Indiana Department of Health

Eric J. Holcomb
Governor

Kristina M. Box, MD, FACOG
State Health Commissioner

MEMORANDUM

Date: December 14, 2022

To: Zachary Q. Jackson
State Budget Director

From: Kristina Box, MD, FACOG
State Health Commissioner

Subject: Agency Overview and Biennial Budget Transmittal – State Fiscal Years 2024-25

The Indiana Department of Health promotes, protects, and improves the health and safety of all Hoosiers, with the goal of every Hoosier reaching their optimal health regardless of where they live, learn, work, or play. In collaboration with Indiana's 94 (soon to be 95) locally controlled health departments, our work spans the entire state and impacts every Hoosier. In a given year, the Department's funding comprises roughly one-third state funds (including user fees) and two-thirds federal grants. Local departments of health receive some grants from the state but are predominantly funded by local taxes and user fees. Indiana's aggregate per capita spending on public health programming is $55, according to the 2019 America's Health Rankings. We continue to pursue other funding diversifications, including billing Medicaid and private insurance for covered public health services.

The Department believes that the following agency priorities will have the most impact on the delivery of its mission and vision, which are aligned to the current strategic plan:

- Decrease disease incidence and burden;
- Improve response and preparedness networks and capabilities;
- Reduce administrative costs through improving operational efficiencies;
- Recruitment, evaluation, and retention of top talent in public health;
- Better use of information and data from electronic sources to develop and sponsor outcomes-driven programs; and,
- Improve relationships and partnerships with key stakeholders, coalitions, and networks throughout the State of Indiana.

Public health activities encompass an extensive variety of programming, from cancer monitoring to prenatal care, laboratory analyses to birth and death record-keeping, hazards preparedness preparations to nutrition vouchers, and immunizations to trauma and injury prevention.

Structure and Organization

The Indiana Department of Health has 991 positions. The agency is led by the State Health Commissioner. By state statute, the Commissioner must be a physician in good standing with an unrestricted license to practice medicine. Dr. Kristina Box is the 27th person to occupy that position, having been appointed the agency head in October 2017. The Deputy Commissioner for Local Public Health Services, Chief of Staff, Chief Strategy Officer, Chief Medical Officer, Chief Communications Officer, and Assistant Commissioners report directly to the Commissioner. Each Assistant Commissioner leads a Commission, which consist of programs and divisions that have a similar focus. Since our last budget transmittal letter, we have reorganized our commissions and created the Local Public Health Services Commission to build out the work and recommendations from the Governor's Public Health Commission. The IDOH organizational chart can be found here.

The **Health and Human Services (HHS) Commission** receives the agency's largest share of federal funding. The Commission includes these Divisions: Chronic Disease, Primary Care & Rural Health; Nutrition & Physical Activity; Women's Health; Maternal & Child Health; Children's Special Health Care Services; Trauma & Injury Prevention; Women, Infants & Children (WIC); Fatality Review & Prevention; Oral Health; Tobacco Prevention and Cessation; and the Center for Deaf & Hard of Hearing Education. The focus of most HHS program areas is on primary and secondary prevention strategies to achieve targeted health outcomes and prevent disease progression. This is achieved through building coalitions and mobilizing partners, working with community leaders, providing technical assistance at the local level, collecting and analyzing data, disseminating health promotion resources, and linking Hoosiers to health services.

The **Consumer Services and Healthcare Regulation Commission** focuses on improving healthcare quality for Hoosiers. The Commission serves as the State Survey Agency on behalf of the Centers for Medicare and Medicaid Services (CMS). The Medicare/Medicaid Certification program licenses and/or certifies approximately 10,800 acute and long-term care facilities and health care entities to operate and receive Medicare and Medicaid funding. The program provides patients and families with quality information on healthcare facilities and serves as a resource for addressing poor quality of care. The Commission is responsible for the licensing of over 18,200 radiology professionals and the certification of over 45,600 nurse aides, 5,900 qualified medication aides, and 21,000 home health aides. In addition to its regulatory function, the Commission provides healthcare quality leadership through the development and implementation of healthcare quality improvement projects. The Commission also protects Hoosiers' interests through the Division of Weights, Measures, & Radiology. Many of the employees of this Commission are field surveyors located around the state. Weights and Measures operates a metrology lab at the Western Select complex on Shadeland Avenue.

