

HEALTH FIRST INDIANA

Indiana Association of County Commissioners (IACC) North District Meeting

June 14, 2023

Next Steps

- ☑ IDOH to provide funding amount available to each county.
- ☑ Establish state-level KPIs (Core Leadership Committee)
- ☐ County Commissioners vote to opt-in to new funding before Sept. 1, 2023
- 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
- Establish a new county fund for state dollars local public health services fund
- ☐ Counties must submit their financial report to IDOH (and the State Budget Committee) by Sept. 1, 2023
- ☐ Identify county-level KPIs



Local Public Health Funding 2024 and 2025



Jasper County Funding Information

Counties that opt-in will receive enhanced funding. Funding will be distributed on a sliding scale dependent upon how many counties opt-in. The minimum and maximum funding amounts available to your county are listed below.

OPT IN

2024: Minimum: **\$320,950.50** Maximum: **\$427,934**

County Match: Average of county tax levy-related funds distributed to the LHD in the

preceding three years (2021, 2022, 2023). Will be provided in the near future.

2025: Minimum: **\$641,901** Maximum: **\$855,868**

County Match Minimum: \$160,475.25 County Match Maximum: \$213,967

- OR -

OPT OUT

Legacy amount from Local Health Maintenance fund/Trust: \$53,229.51

County Opt-in Process

- Deadline to opt-in for FY 2024: September 1, 2023
- Please fill out the simple online form (REDCap Survey): https://redcap.isdh.in.gov/surveys/?s=FY7RE9E8ETXK8EJP
 - ☐ County Name
 - Submitter's contact information
 - Attach supporting documentation (resolution, proclamation, meeting minutes, a letter from the Commissioners, etc.)
- Technical issues or questions regarding the submission process, please contact:

David Hopper

Phone: 317-234-6623

Email: dahopper@health.in.gov



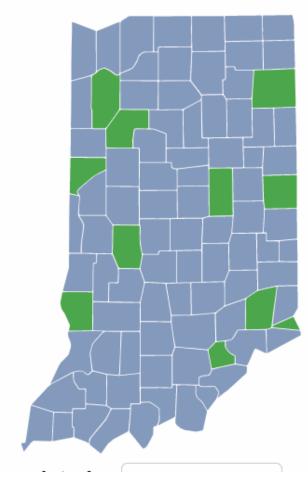
Health First Indiana

Local Public Health Funding for 2024 and 2025

Local officials will decide every year whether to accept Health First Indiana funding for core public health services from maternal and child health to pest control. Investing in public health helps promote economic security and prosperity by improving health outcomes.

This interactive map shows in green counties that have opted-in for 2024. Click on a county to see the Health First funding amounts for 2024 and 2025, as well as the opt-out amounts, which would be the same as 2023 funding levels.

Counties that have opted-in to the Health First Indiana initiative





Allen County OPT IN

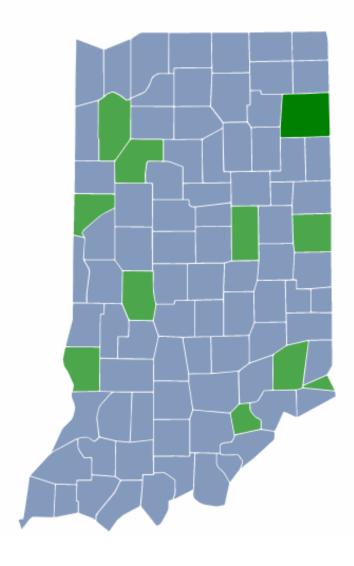
2024:	Minimum: \$4,480,391.25	Maximum: \$5,973,855.00
County Match:	Average of county tax levy-related funds distributed to the LHD in the preceding three years (2021, 2022, 2023).	

