Indiana Department of Health

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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 2022-23

INTRODUCTION

The Indiana Department of Health promotes, protects, and improves the health and safety of all Hoosiers, with a goal of every Hoosier reaching their optimal health regardless of where they live, learn, work, or play. In collaboration with Indiana's 94 locally controlled health departments, our work spans the entire state and impacts every Hoosier. The Department's funding is 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 $53. This Department aggressively pursued additional funding sources over this past biennium, which resulted in ten new grants totaling $13 million. 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.

The Department is presently in the process of updating its strategic plan for 2021-2025. As such, the agency is in a period of introspection and transition. We look forward to continuing our work as the preeminent public health agency in the state while still rising to the challenges of the COVID-19 pandemic that will persist for some time.

STRUCTURE AND ORGANIZATION

The Indiana Department of Health has 808 full-time employees who are 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 October 2017. The Chief of Staff, Deputy State Health Commissioner & State Epidemiologist, Chief Medical 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. Each Division has a director who reports to the Assistant Commissioner of their respective Commission. More than 600 employees and contractors are located at the Department's central office, 2 North Meridian Street in Indianapolis.

A variety of shared services support divisions report directly to the Chief of Staff. The Tobacco Prevention & Cessation, Office of Minority Health, and Oral Health Divisions report to the Chief Medical Officer. The Epidemiology Resource Center, Public Health Performance Management, and HIV, STD, & Viral Hepatitis Divisions report to the Deputy State Health Commissioner. Below is a description of our various commissions and key divisions.

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; 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 over 9,000 acute and long-term care facilities 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 15,000 radiology professionals and the certification of over 50,000 nurse aides and 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 Vital Records and the Division of Weights, Measures, & Radiology. Many of the employees of this Commission are located around the state. Weights and Measures operate 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, and environmental health and safety hazards, and preparing for and responding to public health threats. The Commission includes the Divisions of Environmental Public Health; Food Protection; Lead & Healthy Homes; Immunizations; and Emergency Preparedness. The Commission partners with other federal, state, and local agencies to protect the health of Hoosiers. Several of the Commission's Divisions operate offsite locations, including at the 8th floor of Indiana Government Center North, Western Select Complex on Shadeland Avenue, Stout Field warehouse, and Indiana Department of Administration warehouse on 30th Street.

The Department recently reinstituted the **Laboratory Services Commission**, which had been previously combined with Public Health Protection. The COVID-19 pandemic has highlighted the necessity for the state's public health laboratory to have a voice at the executive staff level with direct line of sight into regular operations. The state lab is a leader in quality and education. We provide critical direct services in the form of environmental testing, HIV/STD testing, viral and microbial culturing, and surveillance testing. The lab 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. The State Public Health Laboratory is comprised of five Divisions: Environmental Microbiology; Virology; Clinical Microbiology; Preparedness/Facility Support; and Chemistry. Since 2007, the lab has been

located in the Indiana Forensic and Health Sciences Laboratory building at 16th and Martin Luther King streets.

The **Tobacco Prevention and Cessation (TPC) Division** improves the health of Hoosiers and reduces the disease and economic burden that tobacco use places on Hoosiers of all ages. The Division's programming focuses on preventing and reducing tobacco use, protect citizens and workers from secondhand smoke exposure, and coordinating and allocating resources toward grants and services that change the acceptability and culture relating to tobacco use. Indiana's tobacco control program is derived from the Centers for Disease Control and Prevention (CDC) Best Practices for Comprehensive Tobacco Control Programs. The five program areas the Division operates are: Community-based Programs; Statewide Public Education; Cessation Interventions, including the Indiana Tobacco Quitline; Evaluation and Surveillance; and Infrastructure, Administration, and Management.

The vision of the **Center for Deaf and Hard of Hearing Education (CDHHE)** is to ensure that deaf and hard of hearing children will have the resources and support to reach their full potential. The mission of the CDHHE is to promote positive outcomes for all deaf and hard of hearing children through information, services, and education. The CDHHE values families as decision makers; self-advocacy; unlimited potential; collaborative relationships; and quality services. CDHHE is co-located with the Indiana School for Deaf on 42nd Street.

The **Epidemiology Resource Center (ERC)** provides evidence-based data for a healthier and safer Indiana, and it protects public health through surveillance, investigation, data analysis, education, and collaboration. Led by the ERC Director, ERC staff and activities are supported by both federal and state funding. The Infectious Disease Epidemiology section conducts surveillance and investigation of infectious disease cases and outbreaks and provides subject matter expertise on infectious diseases. The Data Analysis Team manages large vital events data sets, including birth, death, hospital discharge, marriage, and the Behavioral Risk Factor Surveillance System Survey. The team also answers data requests and prepares reports based on those data sets. The Zoonotic and Vector-borne Epidemiology section conducts surveillance and investigation of animal-borne diseases, including mosquito-borne and tick-borne illnesses, and provides related training and expertise. ERC has field-based epidemiologists located across the state and operates an Entomology Lab at the Western Select complex on Shadeland Avenue. The Public Health Geographics section supports all agency programs with geospatial applications or projects that utilize demographic, infrastructure, and epidemiological data to enhance the integration, illustration, and analysis of morbidity and mortality trends and surveillance/preparedness activities. Some data analytics functions will be combined with a new Data and Analytics Division under the leadership of a Chief Data Officer (CDO). The CDO will report to the Chief of Staff under the Shared Services Group.

