HEALTHFIRST Allen County

CORE PUBLIC HEALTH SERVICES Funding and Activity Plan

HEALTH FIRST INDIANA INITIATIVE

2025

Developed

May 19, 2024

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 public health system at the time 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. 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" (HFI) 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 (CPHS), 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 (HFAC) is the coordinating program that was developed and deployed in 2024 by the Allen County Department of Health to begin these very needed and welcome changes to our local public health delivery system. Many community partnerships were formed (through funded projects and outside of funding), and several great projects are underway in Allen County.

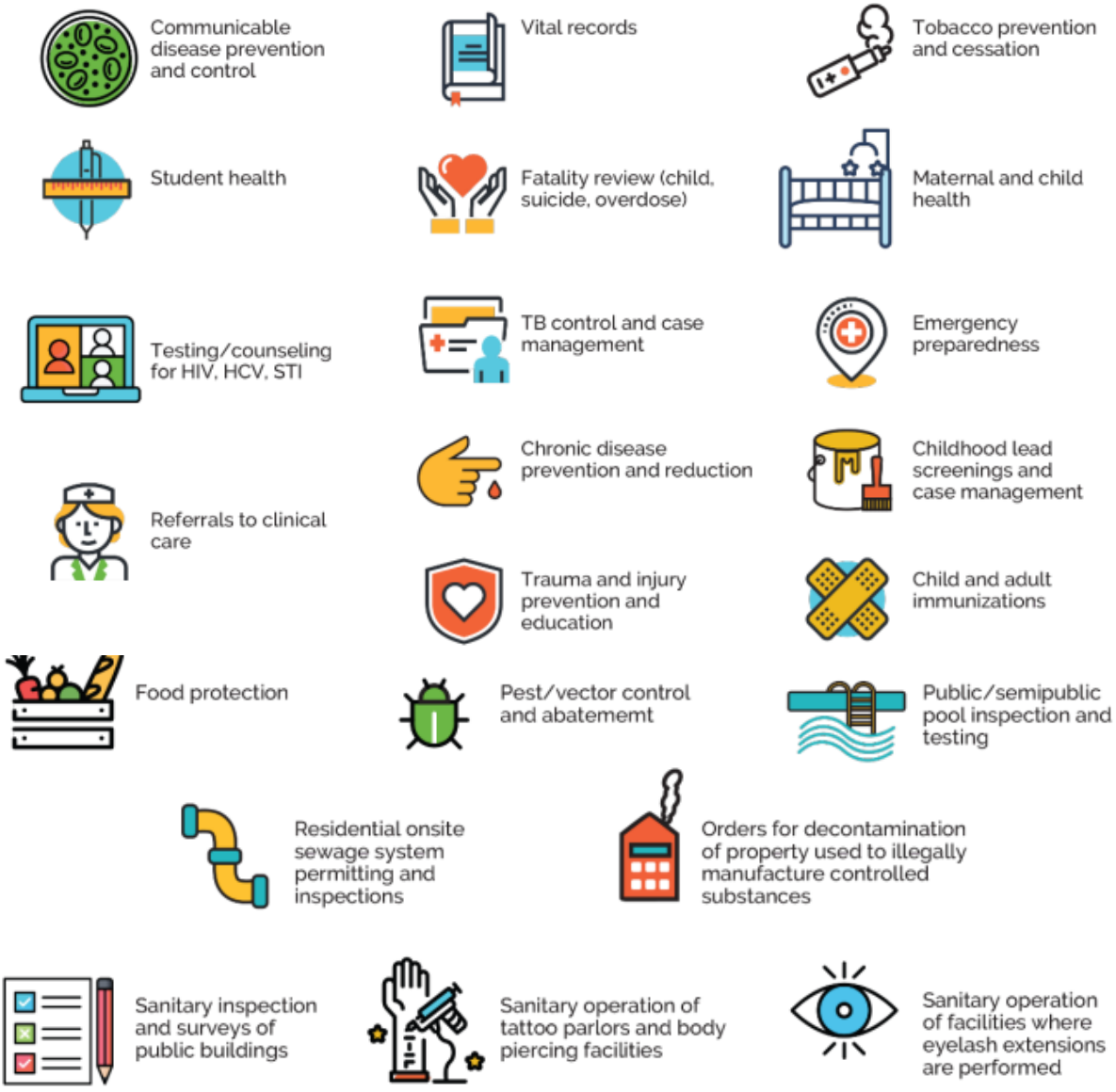
As we continue to roll out plans for much-needed growth, change, program additions and ongoing robust partnership initiatives, please find included our HFAC plan for 2025 as we continue developing a robust and diverse platform for delivery of public health programs for the community.

