



**PUBLIC HEALTH BOARD MEETING**  
735 S 200 W, Blanding, Utah 84511. Conference Room  
April 20, 2023 at 12:00 PM

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**AGENDA**

You may join this meeting via Google Meet at the  
Video call link: <https://meet.google.com/aaj-mzqz-ira>  
Or dial: (US) +1 218-288-2632 PIN: 242 877 072#

**CALL TO ORDER**

**APPROVAL OF MINUTES & AGENDA**

**PUBLIC COMMENT**

**BUDGET UPDATE**

1. Presentation of Budget Update by Tyler Ketron, Business Manager

**INFORMATIONAL/RECOGNITION ITEMS**

2. Notice of Upcoming Meetings and Trainings:
  - April 26-27, 2023: Utah Association of Local Boards of Health Symposium in Midway, Utah
  - May 11-12, 2023: Regional Health Equity Conference in Cedar City, Utah

**DIRECTOR'S REPORT**

3. Presentation of San Juan Public Health Annual Report Content
  - A more complete and polished version will be presented to the Board in person

**BUSINESS ACTION ITEMS**

4. Consideration and Ratification of Reappointment of Lois Young to Represent the Town of Bluff on the San Juan County Board of Health
  - The Town of Bluff has re-appointed Lois Young to the San Juan County Board of Health
  - The Board can vote to submit this to the County Commission for ratification
5. Nomination and Approval of Vice Chair
6. Discussion and Approval of Contract Signing Process

- Contract amendments with minimal changes are sent to Commission directly for signature to expedite process. Summary of amendments are provided to the Board at the following meeting.
- New contracts are presented to the Board for discussion and approval prior to sending to the Commission for signature.

7. Discussion and Approval of San Juan County Health Department Environmental Service Delivery Plan FY2024 by Grant Sunada, Public Health Director
8. Discussion and Approval of San Juan County Health Department Public Health Infrastructure - 2023 Contract by Grant Sunada, Public Health Director
9. Discussion and Approval of Budget and Supporting Positions for Monticello Cancer Screening Program
10. Confirm Time and Location for Next Board Meeting

## **ADJOURNMENT**

**\*\*In compliance with the Americans with Disabilities Act, persons needing auxiliary communicative aids and services for this meeting should contact the San Juan County Clerk's Office: 117 South Main, Monticello or telephone 435-587-3223, giving reasonable notice\*\***

San Juan Public Health Department  
Monthly Expenditure Report

Summary Statement of Expenditures

February 2023



Contract Name and Number Health Department Contracts					Salaries & Wages	Fringe Benefits	Current Expenses	Travel	Capital Outlay	Total Expenditures	Collections	Net Expenditures	Administrative Costs
State ID	Dept ID	CFDA	Contract Dates	Name									
192700359	5081	93.493	9/30/22 - 9/29/23	EPICC 1807	\$ 235.82	\$ 154.43	\$ 19.05	\$ 0.84	\$ -	410.14	-	410.14	\$ 85.53
192700359	5082	93.426	6/30/22 - 6/29/23	EPICC 1815 Cat A	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
192700359	5083	93.426	6/30/22 - 6/29/23	EPICC 1815 Cat B	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
192700359	5084	93.435	9/30/22 - 9/29/23	EPICC 1817 Cat A	\$ 1,124.73	\$ 736.59	\$ 90.86	\$ 4.02	\$ -	1,956.20	-	1,956.20	\$ 407.98
192700359	5085	93.435	9/30/22 - 9/29/23	EPICC 1817 Cat B	\$ 108.86	\$ 71.25	\$ 8.79	\$ 0.39	\$ -	189.29	-	189.29	\$ 39.49
222700549	5071	93.994	10/1/22 - 9/30/23	MCH Injury	\$ 519.93	\$ 341.62	\$ 42.00	\$ 1.86	\$ -	905.41	-	905.41	\$ 188.59
222700549	5075	93.136	9/1/22 - 8/31/23	Overdose Data to Action	\$ 599.37	\$ 393.84	\$ 48.42	\$ 59.78	\$ -	1,101.41	-	1,101.41	\$ 217.42
212700505	5121, 512	93.994	10/1/22 - 9/30/23	MCH Block Grant	\$ 1,584.16	\$ 1,077.56	\$ 136.34	\$ 43.97	\$ -	2,842.03	-	2,842.03	\$ 543.63
182700583	5220	93.994	10/1/22 - 9/30/23	CSHCN	\$ 78.02	\$ 40.82	\$ 6.71	\$ 2.16	\$ -	127.71	-	127.71	\$ 26.77
202700576	5210	93.116	1/1/22 - 12/31/22	TB Elimination	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
192700666	5141	93.977	10/1/21 - 12/31/22	STD Prevention	\$ 211.59	\$ 144.25	\$ 18.21	\$ 5.87	\$ -	379.92	-	379.92	\$ 72.61
182700665	5144	93.940	1/1/22 - 12/31/22	HIV Prevention	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
192701007	5182	State	7/1/22 - 6/30/23	State Immunization	\$ 1,031.37	\$ 705.39	\$ 88.76	\$ 28.62	\$ -	1,854.14	-	1,854.14	\$ 353.93
192701007	5181	93.268	7/1/22 - 6/30/23	Federal Immunization	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
212701519	5298	93.268	07/01/20 - 06/30/24	COVID-19 Vaccine - Vulnerable Pop.	\$ 1,270.81	\$ 869.13	\$ 109.36	\$ 35.26	\$ -	2,284.56	-	2,284.56	\$ 436.10
212701519	5299	93.268	07/01/20 - 06/30/24	COVID-19 Vaccine - Non-Vulnerable Pop	\$ 69.75	\$ 48.34	\$ 6.00	\$ 1.94	\$ -	126.03	-	126.03	\$ 23.93
212702557	5810	State	7/1/22 - 6/30/23	Minimum Performance	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
182700796	5740	State	7/1/22 - 6/30/23	LHD Environmental	\$ 3,225.24	\$ 2,170.21	\$ 290.36	\$ 706.27	\$ -	6,392.08	345.00	6,047.08	\$ 967.02
182700817	5780	State	7/1/22 - 6/30/23	Utah Indoor Clean Air Act	\$ 48.86	\$ 32.87	\$ 3.26	\$ 4.11	\$ -	89.10	-	89.10	\$ 14.64
182700911	5720	10.559	7/1/22 - 6/30/23	Summer Food	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
152700491	5112	10.557	10/1/22 - 9/30/23	WIC Client Services	\$ 2,677.57	\$ 1,813.19	\$ 230.43	\$ 74.31	\$ -	4,795.50	-	4,795.50	\$ 918.86
152700491	5116	10.557	10/1/22 - 9/30/23	WIC Tech	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
152700491	5111	10.557	10/1/22 - 9/30/23	WIC Admin	\$ 1,098.53	\$ 750.97	\$ 94.54	\$ 30.46	\$ -	1,974.50	-	1,974.50	\$ 377.00
152700491	5113	10.557	10/1/22 - 9/30/23	WIC Nutrition	\$ 1,253.66	\$ 855.86	\$ 107.89	\$ 34.80	\$ -	2,252.21	-	2,252.21	\$ 430.22
152700491	5114	10.557	10/1/22 - 9/30/23	WIC Breastfeeding	\$ 341.74	\$ 230.25	\$ 29.41	\$ 9.48	\$ -	610.88	-	610.88	\$ 117.28
152700491	5115	10.557	10/1/22 - 9/30/23	WIC Peer	\$ 173.06	\$ 39.51	\$ 14.90	\$ 4.80	\$ -	232.27	-	232.27	\$ 59.38
222700181	5310	93.069	7/1/22 - 6/30/23	PHEP Preparedness	\$ 5,470.41	\$ 3,463.41	\$ 1,066.12	\$ 538.24	\$ -	10,538.18	-	10,538.18	\$ 2,093.03
212700217	5061	State	7/1/22 - 6/30/23	Tobacco Prevention	\$ 1,936.91	\$ 1,306.85	\$ 156.46	\$ 67.18	\$ -	3,467.40	-	3,467.40	\$ 702.57
212700217	5062	State	7/1/22 - 6/30/23	Tobacco Comp Checks	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
212700217	5063	State	7/1/22 - 6/30/23	E-CIG Enforcement	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
212700217	5064	State	7/1/22 - 6/30/23	E-CIG Grants	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
212700217	5065	State	7/1/22 - 6/30/23	Tobacco Comprehensive	\$ 268.70	\$ 182.24	\$ 21.70	\$ 0.96	\$ -	473.60	-	473.60	\$ 97.46
202700508	5022	93.323	8/1/22 - 7/31/23	Epidemiology (Cross-Cutting EPI)	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
202700508	5340	93.323	8/1/22 - 7/31/23	EPI Prion Disease	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
202700508	5341	93.323	8/1/22 - 7/31/23	EPI VPD (Vaccine Prevent Diseases)	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
212702454	5193	State	7/1/22 - 6/30/23	Home Visiting - PAT	\$ 3,705.56	\$ 2,389.53	\$ 318.89	\$ 102.84	\$ -	6,516.82	-	6,516.82	\$ 1,271.63
212701581	5090	State	1/1/22 - 12/31/22	BRIC - Building Resilient Inclusive Comm	\$ 399.10	\$ 261.38	\$ 32.24	\$ 1.43	\$ -	694.15	-	694.15	\$ 144.77
212700118	5311	93.069	7/1/22 - 6/30/23	PHEP Carryover	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
212702391	5280	93.323	1/15/21 - 7/31/23	EED - Infection Prevention & Control	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
212702391	5281	93.323	1/15/21 - 7/31/23	EED - Epidemiology	\$ 3,522.16	\$ 1,850.07	\$ 336.42	\$ 125.26	\$ -	5,833.91	-	5,833.91	\$ 1,208.70
212702391	5282	93.323	1/15/21 - 7/31/23	EED - Vulnerable Populations Outreach	\$ 1,047.92	\$ 692.19	\$ 84.65	\$ 3.74	\$ -	1,828.50	-	1,828.50	\$ 380.11
212702391	5283	93.323	1/15/21 - 7/31/23	EED - Community Health Workers	\$ 1,715.18	\$ 1,143.74	\$ 138.55	\$ 9.41	\$ -	3,006.88	-	3,006.88	\$ 622.14
212702391	5284	93.323	1/15/21 - 7/31/23	EED - Contact Tracing/Vaccine Admin	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
212702391	5285	93.323	1/15/21 - 7/31/23	EED - ELC Coordinator	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
212702391	5286	93.323	1/15/21 - 7/31/23	EED - COVID Personnel/Flexible Funds	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
212702391	5287	93.323	1/15/21 - 7/31/23	EED - Monkeypox	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
222700144	5296	93.391	8/2/21 - 5/31/23	COVID-19 Health Disparities	\$ 4,814.18	\$ 3,259.48	\$ 388.89	\$ 19.81	\$ -	8,482.36	-	8,482.36	\$ 1,746.24
222700398	5077	93.197	10/1/21 - 9/30/22	Childhood Lead Poisoning Prevention	\$ 406.93	\$ 275.00	\$ 32.87	\$ 1.45	\$ -	716.25	-	716.25	\$ 147.60
222700714	5335	93.354	9/1/21 - 6/30/23	Crisis Response Workforce Supplemental	\$ -	\$ -	\$ 2,010.00	\$ -	\$ -	2,010.00	-	2,010.00	\$ -
222700549	5078	93.184	10/1/22 - 7/31/23	People with Mobility Limitations and Intell	\$ 68.90	\$ 46.72	\$ 5.57	\$ 0.25	\$ -	121.44	-	121.44	\$ 25.00
222700489	5040	93.991	10/1/22 - 9/30/23	Preventative Block Grant	\$ 1,445.41	\$ 965.07	\$ 116.76	\$ 127.65	\$ -	2,654.89	-	2,654.89	\$ 524.29
192700666	5140	93.977	1/1/22 - 12/31/22	DIS Workforce	\$ 2,162.91	\$ 1,474.08	\$ 186.14	\$ 60.03	\$ -	3,883.16	-	3,883.16	\$ 742.25
222700549	5079	93.136	1/1/22 - 7/21/22	Suicide Prevention	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
Sub Total Health Department Contracts					\$ 42,636.92	\$ 27,798.40	\$ 6,242.24	\$ 2,107.74	\$ -	\$ 78,785.30	\$ 345.00	\$ 78,440.30	\$ 14,992.90

San Juan Public Health Department  
Monthly Expenditure Report

Summary Statement of Expenditures



February 2023

Contract Name and Number

Non-Contract Expenditures				Salaries & Wages	Fringe Benefits	Current Expenses	Travel	Capital Outlay	Total Expenditures	Collections	Net Expenditures	Administrative Costs
Non Contract	5073	Other	Utah Poison Control	\$ 137.79	\$ 93.44	\$ 11.13	\$ 0.49	\$ -	\$ 242.85	\$ -	\$ 242.85	\$ 49.98
Non Contract	5012	Local	Local Expenses	\$ 6,225.00	\$ 1,475.00	\$ 1,913.50	\$ -	\$ -	9,613.50	-	9,613.50	\$ -
Non Contract	5510	Other	DEQ Air Quality	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
Non Contract	5520	Other	DEQ DERR	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
Non Contract	5540	Other	DEQ Solid Waste	\$ -	\$ -	\$ -	\$ 167.68	\$ -	167.68	-	167.68	\$ -
Non Contract	5560	Other	DEQ Drinking Water	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
Non Contract	5570	Other	DEQ District Engineer	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
Non Contract	5620	Other	DEQ Water Quality	\$ 2,541.11	\$ 1,709.86	\$ 169.67	\$ 213.79	\$ -	4,634.43	-	4,634.43	\$ 761.88
Non Contract	5013	Other	Vital Records	\$ 776.84	\$ 540.60	\$ 66.20	\$ 2.93	\$ -	1,386.57	1,149.00	237.57	\$ 297.23
Non Contract	5192	Other	TCM	\$ -	\$ -	\$ -	\$ -	\$ -	-	910.32	(910.32)	\$ -
Non Contract	5760	Other	Highway Safety	\$ 392.72	\$ 266.35	\$ 31.72	\$ 1.40	\$ -	692.19	-	692.19	\$ 142.44
Non Contract	5710	Local	Wellness	\$ 371.31	\$ 90.76	\$ -	\$ -	\$ -	462.07	-	462.07	\$ -
Non Contract	5315	Local	PHEP County Match	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
Non Contract	5120	Other	Substance Use and Pregnancy	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	\$ -
Non Contract	5765	Other	Safe Kids Utah	\$ 68.79	\$ 45.06	\$ 5.86	\$ 0.26	\$ -	119.97	-	119.97	\$ 26.32
	0			#N/A	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	#N/A
<b>Sub Total Non-Contract Expenditures</b>				<b>\$ 10,513.56</b>	<b>\$ 4,221.07</b>	<b>\$ 2,198.08</b>	<b>\$ 386.55</b>	<b>\$ -</b>	<b>\$ 17,319.26</b>	<b>\$ 2,059.32</b>	<b>\$ 15,259.94</b>	<b>\$ 1,277.85</b>
<b>Grand Total</b>				<b>\$ 53,150.48</b>	<b>\$ 32,019.47</b>	<b>\$ 8,440.32</b>	<b>\$ 2,494.29</b>	<b>\$ -</b>	<b>\$ 96,104.56</b>	<b>\$ 2,404.32</b>	<b>\$ 93,700.24</b>	<b>\$ 16,270.75</b>
<b>Administrative Costs</b>				<b>\$ 7,595.85</b>	<b>\$ 4,891.19</b>	<b>\$ 3,623.52</b>	<b>\$ 160.19</b>	<b>\$ -</b>	<b>\$ 16,270.75</b>			

I certify that the above summary of monthly expenditures is accurate to the best of my knowledge.