2025:	Minimum: \$8,960,782.50	Maximum: \$11,947,710.00
County Match:	Minimum: \$1,878,873.75	Maximum: \$2,505,165.00

- OR -

Legacy amount from Local Health Maintenance fund/Trust: \$200,813.55

√ Return to Introduction





Additional Resources Under Development

- Template for budget and county health plan
- 60/40 waiver request form and instructions
- Local health board guidance
- Guidance from State Board of Accounts
- KPI reporting platform



Funding Application Submission Process

- Deadline for budget submission to IDOH: Sept. 1, 2023
- Budgets will be reviewed to ensure funding is being used for core services, 40% state funding cap on regulatory/administrative services is not exceeded (unless a waiver has been requested), and 10% limit on capital expenses
- Reviewed budgets returned to LHDs: Nov. 1, 2023
- Appropriated funding becomes available: Jan. 1, 2024



Core Service 60/40 Funding Requirements



Communicable disease prevention and control



Vital statistics



Tobacco prevention and cessation



Student health (IC 16-18-2-79.5 (14))



Fatality review (child, suicide, overdose)



Maternal and child health



Testing/counseling for HIV, HCV, STI



TB control and case management



Emergency preparedness



Referrals to clinical care (IC-18-2-79.5 (22))



Chronic disease prevention and reduction



Childhood lead screening and case management



Trauma and injury prevention and education



Child and adult immunizations

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



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



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 instructions coming in July



KPIs - Measuring Implementation & Outcomes

- Core Leadership Committee met from January through May to define statelevel, activities based key performance indicators (KPIs) for year 1
- IDOH will assist counties in developing their county-level KPIs by Dec. 31, 2024
- LHDs will submit aggregate state-level KPI data twice per year
- KPIs will be displaying on a dashboard on the IDOH website
- IDOH will submit an annual report to General Assembly and present to the State Budget Committee each year



SEA 4 Changes Not Tied to Opt-in

- Changes to local health board composition
 - One appointment moved to county council
 - Municipalities recommend three names for county commissioners to appoint
 - Counties with over 200,000 population add two more LHB members
- Qualifications for a local health officer who is not a physician
 - Master's degree in public health and 5 years of experience in public health
 - Must be approved by the County Executive and the IDOH Executive Board
- LHO training and multi-county appointment
 - Clarifies that an individual may serve as a LHO in more than one county
 - All new LHOs must complete a foundational training course (in development)



Current LHB Membership (All Counties)

- Comprised of seven (7) members, not more than four (4) can be from the same political party
- Four (4) persons knowledgeable in clinical and public health appointed by the county executive, two (2) must be a licensed physician and the other appointees may be any of the following:
 - A licensed registered nurse
 - A licensed registered pharmacist
 - A licensed dentist
 - A hospital administrator

- A social worker
 - An attorney with expertise in health matters
 - A school superintendent
 An environmental scientist
- A licensed veterinarian
- A registered professional engineer

- Two (2) persons representing the general public
- One (1) representative from the list above or representing the general public



LHB Membership: Population Less than 200,000

- Comprised of seven (7) members, not more than four (4) can be from the same political party
- Five (5) persons knowledgeable in clinical and public health appointed by the county executive, one (1) must be a licensed physician and the other appointees may be any of the following:
 - A licensed registered nurse
 - A licensed physician assistant
 An attorney with expertise in
 - A licensed registered pharmacist
 - A licensed dentist
 - A hospital administrator

- A social worker
 - An attorney with expertise in health matters
 - A school superintendent
 - A licensed veterinarian

- A registered professional engineer
- An environmental scientist
- A public health professional, including an epidemiologist
- 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
- One individual **appointed by the county fiscal body** who either has public health knowledge or is a member of the general public



LHB Membership: Population at Least 200,000

- Comprised of nine (9) members, not more than five (5) can be from the same political party
- Five (5) persons knowledgeable in clinical and public health appointed by the county executive, two (2) must be a licensed physician and the other appointees may be any of the following:
 - A licensed registered nurse
 - A licensed physician assistant
 - A licensed registered pharmacist
 - A licensed dentist

- A hospital administrator
- A social worker
- An attorney with expertise in health matters
- A school superintendent
- A licensed veterinarian

- A registered professional engineer
- An environmental scientist
- A public health professional, including an epidemiologist



Population at Least 200,000 - cont'd

- Two (2) persons appointed by the county executive, one (1) each from a list of three recommendations from each executive of the two (2) most populous municipalities in the county of individuals that meet the requirements set forth in the list above
- 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



Send Us Your Success Stories!

- Showcase successes and the return on investment of funding appropriation
 - Core public health service delivery
 - Public health events at local health departments
 - Events with community partners
- Invite state lawmakers, local elected officials, and local media to events
- Send to Jon Ferguson, strategic project manager, at joferguson@health.in.gov

Examples

- Photos
- Videos
- Upcoming events
- Social media posts
- Print/broadcast media clips
- Testimonials



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