

Jasper County Board of Health AGENDA

Mission: Protecting and improving the health of Jasper County.

Thursday, March 13, 2025, 11:00 AM

Jasper County Office Building, 315 W. 3rd St. N., Large Conference Room, Newton, Iowa Hybrid option available via Zoom link at the end of the agenda.

1.) Tentative Agenda:

- 2.) Call to Order (by Chair, Julie Smith) Time:
- 3.) Roll Call of Jasper County Board of Health members:
 - □ Julie Smith, Chair
 - Dr. Andrew Cope, Medical Director
 - Donna Akins
 - Jody Eaton
 - Doug Cupples, Board of Supervisor
- 4.) Introduction of others present:
- 5.) Approval of Minutes: (Action) January 9, 2025, meeting minutes (Attachment, 2 pages)
- 6.) Agenda Approval:(Action) Consider and approve the agenda (Attachment, 3 pages)
- 7.) Comments from Citizens: The public may comment on public health items (Limit: 3 minutes)
- 8.) Outside Agency Reports: (Information Only)
 - <u>Environmental Health</u>: Jasper County Community Development subcontract. January & February report (Attachment, 2 pages)
 - Presented by Jamie Elam. Reduction in Private Wells grant. Training.
 - <u>Employee and Family Resources (EFR)</u>: March report presented by Joe Mc Querry.(Attachment, 1 page)
 - <u>Mid-Iowa Community Action (MICA)</u>: Report for January 2025 (Attachment, 2 pages) Megan will not be able to attend.

Old Business

9.) IHHS Updates: Shared Responsibility Model (Attachment, 1 page) Information Only.

10.) Budget adjustments for FY26 including staff wages and no longer on pay plans per Board of

Supervisors and County policy changes. (Action) (Attachment, 3 page)

New Business

11.) Jasper County Health Department: annual policy review (Action)

- Recommend that we include a statement that if the State of Iowa codes, laws, guidance, manuals, or training change this will be an assumed policy change at the Jasper County Health Department unless it is a major change. The Administrator report significant changes. Examples: Vaccine Storage and Handling Guide.
- Abuse Reporting: Child and Dependent Adult Abuse changes including new guide. (Attachment, 2 pages)
- Board of Supervisor policy changes on pay (handouts: above under budget)
- Delete any wording about Union and the Union agreements
- Homecare: 150% of poverty levels, \$2000 Assets. No changes except wording.

12.) Agreements, Intergovernmental, Contracts, Grants: (Action)

All are listed below for the Administrator to complete and sign on behalf Jasper County Board of Health, DBA: Jasper County Health Department for the following:

- Grants: IHHS LPH and Immunization
- Agreements: Home Instead, Comfort Keepers
- MOU: EMA
- 28E: Linn County (potential)

Grants:

- <u>IHHS, Local Public Health Services (LPHS) Grant FY26,</u> 3rd year contract, work plan, 100% salaries. \$85971. (Attachment, 8 pages)
- <u>IHHS, Immunization Grant FY26</u>, \$11200, 100% salaries. (Attachment, 1 page)

Agreements for home care service as the payer only:

- Jasper Co. Health Dept & Home Instead agreement. New owner, Anne Peters, no longer wants to provide these services per email 3.11.2025.
- Jasper County Health Dept & Comfort Keepers, new agreement. Draft. Needs to be reviewed by the County Attorney. (Attachment, 4 pages)

Memorandum of Understanding (MOU) or 28E, Intergovernmental Agreement:

- <u>Emergency Planning w/ Jasper Co. EMA, Hospital, and Jasper Co. Schools</u>: MOU (Attachment, 3 pages)
- <u>Child Safety Grant:</u> It would be an Intergovernmental Agreement (28E) with Linn County if approved. We will be applying for up to \$10,000 of Decat funds. (Attachment, 3 pages goals/outcome and budget)

13.) Jasper County Health Department: AGENCY REPORTS: Information Only

Administrator report: Becky Pryor Information only, updates given to the Board. Jasper County Health Department monthly reports: Jan/Feb (Attachment, 1 page).

• <u>Staff:</u> Numerous CEU's., Immunization 2 classes, CPR (Kristina and Becky), Melissa complete the Community Health Worker (CHW) public health training.

Point of Dispensing Class (Becky)

- Local Public Health Services Grant: 3% hold paid. Report due in July.
- <u>Community Health Improvement Plan (CHIP)</u>:
 - <u>Housing/homeless</u>: several meeting, flow sheet for referrals, updating resources, Discover Hope Restoration House, met with Becca at Habitat, group meeting planned on 3/19/2025.
 - <u>Childcare:</u> included with MCH meeting on 3/12/2025. CCR&R and Iowa Childcare Collaborative resources. Met with Newton YMCA. Colfax-Mingo CSD is fund raising for their new daycare, updating resources.

- <u>Transportation:</u> (Kristina lead) Adding Baxter Transportation to plan. Meeting was on 3/8/2025.
- <u>Mental Health and Substance Abuse</u>: Met with Capstone and Clearview. Discover Hope at housing meetings. We are working with Discover Hope and numerous other agencies on processes and barriers for treatment. Opioid Settlement Funding meeting on 3/25/2025, TBD.

<u>Jasper County Cares Coalition</u>: Meeting 3/12/2025, next 4/9/2025. About 200 people involved. 100-page packet sent. Working on events and resource guide updates for County website.

Public Health Emergency Preparedness (PHEP):

- Emergency Preparedness exercise on 5/15/2025.
- Update plans, PHERP, POD, NIMS.
- Kristina training, "This is a Test" for Point of Dispensing.
- Becky completed POD certification.
- Planning an exercise with Point of Dispensing on May 15, 2025.
- All staff took the FEMA IS 2200 class. Two County employees left.

Kristina: Public health conference on April 1 & 2

- Immunizations. IRIS records cleaned up.
- Communicable Diseases (Epidemiology): TB, Measles information. (Attachment, 1 page, Think Measles)

<u>Melissa</u>

- Homecare 6 clients
- CPPC funding updates

14.) Next meeting: Date: Thursday, May 14, 2025, 11:00 AM.

15.) Motion to Adjourn: (Action) Time:

Join Zoom Meeting Join Zoom Meeting

By phone dial: (309) 205-3325 Meeting ID: 810 4931 0464 The hybrid/virtual meeting option is provided for convenience but cannot guarantee access. To ensure participation, members of the public should attend in person. Contact: Becky Pryor, <u>bpryor@jasperia.org</u>

Revised 3.11.2025 V3

Jasper County Board of Health- Minutes

Thursday, January 9, 2025, 11 AM Jasper Co. Office Building, 315 W 3rd St N, Large Conference Room, Newton, Iowa Also available via Zoom.

Call to Order Time: 11:09 AM Roll call: Jasper County Board of Health Members. Julie Smith, Dr. Andrew Cope-Medical Director, Donna Akins, Jody Eaton, and Doug Cupples Introduction of others present: Staff: Becky Pryor, Kristina Winfield, and Melissa Gary Outside Agencies: None Approval of Minutes: Motion to approve the November 14, 2024, minutes. See 2-page attachment. Motion: Dr. Andrew Cope Second by: Jody Eaton Motion passed: unanimously Agenda: Motion to approve the agenda: See 2-page attachment Motion: Donna Akins Second by: Doug Cupples Motion passed: unanimously

Citizen comments: None

Other Outside Agency Reports:

Environmental Health report: Jamie Elam at the Wastewater Conference. Nov/Dec report is a 2-page attachment.

Old Business: Information Only

- IHHS updates: see 1-page attachment
- Board of Health member updates with new member, Doug Cupples.1-page attachment

New Business:

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• Board of Health Chairperson for 2025.

Motion to appoint Board of Health Chairperson as Julie Smith for 2025.

Motion: Dr. Andrew Cope

Second by: Doug Cupples

Motion passed: unanimously

Jasper County Community Health Assessment
 Motion to approve the Community Health Assessment Report. 98-page attachment and available on the County website.

