

JASPER COUNTY BOARD OF HEALTH

116 W 4th St. S, Newton, Iowa 50208
Jasper County Health Department: (641)787-9224

Date of Meeting: **Thursday, January 13, 2022** Time of Meeting: **11:00 AM**

Location of Meeting: Jasper County EOC, 1030 W 2nd St S, Newton, Iowa 50208

PUBLIC NOTICE IS HEREBY GIVEN THAT THE ABOVE-MENTIONED GOVERNMENTAL BODY WILL MEET AT THE DATE, TIME AND PLACE ABOVE SET OUT. THE TENTATIVE AGENDA NOTICE, OF WHICH THE CONTENT CAN BE SUBJECT TO CHANGE, (PER CHAPTER 21, CODE OF IOWA), FOR SAID MEETING IS AS FOLLOWS:

This meeting may be attended virtually at: Join Zoom <https://jasper.zoom.us/j/97157736051> or join via zoom by via phone by calling (312) 626-6799 & enter ID 97157736051#

The virtual meeting option is provided for convenience and cannot guarantee access; if a member of the public wishes to ensure participation in the meeting, they should attend in person.

Tentative Agenda: Jasper County Board of Health

- Item 1:** **Call to order:** Roll call of Jasper County Board of Health members
- Welcome Julie Smith to first official meeting
- Item 2:** **Approval of the Agenda:** **(Discuss/Action)**
- Item 3:** **Approval of Minutes:** November 4, 2021 **(Discuss/Action)** (2-page attachment)
- Item 4:** **Other Outside Agency Reports:** (information only)
- 1.) Environmental Health report: Kevin Luetters (1-page report)
 - 2.) WIC report FY22Q1 (2-page report) - Megan Thompson, MICA
 - 3.) I-smile FY22Q1 (4-page report) - Melissa Woodhouse, Marion County
- Item 5:** **Nomination of Board of Health Chair** **(Discuss/Action)**
- Item 6:** **Local Public Health Services grant changes for FY23- FY28** (information only) (1 page)
- Item 7:** **Iowa Health and Human Services Alignment** (Discuss) (14-page attachment)
- Website: <https://hhsalignment.iowa.gov/>
- Item 8:** **New COVID technology grant** **(Discuss/ Action)** (6 page, attachment) \$201,719
- ♦ Public Health \$163,584.00 and Sheriff's Department \$38,135
- Item 9:** **Budget for FY22 adjustment, FY 23** **(Discuss/Action)** (1 page attachment)
- FY22 – Change, about \$201,800 -COVID technology grant, expense and revenue.
FY23- Budget sheets per auditor office is 4% for non-union. The Board of Supervisors have not approved raises yet, but it is recommended to stay consistent with the across the board pay plan raise as approved by Board of Supervisors.
- Item 10:** **Community Health Assessment and Improvement Plan (CHA/CHIP) 2022**
- Survey: https://www.surveymonkey.com/r/CHNA2022_MercyOneNewtonIA
 - Virtual meeting 3.31.2022 with Mercy One Newton at 11:30 AM.
- Item 11:** **Follow up on Homemaker Reimbursement program** **(Discuss/Action)** (attachment)
- Item 12:** **Jasper County Health Department Agency Report:** (Information)
- Administrative updates: (Becky Pryor)
 - Other Public Health updates: (Kristina Winfield)

Item 13: Public input: This is the time of the meeting that a citizen may address the Board on matters that are included in the agenda or a matter that is not on the regular agenda. After being recognized by the Chair, each person may be given three (3) minutes to speak as time allows. Comments and/or questions must be related to the polices or services and shall not include derogatory statements or comments about any individual. Except in cases of legal emergency, the Board cannot take formal action at the meeting, but may ask the staff to research the matter or have the matter placed on a subsequent agenda.

Item 14: Next meeting Date: Thursday, March 10, 2022, 11:00 AM Jasper County EOC, 1030 W 2nd St S, Newton

Item 15: Motion to Adjourn: (Action)

If you are unable to attend in person and would like to call or via Zoom, please contact Becky Pryor at bpryor@jasperia.org or call (641)787-9224, extension 3, and leave a message.

JASPER COUNTY BOARD OF HEALTH

116 W 4th St. S, Newton, Iowa 50208

Jasper County Health Department: (641)787-9224

Jasper County Board of Health Minutes

Date of Meeting: Thursday, November 4, 2021

Time of Meeting: 11:00 AM

Location of Meeting: Jasper County EOC, 1030 W 2nd St S, Newton, Iowa 50208

BOH members present: Margot Voshell, John Van Ryswyk, Dr. Andrew Cope

Zoom: Donna Akins Absent: Mike Balmer

Others present: Becky Pryor, Administrator, Kristina Winfield, Public Health Coordinator, Melissa Gary, Assistant, Kevin Luetters, Community Development, Heather Bombei, IDPH Regional Community Health Consultant, Nikki Gunn, EFR Zoom: Jamee Pierson Newton Daily News

Approval of the Agenda: Motion to approve with the addition of adding the MCAH report made by: Dr. Cope Second by: John Van Ryswyk Motion passed: unanimously

Approval of Minutes: September 9, 2021

Motion to approve made by: John Van Ryswyk Second by: Dr. Cope Motion passed: unanimously

Other Outside Agency Reports:

1.) Environmental Health report: Kevin Luetters from Community Development: Kevin stated Environmental Health is steady at this time but, he expects things to pick up before the ground freezes with last minute inspections. Animal Control: The contract with Parkview is going well. Parkview is adding on an outdoor holding area for dogs. On average, Animal Control is going out for 10-14 stray dogs per month. If the dog is not claimed in 7 days, the dog will be transferred to Des Moines's Animal Rescue League. Kevin stated on average the will take 1-3 dogs to Des Moines per month. Kevin reported a few dog bites this quarter with no rabies to report. Nuisance complaints: Kevin reports this can be complicated when it comes to "mini" junkyards and hoarders. They find a lot of people have mental health issues and take time. He plans to follow the policies they have put in place and try to get the county cleaned up.

2.) I-smile Dental, Melissa Woodhouse Coordinator, Marion Co. PH: Melissa was not present, Becky explained some parts of the attachment and Margot suggested if there are any questions about the attachment, we could email Melissa and ask for clarification for the next board meeting.

3.) EFR, FY21 report for SPF-RX grant, Nikki Gunn: See attachment and workbook.

4.) Maternal Child and Adolescent Health (MCAH) report FY21 Year-End Julie Miller, Marion Co. PH: Julie was not present. Becky explained the IDPH updated Proposed Collaborative Service Area for FY23. Jasper County will be in a different region. Marion County will no longer be providing MCAH services. Heather Bombei explained the grant application process will start 10/01/2022, the grant will be competitive and any county in the region can apply.

Board of Health member recommendations to the Board of Supervisors

1.) Dr. Andrew Cope 12/31/2021: Dr. Andrew Cope would like to continue to serve.