The **Shared Services Group,** which reports directly to the Chief of Staff, handles the daily operations of the agency such as: Finance, Information Technology and Compliance, Public Affairs, Legislative Affairs, and Legal Affairs. While these divisions do not necessarily provide direct services to Hoosiers, they are critical to ensuring our programmatic divisions have the resources, information, and guidance necessary to efficiently and effectively discharge the Department's mandate. Beginning in late 2020, we will be adding to our executive staff a Chief Data Officer, who will lead the Data and Analytics Division to provide agency-wide informatics support.

The **Healthy Hoosiers Foundation** also falls under the Chief of Staff. 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. This general fund position will not be filled during the biennium to help meet budget reduction targets. The Chief of Staff will serve as Acting Executive Director for the Foundation.

ACCOMPLISHMENTS DURING FY 2020 – 2021 BIENNIUM

Infant Mortality

Indiana is beginning to see progress toward the state's goal of having the lowest infant mortality rate in the Midwest by 2024. Earlier this year, the Indiana Department of Health reported that the state had seen its infant mortality rate fall by the highest rate in six years, to 6.8 per 1,000 babies in 2018, down from 7.3 in 2017. Department data also showed the Black infant mortality rate declined nearly 16 percent and the rate for Hispanic infants declined nearly 20 percent in 2018.

The 2018 infant mortality rates for non-Hispanic White infants met the Healthy People 2020 goal of 6.0 per 1,000, while the rate for Hispanic infants fell to 6.1. The non-Hispanic Black infant mortality rate fell from 15.4 to 13.0.

OB Navigator

In 2019, we began a partnership with the Department of Child Services and the Indiana Family and Social Services Administration to build a network of services and supports to wrap-around moms and babies to achieve healthier outcomes for both. The Indiana General Assembly passed House Enrolled Act 1007 (2019) to establish and provide funding for the OB Navigator program.

The OB Navigator program launched in 2020 and is rolling out to 22 of the state's highest-risk counties, connecting pregnant women enrolled in Medicaid to home visiting services in their community. Home visitors provide personalized guidance and support to a woman during her pregnancy and at least the first six to 12 months after her baby's birth. Each community and home visiting program working with the OB Navigator team has a unique referral system so that women are connected to programs best matched to their individual needs. In addition, our partnership with Indiana 211 is building a robust information, resource, and referral system so that each caller is connected to services that meet her needs. As of mid-August 2020, the OB Navigator program has reached out to 2,479 women. Of those women who were able to be reached, 466 agreed to a referral to home visiting services.

Perinatal Levels of Care

In September 2019, the Department promulgated a rule that establishes Perinatal Levels of Care for Indiana hospitals that offer birthing services. Nurse surveyors from the Maternal & Child Health Division began working with hospitals applying for Level IV (the highest level of care) and Level III to obtain certification. As of August 2020, all but one of the Level III and IV hospitals have completed their certification process. Ensuring that hospitals are certified at their appropriate level of care will reduce variability in care and ensure that mothers and babies receive the right level of care in a facility best equipped to meet their needs.

Safe Sleep

In 2020, the Department hired dedicated Community Coordinators to develop and support local Community Action Teams to reduce rates of Sudden Unexpected Infant Death (SUID), with special emphasis on the prevention of deaths related to unsafe sleep, one of the leading causes of infant mortality. Community Action Teams build on invaluable local knowledge and engagement to empower communities with high rates of SUIDs. There are currently 12 counties with high-functioning Community Action Teams, and an additional 20 counties are in the beginning stages of team development. Community Coordinators rely on intensive collaboration with state agencies and local partners to develop and improve teams. Future efforts will include expansion into additional counties throughout the state.

We also developed an online Safe Sleep training in 2020 that was made available to stakeholders, including physicians, nurses, and first responders. Additionally, a Safe Sleep Focus Group Summary Report was disseminated to statewide partners to guide the development of future safe sleep education campaigns. In the summer of 2020, infant safe sleep resource distribution applications were sent to local child fatality review and Fetal Infant Mortality Review (FIMR) teams with high rates of SUID to allow for the immersion of additional safe sleep resources (cribs and sleep sacks) in their communities.

Maternal Mortality

In 2019, the Indiana Department of Health was awarded the Erase Maternal Mortality grant from the CDC, allowing the state to build upon its public health surveillance of maternal mortality and supporting the Maternal Mortality Review Committee (MMRC). Through this funding, the Department and MMRC identify maternal deaths for prevention, identify pregnancy-related and pregnancy-associated deaths, conduct multidisciplinary reviews, improve data quality and timeliness using a quality assurance process in partnership with CDC, analyze data, and share findings to inform prevention strategies that reduce maternal deaths in Indiana. As of August 2020, the MMRC has completed its review of all identified maternal deaths from 2018 and will release its first report in late fall 2020.

Expanding and strengthening Indiana's maternal mortality review process will allow for the establishment and implementation of best practices, through data-driven recommendations that will improve the health outcomes for women of reproductive age in Indiana. We are able to establish real-time incidence rates for maternal morbidity and mortality, as well as facilitate development of public data briefs and other products to inform programs and key stakeholders on best practices essential in the elimination of preventable pregnancy-associated and pregnancy-related deaths.

