

**Meeting of the Board of Health
St. Joseph County Department of Health
4th Floor, County-City Building
Council Chambers**

**July 19, 2023
4:30 p.m.**

Available by Zoom:

<https://us06web.zoom.us/j/81442698080?pwd=aHFal1ZCTnR4RFdiRm5rV2hxb21jUT09>

Meeting ID: 814 4269 8080

Passcode: 206238

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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 July 19, 2023.

Motion by _____ Seconded by _____ Vote _____

III. APPROVAL OF THE MINUTES

It is recommended the Board of Health members approve the minutes of June 12, 2023.

Motion by _____ Seconded by _____ Vote _____

It is recommended the Board of Health members approve the minutes of June 21, 2023.

Motion by _____ Seconded by _____ Vote _____

IV. BOARD PRESIDENT ANNOUNCEMENTS:

V. HEALTH OFFICER PRESENTATION and REPORT:

23-52 Discussion and Vote on June 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

Combined Unit Lead Report

VI. NEW BUSINESS:

23-53 2024 Budget for Health First Indiana

VII. GRANT REQUESTS:

- 23-54 Apply – Health Safety PIN
- 23-55 Receive – Health CHW COVID Response
- 23-56 Receive – Health Immun Supplemental

VIII. OLD BUSINESS:

IX. BOARD NOTIFICATIONS:

- 1. Hirings: None
- 2. Resignations: None
- 3. Retirements: None
- 4. Terminations: None

X. PUBLIC COMMENT: (3 Minute Limit)

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

At regular meetings, the public is invited to address the Board for three minutes regarding items posted or not posted on the agenda. Individuals may only speak once during this section of the agenda. Speakers shall properly identify themselves by stating their name and address for the record.

Personnel issues are not to be addressed during open sessions of the Board of Health. The Board President may interrupt, warn, or terminate a person's statement if the statement becomes personally directed, abusive, obscene, or inflammatory.

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

XI. TIME AND PLACE OF NEXT REGULAR MEETING:

August 16, 2023 – 4:30 p.m. - Council Chambers, 4th Floor County City Building.

XII. ADJOURNMENT

MINUTES AND MEMORANDA
ST. JOSEPH COUNTY BOARD OF HEALTH
June 12, 2023
Special Meeting

Present at the Meeting:

John Linn, PE	President
Michelle Milgiore, DO	Vice President
Heidi Beidinger-Burnett, PhD, MPH	Member
Ellen Reilander, JD	Member
Kristin Vincent, MSN	Member
Robert Hays, MD	Member
Jill Kaps VanBrouene	Member

Also Present at the Meeting:

Joseph H. Cerbin, MD	Health Officer
Mark D. Fox, MD, PhD, MPH	Deputy Health Officer
Marcellus Lebbin, JD	Department of Health Attorney
Amy Ruppe	Administrator
Jennifer S. Parcell	Executive Administrative Assistant
Carolyn Smith	Director of Food Services
Jodie Pairitz	Director of Nursing
Mark Espich	Director of Environmental Health
Robin Vida	Director of HOPE
Brett Davis	Assistant Director of Environmental Health
Karen Teague	Assistant Director of Food Services – Zoom
Kristen Sachman	Health Promotion Specialist
Ashley Helman	Nurse – Zoom
Danielle Sims	Disease Investigation Specialist
Renata Williams	Disease Investigation Specialist - Zoom
Dominique Quatararo	Public Health Associate

I. CALL TO ORDER

Mr. Linn called the June 21, 2023, special Board of Health meeting to order at 4:30 p.m.

II. ADOPTION OF THE AGENDA

On motion made by Dr. Beidinger, to approve the agenda, and seconded by Dr. Milgiore, the agenda was put to the Board. The motion passed unanimously.

III. APPOINTMENT OF HEALTH OFFICER

Mr. Linn gave the background and qualifications of Dr. Diana Purushotham, M.D. Mr. Linn then thanked the committee from their efforts and Ms. Vincent for passing on her resume. It was noted that the start date would be July 24th.

A motion was made by Attorney Reilander and seconded by Dr. Hays to appoint Dr. Purushotham as the Health Officer as of July 24th, 2023. The motion passed unanimously.

IV. PUBLIC COMMENT

Dick Paul hoped the new Health Officer can improve the health of the County.

Ken Smith thanked the Board for their efforts and supports the new Health Officer.

V. TIME AND PLACE OF NEXT REGULAR MEETING

The next regular meeting of the St. Joseph County Board of Health is scheduled for Wednesday, June 21, 2023, at 4:30 p.m., at the County-City Building.

VI. ADJOURNMENT

This meeting was adjourned at 4:47 p.m. upon motion of Attorney Reilander, seconded by Dr. Beidinger, which passed unanimously.

ATTEST:

Respectfully submitted,

Joseph H. Cerbin, M.D.
St. Joseph County Health Officer

Marcellus Lebbin, Esq.
Health Department Attorney



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

Health Officer's Report of Unit Activities

June 2023

EMERGENCY PREPARDNESS UNIT

N/A

ENVIRONMENTAL HEALTH UNIT

	Jun-23	YTD 2023	YTD 2022	YTD 2019
SEPTIC PROGRAM				
RESIDENTIAL NEW CONSTRUCTION				
A. Inspections	24	100	76	100
B. Consultations	0	7	6	9
RESIDENTIAL REPLACEMENT				
A. Inspections	83	338	260	316
B. Consultations	0	5	52	10
COMMERCIAL				
A. Inspections	3	18	19	10
B. Consultations	0	1	10	0
C. Cluster System Inspections	0	0	0	1
Abandonments w/o Replacement	2	20	14	10
Permit Applications Received	44	253	256	314
Permits Issued	48	211	214	230
Public Information Events	0	1	1	0
SUBDIVISION PROGRAM				
A. Health Officer Reports	0	24	16	12
B. Subdivision Reviews	0	29	20	14
C. Rezoning and Replat Reviews	1	1	8	5
WELLHEAD PROGRAM				
A. Inspections Performed	12	59	61	119
WELL DRILLING PROGRAM				
RESIDENTIAL				
A. Inspections	21	86	80	82
B. Well Abandonments	22	108	104	89
COMMERCIAL				
A. Inspections	1	2	0	0
B. Well Abandonment Inspections	1	3	0	3
NEW CONSTRUCTION				
A. Permit Applications Received	8	48	39	73
B. Permits Issued	4	33	39	61
REPLACEMENT				
A. Permit Applications Received	28	111	**	**
B. Permits Issued	30	105	91	114
Total Permits Applications Received	40	210	**	**
Total Permits Issued	38	185	**	**
Use of Existing Well	0	5	**	**
Public Information Events	1	1	10	0

	Jun-23	YTD 2023	YTD 2022	YTD 2019
SOURCE WATER PROGRAM				
A. Phase One Inquiries	7	90	93	83
B. Spill Responses	0	1	0	0
C. Meth Lab Occurrence Response	0	0	0	0
D. Well/ground water Sampling	0	1	**	**
E. Microbe Treatments/Pumping Inspections	6	7	**	**
F. Other Source Water Inspections	0	0	5	15
SURFACE WATER PROGRAM				
A. Surface Water Sampling	0	0	0	0
LEAD PROGRAM				
A. HUD Lead Inspections	0	0	0	2
B. Lead Risk Assessments	13	51	24	44
EBLL Assessments	5	28	5	9
a. Parent Request	8	23	19	35
b. Clearances	6	32	9	22
c. Off Site Meetings	0	1	0	15
d. Public Information Events	0	2	1	14
e. Children Tested for Lead Levels*	239	1431	1380	2385
CAFO PROGRAM				
A. Inspections	0	0	0	0
AIR QUALITY PROGRAM				
A. Burn Permits	3	28	25	0
B. Indoor Air Quality Investigation	0	0	0	0
C. Mold Investigations	0	1	1	0
VECTOR PROGRAM				
A. Inspections performed	7	27	56	5
B. Sites Treated	0	0	4	2
C. Traps Collected	30	37	31	0
D. ISDH Submissions	24	24	35	0
E. Public Information Events	3	6	1	0
HEALTHY HOMES PROGRAM (Inside)				
A. Initial Complaints	27	105	88	68
a. No Water	9	22	16	16
b. Garbage/Food Waste	4	38	32	32
c. Feces	10	26	25	8
d. Rodents/Cockroaches	4	19	15	12
B. Follow-Up Complaints	21	109	82	93
a. No Water	11	54	25	25
b. Garbage/Food Waste	6	33	43	48
c. Feces	2	13	12	13
d. Rodents/Cockroaches	2	9	2	7
e. Dwellings Unfit	5	12	8	16

	Jun-23	YTD 2023	YTD 2022	YTD 2019
MASSAGE				
A. Establishment Inspections	3	69	86	61
TATTOO/BODY PIERCING PROGRAM				
A. Inspections Performed	3	11	33	18
COMPLAINTS/INVESTIGATIONS				
A. Garbage/Food Waste (Outside)	11	74	84	20
B. Sewage	17	55	53	32
C. Water (ditches, lakes, ponds, & swells)	0	6	1	6
D. Motels/Hotels	0	1	1	0
E. Burning	2	6	9	7
F. Open Dumping	2	4	**	**
G. Follow-up Inspections	7	48	**	**
H. Other	8	41	113	40
ABATEMENT CORRESPONDENCE				
A. Abatement Correspondence Mailed	53	188	249	99
B. Immediate Threat to Public Health Correspondence	1	3	3	2
C. Order to Vacate/Condemn Correspondence Mailed	5	16	8	17
D. Impending Legal Action Correspondence Mailed	8	18	16	7
SUBSURFACE INVESTIGATIONS				
A. Internal	0	0	27	**
B. External	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 annually by tax revenue and fee revenue as well as COVID insurance reimbursement funds (financial compensation for the administrative costs for participating in the CDC and HRSA COVID-19 vaccination program) as well as salary recovery from some federal grants.

LEADS: Board of Health, Dr. Cerbin, Dr. Fox - SUPPORT: Amy Ruppe

		Budget		April	May	June	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	\$1,181,337.47	\$1,181,337.47	
Federal Reimbursements				\$36,727.78	\$29,837.75	\$29,480.22	\$635,822.28	
Miscellaneous Revenue				\$0.00	\$0.00	\$445.00	\$1,445.00	
TOTAL Tax, Fed Reimb and Misc Revenue				\$36,727.78	\$29,837.75	\$1,211,262.69	\$5,551,665.13	
Environmental Health				\$46,554.37	\$43,657.81	\$52,188.28	\$484,495.46	
Food Services				\$18,363.75	\$15,110.00	\$11,526.25	\$231,703.75	
Immunization Clinic (South Bend)				\$8,561.90	\$8,526.66	\$8,141.28	\$67,216.25	
Vital Records (South Bend)				\$49,933.00	\$31,472.00	\$43,979.50	\$249,179.40	
Immunization Clinic (Mishawaka)				\$7,433.00	\$7,313.00	\$8,683.00	\$33,859.00	
Vital Records (Mishawaka)				\$2,641.00	\$4,910.00	\$6,868.00	\$29,755.00	
Fees (Charge 2, Coroner Fee)				(\$7,430.12)	(\$3,763.30)	(\$5,219.00)	(\$36,974.04)	
Total Fee Revenue				\$126,056.90	\$107,226.17	\$126,167.31	\$1,059,234.82	
TOTAL REVENUE				\$162,784.68	\$137,063.92	\$1,337,430.00	\$6,610,899.95	
EXPENDITURES								
Acct	10000 Series	Budget	Carryforward	April	May	June	Expenditures	Unexpended
11030	Administrator	\$71,991.00	\$0.00	\$5,537.76	\$5,537.76	\$5,537.76	\$35,995.44	\$35,995.56
11055	County Health Officer	\$206,211.00	\$0.00	\$10,023.29	\$9,615.38	\$9,615.38	\$68,618.55	\$137,592.45
11077	Admin. Assistant	\$118,362.00	\$0.00	\$9,104.76	\$9,104.76	\$12,981.23	\$62,455.56	\$55,906.44
11087	Insurance Billing Specialist	\$36,086.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36,086.00
11143	Registrars	\$108,258.00	\$0.00	\$8,188.69	\$7,355.74	\$7,911.04	\$51,542.09	\$56,715.91
11144	Nursing Registrars	\$72,172.00	\$0.00	\$5,551.68	\$5,551.68	\$5,551.68	\$36,085.92	\$36,086.08
11145	Staff Assistants	\$72,172.00	\$0.00	\$5,551.68	\$5,422.11	\$4,163.76	\$34,568.43	\$37,603.57
11151	Director of Vital Records	\$63,540.00	\$0.00	\$4,887.70	\$4,887.70	\$4,887.70	\$31,770.05	\$31,769.95
11154	Asst. Director Vital Records	\$55,000.00	\$0.00	\$4,230.76	\$4,230.76	\$4,230.76	\$27,499.94	\$27,500.06
11155	Nurses/Other Medical	\$337,654.00	\$0.00	\$24,963.25	\$25,168.88	\$25,168.88	\$157,038.93	\$180,615.07
11161	Director of Env Health	\$63,540.00	\$0.00	\$4,887.70	\$4,887.70	\$4,887.70	\$31,770.05	\$31,769.95
11162	Asst. Dir Environmental Health	\$58,000.00	\$0.00	\$4,461.54	\$4,461.54	\$4,461.54	\$29,000.01	\$28,999.99
11163	Director of Food Services	\$63,540.00	\$0.00	\$4,887.70	\$4,887.70	\$4,887.70	\$31,770.05	\$31,769.95
11165	Asst Dir Food Services	\$58,000.00	\$0.00	\$4,461.54	\$4,461.54	\$4,461.54	\$29,000.01	\$28,999.99
11170	Director of HEED	\$80,000.00	\$0.00	\$6,153.84	\$6,153.84	\$9,688.08	\$43,534.20	\$36,465.80
11172	Environmental Health Specialist	\$468,000.00	\$0.00	\$33,973.76	\$33,999.85	\$32,032.41	\$208,492.21	\$259,507.79
11174	Food Service Specialist	\$260,000.00	\$0.00	\$20,000.00	\$20,000.00	\$20,000.00	\$130,000.00	\$130,000.00
11195	Public Health Coordinator	\$54,550.00	\$0.00	\$4,196.16	\$4,196.16	\$6,986.17	\$30,065.05	\$24,484.95
11196	Health Promotion Specialist	\$50,000.00	\$0.00	\$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	\$4,887.70	\$31,770.05	\$31,769.95
11650	Executive Secretary	\$41,778.00	\$0.00	\$3,213.70	\$3,213.70	\$3,213.70	\$20,889.05	\$20,888.95
11701	Director of Nursing	\$82,640.00	\$0.00	\$6,356.92	\$6,356.92	\$6,356.92	\$41,319.98	\$41,320.02
11950	Part Time	\$95,326.00	\$0.00	\$2,436.01	\$2,535.04	\$1,812.15	\$20,795.30	\$74,530.70
11976	Deputy Health Officer	\$50,133.00	\$0.00	\$3,856.38	\$3,856.38	\$3,856.38	\$25,066.47	\$25,066.53
12010	Data Analyst	\$46,596.00	\$0.00	\$3,584.32	\$2,647.42	\$3,584.32	\$22,361.18	\$24,234.82
14800	FICA Taxes @ 7.65%	\$204,798.00	\$0.00	\$13,669.52	\$13,495.70	\$14,105.76	\$88,784.01	\$116,013.99
14810	PERF @ 11.2%	\$283,543.00	\$0.00	\$19,291.27	\$19,055.87	\$19,064.43	\$122,506.05	\$161,036.95
14840	Health Insurance	\$786,900.00	\$0.00	\$0.00	\$0.00	\$196,725.00	\$393,450.00	\$393,450.00
Total 10000 Series		\$3,952,330.00	\$0.00	\$218,357.63	\$215,971.83	\$421,059.69	\$1,806,148.58	\$2,146,181.42
Acct	20000 Series	Budget	Carryforward	April	May	June	Expenditures	Unexpended
21030	Office Supplies	\$21,542.00	\$0.00	\$1,472.05	\$529.46	\$998.46	\$5,292.62	\$16,249.38
22120	Garage & Motor Supplies	\$11,980.00	\$0.00	\$1,825.24	\$1,848.17	\$162.61	\$3,836.02	\$8,143.98
22148	Field Supplies	\$4,000.00	\$986.50	\$221.21	\$926.22	\$296.15	\$2,473.82	\$2,526.18
22328	Equipment Repairs	\$2,250.00	\$0.00	\$0.00	\$110.00	\$0.00	\$110.00	\$2,140.00
22406	Immunization Supplies	\$83,545.00	\$0.00	\$20,842.09	\$5,720.20	\$11,524.76	\$61,045.91	\$22,499.09
22448	Education Books	\$200.00	\$0.00	\$0.00	\$0.00	\$39.20	\$39.20	\$160.80
Total 20000 Series		\$123,517.00	\$986.50	\$24,360.59	\$9,134.05	\$13,021.18	\$72,797.57	\$51,705.93
Acct	30000 Series	Budget	Carryforward	April	May	June	Expenditures	Unexpended
31150	Medical Services	\$3,000.00	\$0.00	\$75.49	\$658.35	\$219.45	\$2,249.09	\$750.91
32020	Travel/Mileage	\$13,941.00	\$0.00	\$1,123.89	\$584.53	\$550.91	\$4,664.52	\$9,276.48
32203	Cell Phones	\$20,025.00	\$0.00	\$0.00	\$2,833.22	\$1,216.81	\$8,336.37	\$11,688.63
32350	Postage	\$250.00	\$0.00	\$0.00	\$27.92	\$0.00	\$27.92	\$222.08
32550	Miscellaneous Costs	\$25,000.00	\$0.00	\$348.50	\$0.00	(\$461.32)	\$786.06	\$24,213.94
33128	Environmental Health	\$3,500.00	\$0.00	\$0.00	\$50.00	\$0.00	\$223.56	\$3,276.44
33368	Public Info & Ed	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00
33938	Vector	\$25,000.00	\$2,691.69	\$687.44	\$2,705.65	\$342.94	\$13,227.72	\$14,463.97
34030	Liability Insurance Coverage	\$71,866.00	\$0.00	\$0.00	\$0.00	\$35,933.00	\$53,899.50	\$17,966.50
36015	Contractual Services	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00
36500	Service Contract	\$16,545.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,545.21
38012	Interest on Debt	\$7,821.00	\$0.00	\$651.72	\$651.72	\$651.72	\$3,910.32	\$3,910.68
38013	Principle on Debt	\$45,797.00	\$0.00	\$3,816.34	\$3,816.34	\$3,816.34	\$22,898.04	\$22,898.96
39010	Dues & Subscriptions	\$2,790.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,790.72
39600	Refunds, Awards & Indemnities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$313.99	(\$313.99)
39750	Information Technology	\$5,664.07	\$0.00	\$22.79	\$0.00	\$209.28	\$232.07	\$5,432.00
Total 30000 Series		\$346,200.00	\$2,691.69	\$6,726.17	\$11,327.73	\$42,479.13	\$110,769.16	\$238,122.53
Total Budget		\$4,422,047.00	\$3,678.19					
TOTAL EXPENDITURES				\$249,444.39	\$236,433.61	\$476,560.00	\$1,989,715.31	
Total Unexpended								\$2,436,009.88
Net (Monthly)				(\$86,659.71)	(\$99,369.69)	\$860,870.00		
FUND BALANCE				\$3,859,684.33	\$3,760,314.64	\$4,621,184.64		

MIH Initiatives

Funds raised from St. Joseph County and Indiana organization's sponsorships of the Achieving Birth Equity conference, in April of 2022, and stipends for presentations given by the MIH Initiatives Coordinator in the community. Funds are to be utilized to engage people during pregnancy, postpartum, and the first year of parenting in conversations to determine community needs surrounding pregnancy and birth in the community. The ultimate goal is to incorporate community voices into current and future program development within Maternal Infant Health Initiatives. Funds remaining following the completion of health cafes will be used towards new programming determined by the cafes.

LEAD: Robin Vida

		Budget	April	May	June	TOTALS	
Acct	REVENUE						
00000	Beginning Balance	\$7,871.60				\$7,871.60	
06400	Donations		\$0.00	\$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	\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
36015	Contractual Services	\$0.00	\$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		\$7,871.60	\$7,871.60	\$7,871.60		

County-Wide Lead Initiative

During our budget discussions in 2018 (preparing for FY 2019), the importance of lead was stressed, and the Auditor, Commissioners and Council created this fund and provides the funding for it. 70 percent of the housing in St. Joseph County was built before 1978, creating lead poisoning a priority for the community because lead-based paint was banned in 1978. This funding allows the DoH to provide more lead poisoning prevention services. The lead CHWs provide lead point of care testing in families homes and in daycares.

LEAD: Dr. Fox

		Budget	April	May	June	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$378,839.24				\$378,839.24	
02708	Federal Grants/Reimbursements		\$81,337.07	\$5,522.75	\$0.00	\$86,859.82	
05205	Interfund Transfer of Funds		\$200,000.00	\$0.00	\$0.00	\$200,000.00	
	TOTAL REVENUE	\$378,839.24	\$281,337.07	\$5,522.75	\$0.00	\$665,699.06	
	EXPENSES						
Acct	10000 Series						
11167	Community Health Worker	\$156,732.00	\$11,730.42	\$11,730.42	\$13,241.84	\$76,252.11	\$80,479.89
11176	Assistant Dir Health Equity	\$60,266.00	\$4,635.84	\$4,635.84	\$1,877.45	\$27,374.57	\$32,891.43
14800	FICA Taxes	\$16,601.00	\$1,224.28	\$1,218.53	\$1,135.57	\$7,766.42	\$8,834.58
14810	PERF	\$24,304.00	\$1,833.00	\$1,833.00	\$1,693.33	\$11,606.04	\$12,697.96
14840	Health Insurance	\$91,500.00	\$12,200.00	\$0.00	\$13,725.00	\$25,925.00	\$65,575.00
	Total 10000 Series	\$349,403.00	\$31,623.54	\$19,417.79	\$31,673.19	\$148,924.14	\$200,478.86
Acct	20000 Series						
21030	Office Supplies	\$5,000.00	\$0.00	\$39.00	\$0.00	\$1,849.73	\$3,150.27
22148	Field Supplies	\$5,000.00	\$26.30	\$1,751.39	\$0.00	\$2,885.27	\$2,114.73
	Total 20000 Series	\$10,000.00	\$26.30	\$1,790.39	\$0.00	\$4,735.00	\$5,265.00
Acct	30000 Series						
31150	Medical Services	\$100.00	\$0.00	\$0.00	\$0.00	\$46.41	\$53.59
32020	Travel/Mileage	\$1,000.00	\$161.07	\$2.25	\$69.75	\$902.27	\$97.73
32050	Conferences & Training	\$3,500.00	\$0.00	\$114.40	\$0.00	\$114.40	\$3,385.60
32203	Cell Phones	\$3,240.00	\$0.00	\$570.92	\$285.46	\$1,684.49	\$1,555.51
32350	Postage	\$1,000.00	\$162.44	\$311.17	\$173.61	\$1,043.81	(\$43.81)
33368	Public Information & Education	\$3,142.50	\$0.00	\$1,100.56	\$489.12	\$2,235.67	\$906.83
36500	Service Contract	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00
39750	Information Tech	\$9,900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,900.00
	Total 30000 Series	\$26,882.50	\$323.51	\$2,099.30	\$1,017.94	\$6,027.05	\$20,855.45
	Total Budget	\$386,285.50					
	Total Expenditures		\$31,973.35	\$23,307.48	\$32,691.13	\$159,686.19	
	Total Unexpended						\$226,599.31
	Net (Monthly)		\$249,363.72	(\$17,784.73)	(\$32,691.13)		
	FUND BALANCE		\$556,488.73	\$538,704.00	\$506,012.87		

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

		Budget	April	May	June	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	(\$69,598.98)				(\$69,598.98)	
02708	Federal/Grants Reimbursements		\$776.28	\$22,444.52	\$21,675.14	\$178,532.80	
	TOTAL REVENUE	(\$69,598.98)	\$776.28	\$22,444.52	\$21,675.14	\$108,933.82	
	EXPENSES						
Acct	10000 Series						
11781	Imm Outreach Coordinator	\$25,000.48	\$3,846.16	\$3,846.16	\$3,846.16	\$25,000.04	\$0.44
11193	Part Time	\$86,925.14	\$11,222.81	\$10,620.33	\$10,774.60	\$68,371.57	\$18,553.57
14800	FICA Taxes	\$8,600.20	\$1,141.06	\$1,095.00	\$1,106.78	\$7,075.51	\$1,524.69
14810	PERF	\$2,799.94	\$430.76	\$430.76	\$430.76	\$2,799.94	\$0.00
14840	Health Insurance	\$9,150.00	\$4,575.00	\$0.00	\$4,575.00	\$9,150.00	\$0.00
	Total 10000 Series	\$132,475.76	\$21,215.79	\$15,992.25	\$20,733.30	\$112,397.06	\$20,078.70
Acct	20000 Series						
21030	Office Supplies	\$692.88	\$0.00	\$120.75	\$406.33	\$692.88	\$0.00
22406	Immunization Supplies	\$843.26	\$0.00	\$0.00	\$843.26	\$843.26	\$0.00
	Total 20000 Series	\$1,536.14	\$0.00	\$120.75	\$1,249.59	\$1,536.14	\$0.00
Acct	30000 Series						
32020	Travel /Mileage	\$1,911.64	\$0.00	\$194.35	\$504.80	\$699.15	\$1,212.49
32203	Cell Phones	\$1,595.64	\$0.00	\$407.80	\$203.90	\$1,225.50	\$370.14
33368	Public Info & Educ	\$24,078.62	\$1,143.73	\$0.00	\$1,382.44	\$4,165.71	\$19,912.91
36015	Contractual Services	\$7,976.33	\$85.00	\$4,959.99	\$1,114.28	\$14,098.57	(\$6,122.24)
	Total 30000 Series	\$35,562.23	\$1,228.73	\$5,562.14	\$3,205.42	\$20,188.93	\$15,373.30
	Total Budget	\$169,574.13					
	Total Expenditures		\$22,444.52	\$21,675.14	\$25,188.31	\$134,122.13	
	Total Unexpended						\$35,452.00
	Net (Monthly)		(\$21,668.24)	\$769.38	(\$3,513.17)		
11	FUND BALANCE		(\$22,444.52)	(\$21,675.14)	(\$25,188.31)		

Health PHEP

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

LEAD: Robin Vida

		Budget	April	May	June	Total	Unexpended
Acct	REVENUE						
00000	Beginning Balance	(\$11,251.40)				(\$11,251.40)	
02708	Federal/Grants Reimbursements		\$0.00	\$0.00	\$2,222.16	\$20,343.61	
	TOTAL REVENUE	(\$11,251.40)	\$0.00	\$0.00	\$2,222.16	\$9,092.21	
	EXPENSES						
Acct	30000 Series						
32550	Miscellaneous Costs	\$11,099.55	\$768.00	\$2,222.16	\$2,488.30	\$11,033.68	\$65.87
	Total 30000 Series	\$11,099.55	\$768.00	\$2,222.16	\$2,488.30	\$11,033.68	\$65.87
	Total Budget	\$11,099.55					
	Total Expenditures		\$768.00	\$2,222.16	\$2,488.30	\$11,033.68	
	Total Unexpended						\$65.87
	Net (Monthly)		(\$768.00)	(\$2,222.16)	(\$266.14)		
	FUND BALANCE		\$546.83	(\$1,675.33)	(\$1,941.47)		

Health Issues & Challenges Lead

This funding through the Indiana State Department of Health (IDoH) is to increase capacity in the Department of Health's Lead Program because the elevated blood lead level (EBLL) threshold lowered from 10 µg/dL to 3.5 µg/dL on July 1, 2022. The funds allowed the DoH to hire a fourth CHW to provide case management services and a second Environmental Health Specialist to provide environmental risk assessment services to families with children who have confirmed EBLL's above 5 µg/dL. Also, the DoH hired a Perinatal Coordinator to work upstream by identifying at risk families before the lead poisoning in a child. The Coordinator works closely with the hospital systems. Grant is valid 07/01/22-06/30/24

LEAD: Vacant

		Budget	April	May	June	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$14,434.93				\$14,434.93	
02708	Federal/Grants Reimbursements		\$0.00	\$54,101.20	\$8,416.65	\$75,746.14	
	TOTAL REVENUE	\$14,434.93	\$0.00	\$54,101.20	\$8,416.65	\$90,181.07	
Acct	EXPENSES						
	10000 Series						
11155	Nurses/Other Medical	\$38,990.75	\$0.00	\$0.00	\$0.00	\$0.00	\$38,990.75
11167	Community Health Worker	\$20,003.50	\$0.00	\$0.00	\$0.00	\$0.00	\$20,003.50
11172	Environmental Health Specialist	\$103,816.48	\$4,000.00	\$4,000.00	\$4,000.00	\$24,000.00	\$79,816.48
11199	Perinatal Coordinator	\$93,186.85	\$4,153.84	\$4,153.84	\$4,153.84	\$19,730.82	\$73,456.03
11950	Part Time	\$153,103.76	\$0.00	\$0.00	\$0.00	\$0.00	\$153,103.76
14800	FICA Taxes	\$31,296.25	\$583.64	\$589.36	\$589.36	\$3,207.35	\$28,088.90
14810	PERF	\$36,929.97	\$448.00	\$448.00	\$448.00	\$2,688.00	\$34,241.97
14840	Health Insurance	\$88,692.60	\$3,050.00	\$0.00	\$9,150.00	\$12,200.00	\$76,492.60
	Total 10000 Series	\$566,020.16	\$12,235.48	\$9,191.20	\$18,341.20	\$61,826.17	\$504,193.99
	Total Budget	\$566,020.16					
	Total Expenditures		\$12,235.48	\$9,191.20	\$18,341.20	\$61,826.17	
	Total Unexpended						\$504,193.99
	Net (Monthly)		(\$12,235.48)	\$44,910.00	(\$9,924.55)		
	FUND BALANCE		(\$6,630.55)	\$38,279.45	\$28,354.90		

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. Cerbin - SUPPORT: Amy Ruppe

		Budget	April	May	June	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	(\$113,898.19)				(\$113,898.19)	
02708	Federal/Grants Reimbursements		\$9,634.35	\$27,387.99	\$30,707.52	\$274,126.90	
	TOTAL REVENUE	(\$113,898.19)	\$9,634.35	\$27,387.99	\$30,707.52	\$160,228.71	
	EXPENSES						
Acct	10000 Series						
11144	Nursing Registrar	\$48,329.56	\$7,435.32	\$7,435.32	\$7,435.30	\$48,329.56	\$0.00
11155	Nurses/Other Medical	\$63,425.88	\$9,757.83	\$9,757.83	\$9,757.82	\$63,425.88	\$0.00
11950	Part Time	\$4,500.00	\$0.00	\$1,475.47	\$782.30	\$2,257.77	\$2,242.23
11985	Temporary/Seasonal Help	\$20,026.30	\$748.42	\$1,032.30	\$584.97	\$13,918.83	\$6,107.47
14800	FICA Taxes	\$9,949.29	\$1,372.51	\$1,507.11	\$1,419.85	\$9,786.74	\$162.55
14810	PERF	\$9,035.46	\$1,390.07	\$1,390.07	\$1,390.07	\$9,035.46	\$0.00
14840	Health Insurance	\$22,996.08	\$3,832.68	\$3,832.68	\$3,832.68	\$22,996.08	\$0.00
	Total 10000 Series	\$178,262.57	\$24,536.83	\$26,430.78	\$25,202.99	\$169,750.32	\$8,512.25
Acct	30000 Series						
36015	Contractual Services	\$18,532.50	\$2,851.16	\$4,276.74	\$0.00	\$15,681.38	\$2,851.12
	Total 30000 Series	\$18,532.50	\$2,851.16	\$4,276.74	\$0.00	\$15,681.38	\$2,851.12
	Total Budget	\$196,795.07					
	Total Expenditures		\$27,387.99	\$30,707.52	\$25,202.99	\$185,431.70	
	Total Unexpended						\$11,363.37
	Net (Monthly)		(\$17,753.64)	(\$3,319.53)	\$5,504.53		
	FUND BALANCE		(\$27,387.99)	(\$30,707.52)	(\$25,202.99)		

Health CHWs for COVID

This program focuses on addressing COVID-19 and health disparities in St. Joseph County. This funding supports the training and deployment of eight CHWs in St. Joseph County. The eight CHWs are licensed insurance navigators and provide social needs assessments to community members throughout the county to connect them to housing, food, and other social services. Grant is valid 08/31/21-08/30/24.

