

Sign In

6/26/18

Crete, Tennessee

PAUL GRANNINGORE - HOSPITAL STAY

Jefferson County General Health District

Meeting Agenda

June 26, 2018

9:15 AM

Type of Meeting: Regular Monthly Meeting

Call to order

Approval of minutes of May Meeting

Fiscal Reports

- May Fund Balances
- May Financial Report

Open Business

- Get Vaccinated Ohio Notice of Award - 36,967.00
- JCHD Policy Manuals*

New Business

- Contract with Edison, Stanton, and John Gregg School Based Clinic

Lease of Truck

Environmental Division Report

- Activity Report
- Solid Waste

Nursing Division Report

- Activity Report

Accreditation Coordinator Report

- Activity Report

- Apply for Accreditation \$14,000.00

WIC Division Report

- Activity Report

Administrator's Report

- Accreditation Process
- Solid Waste Board

Personnel

- Executive Session
- Nurse Practitioner Contract Services

Adjournment

GENERAL HEALTH DISTRICT - COUNTY OF JEFFERSON
SUMMARY OF RECEIPTS, EXPENDITURES AND BALANCES MAY 2018

FUND	PRIOR MONTHS CASH BALANCE	MAY RECEIPTS	TRANSFER IN	ADVANCE-IN	MAY EXP.	TRANSFER OUT	ADVANCE- OUT	FUND BALANCE
District Board of Health	\$ 372,233.06	\$ 28,681.21	\$ -	\$ -	\$ 39,163.61	\$ -	\$ -	\$ 361,750.66
Food Service	\$ 77,086.57	\$ 1,142.43	\$ -	\$ -	\$ 18,548.99	\$ -	\$ -	\$ 59,680.01
Vital Statistics	\$ 56,153.55	\$ 13,974.50	\$ -	\$ -	\$ 31,983.87	\$ -	\$ -	\$ 38,144.18
Nursing	\$ (12,307.62)	\$ 2,490.53	\$ -	\$ -	\$ 9,418.36	\$ -	\$ -	\$ (19,235.45)
Tattoo	\$ 1,074.72	\$ -	\$ -	\$ -	\$ 0.24	\$ -	\$ -	\$ 1,074.48
Car Seats	\$ 150.85	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 150.85
Parks/Camps	\$ 4,076.28	\$ 381.00	\$ -	\$ -	\$ 488.55	\$ -	\$ -	\$ 3,968.73
Plumbing	\$ 5,531.14	\$ 755.00	\$ -	\$ -	\$ 971.76	\$ -	\$ -	\$ 5,314.38
TB	\$ (10,234.79)	\$ 623.95	\$ -	\$ -	\$ 1,912.80	\$ -	\$ -	\$ (11,523.64)
BCMH	\$ (9,830.34)	\$ -	\$ -	\$ -	\$ 2,249.71	\$ -	\$ -	\$ (12,080.05)
Toronto	\$ 2,527.74	\$ -	\$ -	\$ -	\$ 1,043.57	\$ -	\$ -	\$ 1,484.17
Trailer Parks	\$ -	\$ -	\$ -	\$ -	\$ 140.66	\$ -	\$ -	\$ (140.66)
Water	\$ 3,279.16	\$ 2,477.92	\$ -	\$ -	\$ 809.46	\$ -	\$ -	\$ 4,947.62
Swimming Pools	\$ 5,102.22	\$ 1,371.05	\$ -	\$ -	\$ 171.44	\$ -	\$ -	\$ 6,301.83
Sewage	\$ 14,984.79	\$ 6,691.58	\$ -	\$ -	\$ 4,769.27	\$ -	\$ -	\$ 16,907.10
PHEP	\$ (32,889.55)	\$ -	\$ -	\$ -	\$ 8,251.39	\$ -	\$ -	\$ (41,140.94)
Solid Waste	\$ (21,759.74)	\$ 22,750.77	\$ -	\$ -	\$ 8,364.08	\$ -	\$ -	\$ (7,373.05)
Landfills	\$ (40,949.17)	\$ 64,523.82	\$ -	\$ -	\$ 57,848.54	\$ -	\$ -	\$ (34,273.89)
WIC	\$ (45,828.34)	\$ 154,066.85	\$ -	\$ -	\$ 34,869.10	\$ -	\$ -	\$ 73,369.41
Lead	\$ 198.83	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 198.83
Severence Fund	\$ 37,809.12	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37,809.12
Totals	\$ 406,408.48	\$ 299,930.61	\$ -	\$ -	\$ 221,005.40	\$ -	\$ -	\$ 485,333.69

