Indiana Department of Health

NEXT STEPS FOR GPHC APPROPRIATION

Presentation and Discussion
with Local Elected Officials

May 9, 2023

SEA 4 and HEA 1001—What Passed

- HEA 1001 – state budget bill
  - GPHC funding for LHDs: $75 million in year 1, $150 million in year 2
  - Trauma system quality improvement: $3.92 million in year 1, $5.79 million in year 2
  - EMS readiness: $6.45 million in year 1, $8.2 million in year 2
  - State strategic stockpile: $4 million per year

- SEA 4 – GPHC legislation
  - Between House and Senate, 63 legislators signed on to sponsor the bill!
  - Establishes process for counties to opt-in to enhance local public health funding
  - Defines core public health services and parameters for use of funding
  - Makes changes to Local Health Board appointments

Final Funding Breakdown

GPHC Funding	SFY 2024	SFY 2025
Funding for local public health • Direct funding to LHDs to provide core public health services	**$75 M**	**$150 M**
State level GPHC funding to support local initiatives	**$3.2 M**	**$3.2 M**
• Regional staff to support LHD services	*$0 M*	*$0 M*
• Data Analytics	*$2.1 M*	*$2.1 M*
• Public Health & Healthcare Workforce Planning	*$900,000*	*$900,000*
• Oral Health Division staff and programming	*$200,000*	*$200,000*
Emergency Preparedness	**$14.37 M**	**$17.99 M**
• State Strategic Stockpile	*$4 M*	*$4 M*
• Trauma System Improvement	*$3.92 M*	*$5.79 M*
• *Emergency Medical Services (*Dept of Homeland Security)*	*$6.45 M*	*$8.2 M*
TOTAL	**$92.57 M**	**$171.19 M**

Core Service 60/40 Funding Requirements

- Communicable disease prevention and control
- Student health (IC 16-18-2-79.5 (14))
- Testing/counseling for HIV, HCV, STI
- Referrals to clinical care (IC-18-2-79.5 (22))
- Vital statistics
- Fatality review (child, suicide, overdose)
- TB control and case management
- Chronic disease prevention and reduction
- Trauma and injury prevention and education
- Tobacco prevention and cessation
- Maternal and child health
- Emergency preparedness
- Childhood lead screening and case management
- Child and adult immunizations

At least 60% of funding must be spent on these core services

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Core Service 60/40 Funding Requirements

- Food protection
- Pest/vector control and abatement
- Public/semipublic pool inspection and testing
- Residential onsite sewage system permitting and inspections
- Orders for decontamination of property used to illegally manufacture controlled substance
- Sanitary inspection and surveys of public buildings
- Sanitary operation of tattoo parlors and body piercing facilities
- Sanitary operation of facilities where eyelash extensions are performed

No more than 40% of funding may be spent on these core services

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60/40 Waiver

- A local health department may request a waiver of the 60/40 requirements, submitted in writing to IDOH
- If a waiver request is approved, IDOH must notify the state budget committee and include the agency's review of the waiver request
- *Waiver form and submission process coming soon*

Next Steps

- ❑ Convene local partners (County Commissioners, LHB members, LHD, healthcare providers, not-for-profit entities, community-based organizations, etc.)
- ❑ Establish a county health plan and budget (financial report) for the new state funds and delivery of core public health services
- ❑ County Commissioners must vote to opt-in to new funding by Sept. 1, 2023
- ❑ LHDs must submit their financial report to IDOH and the State Budget Committee by Sept. 1, 2023 (*report template and submission process coming soon*)

Funding Application Submission Process

- Budget plan (Financial Report)
  - IDOH developing template—will include linkage to core services and state-level KPIs, 10% capital expense limit
- County Health Plan
  - IDOH developing template
- Templates and links will be available online and continue to share information for submission through multiple communication channels
- Financial reports will be reviewed to ensure funding is being used for core services, county match is included, 60/40 core service funding split is maintained, the “why” behind use of funds

CDC Foundation Technical Assistance

- IDOH has contracted with CDC Foundation for a 5-person team to provide technical assistance to LHDs upon request through August 2023
- Technical assistance available
  - General budget support and how to use templates
  - Core public health service delivery
  - Brainstorming innovative solutions and sharing best practices
  - Connecting LHDs with community-based organizations
  - Support on KPI reporting and evaluating impact
  - Information and support for LHDs to complete community health assessments
- Consultants available to help counties get started