Motion: Doug Cupples Second by: Donna Akins Motion passed: unanimously

- Jasper County Community Health Improvement Plan 2025-2030
- Motion to approve the Community Health Improvement Plan for 2025-2030. This is a working document and will change as updates occur. 3-page attachment and on County website.
 - Mental Health and Substance Misuse
 - Lack of Healthcare Professionals
 - Lack of Affordable Housing
 - Food Insecurities
 - Lack of Affordable Childcare

Transportation for Healthcare

Motion: Dr. Andrew Cope Second by: Jody Eaton Motion passed: unanimously

- Information only: IPIB updates. 65-page attachment
- Budget for FY25 and FY26 (includes raises)

Motion to approve the FY25 and FY26 budget as presented below. 1 Page attachment.

- FY2025 mid year status of the budget and the proposed FY2026 budget.
- Becky will present the budget to the Board of Supervisors on Monday, 1/13/2026.

The Board of Health agrees to keep the raises and pay scales consistent with the County pay scales as approved by Board of Supervisor.
 Motion: Dr. Andrew Cope Second by: Jody Eaton
 Motion passed: Yes- Cope, Eaton, Smith, Akins
 Doug Cupples, Jasper County Supervisor, abstained

Administrator report- Becky Pryor Information only, updates given to the Boad. See Agenda.

- Union: no longer a contract since just one person.
- Jasper County Health Department monthly report: See 1-page attachment,
- Local Public Health Services
- Jasper County Cares Coalition
- Community Health Assessment and Improvement Plan
- Immunizations
- PHEP: Emergency Preparedness
- Kristina: Public Health, Immunizations and EPI, wellness.
- Melissa: Homecare funding (5 clients) and CPPC.

Next meeting: Date: March 13, 2025, 11:00 AM.

Motion to Adjourn: Time: 12:00 PM

Motion: Donna Akins Second by: Jody Eaton Motion passed: unanimously

Board Member's Signature Minutes taken by Melissa Gary on 01/09/2025 Date

Environmental Report for Jasper County Board of Health For FY25- 7/1/2024 to 6/30/2025

Environmental Reporting	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Septic Eval & Inspections	5	6	10	9	5	4	4	4					47
Time of Transfer Inspections	6	4	4	2	5	4	1	0					26
New Water Wells	0	2	0	1	1	0	0	0					4
Plugged Water Wells	3	5	0	1	2	0	1	0					12
Water Tests	3	2	4	0	1	1	1	1					13
Pool/Spa Inspections	0	0	0	0	9	1	0	0					10
Tanning Facility Inspections	0	0	0	0	8	2	0	0					10
Tattoo Facility Inspections	0	0	0	0	8	3	2	0					13
Septic Tank Pumper Inspections	0	0	0	0	0	0	0	0					0
Nuisance Complaints	4	4	2	2	2	0	1	1					16
Rabies / Dog Bites	0	0	2	0	1	0	0	0					3
Radon Test Kits Sold	1	1	0	0	0	0	0	0					2
Any Issues or Complaints	0	0	0	0	2	0	0	0					2
Totals	22	24	22	15	44	15	10	6	0	0	0	0	158

Grants to Counties

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	Wells Plugged	Wells Tested	Test Results (present noted)	Well Permits	Amt Submitted	Amt Submitted
st Quarter GTC 24/25	07/11 Chapman	07/02 Winn	123	08/09 Parks	Submitted 10/29/2024	\$ 7,796.47
	07/11 Chapman	07/05 Beyer	124	08/20 Daniels		
	07/23 Newberg	07/12 Hammond	2 4 5			
	08/12 Poole	08/26 Bowman	125			
	08/12 Poole	08/26 Davis	125			
	08/13 Dunsbergen	09/10 Leix	2 4 5			
	08/19 Roush	09/11 Pierce	1245			
	08/21 Key Coop	09/05 Horn	2 5			
		09/04 Wing	1			
2nd Quarter GTC 24/25	11/18 Woody	11/20 Vanderpol	123	11/3 Pak		
	12/4 Blom	12/19 Winn	123			

Nitrate(1)/Coliforms(2)/Ecoli(3)/Arsenic(4)/Manganese(5)

EFR (Employee & Family Resources) Update 3/5/2025

The Prevention Staff at EFR has been working with the third quarter 5th grade classes at Berg MS on a variety of topics that ranged from but not limited to increasing their communication skills to healthy decision making. Originally the classes were scheduled for 5 sessions each, but due to weather and scheduling a few of those session didn't take place. EFR is scheduled for 5 sessions with fourth quarter students starting April 1st.

The Prevention staff has been facilitating the Too Good program (formally known as Too Good For Drugs) to the health classes at Newton HS, which consists of all 9th grade students, with a few upper grade students involved as well. EFR began by facilitating this 10-session evidence-based program back in September to half of the 9th grade student-body health classes which was completed before the holiday break. EFR has currently facilitated 4/10 sessions with the remaining half of the 9th grade health classes.

The Prevention staff has been facilitating the Curriculum Based Support Group program at Lynnville Sully Middle School to all 6th, 7th and 8th grade students. EFR began by facilitating this 10-session evidence-based program back in the fall. EFR has currently facilitated 9/10 sessions with the remaining sessions to come

If you or someone you know would like more information on the services provided in the schools, please reach out to Joe McQuerry at <u>jmcquerry@efr.org</u> or call Joe at (515) 471-2334

Problem Gambling: EFR Prevention Staff will be doing a presentation at the Monroe Gathering Place on April 28th at 2 pm. This presentation will highlight how problem gambling impacts on our lives. This is open to the public and free of charge. If you or someone you know would like more information on Problem Gambling please reach out to Lauren Asmen at lasman@EFR.ORG or call Lauren at (515) 471-2353

Jasper County State Opioid Response Grant: Over the past few months, EFR staff have been working with agencies in the area to offer grant-funded trainings on overdose prevention, Narcan administration, and stigma reduction. Additionally, EFR has provided technical assistance on policies related to Naloxone access and overdose response. However, there is still a need for more trainings and policy development in the community. If you or anyone in your network are interested in scheduling a training for staff, volunteers, or clients—or if your organization needs assistance in developing or updating an overdose response policy—please reach out to Raichel Beierle at <u>rbeierle@efr.org</u> or call (515)471-2325

MICA helps families experiencing poverty meet their needs, build on their strengths, and achieve their goals.

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

Board of Health Newsletter January 2025

WIC	December
Participation	2024
Marshalltown	1,397
Grinnell	189
Tama	248
Colfax	78
Newton	455
Settlement	23
Boone	237
Ames	1,149
Nevada	139
Traer	22
Brooklyn	35
Agency Total	3,972

*WIC grant requires participation numbers in all BOH newsletters.

October-3,948 November 3,993

Give Kids A Smile Day

MICA's I-Smile Team is partnering with Kimball & Beecher in Marshalltown to host Give Kids A Smile Day. This will be held Friday, February 7th at Kimball & Beecher – 105 W. Merle Hibbs Blvd. Marshalltown from 8am to 12pm. Free preventative dental services and treatment will be provided for children ages 1-13. Appointments are on a first call basis until spots are filled, 641-753-3383.



