

### **Request for Proposal**

#### **Morgan County Health Department Health First Indiana Initiative**

Health First Indiana is an initiative created by Senate Enrolled Act 4, legislation passed by the 2023 Indiana General Assembly that transforms public health. The legislation provides funding to counties to determine the health needs of their community and implement evidence-based programs focused on prevention. Health First Indiana establishes a public health infrastructure through a state and local partnership where services are delivered at the county level. Counties decide whether to opt-in to the new funding which involves providing the core public health services, including trauma and injury prevention, chronic disease prevention, maternal and child health and more.

The decision of the Board of Commissioners of Morgan County to receive the State of Indiana allocated Local Public Health Fund beginning January 2024 allows the Morgan County Health Department (MCHD) to partner with community stakeholders to provide core public health services in Morgan County. The MCHD is looking for innovative partnerships and initiatives that will improve the health of the community and reduce incidence of disease within Morgan County residents.

#### **ELIGIBILITY**

- Eligible applicants include individuals, employers, employer associations, nonprofit organizations, for-profit organizations, institutions of higher education, health insurance plans, health ministries, or any combination thereof.
- Applying entities must serve individuals who live, learn, work, play or pray in Morgan County.
- Applying entities must identify and maintain at least one individual who will serve as the project lead, point of contact, and who will be responsible for proposed activities.
- Applying entities must have the capacity and ability to provide at least one core public health service.

#### **FUNDING OVERVIEW**

The MCHD requests applications from eligible applicants to provide services, programs, initiatives etc. that correlate with at least one of the core public health services addressing health issues and conditions that affect life expectancy, health behaviors and health outcomes. Proposals must include specific and measurable goals/outcomes for at least one core public health service.



The Health Department will prioritize:

- Currently operational local health care providing entities including hospitals, clinics, physicians, pharmacies, and home health agencies
- Evidence-based practices that achieve desired health outcomes, including the use of behavioral incentives
- Initiatives that contract collaboratively with proven outcome-based health improvement providers or services
- Proposals that include innovative prevention/upstream initiatives
- Proposals that include activities that target the social determinants of health
- Proposals that include initiatives that target public health policy, systems and/or environmental change
- Applicants who will provide more than one core public health service
- Applicants who have identified a specific public health gap and are proposing a solution to fill the gap

Strong proposals will include evidence-based strategies from sources such as (but not limited to) County Health Rankings & Roadmaps What Works for Health, the Community Preventive Services Task Force (CPSTF) Community Guide, the U.S. Department of Health and Human Services (HHS) Healthy People 2030, the Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence-based Practices Resource Center.

The Indiana Department of Health (IDOH) identified priority core public health service areas, key performance indicators (KPI) and measurable metrics for activities which include but are not limited to the following. Core public health service areas are underlined and KPIs are described beneath. The MCHD has selected the highlighted core public health services below to focus on in 2024. For more information on KPIs and Core Services, visit the <a href="Health First Indiana website">Health First Indiana website</a>. Core services can also be found in Appendix A.

#### **Tobacco Prevention and Cessation**

 KPI: Number of counties that, through a tobacco prevention and cessation coalition, have a comprehensive program to address youth tobacco and addictive nicotine prevention

#### **Chronic Disease Prevention**

 KPI: Number of counties that, through a healthy community coalition, have a comprehensive, evidence-based program to address obesity and obesity-related disease prevention

#### Trauma and Injury Prevention



• KPI: Number of counties that identified a leading cause of injury and/or harm in their community and implemented a comprehensive, evidence-based program or activity for prevention

#### Fatality Review

- KPI: Number of counties that participate in local CFR, FIMR, and SOFR teams and provide birth certificates, stillbirth certificates, and death certificates to local fatality review teams
- KPI: Number of counties that identified a leading cause of fatality in their community and implemented an evidence-based or promising prevention program or activity

#### Maternal and Child Health

- KPI: Number of counties with documented processes to refer families to needed services including contraceptive care, WIC, home visiting, prenatal care, substance use disorder treatment, and insurance navigation
- KPI: Number of counties that identified an opportunity to improve birth outcomes and implemented an evidence-based or promising program or activity to improve that birth outcome

#### School Health Liaison

 KPI: Number of counties partnering with schools, based on community need, to implement wellness policies and comprehensive strategies to promote student health