2.) John Van Ryswyk 12/31/2021. John does not want to be reappointed.

John served 16 years on the Jasper County Board of Health. Presented a certificate by Heather Bombei from IDPH and a plaque from the Jasper County Board of Health.

3.) Julie Smith works as the Director of Capstone. She is from Monroe would like to be considered for the Board of Health.

Motion to reappoint Dr. Andrew Cope and appoint Julie Smith

Made by: Donna Akins Second by: John Van Ryswyk Motion passed: unanimously

Dates for 2022:

Motion to approve the proposed dates made by: Dr. Cope Second by: Donna Akins Motion passed: unanimously

NIMS compliance: Public Health Emergency Preparedness Becky Pryor, Administrator: Ryan Eaton, Susan Young and Melissa Gary have all completed the NIMS courses. Jackie Verwers has been removed this year. Motion to approve as presented made by: Dr. Cope Second by: John Van RysWyk Motion passed: unanimously

Jasper County Health Department Agency Report:

- Administrative updates: Board of Health report for FY22, Quarter 1 (Becky Pryor). The County is planning for moving into the new building next year some time. COVID update includes 8 new deaths since 10/12/2021. Public Health Regional meeting attended on 11/05/2021 which includes upcoming changes in LPHS grant and will give a complete update at next BOH meeting after the state releases their final information. Gave updates on grant billing which included that the immunization grant has been used. Numerous social media posts and messaging about boost doses and peds doses. Dr. Cope stated Newton Clinic now has rapid PCR testing but not for those who are traveling. Heather stated the IDPH has posted for the State medical director's position.
- Home Care reimbursement report: (Melissa Gary) Also, shared the list of available home care agencies serving Jasper County.
- SafeKids: Update on Childhood injury prevention conference, 4 installs last quarter, 3 in October. Attended HIRTA meetings, SYNC, YPA, helped YPA with Red Ribbon Week, books given to Lynnville Sully for Literacy Night.
- Other Public Health updates: (Kristina Winfield)
 - COVID updates pediatric doses were approved 11/02/2021 and Newton Clinic has doses. We purchased an ultracold freezer for storage of the Pfizer vaccine so the vaccine can be stored longer and cut down on the transfers from place to place and county to county. Report on COVID cases being up and down with really no explanation. Booster doses are being given to those who qualify.
 - Immunization audits: 5 school districts and daycare: total school audits completed 5560, daycares (preschools) 269
 - Hand soaps given away to YMCA, Capstone, Discover Hope, Optima along with in the office.
 - County employee flu and blood draws this month: 74 shots given and 55 blood draws

Public input: none

Next meeting: Thursday, January 13, 2022 Time: 11:00 AM, Jasper County EOC, 1030 W 2nd St S, Newton

Motion to Adjourn: Motion to approve made by John Van Ryswyk, Second Dr. Cope, Motion passed

Minutes taken by: Melissa Gary, Assistant

Approved during Board of Health meeting:

Date: 1/13/2022

Board of Health

January 13, 2022 Board of Health Meeting
 Environmental Reporting to Jasper County Board of Health
 FY2022: Oct-Nov-Dec

Environmental Reporting	FY2022	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Septic Eval & Inspections		19	14	16	10	15	7						
Time of Transfer Inspections		9	8	12	14	13	8						
New Wells Constructed		-	1	-	1	-	1						
Plugged Abandoned Wells		3	5	6	1	1	-						
Water Tests		1	-	1	1	1	-						
Pool/Spa Inspections		-	-	-	-	2	10						
Tanning Facility Inspections		-	-	-	-	3	8						
Tattoo Facility Inspections		-	-	-	-	1	4						
Septic Tank Pumper Inspections		-	-	-	-	-	-						
Nuisance Complaints		2	1	2	-	-	-						
Rabies / Dog Bites		0/2	0/2	0/3	0/0	0/1	0/0						
Radon Test Kits Sold		2	-	1	-	-	3						
Any Issues or Complaints		-	-	1	-	-	-						

Updates for January 13, 2022 Board of Health Meeting:

FY22 Grants to Counties:

FY22 Grants to Counties - Allocated grant amount this fiscal year is \$40,400.00 (Past few years has been \$30,300.00 per year)
 The first quarter claim amount was: \$4,939.14

First Quarter reporting includes: 11 abandoned well fills, no cistern fills, and 1 (grant approved) water test
 Remaining grant balance after Quarter 1 claim: \$ 35,460.86

Other EH updates:

December - January have been doing indoor pool/spa, tattoo facility and tanning facility inspections.
 Just completed all pool-tanning-tattoo inspections the first week of January.

New Septic Program



Mid-Iowa Community Action (MICA)

Helping People. Changing Lives. Building Communities.

Serving Families in: Boone, Hardin, Jasper, Poweshiek,
Marshall, Story and Tama Counties.

Board of Health Newsletter

WIC Participation	November 2021
Eldora	63
Iowa Falls	110
Marshalltown	1205
Grinnell	143
Tama	208
Colfax	58
Newton	389
Settlement	18
Boone	189
Ames	1019
Nevada	79
Ackley	27
Traer	40
Brooklyn	28
Agency Total	3576

*WIC grant requires participation numbers in all BOH newsletters.

Happy New Year!

Wishing you a happy and healthy 2022!

WIC & Breastfeeding Peer Counseling Program Updates:

Each month WIC participants receive a dollar amount on their card to purchase fresh or frozen fruits and vegetables. Previously children were issued \$9 per month and all women (pregnant, breastfeeding & not breastfeeding) were issued \$11. This dollar amount was increased in November to \$24 for children, \$43 for pregnant/not breastfeeding women, \$47 for breastfeeding women, and \$70.50 for women exclusively breastfeeding multiples. This was set to end in December but with the Continuing Resolution that was recently passed, this benefit was extended to March. We are excited to share the good news with participants that this was extended and will be re-issuing their benefits with the new cash value amounts for January.

MICA's WIC Clinics are held in Ackley, Ames, Boone, Brooklyn, Colfax, Eldora, Grinnell, Iowa Falls, Marshalltown, Nevada, Newton, Tama, Traer & the Meskwaki Settlement each month. Participants can enroll by calling 641-752-7162.

The Breastfeeding Peer Counseling Program started a drop-in weight check clinic in the Ames and Marshalltown offices every Friday from 9-11 for WIC families that would like to have their baby weighed. Monitoring a baby's weight in the first few weeks is an important piece to ensure breastfeeding success. Breastfeeding Peer Counselors are available to help new moms who may have breastfeeding questions or concerns.

For more information about MICA Health Services call 641-752-7162

Other Health Program Updates:

Child Care Nurse Consultant (CCNC)

MICA's CCNC has seen an increase in COVID cases in childcare again. There has been a large increase in calls since summer. Childcare providers are asking for guidance on illness/exclusion protocol. Many childcares are requiring or strongly encouraging masks again. Many other viruses are starting to circulate as well (Hand Foot & Mouth, RSV, etc.) MICA's CCNC is available to assist childcare providers any time by providing best practice guidelines, health and safety resources and protocol.