Success Stories from FY24:

- 1- The WIC and Child Health team saw a child with a low HGB. MICA's nurse called McFarland and referred the child to see his primary doctor that day as his HGB was extremely low, prompting concerns. A few weeks after seeing the doctor the family reported that he was seen by a specialist in DSM as well and his current HGB is already three points higher. Had this not been tested and identified by the WIC/CH team this child could have become very weak and ill.
- 2- A mom brought her young child in for a Child Health appointment and throughout the visit the nurse could see mom was very sad and teary. Mom shared she was going through a really hard time, she hardly had enough gas to make her WIC appointment but she needed the food benefits she would receive that day to feed her family. The CH nurse was able to connect her to a gas card through another local program to help ease some barriers and worries. At the family's next visit mom brought her son in for his final appointment at WIC and she hugged the CH nurse commenting that the gas card saved her and she wouldn't ever forget it. The nurse's compassion and knowledge of community resources were able to help that family out during a very difficult time.
- 3- MICA's Child Care Nurse Consultant (CCNC) helped a family receive services for their young toddler as the doctor and Early Access had told the family it was "just a phase". This 1-year-old child had severe anxiety, would sleep sitting up at childcare and at home when mom was away. The child often rocked back and forth and clutched items in her hands "most of the time" per family and childcare provider. The CCNC worked with the family directly, giving instructions on how to fill out an ASQ-SE via email and telephone calls. The CCNC emailed the correct tool to the mother who filled the ASQ out and sent it back to the CCNC. The CCNC then scored this for them and the child scored very high, out of range, which indicated she could use interventions/services to support development. The CCNC then directed the mother to take the ASQ score and a referral letter written by the CCNC to her physician and ask for a 1st Five referral. Mom did so and the child was then referred to 1st Five. Through guidance and referrals from 1st Five the child now has support services, play therapy and had an autism screening completed within a couple of months. The child received a diagnosis on the autism spectrum and is now receiving the care and services she needs to thrive. Through these connections the family and childcare provider were also able to learn and alter their caregiving to better support the child with her daily needs.

Additional Health Program Updates:

Child Care Nurse Consultant (CCNC)

MICA's CCNC Program provides health and safety guidance as well as technical assistance to local childcare providers. Centers and In-Home daycares can receive support from one of MICA's Child Care Nurse Consultants. CCNCs also help providers through the new IQ4K process by completing health and safety checklists. MICA's CCNC has been busy providing trainings such as Safe Sleep, Medication Administration and Caring for Children with Allergy, Anaphylaxis and Seizures.

WIC

Statewide, WIC has seen an increase of **5.19**% for December, translating to **3,039 additional participants** across the network from last year. MICA's increase for December was **7.09**%. Our Grinnell WIC Clinic has now co-located with MICA's Poweshiek County Family Services at 609 4th Avenue in Grinnell. Families are able to come to the MICA building in Grinnell to receive WIC, LIHEAP & food pantry items as well as other family support services. Our goal is to continue co-location efforts in each county to bundle services and reduce barriers to families. We are also able to offer TeleWIC appointments for families who experience barriers getting to our office (transportation, illness, etc.)

1st Five

1st Five continues to partner with local pediatric and family practice providers in Boone, Jasper, Marshall, Poweshiek, Story and Tama Counties to promote the use of validated developmental screening tools such as the ASQ at well-child visits. Through early identification 1st Five is able to support families by getting children connected to early intervention services, promoting healthy growth and development before they start school.

Maternal Health

The Maternal Health Program at MICA serves pregnant individuals throughout their pregnancy and postpartum. Through appointments with our Maternal Health nurse, patients receive one-on-one education and support to help them have the healthiest pregnancy possible. The Maternal Health Nurse can also provide referrals for tobacco cessation and newborn necessities. Free prenatal vitamins are also offered to those participating in the Maternal Health Program.

Child Health

The Child Health Team has completed 32 lead draws since October 1, 2024. This is a gap-filling service for children who are at high risk. If children have a high lead level the nurse connects them to a medical provider for a follow up venous draw and will coordinate care as needed to address risk factors associated with high lead. The Child Health Nurse has also completed 32 caregiver depression screens and 71 ASQ developmental screenings. If concerns are identified on either screening, referrals are sent to community partners for ongoing support and care to improve mental health and overall development.

Pick A Better Snack

Since October, Pick A Better Snack has been facilitating lessons with zucchini, pears, sweet potatoes and kiwi. 2nd and 3rd grade students at all Marshalltown Elementary Schools and 1st and 2nd graders at South Tama Elementary receive these monthly lessons to increase healthy snacking habits and promote physical activity for a healthy lifestyle.

I-Smile

Since October 1, 2024 the I-Smile @ School team has screened 568 students and placed a total of 952 sealants on 221 kids. 313 of the students screened had a history of decay. Sealants are a prevention effort, placing a thin, protective coating on teeth to fill the grooves and pits therefore preventing decay. Sealants are ideal for school-aged kids after their permanent molars come in. Kids receiving oral health services at school also get a screening, oral health hygiene instruction and nutrition education to promote healthy teeth and gums.

HHS

Establishes service system districts

Develops the service system state plan; approves district plans

Administers funding to lead entities

Develops service definitions and standards, reporting requirements, and performance outcomes

Provides training and technical assistance to lead entities

Provides activities as indicated by the service system state plan

Lead Entity Local Provider

Develops and implements a districtwide plan to ensure adequate service provision in every county within the district

Contracts with local providers

Provides training and technical assistance to contracted local providers

Ensures service quality and performance outcomes

May provide activities and services as indicated by the district plan

Collaborates with HHS and other district lead entities for the service system

Reports progress and outcomes to HHS

Contracts with a lead entity(ies)

Provides activities and services according to the lead entity district plan

Collaborates with the lead entity and other local providers in the district to ensure service provision in every county within the district

Reports progress and outcome data to the district lead entity(ies)

Board of Health / Jasper Co Health Dept Budget

BOH Meeting 3.13.2025

EXPENSES	FY25	FY26	
	request	request	
WAGES-DEPT HEAD, RN	107300	109300	1.9%, .95 per hour, \$2000/year
WAGES- PUBLIC HEALTH RN	80500	82500	2%, .77 per hour, \$1605/year
WAGES-CLERK	49500	54000	2%+\$2 longevity (was \$.45/hour), \$23.69 to \$25.70, \$2.01 per hour, \$4191/year
OFFICE SUPPLIES	1800	1800	
MEDICAL/LAB SUPPLIES	2000	2000	
APPAREL/UNIFORMS	400	400	
PUBLICATIONS/ADVERTISING	500	500	
POSTAGE/MAILING	600	600	
EMPLOYEE MILEAGE/MEAL	2000	2000	
TELEPHONE SERVICES/INTERNET	2000	2000	
HCA SERVICES	40000	40000	
EDUCATIONAL/TRAINING	1000	1000	
MAINT-OFFICE/COMPUTER	3000	3000	
DUES/MEMBERSHIPS	750	750	
OFFICE EQUIP/FURNITURE	0	0	
PASS-THRU STATE GRANTS	40000	40000	
WAGES	239254	239254	
FICA-COUNTY PORTION	19000	19000	
IPERS-COUNTY PORTION	22500	23500	Added \$500
EMPLOYEE GROUP INSURANCE	64990	67000	
Totals:	437840	449350	11510

REVENUE	FY25	FY26
REVENCE	request	request
PHEP GRANT	40000	40000
MISC	500	
IMMUNIZATION GRANT	16101	11000
LOCAL PUBLIC HEALTH SERV GRANT	86940	85000
Totals:	143541	136000
Difference- County amount	294299	313350

Resolution 25 -

The following payroll related items will go into effect as of July 1, 2025. These provisions will be for the Jasper County Bargaining and Non-Bargaining hourly employees. *Salaried Employees, Department Heads, Elected Officials/Deputies are not eligible for Longevity or Shift Differential.

LONGEVITY

After five (5) years of service	\$0.50 per hour
After ten (10) years of service	\$1.00
After fifteen (15) years of service	\$1.50
After twenty (20) years of service	\$2.00

Longevity is per hour supplemental pay for years of service. All employees shall be paid at the same rate, regardless of full-time or part-time status, unless otherwise documented for a specific circumstance.

SHIFT DIFFERENTIAL

In addition to the employee's regular hourly rate, a shift differential of seventy-five cents (\$0.75) per hour for any regular scheduled permanent shift of which four or more hours occur between 3 P.M. and 11 P.M. and one dollar (\$1.00) per hour in which four or more hours occur between 11 P.M. and 8 A.M. Employees who work rotating shifts on a regularly scheduled basis shall be eligible for shift differential. Applicable shift differential shall be paid for all hours worked.

