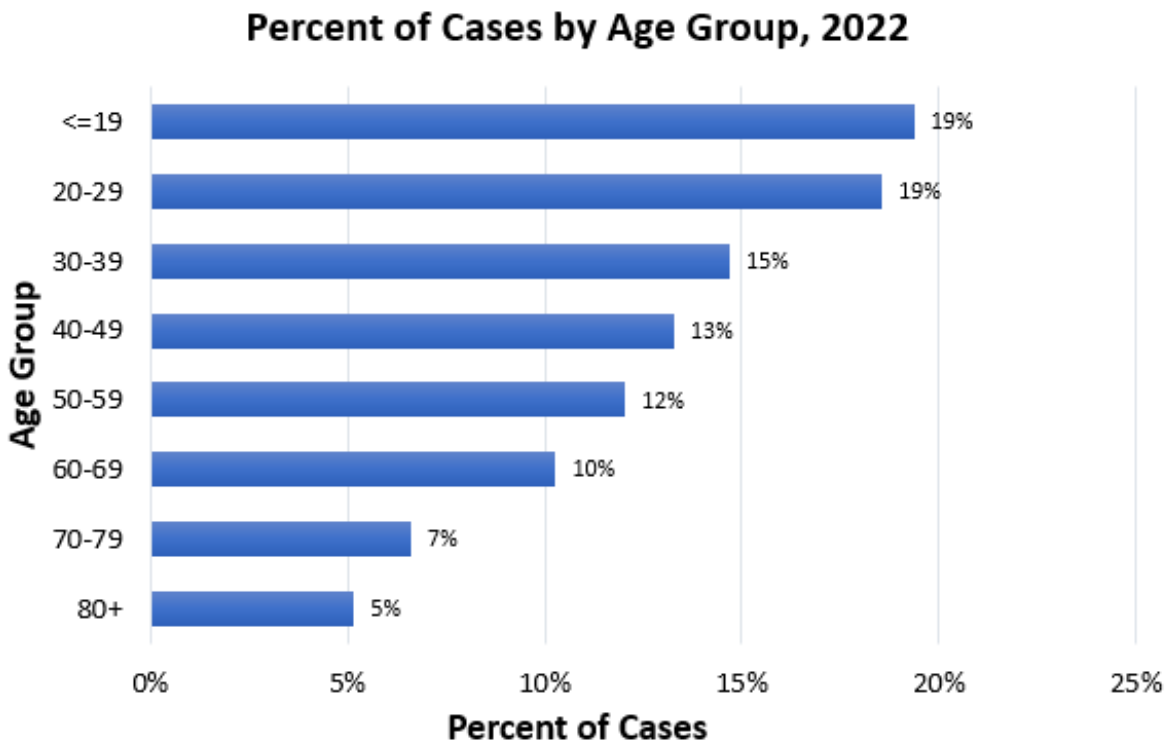
Food Services

Food Division	2020	2021	2022
Complaints - Food Service	396	218	205
Complaints - Food Store	99	39	27
Certificates of Perfect Inspection	380	513	699
Abatement Correspondence	13	19	16
Health Officer Hearings	0	4	1
Number of Opening Inspections	113	171	152
Retail Inspections Completed	2798	2172	2453
Establishments Ordered to Cease Operations	0	2	1
Temporary Events	261	305	234
Temporary Inspections	115	388	599
Possible Food Borne Illness Investigations	5	15	8
Smoking Complaints	7	5	2
Fire Investigations	2	9	10
Pool Information			
Number of Inspections	97	170	145
Consultations	32	1	0
Pool Complaints	3	5	3
Closings	42	78	67
Staff Development			
Meetings and Trainings (Total in Hours)	***	***	***

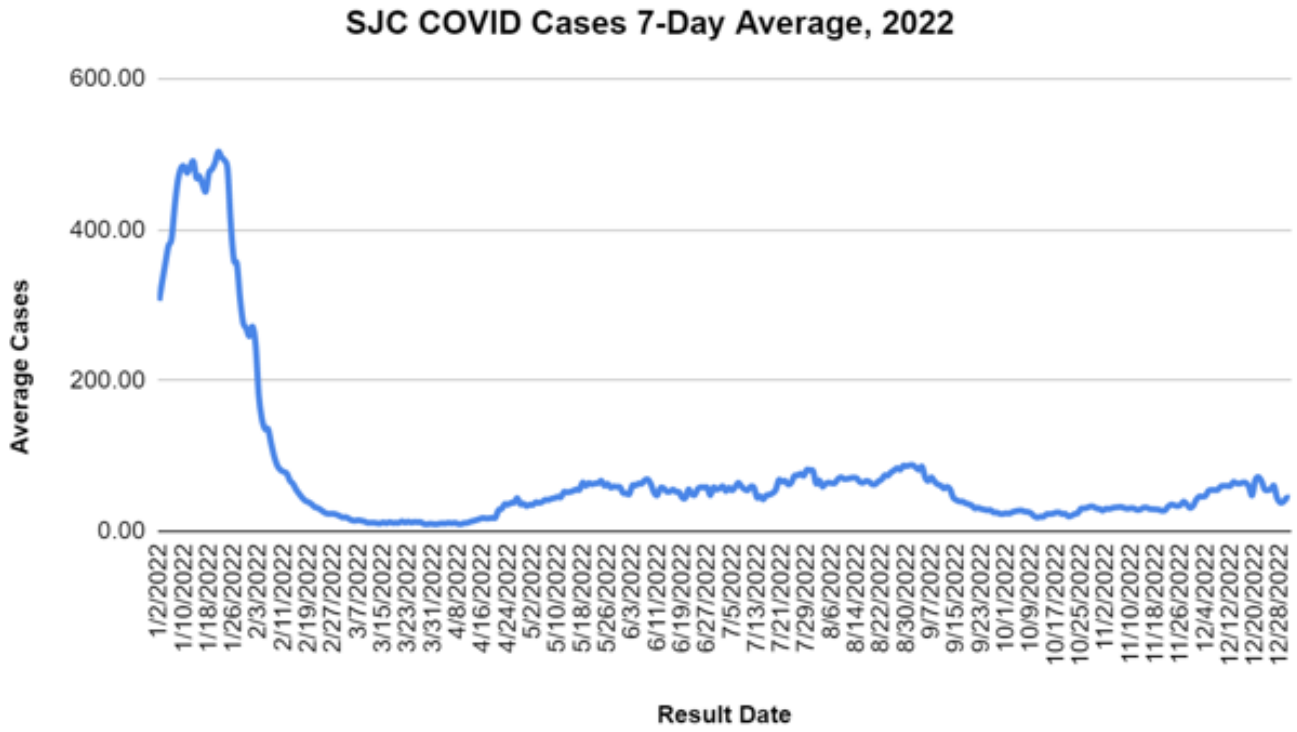
*** Information not tracked in this format due to reporting system change.

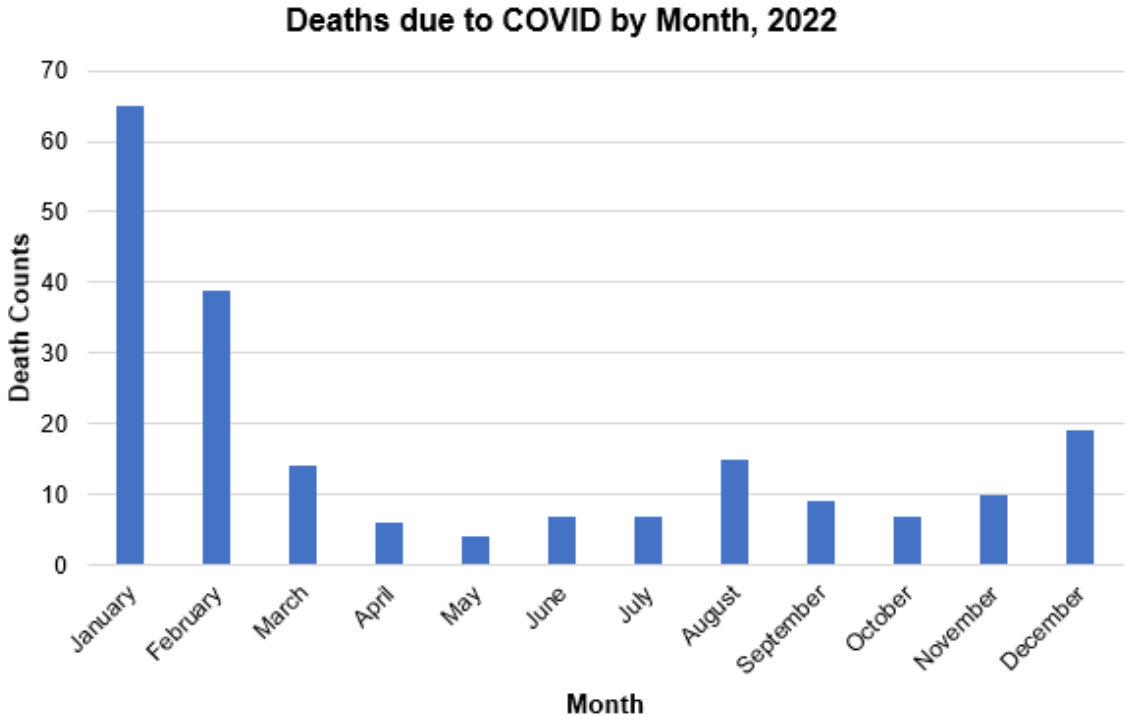
COVID-19 Summary

2022 Summary Data	
Total Cases in St. Joseph County	26,980
Percent of County Residents Infected	10%
Cases per 100,000 Residents	9,958
Deaths	202
Percent of County Residents who completed Primary Series	61.4%
Number of Residents—Bivalent booster uptake	37,710
Percent of Residents—Bivalent booster uptake	13.8%



COVID-19 Summary





ST. JOSEPH COUNTY INDIANA BOARD OF HEALTH

RESOLUTION NO. 01-2021

A RESOLUTION ESTABLISHING THE POLICY BY WHICH MEMBERS OF THE ST. JOSEPH COUNTY BOARD OF HEALTH MAY PARTICIPATE BY ELECTRONIC MEANS OF COMMUNICATION

WHEREAS, P.L. 88-2021 (HEA 1437), SEC. 5, amended IC 5-14-1.5-1 et seq. (Act), effective April 20, 2021 by amending IC 5-14-1.5-3.5 to prescribe new requirements by which members of the governing body of a public agency of a political subdivision may participate in a meeting by any electronic means of communication;

WHEREAS, a member of the governing body may participate by any means of communication that:

- Allows all participating members of the governing body to simultaneously communicate with each other; and
- Except for a meeting that is an executive session, allows the public to simultaneously attend and observe the meeting;

WHEREAS, the Act requires the governing body to adopt a written policy establishing the procedures that apply to a member's participation in a meeting by an electronic means of communication and may adopt procedures that are more restrictive than the procedures established by IC 5-14-1.5-3.5(d); and

WHEREAS, the St. Joseph County Board of Health (Board) is the governing body of the Health Department for St. Joseph County, Indiana:

NOW, THEREFORE, BE IT RESOLVED BY THE ST. JOSEPH COUNTY BOARD OF HEALTH:

Section 1. (a) The provisions of the Act, including definitions, apply to this resolution.