LEAD: Mary Mumbi Wachira

		Budget	April	May	June	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$0.00				\$0.00	
02708	Federal/Grants Reimbursements		\$75,820.80	\$139,765.26	\$0.00	\$322,435.85	
	TOTAL REVENUE	\$0.00	\$75,820.80	\$139,765.26	\$0.00	\$322,435.85	
	EXPENSES						
Acct	10000 Series						
11030	Administrator	\$4,616.51	\$543.10	\$543.10	\$543.10	\$3,530.15	\$1,086.36
11055	Health Officer	\$4,889.52	\$575.21	\$0.00	\$0.00	\$2,588.45	\$2,301.07
11077	Admin. Assistant	\$17,709.60	\$2,083.46	\$2,083.46	\$2,083.46	\$13,542.49	\$4,167.11
11167	Community Health Worker	\$224,950.53	\$24,407.49	\$25,221.14	\$26,452.28	\$161,801.31	\$63,149.22
11170	Director of HEED	\$6,621.15	\$778.93	\$778.93	\$0.00	\$4,284.12	\$2,337.03
11176	Assistant Dir Health Equity	\$30,915.93	\$3,637.15	\$3,637.15	\$0.00	\$20,004.32	\$10,911.61
11196	Health Promotion Specialist	\$8,814.24	\$1,036.94	\$1,036.94	\$1,036.94	\$6,740.12	\$2,074.12
11197	Director of HOPE	\$4,074.64	\$479.34	\$479.34	\$479.34	\$3,115.77	\$958.87
11976	Deputy Health Officer	\$6,714.84	\$789.96	\$789.96	\$789.96	\$5,134.74	\$1,580.10
12014	Data Analyst	\$11,000.06	\$1,099.76	\$1,099.76	\$1,099.76	\$7,148.44	\$3,851.62
14800	FICA Taxes	\$24,742.17	\$2,642.80	\$2,660.46	\$2,419.30	\$17,031.11	\$7,711.06
14810	PERF	\$35,874.88	\$3,968.29	\$3,311.35	\$3,543.19	\$24,744.81	\$11,130.07
14840	Health Insurance	\$148,626.93	\$27,238.46	\$2,838.46	\$24,398.08	\$64,409.55	\$84,217.38
	Total 10000 Series	\$529,551.00	\$69,280.89	\$44,480.05	\$62,845.41	\$334,075.38	\$195,475.62
Acct	20000 Series						
22148	Field Supplies	\$4,413.74	\$0.00	\$47.94	\$0.00	\$47.94	\$4,365.80
	Total 20000 Series	\$4,413.74	\$0.00	\$47.94	\$0.00	\$47.94	\$4,365.80
Acct	30000 Series						
31015	Consultant Services	\$48,835.00	\$5,295.00	\$7,942.50	\$5,295.00	\$34,417.50	\$14,417.50
32020	Travel/Mileage	\$10,477.01	\$163.35	\$98.55	\$74.25	\$603.90	\$9,873.11
32050	Conferences & Training	\$25,804.43	\$0.00	\$0.00	\$0.00	\$1,630.25	\$24,174.18
32203	Cell Phones	\$3,930.30	\$0.00	\$735.53	\$367.02	\$2,207.64	\$1,722.66
33368	Public Information & Education	\$211,675.25	\$2,250.98	\$9,373.27	\$603.34	\$18,143.31	\$193,531.94
36015	Contractual Services	\$32,905.61	\$97.20	\$0.00	\$0.00	\$454.95	\$32,450.66
39010	Dues & Subscriptions	\$820.00	\$0.00	\$0.00	\$0.00	\$40.00	\$780.00
	Total 30000 Series	\$334,447.60	\$7,806.53	\$18,149.85	\$6,339.61	\$57,497.55	\$276,950.05
	Total Budget	\$868,412.34					
	Total Expenditures		\$77,087.42	\$62,677.84	\$69,185.02	\$391,620.87	
	Total Unexpended						\$476,791.47
	Net (Monthly)		(\$1,266.62)	\$77,087.42	(\$69,185.02)		
	FUND BALANCE		(\$77,087.42)	\$0.00	(\$69,185.02)		

Health COVID Crisis CoAg

Based on a jurisdiction population tier, the IDoH will provide funding to the LHDs to identify (and hire if necessary) school liaison to support continued infectious disease efforts and to support K-12 schools within the jurisdiction with IDOE required services, immunizations, dental screenings, hearing and vision screenings. The identified team member will be identified as the subject matter expert related to communicable disease response (including COVID-19 response) in schools and school wellness activities.

LEAD: Dr. Cerbin and Dr. Fox

		Budget	April	May	June	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$531,852.40				\$531,852.40	
02708	Federal/Grants Reimbursements		\$0.00	\$0.00	\$0.00	\$550,000.00	
	TOTAL REVENUE	\$531,852.40	\$0.00	\$0.00	\$0.00	\$1,081,852.40	
	EXPENSES						
Acct	10000 Series						
11167	Community Health Worker	\$81,523.00	\$0.00	\$0.00	\$0.00	\$0.00	\$81,523.00
11781	Imm Outreach Coordinator	\$11,539.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,539.00
11782	MIH Coordinator	\$13,785.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,785.00
11950	Part Time	\$52,355.00	\$0.00	\$0.00	\$0.00	\$0.00	\$52,355.00
11985	Temp/Seasonal Help	\$8,259.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,259.00
12010	Data Analyst	\$3,300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,300.00
14800	FICA Taxes	\$12,370.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,370.00
14810	PERF	\$9,777.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,777.00
14840	Health Insurance	\$28,975.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28,975.00
	Total 10000 Series	\$221,883.00	\$0.00	\$0.00	\$0.00	\$0.00	\$221,883.00
	EXPENSES						
Acct	30000 Series						
31015	Consultant Services	\$16,616.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,616.00
32550	Miscellaneous Costs	\$531,852.40	\$81,337.07	\$1,072.72	\$659.87	\$83,354.03	\$448,498.37
	Total 30000 Series	\$548,468.40	\$81,337.07	\$1,072.72	\$659.87	\$83,354.03	\$465,114.37
	Total Budget	\$548,468.40					
	Total Expenditures		\$81,337.07	\$1,072.72	\$659.87	\$83,354.03	
	Total Unexpended						\$465,114.37
	Net (Monthly)		(\$81,337.07)	(\$1,072.72)	(\$659.87)		
16	FUND BALANCE		\$1,000,230.96	\$999,158.24	\$998,498.37		

Health Local Health Services

This grant is a long-standing grant from the Indiana Department of Health which allows Local Health Departments to utilize the funds to work on any area in IDoH's long range plan. The St. Joseph County Department of Health uses these funds to fund our Health Promotion Specialist and for health outreach, promotion, and education efforts. Carry-forward pays for supplies, travel, educational materials and trainings for staff.

LEAD: Robin Vida

		Budget	April	May	June	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$46,084.20				\$46,084.20	
01412	State Grant		\$0.00	\$0.00	\$0.00	\$36,336.00	
02708	Federal Grants/Reimbursements		\$1,636.63	\$1,636.63	\$1,636.63	\$10,413.09	
	TOTAL REVENUE	\$46,084.20	\$1,636.63	\$1,636.63	\$1,636.63	\$56,497.29	
	EXPENSES						
Acct	10000 Series						
11193	Health Promotion Specialist	\$50,000.00	\$3,846.16	\$3,846.16	\$3,846.16	\$25,000.04	\$24,999.96
14800	FICA Taxes	\$3,825.00	\$280.67	\$280.67	\$280.67	\$1,831.13	\$1,993.87
14810	PERF	\$5,600.00	\$430.76	\$430.76	\$430.76	\$2,799.94	\$2,800.06
14840	Health Insurance	\$18,300.00	\$4,575.00	\$0.00	\$4,575.00	\$9,150.00	\$9,150.00
	Total 10000 Series	\$77,725.00	\$9,132.59	\$4,557.59	\$9,132.59	\$38,781.11	\$38,943.89
Acct	20000 Series						
21030	Office Supplies	\$2,280.00	\$0.00	\$126.99	\$110.89	\$237.88	\$2,042.12
	Total 20000 Series	\$2,280.00	\$0.00	\$126.99	\$110.89	\$237.88	\$2,042.12
Acct	30000 Series						
32020	Travel /Mileage	\$5,167.00	\$977.00	\$0.00	\$0.00	\$2,384.80	\$2,782.20
32203	Cell Phones	\$540.00	\$0.00	\$172.44	\$86.22	\$517.74	\$22.26
33368	Public Info & Educ	\$7,300.00	\$0.00	\$0.00	\$119.99	\$119.99	\$7,180.01
	Total 30000 Series	\$13,007.00	\$977.00	\$172.44	\$206.21	\$3,022.53	\$9,984.47
	Total Budget	\$93,012.00					
	Total Expenditures		\$10,109.59	\$4,857.02	\$9,449.69	\$42,041.52	
	Total Unexpended						\$50,970.48
	Net (Monthly)		(\$8,472.96)	(\$3,220.39)	(\$7,813.06)		
17	FUND BALANCE		\$61,825.22	\$58,604.83	\$50,791.77		

Health Trust Fund

This grant 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. St. Joseph County created a Positive and Adverse Childhood Experiences (PACEs) program that aims to decrease the prevalence and impact of adverse childhood experiences (ACEs) in St. Joseph County by bolstering positive childhood experiences.

LEAD: Dr. Cerbin - SUPPORT: Amy Ruppe

		Budget	April	May	June	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$296,519.51				\$296,519.51	
01412	State Grant		\$0.00	\$0.00	\$0.00	\$46,828.51	
02708	Federal Grants/Reimbursements		\$0.00	\$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	\$2,810.27	\$4,684.08	\$4,684.08	\$28,572.71	\$32,320.29
14800	FICA Taxes	\$4,659.00	\$209.30	\$345.21	\$347.12	\$2,140.64	\$2,518.36
14810	PERF	\$6,821.00	\$314.75	\$524.62	\$524.62	\$3,200.16	\$3,620.84
14840	Health Insurance	\$18,300.00	\$4,575.00	\$0.00	\$4,575.00	\$9,150.00	\$9,150.00
	Total 10000 Series	\$90,673.00	\$7,909.32	\$5,553.91	\$10,130.82	\$43,063.51	\$47,609.49
Acct	30000 Series						
32020	Travel/Mileage	\$2,444.00	\$0.00	\$0.00	\$0.00	\$484.87	\$1,959.13
32203	Cell Phones	\$540.00	\$0.00	\$81.56	\$40.78	\$245.10	\$294.90
33368	Public Info. & Educ.	\$500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500.00
	Total 30000 Series	\$3,484.00	\$0.00	\$81.56	\$40.78	\$729.97	\$2,754.03
	Total Budget	\$94,157.00					
	Total Expenditures		\$7,909.32	\$5,635.47	\$10,171.60	\$43,793.48	
	Total Unexpended						\$50,363.52
	Net (Monthly)		(\$7,909.32)	(\$5,635.47)	(\$10,171.60)		
	FUND BALANCE		\$315,361.61	\$309,726.14	\$299,554.54		

Beacon Safety Pin Grant

This grant was awarded to Beacon Community Impact with SJCDoH, Saint Joseph Health System, Elkhart Dept of Health, and Franciscan Health as subgrantees to improve maternal and infant health and decrease infant mortality across the Northern Hospital region of Indiana. SJCDoH's role is to lead outreach, awareness, and training on topics that will improve overall maternal infant health and eliminate inequities in birth outcomes.
Grant is valid 04/01/21-03/31/25.

LEAD: Robin Vida

		Budget	April	May	June	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$0.00				\$0.00	
02710	Local Grant Reimbursement		\$0.00	\$0.00	\$2,021.13	\$2,021.13	
	TOTAL REVENUE	\$0.00	\$0.00	\$0.00	\$2,021.13	\$2,021.13	
	EXPENSES						
Acct	30000 Series						
33368	Public Info & Educ	\$5,626.90	\$82.96	\$1,954.50	\$188.28	\$2,292.37	\$3,334.53
	Total 30000 Series	\$5,626.90	\$82.96	\$1,954.50	\$188.28	\$2,292.37	\$3,334.53
	Total Budget	\$5,626.90					
	Total Expenditures		\$82.96	\$1,954.50	\$188.28	\$2,292.37	
	Total Unexpended						\$3,334.53
	Net (Monthly)		(\$82.96)	(\$1,954.50)	\$1,832.85		
	FUND BALANCE		(\$149.59)	(\$2,104.09)	(\$271.24)		

Safety PIN Grant

From IDoH, this funding supports all activities of MIH Initiatives including the coordinator activities, FIMR Case Review and collaboration with SJCDoH units, community partners through workgroups, projects, educational materials consultation, reports, and presentations. Funds are also used to create, print, and distribute educational materials and to purchase and distribute sleep sacks, cribs, and car seats. Grant is valid 10/01/21-09/20/23.

LEAD: Robin Vida

		Budget	April	May	June	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	(\$3,600.58)				(\$3,600.58)	
01412	State Grant		\$3,846.70	\$3,547.08	\$4,125.00	\$28,044.31	
	TOTAL REVENUE	(\$3,600.58)	\$3,846.70	\$3,547.08	\$4,125.00	\$24,443.73	
	EXPENSES						
Acct	10000 Series						
11782	MIH Coordinator	\$25,138.75	\$3,132.00	\$3,132.00	\$3,132.00	\$20,358.00	\$4,780.75
14800	FICA Taxes	\$1,971.76	\$238.58	\$238.58	\$238.58	\$1,553.82	\$417.94
	Total 10000 Series	\$27,110.51	\$3,370.58	\$3,370.58	\$3,370.58	\$21,911.82	\$5,198.69
Acct	20000 Series						
24012	Promotion Supplies	\$14,500.91	\$39.00	\$206.92	\$501.96	\$4,816.95	\$9,683.96
	Total 20000 Series	\$14,500.91	\$39.00	\$206.92	\$501.96	\$4,816.95	\$9,683.96
Acct	30000 Series						
32020	Travel /Mileage	\$3,536.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,536.00
32203	Cell Phones	\$1,110.00	\$0.00	\$60.00	\$30.00	\$180.00	\$930.00
36015	Contractual Services	\$69,054.50	\$137.50	\$487.50	\$0.00	\$1,437.50	\$67,617.00
	Total 30000 Series	\$73,700.50	\$137.50	\$547.50	\$30.00	\$1,617.50	\$72,083.00
	Total Budget	\$115,311.92					
	Total Expenditures		\$3,547.08	\$4,125.00	\$3,902.54	\$28,346.27	
	Total Unexpended						\$86,965.65
	Net (Monthly)		\$299.62	(\$577.92)	\$222.46		
20	FUND BALANCE		(\$3,547.08)	(\$4,125.00)	(\$3,902.54)		

CHW Safety PIN

The purpose of this program is to close gaps in entry to prenatal care identified through the FIMR Case Review process for mothers whose first system access is WCC. Funding from IDoH supports a partnership with Women's Care Center that embeds 2 SJCDoH CHWs at 4 WCC facilities, who upon referrals from WCC counselors, assist mothers and families with connection to insurance, prenatal (medical) care, and other social needs. Grant is valid 01/01/22-12/31/23.

LEAD: Vacant

		Budget	April	May	June	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	(\$15,752.70)				(\$15,752.70)	
01412	State Grant		\$10,714.60	\$16,190.67	\$7,160.67	\$64,019.98	
	TOTAL REVENUE	(\$15,752.70)	\$10,714.60	\$16,190.67	\$7,160.67	\$48,267.28	
	EXPENSES						
Acct	10000 Series						
11167	Community Health Worker	\$105,543.55	\$5,946.70	\$5,946.70	\$6,063.94	\$38,770.79	\$66,772.76
14800	FICA Taxes	\$24,762.42	\$427.93	\$427.93	\$455.99	\$2,823.10	\$21,939.32
14810	Perf	\$12,620.89	\$666.04	\$666.04	\$643.70	\$4,306.92	\$8,313.97
14840	Health Insurance	\$54,000.00	\$9,150.00	\$0.00	\$9,150.00	\$18,300.00	\$35,700.00
	Total 10000 Series	\$196,926.86	\$16,190.67	\$7,040.67	\$16,313.63	\$64,200.81	\$132,726.05
Acct	30000 Series						
32020	Travel /Mileage	\$1,123.20	\$0.00	\$0.00	\$0.00	\$0.00	\$1,123.20
32050	Conferences & Trainings	\$3,015.70	\$0.00	\$0.00	\$0.00	\$80.10	\$2,935.60
32203	Cell Phones	\$1,018.00	\$0.00	\$120.00	\$60.00	\$360.00	\$658.00
33368	Public Info & Educ	\$1,083.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,083.00
39750	Information Technology	\$212.18	\$0.00	\$0.00	\$0.00	\$0.00	\$212.18
	Total 30000 Series	\$6,452.08	\$0.00	\$120.00	\$60.00	\$440.10	\$6,011.98
	Total Budget	\$203,378.94					
	Total Expenditures		\$16,190.67	\$7,160.67	\$16,373.63	\$64,640.91	
	Total Unexpended						\$138,738.03
	Net (Monthly)		(\$5,476.07)	\$9,030.00	(\$9,212.96)		
2	FUND BALANCE		(\$16,190.67)	(\$7,160.67)	(\$16,373.63)		

NACCHO Mentor Program

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.

LEAD: Robin Vida

		Budget	April	May	June	TOTALS	Unexpended
Acct	REVENUE						
00000	Beginning Balance	\$0.00				\$0.00	
02708	Federal/Grants Reimbursements		\$0.00	\$0.00	\$0.00	\$0.00	
	TOTAL REVENUE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENSES						
Acct	10000 Series						
11030	Administrator	\$2,624.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,624.00
11055	Health Officer	\$3,267.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,267.00
11170	Director of HEED	\$1,631.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,631.00
11197	Director of HOPE	\$13,898.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,898.00
12014	Data Analyst	\$2,177.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,177.00
12018	PACEs Coordinator	\$2,177.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,177.00
14800	FICA Taxes	\$1,971.72	\$0.00	\$0.00	\$0.00	\$0.00	\$1,971.72
14810	PERF	\$2,886.68	\$0.00	\$0.00	\$0.00	\$0.00	\$2,886.68
14840	Health Insurance	\$5,869.50	\$0.00	\$0.00	\$0.00	\$0.00	\$5,869.50
	Total 10000 Series	\$36,501.90	\$0.00	\$0.00	\$0.00	\$0.00	\$36,501.90
Acct	30000 Series						
32020	Travel/Mileage	\$5,375.75	\$0.00	\$0.00	\$616.97	\$616.97	\$4,758.78
32550	Miscellaneous Costs	\$12,200.00	\$0.00	\$0.00	\$0.00		
36015	Contractual Services	\$45,922.35	\$0.00	\$0.00	\$0.00	\$0.00	\$45,922.35
	Total 30000 Series	\$63,498.10	\$0.00	\$0.00	\$616.97	\$616.97	\$62,881.13
	Total Budget	\$100,000.00					
	Total Expenditures		\$0.00	\$0.00	\$616.97	\$616.97	
	Total Unexpended						\$99,383.03
	Net (Monthly)		\$0.00	\$0.00	(\$616.97)		
22	FUND BALANCE		\$0.00	\$0.00	(\$616.97)		

FOOD SERVICES UNIT

	Month	YTD 2023	YTD 2022	YTD 2019	% Difference 2023 VS 2022
Food Store Complaints	0	10	12	6	-16.7%
Food Service Complaints	17	100	91	92	9.9%
Civil Penalties	0	0	2	2	-100%
Health Officer Hearings				1	
Abatements Correspondence	1	2	8	25	-75%
Possible Foodborne Illness Investigations	0	7	4	5	75%
Opening Inspections	6	56	74	108	-24.3%
Inspections	203	1693	1251	1369	35.3%
Plan & Review/New Constr./Remodel	5	15	20	21	-25%
Fire Investigations		1	5	5	-80%
# Establishments Requested to Close				2	
Number of Temporary Events	39	103	98	133	-7.9%
Temporary Inspections	112	235	203	403	15.8%
Mobile Inspections		10	6	49	66.7%
Meetings	5	34	40	19	-15%
Smoking Information					
Smoking Complaints	0	3	0	0	
Smoking Appeals Hearings				0	
Pool Information					
Pool Inspections	20	28	42	16	-33.3%
Pool Consultations	0	2	0	4	
Pool Complaints	2	5	0	0	
Pool Closings	16	29	7	5	314.3%

6-2, 6/7, 6/20 2023 --Food Staff attended virtual meetings hosted by the Indiana Department of Health’s recently established “Indiana Retail Food Education Committee” (IRFEC).

6-2 House Bill 1149. Home Based Vendor requirements were revised last July, expanding where sales can occur in Indiana and requiring a “Food Handler” Certificate which is similar to an employee level food safety training and to be renewed every 3 years.

6/7 Food Seminar regarding the current Retail food sanitation requirements, inspection reporting, and a preview of the next version of the requirements, expected to roll out in January 2024.

6/20 Food Seminar with Dr. Kerri Suhr, Director of the Meat and Poultry Inspection Division at the Indiana Board of Animal Health (BOAH) as presenter.

6/5/2022 – Began “Summer Meals Program” inspections of 60 USDA Food and Nutrition Service’s participating sites. (<https://www.fns.usda.gov/meals4kids>)

6/22/2023 – One food staff member attended the Indiana Environmental Health Association (IEHA) 2nd Quarter Northwest Chapter meeting in La Porte, Indiana. The speaker was Sharon Pattee of Indiana Department of Health (IDoH), and the topic was Brewery Inspections by LHDs.

June Temporary events- of the 39 events, 11 were reoccurring events that continue through the summer. The St. Joseph County 4-H Fair starts June 30th and runs through July 8th. Approximately 50 food vendors will be at the 4-H Fair.

HEALTH EQUITY, EPIDEMIOLOGY, AND DATA (HEED) UNIT

Community Health Worker (CHW) Programs

CDC CHWs:

In **June 2023**, we had 8 CHWs through our grant from the Centers for Disease Control and Prevention (CDC) stationed in twelve census tracts with the highest social vulnerability index and/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 for residents.

Social Needs Assessments:

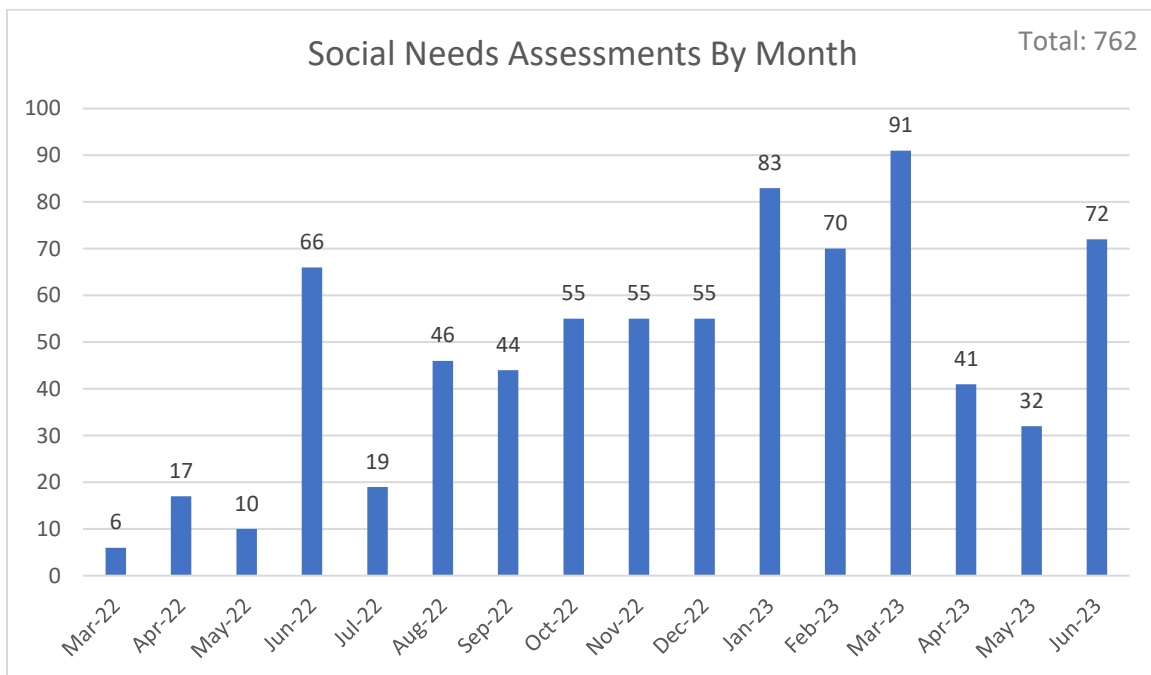
Social Needs Assessments (SNAs) are available on our website, and through community partners, for any public member to fill out to request assistance with resource navigation or insurance referrals. Our team responds to the completed surveys within 48 business hours to provide resources for the requested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

Month

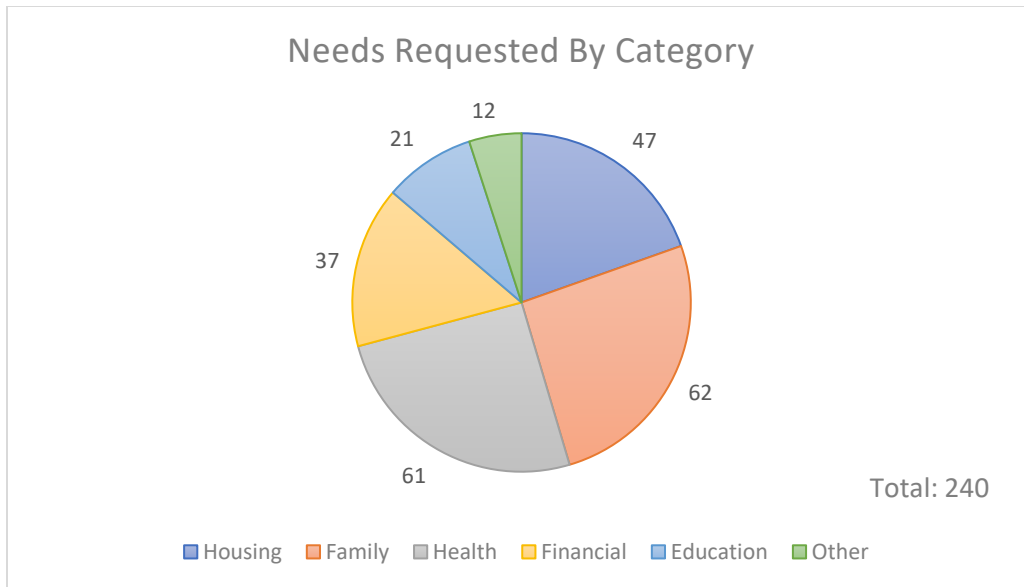
In **June**, our team received **72** SNAs from individuals requesting resources and **7** SNAs with no identified needs. A total of **240** resources were requested on the SNAs. Of the SNAs completed, **40** individuals were reached, and **69** community members were connected to **52** resources that 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 June's Numbers



Insurance Navigation:

Through the SNAs, the CHW team is connected with individuals and families that need assistance obtaining or changing their insurance coverage. Currently, we have 8 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 initiate coverage from when the process was started.

Month

In **June**, our team received **36** separate requests for insurance assistance. Our team assisted **7** adults and children in applying for insurance.

Of the requests for insurance assistance, **29** were ineligible for insurance, both ineligibilities were due to citizenship status. Our CHWs connect those ineligible for insurance with providers and specialists offering sliding-scale services.

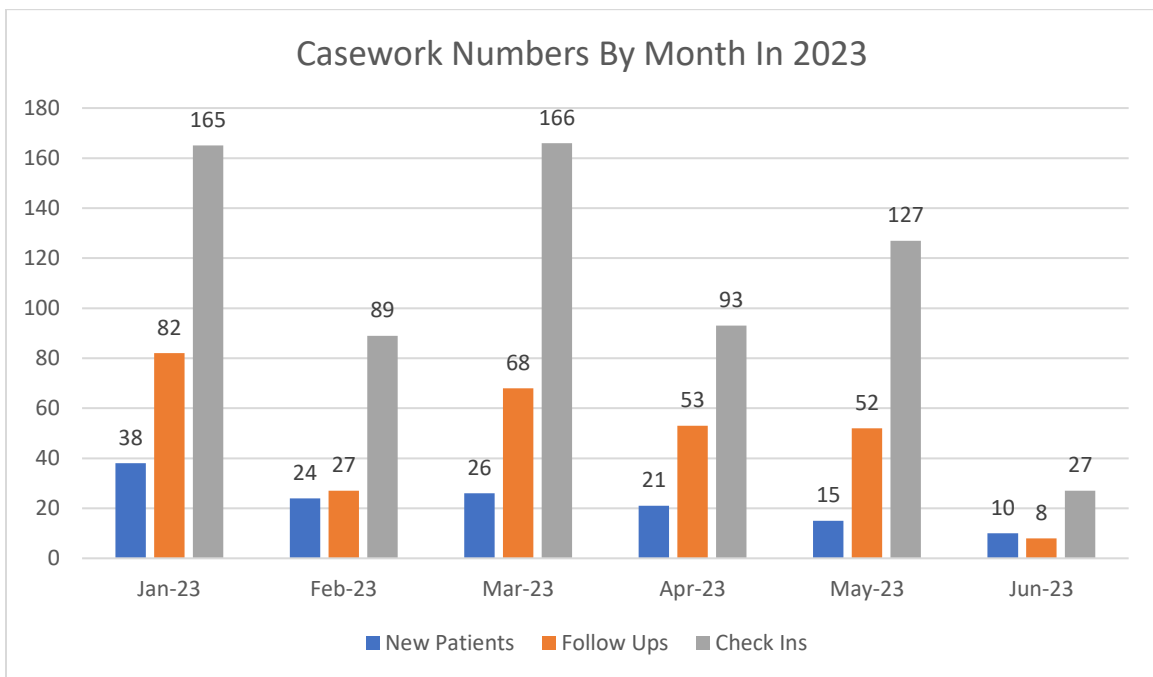
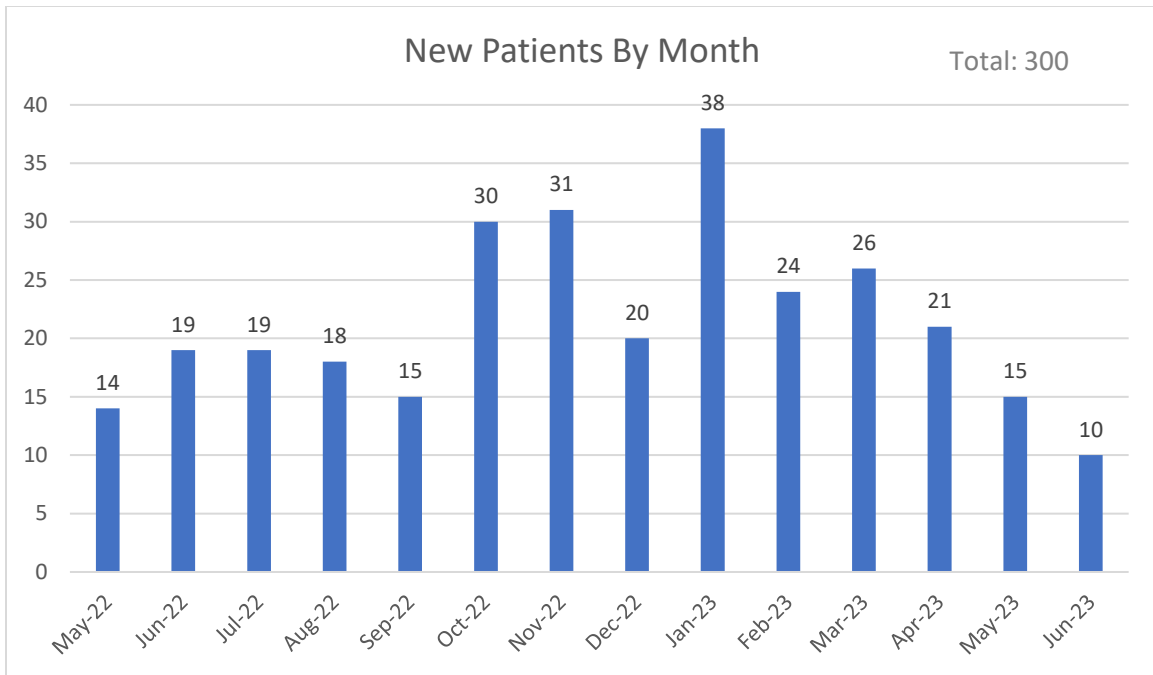
Maternal/Infant Health (MIH) CHWs:

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 individuals. Clients are referred to the 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.