Child Health

Child Health staff are seeing families in person, ensuring kids have medical and dental homes, immunizations are up to date and developmental milestones are on track. Child Health staff can help families connect with local providers for routine health care as well as many other community resources. A strong focus this year will be on adolescent health, ensuring teens have access to regular well-child exams and mental health screenings.

1st Five

1st Five is currently working with over 100 families in our five county service area to provide developmental support and early intervention resources. 1st Five can also help families connect to important resources such as; financial assistance, transportation, mental health services and more. The 1st Five Site Coordinator is scheduling virtual visits with local providers to connect and find ways 1st Five can assist them during this busy season. The 1st Five program is currently looking to hire a Developmental Support Specialist for the Ames office. Job postings can be found on the MICA website www.micaonline.org

Maternal Health

MICA's Maternal Health Program offers support to women during and after pregnancy with services such as prenatal education, social support & resources, dental screenings & referrals, and nutritional guidance. Working in conjunction with regular doctor visits and prenatal care, the Maternal Health Nurse and Social Worker help expectant mothers address barriers that may affect them and their unborn baby. We also provide information about what to expect during pregnancy, including how to deal with physical and emotional changes and resources to prepare for the arrival of baby. We can provide prenatal vitamins if needed and connect moms to local health care providers for regular prenatal health care. Referrals to the Maternal Health program can be emailed to Jana Larsen at jana.larsen@micaonline.org or faxed to 641-752-9724.

Pick A Better Snack

PABS lessons in schools picked back up in September, serving seven elementary schools in Marshall & Tama Counties. PABS focuses on healthy eating and physical activity as part of a healthy lifestyle for children. We are currently hiring a new facilitator for the PABS program. Job postings can be found on the MICA website www.micaonline.org

I-Smile

I-Smile Coordinator, Krissy Burma, is working to establish connections with local dentists and create a referral network. The I-Smile program sees hundreds of children in local schools through the sealant program, many who do not have a dental home and/or need immediate treatment for decay. Establishing a strong network of dentists is important to get these children promptly connected to treatment services, improving children's overall health.

The I-Smile Coordinator will also be handing out 2020 Water Fluoridation Quality Awards to local communities. Boone, Huxley, Iowa Falls, Madrid, Marshalltown, Nevada, Slater and Tama all earned an award for achieving optimal water fluoride levels for 12 months during 2020.

The I-Smile program is looking to hire a Registered Dental Hygienist to help with school based sealants and child oral health screenings. Job postings can be found on the MICA website. www.micaonline.org

October-December 2021

Marion County Public Health's I-Smile™ program proudly provides preventive dental service to Appanoose, Clarke, Decatur, Jasper, Lucas, Marion, Monroe, Poweshiek, Ringgold and Wayne Counties!

➔ The I-Smile™ Program back at WIC!

The I-Smile™ program has returned to in-person WIC clinics offering direct service clinics to enrolled children and families. Families are offered a dental screening, fluoride varnish application, individualized oral hygiene instruction and care coordination.

➔ I-Smile™ Early Childhood Fluoride Program



I-Smile™ Fluoride program serves all preschool and head start programs in ten counties twice per school year, fall & spring. We provide a dental screening, fluoride varnish application and age appropriate dental education.

Care coordination is provided to families when a child has suspected decay, a high-risk screening. Each child must have parental consent to participate.

I-Smile™ Early Childhood Fluoride Program (school year 2021-22)				
County Served	# Children Receiving Dental Screenings	# Children Suspected Dental Decay	Decay Rate	# Children Receiving Fluoride Varnish
Appanoose	78	10	12.8%	75
Clarke	125	13	10.4%	122
Decatur	77	8	10.4%	72
Jasper	217	15	7%	210
Lucas	70	4	5.7%	67
Marion	209	16	7.7%	206
Monroe	74	8	6%	68
Poweshiek	83	5	6%	80
Ringgold	63	6	9.5%	60
Wayne	37	2	5.4%	34
MCPH I-Smile Totals	1033	87	Avg Decay Rate 8.4%	994

Preschools, Head Start programs are served Sept-November and March-May.

➔ I-Smile™ @ School Sealant Program



The I-Smile™ @ School Sealant Program serves eligible elementary schools (higher than 40% free & reduced lunch rate) in MCPH ten-county service area once per school year. The dental teams set up a mini-dental clinic and provide FREE preventive dental services. Dental screening, fluoride varnish applications, sealants applied if needed and individualized oral hygiene instruction. Each child must have parental consent to participate.

I-Smile™@School Program (school year 2021-22)					
County	Student Participation	# Dental Screenings	# Suspected Dental Decay	Decay Rate	# Dental Sealants Placed
** Appanoose	33.3%	263	57	21.7%	418
Clarke	31.4%	145	15	10.3%	302
** Decatur	39.8%	66	13	19.7%	144
/ Jasper	23.7%	318	35	11%	524
** Lucas	--%	--	--	--%	--
/ Marion	--%	--	--	--%	--
** Monroe	--%	--	--	--%	--
*** Poweshiek	13.7%	84	10	11.9%	103
** Ringgold	--%	--	--	--%	--
** Wayne	--%	--	--	--%	--
Totals		876	130	Avg 14.8%	1491

** Schools in county not completed ***Ineligible schools in county

Schools still to be served for 2021-22 school year:

Moulton Elementary Clarke Middle School North Elementary Central Decatur South Elementary
 Central Decatur Colfax-Mingo Elementary Van Allen Elementary Columbus Elementary
 Chariton Middle School Northstar Elementary West Elementary Melcher-Dallas Elementary
 Twin Cedars Elementary Grant Center Elementary Lincoln Center Elementary Diagonal
 Elementary Diagonal Middle School Mt Ayr Elementary Mormon Trail Elementary Seymour
 Elementary Wayne Elementary

➔ What is new with the I-Smile™ Program?

We now offer online registration for the I-Smile™@School Program:

<https://redcap.link/mcphismileconsent>

*The online link was piloted last year, 2019-20 school year. Our hope is online registration will eliminate the need for schools to pass out & collect forms and reduce printing cost for the program. We will supply each school with a minimal number of copies for the families without access to internet. The online registration is for the school-based sealant program only.

→ Partnerships and Outreach

I-Smile™ is grateful for the help and support from the school nurses, school administration and parents.

I-Smile™ will continue to partner with dental & medical providers and community members to build a strong referral network that provides families the services they need. I-Smile™ will continue to keep Iowa families healthy by providing care coordination to over-come barriers that may be preventing access to necessary medical and dental treatment.

MCPH Service area - Dental Offices currently accepting newly eligible Medicaid patients:

Appanoose County: River Hills, Centerville

Clarke County: Infinity Health, Osceola (previously CHCSI)

Decatur County: Infinity Health, Leon/Lamoni (previously CHCSI)

Wayne County: Prairie Trails Dental, Corydon (Wayne County residence only)

Many dental providers serve existing Medicaid children & families that are established with the dental office in MCPH ten-county service area. Thank them for all they do to keep underserved families healthy!