(b) This resolution shall be known as the "Electronic Meetings Policy" of the Board and applies to the Board and any committee appointed directly by this Board or its presiding officer.

Section 2. (a) Subject to Sections 3 and 5, any member may participate in a meeting by any electronic means of communication that: (i) allows all participating members of the governing body to simultaneously communicate with each other; and (ii) other than a meeting that is an executive session, allows the public to simultaneously attend and observe the meeting.

(b) A member who participates by an electronic means of communication: (i) shall be considered present for purposes of establishing a quorum; and (ii) may participate in final action only if the member can be seen and heard.

(c) All votes taken during a meeting at which at least one member participates by an electronic means of communication must be taken by roll call vote.

Section 3. (a) At least fifty percent (50%) of the members must be physically present at a meeting at which a member will participate by means of electronic communication. Not more than fifty percent (50%) of the members may participate by an electronic means of communication at that same meeting.

(b) A member may not attend more than a fifty percent (50%) of the meetings in a calendar year by an electronic means of communication, unless the member's electronic participation is due to:

(1) military service;

(2) illness or other medical condition;

(3) death of a relative; or

(4) an emergency involving actual or threatened injury to persons or property.

(c) A member may attend two (2) consecutive meetings (a set of meetings) by electronic communication. A member must attend in person at least one (1) meeting between sets of meetings that the member attends by electronic communication, unless the member's absence is due to:

(1) military service;

(2) illness or other medical condition;

(3) death of a relative; or

(4) an emergency involving actual or threatened injury to persons or property.

Section 4. The minutes or memoranda of a meeting at which any member participates by electronic means of communication must:

(1) identify each member who:

(A) was physically present at the meeting;

(B) participated in the meeting by electronic means of communication; and

(C) was absent; and

(2) identify the electronic means of communication by which:

(A) members participated in the meeting; and

(B) members of the public attended and observed the meeting if the meeting was not an executive session.

Section 5. No member of the Board may participate by means of electronic communication in a meeting at which the Board may take final action to:

(1) adopt a budget;

(2) make a reduction in personnel;

(3) initiate a referendum;

(4) impose or increase a fee;

(5) impose or increase a penalty;

(6) exercise the power of eminent domain; or

(7) establish, impose, raise or renew a tax.

Section 6. (a) If an emergency is declared by:

(1) the governor under IC 10-14-3-12; or

(2) the County Council under IC 10-14-3-29;

members are not required to be physically present for a meeting until the emergency is terminated.

(b) Members may participate in a meeting by any means of communication provided that:

(1) At least a quorum of the members participate in the meeting by means of electronic communication or in person.

(2) The public may simultaneously attend and observe the meeting unless the meeting is an executive session.

(3) The minutes or memoranda of the meeting must comply with Section 4 of this resolution.

(c) All votes taken during a meeting at which at least one member participates by an electronic means of communication must be taken by roll call vote.

Section 7. This resolution shall be effective from and after adoption by this Board and compliance with IC 36-5-2-10.

Adopted this 18th day of August 2021.

Heidi Beidinger-Burnett
President, St. Joseph County Board of Health

Request for Financial Assistance – Department of Health

1. The Administrator will provide information regarding the request to apply for financial assistance to the Executive Administrative Assistance to place on the monthly draft Board of Health agenda.
    a. If the approval to apply is time sensitive, the Executive Administrative Assistant will reach out to the Board of Health President and Vice President requesting a special meeting.
2. Each packet to apply will include a letter requesting support to apply signed by the Health Officer, the Grant Application Data sheet completed by the requesting staff member and the request for proposal (RFP) from the entity offering the assistance.
    a. The staff member requesting the financial assistance will be in attendance at the Board of Health meeting to answer any questions.
3. The President of the Board of Health will take a vote on each request to apply and both the President and Vice President will sign the letter.
4. If approval to apply is denied – the process ends here.
5. If approval to apply is granted, the Executive Administrative Assistance will prepare a letter to the Board of Commissioners requesting support to apply signed by the Health Officer.
    a. The approval letter to apply from the Board of Health along with the Grant Application Data sheet will be included in the request to the Commissioners.
6. The Administrator (and the staff member requesting the financial assistance, if needed) will attend the weekly Commissioners meeting to present the request and answer any questions from the Board of Commissioners.
7. If approval to apply is denied – the process ends here.
8. If the approval to apply from the Board of County Commissioners is granted, the Department of Health will submit an application for financial assistance.

9. If the Department of Health is successful and awarded the financial assistance, the Administrator will provide information regarding the request to receive the financial assistance to the Executive Administrative Assistance to place on the monthly draft Board of Health agenda.
    a. If the approval to receive is time sensitive, the Executive Administrative Assistant will reach out to the Board of Health President and Vice President requesting a special meeting.
10. Each packet to receive will include a letter requesting support to receive the assistance signed by the Health Officer, the Grant Application Data sheet completed by the requesting staff member and the submitted application.
    a. The staff member requesting the financial assistance will be in attendance at the Board of Health meeting to answer any questions.
11. The President of the Board of Health will take a vote the request to receive and both the President and Vice President will sign the letter.
12. If approval to receive is denied – the process ends here.
13. If approval to receive is granted, the Executive Administrative Assistance will prepare a letter to the Board of Commissioners requesting signature on the contract between the Department of Health and the awarding entity.
14. If the contract is refused by the Commissioners – the process ends here.

15. If the contract is signed by the Board of Commissioners, the Administrator will then prepare the Grant Summary as well as the Budget Amendment Form D (appropriation).
16. The Administrator will submit the Budget Amendment Form D (appropriation) to the County Auditor for his review.
17. If the County Auditor has no questions regarding the information listed, it will then be sent to the Secretary of the County Council to place on the Committee meeting agenda (held every 4th Tuesday at 5:30 PM).
18. The Administrator (and the staff member requesting the financial assistance, if needed) will attend the Committee meeting to present the request and answer any questions from the County Council.
    a. The full County Council can ask questions and have discussion at this time.
    b. Only the seven members of the County Council that sit on the Committee hearing the bill can vote at this meeting.
    c. There are several forms of action that the Committee hearing the bill can do at this point – send it favorably, with no recommendation, or unfavorably to the full Council.
    d. The Committee can also vote to hold it in Committee.
        i. If the bill is held in Committee, the process starts back with #18.
19. If the bill does move out of Committee and is sent to the full Council, it will be placed on the Public Hearing agenda (held every 2nd Tuesday at 6 PM).
20. The Administrator (and the staff member requesting the financial assistance, if needed) will attend the Public Hearing to present the request and answer any questions from the County Council.
    a. Public comment happens as each bill is heard on the agenda. It is at this time that the public can speak in favor of or in opposition of the bill. Once public hearing closes on each bill, comments from the public can no longer take place pertaining to this specific bill.
21. If the bill does not receive a majority vote in favor of the bill from the full Council at the Public Hearing, the Department of Health must wait 6 months before re-introducing the bill and starting the process over. However, this rule may be waived by a two-thirds vote of the total Council.
22. If the bill does receive a majority vote in favor of the bill, it will then be sent to the Board of Commissioners for their review and approval.
23. All of the bills that passed through the full Council's Public Hearing will appear on the Board of County Commissioners agenda for approval every 3rd Tuesday at 6 PM.
24. The Administrator (and the staff member requesting the financial assistance, if needed) will attend the Commissioners meeting to answer any questions from the Board of Commissioners.
25. If the Board of County Commissioners approve the bill, we are then able to begin utilizing the financial assistance.
26. If the Board of County Commissioners veto the bill, it will go back to the County Council for a vote.
    a. Within sixty (60) days of the veto, the County Council will meet to vote on the bill vetoed by the Board of Commissioners.
    b. In order to over-ride the veto, the bill needs approval by two-thirds (2/3) of the full County Council.

c. If the bill does not receive approval by two-thirds (2/3) of the full County Council, the veto from the Board of Commissioners stands.
d. If the bill does receive approval by two-thirds (2/3) of the full County Council, the bill passes and we are then able to begin utilizing the financial assistance.

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

St. Joseph County Department of Health

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

February 24, 2023

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

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

Thank you for your consideration of our request.

Sincerely,

Robert Einterz
Health Officer

RE:AR:jsp

APPROVED _____ DENIED _____

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

_____
John W. Linn
President, Board of Health

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

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

GRANT APPLICATION DATA

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

Who will be accountable for fiscal information?
Amy Ruppe

Who will be responsible for compliance with grant guidelines?
Robin Vida

What is the time period of the grant (i.e., one-year May 31, 2005-May, 2006, etc.?)
9 months October 2022 – June 2023

Is this a renewable grant, if so, how long?
No

Is there a match for the grant? If so, how much and how will it be funded? Is this match in dollars or in kind contribution?
No

Is there or will there be any capital costs for the grant (i.e., vehicles, location (building), equipment)?
No

Give the number of employees the grant would support?
2 part time

How would your department plan or would you continue operations after the grant expires?
We would pursue other grant funding and absorb operations as able and look to community partners to sustain the efforts.

April 2006

HEALTH EQUITY AND OVERDOSE PREVENTION MENTORSHIP PROGRAM TECHNICAL ASSISTANCE PLAN

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH

MENTEE: GREENFIELD, WI

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

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

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

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

1. OE Goal 1: Create attainable goals dedicated to health equity through continuous learning.
    a. Objective 1: By July 31, 2023, all GHD staff will have gone through 3 health equity trainings.
    b. Objective 2: By July 31, 2023, GHD will conduct a strategic planning process through a health equity lens.
    c. Objective 3: By April 14, 2023, 2 OFR team members will attend tow national conferences to increase education around national efforts in equitable approaches to drug overdose.
2. OE Goal 2: Provide space for and empower populations experiencing inequities in Greenfield.
    a. Objective 1: By July 31, 2023, GHD and Greenfield OFR will conduct two community listening sessions.
3. PA Goal1: Assess the City's readiness to introduce Health in All Policies (HiAP).
    a. Objective 1: By July 31, 2023, GHD will establish a healthy equity work team to assess readiness in HiAP.
4. PA Goal 2:
    a. Objective 1: By July 31, 2023, GHD will conduct one HiAP Summit with area healthcare-related field leaders.

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

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

TECHNICAL ASSISTANCE ACTIVITIES

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

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

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

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

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

ASSESSING PROGRESS: While this program does not require mentors to design a formal evaluation, briefly describe how you will monitor the impact and utility of the TA activities and assess the mentee's progress.
The St. Joseph County Department of Health and the Greenfield Health Department will have at least a monthly check-in to assess progress and identify any challenges and subsequent solutions.