New Birth and Death Registry

In 2019, the Department began the process of developing a new vital records electronic registration system. The new system vendor, VitalChek, began work in January 2020 to configure the new vital records system, called Database Registration of Indiana's Vital Events (DRIVE). The Vital Records Division has collaborated with external stakeholders throughout the project and brought together a group of local health departments (LHDs) to serve as an advisory committee. This Committee represents LHDs throughout the state, both in size and region, and assisted the Department in soliciting feedback on the new system throughout the project to ensure Indiana implemented a practical and useful system for all users. The Committee also helped advertise the system to end users and is supporting implementation of DRIVE. Many LHDs also assisted as pilot testers and recruited facilities from their counties to participate in the testing. A one-month pilot testing period began in early August, along with end user training. DRIVE is on target to meet the projected go-live date later this year, on time and on budget.

Opioid Epidemic

The Department continues to fund toxicology testing for county coroners through federal grants and provides training and support to improve overdose death reporting and death certificate accuracy. In 2019, the Department hosted regional coroner trainings, including subject matter experts from the Association of State and Territorial Health Officials (ASTHO), to provide education on the importance of drug specificity on the death certificate.

Since 2016, the Department has distributed 70,000 naloxone kits to LHDs. Since 2018, more than 12,000 doses of naloxone have been distributed to rural first responder agencies. In partnership with the FSSA Office of Medicaid Policy and Planning, the Indiana Department of Health was able to secure reimbursement for EMTs through Medicaid and HIP beginning July 1, 2020, which will help create sustainability for naloxone after grants are no longer available.

The state laboratory's capacity for opioid analysis was expanded with the help from CDC grants for instrumentation and the use of CDC opioid and emergent drug kits. A screening panel for 212 fentanyl analogs has been developed. The lab also developed a method to quantitate 22 fentanyl analogs down to 0.05 ng/ml, which will become a CLIA compliant test. A panel to screen for over 700 substances, including opioids, fentanyl, amphetamines, benzodiazepines and others, is almost ready for use for overdose surveillance activities. Passed in 2018, Senate Enrolled Act 139 expands the toxicology program to all Indiana counties by requiring coroners to perform toxicology testing in cases of suspected accidental or intentional drug overdose deaths and report their findings to ISDH. In 2020, the Department moved from NMS to Axis through a competitive request for proposals bid process. The majority of coroners moved to Axis, with a few staying with NMS and providing copies of the toxicology report to us.

Ending the Epidemics of HIV and Hepatitis C

In August 2019, Indiana hosted U.S. Health and Human Services Secretary Alex Azar and Centers for Disease Control and Prevention (CDC) Director Dr. Robert Redfield to discuss plans to end the HIV epidemic in the United States by 2030. Director Redfield and Secretary Azar met with State Health Commissioner Dr. Kristina Box and Dr. Virginia Caine, head of the Marion County Public Health Department (MCPHD), along with other community leaders to discuss what efforts will be necessary to end the HIV epidemic in Indiana and Marion County, which has been identified as one of the priority jurisdictions in the nation. At the end of 2019, Indiana's viral suppression rate was 63 percent, which is 10 percent higher than national statistics. This is important, because a person living with HIV who has a suppressed viral load does not pass on the virus to others. In the words of Dr. Redfield, we have a once-in-a-generation opportunity to end this epidemic by getting more people virally suppressed and into regular care.

Despite the ongoing COVID-19 pandemic, the Department continues its work developing a robust plan for Marion County and the State of Indiana. So far, we have completed key informant interviews, conducted in-person and virtual focus groups, heard best practices from other jurisdictions and conducted weekly meetings between the state and MCPHD to share information and ensure congruency among the state and local plans. Over the next few months, the additional planning work will be done, including client-based surveys related to the state of HIV in Marion County and analyzing data from interviews, focus groups, and surveys to identify

themes and program recommendations to be incorporated into a draft plan. The target date for the draft plan is October/November 2020. The final plan will be ready by the end of 2020. The HIV, STD, and Viral Hepatitis Division is also undergoing a strategic planning session for a five-year plan that will align with End the Epidemic activities and allow Indiana to evaluate and respond at the half-way mark in the 10-year strategy.

The socioeconomic factors that are linked to HIV also align with Hepatitis C. The Department is taking this opportunity to also address the spread of Hepatitis C, which is curable thanks to pharmacological breakthroughs. We have begun piloting wrap-around services for individuals who have Hepatitis C, including testing and care linkage. The End the Epidemics focus groups include questions related to Hepatitis C. Together with FSSA, the Department is working on a stigma reduction and awareness campaign.

Immunizations

The Immunization Division continues to see great growth in the number of immunizations that are reported to the state's immunization information system, Children and Hoosier Immunization Registry Program (CHIRP). There are currently 94.3 million unique immunizations in CHIRP, and 8.8 million records have been added since July 2019. Through MyVaxIndiana, 257,237 Hoosiers have access to their immunization records.

We continued to integrate further with K-12 institutions. Over 3 million immunization records were exchanged between school information systems and the state immunization information system, CHIRP during the 2019-2020 school year. Fifty-four (54) percent of all school corporations were using this functionality, which improved the accuracy of information on school immunizations and decreased the reporting burden on school personnel.

