

RFP 24-77468
ATTACHMENT F: TECHNICAL PROPOSAL

Respondent:

Syra Health Corp.

Instructions: Request for Proposal (RFP) 24-77468 is a solicitation by the State of Indiana in which organizations are invited to compete for a contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization's proposal will be completed by a team of State of Indiana team members and your organization's score will be reflective of that evaluation. Please review the requirements outlined in Attachment L – Scope of Work carefully. For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications, and experience, and how you will maintain oversight of the subcontractors' activities.

Please supply all information that is requested in the yellow boxes. Respondents must organize their proposal in the exact order of questions provided in this document followed by their answers. However, the Respondent may respond in the format of their choosing provided their response maintains the order proposed in this template. Please indicate any attachments that have been included to support your responses. **A completed Technical Proposal is a requirement for proposal submission. Technical Proposals should not exceed 60 pages, excluding attachments. Failure to complete and submit this form may impact your proposal's responsiveness.**

1. Minimum Requirements

Survey Development and Implementation:

- **Healthcare and Educational Surveys:** Our team has experience in designing and implementing research-focused medical student surveys, distributed to over 500 medical students via REDCap. This involved managing data collection efforts, including patient screening, enrollment, and follow-up for federally funded grants.
- **Market and Advertising Evaluation Studies:** We have developed and conducted annual market and advertising evaluation studies for community hospitals and health systems. This included designing and managing research programs that led to improved brand images and successful advertising campaigns.

Data Analysis and Reporting:

- **Health Claim Analysis and Public Health Initiatives:** We developed a secure PowerBI dashboard presenting health claim analysis of 50,000 deidentified patient records. This was part of our role as project managers for various public health initiatives, including needs assessments and behavioral health service utilization.
- **Market Research and Health Communications Studies:** We implemented a multi-year research study for the Indiana State Department of Health on a Teen Sexual Abstinence program, which led to a decrease in sexual activity among teens. This involved consulting

and conducting marketing research, customer profiling, and segmentation.

3. Adaptability and Relevance:

- Applicability to Risk and Hazard Assessments: While these experiences are not in traditional risk or hazard assessments, they demonstrate our team's proficiency in developing and conducting surveys, and analyzing and reporting findings. These skills are directly transferable to the context of risk and hazard assessments, where similar methodologies and analytical techniques are employed.

Understanding of Public Health, Healthcare, and Emergency Management Assessment Project:

Expertise: Our team, particularly Michael J. Paul, MPH, brings over 7 years of professional experience in epidemiology, with specific expertise in data management and dissemination. This experience includes developing new protocols and utilizing data visualization tools for insightful, mature decision-making in public health contexts.

Practical Experience: We have also facilitated collaborative meetings for program data collection and analysis in line with federal and state strategies, including designing and executing plans that blend quantitative and qualitative methods to address key evaluation questions and performance measures in public health.

Understanding of CDC and ASPR Capabilities:

Alignment with CDC Guidelines: Our team has demonstrated alignment with CDC guidelines through our work on Syra's Indiana SEOW 2023 Report for the Indiana Department of Mental Health and Addiction. This work involved co-authoring and leveraging technical writing and data visualization skills, essential for CDC compliance.

Practical Application: We have developed and managed health claim analyses and community health assessments, which required strict adherence to CDC guidelines and showcased our ability to apply these standards in practical, impactful ways.

Understanding of the Cycles Involved in Emergency Management:

Comprehensive Approach: Our experience includes research on national and global emergency management topics, such as communicable diseases, terrorism, natural disasters, and emergency communications. This work involved developing tabletop exercise simulations to teach decision-making in response to global public health emergencies, demonstrating a deep understanding of all cycles in emergency management.

Applied Knowledge: In our roles, we have actively engaged in the development and implementation of emergency management strategies, including the creation of data models and visualizations to support intuitive reporting and decision-making in emergency scenarios.