Federal
Nicole Bulcher
J. S. DeS. Feak

BOARD OF HEALTH BOARD REPORT
FOR MAY
REPORT DATE: JUNE 14, 2018

[Handwritten signatures and initials]
E. Debra [unclear]

TOTAL FOR RIVISION BOARD GENERAL FUND	\$	28,681.21
TOTAL FOR RIVISION FOOD SERVICE	\$	1,142.43
TOTAL FOR RIVISION VITAL STATISTICS	\$	13,974.50
TOTAL FOR RIVISION NURSING	\$	2,490.53
TOTAL FOR RIVISION TATTOO	\$	0.00
TOTAL FOR RIVISION CAR SEATS	\$	0.00
TOTAL FOR RIVISION PARKS AND CAMPS	\$	381.00
TOTAL FOR RIVISION PAT	\$	0.00
TOTAL FOR RIVISION PLUMBING	\$	755.00
TOTAL FOR RIVISION TUBERCULOSIS	\$	623.95
TOTAL FOR RIVISION BCMH	\$	0.00
TOTAL FOR RIVISION TORONTO	\$	0.00
TOTAL FOR RIVISION TB	\$	0.00
TOTAL FOR RIVISION TRAILER PARKS	\$	0.00
TOTAL FOR RIVISION WATER FUND	\$	2,477.92
TOTAL FOR RIVISION SWIMMING POOLS	\$	1,371.05
TOTAL FOR RIVISION SEWAGE	\$	6,691.58
TOTAL FOR RIVISION IAP	\$	0.00
TOTAL FOR RIVISION PHEP	\$	0.00
TOTAL FOR RIVISION HMG PART C	\$	0.00
TOTAL FOR RIVISION HELP ME GROW	\$	0.00
TOTAL FOR RIVISION SOLID WASTE	\$	22,750.77
TOTAL FOR RIVISION LANDFILLS	\$	64,523.82
TOTAL FOR RIVISION WIC	\$	<u>154,066.85</u>
GRAND TOTAL FOR MAY	\$	299,930.61

BOARD OF HEALTH BOARD REPORT
FOR MAY
REPORT DATE: JUNE 11, 2018

(POSTED)

K. D. B.
John P.
Richard Salazar
lll
E. Dale Smith

TOTAL FOR DIVISION BOARD OF HEALTH	\$	39,163.61
TOTAL FOR DIVISION MOSQUITO FUND	\$	0.00
TOTAL FOR DIVISION FOOD SERVICE	\$	18,548.99
TOTAL FOR DIVISION VITAL STATISTICS	\$	31,983.87
TOTAL FOR DIVISION SUPPLIES <i>Nursing</i>	\$	9,418.36
TOTAL FOR DIVISION TATTOO	\$	0.24
TOTAL FOR DIVISION CAR SEATS	\$	0.00
TOTAL FOR DIVISION PARKS AND CAMPS	\$	488.55
TOTAL FOR DIVISION PAT	\$	0.00
TOTAL FOR DIVISION PLUMBING	\$	971.76
TOTAL FOR DIVISION TB	\$	1,912.80
TOTAL FOR DIVISION BCMC	\$	2,249.71
TOTAL FOR DIVISION TORONTO	\$	1,043.57
TOTAL FOR DIVISION TB	\$	0.00
TOTAL FOR DIVISION TRAILER PARKS	\$	140.66
TOTAL FOR DIVISION MARINAS	\$	0.00
TOTAL FOR DIVISION WATER WELLS	\$	809.46
TOTAL FOR DIVISION SWIMMING POOLS	\$	171.44
TOTAL FOR DIVISION ENVIRONMENTAL	\$	4,769.27
TOTAL FOR DIVISION IAP	\$	0.00
TOTAL FOR DIVISION RABIES	\$	0.00
TOTAL FOR DIVISION INFRASTRUCTURE	\$	8,251.39
TOTAL FOR DIVISION CFHS	\$	0.00
TOTAL FOR DIVISION HELP ME GROW PART C	\$	0.00