The focus of the **Public Health Protection Commission** is to promote safer lives and environments for residents of Indiana by reducing public risk of exposure to communicable diseases, foodborne illnesses, environmental health and safety hazards, preparing for and responding to public health threats, and ensuring vital statistics are maintained for personal and historical purposes. The Commission includes the Divisions of Environmental Public Health; Emergency Preparedness, Food Protection; Lead & Healthy Homes; Immunization; and Vital Records. The core of the Commission's work is its partnerships with federal, state, and local agencies to expand its reach in protecting the health of Hoosiers. The Commission's divisions also perform operations at offsite locations, including at the Indiana Department of Administration warehouse on 30th Street.

The **Laboratory Services Commission** provides high quality and timely laboratory services to protect the health and safety of all Hoosiers by detecting environmental health and safety hazards, etiology of foodborne illnesses and communicable diseases, source of emerging biological and chemical health threats. The staff and activities are supported by federal and state funding. The Commission is comprised of five Divisions: Environmental Microbiology; Virology & Serology; Biothreat, Clinical Microbiology & Environmental Virology; Chemistry and Quality Assurance and Training. The Laboratory is a leader in quality, testing technology and education. The Commission provides critical direct services in the form of environmental testing, children blood lead testing, HIV/STD testing, TB testing, biothreat and chemical threat testing, outbreak/pandemic testing, microbial culturing, and surveillance testing. The Laboratory is a CLIA-certified, ISO 17025 testing and calibration facility and is accredited by multiple federal agencies, such as the Environmental Protection Agency, Nuclear Regulatory Commission, Centers for Disease Control and Prevention, Food and Drug Administration, and Department of Agriculture. Since 2007, the Lab has been located at 16th and Martin Luther King streets.

The **Healthy Hoosiers Foundation** falls under the Chief Strategy Officer. The Foundation is a 501(c)3 created by the General Assembly in 2013 (SEA 415) to support and complement the work of the Department. The Board of Directors is appointed by the Governor. The Executive Director is provided an office and administrative support from the Department.

Accomplishments during FY 2022 – 2023 Biennium

Health Issues and Challenges Grant

Through HEA 1007-2021, the Indiana General Assembly created the Health Issues and Challenges (HIC) Grant program, with an appropriation of $50 million to IDOH. During the first funding opportunity announcement in the spring of 2022, IDOH received 210 applications from 185 organizations.

A total of $34,536,056 was awarded to 150 initiatives, representing 125 organizations. Some organizations received multiple awards. The awards are distributed in the following program areas: asthma (4); cancer (6); cardiovascular health (9); diabetes (8); community health workers (29); community paramedicine (10); tobacco prevention and cessation (5); hepatitis C (1 grantee + 1 subrecipient); elevated blood lead levels (45); and food insecurity (32). The project start date for grantees was August 1, 2022, except for lead grants that began July 1, 2022. A monthly webinar will be available to grantees that will cover various topics, including data dashboard, metrics, health equity, grant expectations, resources, and toolkits. Another request for applications went live on October 7 to award the remaining $7,791,958 of unobligated funds.

Tobacco and Nicotine Prevention and Cessation

The Indiana Tobacco Quitline/Quit Now Indiana has expanded services to meet Hoosiers where they are and the way they want to break from tobacco addiction. The program serves approximately 10,000 Hoosiers each year, with a quit rate of 43%. The Indiana Tobacco Quitline celebrated its 15-year anniversary in 2021 and launched a promotional program to expand Nicotine Replacement Therapy (NRT) to four weeks, along with a media campaign that includes social media and video testimonials promoting Quitline successes and services. It also expanded the ability to enroll in services via text.

Health Systems Change partners working in a variety of settings are focused on creating tobacco-free campuses, implementing Best Practices for Tobacco Dependence Treatment, quality improvement, and utilization of the Electronic Health Records (EHR) systems.

Trauma and Injury Prevention

Since July 2022, the Naloxone distribution program has awarded 48,000 naloxone kits to Local Health Departments, rural first responder agencies and other community partners to increase access to life-saving naloxone in communities across Indiana. The Department also issued grants to 15 counties to work on prevention and surveillance activities specifically targeting the advancement of local recovery efforts. The Department continues to fund and maintain robust toxicology testing for county coroners through federal grants and provides training and support to improve overdose death reporting and death certificate accuracy. The Department continues to explore opportunities to enhance information sharing regarding rapid response overdose surveillance. The Department also granted 13 projects related to research and/or treatment and cure of spinal cord and brain injuries including acute management, medical complications, rehabilitative techniques and neuronal recovery.