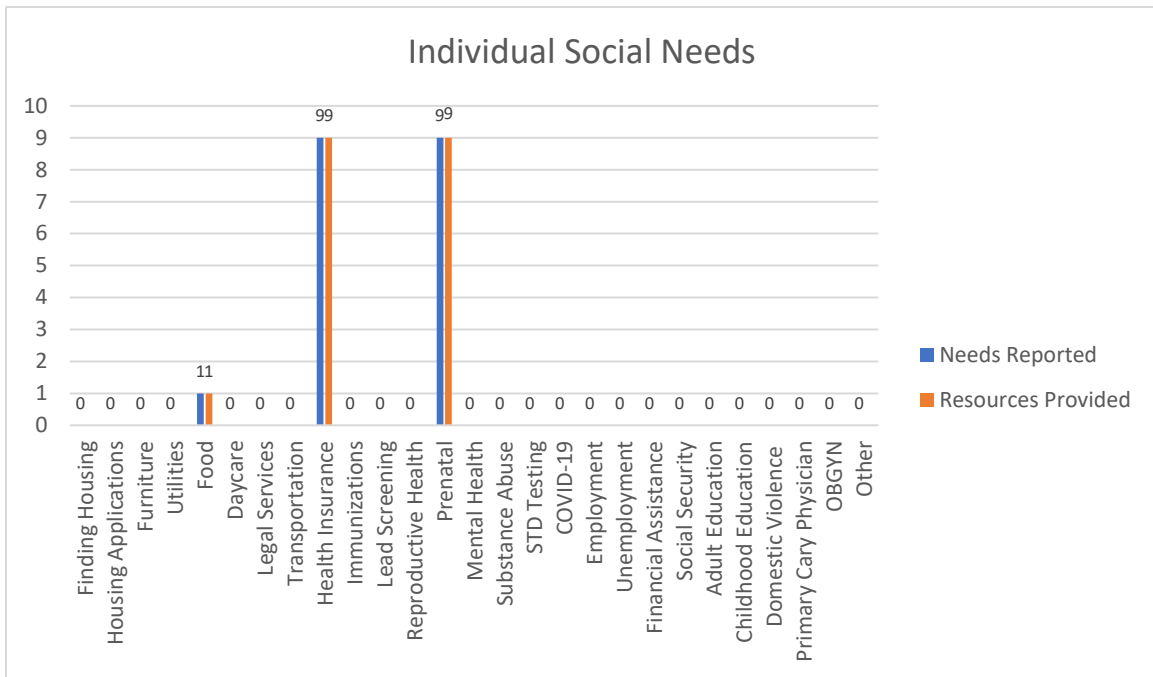
Month

In **June**, WCC counselors referred **10** clients to our MIH CHWs. **10** of **10** clients identified social needs. The **10** clients identified a total of **19** needs. **6** of the **10** clients identified that it was their first pregnancy, and **7** of the **10** clients are classified as high-risk due to current or past medical complications. The MIH CHWs assisted **8** of the **10** clients in applying for or switching their insurance to a pregnancy plan.

MIH CHWs Visuals



Visuals for June's Numbers



PACEs:

Positive and Adverse Childhood Experiences

June 2023

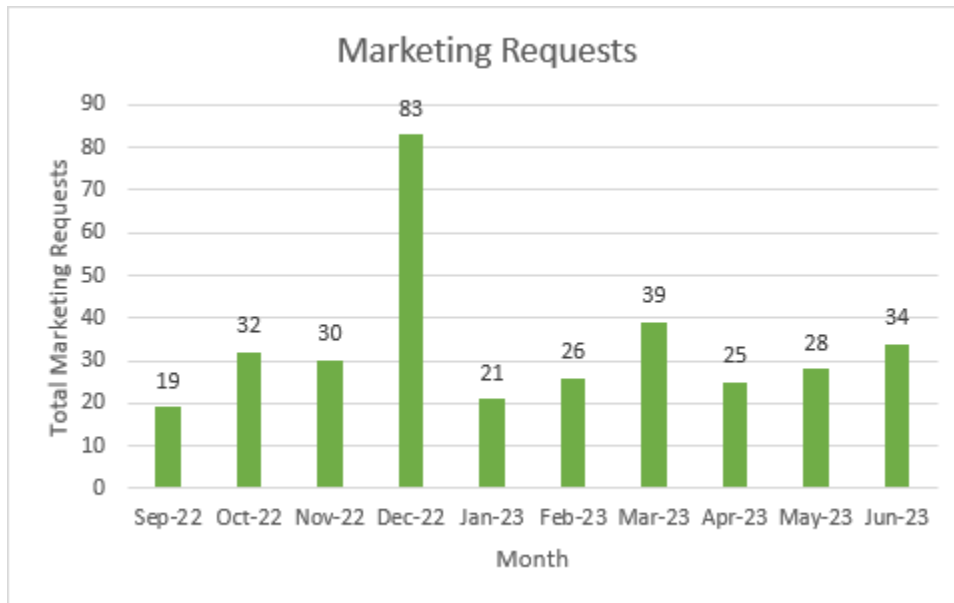
Project Area	Project Description	Monthly Update
Positive Childhood Experiences (PCE) Data	The goal of this project is to establish a process to measure and increase exposure to Positive Childhood Experiences among youth and adolescents in St. Joseph County	<ul style="list-style-type: none"> ● Scheduled to meet with SBCSC principals the week of May 8 ● Round 2 of PCE surveys scheduled week of May 15 ● Post-Survey focus groups scheduled for May 22 ● Manuscript in progress
ACEs, Suicide and Overdose	This project develops a community-based framework to prevent suicide and overdose by addressing ACEs. The primary focus area is to target the shared risk and protective factors for ACEs as an upstream prevention mechanism for suicide and overdose.	<ul style="list-style-type: none"> ● NACCHO grant to address ACEs, Suicide and Overdose is in progress. ● Initial efforts underway to identify strengths and gaps in community capacity. ● Grant participation includes monthly technical assistance

		calls and group learning sessions.
Project Area	Project Description	Monthly Update
Community Partnerships	This project aims to develop concrete partnerships with local and state organizations that support PACEs work.	<ul style="list-style-type: none"> ● SJC Cares committees are ongoing and focused on mental health and suicide. ● PCE data is being shared in various community groups working with children and families.
Funding and Research	This program area focuses on maintaining the Department of Health’s knowledge of PACEs and opportunities for extramural funding that can support high-priority SJC PACEs projects.	<ul style="list-style-type: none"> ● Current funding partners: <ul style="list-style-type: none"> ○ NACCHO ○ Notre Dame Emerging Opportunities in Health

Marketing Update:

Health observances for each month are highlighted on social media and the DoH website. For the month of June, the health observance was for Human Papilloma Virus.

May- 23								
Type	Unit							
	HEED	Environmental	Immunizations	HOPE	Nursing	Admin	Foods	
Digital Media	1		6	1				
Website Change			4	2		4		
NEWLY DESIGNED Material	2	1		3				
Digital Flyers (PDF, logo, flyers etc.)	1							
CHANGE of Existing Printed Material								
Social Media	1							
REPRINTS of Existing Printed Material (No Changes)	8							
Total	13	1	10	6	0	4	0	
Grand Total of All Marketing Requests								34



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	1 Unique 0 Public Notice 0 Media Roundtable 0 Press Conference	SB Tribune = 8 WSBT = 3 WNDU = 2 ABC57 = 2 WVPE= 4

- <https://wsbt.com/news/local/deputy-health-officer-position-eliminated-7-others-resign-st-joseph-county-health-organizational-chart-department-controversy-republican-controlled-politics-new-officer-dr-diana-purushotham-indiana#>
- <https://wsbt.com/news/local/changes-questioned-st-joseph-county-health-department-deputy-officer-approved-seven-resignations-republicans-democrats-education-outreach-covid-19#>
- <https://wsbt.com/news/local/fallout-continues-after-changes-at-st-joseph-county-health-department-amy-drake-county-council-accusations-crt-critical-race-theory-abortion-dr-robert-einterz-equity-public-health-immunizations-shots#>
- <https://www.wndu.com/2023/06/23/resignations-job-cuts-st-joseph-county-department-health/>
- <https://www.wndu.com/2023/06/23/former-sjc-health-dept-workers-slam-county-councilwoman-after-slew-resignations/>
- <https://www.wvpe.org/wvpe-news/2023-06-22/st-joseph-county-health-board-ousts-pandemic-leader-shy-of-contracts-end>
- <https://www.wvpe.org/2023-06-27/public-health-advocates-have-new-worry-as-experience-leaves-health-department-at-critical-time>
- <https://www.wvpe.org/wvpe-news/2023-06-20/quitting-health-department-staff-cite-heat-from-new-county-council-members>
- <https://www.wvpe.org/2023-06-13/st-joseph-county-health-board-taps-woman-as-next-health-officer>
- <https://abc57.com/news/county-officials-eliminate-deputy-health-officer-position-06-23-23>
- <https://abc57.com/news/eight-health-workers-leave-saint-joe-county-department-of-health-cite-political-tension>
- <https://www.southbendtribune.com/story/opinion/editorials/2023/06/30/state-public-health-bill-among-issues-for-st-joseph-county-health-dept/70365127007/>
- <https://www.southbendtribune.com/story/news/2023/06/27/health-executives-urge-st-joseph-county-to-opt-into-state-dollars/70359890007/>
- <https://www.southbendtribune.com/story/opinion/columns/2023/06/27/st-joe-county-health-department-employee-explains-her-resignation/70356593007/>
- <https://www.southbendtribune.com/story/news/2023/06/27/idem-issues-poor-air-quality-warning-for-st-joseph-county/70362535007/>
- <https://www.southbendtribune.com/story/news/2023/06/12/health-officer-picked-for-st-joseph-county-is-dr-purushotham/70311630007/>
- <https://www.southbendtribune.com/story/news/2023/06/09/st-joseph-county-health-department-staff-quit-political-questions/70296910007/>
- <https://www.southbendtribune.com/story/news/2023/06/22/board-cuts-deputy-health-officer-dr-mark-fox-position-not-state-aid/70345528007/>
- <https://www.southbendtribune.com/story/opinion/columns/2023/06/09/health-equity-has-been-politicized-by-some-st-joseph-county-leaders/70297313007/>

	Total Number of Posts	Total Reach* (unique people who've seen our posts)	Total Post Engagement
Social Media	10	7,211	1,409

	ESSENCE Alerts	Narcan Distribution (doses)	Wound Care Kits Distribution
Substance Abuse	0	72	25

	ESSENCE Alerts
Suicide	2

*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
- SJC Cares member meeting
- Partnership for Drug-Free SJC Monthly Meeting, Executive Committee Meeting, Community awareness meeting, data meeting, and advocacy and policy meetings
- Health Improvement Alliance ELC meeting
- Suicide & Overdose Fatality Review Meeting
- IN Suicide Advisory Board Meeting
- 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; youth summit planning, prevention conference planning
- Various meetings with Oaklawn & other community stakeholders to discuss MAT project, Narcan, etc.
- Various meetings held with community stakeholders on substance use efforts including data, etc.
- Various Meetings with DoH Units (HPV cancer prevention, Immunization efforts)
- Various IDOH meetings RE: updates, grant updates, School liaison, etc. including IDOH Regional Meetings for GPHC (SB4).
- Meeting with High intensity drug trafficking agency (HIDTA) representative for Indiana.
- Meeting with NACCHO on Suicide, Overdose, ACEs grant (x 3)
- Meeting with City of South Bend on opioid efforts and potential collaboration.

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 additional key indicators. Key piece of next steps including supporting best practices of the opioid settlement monies with community stakeholders.

Director of HOPE attended the first Indiana Mental Health & Addictions conference in Indianapolis, IN.

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.

Director of HOPE and outgoing Maternal Infant Health Coordinator meet several times a week to ensure the continuation of our Maternal Infant Health Initiatives program continues successfully.

FIMR Case Review and FIMR Reporting

Case Review Recommendations to reduce infant mortality and improve birth outcomes for all people in St. Joseph County

1. Eliminate racial, ethnic, and socioeconomic disparities in birth outcomes
2. Provide data and information to support policy and legislation that will improve birth outcomes.
3. Facilitate connection of mothers to first trimester prenatal care and resource navigation.
4. Integrate clinical care and community-based organizations to provide connection to care, support, and resources throughout pregnancy & postpartum.
5. Improve sleep related death prevention education for providers and families.
6. Improve women's pregnancy health through access to information and medical care before, during, and after pregnancy.

FIMR Case Review and FIMR Reporting. (All recommendations come from this process)

- Preparing case files for medical record abstraction for MIHI contract abstractor.
- Next Case Review scheduled for Friday; July 21 is tentative depending on decision by Robin. FIMR activities may be placed on hold pending funding decisions regarding the FIMR Safety PIN grant RFP, due out any day, or whether to build FIMR into the SEA4 public health funds. Lauren Rose, RN who assists with medical record abstraction in a contract position, has expressed interest in continuing to surveil cases and possibly continue case review in some fashion.
 - **2023 Data: (as of June 20, 2023)**
 - 13 infant deaths (increase of 1 since May 31), 8 fetal deaths (no increase since May 31)

FIMR Community Action: Maternal Infant and Preconception Health Workgroup (Recommendations 1, 4, 6)

- Met on June 13. Design for QR code for the catalog were approved by all. Going to printer and plan for distribution to provider offices, childbirth units, and other community partners will be discussed at the next meeting. Next meeting is scheduled for July 11th. Robin will schedule future meetings until MIHI coordinator hired. The designs are through collaboration with Kristen Sachman and include these:



SJDOH FIMR and WCC CHW Project (Recommendations 1,3,4,5, & 6)

- Continuing bi-monthly check ins with CHWs and monthly with WCC staff, Bev Horton. We review clients served and any care topics.
- Participated in one interview for new CHW

FIMR Community Action: Birth Equity & Justice SJC (1, 2, 3, 4, 6)

- Met briefly on June 8. Next meeting will be as non-department of health workgroup later this summer.

Community Boards, Meetings, Reports, Presentations, and Committees and Connections (All recommendations)

Maternal Infant Health Initiatives Coordinator:

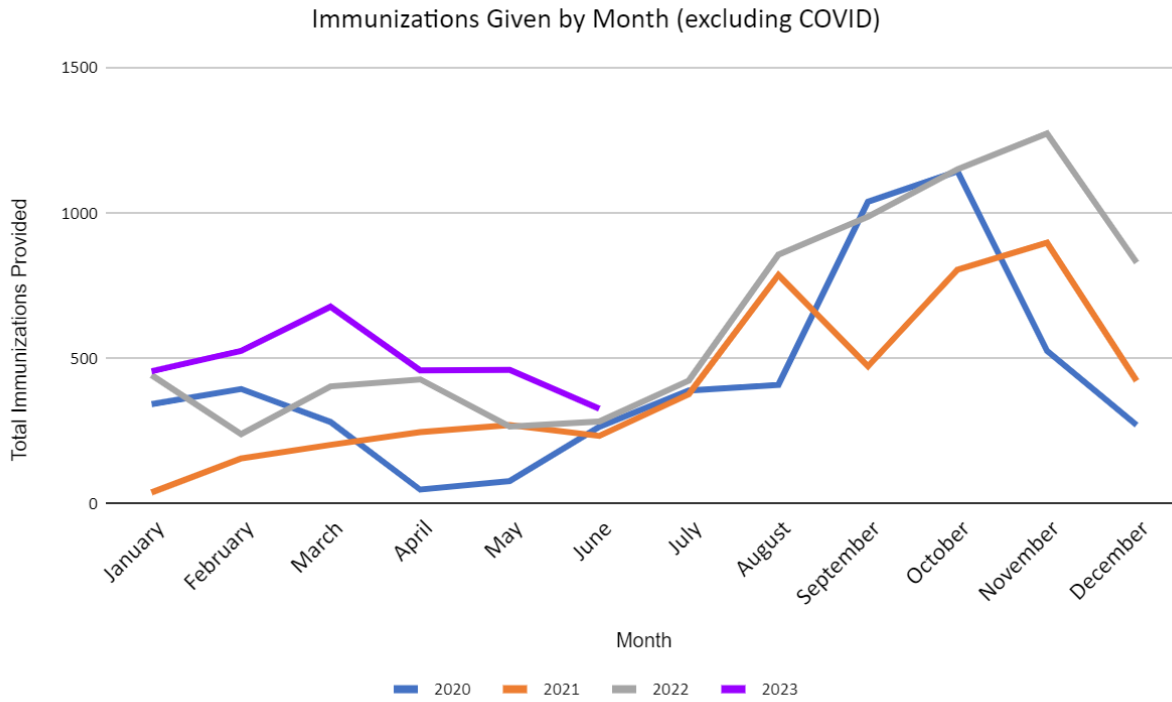
- MIHI 2023 Report submitted to Robin for final editing. Includes 2017-2021 data and all community action from 2022 through June 20, 2023.
- Met with Beacon Community Impact to wrap up Maternal Mental Health event expenses. This Safety PIN grant will be used to print materials for the Maternal Infant Health catalog.

Met with Eck Institute and ND Research Partners to wrap up Maternal Mental Health even expenses. They are waiting to hear from ND Athletics.

NURSING

IMMUNIZATION UNIT

Immunizations					
	June 2023	YTD 2023	YTD 2022	YTD 2021	YTD 2020
Unique Patients Seen (including COVID immunizations)	163	1,768	3,748	66,482	605
Total Immunizations Given (including COVID immunizations)	341	3,501	5,149	75,045	1,412
Total Immunizations Given (excluding COVID immunizations)	327	2,907	2,064	1,150	1,412



MOBILE CLINIC

In June, the mobile team did a few different series of clinics, partnering with the South Bend Parks Department and the Boys & Girls Club. We also did an outreach session with St. Margaret's house. We were present during their lunch hour and gave an opportunity for people to ask questions of the immunization team. A representative of Breast & Cervical Cancer Prevention services was also present at the table with us. We will continue this connection with St. Margaret's House in the future and are planning more sessions and immunization clinics.

One of the mobile nurses is out on medical leave this month and we are not sure when she will be able to return to work. So, we are currently working with just one part-time nurse. Others are pitching in to help this summer to make sure we can be at the events we had committed to already.

None of the clinics this month had large turnouts, but we feel we made good connections in the community to build on in the future. For routine immunizations, the mobile team saw 10 patients and administered 21 routine immunizations. We also administered 10 covid vaccinations.

Clinics

6/1/23 BABE Store

6/6/23 Potawatomi Park

6/12/23 Briarcliff

6/12/23 SBVPA Stop, Pop, and Roll week (3 parks)

6/13/23 Potawatomi Park

6/13/23 SBVPA Stop, Pop, and Roll week (3 parks)

6/14/23 SBVPA Stop, Pop, and Roll week (3 parks)

6/20/23 Potawatomi Park

6/21/23 St. Margaret's House

6/26/23 Boys & Girls Club locations (2 sites)

6/27/23 Boys & Girls Club locations (2 sites)

6/28/23 Navarre Middle School Summer School

6/28/23 Boys & Girls Club locations (2 sites)

PUBLIC HEALTH NURSING

TUBERCULOSIS						
	June 2023	YTD 2023	YTD 2022	YTD 2021	YTD 2020	YTD 2019
Directly Observed Therapies	27	118	1418	588	622	1443
Nurse Visits	20	166	324	90	179	162
QFT Ordered	3	6	50	19	26	56
CXR	0	2	5	0	8	56
New Active Cases	0	1	7	9	4	7
<i>Active TB Cases Following</i>	1	2	12	11	7	21
<i>Latent TB Cases Following</i>	18	39	56	21	38	37
ANIMAL BITES						
	JUNE 2023	YTD 2023	YTD 2022	YTD 2021	YTD 2020	YTD 2019
Animal Bites	37	210	441	146	122	143
Specimens Sent to ISDH Lab	5	19	75	13	21	22
Specimens Positive	0	0	0	0	0	0

June has been a quiet one in the Nursing Division. As you can see with the Immunization Report that immunization numbers are down. However, they are still more than pre-pandemic level. We will be opening July 10th, 2023, five days a week at both Mishawaka and South Bend. We look forward to our busy season with back-to-school immunizations.

Our Mobile Clinic is continuing to partner with community organizations to provide clinics for the community. Our Immunization Outreach Coordinator is working with a busy calendar the rest of the summer. We are also booking clinics throughout the end of August.

We are also trying to cross train another nurse to help with communicable disease. This will help with the burden of one primary public health nurse for over 200,000 people in St. Joseph County. State is still helping with communicable disease investigations.

VITAL RECORDS UNIT

	<u>Records Filed in June 2023</u>	<u>YTD 2023 Occurrences</u>	<u>YTD 2022 Occurrences</u>	<u>YTD 2021 Occurrences</u>	<u>YTD 2020 Occurrences</u>
<u>Birth Statistics*</u>					
Total Births	319	2034	2091	2056	1564
Total Deaths	241	1672	1738	1689	1325

Birth & Death data reflected as of 07/10/2023.

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

COMBINED UNIT LEAD PROGRAM

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

While there is no safe level of lead in the blood, in July 2022, the Indiana Department of Health (IDOH) lowered the reference threshold for blood lead levels (BLL) 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.

Testing

Lead Tests Across St. Joseph County

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

Tests drawn from May 1, 2023 – May 31, 2023

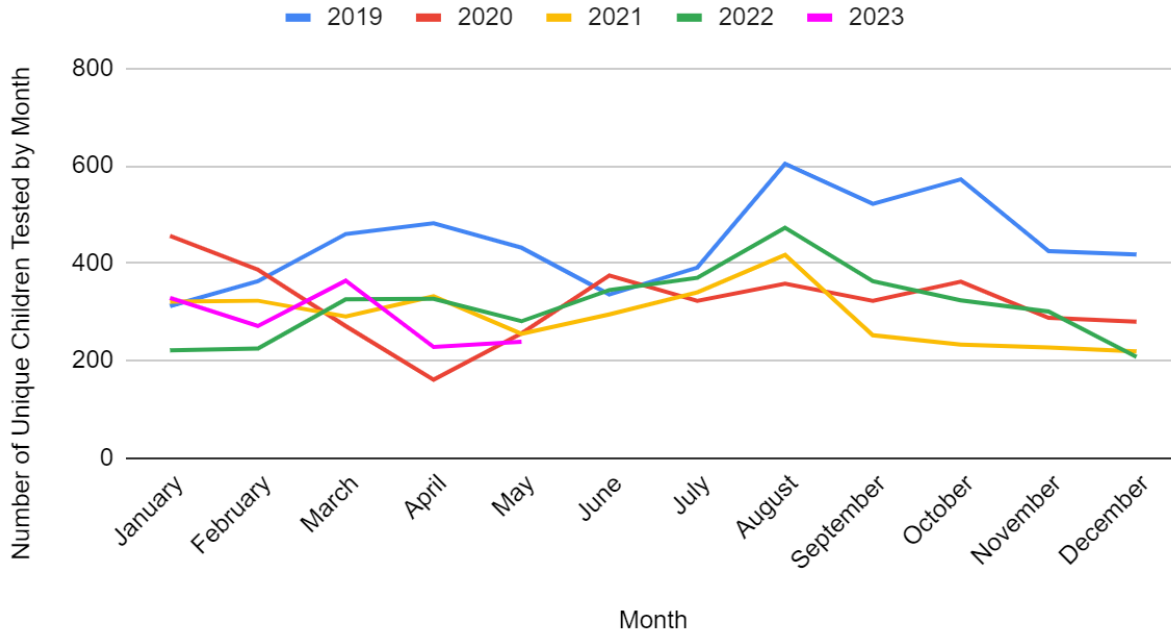
Pb Level (ug/dL)	Venous	Capillary	Unknown	Total
0	44	38	0	82
0.1-3.4	25	97	1	123
3.5-4.9	11	6	1	18
5-9.9	3	10	0	13
10-19.9	0	2	0	2
20-29.9	0	0	0	0
30-39.9	0	1	0	1
40-49.9	0	0	0	0
≥50	0	0	0	0
Total	83	154	2	23

There were no duplicate tests in the month of May, 239 unique children were tested.

2023 YTD = 1,431

2022 YTD = 1,380

Unique Children Tested by Month



Elevated Tests by Zip Codes

This table provides where we are seeing the most amount of elevated lead draws in the County by zip code. For example, in 2022, the zip code of 46628 repeatedly had one of the highest amounts of elevated lead tests. This could stem from a variety of factors (i.e., population size).

Zip Code	YTD 2023	YTD 2022
46628	18 elevated	12 elevated
46619	12 elevated	<5 elevated
46613	22 elevated	6 elevated
46601	7 elevated	5 elevated
46545	<5 elevated	<5 elevated
46616	<5 elevated	<5 elevated
46614	9 elevated	<5 elevated
46544	<5 elevated	6 elevated
46615	<5 elevated	<5 elevated
46561	<5 elevated	<5 elevated
46617	<5 elevated	<5 elevated
46530	<5 elevated	<5 elevated

Community Outreach Settings

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

	June 2023	YTD 2023	YTD 2022	YTD 2021
Events	3	22	7	0
a. Children Tested	12	125	74	0

Case Numbers

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

Current Case Numbers as of 6/30/2023

Case Management	Case Monitoring	Unconfirmed Cases
70	88	51



Risk Assessments

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

Activity	June 2023	YTD 2023	YTD 2022	YTD 2021	YTD 2020
A. Lead Risk Assessments	13	51	24	37	24
i. EBLL Assessments	5	28	5	11	8
ii. Parent Requests	8	23	19	26	16
B. Clearances	6	32	9	9	17

HEALTH OFFICER

Report in the Health Officer Presentation and Report portion.

Respectfully,

Joseph H. Cerbin, MD
Health Officer

3. Other Personnel Services Position/Title	# of Positions	Salary or Hourly Rate/Range	60% to 100% on Preventive Core Services	Up to 40% of funding spent on Food Protection, Environmental Public Health and Tattoo, Body Piercing, Eyelash Safety, and Sanitation	Core Services Addressed by Budget Request	Justification (How does this fit in the Core Service Selected)
Subtotal will total automatically. Please do not enter anything into this row. 3. Other Personnel Services Subtotal:			\$0.00	\$0.00		
Supplies						
4. Office Supplies:	Quantity		60% to 100% on Preventive Core Services	Up to 40% of funding spent on Food Protection, Environmental Public Health and Tattoo, Body Piercing, Eyelash Safety, and Sanitation	Core Services Addressed by Budget Request	Justification (How does this fit in the Core Service Selected)
Chronic Health Program			\$900.00		Chronic Disease Prevention, Lead Case Manage	
Lead Program			\$5,000.00		Chronic Disease Prevention, Lead Case Manage	
Subtotal will total automatically. Please do not enter anything into this row. 4. Office Supplies Subtotal:			\$5,900.00	\$0.00		
5. Operating Supplies: Item(s)	Quantity		60% to 100% on Preventive Core Services	Up to 40% of funding spent on Food Protection, Environmental Public Health and Tattoo, Body Piercing, Eyelash Safety, and Sanitation	Core Services Addressed by Budget Request	Justification (How does this fit in the Core Service Selected)
Lead Program			\$8,000.00		Chronic Disease Prevention, Lead Case Manage	
Subtotal will total automatically. Please do not enter anything into this row. 5. Operating Supplies Subtotal:			\$8,000.00	\$0.00		
6. Repair and Maintenance Supplies	Quantity		60% to 100% on Preventive Core Services	Up to 40% of funding spent on Food Protection, Environmental Public Health and Tattoo, Body Piercing, Eyelash Safety, and Sanitation	Core Services Addressed by Budget Request	Justification (How does this fit in the Core Service Selected)
Subtotal will total automatically. Please do not enter anything into this row. 6. Repair and Maintenance Supplies Subtotal:			\$0.00	\$0.00		
7. Other Supplies	Quantity		60% to 100% on Preventive Core Services	Up to 40% of funding spent on Food Protection, Environmental Public Health and Tattoo, Body Piercing, Eyelash Safety, and Sanitation	Core Services Addressed by Budget Request	Justification (How does this fit in the Core Service Selected)
Subtotal will total automatically. Please do not enter anything into this row. 7. Other Supplies Subtotal:			\$0.00	\$0.00		
Other Services and Charges						
8. Professional Services			60% to 100% on Preventive Core Services	Up to 40% of funding spent on Food Protection, Environmental Public Health and Tattoo, Body Piercing, Eyelash Safety, and Sanitation	Core Services Addressed by Budget Request	Justification (How does this fit in the Core Service Selected)
Translation Services			\$2,000.00		Chronic Disease Prevention, Lead Case Manage	
Advertising			\$60,000.00		Chronic Disease Prevention, Lead Case Manage	
Subtotal will total automatically. Please do not enter anything into this row. 8. Professional Services Subtotal:			\$62,000.00	\$0.00		

9. Communication and Transportation	60% to 100% on Preventive Core Services	Up to 40% of funding spent on Food Protection, Environmental Public Health and Tattoo, Body Piercing, Eyelash Safety, and Sanitation	Core Services Addressed by Budget Request	Justification (How does this fit in the Core Service Selected)
Cell phone service for Health Promotion Specialist (1 employee at \$50/month for 12 months)	\$600.00		Trauma and Injury Prevention, Tobacco Preve	
Cell phone service for Chronic Health Program (8 employees at \$50/month for 5 months)	\$2,000.00		Chronic Disease Prevention, Lead Case Manage	
Cell phone service for Lead Program (7 employees at \$50/month for 12 months)	\$4,200.00		Chronic Disease Prevention, Lead Case Manage	
Cell phone service for MIH Program (5 employees at \$15/month for 12 months)	\$900.00		Maternal and Child Health	
Mileage for Health Promotion Specialist (1 employee at \$0.45/mile)	\$500.00		Trauma and Injury Prevention, Tobacco Preve	
Mileage for Chronic Health Program (8 employees at \$0.45/mile for 5 months)	\$1,000.00		Chronic Disease Prevention, Lead Case Manage	
Mileage for Lead Program (7 employees at \$0.45/mile for 12 months)	\$2,500.00		Chronic Disease Prevention, Lead Case Manage	
Postage for Lead Program	\$4,000.00		Chronic Disease Prevention, Lead Case Manage	Postage needed to mail lead samples to IDoH for testing
Subtotal will total automatically. Please do not enter anything into this row. 9. Communication and Transportation Subtotal:	\$15,700.00	\$0.00		
10. Printing and Advertising	60% to 100% on Preventive Core Services	Up to 40% of funding spent on Food Protection, Environmental Public Health and Tattoo, Body Piercing, Eyelash Safety, and Sanitation	Core Services Addressed by Budget Request	Justification (How does this fit in the Core Service Selected)
Printing for Chronic Health Program	\$7,500.00		Chronic Disease Prevention, Lead Case Manage	
Printing for Lead Program	\$6,500.00		Chronic Disease Prevention, Lead Case Manage	
Subtotal will total automatically. Please do not enter anything into this row. 10. Printing and Advertising Subtotal:	\$14,000.00	\$0.00		

DRAFT



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.