### Lead Case Management and Risk Assessment

- KPI: Number of counties with access to a trained or licensed case manager and risk assessor in the county and offering weekly lead testing at a location in the county Access to and Linkage to Clinical Care
- KPI: Number of local health departments providing accessible, equitable clinical services, such as those related to communicable diseases, to meet the needs of the community
- KPI: Number of local health departments engaging with the local and state health delivery system to address gaps and barriers to health services and connect the population to needed health and social services that support the whole person, including preventive and mental health services

#### <u>Tuberculosis (TB) Control and Case Management</u>

 KPI: Number of counties with established partnerships for housing, food security, and interpretation services to assist in case management services for patients with TB and latent TB infection in their communities



#### Health-Related Areas during Emergencies/Disasters

- KPI: Number of counties that have updated\* public health emergency response plans
  - \*"Updated" is defined as conducting research on latest national and state best practices, incorporation of lessons learned and areas of improvement from real world events and exercises, and inclusion of preparedness and response partners in content validation
- KPI: Number of counties exercising current emergency response plans with community partners within a biennial timeframe

#### **Immunizations**

- KPI: Number of counties that can vaccinate all individuals at time of service regardless of insurance status
- KPI: Number of counties with extended vaccination hours beyond routine business hours to meet the needs of the community/jurisdiction through the LHD or community partners

#### Infectious Disease Surveillance and Prevention

• KPI: Number of counties that initiated a public health investigation within 24 hours for 95% of the immediately reportable conditions reported to them and within two business days for 85% of non-immediately reportable conditions reported to them

#### Vital Records

- KPI: Number of counties implementing birth certificates to all Hoosiers irrespective
  of their county of birth once the IDOH DRIVE system has appropriate functionality
- KPI: Number of counties able to offer Vital Records services without disruption to business continuity during natural disasters/emergencies

#### **Food Protection**

• KPI: Number of counties that have developed a timely and professional risk-based food inspection standard operation procedure

#### **Environmental Public Health**

- KPI: Number of counties responding to all housing and nuisance complaints within a timeframe determined by urgency or risk
- KPI: Number of counties with trained and licensed, if required, staff conducting required environmental inspections, such as onsite sewage, vector control, public and semi-public pools, and property-related complaints

#### Tattoo, Body Piercing, Eyelash Safety and Sanitation

• KPI: Number of counties with trained staff who can respond to tattoo, body piercing, and eyelash extension complaints (Target: 90%)



#### REPORTING AND INVOICING

Awardees will be required to submit reporting bi-annually (twice per year) based on metrics in the core service tracker provided by the State. Reporting will differ depending on target core service(s). Additionally, Health Department staff will conduct at least one site visit during your project period to see and experience your work in action.

Awardees will invoice and be reimbursed on a quarterly basis unless otherwise noted in the signed contract.

#### **ALLOWABLE EXPENSES**

Funds must be used for providing core public health services including staffing, travel expenses, operational expenses, contractual costs, equipment, utilities, etc. Non-acceptable expenditures include personal items, items not related to core public health services, scholarships, political activity, etc. These lists are not exhaustive. Please reach out to the MCHD Director with any questions regarding allowable expenses.

#### PROPOSAL SUBMISSION

Submit proposals to Tricia Runningen, Director of the Morgan County Health Department, via email <a href="mailto:trunningen@morgancounty.in.gov">trunningen@morgancounty.in.gov</a> with the subject line "Health First Indiana Application 2024 [applying entity name]". Proposals should include an Application Form, Budget and Logic Model (see appendices B, C and D).

#### **KEY DATES**

Proposals will be accepted quarterly as funds are available. Applicants may apply at any time, however applications will be reviewed and scored after the application submission dates listed below. Example: applications received on June 5 will be reviewed after July 31 and notified of a decision by September 30.

| Application Submission (no later than) | Award Notification (no later than) | Reporting Due Dates                |
|--|------------------------------------|------------------------------------|
| *May 31, 2024                          | July 31, 2024                      | November 30, 2024 and May 31, 2025 |
| July 31, 2024                          | September 30, 2024                 | November 30, 2024 and May 31, 2025 |
| September 30, 2024                     | November 30, 2024                  | November 30, 2024 and May 31, 2025 |
| December 31, 2024                      | March 1, 2025                      | May 31, 2025 and November 30, 2025 |

<sup>\*</sup>Proposals will be accepted through May 31, 2024 for the first round of funding.