Iowa Medicaid data @ Iowa Public Health Dental Tracking Portal website:

<https://tracking.idph.iowa.gov/Health/Oral-Health/Child-Dental-Services-Medicaid-Data>

Check out the number of Medicaid enrolled children in your county on this site. Plus, lots of other great information can be filtered out using different data drop downs.



Early Childhood Education

Education provided by I-Smile to preschool and Head Start classes includes reinforcing the 2x2 rule. Brushing for a complete 2 minutes 2 times a day, preferably in the morning after breakfast and at night before bed. Encouragement at work! 😊

The Hidden Cost of Tooth Decay <https://idph.iowa.gov/ohds/reports>

Tooth decay is preventable. Dental restorative treatment is avoidable, costly, and more invasive than preventive dental care. Young children with large amounts of tooth decay often require surgery in an operating room to treat the disease. This graphic demonstrates Iowa's medical costs for dental disease reinforcing the importance of reducing preventable decay through early preventive care.



If you have questions or concerns about the data or information enclosed in this report, please email me. Thank you.

Melissa A. Woodhouse, RDH

I-Smile™ & I-Smile™ @ School Coordinator

Marion County Public Health

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LOCAL PUBLIC HEALTH SERVICES

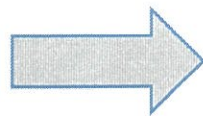
A POPULATION HEALTH FOCUS

STARTING FY23

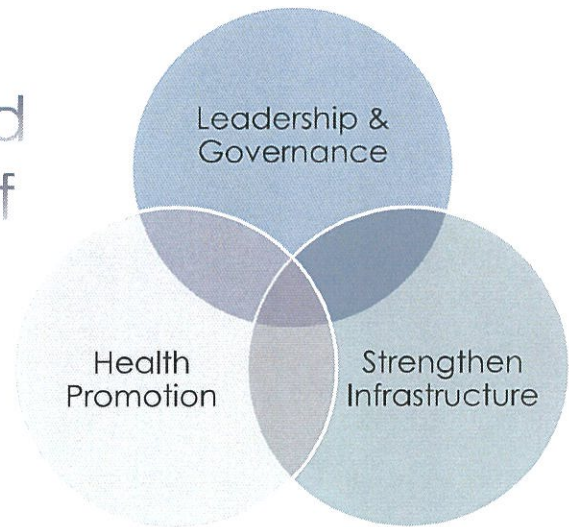
CURRENT

19

Billable Activities



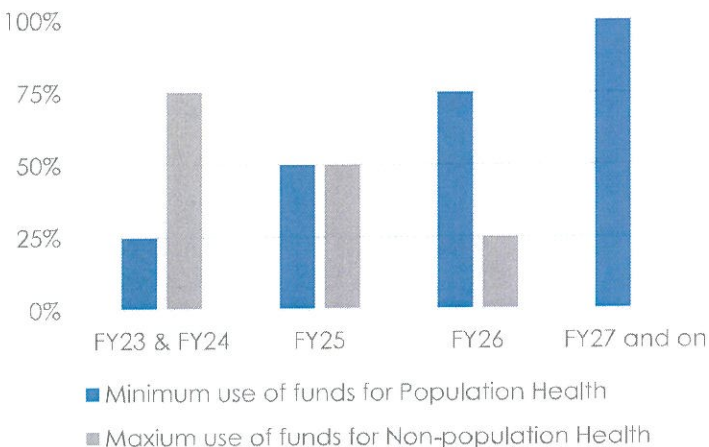
Required Areas of Work



Optional Areas of Work

- Investigate, Diagnose, and Address Health Problems and Hazards
- Resource Referral
- Direct Services

Utilization of LPHS Funds



Changes to the contract will be a tiered approach. IDPH Bureau of Public Health Performance staff and local public health agencies will work together to advance population health at a systems level.

Use of Local Public Health Services funds for population health will incrementally change from FY23 to FY27.

A focus on population health will provide the opportunity to protect and improve the health of every Iowan.

IA Health and Human Services Alignment Assessment

Project Plan Summary

August 2021



Outline

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Purpose

The Project Plan aims to:

- Clarify the ways **both agencies** – Iowa Department of Public Health (IDPH) and Iowa Department of Human Services (DHS) – and Public Consulting Group (PCG) will be engaged throughout the assessment
- Outline the work to identify and analyze the opportunities for alignment **across and within the agencies**
- Describe the ways **internal and external stakeholders** will be contributing to this assessment and moving the work forward through a transparent decision-making process
- Break down the effort into discrete tasks and includes timeframes and responsibilities for each task
- Track project-related risks that threaten progress and plans for risk mitigation- These will be updated as new project risks emerge



Alignment Assessment Goals

IDPH and DHS have engaged PCG to support its Health and Human Services Alignment Assessment to help plan, organize and implement the alignment of program and service delivery across IDPH and DHS. The specific goals for this initiative are to:

1. Identify **clear, shared program goals**.
2. Align and integrate programs, practices and policies to **improve delivery of services** and most effectively leverage available funding sources.
3. Establish a “**no wrong door policy**” providing comprehensive and seamless access to the array of services and supports available to those in need.
4. Identify **cross-cutting technology systems** to capture client and population level information across programs, and other appropriate data sharing that meet the standards and needs identified by federal and state funding opportunities.
5. Align individual provider and program level **licensing, certification and accreditation reviews**.

Alignment Assessment Goals (continued)

6. Identify effective and appropriate **workload distribution** and methods for ongoing client management, including caseload management.
7. Identify **community-based stakeholders** (organizations and community members) **and other stakeholders to provide input and guidance** to the Departments' programmatic and policy efforts through opportunities for collaboration and partnership, including and especially those organizations working with the populations served by the Departments as well as community members who participate in/have a relationship with the Departments' programs and services.
8. Identify potential for **expanded funding sources**.
9. **Engage all levels of staff** including field, front line and program staff to inform the Departments' established goals and project plans.
10. Create an **organizational structure** that optimizes delivery of services, supports efficiency and ease of work for staff, and integrates the Departments' programs and services with community and other available resources.