HEALTH DIRECTOR: *[Signature]*

DATE: 3/21/2023

REVIEWED: NAME & TITLE \_\_\_\_\_

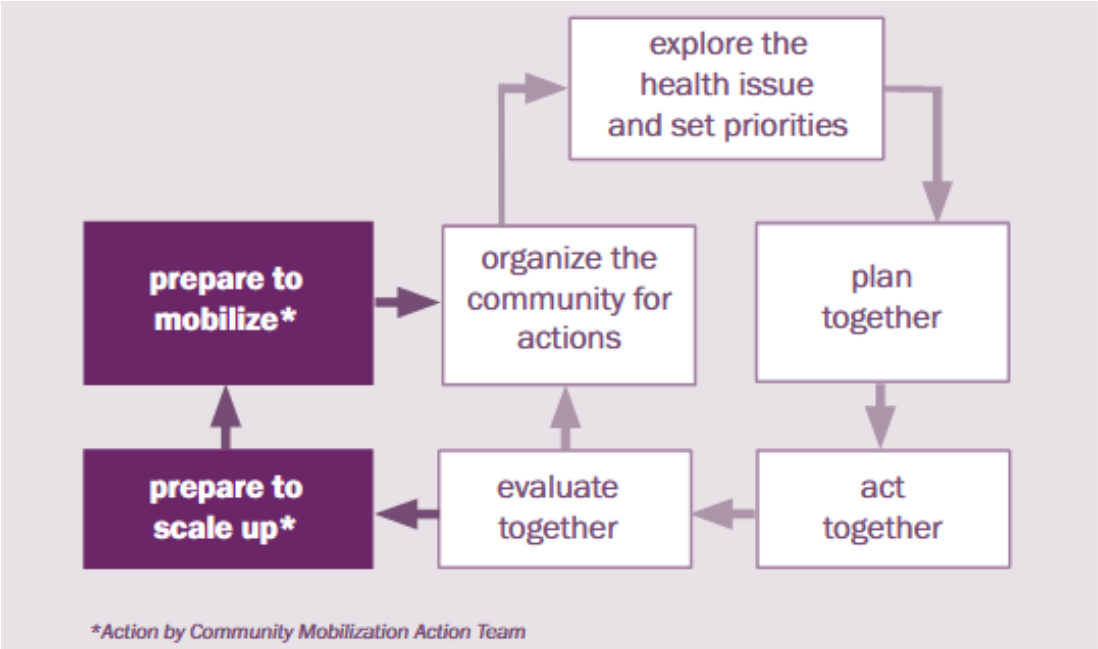
DATE: \_\_\_\_\_

## 2021-2022 SJPH Annual Report Draft (28 Pages)

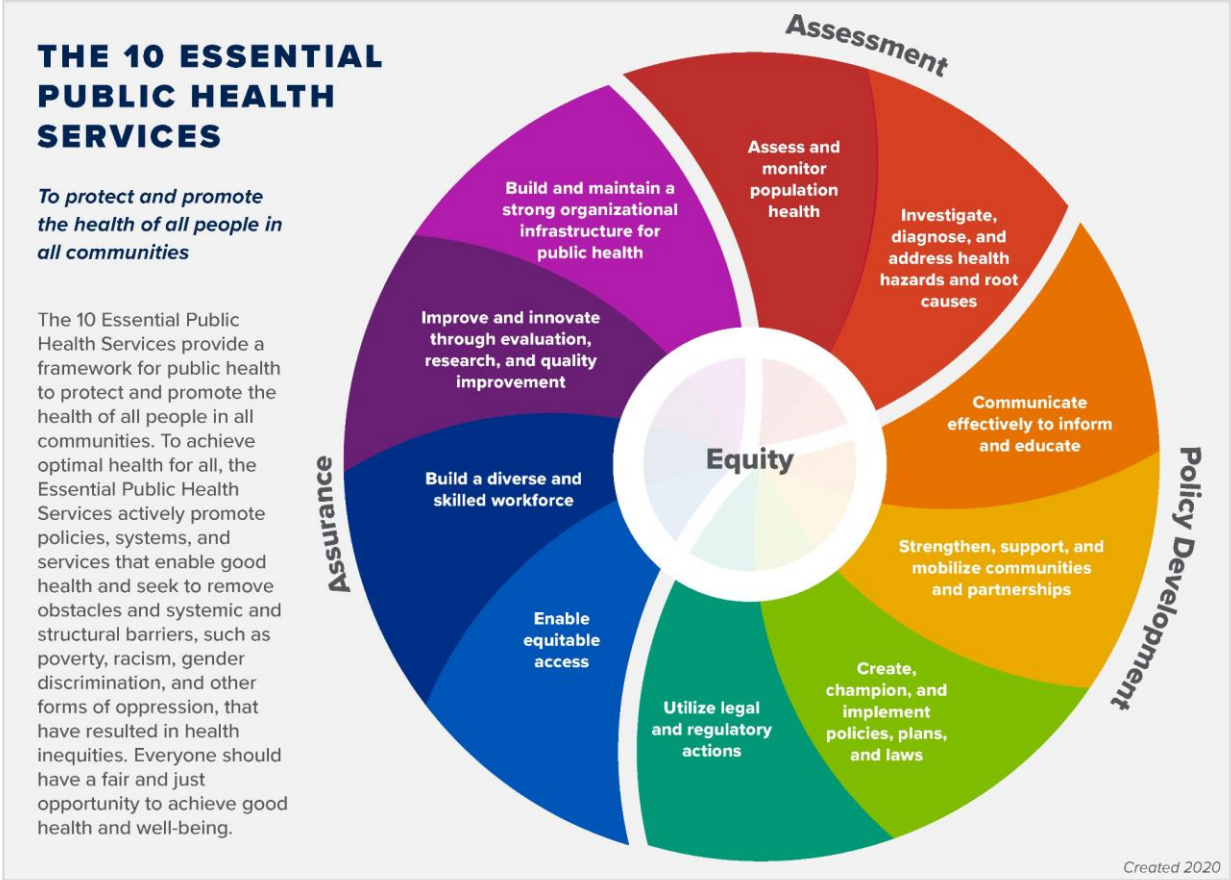
- Title Cover
- Contents



- Director's Message
  - During 2022, my first full year as Public Health Director, our team strived to learn from the wisdom of the eagles. This included “Three Early Birds” protecting their nest from severe cases of COVID-19 through (1) Early Prevention, (2) Early Detection, and (3) Early Treatment.
  - We also worked with our partners in the community to strengthen each other's nests. We revived efforts that had previously gone dormant since facing the pandemic had taken so much of our time and resources. This report highlights some of those resilient and creative efforts that I am proud to have seen my staff participate in.
  - We also began what I hope to be an ongoing Community Action Cycle that coincides with the Four Directions:
    - First, we organize with the community to understand resources and priorities. This included a community survey whose results are summarized in this report.
    - Second, we assess together. This includes discussing existing data with the community to understand what, and even map where, our strengths and challenges are.
    - Third, we act together. I hope that what we share of both our data and past actions here can increase our momentum in 2023.
    - Fourth, we evaluate together. Taking time to reflect to look back on our growth and lessons learned can help us soar the next time we go through the cycle.



- Our team reflected on what drives us to protect and promote health across our beautiful county. These reflections took shape in the form of our new Shared Values and Mission Statement which you will see at the end of this report.
- This is driving us toward a local, strategic, and sustainable public health approach, unique to San Juan County, in 2023. We plan to increase access to services across the county, improve our partnerships, strategically seeking continued and new funding sources, and building our capacity and skills as part of the Community Action Cycle.
- Introduction to Public Health



- Board of Health
  - Revina Talker, Board Member, Monument Valley/Navajo Mountain
  - Ron Skinner, Monticello City
  - Trent Herring, Chair, Blanding City
  - Lois Young, Board Member, Bluff Township rep
  - Suzette Morris, Board Member, White Mesa
  - Jamie Harvey, San Juan County Commissioner
  - Sylvia Zhonnie, Board Member, Montezuma Creek, Aneth



Gary Suttlemyre: Recognition of 35 years on the Local Board of Health



- Department Staff ([photos](#))
- Financial Report
  - The Public Health Department has a \$1.98 million 2023 budget funded by the Local Public Health Fund (2.7%), fees (1.8%), and state/federal contracts (95.5%).
- County Health Snapshot
  - Evidence of where San Juan County is better and worse than the rest of Utah
  - Investigations
    - San Juan Public Health now has a local Epidemiologist who documents the burden of disease, community health needs, and related risk factors and trends; investigates reportable infectious diseases (including 1,831 cases of COVID-19 and 90 cases of other diseases in 2022); and partners with clinics, hospitals, schools, law enforcement, tribes, and coalitions. This also includes hosting a monthly County Epidemiology Meeting to help discuss and prepare to address the latest in local health trends.
- Vital Records
  - The Department is also the local registrar for Vital Records and processed 334 requests for birth and death certificates for individuals and the mortuary in 2022.
- Environmental Health:
  - Water Quality
    - Drinking Water: San Juan Public Health's Environmental Director works with the State of Utah and the Department of Environmental Quality to inspect drinking water systems at public campgrounds, schools and municipalities in San Juan County ensuring regulations are followed and safeguarding the health of residents and visitors alike.
    - Waste Water: All septic waste water systems in San Juan County are inspected and permitted by San Juan Public Health. In 2022 the Environmental Director conducted 74 septic systems inspections, permit provisions, and recertifications. In addition to inspections, records of septic systems within the county are maintained and provided to residents upon request.
    - Water Quality: One of the many responsibilities of San Juan Public Health is monitoring water quality issues associated with specific public health concerns. Lakes, rivers, streams, ground water, standing water, surface water, etc. are monitored for possible problems associated with E. Coli, Harmful Algal Blooms and other public health concerns.
  - Environmental Quality
    - Air Quality - Works in conjunction with the Division of Air Quality to ensure compliance and address air quality issues.
    - Waste Management (remove tire photo - replace with used oil): In an effort to protect the public and the environment from exposure to contamination caused by the improper treatment, storage and disposal of



waste, San Juan Public Health ensures compliance with waste management regulations including, hazardous waste, radiation control, solid waste, and used oil.

- Response and Remediation: San Juan Public Health is charged with protecting the public health of San Juan County's environment through investigating chemically contaminated sites to ensure proper cleanup. We coordinate with the Department of Environmental Quality who inspects underground gasoline and other storage tanks to ensure proper use.
  - Food Service & Health:
    - Protecting the citizens and visitors of San Juan County by enforcing food safety regulations is a primary role of San Juan Public Health. These inspections were performed regularly to prevent exposure to foodborne illness and enhance food safety for the public.
    - Food Handler and Food Service Permits: To ensure that food is handled appropriately for the safety of the public, San Juan Public Health requires all individuals preparing, serving, or handling food in or around a food service establishment or mobile food unit (whether the individuals are compensated or not) to receive adequate food service training, either as a certified food handler or as a certified food safety manager. Food Handler Permits are obtained by taking an approved Utah Food Handler Training course. There are some approved on-line vendors for taking the course. In 2022, 224 trained food handlers and 47 food service establishments were permitted.
  - Health Inspections: The Environmental Health Director regularly inspects day-care facilities, swimming pools, hotels and motels to protect the public from possible health hazards. Public swimming pools and hot-tubs are inspected monthly. Residential and commercial day care facilities are inspected and issued permits. Regular inspections are conducted at hotels and motels. Anyone wishing to operate body-art, cosmetology, or tanning facilities in San Juan County are subject to inspection by and must have a permit from the health department. These permits and regular inspections help ensure that our public is safe and protected from diseases and hazardous agents commonly spread in such facilities.
- Nursing Services
  - WIC: Women, Infant, and Children is a nutrition program that helps families learn about healthy eating through nutrition education, counseling, nutritious foods, and help accessing health care. These services are provided to low-income women, infants, and children, including 215 participants in 2022. Potential WIC mothers were interviewed to understand what would help them participate in WIC. A goal for 2023 is to improve access to WIC services for additional parts of the county and through increased collaboration with healthcare providers.
  - Home Visiting: Our nurses began the Parents-As-Teachers home visiting program in 2018. They provide services to parents and children up to age three.

During each visit parents receive training and resources to help them be the best parents they can be. In 2022 San Juan Public Health nurses taught 124 home visiting lessons. Activity packets, including books and educational handouts, were dropped off monthly. The needs of the families were assessed and referred to resources as necessary.

- Community Breastfeeding Classes: Two of our public health nurses are International Board-Certified Lactation Consultants. They, along with three Breastfeeding Peer Counselors, support breastfeeding for pregnant women, postpartum mothers, and their newborns in monthly community classes and through in-person contact.
- Perinatal Mental Health: The Moms Mental Health Program hosts virtual 10-week skills classes for expecting and new mothers. The WIC team administered 73 maternal mental health screenings during WIC appointments.
- Children with Special Healthcare Needs: The need for specialty pediatric evaluative and diagnostic care in rural Utah is enormous, and San Juan County is no exception. San Juan Public Health (SJPH) partnered with Integrated Services Program for Children with Special Health Care Needs (ISP), to serve our community by providing direct clinical services in Blanding. A contract between ISP and SJPH established a local care coordinator position to provide direct care coordination and intake, triage, and scheduling for direct service clinics throughout the year. While serving the children San Juan County, we have found that 72% of the children referred to us for clinical or care coordination services have been diagnosed with or are suspected of having Autism Spectrum Disorder, with the other 28% having concerns for behavioral issues, such as ADHD/anxiety; intellectual disability; speech delay; and sleep disorders.
- Emergency Preparedness & COVID-19 Crisis Workforce
  - Public Health Emergencies can arise through acts of nature such as earthquakes or disease outbreaks, accidents like hazardous chemical spills, or acts of violence such as bioterrorism. These incidents usually directly impact public health and typically occur without warning. San Juan Public Health aims to reduce the harmful effects that may result from these emergencies. Our goal is to prevent harm. When that is not possible, we aim to limit the damage it may cause to you and your family. Our emergency planning and preparation begins with local partners, such as the San Juan County Office of Emergency Management and local hospitals, tribes, and health care providers.
  - In the event of an emergency that affects the health of our community, our responsibility is to:
    - Identify ways to reduce health risks, including the use of vaccinations and medications;
    - Investigate and work to stop the spread of infectious diseases;
    - Provide local health care providers with urgent health information, treatment guidelines, and access to vaccinations and medication;
    - Communicate important health information and advice to the public;

- Assist agencies in hazardous material spills; and
    - Help state and federal agencies monitor air, food, and water supplies to ensure they are safe.
  - During 2022, our emergency preparedness staff continued in their response to COVID-19.
    - We helped support the community and local partners by providing personal protective equipment, COVID-19 testing kits, in-clinic testing, and vaccination clinics.
    - Our staff has also been building resiliency and capacity to support our response efforts in the face of future public health emergencies by improving processes based on lessons learned, training and exercises, and attending Local Emergency Planning Committee meetings.
- Health Promotion & Education Activities in 2022
  - A partnership with the Town of Bluff and the Utah Food Bank has helped address the increased cost of food on both sides of the San Juan River. The food pantry previously had around 80 monthly visitors. After expanding their capacity to tailor donated food in nutritious and culturally relevant ways, monthly visitors rose to around 300 toward the end of 2022.
  - A Community Mapping process in Blanding, Monument Valley, Montezuma Creek, and Monticello allowed the building a shared understanding of the places, impacts, and opportunities to improve the abuse of drugs and alcohol and related topics. These events were co-sponsored as part of the San Juan County Prevention and Action Coalition.
  - Four Corners Child Passenger Safety and Highway Safety Summit in Monument Valley included local partners and representatives from Navajo Nation Child Passenger Safety (CPS) and Utah and National Highway Safety Programs. Navajo Nation CPS certified nine people to complete car seat checks in the area.
  - Preventive health education and our related resources were shared at the Utah Navajo Health System's (UNHS) Women's Health Fairs and Youth Teddy Bear Clinics at Navajo Monument, Haljita, Montezuma Creek, Blanding, and Monument Valley.
  - Health education was provided at Senior Centers in La Sal, Bluff, and Red Mesa. This included poison control and opioid prevention through educational presentations on proper management of prescription medications. Seniors were given traditional skirts and blankets donated from Navajo Strong, which reminded many seniors of their grandmothers, prompting some to begin making their own for their granddaughters.
  - Partnership with UNHS is growing into a community garden in Blanding with plans for Montezuma Creek and Navajo Mountain as part of diabetes prevention efforts.
  - The Health Promotion Director presented on a panel at the Utah Tobacco Prevention and Control Conference in Ogden on the concept of "braiding funding," where related funding sources with overlapping but distinct objectives

can be “woven together” to create better, stronger results than each would have individually.

- Shared values and mission statement were developed to represent what we strive for each day at San Juan Public Health
  - Shared Values
    - **W** – We improve
    - **E** – Empower families and communities to make healthy decisions
    - **C** – Collaborate with community partners
    - **A** – Act on data we collect with communities
    - **R** – Respect the diversity of everyone we serve
    - **E** – Empathy and making a difference in all we do
  - Mission Statement
    - San Juan Public Health works to protect and promote the health of all families and communities we serve – including rural, underserved, and tribal – through compassionate support, education, connecting to resources, creative partnerships, healthy environments, and preventing disease and injury.

This a formal request to extend my appointment to the Public Health Board. I've been serving on the Public Health Board for the last 4 years and have learned much during the Pandemic and the changes within the Board.

I've lived in Bluff, UT for 17 years and have my own successful business as a Jeweler, selling finished pieces to locals and tourists. The town of Bluff has also been going through many changes resulting from being Incorporated, we are all learning to work together to create a strong and dynamic community. I've been on a number of Bluff committees such as The Active Transportation advisory committee, the Bluff Arts Festival committee, the Bluff Animal Rescue Committee, and am the Town's Social Communications person, to name a few responsibilities. Though the town is quite small, I noticed that there was a lack of "non-government" communications available to everyone. To promote communications in the community, I created a system to send pertinent information regarding events and news to everyone in Town and connected with the town. I'm known as "The Town Crier" - the increase in town-wide communications has promoted more connection.

During the 4 years I've been on the San Juan County Health Board, I've been active with communicating the work and issues of the County Public Health Board to Bluff residents, which was especially important during the Pandemic. In turn, when residents of Bluff have needs or suggestions, I'm contacted to help out or to communicate that need to County officials or resources and to help mitigate the need.

Also, during the Board meetings, I've enjoyed the responsibility to learn about programs developed by the Public Health Dept., and to listen to reports on their function and status. And to join into any discussions regarding needed improvements and how that need might be met.

There have been several staff changes in the last 4 years, the Board Director, Chair of the Board, and members of the Board. It has been an important responsibility to become informed about potential Board members and to support or to question regarding their positive contribution to the Board of Public Health.

During my next tenure, I'm excited to continue learning, and to contribute to issues and committee and community needs as they arise.

Previously, before my retirement, I worked as a unit manager and teacher at the University of Washington Medical Center in Seattle, for 22 years. This experience gave me an additional base that facilitates my work with the San Juan Public Health Board.

Thank you,

Lois Young  
Town of Bluff  
Bluff, UT. 84512  
206-437-1121 (cell)



## COMMISSION STAFF REPORT

**MEETING DATE:** April 17, 2023, 2023

**ITEM TITLE, PRESENTER:** Discussion and Approval of San Juan County Health Department Environmental Service Delivery Plan FY2024 by Grant Sunada, Public Health Director

**RECOMMENDATION:** Approval

### SUMMARY

The purpose of this funding is support the main activities of the San Juan County Environmental Health Director in ensuring and promoting air quality; maintaining superior drinking water quality; emergency response; protect public health and the environment from exposure to contamination caused by solid and hazardous waste and used oil, wastewater, liquid waste, pollution. For example, the Division of Drinking Water and the LHDs work in partnership to ensure that the public water systems can supply safe and reliable drinking water. LHDs serve the important role as both a local contact and support for public water systems throughout the State.

Goals of this funding include:

- Air Quality: Provide air quality information to the public. As appropriate, alert the Division of Air Quality to compliance issues.
- Drinking Water: Maintain superior drinking water quality by ensuring adequate facilities, source protection and timely assistance to water system operators at specific sites. Ensure that sanitary surveys are conducted using established forms and following established guidance protocol.
- Federal Laws: The LHD will coordinate with DEQ as situations arise with regards to federal laws, regulations, and conditions set forth in the following federal laws: 1. Clean Water Act, 2. Safe Drinking Water Act, 3. Resource Conservation and Recovery Act, 4. Clean Air Act, 5. Pollution Prevention Act, 6. Toxic Substance Control Act, 7. National Environmental Policy Act, 8. Federal Insecticide, Fungicide, Rodenticide Act.
- The LHD will provide support to DEQ as public outreach and engagement activities arise.
- Waste Management and Radiation Control: Protect public health and the environment from exposure to contamination caused by incidents or improper treatment, storage and disposal of solid and hazardous waste. Protect public health and the environment from exposure to contamination caused by incidents or improper treatment, storage, and disposal of used oil.
- Water Quality: Effectively implement the small wastewater disposal system program to protect the environment and enhance relations with and support of local health department. Identify and manage all pollution sources to insure continued beneficial uses of water and public health protection.
- Get the Mercury Out: Encourage pollution prevention to Utah citizens through programs that target the reductions of special wastes.

**HISTORY/PAST ACTION**

Approval

**FISCAL IMPACT**

The total funding allotment for San Juan County Health Department is \$73,498 (compared to \$74,251 in FY2023). The funding becomes effective July 1, 2023, and will be disbursed in quarterly installments beginning August 1, 2022.

State -- General Funds: \$62,245

The following federal funding sources have restrictions; funds may solely be used for the purpose appropriated.

Air Quality Compliance: \$3,000

Drinking Water: \$1,628 (Sanitary Surveys & training) plus \$5,047

Used Oil: \$1,078

Mercury and Other Water Quality: \$500



Attachment B  
**San Juan County Health Department  
Environmental Service Delivery Plan FY2024**

**Reporting**

An Annual Report on Performance and Expenditures (due August 15, 2024).

**Funding Sources**

**TOTAL: \$73,498 *Pending approval of "Scope of Work" and assignments***

**State**

General Funds: \$62,245

Local health departments receive quarterly payments from the Waste Tire Recycling Fund, distributed by the Division of Finance in the amount of \$5 per ton of waste tires that were reimbursed under applicable subsections of § 19-6-8 et al., to be allocated according to the recommendations of the Utah Association of Local Health Officers [see § 19-6-817(1)].

**NOTE: The following funding sources have restrictions; funds may solely be used for the purpose appropriated.**

**Federal**

Air Quality Compliance: \$3,000 CFDA# 66.605 – Performance Partnership Grant Award #BG 99847521

Drinking Water: \$1,628 (Sanitary Surveys & training) plus \$5,047 (Scope of Work) CFDA#66.605 – Performance Partnership Grant Award #BG 99847521 *Drinking Water funding is Pending approval of "Scope of Work" and assignments*

**Restricted**

Used Oil: \$1,078

Mercury and Other Water Quality: \$500

### Air Quality

GOAL	OBJECTIVE	MEASURE	TO BE REPORTED
<p>Provide air quality information to the public.</p> <p>As appropriate, alert the Division of Air Quality to compliance issues.</p>	<p>Provide information to the public directly - through outreach activities, answers to questions, and/or printed information - and indirectly - via the Web and social media outlets.</p>	<p>A brief summary on how objectives were met. To the extent possible, provide the number of people reached.</p>	<p>Issues requiring action reported directly to Jay Morris, Assistant Director, at 801-413-6079 or <a href="mailto:jpmorris@utah.gov">jpmorris@utah.gov</a></p>
	<p>As appropriate, refer air quality compliance issues to Division of Air Quality staff.</p>	<p>Timely referral of issues. A brief summary of the types of issues handled directly as part of the annual report.</p>	<p>All other information, summarized annually, in conjunction with the End of Year Report.</p>

DRAFT

Drinking Water			
GOAL	OBJECTIVE	MEASURE	TO BE REPORTED
Maintain superior drinking water quality by ensuring adequate facilities, source protection and timely assistance to water system operators.	Provide service as outlined in the attached Drinking Water Scope of Work. (See Attachment B.5)		
Ensure that sanitary surveys are conducted using established forms and following established guidance protocol.	Conduct sanitary surveys for reimbursement (below) using established guidance protocols. Surveys are due to the Division within 30 days of completion. All surveys are to be completed and received by the Division by no later than October 31, 2023. Extension of the deadline needs to be approved by Division on case-by-case basis. The reimbursement amount for any surveys not completed will be subtracted from the February 2024 quarterly payment.	Number of systems surveyed.  Percent of systems with approved ratings.  Percent population served with approved ratings.	When surveys are performed.  Each survey report must be submitted to DDW within 30 days of survey.

**Drinking Water service plan requirements and funding is Pending approval of "Scope of Work" and assignments.**

UTAH 19071	SAND ISLAND RECREATION SITE	\$	456.00
UTAH 19079	BLUE MOUNTAIN RANCH RECREATION	\$	536.00
UTAH 19078	LA SAL BRANCH MEETING HOUSE	\$	536.00

**Executive Director's Office**

GOAL	OBJECTIVE	MEASURE	TO BE REPORTED
<p>DEQ has been delegated authority from the EPA to maintain and implement programs in conformance with federal laws, regulations, and conditions set forth in the following federal laws:</p> <ol style="list-style-type: none"> <li>1. Clean Water Act</li> <li>2. Safe Drinking Water Act</li> <li>3. Resource Conservation and Recovery Act</li> <li>4. Clean Air Act</li> <li>5. Pollution Prevention Act</li> <li>6. Toxic Substance Control Act</li> <li>7. National Environmental Policy Act</li> <li>8. Federal Insecticide, Fungicide, Rodenticide Act</li> </ol> <p>DEQ and the LHD coordinate efforts to protect the integrity of the regulatory process and ensure that enforcement actions are not put at risk due to technicalities that could have been addressed through coordination.</p>	<p>Title 19 indicates it is unlawful for any person to violate the provisions of Title 19 or the terms of any order or rule issued under it. The LHD will coordinate with either the DEQ Executive Director or a DEQ Division Director on anything that directly cites Title 19 and is the subject of a judicial (civil or criminal) enforcement process.</p>	<p>The LHD will coordinate with DEQ as situations arise.</p>	<p>Coordination efforts will be documented and submitted in the End of Year Report.</p>
<p>Environmental Justice is a rising issue across the country. DEQ and the LHD will coordinate efforts to provide public outreach and engagement to Environmental Justice communities.</p>	<p>The LHD will provide support to DEQ and DEQ Division's to provide public outreach and engagement to Environmental Justice communities.</p>	<p>The LHD will provide support to DEQ as public outreach and engagement activities arise.</p>	<p>Coordination efforts will be documented and submitted in the End of Year Report.</p>

Waste Management and Radiation Control			
GOAL	OBJECTIVE	MEASURE	TO BE REPORTED
<p>Protect public health and the environment from exposure to contamination caused by incidents or improper treatment, storage and disposal of solid and hazardous waste.</p>	<p><b>Investigate all incidents (e.g., spills and complaints) and allegations of solid waste and hazardous materials violations, including complaints the LHD and DWMRC receive from anonymous sources.</b></p> <ol style="list-style-type: none"> <li>1. For incidents that are resolved quickly, documentation should be submitted when the incident has been resolved.</li> <li>2. For incidents that require extended follow-up, documentation should be submitted periodically.</li> <li>3. Provide a written description of the incident and investigation process, including follow-up procedures and resolutions. For major problems, include photographs,</li> <li>4. Ensure that all incidents are investigated and verify the issues are being addressed in a timely and appropriate manner. If issues do not get resolved, ensure that appropriate enforcement actions are taken. Notify the DWMRC for any assistance needed.</li> </ol>	<p>Document:</p> <ul style="list-style-type: none"> <li>• Incidents responded to</li> <li>• Inspections conducted</li> <li>• Incidents resolved</li> </ul> <p>Submit documentation and photographs of investigations and resolutions of major problems in the annual report.</p>	<p>Annually, in conjunction with the End of Year Report.</p>

**Waste Management and Radiation Control**

GOAL	OBJECTIVE	MEASURE	TO BE REPORTED
<p>Protect public health and the environment from exposure to contamination caused by incidents or improper treatment, storage and disposal of solid and hazardous waste.</p>	<p>All staff responding to solid waste or hazardous materials questions attends and participates in a training session either electronically or in person if one is hosted by the DWMRC.</p>	<p>Attendance and participation in training.</p>	<p>Annually, in conjunction with the End of Year Report.</p>
<p>Reduce health and safety hazards from stockpiles of waste tires; promote waste tire recycling; and only allow disposal of waste tires when shredded to 6 in. square or smaller. See Utah Code Ann. §§ 19-6-802, 19-6-812(1)</p>	<p><b>Perform administrative duties in accordance with the Waste Tire Recycling Act.</b></p> <ol style="list-style-type: none"> <li>Develop regulations, application forms, and procedures for partial reimbursement [§§ 19-6-813(1), 19-6-818(1)] of: <ul style="list-style-type: none"> <li>Transportation and recycling of waste tires from a retail tire business</li> <li>Recycling or beneficial use of waste tires from an abandoned waste tire pile</li> <li>Recycling or beneficial use of waste tires from a non-abandoned waste tire pile [see §§ 19-6-809(1), (3), (4)]</li> </ul> </li> <li>Provide a written report and approval status for applications for reimbursement to the Division of Finance within 15 calendar days after receiving an application [§ 19-6-814]. <ul style="list-style-type: none"> <li>Evaluate reimbursement applications for compliance with § 19-6-810(1) for abandoned waste tire piles, including: providing an affidavit to the recycler that the</li> </ul> </li> </ol>	<p>Provide a copy of regulations, application forms, and procedures used to fulfill duties under the Waste Tire Recycling Act.</p> <p>Provide a log detailing the approvals sent to the Division of Finance in conjunction with the End of the Year report. Include details of on-site investigations for first-time waste tire recyclers applying for reimbursement.</p> <p>Quarterly reporting required by Utah Code Ann. § 19-6-817(2).</p>	<p>Quarterly reporting required by Utah Code Ann. § 19-6-817(2).</p> <p>The following in conjunction with the End of the Year Report:</p> <ul style="list-style-type: none"> <li>Copy of regulations, application forms, and procedures.</li> <li>Log detailing approvals send to the Division of Finance.</li> <li>Documentation of on-site investigations for first-time waste tire recyclers applying for reimbursement.</li> </ul>

**Waste Management and Radiation Control**

GOAL	OBJECTIVE	MEASURE	TO BE REPORTED
	<p>pile meets the definition of an abandoned waste tire pile [§ 19-6-803(1)]; and that the LHD has not been able to locate the responsible persons or cause the responsible persons to remove the pile.</p> <ul style="list-style-type: none"> <li>• Evaluate reimbursement applications for compliance with § 19-6-801(2) for waste tire piles that are not abandoned.</li> <li>• Evaluate applications for compliance with § 19-6-812 for reimbursement to landfill operators that dispose of waste tire shreds 6 in. square or smaller.</li> <li>• Conduct on-site investigations for first-time waste tire recyclers applying for reimbursement [§ 19-6-814(b)].</li> </ul> <p>3. Track amount of waste tires removed from abandoned piles and record the recycler that the tires are transported to; and provide a quarterly report to the DWMRC Director [§ 19-6-817(2)].</p>		

\*Acknowledge the authority of the County and Health Department to regulate the collection, transportation, and disposal of solid waste generated within its jurisdiction as provided for in Section 19-6-503, Utah Code Ann., 1953 as amended.

\*Acknowledge the authority of the County and Health Department to enact and enforce ordinances regarding the management of used oil as provided for in Section 19-6-723, Utah Code Ann., 1953 as amended.



## Waste Management and Radiation Control: Used Oil

GOAL	OBJECTIVE	MEASURE	TO BE REPORTED
<p>Protect public health and the environment from exposure to contamination caused by incidents or improper treatment, storage, and disposal of used oil.</p>	<p><b>Inspect all used oil collection centers (UOCCs) every six months and submit an inspection report with photos documenting compliance.</b></p> <ol style="list-style-type: none"> <li>1. Document inspections on UOCC Inspection Form provided by Division of Waste Management and Radiation Control (DWMRC) either electronically or hardcopy:                             <ol style="list-style-type: none"> <li>a. Ensure all inspection forms are completely filled out. Use N/A if not applicable.</li> <li>b. Annotate time spent to complete the inspection (include travel).</li> <li>c. Add comments, suggestions or issues in the comment section.</li> </ol> </li> <li>2. Attach a copy of photo(s) to each inspection form to document conditions and/or noncompliance and resolutions implemented.</li> <li>3. Gather ALL DIYer log sheets at UOCCs and submit with inspection forms and photo(s) even if only a few entries have been made.</li> </ol>	<p>Inspector will download the most current list of UOCCs for their inspection area via DEQ website. The number of UOCCs inspected versus the total universe goal is 100%.</p> <p>Complete inspection reports must include:</p> <ul style="list-style-type: none"> <li>• Inspection checklists,</li> <li>• Fully filled-out log sheets and Printed/labeled photographs of the each UOCC tank area.</li> </ul> <p>Documentation of any non-compliance and resolutions are annotated on the inspection form in the comment section.</p> <p><b>All UOCC Collection Center log sheets are collected during each inspection and submitted to DWMRC with your inspection reports.</b></p>	<p><b>UOCC inspection reports which include checklist, photos and log sheets submitted to the Division, semi-annually:</b></p> <ul style="list-style-type: none"> <li>• No later than Jan. 20 (for July – Dec. activity)</li> <li>• No later than July 20 (for Jan. – June activity)</li> </ul>
<p>Protect public health and the environment from exposure to contamination caused by incidents or improper treatment, storage, and disposal of used oil.</p>	<p><b>Investigate all incidents (e.g., spills and complaints) regarding used oil releases and allegations of used oil violations, including complaints the LHD and DWMRC receive from anonymous sources.</b></p>	<p>All incidents regarding used oil releases are listed on the Semi-Annual Used Oil Report Form</p> <p>Allegations for used oil violations are investigated and</p>	<p><b>Semi- annually on the UOCC Report Form:</b></p> <ul style="list-style-type: none"> <li>• No later than Jan. 20 (for July – Dec. activity)</li> <li>• No later than July 20 (for Jan. – June activity)</li> </ul>

**Waste Management and Radiation Control: Used Oil**

GOAL	OBJECTIVE	MEASURE	TO BE REPORTED
	<ol style="list-style-type: none"> <li>1. For incidents that are resolved quickly, documentation should be submitted when the complaint has been resolved.</li> <li>2. For incidents that require extended follow-up, documentation should be submitted periodically.</li> <li>3. Provide a written description of the incident and investigation process, including follow-up procedures and resolutions. For major problems, include photographs.</li> <li>4. Ensure that all complaints are investigated and verify the issues are being addressed in a timely and appropriate manner. If issues do not get resolved, ensure that appropriate enforcement actions are taken. Notify the DWMRC for any assistance needed.</li> </ol>	<p>reported on Used Oil Report Form.</p> <p>Submit documentation and photographs of investigations and resolutions of major problems in the annual report.</p>	
<p>Protect public health and the environment from exposure to contamination caused by incidents or improper treatment, storage, and disposal of used oil.</p>	<p>Perform public outreach promoting used oil recycling to public groups such as the Chamber of Commerce, high school automotive shops, fairs, official boards and other organizations.</p>	<p>Number of public education presentations performed.</p>	<p><b>Semi- annually on the UOCC Report Form:</b></p> <ul style="list-style-type: none"> <li>• No later than Jan. 20 (for July – Dec. activity)</li> <li>• No later than July 20 (for Jan. – June activity)</li> </ul>
	<p>All used oil staff attend and participate in the used oil training session either electronically or in person if one is hosted by the DWMRC.</p>	<p>Attendance and participation in used oil training by all personnel involved with used oil outreach.</p>	<p>Semi-annually on the Used Oil Report Form</p>

## Water Quality

GOAL	OBJECTIVE	MEASURE	TO BE REPORTED
<p>Effectively implement the small wastewater disposal system program to protect the environment and enhance relations with and support of local health department.</p>	<p>Administer small wastewater disposal systems to comply with Utah Administrative Code R317-4 and local rules.</p> <ol style="list-style-type: none"> <li>1. Review, approve, and inspect all new, repairs, and alterations to both Conventional and Alternative onsite systems, including Holding Tanks.</li> <li>2. Conduct complaint investigations and pursue corrections of any onsite system failures.</li> <li>3. <b>Collect the \$40 for each new onsite wastewater system installed, and remit fees to DWQ by the 30<sup>th</sup> day of the month following the end of each quarter.</b></li> <li>4. Assure that all LHD staff involved in the review, approval, and inspection of onsite wastewater systems are trained and certified at the appropriate level per R317-11.</li> <li>5. Assure that all onsite system work is done by persons certified as appropriate according to R317-11.</li> </ol>	<ol style="list-style-type: none"> <li>1. Existence of plan review, perc test, soil log evaluation and inspection records.</li> <li>2. Number of systems approved broken out between conventional and alternative.</li> <li>3. Number of systems inspected.</li> <li>4. Total number of systems in county.</li> <li>5. Number of Holding Tank approvals issued.</li> <li>6. Number of complaint investigations conducted.</li> <li>7. Number and type of failures identified and/or corrected.</li> <li>8. Fees remitted quarterly to DWQ.</li> <li>9. All staff are certified per R317-11 and identified as being Level 2 or 3.</li> <li>10. All work is done by persons certified per R317-11.</li> </ol>	<p>Annually, in conjunction with the End of Year Report.</p>
<p>Communication and Training</p>	<p>To remain effective and knowledgeable, DWQ and LHD will continue to participate and communicate in onsite program matters.</p>	<ol style="list-style-type: none"> <li>1. DWQ will notify LHD by a means of communication, when a representative comes into the LHD area for onsite program business.</li> </ol>	<p>Annually, in conjunction with the End of Year Report.</p>

**Water Quality**

GOAL	OBJECTIVE	MEASURE	TO BE REPORTED
		<ol style="list-style-type: none"> <li>2. DWQ will be represented at all COWP meetings.</li> <li>3. LHD will attempt to send a representative to COWP meetings.</li> <li>4. A representative of DWQ will attend the annual Utah Onsite Wastewater Association conference.</li> <li>5. LHD will attempt to send a representative to the Annual Utah Onsite Wastewater Association conference.</li> </ol>	
<p>Effectively implement and administer the Liquid Waste Program in the collection, storage, transportation and disposal of all sewage wastewater.</p>	<p>Administer the Liquid Waste Program per Utah Administrative Code R 317-550 to help prevent a public health hazard or nuisance or adversely affecting water quality.</p> <ol style="list-style-type: none"> <li>1. Ensure every Liquid Waste Operation working within the boundaries of the LHD holds a valid operating permit.</li> <li>2. Ensure that the disposal sites used by the Liquid Waste operators are maintained in a sanitary manner and adequate to receive and treat these wastes.</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintain a list of all Liquid Waste operators currently permitted within the LHD jurisdiction.</li> <li>2. LHD may conduct annual inspections on all the liquid waste trucks used by each operator.</li> <li>3. Encourage the operator to obtain a surety bond issued by a corporate surety company.</li> <li>4. LHD may inspect disposal sites used by the liquid waste operators, as determined as necessary.</li> </ol>	<p>Annually, in conjunction with the End of Year Report.</p>

Water Quality			
GOAL	OBJECTIVE	MEASURE	TO BE REPORTED
Identify and manage all pollution sources to insure continued beneficial uses of water and public health protection.	Notify DWQ of any new surface water and ground water pollution sources you become aware of.	<ol style="list-style-type: none"> <li>1. Number of uncontrolled pollution sources and spills identified and addressed or referred to DEQ.</li> <li>2. Number of fish kills investigated.</li> </ol>	Annually, in conjunction with the End of Year Report.

*DWQ is open to update to the Mercury program or removal and replacement with educational requirements related to household hazardous wastes.*

Water Quality: Get the Mercury Out			
GOAL	OBJECTIVE	MEASURE	TO BE REPORTED
Encourage pollution prevention to Utah citizens through programs that target the reductions of special wastes.	<p>Contractor will serve as a collection center for citizens needing to dispose of mercury containing household products. Funds provided by DEQ cover mercury disposal up to \$500, through state contract with Clean Harbors</p> <p>Chuck Lawrence at Clean Harbors. (801)597-0283 <a href="mailto:lawrence.chuck@cleanharbors.com">lawrence.chuck@cleanharbors.com</a></p>	Pounds of mercury collected and properly disposed.	Annually, in conjunction with the End of Year Report.

## Purpose

The purpose of this scope of work is to establish clear goals, objectives, measures, and reporting requirements that the Division of Drinking Water (DDW) and the Local Health Departments (LHDs) have agreed to guide our work together. DDW and the LHDs work in partnership to ensure that the public water systems can supply safe and reliable drinking water. LHDs serve the important role as both a local contact and support for public water systems throughout the State.

## Core Items

### 1. Track, Manage, and Report on Threshold Systems

A threshold system is a water system that does not currently meet the state or federal definition of a public water system (eight service connections or 25 persons served for sixty days out of the year), but through development may meet that definition in the future. LHDs can notify DDW about a potential water system through the interactive form (<https://forms.gle/e5uNvxWWLCPBKRue6>). LHDs are encouraged to reach out to DDW for assistance or consultation on a potential public water system including on-site inspections or review of potential public or system type status.

LHD's, within their purview, will develop and implement procedures to identify drinking water service threshold systems/business. This can be achieved through planning and zoning notices, miscellaneous notifications, onsite wastewater permitting, and other methods. The procedures will ensure the LHD is aware of new developments outside of public water system boundaries. The LHD will work with DDW to track, monitor, and manage these developments and potential water systems, and will consult with DDW on each case whether a new system meets the PWS criteria or not. When a water system meets the requirements of a PWS, the LHD will report the system to DDW. When possible LHDs will assist in helping new systems meet the requirements set forth in their Initial Water System Order (Welcome to the Club *sic*).

**Goal:** LHD will be aware of the threshold for becoming a public water system to develop and implement procedures to trigger a review of any new development. Decrease public health gaps for residents receiving drinking water from a system that should be regulated by DDW.

**Objective:** The proliferation of small systems and large communities served water behind a master meter that are unknown to DDW, but should be a PWS when there is a public health gap. Community development can also grow to cross the regulatory threshold. DDW needs LHD assistance to keep track of these localized situations and refer these systems to DDW for regulation when appropriate. The LHD and building authority is uniquely positioned to assist these systems in their transition to regulated PWSs.

**Measure:** Maintain an inventory of threshold systems and update their status annually.

**Report:** Notify DDW on or before the quarterly Action Compliance Strategy Meeting of threshold systems that meet the requirements of a PWS and provide the inventory of threshold systems LHD reviewed in the annual report.

## 2. Consultations with Public Water Systems

The LHD will consult with and provide assistance to local drinking water systems on unapproved or corrective action status, boil orders, notices of violation (NOV), system deficiencies, optimization and technical assistance, training and using WaterLink, and will support water systems performing Level 1 Assessments. The LHD will also confirm the deficiency and violation status of the public water system serving a proposed development and consult with DDW if capacity deficiencies are identified before the development is approved by the LHD. The LHD will inform DDW of concerns and questions received by PWSs to keep DDW aware of developing perceptions and concerns so that DDW can adjust training and outreach accordingly.

**Goal:** Provide local support for PWS compliance and optimization.

**Objective:** Ensure that each PWS has accurate, timely, and localized assistance to ensure their compliance with DDW regulations to protect public health.

**Measure:** Reduce the number of not approved PWSs, minimize the duration of and subsequent follow-up events that result from water system non-compliance.

**Report:** What the LHD is doing to encourage compliance with drinking water rules and standards. Report the number of systems LHD provided support or information to assist in Public Notifications and/or building permit denials due to drinking water deficiencies.

## 3. Emergency Response

The LHD will contact DDW, using the emergency response number, within 4 hours of any incident or emergency that may impact drinking water to ensure best practices will be used to protect public health. Leaving a voicemail on the DDW emergency response number will be sufficient notification in the event of an unanswered call. The LHD will coordinate efforts with DDW to determine what emergency situations they wish to participate in. DDW will notify and/or coordinate with the LHD on all Tier 1 and Maximum Contaminant Level (MCL) Public Notices. The LHD will work with DDW and the PWS on additional sampling requirements and reporting during drinking water emergencies.

**Goal:** Provide rapid and accurate response to protect public health.

**Objective:** Ensure that the public is quickly given accurate and consistent information. Participate in emergency response activities according to established protocols.

**Measure:** Response measures will be event specific.

**Report:** All emergency response activities and results, not already recorded in Waterlink, shall be tracked, managed, and reported to DDW by email per incident.



#### 4. Support Source Protection Programs

The LHD will support public water systems in their efforts to protect their drinking water sources through cooperation, coordination, and communication. Counties of the first and second class are statutorily required to develop and enforce source protection ordinances to protect watersheds, drinking water sources, and public health. Many counties that are not of the first or second class have recognized the value of protecting drinking water sources and have voluntarily implemented source protection ordinances as well. LHDs that have these ordinances will work with county code enforcement to encourage that these ordinances are enforced, consult with DDW whenever there is a change to their ordinance, and respond to DDW inquiries in a timely manner.

**Goal:** To protect the public drinking water supply from potential contamination sources.

**Objective:** To support PWS efforts to protect their sources through cooperation, coordination, and communication. The LHD has more authority than DDW within its local jurisdiction to make significant impacts on source protection. This could be through ordinance, plan review, density planning, coalitions, or other measures.

**Measure:** Document actions related to source protection ordinances such as identifying source protection zones of a PWS to identify properties with restricted activities such as onsite wastewater systems, ground heat source pump inquiries, watershed issues, etc., enforcement, public outreach and education, and other activities.

**Report:** All source protection activities LHDs are involved in shall be tracked, managed, and reported to DDW annually.

#### 5. Public Consultations and Media Inquiries

The LHD in coordination with DDW and the PWS will continue to provide accurate, timely, consistent messaging to the public concerning water systems within its boundaries and ensure that communication is in alignment with DDW programs, policies, and directive whenever practical. Media inquiries regarding public drinking water systems and supplies will be coordinated with DDW whenever practical. This coordination will follow the procedures outlined in the DEQ-LHD Notification Procedure.

**Goal:** To provide transparency to the public with respect to drinking water issues.

**Objective:** Ensure accurate, timely, and consistent messaging with respect to drinking water issues to the public and media.

**Measure:** Agree to participate and coordinate with DDW.

**Report:** Report the number of systems LHD provided support or information to assist in public consultations and media inquiries.

## 6. Investigative Sampling

**Goal:** To reduce the duration of public health concerns, DDW may request the support of LHDs to collect samples. DDW will work with LHDs on which samples are needed and laboratory costs.

**Objective:** To quickly identify the root cause of specific public health concerns.

**Measure:** Number and type of samples collected for each specific event. **Report:** Number and type of investigative PWS samples collected in relation to any specific event that the DDW requests, along with any correlation between samples collected and issues identified.

## 7. Sanitary Survey Training

**Goal:** Improve accuracy and consistency of site visit inspections

**Objective:** All surveyors attend annual training virtual sessions and in-person support sessions. The in-person session will function as a day to cover questions and answers, and/or the DDW trainer can shadow the LHD surveyors on a site inspection.

**Measure:** Each surveyor will complete both in-person and virtual recordings (\$100 compensation per surveyor)

**Report:** DDW will track virtual training participation using the Webex software.

## 8. Operator Certification

**Goal:** Help DDW ensure that all PWS have a certified operator.

**Objective:** Provide location and proctor for operator certification examinations and help to identify certified operators when a system is without one.

**Measure:** Number of tests proctored.

**Report:** Number of tests proctored.

## 9. Support Backflow and Cross Connection Program

**Goal:** Prevent contamination of public drinking water supply from cross connections or backflow events.

**Objective:** Support local backflow and cross connection control programs. **Measure:** LHD specific actions

**Report:** Annually report on LHD specific actions.



## COMMISSION STAFF REPORT

**MEETING DATE:** April 20, 2023

**ITEM TITLE, PRESENTER:** Discussion and Approval of San Juan County Health Department Public Health Infrastructure - 2023 by Grant Sunada, Public Health Director

**RECOMMENDATION:** Approval

### SUMMARY

The general purpose of this contract is to provide support for core infrastructure improvements that include, but are not limited to the agency's foundational capabilities and workforce. The objectives are as follows:

*Foundational Capabilities (1st year) –*

- Prioritize activities within their jurisdiction that lead to improved organizational systems and processes and evidence of stronger public health foundational capabilities
  - in service of residents and communities in San Juan County and
  - that allow for increased communication and coordination across counties, tribes, academic/community organizations, and states in the San Juan County region.

*Workforce Development (5 years) –*

- Prioritize activities within their jurisdiction that lead to the key outcomes that include increased size and capabilities of the public health workforce with improved wages and protections; and
- Increase effectiveness of leadership and data science development training programs to address health disparities, and increased leadership and data science competency of emerging public health professionals representing communities in San Juan County as compared to baseline.

### HISTORY/PAST ACTION

This is a new contract that will build on the efforts funded through the previously approved COVID-19 Health Disparities contract.

### FISCAL IMPACT

The Utah Department of Health and Human Services agrees to pay \$343,689.00 in cost reimbursement in accordance with the provisions of this contract. This contract is funded with 100% federal funds, 0% state funds, and 0% other funds.

- \$328,129.00 for Workforce Development for the period January 15, 2023, to November 30, 2027.
- \$15,560.00 for Foundational Capabilities for the period January 15, 2023, to November 30, 2023.

This funding will support the next Public Health Workforce Coordination phase of what began as the Health Equity Coordinator position funded through the COVID-19 Health Disparities contract.



## UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES CONTRACT

PO Box 144003, Salt Lake City, Utah 84114  
288 North 1460 West, Salt Lake City, Utah 84116

2302106  
Department Log Number

232701308  
State Contract Number

1. **CONTRACT NAME:** The name of this contract is San Juan County Health Department PH Infrastructure - 2023
2. **CONTRACTING PARTIES:** This contract is between the Utah Department of Health & Human Services (DEPARTMENT) and San Juan County (CONTRACTOR).

**PAYMENT ADDRESS**

San Juan County  
735 S 200 W, Ste 2  
Blanding UT, 84511

**MAILING ADDRESS**

San Juan County  
735 S 200 W, Ste 2  
Blanding UT, 84511

**Vendor ID:** 06866HL  
**Commodity Code:** 99999

3. **GENERAL PURPOSE OF CONTRACT:** The general purpose of this contract is to provide support for core infrastructure improvements that include, but are not limited to the agency's workforce, foundation capabilities, and data infrastructure.
4. **CONTRACT PERIOD:** The service period of this contract is 01/15/2023 through 11/30/2027, unless terminated or extended by agreement in accordance with the terms and conditions of this contract.
5. **CONTRACT AMOUNT:** The DEPARTMENT agrees to pay \$343,689.00 in accordance with the provisions of this contract. This contract is funded with 100% federal funds, 0% state funds, and 0% other funds.
6. **CONTRACT INQUIRIES:** Inquiries regarding this Contract shall be directed to the following individuals:

**CONTRACTOR**

Grant Sunada  
(435) 587-3838  
gsunada@sanjuancounty.org

**DEPARTMENT**

Population Health  
Population Health Administration  
Tonya Merton

(385) 266-0510  
tmerton@utah.gov

7. SUB – RECIPIENT INFORMATION:

UEI: WCVABP2FEVA2

Indirect Cost Rate: 0%

Federal Program Name:	Centers for Disease Control and Prevention	Award Number:	1 NE11OE000088-01-00
Name of Federal Awarding Agency:	CDC Office of Financial Resources	Federal Award Identification Number:	NE11OE000088
Assistance Listing:	CDC's Collaboration with Academia to Strengthen Public Health	Federal Award Date:	11/29/2022
Assistance Listing Number:	93.967	Funding Amount:	\$328129.00

Federal Program Name:	Centers for Disease Control and Prevention	Award Number:	1 NE11OE000088-01-00
Name of Federal Awarding Agency:	CDC Office of Financial Resources	Federal Award Identification Number:	NE11OE000088
Assistance Listing:	CDC's Collaboration with Academia to Strengthen Public Health	Federal Award Date:	11/29/2022
Assistance Listing Number:	93.967	Funding Amount:	\$15560.00

8. REFERENCE TO ATTACHMENTS INCLUDED AS PART OF THIS CONTRACT:

Attachment A: Scope of Work

9. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:

- A. All other governmental laws, regulations, or actions applicable to services provided herein.
- B. All Assurances and all responses to bids as provided by the CONTRACTOR.
- C. Utah Department of Health & Human Services General Provisions and Business Associates Agreement currently in effect until 6/30/2023.

10. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.
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**Contract with Utah Department of Health & Human Services and San Juan County, Log # 2302106**

IN WITNESS WHEREOF, the parties enter into this agreement.

**CONTRACTOR**

**STATE**

By: \_\_\_\_\_  
Bruce Adams                                  Date  
County Commission Chair

By: \_\_\_\_\_  
Tracy S. Gruber                                  Date  
Executive Director, Department  
of Health & Human Services

Attachment A: Scope of Work  
 San Juan County Health Department PH Infrastructure - 2023  
 Effective Date: January 15, 2023

- I. GENERAL PURPOSE
- A. The general purpose of this contract is to provide support for core infrastructure improvements that include, but are not limited to the agency's workforce, foundational capabilities, and data infrastructure.
- II. DEFINITIONS
- A. "A1" means Component A: Strengthening public health infrastructure, under Strategy A1: Workforce, as outlined within the CDC's funding opportunity announcement, entitled, "Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems CDC-RFA-OE22-2203."
- B. "A2" means Component A: Strengthening public health infrastructure, under Strategy A2: Foundational Capabilities, as outlined within the CDC's funding opportunity announcement, entitled, "Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems CDC-RFA-OE22-2203."
- C. "CDC" means the Centers for Disease Control and Prevention.
- D. "Department" means Utah Department of Health and Human Services.
- E. "Subrecipient" means Contractor and legal name of the vendor as noted on Contract Page One.
- III. PROGRAM CONTACT
- A. The Department encourages inquiries concerning this grant and special provisions, which should be directed to the following Department contacts:
1. For program management, contact:  
 Jenny Starley, Workforce Development Coordinator  
 Division of Population Health  
 (385) 454-3134  
 jstarley@utah.gov
  2. For general programmatic questions, contact:  
 Tonya Merton, Contract/Grant Analyst  
 Division of Population Health  
 (385) 266-0510  
 tmerton@utah.gov
  3. For financial or budget assistance, contact:  
 Jerry Edwards, Finance Manager  
 Department of Health and Human Services Operations  
 (801) 557-8260  
 jedwards@utah.gov
- IV. RESPONSIBILITIES OF SUBRECIPIENT
- A. For A1, Subrecipient will utilize funds according to CDC guidance provided in related document Foa\_Content\_of\_CDC-RFA-OE22-2203 (9).pdf (see Part II. A. 2. ii. on page 6), which can be found at <https://www.grants.gov/web/grants/view-opportunity.html?oppld=340034>, to:



- 1. Prioritize activities within their jurisdiction that lead to the key outcomes that include increased hiring of diverse staff and increased size and capabilities of the public health workforce with improved wages and protections; and
- 2. Increase effectiveness of leadership and data science development training programs to address health disparities and advance health equity, and increased leadership and data science competency of diverse and representative emerging public health professionals as compared to annual baseline levels, set in January for each year of the contract.
- B. For A2, Subrecipient will utilize funds according to CDC guidance provided in related document Foa\_Content\_of\_CDC-RFA-OE22-2203 (9).pdf (see Part II. A. 2. ii. on page 6), which can be found at <https://www.grants.gov/web/grants/view-opportunity.html?oppld=340034>, to prioritize activities within their jurisdiction that lead to improved organizational systems and processes and evidence of stronger public health foundational capabilities.
- C. If an activity is not clearly aligned with guidance, Subrecipient shall inquire of Department prior to initiating activity to ensure activity meets requirements of guidance.
- D. Subrecipient shall provide a point of contact.

V. FUNDING

- A. Total funding is \$343,689.00.
  - 1. \$328,129.00 for A1 for the period January 15, 2023, to November 30, 2027.
  - 2. \$15,560.00 for A2 for the period January 15, 2023, to November 30, 2023.
- B. This is a Cost Reimbursement contract. The Department agrees to reimburse the Subrecipient up to the maximum amount of the contract for expenditures made by the Subrecipient directly related to the performance of this contract.
  - 1. Cost Reimbursement – Budget
 

<u>Description</u>	<u>Amount</u>
A1: Workforce Development	\$328,129.00
A2: Foundational Capabilities	\$15,560.00
- C. The Federal funds provided under this agreement are from the Federal Program and award as recorded on the contract pages of this Contract.
- D. Pass-Through Agency: Utah Department of Health and Human Services.
- E. Number assigned by the Pass-through Agency: State Contact Number, as recorded on the contract pages of this Contract.
- F. All future year funding will be based on CDC satisfactory programmatic progress and the availability of funds.

VI. INVOICING

- A. In addition to the Utah Department of Health and Human Services General Provisions of the contract the Subrecipient shall report the amount of funds utilized to the Department each month in the Monthly Expenditure Report and include one line for each funding source in the report; and
  - 1. A1 - PH Infrastructure
  - 2. A2 - PH Infrastructure

- B. In addition to the Utah Department of Health and Human Services General Provisions of the contract the Subrecipient shall submit the July invoice no later than August 15 of each year.

#### VII. REPORTING

- A. The Subrecipient shall provide a summary of successes and challenges at meetings, which may include; governance, local health officer committee, and public health coordination meetings according to agreed upon timelines with the Department;
- B. The Subrecipient shall provide input when requests from the Department are made to ensure accountability of outcomes when public health system/statewide reporting is required by the CDC according to agreed upon timelines with the Department; and
- C. The Subrecipient shall provide an estimated number of staff hired through this grant to contribute to an annual statewide progress report, as required by the CDC according to agreed upon timelines with the Department.

#### VIII. AMENDMENTS AND TERMINATION

- A. If the Contract is not amended to add funds, the Contract shall terminate as of November 30, 2027.

#### IX. FUNDING REQUIREMENTS

- A. Funding restrictions to consider while planning and budgeting are provided below, as provided by the CDC. Funds may not be used for:
1. Research;
  2. Clinical care except as allowed by law;
  3. Funds may be used for reasonable program purposes, including personnel, travel, supplies, and services;
  4. Generally, funds may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget;
  5. Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient; and
  6. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - a. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body;
    - b. The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation; administrative action, or Executive order proposed or pending before any legislative body;
    - c. See Additional Requirement (AR) 12 (see: <https://www.cdc.gov/grants/additional-requirements/ar-12.html>) for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients (see: [http://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf)).

X. REQUIRED DISCLOSURES

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS): Consistent with 45 CFR 75. 113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Ackeem Evans, Grants Management Officer/Specialist  
Centers for Disease Control and Prevention  
Branch 6  
2939 Brandywine Rd,  
Atlanta, GA 30341  
Email: [qtq4@cdc.gov](mailto:qtq4@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC, 20201  
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGrantDisclosures@oig.hhs.gov](mailto:MandatoryGrantDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contract under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.971. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U. S. C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance accessible through SAM (currently FAPIS) (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))



# Appendix 1: Sample Activities for Component A

This appendix lists the Key Activities for Strategies A1 – A3 of Component A, OE22-2203. The Key Activities are broad by design and intended to provide recipients with maximum flexibility to meet their needs. Below each Key Activity is a list of sample activities for recipients to consider. Recipients are encouraged to think creatively about the types of activities they would like to support with this funding and are not restricted to the sample activities included in this appendix. State recipients should consider these sample activities for their own agency as well as for work that could be done to support local health departments and tribes. There are no sample activities provided for Component B.

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## **Strategy A1: Workforce**

There are six Key Activities included in Component A, Strategy 1. Below each of these Key Activities are sample activities for recipients to consider for their own agency. Recipients are encouraged to think creatively about the types of activities they would like to support with this funding and are not restricted to the sample activities included in this appendix. Statewide recipients should also consider this a sample list of activities to support in local health departments and tribes, to strengthen the workforce of public health systems.

### **A1.1. Recruit and hire new public health staff.**

- a. Conduct systematic workforce needs assessments to identify priority needs now and, in the future.
- b. Expand and improve recruitment efforts to reach wide and diverse pools of potential applicants, particularly through partnerships with relevant institutions.
- c. Change application and selection methods and provide training to reduce unconscious or conscious negative biases and to improve fairness.
- d. Create new job descriptions to better meet needs.
- e. Revise job pay scales.
- f. Establish, expand, and use a range of mechanisms to rapidly hire public health staff, including direct hire mechanisms (term-limited and not), formal agreements or contracts with staffing agencies, as well as partnerships with community-based organizations, academic institutions including minority-serving institutions (e.g. HBCUs, HACUs, etc.), and other local, state, and national partners that may provide efficient and effective ways to supplement the public health workforce.
- g. Offer a range of hiring incentives to attract new talent, including hiring or other bonuses, student loan repayment, moving expenses, remote work, and telework.
- h. Work with and recruit from the Public Health AmeriCorps program, Preventive Medicine Residencies, and other programs that provide a pathway into public health as a career.
- i. Establish or expand internships, fellowships, apprenticeships, and related programs for entry-level staff and mid-level staff.
- j. Establish or strengthen programs that provide capacity for surges in public health staffing as needed, in response to emergencies or outbreaks.
- k. For jurisdictions with Native American Tribes, consider hiring a Tribal Liaison Director preferably from a Tribal community.
- l. Hire health education specialists, instructional designers, and other staff with training development skills to support the training needs of public health staff.

### **A1.2. Retain public health staff.**

- a. Identify and use hiring mechanisms to effectively transition staff from one type of contract or mechanism to a new one, to maintain continuity of service.
- b. Offer a range of retention incentives, including bonuses, student loan repayment, benefits, moving expenses, remote work, and telework.
- c. Revise the terms or classification of existing jobs or job series to allow for increases in pay or benefits.
- d. Create or expand new promotional opportunities and leadership tracks.

- e. Establish or strengthen supportive services available to the workforce, to provide additional flexibility to help balance work-life responsibilities and maximize hybrid work opportunities.

**A1.3. Support and sustain the public health workforce.**

- a. Expand employee well-being programs to address burnout, work-life balance, and job satisfaction.
- b. Adopt new evidence-based workplace programs that support staff emotional and physical well-being.
- c. Review and strengthen workplace policies that support staff emotional, mental, and physical well-being.
- d. Strengthen employee engagement programs and methods.
- e. Expand employee involvement in professional networks and in relevant support groups.
- f. Strengthen and conduct staff viewpoint surveys and other ways to assess staff experiences and attitudes to better understand areas for improving workplace culture and practices.
- g. Share and use employee input in strategic planning and other workplace and workforce initiatives.
- h. Implement sabbatical programs that allow staff to reset and learn, while remaining in the workforce.

**A1.4. Train new and existing public health staff.**

- a. Conduct training needs assessments of existing and new staff to identify priority areas for training investments.
- b. Establish or expand contracts or partnership with training partners to add training offerings that meet CDC quality training standards across a wide range of needs.
- c. Revise and upgrade existing training programs to improve their quality or relevance.
- d. Establish or expand contracts or partnership with accreditation providers to offer continuing education credits to help staff maintain licensures and certifications.
- e. Create or enhance incentive programs for staff to seek and complete training or to mentor peers.
- f. Establish or revise training tracks or certificate programs to incentivize and guide staff who seek to build deeper skillsets in a particular area.
- g. Establish or expand leadership development programs for staff who demonstrate leadership potential or are in management positions.
- h. Support staff to enroll in trainings offered through academic or other institutions, including support for travel.
- i. Establish follow-up support programs that provide opportunities for continued learning after trainings, such as job-aids, coaching, and communities of practice.
- j. Strengthen training evaluation capacity.
- k. Promote learning opportunities through a variety of channels.

**A1.5. Strengthen workforce planning, systems, processes, and policies.**

- a. Create or revise a comprehensive workforce development strategy.

- b. Create workforce development boards and other new organizational structures and teams, to guide and implement a comprehensive workforce development strategy.
- c. Create or modify staff positions within the organization to focus on key crosscutting workforce issues, such as staff engagement; diversity, equity, inclusion, and accessibility; succession planning and career pathways; and workforce science and forecasting.
- d. Catalyze the collection and use of workforce data, to guide workforce planning, development, management, and forecasting.
- e. Upgrade human resource and other information systems and improve interoperability among systems.
- f. Refresh online recruitment and hiring portals to be more user friendly, useful, and modern.
- g. Purchase, maintain, and improve workforce training systems including annual subscription costs for using the TRAIN Learning Network.
- h. Strengthen policies related to hybrid work environments, telework, and related requirements to maximize flexibility to hire and retain talent.
- i. Identify opportunities to modify or amend internal policies that might hinder internal workforce development practices (e.g., improving recruitment and selection procedures, cross-training opportunities).
- j. Identify opportunities to educate policy makers about state, local, or territorial policies, to better meet workforce development needs of the recipient or the public health sector as a whole (e.g., addressing inflexible hiring, firing, and salary rules or rigid criteria for eligibility for promotion).
- k. Conduct quality improvement on existing systems or processes to identify areas ripe for change and track outcomes associated with changes made.
- l. Strengthen partnerships with relevant labor unions to discuss opportunities for collaboration and for improving workplace conditions.
- m. Establish or strengthen partnerships with human resource and other organizational systems experts to provide advice and support for strengthening.

**A1.6. Strengthen support for implementation of this grant.**

- a. No sample activities are provided for this Key Activity.

**Strategy A2: Foundational capabilities**

There are seven Key Activities included in Component A, Strategy 2. Below each of these Key Activities are sample activities for recipients to consider for their own agency. Recipients are encouraged to think creatively about the types of activities they would like to support with this funding and are not restricted to the sample activities included in this appendix. Statewide recipients should also consider this a sample list of activities to support in local health departments and tribes, to strengthen foundational capabilities and the ability to meet national accreditation standards at the local level.



### **A2.1. Strengthen accountability and performance management, including accreditation.**

- a. Support all efforts required to apply for public health department accreditation or reaccreditation through the Public Health Accreditation Board (<http://www.phaboard.org>); this may include contracting or hiring for support to help with accreditation readiness efforts, support for accreditation fees, or relevant training or technical assistance.
- b. Support efforts required to address identified gaps or areas for improvement identified through the accreditation process and in accreditation reports, for those health departments that are accredited or in the process of seeking accreditation or reaccreditation.
- c. Establish and/or support statewide activities that advance the ability of local health departments to meet national accreditation standards, participate in the Pathways Recognition program, and seek or maintain accreditation, which can include the developing and delivering training and technical assistance, developing and implementing an accreditation learning community to share best practices, and fostering peer-to-peer support.
- d. Develop and maintain a performance management system, which may include procuring appropriate performance management software, to monitor achievement of organizational objectives.
- e. Develop processes to identify and use evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions at the organizational level.
- f. Procure external contract assistance and establish partnerships to improve or maintain an organization-wide culture of continuous quality improvement and the organizational use of quality improvement tools and methods.
- g. Develop and improve recruitment, retention, and succession planning of a qualified and diverse workforce; training based on workforce competencies; and performance evaluation and accountability of the workforce (see also Strategy A1 Workforce, which can also be used to support this work).
- h. Develop a workforce surge plan with actual processes, MOU's and/or contracts put in place with a staffing agency or agencies with the proven experience and track record for hiring and deploying qualified and expert staff for any public health all-hazards emergency within 45 days of the emergency declaration (e.g., The Hurricane Response Hub initiative) (see also Strategy A1 Workforce, which can also be used to support this work).
- i. Develop a workforce development plan that assesses workforce capacity and gaps using recognized staff competencies and includes strategies for action (see also Strategy A1 Workforce, which can also be used to support this work).

### **A2.2. Strengthen organizational competencies addressing information technology, human resources, financial management, contract, and procurement services.**

- a. Upgrade human resource and other administrative information systems, which may include software and hardware, and improve interoperability.

- b. Develop standard policies and practices for the efficient and effective use of bona fide agents or an administrative partner.  
<https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html>
- c. Upgrade and/or improve the financial management, contract, and procurement systems and services, including facilities and operations by updating or improving systems that maintain a high quality of budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies.
- d. Improve all systems and processes to procure, maintain, and manage safe facilities and efficient operations. Including streamlining procurement processes when possible.
- e. Develop policies, practices and tools to improve the management of financial, information management, and human resources effectively.
- f. Advance information technology services, including privacy and security by maintaining and procuring the hardware and software needed to access electronic health information and to improve the department's operations and analysis of health data.
- g. Develop policies and practices that will improve financial systems that will allow department-wide use and accountability for innovative financing strategies, such as braiding and layering funds from multiple funding sources to focus on social determinants of health and other health equity initiatives.
- h. Develop policies and practices to include an equity lens in contracting, purchasing, and budgeting procedures; implementing processes to consider power in internal decision making; or integrating equity concepts in human resources policies.

### **A2.3. Enhance communications.**

- a. Improve, develop, and implement strong communications capability and products
- b. Work with partners in developing culturally/linguistically relevant and responsive communication products and strategies.
- c. Develop and use health communication strategies to support prevention and well-being, including collaborating.
- d. Develop or enhance the department's ability to use social media platforms, which may include hiring a communications firm to establish/advance the department's social media presence.
- e. Procure, upgrade or maintain communication technologies needed to interact with community residents in a timely manner, as well as establish and maintain ability to transmit and receive communications to and from the public on a 24/7 basis.
- f. Provide information on public health issues and public health functions through multiple methods, languages, and media to a variety of audiences. This may include support for a public information officer role and/or media training for health department staff.

### **A2.4. Enhance or increase policy development and legal services and analysis.**

- a. Develop and implement strong policy development and support capabilities.

- b. Invest in legal services and analysis to access and appropriately use legal services in planning, implementing, and enforcing public health initiatives, including relevant administrative rules and due process.
- c. Create, champion, and implement policies, plans, and laws that impact health.
- d. Promote compliance of affected individuals or organizations with public health laws including through communication, education, and training.
- e. Conduct assessment of existing public health policies and their impact on social and structural determinants of health, generating data to inform health equity decision-making.

**A2.5. Strengthen community partnership development and engagement.**

- a. Set up processes and systems to better collaborate with behavioral health partners and experts by funding behavioral health services in medically underserved communities as appropriate.
- b. Support efforts to create, convene, and sustain strategic, non-program specific relationships with key health-related organizations; community groups or organizations representing populations in U.S. communities that have been economically or socially marginalized, are located in rural geographic areas, are composed of people from racial and ethnic minority groups, are medically underserved, and are disproportionately affected by COVID-19 or other priority public health problems; private businesses and health care organizations; and relevant federal, tribal, state, and local government agencies and non-elected officials.
- c. Provide forums and opportunities for direct access, conversation, and engagement with communities and populations to identify and understand key health needs, gaps, and opportunities.
- d. Support leadership efforts to convene external partners to consensus, with movement to action, and to serve as the trusted public face of governmental public health in the department's jurisdiction.
- e. Participate in or lead a cross-sector collaborative process resulting in a comprehensive state/community health assessment (nationally recognized frameworks and tools such as Mobilizing for Action through Planning and Partnerships, County Health Rankings, and Healthy People, can be used to inform or conduct these assessments).
- f. Develop and implement cross-sector state/community health improvement plans based on comprehensive community health assessment; nationally recognized frameworks and tools should be used to develop these plans.
- g. Engage with the public health system and the community in identifying, prioritizing, and addressing key health needs through collaborative processes.
- h. Engage with partners in the health care system to assess and improve health service availability and access.
- i. Develop and implement multisector or system strategies to increase access to social services.

- j. Build relationships with educational programs that promote the development of future public health workers, including partnerships to create pathways into the public health workforce.
- k. Connect communities to services that support the whole person by providing robust linkages and navigation for community resources, which can include partnerships with healthcare in conducting social and structural determinants of health screening.
- l. Support and resource local health department's ability to strengthen and deliver environmental health services, which can include delivering technical assistance and training, and providing timely and locally relevant information on environmental public health threats.

**A2.6. Improve equity and organizational competencies addressing leadership, governance, and strategic planning.**

- a. Support all efforts to strategically coordinate health equity programming and practice at all levels, through a strategic vision and/or subject matter expertise which can lead and act as a resource to support such work across the department.
- b. Conduct a department-wide strategic planning process, which may include hiring a facilitator external to the department or organization.
- c. Support organizational improvement efforts, including reorganization processes or efforts to explore cross-jurisdictional sharing, which may be put in place to better align the agency processes, resources, and capabilities to meet today's public health needs.
- d. Develop policies that foster accountability and transparency within the organizational infrastructure to prioritize equity, ethical practice, decision-making, and governance.

**A2.7. As appropriate, implement plans to transition from COVID-19 emergency response and other emergency response and preparedness projects.**

- a. No sample activities are provided for this Key Activity.

**Strategy A3: Data Modernization**

There are six Key Activities included in Component A, Strategy 3. Below each of these Key Activities are sample activities for recipients to consider for their own agency. Recipients are encouraged to work closely with CDC on any activities they may want to implement that are not included in this appendix. Statewide recipients should also consider this a sample list of activities to support in local health departments and tribes, to strengthen data modernization efforts.

**A3.1. Identify a data modernization director and supporting team.**

- a. Identify enterprise-wide steering committee to guide assessment, planning and implementation of identified priority activities.
- b. Expand departmental policies, procedures, and practices to orient towards an agile procurement, planning and implementation approach for DMI implementation.
- c. Engage contractors with technology, assessment, planning, system design, and implementation expertise to support activities, if needed.

**A3.2. Assess and report the current capacity, gaps, and opportunities to modernize the public health data infrastructure and workforce.**

- a. Complete required assessment outlining current capacity, gaps and opportunities. CDC has an assessment tool available for use by jurisdictions.

**A3.3. Create implementation plans**

- a. Identify enterprise-wide vision and goals for data modernization. Reference the CDC-developed “north star” vision for public health data infrastructure.
- b. Define technical standards for tools and services needed to achieve data modernization vision.
- c. Incorporate services and resources available from CDC, other jurisdictions, public health partners, health care partners, and city/county/state governmental infrastructure.
- d. Plan towards iterative outcomes that first focus on addressing problems of highest public health value and lowest technical complexity.
- e. Utilize agile-focused methodologies to develop implementation plans that can be quickly implemented, are flexible and adaptable, and whose lessons learned can readily propagate and scale successes.

**A3.4. Implement developed work plans to realize data infrastructure enhancements and improvements.**

- a. Implement agile-focused work plans to address prioritized areas of focus. Domain areas of focus can include, but are not limited to, the following areas:
  - Data Exchange and Systems Interoperability
  - Data and IT Governance
  - Data Analytics, Visualization, and Dissemination
  - Data Standardization and Linkage
  - System Security and Data Protection
  - Process Automation
  - Achieving Efficiencies


**A3.5. Accelerate implementation by proposing innovative modernization projects to enhance data quality, exchange, dissemination, and use.**

- a. There are no sample activities provided for A3.5. Refer to A3.4. for areas that can be accelerated.

Item 9.

Funded Application(s)

Funding Details Terms & Conditions NoA Attachments

1. AWARD ACTION TYPE: New		2. FUNDING MEMO CODE: 19613		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION 
3a. GRANT NUMBER: N/A		3b. APPLICATION TRACKING NUMBER: 00205775	4. ACTIVITY CODE: GE1	
5. FUNDING CYCLE CODE: 8753		6. ANNOUNCEMENT NUMBER: HRSA-22-135		
7. FUNDING CYCLE NAME: Congressionally Directed Spending: Non-Construction Projects				
8. FUNDING MEMO APPROVED DATE: N/A				
9. GRANTEE NAME AND ADDRESS: COUNTY OF SAN JUAN 9 S Main St Monticello UT, 84535				10. BUDGET PERIOD (BP): FROM: 08/01/2022 THROUGH: 07/31/2023
11. GRANT PERIOD (GP): FROM: 08/01/2022 THROUGH: 07/31/2023				12. TITLE OF PROJECT: Victims of Mills Tailings Exposure Cancer Screening Program

13. SELECTION REASON: Other  
15. FUNDING ACTION DETAILS:

14. SELECTION REASON SPECIFICATION: General

Funds For	Funding Action Type	Approved Date	Awarded Date	Approved Amt. This BP	Less Awd. Amt. This BP			Less Approved Unawd. Amt. This BP	Approved Amount This Action
					Awarded	Additional Authority	Offset		
New	Grant Application	7/12/2022	N/A	\$520,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$520,000.00

Funding Cycle Name: Congressionally Directed Spending: Non-Construction Projects  
Comments: N/A

**Total** \$520,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$520,000.00

16. ADDITIONAL COMMENTS BY PREPARER (THIS ACTION): N/A

17. Funding Sources:

FY-CAN	PROGRAM DEFAULT	SUB PROGRAM CATEGORY	FA AMOUNT
22-370NCON	Yes	N/A	\$520,000.00

18. Additional Recommended Future Support This Action

Support Year	Total
2	\$0.00
3	\$0.00
4	\$0.00
5	\$0.00
<b>Total</b>	\$0.00

19. PROGRAM GRANTS ADMINISTRATOR: Julia Bryan

20. PROJECT OFFICER: Julia Bryan

21. ASSOCIATED PRIOR APPROVAL REQUESTS:

Prior Approval Number	Request Type	Date Approved	Approved By
There are no records to display.			

Close Window

Budget Justification Grant#:	FY 2022 Budget Period		
	Federal Grant Request	Non-Federal Resources	Total
<b>REVENUE</b> – Should be consistent with information presented in Budget Information: Budget Details form and Form 3: Income Analysis.			
FY 2022 Congressionally Directed Spending Non-construction and Construction Projects Overview	\$520,000.00		\$ 520,000.00
			-
<b>TOTAL REVENUE</b>	<b>\$520,000.00</b>		<b>\$520,000.00</b>
<b>EXPENSES:</b> Object class totals should be consistent with those presented in Section B of the Budget Information: Budget Details form.			
<b>PERSONNEL</b>			
ADMINISTRATION (strategy, community/clinical partnerships, and	\$ 36,758.09		\$ 36,758.09
MARKETING EMPLOYEES (facilitating community and media	\$ 46,597.42		\$ 46,597.42
			\$ -
<b>TOTAL PERSONNEL</b>	<b>\$ 83,355.51</b>		<b>\$ 83,355.51</b>
<b>FRINGE BENEFITS</b>			
Health Insurance	\$ 13,366.88		\$ 13,364.88
Social Security Tax	\$ 2,128.95		\$ 2,128.95
Medicare Tax	\$ 428.42		\$ 428.42
State Retirement	\$ 5,795.12		\$ 5,795.12
Health Savings Account	\$ 602.82		\$ 602.82
Long Term Disability	\$ 162.30		\$ 162.30
<b>TOTAL FRINGE</b>	<b>\$ 22,484.49</b>		<b>\$ 22,484.49</b>
<b>TRAVEL</b>			
NEMT Patient travel: 10,000 loaded miles (non-emergency medical	\$ 35,000.00		\$ 35,000.00
			-
<b>TOTAL TRAVEL</b>	<b>\$ 35,000.00</b>		<b>\$ 35,000.00</b>
<b>EQUIPMENT</b> – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.			
Radiation Survey Meter	769.74		769.74
<b>TOTAL EQUIPMENT</b>	<b>769.74</b>		<b>769.74</b>
<b>SUPPLIES</b>			
<b>ADVERTISING</b>			
Program Outreach Flyer Printing (EDDM)	\$ 736.78		\$ 736.78
Program Outreach Brochures	\$ 1,000.00		\$ 1,000.00
Mobile Pogram Outreach Display - Retractable Banners x 5	\$ 521.40		\$ 521.40

Program Outreach Table Cover	\$ 357.00		\$ 357.00
Memorial Books and Displays (allowing participants to record and	\$ 1,000.00		\$ 1,000.00
Program outreach shirts	\$ 2,500.00		\$ 2,500.00
<b>TOTAL SUPPLIES</b>	<b>\$ 6,115.18</b>		<b>\$ 6,115.18</b>
<b>Contractual - Include sufficient detail to justify costs.</b>			
Cancer Epidemiology Consultant (Provide evidence-based expertise to validate and verify epidemiological basis for risk definitions, cancer screening protocols, marketing messages, and other program details; \$50/hour @ 5 hours/month)	\$1,000		1,000
<b>TOTAL CONTRACTUAL</b>	<b>\$ 1,000.00</b>		<b>\$ 1,000.00</b>
<b>OTHER – Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.</b>			
ADVERTISING (Program Outreach Costs)			\$ -
Retail USPS Marketing Flats (EDDM; \$0.187 per piece; 13,500 x 3;	\$ 7,573.50		\$ 7,573.50
Radio Program Outreach (KRTZ, KISS, KVFC)	\$ 9,000.00		\$ 9,000.00
Radio Program Outreach (Red Rock 92.7; local sporting events)	\$ 5,000.00		\$ 5,000.00
Newspaper Program Outreach (San Juan Record, Moab, Navajo	\$ 5,041.63		\$ 5,041.63
Program Outreach Video Production	\$ 19,000.00		\$ 19,000.00
Targeted Social Media ads (average \$0.97 per click for Facebook	\$ 6,499.95		\$ 6,499.95
Sub-Total	\$ 52,115.08		\$ 52,115.08
<b>CLINICAL VOUCHERS/REIMBURSEMENT</b>			
Physical Exams at nearest healthcare facility (\$50/exam x 2020	\$ 101,000.00		\$ 101,000.00
Cancer Screenings at nearest healthcare facility (\$216/screen x 1010	\$ 218,160.00		\$ 218,160.00
Sub-Total	\$ 319,160.00		\$ 319,160.00
<b>TOTAL OTHER</b>	<b>\$ 371,275.08</b>		<b>\$ 371,275.08</b>
<b>TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)</b>	<b>\$ 520,000.00</b>		<b>\$ 520,000.00</b>
<b>INDIRECT CHARGES – Include approved indirect cost rate.</b>			
X% indirect cost rate (includes utilities and accounting services)			-
<b>TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)</b>			<b>\$ 520,000.00</b>



### Budget Information - Non Construction Programs

OMB Approval No. 0348-0044

<b>Section A - Budget Summary</b>						
Grant Program Function or Activity  (a)	Catalog of Federal Domestic Assistance Number  (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal  (c)	Non-Federal  (d)	Federal  (e)	Non-Federal  (f)	Total  (g)
1. Victims of the Mill Tailings Exposure Cancer Screening Program				520,000.00		520,000.00
2.						-
3.						-
4.						-
5. Totals		-	-	520,000.00	-	520,000.00
<b>Section B - Budget Categories</b>						
6. Object Class Categories	Grant Program, Function or Activity				Total (5)	
	(1)	(2)	(3)	(4)		
a. Personnel	83,355.51				83,355.51	
b. Fringe Benefits	22,484.49				22,484.49	
c. Travel	35,000.00				35,000.00	
d. Equipment	769.74				769.74	
e. Supplies	6,115.18				6,115.18	
f. Contractual	1,000.00				1,000.00	
g. Construction					-	
h. Other	371,275.08				371,275.08	
i. Total Direct Charges (sum of 6a-6h)	520,000.00		-	-	520,000.00	
j. Indirect Charges					-	
k. Totals (sum of 6i-6j)	520,000.00		-	-	520,000.00	
7. Program Income					-	



**Section C. Non-Federal Resources**

**Lines 8-11**—Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

**Column (a)**—Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

**Column (b)**—Enter the contribution to be made by the applicant.

**Column (c)**—Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

**Column (d)**—Enter the amount of cash and in-kind contributions to be made from all other sources.

**Column (e)**—Enter totals of Columns (b), (c), and (d).

**Line 12**—Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f) Section A.

**Section D. Forecasted Cash Needs**

**Line 13**—Enter the amount of cash needed by quarter from the grantor agency during the first year.

**Line 14**—Enter the amount of cash from all other sources needed by quarter during the first year.

**Line 15**—Enter the totals of amounts on Lines 13 and 14.

**Section E. Budget Estimates of Federal Funds Needed for Balance Project**

**Lines 16-19**—Enter in Column (a) the same grant program titles shown Column

(a), Section A. A breakdown by function or activity is not necessary. For applications and continuation grant applications, enter in the proper column amounts of Federal funds which will be needed to complete the program project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplemental funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

**Line 20**—Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show overall totals on this line.

**Section F. Other Budget Information**

**Line 21**—Use this space to explain amounts for individual direct object-cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

**Line 22**—Enter the type of indirect rate (provisional, predetermined, fixed) that will be in effect during the funding period, the estimated amount the base to which the rate is applied, and the total indirect expense.