#### PROPOSAL COMPONENTS

Applicants will fill out the following information in the Morgan County Health Department Health First Indiana Initiative Application Form (see Appendix B). Please fill out all applicable information in the fillable PDF. Please ensure the filled in Application Form, the Budget, and Logic Model are emailed together in one email with the subject line "*Health First Indiana Application 2024 [applying entity name]*".

- 1. Organization Information
  - a. Organization name
  - b. Mission
  - c. Overview of the applying organization
  - d. Mailing Address, City, State, Zip Code
  - e. Telephone
  - f. Website
  - g. EIN
  - h. Federal Tax ID
  - i. W9
  - j. Authorizing official & title
  - k. Applicant contact name and title
  - 1. Applicant contact phone
  - m. Applicant contact email
  - n. Name of proposed project
  - o. Amount requested
  - p. Core services that will be provided
- 2. Proposed initiative(s)/intervention(s)
  - a. Description of community need (what is the issue you are trying to improve? Is there data that supports your narrative? What data source(s) did you use?)
  - b. Description of target population(s)
    - i. Include age, where the population is located if applicable, anticipated reach (how many unique individuals will be affected)
  - c. Description of proposed strategies
    - i. Include evidence base (Is the proposed initiative an evidence-based program? Does research show positive effects of proposed initiative?)
    - ii. Include core service(s) you will provide
    - iii. Include a timeline and individuals/organizations responsible for implementation/activities



- iv. Include how your initiative will improve health outcomes or prevent disease.
- v. Include which social determinant of health you are targeting.
- d. Description of predicted short-term outcomes
- e. Description of predicted long-term outcomes
- 3. Budget
  - a. Complete budget template (see Appendix C and attached).
- 4. Logic Model
  - a. Complete logic model template (see Appendix D for guidance).

# PROPOSAL EVALUATION CRITERIA (100 points)

Proposals will be evaluated on the following criteria:

| Criteria  | Points |
|---|--------|
| Clarity and significance of community need  | 10     |
| Reach of proposed programming and/or level of risk of the target population  Total number of unique individuals who will be affected  mathematical with the served out of eligible population     | 10     |
| Proposed strategies     Preventive/upstream strategy (10 points)     Evidence of impact/effectiveness (10 points)     Core services provided (10 points)     Feasibility and timeline (10 points) | 40     |
| Description of goals and predicted outcomes   | 10     |
| Budget  | 10     |
| Potential for long-term sustainability  | 10     |
| Logic model   | 10     |
| TOTAL   | 100    |

For questions and/or more information, contact Tricia Runningen at (765) 342-6621 or trunningen@morgancounty.in.gov.



#### **APPENDIX A: Core Services**

### **HEALTH FIRST INDIANA (HFI)**

Core Public Health Services

More information at healthfirstindiana.com



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



Infectious disease prevention and control



Vital records



Tobacco and Vaping Prevention and Cessation



Student health



Fatality review (child, suicide, overdose)



Maternal and child health



Testing/counseling for HIV, HCV, STI



TB prevention and case management



Emergency preparedness



Referrals to clinical care



Chronic disease prevention and reduction



Childhood lead screenings and case management



Trauma and injury prevention and education



Child and adult immunizations

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



Food protection



Pest/vector control and abatement



Public/semipublic pool inspection and testing



Residential onsite sewage system permitting and inspections



Orders for decontamination of property used to illegally manufacture controlled substances