July 5, 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 a funding opportunity through the Indiana Department of Health for our Health Safety PIN program. The Fetal and Infant Mortality Review (FIMR) Program is a public health strategy dedicated to reviewing fetal and infant mortality cases in each proposed county to identify service gaps across the spectrum of prenatal, perinatal, postpartum, and pediatric care and develop creative prevention strategies aimed at improving collaboration of care and overall health of women, infants, and families.

Attached is the Grant Application Data sheet, prepared by Robin Vida as well as the 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,

Joseph H. Cerbin, MD
Health Officer

JHC:RV:alr

APPROVED _____ DENIED _____

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

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

Michelle Migliore, MD
Vice President, Board of Health

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

GRANT APPLICATION DATA

What is the purpose of the grant (provide as much detail as possible)? The Fetal and Infant Mortality Review (FIMR) Program is a public health strategy dedicated to reviewing fetal and infant mortality cases in each proposed county to identify service gaps across the spectrum of prenatal, perinatal, postpartum, and pediatric care and develop creative prevention strategies aimed at improving collaboration of care and overall health of women, infants, and families. This is a two-tiered multidisciplinary team process. The Case Review Team (CRT) reviews deidentified maternal and infant records and interview information for all fetal and infant deaths (20 weeks gestation up to one year) and uses this information to recognize trends and make recommendations for prevention initiatives or systems gap changes. These findings become recommendations that are then brought to the Community Action Team (CAT) who develop action plans and strategies to implement change throughout the community and healthcare systems. Both teams should aim to meet on a quarterly basis but may increase frequency depending on case load.

How many individuals do you expect to reach with this grant? At least 2,000

How will you track and evaluate the success of the program/grant? Based on the Case Review Team recommendations, community action groups will be established with KPI's identified to each group's actions. These will be tracked through meeting minutes and quarterly check-ins.

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

Who will be responsible for compliance with grant guidelines? Robin Vida, Director of HOPE

What is the term of the grant (i.e., July 1, 2023 - June 30, 2024)? October 1, 2023-September 30, 2025

What is the total grant award? Varies based on proposal

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

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

Is there a match for the grant? If so, how much and how will it be funded? Is this match in dollars or in-kind contribution? There is no match required.

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

Give the number of employees the grant would support? 2 full-time employees

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.

June 23, 2023

Please complete the following form and budget template and return both to LHorsley@health.in.gov by **6 p.m. EDT July 19, 2023**.

Primary Contact Information	
Name:	
Organization:	
Address:	
Phone:	
E-mail Address:	

Secondary Contact Information	
Name:	
Organization:	
Address:	
Phone:	
E-mail Address:	

Submission Overview	
Is the proposed FIMR program new and not yet started OR is it a current/existing program?	<input type="checkbox"/> New/not yet started <input type="checkbox"/> Current/existing FIMR program
What is the estimated cost per year of your proposed FIMR program?	
Please list the county/counties your FIMR program will serve.	
If asked, would you be willing to expand into neighboring counties?	<input type="checkbox"/> Yes <input type="checkbox"/> Not currently
If your FIMR program will be housed in the local health department, do you plan to use any Health First Indiana (formerly known as Governor's Public Health Commission) funds to support your FIMR program or prevention initiatives?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Unsure <input type="checkbox"/> Not currently <input type="checkbox"/> Yes, some Health First Indiana funds will be used to support the FIMR program <input type="checkbox"/> Yes, some Health First Indiana funds will be used to support prevention initiatives

Description of Work:

The Fetal and Infant Mortality Review (FIMR) Program is a public health strategy dedicated to reviewing fetal and infant mortality cases in each proposed county to identify service gaps across the spectrum of prenatal, perinatal, postpartum, and pediatric care and develop creative prevention strategies aimed at improving collaboration of care and overall health of women, infants, and families.

This is a two-tiered multidisciplinary team process. The Case Review Team (CRT) reviews de-identified maternal and infant records and interview information for all fetal and infant deaths (20 weeks gestation up to one year) and uses this information to recognize trends and make recommendations for prevention initiatives or systems gap changes. These findings become recommendations that are then brought to the Community Action Team (CAT) who develop action plans and strategies to implement change throughout the community and healthcare systems. Both teams should aim to meet on a quarterly basis but may increase frequency depending on case load.

FIMR Requirements: Since FIMR is a clinically based program, IDOH strongly recommends that the FIMR coordinator/case abstractor and presenter be a nurse, social worker, or other medical professional fluent in medical terminology.

The FIMR Process includes the following:

- Selection of cases based on the infant mortality issues of the community
- Collection of appropriate records from medical, social service and other providers
- Maternal interview
- Abstraction of available records to produce a de-identified case summary
- Presentation of de-identified case summary to Case Review Team (CRT)
- Development of data-driven recommendations
- Implementation of recommendations to prevent future deaths

FIMR includes two components: a Case Review Team (CRT) and a Community Action Team (CAT)

- CRT — Reviews case summaries and develops recommendations
- Diversity and community involvement are key elements of the CRT
- CRT members should have community influence and commitment to improve services
- CRT members should use person-first language and not place blame on providers, agencies, or families
- Members should be those who provide services for families as well as community advocates. Recommended professionals include, but are not limited to:
 - Local health department representatives
 - OB/GYN
 - Pediatricians
 - Social services personnel
 - Medicaid personnel
 - WIC personnel
 - Minority advocacy professionals
 - Childcare providers
 - Substance use treatment centers
 - Hospital administrators
 - Other medical professionals
- CAT — Reviews the recommendations presented by the CRT and develops a plan to implement these interventions

- Existing community groups can serve as the CAT, rather than creating a new team, if possible. If a new team is formed, invite community stakeholders with the means to make change within the community and their agency
- The CAT coordinates their plan with the CRT and shares their interventions

Reporting Requirements

Safety PIN Reporting:

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

FIMR Reporting:

- Grantee will utilize IDOH FIMR data report to input case data after each case is reviewed
- Grantee will complete quarterly IDOH FIMR data reports and submit them to IDOH no later than the following dates:
 - Quarter 1: Oct. 1 – Jan. 1 (report due Jan. 31)
 - Quarter 2: Jan. 1 – April 1 (report due April 30)
 - Quarter 3: April 1 – July 1 (report due July 31)
 - Quarter 4: July 1 – Sept. 30 (report due Oct. 31)

Additional FIMR Requirements:

- Grantees accept IDOH technical assistance, attend trainings and meetings, and utilize FIMR tools provided by IDOH Fatality Review and Prevention
- Use person-first language during case reviews and never place blame on providers, agencies, or families
- Submit an annual FIMR Report to IDOH by July 1 each year, per FIMR legislation: IC 16-49-6-8 ([Indiana Code 2020 - Indiana General Assembly, 2023 Session](#))

Proposal Questions:

Instructions: For the following questions, please give an overview of your proposal. Respond to questions 1 – 4 in the boxes provided.

1. Program Description:

Please provide an overall description of your proposed FIMR program. Where will it be housed? What community partners will support your efforts, attend meetings, and help facilitate change? What staffing needs will you need to budget for to execute this FIMR program?

Response:

2. Prevention Strategy

In addition to the prevention initiatives that your Community Action Team will implement based on FIMR case findings, please tell us about an additional prevention goal you plan to achieve in the communities you serve. How specifically will it help to better birth outcomes, create better access to care, eliminate social determinants of health barriers, and/or reduce fetal and infant mortality? Please include any current barriers.

Response:

3. Health Equity

The Robert Wood Johnson Foundation defines health equity as “...everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

In what ways will your FIMR program address health inequities and discrimination in your key population?

Response:

4. Dream Big

If you could wave a magic wand that would remove any barriers, what is a prevention idea you would love to implement that would improve birth outcomes, reduce fetal and infant mortality, and better the lives of families in your community?

Response:

Next Steps

Thank you for taking the time to submit your application for funding to the Indiana Department of Health. Your work is important in helping improve the lives of our tiniest Hoosiers and their families. Your submission will be carefully reviewed by our staff. The next steps for this funding opportunity are outlined below:

Next Step: All proposals will be reviewed by IDOH staff. After review, applicants will be notified of the funding decision **no later than July 28, 2023.**

If you are selected for funding:

- You will be asked to provide a final budget to begin a contract with the Indiana Department of Health. This budget will be **due by August 2, 2023**
- Funding begins Oct. 1, 2023
- This is a 2 year project period: 10/1/2023-09/30/2025

Please send your completed form and budget to Linzi Horsley, Indiana FIMR program manager, at LHorsley@health.in.gov by 6 p.m. EDT July 19, 2023.

Questions? Email LHorsley@in.gov.



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.

July 5, 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 through the Centers for Disease Control for our Health CHWs COVID Response program. Funds will be used to continue 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.

Attached is the Notice of Award and the budget.

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

Thank you for your consideration of our request.

Sincerely,

Joseph H. Cerbin, MD
Health Officer

JHC:alr

APPROVED _____ DENIED _____

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

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

Michelle Migliore, MD
Vice President, Board of Health

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

St. Joseph County Department of Health's Annual Performance Report (APR)/Continuation Application for Year 3

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*Administrative Reporting is not apart of page limit

Performance Progress and Monitoring Report

OMB Approval Number: 0920-1132
 Expiration Date: 3/31/2023

		Page	of Pages
1. Federal Agency and Organization Element to Which Report is Submitted Centers for Disease Control and Prevention - Department of Health and Human Services	2. Federal Grant or Other Identifying Number Assigned by Federal Agency 1 NU58DP007002-03-00	3a. DUNS Number U2M7JQ5CY234	
		3b. EIN 35-6000194	
4. Recipient Organization (Name and complete address including zip code) St. Joseph County Department of Health 227 W Jefferson Blvd FI 7, South Bend, IN 46601		5. Recipient Identifying Number or Account Number 8457p	
6. Project/Grant Period Start Date: (Month, Day, Year) 08/31/2021	End Date: (Month, Day, Year) 08/30/2024	7. Reporting Period End Date (Month, Day, Year) 03/31/2023	8. Final Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			9. Report Frequency <input type="checkbox"/> semi <input type="checkbox"/> quarterly <input checked="" type="checkbox"/> annual other, (if other, describe)
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency)			
11. Other Attachments (attach other documents as needed or as instructed by the awarding Federal Agency)			
12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			

Performance Progress and Monitoring Report

12a. Typed or Printed Name and Title of Authorized Certifying Official Amy Ruppe	12c. Telephone (<i>area code, number and extension</i>) (574) 276-3489
12b. Signature of Authorized Certifying Official Amy Ruppe <small>Digitally signed by Amy Ruppe Date: 2023.04.06 09:19:51 -04'00'</small>	12d. Email Address aruppe@sjcindiana.com
12e. Date Report Submitted (<i>Month, Day, Year</i>) 04/06/2023	13. Agency use only

Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-1132).

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

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	\$ [redacted]	\$ [redacted]	\$1,142,937.50	\$	\$ 1,142,937.50
2.	[redacted]	[redacted]	[redacted]			
3.	[redacted]	[redacted]	[redacted]			
4.	[redacted]	[redacted]	[redacted]			
5. Totals		\$ [redacted]	\$ [redacted]	\$1,142,937.50	\$	\$ 1,142,937.50

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Community Health Workers for COVID Response and Resilient Communities				
a. Personnel	\$ 468,617.60	\$	\$	\$	468,617.60
b. Fringe Benefits	267,182.78				267,182.78
c. Travel	19,075.00				19,075.00
d. Equipment	0.00				0.00
e. Supplies	9,600.00				9,600.00
f. Contractual	72,000.00				72,000.00
g. Construction	0.00				0.00
h. Other	306,462.12				306,462.12
i. Total Direct Charges (sum of 6a-6h)	1,142,937.50				\$1,142,937.50
j. Indirect Charges	0.00				\$0.00
k. TOTALS (sum of 6i and 6j)	\$ 1,142,937.50	\$	\$	\$	\$1,142,937.50
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	\$ <input style="width: 100px; height: 20px;" type="text"/>	\$ <input style="width: 100px; height: 20px;" type="text"/>	\$ <input style="width: 100px; height: 20px;" type="text"/>	\$ <input style="width: 100px; height: 20px;" type="text"/>	
9.		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
10.		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
11.		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
12. TOTAL (sum of lines 8-11)		\$ <input style="width: 100px; height: 20px;" type="text"/>	\$ <input style="width: 100px; height: 20px;" type="text"/>	\$ <input style="width: 100px; height: 20px;" type="text"/>	\$ <input style="width: 100px; height: 20px;" type="text"/>	
SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal		\$ 1,142,937.50	\$ 285,734.25	\$ 285,734.25	\$ 285,734.25	\$ 285,734.75
14. Non-Federal		\$ <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
15. TOTAL (sum of lines 13 and 14)		\$ 1,142,937.50	\$ 285,734.25	\$ 285,734.25	\$ 285,734.25	\$ 285,734.75
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	\$ 914,350.00	\$ 1,142,937.50	<input style="width: 100px; height: 20px;" type="text"/>	
17.		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
18.		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
19.		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
20. TOTAL (sum of lines 16 - 19)		\$ 914,350.00	\$ 914,350.00	\$ 1,142,937.50	\$ <input style="width: 100px; height: 20px;" type="text"/>	
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges: <input style="width: 300px; height: 20px;" type="text"/>		22. Indirect Charges: <input style="width: 300px; height: 20px;" type="text"/>				
23. Remarks: <input style="width: 850px; height: 20px;" type="text"/>						

Year 1 Progress Report (APR) - St Joseph County Department of Health

NOFO:	Component:	Current Submission Status:	Export Date & Time:
DP21-2109	Component A	Submitted for Review	4/20/2023 10:46 AM (GMT-04:00) Eastern Daylight Time (America/New_York)

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

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts have rank the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	-Hire 8 diverse staff members; which at least four will be bilingual -Partner with Health Systems, churches, and non-profit organizations to extend community-wide effort to address myths of COVID-19 disease and COVID-19 vaccine -CHWs will complete training with understanding of the epidemiology, COVID-19, vaccinations, and infection control
Key Deliverables Produced	1. We have hired eight Community Health Workers (CHWs), four of which are bilingual. Additionally we have two coordinators, part of whose salaries are paid for by this grant who are bilingual. 2. Partnerships have been formed with numerous community partners including La Casa de Amistad, County Libraries, and The City of South Bend which have allowed for the development of a true community-wide effort to address the myths surrounding COVID-19 and the vaccines for the virus. 3. These CHWs have been trained in the epidemiology of COVID-19, the basics of infection prevention and control, how this disease spreads amongst the population, vaccinations against COVID-19 and how those tie into the other efforts to mitigate the spread of the virus. The CHWs are continuing work on the pre-certification insurance navigation course through Covering Kids and Families and will be taking the state exam in the coming months. They also continue the Health Visions Midwest Certified CHW training.
Successes	We've formed relationships with community partners including libraries, food pantries, churches, locally owned businesses among others. These partnerships have proven fruitful for both parties, allowing us to reach into the community in previously unreached portions of the population and has allowed for our community partners to provide additional services to their community members. We have a contract in draft with Mishawaka Food Pantry and verbal agreements with La Casa de Amistad, St. Joseph County Libraries, Mishawaka Library, Walkerton Library and the South Bend School Corp.
Barriers/Challenges	1. With the building of a new team, there are always challenges. We've been in the storming portion of the four stages of group development now that we've passed the forming portion. The storming portion is always the toughest as you figure out how to work together, as a team and perform in the best ways possible, allowing for the strengths and weaknesses of each individual team member. 2. Portions of the community, particularly those that do not have health needs that are not being met, remain a large portion of the unvaccinated population due to a belief system rather than a lack of information or access. Those portions of the population remain elusive.

Activities

#	Activity Details	Progress
1	<p>Description: All 8 CHWs have been hired. CHWs trained by the Indiana University School of Medicine in infection control measures pertinent to COVID-19</p> <p>Start Date: 9/1/2021</p> <p>End Date: 11/29/2021</p> <p>Setting:</p> <p>Setting:</p> <p>Contributing Partners: HEED Director/LCSW</p> <p>Key Contracts & Consultants:</p>	<p>Status: Completed</p> <p>Progress Notes:</p>
2	<p>Description: DoH will present to 23 partner organizations on the use of CHWs within the DoH and how implanting CHWs into partner organizations can benefit community partners and the clients that they serve. This will serve as a catalyst for recruitment efforts and the community mobilization plan.</p> <p>Start Date: 9/20/2021</p> <p>End Date: 10/5/2021</p> <p>Setting: Community Based Organizations;Community Centers;Hospitals</p> <p>Setting:</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: Completed</p> <p>Progress Notes:</p>

CB2: Align Training Opportunities 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 the risk and severity of COVID-19 infections among priority populations within communities.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts have rank the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	<ul style="list-style-type: none"> -8 CHWs complete CHW certification -8 CHWs complete insurance navigator training -CHWs will complete a Trauma-Informed Care Professional Development Certificate -CHWs will receive Asset-based community development training
	All eight of the CHWs hired under the grant are in the midst of training in all these different programs with varying degrees of completeness and all are on track to meet the end of year one projected completion date. Once certified community health workers, the additional training will help the CHWs to better serve the community and its members. The Asset-Based Community Development Training will help the CHWs to build upon assets already found

Key Deliverables Produced	within the community to mobilize individuals and institutions to come together to build on their existing assets rather than concentrating on their needs. The Trauma-Informed Care training will allow the CHWs to have a better understanding of the emotional safety needs of the portions of the population we are targeting. The insurance navigation training will allow the CHWs to better assist uninsured members of the community with the process of obtaining health insurance coverage for them and their families.
Successes	Five of the eight CHWs have completed their CHW Certification program. The last three begin on 4/22/2022 and will be completed in 5 weeks. Six of the eight CHWs have completed their insurance navigation clinic. All eight CHWs will be completing their Trauma-Informed Care training in June. All eight CHWs will begin their Asset-based community development training in July. This will be an ongoing training throughout year two of the grant. There will also be ongoing training in the use of REDCap for data capture for better analysis.
Barriers/Challenges	Balancing the training of the CHWs and having them out in the community has proven to be a challenge. Obviously, it's best if they are in the community as much as possible, but training takes time. Training coupled with program development can take up a larger portion of time than anticipated, impacting the speed of community engagement.

Activities

#	Activity Details	Progress
1	<p>Description: CHWs complete Health Visions Midwest certification. This web based certification course runs for five week and involves weekly cohort meetings, and concludes with a final exam. This is a one time certification course. CHWs will begin training after three months of employment at DoH.</p> <p>Start Date: 9/17/2021</p> <p>End Date: 8/30/2022</p> <p>Setting: Other</p> <p>Setting: This is a web based certification program.</p> <p>Contributing Partners: Health Visions Midwest</p> <p>Key Contracts & Consultants: Health Visions Midwest</p>	<p>Status: Completed</p> <p>Progress Notes: All hired staff at the completion of Year 2 have completed the CHW Certification process.</p>
2	<p>Description: CHWs complete insurance navigator training through the Covering kids & Families of Indiana program. This program is a self study program and concludes in a state exam. CHWs will be expected to pass the Indiana State Health Insurance Navigation exam within first year of the grant.</p> <p>Start Date: 10/1/2021</p> <p>End Date: 8/30/2022</p> <p>Setting: Other</p> <p>Setting: This is a web based training program and concludes in an in-person exam.</p> <p>Contributing Partners: Covering kids & Families of Indiana</p> <p>Key Contracts & Consultants: Covering kids & Families of Indiana</p>	<p>Status: Completed</p> <p>Progress Notes: All hired staff at the completion of Year 2 have completed the CHW Certification process.</p>
3	<p>Description: CHWs will complete a Trauma-Informed Care Professional Development Certificate through the Center for Rural</p>	<p>Status: Completed</p>

	<p>Engagement at Indiana University Bloomington. This is a self-paced certification program. CHWs will be expected to complete training within first year of grant. This is a one time certification program.</p> <p>Start Date: 1/3/2022</p> <p>End Date: 8/30/2022</p> <p>Setting: Other</p> <p>Setting: Web-based certification program.</p> <p>Contributing Partners: Center for Rural Engagement</p> <p>Key Contracts & Consultants:</p>	<p>Progress Notes: All hired staff at the completion of Year 2 have completed the CHW Certification process.</p>
4	<p>Description: CHWs will receive Asset-based community development training from The Civic Canopy. This will be conducted through 3 webinars and quarterly consultation, post test evaluation for CHW.</p> <p>Start Date: 1/10/2022</p> <p>End Date: 4/25/2022</p> <p>Setting: Other</p> <p>Setting: These will be held through online webinars.</p> <p>Contributing Partners: The Civic Canopy</p> <p>Key Contracts & Consultants: The Civic Canopy will provide 3 webinars and ongoing support for implementation of the Asset Based Community Development Model throughout year one of the grant.</p>	<p>Status: Delayed</p> <p>Progress Notes: The project was delayed. Project began and was completed in Year 2.</p>

CB3: Integrate CHWs (Organization) Integrate CHWs into organizations and care teams to support the public health response to COVID-19 among priority populations within communities.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts have rank the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	<ul style="list-style-type: none"> -CHWs will conduct 60 Health Cafes -Individuals who engage in Health Cafes will report an understanding of health disparities. -1,000 residents will report through a survey an increase of knowledge around COVID-19
Key Deliverables Produced	The CHWs have completed 18 Health Cafés to date. Those that have attended the Health Cafés have verbally reported an increase in overall knowledge surrounding health in their community and the disparities that exist between portions of the population. A initial COVID-19 survey has been created which will allow for the DoH to understand a baseline of knowledge surrounding COVID-19 as well as a follow up COVID-19 survey that will help the DoH to understand what knowledge has increased, in what portions of the population and what has driven the increase.

Successes	Several completed Health Cafés within the community. These health cafes have been used to disseminate information to the population about disparities that exist between different portions of the population and what can be done to overcome those disparities creating a better overall level of health for all community members. At these cafés the DoH also collects information on social needs of members in attendance as well as demographic information. There is also discussion about what health means within the community. For those members of the community that cannot meet the most basic needs as outlined in Maslow’s hierarchy of needs will have a different idea of what healthy means than someone who is living comfortably.
Barriers/Challenges	Some potential community partners do not want the stigma of being associated with the DoH and therefore will not allow us to hold Health Cafés at their locations. Additionally, there is a general distrust of the government and any representatives of it within these communities, making it an obstacle to overcome to get members of the community to attend a Health Café.

Activities

#	Activity Details	Progress
1	<p>Description: CHWs will complete social needs assessments, utilizing REDCap which is our data management tool, for community members and link them to resources and medical providers that fit their addressed needs.</p> <p>Start Date: 9/1/2021</p> <p>End Date: 8/30/2022</p> <p>Setting: Community Centers;Heath Clinics;Other</p> <p>Setting: CHWs will provide social needs assessments at all COVID-19 screening clinics, and when engaging with individuals and families within communities.</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This is an on-going project that will continue in year two of the grant.</p>
2	<p>Description: CHWs will disseminate education materials on COVID-19 through neighborhood canvassing, health cafes, and health fairs. The goal is that 1,000 residents will report through REDCap surveys, an increase of knowledge on COVID-19, precaution methods, and vaccinations. This information will be collected through REDCap, our data management tools, surveys.</p> <p>Start Date: 10/4/2021</p> <p>End Date: 8/30/2022</p> <p>Setting: Community Based Organizations;Community Centers;Other</p> <p>Setting: Canvassing</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This is an on-going project that will continue in year two and year three of the grant.</p>
3	<p>Description: CHWs will host collectively, 60 health cafes for residents in priority populations. These Health Cafes will be focused on increasing community residents understanding of the social determinants of health. Through these cafes, residents will report understanding of health disparities.</p> <p>Start Date: 2/3/2022</p>	<p>Status: On Track</p> <p>Progress Notes: This is an on-going project that will continue in year two and year three of the grant.</p>

	<p>End Date: 8/30/2022</p> <p>Setting: Community Based Organizations;Community Centers</p> <p>Setting: CHWs will host these Health Cafes at local community partner organizations. These partnerships will include organizations such as libraries, churches, food pantries, and local nature centers.</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	
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CB4: Educate Partners 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.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts have rank the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	The St Joseph County Department of Health will present the CHW program, goals, progress, and accomplishments to community partners at the Health Improvement Alliance
Key Deliverables Produced	This will be presented at the May 2022 meeting. There will be an annual presentation to the group on progress. The Health Improvement Alliance is comprised of members of the community that have banded together with the common goal of improving the health of the community by working collaboratively to decrease duplication of services and increase the utilization of existing services and resources. The Alliance leadership is made up of a lead representative from Beacon Health System, City of South Bend, IU School of Medicine, Oaklawn, Saint Joseph Health System, St. Joseph County Health Department and United Way of St. Joseph County. Additional members of the Executive Leadership Committee are sought regularly to provide strategy for the St. Joseph County Health Improvement Alliance.
Successes	Presentation to the Health Improvement Alliance was received well. Community partners voiced their pride in the CHW program. An organization also donated COVID-19 at home tests to our team to disseminate them out to the community as a result of the presentation.
Barriers/Challenges	Not necessarily a challenge, but each CHW's Health Cafe progresses at different times. Therefore, some CHWs completed the report back to their respective communities while others are still holding community conversations.

Activities

#	Activity Details	Progress
1	<p>Description: The St. Joseph County Department of Health staff will conduct educational presentation on the work that CHWs provide for the residents of St. Joseph County on a quarterly basis for the Health Improvement Alliance and SJC Cares.</p> <p>Start Date: 4/1/2022</p>	<p>Status: Completed</p> <p>Progress Notes:</p>

	<p>End Date: 8/30/2022</p> <p>Setting: Community Based Organizations</p> <p>Setting: This will be held either in-person or virtual at the quarterly meeting.</p> <p>Contributing Partners: Health Improvement Alliance</p> <p>Key Contracts & Consultants:</p>	
2	<p>Description: The Department of Health will present the data collected, through Health Cafes, back to community members and organizations for each Census Tract.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 12/31/2024</p> <p>Setting: Community Based Organizations</p> <p>Setting:</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: Completed</p> <p>Progress Notes: Completed in December 2022 in Year 2 of the grant.</p>

CB5: Promote Engagement 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.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts have rank the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	-1,000 residents will be able to identify CHWs in St Joseph County -1,000 residents will report through a survey an increase of knowledge around COVID-19, precaution methods, and vaccinations
Key Deliverables Produced	Now that more community engagement has begun to occur and the need for training has begun to decline, the CHWs have had more and more opportunities to get out into the public and build awareness and trust. This engagement consists of Health Cafés, neighborhood canvassing, attendance of community events and the upcoming Insurance Navigation events. The fact that the CHWs are members of the communities in which they are working is also helping to drive the completion of this deliverable.
	Two COVID-19 surveys have been created in REDCap to help the DoH understand vaccine hesitancy, overall knowledge of COVID-19 and where information is currently coming from for different portions of the population. A initial COVID-19 survey has been created which will allow for the DoH to understand a baseline of knowledge surrounding COVID-19 as well as a follow up COVID-19 survey that will help the DoH to understand what knowledge has increased, in what portions of the population and what has driven the increase. A Social Needs

Successes	Assessment program was developed in REDCap as well. REDCap is a secure web application for building and managing online surveys and databases. While REDCap can be used to collect virtually any type of data in any environment (including compliance with 21 CFR Part 11, FISMA, HIPAA, and GDPR), it is specifically geared to support online and offline data capture for research studies and operations. Over 300 social needs assessments have been completed to date. This program includes the collection of demographic information, an assessment of past, present and anticipated future social needs, and connection with providers to fulfill those needs within 48 hours. Afterward, there are follow ups completed at the 30, 90, and 180 day marks for a better understanding of recurring needs within certain portions of the population.
Barriers/Challenges	Given the instability within the lives of some of the community members, being able to stay in touch has been difficult with some of them. This makes connections with resources more difficult as well as makes follow up more difficult, created a lack of information surrounding potential program success. Due to polarization of COVID in our community, the COVID survey was not implemented in original intent. We pivoted and added COVID to our social needs assessment for community members to begin the conversation. We also provided COVID education on SARS-COV-2 and the vaccine at the COVID testing site.

