CORE PUBLIC HEALTH SERVICES
Funding and Activity Plan

HEALTH FIRST INDIANA INITIATIVE

2024

Developed

August 21, 2023

DATES OF AMENDMENT: 9/20/2023

Allen County Department of Health

Overview

Established by Executive Order by Governor Eric J. Holcomb in August 2021, the Governor's Public Health Commission (GPHC) was charged with studying the strengths and weaknesses of Indiana's current public health system and making recommendations for improvements utilizing best practices discovered.

A final report authored by the GPHC in July 2022 outlines various areas of growth and improvement needed to create a more robust public health delivery system in Indiana. Those areas of focus were:

- Governance, Infrastructure and Services
- Dedicated Public Health Funding
- Public Health Workforce
- Data & Information Systems
- Emergency Preparedness
- Child & Adolescent Health

Several bills related to improving the public health delivery system in Indiana were put forth during the 2023 legislative session. Those bills gained support throughout the session, and ultimately passed on April 17, 2023. "Health First Indiana" is the state's initiative created by Senate Enrolled Act 4 (SEA 4), which focuses on creating a consistent set of Core Public Health Services, accessible, recurring and dedicated funding, as well as clearly defined measurements for immediate and future growth. (Health First Indiana website: Health First Indiana)

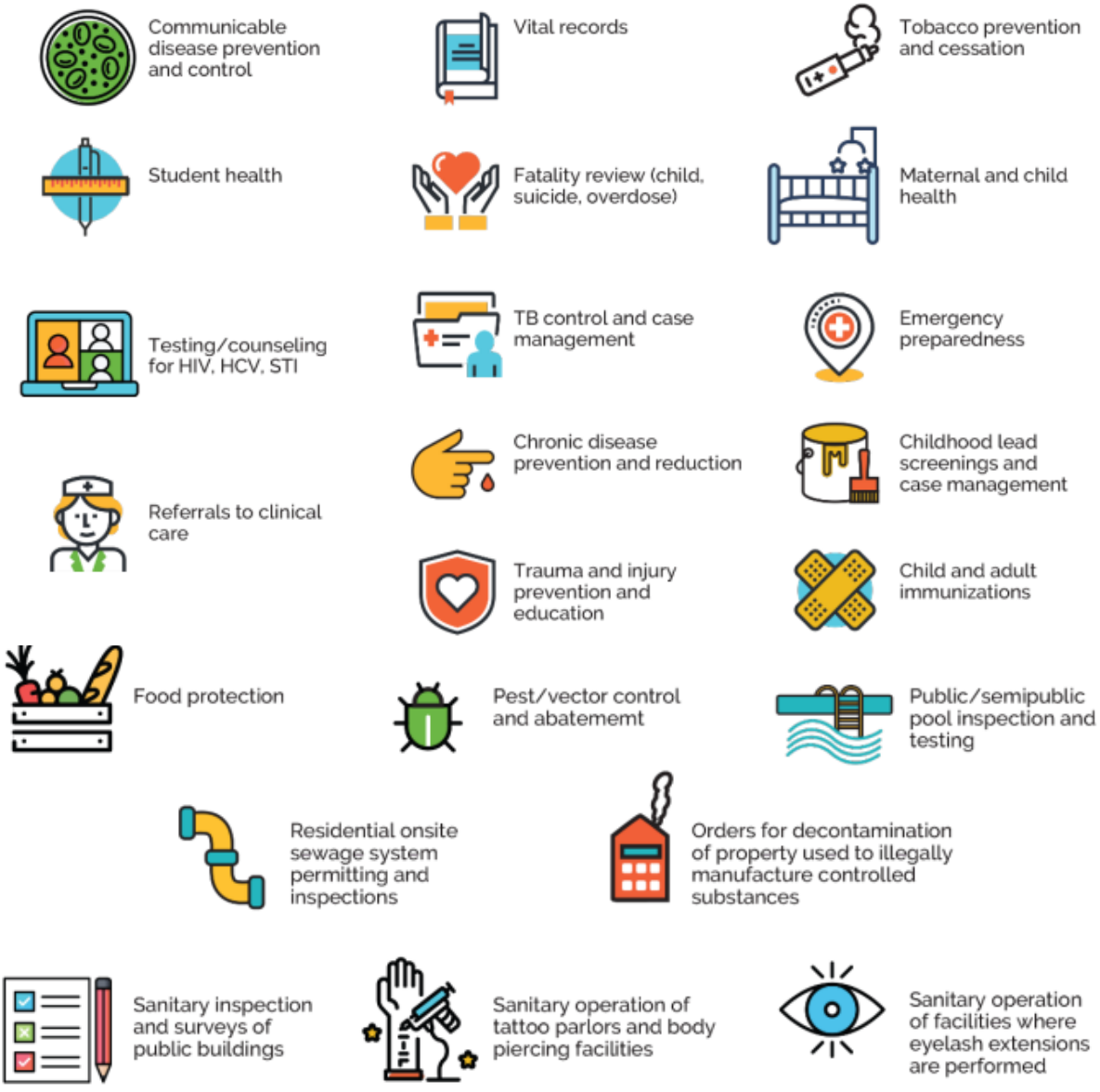
Health First Allen County is Allen County's newly developed program to begin these very needed and welcome changes to our local public health delivery system. Simply put, the Allen County Department of Health is blessed with many existing and thriving community partnerships, including support from local elected officials. Therefore, we are happy to outline our current plans for growth, change, program additions, and to roll out our very first public health grant program that will assist in developing a robust and diverse platform for delivery of public health programs for the community.