The Department supported a second American College of Surgeons (ACS) statewide trauma system consultation which included several months of planning and data collection (the last ACS consultation was in 2008). The consultation was a recommendation of the Indiana State Trauma Care Committee and the Governor's Public Health Commission to identify opportunities for continued trauma care improvement and system development. ACS provided an exit presentation with several preliminary recommendations which included; Seek legislative statute governing the trauma system, including but not limited to: Indiana State Trauma Care Committee, Trauma Regional Advisory Committee, Trauma System Plan, Establish a dedicated fund to support statewide trauma system development and sustainability, and Confidentiality and peer review protection. The full report is anticipated during the first quarter of 2023. The Department also collaborated with the Department of Homeland Security and the 911 board to develop recommendations for HEA 1314. HEA 1314 requested recommendations for ways the 911 system can increase interoperability to better facilitate an emergency medical services (EMS) response from the closest and most appropriate resource; and the effectiveness of regionalized trauma systems and their impact on patient care.

Fatality Review and Prevention

Fetal Infant Mortality Review

The Indiana Fetal-Infant Mortality Review (FIMR) Network has continued to expand across the state following SEA 278 in 2019, which established the framework for statewide FIMR teams. To date, there are 17 regional or county-based FIMR teams, covering 37 counties.

By reviewing the circumstances surrounding the lives and deaths of mothers and infants, as well as those who are never born (fetal deaths), and providing these findings to community action teams, FIMR teams produce data-driven prevention measures to help improve birth outcomes and reduce fetal and infant mortality rates.

Child Fatality Review

In 2013, Indiana law, IC 16-49 went into effect, requiring child fatality review (CFR) teams in each county, with coordination and support for these teams to be provided by IDOH. IC 16-49 was modified in 2022 to create an ordered list of professionals/agencies who may start local teams, allowing for more flexibility for the

creation of new teams. Because of this modification, all 92 counties in Indiana now have county or regional teams for the first time since the program began. These teams work to better understand how children 17 years and younger are dying and develop strategies to prevent future deaths from occurring.

Maternal Mortality Review Committee

In 2022, the MMRC completed its review of all identified maternal deaths from 2018, 2019, and 2020. The MMRC released its third report in the fall of 2022 and will release a fourth report in the fall of 2023.

Through this process, the MMRC determined that mental health issues and substance use disorder are the most common contributing factors to Indiana's pregnancy-associated deaths. In the most recent report, the MMRC identified 323 individual recommendations to improve maternal health and safety, including using MMRC recommendations to inform substance use disorder as the next Alliance for Innovation on Maternal Health (AIM) bundle.

Because of our continued work on preventing maternal deaths, in 2021, we were also awarded a five-year Office on Women's Health grant to reduce maternal deaths due to violence. Now in the second year of this funding, the goal is to work collaboratively with internal staff and external partners to more comprehensively review, identify and track maternal deaths due to violence, utilize data-driven, evidence-based interventions to improve outcomes, and ultimately reduce deaths among pregnant and postpartum women due to violence.

Suicide and Overdose Fatality Review

Currently, Indiana has 24 active local Suicide and Overdose Fatality Review (SOFR) teams committed to identifying and implementing strategies to prevent suicide and overdose deaths in their communities. The SOFR Program has nearly doubled over the past year with the establishment of seven new county-level teams.

SOFR teams across the state, including Allen County, Marion County, and Hamilton County, have begun to address grief following losses due to overdose and suicide. Their work has included the creation of subcommittees to research services provided by local hospice agencies, the addition of resources to the county coroner's website, and strides to develop a team of peer support and mental health workers to respond to the scenes of overdose fatalities.

Birth and Death Registry

Database Registration of Indiana's Vital Events (DRIVE) was implemented in two phases over a 30-month period. Phase I went live on January 1, 2021, and Phase II went live on January 6, 2022. IDOH conducted pilot training for identified stakeholders, and their early involvement and feedback assisted in designing a user-friendly and robust system. Thorough testing helped uncover potential issues before the launch of the system.