Resolution adopted this 25th day of February 2025

Brandon Talsma, Chairman

Attest:

Jenna Jennings, Auditor

RECORDED IN BOARD OF SUPERVISORS MINUTES

BOOK 22 02/25/2025 PAGE

Resolution 25 -

The following payroll changes will be implemented as of July 1, 2025

- All hourly bargaining employees covered by collective bargaining agreements (AFSCME & PPME) will receive a 4% increase to their base wage as of July 1, 2025. Current step increases and pay plans will be eliminated as of July 1, 2025. There will be no step increases throughout the 2025-2026 fiscal year. The Jasper County Board of Supervisors reserves the right to evaluate and adjust employee pay as the need arises.
- All hourly (non-bargaining) employees will receive a 2% increase to their base wage as of July
 1, 2025. Current step increases and pay plans will be eliminated as of July 1, 2025. There will
 be no step increases throughout the 2025-2026 fiscal year. The Jasper County Board of
 Supervisors reserves the right to evaluate and adjust employee pay as the need arises.
- 3. Non department head salaried employees will receive a 2% increase to their base wage as of July 1, 2025. Current step increases and pay plans will be eliminated as of July 1, 2025. There will be no step increases throughout the 2025-2026 fiscal year. The Jasper County Board of Supervisors reserves the right to evaluate and adjust employee pay as the need arises.

Resolution adopted this 25th day of February 2025

Brandon Talsma, Chairman

Attest:

Jenna Jennings, Auditor

RECORDED IN BOARD OF SUPERVISORS MINUTES

BOOK 22 02/25/2025 PAGE

JASPER COUNTY HEALTH DEPARTMENT POLICY AND PROCEDURE

Subject:Abuse Reporting: Child and Dependent AdultAKA: Mandatory Reporter or Permissive ReporterSection:Administration

Revised 3/12/2025 Page 1 of 2

Regulation/Source: Iowa Department of Health and Human Services Abuse of Children: <u>Iowa Code 175</u>. 232.68 Dependent Adult Abuse Mandatory Reporters, Iowa Code 232.69, 235B.3 (2) All employees will follow the most current resources:

- Child Abuse: <u>A Guide for Mandatory Reporters</u> Report Form
- Dependent Adult Abuse: <u>A Guide for Mandatory Reporters</u> Report Form
- Mandatory Reporter Training

PURPOSE: Children and dependent adults deserve the greatest possible protection from abuse. Mandatory reporters are essential partners in protecting children and dependent adults from abuse. As professionals who have frequent contact with children or dependent adults, mandatory reporters are trained to identify the signs that a child or dependent adult may have suffered abuse or neglect.

Definitions:

Child Abuse: A child is defined in Iowa Code section 232.68 as any person under the age of 18 years. The child is subjected to one or more of the categories of child abuse defined in Iowa Code section 232.68:

Dependent adult: means a person eighteen years of age or older who is unable to protect the person's interests or is unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition that requires assistance from another, or as defined by Department rule.

PROCEDURES:

CHILD OR DEPENDENT ADULT ABUSE REPORTING 24 HOURS A DAY 800-362-2178 IF IMMINENT DANGER, CALL 911

Background Checks on All Employees:

Iowa law mandates background checks for individuals working with children and dependent adults. These checks include criminal history and abuse registry screenings. When a background check or verbal report revealed a criminal conviction (including a deferred judgment), founded child or dependent adult abuse or neglect, or a combination thereof, complete the

If any applicant, employee, or volunteer refuses or has a criminal or abuse history, they will not be hired, or if already employed, they will be terminated immediately. If an employee commits a crime, is being investigated for a crime, or knows that they are reported for abuse, the employee must report immediately and will be placed on Administrative Leave pending investigation. People with a record of abuse or neglect will not be hired or retained as employees. HR will ensure that background checks include professional licensure, a criminal, Child Abuse Registry background check, OIG, and licensure check will be completed on all employees and will not be greater than 30 days before employment. The agency will not employ individuals who have been found guilty of abusing, neglecting, or mistreating individuals by a court of law; or have had a finding entered into the State nurse aide registry or child abuse registry concerning abuse, neglect, or mistreatment of clients or misappropriation of their property.

Abuse, neglect, or exploitation of a child or dependent adult and/or failure to report the suspicion or knowledge of same by an Agency employee is considered unacceptable conduct and will result in disciplinary action, up to and including termination.

Training for Mandatory Reporters:

Mandatory reporters in Iowa are required to complete training on identifying and reporting abuse. The training must be completed within six months of initial employment and repeated every three years. The Iowa Department of Health and Human Services offers free online training for mandatory reporters.

Source: IHHS https://hhs.iowa.gov/report-abuse-fraud/mandatory-reporters

ADDITIONAL POLICY:

- All mandatory reporter staff will have documentation of Mandatory Training as required by law.
- Any client/family member/caregiver who feels he/she has been subjected to abuse, neglect, or exploitation, or anyone who has witnessed abuse, neglect, or exploitation, has the right and responsibility to report this information, to pursue his/her concerns through a formal process and to have the concerns investigated.
- The Iowa Department of Human Services number will be available to all including handbooks and website.
- All alleged violations involving a Jasper County employee related to abuse, neglect, or harassment including injuries of unknown source, and misappropriation of client property are reported **immediately** to HR, the Director, and other officials in accordance with State law through established procedures including the appropriate licensing board and the State Department of Inspection and Appeals (877-686-0027).
- Any staff member will be placed on administrative leave during the investigation. If the alleged violation is found, the employee will be immediately terminated, must have his/her name entered into the nurse aide registry, or reported to the licensing authority, as appropriate. This will be the responsibility of the Human Resources Department.
- The incident is reported to the appropriate authorities as required by law.

Complete the work plan by indicating the activities the contractor will utilize to address the required objectives in SFY26.

Required Activities in SFY26:

- **Community Health Improvement Plan (CHIP)** must choose at least one in any of the required areas of work.
- Workforce Development (WD) must choose at least one in any of the required areas of work.

For SFY26, at least 75% of the LPHS program funds must be spent on population health activities. Use of more than 75% for population health activities is acceptable and encouraged. The distribution of 75% must be between the required objectives listed within Areas of Work 1-3.

POPULATION HEALTH ACTIVITIES

Required Area of Work #1: Leadership and Governance

Understand the priorities, policy positions, opinions, and actions of the governing entity/local board of health in order to continually improve communication and effectiveness, leading to a quality governing entity-health department relationship.

Required Objective I:

Engage in health policy, plan, and/or law development, discussion, adoption, and implementation with the agency's governing body and other local policymakers.

Insert X in boxes below to identify at least two activities that will support achieving this objective.		
Maintain an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations.	<u>Essential</u> Service #1	
Work with the community to understand health status, needs, assets, key influences, and narrative.	Essential Service #1	
Analyze and use disaggregated data (e.g., by race) to track issues and inform equitable action.	<u>Essential</u> Service #1	

×	Investigate, diagnose, and address health problems and hazards affecting the population.	<u>Essential</u> Service #2
x	Develop and champion policies, plans, or laws that guide the practice of public health.	<u>Essential</u> <u>Service #5</u>
	Examine and improve existing policies, plans, or laws to correct historical injustices.	<u>Essential</u> Service #5
	Ensure that policies, plans, or laws provide a fair and just opportunity for all to achieve optimal health.	<u>Essential</u> Service #5
	Provide input into policies, plans, or laws to ensure that health impact is considered.	<u>Essential</u> Service #5
	Continuously monitor and develop policies, plans, or laws that improve public health and preparedness, and strengthen community resilience. (CHIP)	<u>Essential</u> <u>Service #5</u>
	Collaborate with all partners, including multi-sector partners, to develop and support policies, plans, or laws. (CHIP)	<u>Essential</u> Service #5
	Ensure that applicable laws are equitably applied to protect the public's health.	<u>Essential</u> Service #6
	Conduct enforcement activities that may include, but are not limited to sanitary codes, especially in the food industry; full protection of drinking water supplies; and timely follow-up on hazards, preventable injuries, and exposure related diseases identified in occupational and community settings.	<u>Essential</u> <u>Service #6</u>
	Include health considerations in laws from other sectors (e.g., zoning).	<u>Essential</u> Service #6
×	Foster leadership skills at all levels. Build and maintain a strong organizational infrastructure for public health. Organizational capacity is essential for strong governance, enabling effective management, decision- making, and oversight. (WD)	Essential Service #8 & #10
	Use research, evidence, practice-based insights, and other forms of information to inform decision-making. (WD)	<u>Essential</u> Service #9