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2024 Core Public Health Services Activity Plan

The Indiana Department of Health gathered a team of state and local public health partners to form both a Core Public Health Services Committee and a Core Public Health Leadership Committee. The "Services" committee developed the minimum core public health services that should be conducted by local health departments in Indiana – and these include duties already required by statute as well as new activities aimed at offering a more comprehensive body of preventive services. The "Leadership" committee assisted with developing the key performance measures for the first year of the Health First Indiana (HFI) initiative and continues to advise the state on various facets of the overall development and deployment of HFI.

The Core Public Health Services Committee created the following list of Core Public Health Services ***areas*** local entities will need to provide (many exist in the statutes currently, and many were added in the 2023 legislative session):



In addition to the required Core Public Health Services (CPHS) listed here, each local health department has other statutory responsibilities not included on this list as well as local rules and regulations for which they are responsible. For example, Allen County has a local ordinance to assist with ensuring the safety and sanitary provision of lodging establishment facilities, but that is over and above the state-required services. Similarly, there are additional state-required activities not listed as CPHS such as the regulation of railroad mobile camp car units, bathing beaches, campgrounds, and more. It is for this reason that the comprehensive budget and activities for each local health department will be comprised of a variety of things required at both the state and local levels.

Local health departments have been encouraged to engage their existing and new local partners in the promotion and development of the delivery plan for the required Core Public Health Services (CPHS). The Allen County Department of Health has embraced this concept, as we consider ourselves blessed to be aligned and engaged with so many organizations that have similar public health betterment goals for the community. We look forward to building on existing partnerships and developing new ones as we go down this unprecedented road of improving health outcomes in our county.

Various meetings and discussions with organizations, elected officials, medical practitioners, and many more have occurred over this past year in preparation for the potential passage of SEA 4 and the funding initiatives. These discussions and ideas formed from them have helped frame our plans for this first year of the program.

The Department developed a Health First Allen County public health grant program in short order once we were provided with the potential funding amounts, and we are looking forward to supporting external organizations that commit to assisting us deliver some of these very large CPHS as a team. The grant program will be a yearly endeavor and will allow our Department to leverage the new funds in a way that reaches more of the population and in ways that are best done by a variety of trusted and evidence-based methods.

A large Community Partner meeting was held in August to roll out the plan for the Health First Allen County public health grant program. Letters of intent and subsequent invited applications will soon be underway in September 2023 in preparation for funding awards for January 2024.

In all, the plan for CPHS delivery in Allen County for 2024 will be comprised of internal service discernment and expansion as well as support to external entities for their program/project delivery. The Department has taken the list of required CPHS, the Key Performance Indicators (See “Measures of Success” below), and our internal initiatives for growth and betterment and created a plan for how to expend the funds in the most efficient manner, aimed at reaching the most individuals.