2. Executive Summary

Syra Health is confident that the State of Indiana will benefit greatly from partnering with a firm that is nimble, flexible, and brings in the training experience, technical expertise and delivery competency that the IDOH will need. You will have the highest level of commitment of success from every member of our delivery team to the top leaders of team Syra Health. We look forward to the opportunity to work with IDOH on all the phases listed in the RFP.

Through this proposal, we will conduct four crucial public health and healthcare readiness assessments, aiming to delineate existing hazards' impact on public health and infrastructure, ascertain opportunities for enhancing emergency responses, prioritize threats posing the highest risk to Indiana's health system, and determine strategic resource allocation for building a more resilient healthcare network benefiting the people of Indiana.

Syra Health is willing to provide the requested products and services subject to the terms and conditions set forth in the RFP including State's mandatory contract clauses.

Phase 1: High-Level Summary

1. Survey Platform: Select and customize a survey platform like SurveyMonkey for JRA, HVA, and PHHRA projects.
2. Tool Development: Integrate CDC guidelines to develop risk and readiness assessment tools.
3. PHEP and HPP Alignment: Ensure methodologies align with Public Health Emergency Preparedness and Healthcare Preparedness Program standards.
4. State Data Integration: Use THIRA, HIRA, and SPR data for risk assessment and capability analysis.
5. Risk Group Focus: Identify and assess high-risk groups in Indiana using varied data sources.
6. Assessment Scoring: Develop scoring for hazard likelihood, impact, resource availability, and community resilience.
7. Communication Plan: Implement structured communication with stakeholders including webinars and training sessions.

Phase 2: High-Level Summary

1. Attendee Education: Implement webinars with overviews of JRA, HVA, and PHHRA, using CDC Public Health Preparedness Capabilities as a guide.
2. Detailed Sessions: Conduct segmented sessions for JRA, HVA, and PHHRA, incorporating real-world examples and CDC methodologies.
3. Interactive Learning: Facilitate Q&A sessions and practical activities, using tools like the CASPER toolkit for simulation.
4. Workshops and Application: Provide hands-on practice with tools such as the PHII Public Health Readiness Assessment tool and conduct workshops for practical application.
5. Resources and Expert Insights: Distribute comprehensive resource materials and feature guest speakers for expert perspectives and case studies.
6. Evaluation Surveys: Develop and conduct evaluation surveys among LHDs and HCCs to assess satisfaction with JRA, HVA, and PHHRA processes, including feedback mechanisms for continuous improvement.

Phase 3: High-Level Summary

1. Regional IPP Workshops: Design interactive workshops to identify regional preparedness needs and foster collaboration.

2. Statewide IPP Workshop: Conduct remote workshops to establish preparedness priorities and integrate stakeholder feedback.
3. Developing IPP: Align priorities with national and state frameworks, ensure stakeholder-driven flexibility, and perform annual reviews for responsiveness.

Subcontractors:

- Fred Bingle Research Group *Please refer to AttD_-_Cost_Proposal_narrative (Qualitative Researcher)
- Metamor Systems *Please refer to AttD_-_Cost_Proposal_narrative (Developer)
- Certified Fraud & Forensic Investigation: *Please refer to AttD_-_Cost_Proposal_narrative (Data Analyst)

3. Background and Experience

3.1

3.1.a

Syra Health Corp (Syra Health) was founded in 2020 and has been in continuous business since then, adding contracts and growing each year thereafter. We leverage deep scientific and healthcare expertise to create strategic frameworks and develop patient-centric solutions for the betterment of patient lives and health outcomes. Today, Syra Health follows the same values and differentiators in making a significant footprint in healthcare solutions. Our strategy and delivery are supervised by Dr. Deepika Vuppalachchi, who holds a doctorate in Molecular Neuroscience and Drug Pharmacology and has extensive experience providing engaging medical and scientific information for a wide range of audiences by utilizing numerous dissemination channels.