Activities

#	Activity Details	Progress
1	<p>Description: The HEED team will design and implement the use of 4 pamphlets, 2 postcards and 1 sticker in both English and Spanish on COVID-19.</p> <p>Start Date: 9/6/2021</p> <p>End Date: 9/20/2021</p> <p>Setting: Other</p> <p>Setting: Department of Health</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: Completed</p> <p>Progress Notes:</p>
2	<p>Description: Marketing specialist will design and deploy 8 marketing profiles for each CHW. These profiles will be utilized while CHWs are canvassing their perspective census tracts.</p> <p>Start Date: 9/6/2021</p> <p>End Date: 8/30/2022</p> <p>Setting: Other</p> <p>Setting: St Joseph County Department of Health</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: Completed</p> <p>Progress Notes:</p>
3	<p>Description: CHWs will complete social needs assessments for community members and link them to resources and medical providers that fit their addressed needs.</p> <p>Start Date: 9/6/2021</p> <p>End Date: 8/30/2022</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the life of the grant.</p>

	<p>Setting: Community Based Organizations;Community Centers;Health Clinics</p> <p>Setting:</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	
4	<p>Description: CHWs will disseminate education materials on COVID-19 through neighborhood canvassing. Through this, 1,000 residents will report through a survey an increase of knowledge around COVID-19, precaution methods, and vaccinations.</p> <p>Start Date: 10/4/2021</p> <p>End Date: 8/30/2022</p> <p>Setting: Other</p> <p>Setting: Community Setting</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the life of the grant.</p>
5	<p>Description: CHWs will host collectively, 60 health cafes for residents in priority populations. These Health Cafes will be focused on increasing community residents understanding of the social determinants of health. Through these cafes, 10 percent of residents will report understanding of health disparities.</p> <p>Start Date: 2/3/2022</p> <p>End Date: 8/30/2022</p> <p>Setting: Community Based Organizations;Community Centers</p> <p>Setting:</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the life of the grant.</p>

CB6: Document CHW Engagement 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.
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.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts have rank the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01

Key Deliverables Proposed	<p>-CHWs understand how to utilize REDCap for documentation and data management.</p> <p>-DoH will hire one Data Analyst.</p> <p>-Data Analyst will create monthly reports to show CHW impact in community.</p> <p>-CHW will collectively host 32 insurance navigation clinics annually</p>
Key Deliverables Produced	<p>One Data Analyst has been hired. The CHWs have all received initial training in REDCap. They have also all received follow up training sessions in REDCap. New outreach documents within REDCap have been developed and are being beta tested now. Once beta testing is complete, the CHWs will be trained on the usage of these documents not only to record their outreach efforts but also to record the outcome of those efforts, leading to a better understanding of what portions of the community are responding to different outreach efforts. These outreach efforts include Health Cafés, neighborhood canvassing, attendance of community events and the upcoming Insurance Navigation events.</p>
Successes	<p>A Data analyst has been hired and integrated into the program. The analyst has provided REDCap expertise and is building out programs to better understand the community's needs. These include the aforementioned COVID-19 Survey, the Social Needs Assessment Program, the Outreach documents for the CHW outreach efforts. The Outreach documents include forms to track canvassing efforts, efforts at events within the community put on by others as well as our own events held by the CHW team. The data collected includes attendance, resources used, passive and active participation and a follow up survey to gauge satisfaction. These documents are currently in beta testing. The Data Analyst hosts office hours once a week for the CHWs to ask questions about REDCap.</p>
Barriers/Challenges	<p>Some of the CHWs are more technologically advanced than others, leading to an increased need for training of the CHW team.</p>

Activities

#	Activity Details	Progress
1	<p>Description: CHWs will be trained on how to use REDCap, our data management system, for documentation, case follow-up, and data analysis. CHWs will have one month of practice with a trial program within REDCap, before they are signed off utilize REDCap for documentation. CHWs will utilize encounter forms within REDCap to document engagement with community members, canvassing efforts, Health Cafe results, and social needs assessments.</p> <p>Start Date: 10/4/2021</p> <p>End Date: 12/14/2021</p> <p>Setting: Other</p> <p>Setting: Trainings take place within the DoH.</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the life of the grant.</p>
2	<p>Description: DoH will hire a Data Analyst that specializes in REDCap to create surveys, forms, and reports for CHW team. Data Analyst will create monthly reports to display impact of CHW engagement around health disparities, social determinants of health, COVID-19 education, and social needs assessments.</p> <p>Start Date: 12/1/2021</p> <p>End Date: 8/30/2022</p> <p>Setting: Other</p>	<p>Status: Completed</p> <p>Progress Notes:</p>

	<p>Setting: This individual will work remotely and provide meetings with Director of HEED and LCSW via Zoom.</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	
3	<p>Description: CHWs will provide 32 insurance navigation clinics annually to residents within the identified census tracts; which will result in 20% of the uninsured and underinsured eligible residents within priority populations receiving insurance assistance.</p> <p>Start Date: 1/10/2022</p> <p>End Date: 8/30/2022</p> <p>Setting: Community Based Organizations;Community Centers;Multi-unit Family Housing;Outpatient Clinic</p> <p>Setting:</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the life of the grant.</p>

Year 2 Progress Report (APR) - St Joseph County Department of Health

NOFO:	Component:	Current Submission Status:	Export Date & Time:
DP21-2109	Component A	Submitted for Review	4/20/2023 10:47 AM (GMT-04:00) Eastern Daylight Time (America/New_York)

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

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts have rank the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	-Continue participating Michiana Community Health Coalition (partner organizations listed in activity description) -Join the State of Indiana's Community Health Worker Association -CHWs will complete continuing education credits required to maintain CHW Certification
Key Deliverables Produced	
Successes	We are fully staffed as of 04/19/2023. Our CHWs attend the monthly Michiana Community Health Coalition meetings and have stated they view these as not only good learning opportunities but also good networking ones. They have reported utilizing the relationships they have fostered from the Coalition to assist community members.
Barriers/Challenges	Due to the amount of internal and external trainings our team attends, we have not found the time to complete the applications for the Indiana Community Health Worker Association. Many services offered through the Association overlap with the programming provided by the Michiana Community Health Coalition.

Activities

#	Activity Details	Progress
1	<p>Description: All 8 CHWs will join the State of Indiana's Indiana Community Health Worker Association in order to increase access to professional development, skills development, and continuing education credits. These educational opportunities will provide CHWs with the skills development to provide assistance to those who are at most risk for poor-health outcomes.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Other</p> <p>Setting: Online through the inchwa.org</p>	<p>Status: Delayed but likely to be completed</p> <p>Progress Notes:</p>

	<p>Contributing Partners: Indiana Community Health Workers Association</p> <p>Key Contracts & Consultants:</p>	
2	<p>Description: All 8 CHWs will continue to engage with the Michiana Community Health Coalition, a regional coalition made out of three bordering counties that supports community health workers and certified peer recovery coaches, in order to foster CHW connections, professional development, and continued education.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Community Based Organizations</p> <p>Setting: Hosted at The University of Notre Dame.</p> <p>Contributing Partners: The University of Notre Dame- Beacon Community Impact- St. Joseph Health Systems- Oaklawn-HealthLinc-Heart City Health-The Upper Room Recovery-Elkhart County-Franciscan Alliance-The City of South Bend-St. Joseph County Public Library-State Department of Health (Indiana)-The United Way of St. Joseph County</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the lifetime of the grant.</p>

CB2: Align Training Opportunities 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 the risk and severity of COVID-19 infections among priority populations within communities.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts have rank the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	-CHWs will receive Asset-based community development training through The Civic Canopy -The Civic Canopy will provide the St Joseph County Dept of Health with a Toolkit -CHWs will complete two hours of continuing education from IDOI-approved Navigator CE
Key Deliverables Produced	
Successes	All 8 CHWs completed their training through The Civic Canopy on Asset-Based Community Development Model. They are integrating their training into their work through group SMART goals that address identified community needs from the Health Cafes. All 8 CHWs are up to date on their insurance navigation CEUs and licensure.
Barriers/Challenges	Training coupled with program development can take up a larger portion of time than anticipated, impacting the speed of community engagement.

Activities

#	Activity Details	Progress
1	<p>Description: CHWs will continue to receive educational instruction for REDCap as new forms and surveys are created within the platform. Data analyst will provide one on one or group trainings when requested from CHWs in ensure efficient use of REDCap.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Other</p> <p>Setting: Internal trainings within REDCap.</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the lifetime of the grant.</p>
2	<p>Description: CHWs will receive two hours of continuing education from IDOI-approved Navigator CE course providers in order to meet the state requirements for renewal of state insurance navigator certification.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Other</p> <p>Setting: CEs will be provided through online webinars or in-person trainings hosted by the state of Indiana or contracted agencies.</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the lifetime of the grant.</p>
3	<p>Description: CHWs will complete up to 14 hours of continuing education credits as per recommendation of the state of Indiana for their Community Health Worker Certification. Trainings will be provided by the Affiliated Services Providers of Indiana through a state vendor. Trainings are approved by the Indiana Division of Mental Health and Addiction and the State Department of Health.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Community Based Organizations;Other</p> <p>Setting: Trainings will be completed in-person or through online webinar through state vendors.</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the lifetime of the grant.</p>
4	<p>Description: CHWs will continue to receive training from The Civic Canopy in community engagement and project facilitation through the utilization of the asset-based community development. The Civic Canopy will provide 3 webinars and ongoing support for implementation of the Asset Based Community Development Model throughout year two of the grant.</p> <p>Start Date: 6/7/2022</p>	<p>Status: Completed</p> <p>Progress Notes:</p>

	<p>End Date: 11/1/2022</p> <p>Setting: Community Based Organizations</p> <p>Setting: These will be held through online webinars.</p> <p>Contributing Partners: The Civic Canopy</p> <p>Key Contracts & Consultants: The Civic Canopy will provide 3 webinars and ongoing support for implementation of the Asset Based Community Development Model throughout year two of the grant.</p>	
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CB3: Integrate CHWs (Organization) Integrate CHWs into organizations and care teams to support the public health response to COVID-19 among priority populations within communities.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts have rank the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	<ul style="list-style-type: none"> -Annual report will be created detailing outcomes of Health Cafes -Action Plans will be created for each census based off of the data gathered in each census tracts -Report will be created from our REDCap program on the number of COVID-19 tests performed and number of COVID-19 testing kits distributed
Key Deliverables Produced	
Successes	<p>We've continued to form new relationships with community partners, including food pantries, churches, locally-owned businesses, and local nonprofits. These partnerships have proven fruitful for both parties, allowing us to reach into the community in previously unreached portions of the population and have allowed our community partners to provide additional services to their community members.</p> <p>CHWs have completed this round of Health Cafes and are utilizing the information gained in the Health Cafes to address community needs and to provide feedback on interventions.</p> <p>Our CHWs are embedded at least once weekly in La Casa de Amistad, libraries throughout St. Joseph County, St. Margaret's House - a local women's day shelter, the Salvation Army, and The Kroc recreational center.</p>
Barriers/Challenges	There has been difficulty in engaging the City of Mishawaka. Our CHW stationed there has expanded her outreach and engagement efforts.

Activities

#	Activity Details	Progress
1	<p>Description: CHWs will continue to complete social needs assessments, utilizing REDCap which is our data management tool, for community members and link them to resources from the local and state level and medical providers that fit their addressed needs. CHWs respond to social needs assessments within 48 hours of completion to provide resources to community members. Social needs assessments are available at St. Joseph County libraries, all schools within South Bend School</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the lifetime of the grant.</p>

	<p>Corporation, on the St. Joseph County Department of Health website, and within St. Joseph County Department of Health Clinics. Data from social needs assessments will be extracted once per month in order to report back findings to the CDC and community partners.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Community Based Organizations;Community Centers;Heath Clinics</p> <p>Setting: CHWs will provide social needs assessments at all COVID-19 screening clinics, and when engaging with individuals and families within communities.</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	
2	<p>Description: CHWs will continue to disseminate education materials on COVID-19 through neighborhood canvassing, the use of the social needs assessment when a community member identifies COVID-19 as a further need, and health fairs. When a community member identifies a further need around COVID-19 resources through a social needs assessment a community health worker will then be prompted to complete the COVID-19 survey which evaluates the community members knowledge on COVID-19, precaution methods, vaccinations, and boosters. This information will be collected through REDCap, our data management tools, surveys.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Community Based Organizations;Community Centers;Other</p> <p>Setting: Use of the social needs assessment within REDCap and through community canvassing.</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the lifetime of the grant.</p>
3	<p>Description: CHWs will continue to host Health Cafes are once per month, in English and Spanish by CHWs within each of the identified census tracts to priority populations. Health Cafes are hosted at local community partner organizations such as churches, libraries, schools, food pantries, and local nonprofits. These Health Cafes will continue to be focused on increasing community residents understanding of the social determinants of health and on community members identifying how health disparities impact their own communities. Information gathered from Health Cafes will also be utilized for additional training for CHWs if needed.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Community Based Organizations;Community Centers</p> <p>Setting: CHWs will continue to host these Health Cafes at local community partner organizations. These partnerships will include organizations such as libraries, churches, food pantries, and local nature centers.</p> <p>Contributing Partners:</p>	<p>Status: Completed</p> <p>Progress Notes:</p>

	Key Contracts & Consultants:	
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CB4: Educate Partners 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.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts have rank the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	-Annual Report to Health Improvement Alliance and Michiana Community Health Coalition on what social needs were most requested by community members and which organizations were most often referred -Annual Report will be developed to reflect data given through Health Cafes
Key Deliverables Produced	
Successes	2 CHWs have completed their report back to community members on the information gathered at the Health Cafes. Flyers with information for the other CHWs are being developed. The Department has continued to present presentations on the work the CHWs are doing to community partners. Two CHWs expressed interest in public speaking on behalf of their program, and leadership on this grant has worked with them on developing those skills. These two CHWs have spoken on multiple occasions to community partners, universities, and community forums about their work and the CHW program. The Assistant Director of Health Equity presented about the CHWs to police department.
Barriers/Challenges	In the second year of this grant, we discovered through new community partners how several organizations and community members still do not know about the CHW program. This leads the team to seek contractual support for a marketing campaign.

Activities

#	Activity Details	Progress
1	<p>Description: The St. Joseph County Department of Health staff will continue to conduct educational presentation on the work that CHWs provide for the residents of St. Joseph County on a quarterly basis for the Health Improvement Alliance, SJC Cares, and the Michiana Community Health Coalition. These three groups are made up of over 100 community partners including major health systems, leaders, and nonprofits, who directly employ, train, and educate community health workers.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Community Based Organizations</p> <p>Setting: This will be held either in-person or virtual at the quarterly meeting.</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the lifetime of the grant.</p>

	<p>Contributing Partners: Health Improvement Alliance SJC Cares Michiana Community Health Coalition.</p> <p>Key Contracts & Consultants:</p>	
2	<p>Description: The St. Joseph County Department of Health will present the data collected on identified needs, disparities, and action plans, through Health Cafes, back to the community members who have attended the Health Cafes and organizations within each census tract. These reports will be sent out to community partners and community members on a quarterly basis through a report and infographics.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Community Based Organizations;Community Centers</p> <p>Setting: Community Based Organizations</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the lifetime of the grant.</p>

CB5: Promote Engagement 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.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts have rank the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	-Educational materials will be created to target health concerns identified in Health Cafes -1,500 residents will be able to identify CHWs in St Joseph County -Report will be created from Social Needs Assessments to detail the amount of COVID-19 education was provided to community members
Key Deliverables Produced	
Successes	Information from the Health Cafes has been utilized to develop group SMART goals that the CHWs are working in collaboration on to address identified community needs and programs.
Barriers/Challenges	CHWs get really excited about several projects at once, the leadership team has to reign them in to focus on specific projects.

Activities

#	Activity Details	Progress
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1	<p>Description: The social needs assessments will be utilized to create targeted messaging on the health needs of the priority populations at highest risk of poor health outcomes as a result of COVID-19.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Community Based Organizations;Community Centers;Other</p> <p>Setting: Marketing will be utilized through flyers, social media, and community partners.</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the lifetime of the grant.</p>
2	<p>Description: The St. Joseph County Department of Health will continue to disseminate education materials on COVID-19 through CHWs by neighborhood canvassing, social media, and community organizations.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Other</p> <p>Setting: This will be completed through neighborhood canvassing.</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the lifetime of the grant.</p>
3	<p>Description: CHWs will continue to host health cafes for residents in priority populations. These Health Cafes will continue to focus on increasing community residents understanding of the social determinants of health. Marketing materials will be created based off of identified needs through the Health Cafes.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Community Based Organizations;Community Centers</p> <p>Setting:</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: Completed</p> <p>Progress Notes: The Health Cafes have been completed for Year 2. New ones will be developed for Year 3.</p>

CB6: Document CHW Engagement 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.
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.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
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Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts have rank the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	-Report will be created to identify the number of insurance navigation assistance was provided by CHWs -Report from Social Needs Assessment data will be created to identify which resources were most requested by community members, the number of Social Needs Assessments completed, and the follow-up results
Key Deliverables Produced	CHWs have continued to provide insurance navigation and resource referrals through the use of social needs assessments. During this time, the CHW team has completed 362 Social Needs Assessments and through these SNAs they have provided navigation to 389 resources. For a breakdown of these resources, please see the attached reports and Measure CB6. There have been 223 successful follow ups (30,90 and 180 day) completed with these community members during this period, providing navigation to an additional 39 resources. We held 114 community events including Insurance Navigation Events, Health Cafes, Resource Navigation Events, Lead Events, Utility Sign Up Events, and Immunization Events.
Successes	CHWs increased SNAs to community members this year. CHWs have made new partners for refer community members to meet their needs.
Barriers/Challenges	We face challenges with FSSA process for Medicaid, SNAP, food stamp, etc benefits. CHWs help community members submit necessary documents for these benefits and FSSA representatives will not show records of documents provided to them.

Activities

#	Activity Details	Progress
1	<p>Description: CHWs will continue to provide monthly insurance navigation clinics to residents within the identified census tracts; which will result in 20% of the uninsured and underinsured eligible residents within priority populations receiving insurance assistance.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Community Based Organizations;Community Centers;Heath Clinics</p> <p>Setting:</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the lifetime of the grant.</p>
2	<p>Description: CHWs will continue to complete social needs assessments for community members and link them to resources and medical providers that fit their addressed needs.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the lifetime of the grant.</p>

	<p>Setting: Community Based Organizations;Community Centers;Heath Clinics</p> <p>Setting:</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>	
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CB7: Partnership Development Establish and strengthen partnerships between CHWs and State Medicaid agencies, relevant state or local coalitions, initiatives, professional organizations, providers, and health systems that provide resources and support for deploying CHWs to engage with priority populations at highest risk for poor health outcomes, including those resulting from COVID-19 by addressing social determinants of health (e.g. those with underlying health conditions, with decreased access to care or lacking access to routine and usual care, challenges with having social needs met, food insecurity, housing insecurity and homelessness, etc.)

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts have rank the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	-Continue participating Michiana Community Health Coalition (partner organizations listed in activity description) -Join the State of Indiana's Community Health Worker Association
Key Deliverables Produced	
Successes	Our CHWs attend the monthly Michiana Community Health Coalition meetings and have stated they view these as not only good learning opportunities but also good networking ones. They have reported utilizing the relationships they have fostered from the Coalition to assist community members.
Barriers/Challenges	We face challenges with FSSA process for Medicaid, SNAP, food stamp, etc benefits. CHWs help community members submit necessary documents for these benefits and FSSA representatives will not show records of documents provided to them.

Activities

#	Activity Details	Progress
1	<p>Description: All 8 CHWs will continue to engage with the Michiana Community Health Coalition, a regional coalition made up of organization that train and deploy CHWs in three bordering counties, in order to foster CHW connections, increase professional development, increase skills development, foster mentorship and continued education for CHWs.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Community Based Organizations</p>	<p>Status: On Track</p> <p>Progress Notes: This will continue throughout the lifetime of the grant.</p>

	<p>Setting: Hosted at The University of Notre Dame.</p> <p>Contributing Partners: The University of Notre Dame- Beacon Community Impact- St. Joseph Health Systems- Oaklawn-HealthLinc-Heart City Health-The Upper Room Recovery-Elkhart County-Franciscan Alliance-The City of South Bend-St. Joseph County Public Library-State Department of Health (Indiana)-The United Way of St. Joseph County</p> <p>Key Contracts & Consultants:</p>	
2	<p>Description: All 8 CHWs will join the Indiana Community Health Worker Association and the National Association of Community Health Workers to in order to increase access to professional development, skills development, and continuing education credits. These educational opportunities will provide CHWs with the skills development to provide assistance to those who are at most risk for poor-health outcomes.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Other</p> <p>Setting: Online through the inchwa.org and nachw.org</p> <p>Contributing Partners: Indiana Community Health Workers Association</p> <p>Key Contracts & Consultants:</p>	<p>Status: Not Started</p> <p>Progress Notes:</p>

Year 3 Work Plan- St Joseph County Department of Health

NOFO: DP21-2109	Component: Component A	Current Submission Status: In Progress	Export Date & Time: 4/20/2023 4:56 PM (GMT-04:00) Eastern Daylight Time (America/New_York)
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CB1: Training Collaboration Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations within communities.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts rank among the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01.
Key Deliverables Proposed	-Continue participating Michiana Community Health Coalition (partner organizations listed in activity description). -CHWs will complete continuing education credits required to maintain Indiana Insurance Navigator Certification.

Activities

#	Activity Details
1	<p>Description: All 8 CHWs will continue to engage with the Michiana Community Health Coalition, a regional coalition consisting of three bordering counties that supports community health workers and certified peer recovery coaches, in order to foster CHW connections, professional development, and continued education.</p> <p>Start Date: 8/30/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Community Based Organizations</p> <p>Setting: Hosted at The University of Notre Dame.</p> <p>Lead Personnel Assigned: CHWs</p> <p>Contributing Partners: The University of Notre Dame- Beacon Community Impact- St. Joseph Health Systems- Oaklawn-HealthLinc-Heart City Health-The Upper Room Recovery-Elkhart County-Franciscan Alliance-The City of South Bend-St. Joseph County Public Library-State Department of Health (Indiana)-The United Way of St. Joseph County</p> <p>Key Contracts & Consultants:</p>

CB2: Align Training Opportunities 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 the risk and severity of COVID-19 infections among priority populations within communities.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts rank among the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
	-CHWs will be trained on the county-wide cancer initiative and the use of cancer screening questionnaire. -Create a comprehensive guide that defines reimbursement mechanisms for mammograms, pap smears, colonoscopies, HPV, or provide other financial or social assistance programs.

Key Deliverables Proposed	-CHWs will complete two hours of continuing education from IDOI-approved Navigator CE providers.
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Activities

#	Activity Details
1	<p>Description: CHWs will continue to receive educational instruction for REDCap as new forms and surveys are created within the platform. Data analyst will provide one on one or group trainings when requested from CHWs in ensure efficient use of REDCap.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Other</p> <p>Setting: Internal trainings within REDCap.</p> <p>Lead Personnel Assigned: Data Analyst</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
2	<p>Description: CHWs will receive two hours of continuing education from IDOI-approved Navigator CE course providers in order to meet the state requirements for renewal of state insurance navigator certification.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Other</p> <p>Setting: CEs will be provided through online webinars or in-person trainings hosted by the state of Indiana or contracted agencies.</p> <p>Lead Personnel Assigned: CHWs</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
3	<p>Description: All 8 CHWs will be crossed trained in the Department of Health's county-wide cancer initiative so they can provide community members with information on cancer screening and provide referrals. Cancer is the second leading cause of death in St. Joseph County and contributes to an increased risk of serious illness or death due to COVID-19. CHWs will participate in trainings on preventable cancers developed and delivered by the Deputy Health Officer. This training will give all CHWs a basic understanding of preventable cancers, including prevention, screening, and current recommendations, so that they will be prepared to educate individuals and facilitate pertinent discussions in their Health Cafés in the community.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 9/5/2023</p> <p>Setting:</p> <p>Setting: Department of Health</p> <p>Lead Personnel Assigned: Deputy Health Officer Director of HEED</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
4	<p>Description: The St. Joseph County Department of Health has created a comprehensive guide of community resources that CHWs utilize to link residents with appropriate resources. They will expand this guide to include reimbursement mechanisms and other financial assistance programs for cancer screenings through local, state, and federal programs. The Department will then work with its graphic team to create a pamphlet that can be disseminated to residents and partners.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2023</p> <p>Setting:</p> <p>Setting: The Department of Health</p> <p>Lead Personnel Assigned: CDC Public Health Associate Health Promotion Specialist</p>

	<p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
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CB3: Integrate CHWs (Organization) Integrate CHWs into organizations and care teams to support the public health response to COVID-19 among priority populations within communities.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts rank among the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	<ul style="list-style-type: none"> -Quarterly reports will be created for community partners where CHWs are embedded -Report will be created from our REDCap program on the number of COVID-19 tests performed and number of COVID-19 testing kits distributed -Annual report will be created detailing the number of educational programs delivered to community members -Annual report will be created detailing the number of cancer screenings and referrals completed by CHWs

Activities

#	Activity Details
1	<p>Description: CHWs will continue to host Health Cafes once per month, in English and Spanish within each of the identified census tracts to priority populations. Health Cafes are hosted at local community partner organizations such as churches, libraries, schools, food pantries, and local nonprofits. These Health Cafes will focus on educating community members on cancer prevention and screening activities.</p> <p>Cancer is the second leading cause of death in St. Joseph County and contributes to an increased risk of serious illness or death due to COVID-19. Special emphasis will be placed on facilitating cancer screening questionnaires during these Cafes and referrals to health care providers.</p> <p>Start Date: 9/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Community Based Organizations;Community Centers</p> <p>Setting: CHWs will host Health Cafes focused on addressing knowledge of cancer and cancer screening/prevention at local community partner organizations. These partnerships will include organizations such as libraries, churches, food pantries, and local nature centers.</p> <p>Lead Personnel Assigned: CHWs</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
2	<p>Description: The CHW team will continue to address community members' immediate needs while providing education and information on breast, cervical, and colon cancer screening due to cancer being the second leading cause of death in our county and a risk factor for having serious complications or death in COVID-19 cases. In addition, for residents eligible for any of these screenings, the CHWs will link them to a primary care delivery system or another community partner that provides those resources and assists residents with cancer screening or HPV vaccination.</p> <p>Start Date: 9/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Community Based Organizations;Community Centers;Health Clinics;Schools</p> <p>Setting:</p> <p>Lead Personnel Assigned: CHWs</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>

3	<p>Description: CHWs will continue to complete social needs assessments, utilizing REDCap, our data management tool, for community members. The CHWs will continue to link them to local and state resources and medical providers to address identified needs. CHWs respond to social needs assessments within 48 hours of completion to provide resources to community members. Social needs assessments are available at St. Joseph County libraries, all schools within South Bend School Corporation, on the St. Joseph County Department of Health website, and within St. Joseph County Department of Health Clinics. Data from social needs assessments will be extracted once per month in order to report back findings to the CDC, community partners, and CHW team.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Community Based Organizations;Community Centers;Health Clinics</p> <p>Setting: CHWs will provide social needs assessments at all COVID-19 screening clinics, and when engaging with individuals and families within communities.</p> <p>Lead Personnel Assigned: CHWs</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
4	<p>Description: CHWs will continue to disseminate educational materials on COVID-19 through neighborhood canvassing, the use of the social needs assessment when a community member identifies COVID-19 as a further need, and health fairs. When a community member identifies a further need around COVID-19 resources through a social needs assessment a community health worker will then be prompted to complete the COVID-19 survey which evaluates the community members knowledge on COVID-19, precaution methods, vaccinations, and boosters. This information will be collected through REDCap, our data management tool.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Community Based Organizations;Community Centers;Other</p> <p>Setting: Use of the social needs assessment within REDCap and through community canvassing.</p> <p>Lead Personnel Assigned: CHWs</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>

CB4: Educate Partners 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.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts rank among the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	<ul style="list-style-type: none"> -Annual Report to Health Improvement Alliance and Michiana Community Health Coalition on what social needs were most requested by community members and which organizations were most often referred. -Annual Report will be developed to reflect data from Health Cafes -Create a referral system for CHWs to utilize when referring community members when they do not have a primary care provider and to medical providers for cancer screenings.

Activities

#	Activity Details
1	<p>Description: The Department will collaborate with each of the county's largest primary care delivery systems to raise awareness of the Department of Health's cancer prevention initiative and community health worker program. The Department and primary care delivery systems will develop common messaging and engagement strategies to facilitate community members' access to screening services. Working with the chief information officers or their designees, we will develop a mechanism to issue reminder recalls for community members who were referred for screening services by one of our CHWs but who missed their appointments.</p>

	<p>Start Date: 9/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Community Based Organizations; Federally Qualified Health Centers (FQHC); Health Clinics; Hospitals</p> <p>Setting:</p> <p>Lead Personnel Assigned: CDC Public Health Associate Deputy Health Officer</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
2	<p>Description: The St. Joseph County Department of Health staff will continue to conduct educational presentation on the work that CHWs provide for the residents of St. Joseph County on a quarterly basis for the Health Improvement Alliance, SJC Cares, and the Michiana Community Health Coalition. These three groups are made up of over 100 community partners including major health systems, leaders, and nonprofits, who directly employ, train, and educate community health workers.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Community Based Organizations</p> <p>Setting: This will be held either in-person or virtual at the quarterly meeting.</p> <p>Lead Personnel Assigned: Director of HOPE, Director of HEED, or Assistant Director of Health Equity</p> <p>Contributing Partners: Health Improvement Alliance SJC Cares Michiana Community Health Coalition.</p> <p>Key Contracts & Consultants:</p>
3	<p>Description: The Department will expand existing partnerships with health care delivery systems, including hospital systems (Beacon Health System and St. Joseph Health System), primary care systems (The South Bend Clinic, HealthLinc, Indiana Health Center), and physician practices and networks in order to create a referral system for CHW to utilize when referring residents.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2023</p> <p>Setting: Community Based Organizations; Community Centers; Federally Qualified Health Centers (FQHC); Health Clinics; Hospitals; Outpatient Clinic</p> <p>Setting:</p> <p>Lead Personnel Assigned: CDC Public Health Associate Deputy Health Officer</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>

CB5: Promote Engagement 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.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts rank among the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	<ul style="list-style-type: none"> -Educational materials will be created to promote cancer screenings for CHW Health Cafes. -600 residents will receive cancer screenings after working with CHWs. -Report will be created from Social Needs Assessments to detail the amount of COVID-19 education was provided to community members. -Design and implement a county-wide community sensitization campaign to raise awareness and understanding of our CHW program and the resources and education they provide community members.

Activities

#	Activity Details
1	<p>Description: CHWs will increase the rate of cancer screenings and other medical services using group education, one-on-one education, or small media.</p> <p>Start Date: 9/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Community Based Organizations;Community Centers</p> <p>Setting:</p> <p>Lead Personnel Assigned: CHWs</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
2	<p>Description: The St. Joseph County Department of Health will continue to disseminate educational materials on COVID-19 vaccinations and boosters through CHWs by neighborhood canvassing, social media, and community organizations.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Other</p> <p>Setting: This will be completed through neighborhood canvassing.</p> <p>Lead Personnel Assigned: CHWs</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
3	<p>Description: The Department of Health will develop awareness/educational/promotional materials based on our Burden of Disease Report (2020) on conditions that would increase risk of serious illness or death related to COVID-19.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting:</p> <p>Setting: Department of Health</p> <p>Lead Personnel Assigned: CDC Public Health Associate Health Promotion Specialist Assistant Director of Health Equity</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
4	<p>Description: The Department of Health will develop a strategy to disseminate the awareness/educational/promotional materials, including small groups convened by CHWs, one-on-one education by CHWs, multi-media campaign, handouts, posters, and other settings as appropriate.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting:</p> <p>Setting: Department of Health</p> <p>Lead Personnel Assigned: CDC Public Health Associate Health Promotion Specialist Director of HEED</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants: Force 5 - Marketing Consultant</p>

CB6: Document CHW Engagement 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.

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.

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts rank among the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	<ul style="list-style-type: none"> -Report will be created to identify the number of insurance navigation assistance was provided by CHWs -Report from Social Needs Assessment data will be created to identify which resources were most requested by community members, the number of Social Needs Assessments completed, and the follow-up results -The Department will integrate a screening process that CHWs will follow to screen if residents are eligible for breast, cervical, or colon cancer screenings or HPV vaccinations.

Activities

#	Activity Details
1	<p>Description: CHWs will continue to provide monthly insurance navigation clinics to residents within the identified census tracts, with a goal that 20% of the uninsured and underinsured eligible residents within priority populations will receive insurance assistance.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Community Based Organizations;Community Centers;Heath Clinics</p> <p>Setting:</p> <p>Lead Personnel Assigned: CHWs</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
2	<p>Description: CHWs will continue to complete social needs assessments for community members and link them to resources and medical providers that fit their addressed needs.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Community Based Organizations;Community Centers;Heath Clinics</p> <p>Setting:</p> <p>Lead Personnel Assigned: CHWs</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
3	<p>Description: Utilizing the Social Needs Assessments, the Department will integrate a screening process that CHWs will follow to identify residents eligible for breast, cervical, or colon cancer screenings or HPV vaccinations. CHWs will assist eligible residents with scheduling appointments for HPV vaccination at primary care providers' offices or the St. Joseph County Department of Health's immunization clinic. CHWs will provide referrals to identified service providers for breast, cervical, and colon screenings.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Community Based Organizations;Community Centers;Federally Qualified Health Centers (FQHC);Heath Clinics;Outpatient Clinic;Schools</p> <p>Setting: The Department of Health</p>

	<p>Lead Personnel Assigned: Deputy Health Officer Director of HEED Assistant Director of Health Equity Data Analyst CDC Public Health Associate CHWs</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
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CB7: Partnership Development Establish and strengthen partnerships between CHWs and State Medicaid agencies, relevant state or local coalitions, initiatives, professional organizations, providers, and health systems that provide resources and support for deploying CHWs to engage with priority populations at highest risk for poor health outcomes, including those resulting from COVID-19 by addressing social determinants of health (e.g. those with underlying health conditions, with decreased access to care or lacking access to routine and usual care, challenges with having social needs met, food insecurity, housing insecurity and homelessness, etc.)