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

HEALTH EQUITY AND OVERDOSE PREVENTION MENTORSHIP PROGRAM TECHNICAL ASSISTANCE PLAN

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH

MENTEE: LORAIN COUNTY PUBLIC HEALTH

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

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

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

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

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

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

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

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

TECHNICAL ASSISTANCE ACTIVITIES

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

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

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

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

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

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

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

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

St. Joseph County Department of Health

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

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

March 3, 2023

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 in applying for year three funding through the Centers for Disease Control and Prevention (CDC). Year three funding will train and deploy community health workers (CHWs) in St. Joseph County by building and strengthening community resilience to fight COVID-19 through addressing health disparities. The CHWs focus on providing insurance navigation and social needs assessments to community members

Attached is the Grant Application Data sheet, prepared by Cassy White, Director of Health Equity, Epidemiology, and Data as well as the original grant application.

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

Thank you for your consideration of our request.

Sincerely,

Robert Einterz MD

Robert Einterz, MD
Health Officer

RE:CW:jsp

APPROVED _____ DENIED _____

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

_____
John W. Linn
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

GRANT APPLICATION DATA

Explain the purpose of the grant.
Year three funding through the Centers for Disease Control and Prevention (CDC) to train and deploy community health workers (CHWs) in St. Joseph County by building and strengthening community resilience to fight COVID-19 through addressing health disparities. The CHWs focus on providing insurance navigation and social needs assessments to community members.

Who will be accountable for fiscal information?
Amy Ruppe

Who will be responsible for compliance with grant guidelines?
Cassy White

What is the time period of the grant (i.e., one-year May 31, 2005-May, 2006, etc.?)
Total funding: 3 years August 1, 2021 – August 1, 2024

This year: August 1, 2023 – August 1, 2024

Is this a renewable grant, if so, how long?
No

Is there a match for the grant? If so, how much and how will it be funded? Is this match in dollars or in kind contribution?
No

Is there or will there be any capital costs for the grant (i.e., vehicles, location (building), equipment)?
Equipment: Tablets, cell phones and other technology
Vehicles: mileage

Give the number of employees the grant would support?
11 full time; 3 part time

How would your department plan or would you continue operations after the grant expires?
We would pursue other grant funding and absorb operations as able and look to community partners to sustain the efforts.

April 2006

OMB Number: 4040-0004
Expiration Date: 12/31/2022

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 05/24/2021

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: Choose State...

8. APPLICANT INFORMATION:

* a. Legal Name: St Joseph County Department of Health

* b. Employer/Taxpayer Identification Number (EIN/TIN): 356000194

* c. Organizational DUNS: 0743015570000

d. Address:

* Street1: 227 W Jefferson Blvd
Street2:
* City: South Bend
County/Parish: St Joseph County
* State: IN: Indiana
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 46601-1507

e. Organizational Unit:

Department Name: Department of Health

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Dr.
* First Name: Robert
Middle Name:
* Last Name: Einterz
Suffix: M.D.

Title: Health Officer

Organizational Affiliation:

* Telephone Number: 574-235-9750
Fax Number:

* Email: reinterz@sjcindiana.com

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Centers for Disease Control - NCCDPHP

11. Catalog of Federal Domestic Assistance Number:

93.495

CFDA Title:

Community Health Workers for Public Health Response and Resilient

*** 12. Funding Opportunity Number:**

CDC-RFA-DP21-2109

* Title:

Community Health Workers for COVID Response and Resilient Communities (CCR)

13. Competition Identification Number:

CDC-RFA-DP21-2109

Title:

Community Health Workers for COVID Response and Resilient Communities (CCR)

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Community Health Workers for COVID Response and Resilient Communities Component A

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 2nd

* b. Program/Project: 2nd

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2021

* b. End Date: 07/31/2024

18. Estimated Funding ($):

* a. Federal	909,770.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	909,770.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/23/2021.

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Dr.

* First Name: Robert

Middle Name:

* Last Name: Einterz

Suffix: M.D.

* Title: Health Officer

* Telephone Number: 574-235-9750

Fax Number:

* Email: reinterz@sjcindiana.com

* Signature of Authorized Representative: Taylor Martin

* Date Signed: 05/24/2021

OMB Number: 4040-0019
Expiration Date: 02/28/2022

Project Abstract Summary

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

CDC-RFA-DP21-2109

CFDA(s)

93.495

Applicant Name

St Joseph County Department of Health

Descriptive Title of Applicant's Project

Community Health Workers for COVID Response and Resilient Communities Component A

Project Abstract

This proposal is in response to component A of CDC-RFA-DP21-2109. The aim of this proposal is to prevent and control COVID 19 in St. Joseph County, Indiana by expanding the number and scope of work of Community Health Workers (CHWs). St. Joseph County Department of Health (SJCDoH) will hire eight CHWs to complement the two CHWs that have been working for the SJCDoH for the last year. The new CHWs will be stationed within several urban, low income, predominantly Black and Latinx communities and one rural, predominantly White elderly population. All CHWs will receive training through the Health Visions Midwest Certified Community Health Worker Training Program supplemented with training from multiple other sources. The CHWs will develop strong working relationships with social and medical service providers and affiliated organizations. The CHWs will educate their respective communities about SARS-CoV-2 and COVID 19; promote prevention and mitigation measures; support and facilitate home-based care of persons with COVID 19 or quarantined after exposure to SARS-CoV-2; serve as resource navigators to assist community members address social needs and reduce social inequities; raise awareness of the factors that contribute to COVID morbidity and mortality; and engage in activities to reduce those risk factors. Using a “hub and spoke” model, CHWs will meet on a weekly basis to share successes and challenges and to learn from one another in discussions that will be moderated by content and behavior experts. Each CHW will meet weekly with a designated clinical supervisor to review progress, successes, challenges, and plans. All CHWs will document their interactions with clients in a HIPAA compliant database. All documentations will be reviewed weekly by a licensed clinical social worker.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2022

1. * Type of Federal Action:

- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:

- [x] a. bid/offer/application
- [ ] b. initial award
- [ ] c. post-award

3. * Report Type:

- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee

** Name:* N/A

** Street 1:* N/A *Street 2:*

** City:* N/A *State:* *Zip:*

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:

CDC

7. * Federal Program Name/Description:

Community Health Workers for Public Health Response and Resilient

CFDA Number, *if applicable:* 93.495

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*

$

10. a. Name and Address of Lobbying Registrant:

Prefix: ** First Name:* N/A *Middle Name:*

** Last Name:* N/A *Suffix:*

** Street 1:* N/A *Street 2:*

** City:* N/A *State:* *Zip:*

b. Individual Performing Services (including address if different from No. 10a)

Prefix: ** First Name:* N/A *Middle Name:*

** Last Name:* N/A *Suffix:*

** Street 1:* N/A *Street 2:*

** City:* N/A *State:* *Zip:*

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

*** Signature:** Taylor Martin

***Name:** *Prefix:* ** First Name:* N/A *Middle Name:*

** Last Name:* N/A *Suffix:*

Title: **Telephone No.:** **Date:** 05/24/2021

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-97)

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Community Health Workers for COVID Response and Resilient Communities	93.495	$	$	$ 914,350.00	$	$ 914,350.00
2.						
3.						
4.						
5. Totals		$	$	$ 914,350.00	$	$ 914,350.00

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1) Community Health Workers for COVID Response and Resilient Communities	(2)	(3)	(4)	Total (5)
a. Personnel	$ 433,827.00	$	$	$	$ 433,827.00
b. Fringe Benefits	243,777.00				243,777.00
c. Travel	6,075.00				6,075.00
d. Equipment	18,831.00				18,831.00
e. Supplies	400.00				400.00
f. Contractual	33,000.00				33,000.00
g. Construction					
h. Other	178,440.00				178,440.00
i. Total Direct Charges (sum of 6a-6h)	914,350.00				$ 914,350.00
j. Indirect Charges					$
k. TOTALS (sum of 6i and 6j)	$ 914,350.00	$	$	$	$ 914,350.00
7. Program Income	$	$	$	$	$

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8. Community Health Workers for COVID Response and Resilient Communities	$	$	$	$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	$	$	$	$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 914,350.00	$ 318,790.75	$ 198,519.75	$ 198,519.75	$ 198,519.75
14. Non-Federal	$				
15. TOTAL (sum of lines 13 and 14)	$ 914,350.00	$ 318,790.75	$ 198,519.75	$ 198,519.75	$ 198,519.75

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS) (b)First	(c) Second	(d) Third	(e) Fourth
16. Community Health Workers for COVID Response and Resilient Communities	$ 914,350.00	$	$	$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	$ 914,350.00	$	$	$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges:

23. Remarks:

Budget Narrative File(s)

*** Mandatory Budget Narrative Filename:** 1237-BUDGET NARRATIVE.pdf

Add Mandatory Budget Narrative | Delete Mandatory Budget Narrative | View Mandatory Budget Narrative

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative | Delete Optional Budget Narrative | View Optional Budget Narrative

BUDGET NARRATIVE

A. Salary- Total: $430,527

8 CHWS will be hired to implement the plan for community education on COVID-19, current vaccines, and health inequities faced by priority populations. Four of these CHWs will be bilingual and their salary will increase by $2,000. They will spend 95% of their time out in the community, and 5% in documentation and team meetings. These individuals will receive an annual salary of $37,000 as that is a competitive pay in SJC.

1 Data Analyst will be hired full time to assist the Program Director with data analysis to evaluate programming efforts. Their yearly salary will be $52,000

2 Program Coordinator the two existing CHWs for SJCDoH will be promoted to coordinator roles to assist in coordinating efforts and support. They will be compensated $10,000 each for these new responsibilities.

Cost sharing will cover the cost for five percent of Dr. Einterz, ten percent of Ms. White's, ten percent of Ms. Vida, twenty percent of Dr. Fox, and fifty percent of Ms. Martin's time weekly.

B. Fringes- Total: $243,156

FICA will be paid for all employee salaries: $430,527 x .0765 = $32,936

Public Employee's Retirement Fund will be paid on all employees:
$3430,527 x .112 = $48,220

Group Insurance for full-time employees: $18,000 x 9 = $162,000

C. Staff Development- Total: $31,440

Health Visions Midwest Certified CHW Training: $1,500 x 8 = $12,000

Covering Kids and Families Insurance Navigation Pre-Certification Course:
$50 X 8 = $400

IN Navigator Exam: $50 x 8 = $400

Community Partner Specialized Training: $1,000 x 8 = $8,000

American Red Cross First Aid/CPR/AED Certification for CHWs: $80 x 8 = $640

Civic Canopy Training and implementation coaching for SJCDoH: $10,000

D. Monitoring and Evaluation Total: 75,000

The SJC DoH will purchase the Research Electronic Data Capture (REDCap) application database. REDCap is a HIPAA compliant web application used for building and managing online surveys and databases. The DOH will partner with the Regenstrief Institute out of Indianapolis for REDCap consultation.