The Division launched an aggressive vaccination initiative to address the increasing number of Hepatitis A cases in August of 2018. We hired contract vaccinators to complement the vaccination efforts of LHDs, healthcare providers, and pharmacists. Through this initiative, 211 strike team clinics were held and nearly 10,000 Hoosiers were vaccinated. The Division also partnered with the Indiana Department of Corrections to ensure that all inmates were vaccinated against Hepatitis A upon entering a corrections facility. This partnership has yielded an additional 6,911 Hoosiers being protected against Hepatitis A.

Tobacco and Nicotine Prevention and Cessation

Indiana ranks 47th for rate of adult smokers with 21.1 percent of adults reporting they currently smoke in 2019. Nationally, the rate of adult smokers is 16.1 percent. Smoking causes a number of health issues, including low birth weights and birth defects. The U.S. economy loses $326 billion a year between medical costs and lost productivity.

Vape-Free Indiana

As a result of the dramatic increase in e-cigarette use among youth as measured by the 2018 Indiana Youth Tobacco Survey, Indiana introduced a three-pronged approach to address this public health issue. Vape-Free Indiana launched in August 2019 to implement prevention, public education, and cessation strategies to reduce youth vaping in Indiana.

- One component of Vape-Free Indiana's prevention tier is implementing youth education programs. TPC has supported the implementation of the *CATCH® My Breath* e-cigarette education program in Indiana middle and high schools. To date, more than 90 Indiana schools and organizations are enrolled to conduct the CATCH curriculum, and there are approximately 125 certified CATCH trainers throughout the state.
- *Sweet Deception,* a peer-to-peer education program that was created for VOICE youth, is another education component of Vape-Free Indiana. More than 100 peer educators have been trained to present the curriculum to date. A public education campaign, Behind the Haze, targeted at Indiana youth and young adults, was launched in November 2019.
- *Behind the Haze* is a campaign that delivers compelling and evidence-based health education that motivates young people (13-21) to rethink their vaping behaviors and intentions. Campaign performance has been strong, with over 42 million impressions.

Another component of the Vape-Free Indiana initiative provides free resources for quitting e-cigarettes, including a text-based quit service designed for youth who want to quit vaping called "This is Quitting," in partnership with the Truth Initiative, as well as the Indiana Tobacco Quitline's suite of services for all tobacco users age 13 and up. More than 100 youth have connected with This Is Quitting since January.

Public schools throughout the state have been a key partner in addressing youth tobacco use and vaping, especially by implementing comprehensive tobacco-free school campus policies. In 89 of Indiana's 92 counties, all school districts are tobacco-free, protecting approximately 99 percent of public school students in the state from exposure to secondhand smoke at school. To date, 85 percent of Indiana's 289 public school districts have a comprehensive tobacco-free grounds policy that includes e-cigarettes or Electronic Nicotine Delivery Systems (ENDS).

The Department partnered with the IU School of Medicine to launch a new Indiana Teen Vaping TeleECHO Clinic to learn more about the management of vaping/e-cigarette use and related conditions in adolescents. The goal of this series is to provide support and promote increased clinical competence in treating adolescents who use e-cigarettes and other vaping devices so that patients across the state can receive the treatment they need in their home communities.

The series is provided for free and is open to all clinicians, healthcare workers, recovery coaches, or other youth-serving professionals in the State of Indiana.

E-cigarette or Vaping Product Use-Associated Lung Injury (EVALI)

The ERC was notified by the Wisconsin Department of Health Services of a cluster of teens and young adults with severe respiratory illness. Some patients developed acute respiratory distress syndrome and required mechanical ventilation. Preliminary reports indicated that the illness might be linked to vaping, as all of the infectious disease laboratory results were negative. After additional discussions and information gathering, ERC issued an I-HAN (Indiana Health Alert Network) on 8/7/2019 alerting the healthcare providers and local health departments to be alert for similar illnesses. By the next day, ERC had received reports of 5 possible cases. This started a seven-month investigation of over 180 possible cases of EVALI. During the course of the investigation, the ERC worked closely with the state laboratory, Indiana Poison Control Center, the CDC, and the FDA to coordinate the investigations, interviews, and product testing at the FDA laboratory. As of March 2020, Indiana had 128 cases and 6 deaths related to this outbreak. Data from the testing of product samples across the United States indicate that vitamin E acetate, an additive in some e-cigarette or vaping products, is strongly linked.

Women, Infants, and Children (WIC) Program

In July 2020, the Department launched the INWIC mobile application in Spanish, to provide additional information, support and access to Spanish-speaking WIC clients. Through the app, WIC clients are able to check benefit balances, scan the Universal Product Code (UPC barcode) on items to confirm their eligibility, receive alerts for upcoming appointments and expiration of benefits, and locate the nearest WIC clinic and authorized grocery store. Additionally, WIC clients now have access to online nutrition education (ONE) through the INWIC mobile application, with lessons created by WIC State Nutritionists and focused on topics that most impact WIC families. This new development provides select clients with more flexibility to complete their second nutrition education contact virtually and reduces the need for them to be physically present in the clinic.

The WIC program is also expanding a pilot program to support breastfeeding mothers across the state. For FY20, three local WIC agencies employed Internationally Board-Certified Lactation Consultants (IBCLC) who provided clinical breastfeeding support for clients whose breastfeeding support needs exceeded the scope of practice of the WIC Peer Counselors. For FY21, the pilot has been expanded to four additional agencies across the state, giving even greater access to clinical breastfeeding support for WIC clients in areas where community resources are limited. In FY20 and FY21, WIC local agencies received multiple USDA Loving Support awards for breastfeeding excellence. In FY21, Indiana received the most awards in the Midwest, with six agencies receiving Gold Awards, and three agencies receiving Gold Premier Awards.

