

Johnson County Health First Indiana Grant Program

This is a Request for Proposals announcement (RFP) issued by the Johnson County Board of Commissioners in conjunction with The Johnson County Health First Indiana Grant Program. This RFP is intended to publicize the availability of grant opportunities for services described herein. Neither the issuance of this RFP nor the receipt of any responses thereto, shall create any obligation to Johnson County to make any award pursuant hereto. The award of any grant(s) as a result of this RFP shall be at the sole discretion of the Johnson County Health Department and Johnson County Commissioners. Neither this RFP nor any response ("proposal") submitted hereto are to be construed as a legal offer.

SECTION I. Statement of Purpose

This grant program aims to promote innovative, collaborative, community-driven, public health partnerships for core services as outlined in Section II of this document. The Health First Indiana funds are governed by Indiana Code §§ 16-46-10. The Johnson County Health Department and Johnson County Board of Commissioners is making available funding opportunities across Johnson County through this grant program to support evidence-based public health promotion and programs that lead to healthy outcomes of the citizens of Johnson County.

SECTION II. Uses of Grant Funds

The Indiana Department of Health has provided a list of preventive core services in which local health departments should focus grant funding opportunities on. The services are as follows:

Tobacco Prevention and Cessation

- LHDs shall promote tobacco and addictive nicotine prevention and cessation programs and services.
- LHDs should provide a representative to the local tobacco control coalition if one exists. If one does not exist, LHDs should work with partners to develop or join an existing tobacco control coalition.

Chronic Disease Prevention

- LHDs should engage in services that will prevent and reduce chronic diseases such as obesity, diabetes, cardiovascular disease (including hypertension and hyperlipidemia), hepatitis C, and cancer.

Trauma and Injury Prevention

- LHDs should engage community and/or regional partners in the coordination of harm reduction for substance use, such as naloxone distribution, and peer recovery and rehabilitation services, and/or trauma and injury prevention initiatives.
- LHDs should engage in education and community coordination to help educate and promote safe sleep, child safety car seats and bicycle helmets for children.

Fatality Review

- LHDs shall participate on local Fatality Review Teams, including Child Fatality Review, Fetal-Infant Mortality Review, and Suicide-Overdose Fatality Review as required in statute to include:
 - providing local Fatality Review Teams with vital records necessary to review deaths, including birth, stillbirth, and death certificates,
 - working with local Fatality Review Teams to ensure annual reports are submitted to DOH,
 - working with community partners to ensure that fatality prevention initiatives are implemented in the local community, and
 - developing equity-focused fatality prevention strategies to address disparities in maternal and infant mortality.

Maternal and Child Health

- LHDs should provide or ensure direct or warm referrals/linkage to care and resources as warranted to family planning, prenatal care, WIC services, home visiting services, substance use treatment, or services to assist clients in applying for Medicaid and presumptive eligibility.
- LHDs should provide health promotion and materials to support safe sleep, breastfeeding, healthy eating and physical activity, and clinical referrals as needed.
- LHDs should develop equity-focused strategies to improve infant and maternal health outcomes,

School Health Liaison

- LHDs shall have a school health liaison, with schedule to be based on community need, whose focus is schools and serves as a local resource for all K-12 schools within the county and local public resource for all schools. Activities could include:

- Partnering to implement school wellness policies, including a comprehensive strategy to address substance use in schools,
- Partnering with schools to promote whole child health, including physical, mental and student health and wellbeing,
- Supporting schools in performing health screenings, such as vision, hearing and oral health,
- Collaborating and enhancing of current vaccination efforts to ensure childhood vaccine requirements and seasonal vaccine needs are addressed,
- Developing and collaborating with school and community partners to help support school needs, and
- Supporting schools with evidence-based education on nutrition and physical activity

Lead Case Management and Risk Assessment

- LHDs shall ensure there is an IDOH-trained lead case manager on staff, or one available to their jurisdiction, to conduct case management within timeframes outlined in 410 IAC 29.
- LHDs shall ensure there is a licensed Lead Risk Assessor on staff, or available to their jurisdiction, to conduct assessments within timeframes outlined in 410 IAC 29.
- LHDs should ensure no-cost lead testing for children under 7 years is available within their jurisdiction.