Priority Populations	Low Income, Black, Latinx, and Rural Elderly
Geographic Areas	The following census tracts are where our CHWs will be stationed. These census tracts rank among the highest on the social vulnerability index within our county: 2, 20, 22, 24, 26, 111, 30, 33, 34, 101, 105, and 115.01
Key Deliverables Proposed	<ul style="list-style-type: none"> -Continue participating Michiana Community Health Coalition (partner organizations listed in activity description) -Expand existing partnerships with health care delivery systems, including hospital systems in order to create a referral system for CHWs to utilize when referring community members for primary care providers and other medical services.

Activities

#	Activity Details
1	<p>Description: The Department of Health will expand existing partnerships with health care delivery systems, including hospital systems (Beacon Health System and St. Joseph Health System), primary care systems (The South Bend Clinic, HealthLinc, Indiana Health Center), and physician practices and networks in order to create a referral system for CHWs to utilize when referring residents who do not have a primary care provider.</p> <p>Start Date: 8/1/2023</p> <p>End Date: 8/30/2024</p> <p>Setting: Community Based Organizations;Community Centers;Federally Qualified Health Centers (FQHC);Health Clinics;Outpatient Clinic</p> <p>Setting:</p> <p>Lead Personnel Assigned: CDC Public Health Associate Deputy Health Officer Director of HEED Data Analyst</p> <p>Contributing Partners:</p> <p>Key Contracts & Consultants:</p>
2	<p>Description: All 8 CHWs will continue to engage with the Michiana Community Health Coalition, a regional coalition made up of organization that train and deploy CHWs in three bordering counties, in order to foster CHW connections, increase professional development, increase skills development, foster mentorship and continued education for CHWs.</p> <p>Start Date: 8/1/2022</p> <p>End Date: 8/1/2023</p> <p>Setting: Community Based Organizations</p> <p>Setting: Hosted at The University of Notre Dame.</p> <p>Lead Personnel Assigned: CHWs</p>

Contributing Partners: The University of Notre Dame- Beacon Community Impact- St. Joseph Health Systems- Oaklawn-HealthLinc-Heart City Health-The Upper Room Recovery-Elkhart County-Franciscan Alliance-The City of South Bend-St. Joseph County Public Library-State Department of Health (Indiana)-The United Way of St. Joseph County

Key Contracts & Consultants:

Federal Financial Report
(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2022

1. Federal Agency and Organizational Element to Which Report is Submitted Centers for Disease Control		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 5 NU58DP007002-03-00	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: St. Joseph County Department of Health Street1: 227 W Jefferson Blvd Fl 7 Street2: City: South Bend County: St. Joseph State: IN: Indiana Province: Country: USA: UNITED STATES ZIP / Postal Code: 46601-1830			
4a. UEI U2M7JQ5CY234	4b. EIN 356000194	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 8457P	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: 08/31/2021 To: 08/30/2024	9. Reporting Period End Date 03/31/2023
10. Transactions (Use lines a-c for single or multiple grant reporting)			Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			1,067,137.42
b. Cash Disbursements			1,142,958.22
c. Cash on Hand (line a minus b)			-75,820.80
(Use lines d-o for single grant reporting)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			1,828,700.00
e. Federal share of expenditures			1,142,958.22
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			1,142,958.22
h. Unobligated balance of Federal Funds (line d minus g)			685,741.78
Recipient Share:			
i. Total recipient share required			0.00
j. Recipient share of expenditures			0.00
k. Remaining recipient share to be provided (line i minus j)			0.00
Program Income:			
l. Total Federal program income earned			0.00
m. Program Income expended in accordance with the deduction alternative			0.00
n. Program Income expended in accordance with the addition alternative			0.00
o. Unexpended program income (line l minus line m and line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Totals:					<input type="text"/>	<input type="text"/>

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).


a. Name and Title of Authorized Certifying Official

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

b. Signature of Authorized Certifying Official



c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

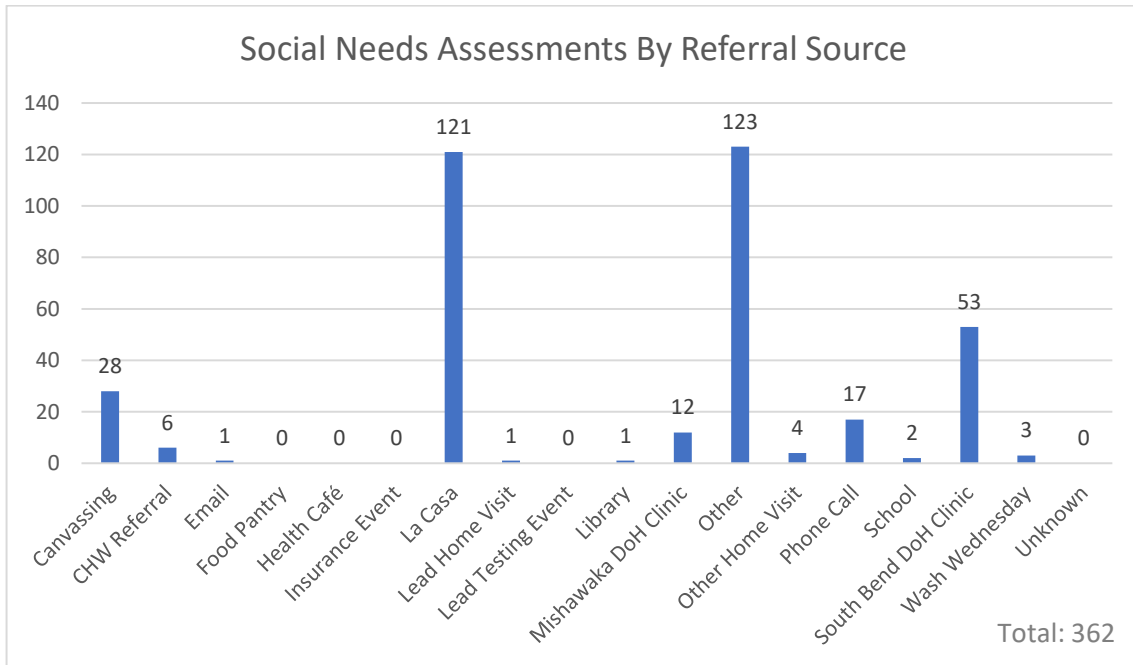
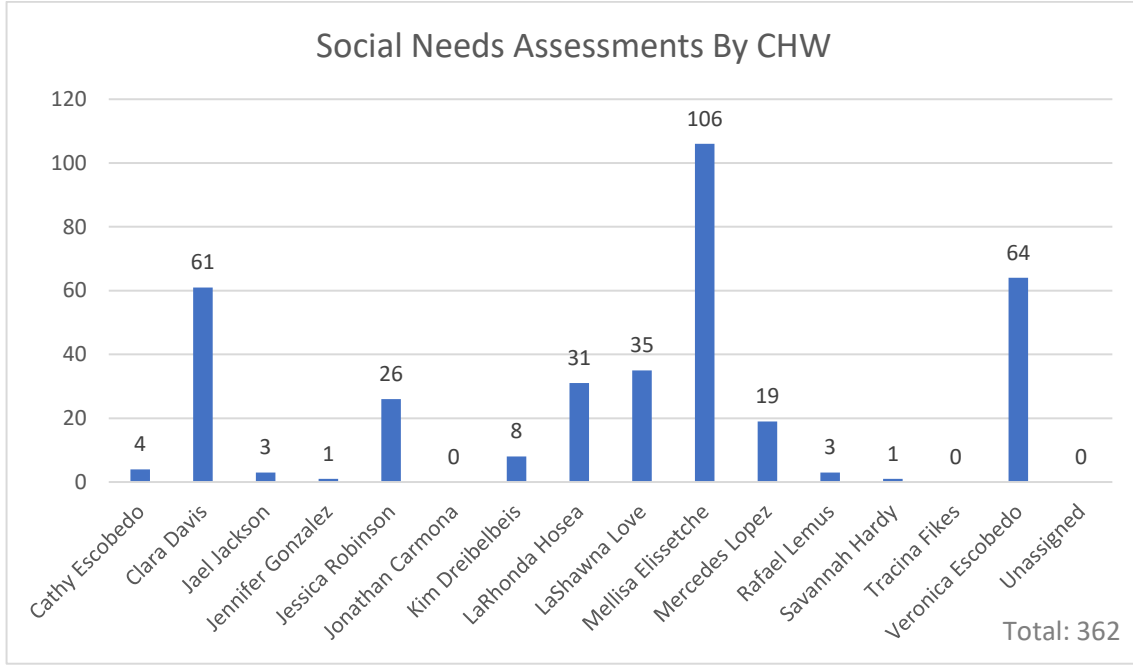
14. Agency use only:

Standard Form 425

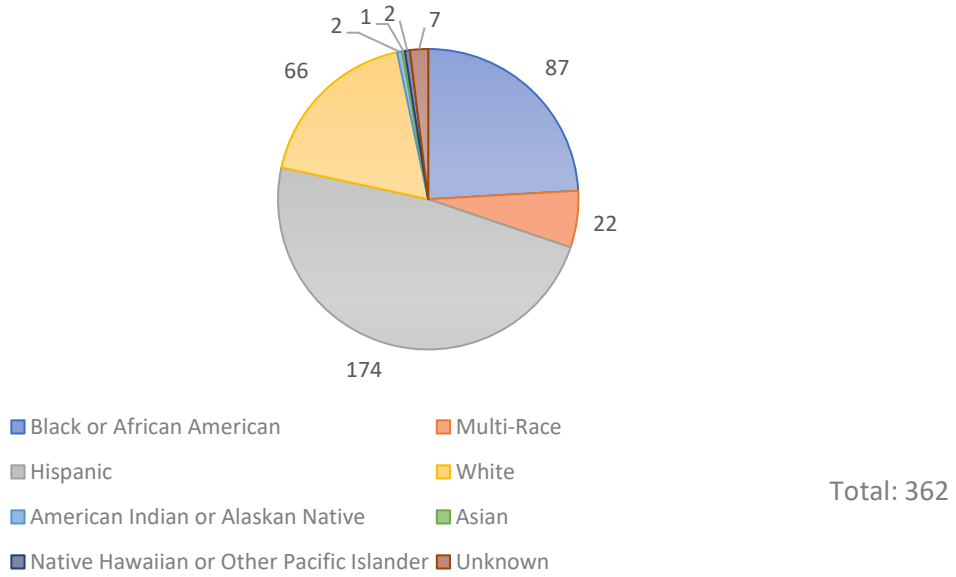
Total number of Social Needs Assessments

Year 2 – Year To Date

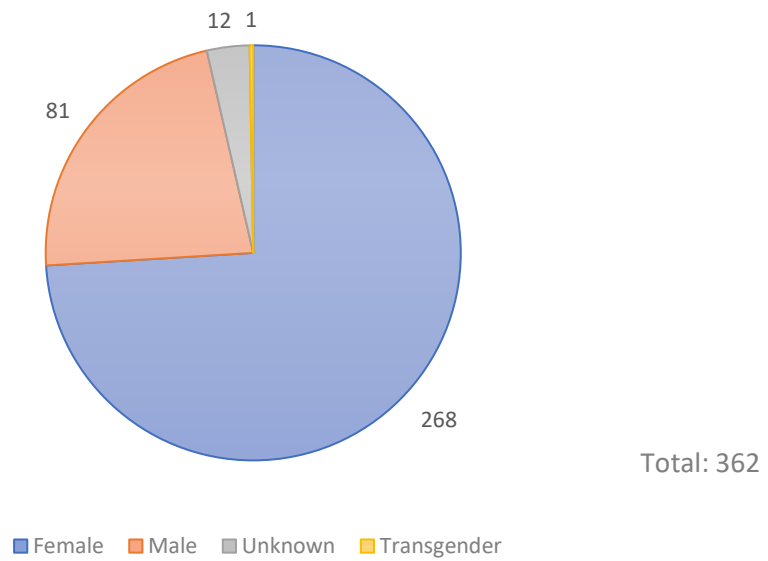
362



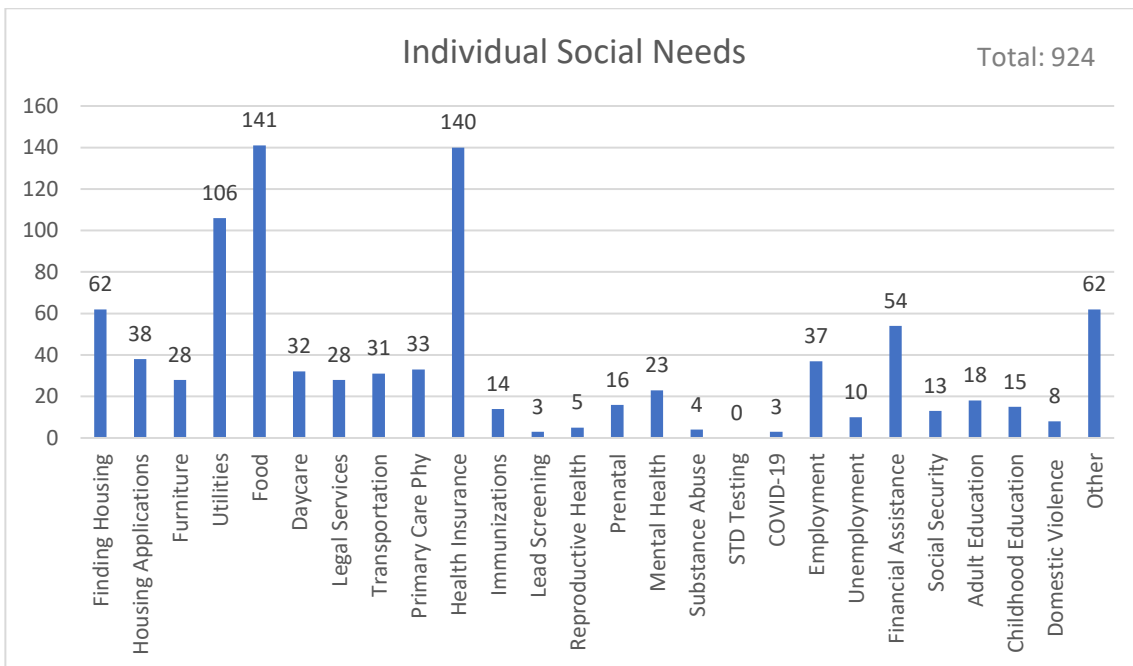
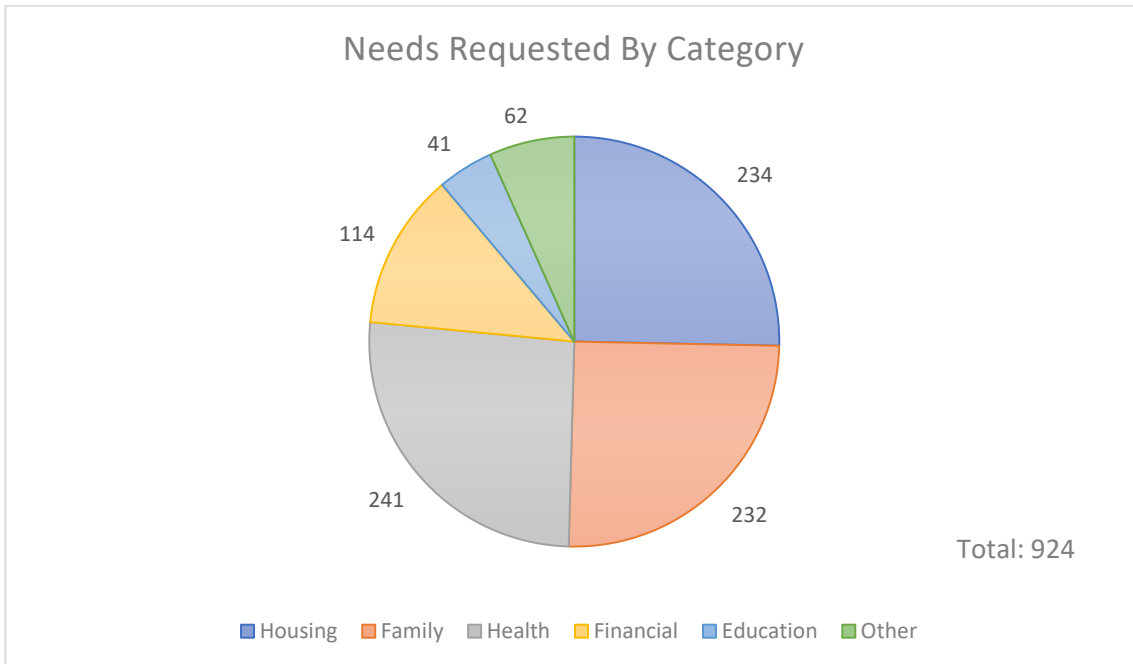
Social Needs Assessments By Race / Ethnicity



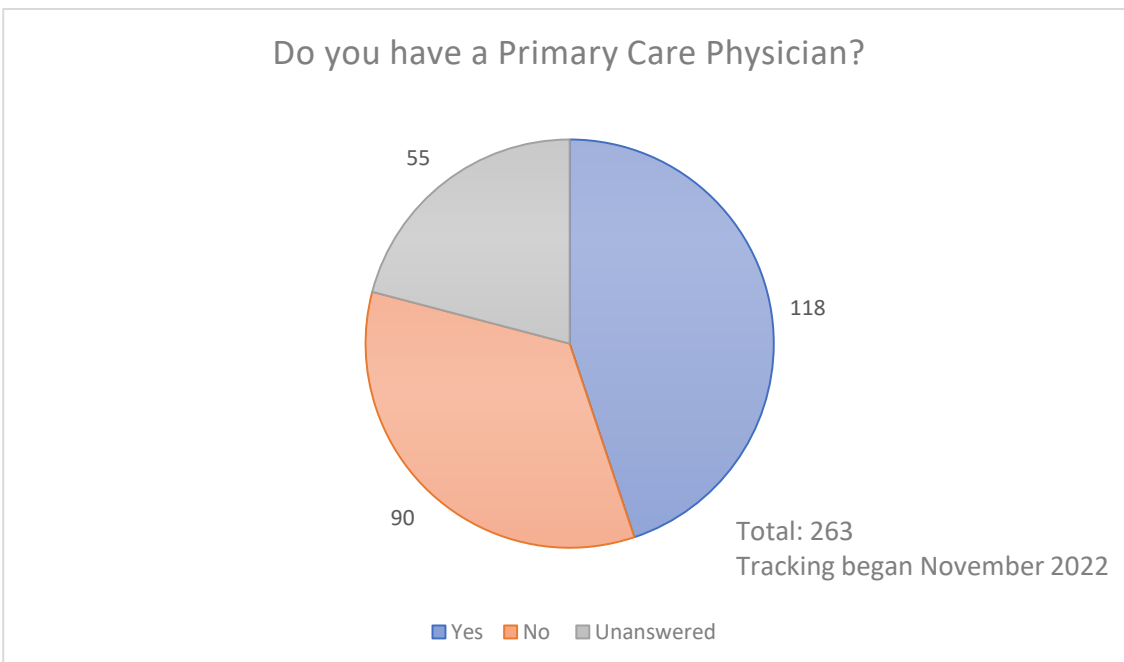
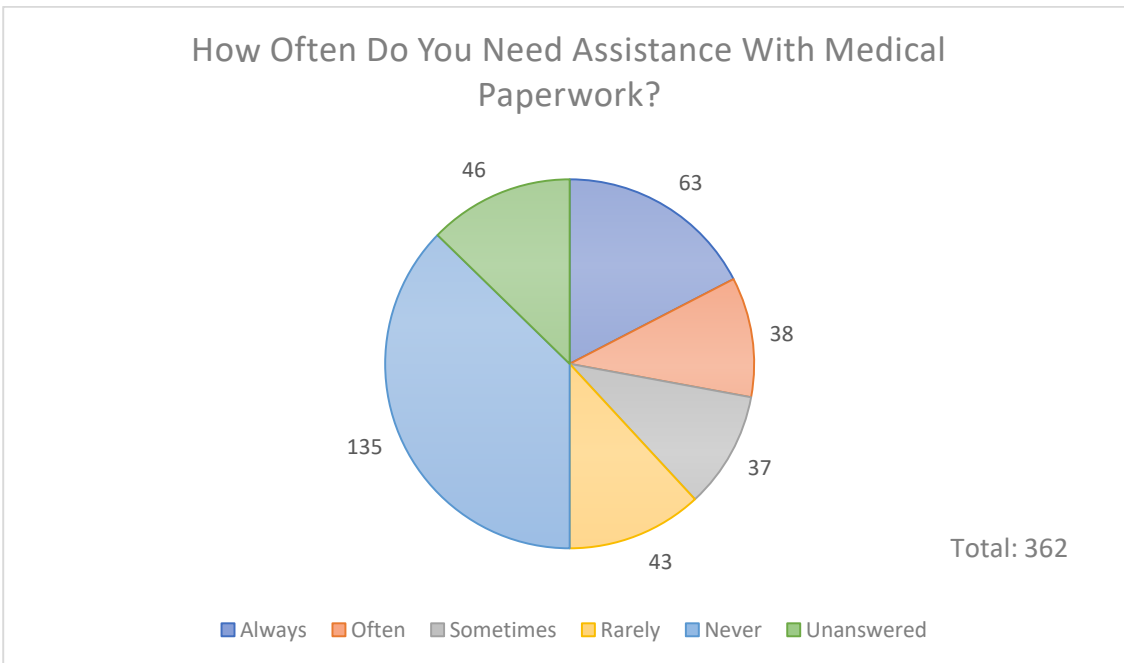
Social Needs Assessments By Gender

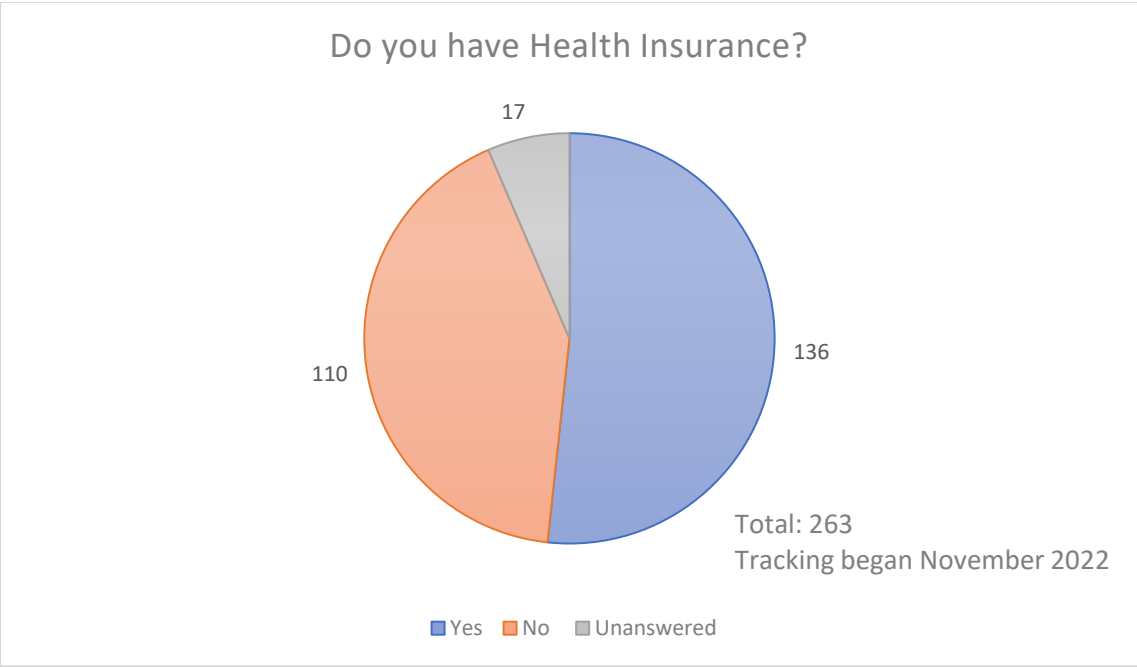


Of the 362 Social Needs Assessments completed, 28 people stated they had no needs. The 334 people that had a need reported 924 total separate needs.



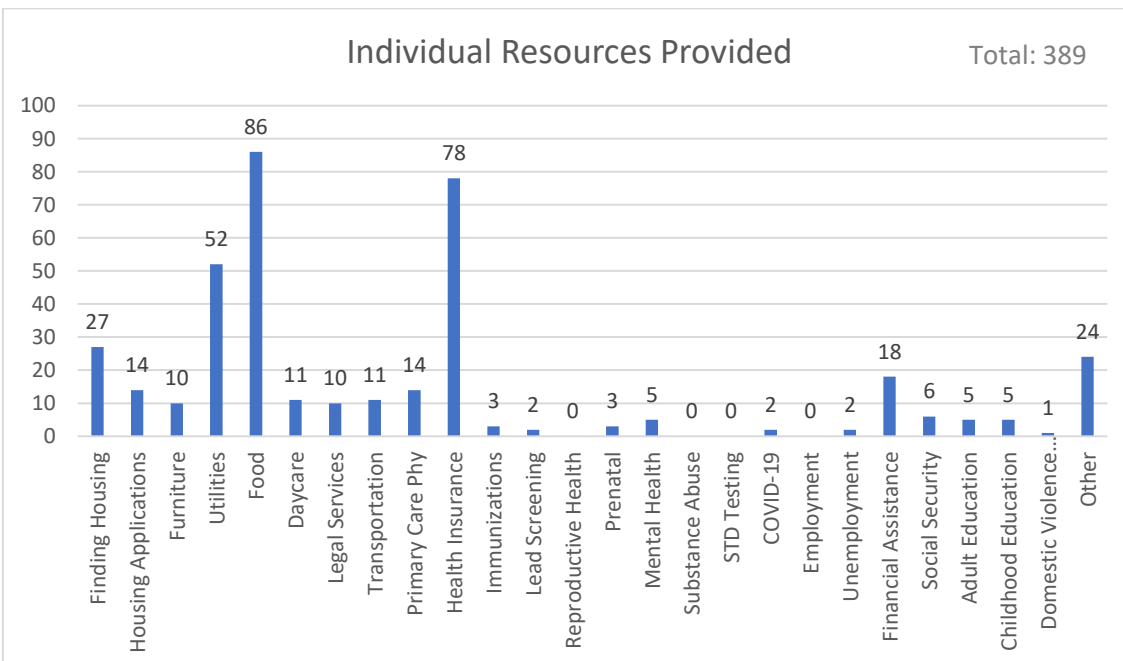
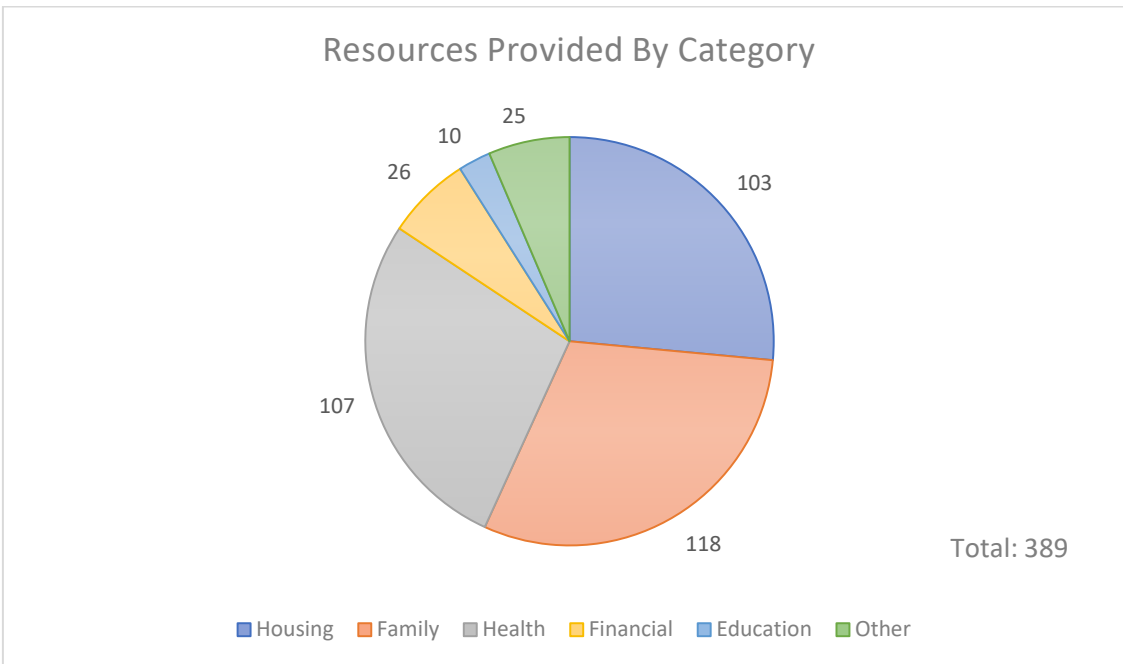
Within these SNAs we were also able to see the following information:



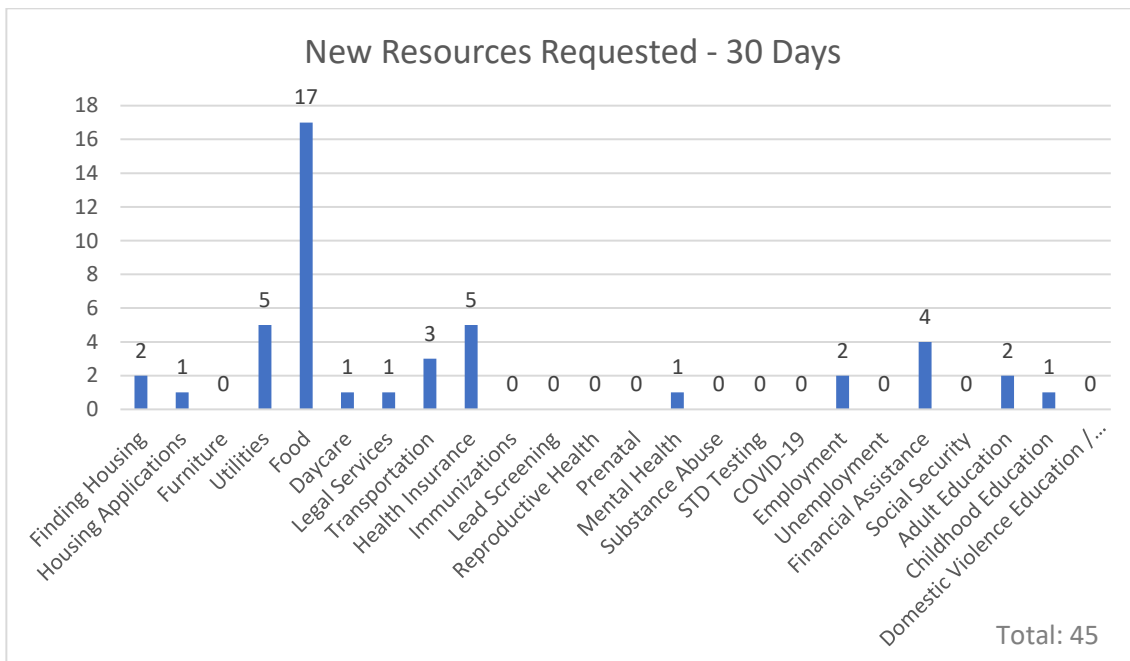
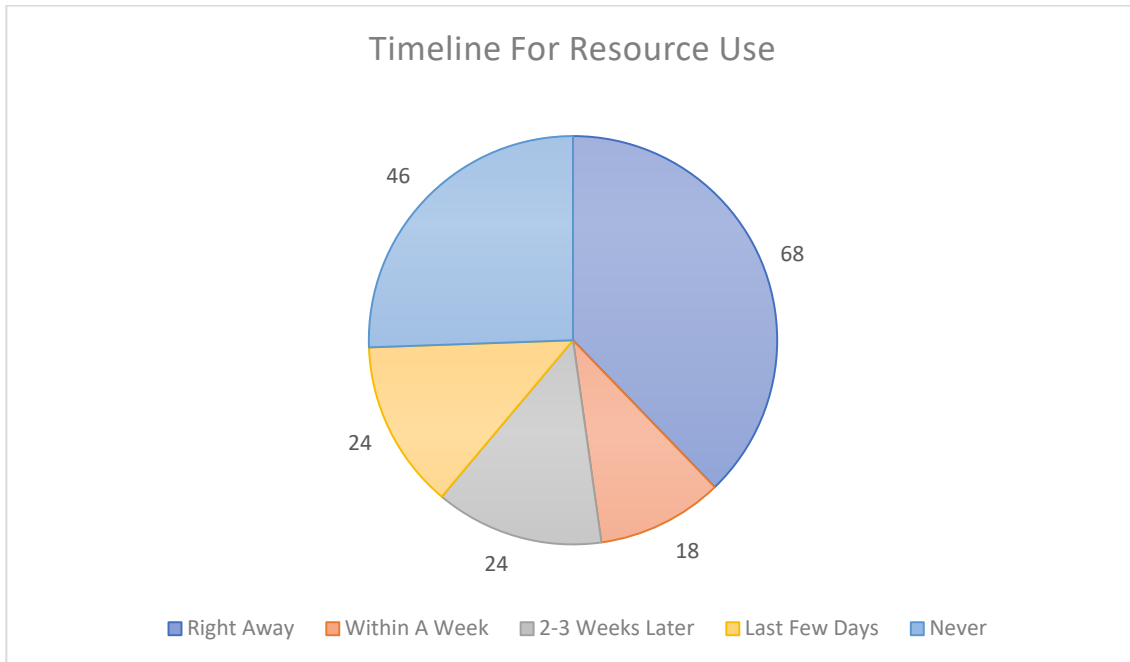