E. Travel- Total: $6,075

The CHWs will be expected to be out in the community daily providing community education, assistance for resources acquisition, and insurance navigation. SJCDoH's two current CHWs estimate their travel as on average, 30 miles per week; though one will average 60 miles per week. CHWs will be reimbursed $.45 per mile at the State of Indiana rate, not the federal rate of $.56 per mile.

F. Equipment Purchases- Total: $18,172

One tablet, cell phone, and computer bag will be given to each CHW so that they can access files while out in the community. The Data Analyst will also receive two computer monitors, and one laptop for their office use. The part-time translators will share two laptops.
Cell Phone and Case for CHWs: $59 x 8 = $472
Monthly Cell Phone Plan: $50 x 8 x 12 months = $4,800
Laptops for CHWs, Translators, and Data Analyst: $1,000 x 11 = $11,000
Laptop Bags: $100 x 11 = $1,100
Computer Monitors: $200 x 2 = $400
Desk Phone: $400

G. Medical Supplies and Expenses- Total: $400

10 First-aid kits will be purchased in case of a medical emergency or CHWs to place in their cars. $25.00 x 16 = $400

H. Community Programming- Total: $60,000

Includes community events, community training, and coalition activities. An example of this would be the Food Access Coalition provides a health food demonstration to families monthly. The Coalition provides all the food and rents space in the community.
$5,000 per month x 12 months = $60,000

I. Meeting Space Rental Total: $33,000

Includes weekly half day office space for insurance navigation events and for community education events put on by CHWs.

J. Other- Total: $12,000

Meeting Supplies: To provide supplies for administrative meetings, workshops, coalition meetings, and partner training.
$425 x 12 months = $5,100

K. Printing: Include flyers, registration forms, handouts, workshop information, binding etc.
$50 per month x 12 months = $600

Advertising: To include hiring notices, meetings, special event, etc.
$425 per month x 12 months = $5,100

Contracted Translation Company will be hired as part-time employees to assist with translation of both documents and during community events where translation is necessary.
$100 per month x 12 months = $1,200

L. Indirect Costs – N/A Total:$0

Total: $909,770.00

Project Narrative File(s)

*** Mandatory Project Narrative File Filename:** 1234-Component A Project Narrative.pdf

Add Mandatory Project Narrative File | Delete Mandatory Project Narrative File | View Mandatory Project Narrative File

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NARRATIVE
BACKGROUND

The total population of St. Joseph County, Indiana is 271,826 people. The county includes two medium-sized cities (South Bend, 102,037 and Mishawaka, 49,245) and multiple smaller towns. The southern third of the county is rural and less populous. 77.9% of all county residents are White and 12.9% are Black, whereas the racial make-up of South Bend is 61.7% White and 26.6% Black (Census Bureau, 2019). The predominant ethnic group in the county is Latinx—9.1% in the county as a whole and 15.7% in South Bend (Census Bureau, 2019). SJC has higher rates of poverty and unemployment than Indiana as a whole. Between 2014-2018, 15.7% of SJC fell below the poverty line compared to 11.9% for Indiana as whole (U.S. Census Bureau, 2018; STATS Indiana, 2021). As of March 2021, the unemployment in SJC was 5.3% compared to 4.7% in Indiana (STATS Indiana, 2021). Black and Latinx populations have higher rates of poverty—32.7% of the Black population, and 18.7% of Latinx population in SJC report experiencing poverty compared to 12.2% of the White population (U.S.Census Bureau.2019). On May 19, 2021 the number of COVID-19 cases in SJC was 650 over a 7-day period according to the CDC (CDC, 2021). Though COVID 19 incident rates are currently similar among White (7,917/100,000), Black (7,291/100,000), and Latinx (7,610/100,000) populations in SJC, COVID 19 has disproportionately impacted Black and Latinx populations over the course of the last year. For example, in October 2020, incident rates among Black and Latinx populations were 2.6 and 3 times greater respectively than in the White population (SJCDoH). Hospitalization and mortality rates were also higher in Black and Latinx population.

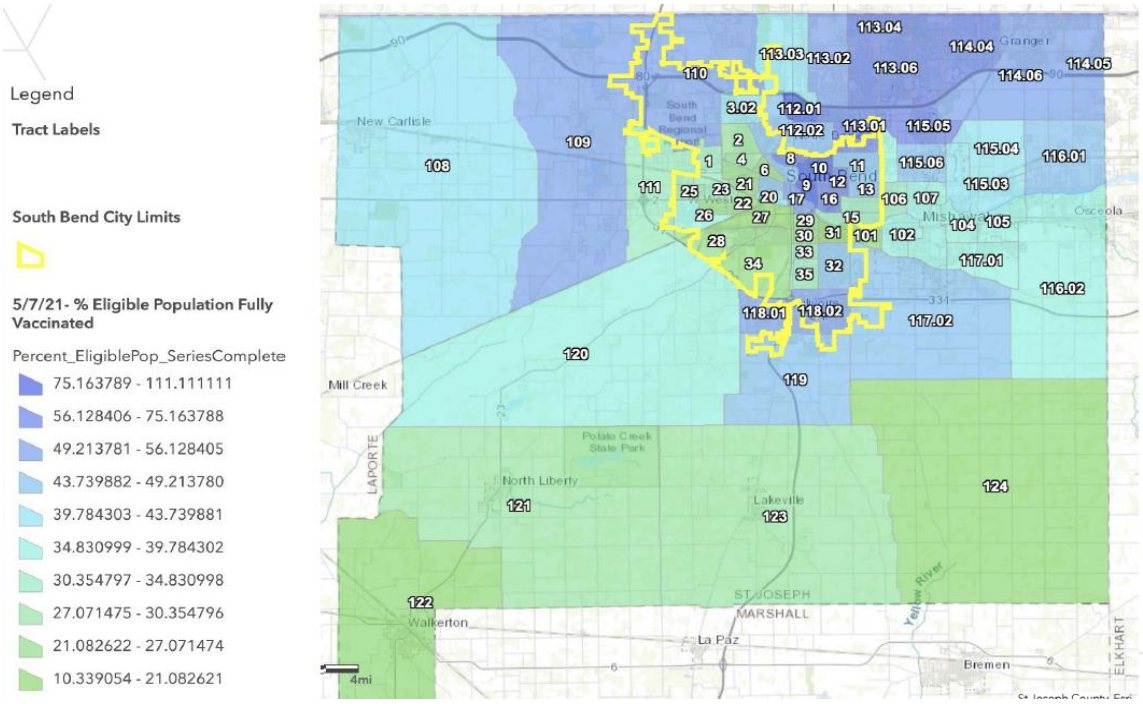

Figure 1. Percent of population vaccinated by census tract as of May 7, 2021.

As illustrated in figure 1, low vaccination rates among low income Black and Latinx residents and rural White elderly residents put those populations at risk of infection. Vaccination rates in those populations lag vaccination rates in more affluent White, urban communities. As of early

May, 2021, the Black population in the county had received 4.7% of the cumulative vaccinations in the county, though the Black population comprises 12.9% of the total population; Latinx received 5.7% of all vaccinations though they comprise 9.1% of the total population (SJCDoH). In rural census tract 122 totaling 3,132 residents, only 32% of the 65 plus population have been fully vaccinated (SJCDoH Report).

Disparities in social determinants of health such as overcrowded housing, poverty, reduced access to health care services, "front-line" employment, racial animus, and fragmented communities; and, higher rates of predisposing risk factors—obesity, hypertension, heart disease, lung diseases, sickle cell disease—contribute to the higher morbidity in communities of color. Black and Latinx workers are less likely than White, non-Latinx workers to say they would still get paid if they had to miss work for two weeks because of the coronavirus. Most Latinx workers (66%) say they would not get paid if the coronavirus caused them to miss work for two weeks, including 47% who say it would be difficult to meet expenses during this time. Nearly 50% of Black workers say they would not get paid, while another 23% say they are not sure what would happen. (PEW, 2020). Other factors that contribute to COVID's disproportionate impact include distrust of government, misinformation, low levels of health literacy, inaccessible healthcare facilities, unwelcoming health care providers, and a general lack of empowerment particularly among individuals of color.

The SJCDoH has intervened in many ways to control the pandemic. At the inception of the COVID 19 pandemic, SJCDoH partnered with the two major hospital systems, the largest primary care physicians' group, the regional chamber of commerce, and elected officials to create a "Unified Command." Under the leadership of the SJCDoH, this structure enabled the SJCDoH to issue the State of Indiana's first mask mandate and it empowered a county-wide, collaborative and coordinated response to the pandemic, inclusive of testing, contact tracing, delivery of PPE, vaccination, communications to the public, and advocacy. The SJCDoH spearheaded outreach to persons experiencing homelessness and played a leadership role in developing an isolation and quarantine unit for unhoused individuals. Funds to support these initiatives and activities came from local budget, CARES Act funds directed to SJC, and the State of Indiana.

The State of Indiana receives funds from multiple sources, including the CDC. Funding includes the Emergency Response: Public Health Crisis Response cooperative agreement; the CDC Epidemiology, Lab and Capacity (ELC) cooperative agreement; and the Public Health Emergency Preparedness (PHEP) grant. The State disburses some of these funds to each of the 92 counties of Indiana. SJCDoH used a portion of the Public Health Crisis Response funds to support its response to the pandemic including incident management, information management, and countermeasures and mitigation.

Despite these efforts, COVID-19 continues to threaten the health of individuals and their communities across the county. To prevent and control COVID-19, and to promote equity in the face of COVID-19's disproportionate impact, the SJCDoH proposes to recruit, hire, train, deploy and engage a team of eight CHWs. Well-trained and supervised CHWs, when recruited from the communities they serve and deployed in hub and spoke networks for knowledge sharing among specialists and primary care providers, have demonstrated high levels of effectiveness for the prevention, treatment, and control of numerous health conditions (Perry, Crigler, &editors. 2014).

APPROACH

Purpose

To prevent and control COVID 19 and promote equity in St. Joseph County, Indiana by expanding the number and scope of work of Community Health Workers (CHWs) deployed and engaged in priority populations.

Outcomes

Training Goal: To train eight CHWs with the knowledge and skills to provide services and support for COVID-19 public health response efforts among priority populations within St Joseph County.

Outcomes for Strategies CB1 and CB2

1. Eight new CHWs employed by SJCDoH to assist in the prevention and control of COVID-19.
   Indicator: The number of CHWs hired by 10/01/2021
2. CHWs will have the knowledge and skills to provide services and support for COVID-19 public health response efforts among priority populations.
   Indicator: The number of CHWs trained by SJCDoH in the pathophysiology, epidemiology, and infection control measures pertinent to SARS-CoV-2 and COVID-19 by 10/18/2021.
   Indicator: The number of CHWs that have completed Health Visions Midwest Certified Community Health Workers training program; the Covering Kids & Families certified insurance navigator training; and the asset-based community development training modules by 10/18/2021

Deployment Goal: To deploy eight trained CHWs to high priority populations in SJC, collaborating with health and social service providers, and contributing to the prevention and control of SARS-CoV-2 and COVID-19.