HIV Viral Suppression Rates

HIV prevention and care services in general was greatly impacted in 2020 and early 2021 because of fewer HIV medical visits and the national focus on the COVID-19 pandemic. Many agencies providing HIV services

were restricted to work remotely or see clients by appointment only. Despite these challenges, we have seen agencies rapidly adapting to deliver services in this new environment.

Indiana's success was noted by a jump in viral suppression from 64% at the end of 2020 to 68% as of December 31, 2021. The national average was 65% during that period. Of those newly diagnosed in 2022 thus far, 90% have been linked to care within 30 days as compared to 83% in 2020. It is highly likely this is due in fact to increases in tele-medicine because of COVID and persons now seeing their provider in person. In addition, the Division of HIV, STD and Viral Hepatitis has successfully linked over 90 individuals back into medical care.

IDOH Response to STI Outbreaks

Due to increasing numbers in cases of syphilis in late 2021, the Vanderburgh County Health Department (VCHD) requested assistance from IDOH and the CDC. IDOH staff deployed to VCHD on November 15, and CDC staff arrived on December 1, 2021. Deployment ended on January 28, 2022. Accounting for holiday breaks, the deployment team spent eight weeks supporting the jurisdiction with syphilis and HIV testing, syphilis case management and treatment. During this time period more than 1,000 people were tested, 102 outbreak cases were identified, and 91 individuals (89.2%) were fully treated.

Challenges during the FY 2022 – 2023 Biennium

Long-Term Care

At the onset of the federal public health emergency, CMS temporarily suspended annual surveys in March of 2020. CMS informed state survey agencies in June 2020 that they could resume surveys when the survey staff had the resources to do so. During this same time, they directed states to conduct Focused Infection Control Surveys at every LTC facility, which Indiana successfully completed. Following that, CMS sent a list of facilities weekly to conduct additional surveys due to COVID cases. We resumed conducting annual surveys in April 2021, with difficulties due to Delta and Omicron coronavirus variant outbreaks.

Finally, on March 10, 2022, CMS provide state survey agencies new guidelines to follow to ensure we were on track for completing outstanding annual surveys. Of our 524 certified nursing homes, we had 286 still to complete on November 30, 2021. To meet the CMS standard of 50% completion by September 30, 2022, we will have completed more than our targeted 143 surveys. The remaining 143 surveys will be completed over the next six to nine months.

Fetal Infant Mortality Review (FIMR)

Not all teams were able to obtain funding for staff or prevention initiatives, so the functionality and capacity of local teams varies with regards to comprehensiveness of review, ability to collect and/or report data, and ability to initiate prevention at the community level.

Across the nation, no state has yet to produce a state-level FIMR report. However, because Indiana has such a robust FIMR Network, there are plans to produce the first annual Indiana FIMR Report in 2023. This report will highlight the findings of local FIMR teams and their community-based prevention and intervention work. Because the teams vary in functionality, review criteria, reporting protocols, funding streams, and data entry practices, amassing the entirety of the state's efforts has been difficult and yet to be formalized.

Child Fatality Review (CFR)

None of the 67 current teams in Indiana have ever been funded. Because participation is mandated by legislation, team members volunteer their time in addition to their professional responsibilities. In their annual reports to IDOH, teams often cite lack of funding as a barrier to completing reviews and implementing any prevention initiatives at the local level.

Maternal Mortality Review Committee

Facilities are required to report pregnancy-associated deaths to IDOH, but the number reported remains low. Of the 92 2020 deaths that were identified, only 15 were reported to IDOH. In addition, numerous errors in vital records completion by death certifiers have led to identification of nearly 60 false positives during review of the 2020 deaths, and 44 false negatives. The time it takes to eliminate/confirm the pregnancy status of these deaths, via the medical records or autopsy reports, is an extra step for the Indiana MMR Program that takes away from the records gathering, data entry, narrative preparation, and case presentation of the confirmed pregnancy-associated deaths.

Identifying mental health providers and accessing those records has continued to be difficult. IC 16-50 does not require the provision of those records by providers, and many mental health providers are hesitant to share the records that are vital to understanding the circumstances surrounding maternal deaths and developing opportunities for prevention.

Objectives for FY 2024 – 2025 Biennium

The Department's objectives are outlined below.