Units and Programs Excluded from the Assessment

Selected public health activities housed within IDPH are excluded from the redesign scope of work due to the nature of their work and limited overlap with DHS operations and populations. These offices include:

- Professional Licensure Boards
- Health Statistics (vital records/statistics)
- Medical Cannabidiol
- Infectious Disease
- Acute Disease Prevention
- Emergency Response and Environmental Health



Key Stakeholders and Workgroups

Group

Description

Roles & Responsibility

Executive Team/Director

IDPH-DHS executive team, led by the Director

Makes final executive decision if consensus decision is not reached

Project Steering Committee

Includes senior IDPH and DHS executives

Sets project direction and maintains oversight. Provides final approval for recommendations and is accountable for implementation

Alignment Project Team

Includes 8-10 representatives from multiple levels and agencies

Responsible for implementing the Project Plan

Project Management Team

Includes PCG and state staff

Provides day-to-day Project Management, coordinates resources, tracks progress. Functional support, such as communications. Produces deliverables (PCG)

Change Teams

Subject matter experts assigned to specific Connection Points

Charged with road testing Connection Points and developing detailed recommendations

External Stakeholders

Service providers, advocates, clients, lawmakers, funders, and general public

Provides ideas, input, and feedback in the process

Internal Stakeholders

IDPH and DHS staff who are not assigned a formal role on the project

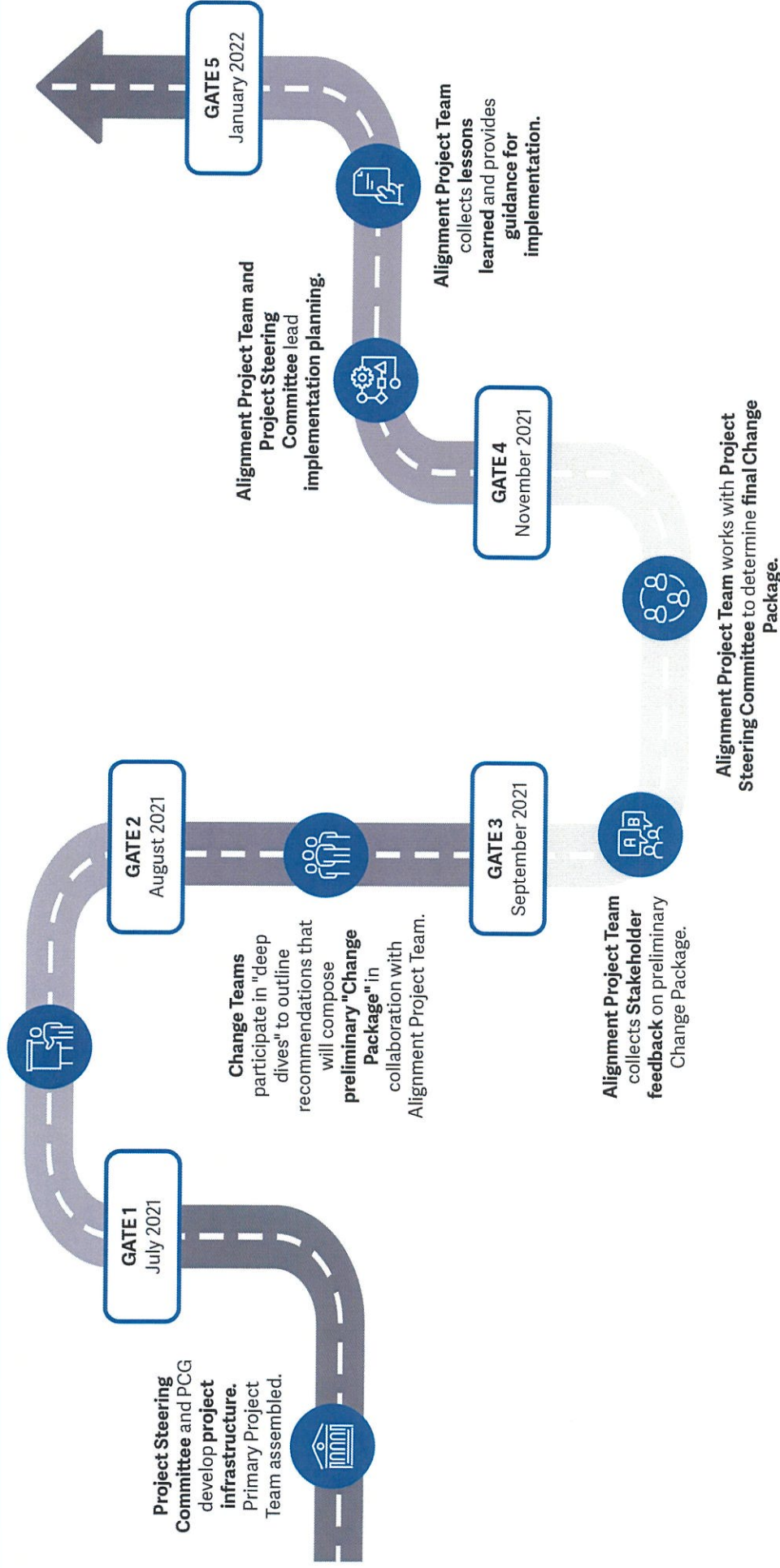
Provides ideas, input, and feedback in the process



Alignment Assessment Approach

Project Roadmap*

Alignment Project Team works with IDPH and DHS subject matter experts to identify **connection points** across programs and services and define opportunities for alignment.



*Note that completion dates are tentative and subject to change



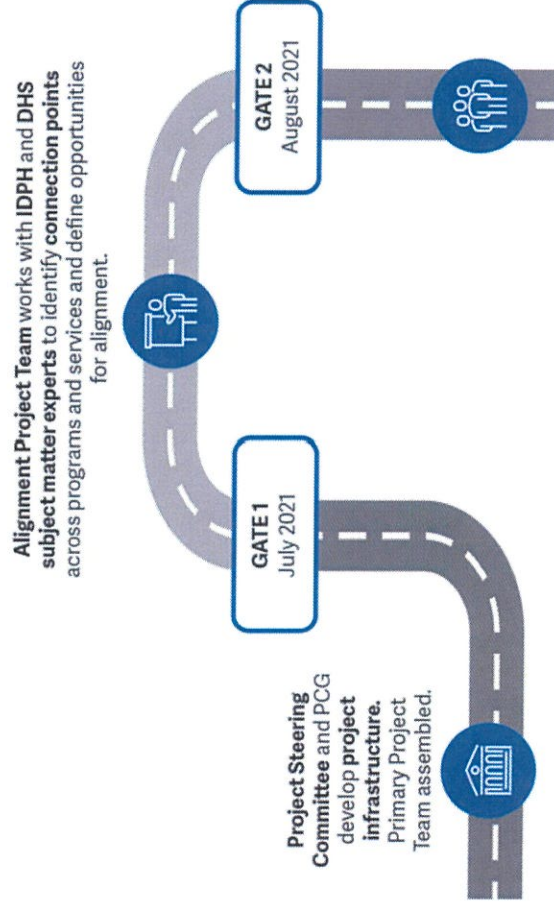
Gates 1 and 2

Phase 1: Develop Project Infrastructure

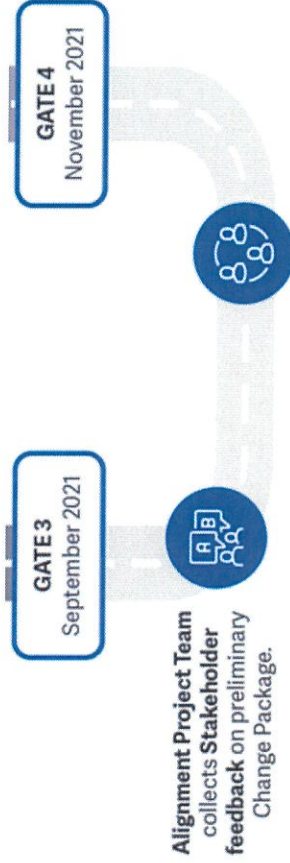
- Define the **Vision and Operating Principles** for the project
- Identify staff members to represent each department on the **Alignment Project Team**
- Determine **sub-teams** that PCG should work with – This includes the Change Teams and other teams critical to the roll-out and maintenance of the assessment (e.g., Communications, Project Management and Data staff)
- Develop a **decision-making process plan** to advance deliverables and create a process to weigh-in on feedback from stakeholders