Sanitary inspection and surveys of public buildings



Sanitary operation of tattoo parlors and body piercing facilities



Sanitary operation of facilities where eyelash extensions are performed

Updated: 10/3/23



| Public Health   |  |       |
|---|--|-------|
| Morgan County   |  |       |
| Morgan County Health Depar  | tment Health First Indiana Initiative Applicat                       | ion   |
| Organization name:  |  |       |
| Mission:  |  |       |
| Mailing Address, City, State, Zip Code:   |  |       |
| elephone:   | Website:   |       |
| EIN:  | Federal Tax ID:  |       |
|   |  |       |
| Authorizing Official Name:  | Authorizing Official Title:  |       |
| Applicant Contact Name:   | Applicant Contact Title:   |       |
| Contact Phone:  | Contact Email:   |       |
| Name of Proposed Project:   | '  |       |
| Amount Requested:   |  |       |
| Core Service(s) you will provide:   |  |       |
|   |  |       |
| roposed Initiative(s)/Interventions   |  |       |
| Description of community need (what is<br>your narrative? What data source(s) did | the issue you are trying to improve? Is there data that suppou use?) | ports |
|   |  |       |
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| Description of ta | rget population(s). | Include age,  | where the p  | opulation i | is located if ap | plicable, |
|-------------------|---------------------|---------------|--------------|-------------|------------------|-----------|
| anticipated reach | (how many uniqu     | e individuals | will be affe | cted), etc. |                  |           |

### Description of proposed strategies:

- Include evidence base (Is the proposed initiative an evidence-based program? Does research show positive effects of proposed initiative?)
- 2. Include core service(s) you will provide
- 3. Include a timeline and individuals/organizations responsible for implementation/activities
- 4. Include how your initiative will improve health outcomes or prevent disease.
- 5. Include which social determinant of health you are targeting.



| Public Health Prevent. Promote. Protect. Morgan County |           |  |
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| morgan county  |           |  |
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| Description of predicted short-term of                 | outcomes: |  |
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| Description of predicted long-term of                  | outcomes: |  |
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# **APPENDIX C: Budget Template**

| N                                  | organ County | HFI Budget 1 | Template          |          |       |
|------------------------------------|--------------|--------------|-------------------|----------|-------|
|                                    |              |              |                   |          |       |
| Applying Organization:             |              |              |                   |          |       |
| Applicant Contact Name:            |              |              |                   |          |       |
| Applicant Contact Email:           |              |              |                   |          |       |
| Applicant Contact Phone:           |              |              |                   |          |       |
| Project Timeline (start/end dates) | :            |              |                   |          |       |
| Personnel                          |              |              |                   |          |       |
|                                    |              |              | Salary (total amt |          |       |
| Position/Title                     | % of time    | hours/week   | for project)      | Benefits | Total |
|                                    |              |              |                   |          | 0     |
|                                    |              |              |                   |          | 0     |
|                                    |              |              |                   |          | 0     |
|                                    |              |              |                   |          | 0     |
|                                    |              |              |                   |          | 0     |
|                                    |              |              |                   | Total    | 0     |
|                                    |              |              |                   |          |       |
| Contractors                        | ·            |              |                   |          |       |
|                                    |              |              | Salary (total amt |          |       |
| Position/Title                     | % of time    | hours/week   | for project)      | Benefits | Total |
|                                    |              |              |                   |          | 0     |
|                                    |              |              |                   |          | 0     |
|                                    |              |              |                   |          | 0     |
|                                    |              |              |                   |          | 0     |
|                                    |              |              |                   |          | 0     |
|                                    |              |              |                   | Total    |       |
|                                    |              |              |                   |          |       |
| Supplies (office, operating, other |              |              |                   |          |       |
| Item description                   | Cost         | Quanity      | Total             |          |       |
|                                    |              |              | 0                 |          |       |
|                                    |              |              | 0                 |          |       |
|                                    |              |              | 0                 |          |       |
|                                    |              |              | 0                 |          |       |
|                                    |              |              | 0                 |          |       |
|                                    |              |              | 0                 |          |       |



| Travel      |      |            |       |   |
|-------------|------|------------|-------|---|
| Description | Cost | # of trips | Total |   |
|             |      |            |       | 0 |
|             |      |            |       | 0 |
|             |      |            |       | 0 |
|             |      |            |       | 0 |
|             |      |            |       | 0 |
|             |      | Tota       | I     | 0 |
|             |      |            |       |   |
| Other       |      |            |       |   |
| Description | Cost | Quanity    | Total |   |
|             |      |            |       | 0 |
|             |      |            |       | 0 |
|             |      |            |       | 0 |
|             |      |            |       | 0 |
|             |      |            |       | 0 |
|             |      | Tota       | I     | 0 |
|             |      |            |       |   |
|             |      |            |       |   |
|             |      |            |       |   |



#### **APPENDIX D: Logic Model Guidance**

The <u>Center for Community Health and Development</u> at the <u>University of Kansas</u> describes a logic model as something that presents a picture of how your effort or initiative is supposed to work. It explains why your strategy is a good solution to the problem at hand. Effective logic models make an explicit, often visual, statement of the activities that will bring about change and the results you expect to see for the community and its people. A logic model keeps participants in the effort moving in the same direction by providing a common language and point of reference.