In FY20, Indiana WIC also demonstrated its ability to care for clients and staff with flexibility and compassion during the COVID-19 pandemic. With seven federal waivers approved, Indiana WIC was able to successfully transition all local clinics to remote work. Despite this incredible undertaking, the WIC program was able to not only maintain client enrollment, but to add an additional 6,000 clients statewide over the same time period in FY19.

Accreditation

The Indiana Department of Health is nearing the end of a five-year process of to achieve accreditation from the Public Health Accreditation Board (PHAB). In early February 2020, agency staff participated in the agency's accreditation site visit and had an overwhelming number of community partners join us both in our preparation for the site visit and our in-person interviews. Our support and relationships with our partners were highlighted in the accreditation site visitor's initial findings as an area of excellence. Another area of excellence included our ERC, which has played a key role in multiple public health emergencies. The Department is continuing to work with PHAB on additional documentation needed for the final accreditation decision, and we are confident that we will be awarded accreditation status in 2021.

CHALLENGES DURING THE FY 2020 – 2021 BIENNIUM

COVID-19 Pandemic Response

On January 24, 2020, the Indiana Department of Health activated incident command to respond to the emerging "novel coronavirus" health threat as it was then known. Eight months later, we continue to operate at roughly the same cadence while still continuing most of our normal operations, albeit from different locations. A 27-page report was submitted to the legislature detailing our activities, but it bears repeating here that the COVID-19 global pandemic has impacted our agency in ways we could have never imagined. The last several decades have seen the Department shift to more of a technical advisor, funder, and collaboration partner with local departments of health. This pandemic has demonstrated that the fragmented nature of public health in Indiana poses risks and is ripe for reform; throughout the pandemic response, the Department has provided direct services in the form of personal protective equipment distribution, community-based testing, laboratory specimen analysis, and more. This team has risen to the challenge time and again to respond to the needs of Hoosiers from Gary to Evansville, Richmond to Terre Haute, and everywhere in between.

HIV, STD, & Viral Hepatitis

Reductions at the federal level in the overall availability of Ryan White Supplemental dollars have largely decreased capacity to fund some services and have resulted in significant cuts to some services. The Department is working closely with agencies to improve efficiencies and to

prioritize funding services that are most significant to viral suppression and preventing new infections.

Federal funding during this stage of End the Epidemics initiative only provides resources to address HIV in Marion County and will not be useful in other priority areas of the state. Additional resources will be required to ensure other communities are not left behind.

With the spread of COVID-19 across the world, the Viral Hepatitis/Harm Reduction Program has faced a new set of challenges that range from the slowdown or stopping of vital harm reduction services at syringe and non-syringe service sites to a marked decrease in the amount of testing occurring for viral hepatitis across the state. In addition, staff have been reassigned to COVID-19 duties, delaying the closeout of 2019 data reporting.

Children's Special Health Care Services (CSHCS)

The CSHCS program has continued to see an increase in spending. The reason behind the increased spending is primarily due to coverage of pharmacy drugs for the cystic fibrosis (CF) participants, specifically those over age 21. Indiana Code 16-35-2 mandates that the program cover those with cystic fibrosis past the age of 21. Cystic Fibrosis is the only condition for which this is required. While those 18 and younger spend a significant amount in pharmacy, the over 21 population (i.e., cystic fibrosis) spends a higher amount collectively for fewer participants. The total amount spent on the over-21 population accounts for approximately a third of the total budget. As a result, the CSHCS program depletes its allotment well before the end of the state fiscal year. Even if the agency identifies additional resources to allocate to the CSHCS program, it does not last until the end of the SFY. Subsequently, the program has a carryover of yet-to-be paid claims in amount of approximately $1M-$1.5M each year, which lessens what is available at the start of the next SFY. Later in our transmittal we detail our request for additional funds to address this persistent shortfall.

OBJECTIVES FOR SFY 2022 – 2023 BIENNIUM

The Indiana Department of Health will continue to focus on core areas for strategic improvement. These are identified in the Governor's agenda and are consistent with our previous work.

- Develop, train, and maintain a culture of health equity within the agency to begin systematically addressing persistent health disparities
- Implementation of the OB Navigator program and other infant and maternal mortality rate reduction programming

- Decreasing smoking and vaping rates to reduce associated co-morbidities
- Promote pragmatic integration and strategic reform in the public health system to improve health outcomes and emergency preparedness
- Develop and sustain a culture of data literacy with internal resources
- End the Epidemics of HIV and Hepatitis C virus through community interventions and viral suppression
- Expand access to and promote evidence-based substance use disorder treatment and interventions

More broadly, the Department's strategic plan objectives are outlined below. These continue to guide and inform our work.