Funding

Indiana ranks near the very bottom of state-dedicated public health funding and has for many years. SEA 4 and the associated funding bill will change this! The legislature has dedicated $225 million to local public health over the 2024-2025 biennium (as opposed to the approximately $7 million dedicated in most prior years). These funds are being made available to all local health departments in Indiana by

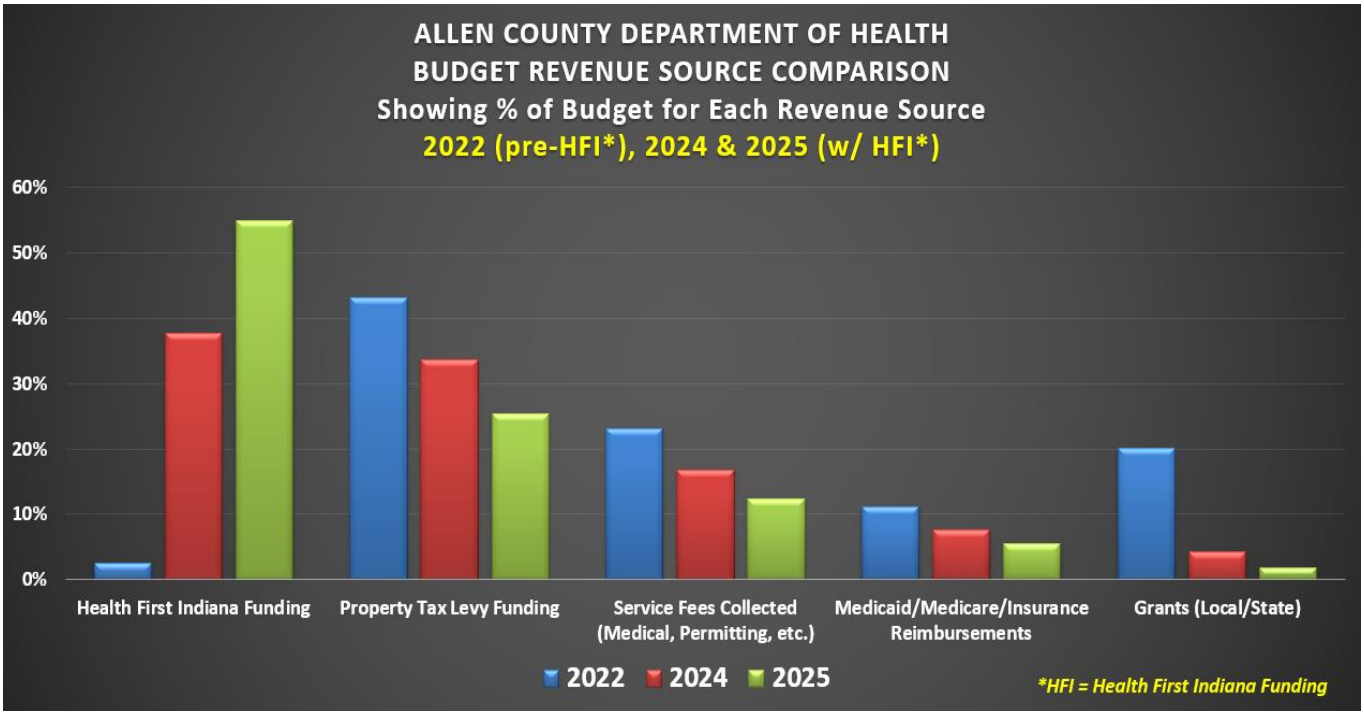
way of an “opt-in” process through the executive body of the county. To opt in and receive the funding, the local health department must commit to providing (or ensuring provision by others of) the Core Public Health Services delineated in the statute (see “Core Public Health Services” section above).

The Allen County Commissioners opted in to the 2024-2025 funding in June 2023.

Each county was provided with a range for their funding amounts, which are population-based. The ranges can vary as they are based on how many counties actually opt in to the funding each year. The Allen County Health Department will likely receive just under $4.7 million for 2024 and potentially around $9 million for 2025.

The Allen County Department of Health has developed and submitted the required budget for use of these projected funds for 2024. An outline of the intended uses is provided below. Please note, this first year will be a building year in many ways. While staffing and the overall public health footprint must grow in Allen County, that is not something that can or does occur quickly. Therefore, the first year or two will be spent discerning the following: (1) What services are needed and will serve our community the best; (2) What partnerships exist or can be developed to create a more robust & comprehensive public health delivery system for our community; and (3) What internal growth is needed from a staffing, programming and space standpoint to efficiently, safely and appropriately deliver the needed services and programming.