Lead and Healthy Homes

- Increase the number of children annually receiving a blood lead test
- Increase case management services for children with elevated blood lead levels
- Ensure implementation of universal lead screening for all children at 12 and 24 months established by HEA 1313.

IDOH Laboratory

- Update IT systems to accommodate increases in environmental samples.
- Improve data analysis capabilities for opioid use and fatal overdoses
- Sustain testing, surveillance and support for local health departments and state agencies

Infant and Maternal Mortality

- Decrease the number of death certificates listing "SIDS" as cause of death determination.
- Increase capacity for Community Action Teams
- Increase identification, review, and data analysis for sudden unexpected death in the young
- Continue implementation of the My Healthy Baby program and other infant and maternal mortality rate-reduction programming
- Reduce infant and maternal mortality rates in Indiana
- Decrease racial and ethnic disparities in infant and maternal mortality

- Educate communities with the highest rates of SUID about safe sleep practices for infants
- Continue to develop the fatality review network, focusing on community-led, data-driven prevention and intervention initiatives

Opioid Epidemic/Substance Use Disorder

- Increase the number of SOFR teams that have implemented evidence-based substance use treatment/prevention/intervention recommendations
- Increase the number of records available to local SOFR teams to enhance review meetings and improve data quality
- Establish additional county-level SOFR teams across the state
- Establish a state-level governing committee to review recommendations created by local SOFR teams.
- Reduce the suicide rate in Indiana

Strategic Partnerships

- Continue to provide technical assistance and data quality improvement support to local Fatality Review and Community Action Teams
- Facilitate and strengthen network development and collaborative partnerships between local Fatality Review and Community Action Teams

Other Public Health Services

- Continue to provide support for addressing adverse childhood experiences and creating trauma-informed communities
- Improve collection and dissemination of pediatric suicide data

Trauma and Injury Prevention

- Improve access to the overdose-reversal drug Naloxone and training on its administration for LHDs, first responders, lay responders, schools and community partners across the state
- Continue to work with entities registered with OptIN to ensure accurate and up-to-date information on the accessibility of Naloxone rescue kits
- Continue working with county coroners to achieve 100% compliance with toxicology testing and reporting of suspected overdose deaths
- Improve accuracy and completeness of death certificate reporting for overdose deaths
- Continue to provide technical assistance and funding to high-burdened counties to increase their capacity for substance use prevention, linkage to care, and surveillance efforts
- Strengthen surveillance efforts around drug overdose morbidity and mortality
- Increase data dissemination and sharing efforts through dashboards and reports to inform local level activation and response

Agency Key Performance Indicators (KPIs)

The key performance indicators for the Indiana Department of Health are:

- WIC voucher redemption rate for percent of children ages 2-5 enrolled in WIC program with a calculated body mass index above the obesity level

- Percent of non-compliant violations of infection control requirements cited on investigations of hospitals, ambulatory surgery centers, end stage renal disease clinics, home health agencies and nursing centers
- Percentage of women receiving prenatal care in the first trimester of their pregnancy.

Governor's Public Health Commission

Through Executive Order 21-21, Governor Holcomb established the Governor's Public Health Commission to study Indiana's public health system. Specifically, the Commission was charged with the following:

I. Analyzing Indiana's current public health system to identify both strengths and weaknesses;
II. Analyzing the performance of state and local health departments during the COVID-19 pandemic;
III. Identifying:
    a. ways to improve the delivery of public health services throughout the State
    b. the funding challenge for the State's public health system and ways to address those challenges;
    c. ways to promote health equity;
    d. ways to ensure the sustainability of our local health departments; and,
    e. ways to improve responses to future public health emergencies;
IV. Identifying legislative proposals to address the Commission's findings and recommendations; and,
V. Issuing a written report of the Commission's findings and recommendations.

The Commission identified six workstreams to help accomplish this mandate. They were: governance, infrastructure, and services; public health and clinical workforce; public health funding; data and information integration; emergency preparedness; and childhood and adolescent health. The final meeting was on June 30, 2022, where the report was adopted, along with 32 recommendations. The recommendations range from restructuring local health boards for greater representation and increasing public health funding to reach national averages. Our agency request reflects a significant investment in public health that will allow the Department to provide additional support and technical assistance to local health departments, increased funding directly to local health departments, access to funding for emergency medical services and trauma system improvements, expanded support for data analysis, and the creation of a state strategic stockpile for personal protective equipment and medical countermeasures. More information about the GPHC and the final report can be found at www.in.gov/gphc.