Tobacco Prevention & Cessation

- Decrease nicotine consumption in Indiana, including electronic cigarettes and other "vaping" products
- Decrease nicotine product use among youth and young adults
- Reduce the smoking rate among pregnant women in Indiana
- Increase the proportion of Hoosiers not exposed to secondhand smoke

Infant Mortality

- Reduce infant and maternal mortality rates in Indiana
- Decrease racial and ethnic disparities in infant and maternal mortality
- Increase the percentage of pregnant women who receive early and adequate prenatal care
- Increase the number of children and families served by maternal and newborn home visiting
- Improve access to breastfeeding support, services, and education for Indiana women and families
- Reduce the incidence of premature births in Indiana
- Improve fetal, newborn, and infant health
- Educate communities with the highest rates of SUID about safe sleep practices for infants

Opioid Epidemic/Substance Use Disorder

- Improve access to the overdose-reversal drug Naloxone and training on Naloxone administration for LHDs, first responders, and lay responders across the state
- Work with entities registered with optIN to ensure accurate and up-to-date information on the accessibility of naloxone rescue kits
- Ensure complete reporting of the number of overdose death cases reported to the National Violent Death Reporting System (NVDRS)
- Continue working with county coroners to achieve 100% compliance with toxicology testing and reporting of suspected overdose deaths
- Decrease the number of death certificates listing "unspecified" drugs causing overdose
- 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
- Strengthen lab capacity to analyze for opioids in all populations and clinical matrices to address overdose prevention, drug exposed infants and mortality, and alert law enforcement to emerging hazards
- Expand education efforts to increase knowledge of Hepatitis C among health care providers and the general public

Obesity & Related Health Issues

- Increase the percentage of adults who are at a healthy weight
- Increase the percentage of children and adolescents who are at a healthy weight
- Reduce deaths due to diabetes, heart disease, and stroke
- Increase the number of Hoosier adults with pre-diabetes who have completed the National Prediabetes Prevention Program
- Increase the number of people with diabetes who have taken a formal diabetes self-management course
- Increase the number of Hoosier children and families that have access to fruits and vegetables

- Promote best practices and evidence-based programming specific to improving health in rural communities
- Increase the percentage of SNAP-Eligible individuals and families who receive nutrition education through the SNAP-Ed program.
- Increase the number of adolescents who attend a well-child visit.

Strategic Partnerships

- Partner with other state agencies to reduce the unintentional poisoning mortality rate
- Strengthen our current healthcare coalitions and promote a more diverse membership
- Increase the frequency and number of outreach activities to communities through training and education about public health emergency preparedness
- Host leadership conferences on the topics of healthcare-associated infections and dementia care to provide best practices and resources
- Increase engagement with community stakeholders in HIV Services and Prevention planning
- Facilitate network development and collaborative partnerships between rural health stakeholders across the state
- Coordinate efforts to improve access to care in rural communities by targeting funding and programming to identified rural community needs
- Continue to encourage and actively facilitate team-based care throughout health systems across Indiana
- Continue to develop community-clinical linkages maps and data resources with clinical partners
- Facilitate communication and data collection between clinical facilities, federal agencies, and the Department
- Build and maintain clinical relationships with traditional and non-traditional partners
- Grow workforce capacity within the fields of Early Intervention, Deaf Education, and Educational Audiology in collaboration with the Family and Social Services Administration, Department of Education, and institutions of higher education in our state

Response to Public Health Threats

- Engage partners to continue strengthening information sharing to better inform emerging public health and medical risks
- Identify and facilitate the health and medical strategic partnerships to strengthen multi-agency coordination
- Further define and develop resources for local and/or regional plans, trainings and exercise to better prepare our LHDs and healthcare systems to respond to public health and medical emergencies
- Develop a statewide shared resource stockpiles including Districts/Coalitions intended to support local response efforts to public health and medical emergencies
- Develop and implement mobile response testing, vaccination units capable of responding to public health preparedness and response activities
- Increase the agency's capacity to identify and respond to clusters or outbreaks of healthcare-associated pathogens, especially multidrug-resistant organisms
- Continue to develop the statewide trauma system, focusing on regional trauma system development and expansion of statewide injury prevention programs
- Improve Hepatitis C surveillance and prevention in Indiana

Other Public Health Services

- Increase screening for adverse childhood experiences
- Reduce the proportion of children with elevated blood lead levels
- Increase the percentage of children aged 19-35 months who receive recommended vaccines
- Increase the percentage of female and male adolescents who complete the HPV vaccine series
- Increase the percent of population with a regular health care provider
- Increase screening for sexually transmitted diseases among priority populations
- Increase the percentage of persons who are linked to HIV medical care within 3 months after diagnosis of HIV infection
- Increase the percentage of persons in HIV medical care whose viral load is suppressed
- Increase the number of HIV positive persons who know their status
- Reduce Tuberculosis morbidity and mortality
- Reduce the suicide rate in Indiana

- Increase the rates of evidence-based cancer screenings for men and women
- Reduce emergency department visits and hospitalization rates for Indiana residents with asthma
- Reduce the number of Indiana deaths with asthma as the leading cause
- Increase the percentage of cancer patients in Indiana who have a survivorship care plan
- Increase the percentage of children aged 0-5 years who receive a developmental screening using a standardized screening tool in medical and non-medical settings
- Increase monitoring and tracking of deaf and hard of hearing children from birth through school exit

Quality Improvement

- Address health disparities and improve health and access for vulnerable Hoosiers
- Maintain a focus on quality improvement throughout the agency
- Complete and maintain all requirements to become an accredited health department through Public Health Accreditation Board
- Increase the number of opportunities available for professional development for all staff
- Continue to develop and implement healthcare quality improvement projects for long-term care facilities
- Expand the use of technology throughout the agency in support of program operations and to deliver evidence-based health information and education to Hoosiers
- Continue to investigate and implement the use of teleservices to reach Hoosiers across the state through technology
- Continue to implement a performance management system to track internal and external key indicators about the health of Indiana

AGENCY KEY PERFORMANCE INDICATORS (KPI)

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

1. Reduction of infant mortality
2. Decrease the prevalence of adult obesity
3. Improve smoking cessation and decrease recidivism

ORGANIZATION CHART

See attachment (Indiana Department of Health Organizational Chart).