Timeline for Submitting Funding Application

- Distribution of minimum funding amounts to LHDs: Week of May 1
- Release of plan templates and revised implementation workbook to LHDs: In Progress
- Availability of CDC Foundation team for technical assistance: May 8
- Distribution of final funding amount information to LHDs: In Progress
- **Deadline for budget submission to IDOH: Sept. 1, 2023**
- Reviewed budgets returned to LHDs: Nov. 1, 2023
- Appropriated funding becomes available: **Jan. 1, 2024**

Local Requirements Tied to Funding

- Counties (and cities with a municipal health department) must set up new standardized non-reverting “local public health services fund” to receive state dollars
- Counties may issue grants and contracts to local stakeholders to provide core public health services
- Before a LHD may hire a new position or contract with a third party to provide core services, they must post the position or contract publicly for 30 days (applies to opt-in counties only)
- Capital expenses paid for with state funds are capped at 10% each year. These include:
  - Purchase, construction, or renovation of building or other structures
  - Land acquisition
  - Purchase of vehicles and other transportation equipment

Grandfathered City Health Departments

- Existing municipal health departments (Gary, East Chicago, and Fishers) are grandfathered, but city health departments can no longer be established.
- If the county (Lake and Hamilton) opts-in, funding will be distributed directly to the county. The city and county are required to enter into an interlocal agreement and submit a joint plan to IDOH demonstrating that the core services will be provided by each LHD in their jurisdiction.
- *IDOH will provide the requirements for the interlocal agreement.*

KPI Development

- Core Leadership Committee meeting is defining state-level, activities based key performance indicators for year 1—work to conclude by May 30
- IDOH will finalize state-level KPIs by **July 1, 2023**
- IDOH will assist LHDs in developing their county-level KPIs by **Dec. 31, 2024**, which they will use to meet the state-level KPIs
- IDOH has partnered with a consultant to develop the platform for LHDs to submit pre-submission and KPI data and create public-facing dashboards
  - Pre-application data: stakeholder convenings, meetings with elected officials, development of budget and county health plans
- LHDs will submit KPI data semi-annually
- IDOH will submit annual report to General Assembly and present to State Budget Committee

Local Health Boards: Population > 200,000

- 5 persons knowledgeable in clinical and public health, at least 2 of whom are licensed physicians, and appointed by the county executive
- The other appointees may be any of the following:
  - A registered nurse licensed under IC 25-23
  - A registered pharmacist licensed under IC 25-26
  - A dentist licensed under IC 25-14
  - A hospital administrator
  - A social worker
  - An attorney with expertise in health matters
  - A veterinarian licensed under IC 25-38.1
  - A school superintendent.
  - A professional engineer registered under IC 25-31
  - An environmental scientist.
  - A physician assistant licensed under IC 25-27.5
  - A public health professional, including an epidemiologist
- One representative of the general public, appointed by the county executive.
- One individual appointed by the county fiscal body who either has public health knowledge or is a member of the general public.
- Two representatives appointed by the county executive. One each from a list of three recommendations from each executive of the county's two most populous municipalities in the county of individuals that meet the requirements set forth in the list above

Local Health Boards: Population < 200,000

- 5 persons knowledgeable in clinical and public health, one of whom is a licensed physician, and appointed by the county executive
- The other appointees may be any of the following:
  - A physician licensed under IC 25-22.5
  - A registered nurse licensed under IC 25-23
  - A registered pharmacist licensed under IC 25-26
  - A dentist licensed under IC 25-14
  - A hospital administrator
  - A social worker
  - An attorney with expertise in health matters
  - A school superintendent
  - A veterinarian licensed under IC 25-38.1
  - A professional engineer registered under IC 25-31
  - An environmental scientist.
  - A physician assistant licensed under IC 25-27.5
  - A public health professional, including an epidemiologist
- One individual appointed by the county fiscal body who either has public health knowledge or is a member of the general public.
- One person appointed by the county executive from a list of three recommendations from the executive of the most populous municipality in the county of individuals that meet the requirements set forth in the list above

Frequently Asked Questions

Q: Will the proposed funding amounts grow year over year or remain static? Do we need to factor savings each year to account for increasing costs? *Funding will probably remain static, at least in the short term, then as LHDs increase costs, may need to evaluate the 80/20 split. Recommend that LHDs be conservative in your budgets for the next couple of years and have some rainy day funding available.*