The Allen County Department of Health has heretofore been funded by a mixture of local property tax funds, grant funds (local and state), fees and reimbursements for services, and other miscellaneous revenue. Having such a mixture of funding mechanisms, particularly funds that are not guaranteed or stable year-to-year, has resulted in not being able to grow to the abilities that a county of our size deserves. We are excited to see where we can go/grow as we developed programming on more stable funding in the future. The below graph shows the rising percentage of our budget that will soon be comprised of Health First Indiana funding.



NOTES: 2024 Budgets for state and local funding have been submitted but have not yet been officially approved. 2024 & 2025 revenue amounts are projected. Graph above illustrates that HFI funding will become the primary funding source over time, but all other funding should remain steady.

PROJECTED **2024 HFI / HFAC Expenditures by Area/Service/Project/Type:**

THIS FUNDING BREAKDOWN ONLY REFLECTS THE NEW HEALTH FIRST INDIANA FUNDING

Personnel (Salaries & Fringe) – ***(12 positions – 4 new, 8 existing)***	**$773,811.04**
Overtime, On-Call, Misc Staff Costs	**$13,000.00**
Supplies & Equipment (Laboratory, Office, Projects)	**$209,400.00**
Professional Services (External Grants & Internal Projects)	**$3,079,529.55**

GRANTS WILL LIKELY BE ISSUED FOR AREAS/PROJECTS SUCH AS:

- *Maternal Child Health Initiatives*
- *School Health Initiatives*
- *Trauma & Injury Prevention Initiatives*
- *Tobacco Cessation/Vaping Prevention Initiatives*
- *Chronic Disease Prevention Initiatives*
- *Access & Linkages to Care Initiatives*
- *Initiatives Addressing Most Common Causes of Death*
- *Immunization Initiatives*

Communication, Transportation, Education	**$45,000.00**
Promotion/Advertising	**$50,000.00**
Other Services (printing, software, postage)	**$15,000.00**
Capital Expenditures**	**$465,039.10**

***Per statute, 10% can be set aside for capital costs. This is reserved upon need.*

TOTAL (HFI Only): $4,650,779.69

NOTE: Overall Department Budget (including ALL funding sources) will likely be around $11m-$12m for 2024.

Staffing

Currently, the Allen County Department of Health ranks 73rd out of the 95 health departments in Indiana for public health funding per capita, and 43rd for state-provided staffing per capita. That said, we plan to take a very measured approach to our staffing dilemma. We are quite aware we are significantly understaffed, but we do not yet know our exact areas of needed staffing growth. Further, we do not have an appropriate amount of space in which to add too many new positions at this time. Therefore, we plan to add just a few key positions needed (or required) to deploy the new programing for 2024, and then assess things at every juncture in the coming years to determine just which positions might be needed internally to adequately and efficiently deliver and measure our new and existing public health services.

The Department currently has approximately 72 positions (around 65 full-time equivalents, or FTEs), with approximately 68 of those filled at this time. Using the Public Health Center for Innovation's Public Health Workforce Calculator and utilizing the information provided to local health departments from the Indiana University Fairbanks Workforce assessment study, to meet the minimum staffing models, we should have close to 120 FTEs providing public health services for a county of our size. Further, the same assessment indicated that the national average for public health workers per capita is 4.1 FTEs per 10,000 residents. Allen County currently employs 1.7 FTEs per 10,000 residents, resulting in the 73rd ranking mentioned in the first paragraph when compared to all other Indiana counties. And while we agree there is room for growth in this area (to provide more preventive services efficiently, but also

to ensure our staff do not continue to be given new duties vs. considering when new positions are truly needed), we will proceed in a thoughtful way, year-to-year, and in the end we do hope that our workforce grows to be what is **needed!**

Measures of Success

Local Health Departments will be required to submit Key Performance Indicator (KPI) data semi-annually to the Indiana Department of Health (IDOH). The KPIs are baseline measures and activities that IDOH has put forth to work toward consistency in certain programming across the state. Other local KPIs will be and have been developed across the state as well - as health departments have been given freedom to utilize the funds in a manner that best suits their community needs as long as they attempt to achieve the baseline state-required KPIs.