PROGRAMS TO BE REDUCED, ELIMINATED, OR REPLACED

These unprecedented times call for tough decisions and the agency must evaluate all activities to ensure we are as efficient as possible. We have identified $8.709 million in possible reductions. This is achieved through a variety of means, which include reductions to programs, decreased staffing through attrition, and shifting expenses to federal programs where appropriate. The agency will reduce program operations by $7.2 million across various funds, transfer $928,000 to eligible federal grants, and hold approximately 30 positions open to achieve salary savings.

The COVID-19 pandemic has further exposed critical challenges many Hoosiers face in accessing healthcare services and the health disparities that often result. To ensure that we can continue to work to close these gaps, the Department has identified critical programs to preserve in their entirety. Those include:

- Community Health Centers, which provide primary care to 600,000 people living in medically underserved areas;
- Children's Special Health Care Services, which, as noted above, consistently sees the need for assistance exceed the appropriation;
- Minority Health Initiatives, which focus on addressing the significant health disparities that exist in Indiana's minority populations;
- The Medicare/Medicaid Certification fund, which the Department uses for a match from the federal Centers for Medicare and Medicaid Services; and,
- Two local health department funds, which provide critical infrastructure support to Indiana's 94 local health departments.

REALLOCATION OF FUNDS

The Indiana Department of Health is proposing several changes to consolidate funds for overlapping programs or agency initiatives. These proposed consolidations will reduce administrative burden and provide flexibility to the agency for these programs and initiatives. Per State Budget Agency base instructions, reductions were applied to these programs prior to consolidations.

Fund	SFY 20-21	Proposed SFY 22-23
44305	Breast and Cervical Cancer Program	CANCER PREVENTION
30457	Cancer Registry	
30454	Cancer Education & Diagnostic Breast Cancer	
30467	WIC Supplement	NUTRITION ASSISTANCE
16300	Food Assistance	
30464	HIV/AIDS Services	HIV/AIDS SERVICES
30465	AIDS Education	
14912	State Supplement SSBG - Health	
30468	Maternal & Child Health	MATERNAL & CHILD HEALTH INITIATIVES
13086	Statewide Child Fatality Coord	
46120	Immunizations/Vaccines	IMMUNIZATIONS
53510	Healthy IN Plan - Immunization	
46110	Childhood Lead/ABELS Program	CHILDHOOD LEAD
54210	Lead Accreditation Program	
43710	Water Testing and Fees	WATER TESTING/ANALYSIS
43995	Public Water Systems Analysis	

SPECIAL INITIATIVES

The Indiana Department of Health is requesting the following change packages to address ongoing challenges in the coming biennium.

Maintain access to care for families served by the Children's Special Health Care Services program

Over the past 10 years, the Children's Special Health Care Services (CSHCS) has been able to maintain and provide supplemental medical coverage each year to approximately 4,000 children who have serious, chronic medical conditions even though the CSHCS state appropriation has steadily decreased each biennium. However, the CSHCS program has continued to see an increase in spending. The primary driver of this is coverage for pharmaceutical drugs for cystic fibrosis (CF) participants, specifically those over the age of 21. State law (IC 16-35-2) mandates that the CSHCS program cover individuals with CF past age 21. This is the only medical condition for which this is required. With the appropriation continually decreasing and the cost of care continually increasing, this has put a fiscal strain on the program. While those 18 and younger spend a significant amount in pharmacy, the over-21 population (i.e. cystic fibrosis) spends a high amount collectively for fewer participants. The total amount spent on the over-21

population accounts for approximately one-third of the total budget while representing 3.5% of the population served. As a result, the CSHCS program depletes its appropriation well before the end of the state fiscal year.

Administrative costs in the CSHCS program are covered entirely by the MCH Title V grant, which holds a federal requirement for one-third of the total award to support Children's Special Health Care. Indiana receives $12.245 million annually from this HRSA program, of which $2.5 million supports CSHCS staff and their operational costs, and $1.3 million funds subgrants for support services. The state fund 30461 bears only the cost of direct program claims payments, which are unallowable under the federal grant.

State Fiscal Year	CSHCS Appropriation
SFY 10	$12,753,104
SFY 11	$11,782,752
SFY 12	$11,429,259
SFY 13	$11,497,790
SFY 14	$10,759,276
SFY 15	$10,759,276
SFY 16	$10,436,498
SFY 17	$10,436,498
SFY 18	$10,393,134
SFY 19	$10,393,134
SFY 20	$13,976,536
SFY 21	$10,597,101

Without additional funding, as healthcare costs continue to increase, the program will continue to receive claims that exceed its appropriation. To maintain services to families participating in CSHCS, **we are requesting an increase in the program's annual appropriation to $14.95 million per year**. This increase will allow the program to pay all claims without carrying over unpaid claims to the next fiscal year.

