Indiana State Department of Health
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August 20, 2018

TO: Jason Dudich, Director
State Budget Agency

FROM: Kristina Box, MD, FACOG
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SUBJECT: Agency Overview – Budget Transmittal Letter – FY 2020 to 2021

INTRODUCTION

The Indiana State Department of Health (ISDH) promotes and provides essential public health services with a goal of building a healthier and safer Indiana.

The Indiana State Department of Health believes that the following agency priorities will have the most impact on the way it operates and on its ability to deliver on its Mission and Vision:

- 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 a staggering variety of activities: from cancer monitoring to prenatal care, from laboratory analyses to birth and death record-keeping, from all hazards preparedness preparations to nutrition vouchers, and from immunizations to trauma and injury prevention.

STRUCTURE AND ORGANIZATION

The Indiana State Department of Health is headed by the State Health Commissioner. The Chief of Staff, Deputy State Health Commissioner & State Epidemiologist, Chief Medical Officer, Health and Human Services Assistant Commissioner, and Public Health Protection and Laboratory Services Assistant Commissioner report directly to the Commissioner.

The Health Care Quality & Regulatory Assistant Commissioner and a variety of operational support divisions report directly to the Chief of Staff. The Tobacco Prevention & Cessation and Health Disparities & Minority Wellness 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.

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; Oral 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 **Health Care Quality and Regulatory Commission's** mission 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. Besides its healthcare mission, the Commission also includes the Office of Vital Records and the Division of Weights, Measures, & Metrology.

The focus of the **Public Health Protection and Laboratory Services 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 these Divisions: Environmental Public Health; Food Protection; Lead & Healthy Homes; State Health Laboratory; Immunizations; and Emergency Preparedness. The State Health Laboratory partners with other public health agencies to provide timely and accurate information needed for disease surveillance and outbreak investigations to protect and improve the health of Hoosiers. The State Health Laboratory is comprised of five divisions: Environmental Microbiology; Virology; Clinical Microbiology; Preparedness/Facility Support; and Chemistry. These divisions support the ISDH public health programs as well as programs of other state agencies, local health departments, and private citizens.

The vision of the **Tobacco Prevention and Cessation Division** is to improve the health of Hoosiers and to reduce the disease and economic burden that tobacco use places on Hoosiers of all ages. The division's mission is to prevent and reduce tobacco use, protect citizens and workers from secondhand smoke exposure, and coordinate and allocate resources towards 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 CDC recommends that states establish tobacco control programs that are comprehensive, sustainable, and accountable. The five program components 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.

ISDH's **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 vectorborne epidemiology section conducts surveillance and investigation of animal-borne diseases, including mosquito-borne and tick-borne illnesses and provides related training and expertise. The public health geographics section supports all ISDH 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.

The **Healthy Hoosiers Foundation** is a 501 (c)(3) that was created by the General Assembly in 2013 (SEA 415). The Foundation was approved to solicit and accept private funding, gifts, donations, bequests, and contributions. The foundation provides funding for programs at the ISDH that promote the health and well-being of Hoosiers. The Foundation is overseen by a board of directors and an Executive Director.

The **Operational Support Divisions,** which report directly to the Chief of Staff, handle the daily operations of the agency such as: Finance, Information Technology and Compliance, Public Affairs, and Legal Affairs. These divisions strive to effectively and efficiently provide services in a high-quality and timely manner.

ACCOMPLISHMENTS DURING FY 2018 – 2019 BIENNIUM

Infant Mortality

The Maternal and Child Health (MCH) Services division continues to lead ISDH's efforts on its #1 public health priority – reducing the infant mortality rate in Indiana. Specific activities toward that end include:

ISDH received legislative authority to develop a program that establishes perinatal levels of care for Indiana hospitals that offer birthing services. This program will foster risk appropriate care by creating a uniform system to ensure that mothers and babies receive the right level of care in a facility equipped to meet their needs. In 2017, a gap analysis was completed at all Indiana delivering hospitals to identify what they needed to accomplish in order to achieve their desired levels of care for obstetric and neonatal care. The Indiana Perinatal Quality Improvement Collaborative has provided ISDH with their recommendations for perinatal levels of care best practices which ISDH is converting into rules to be promulgated prior to implementing the formal

levels of care designation process.

ISDH also partnered with a local company, eimagine, to develop and launch the Liv pregnancy mobile app which launched in November 2017. The app was created to reduce infant mortality by focusing on providing education about healthy behaviors to those who are planning, pregnant or parenting. The focus of the app is to educate users and reduce barriers in access to care. The app is available in both the Apple Store and the Google Play store and is also available online. The primary goal of the app is to provide resources to Indiana women of child bearing age and improve their health and that of their newborns in order to reduce infant mortality.

The sixth annual Labor of Love Summit was held in November 2017 with a focus on the impact of opioid use on maternal and child health. This event is aimed at health professionals and members of the public with an interest in reducing infant mortality in Indiana. The summit has increased attendance every year since its inception, and in 2017 it broke all previous attendance records attracting a sold out audience of 1,200 individuals.