It is important to note that IDOH has informed local health departments that they know it is unlikely that all KPIs will be achieved in Year 1 – they just expect our best effort to achieve as much as possible and develop plans for continued growth and success for the coming years. The first few years are widely referenced to be "building years" for all.

The minimum state-required KPIs are as follows:

Tobacco Prevention and Cessation

- KPI: Number of counties that through a tobacco prevention and cessation coalition have a comprehensive program to address youth tobacco and addictive nicotine prevention

Chronic Disease Prevention

- KPI: Number of counties that through a healthy community coalition have a comprehensive, evidence-based program to address obesity and obesity-related disease prevention

Trauma and Injury Prevention

- KPI: Number of counties that identified a leading cause of injury and/or harm in their community and implemented a comprehensive, evidence-based program or activity for prevention

Fatality Review

- KPI: Number of counties that participate in local CFR, FIMR, and SOFR teams and provide birth certificates, stillbirth certificates, and death certificates to local fatality review teams
- KPI: Number of counties that identified a leading cause of fatality in their community and implemented an evidence-based or promising prevention program or activity

Maternal and Child Health

- KPI: Number of counties with documented processes to refer families to needed services including contraceptive care, WIC, home visiting, prenatal care, substance use disorder treatment, and insurance navigation

- KPI: Number of counties that identified an opportunity to improve birth outcomes and implemented an evidence-based or promising program or activity to improve that birth outcome

School Health Liaison

- KPI: Number of counties partnering with schools, based on community need, to implement wellness policies and comprehensive strategies to promote student health

Lead Case Management and Risk Assessment

- KPI: Number of counties with access to a trained or licensed case manager and risk assessor in the county and offering weekly lead testing at a location in the county

Access to and Linkage to Clinical Care

- KPI: Number of local health departments providing accessible, equitable clinical services, such as those related to communicable diseases, to meet the needs of the community
- KPI: Number of local health departments engaging with the local and state health delivery system to address gaps and barriers to health services and connect the population to needed health and social services that support the whole person, including preventive and mental health services

Tuberculosis (TB) Control and Case Management

- KPI: Number of counties with established partnerships for housing, food security, and interpretation services to assist in case management services for patients with TB and latent TB infection in their communities

Health-Related Areas during Emergencies/Disasters

- KPI: Number of counties that have updated* public health emergency response plans *(*"Updated" is defined as conducting research on latest national and state best practices, incorporation of lessons learned and areas of improvement from real world events and exercises, and inclusion of preparedness and response partners in content validation.)*
- KPI: Number of counties exercising current emergency response plans with community partners within a biennial timeframe

Immunizations

- KPI: Number of counties that can vaccinate all individuals at time of service regardless of insurance status
- KPI: Number of counties with extended vaccination hours beyond routine business hours to meet the needs of the community/jurisdiction through the LHD or community partners

Infectious Disease Surveillance and Prevention

- KPI: Number of counties that initiated a public health investigation within 24 hours for 95% of the immediately reportable conditions reported to them and within two business days for 85% of non-immediately reportable conditions reported to them

Vital Records

- KPI: Number of counties implementing birth certificates to all Hoosiers irrespective of their county of birth once the IDOH DRIVE system has appropriate functionality
- KPI: Number of counties able to offer Vital Records services without disruption to business continuity during natural disasters/emergencies

Food Protection

- KPI: Number of counties that have developed a timely and professional risk-based food inspection standard operation procedure

Environmental Public Health

- KPI: Number of counties responding to all housing and nuisance complaints within a timeframe determined by urgency or risk
- KPI: Number of counties with trained and licensed, if required, staff conducting required environmental inspections, such as onsite sewage, vector control, public and semi-public pools, and property-related complaints

Tattoo, Body Piercing, Eyelash Safety and Sanitation

- KPI: Number of counties with trained staff who can respond to tattoo, body piercing, and eyelash extension complaints (Target: 90%)

What does the future hold...

The Allen County Health Department looks forward to and welcomes the changes in the Indiana public health system funding amounts and mechanisms. We stand ready to partner with others, provide new and expanded programming, and grow in a way that works toward true access to and betterment of the public health delivery system in Allen County – and in Indiana!

We appreciate your interest in public health, the Allen County community, and the Allen County Department of Health specifically as we work toward our goals to truly “move the needle” on our future health outcomes.

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