Outcomes for Strategies CB3 and CB4

1. All CHWs are stationed in their respective communities, have identified social and medical service providers within their areas, and have knowledge of or reached out to additional organizational members of the Health Improvement Alliance to assist with resource navigation.
   Indicator: The number and names of organizations each CHW has identified and contacted.
2. All community partners understand the CHWs' role and collaborate with them to address health disparities and prevent and control COVID-19.
   Indicator: The number of organizations that have contacted an SJCDoH CHW, expressed interest in collaborating with them, and have developed a working relationship with them.

Engagement Goal: To enable and empower individuals in the priority population at highest risk for poor health outcomes from COVID-19 to access and utilize community resources and clinical services.

Outcomes for Strategies CB5 and CB6

1. All individuals in the priority populations will develop a better understanding of health disparities and COVID-19 risk.
   Indicator: The number of residents that attend prevention education events.

Indicator: The number of insurance navigation clinics offered monthly throughout the community
Indicator: The number of uninsured residents within priority populations that receive insurance with the assistance of a CHW
Indicator: The number of households within priority populations that receive COVID-19 informational packets from the CHWs

2. CHWs utilize REDCap to document community engagement.
   Indicator: The number of CHWs that complete training on how to use REDCap within six months of hire
   Indicator: The number of encounter forms entered into REDCap by CHWs to document their encounters with community members
3. All residents in need will access essential services.
   Indicator: The number of social services needs assessments that are completed by the CHWs
   Indicator: The number and type of referrals each CHW makes to assist residents to access resources
   Indicator: The number of residents that access food, transportation, medical services, and/or other social services with the assistance of a CHW
   Indicator: COVID-19 incidence and COVID-19 vaccination rates in priority populations

Strategies and Activities

Train

Strategy CB1: Identify and collaborate with community wide-efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations within communities.

Strategy CB2: Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase risk and severity of COVID-19 infections among priority populations.

SJCDoH will recruit individuals in communities at highest risk for COVID-associated morbidity for possible employment as CHWs. Eligibility requirements will include having "lived experience" in at least one of the following priority populations: rural elderly; low income urban Black; low income urban Latinx. A total of eight CHWs will be hired.

All CHWs will complete Health Visions Midwest Certified Community Health Workers training program and certified insurance navigator training through Covering Kids & Families within 3 months of hire. The State Department of Health has also created a Training and Logistics which the SJCDoH will utilize to train CHWs on emergency response related to COVID-19 per state guidelines. Physician, nursing and health outreach and promotion staff employed by SJCDoH and Indiana University School of Medicine will supplement the CHWs' core training program with additional training on the pathophysiology and epidemiology of SARS-CoV-2, principles of infection control pertinent to COVID-19, and risk factors for COVID 19. A licensed clinical social worker on the staff of SJCDoH will provide all CHWs with bi-weekly self-care techniques and coping skills training.

Each CHW will also receive additional training regarding mental health risk assessment, crisis management, opioid use, and Narcan administration by mental health experts within the SJCDoH. Pertinent training materials and educational programs have already been developed and utilized by the SJCDoH Health Outreach, Promotion and Education Unit.

Using a "hub and spoke" model similar to a framework that has been implemented successfully in other parts of the United States and in Indiana (Regenstrief Institute, 2020), CHWs will meet as a group on a weekly basis to share successes, challenges, and opportunities and to learn from one another. Such hands-on, on-the-job, peer-to-peer learning will be an important part of the CHWs overall training. These meetings and discussions will be moderated by content and behavior experts employed by SJCDoH and Indiana University School of Medicine. Each CHW will meet weekly with a designated clinical supervisor to review progress, successes, challenges, opportunities, and plans.

All CHWs will document their interactions with clients using REDCap in a HIPAA compliant manner. This information system has been used successfully in the WeCare program run by the Regenstrief Institute in central Indiana, in partnership with Indiana University School of Medicine. SJCDoH will adopt and adapt that data system with consultative assistance from the WeCare project director and her data team. All documentations will be reviewed weekly by the SJCDoH project manager and assistant project manager. Any problems will be addressed as needed by the project manager and/or clinical supervisor to ensure the CHWs are continuing to learn, improve, and perform to their fullest potential.

SJCDoH will contract with The Civic Canopy to complement the core Health Visions training and the peer-to-peer learning. The Civic Canopy curriculum is a three-part webinar with quarterly consultation that utilizes the Asset-Based Community Development model. Created by Jody Kretzmann and John McKnight (1993), the asset-based community development approach is based on the premise that communities have individual, organizational, and institutional resources that are often overlooked by assessors and can be utilized to enhance quality of life (Green, 2011,p.75). Asset-based community development (ABCD) challenges traditional needs-based approaches by identifying what strengths and assets a community has to offer. This approach looks at the resilience of the community rather than how the community might be failing. This approach has been shown to increase community engagement, reduce funding stress, and increase engagement with government agencies by community members. "What differentiates the ABCD approach from the problem-focused or the needs-based approach is the focus on strengths, capabilities and assets, on stimulating community-level organizing and action, and on the role of different stakeholders as responsive co-investors and co-creators in community-level action" (Nel, 2020, p. 265). Comparative studies have demonstrated that the ABCD approach yields greater levels of sustainability and community ownership than non-ABCD approaches (Nel, 2020). In projects that did not use the ABCD approach, community members felt excluded from projects as the funding sources too often drove decisions. "If communities feel a sense of agency and ownership of their own destiny by using their existing assets and strengths as resources for change, then community members are more likely to accept external agencies as partners in the development process" (Nel, 2020, p.265). This approach will be utilized by CHWs in their work in the community.

The newly hired CHWs will collaborate with organizations that participate in the "Health Improvement Alliance" of St. Joseph County. The Health Improvement Alliance consists of 184 not-for-profit and for-profit organizations in SJC that provide resources and assistance to residents in the priority populations. The SJCDoH formed the Health Improvement Alliance nearly a decade ago to facilitate networking, collaboration, and coordination among the organizational members. Representatives of the organizations meet monthly to listen to and discuss a presentation on a relevant and timely health topic. Most of the organizations in the Alliance have already expressed high levels of interest in collaborating with SJCDoH's CHWs

and in providing enhanced training opportunities if needed for the CHWs. As part of their training, the CHWs will be given an overview of the organizational members of the Alliance, including the mission and activities of each organization and pertinent contact information. As need arises, the CHWs will be encouraged to identify and engage with additional organizations in the Alliance and beyond.

Deploy

Strategy CB3 (Required): Integrate CHWs into organizations and care teams to support the public health response to COVID-19 among priority populations within communities.
Strategy CB4: Develop and disseminate messaging that educates organizations and care teams on the critical role CHWs play in delivering services and managing the spread of COVID-19 among priority populations within communities.

The eight newly hired CHWs will be assigned to specific geographic areas. Seven of the eight CHWs will focus on preventing and controlling COVID 19 and addressing social and health disparities in low-income communities of color in urban census tracts 2, 20, 22, 24, 26, 30, 33, 34, and 111. These census tracts have the highest level of poverty in SJC. The total population in these tracts is 25,430. One of the eight CHWs will be positioned in the rural low-income area of the county. This CHW will primarily focus on census tract 122, which totals 3,132 residents. Case studies from around the globe that have successfully utilized CHWs suggest that this ratio of CHW/population is feasible (Regenstrief Institute, 2020).

All organizations in the Health Improvement Alliance will be apprised of the CHWs and the goals, strategies, and activities of this proposal. The organizations will be offered the opportunity to affiliate with the CHWs. All organizations will be invited to submit proposals to SJCDoH describing how an affiliation with the CHWs—or an embedded CHW within their organization at little to no cost to the organization—might enhance the organization's mission while simultaneously improving the prevention and control of COVID 19. Representatives from organizations that affiliate with a SJCDoH CHW or embed a CHW will be invited to attend a monthly meeting moderated by the project director to review and discuss the CHWs activities, successes, challenges, and opportunities.

Each CHW will be tasked with identifying within their assigned geographic area all social service organizations and community-based organizations that are not currently members of the Health Improvement Alliance. All such organizations will be invited to join the Alliance.

Each CHW will also be tasked with identifying within their assigned geographic area any other CHW working within that area who is not employed by the SJCDoH. SJCDoH leadership will reach out to these CHWs and their respective organizations, invite them to join the Alliance, and collaborate with them to coordinate activities and promote cooperation and synergy.

Engage

Strategy CB5 (Required): Coordinate and/or promote opportunities, such as messaging/education, within communities and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.
Strategy CB6 (Required) Year 1: Initiate and develop and/or utilize systems to document engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor health outcomes, including those resulting from COVID-19. (Required) Year 2: Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor health outcomes, including those resulting from COVID-19.

The CHWs will identify “trusted places" within the community such as local churches, small businesses, and nonprofits to host small groups to raise awareness about the prevention and control of COVID 19 and inform the community about their own roles and responsibilities. They will facilitate access to resources and information; promote and facilitate access to vaccinations; serve as a resource to assist individuals in isolation or quarantine; facilitate referrals to medical and social service providers; and serve as a two-way conduit for communication and information sharing between the SJCDoH and the community. With support from the SJCDoH’s health promotions specialists, the CHWs will use mobile technology and social media platforms to disseminate information and facilitate communications with community members.

The CHW stationed in the southern, rural area of the county will focus primarily on raising awareness of SARS-CoV-2 and COVID 19, increasing vaccination rates particularly among the elderly, and responding to expressed needs. A secondary focus of this CHW will be to address food security, based on observations that the number of individuals accessing food at a local food pantry in that tract has nearly tripled in the last year.

In the State of Indiana, contact tracing is managed centrally. If the contact tracers are unable to locate and communicate with an individual who tested positive, the State contacts the local health department to assist. Public health nurses employed by the LHD then attempt to contact the individual. CHWs will be integrated into this process and will likely have much greater success than the public health nurses. In a similar manner, if an individual with COVID-19 or affected by COVID-19 needs resources, they can call 2-1-1. Depending on the nature of the request, the caller will be referred to the local public health department. In such cases, public health nurses will liaise with CHWs to respond to the identified need. CHWs will assist community members who are isolated with COVID 19 or quarantined after exposure to COVID-19 to access water, food, shelter, and medical supplies.

In addition to responding to individuals and families with COVID related needs, all CHWs will work with the Health Outreach, Promotion and Education Unit of SJCDoH to develop educational materials and facilitate community learning events, health fairs, and health promotion events about COVID 19 medical risk factors including obesity, diabetes, hypertension, high cholesterol, smoking and underlying pulmonary or cardiovascular disorders.