ISDH initiated a perinatal substance use hospital study in January 2016 with the goal of identifying the prevalence of drug exposed newborns. The most recent data collected, for the time period January 2017 to June 2018, includes:

- 27 Indiana birthing hospitals (36,067 births)
- 6,199 umbilical cords were tested (17.2% of births)
- 2,396 umbilical cords were positive for substance exposure (39% of cords tested)
- 372 babies with a positive cord were diagnosed with Neonatal Abstinence Syndrome (NAS) (6% of babies)
- The rate of positive cords per 1,000 live births was 66.4
- The rate of NAS diagnosis per 1,000 live births was 10.3 (the U.S. rate from 2016 was 6)

Toxicology Program

Due to issues with accuracy and lack of specificity in death certificate reporting, drug overdose deaths in Indiana have historically been underreported. ISDH has taken several steps to improve Indiana's overdose death reporting accuracy, including:

- ISDH convened an internal working group with representatives from multiple divisions to address coroner training needs and collaboration. ISDH Vital Records Division developed standardized training for coroners on effective completion of death certificates, including proper completion of necessary fields, such as cause of death. The Vital Records Division partners with the Indiana Coroners Association to provide this training annually, most recently in June of 2017. ISDH Trauma and Injury Prevention Division also has been working with the Indiana State Coroner's Training Board and Indiana Coroners Association to determine training needs and opportunities for coroners.
- In August 2017, the ISDH Trauma and Injury Prevention Division received federal funding to support a pilot project to provide standardized toxicology testing to county coroners to improve timeliness and accuracy of fatal opioid overdose surveillance. Through the pilot program, ISDH provided free toxicology testing for all suspected drug overdose deaths in five counties to more precisely determine whether opioid drug overdose was the primary cause of death. During this initial pilot, 23 cases were submitted and tested. Preliminary results showed that a majority of the drug overdose victims had some sort of opioid in their systems, with fentanyl being the most common. Multiple drugs were found in 87% of cases, with fentanyl and cocaine being the most common combination. After the successful pilot, ISDH expanded the program to 13 counties in January 2018.

- Enacted by the 2018 Indiana General Assembly, 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. To help coroners comply with the new law that went into effect July 1, 2018, ISDH began offering free toxicology testing to all county coroners by utilizing federal funding through the Centers for Disease Control and Prevention (CDC). This legislation enhances the state's ability to respond quickly and appropriately to address the drug overdose epidemic by providing enhanced and quicker data. As of August 2018, 80 county coroners are participating in the free toxicology program and 5 additional coroners have agreed to provide ISDH access to results through their existing toxicology testing vendor.

Women, Infants, and Children (WIC) Program

In October 2017, ISDH launched the INWIC mobile application to help pregnant women, new mothers, infants, and children eat well and stay healthy. 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. Less than one year since the launch, more than 63,000 Hoosier families are utilizing the app. Indiana WIC has also expanded its use of technology, including web-based training, to provide consistent education and training to WIC staff across the state.

In 2018, Indiana received the WIC Breastfeeding Performance Bonus Award in recognition of the state's outstanding achievement in improving breastfeeding rates among WIC participants. Indiana is one of only two states nationwide to receive this award.

Trauma & Injury Prevention

ISDH's Trauma & Injury Prevention Division has undertaken several efforts over the past two years to protect the health and safety of Hoosiers, some efforts include:

- Conducted 30 booster bash events so far in 2018, an increase from 26 events in 2017, and have distributed 515 booster seats statewide.
- Continue to increase the number of trauma centers in the state. Indiana currently has 21 American College of Surgeons verified trauma centers and trauma coverage within 45 minutes of a trauma center reaching: 67% of land area coverage, 89% population, and 93% interstate (up from 62% land, 85% population & 91% interstate in 2017). Over 100 hospitals are also reporting trauma registry data to ISDH on a quarterly basis, which helps guide prevention efforts.
- Since 2016, ISDH has distributed 26,764 naloxone kits to 56 local health departments. So far in 2018, 5,201 naloxone kits have also been distributed to 141 rural first responder agencies.
- ISDH was awarded an Administration on Community Living (ACL) Traumatic Brain Injury (TBI) grant to establish the first TBI-specific continuum of care to promote health care outcomes, as well as prevent institutionalization or incarceration and reduce opioid misuse. ISDH is partnering with the Rehabilitation Hospital of Indiana on this grant to provide resource facilitation immediately upon a trauma patient's discharged from the hospital.

Tobacco Prevention & Cessation
Indiana reduced its adult smoking rate from 25.6% in 2011 to 21.1% in 2016 resulting in approximately 227,000 fewer smokers. Smoking rates for high school youth have dropped from 31.6% in 2000 to 8.7% in 2016, resulting in nearly 84,000 fewer youth smokers.

Hoosiers are quitting tobacco use through the Indiana Tobacco Quitline that has received over 140,000 calls since its launch in 2006. The potential return on the investment from the Quitline alone is estimated at $10-18 million for the more that 10,000 Hoosiers served each year. There are over 7,500 health care providers, employers and organizations promoting quitting in the Quit Now Indiana Preferred Network. The Quitline helped approximately 24,000 Hoosiers in their desire to quit smoking in SFY 2016 and 2017. This includes more than 5,400 women of childbearing age and over 500 pregnant women, with 95 percent of these pregnant moms enrolling in the enhanced (10-call) Quitline program for pregnant women. The Indiana Tobacco Quitline has a high satisfaction rate of 93 percent indicating they would recommend the Quitline to another tobacco user. The standard (30-day) quit rate for the Indiana Tobacco Quitline was 30 percent at a 7-month follow up study.

Indiana is protecting more citizens from exposure to secondhand smoke as the state law increased to 100% the proportion of Indiana's population living in a community with a smoke free air law that protects workplaces and restaurants. Currently 31% of Indiana's population is protected from secondhand smoke exposure in workplaces, restaurants and bars through 21 local ordinances.