Phase 2: Identify and analyze connection points

- **Host brainstorming sessions with subject matter experts and other staff** in both departments to understand daily tasks, tools used to perform those tasks and opportunities for improvement to inform the Connection Points
- **Invite external stakeholders to validate our early ideas** about connection points through standing meetings with the Departments and an online survey
- **Summarize the strongest opportunities** to align programs and staff in a **Connection Points report**
- **Recruit internal stakeholders to staff Change Teams** based on subject matter expertise needed to evaluate top Connection Points



Gates 3 and 4



Phase Three: Change Team deep dives to define change package options

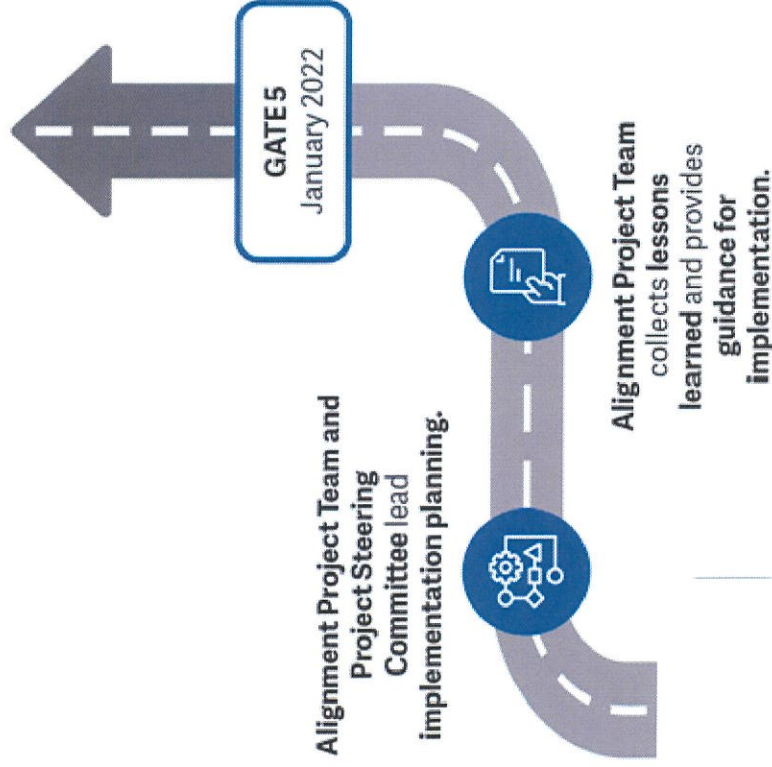
- Work with **Change Teams** to test the hypotheses from the Connection Points report through a series of **Deep Dive sessions**. These sessions will include a review of the following to validate that each Connection Point would be feasible for staff and a true value-add for Iowans:
 - Program performance data
 - Staff capacity
 - Contracts
 - Access points
 - Ability to better leverage funding
 - Ability to improve service delivery
- **Draft preliminary change package**, highlighting the overall vision, integration points and benefits/challenges
- Develop **high-level blueprint** to implement assessment opportunities, organizational restructuring

Phase Four: Present preliminary change package to stakeholders and collect feedback

- Provide stakeholders multiple forums to offer feedback on the preliminary Change Package
- **Host stakeholder engagement meetings with external stakeholders** and distribute feedback surveys to IDPH and DHS staff who have not participated in Change Teams
- **Produce stakeholder summary report from sessions**
- **Host Final Recommendations Conference** to present the final Change Package with Executive Sponsors and other relevant state-wide stakeholders



Gate 5



Phase Five: Implementation planning

- Draft **recommendation report**, built on lessons learned throughout the project and stakeholder feedback sessions
- Develop a **series of smaller project plans**, outlining the major components of the final Change Package
- Build a set of **actionable, meaningful and accessible performance measures** to track progress
- Develop a **Program Management Office (PMO)** that would serve as the backbone for implementation. Major activities of the PMO include program design and coordination with other units across the agencies, quality control and continued stakeholder engagement

Communication Plan

Phase	Vehicle	Purpose	Lead	Audience
1	Email – Blast and individual outreach	<ul style="list-style-type: none"> Program announcements Progress updates Recruit Alignment Project Team, change teams 	Project Steering Committee Project Management team	IDPH and DHS staff
1	IDPH and DHS Alignment Assessment website	<ul style="list-style-type: none"> Public announcements Share key materials, deliverables Host feedback form 	Communications sub-team Project Management team	General public
2	Bureau and Unit Staff Meetings	<ul style="list-style-type: none"> Alignment Assessment promotion, general education Periodic check-ins 	Alignment Project Team	IDPH and DHS staff
3	Word of Mouth	<ul style="list-style-type: none"> General information sharing about Alignment Assessment Promoting opportunities to participate 	Change Teams Alignment Project Team	Staff
4	Social Media	<ul style="list-style-type: none"> Public program announcements News items Solicitation of external stakeholder feedback 	Communications sub-team	IDPH and DHS Staff General Public
4	Current Stakeholder Meetings	<ul style="list-style-type: none"> Progress updates Policy changes, program changes that may impact IDPH and DHS operations 	Communications sub-team Alignment Project Team	External Stakeholders
4	Legislative Meetings	<ul style="list-style-type: none"> Progress updates Opportunities to leverage funding through alignment 	Director Garcia Communications sub-team	Statewide leadership General public
4	Press Releases	<ul style="list-style-type: none"> Stakeholder engagement announcements Final Change Package highlights News items 	Communications sub-team Project Steering Committee Alignment Project Team	General public
5	Ad Hoc Feedback Sessions	<ul style="list-style-type: none"> Quick, real-time solicitation of feedback for implementation plan 	Alignment Project Team	IDPH and DHS staff



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Solutions that Matter

Jasper County Board of Health	Specific Initiative: CADE COVID
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Project Description:

This funding is intended for the following purposes (Please see Appendix A for additional details):

1. **IT Upgrades:** to carry out technology upgrades to ensure local public health technology systems are compatible with the state designated surveillance system and associated staff training.
 - a. Technology upgrades must be compatible with the state designated surveillance system, and cannot be used to create independent, local surveillance systems.
 - b. Implementation plan must include a detailed list of any planned software updates. IDPH suggests that all LPH agencies use this funding to upgrade operating systems to Windows 10 or newer.
 - c. It is anticipated that the majority of the funding will be used to upgrade existing IT hardware.