Ohio Department of Health

Notice of Award

246 North High Street, Columbus Oh, 43215

1. Date Issued: 6/6/2018	2. Program Title: GET VACCINATED OHIO - PUBLIC HEALTH INITIATIVE															
3. Revision: Initial X	6. Project Director , Agency Name, Agency Address Annette M Stewart Jefferson County General Health District 500 Market Street Steubenville OH 43952															
4. Project: 04110012GV0119	7. Budget Period: 7/1/2018 to 6/30/2018															
5. EIN: 346001501	9. ODH Award computation for grant: a. Amount of current ODH funding: \$0.00 b. Amount of ODH funding this action: \$36,967.00 c. Total ODH funding (from 10-a): \$36,967.00															
8. The OHIO DEPARTMENT OF HEALTH will pay 100.00 % % of all allowable program expenditures not to exceed line 9(c).	10. Source of Financial Assistance: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">(a.) ODH Funding:</td> <td style="width: 30%;">Source</td> <td style="width: 30%;">Authorization</td> <td style="width: 25%;">Grant Funds</td> </tr> <tr> <td></td> <td>3920</td> <td>CFDA 93.539</td> <td style="text-align: right;">\$36,967.00</td> </tr> <tr> <td></td> <td></td> <td>Total ODH Funding:</td> <td style="text-align: right;">\$36,967.00</td> </tr> </table> <p>(b.) The Ohio Department of Health authorizes Jefferson County General Health District to expend the following funding sources at the stated percentage (%) of the total approved budget Funding sources:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">Total Subgrantee Funding Sources</td> <td style="width: 30%; text-align: center;">Total Approved Budget</td> <td style="width: 10%; text-align: right;">\$36,967.00</td> </tr> </table>	(a.) ODH Funding:	Source	Authorization	Grant Funds		3920	CFDA 93.539	\$36,967.00			Total ODH Funding:	\$36,967.00	Total Subgrantee Funding Sources	Total Approved Budget	\$36,967.00
(a.) ODH Funding:	Source	Authorization	Grant Funds													
	3920	CFDA 93.539	\$36,967.00													
		Total ODH Funding:	\$36,967.00													
Total Subgrantee Funding Sources	Total Approved Budget	\$36,967.00														
11. Program Income will be used in accordance with: <input type="checkbox"/> Deductive Alternative: Used to reduce the amount budgeted for grant funds and applicant share proportionately. <input checked="" type="checkbox"/> Additive Alternative: Used to further the objectives of the legislation under which the grant was made and increase the total budget. All expenditures of such funds must have prior written approval in the form of a budget revision. <input type="checkbox"/> Matching Alternative: Used to finance part or all of the cost sharing requirement and will reduce the amount of applicant share. Any Program Income generated in excess of 10b (Program Income) must be treated in accordance with the Deductive Alternative.																
12. This Award is subject to the terms and conditions incorporated directly in the following: a. The Program legislation cited in the Authorization Section above. b. The Ohio Department of Health " Grants Administration Policy and Procedures". c. The Ohio Department of Health Solicitations and Subrecipient Program Application. d. The notice of award agreement including terms and conditions, if any, noted below in Section 13, Remarks.																
13. Remarks: Other terms and conditions attached. GRANT AWARD IS CONTINGENT UPON THE AVAILABILITY OF FUNDS. In compliance with ODH Grants Administration Policy, payments are based on actual expenditures and a cost reimbursement basis. Your initial payment will be issued upon submission of an expenditure report. When payment is issued, specific information will be viewable through your GMIS account's Payment link. A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS. ODH hereby awards to subrecipient named in section 6 above, funds as specified in section 9 above, subject to and in consideration of the subrecipient compliance with the terms and conditions set forth in section 10, 11, 12, and 13 above. This award is subject to the availability of federal or state funds (whichever is applicable). ODH may terminate this grant in writing at any time prior to the end of the budget period as stated in section 7 above. This Award, signed by the Director of the Department of Health, is effective for the Budget Period dates in section 7 above. Acceptance of the grant items and conditions is acknowledged by the subrecipient upon receipt and expenditure of funds through the grant system.																
Lance Himes, Director of Health <hr style="width: 30%; margin: auto;"/> DIRECTOR OF HEALTH																