State and local community programs are also making a difference. Indiana's tobacco prevention and cessation program maintains and supports 56 local community-based and minority-based organizations and 5 statewide organizations to implement evidence-based strategies for tobacco control. These local tobacco control partners are reaching 77 percent of Indiana's population with tobacco prevention interventions.

Meals on Wheels Partnership
In June 2018, ISDH partnered with Meals on Wheels of Central Indiana (MOWCI) to launch a new statewide meals program to improve the health of people living with HIV in Indiana. Ryan's Meals for Life is funded by a $1M grant to MOWCI from ISDH through a federal Ryan White Supplemental Award. The medically tailored meals are available to more than 2,500 residents living anywhere in Indiana who are HIV positive and meet income level requirements, making it one of the first programs of its kind. This program was the first of its kind for Indiana. Program recipients within MOWCI's delivery area in and around Indianapolis have the option of receiving either hot or frozen meals. Outside the MOWCI delivery area, frozen meals prepared by Eskenazi Health are shipped directly to recipients. More than 150 clients initially signed up for the service, and as of August 575 clients have received over 40,000 meals.

Clients are connected to the food program through the 17 agencies at 23 locations across the state that provide services to people living with HIV. The agencies' care coordinators also work with the client's physician to make sure the meals meet each individual's needs. Research has found that when people living with HIV eat a healthy diet, they are more likely to take their medication, have improved mental health and are less pressured to make trade-offs between food and health care.

MOWCI is tracking data on each client—including HIV levels, weight, appetite and more—that will allow the organization to evaluate the program's success. Physician-directed meals are part of ISDH's emphasis on care coordination, using case management to support the whole person, not

just his or her medical needs, to create better health outcomes. Care coordination includes other types of assistance, such as financial help with insurance or housing, education and access to other helpful resources.

Fatality Review & Prevention

In 2017, ISDH began establishing a formal Maternal Mortality and Morbidity Review (MMR) process aimed at helping reduce the alarming maternal death rate in the state. In 2018, Senate Enrolled Act 142 passed, provided statutory authority and protections for a Maternal Mortality Review (MMR) Committee to conduct case reviews and make recommendations for the reduction of preventable maternal morbidity and deaths in Indiana, as well as improvements to population health for women of reproductive age. Committee members have been selected based on required specialties from a number of diverse areas, including obstetrics, maternal-fetal medicine, family medicine, social work, substance abuse, public health nursing, midwifery, anesthesiology, mental health, epidemiology, cardiology, and pathology. The MMR Committee hosted its first meeting in August, bringing in federal partners from the CDC to provide information and training to committee members.

Fetal-Infant Mortality Review (FIMR) is a community-based and action-oriented process to improve service systems and resources for women, infants, and families. This evidence based process, managed by ISDH's Fatality Review & Prevention Division, examines fetal and infant deaths (ages 0-1 years old), determines preventability, and engages communities to take action. Many of the FIMR teams also include maternal interviews for additional perspectives on issues such as access to and quality of care. Based on these reviews, the team makes recommendations for system changes. In 2017-2018, six additional counties implemented a FIMR team, growing the Indiana FIMR network by 46%.

Since its inception, the Safe Sleep Collaborative program has been a partnership between outside agencies and ISDH. In September 2017, the Safe Sleep Program underwent fundamental improvements and partnered with the ISDH Maternal & Child Health Division to fund this vital resource across the state. More than 150 community partners in all 92 counties are offering education about safe infant sleep and Sudden Unexpected Infant Death reduction in their communities, as well as safe sleep environments and resources to families in need. The Safe Sleep Program has provided nearly 6,000 portable cribs to caregivers in Indiana that would not otherwise have had a safe sleep environment for their infants.

Direct On-Scene Education (DOSE)™ is an innovative program that works to prevent Accidental Suffocation and Strangulation in Bed by training first responders to identify infant safe sleep hazards, remove the hazards, and provide education while responding to emergency and nonemergency calls. This training has engaged a whole new group of statewide partners in preventing these tragic sleep-related deaths. Since 2016, the ISDH Division of Fatality Review and Prevention has trained 475 first responders and home-based service providers, representing 79 of Indiana's 92 counties, as DOSE trainers.

In 2017, the Fatality Review & Prevention Division helped form a collaboration of interagency partners to look at drowning deaths in Indiana, including Indiana Department of Natural Resources (DNR), Department of Child Services, Department of Homeland Security, and ISDH. Previously, individual departments in some of these agencies had been working separately to investigate and understand drowning deaths. In acknowledgement of these separate endeavors, a joint report was created and written based on the drowning report by the Indiana DNR Division of Law Enforcement Indiana Conservation Officers, a group dedicated to investigating drownings in the

state. The collaborative report highlights statistics and data collection, while remaining conscious of the need for prevention through education. Additionally, the report demonstrated the geographic spread of drowning deaths across the state, included best practices and guidelines for reducing drowning risk, and shared case studies of high-risk drowning scenarios. Among the key findings:

- A total of 114 drowning deaths occurred
- The largest number of drowning deaths occurred among children zero to 12 years-old, and most occurred in private ponds
- Men (78%) in Indiana drown more frequently than women (22%)
- Locations where individuals most frequently drowned included lakes (18%), rivers (15%), and pools and hot tubs (12%)
- Reported activities indicated that 16% of individuals fell, 15% of individuals were swimming, and 7% of individuals were driving when drowning deaths occurred

Hepatitis A Outbreak

In December 2017, ISDH began investigating a potential outbreak of acute hepatitis A virus (HAV) in Indiana. Around the same time, Michigan and Kentucky were reporting significant outbreaks. Hepatitis A is a highly contagious viral infection of the liver that is spread through fecal-oral contamination. In March, Indiana alerted health care providers about an increase in hepatitis A cases in the southern portion of the state, which was tied to a large outbreak in Louisville, Kentucky. In June, the CDC issued a health alert to public health departments, healthcare facilities, and public health programs with an update about the outbreaks and guidance to assist in identifying and preventing new infections.