Q: Will IDOH issue guidance or form for officials to sign to declare they are opting in for funding? *Process for declaring a county is opting in will be coming soon.*

Q: Our LHMF/trust account has carryover funding—do we need to spend this or can it transfer to the new account? *Nothing changes with funding from these accounts—funding from these is separate from the GPHC funding. The bill creates one new fund, the Local Public Health Services Fund, for GPHC funding. The trust account will be repealed. It would be a good idea to discuss with your county auditor as well.*

Q: Regarding the 10% limit on capital expenses, if we do not use any of that in year 1, can that 10% build year on year (i.e., can we "bank" it) for future use? *Yes, it can—note in your financial report that you are carrying it over to the next year(s).*

Frequently Asked Questions

Q: What happens to funding if a county opts in then opts out? *IDOH would not decide but would refer to State Budget Agency. If new county commissioners decide to opt out, they may fund through local funds or decline funding entirely. They will still have the option to opt out at any time.*

Q: Who is responsible for grants to providers, the Commissioners or health departments? Or is this decided at the local level? *LHDs would be responsible, same way as these are always decided—depends on how the county is structured.*

Q: If not all LHDs opt in, does the leftover funding go to other LHDs? *It depends on how many counties opt in to receive funding. The current funding formula IDOH developed was based on the original $200 million request, but since the appropriation was reduced to $150 million, we are working on a sliding scale formula. That way we can share the minimum funding a county could receive (if every county opts-in) and the maximum would be the original amount we shared based on the $200 million request.*

Q: When will LHDs get their appropriated amounts? *IDOH will send minimums to all LHDs the week of May 1.*

Frequently Asked Questions

Q: What happens to funding in our current local health maintenance fund/local health trust account? What happens if LHDs don't spend all of that funding by January 1 when GPHC funding takes effect? *All funding is non-reverting—LHDs will not lose any funding in their current accounts. Funding that LHDs receive from this appropriation is non-reverting—once they have it, they keep it. However, any funding from this appropriation that is not allocated to LHDs will revert back to the state general fund.*

Q: Is this new funding like a grant? *No, this is a state appropriation. LHDs do need to submit their budget plan and public health plans before funds can be distributed, but it is not a grant and will have a biennial timeline.*

Q: How will this new funding affect our federal grants? *New funding does not affect federal grants in any way, since those are a federal funding source. Federal grants are completely separate from this state funding and its requirements.*

Frequently Asked Questions

Q: Do LHDs have a 20% or 25% match? *For the first year, the match is an average of the past three years' worth of funding that the county has given to the LHD. In the second year and beyond, the match (or county share) is 20% of the total (GPHC and county match together), and the county determines how that is covered which could include local tax dollars that are already provided to the LHD. The 20% match can be used toward any allowable activity.*

Q: Was there verbiage put in the budget that the County Council cannot take away current funding? *There is no specific verbiage as such but LHDs will need to work closely with county councils that this funding needs to be an expansion of public health and not cut current county funds.*

Q: What happens to funding beyond the next biennium? Will funding continue at these levels? *That is the expectation—will continue to request this funding in each biennial budget but we need to show return on investment by submitting KPI data, sharing success stories, and inviting legislators to events related to core public health service delivery. Joe Gries compared this to school vouchers that started and have expanded.*

Q: How will LHDs receive funding—lump sum or twice per year? *LHDs will receive lump sum funding each Jan. 1.*

Frequently Asked Questions

Q: Should LHD salaries remain in general fund or included in GPHC funding? *This really depends on whatever works best for the LHD. If an LHD is hiring additional staff that would exceed county general funding, then those salaries may fit better in the GPHC funding. An LHD could also consider using general funding for capital expenses, since GPHC funding has a 10% cap on those.*

Q: Is the requirement for LHDs to post positions for 30 days still included in the bill? *Yes, that requirement is still included: NEW positions and contracts must be posted for at least 30 days. The intent was to help ensure that LHDs work with partners and not just hire new staff.*

Q: Just to be clear on current legacy funding and GPHC funding: for example, if our county opts in, we will receive $2 million in January 2024. Our legacy funding is $50,000 from LHMF and $50,000 from trust account. Does that mean we will receive $2.1 million on January 2024 in the new local public health services fund, or will we receive $2 million in the local public health services fund and $100,000 in separate legacy funding deposits?

Questions?

Enter questions in the chat
or raise your hand and unmute.