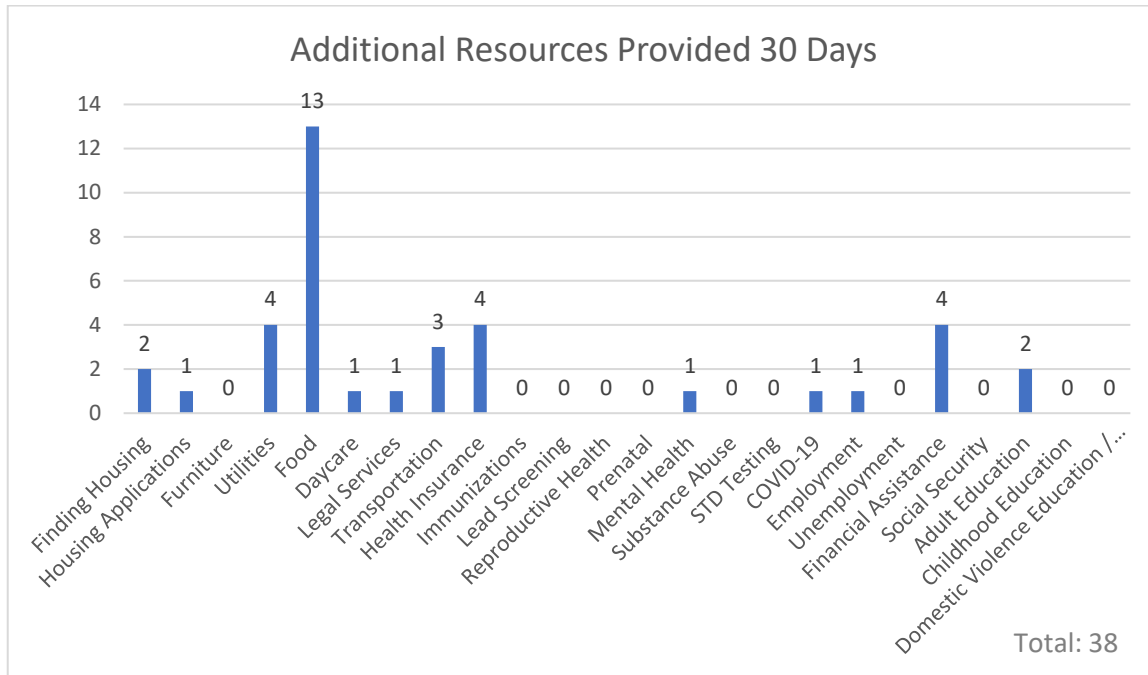
In December, we began asking Community Members how many members of their family these resources are directly impacting at the time we provide resources. Of the 131 CMs that have answered this question, we learned these provided resources have directly impacted 353 members of the community.

244 cases have had a successful 48 Hour Follow Up completed. Within those, 389 resources were provided to 189 different people.



159 cases have had a successful 30 Day Follow Up completed. From those follow ups, we were able to see the following:

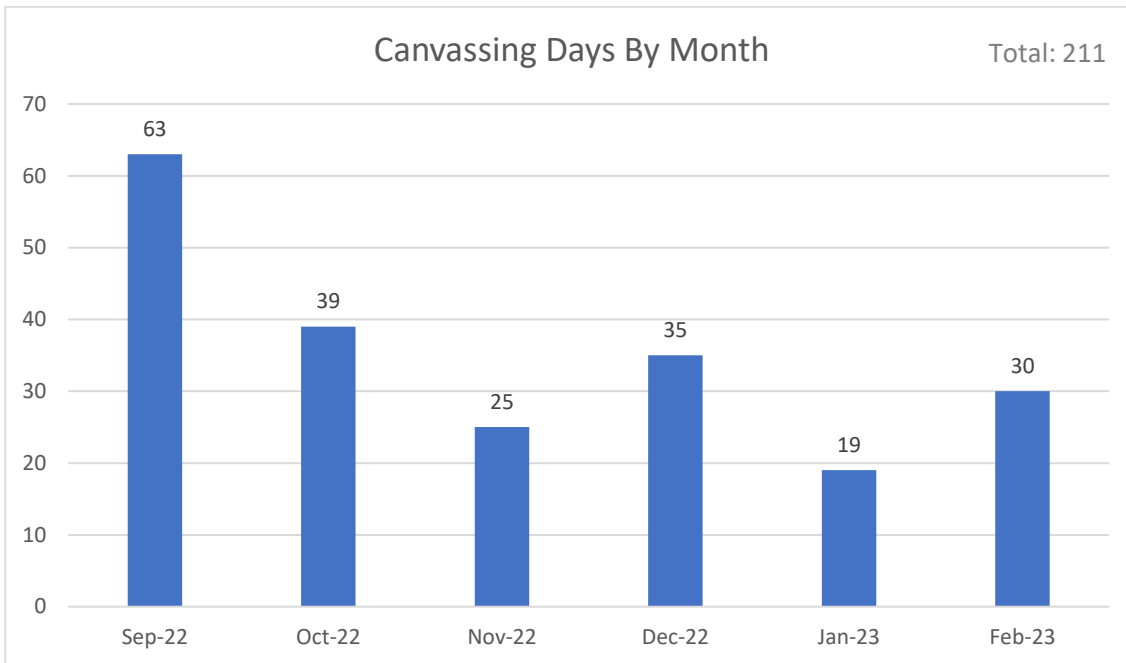




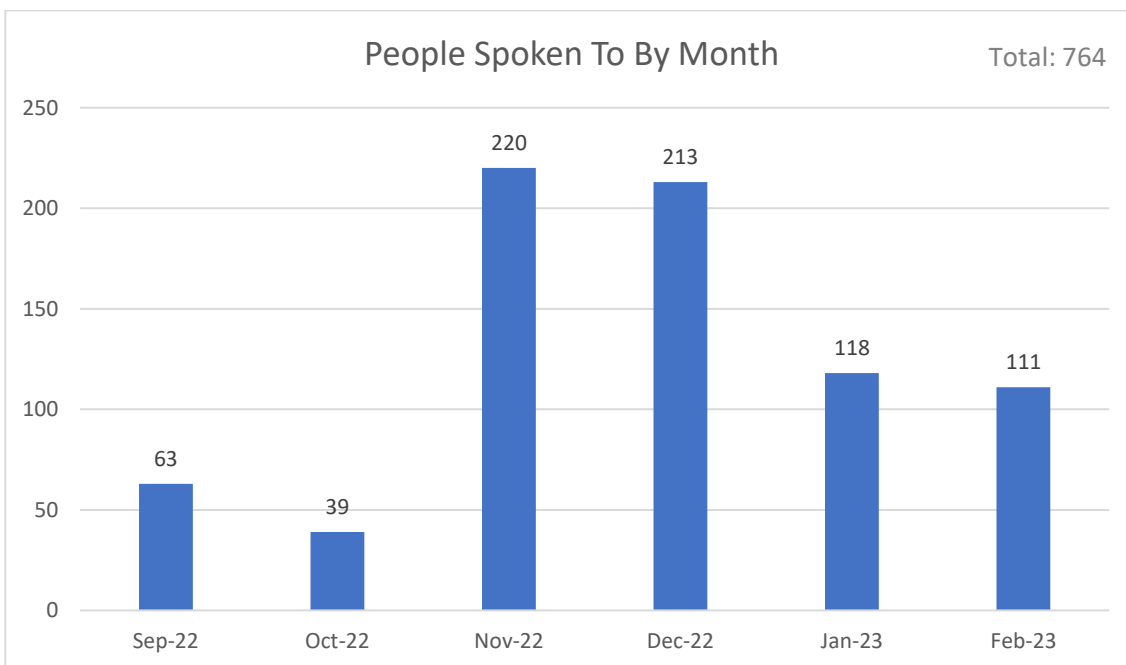
We have had 41 cases with successfully completed 90 Day Follow Ups. We received 15 reported needs on 14 individuals. We have had 23 cases with a successful 180 Day Follow Up completed with only one CM having a current need, which was for food.

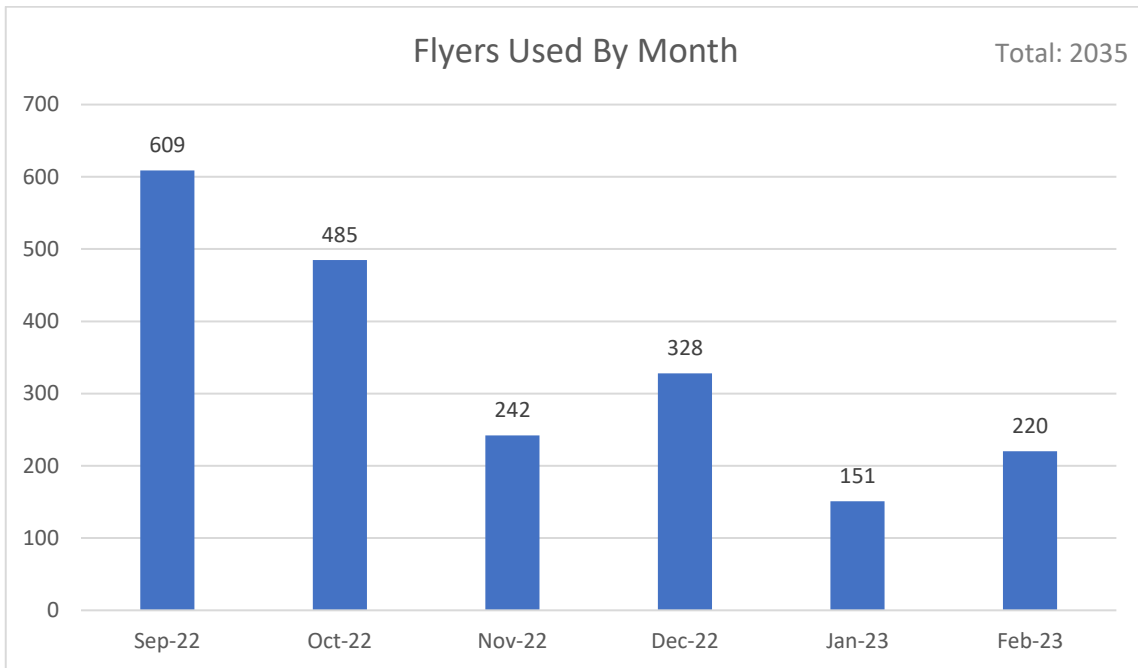
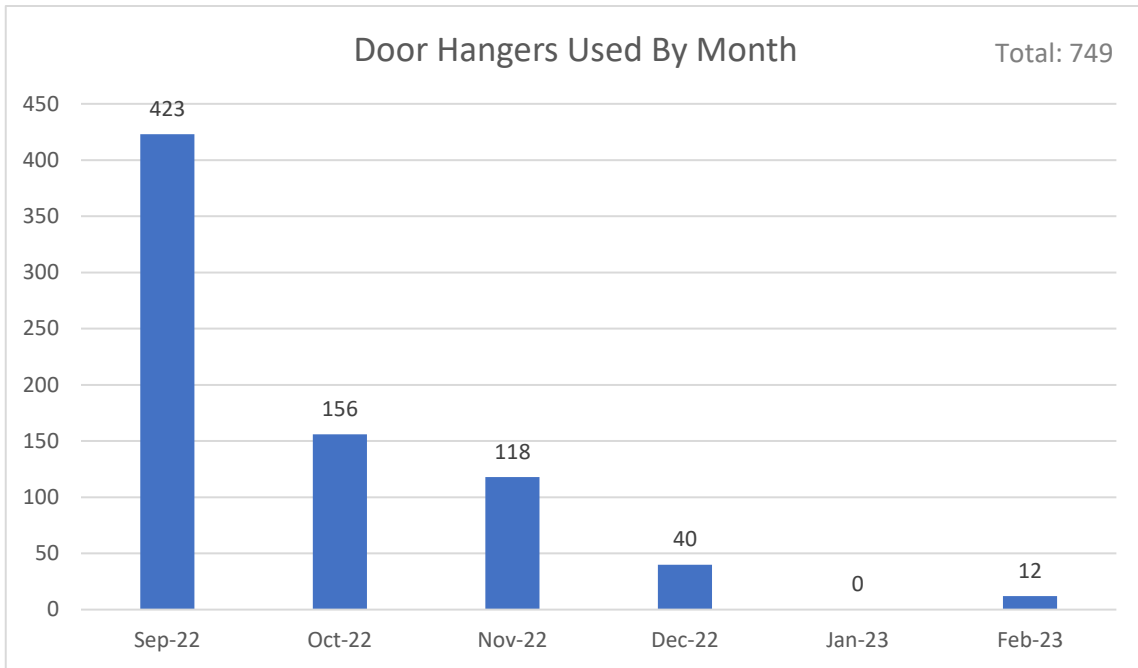
CHW Outreach Efforts – YTD Year 2 – 02/28/2023

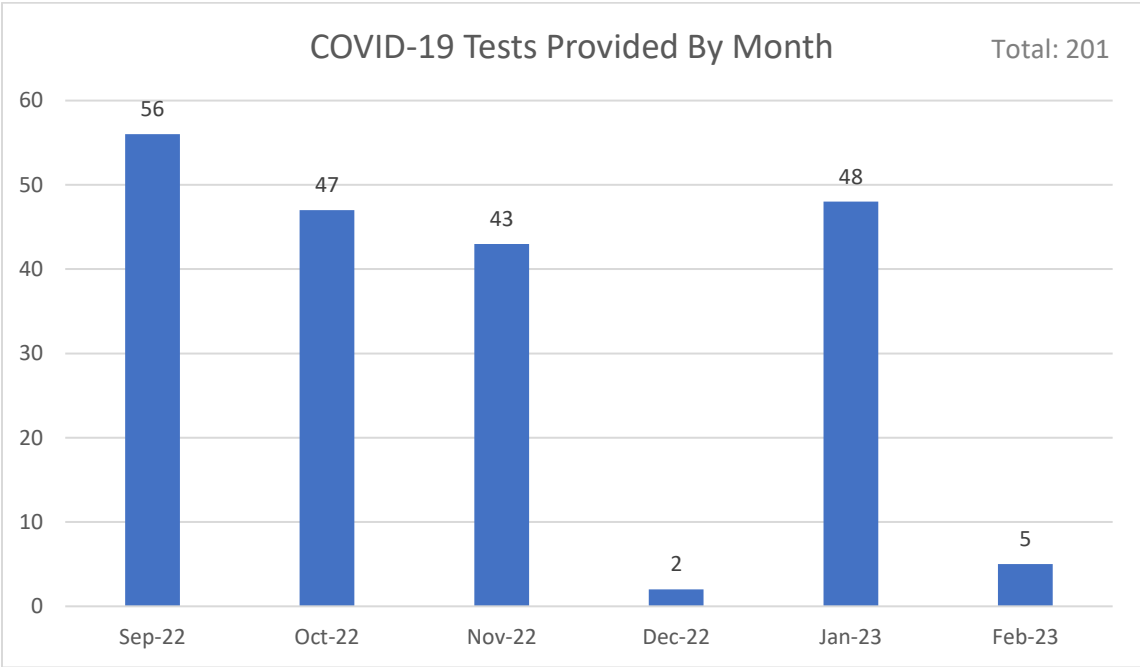
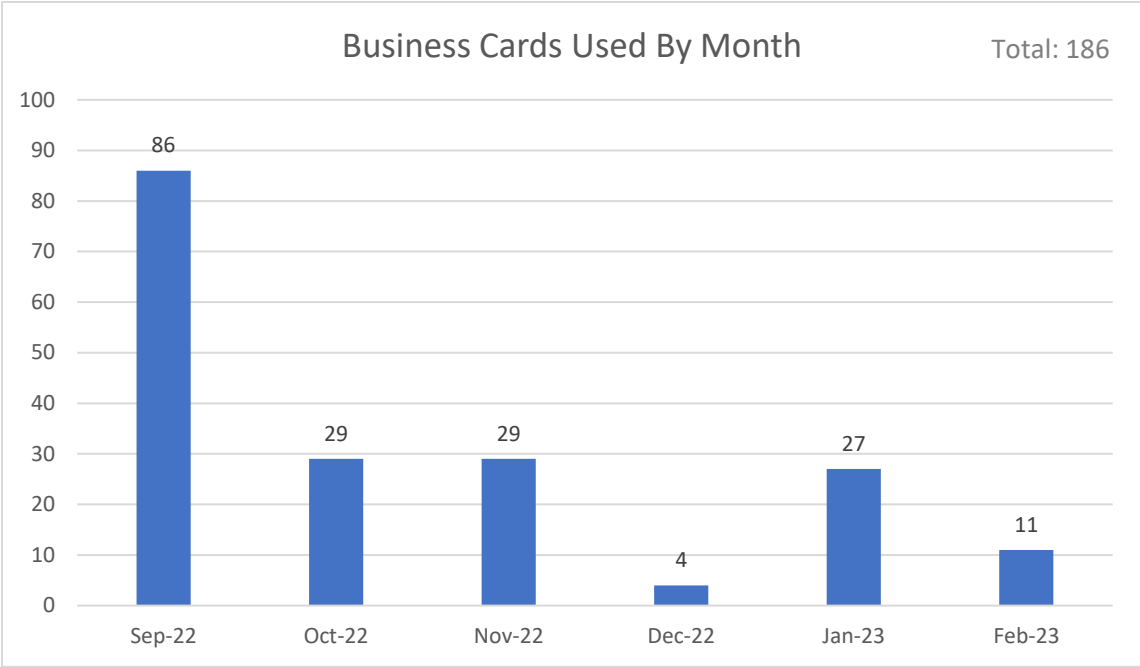
Canvassing Efforts



During the 211 listed days of canvassing performed in Year 2, Period 1, we've seen the following:









St. Joseph County Community Health Worker Program

Cassy White, MPH, Director of Health Equity, Epidemiology, and Data (HEED)

Taylor Martin, LCSW, Assistant Director of Health Equity

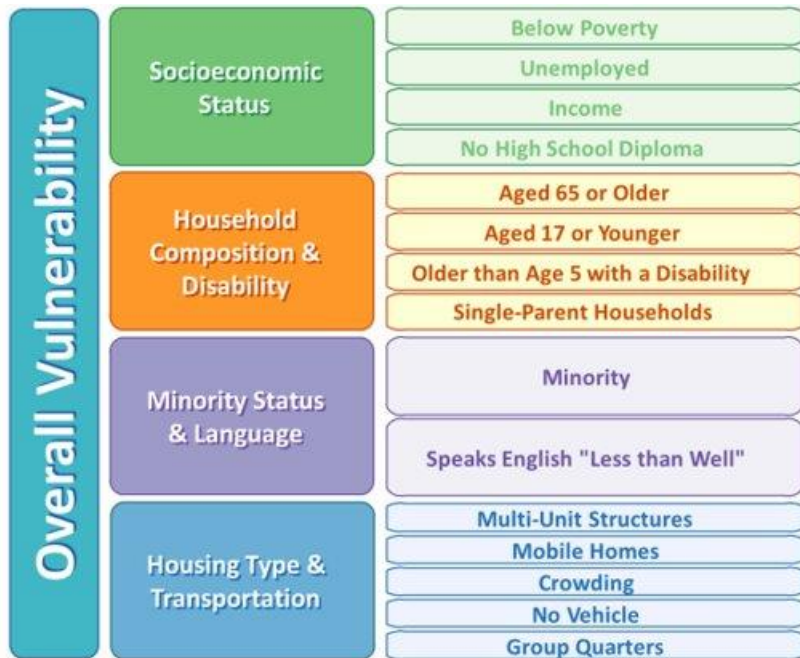
Background

- CHW program started in 2020 at the DoH to address social needs in the county.
 - 8 CHWs focus on COVID-19 and health disparities
 - 3 CHWs focus on lead poisoning prevention and care
 - 2 CHWs focused on providing insurance and OB navigation
- 7 CHWs are bilingual

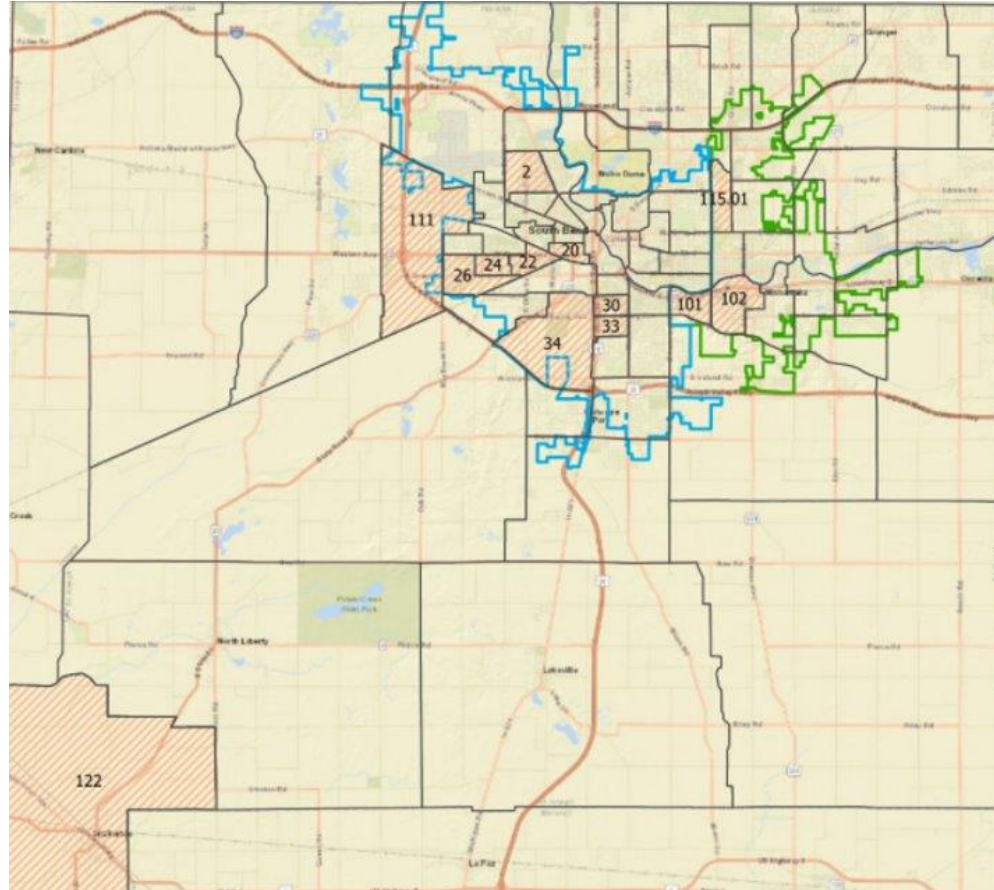


Focus Areas

- 8 CHWs focus on census tracts based on CDC's social vulnerability index



Source: CDC



What our CHWs offer

COVID-19 Testing

Social Needs Assessments

Insurance Navigation

Referrals to Community Resources

Health Cafes

Blood Pressure Screenings

Lead Screening





COVID-19 RAPID TESTING

HOURS: WEDNESDAY 3PM-6PM

OTHER TESTING SITES FOUND BELOW

PRUEBA RÁPIDA DE COVID-19

HORARIO: MIÉRCOLES 3PM-6PM

OTROS SITIOS DE PRUEBA QUE SE
ENCUESTRAN A CONTINUACIÓN



COVID-19 Testing

- We offer free COVID testing at La Casa's 2910 Western location on Wednesday from 3-6pm.
- Walk-ins only
- We offer free at-home tests kits
- Available in Spanish? **Yes!**

Year 1 Update:

CHWs have completed **1,240 COVID-19 screens** and been able to provide education on prevention, care, and vaccination information to a large portion of the Latinx community



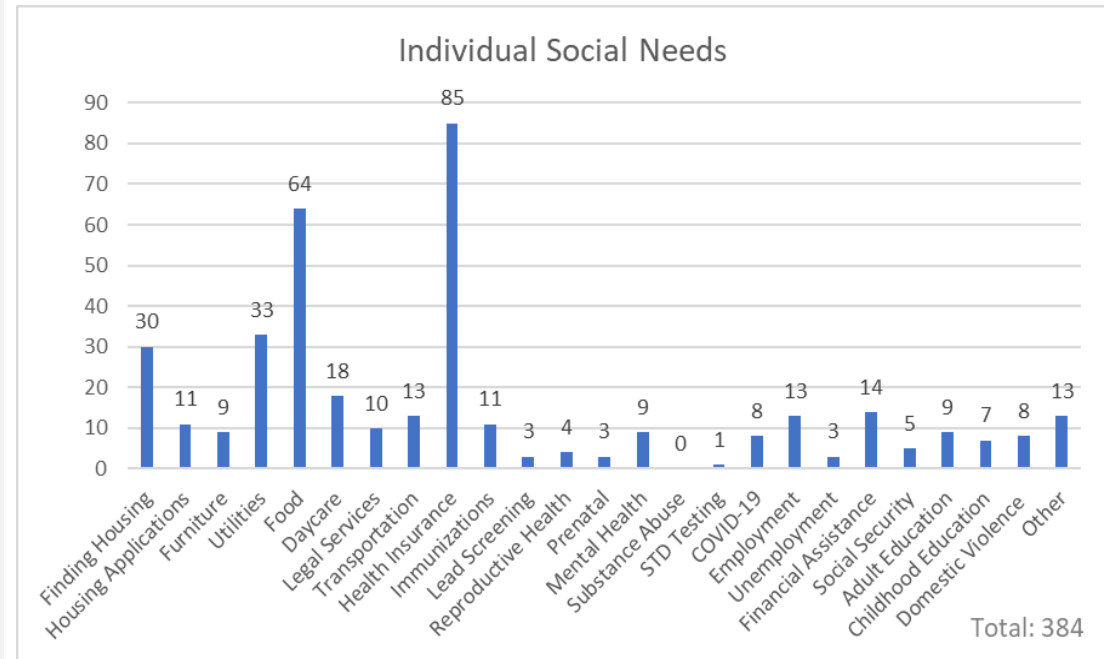
Social Needs Assessment (SNA)

- [Social Needs Assessment](#)
- [Department website](#)
 - Anyone in SJC can use the SNA
 - CHWs follow up with resident based on where the resident lives
 - CHWs follow up within 48 hours
 - Assessment takes 5 minutes max
 - Available in Spanish? **Yes!**

Year 1 Update:

A total of 256 SNAs have been submitted by community members. Three most requested resources: Health Insurance, Food, and Utilities.

The most difficult resource to find assistance for is Housing – Immediate and Short-term





Insurance Navigation

- CHWs are licensed insurance navigators and offer assistance to Medicaid eligible residents
- CHWs will meet with residents in the community or in DoH office
- Spanish-speaking CHWs can navigate the application for Spanish-speaking residents

Year 1 Update:

CHWs have assisted 37 individuals with receiving insurance. CHWs have connected ineligible individuals with medical services such as HealthLinc and IHC.

WORRIED ABOUT HEALTH COVERAGE? JOIN A HEALTH INSURANCE NAVIGATION CLINIC!

You can:

- Get free in-person assistance to help you enroll in an affordable health insurance plan
- Talk with certified Navigators who speak English and Spanish
- Find a physician that accepts your insurance
- See if you qualify for reduced bus fare



Join Us!



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH

Health Café



The goal of a Health Café is to create a space for open and honest dialogue on what impacts the health and wellbeing of our community.

The Health Cafes are hosted in 12 neighborhoods by our Community Health Worker team once per month through August 2022.



The information you share will be used to inform our next steps at the Department of Health. We want to learn from you about the greatest health concerns in our neighborhoods and what cause those concerns.

- We want to change the conversation from looking at an individual's choice to larger causes and conditions (ex: access to transportation) that impact an individual's or community's health outcomes.
- We will report our findings back to you in November and December of 2022. We hope to build active groups of community members to take this information to inform the practices, programs, and policies that support our health as a community.



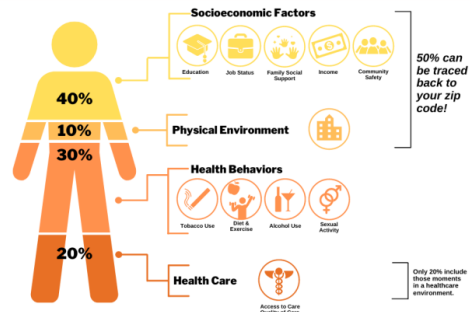
WE NEED YOU!

Your lived experience and knowledge of the community is essential to these Health Cafes. We cannot address the health of our community without your feedback and support.