To quickly respond to the hepatitis A outbreak in Indiana, the ISDH State Health Laboratory (ISDHL) swiftly brought a screening test on board to assist the Epidemiology Resource Center to identify cases. ISDHL also partnered with a neighboring state public health laboratory for complete genetic analysis of hepatitis A strains from the outbreak to allow for improved case investigation and management. Over the past several months, ISDH has been working closely with local, state and federal partners to identify individuals who may have been exposed and to educate the public, restaurants, jails, and groups that serve at-risk populations about the outbreak and ways to prevent the spread of the disease through vaccination and safe hand washing. The CDC has been working with state health departments to investigate hepatitis A outbreaks in multiple states, especially among high risk populations which include intravenous drug users, homeless individuals, people who are incarcerated, and men who have sex with men. More than 70 percent of the individuals diagnosed with hepatitis A in Indiana have reported illicit drug use, while nearly 20 percent have reported being homeless.

To ensure accurate and timely information is available, ISDH created a Hepatitis A Outbreak website that includes up-to-date counts of outbreak cases and resources for the public. ISDH also allocated more than $1 million in additional state funds to supply vaccines to local health departments, which are working to immunize those who are at risk or who may have come in contact with the disease. ISDH typically distributes 6,000 doses of hepatitis A vaccine each year. As of August 2018, over 60,000 doses have been administered by public and private health providers. Since 2014, Indiana has required that children be vaccinated for hepatitis A prior to the start of the school year. Therefore, children in kindergarten through grade 3 have likely been immunized against the disease.

In August 2018, ISDH launched strike teams in priority counties, based on risk and number of cases, to assist local county health departments in the reduction of hepatitis A transmission. Under

the supervision of the ISDH Immunization Division, strike teams will set up clinics targeting high risk individuals in the community. ISDH has been working with the Housing Authority to assist local health departments with reaching the homeless population. ISDH has also provided media tool kits to local health departments where strike teams will visit and education campaign materials about hepatitis A and safe hand washing practices.

Indiana typically sees fewer than 20 hepatitis A cases statewide each year. Since November, there have been 414 confirmed cases in the state, including 180 hospitalizations and one death.

Response to Synthetic Marijuana Contamination with Rat Poison

The use of synthetic cannabinoids, often referred to as "spice," "K2" and "fake weed," has been on the rise since their introduction in the early 2000s. Synthetic cannabinoids are dried plant material, often appearing similar to tea leaves or herbs, sprayed with a chemical mixture, packaged, and sold as a legal alternative to marijuana. The sellers of these products are constantly altering formulas to stay ahead of the laws and to enhance potency, sometimes with lethal effects.

In March 2018, more than 80 Illinois residents, primarily in the Chicago area, were treated by emergency personnel after exhibiting unexplained bleeding. Epidemiologists in Illinois conducted interviews with most of these residents and found that they had been using synthetic cannabinoids. Further testing of affected patients confirmed the presence of the long-acting anticoagulant brodifacoum, an active ingredient previously found in mouse and rat baits. Brodifacoum was banned by the EPA for use in consumer products in June 2017 due to its high toxicity.

Growing concerns in Illinois prompted ISDH to notify Indiana residents of this potential health threat. By April, the number of cases grew and crossed state lines, prompting the CDC to issue an outbreak warning. After two similar cases of otherwise unexplained bleeding occurred in Indiana in April, samples of synthetic cannabinoids sold in Indiana were collected and sent to the Indiana Poison Center and the Indiana State Police. The State Health Department Laboratory's Chemistry Division was contacted about testing samples of these products for the presence of brodifacoum. Lab staff had previously developed a method to test food samples for suspected intentional contamination with rat baits in the past and volunteered to perform the analysis on the synthetic cannabinoid products.

Each of the "spice" samples received tested positive for brodifacoum. The amount of brodifacoum detected ranged from approximately 150 to 300 times the concentration found in conventional rat baits, amounts so high that consumption of even a small amount of affected product could lead to severe health complications. ISDH Laboratory's confirmation of the presence of brodifacoum confirmed the proper treatment course for affected patients and assisted in identifying products that were a danger to Indiana residents. ISDH's Laboratory and Epidemiology Resource Center received recognition from Illinois and the CDC for their efficient work on addressing this public health threat.

Injection Safety

The Indiana State Department of Health (ISDH) received two reports of injection-associated infections from an outpatient healthcare facility within a three month time span. The first outbreak was reported by a major hospital who identified unusual laboratory results for two patients that had received care at the same local outpatient clinic. Upon further investigation, ten cases were identified, with six confirmed as Mycobacterium chelonae infections following a cortisone injection. The second outbreak was also reported by a major hospital who noticed a situation similar to the first outbreak; the hospital identified four cases of Methicillin-resistant

Staphylococcus aureus associated with cortisone injections. Subsequently, ISDH identified eight cases, all of which received injections on the same day and from the same physician. Both hospitals were diligent in communicating their concerns to ISDH. The relationship between ISDH and hospital staff led to successful investigations that cultivated educational opportunities regarding hand hygiene, infection control, general compounding, and injection safety standards.