The two CHWs currently employed by the SJCDoH use Google Sheets, a web application version of Excel, to document and track their community engagement. While Google Sheets meets the essential needs of the CHWs’ job duties, the ability for expansion is limited. Therefore, in the first year of the proposed project, the SJCDoH will collaborate with the Regenstrief Institute to utilize the Research Electronic Data Capture (REDCap) application database. The CHWs will learn how to document their engagement of care and follow-up in their community settings in REDCap. REDCap is a HIPAA compliant web application used for building and managing online surveys and databases. REDCap is compatible for CHW services because it is geared to operate online and offline from mobile devices. The SJCDoH will partner with the Regenstrief Institute out of Indianapolis, Indiana for REDCap consultation. The Regenstrief Institute has seven years of experience utilizing REDCap to document engagement of CHWs in geriatric outreach and maternal and infant health (Regenstrief Institute, 2020).

Collaborations

SJCDoH collaborates and coordinates activities with numerous organizations within the county. Most of SJCDoH’s major collaborators are members of the Health Improvement Alliance. These collaborators include:

The University of Notre Dame

- The University of Notre Dame has collaborated with the SJC Department of Health in various capacities over the last decade. Over the last year, the University of Notre Dame embedded three Masters trained fellows into the department to assist with promoting and nurturing health equity, preventing adverse childhood experiences, and controlling and preventing lead poisoning. The current Chair of the Health Improvement Alliance holds a position at the University and has been a member of the Alliance since its inception.

Real Services

- Real services houses the region's Agency on Aging and hosts a variety of family development services, basic needs, etc. This organization is instrumental in assisting SJCDoH in addressing health issues, particularly with COVID-19 vaccination of the homebound.

United Way of St. Joseph County

- United Way of St. Joseph County has prioritized eliminating poverty in our community through a series of strategic efforts. They bridge basic needs, early childhood education, and stabilizing families as a three-prong approach to improving overall wellbeing. The SJCDoH has worked with the United Way for numerous years on a variety of efforts such as allocation of funding, collective impact education, and on building resiliency to overcome trauma. Community health workers will use the United Way of SJC's new community center as a connection point for communities most at risk. The incoming chair of the Health Improvement Alliance is the CEO of United Way.

Beacon Health System

- One of two hospital-based health care systems in SJC, Beacon Health System through its Community Impact program employ six CHWs to address various medical conditions. Beacon Health System has been a strong supporter of SJCDoH for many decades, including providing opportunities for the two CHWs currently employed by SJCDoH for professional development and community engagement.

St. Joseph Health System

- St. Joseph Health System is the other main health system in our area. It utilizes community health workers within the hospital. SJCDoH works routinely with SJHS' outreach team on primary prevention efforts and chronic disease management.

La Casa De Amistad

- La Casa De Amistad is the primary Latinx Community Center that serves a large portion of our Latinx community. SJCDoH collaborates with La Casa to educate and inform the Latinx community on all health-related issues. Through this award, CHWs would collaborate and coordinate with La Casa de Amistad to engage the Latinx population.

Oaklawn

- Oaklawn is the county's Certified Community Behavioral Health Clinic. SJCDoH collaborates with Oaklawn in crisis management and the Peer Recovery Coach program. The peer recovery coach model will be used to train incoming CHW's on community engagement and on substance use disorder, etc.

HealthLinc

- HealthLinc is a Federally Qualified Health Center (FQHC) that delivers primary care services to a large portion of SJC's low-income communities. SJCDoH and HealthLinc have worked collaboratively and in a coordinated fashion to ensure availability of testing and vaccination, particularly in low-income communities, communities of color, and the homeless population in SJC.

City of South Bend

- The administration of South Bend oversees various city services, community centers, parks, recreation centers, and other community amenities. The Board of Health has equal representation from South Bend and County governments. SJCDoH serves all towns and municipalities within the county. CHWs will learn the city's processes, services, resources, etc.

Covering Kids & Families

- Covering Kids and Families is a state-wide coalition that utilizes navigators to assist SJC residents in getting health insurance. SJCDoH's current CHWs refer clients to Covering Kids and Families and have also been trained by Covering Kids and Families as insurance navigators. This organization will train and work with all newly hired CHWs to ensure they could enroll individuals into health insurance when out in the field.

Charles Black Recreation Center

- This Center is a local community center located in a very diverse (economically, racially, ethnically) neighborhood and run by the City of South Bend's Venues, Parks, & Arts department. This center serves as an entry point and point of connection for community health workers and the community. Pre-pandemic, SJCDoH and the City of South Bend often hosted events, meetings, etc. at this facility. These events and meetings will ramp-up again as immunity against SARS-CoV-2 within the community improves.

Indiana University School of Medicine - South Bend

- The South Bend campus offers a well-established community medicine experience that integrates with numerous activities of the SJCDoH. The Dean of the School of Medicine is employed part-time as the deputy health officer of the SJCDoH. The SJCDoH Health Officer and Deputy Health Officer serve on Unified Command. Both individuals have played prominent roles in the county's response to the pandemic. The School of Medicine will work with the SJC Department of Health and its partners to develop a comprehensive and robust community health worker curriculum pertinent to the SARS-CoV-2 pandemic and COVID-19.

Target Populations and Health Disparities

As explained in the background section of this proposal, the priority populations that have been identified for SJC are: rural elderly and low-income Black and Latinx. The identified priority populations all show the lowest rates of vaccinations. These populations also experience higher rates of unemployment, health disparities, and a paucity of resources. SJCDoH recognizes that community partners alone will not be able to address all the needs of these populations. The deployment of skilled CHWs will be essential to overcoming these challenges and ensuring equity.

APPLICANT EVALUATION AND PERFORMANCE MEASUREMENT PLAN

Purpose of Evaluation

The purpose of the evaluation is to gain insight and improve the quality and effectiveness of the CHW program for the SJCDoH. The evaluation will assess needs and assets of the community members, help identify barriers, and measure program activities and effectiveness.

Type of Evaluation

The SJCDoH will follow the proposed Work Plan to ensure the goals and objectives aligned with the CHW program strategies are completed in the proposed time frame. The SJCDoH will use a combination of process and outcome evaluation measures. An encounter form will collect both

process and outcome measures such as demographic information, patient health outcomes, COVID-19 symptoms, healthcare utilization, chronic disease, self-report health, improvements in knowledge about health issues, and self-reported confidence in managing their health. Through the consultation of the Regenstrief Institute and input from the CHWs, the encounter form will be developed in REDCap for CHWs to document their care and support with community members at highest risk for poor health outcomes, including those resulting from COVID-19. REDCap has capabilities to code automatic reminders for CHWs to perform follow-up visits. The DoH, under Regenstrief Institute guidance, will create a coded protocol to remind CHWs to follow-up with members of the priority populations 30, 60, and 90 days after the initial encounter.

Key Evaluation Questions

1. Process
    1. How many people were encountered?
    2. What services were delivered?
    3. How many referrals did the CHWs make?
    4. How many education programs were facilitated by CHWs?
    5. How well did documentation systems capture program and participant data?
    6. What were the barriers and challenges that affected program implementation?
2. Outcome
    1. Did the CHW encounter improve community members' ability to manage COVID-19 or other health conditions?
    2. Did the CHWs connect community members with desired/needed social services?
    3. Which outcomes were important to the community member?

Data Collection and Analysis

The CHWs will use REDCap for data collection. REDCap produces reports of the CHWs encounters. The data analyst will create CHW engagement reports from REDCap once a week and then analyze the data in SAS Analytics, a statistical software used for advanced analytics. The SJCDoH already utilizes SAS for COVID-19 data analysis. The findings from the evaluation analysis will be used to measure CHWs effectiveness. After weekly review with the clinical supervisor, the CHWs will implement evaluation recommendations. The data analyst and the project manager will monitor SJC COVID-19 prevalence in priority populations through data in the NEDSS Base System (NBS) on COVID-19. Additional data sources are data collected from the CHWs on the encounter forms and social needs assessments in REDCap.

The DoH commits to a collaboration with the CDC and Evaluation/Technical Assistance partners to refine this evaluation plan and assess progress in achieving the goals and objectives. Through the "hub and spoke" model, CHWs will share success and challenging stories on a weekly basis moderated by experts affiliated with the SJCDoH. Every six months, CHWs and supervisors will determine success stories with community impacts using the NCCDPHP Success Stories Application.

ORGANIZATIONAL CAPACITY

In February 2020, the St. Joseph County Department of Health hired a new Health Officer. Under his leadership, the department developed a new strategic plan focusing on health equity and emphasizing an evidence-based, data driven, community-based approach to improving the health of the county. The department created a new unit called the Health Equity, Epidemiology, and Data Unit; strengthened ties with the University of Notre Dame; contracted with a local

information systems specialist to improve the department's IT and data collection and analysis capacity including the purchase of SAS statistical software; recruited and hired the department's first licensed clinical social worker; and recruited and hired two community health workers.
As described in the "Background" section of this proposal, SJCDoH leads "Unified Command" and the county's response to the pandemic. This collaborative and coordinated command structure is still active today; it will facilitate the implementation of this proposal.
The two CHWs that were recruited and hired by SJCDoH over the last year assist with prevention and control of lead poisoning, COVID 19 prevention and control particularly among persons experiencing homelessness, and social needs assessment of persons presenting to the department's childhood vaccination clinic. The prevention and control efforts focused on communities of color; the CHWs were recruited and hired from those communities. The CHWs are situated within the department's Health Equity, Epidemiology, and Data Unit and report to the director of that unit. They spend the bulk of their time in the community working with individuals and organizations there. Both CHWs completed the Health Visions Midwest Certified Community Health Workers training program. One of the community health workers had already been trained as an insurance navigator and is a certified navigator; the other CHW has been pursuing such certification in addition to her other duties. The CHWs have done an outstanding job developing relationships with community members and assisting with the department's mission. For example, when the CHWs were initially hired, there were 31 families that needed follow-up lead testing but had been lost to follow, despite the best efforts of the department's nursing staff to contact those families. The CHWs successfully located 26 families and facilitated testing of the children in each of those families. In the last six months, the CHWs have provided insurance assistance to 35 SJC residents, conducted 129 social needs assessments, and provided referrals for social safety net support to 37 residents with COVID-19 who had been identified through Indiana's 2-1-1 contact tracing system. The department's homelessness outreach team, with the assistance of the CHWs, have enabled 266 of the estimated 520 unhoused individuals to receive COVID vaccinations; provided personal protective equipment to homeless individuals and organizations that serve persons experiencing homelessness; informed the homeless community regarding COVID 19 prevention and control; and advocated with elected officials for the health, safety and rights of persons experiencing homelessness.

Staffing Plan

Project Director: Robert Einterz, MD, is the Health Officer of St. Joseph County Department of Health. Prior experience includes directing a multi-specialty primary care clinic located in a low-income area of Indianapolis; and, directing one of the largest PEPFAR funded HIV prevention and control programs in Kenya. He has had extensive experience directing and/or working with CHWs in Kenya and Haiti, and more than thirty years of experience teaching medical students and residents at Indiana University School of Medicine. Dr. Einterz will have overall responsibility for all aspects of the grant.