Our Qualifications: We have strong capabilities and experiences to provide Healthcare staffing services to below categories of Medical Services mentioned below:

- ▶ **Health Equity Solutions:** We advocate for policies, initiatives, and practices that result in equitable health care access, delivery, and results for all people worldwide.
- ▶ **Analytics:** We synthesize data from diverse health information technology resources, analyze that data into a single, actionable patient record, and take measures to enhance both clinical and financial outcomes
- ▶ **Data Gathering:** Initiating with secondary data collection and analysis, followed by primary data gathering through community surveys, focus groups, and interviews, including translations to ensure inclusivity.
- ▶ **Epidemiology:** Our major research avenues cover a wide range of therapeutic areas and using high-quality data and cutting-edge analytics, Syra Health is devoted to expanding knowledge and to enhancing the quality of care to our partners & members
- ▶ **Public Health Surveillance:** Syra Health has developed the capacity to assist healthcare systems in swiftly identifying worsening in patient situations, which can aid in minimizing the probability of life-threatening incidents. Clinical Surveillance analyses medical device data in real-time to identify patient conditions and advise care teams of changes.
- ▶ **Quality, Assessments, & Audit:** Improving patient outcomes and ensuring effective care coordination have been essential components of improving care quality. Our in-house evaluations and analytics provide useful insights into the evaluation of various programs and services, allowing you to enhance your health results.
- ▶ **Stakeholder Engagement:** Involving stakeholders in all phases of the program

evaluation, enriching the process with diverse perspectives for effective community needs assessment.

Over the past years, Syra Health has built a reputation as a premier research, evaluation, and data analysis support service for State and Local discerning clients. Syra Health has been consistently recognized for its agility and adaptability in providing program evaluation and research support services to our customers. By combining the deep expertise of our staff, our innovative statistical analytics, and technology with our subject matter expertise in health economics and cost-effectiveness analysis, we provide our clients with technical assistance and expertise to help carry out project evaluations, health research, and other activities. Our experts at Syra Health have a deep understanding of the research process, research methodologies, data collection, and data management techniques. We have the demonstrated ability to design and conduct surveys that gather accurate and reliable data. We are also highly competent in analyzing and interpreting survey data, and drawing conclusions based on the results.

Based on prior work, our team has experience identifying and accessing various data sources, including administrative records and public health databases, and conducting primary data collection to obtain the necessary information for a robust evaluation. Syra Health has managed health data as part of its research, evaluation, and data analysis support service successfully. We have consistently maintained a high status in managing data effectively to support our customers by following the steps briefly described below:

- Collect and store data securely,
- Standardize data,
- Validate data,
- Analyze Data
- Maintain data security

Syra Health has developed and implemented data management plans in previous evaluations. We

are well-versed in data security and privacy protocols and ensure that data are handled appropriately and in accordance with CDC requirements. Syra Health fully recognizes the importance of statistical analysis of health data for identifying changes in health outcomes and evaluating the effectiveness of interventions. Our experts are skilled in conducting data analysis using various statistical techniques and qualitative methods. Our team can provide insightful interpretations of evaluation results and offer recommendations to improve program effectiveness. Having worked on similar evaluation projects, Syra Health understands the importance of assessing program impact and sustainability.