	Evaluate services, policies, plans, and laws continuously to ensure they are contributing to health and not creating undue harm. (CHIP)	<u>Essential</u> Service #9
	Value and use qualitative, quantitative, and lived experience as data and information to inform decision-making. (CHIP)	<u>Essential</u> Service #9
	Develop an understanding of the broader organizational infrastructures and roles that support the entire public health system in a jurisdiction (e.g., government agencies, elected officials, and non-governmental organizations) (WD)	<u>Essential</u> Service #10
	Ensure that appropriate, needed resources are allocated equitably for the public's health. (CHIP)	Essential Service #10
	Employing communications and strategic planning capacities and skills. (WD)	<u>Essential</u> Service #10
	Be accountable, transparent, and inclusive with all partners and the community in all aspects of practice	Essential Service #10
x	Provide vaccines that prevent diseases for adults and children.	<u>Essential</u> Service #7

Required Area of Work #2: Health Promotion

Promote public health topics and initiatives, and engage and empower people within communities to take action for their own health.

Required Objective I:

Develop and implement proactive health education/health promotion strategies, with multisector partners, which meet the unique needs of the population.

	Insert X in boxes below to identify at least two activities that will support achieving this objective.		
x	Develop and disseminate accessible health information and resources, including through collaboration with multi-sector partnerships. (CHIP)	<u>Essential</u> Service #3	
	Develop and deploy culturally and linguistically appropriate and relevant communications and educational resources, which includes working with	<u>Essential</u> Service #3	

	stakeholders and influencers in the community to create effective and culturally resonant materials.			
	Employ the principles of risk communication, health literacy, and health education to inform the public, when appropriate.			
	Actively engage in two-way communication to build trust with populations served and ensure accuracy and effectiveness of prevention and health promotion strategies. (CHIP)			
	Ensure public health communications and education efforts are asset- based and do not reinforce narratives that are damaging to disproportionately affected populations.	<u>Essential</u> <u>Service #3</u>		
x	X Work across partners and with the community to systematically and continuously develop and implement health improvement strategies, plans, and evaluate to improve those plans. (CHIP)			
	Use research, evidence, practice-based insights, and other forms of information to inform decision-making. (CHIP)	<u>Essential</u> Service #9		
Diss	uired Objective 2: eminate timely and accurate information to the public using a variety of commods (including electronic methods).	munication		
	rt X in boxes below to identify at least two activities that will port achieving this objective.	Essential Service		
x	Develop and disseminate accessible health information and resources, including through collaboration with multi-sector partners. (CHIP)	Essential Service #3		
x	X Use appropriate communications channels (e.g., social media, peer-to- peer networks, mass media, and other channels) to effectively reach the intended populations.			
	Develop and deploy culturally and linguistically appropriate and relevant communications and educational resources, which includes working with stakeholders and influencers in the community to create effective and culturally resonant materials.	<u>Essential</u> <u>Service #3</u>		

Required Area of Work #3: Strengthen Local Public Health Infrastructure Develop local partnerships, and engage and collaborate with partners to create sustainable systems								
Create, conv	Required Objective I: Create, convene, and maintain partnerships to protect and improve the health of people in the community.							
	Insert X in boxes below to identify at least two activities that will support achieving this objective. Essential Service							
	Engage community members as experts and key partners.	<u>Essential</u> Service #1						
	Convene and facilitate multi-sector partnerships and coalitions that include sectors that influence health (e.g., planning, transportation, housing, education, etc.).	<u>Essential</u> <u>Service #4</u>						
x	Foster and build genuine, strengths-based relationships with a diverse group of partners that reflect the community and the population. (WD)	<u>Essential</u> <u>Service #4</u>						
x	Authentically engage with community members and organizations to develop public health solutions. (CHIP)	<u>Essential</u> Service #4						
	Learn from, and support, existing community partnerships and contributing public health expertise. (CHIP)	<u>Essential</u> Service #4						
	Collaborate with all partners, including multi-sector partners, to develop and support policies, plans, or laws. (CHIP)	Essential Service #5						
x	Employing communications and strategic planning capacities and skills. (WD)	Essential Service #10						
Required Objective 2: Assess and monitor population health status, factors that influence health, and community needs and assets.								
	Insert X in boxes below to identify at least two activities that will Essential support achieving this objective. Service							

activities, fo correspond	so develop additional objectives, and the objective's corre or any required area of work. Type in your additional obje ing activities, and the related essential service in the boxe lired to report on the activities below in progress reports. NA	ective(s), the es below. You
	Value and use qualitative, quantitative, and lived experience as data and information to inform decision-making.	Essential Service #9
X	Engage community members as experts and key partners. (CHIP)	<u>Essential</u> Service #1
	Analyze and use disaggregated data (e.g., by race) to track issues and inform equitable action.	<u>Essential</u> Service #1
	Utilize various methods and technology to interpret and communicate data to diverse audiences.	Essential Service #1
	Use innovative technologies, data collection methods, and data sets.	Essential Service #1
x	Collaborate and facilitate data sharing with partners, including multi-sector partners.	<u>Essential</u> <u>Service #1</u>
	Work with the community to understand health status, needs, assets, key influences, and narrative.	Essential Service #1
	Use data and information to determine the root causes of health disparities and inequities.	Essential Service #1
	Maintain an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations.	Essential Service #1

#l:

Activity:		
Additional Objective #2:	NA	
Activity:		

NON-POPULATION HEALTH ACTIVITIES (OPTIONAL)

For SFY26, no more than 25% of the LPHS program funds may be spent on non-population health activities.

Optional Area of Work: Non-Population Health Activities

Objective #1: Provide such personal health services as deemed necessary for the promotion and protection of the health of individuals in the community.

You may select one or more of the activities below as part of your work plan. You will be required to report the number of unduplicated people served, for each of the selected activities below, in your progress reports.

Insert X in box(es) below to identify activity that will support achieving this objective.

Provide community-based services that promote the well-being of children ages 0-5 through support to the family utilizing an evidence-based program.

Assess an individual's needs within their home.

Provide homemaker services to consumers who, due to the absence, incapacity or limitations of the usual homemaker or caregiver need assistance to remain in their home.

Provide personal health services under the direction of nursing and/or medical staff.

Provide skilled nursing services for the acutely ill, or to those individuals with a chronic condition that if left unmonitored would potentially become an unstable condition (a diagnosis with a plan of care from a licensed physician is required).

Provide nursing services to help clients manage chronic conditions (e.g., medication and medical supply management).

Provide basic foot care and referrals as needed.

Provide screenings, assessments and or testing for individuals who may be at risk.

Immunization Grant FY 26 Iowa grants

602486 - Jasper FY26 Immunization Services Application

Application Details

Funding Opportunity:	601739-FY26 RFA for Immunization Services	Initial Submit Date:	Feb 3, 2025 2:54 PM
Funding Opportunity Due Date:	Mar 11, 2025 4:00 PM	Initially Submitted By:	Rebecca Pryor
Program Area:	Immunization & TB	Last Submit Date:	
Status:	Submitted	Last Submitted By:	
Stage:	Final Application		

res

Immunization Services and Pandemic Vaccine Preparedness Budget FY26

SALARY & FRINGE			
Staff Name	Title	Percent of FTE	Salary and Fringe Amount
Kristina Winfield	Public Health Nurse	0.11	\$9,200.00
Rebecca Pryor	Administrator, RN	0.02	\$2,000.00
		0.13	\$11,200.00

OTUED

AGREEMENT FOR PAYMENT FOR HOME CARE SERVICES- DRAFT 3.11.2025

Between JASPER COUNTY BOARD OF HEALTH, DBA: Jasper County Health Department and Home Care Agency

This Agreement ("Agreement") is made and entered into by and between the Jasper County Health Department (JCHD), located at 315 W 3rd St N, Suite 100, Newton, Iowa 50208, and [Home Care Agency Name], a duly authorized home care provider with its principal office located at [Agency Address] (hereinafter referred to as the "Home Care Agency").

