

UPDATED INFORMATION IS HIGHLIGHTED IN YELLOW

PROPOSAL BACKGROUND

- Since the events of September 11, 2001 there is a broader understanding of the need for public health systems to work in a collaborative and cooperative environment with response partners.
- A prepared and fully interoperable public health infrastructure that is inclusive of hospitals, emergency medical services, trauma care and emergency management/all-hazards response systems is critical.
- There are clear parallels between the existing public health strategies used for communicable disease eradication and the epidemiologic behaviors of illness and injuries.
- The Iowa Department of Public Health Division of Acute Disease Prevention, Emergency Response and Environmental Health (ADPER) -Bureau of Emergency and Trauma Services (BETS) is working to build this comprehensive system of care for time critical conditions.
- Work to address capabilities has been successful in many single county or small coalitions, but has fallen short to adequately address system needs and challenges for time critical conditions.
- When time critical events occur (highly infectious disease, cardiac events, stroke, trauma, etc.), patients who need care migrate to appropriately capable facilities which provide a framework for local partners to work together as a system to ensure the most appropriate and effective level of care for the population.
- As many communities within a geographic area will have similar vulnerabilities as well as patient care patterns, it is important to establish responsibilities and capacities in advance of disasters to be able to work toward common goals when an entire area is impacted.
- Beginning with the Fiscal Year 2018 (July 1, 2017) grant period IDPH intends to combine the funding for PHEP/HPP emergency preparedness, along with the EMS System Development Fund and award this funding to service areas to foster a coordinated effort among local partners to work on improving Iowa's planning, response to time critical conditions.

REFERENCES

- Public Health/Hospital Emergency Preparedness, Emergency Medical Services, and Trauma systems all have similar needs and alignments based on the following documents:
 - PHEP/HPP Capabilities
 - <https://www.cdc.gov/phpr/capabilities/at-a-glance.pdf>
 - <http://www.phe.gov/preparedness/planning/hpp/reports/documents/capabilities.pdf>
 - American College of Surgeons Trauma System Consultation Report for Iowa
http://idph.iowa.gov/Portals/1/userfiles/61/Iowa%20TSC%20Report%20_Final.pdf
 - National Highway Traffic Safety Administration report on Iowa's EMS System
<http://idph.iowa.gov/Portals/1/userfiles/61/Iowa%20EMS%20Reassessment%20Final%20Report.pdf>
 - EMS System Development Standards
http://idph.iowa.gov/Portals/1/userfiles/61/ems_system_standards.pdf

REVIEW OF AUGUST COMMENTS

- IDPH received well over 50 pages of comments through August 17, 2016. All public comments are available for review with the materials distributed from IDPH on September 1, 2016.
- The comments received can be summarized generally into six main themes:
 - *"The service areas are too large"*
 - *"Just go back to the EMA regions"*

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- *“I’m going to lose my money to the big counties”*
- *“XX County should be aligned with XX County/Service area”*
- *“The service areas do not align with other service maps such as regional Epi, Regional Community Health Consultant, EMA regions, etc.”*
- *“Let the counties determine their own service areas utilizing current partnerships and agreements.”*
- Revisions have been made to the map to modify the service areas by introducing sub-areas of “Sub Service Areas” to more effectively manage grant awards at the local level.
- Sub Service Areas will also be used to structure funding awards for the grant program.
- IDPH will modify the grant award process by eliminating the proposed competitive grant application process. FY18 grant awards will be based on historical funding.
- IDPH has created a document titled: *“Summary Response to Public Comment (Aug 2016) Re: TCC Service Areas”*. This document will provide an overview of the actions IDPH took in response to public comment.

SERVICE AREAS

- With the exception of 7 counties (Butler, Clinton, Crawford, Davis, Palo Alto, Tama, & Wright), the Service Areas have largely remained the same as published at the end of July.
- IDPH reviewed in-patient/out-patient data from 2014 for trauma, cardiac, and stroke events to identify where patients seek care for these “time critical conditions”.
- IDPH also took into consideration areas where we were aware of existing efforts to address system wide response efforts, service area planning and coordination.
- The attached map shows 7 Service Areas that emerge using the information noted above, with the introduction of up to three Sub Service Areas that are embedded within each service area.
- The updated map still has 7 Service Areas. The Service Areas/Sub Service Areas are now named using an alpha numerical system.
- There were minor revisions made to the service areas as a result of discussions with groups of counties that had previously built relationships that should be sustained.
 - Crawford County is now placed in the Southwest Service Area named “Service Area 4”.
 - Jackson and Clinton Counties will be moved to the Southeast Central Service Area named “Service Area 5A”.

RESPONSE DISTRICTS SUB SERVICE AREAS

- The term “Response Districts” has instigated discussion regarding actual response roles of the service areas versus planning, coordination, system development, and performance improvement.
- BETS will work to clarify that the purpose of implementing this system is to build a prepared and fully interoperable public health infrastructure that is inclusive of hospitals, emergency medical services, trauma care and emergency management/all-hazards systems.
- The term “Response Districts” will no longer be used and these areas will now be referenced by the numerical or alpha numerical name in order to designate the respective Service Area.
- Due to the smaller number of counties in Service Areas 2, 4 and 7, these areas will not have associated Sub Service Areas.
- Service Area 1 has three Sub Service Areas (1A, 1B, 1C), Service Areas 3, 5 and 6 have two Sub Service Areas (3A, 3B; 5A, 5B; and 6A, 6B).