Project Manager: Cassandra White, MPH, is the Director of the Health Equity, Epidemiology, and Data Unit of the SJCDoH. She will be responsible for managing all CHW activities including data collection and case summaries, and coordination with CDC for annual reports. Since the inception of the COVID pandemic, Ms. White has collected, analyzed and reported all epidemiologic data pertinent to the pandemic in SJC. She recruited and hired the SJCDoH's current two CHWs, and both CHWs currently report to her.

Assistant Project Manager: Taylor Martin, LCSW, is a member of the Health Equity Epidemiology and Data Unit of SJCDoH. She has four years of clinical experience in a local

community mental health agency and ten years of experience in volunteer coordination and 5 years of program development and evaluation. She will be responsible for weekly check-ins with the CHWs, case consultation, trauma informed care training, and assisting with community partnership outreach.

Community Partner Facilitator: Robin Vida, MPH, CHES is the director of the Health Outreach, Promotion and Education (HOPE) Unit. Mrs. Vida co-founded the Health Improvement Alliance of St. Joseph County and served as its first director. She will facilitate and manage collaborations with all community partners assist the CHWs with messaging and communications.

Data Analyst: TBN; three Masters-trained individuals employed by University of Notre Dame area already embedded within the SJCDoH and are qualified to serve as data analysts to assist with monitoring and evaluation of this grant.

Business manager: Amy Ruppe is the administrator and business manager of the SJCDoH. She is responsible for managing the SJCDoH budget, inclusive of multiple different extramural grants, totaling more than $5M annually. She will be responsible for fiscal oversight of the award including managing the budget and reporting all financial matters.

Academic liaison and consultant: Mark Fox, MD, PhD, MPH serves as a part-time (0.2 FTE) deputy health officer of SJCDoH and is the Dean of the Indiana University School of Medicine in South Bend. He lth experience developing curricula related to health equity and social determinants of health. He currently leads the Unified Command for COVID-19 response in St. Joseph County and provides direct support and supervision for the director of the Health Equity, Epidemiology and Data unit of the SJCDoH, who will serve as project manager

WORK PLAN

See file Component A 1 Year Comprehensive Work Plan
See file Component A 3 Year Work Plan

Attachment 1: Comprehensive Work Plan Year 1					
Key to SJCDoH Staff CHW-Community Health Workers HEED-Health Equity Epidemiology and Data HO-Health Officers HOPE-Health Outreach Programming and Education LCSW-Licensed Clinical Social Worker		**Time Period** Q1-August 1, 2021-October 30, 2021 Q2-November 1, 2021-January 21,2022 Q3-February 1, 2022-April 30, 2022 Q4-May 1, 2022-July 31, 2022			
Strategies	Key Action Steps	Responsible Party	Time Period	Output Indicators by end of Year 1	Outcome Indicators by end of Year 1
TRAIN GOAL: Increased skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations within communities.					
CB1-*Identify and collaborate with community wide-efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations within communities.*	CB1.1-Hire 8 CHWs	Health Officers/HEED Director	Q1	8 CHWs hired	8 diverse staff hired from the community they are serving priority populations
	CB1.2-CHWs will have the knowledge and skills to provide services and support for COVID-19 public health response efforts among priority populations.	Health Officers/IU School of Medicine	Q1	8 CHWs trained by the Indiana University School of Medicine in infection control measures	All 8 CHWs have a understanding of of the epidemiology, COVID-19, vaccinations, and infection control

				pertinent to COVID-19	
CB2-*Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase risk and severity of COVID-19 infections among priority populations.*	CB2.1-CHWs complete CHW certification	Health Visions Midwest	Q1	8 CHWs complete Health Visions Midwest Certified Community Health Workers training program	8 State certified CHWs in the State of Indiana that are employed by SJCDoH who are able to serve SJC
	CB2.2-CHWs complete insurance navigator training	Covering kids & Families of Indiana	Q1	8 CHWs complete Covering Kids & Families certified insurance navigator training	8 State certified insurance navigators who are employed by SJCDoH and able to provide insurance assistance
	CB2.3-CHWs will receive training on coping skills and stress management	HEED LCSW	Q1-Q4	Weekly training of CHWs	8 CHWs will identify 5 coping skills they utilize weekly
	CB2.5-CHWs will receive Asset-based community development (ABCD) training	The Civic Canopy	Q2-Q4	3 webinars Quarterly consultation	SJCDoH and CHWs are able to utilize evidence based

					ABCD in SJC
CB3-*Integrate CHWs into organizations and care teams to support the public health response to COVID-19 among priority populations within communities.*	CB3.1-CHWs are stationed in their respective communities, have identified social and medical service providers within their areas	Director HOPE/HEED LCSW	Q1	The number and names of organizations each CHW has identified and contacted.	SJCDoH and CHWs will be able to brand COVID-19 relief and education for SJC
CB4-*Develop and disseminate messaging that educates organizations and care teams on the critical role CHWs play in delivering services and managing the spread of COVID-19 among priority populations within communities.*	CB4.1-SJCDoH will provide presentations to the Health Improvement Alliance on the work CHWs are completing in the community along with data monitoring	Director HOPE	Q3-Q4	Once yearly education presentation Quarterly updates on work completed by CHWs	The number of organizations that have contacted an SJCDoH CHW, expressed interest in collaborating with them, and have developed a working relationship with them.
CB5-*Coordinate and/or promote opportunities, such as messaging/education, within communities and clinical settings to facilitate the engagement of CHWs in addressing the needs of those*	CB5.1-Creation of CHW awareness campaign	Director HOPE	Q1-Q4		
	CB5.2-CHWs will host prevention education events to residents in priority populations	Director of HOPE/CHWs	Q3-Q4	48 education events completed	Priority populations will understand how disparities impact their

at highest risk for poor health outcomes, including those resulting from COVID-19.					overall health, and have knowledge of resources in their community that can assist them in a addressing them
	CB5.3-CHWs will disseminate education materials on COVID-19 through neighborhood canvassing	HEED LCSW/CHWs	Q2-Q4	The number of households within priority populations that receive COVID-19 informational packets from the CHWs	3,000 households have knowledge of COVID-19, vaccinations, and quarantining methods
CB6- *Initiate and develop and/or utilize systems to document engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor health outcomes, including those resulting from COVID-19*	CB6.1-CHWs complete training on how to use REDCap and begin utilizing encounter forms for documentation	Director of HEED/CHWs	Q3	8 CHWs will complete training for REDCap	Improvement on SJCDoH's monitoring and evaluation of CHW program

Unit Key																			
HO-Health Officers																			
CHW-Community Health Workers																			
HEED-Health Equity Epidemiology and Data																			
HOPE-Health Outreach Programming and Education																			
HEED LCSW-Licensed Clinical Social Worker for HEED Unit																			
Strategy	Task Lead	% Completion	Start Date	2021				2022				2023				2024			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategy CB1																			
Objective 1.1 Hire 8 CHWs	Health Officers/HEED Director		08/01/2021																
Objective 1.3 CHWs complete COVID-19 training	Health Officers/IU School of Medicine		10/04/2021																
Strategy CB2																			
Objective 2.1 CHWs complete CHW certification	Health Visions Midwest		10/18/2021																
Objective 2.2 CHWs complete insurance navigator training	Covering kids & Families of Indiana		10/18/2021																
Objective 2.3 CHWs will receive training on coping skills	HEED LCSW		10/04/2021																
Objective 2.4 CHWs will receive Asset-based community development training	The Civic Canopy		01/01/2022																
Strategy CB3																			
Objective 3.1 CHWs are stationed in their respective communities, have identified social and medical service providers within their areas	Director HEED/CHWs		08/01/2021																
Ojective 3.2 CHWs will engage in "hub and spoke" model	Director HOPE/HEED LCSW		02/28/2022																
Strategy CB4																			
Objective 4.1 SJCDoH presents CHW presentation to Health Improvement Alliance	Director HOPE		02/01/2022																
Strategy CB5																			
5.1 Creation COVID-19 education materials	Director of HOPE		09/01/2021																
5.2 Creation of CHW awareness campaign	Director HOPE		09/01/2021																
5.3 CHWs will host prevention education events to residents in priority populations	Director of HOPE/CHWs		03/01/2022																
5.4 CHWs will dissminate education materials on COVID-19 through neighborhood ca	Director of HOPE/HEED LCSW/CHWs		12/01/2021																
Strategy CB6																			
Objective 6.1 CHWs complete training on how to use REDCap	Director of HEED/CHWs		02/01/2022																
Objective 6.2 CHWs utilize REDCap to document encounter forms	Director of HEED/CHWs		02/01/2022																
Objective 6.3 CHWs will ensure quarantined residents are provided basic resources	HEED LCSW/CHWs		08/01/2022																
Objective 6.4 CHWs will complete and follow up on social needs assessments	HEED LCSW/CHWs		10/01/2021																
Objective 6.5 CHWs will provide weekly insurance navigation clinics	HEED LCSW/CHWs		08/01/2022																

Other Attachment File(s)

*** Mandatory Other Attachment Filename:** 1238-Component A Resumes.pdf

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Staffing Plan

Project Director: Robert Einterz, MD, is the Health Officer of St. Joseph County Department of Health. Prior experience includes directing a multi-specialty primary care clinic located in a low-income area of Indianapolis; and, directing one of the largest PEPFAR funded HIV prevention and control programs in Kenya. He has had extensive experience directing and/or working with CHWs in Kenya and Haiti, and more than thirty years of experience teaching medical students and residents at Indiana University School of Medicine. Dr. Einterz will have overall responsibility for all aspects of the grant. Dr. Einterz will commit five percent of his week to overseeing the work and training of CHWs.

Project Manager: Cassandra White, MPH, is the Director of the Health Equity, Epidemiology, and Data Unit of the SJCDoH. She will be responsible for managing all CHW activities including data collection and case summaries, and coordination with CDC for annual reports. Since the inception of the COVID pandemic, Ms. White has collected, analyzed and reported all epidemiologic data pertinent to the pandemic in SJC. She recruited and hired the DoH's current two CHWs, and both CHWs currently report to her. Ms. White will commit ten percent of her week to data management and evaluation of programming.

Assistant Project Manager: Taylor Martin, LCSW, is a member of the Health Equity Epidemiology and Data Unit of SJCDoH. She has four years of clinical experience in a local community mental health agency and ten years of experience in volunteer coordination and 5 years of program development and evaluation. She will be responsible for weekly check-ins with the CHWs, case consultation, trauma informed care training, and assisting with community partnership outreach. Ms. Martin will commit fifty percent of her week for overseeing the CHW program and providing clinical supervision for CHWs.

Community Partner Facilitator: Robin Vida, MPH, CHES is the director of the Health Outreach, Promotion and Education (HOPE) Unit. Mrs. Vida co-founded the Health Improvement Alliance of St. Joseph County and served as its first director. She will facilitate and manage collaborations with all community partners. Ms. Vida will commit ten percent of her week on marketing and partner coordination.