Purpose: The purpose of this Agreement is to outline the terms and conditions under which the Home Care Agency will provide homemaker or home care aide services to eligible individuals in Jasper County, Iowa, as part of the **Jasper County Home Care Reimbursement Program**. This program administers limited funding by JCHD and aims to prevent or delay unnecessary institutional placement by providing home care services to individuals who are unable to perform Activities of Daily Living (ADLs) independently and who have no other funding sources available.

Scope of Services: The Home Care Agency agrees to provide homemaker or home care aide services, which may include assistance with activities of daily living, to eligible individuals as determined by JCHD, at a rate of **\$35 per hour** for up to **2 hours per week**. Services are to be provided in the individual's home and must be approved by the Jasper County Administrator. Jasper County Health Department is the payer only and does not case manage clients. If the agency chooses to no longer service the client, it is the Home Care Agency's responsibility to notify the client and help them find another agency.

Eligibility Criteria

Eligibility for services under this program is determined by the following conditions:

- **Residency**: The individual must be a permanent resident of Jasper County, Iowa.
- **Medical Need**: The individual must have a medically documented need and be unable to perform ADLs independently.
- **Age/Disability**: The individual must be 60 years of age or older or grandfathered into the program from the previous Home Care Aide program.
- **Income & Resources**: The individual's household income must be at or below 150% of the Federal Poverty Level, and their resources must be less than \$2,000.
- **Payer of Last Resort:** The funding is from Jasper County tax dollars and is allocated by the Board of Supervisors yearly. The clients must utilize all other means first such as family, friends, neighbors, waivers, Medicaid, Mental Health, grocery delivery services, Senior meal services, waivers, or other available services. The client is required to apply for waiver to be eligible for this funding.
- **Preapproval** by the Jasper County Health Department Administrator.

Funding and Payment Terms

- Reimbursement for services provided is capped at \$35 per hour for a maximum of 2 hours per week, as approved by the Jasper County Administrator.
- **Expense Reimbursement**: No mileage or additional expenses will be reimbursed under this program.
- **Invoice Submission**: The Home Care Agency is responsible for submitting invoices detailing the hours of service and the total amount requested. Invoices must be submitted by the **10th of each month** for services rendered during the previous month. Invoices can be sent to:

Jasper County Health Department

315 W 3rd St N, Suite 100
Newton, Iowa 50208
or emailed to: <u>mgary@jasperia.org</u>.
Claims submitted after 90 days will not be processed.

Agency Requirements

- All home care agencies must complete the **W9** form with the Jasper County Auditor's Office before initiating services.
- The Home Care Agency must complete a Jasper County **Business Associate Agreement** (BAA).
- The Home Care Agency must comply with all eligibility requirements, including client's assessment for continued need, providing annual financial documentation of income and resources for clients.
- The Home Care Agency must notify JCHD of any changes in the client's financial situation, discharged, moved, unable to reach client, or the client no longer needs services.
- The Home Care Agency is responsible for all agency staff including background checks, abuse training, training, complaints, client's care, care coordination, etc.

Client Eligibility and Ineligibility

Clients will be deemed ineligible for services if:

- The client is eligible for Medicaid, Waiver, Mental Health, or other available funding and has not applied or refuses to utilize such services.
- The Home Care Agency is unable or unwilling to provide services.
- The client's financial or medical condition improves.
- The client fails to cooperate with the Home Care Agency, JCHD, or follow through with other partners such as Aging Resources or Capstone Behavioral Health which could pay for services.

Financial Documentation

The Home Care Agency agrees to assist in ensuring that clients provide all necessary financial documentation, including income and resource statements, as required by JCHD for the program.

Liability

JCHD acts as the fiscal agent only and is not responsible for any case management or care coordination or issues encountered by the Home Care Agency with clients. The Home Care Agency accepts full responsibility and liability for its employees and the services provided to clients. Any disputes or issues regarding the client's responsibilities must be resolved directly between the agency, the client, and the client's family or case manager. JCHD is released from all liability related to homemaker and home care aide services.

General Provisions

- **Termination**: Either party may terminate this Agreement upon providing written notice. In such case, JCHD will reimburse the Home Care Agency for any approved services provided prior to termination. The agreement will go into effect:
- **Compliance with Laws**: The Home Care Agency agrees to comply with all applicable federal, State of Iowa, and Jasper County laws, regulations, and policies in providing services under this Agreement.
- Indemnification: The Home Care Agency agrees to indemnify and hold harmless Jasper County, its officials, employees, and agents from any liability, loss, or damages arising from the Home Care Agency's provision of services under this Agreement.
- Entire Agreement: This Agreement sets forth the entire agreement between the Parties and supersedes all prior agreements or understandings between them in any related to the subject matter of this Agreement. It is further understood and agreed that the terms and conditions of this Agreement are contractual and are not a mere recital and that there are no other agreements, understandings, contracts, or representations between the Parties in any way related to the subject matter of this Agreement, except as expressly stated in this Agreement.

10. Miscellaneous

- Amendment: This Agreement may be amended by mutual written consent of both parties.
- Assignment: The Home Care Agency may not assign this Agreement or delegate its responsibilities without the prior written consent of JCHD.
- Entire Agreement: This Agreement constitutes the entire understanding between the parties with respect to the subject matter hereof.
- Certification of Authority to Sign Agreement The people signing on behalf of the parties to this Agreement certify by their signatures that they are duly authorized to sign this Agreement on behalf of the party they represent, and that this Agreement has been authorized by the party they represent.

11. Signatures

By signing below, the parties agree to the terms and conditions set forth in this Agreement.

Jasper County Health Department

By:

Name: Rebecca Pryor, signatory authority for the Jasper County Board of Health

Title: Administrator Date:

Home Care Agency

By:	
Name:	
Title:	
Date:	

Jasper County Emergency Preparedness Plan Memorandum of Understanding

This Memorandum of Understanding (hereafter "MOU") is entered into by and between the following Jasper County entities:

- Public schools in Jasper County include:
 - Baxter Community School District
 - Colfax-Mingo Community School District
 - Lynnville-Sully School District
 - Newton Community School District
 - PCM Community School District
 - Newton Christian School
 - Sully Christain School
- Jasper County Emergency Management Agency (EMA), hereafter referred to as EMA
- Jasper County Health Department (JCHD), hereafter referred to as Public Health
- MercyOne Newton Medical Center, hereafter referred to as Hospital

I. Purpose

The purpose of this MOU is to establish a cooperative framework for the coordination of resources, efforts, and actions in response to emergency situations that may impact the health, safety, and well-being of the community. This MOU aims to promote effective collaboration between EMA, Public Health, Hospital, and Schools during emergencies, including natural disasters, pandemics, public health crises, and other critical incidents.

II. Responsibilities and Roles

1. Schools:

- Provide access to the facilities and equipment upon request for emergency response operations.
- Designate a point of contact (POC) and maintain an updated contact list for emergency use.
- Ensure that emergency preparedness requests take priority over all other scheduled events.
- Allow the use of available resources, including telephone and internet connections, copier, fax machine, electrical outlets, utilities, tables, and chairs, at no cost to Jasper County.
- Assign staff to assist with initial setup and organization during emergency response efforts.
- Assist with transportation needs as warranted by the event.
- If applicable, assist in disseminating emergency communications to students, staff, and parents.