Get Vaccinated Ohio

Project Narrative

Project Number 04110012GV0119

1. **Executive Summary:** The purpose of the Get Vaccinated Ohio Grant seeks to coordinate a program to educate physician offices that provide immunizations to pediatric and adolescent patients to improve the rates of vaccines administered on-time and lower the occurrence of vaccine preventable diseases among the children of Jefferson County. Immunizations levels in the United States are high, but gaps still exist, and providers can do much to maintain or increase immunization rates among patients in their practice. We will implement best practices to increase these rates including reminder/recall, assessments, and tracking. This can be accomplished by providing training on the AFIX process to physician's offices and educate school nurses to improve vaccine use and timeliness this will be provided in person and by quarterly immunization newsletter. Our newly based (fall 2018) in- school clinics with the assistance of the school nurse will enable us to reach the out-lying communities where transportation is a problem for the parent. WIC will also be an asset for this project. Standing orders enable us to accomplish this. Our target population is birth to 18 years of age. The success of this program will be determined by using certain criteria that consists of completion of objective activities with designated timeliness, and incorporating the AFIX process to physician offices and using the reminder and recall system to improve vaccination rates. Jefferson County has a population of 66,704. Of this population 5.1% (approximately 3,401) are under the age of five. The racial make- up of the county is 91.9%white, 5.6% African American or black, 0.4% Asian, 0.1% American Indian, 0.2% from other races, and 1.7% from two or more races. The per capita income for the county was \$20,470 about 12.4% of families and 17.7% of the population was below the poverty line

including 29.5% of these are under the age of 18. The statewide poverty level in Ohio is 15.8% according the U.S. Census Bureau.

2. Description of Applicant Agency/Documentation of Eligibility/Personnel:

The Jefferson County Health Department has multiple divisions that may be of importance to our participants. These include: Nursing Division (which includes immunizations, VFC, well child clinics, physicals, blood pressure monitoring, pregnancy tests, Bureau for Children with Medical Handicaps (BCMh), drug tests, cholesterol screening, birth control, glucose screening , Sexually transmitted disease screening testing and treatment, TB screening and clinic), Environmental Division, Vital Statistics, Public Health Preparedness Program, Ohio Buckles Buckeyes Program and the Administration Division. We are located on a bus line for any participant who may utilize public transportation and we also provide outreach services and clinics if needed. We have a medical director, Dr. Frank J. Petrola, who is also the Health Commissioner. The health department's board of health is the managing group that approves or disapproves all activities that are held within the health department. Our assistant administrator, Annette Stewart, oversees all the divisions of the divisions of the health department and is the immediate supervisor for the programs directors. The program directors meet monthly with the assistant and whenever necessary between meetings.

Our health department is sensitive to the issue of participants who may be of limited English proficiency. We can assist them with any paperwork that they may need to complete as well as read them any information necessary. Our county is predominately English speaking but we do have several families whom are of Mexican descent. We do have available information and materials in the Spanish language. We also have access to students from our local college, Franciscan University of Steubenville, through the foreign language division we can call upon if necessary. The building which we are housed in is handicap accessible. Any issues that arise can be addressed immediately to make the participant feel at ease and welcome in our office. We also discuss at monthly staff meetings any problems that may have occurred concerning this.

Cindy Deavers RN, will oversee the entire project, she has been employed at the Jefferson County Health Department for 16 years. She will be responsible for all AFIX, MOBI, TIES programs, ODRS outreach trainings, reminder and recall. She will promote this grant funded project with private vaccine providers, school nurses, and WIC.