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2025 Core Public Health Services Activity Plan

The Indiana Department of Health (IDOH) created 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 in 2024. 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. These services remain the same recommended services for 2025. 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 from a local health department perspective. Meetings occur every other month to assess programming and data tracking and also to discuss future years of programming and needed changes in the Indiana public health services delivery infrastructure.

The Core Public Health Services Committee created the following list of Core Public Health Services ***areas*** local entities need to provide (many exist in the statutes currently, and many were added in the 2023 legislative session and remain the priorities for 2025):



In addition to the required Core Public Health Service areas listed, 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 state-required services. Similarly, there are additional state-required activities not listed as CPHS areas 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 existing and new partners in the promotion and development of the delivery plan for the required Core Public Health Services. 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. Building on existing and expanding new partnerships was a heavy emphasis in 2024 from a service deployment and funding use standpoint. We foresee 2025 to be a year where this momentum continues and more innovation occurs for service delivery and outcome betterment.

The HFAC grant program rollout in the inaugural year was swift yet targeted and organized, and it appears to have been a large success. The 2025 grant year information was rolled out in May 2024, and the process began again for funding determinations regarding external partner projects. Much was learned in the first year regarding grants deployment and management, and we are excited for the second year!

As in 2024, the plan for CPHS delivery in Allen County for 2025 is comprised of internal service discernment and expansion as well as support to external organizations for their program/project delivery (including programmatic growth). 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 we have created a plan for how to expend funds in the most efficient manner, aimed at reaching the most individuals.

Funding

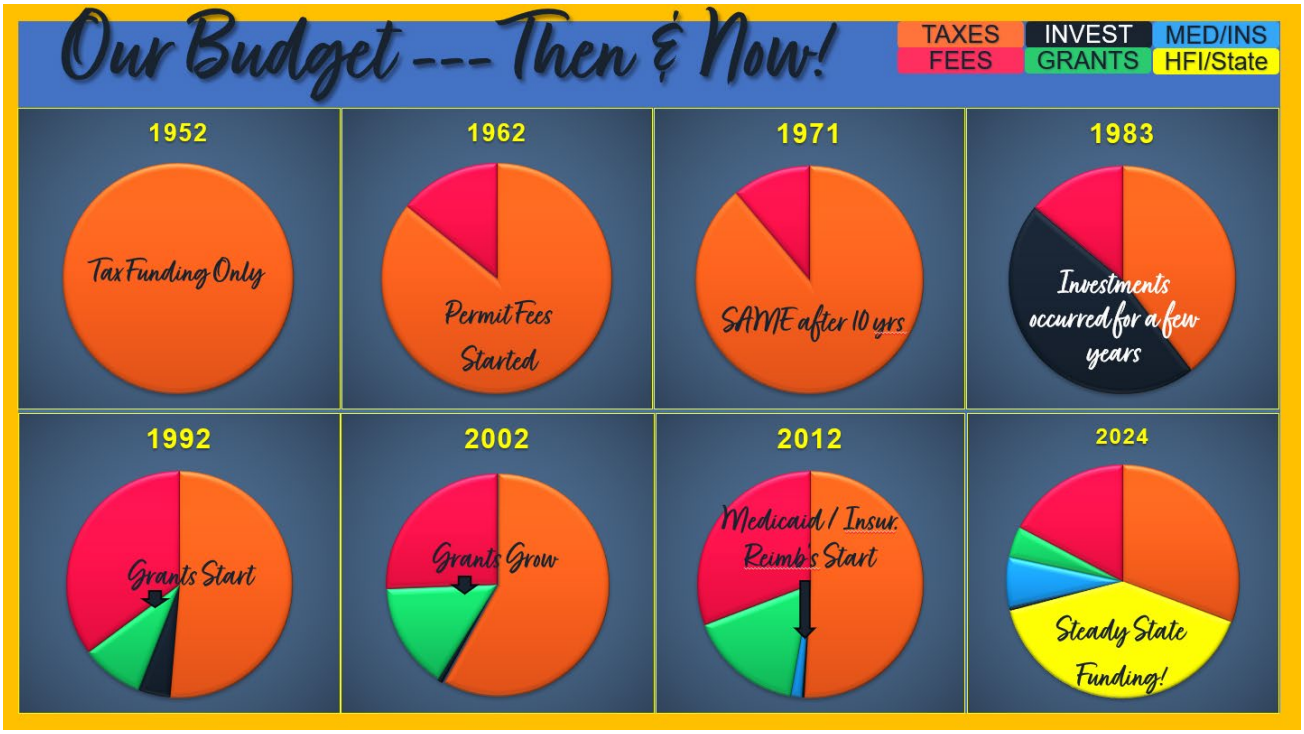
Prior to passage of SEA 4 in 2023, allowing for the first ever comprehensive and impactful public health program in Indiana history, Indiana ranked near the bottom of state-dedicated public health funding and had for many years. SEA 4 and the associated funding bill will help change this! Indiana is now ranked 47th in the United States for sought out and dedicated public health funding. The legislature dedicated $225 million to local public health departments 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, which guaranteed Allen County more than $13 million over the two-year period. We predict the Department will receive approximately $9 million in 2025 to carry on our HFAC program following the HFI-required priorities.