Data Analyst: TBN; three Masters-trained individuals employed by University of Notre Dame area already embedded within the SJCDoH and are qualified to serve as data analysts primarily to assist with monitoring and evaluation of this grant.

Business manager: Amy Ruppe is the administrator and business manager of the SJCDoH. She is responsible for managing the SJCDoH budget, inclusive of multiple different extramural grants, totaling more than $5M annually. She will be responsible for fiscal oversight of the award including managing the budget and reporting all financial matters.

Academic liaison and consultant: Mark Fox, MD, PhD, MPH serves as a part-time (0.2 FTE) deputy health officer of SJCDoH. Dr. Fox has committed to spending twenty percent of his .02 FTE on training and consulting for CHWs.

Table of Contents

Health Improvement Alliance of St. Joseph County

May 19, 2021

To Whom It May Concern:

On behalf of the St. Joseph County Health Improvement Alliance, I am writing this letter to express the Health Improvement Alliance's enthusiastic support of the proposal submitted by the St. Joseph County Health Department to the CDC in response to "Community Health Workers for COVID Response and Resilient Communities" RFA.

The Health Improvement Alliance is a coalition of 184 partner organizations that aims to strengthen the community's capacity to promote health and well-being of the residents of St. Joseph County by promoting and nurturing cross-sector collaboration. Since its inception, the Alliance has worked in close partnership with the Department of Health to decrease duplication of services, increase utilization of existing services and resources, facilitate partnerships, and create a strong public health workforce and infrastructure.

Our membership includes the major organizations in St. Joseph County engaged in public health and health services delivery, including service providers that address social determinants of health. This broad membership is reflected in our Executive Leadership Committee which includes representatives of Beacon Health System; St. Joseph Health System; City of South Bend—Venues, Parks and Arts; IU School of Medicine; Indiana Health Information Exchange; Oaklawn (community mental health); REAL Services (a social services organization); United Way; SJC Department of Health; and University of Notre Dame.

The team of community health workers as described in the Department of Health's proposal will be a huge asset to the residents of the county and our collective efforts to control COVID 19 and minimize the suffering it causes. The SJC Department of Health has been a remarkably strong and collaborative leader throughout the past year in the fight to control the COVID pandemic, and we are certain that they can successfully accomplish the goals and activities described in their proposal.

The Health Improvement Alliance and its member organizations welcome the opportunity to engage with the community health workers. We pledge our full support to assist with training the CHWs, and we guarantee that the CHWs will have opportunities to affiliate with our member organizations and embed fully within many of them.

Sincerely,

Jessica Brookshire
Chair, Health Improvement Alliance of St. Joseph County

INDIANA UNIVERSITY SCHOOL OF MEDICINE – SOUTH BEND
A partnership with the University of Notre Dame

19 May 2021

To Whom It May Concern:

I am pleased to write this letter in support of the proposal submitted by the St. Joseph County Department of Health (SJCDoH) to the Centers for Disease Control & Prevention in response to "Community Health Workers (CHW) for COVID Response and Resilient Communities" Request for Applications.

The SJCDoH proposal aligns with the IU School of Medicine's mission to advance health in the state of Indiana and beyond by promoting innovation and excellence in education, research and patient care. In particular, at our South Bend campus, we have embraced a commitment to health equity in our Scholarly Concentration, which is focused on Ethics, Equity, and Justice, and through our student outreach clinic, which primarily serves an under-resourced Latinx community on the near-westside of South Bend. I am confident that the synergy between our efforts and the focus of this proposal will be impactful for our community.

The team of community health workers, as described in the SJC Department of Health's proposal, will be a huge asset to the residents of the county and our collective efforts to control COVID-19 and minimize the suffering it causes. The SJC Department of Health has provided tremendous collaborative leadership of the COVID-19 response in St. Joseph County. I am certain that they can successfully accomplish the goals and activities described in their proposal.

The IU School of Medicine – South Bend welcomes the opportunity to engage with community health workers in this growing capacity. We pledge our full support to assist with training the CHWs, and our assurance that the CHWs will be used to their fullest capacity to improve the health and well-being, as well as reduce the impact of COVID-19, in our community.

Sincerely,

Mark D. Fox, MD, PhD, MPH
Associate Dean and Regional Campus Director
Professor of Medicine and Pediatrics

1234 Notre Dame Avenue • South Bend, IN 46617 • Telephone (574) 631-5574 • Fax (574) 631-6857

Regenstrief Institute

Better Care. Better Health.

May 18, 2021

To whom it may concern:

The Regenstrief Institute supports the St. Joseph County Department of Health's proposal to expand their community health worker program to prevent and control COVID-19. The Department of Heath's proposal will further develop existing community efforts to understand and address COVID-19 and existing health disparities. The expansion of their community health worker team requires an expansion and improvement of their data systems. The St. Joseph County Department of Health proposes to utilize Research Electronic Data Capture (REDcap) application. REDcap has found widespread use in the public health response to support COVID-19 surveillance. The Regenstrief Institute has seven years of experience with REDCap for quality improvement for our community health worker program in Indianapolis.

The Regenstrief Institute is committed to providing REDcap support to the St. Joseph County Department of Health. We will help identify personal and provide work consultation for the monitoring and evaluation database. The St. Joseph County Department of Health has our full support for the proposal to increase their community health worker capacity to address COVID-19 and existing health disparities.

Thank you for taking the time to review this proposal, and for your attention to the critical need to increase community health worker programs.

Sincerely,

Debra K. Litzelman MA, MD, MACP
D. Craig Brater Professor of Medicine
Indiana University School of Medicine
Director of WeCare, CARE, GWEP Programs
Associate Director of Health Services Research, Regenstrief Institute

Regenstrief Institute, Inc.
1101 West 10th Street
Indianapolis, Indiana 46202-4800

tel 317.274.9000
fax 317.274.9305
www.regenstrief.org

LA CASA DE AMISTAD
YOUTH & COMMUNITY CENTER

May 19, 2021

To Whom It May Concern:

On behalf of La Casa de Amistad I am writing this letter to express the La Casa's enthusiastic support of the proposal submitted by the St. Joseph County Department of Health (SJCDoH) to the Centers for Disease Control & Prevention in response to "Community Health Workers (CHW) for COVID Response and Resilient Communities" Request For Applications.
La Casa de Amistad is a not-for-profit organization, originally founded to assist the Latino youth in the area in self-acceptance and appreciation of their culture. Currently, the organization not only provides services for the Latino youth, but offers services for adults, immigrants, seasonal workers and advocacy for local families.

The team of community health workers as described in the SJC Department of Health's proposal will be a huge asset to the residents of the county and our collective efforts to control COVID 19 and minimize the suffering it causes. The SJC Department of Health has been a remarkably strong and collaborative leader throughout the past year in the fight to control the COVID pandemic, and we are certain that they can successfully accomplish the goals and activities described in their proposal.

La Casa de Amistad welcomes the opportunity to engage with community health workers in this growing capacity. We pledge our full support to assist with training the CHWs, and we guarantee that the CHWs will be used to their fullest capacity to improve the health and wellbeing, as well as reduce the impact of COVID-19 in our community.

Sincerely,

Sam Centellas
Executive Director
La Casa de Amistad

OAKLAWN

ht

Toward Health and Wholeness

ILI WAWITIS

19 May 2021

To Whom It May Concern:

On behalf of Oaklawn I am writing this letter to express the Oaklawn's enthusiastic support of the proposal submitted by the St. Joseph County Department of Health (SICDOH) to the Centers for Disease Control & Prevention in response to "Community Health Workers (CHW) for COVID Response and Resilient Communities Request For Applications.

Our mission to join with individuals and families on their journey with mental health and substance use disorders. Engaging individuals in treatment can be challenging specifically in the minority and low income populations. An increase of CHWs in our communities could truly bridge the gap between people suffering in silence versus getting the help they needs. A CHW can walk along a person through the intake process and ensure they have the support they need to get the help they deserve.

The team of community health workers as described in the SIC Department of Health's proposal will be a huge asset to the residents of the county and our collective efforts to control COVID 19 and minimize

the suffering it causes. The SJC Department of Health has been a remarkably strong and collaborative leader throughout the past year in the fight to control the COVID pandemic, and we are certain that they can successfully accomplish the goals and activities described in their proposal.

Oaklawn welcomes the opportunity to engage with community health workers in this growing capacity. We pledge our full support to assist with training the CHWs, and we guarantee that the CHWs will be used to their fullest capacity to improve the health and wellbeing, as well as reduce the impact of COVID-19 in our community.

Sincerely,

larmen

Executive Director of the Oaklawn Foundation

Goshen Campus PO Box 809 330 Lakeview Drive Goshen, Indiana 46527 574.533-1234
Elkhart Campus 2600 Oakland Avenue Elkhart, IN 46517 574-533-1234
South Bend Campus 415 E. Madison Street Building 200 South Bend, IN 46617 574-283-1234
Mishawaka Campus 1411 Lincolnway West Mishawaka, IN 46544 574-259-5666
24/7 Emergency Access Center 574-533-1234 Toll free: 800-282-0809

info@oaklawn.org oaklawn.org

SAINT JOSEPH HEALTH SYSTEM

A Member of Trinity Health

May 20, 2021

To Whom It May Concern:

On behalf of Saint Joseph Health System-Community Health & Well-Being (SJHS-CHWB), I am writing this letter to express the Saint Joseph Health System Community Health & Well-Being's enthusiastic support of the proposal submitted by the St. Joseph County Department of Health (SJCDoH) to the Centers for Disease Control & Prevention in response to "Community Health Workers (CHW) for COVID Response and Resilient Communities" Request For Applications.

SJHS is a not-for-profit, multi-hospital healthcare system located in North Central Indiana where we constructed and opened a new world class hospital in December 2009. Begun by the Sisters of the Holy Cross and Poor Handmaids of Jesus Christ more than 150 years ago, SJHS continues the legacy of caring for Michiana residents. As a ministry organization, we offer faith-based, personalized care in a diverse and team-oriented environment. SJHS has successfully provided Community Health Worker services since 2017.

The team of community health workers as described in the SJC Department of Health's proposal will be a huge asset to the residents of the county and our collective efforts to control COVID 19 and minimize the suffering it causes. The SJC Department of Health has been a remarkably strong and collaborative leader throughout the past year in the fight to control the COVID pandemic, and we are certain that they can successfully accomplish the goals and activities described in their proposal.

SJHS-CHWB welcomes the opportunity to engage with community health workers in this growing capacity. We pledge our full support to assist with training the CHWs, and we guarantee that the CHWs will be used to their fullest capacity to improve the health and wellbeing, as well as reduce the impact of COVID-19 in our community.

Sincerely,

Latorya R. Greene

Latorya R. Greene, MBA
Director, Community Health & Well-Being and Tobacco Initiatives
Saint Joseph Health System
Community Health & Well-Being
574-335-4684 Office
574-335-0660 fax
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REFERENCES

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