Karen Grimm nursing clerk has been employed with the Jefferson County Health Department for 23 years. She will assist Cindy Deavers Rn, with data collection, reminder, recall lists, and whatever clerical assistance that may be needed for this grant project.

Annette Stewart, financial head. As fiscal officer, Annette maintains the flow of grant dollars to enable the grant to function. She is responsible for all expenditure reports to the program director on a monthly basis as well as quarterly expenditure reports, and budget revisions. She has been employed with the Jefferson County Health Department for 30 years as the fiscal officer.

2. Deliverable Objectives Narrative:

D1a. We will implement a successful reminder system for children under age 11, including timely pre-appointment reminders of immunizations that are due 5 days prior. We will also initiate a one-call system that will enable us to remind parents via voice or text message. WIC can also be a valuable resource. Impact SIIS and AFIX will help us complete this objective.

D1b. We will implement a successful reminder system for adolescents 11 through 18 years of age of upcoming immunizations. This will be accomplished by sending pre-appointment reminders 5 days prior. We will also initiate a one-call system that will enable us to remind parents via voice or text message. Our In-school based clinics with the assistance of the school nurse will be of valuable asset. Impact SIIS and AFIX will help us complete this objective.

D1c. A computer-generated list that notifies the provider of the children under age 11 to be seen in that clinic session whose vaccinations are past due will be helpful. The first

As noted above earlier MOGE should only be used if the patient has moved out of the area. Attempts to contact the individual has been documented, and the provider organization has no means to contact the patient. (no current address or phone number available)

D2a. We will write a plan to:

1. Evaluate where under-immunized children and adolescents reside within their community
2. Identify any racial or socioeconomic indicators of under-immunized children adolescent with the county
3. Evaluate the reasons why parents defer or postpone immunizations within their county
4. Evaluate school immunization reports supplied from ODH to determine those schools with higher incidence of incomplete immunizations and reasons of conscience;
5. Educate parents of children in under-immunized schools about the importance of timely immunizations;
6. Educate immunization providers in the county about the results of why parents defer or postpone immunizations;
7. Conduct specialty immunization clinics in identified areas of under-immunization.

D2b: Our agency will write a plan to:

1. Identify and evaluate where under immunized children and adolescents reside;
2. Identify and evaluate any racial or socioeconomic indicators of under-immunization;
3. Identify and evaluate the reasons why parents defer or postpone immunizations;
4. Evaluate school immunization reports

D2c: Our agency will write a report showing:

1. Where under-immunized children and adolescents reside;
2. Where racial or socioeconomic indicators of under-immunization appear;

3. Reasons why parents defer or postpone immunizations;
4. A list of all the schools with incidence of incomplete immunizations

D3a: The most recent AFIX assessment provided to us is 6/4/15.

Up to Date by 24 month of age: ACIP recommendation that children be up-to-date on immunizations by the age of 24 months.

4:3:1:3:3:1:4=8/ 36%

Late up-to-date: Children were not up-to-date on vaccine series by 24 months of age but had become utd by the date of the assessment.

4:3:1:3:3;1:4=1/5%

Total up-to-date:

4:3:1:3:3:1;4=4/41%

D3b: Beginning July 1, 2018 and continuing through June 2019, our Nurse Cindy Deavers RN will access and conduct the initial assessment, this will enable us to assess the immunization rates evaluate the records for a defined group, so we can develop a strategy and target areas for improvement. The initial assessment will occur August 1, 2018 and the follow up will occur January 5, 2019.

D3c: Cindy Deavers RN, will lead the discussion with our agency, private care providers, and school nurses. 1. Each member will be asked if they have a reminder/recall process in place for pediatric/adolescent patients? y/n 2. Do you offer walk in-immunization only visits? y/n. These can be filled out prior to our visit. This will also involve our nursing clerk Karen Grimm who can help with the electronic records. This will allow them to determine the next steps to be taken and may involve one or more feedback sessions. Feedback will occur after the initial assessment in August 2018. Assessment together with feedback creates the awareness necessary for behavior change. The personal element of feedback is critical to its success the

above strategies will enable all to improve the quality of immunization services and decrease missed opportunities.