Throughout both of these outbreaks, the ISDH had to overcome the barrier of determining respective roles and responsibilities to solve the issue of who has regulatory authority over these outpatient healthcare facilities. The unfamiliar outbreak scenarios provided the agency the opportunity to work with multiple state and federal agencies including the Indiana Attorney General's office (AG), the Indiana Professional Licensing Agency Medical Licensing Board, the U.S. Food and Drug Administration, and the CDC. Through these partnerships, ISDH has been able to initiate conversation surrounding compounding and injection practices along with proper infection control in outpatient facilities. With the help of the AG, ISDH has been able to make headway through uncharted grounds in establishing proposed legislation changes to streamline outbreak response, improving prevention strategies, and support infection control standards for outpatient clinics in Indiana. These strategies will ultimately improve the health and wellbeing of the state of Indiana.

CP-CRE Surveillance and Response

Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) were deemed an urgent public health threat by the Centers for Disease Control and Prevention (CDC) in 2013. CP-CRE pose a risk because of their extensive drug resistance, increased mortality, and the historic lack of laboratory capacity for detection. In response to this emerging threat, ISDH began conducting disease surveillance for CP-CRE on December 25, 2015. ISDH hired the Antimicrobial Resistance Epidemiologist in 2016 in order to oversee this surveillance, conduct outbreak investigations, and serve as a resource to all Indiana healthcare facilities regarding antimicrobial resistance. Since CP-CRE became reportable, ISDH has investigated over 800 cases of CP-CRE, with an average of 27 cases reported per month.

ISDH has a strong background in responding to multidrug-resistant organisms as a result of the substantial work on antimicrobial resistance. The CDC has recognized ISDH as a national leader in antimicrobial resistance response. ISDH staff have been asked to serve on numerous panels, workgroups, and coalitions at the national level. As such, ISDH has recently been awarded new grant funding from the Council of State and Territorial Epidemiologists (CSTE) and the CDC's Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) in order to expand on its already robust public health work on antimicrobial resistance.

Tick Surveillance

In 2017, the ISDH Zoonotic and Vector-Borne Epidemiology program prioritized expansion of its tick-borne disease surveillance and prevention program. ISDH updated the case investigation forms in our electronic disease surveillance system to record the county of likely exposure for each of our tick-borne diseases and to include questions about home, occupational, and recreational exposures. These questions will enable ISDH to learn more about risk factors for exposure to Lyme disease and other tick-borne diseases.

ISDH secured federal grant funding to support tick surveillance for Lyme disease for the first time ever in 2017–2018. This project has three goals: to find Lyme disease ticks in counties where they have not been previously documented; to determine the infectivity rate of Lyme ticks in higher-risk counties; and to scout and select sentinel sites for long-term surveillance. ISDH's entomology

team has already detected Lyme disease ticks in nine counties where they had not been previously documented and collected over 560 ticks for testing by the CDC.

ISDH has also established partnerships with the Indiana Department of Natural Resources to collect ticks from hunter-harvested deer and the National Park Service to collect ticks at Indiana Dunes National Lakeshore.

Three field entomologists recently attended a two-week medical acaralogy course at Ohio State University to advance their competence in the knowledge, collection, and identification of ticks and mites of medical and veterinary importance. Zoonotic and Vector-Borne Epidemiology program also hosted an entomologist and an epidemiologist from the St. Louis County Department of Public Health for a peer-to-peer training event to assist their agency with setting up a tick surveillance program.

ISDH is expanding its efforts to communicate with health care providers and the public on tick-borne disease awareness and prevention. Beginning in 2018, ISDH will send an annual health advisory to health care providers to alert them to diagnostic considerations for tick-borne diseases. The agency has also convened the first Tick-Borne Disease Advisory Committee with internal and external stakeholder partners to help guide agency activities on tick-borne diseases.

Lead & Healthy Homes

To increase the number of children across the state who receive a blood lead screening, ISDH's Lead & Healthy Homes Division (LHHD) ramped up communication and collaboration with external health care partners and sister state agencies. Information was sent out to Indiana Pharmacists, Indiana State Medical Association, Indiana Academy of Family Physicians, and the Indiana chapter of the American Academy of Pediatrics to ensure providers are aware of and acting upon the risks lead exposure present to children. ISDH also issued report cards to physicians showing them how their rates of immunizations for children on Medicaid compare to their rates of blood lead testing for children on Medicaid, as both are required by the Medicaid program. LHHD staff are working to establish a more robust report card and will expand audiences to include managed care entities, local health departments, and FSSA's Office of Medicaid Policy and Planning.

LHHD has conducted bi-monthly meetings with IDEM staff to discuss lead issues and opportunities for collaboration and data sharing. ISDH also established monthly meetings with IHCDA to discuss areas in which the two agencies can partner on lead response, contractor licensing, and healthy homes best practices. From those meetings has come joint investment in lead remediation in excess of $7M in 2018. These funds will be available to households across Indiana in the fall of 2018 and are jointly branded "Indiana Lead Protection Program". ISDH also partnered with US EPA Region 5 Enforcement to secure an additional $200,000 in funding for leaded window replacement. This project should begin in late 2018.

To educate parents about the risk of lead exposure, ISDH added information on lead screening to existing communication platforms such as the LIV and INWIC mobile apps and the state immunization portal CHIRP. Indiana's WIC program also sent text messages out to 121,000 WIC families in February 2018 reminding them of the importance of lead testing for their children.