Access to and Linkage to Clinical Care

- LHDs shall employ at least one full-time public health nurse with expertise to:
 - provide clinical services, such as those related to communicable diseases, lead case management, and immunizations, and
 - refer residents to clinical resources, such as those related to substance use disorder, health screenings, and prenatal care.
- LHDs should maintain an assigned staff member to address afterhours calls for public health emergencies, such as urgent communicable disease cases.

Tuberculosis (TB) Prevention and Case Management

- LHDs should provide or ensure case management for those with suspected or confirmed TB disease, including investigation and specimen collection, enforcing isolation, providing directly observed therapy, and coordinating clinical and social needs.
- LHDs should conduct investigations for those diagnosed with infectious TB disease, including contact identification, education, testing, and treatment (as needed).
- LHDs should coordinate clinical follow-up for those designated with a Class B immigration status and provide or ensure case management and directly observed therapy for TB if needed.
- LHDs should work with DOH to identify and treat latent TB infection (LTBI) according to the DOH TB Elimination Plan.
- LHDs should be aware of the socioeconomic, environmental, and behavioral factors that place individuals in their communities at risk, such as housing/crowding, sexual behaviors, and underrepresented/underserved individuals.

Health-Related Areas during Emergencies/Disasters

- LHDs shall maintain at least a 0.5 FTE dedicated preparedness coordinator who actively participates in their district Healthcare Coalition and engages in county-level emergency planning, including outbreak and environmental health responses, to link public health and public safety.
- LHDs should actively participate in online resource tracking for emergency response.
- LHDs should act as lead for Emergency Support Function (ESF)-8 for their jurisdiction during emergency and disasters.
- LHDs should be the primary safety net to ensure equitable, accessible vaccines and other medical countermeasures as needed in an emergency.

Immunizations

- LHDs should offer vaccines to all individuals, including vaccines that are publicly and privately funded, so that anyone has access to vaccines through a local health department.
- LHDs should ensure that vaccination clinics are available to meet the vaccination needs of their jurisdiction and ensure there is flexibility to meet the unique needs of all residents.
- LHDs should develop and annually evaluate vaccination plans to meet their stated vaccination goals.

Infectious Disease Surveillance and Prevention

- LHDs should review all laboratory reports and infectious disease reports that are reported to their jurisdiction.
- LHDs should initiate an investigation, obtain clinical information, facilitate collecting and shipping specimens, identify outbreaks, and assess ongoing transmission risk for immediately reportable conditions and non-immediately reportable conditions within timeframes specified in the IDOH published list of reportable diseases and control measures.
- LHDs should lead the response of identified outbreaks and clusters in their jurisdictions and implement control measures to contain, mitigate, or end ongoing transmission of communicable diseases.
- CHDs should be aware of the socioeconomic, environmental, and behavioral factors that place individuals in their communities at risk.
- LHDs should provide testing and counseling for HIV, hepatitis C, and other sexually transmitted infections.

Vital Records

- LHDs shall have an IDOH-trained registrar(s) in vital records rules, policies, procedures, and system use from DOH and able to provide timely birth, death and fetal death certificates in accordance with state statute.
- LHDs should use or work to onboard the DOH DRIVE system to issue birth, death, stillbirth, and fetal death certificates.
- LHDs shall follow state policies and procedures to make any changes to vital documents in accordance with state statute.

With those services in mind, funds received from the Health First Indiana Grant may be used to support evidence-based public health promotion and programs that lead to healthy outcomes of the citizens of Johnson County.

SECTION III. Eligible Applicants

Respondents should be embedded in, and working with their communities and interested in submitting innovative proposals for programming that includes but is not limited to the provision of and access to public health related services and programs relating to the requirements outlined in the Health First Indiana funds.