D3d: Our agency will provide various types of incentives or motivators because this is built into the AFIX process this will enable us to create an atmosphere of teamwork with the providers and a source of motivation. Not every provider is the same; we plan on using different types of informal and formal incentives. Educational materials will benefit all providers such as the most recent ACIP immunization schedule, the Pink Book, and Immunization Record cards for charts. We plan on utilizing these as a token of appreciation. I believe a formal incentive that we will use would be the letter from The Medical Director to provide public recognition. The incentives will allow us and the providers to partner and collaborate on immunizations.

D3e: Beginning October 2018, Cindy Deavers RN will coordinate the exchange process and a follow-up will occur January 2019. She will determine what strategies have been successful after review of the AFIX coverage report with the assistance of nursing clerk Karen Grimm. This will allow Cindy Deavers RN to educate providers in our community to increase immunization rates. Incentives can also be used at this time to motivate our providers. Our quarterly newsletter and emails to providers and school nurses can also enable her to have frequent exchanges and education.

D3f: Cindy Deavers RN will attend the ODH AFIX training.

D4a: I regret to say that the Jefferson County Health Department has no AFIX assessment results.

D4b: Beginning July 1, 2018 and continuing through June 2019, our Nurse Cindy Deavers RN will access and conduct the initial assessment, this will enable us to assess the immunization rates evaluate the records for a defined group, so we can develop a strategy and target areas for improvement. The initial assessment will occur approximately August 1, 2018 and the follow-up will occur January 5, 2019.

D4c: Cindy Deavers RN, will lead the discussion with our agency, private care providers, and school nurses. 1. Each member will be asked if they have a reminder/recall process in place for

D5b: One comprehensive list will be created by September 30, 2018.

D6a: The Jefferson County Health Department documented success and challenge because this is our first immunization grant application in 5 years, but past challenge was reluctance of the providers to agree to the AFIX process.

D6b: Cindy Deavers RN and Karen Grimm nursing clerk will be responsible for conducting the AFIX process and 3-6 month follow-up for private providers assuring Confidentiality Agreements are completed.

D6c: Private Providers who will be targeted to perform the 2 year old and adolescent AFIX processes are as follows: Dr Alkaed, Dr Matthew, Dr. Macdonald, and Dr. Littleton.

Telephone calls by Cindy Deavers RN will initiate the AFIX process. She will inform the private providers of this process and the packet that they will receive in the mail. Karen Grimm nursing clerk will assist in this process of packets and mailings. After the staff at the provider's office has reviewed the mailed packets, Cindy Deavers will conduct an in-person visit to 100% of the provider's offices. The telephone calls and packets will be sent at the beginning of August 2018, and in-person visit at the end of August 2018 and beginning of September 2018. All contact attempts will be documented with the type of attempt, date, and name of contact. ODH will provide us with a list of the low-performing providers during the AFIX training.

D7a: Cindy Deavers RN, will attend the train the trainer MOBI training. She will attend this training certification meeting annually.

D7b: Beginning August 2018, Cindy Deavers RN will mail information about MOBI to 100% of the private vaccine provider offices in Jefferson County, after an initial telephone call to the contact person. MOBI literature from the American Academy of Pediatrics will be included. Cindy Deavers will then make site visits to encourage them and promote the MOBI program. Three documented attempts will be made via telephone, mail, and in person. While all vaccine provider offices will be targeted for MOBI programs, the practices within the geographic pocket of need will be our first priority.

D7c: The Jefferson County Health Department plan for MOBI includes a site visit to 100% of the private vaccine providers by September 30, 2018 with information on MOBI. These visits will be made by Cindy Deavers RN. A Phone call to offices to schedule MOBI presentations will be made throughout the year. Any practice not scheduling MOBI during the first call will be called again throughout the year to schedule with at least three documented attempts. Five MOBI presentations will be completed July-December 2018 and five will be completed January-June 2019. While all practices will be targeted, the practices within the geographic pocket o need will be our first priority.