LHHD has also made several internal improvements and efficiencies, including a unified, transparent, case surveillance tracker which can quickly and accurately give an update on the number and status of cases in case management across the state. Division staff also developed a

flow chart that outlines the process for screening, testing, and risk assessment within the Lead program. The flow chart is included in the Lead Exposure Resource Guide and was distributed to local health departments. The resource guide is designed to help communities dealing with lead crises understand where to go with questions and how to begin responding.

Chronic Disease, Primary Care, & Rural Health

The Indiana State Cancer Registry received the Centers for Disease Control and Prevention National Program of Cancer Registries Registry of Distinction recognition and the North American Association of Central Cancer Registries Gold Standard for data quality, completeness, and timeliness.

Indiana was named 5th among the 10 top-performing states in the U.S. for Critical Access Hospital quality improvement projects and developing technical assistance resources that improve high-quality care in rural communities as measured by the Health Resources and Services Administration that funds rural programs.

Forty community health centers who collectively serve over 500,000 Indiana residents have participated in the Indiana Primary Care Learning Collaborative and have improved patient outcomes in the following areas for SFY18:

- Increased registered Tobacco Quitline users by 27%
- Increased control of hypertension by 6%
- Increased control of diabetes by 4%
- Increased breast cancer screenings by 6%
- Increased colorectal cancer screenings by 15%
- Increased cervical cancer screenings by 6%
- Increased pediatric first dose of HPV vaccine by 22%
- Increased women's (ages 14-44) wellness assessments by 8%
- Increased (12+ years patients) depression screenings by 27%
- Increased appropriately prescribed medication for asthma patients by 9%

Immunizations

The Immunization Division continues to see great growth in the number of immunizations that are reported to the state immunization information system, Children and Hoosier Immunization Registry Program (CHIRP). There are currently 81.3M unique immunizations in the state immunization information system, and 8.19M immunizations have been added since July 2017.

The Immunization Division has also had great success in utilizing technology to increase the accuracy of immunization information and reduce the reporting burden on healthcare providers. As of August 2018, 938 healthcare providers have bi-directional interfaces between Electronic Medical Records and CHIRP. In an effort to reduce the reporting burden for school nurses, the Immunization Division also collaborated with three school information systems to build electronic interfaces with 56 school corporations.

The Immunization Division strives to empower Hoosiers to know their immunization status through the use of the patient portal, MyVaxIndiana. Currently, 196,086 Hoosiers have access to their immunization record through MyVaxIndiana.

Quality Improvement
In May 2018, ISDH completed the next iteration of the agency's strategic plan. During the year-long planning process, agency staff were provided opportunities to give input, feedback, and direction to all facets of the strategic plan. Approximately half of staff completed surveys and participated in focus groups which resulted in five new agency goals, new values, and an updated mission statement. An emphasis on health equity has been identified in the new strategic plan which includes a new health equity statement.

ISDH also completed, in conjunction with partners from across the state, the State Health Assessment (SHA) and the State Health Improvement Plan (SHIP). This combined document provides a snapshot of the health and well-being of Hoosiers and details goals and objectives for improving identified health priorities. These priorities include: improve birth outcomes and reduce infant mortality, address the opioid epidemic, reduce chronic disease, and improve the public health infrastructure. Again, there is an emphasis on improving health equity in Indiana throughout the SHIP.

In addition to the SHA/SHIP and strategic plan, ISDH has completed plans for quality improvement and performance management, as well as workforce development. ISDH is in the beginning stages of a mentorship program, improvements in the onboarding experience for employees, as well as continuing our very successful three-part Leadership at all Levels series. At this point, the agency is matriculating and graduating more non-ISDH employees than ISDH employees, we consistently have a waitlist for the next class.

In June 2018, ISDH declared its intent to apply for public health accreditation with the national Public Health Accreditation Board (PHAB). Being an accredited health department means that the agency is complying with best practice and meeting rigorous scientific and practical standards. Currently, 40 other state health departments are accredited. Rush County is the only accredited health department in Indiana, however three or four other local health departments are in the final phases. Two staff from ISDH are attending a training in August 2018 to learn more about the application process. ISDH will then have until Q3 2019 to submit all documentation.

The foundation of health department accreditation is all about continuous quality improvement (CQI). ISDH has been training staff from all over the agency on formal quality improvement techniques, as well as providing support to divisions working on QI projects. Early successes of those projects include: reducing cycle time for permits and MOUs, standardizing documentation, improving documentation flow, and identifying gaps in processes. In addition, ISDH is beginning to more deliberately track enterprise level metrics as identified in the new strategic plan. The Office of Public Health Performance Management is tracking those metrics in a performance management system which will help us identify successes as well as opportunities for CQI.

CHALLENGES DURING THE FY 2018 – 2019 BIENNIUM

Infant Mortality
One of the biggest challenges identified in addressing Indiana's infant mortality is the lack of obstetric providers and home visiting programs in rural communities and high risk zip codes. Approximately 27% of all infant deaths in Indiana occur in 3% of the state's zip codes. The concentration of these deaths highlight marked racial and geographic disparities. Additionally, 31 counties in Indiana are either without a hospital or without a hospital that has delivery services. In order to reduce the state's infant mortality rate, women statewide need access to prenatal care close to home, especially in the highest risk zip codes, counties and regions.