The Allen County Department of Health developed and submitted the required draft budget for use of these projected funds for 2025. An outline of the intended uses is provided below. The first year (2024) was considered a "building year" where infrastructure and partner development lead the way. This second year (2025) will expand opportunities to support partners engaged in impactful service provision to our community and allow us to continue ongoing efforts to build local public health infrastructure. This internal growth will take several years for many reasons. The Allen County Department of Health was ranked in the 70th percentile for funding compared to all others in Indiana and in the 40th percentile for staffing. Coupled with buildings that are landlocked and outgrown, it will take several years to work through all needed processes to break down barriers to growth and get them turned in the right direction.

We still feel these first few years of new funding and core service shifts will mean we must continue our work to determine: (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. While significant progress was made in 2024, this growth will be at a marathon's pace vs. a sprint. We, however, remain hopeful and dedicated to all that is ahead of us as we make changes and work toward better public health outcomes for our community.

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 develop programming on more stable funding in the future. The 2024 plan included a graph depicting our funding sources and predicted amounts to show trends. The graphs below expand the historical look at our past and our future. Currently, we have steady funding on which to build steady programming – and we sincerely hope that each biennial budget stays on this path!



PROJECTED **2025 HFI/HFAC Expenditures by Area/Service/Project/Type:**

THIS FUNDING BREAKDOWN ONLY REFLECTS THE NEW HEALTH FIRST INDIANA FUNDING

Personnel (Salaries & Fringe, Overtime, On-Call, etc.) **$ 1,449,703.78**

Supplies **$ 894,000.00**

Professional Services (Contracts, External Grants & Internal Projects) **$ 5,610,500.47**

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 & Linkage to Care Initiatives*
- *Initiatives Addressing Most Common Causes of Death*
- *Immunization Initiatives*

Capital Expenditures and Equipment** **$ 1,006,578.25**

***Per statute, 10% can be set aside for capital costs. A portion of this is reserved upon need.*

TOTAL (HFI Only): $8,960,782.50

NOTE: (1) Overall Department Budget (including ALL funding sources) will likely be around $16 million for 2025. (2) HFI funding is predicted at this time and is not a definite amount.

Staffing

Until space is not a barrier for growth and as we continue to discern the actual needs for service provision, we plan to add just a few key positions needed (or required) for 2025 (as we did in 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 74 positions (around 72 full-time equivalents, or FTEs), with approximately 71 of those filled at this time. Using the Public Health Accreditation Board (PHAB) Center for Innovation 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 nearly 120 FTEs providing public health services for a county of our size. Further, the same assessment shows the national average for public health workers per capita is 4.1 FTEs per 10,000 residents. Allen County currently employs 1.8 FTEs per 10,000 residents. We will continue to proceed in a thoughtful way, year-to-year, and in the end we do hope 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 as well, (and are now required to be developed by Dec. 31, 2024) for 2025. These will be used as goals against which to measure some of our success that we hope will, in time, translate to better overall health outcomes in our community/state.

The minimum state-required KPIs are as follows: (we anticipate changes to these in late 2024 for 2025 and we will update accordingly upon receipt)

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 *(*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 (local health department) 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 Department of Health is incredibly proud of its efforts in 2024! The biggest achievement and success was arguably the development, roll-out, awards and data collection for the HFAC Public Health Grants program. That said, we were equally blown away by all of the partner support, grant submissions, and ongoing hard work by our community organizations on the public health front. We truly are in a great community that cares about the health of its residents. We continue to 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 as we work toward our goals to truly “move the needle” on our future health outcomes.

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