2. **Confinement:** to work with county jails, city jails, and juvenile detention centers within the county to establish and implement diagnostic and screening testing programs for residents/detainees/inmates, staff, and visitors within their facilities. Several optional activities can be added to the implementation plan. Please see Appendix B for optional activities.

Period of Performance: November 1, 2021 through December 31, 2022.

- Only the Confinement Project can be extended through 6/30/2023 the expiration date of the Emergency Response contract. If the Emergency Response contract is extended, then the Confinement Project can be extended through 12/31/2023.

Implementation Plan for IT upgrades, Confinement, and Homeless awards will include (Please follow the template Provided in Appendix C):

1. Milestones and timeline for selected eligible and optional activities
2. A budget

No funds may be incurred unless included in the approved implementation plan budget.

Appendix A: Allowable Activities (including unallowable activities for confinement funding)

1. **IT Upgrades: expenses incurred from November 1, 2021 through December 31, 2022** to carry out technology upgrades to ensure local public health technology systems are compatible with the state designated surveillance system and associated staff training.
 - a. Hardware (including but not limited to computers, monitors, printers, scanners)
 - b. Software (i.e., operating systems, mapping software, epidemiological analysis software)
 - c. Phones and phone service fees (including office and cellular phones to ensure 24/7 access to local public health departments)
 - d. Automated phone triage systems to manage influx of calls
 - e. Salary for internal and contract staff implementing technology upgrades

2. **Confinement: expenses incurred from November 1, 2021 through June 30, 2023** to work with county and city jails within the county to establish and implement diagnostic and screening testing programs for residents/detainees/inmates, staff, and visitors within their facilities. Allowable costs are associated with both required and optional activities (Appendix B). Therefore, funds do not need to be spent on all allowable costs listed below:
 - a. All activities pertain to COVID-19 detection and mitigation. The funds do not support vaccinations or clinical care.
 - b. Personnel (term, temporary, students, overtime, consultant and/or contract staff, etc.) related to testing and mitigation efforts.
 - c. Laboratory equipment used for COVID-19 testing and necessary maintenance contracts.
 - d. Collection supplies, test kits, reagents, consumables, and other necessary supplies for existing or new screening testing or onboarding new platforms to support testing.
 - e. Personal Protective Equipment (PPE) (e.g., masks, gloves, gowns) for those collecting samples and/or conducting testing.
 - f. Courier service contracts (new or expansion of existing agreements) related to testing efforts.
 - g. Service contracts for provision of end-to-end services such as tests, collection and reporting.
 - h. Hardware and software necessary for reporting to public health and communication and coordination of follow up on any positive cases detected.
 - i. Contracts with academic institutions, private laboratories, other non-commercial healthcare entities, and/or commercial entities that may provide all or part of the testing needs.
 - j. Software or systems to assist with quality management, biosafety, or training needs related to testing and mitigation efforts.
 - k. Expenses associated with outreach and assistance related to testing and mitigation efforts (e.g., support provided through education leaders, community-based organizations).
 - l. Expenses associated with meeting resident/detainee/inmate needs resulting from COVID-19-related limited/restricted mobility and/or access to the facility. This includes communication access to/by

family, legal representation, and service providers, such as educators and mental health professionals (e.g., providing testing costs for visitors, having more room for providing appropriate distancing during visits, etc.).

- m. Hiring of infection prevention coordinators within confinement facilities
- n. Financial support to organizations that provide guidance and oversight to detention facilities,
- o. Ventilation upgrades that support the mitigation and prevention of COVID in confinement facilities
- p. Interoperable data systems for surveillance of testing efforts
- q. Telehealth systems to mitigate restricted access to and/or limited mobility within facilities, including communication access to/by family, legal representation, & service providers

UNALLOWABLE ACTIVITIES FOR CONFINEMENT:

- a. Sick leave and/or personal time off required of confinement facility staff after exposure to a suspected or confirmed COVID case
- b. Direct incentives (e.g., monetary gift) to increase testing in confinement facilities
- c. Any costs to support isolation and/or quarantine of staff and/or residents of confinement facilities (including but not limited to food, paid leave, bill payment, medical supplies, etc.)
- d. Anti-human trafficking efforts, including but not limited to safe houses
- e. Clinical services of any kind, including administering vaccines and providing medical care

Appendix B: Optional Activities for Confinement funds: In addition to establishing and implementing, diagnostic and screening testing programs for residents/detainees/inmates, staff, and visitors a number of optional activities are allowable. Recipients will indicate in the implementation plan the optional activities (if any) they plan to accomplish. Those include:

- A. Conduct COVID-19 testing and contact tracing within confinement facilities.
- B. Support facilities in planning and implementing recommended isolation and quarantine strategies including for confirmed and suspected cases and close contacts.
- C. Implement distancing policies and support staff training to maintain distancing practices.
- D. Support staffing strategies that reduce the risk of virus transmission (e.g., organize staff assignments so that the same staff are assigned to the same areas of the facility over time).
- E. Support transportation policies and practices consistent with recommendations to reduce transmission.
- F. Implement visitor policies consistent with recommendations to reduce virus risk.
- G. Implementation of infection control practices inside facilities.
- H. Develop and implement procedures and systems to improve confinement facility preparedness and response efforts.
- I. Coordinate preparedness and response efforts with state, local, tribal, and territorial public health departments to prevent, prepare for, and respond to COVID-19 within confinement facilities.
- J. Enhance/improve the practices of confinement facilities to mitigate the spread of COVID-19, and to reduce the risk of virus transmission and exposure to environmental health hazards.
- K. Purchase of additional supplies to sanitize and clean the confinement facilities. Funding must not supplant existing expenditures on such supplies and can only be used to support enhanced cleaning efforts.
- L. Educate and train confinement facility staff and residents/detainees/inmates on sanitation and minimizing the spread of infectious diseases.
- M. Implement COVID-19 mitigation practices to minimize potential opportunities for exposure including video conferencing technology and other measures for attorney/client purposes, court appearances, family visiting, and programming.
- N. Based on state and local laws and regulations, and training and technical assistance provided by the DOJ, review and analyze policies and practices and implement policy and practice changes to safely reduce populations in confinement facilities to mitigate the spread of COVID-19. This could include creating policies and practices that may divert individuals from confinement, determine the optimal population for the facility given physical plant/structure and public health guidelines, and the revision of appropriate release practices.