D7d: Beginning July 2018 and continuing through June 2019, all immunization updates received at the Jefferson County Health Department from ODH or CDC is distributed to all nursing staff by the nursing director. In addition, Cindy Deavers RN will mandate all nursing staff view the Current Issues in Immunization NetConference (clinic) throughout the year, the Web Based training Courses You Call the Shots, and Vaccine-Preventable Diseases Webinar. These updates will be distributed to the staff for them to view.

D8a: Cindy Deavers RN will be trained to conduct the TIES training in Jefferson County. When information is released on the registration date for this program, it will be scheduled accordingly and discussed at the monthly nursing meeting.

D8b: After the TIES training is concluded, promotion will begin after the first quarter. Cindy Deavers RN will include this in our mailed packets, after an initial telephone call then a sites visit to the private providers.

D8c: Cindy Deavers RN, will begin her training at the private providers offices December 2018 and complete training June 2019. This will involve distributing information in the mailed packets, onsite visit, and telephone calls. Email exchanges and quarterly newsletter will also provide information. All practices will be targeted, but the practices within the geographic pocket of need will be our first priority.

D8d: All adolescent immunization information that becomes available from ODH or CDC will directly distributed to the Jefferson County Health Department Nursing staff by Cindy Deavers

Budget Narrative Get Vaccinated Ohio
Project Number 04110012GV0119

D1 Deliverable	Amount	Date to submit
<p>Report the number of pre-appointment reminders issued for health department patients aged birth through 18 years. This must be documented on the D1 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report. Provide quarterly validation reports to ODH listing each patient (birth through age 18) who received a reminder notice and the corresponding date of the notice. The validation reports must be submitted by October 10, 2018, January 10, 2019, April 10, 2019 and July 10, 2019.</p>	<p>\$3 per reminder issued</p>	<p>Ongoing - each monthly or quarterly expenditure report</p>
<p>Report the number of recalls issued for health department patients aged birth through 18 years. This must be documented on the D1 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report. Provide quarterly validation reports to ODH listing each patient (birth through age 18) who received a recall notice and the corresponding date of the notice. The validation reports must be submitted by October 10, 2018, January 10, 2019, April 10, 2019 and July 10, 2019.</p>	<p>\$3 per recall issued</p>	<p>Ongoing - each monthly or quarterly expenditure report</p>

**Budget Narrative Get Vaccinated Ohio
Project Number 04110012GV0119**

<p>Vaccinated Ohio – Provider Initiative (GP) sub-grantee. The MOBI session must be documented on the D7 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.</p>		
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D8 Deliverable	Amount	Date to submit
<p>Report each health department employee who attends the TIES training in July 2018. This must be documented on the D8 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$250 per eligible employee who attends the TIES training</p>	<p>1st quarter of funding cycle</p>
<p>Report each completed TIES session and submit the information to the Get Vaccinated Ohio – Provider Initiative (GP) sub-grantee. The TIES session must be documented on the D8 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.</p>	<p>\$500 per completed TIES session</p>	<p>Each month or quarter as completed</p>

D9 Deliverable	Amount	Date to submit
<p>Report each new perinatal case entered in ODRS. This must be documented on the D9 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$500 per each new perinatal case entered correctly in ODRS</p>	<p>Each month or quarter as completed</p>
<p>Report each closed perinatal case entered in ODRS. This must be documented on the D9 tab of the GV Deliverable Objectives Tracking Spreadsheet and</p>	<p>\$250 per each closed perinatal case entered correctly in ODRS</p>	<p>Each month or quarter as completed</p>

ENVIRONMENTAL DIVISION MONTHLY REPORT

2018



Year to Date

Sewer Permits												
Household Sewage Permits	2	1	7	7	5							22
Operating Permits	0	2	4	1	10							17
Sewage Disposal - New	18	24	26	28	41							137
Sewage Disposal - Existing	40	42	61	52	42							237
Sewage Disposal - Alteration	0	0	0	0	0							0
Septage Hauler	5	0	0	0	0							5
Semi-Public	0	0	0	1	1							2
Sewage Nuisances	2	5	7	1	18							33
Loan Evaluations	14	11	14	13	9							61