2. Jasper County EMA:

- Lead the overall coordination of emergency response activities, including the activation of the Emergency Operations Center (EOC) as needed.
- Ensure situational awareness and ongoing assessment of the emergency.
- Coordinate with Public Health, Hospital, and Schools to ensure an effective response.
- Coordinate with the Jasper County Sheriff's Office or another Law Enforcement partner to provide security for the facilities during emergency operations.
- Assist in efforts to seek financial reimbursement from outside sources in the event of a prolonged emergency.

3. Public Health (JCHD):

- Provide public health guidance and coordinate medical and public health resources during a crisis.
- Implement public health measures such as vaccination, quarantine, or isolation protocols when necessary.
- Assess the impact of emergencies on public health and provide mitigation strategies.
- Work in collaboration with Hospitals and EMA to manage medical needs during an emergency.
- Ensure the dissemination of health-related crisis communication to the public.

4. Hospital:

- Provide medical care, including emergency treatment, hospitalization, and triage, as needed.
- Support surge capacity by managing bed availability and staffing during emergencies.
- Maintain communication with EMA and Public Health regarding medical needs and available resources.
- Assist in mass casualty preparedness and response efforts, including medical assistance at designated facilities and triage areas.

• Provide back-up storage for emergency medical supplies if needed.

III. Communication and Coordination

- Each party agrees to maintain open and transparent communication throughout emergency situations.
- Each entity will designate a primary and secondary point of contact (POC) responsible for reporting relevant updates and information.
- Regular situational updates will be shared among the agencies via meetings, teleconferences, or other communication platforms.
- Collaborative decision-making will be implemented to ensure a unified approach to emergency response.

IV. Mutual Aid and Resource Sharing

- In the event of an emergency, all parties will provide mutual aid and share resources as necessary, including personnel, facilities, equipment, and medical supplies.
- EMA will facilitate the allocation of resources among the parties to ensure the efficient use of available assets.
- Schools may offer facilities for use like shelters or emergency centers, depending on the nature of the incident.

V. Training and Exercises

- All parties agree to participate in regular emergency management training and exercises to ensure readiness for emergency situations.
- Training may include tabletop simulations, disaster drills, and exercises to test coordination, communication, and resource sharing.
- After-action reports will be evaluated to make necessary improvements based on lessons learned from exercises and real-world incidents.

VI. Confidentiality and Information Sharing

- Each entity agrees to share the relevant data and information necessary for an efficient and effective response to emergencies.
- Confidential or sensitive information, including patient data, will be handled according to applicable privacy laws, such as HIPAA, and shared only on a need-to-know basis.
- Information regarding emergency response efforts will be disseminated to the public through appropriate channels, with clear coordination to avoid misinformation.

VII. Duration and Termination

- This MOU will remain in effect for a period of five years from the effective date and may be reviewed, renewed, or terminated by the mutual consent of all parties.
- Any party may terminate their participation in this MOU by providing 90 days' written notice to the other parties.
- In the event of an emergency, this MOU will remain in effect until the emergency is concluded and all parties agree that response efforts have been successfully concluded.

VIII. Indemnification and Liability

- Each party shall retain full responsibility and liability for its own actions and personnel.
- The parties shall hold harmless and indemnify each other from any claims, liabilities, or damages arising from the implementation of this MOU, except where due to negligence or misconduct.

IX. Governing Law

• This MOU shall be governed by and construed in accordance with the laws of the State of Iowa.

Effective Date: This agreement is effective when all organizations have signed the agreement and remains in effect until the designated review period or until terminated in accordance with Section VII.

X. Signatures

By signing this MOU, all parties agree to the terms and conditions set forth herein and commit to working together in the event of an emergency.

Baxter	Commu	nity	School	District
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Signati	ıre:	
Name:		
Title:		
Date:		

Colfax-Mingo Community School District

Signature:	
Name:	
Title:	
Date:	

Lynnville-Sully Community School District

Signature:	
Name:	
Title:	
Date:	

Newton Community School District

Signature:	
Name:	
Title:	
Date:	

Prairie City-Monroe Community School District

Signature	
Name:	
Title:	
Date:	

Newton Christian School

Signature:	
Name:	

Sully Christian School

Signature:		
Name:		
Title:		
Date:		

Title:	
Date:	
Jasper County Emergency Management Age	ncy
Signature:	
Name:	
Title:	
Date:	

Jasper County Health Department

Signature:	
Name:	
Title:	
Date:	

MercyOne Newton Medical Center (Hospital)

Signature:	
Name:	
Title:	
Date:	

Jasper County Health Department – DRAFT 3.11.2025 Outcomes for Decat Children's Safety Funds FY25/FY26

The Jasper County Health Department, in collaboration with its community partners, aims to ensure the safety of children in the county by providing families with the knowledge and resources needed to protect their children and create a safe environment. Our efforts will focus on strengthening and assisting families who have children 0-18 years old.

<u>Strategy:</u> Community and Neighborhood Networking: Promote cooperation and form alliances to provide more accessible and relevant informal and professional supports, services and resources for families whose children are at risk of abuse and neglect. There will annually be events for Car Seat Safety, Health Kids Day during Child Abuse Prevention Month with activities on children safety and child abuse prevention. We will also partner with the schools and community partners on Child Abuse Prevention Month activities.

Car Seat Safety Event:

Outcome: Increased Parental Knowledge: Parents will demonstrate increased knowledge of car seat safety and installation techniques through surveys. This will allow us to measure the effectiveness of the educational materials and hands-on assistance provided at car seat check events. Education on Car Seat Laws: Parents and caregivers will be educated on the difference between Iowa State Law and Best Practice in car seat safety, using educational pamphlets provided by the Iowa Department of Public Safety, Governor's Traffic Safety Bureau, and local law enforcement.

Car Seat Tracking:

- We will track the number of car seats installed by Child Passenger Safety Checklist during the car seat check events.
 - Targe Goal: Over 100 car seats in FY25 and FY26.
- Survey responses will be used to assess increased children safety and available resource knowledge.
 Target Goal: Increased parental knowledge.
 - Track how many people we encounter at Children Events.
 - Target Goal: 400 people

Method:

<u>Car Seat Safety Annual Event:</u> With the car seats for varying stages, we aim to support low-income, foster, or misinformed families in ensuring the safest car seats are available at car seat check events. Families will have the opportunity to make appointments to receive a car seat, if unavailable, during these events. Families Assisted: Families will receive hands-on assistance from Certified Passenger Safety (CPS) Technicians in correctly installing the safest car seat for their child.

Healthy Kids Day and Child Abuse Prevention Month:

Outcome: Increased Parental Knowledge: Parents will demonstrate increased knowledge of child abuse prevention, child safety, and available resources in the community.

Tracking:

- The number of participants at the annual Healthy Kids Day at the Newton YMCA. We anticipate at least 200 parents, caregivers, and children will attend events each year held during Healthy Kids Day and for Child Abuse Prevention Month.
- Event Attendance & Survey Data: Attendance at the events will be tracked digitally with a goal of 200 participants per year. A survey will be used to assess attendees' understanding of child abuse prevention.
- Survey will also evaluate whether parents feel more equipped to protect their children from abuse and communicate safety measures effectively.

Method:

<u>Child Abuse Prevention Bags Distributed:</u> Families will receive child abuse prevention bags containing educational materials on preventing abuse, along with safety items for their children. Families will participate in a brief survey at the event, and upon completion, be entered into a raffle for a child abuse prevention bag and a water bottle. The survey will also assess how effective the event was in raising awareness of child abuse prevention and children's safety.

Other Child Abuse Prevention Month Activities

1. <u>Local elementary schools</u> will receive a child abuse prevention picture banner, allowing children to have their photo taken to share with their families, starting important conversations about child abuse prevention.

Outcome: Increased awareness about Child Abuse.

Tracking: Number of children reached with educational materials.

Target Goal: Projected to be 2200 children in grades 1-4 in Jasper County 5 districts.

2. <u>Pinwheel Gardens Awareness:</u> Pinwheel gardens will be tracked for visibility and engagement in the community, and feedback will be gathered to measure how many people noticed the gardens and if they connected them to child abuse prevention. Educational information about Child Abuse Prevention will be given at a Jasper County Cares meeting.