Lead & Healthy Homes
In 2017, the Lead and Healthy Homes Division was reformed as a standalone division to better address lead issues in our state. Current program funding for case surveillance, licensing, and enforcement comes from federal funding through EPA and CDC grants. Staff who are funded from these grant projects are also providing support to local health departments with critical services such as risk assessments for smaller counties.

While there is a mandate for all providers and labs testing blood lead to report results to the state, staff have identified huge gaps in the information being reported. In 2017, a review of Medicaid children found that 95% received their first dose of MMR vaccine by 15 months of age, but only 11% received a blood lead test. Both are required under Medicaid. Prior to 2017, blood lead level data often had incomplete or inaccurate information pertaining to the child or the sample. This information, when it could be found, had to be tracked down by ISDH staff before case management services could be initiated for a child with an elevated blood lead level.

Aging Lab Equipment
ISDH's State Health Laboratory is working with aging instrumentation, several dating back to the 1990's. These older instruments can no longer remain on the state's network due to cybersecurity concerns, which affects the accuracy and efficiency of data to users.

Vital Records System Upgrade
ISDH has embarked on a multi-year, multi-phase project that will transfer all of the state's Vital Records electronic registrations (births, deaths, stillbirths, terminated pregnancy reports) to a new system. Phase I, scheduled to be completed in early 2019, will focus on the death registration system. Death registration was chosen to be updated first to allow the coroner toxicology reports to be entered into the system sooner, so the data can be used to support efforts to combat the opioid epidemic. ISDH is currently in the configuration phase and in the process of establishing a steering committee of ISDH staff to provide support and guidance to the program. A communication team is also being formed to help get information out to internal and external stakeholders about the new vital records system. Phase II, consisting of the birth registration system, is anticipated to go live in early 2019, and the remaining systems are set to go live during Phase III in early 2020.

Deaf and Hard of Hearing Educator Shortage
Our state has a shortage of teachers who hold licensure to work with deaf and hard of hearing students. Many school districts rely on the Center for Deaf and Hard of Hearing Education to provide this specialty for students identified as deaf or hard of hearing. If Center staff continue to provide this teacher of record type service to specific school districts, the less capacity the Center has to create resources, trainings, and consultation with educators across our state as a whole.

Immunization
The Immunization Division has identified a number of providers that are leaving the Vaccines for Children (VFC) program and are now using private vaccines and billing Medicaid. This change results in Indiana having to pay for a percentage of these vaccines rather than using 100% federally funded vaccines. There also continues to be a decrease in federal funding for vaccines for adults that are uninsured or underinsured.

Child Fatality Review

Currently, 90 out of 92 counties have a local child fatality review team. Although local teams are required by statute, team members are professionals who volunteer their time, in addition to their already busy schedules. The voluntary nature of these teams limits the time and resources they have to collect and report crucial data as part of their child fatality case reviews. Without this data, the state and county's ability to inform prevention efforts is limited. Local team coordinators would benefit from technical assistance, as well as guidance on prevention recommendations and program implementation.

Data Gaps

For many program areas within ISDH, access to statewide clinical data and patient level data for emergency department visits and hospitalizations would be a vital resource for the syndromic surveillance and targeted prevention efforts for multiple public health issues, such as diabetes and nonfatal drug overdose.

OBJECTIVES FOR THE FY 2020 – 2021 BIENNIUM

Tobacco Prevention & Cessation

- Decrease the tobacco product consumption rate in Indiana
- Reduce the smoking rate among pregnant women in Indiana
- Increase the proportion of Hoosiers not exposed to secondhand smoke
- Decrease the prevalence of smoking among cancer survivors in Indiana

Infant Mortality

- Reduce the infant mortality rate in Indiana
- Decrease racial and ethnic disparities in infant 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
- Educate communities with the highest rates of Sudden Unexpected Infant Death about safe sleep practices for infants

Opioids & Substance Use Disorder

- Improve access to the overdose-reversal drug Naloxone and training on Naloxone administration for local health departments, 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
- Increase the number of overdose death cases reported to the National Violent Death Reporting System (NVDRS)
- Work 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
- Expand education, training, and community outreach efforts about prevention, intervention, and treatment of opioid use disorder using multiple engagement methods

- 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
- Educate providers and hospitals about the CDC's Guidelines for prescribing opioids for chronic pain to increase compliance
- Educate providers and hospitals about Indiana's Guidelines for opioid prescribing in emergency departments to increase compliance
- 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

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 through 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 ISDH
- 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 higher level learning institutes in our state

Response to Public Health Threats

- Facilitate the development of shared resource stockpiles among Districts/Coalitions intended to support local response efforts to infectious disease outbreaks and mass casualty incidents
- 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
- Reduce the time to establish after action reports and improvement plans following responses to public health emergencies and exercises
- Strengthen capacity to detect and respond to emergent and urgent infectious disease outbreaks
- 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 STD screening 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 all Hoosiers
- Continue to keep quality improvement as a priority of the agency
- 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

ISDH'S KEY PERFORMANCE INDICATORS (KPI)

The three key performance indicators for ISDH are:

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

ORGANIZATION CHART

See attachment (ISDH Organizational Chart)

PROGRAMS TO BE REDUCED, ELIMINATED, OR REPLACED

No programs will be reduced, eliminated, or replaced.

REALLOCATION OF FUNDS

No funds are planned to be reallocated.

SPECIAL INITIATIVES

ISDH is requesting the following change packages to address six public health challenges in the coming biennium: 1) reduce the state's infant mortality rate through care coordination for pregnant women in high risk areas; 2) utilize the Youth Risk Behavior Survey to provide schools and communities with better information about issues threatening youth in our state including mental illness and suicide; 3) maintain access to care for families served by the Children's Specialized Health Care Service.