The typical components of a logic model include:

- **Purpose**, or mission. What motivates the need for change? This can also be expressed as the problems or opportunities that the program is addressing. (For example: in the program On Track, the community focused advocates on the mission of enhancing healthy youth development to improve the high-school dropout rate.)
- **Context**, or conditions. What is the climate in which change will take place? (How will new policies and programs be aligned with existing ones? What trends compete with the effort to engage youth in positive activities? What is the political and economic climate for investing in youth development?)
- **Inputs**, or resources or infrastructure. What raw materials will be used to conduct the effort or initiative? (In the program On Track, these materials are coordinator and volunteers in the mentoring program, agreements with participating school districts, and the endorsement of parent groups and community agencies.) Inputs can also include constraints on the program, such as regulations or funding gaps, which are barriers to your objectives.
- **Activities**, or interventions. What will the initiative do with its resources to direct the course of change? (In the On Track example, the program will train volunteer mentors and refer young people who might benefit from a mentor.) Your intervention, and thus your logic model, should be guided by a clear analysis of risk and protective factors.
- **Outputs**. What evidence is there that the activities were performed as planned? (Indicators might include the number of mentors trained and youth referred, and the frequency, type, duration, and intensity of mentoring contacts.)



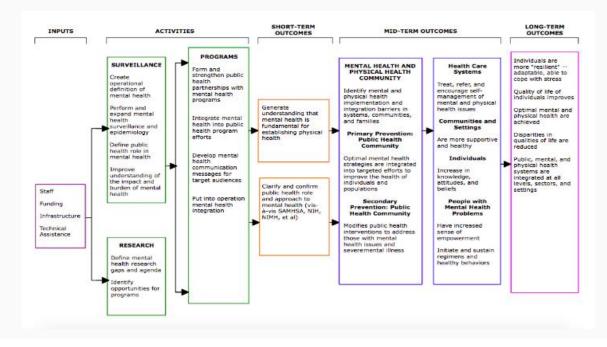
• **Effects**, or results, consequences, outcomes, or impacts. What kinds of changes came about as a direct or indirect effect of the activities? (Two examples are bonding between adult mentors and youth and increased self-esteem among youth.)

Putting these elements together graphically gives the following basic structure for a logic model. It's often beneficial to work "backward" and start by filling in your long-term outcomes and working left across the page from there. For more information, guidance and templates, visit the CDC's Guidebook and/or the University of Kansas Community Tool Box.

#### Examples

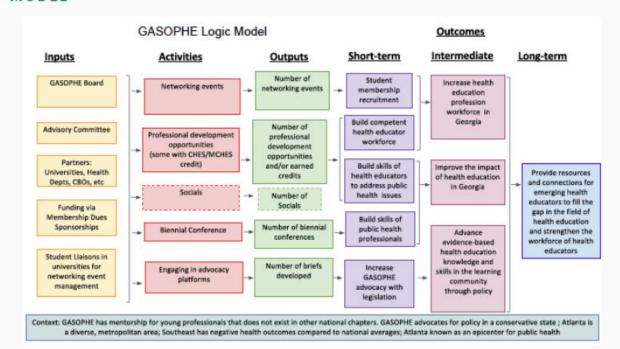
# EXAMPLE 2: INTEGRATION OF MENTAL HEALTH INTO CHRONIC DISEASE PREVENTION STRATEGIES AND HEALTH PROMOTION EFFORTS

As mental health greatly affects an individual's capacity to participate in health promoting-behaviors, this logic model details possible steps to address mental health and its relationship with chronic disease prevention and health promotion.





# EXAMPLE 3: GEORGIA SOCIETY FOR PUBLIC HEALTH EDUCATION LOGIC MODEL





# EXAMPLE 4: ALCOHOL AND OTHER DRUGS (AOD) EDUCATION PROGRAM LOGIC MODEL