Outcome: Number of Pinwheels distributed and number of pin wheel gardens.

Jasper County Cares Coalition: Educational information and awareness about Child Abuse Prevention.
 <u>Outcome:</u> Increased awareness about Child Abuse.

Tracking: Number of people that respond to a survey about increased awareness of Child Abuse.

Date: 3/11/2025

PROGRAM NAME: Child Safety Program

CONTACT PERSON: Becky Pryor, Administrator

Description of Expense		Budget Request FY25 (4/2/25-6/30/25)	Budget Request FY26 (7/1/25- 6/30/26)	
1. DIRECT Program Staff Salaries & Personnel Benefits:				
List Position & Staff Name, Annual Salary/Hr Rate, Benefit rate, % Time Devoted to pro	ject			
Assistant, Melissa Gary, \$23.69 hr, 53% fringe, 50 hours per FY, 2%				
	Subtotal \$	\$ 1,812.00	\$	1,812.00
2. CONTRACTED Staff: (Sub-contract with another entity to assist with program implementation) List Service and associated Fee/Cost/FTE				
	Subtotal	\$-	\$	-
3. Travel: Must comply with State of Iowa travel policies and rates. Mileage and Travel costs to attend Training (e.g. meals, lodging, airfare, etc) <u>Please NOTE</u> : Meals can not be reimbursed unless travel includes an overnight stay.				
Current reimbursement rate not to exceed state rate of 50 cents/mile Travel to locations for programming		\$-	\$	-
	Subtotal \$	\$ -	\$	-
4. Strengthening Families Training and Certification Provide detailed inform	nation.			
(Registration/material fees for Trainings directly related to Program Services) Not for Travel.				
Initial Training		\$-	\$	-
Recertification		\$-	\$	-
Training Materials		\$-	\$	-
	Subtotal \$	\$ -	\$	-
5. Office Supplies: (Materials used in or for the office)		\$ 5,875.00		
Car seats, sunscreen, safety kids, first aid kits, bags for events, paper- detailed list available			\$	-
	Curk to tal t	¢ 5.075.00	¢	
6. Family Assistance Funds/Gift Card Incentive: Provide details. Use should be mir	Subtotal \$	\$ 5,875.00	\$	-
NOT eligible: restaurants, prepared meals, any deposits and other items disallowed by HHS. <u>Maximum is 5% of total budget</u>	innai.			
20 \$25 Kwik Star Fuel Card		A AFAAA		
To help with trasportation to Healthy Kids Day and other safety e	Subtotal	\$ 250.00	\$	250.00
7. Other: Program expenses that don't fit in another category		•	•	
Costs associated with training locations		\$-	\$	-
	Subtotal	\$-	\$	-
8. Total of Sections 1-7 Budget Request	SUBTOTAL	\$ 7,937.00	\$	2,062.00
9. INDIRECT Administration Costs (Common agency expenses not attributable to any Maximum is 10% of Line 8 above.	1 program)			
	Subtotal \$	\$ -	\$	-
		\$		9,999.00
(not to exceed total	grant award)			

Jasper Co. Health Dept FY2	July 1, 2024- June 30, 2025							
Public Health	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Communicable Disease	5	3	4	7	10	8	7	7
TB medication per day	31	31	30	31	56	62	90	69
Immunization given	5	86	27	25	16	6	3	4
School Audits			1966	3414				
Daycare Audits			321	229	256			
Health Fair/Com Ed/Cares # approx.	27	56	91	3990	713	575	473	452
Car seat installed	2	2	0	4	3	6	0	1
Promotions/Outreach								
Instagram impressions	23	231	123	133	233	175	192	244
Instagram followers	509	512	514	519	517	518	517	515
Facebook impressions: JCHD + Cares	14118	41221	17807	136658	17269	15949	28008	30843
Facebook followers: JCHD + Cares	5105	5150	5162	5194	5201	5224	5218	5224
Twitter followers	239	239	240	240	233	222		
Media-articles, ad, mentions	6	9	8	4	7	5	12	5
Media reach: appr./15,000	90000	135000	120000	60000	105000	75000	180000	75000
Website reach	406	617	492	746	340	410	587	742
Home Care Aide - reimbursement								
Total Clients	7	7	6	6	6	6	6	6
Claims paid in month	\$1,820	\$2,310	\$1,960	\$1,680	\$1,960	\$1,540	\$1,680	\$1,750
Referrals Made								
# referrals- on grant tracker form	10	21	74	127	86	124	81	129
Grant billed								
Local Public Health Services	\$18,191	\$18,926	\$17,238	\$21,629	\$10,956			
Emergency Prep- PHEP	\$5,059	\$1,967	\$1,655	\$1,227	\$1,799	\$0	\$2,330	\$2,672
Immunization grant	\$882	\$3,048	\$4,076	\$3,194				
Other funding	\$500							
Total billed for month	\$24,632	\$23,940	\$22,969	\$26,051	\$12,755	\$0	\$2,330	\$2,672





Think Measles

Consider measles in any patient presenting with a febrile rash illness, especially if unvaccinated for measles or traveled internationally in the last 21 days.

Measles Symptoms

- High Fever
- Cough
- Coryza (runny nose)
- Conjunctivitis (red, watery eyes)

- Maculopapular Rash
 - Typically appears 2-4 days after symptoms begin.
 - Begins at hairline, spreads downward, to face, neck, and trunk.
 - Rash appears red on light complexions, but may be harder to see or appear as purple or darker than surrounding skin on dark complexions.

2 Pre-Visit Telephone Triage

- For those reporting measles symptoms, assess the risk of exposure:
 - $\circ~$ Are measles cases present in your community?
 - Did the patient spend time out of the country in the 21 days before symptom onset?
 - $\,\circ\,$ Has the patient ever received the MMR vaccine?

3 Patients Presenting with Suspected Measles

- Provide face masks to patients (2 years of age and older) and family before they enter the facility. Patients unable to wear a mask should be "tented" with a blanket or towel when entering the facility.
- Immediately move patient and family to an isolated location, ideally an airborne infection isolation room (AIIR) if available. If unavailable, use a private room with the door closed.
- No other children should accompany a child with suspected measles.
- Patients (2 years of age and older) and family should leave face masks on if feasible.

4 Infection Prevention Precautions

Only health care providers with immunity to measles should provide care to the patient and family. Standard and airborne precautions should be followed, including:

- Use of a fit tested NIOSH-approved N95 or higher-level respirator.
- Use of additional PPE if needed for task (e.g., gloves for blood draws).
- Cleaning hands before and after seeing the patient.
- Limiting transport or movement of patients outside of room unless medically necessary.

5 Public Health Notification

- To ensure rapid investigation and testing with contact tracing, notification should occur immediately upon suspicion of measles. Public health departments will be able to help confirm vaccination history for U.S. residents, provide guidance on specimen collection and submission, and manage contacts of confirmed cases.
- Acute care facilities should immediately notify the hospital epidemiologist or infection prevention department.
- Outpatient settings should immediately notify local or state health departments.
- Visit CSTE for reporting contact information: <u>https://www.cste.org/page/EpiOnCall</u>

6 Clinical Care

- People with confirmed measles should isolate for four days after they develop a rash.
- If an AIIR was not used, the room should remain vacant for the appropriate time (up to 2 hours) after the patient leaves the room.
- Standard cleaning and disinfection procedures are adequate for measles virus environmental control.



Project Firstline is a national collaborative led by the U.S. Centers for Disease Control and Prevention (CDC) to provide infection control training and education to frontline healthcare workers and public health personnel. American Academy of Pediatrics is proud to partner with Project Firstline, as supported through Cooperative Agreement CDC-RFA-OT18-1802. CDC is an agency within the Department of Health and Human Services (HHS). The contents of this flyer do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.

- Triage should only be completed by a clinically trained person.
 If patient will be seen in the office, provide instructions on face
- masks for patient (2 years of age and older) and family.
- Instruct to arrive to a side or back entrance instead of the main entrance.