Appendix C: Implementation Plan

Jasper County Board of Health	Specific Initiative: CADE COVID
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IT Upgrades: to carry out technology upgrades to ensure local public health technology systems are compatible with the new state surveillance system and associated staff training:

a. Eligible Activities:

Activity	Milestone	Timeline

Remember:

- It is anticipated that the majority of the funding will be used to upgrade existing IT hardware.
- Include a detailed list of any planned software updates. IDPH suggests that all LPH agencies use this funding to upgrade operating systems to Windows 10 or newer.
- Planned technology upgrades must be compatible with the state designated surveillance system, and cannot be used to create independent, local surveillance systems.

b. Budget

Direct Cost Category	Budget
Salary/Fringe	
Supplies	
Equipment (above \$5,000 per piece)	
Subcontract	
Total	\$163,584

Jasper County Board of Health	Specific Initiative: CADE COVID
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Confinement: to work with county jails, city jails, and juvenile detention centers within the county to establish and implement diagnostic and screening testing programs for residents/detainees/inmates, staff, and visitors within their facilities.

a. Eligible Activities:

Activity	Milestone	Timeline

b. Budget

Direct Cost Category	Budget
Salary/Fringe	
Supplies	
Equipment (above \$5,000 per piece)	
Subcontract	
Total	\$38,135

Expenses: Budget Worksheet for JASPER COUNTY HEALTH DEPT

Account Number		Actual Budget FY22	21/22 Proposed Budget	22/23 Proposed Budget
3001-23-3000-000-10004-6	WAGES	198320	198320	209000
0001-23-3000-000-25010	AUTO EXPENSE	2000	2000	2000
3001-23-3000-000-26000	OFFICE SUPPLIES	1800	1800	1800
0001-23-3000-000-29100	MEDICAL/LAB SUPPLIES	2000	2000	2000
0001-23-3000-000-29400	APPAREL/UNIFORMS	400	400	400
0001-23-3000-000-40000	PUBLICATIONS/NOTICES/ADVERTIS	500	500	500
0001-23-3000-000-41200	POSTAGE/MAILING	600	600	600
0001-23-3000-000-41300	EMPLOYEE MILEAGE/MEAL	2200	2200	2200
0001-23-3000-000-41400	TELEPHONE SERVICES/INTERNET	3000	3000	3000
0001-23-3000-000-41500	CONTRACT SERVICES- HCA	50000	50000	50000
0001-23-3000-000-42200	EDUCATIONAL/TRAINING SI	1000	1000	1000
0001-23-3000-000-44400	MAINT-OFFICE/COMPUTER	3000	3000	3000
0001-23-3000-000-48000	DUES/MEMBERSHIPS	750	750	750
0001-23-3000-000-63600	OFFICE EQUIP/FURNITURE	2000	2000	2000
0001-23-3000-000-98010	PASS-THRU STATE GRANTS	100000	301800	100000
Total GENERAL BASIC FUND		367570	569370	378250
3002-23-3000-000-11000	FICA-COUNTY PORTION	15500	15500	16000
3002-23-3000-000-11100	IPERS-COUNTY PORTION	19000	19000	20000
3002-23-3000-000-11300	EMPLOYEE GROUP INSURANCE	65000	65000	69000
Total Public Health:		99500	99500	105000
Total Monthly Expences		467070	668870	483250

\$201,719
COVID tech
grant

Revenue Budget Worksheet for JASPER COUNTY HEALTH DEPT

For Fiscal: 2021-2022 Period Ending: 12/31/2021

Depart: 23 - BOARD OF HEALTH		2021-2022 YTD Activity	2021-2022 DEPT	2022-2023 DEPT
0001-1-23-3020-372000	SEPTIC TANK CLEANER	1520	0	0
0001-1-23-3401-234610	VA HOSPITAL	477	477	0
0001-2-23-3000-230720	PHEP GRANT	18982	31000	17000
0001-2-23-3000-234000	GRANT- COVID 1 x	68266	85836	0
0001-2-23-3000-262314	IMMUNIZATION GRANT	11000	11000	11000
0001-2-23-3000-849000	MISCELLANEOUS	0		
0001-2-23-3401-262200	LOCAL PUBLIC HEALTH SERV GRANT	24463	86000	82000
NEW	COVID tech grant- new 1 x		201719	
Revenue totals:		124707	416032	110000

Home Care Funds

Date	Cost	Number of Clients	Hours Billed
11/1/2020	\$ 1,432.50	15	63
12/1/2020	\$ 2,182.50	16	70
1/21/2021	\$ 2,707.50	16	60
2/21/2021	\$ 2,047.50	15	81
3/21/2021	\$ 1,837.50	15	70
4/21/2021	\$ 2,302.50	15	57
5/21/2021	\$ 1,935.00	10	29
6/21/2021	\$ 1,027.50	10	32
7/21/2021	\$ 1,140.00	8	38
8/21/2021	\$ 1,147.00	8	38
9/21/2021	\$ 1,222.50	8	41
10/21/2021	\$ 757.50	8	25
11/21/2021	\$ 630.00	7	21
12/21/2021	\$ 555.00	7	19
Average	\$ 1,494.61	11	46



Jasper County Health Dept FY22,Q2 (Oct- Dec 2021)			
Public Health	Oct	Nov	Dec
Communicable Disease	5	5	11
Immunization given	13	14	11
School Audits	3041		
Daycare Audits	170	592	45
Health Fair/Com Ed. - # people	400	1000	200
Car seat installed	3	0	2
Promotions/Outreach			
Instagram impressions	178	192	1405
Instagram followers	437	436	437
Facebook impressions	92465	87366	74744
Facebook followers	4300	4300	4300
Twitter impressions	28	122	96
Twitter followers	217	216	217
Media-articles,ad,mentions	5	7	8
Media reach: appr15,000	75000	105000	120000
Radio ads- 4 weeks, 6 x a day +2 weeks		60000	60000
Website reach	313	785	887
Billboard- impressions 4 weeks			
Home Care Aide - reimbursement			
Total Clients	8	7	7
Hours	25	21	19
Cost	\$ 757.50	\$ 630.00	\$ 555.00
# referrals	18	21	14
Grant billing	Oct	Nov	Dec
Local Public Health Services	\$10,221	\$9,204	\$11,985
Emergency Prep- PHEP	\$21,134	\$206	\$0
Immunization grant	\$3,515	\$0	\$0
COVID response	\$11,024	\$10,100	\$4,721
COVID equity	\$1,733	\$9,740	\$13,577
Total billed for month	\$47,626	\$29,250	\$30,283
COVID data			
COVID cases- new	334	407	605
COVID deaths- new	3	4	0
COVID vaccines in County - new	1187	8205	3865
COVID at-home test distributed	103	92	125
GOALS FY22			
1.) Move to new building- planned later 2022			
2.) COVID-19 vaccine distribution - in progress			
3.) COVID grants- in progress currently- COVID response, COVID equity			
4.) Community Health Assessment- Planned with MercyOne on 3.31.2022			
5.) School and daycare immunization audits-complete in December 2021			
6.) Safe Kids- car seat checks, some community activities			
7.) Re-evaluate Homemaker reimbursement - today			
8.) Evaluate County employee flu shots during fall 2022			
New			
9.) COVID tech grant \$201,719- seeking approval			
10.) New board member orientation- today			
11.) Spend grant funds available if possible.			