1. Reduce the state's infant mortality rate through care coordination for pregnant women in high risk areas

Indiana continues to struggle to reduce its infant mortality rate, which stands at 7.5 deaths per 1,000 live births, placing our state as the worst in the Midwest. For this reason, Governor Holcomb set a goal for our state to be the best in the Midwest for curbing infant mortality by 2024. To reduce our infant mortality rate, we must ensure women statewide have access to prenatal and perinatal care close to home, especially in our highest risk communities. Only 69.3% of Indiana mothers receive prenatal care during the first trimester, and 31 counties in Indiana are either without a hospital or without a hospital that has delivery services. Additionally, approximately 53% of all deliveries in Indiana are by women who receive Medicaid. These women historically experience higher rates of infant mortality, perinatal risks, and smoking rates, and lower rates of breastfeeding and early prenatal care. To improve outcomes for these mothers and their newborns, ISDH is requesting to establish an obstetric (OB) navigator program in 13 counties that account for the state's highest risk zip codes, counties, and regions with limited access to obstetrical care. Funding will be used to hire a team of medical professionals and support staff to provide care coordination for high risk mothers and deploy services in communities that have limited access to care, as well as technology costs for data systems to track program impact and identify workforce capacity and needs.

- The navigator program will serve pregnant women receiving Medicaid to assess and address risk factors known to impact the health of pregnant women and their newborns,

engage women in prenatal care, and provide care coordination to the mother throughout her pregnancy through the baby's first year of life.

- The OB navigator team will use a centralized risk assessment process to identify perinatal needs and initiate referrals to existing home visiting programs in the community, such as: Healthy Families, Nurse Family Partnership, community health workers, and paramedicine. Home visiting programs have proven effective in addressing social, economic, and physical challenges that are known to be risk factors of infant and maternal mortality.
    - Staff will consist of an OB Navigator Coordinator to supervise the team and provide clinical expertise; (4) Risk Assessors, who are medical assistants or have clinical experience, to conduct assessments with eligible pregnant women to determine the most appropriate home visiting program referral; a Program Educator to train existing community health workers on the implantation of this program; and a Data Analyst to collect data on program outcomes and recommend practice improvements.
- A community health worker (CHW) registry will be created to allow ISDH to evaluate existing workforce capacity and identify needs in geographic service areas and within specialty areas.
    - This program will utilize CHWs who provide prenatal care coordination or perinatal wraparound services to expand services for pregnant women and new moms.
- A data portal will be developed to gather key (de-identified) data points for the OB navigator program and to track overall programmatic outcomes.
- To address statewide communities lacking obstetric providers, (10) Advanced Practiced Registered Nurses will be identified and deployed into communities that have limited or no access to prenatal and obstetrical care.
- While the infant mortality rate will be the primary metric for measuring long-term program success, related metrics such as the rate of women accessing prenatal care and smoking cessation among pregnant women will provide valuable and more immediate insight.

2. Utilize the Youth Risk Behavior Survey to provide schools and communities with better information

Following a February 2018 school shooting in Parkland, Florida, Governor Holcomb gathered state and community leaders to examine existing school safety protections and explore new ways to keep students safe in the classroom. One of the consistent themes the group uncovered is the need for improved access to mental health services and integration of resources into our schools. Among the group's recommendations to address these gaps is to require Indiana high schools to participate in the biannual CDC Youth Risk Behavior Survey (YRBS) to better monitor and respond to risks and threats facing our children in school, including violence, bullying, sexual harassment or assault, and suicide. Requiring participation of all schools will result in better data collection that can empower agencies, schools, communities, parents, and youth to identify risk behavior and implement informed responses.

To accomplish this goal, ISDH is requesting $1.1 million in state funding each year to administer the YRBS in all Indiana high schools (public and non-public). Estimated costs include paying for proctors to administer the survey and attend an orientation training, postage allowance for each school, copies of information materials that are provided with each YRBS booklet, and a monetary incentive for each school.

3. Maintain access to care for families served by the Children's Specialized Health Care Service

Over the past 10 years, the Children's Special Health Care Service (CSHCS) has been able to maintain and provide supplemental medical coverage each year to approximately 5,000 families of children who have serious, chronic medical conditions even though the CSHCS state appropriation has steadily decreased each biennium. However, in the last three fiscal years, health care costs have significantly increased. The primary driver in the increase in CSHCS program spending is coverage for pharmaceutical drugs, particularly for cystic fibrosis (CF) participants 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 cost of care continually increasing, this has put a fiscal strain on the program.

To better control spending, CSCHCS has put in place a tracking mechanism to monitor the cumulative spending each week as it relates to direct service claims. If spending is higher than anticipated each month, ISDH staff research the cause and pinpoint where the increase occurred. For the last two fiscal years, ISDH proactively put a plan in place to prioritize claim processing until the appropriation is depleted by the end of the fiscal year.

To maintain services to families participating in CSHCS, ISDH's baseline budget request is $202,234 higher than the current annual appropriation. This funding increase aligns the budget to FY2018 levels of spending.

State Fiscal Year	CSHCS Appropriation
SFY 16	10,436,498
SFY 17	10,436,498
SFY 18	10,393,134
SFY 19	10,393,134
SFY 20	10,595,368
SFY 21	10,595,368

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 least of three calculations:
    - The Medicaid (or allowed) rate
    - The Medicaid – what primary insurance pays
    - The co-payment