Applicants that can provide evidence of said programs and services will be considered. All award recipients will be required to submit monthly program outcome reports until project completion; format and report due dates TBD.

SECTION IV. Recommended Grant Amounts

Respondents may request funding for any of the listed services and initiatives. All applicants should carefully consider the amount of funding requested in the Health First Indiana Grant Application submitted.

SECTION V. Application Procedures

The Johnson County Health Department has established a group of subject matter experts to assist it in screening applicant eligibility, evaluating and scoring grant applications, and making recommendations to the Board of Commissioners for awarding Health First Indiana funding. The Johnson County Health Department will review all grant applications in accordance with this document and the outlined scoring matrix.

Applications shall be processed until funding is depleted. Proposals must be submitted in a written format. Application must be emailed to jlashlee@co.johnson.in.us with the subject line: Johnson County Health First Indiana Grant Program Application, or delivered to the Johnson County Health Department at 95 S. Drake Road, Franklin, IN 46131. Grants will be awarded by the Johnson County Commissioners at a public meeting. Once awarded, all Health First Indiana Grants will be administered by the Johnson County Health Department.

SECTION VI. Submission Requirements

Applications must be in writing and contain the four elements below. Applicants may attach additional documents as needed.

1. A cover letter that includes contact information for the primary organization/agency with a brief description of the project or program.
2. How their proposed project aligns with the preventive core services, as described in Section II above in their request for grant funds.
3. An outline of the project or program objectives expected outcomes, and measurable project deliverables that identify how the proposed project fulfills chosen core services.
4. A projected schedule and detailed timeline of the project or program.
5. A budget accompanied by a description of the basis of costs for the project and sources of funding.

SECTION VII. Scoring Criteria and Evaluation

All eligible applications will be scored and evaluated in accordance with the County policies and practices utilizing the scoring criteria table below. Applications awarded funding and amounts for each grant award will be determined by the availability of County funds.

Evaluation Criteria	Max Point Values
Section 1: Overall Program or Project <ul style="list-style-type: none"> - Organizational information including the program’s ability to provide services to citizens. (10) - Estimated number of individuals impacted by proposed project/program. (10) - Program’s experience or existing community relationship. (10) - Description on existing gaps and how this funding will help. (10) - Program’s plan to serve populations and specific plan to increase diversity, equity, and inclusion with the population being served. (10) 	50
Section 2: Project alignment with state required core services <ul style="list-style-type: none"> - Program objectives and expected outcomes including supportive data/statistics. (15) - Program’s evidence-based expected outcomes including how it will measure success, including specific tools used. (15) 	30
Section 3: Budget <ul style="list-style-type: none"> - Budget with basis of costs and applicable sources. (20) 	20
Total Possible Points	100

SECTION VIII. Procedures for Accessing Funds

A grant agreement between the grantee and Johnson County will be required prior to the release of grant funding. All grant agreements will include deliverables and funding amounts as awarded to the project. The other terms and conditions of the grant agreement are firm. In addition to the terms and conditions stated in the grant agreement, grantees must acknowledge and adhere to the following conditions and program requirements:

1. **Nondiscrimination** - Pursuant to Ind. Code § 22-9-1-10, no funding will be awarded to a grantee unless it certifies to the grantor that it shall not discriminate against any employee

or against any person seeking employment because of race, color, religion, sex, disability, national origin, or ancestry.

2. **Project Account** – Grant monies are typically disbursed within 30 to 60 days after the signing of the fully executed grant agreement.
3. **Project Records** - The grantee must maintain full and accurate records with respect to the projects. The grantor shall have access to such records, as well as the ability to inspect all project work, invoices, materials, and other relevant records at reasonable times and places.
4. **Reporting** - The grantee must submit monthly data tracking consistent with the grant agreement.

For assistance, please contact: Jody Lashlee
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