Special Initiatives

The Indiana Department of Health is requesting funding to address the following priorities.

Office of Data and Analytics

Since its inception, the IDOH Office of Data and Analytics (ODA) has supported IDOH's ongoing response to the COVID-19 pandemic and spearheaded IDOH's Data, Analytics, Reporting, and Technology Transformation (Project DARTT) in partnership with IDOH's Office of Technology & Cybersecurity. Project DARTT is a data modernization initiative focused on critical improvements to IDOH's data, analytics, and IT infrastructure. In addition to making infrastructure improvements, Project DARTT is focused on improving the

way people, processes, data, and technology work together to help the agency better utilize data and analytics in pursuit of its mission. The project's objectives align directly with IDOH's 2021-2025 strategic plan and findings/recommendations from the Governor's Public Health Commission. ODA provides critical support to IDOH divisions and external partners, leveraging data and analytics to drive improved public health outcomes.

ODA is seeking to mitigate barriers that prevent IDOH programs from using data to drive change. Current barriers include reduced integration and interoperability of internal and external data infrastructure, gaps in quality of available data resources, lack of consistent technical support, lack of standard operating procedures and data documentation, and a lack of access to modern data analytics tools for local partners. In addition to preventing data-driven decision making, these barriers prevent IDOH staff from tracking key metrics related to health equity, lived experience, and the impact of IDOH programs to Hoosiers throughout the state.

Modernizing and continuously improving IDOH's IT and data infrastructure requires a stable and robust data and analytics workforce as well as steady funding for key components of the modernization plan. Enhanced federal grants can and will be used to their maximum effect to support time-limited projects and specific initiatives. However, overt reliance on project-based grant funding for ODA's operational necessities will put IDOH in a precarious position. Reliance on federal funding also results in prioritization of projects that are driven by federal priorities rather than state- or agency-level priorities. While these are often aligned, Indiana's most pressing needs are not always the same as those prioritized on a national level. Without state funding, critical pieces of operations will be tied to specific projects and ODA will not have the flexibility needed to provide effective data and analytics services for IDOH and for the state of Indiana.

Maintain the State Strategic Stockpile

The Indiana Department of Health is responsible for maintaining, operating, and managing the Indiana Personal Protective Equipment (PPE) and Medical Countermeasures (MCM) Stockpile, a repository of large quantities of medicines, vaccines, and other medical supplies. The IDOH, which is the approving authority of the distribution and use of all PPE and MCM supplies, is seeking funding to support a contractor to house, maintain, operate, distribute, and operationalize the stockpile as requested in an emergency response requiring resources throughout the state. Managing the procurement, storage, and transportation of supplies in the stockpile involves monitoring the shelf-life of PPE and MCM supplies to ensure that they are kept within U.S. Food and Drug Administration (FDA) potency limits; conducting quality assurance practices; and ensuring that all stockpile holdings are based on the latest scientific data, threat levels, and overall ability to deploy during a public health emergency.

The Indiana PPE and MCM Stockpile physical location will serve as either the primary or alternate Strategic National Stockpile (SNS) Receipt, Stage & Store (RSS) location. This location must meet minimum requirements outlined by the Centers for Disease Control and Prevention (CDC) and become "established' by the CDC in conjunction and coordination with IDOH Division of Emergency Preparedness (DEP). Refer to the latest CDC Preparedness Guide for more information.

Funding for Lead and Healthy Homes

IDOH is requesting funding to support provision of supportive services to children with elevated blood lead levels. In July 2022, IDOH lowered the elevated blood lead level threshold from ten (10) micrograms per

deciliter to three and half (3.5). This move was in response to CDC lowering the national threshold and was Indiana's first change to this level in more than a decade. When IDOH lowered this level, funds from 2021's House Enrolled Act 1007 were allocated to support the initial costs that both IDOH and local health departments will incur in identifying, monitoring, and case managing affected families. The move from 10 to 3.5 was projected to increase the lead caseload statewide by nearly 300% in year 1.

This additional funding will support:

- 12 staff at IDOH to provide in-field assessments, case tracking, risk mapping, evaluation, and program oversight
- 25 XRF analyzers used to non-invasively test painted surfaces for hidden lead hazards
- Expansion of locations parents can take their children to for lead testing.