Private Water												
Household Water Permits	0	1	1	0	3							5
Private Water - New	1	4	0	0	0							5
Private Water - Existing	17	20	14	12	5							68
Total Water Samples Taken	5	10	5	5	4							29

Food/Rest Program												
Food Service	286	346	145	322	324							1423
CCP/Process Review	20	51	0	10	7							88
Temp. FSO	0	0	0	0	0							0
Mobile FSO	0	3	29	15	12							59
Vending Location	15	7	0	0	0							22

Plumbing												
Plumbing Residential	7	6	8	4	2							27
Plumbing Commercial	0	0	0	0	0							0

Miscellaneous												
Animal Nuisances	17	16	21	17	23							94
Schools	3	1	0	6	30							40
Dilapidated Structures	1	6	10	5	11							33
Park/Camps	0	2	1	0	2							5
Swimming Pools	0	0	0	0	24							24
Tattoos	0	0	0	0	0							0
Vector Control	0	2	0	0	31							33
Administration	77	49	97	41	43							307
Supervisory Time	11	4	2	4	1							22
Manufactured Home Parks	0	0	0	0	18							18

OVER

ENVIRONMENTAL DIVISION MONTHLY REPORT

2018

Solid Waste															
Solid Waste Facility	46	46	58	73	85										308
Open Dumping	0	0	2	1	5										8
Garbage Nuisance	0	0	6	30	20										56
Solid Waste Hauler	3	0	6	2	7										18
CD&D Facility	0	0	4	2	1										7
Residual Landfill	0	0	8	4	7										19
Composting Facility	0	0	0	0	0										0
Scrap Tire Generator	0	0	0	0	0										0
Infectious Waste Gen.	0	1	0	3	0										4

TOTAL	3236
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PROFESSIONAL SERVICE AGREEMENT

This Professional Service Agreement is made and entered into this _____ day of June, 2018 by and between the Jefferson County General Health District (JCGHD), whose address is 500 Market Street, Steubenville, Ohio 43952, and _____

WHEREAS, the JCGHD desires to establish a professional service relationship for nursing care in public health programs in the office and in the field;

WHEREAS, _____ is a Certified Nurse Practitioner willing to perform nursing care services for and on behalf of the Jefferson County General Health District as an Independent Contractor;

WHEREFORE, the JCGHD and _____ desire and set forth the terms and conditions of JCGHD's engagement of _____.

Therefore, the parties agree as follows:

- 1) JCGHD hereby engages _____ to provide the following services:
 - Evaluation and treatment of patients, including prescribing medications, administering injections and immunizations, and patient instructing on prescribed treatments;
 - Identifying, developing or implementing a plan of treatment and care for patients geared to promote, maintain and restore health;
 - Providing assistance and direction in screening programs;
 - Maintaining confidentiality of all information obtained in the performance of duties;
 - Review and interpretation of clinical policies and procedures;
 - Working in conjunction with other public health care professionals to access the health needs of the community; and
 - Referral of patients to community resources for care, information and specialty treatments.

- 2) _____ shall be in possession of a Masters of Science in Nursing and a license valid in the State of Ohio.

- 3) In consideration of performance of the aforereferenced duties, the JCGHD shall pay _____ the sum of \$60.00/per hour. Payments shall be made once a month upon receipt of an itemized invoice detailing the number of hours and tasks performed.

- 4) The parties acknowledge and agree that in all respect in providing consulting services _____ shall be an Independent Contractor.
- 5) The parties further acknowledge that _____ will indemnify and hold JCGHD harmless for any and all claims, actions, and judgments arising in connection with _____ performance of duties under this Agreement.
- 6) This Agreement shall continue until terminated by either party. Either party may terminate this Agreement upon 14 days written notice.
- 7) This Agreement shall be conditioned upon _____ being in possession of a valid Ohio Drivers License and successful completion of a background check and drug screening.

WHEREAS, the parties have placed their signatures this _____ day of _____, 2018, in Steubenville, Ohio.

Frank J. Petrola, MD
Administrator JCGHD

WITNESSES:

