

ORIGINAL

ORDINANCE NO. 2020-012

**Creating a New Fund for CARES ACT CORONAVIRUS RELIEF FUND &
EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES
(COVID TESTING SUPPORT FUND)**

WHEREAS, the Delaware County Health Department receives funds from the Indiana State Department of Health;

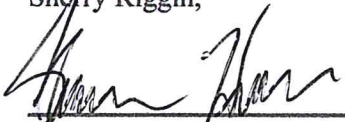
WHEREAS, the funding source origin CFDA number differs from other grants received;

WHEREAS, it is necessary to establish a new fund in the Auditor's Office into which the proceeds will be deposited;

NOW THEREFORE, BE IT ORDAINED BY THE COUNTY COMMISSIONERS OF DELAWARE COUNTY, INDIANA THAT: The Delaware County Health Department shall be permitted to establish a fund entitled COVID TESTING SUPPORT FUND and has issued a budget fund number of _____ with respect to these funds and such funds are non-reverting, further the expenditure of said funds shall not require appropriation by County Council.

Dated this 17 day of August, 2020

Sherry Riggin,



Shannon Henry



James King

Delaware County Commissioners

ATTEST:



Steven G. Craycraft, Auditor

ATTACHMENT A
CARES ACT CORONAVIRUS RELIEF FUND &
EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES
September 1st, 2020 – June 30th, 2021
GRANT INFO: Epidemiology and Laboratory Capacity for Infection Diseases
CFDA #93.323 & CARES Act Coronavirus Relief Fund CFDA #21.019

INTRODUCTION

The Division of Emergency Preparedness (DEP) and Epidemiology Resource Center (ERC) within the Indiana State Department of Health (ISDH) are responsible for administering the Epidemiology and Laboratory Capacity Control of Emerging Infectious Diseases (ELC) Grant received from the Centers for Disease Control and Prevention (CDC) to support COVID-19 response activities. A portion of this grant involves expanding testing capacity through community-based options. Access to local testing is critical to Indiana’s response to the COVID-19/SARS-CoV-2 pandemic response and through this grant ISDH is enabling local health departments to engage local communities and partners in COVID-19 testing. Additionally, the State of Indiana has designated \$12.5M from the COVID-19 CARES Act Coronavirus Relief Fund for the first year of LHD clinic funding.

The ISDH-DEP administers these funds through sub-recipient agreements which require locally operated testing activities aimed at enhancing local COVID-19 testing. These agreements include supplies and funding provided by ISDH.

SUPPLIES, SERVICES, AND FUNDING RECEIVED

The Indiana State Department of Health (ISDH) will provide the essential supplies to local health departments to support testing sites. These include staff member personal protective equipment (PPE), such as N95 masks, surgical masks, gloves, gowns, and face shields. Specimen collection supplies such as nasopharyngeal swabs and viral transport media (VTM). Site promotional materials such as sandwich boards for lane markings at the testing site. Cold storage capacity materials including large fridge freezers/Vacchi-coolers, large and medium coolers, and ice packs. A technology package to include registration label printer, label cartridges, and mobile internet MiFi with two years or service. See the table below for a comprehensive list of state-provided supplies per site. Supplies are provided to support a throughput of 100 specimens collected per day, with the expectation of sites operating five days per week.

Supply List Provided Per Clinic Site (2 years of supplies, based on 100-person throughput per clinic per day)		
Individual Site 2-Year Quantity	Unit	Item
520	each	TZe-251 label cartridge
2	each	Label printers
1	each	MiFi with 2 year service
50	gallon	Hand sanitizer refill
1	each	16oz bottles of hand sanitizer
2	each	Sandwich boards (lane markers: enter = 1, exit = 1)
1	each	Large cooler
1	each	Medium cooler
1	each	Large fridge freezers/Vacchi-Coolers (Stable cooling source)
16	each	Ice packs

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2	each	iPads
1040	each	gowns
1040	each	n95
52000	each	surgical masks
1040	each	face shields
104000	each	gloves

In addition to physical supplies, the ISDH will provide each site with access to patient registration services, laboratory services, and courier services. Each site will have access to the web-based patient registration platform, Zotec. This platform supports patient pre-registration and on-site registration, specimen accessioning, and results notification. The Zotec system and the included printer, ink cartridges, and labels will be utilized for specimen test tube labeling. Zotec will be utilized by the state to capture client throughput rates at testing sites. Testing supplies including swabs, VTM, PPE and other supplies will be evaluated and may be increased should the demand provide.

ISDH is providing a courier service for specimen collection and transport to laboratories participating in the state Laboratory Testing Network.

The Indiana State Department of Health is providing local health departments with \$100,000 per testing site. Tiers of support are based on county population. Funding may be used for personnel support, rent, utilities, and other non-ISDH provided supplies needed to operate site(s). This could include biowaste removal, cleaning/utility service for selected sites, etc.

Tier	2019 Est. Population	# of Sites	Total \$ Support
1	≥200,000	3	\$300,000
2	70,000 – 199,999	2	\$200,000
3	1 – 69,999	1	\$100,000

LOCAL TESTING REQUIREMENTS

Each local testing site is required to establish hours of operation including non-traditional hours to ensure accessibility to those who are working (e.g., after 5 p.m. and weekends). Requirements include:

- Sites must operate minimum hours per week to meet the demands of community; optimally, the ISDH recommends clinic availability 5 days per week.
- A minimum of two of these days must offer site availability after 5 p.m.
- Additionally, clinics should be open on Saturdays; minimally 3 Saturdays a month.
- Testing locations should be in an ADA-compliant location that is accessible to all members of the community.

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ISDH will provide testing guidance, instructions, and testing criteria to local health departments as needed. Testing is available to any person who wishes to be tested, symptomatic or asymptomatic. There are no county residency restrictions. Testing and any related educational materials must be provided in culturally and linguistically appropriate standards. The ISDH Office of Minority Health and your local community's minority health coalitions are available to provide assistance.

Local health departments are encouraged to engage local partners such as hospitals, health clinics, EMS, other medical providers, and non-profit community partners to enable increased and sustained local testing capacity. To the extent possible, we encourage health departments to also provide "one-stop" services (such as immunizations, lead testing, etc.) at the same time to minimize the need for multiple trips.

In addition to local testing capacity, the local health departments continue to be responsible for contacting positive COVID-19 cases who are deemed "lost to follow-up" by ISDH's centralized contract tracing unit. A case is flagged with this status when they are not reachable by the contact tracing unit. Upon contact with these cases, local health departments will provide education and support services to residents who have additional needs (e.g., connecting to housing services, 2-1-1, and other social services).

The Delaware County Health Department has identified the following location(s) to operate COVID-19 Testing.

Local Health Department COVID-19 Testing Clinic Point of Contact Information:

Name: Jammie Bane
Title: Administrator
Phone #: 765-587-0660 / Cell Phone #: 765-760-7680
Signed By: 
Title: Administrator

Address (Clinic 1):

Street Address: 333 S. Madison Street (Mobile clinic truck may be utilized as well)
City: Muncie Zip Code: 47305

Partner(s) included to operate clinic:

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Note – if not applicable, does not apply.

Name(s): Open Door Health Services

Address: 333 S. Madison Street, Muncie, IN 47305

Phone #: 765-747-2971

Address (Clinic 2 if applicable):

Street Address: _____

City: _____ Zip Code: _____

Partner(s) included to operate clinic:

Note – if not applicable, does not apply.

Name(s): _____

Address: _____

Phone #: _____

Address (Clinic 3 if applicable):

Street Address: _____

City: _____ Zip Code: _____

Partner(s) included to operate clinic:

Note – if not applicable, does not apply.

Name(s): _____

Address: _____

Phone #: _____