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- The Sub Service Area concept is taken from comments submitted as part of the public comment period as a way to make the partnership areas more manageable under a grant program.
- The Sub Service Areas were established based heavily on the comments received that identified existing partnerships and efforts to address common interests among a smaller group of counties.
- IDPH will establish contractual expectations that will require Service Area/Sub Service Area Coordinators to meet, discuss, and develop long term plans for coordination among the Sub Service Area that make up a Service Area. IDPH does not intend to make this coordination a focal point during the first year of the new grant award (FY18).

CONTACT LIST

- We received several comments and requests for contact lists as new partnerships will need to be developed.
- A list of contacts for public health, hospital preparedness and trauma coordinators, EMS, emergency management, environmental health, and current FY16-17 coalition fiscal agents has been created to assist in contacting organizations in the new sub service areas.
- The list is available at https://pht.idph.state.ia.us/Dashboards/Reports/Updated_Contact_List_2016.xlsx?web=1
- The list can be filtered by discipline, Sub Service Area, and Service Area. For example, to see all of the contacts for Sub Service Area 6B in Northeast Iowa, choose 6B from the list of Sub Service Areas. That will filter the contacts displayed to only Sub Service Area 6B.
- To further filter that list to a single discipline, make a selection from the Discipline list.
- To clear the filters, click the  in the discipline, Sub Service Area, or Service Area filters.
- To send an email to each person in the filtered list, select all the email addresses in the Email column, and copy and paste the addresses into the to: field in Outlook or your favorite email application.
- Please notify us of changes to any information in the list.

FUNDING MODEL REVISIONS

- To address concerns about the size of Service Areas and the challenges it introduces to coordinate many partners, the funding distribution will occur among 12 Service/Sub Service Areas (“Areas” hereafter).
- To address concerns about equity in funding distribution, IDPH will not transition to a competitive model for the FY18 contract period.
- Each of the 12 Areas will be issued an award based on the FY17 grant award issued in total to the Areas. This change is intended to address concerns that “my money” is going to be redirected to another area. The funding will be issued as a lump sum to the Area.
- Each award Area will determine the most qualified and capable governmental entity (Board of Health/Board of Supervisors) in the Area to serve as the Fiscal Agent and apply for the funds. Only one application will be accepted from each of the 12 Areas.
- Each Area award will include an “earmark” of \$120,000 within the total award to support an FTE to fill the role of a Program Coordinator (ESF-8/TCC Coordinator or any name that best describes your initiatives).
 - The FTE will not be a contracted position.
 - To allow maximum flexibility the Area will determine which partner entity within the Service/Sub Service Area is most qualified and capable to employ the FTE.

- IDPH is drafting and vetting a sample job duties document for the Area Program Coordinator FTE. Once completed, this document will be distributed in mid-late October for consideration and grant planning.
- In addition, based on the FY17 funding distribution, the Area will be notified of the allocation of funds by funding source (PHEP, HPP, EMS) to help provide guidance on developing budgeting and work plans for submission of the grant application.
- IDPH considered transitioning to a “per capita” funding model. However, after developing some initial estimates it was determined that the financial swing may be too dramatic for Areas to adjust their planning efforts.
- It is important to remember that annually IDPH has observed a reversion of over \$350,000 per year carry-over from under-spent dollars in the last 3 years. dollars not spent by local contracts, including reversions from “all sizes” of counties. There is ample opportunity for full utilization of these funds without significant impact on any one county’s funding needs.
- The application process will be a multi-year project period RFP.

TIMELINE

- July 29, 2016 – Proposed Time Critical Conditions Service Area Map published by IDPH for public comment. **(COMPLETED)**
- August 17, 2016 – Response from local partners due to IDPH regarding the service area questions noted above. **(COMPLETED)**
- September 1, 2016 – Based on comments received, IDPH will finalize and release the service areas that will be used to determine grant awards for FY2018. **(COMPLETED)**
- **September 15, 2016** – IDPH to provide webinar (registration details available soon) to review and address updates to plan effective with Service Area and Sub Service Area Map updates presented on September 1, 2016.
- Through Early November, 2016
 - IDPH will continue to engage local partners by attending various regional meetings, offering webinars/conference calls, and other means to help IDPH develop an RFP that meets federal grant requirements, while at the same time allowing as much flexibility as possible for local system efforts to address service area needs.
 - IDPH encourages local partners to begin discussions with partners in your Service/Sub Service Area NOW so that there is ample opportunity to discuss ideas, concepts, and strategies for working together.
 - **NOTE:** FY 16-17 PHEP/HPP funds can be used to support efforts to build Service/Sub Service Area relationships, develop strategies, and begin coordinating efforts with partners to address service area and Sub Service Areas district efforts to address time critical conditions.
- Early-Mid November, 2016 – Funding proposal will be posted on IDPH website.
 - **NOTE:** this is later than what was shared during the partnership meetings earlier this year. Based on feedback from several conversations, it was recommended to IDPH to delay the posting of the RFP until November. This will allow time for more open and informal discussions about the best transition of funding strategies.
 - IDPH will host an applicant workshop as part of the RFP process to provide clarifications, guidance, and examples of appropriate activities under the combined funding effort.
- Early February, 2017 – Grant applications due to IDPH.
- March, 2017 – IDPH deadline to submit FY17-18 grant application to CDC/ASPR.
- July 1, 2017 – Grant awards identified, contract negotiations completed, and contracts fully executed.