Increased Funding for Maternal, Child, & Infant Health

The Indiana Department of Health (IDOH) is seeking additional funding for the SafetyPIN appropriation to accommodate the increased demand for locally developed home visiting programs and other programs related to the improvement of birth outcomes. Currently, the Maternal and Child Health Division (MCH) utilizes these funds primarily in three ways: home visiting programs, other programs designed to improve birth outcomes, and Fetal Infant Mortality Review (FIMR) teams. The success of the My Healthy Baby home visiting referral systems has created a demand for home visiting services that the current funding mechanisms are unable to accommodate.

Specifically, our 2022 cohort application saw a total two-year ask of $16,862,176.91 and a four-year ask of $33,724,353.82 across 32 applicants. MCH was only able to fund 25% of the requests, at $4,273,276.92 for 7 applicants. This discrepancy can be seen throughout the life of the program, with only 46% of applications and 39% of the funding ask awarded. In addition, because SafetyPIN requires an initial award for two years and then an incentive award for two years based on the reduction in infant mortality in a designated area, MCH must earmark future fiscal year funding to ensure money is available to cover all incentives. The additional funding would ensure sustainability and allow MCH to expand its reach by funding additional programs.

We also request increased funding for Nurse Family Partnership, Perinatal Systems of Care, and Title X expansion. These programs are instrumental to Indiana's efforts to support families, improve health outcomes for people who give birth, and infants.

Spinal Cord and Brain Injury

The department requests that the Spinal Cord & Brain Injury Fund has an added appropriation at the outset of each fiscal year while revenue due to the fund replenishes the appropriated amount in the legal fund. There are several programmatic and budgetary challenges associated with a fund that is largely fully encumbered, save for personnel, at the start of the fiscal year, and having a wholly and totally appropriated fund will solve these.

My Healthy Baby

The recently implemented program, initially named OB Navigator, experienced a name change to more accurately reflect programmatic goals. As the program has moved beyond the initial phases, the agency

anticipates expending this funding more rapidly across the various match rates in partnership with FSSA. The department requests that this be allowed augmentation authority for programmatic flexibility in the existing funding.

Funding to Support Medicare/Medicaid Certification and State Licensing

As the designated state survey agency for Medicare and Medicaid certification, IDOH has specific CMS survey timeframes, performance measures, and workload priorities that it must meet each year. If the state is unable to meet these obligations, the state risks losing critical federal dollars to support our survey and licensing work, which impacts patient safety and quality of care. Increased funding in Medicare/Medicaid allows the state to have additional state match with our federal partners. As the need for additional surveying capacity has increased, the department has utilized all funding presently available and received the appropriate federal matches. The increase in funding will allow greater capacity for surveying and access to additional federal resources in matching dollars that will be used to continue to promote health care quality.

Funding for Staff at the Center for Deaf and Hard of Hearing Education

The request for additional funding for the Center for Deaf and Hard of Hearing is to ensure that deaf and hard of hearing children will have the resources and support to reach their full potential. Under IC 20-35-11, our staff of 21 is tasked to balance direct services to deaf/hard of hearing children and their families with building capacity through training, mentoring, resource creation and technical assistance to professionals throughout the state. At our current staffing, we are only reaching 52% of deaf/hard of hearing infants and toddlers with specialized services. More staff is needed to increase these efforts and have service providers available for 100% of eligible families. There is an extreme shortage of early intervention providers and education professionals (e.g. teachers, speech-language pathologists, educational audiologists), which is amplified in consideration of expertise for a low-incidence population of deaf/hard of hearing children. Our audiology equipment is becoming obsolete with the continual advancements of technology, with more of it no longer supported by the manufacturers. Purchasing updated equipment is necessary to continue providing pediatric audiology services.

Coroner's Training Board

In recent years, the number of death investigators has continued to grow. What was once an average class size of 30 now has an average size of 50 per training. The rise in inflation and increase in the number of attendees are straining the Board's current budget. The Board respectfully requests an additional $50,000 be added to our budget for the next budget cycle to enabled it to continue top-notch training for all 92 elected coroners and their deputies.

cc: D. Shane Hatchett, *IDOH Deputy Commissioner & Chief of Staff*
Cora Steinmetz, *Governor's Operations Liaison/Sr. Policy Director*
Matthew Wolf, SBA *Assistant Director for Health and Human Services*