Contact us:



WHAT
MAKES
UP
YOUR
HEALTH?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Health Café

- The goal of a Health Café is to create a space for open and honest dialogue on what impacts the health and well-being of our community
- The Health Cafes are hosted throughout the community by our Community Health Worker team once to twice per month
- Available in Spanish? **Yes!**



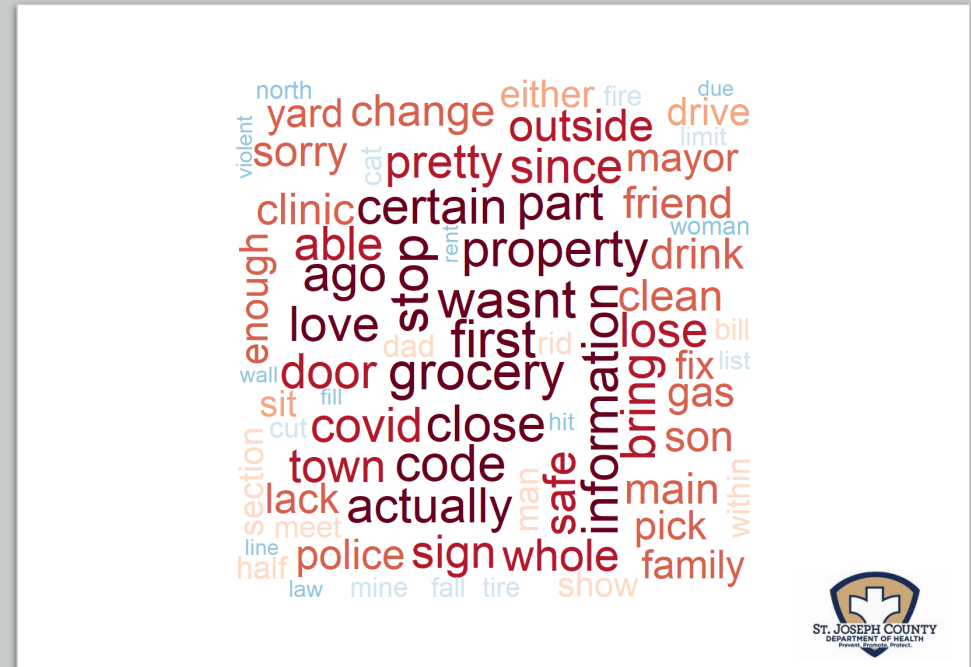
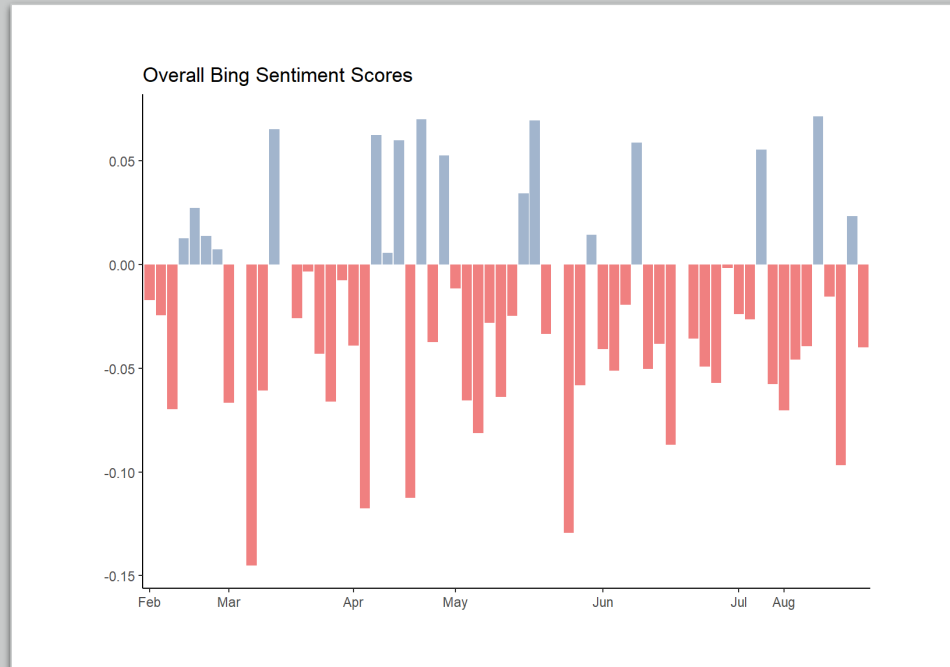
1 Year Update – Health Cafes

- All 8 CHWs are partnering with organizations to host insurance navigation clinics and Health Cafes
- CHWs have **hosted 38 Health Cafes**
- Health Cafes are part of the Health Equity Data Analysis process for the Department of Health

Census Tract	Common Themes to Date
2 (north side of SB)	Unlit and broken streetlights, neighborhood insecurity, and lack of close grocery stores.
111 (rural west side of SB)	Housing instability, few medical resources, distant grocery stores, substance use, and lack of safe spaces for children to play.
24 & 26 (west side)	Community violence, suicides and homicides, limited access to fresh fruits and vegetables, transport needs, and limited mental health resources.
20 & 22 (downtown SB/west side)	Need for linguistically appropriate information on health resources.
34 (southwest side of SB)	Physical environmental concerns, concerns about code enforcement, and quality of food concerns.
30 & 33 (southeast side of SB)	Community safety, unaffordable housing, health insurance gaps, and safe community spaces for children.
122 (Walkerton)	Health and legal information for the elderly in transition, limited access to fresh and healthy produce, and limited medical practitioners in the area.
101 & 102 (downtown Mishawaka)	Limited knowledge about local resources, lack of healthy food options, obesity, substance use and mental health concerns for the unhoused population.



1 Year Update – Health Cafes

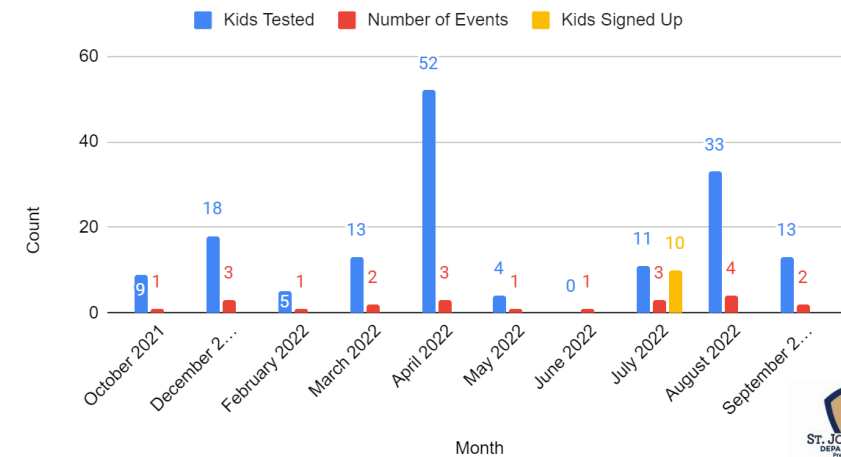


Lead Poisoning Screening

- The CHWs contribute to the DoH lead program by encouraging families to get their children tested for lead poisoning through community outreach events
- CHWs offer testing in families' homes if transportation is a barrier
- Two daycare events a month for free testing and offer home testing
- Available in Spanish? **Yes!**



Kids Tested and Number of Events October 2021 to Present



Contact Information

**Cassy White, MPH, Director of Health Equity,
Epidemiology, and Data (HEED)**

- cwhite@sjcindiana.com
- 574-245-6744

**Taylor Martin, LCSW, Assistant Director of
Health Equity**

- tmartin@sjcindiana.com
- 574-245-6757



HEALTH CAFE REPORT

CLARA

Health Cafe Goal

To host community conversations that help the Department of Health to understand and identify what impacts the wellbeing of St. Joseph County residents, then partner with the community in addressing the change.

CENSUS TRACT	CT 30	CT 33
Population	1,650	2,920
Median income	\$30,300	\$54,289
Unemployment	2.7%	2.4%
Median age	31.7 years	36.4 years

American Community Survey, 2019

CONTEXT OF PARTICIPANTS

- 96 participants joined the health cafe dialogues
- 81 provided demographic details
- 32% aged between 31-40years, 27% aged between 18-30years
- 76% Female. 23% Male. 1% Transgender
- 49% have a household income below \$10,000
- 49% had a high school education and an income below \$15,000
- 12% identified as Hispanic, 43.75% as White NH, and 36% as Black African American, 5% as American Indian or Alaska Native

RESOURCES FEEDBACK

- Childcare resources -WIC, Women's Care Center
- Food stamps access/Farmers market
- Walkways in the neighborhood
- Medical transportation

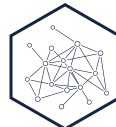
HEALTH CONCERNS



- Child safety on the streets
- Limited housing access and affordability



- Socio-emotional support for students



- Low community concern
- Gun violence



- Increased cost of living



- Limited access to fresh foods
- Information on healthy eating



- Long waits for medical appointments
- Nonmatching insurance types
- Understanding Medicaid and Medicare

COMMUNITY NEEDS

- Improved safety in the neighborhood
- Safe playgrounds and social activities
- Upgraded speed bumps
- Increase in minimum wage
- Solutions as an everyday activity

WAY FORWARD

1. Access to mental health resources
2. Community dialogue on safety
3. Coalition building and partnerships to address neighborhood concerns



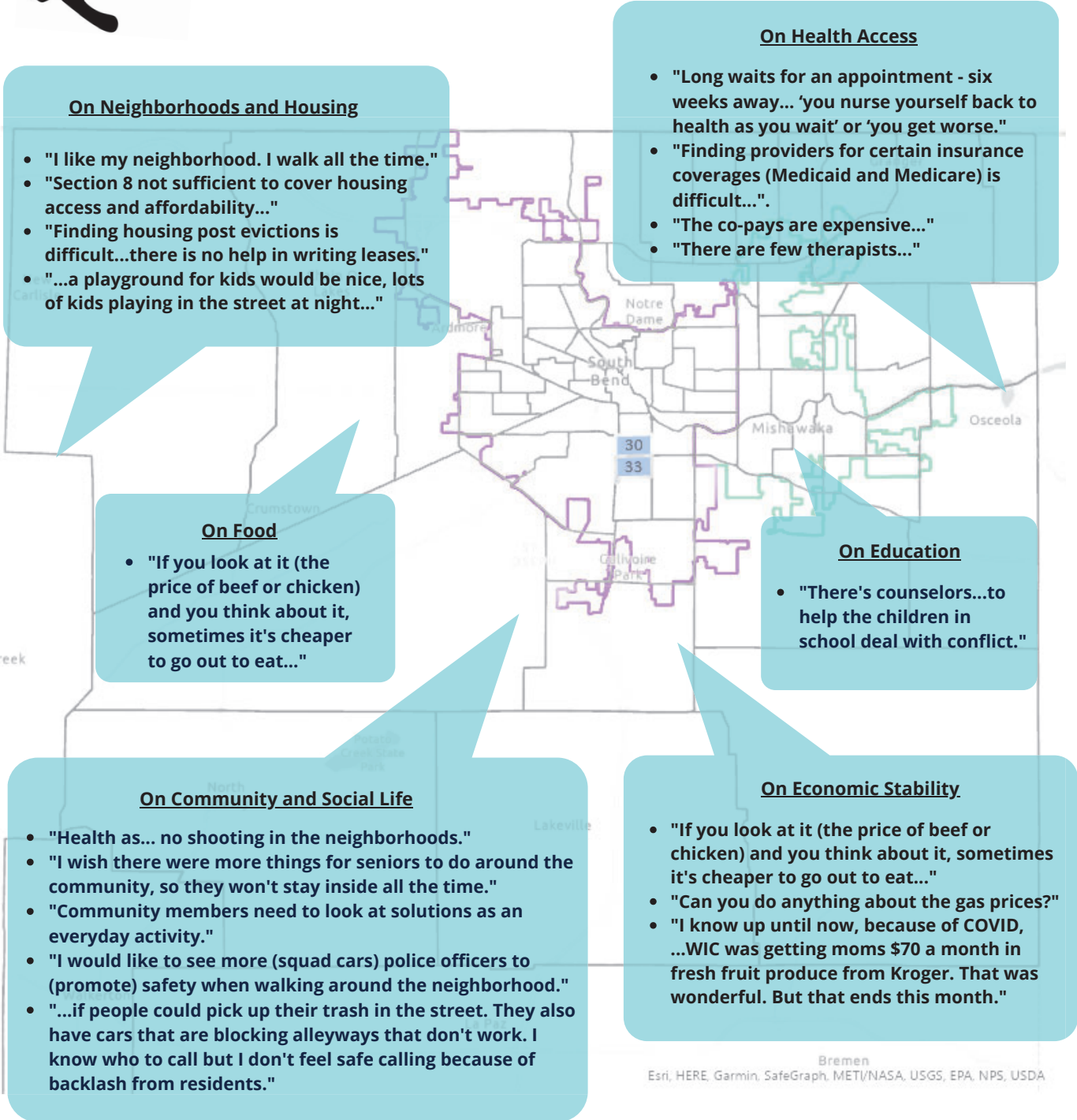
The St. Joseph County Department of Health
(574) 235-9750 Opt. 8





What does "being healthy" look like?

What resources or barriers impact your wellbeing?





Recipient Information

1. Recipient Name

St. Joseph, County of
227 W Jefferson Blvd Fl 7
South Bend, IN 46601-1830

2. Congressional District of Recipient
02

3. Payment System Identifier (ID)
1356000194A1

4. Employer Identification Number (EIN)
356000194

5. Data Universal Numbering System (DUNS)
074301557

6. Recipient's Unique Entity Identifier (UEI)
XBWJLNCJPW37

7. Project Director or Principal Investigator

Dr. Mark Fox
markfox@iu.edu
574-631-1337

8. Authorized Official

Ms. Amy Ruppe
Administrator
aruppe@sjcindiana.com
5742895698

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ackeem Evans
Grants Management Specialist
qtq4@cdc.gov
678-475-4564

10. Program Official Contact Information

Oluwayomi Fabayo
Program Officer
oxu1@cdc.gov
111-11-1111

Federal Award Information

11. Award Number

5 NU58DP007002-03-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP007002

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

Community Health Workers for COVID Response and Resilient Communities Component A

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	08/31/2023	- End Date	08/30/2024
20. Total Amount of Federal Funds Obligated by this Action			\$1,142,936.00
20a. Direct Cost Amount			\$1,142,936.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$0.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$1,142,936.00
26. Period of Performance Start Date	08/31/2021	- End Date	08/30/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$2,971,636.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Darryl Mitchell

30. Remarks



Recipient Information	
Recipient Name St. Joseph, County of 227 W Jefferson Blvd Fl 7 South Bend, IN 46601-1830	
Congressional District of Recipient 02	
Payment Account Number and Type 1356000194A1	
Employer Identification Number (EIN) Data 356000194	
Universal Numbering System (DUNS) 074301557	
Recipient's Unique Entity Identifier (UEI) XBWJLNCJPW37	
31. Assistance Type Project Grant	
32. Type of Award Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$468,617.00
b. Fringe Benefits	\$267,182.00
c. Total Personnel Costs	\$735,799.00
d. Equipment	\$0.00
e. Supplies	\$9,600.00
f. Travel	\$19,075.00
g. Construction	\$0.00
h. Other	\$306,462.00
i. Contractual	\$72,000.00
j. TOTAL DIRECT COSTS	\$1,142,936.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$1,142,936.00
m. Federal Share	\$1,142,936.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP007002C3	DP	41.51	93.495	\$0.00	75-2024-0943
2-9390H3H	21NU58DP007002C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP007002C3	DP	41.51	93.495	\$1,142,936.00	75-2024-0943

Saint Joseph County, Indiana
Form D - Appropriation/(Budget Reduction)

Reviews:

Department Name - Department of Health - 0055
Fund Names - Health CHWs COVID Response

Department	Signature	Date
Auditor	Signature	Date

Fund.Acct.Obj.Loc	Account Name	Amount
8952.11030.00000.0055	Administrator	7,340.33
8952.11077.00000.0055	Admin Assistant	32,182.52
8952.11167.00000.0055	Community Health Worker	335,976.00
8952.11170.00000.0055	Director of HEED	8,156.92
8952.11176.00000.0055	Assistant Dir Health Equity	49,158.52
8952.11195.00000.0055	Public Health Coordinator	2,781.02
8952.11196.00000.0055	Health Promotion Specialist	15,294.23
8952.11976.00000.0055	Deputy Health Officer	12,779.10
8952.12010.00000.0055	Data Analyst	4,948.96
8952.14800.00000.0055	FICA Taxes	33,558.15
8952.14810.00000.0055	PERF	47,699.63
8952.14840.00000.0055	Group Health Insurance	185,925.00
8952.22148.00000.0055	Field Supplies	3,600.00
8952.31015.00000.0055	Consultant Services	72,000.00
8952.32020.00000.0055	Travel/Mileage	19,075.00
8952.32050.00000.0055	Conferences & Training	15,639.00
8952.32203.00000.0055	Cell Phones	6,000.00
8952.33368.00000.0055	Public Info. & Educ.	290,323.12
8952.36015.00000.0055	Contractual Services	500.00
		0.00
Total		1,142,937.50

Salary Amendment

Position Name	Community Health Worker x 4	Position Name	Community Health Worker
Current Salary	\$37,065.00	Current Salary	\$47,065.00
Proposed Salary	\$38,177.00	Proposed Salary	\$48,177.00
Position Name	Community Health Worker x 4	Position Name	Community Health Worker
Current Salary	\$39,183.00	Current Salary	\$42,065.00
Proposed Salary	\$40,359.00	Proposed Salary	\$43,177.00
Position Name	Community Health Worker	Position Name	Data Analyst
Current Salary	\$49,183.00	Current Salary	\$60,893.00
Proposed Salary	\$50,359.00	Proposed Salary	\$0.00

Justification

The Department of Health has received funding for the third and final year from the Centers for Disease Control (CDC) to train and deploy community health workers (CHWs) in SJC 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. Funding for year 3 covers August 31, 2023 through August 30, 2024.



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.

July 5, 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 through the Indiana State Department of Health for our Health Immun Supplemental program. Funds will be used to assist the Indiana Department of Health with activities related to promoting all vaccines recommended by the Advisory Committee on Immunization Practices by providing direct vaccination services; conducting outreach and vaccination to minority and hard to reach populations; employ or partner with CHWs to reach vulnerable and underserved populations; conduct school located vaccine clinics; and report data in the state Immunization Information System (CHIRP).

Attached is the contract and budget.

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

Thank you for your consideration of our request.

Sincerely,

Joseph H. Cerbin, MD
Health Officer

JHC:alr

APPROVED _____ DENIED _____

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

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

Michelle Migliore, MD
Vice President, Board of Health

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

GRANT AGREEMENT

Contract #000000000000000000073741

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

1. Purpose of this Grant Agreement; Funding Source. The purpose of this Grant Agreement is to enable the State to award a Grant of **\$961,577.00** (the "Grant") to the Grantee for eligible costs of the services or project (the "Project") described in **Attachments A and B** of this Grant Agreement, which are incorporated fully herein. The funds shall be used exclusively in accordance with the provisions contained in this Grant Agreement and in conformance with Indiana Code § 16-19-3-1 establishing the authority to make this Grant, as well as any rules adopted thereunder. The funds received by the Grantee pursuant to this Grant Agreement shall be used only to implement the Project or provide the services in conformance with this Grant Agreement and for no other purpose.

FUNDING SOURCE:

If Federal Funds: Program Name per Catalog of Federal Domestic Assistance (CFDA):
Immunization and Vaccines for Children-COVID19
CFDA # 93-268

If State Funds: Program Title (Not Applicable)

2. Representations and Warranties of the Grantee.

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

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

3. Implementation of and Reporting on the Project.

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

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

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

5. Grant Funding.

A. The State shall fund this Grant in the amount of **\$961,577.00**. The approved Project Budget is set forth as **Attachment B** of this Grant Agreement, attached hereto and incorporated herein. The Grantee shall not spend more than the amount for each line item in the Project Budget without the prior written consent of the State, nor shall the Project costs funded by this Grant Agreement and those funded by any local and/or private share be changed or modified without the prior written consent of the State.

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

6. Payment of Claims.

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

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

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

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

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

7. Project Monitoring by the State. The State may conduct on-site or off-site monitoring reviews of the Project during the term of this Grant Agreement and for up to ninety (90) days after it expires or is otherwise terminated. The Grantee shall extend its full cooperation and give full access to the Project site and to relevant documentation to the State or its authorized designees for the purpose of determining, among other things:

A. whether Project activities are consistent with those set forth in **Attachment A**, the Grant Application, and the terms and conditions of the Grant Agreement;

B. the actual expenditure of state, local and/or private funds expended to date on the Project is in conformity with the amounts for each Budget line item as set forth in **Attachment B** and that unpaid costs have been properly accrued;

C. that Grantee is making timely progress with the Project, and that its project management, financial management and control systems, procurement systems and methods, and overall performance are in conformance with the requirements set forth in this Grant Agreement and are fully and accurately reflected in Project reports submitted to the State.

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

A. The Grantee shall submit to an audit of funds paid through this Grant Agreement and shall make all books, accounting records and other documents available at all reasonable times during the term of this Grant Agreement and for a period of three (3) years after final payment for inspection by the State or its authorized designee. Copies shall be furnished to the State at no cost

B. If the Grantee is a "subrecipient" of federal grant funds under 2 C.F.R. 200.331, Grantee shall arrange for a financial and compliance audit that complies with 2 C.F.R. 200.500 *et seq.* if required by applicable provisions of 2 C.F.R. 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements).

C. If the Grantee is a non-governmental unit, the Grantee shall file the Form E-1 annual financial report required by IC § 5-11-1-4. The E-1 entity annual financial report will be used to determine audit requirements applicable to non-governmental units under IC § 5-11-1-9. Audits required under this section must comply with the State Board of Accounts *Uniform Compliance Guidelines for Examination of Entities Receiving Financial Assistance from Governmental Sources*, <https://www.in.gov/sboa/files/guidelines-examination-entities-receiving-financial-assistance-government-sources.pdf>. Guidelines for filing the annual report are included in **Attachment D** (Guidelines for Non-governmental Entities).

9. Compliance with Laws.

A. The Grantee shall comply with all applicable federal, state and local laws, rules, regulations and ordinances, and all provisions required thereby to be included herein are hereby incorporated by reference. The enactment or modification of any applicable state or federal statute or the promulgation of rules or regulations thereunder after execution of this Grant Agreement shall be reviewed by the State and the Grantee to determine whether the provisions of this Grant Agreement require formal modification.

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

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

withheld, delayed, or denied and/or this Grant suspended until the Grantee is current in its payments and has submitted proof of such payment to the State.

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

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

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

G. As required by IC § 5-22-3-7:

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

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

(i) IC § 24-4.7 [Telephone Solicitation Of Consumers];

(ii) IC § 24-5-12 [Telephone Solicitations]; or

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

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

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

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

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

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

10. Debarment and Suspension.

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

B. The Grantee certifies that it has verified the suspension and debarment status for all subcontractors receiving funds under this Grant Agreement and shall be solely responsible for any recoupments or penalties that might arise from non-compliance. The Grantee shall immediately notify the State if any subcontractor becomes debarred or suspended, and shall, at

the State's request, take all steps required by the State to terminate its contractual relationship with the subcontractor for work to be performed under this Grant Agreement.

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

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

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

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

- A. The Grantee has enrolled and is participating in the E-Verify program;
- B. The Grantee has provided documentation to the State that it has enrolled and is participating in the E-Verify program;
- C. The Grantee does not knowingly employ an unauthorized alien.

D. The Grantee shall require its contractors who perform work under this Grant Agreement to certify to Grantee that the contractor does not knowingly employ or contract with an unauthorized alien and that the contractor has enrolled and is participating in the E-Verify program. The Grantee shall maintain this certification throughout the duration of the term of a contract with a contractor.

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

13. Funding Cancellation. As required by Financial Management Circular 3.3 and IC § 5-22-17-5, when the Director of the State Budget Agency makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this Grant Agreement, it shall be canceled. A determination by the Director of the State Budget Agency that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

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

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

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

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

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

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

A. Notices to the State shall be sent to:
Indiana Department of Health
Attention: CONTRACTS AND GRANTS
2 North Meridian Street
Indianapolis, Indiana 46204
IDOHContracts@health.in.gov

B. Notices to the Grantee shall be sent to:
St. Joseph County Health Department
Amy Ruppe
227 W Jefferson Boulevard 8th Floor
South Bend, IN 46601

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

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

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

21. Termination for Breach.

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

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

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

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

24. Federal and State Third-Party Contract Provisions. If part of this Grant involves the payment of federal funds, the Grantee and, if applicable, its contractors shall comply with the federal provisions attached as **Attachment(s) C** and incorporated fully herein.

**25. Provision Applicable to Grants with tax-funded State Educational Institutions:
"Separateness" of the Parties.** (INTENTIONALLY OMITTED, NOT APPLICABLE)

26. State Boilerplate Affirmation Clause. I swear or affirm under the penalties of perjury that I have not altered, modified, changed or deleted the State's standard contract clauses (as contained in the *2022 SCM Template*) in any way except as follows:

**Provision Applicable to Grants with tax-funded State Educational Institutions:
"Separateness" of the Parties.** (INTENTIONALLY OMITTED, NOT APPLICABLE)

Non-Collusion, Acceptance

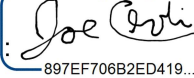
The undersigned attests, subject to the penalties for perjury, that the undersigned is the Grantee, or that the undersigned is the properly authorized representative, agent, member or officer of the Grantee. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee,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

Agreement to Use Electronic Signatures


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

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

ST JOSEPH COUNTY HEALTH DEPARTMENT

By: 
897EF706B2ED419...

INDIANA DEPARTMENT OF HEALTH

By: 
FD195E4E7AF9428...

Title: Director public health st joseph county

Title: IDOH Chief of Staff

Date: 5/23/2023 | 10:27 EDT

Date: 5/23/2023 | 11:04 EDT

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

ATTACHMENT A

Local Health Department Immunization Grant Scope of Work

The Grantee shall conduct the following:

- Promote all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP)
- Provide direct vaccination services to in accordance with ACIP recommendations to all individuals regardless of insurance status to meet the needs of your jurisdiction.
- Conduct outreach and vaccination of all ACIP recommended vaccines to minority and hard to reach populations.
- Employ or partner with Community Health Workers to reach vulnerable and underserved populations in their jurisdictions.
- Conduct school site vaccination clinics that meet the vaccination needs in your jurisdiction.
- Report data on all administered vaccines in the state Immunization Information System, CHIRP.
- Conduct at least one consumer access promotion activity to raise awareness and increase participation.
- Conduct at least one quality assurance activity to review and improve the quality of data being submitted to the Indiana immunization registry.
- Conduct at least one exercise or event with emergency preparedness staff in preparation for or in response to a vaccine-preventable disease outbreak.
- Develop and implement a partner engagement strategy plan that describes how they will work with new and existing partners to increase immunization coverage rates.
- Submit quarterly and annual reports in a format prescribed by the Indiana Department of Health.
- Submit invoices and required documentation monthly.

Attachment B

St. Joseph County Health Department

Local Health Department
Amount

Department

Immunization Grant

Budget

Budget Category

Personnel \$676679

Travel \$17181

Supplies \$74167

Equipment \$59826

Contractual \$102498

Other \$31226

Total \$961577

Attachment C: Federal Funding

Federal Agency: Department of Health and Human Services
CFDA Number: 93.268
Award Number: NH23IP922631
Award Name: Immunization Cooperative Agreements

1) Incorporation

This award is based on the application, as approved, the Indiana Department of Health (IDOH) submitted to the Department of Health and Human Services relating to the program and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a) The grant program legislation and program regulation by statutory authority as provided for this program and all other referenced codes and regulations.
- b) 2 CFR Subtitle A, Chapter II, Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- c) The HHS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period. (Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>.)

The Contractor or Grantee (as defined in the Contract or Grant Agreement) must comply with all terms and conditions outlined in the grant award, including grant policy terms and conditions contained in applicable Grant Policy Statements; requirements imposed by program statutes and regulations and grant administration regulations, as applicable; and any regulations or limitations in any applicable appropriations acts.

2) Anti-kickback Statute

The Contractor or Grantee is subject to the anti-kickback statute and should be cognizant of the risk of criminal and administrative liability under this statute, 42 U.S.C. § 1320a-7b(b).

3) Victims of Trafficking and Violence Protection Act

The Contractor or Grantee is subject to the requirements of Section 106(g) of the Victims of Trafficking and Violence Protection Act of 2000, as amended (22 U.S.C. § 7104).

4) Accessibility of Services

Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. Recipients must comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 *et seq.*), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 *et seq.*), and any provisions required by the implementing regulations of the Federal Agency providing the funds. Resources are available at <http://www.justice.gov/crt/about/cor/coord/titlevi.php>.

Executive Order 13166 requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency have meaningful access to services. Resources are available at <http://www.lep.gov/13166/eo13166.html>.

5) Federal Information Security Management Act (FISMA)

The Contractor or Grantee must protect all information systems, electronic or hard copy which contains federal data from unauthorized access. Congress and the Office of Management and Budget (OMB) have instituted laws, policies, and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. Resources are available at <http://csrc.nist.gov/groups/SMA/fisma/index.html>.

6) Registration Requirements

The Contractor or Grantee must register in the System for Award Management (SAM) and maintain the registration with current information. Additional information about registration procedures may be found at www.sam.gov. The entity must maintain the accuracy and currency of its information in SAM at all times during which the entity has an active award unless the entity is exempt from this requirement under 2 CFR Subtitle A, Chapter II, Part 200. Additionally, the entity must review and update the information at least annually after the initial registration.

7) Non-Delinquency on Federal Debt

Contractor or Grantee is subject to the Federal Debt Collection Procedures Act of 1990, 28 U.S.C. § 3201(e), which imposes restrictions on the transfer of federal funds to persons or entities owing a debt to the United States.

8) Federal Funds Disclosure Requirements

Any of the entity's statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs supported in whole or in part by federal funds must state a) the percentage of the total costs of the program or project with federal financing; b) the amount of federal funds for the project or program; and c) the percentage and dollar amount of the total costs of the project or program financed by nongovernmental sources. "Nongovernmental sources" means sources other than state and local governments and federally recognized Indian tribes.

Publications, journal articles, etc. produced under a grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Immunization Cooperative Agreements from Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Human Services.

9) Equipment and Products

To the greatest extent practicable, all equipment and products purchased with federal funds should be American-made. 2 CFR Subtitle A, Chapter II, Part 200.33 and 200.313 defines equipment as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. See also §§200.12 Capital assets, 200.20 Computing devices, 200.48 General purpose equipment, 200.58 Information technology systems, 200.89 Special purpose equipment, and 200.94 Supplies.

The grantee may use its own property management standards and procedures provided it observes provisions of the relevant sections in the Office of Management and Budget (OMB) 2 CFR Subtitle A, Chapter II, Part 200.500-520.

10) Federal Funding Accountability and Transparency Act (FFATA)

In order for IDOH to comply with federal reporting requirements, Contractor or Grantee must complete, in its entirety, titled Transparency Reporting Subawardee Questionnaire. If the pre-populated information in the form regarding Contractor or Grantee is incorrect, Contractor or Grantee should strike the incorrect information and enter the correct information. IDOH will send this form in a separate e-mail.

11) Federal Lobbying Requirements

- a) The Contractor certifies that to the best of its knowledge and belief that no federal appropriated funds have been paid or will be paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.
- b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal Contract, contract, loan, or cooperative agreement, the Contractor shall complete and submit "Disclosure Form to Report Lobbying" in accordance with its instructions.
- c) The Contractor shall require that the language of subparagraphs A) and B) be included in the language of all subcontracts and that all subcontractors shall certify and disclose accordingly.

For more information, please contact the IDOH Division of Finance.

Attachment D

Annual Financial Report for Non-governmental Entities

Guidelines for filing the annual financial report:

1. Filing an annual financial report called an Entity Annual Report (E-1) is required by IC 5-11-1-4. This is done through Gateway which is an on-line electronic submission process.
 - a. There is no filing fee to do this.
 - b. This is in addition to the similarly titled Business Entity Report required by the Indiana Secretary of State.
 - c. The E-1 electronic submission site is found at <https://gateway.ifonline.org/login.aspx>
 - d. The Gateway User Guide is found at <https://gateway.ifonline.org/userguides/E1guide>
 - e. The State Board of Accounts may request documentation to support the information presented on the E-1.
 - f. Login credentials for filing the E-1 and additional information can be obtained using the notforprofit@sboa.in.gov email address.
2. A tutorial on completing Form E-1 online is available at https://www.youtube.com/watch?time_continue=87&v=nPpqtPcdUcs
3. Based on the level of government financial assistance received, an audit may be required by IC 5-11-1-9.