**Line 23**—Provide any other explanations or comments deemed necessary.

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## COMMISSION STAFF REPORT

<b>MEETING DATE:</b>	April 20, 2023
<b>ITEM TITLE, PRESENTER:</b>	Discussion and Approval of Budget and Supporting Positions for Monticello Cancer Screening Program presented by Grant Sunada, Public Health Director
<b>RECOMMENDATION:</b>	Apr

### SUMMARY

The Health Services and Resource Administration (HRSA) provided San Juan Public Health with Community Project Funding for 2022-2023 to reestablish the Victims of Mills Tailings Exposure Cancer Screening Program that was originally funded in 2009. This funding supports staff time, marketing, and clinical activities related to cancer screenings among high-risk individuals.

Background: Monticello Mill was owned and operated by the United States Government between 1941 and the early 1960s. In 1989 the Environmental Protection Agency placed the Mill and the tailings site on the Department of Energy's National Priority List for cleanup and removal of toxic waste. Prior to this, however, the toxic waste polluted the air and waterways in the greater-Monticello community. This led to noticeably high rates of cancer diagnoses, some tragically resulting in death.

In partnership with the Utah Department of Health, the then-Southeast Utah District Health Department (SEUHD) administered the newly-established cancer screening program made possible by the Community Project Funding request. Individuals would contact the local SEUHD, complete an application to determine eligibility, and could then receive a voucher for a doctor's appointment at local hospitals or a health care provider in the community. To qualify, individuals needed to live in the greater Monticello community between 1941-2000. If individuals qualified, they could receive a voucher from the SEUHD to use to pay for a physical examination and then for a battery of cancer screens.

The current San Juan Public Health staff has limited capacity to manage this program, but the COVID-19 Public Health Crisis Workforce Grant has funding to supplement this short-term HRSA and allow for the hiring of another Public Health Nurse. During that time, our current Home Visiting Nurse plans to retire and can train the new nurse.

### HISTORY/PAST ACTION

Approval

**FISCAL IMPACT**

a. Personnel	\$83,355.51
b. Fringe Benefits	\$22,484.49
c. Travel	\$35,000.00
d. Equipment	\$769.74
e. Supplies	\$6,115.18
f. Contractual	\$1,000.00
g. Construction	n/a
h. Other	\$371,275.08
i. Total Direct Charges (sum of 6a-6h)	\$520,000.00
j. Indirect Charges	
k. <b>Totals</b> (sum of 6i-6j)	\$520,000.00



## UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES CONTRACT AMENDMENT

PO Box 144003, Salt Lake City, Utah 84114  
288 North 1460 West, Salt Lake City, Utah 84116

2229214  
Department Log Number

222700714  
State Contract Number

1. **CONTRACT NAME:** The name of this contract is Public Health Crisis Response Workforce Supplemental SFY 2022 – San Juan County Amendment 1.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health & Human Services (DEPARTMENT) and San Juan County (CONTRACTOR).

**PAYMENT ADDRESS**

San Juan County  
735 S 200 W, Ste 2  
Blanding UT, 84511

**MAILING ADDRESS**

San Juan County  
735 S 200 W, Ste 2  
Blanding UT, 84511

**Vendor ID:** 06866HL

**Commodity Code:** 99999

3. **PURPOSE OF CONTRACT AMENDMENT:** Attachment A, effective 11/17/22, is replacing Attachment A, which was effective 9/1/2021. The contract amount is being changed. The original amount was \$159,977. The funding amount will be increased by \$32,671 in federal funds. New total funding is \$192,648.
4. **CHANGES TO CONTRACT:**
  1. The contract amount is being changed. The original amount was \$159,977. The funding amount will be increased by \$32,671 in federal funds. New total funding is \$192,648.
  2. Attachment A, effective 11/17/22, is replacing Attachment A, which was effective 9/1/2021.

UEI: WCVABP2FEVA2

Indirect Cost Rate: 0%

Add

Federal Program Name:	Centers for Disease Control and Prevention	Award Number:	6 NU90TP922163-01-01
Name of Federal Awarding Agency:	Department of Health and Human Services	Federal Award Identification Number:	NU90TP922163
Assistance Listing:	PUBLIC HEALTH EMERGENCY RESPONSE: COOPERATIVE AGREEMENT FOR	Federal Award Date:	5/19/2021

	EMERGENCY		
Assistance Listing Number:	93.354	Funding Amount:	\$32671.

All other conditions and terms in the original contract and previous amendments remain the same.

- 5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 11/17/2022
  
- 6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
  - A. All other governmental laws, regulations, or actions applicable to services provided herein.
  - B. All Assurances and all responses to bids as provided by the CONTRACTOR.
  - C. Utah Department of Health & Human Services General Provisions and Business Associate Agreement currently in effect until 6/30/2023.
  
- 7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

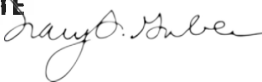
**Contract with Utah Department of Health & Human Services and San Juan County, Log # 2229214**

IN WITNESS WHEREOF, the parties enter into this agreement.

**CONTRACTOR**

By:  12/06/2022  
Willie Grayeyes Date  
County Commission Chair

**STATE**

 12/9/2022  
By: \_\_\_\_\_  
Tracy Gruber Date  
Executive Director, Department  
of Health & Human Services

ATTACHMENT A - SPECIAL PROVISIONS  
 CDC Crisis Response Cooperative Agreement:  
 COVID-19 Public Health Workforce Supplemental Funding

- I. Definitions
- A. "CDC" means the Centers for Disease Control and Prevention.
  - B. "CWF" means Crisis Workforce Supplemental Funding Cooperative Agreement.
  - C. "DEI" means diversity, equity, and inclusion.
  - D. "Department" means the Utah Department of Health, Bureau of Emergency Medical Services and Preparedness.
  - E. "FTE" Full Time equivalent.
  - F. "General Provisions" means the agreement between the parties titled "General Provisions and Business Associate Agreement" effective July 1, 2019 through June 30, 2024.
  - G. "STLT" means State, Tribal, Local, and Territorial (STLT) governments.
  - H. "Subrecipient" means Local Healthcare Department.
- II. Purpose
- A. The purpose of this agreement is to recruit, hire, and train personnel to address projected jurisdictional COVID-19 response needs, including hiring personnel to build capacity to address STLT public health priorities deriving from COVID-19, which supports Department efforts to enhance Utah's public health workforce through the CDC Crisis COVID-19 Public Health Workforce Supplemental located at <https://www.cdc.gov/cpr/readiness/funding-ph.htm>.
- III. Department Contact Information
- A. Department encourages inquiries concerning this grant and special provisions, which should be directed to the following Department contacts:
 

For programmatic technical assistance, contact:  
 Jenny Starley, Program Manager  
 Bureau of Emergency Medical Services and Preparedness  
 (385) 258-0543  
 jstarley@utah.gov

For financial or budget assistance, contact:  
 Jerry Edwards, Financial Manager  
 Office of Fiscal Operations, Utah Department of Health  
 (801) 538-6647
- IV. Payments
- A. Subrecipient shall submit a final Monthly Expenditure Report, as required by the General Provisions, and for the final funding transfer (no later than July 5, 2023).
  - B. Department agrees to reimburse Subrecipient up to the maximum amount of the contract for expenditures made by the Subrecipient directly related to the program, as defined in the General Provisions.
  - C. Reimbursement requests from Subrecipient can be backdated from the federal funded date of September 1, 2021.
- V. COVID-19 Funding
- A. This funding is approved for COVID-19 Public Health Workforce activities, as described in the supplemental funding guidance, located at <https://www.cdc.gov/cpr/readiness/funding-ph.htm>.

## VI. Budget and Reporting

- A. Subrecipient may begin spending funds on reimbursable personnel costs as described in Subrecipient's submitted budget upon full execution of this contract. (See Section IX.A.1-4 for examples of such costs.) Non-personnel cost categories (See Section IX.A.5-6 for examples of such costs) require budget review and approval by Department (via email) prior to Subrecipient expenditure.
- B. Subrecipient shall submit to Department bi-annual progress and fiscal reports by:
  1. January 7, 2022 (for activity period July 1, 2021 - December 31, 2021);
  2. July 7, 2022 (for activity period January 1, 2022 - June 30, 2022);
  3. January 7, 2023 (activity period July 1, 2022 - December 31, 2022); and
  4. July 7, 2023 (activity period January 1, 2023 - June 30, 2023).
- C. Progress Reporting Requirements:
  1. Subrecipient shall provide progress reports to Department regarding hiring goals and DEI metrics by using the Hiring Diversity Goals template located within the Crisis Workforce Development template, tab 9.
- D. Fiscal Reporting Requirements:
  1. Subrecipient shall provide fiscal reports to Department on the status update of fiscal commitments made by using the Spend Plan template located within the Crisis Workforce Development template, tab 11 .
- E. Closeout Reporting Requirements, due September 14, 2023:
  1. Subrecipient shall submit a closeout report, using a template provided by Department, and will include:
    - a) Final performance progress and evaluation;
    - b) Fiscal report;
    - c) Equipment and supplies tangible personal property report; and
    - d) Final report on DEI metrics.
- F. Subrecipient shall submit additional information to Department upon request to support state and federal reporting requirements.
- G. Subrecipient shall update the Department with any changes to programmatic, and financial points of contact as they occur.

## VII. Department Responsibilities

- A. Department agrees to distribute additional closeout report templates via email no later than thirty (30) days prior to the due date.
- B. Department agrees to provide technical assistance upon request by Subrecipient.

## VIII. Coronavirus Disease 2019 (COVID-19) Funds

- A. Department, as a recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to:
  1. Comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19;
  2. In consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and

3. Assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.
- B. Department and Subrecipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: [www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf](http://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf).
  - C. Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the Department and Subrecipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.
  - D. This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, Department is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.
- IX. Allowable Costs
- A. This list is not exhaustive; CDC encourages individual jurisdictional and local needs to be met, as applicable.
    1. Overtime costs are a very likely and reasonable expense during the response to COVID-19, subrecipient may include projected overtime in their budgets.
      - a) Subrecipient should be careful to estimate costs based on current real-time needs and will still be required to follow federal rules and regulations in accounting for the employees' time and effort.
    2. Funding can be used to hire personnel for roles that may range from senior leadership positions to early career or entry-level positions and may include, but is not limited to:
      - a) Permanent full-time and part-time staff (which may include converting part-time positions to full-time positions during the performance period)
      - b) Temporary or term-limited staff
      - c) Fellows
      - d) Interns
      - e) Contractors or contracted employee
    3. The costs, including wages and benefits, related to recruiting, hiring, and training of individuals to serve as:
      - a) Professional or clinical staff, including public health physicians and nurses (other than school-based staff); mental or behavioral health specialists to support workforce and community resilience; social service specialists; vaccinators; or laboratory scientists or technicians;
      - b) Disease investigation staff, including epidemiologists; case investigators; contact tracers; or disease intervention specialists;
      - c) School nurses and school-based health services personnel, including hiring school-based nurses, converting current nurses from part-time to full-time work, increasing hours, increasing nursing salaries or otherwise supporting retention efforts;
      - d) Program staff, including program managers; communications and policy staff; logisticians; planning and exercise specialists; program evaluators; pandemic preparedness and response coordinators to support the current pandemic response and identify lessons learned to help prepare for possible future disease outbreaks; health equity officers or teams;



data managers, including informaticians, data scientists, or data entry personnel; translation services; trainers or health educators; or other community health workers;

- e) Administrative staff, including human resources personnel; fiscal or grant managers; clerical staff; staff to track and report on hiring under this cooperative agreement; or others needed to ensure rapid hiring and procurement of goods and services and other administrative services associated with successfully managing multiple federal funding streams for the COVID-19 response; and
  - f) Any other positions as required to prevent, prepare for, and respond to COVID-19.
4. These individuals may be employed by:
    - a) STLT public health governments or their fiscal agents;
    - b) Schools, school boards, school districts, or appropriate entities for providing school-based health care;
    - c) Nonprofit private or public organizations or community-based organizations with demonstrated expertise in implementing public health programs and established relationships with STLT public health departments, particularly in medically underserved areas; or
    - d) Employment agencies, contracted vendors, or other temporary staffing agencies.
  5. Purchase of equipment and supplies necessary to support the expanded workforce including personal protective equipment, equipment needed to perform the duties of the position, computers, cell phones, internet costs, cybersecurity software, and other costs associated with support of the expanded workforce (to the extent these are not included in recipient indirect costs).
  6. Administrative support services necessary to implement activities funded under this section, including travel and training (to the extent these are not included in recipient indirect costs).

#### X. Allowable Activities

- A. This list is not exhaustive; CDC encourages individual jurisdictional and local needs to be met, as applicable, and to use a variety of mechanisms to expand the public health workforce, including, but not limited to:
  1. Using CDC's Social Vulnerability Index (located at <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>) data and tools to inform jurisdiction COVID-19 planning, response, and hiring strategies.
  2. Contracting services: Using the General Services Administration (GSA) COVID-19 Related Support Services (CRSS) contract mechanism available at Acquisition Gateway to obtain contract staff or services.
  3. Cross-training: Cross-train staff hired to work on COVID-19 response for other communicable disease response and future pandemic response activities.
  4. Forming partnerships: Form partnerships with academic institutions, creating student internship or fellowship opportunities, and building graduation-to-workforce pipelines.
  5. Planning: Continuity of operations (plans, protocols, and systems-based) related to emergency preparedness is within scope. If that is something that recipients think is important to do for COVID-19 and beyond.
  6. Strategic Planning: LHD strategic planning, if there is an identified gap in your plans, with how the local health department is organized, or need assistance identifying those gaps, that is certainly something CDC would support. This could

mean hiring a consultant or purchasing a decision-support tool to help you review your strategic vision for the future.

7. Strike Force Teams: developing, training, and equipping response-ready “strike force” teams capable of deploying rapidly to meet emergent needs, including through the Emergency Management Assistance Compact.
8. Training: Focus on COVID-19 and preparedness activities, cross-training of COVID-19 staff for other communicable disease response activities, clinical staff activities.

XI. Unallowable Costs

- A. Research.
- B. Clinical care
- C. Publicity and propaganda (lobbying):
  1. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - a) Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - b) The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
  2. See Additional Requirement 12 for detailed guidance on this prohibition an additional guidance on lobbying: [https://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf)

XII. Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS)

- A. Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
 Shirley K Byrd, Grants Management Officer  
 Centers for Disease Control and Prevention  
 Branch IV, Team II  
 2935 Flowers Road  
 Atlanta, GA  
 Email: [skbyrd@cdc.gov](mailto:skbyrd@cdc.gov) (Include “Mandatory Grant Disclosures” in subject line)

AND

U.S. Department of Health and Human Services  
 Office of the Inspector General  
 ATTN: Mandatory Grant Disclosures, Intake Coordinator  
 330 Independence Avenue, SW  
 Cohen Building, Room 5527

Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)