The program has several safeguards in place to ensure it is operating as the payer of last resort:

- State regulations under the Indiana Administrative Code (410 IAC 3.2) clearly state that the CSHCS program is payer of last resort and is not duplicative of other state efforts.
- Families must apply for Medicaid when applying to the CSHCS program. The program must have the Medicaid approval or denial before a family is enrolled on the program.
- Families must disclose all other insurances, including private insurance and/or Medicaid. The program utilizes all other sources of payment, including private insurance and/or Medicaid, before expending state dollars to pay for services.
- The majority of CSHCS participants are covered by public and/or private insurance.
- The program pays at Medicaid rates. Per our payment methodology, CSHCS pays the lowest of three calculations:
    - The Medicaid (or allowed) rate or
    - The Medicaid rate less what primary insurance pays

- The co-payment

Finally, the Department recommends that the program be evaluated for transfer to the Indiana Family and Social Services Administration. As a healthcare entitlement program for individuals up to 250 percent of the federal poverty limit, it is well aligned with the Medicaid membership and cost savings could be achieved by reducing administrative overhead and other discretionary expenses. Additionally, the program is currently using a claims processing system with licensing fees that could be avoided or reduced by using the existing Medicaid system for claims processing, benefits plan administration, and utilization management. This would further integrate social services in Indiana and reduce fragmentation. A memorandum of understanding with FSSA could be used to transfer the appropriate amounts of funding from MCH Title V in support of the program.

Flexibility for Tuberculosis (TB) funding

The Indiana Department of Health proposes allowing the TB fund 30469 to be used for non-hospitalized TB patients. Indiana Code 16-21-7-1 establishes the fund for payment related to hospitalization. This provision reflects a time when TB was more prevalent and managed more commonly in acute clinical settings. The current standards of care allow for treatment with prescription medication and with fewer hospitalizations. As such, this fund regularly goes unused. The Department partners with Purdue University College of Pharmacy to review and dispense TB medications to any person in Indiana needing treatment for latent Tuberculosis infection and active Tuberculosis disease. Purdue University purchases medications at wholesale HRSA 340B pricing on behalf of the Department and delivers to patients, submitting expense reports to the Department for reimbursement. This agreement is charged to the general fund in the amount of $120,000 annually. The Department proposes using the TB fund 30469 for this expense, which would cover 70 percent of the annual need.

CC: Adam Novotney, *Indiana Department of Health Interim Chief Financial Officer*
Paul Peaper, *Governor's Operations Liaison*
Matthew Wolf, *Assistant Director for Health and Human Services*

Indiana Department of Health

Organizational Chart

11/18/2020

Dr. Kristina Box
State Health Commissioner

Tami Barrett
Executive Assistant

Dr. Lindsay Weaver
Chief Medical Officer

- **Dr. James Miller** — Office of Oral Health
- **Miranda Spitznagle** — Tobacco Prevention & Cessation
- **Antoniette Holt** — Health Disparities & Minority Wellness

Pam Pontones
Deputy Commissioner & State Epidemiologist

- **Nicole Morley** — Public Health Performance Management
- **Eric Hawkins** — Epidemiology Resource Center
- **Jeremy Turner** — HIV, STD & Viral Hepatitis

Shane Hatchett
Chief of Staff

- **Jeni O'Malley** — Deputy Chief of Staff & Chief Communications Officer
  - **Amy Kent** — Director of Legislative and External Affairs
- **Rebecca Chauhan** — Office of Finance
- **Kelly MacKinnon** — Office of Legal Affairs
- **Vacant** — Healthy Hoosiers Foundation
- **Mohan Ambaty** — Office of Technology & Compliance
- **Heather Whitaker** — Human Resources
- **Bob Davis** — Office of Data & Analytics

Matt Foster
Consumer Services & Health Care Regulation Commission

- **Brenda Buroker** — Long Term Care
- **Dave Nauth** — Medical Radiology Services & Weights & Measure
- **Karen Smith** — Complaints & Incidents Program
- **Randy Snyder** — Acute & Continuing Care
- **Hilari Sautbine** — Vital Records
- **Nancy Adams** — Program Performance and Development
- **Jan Kulik** — Survey Support & Guidance

Eldon Whetstone
Health & Human Services Commission

- **Laura Chavez** — Women, Infants & Children
- **Shirley Payne** — Children's Special Health Care Services
- **Ann Alley** — Chronic Disease, Primary Care & Rural Health
- **Gretchen Martin** — Fatality Review & Prevention
- **Eden Bezy** — Maternal & Child Health
- **Terri Lee** — Women's Health
- **Lindsey Bouza** — Nutrition & Physical Activity
- **Katie Hokanson** — Trauma & Injury Prevention
- **Bethany Colson** — Center for Deaf & Hard of Hearing

Dr. Lixia Liu
Laboratory Services Commission & State Lab Director

- **Dr. Sara Blosser** — Clinical Microbiology
- **Dr. Nicolas Epie** — Virology/Serology
- **Ryan Gentry** — Environmental Microbiology
- **Mark Glazier** — Biological Preparedness & Outreach
- **Mary Ann Hagerman** — Chemistry
- **Christopher Grimes** — Quality Assurance

Dr. Shirley Payne
Public Health Protection Commission

- **Mike Mettler** — Environmental Public Health
- **Manda Clevenger** — Food Protection
- **Megan Lytle** — Emergency Preparedness
- **Paul Krievins** — Lead & Healthy Homes
- **Dave McCormick** — Immunizations

Executive Staff

Division Leadership