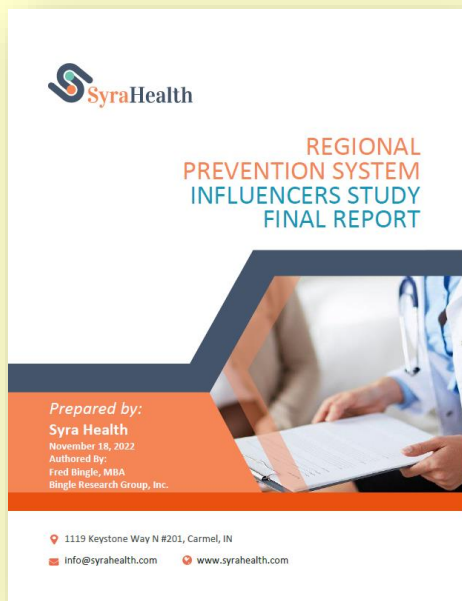


SYRA HEALTH

- State of Minnesota/ Commissioner of Human Services 2023
- Commonwealth of Virginia/ Dept. of General Services 2023
- State of Oklahoma/ Dept. of Corrections 2023
- Alabama/ Dept of Corrections/Yes Care -2023
- **Indiana FSSA/Office of Medicaid Planning and Policy (OMPP)/MLTSS (Sub-contractor)-2023**
- District of Columbia/Department of Behavioral Health/Epidemiological Studies -2023
- District of Columbia/Department of Behavioral Health/Clinical workforce -2023
- **Indiana/IDOH /ICF/STLogics BRFS (Sub-contractor)- 2023**
- **Indiana/Dept. of Child Services (DCS)/Competency Attainment Services (Prime) -2022**
- **Indiana/OMPP/HHW and HIP (Sub-contractor)-2022**
- **Indiana/Dept. of Mental Health & Addiction (DMHA) /Neuro Diagnostic Institute (Prime) -2021**
- **Indiana/DMHA/State Epidemiological Outcomes Workgroup (Prime)-2021 to present**
- State of Kansas –Department of Health– 2022
- Maricopa County/Arizona – 2022
- State of Tennessee/Covendis - 2022

Indiana's Tobacco Prevention and Cessation Evaluation

The Syra Health Team has experience evaluating Indiana's Tobacco Prevention and Cessation initiative. Our seasoned team collaborated closely with state-level entities to develop proposals for healthcare marketing campaigns across the entire state. Our experience is diverse and multifaceted, covering key areas such as adult quitlines, youth-oriented counter-tobacco marketing, the formulation and implementation of smoke-free air policies, and initiatives aimed at mental health in conjunction with tobacco cessation. Additionally, we have tackled challenges related to smoking and infant mortality rates. Our holistic approach incorporates education awareness and hands-on involvement in community outreach programs. We assist our partners in delivering effective strategies and community-based programs that enable policy and system changes, all aimed at enhancing population health outcomes. Syra Health remains committed to creating healthier communities at the state and local levels by adopting a multifaceted approach that touches on awareness and actionable policy change.



Syra Health completed an Epidemiological Study to determine the types and prevalence of behavioral health issues among the youth population in Washington, D.C. Additionally, we identified the services, the degree of care received, and the service location and analyze the barriers preventing youth from using mental health services.

Our dedicated team is working diligently to gather extensive data and insights to enhance our understanding of prevalent behavioral health conditions affecting the youth. Through analysis, we categorize the data by age, gender, race, ward residence, and sexual orientation to gain a holistic perspective on the challenges faced by different segments of the youth population. By closely collaborating with the Department of Behavioral Health (DBH), we ensure accurate data collection, analysis, and reporting, striving to improve the accessibility and effectiveness of behavioral health services available to the D.C. youth community.

By understanding the barriers hindering access to mental health services, we aim to develop targeted recommendations to enhance accessibility and ensure the youth receive the vital support they need. Through our collaborative efforts with the DBH, we dedicate ourselves to producing a comprehensive Youth Behavioral Health Epidemiological Report that informs and drives positive change in the availability and quality of behavioral health services for the youth in Washington, D.C.

BEHAVIORAL HEALTH BARRIERS SURVEY PARENT AND CAREGIVER SURVEY

CHAPTER
6A

Background

Syra Health has collaborated with the District of Columbia's Department of Behavioral Health (DC DBH) to develop recommendations to reduce barriers to behavioral health services among youth consumers in Washington, D.C. This section of the report focuses on gathering and statistical analysis of quantitative data that explore the demand, availability, and actual use of behavioral health resources from the perspective of parents and caregivers of youth living in the District of Columbia. Syra Health conducted an extensive literature review as part of its strategic research and analysis plan, providing qualitative insights into barriers to accessing care. Instead of identifying new challenges, the focus shifted to quantifying the prevalence and impact of these already recognized barriers to healthcare access.

The goal was to gather primary, current information from parents, caregivers, and healthcare providers. By surveying these groups about their opinions and experiences concerning key barriers to behavioral health access for youth, the aim was to yield actionable insights into the prevalence and importance of each barrier, thereby informing targeted strategies for improvement.

Syra Health conducted online quantitative surveys among DC parents/caregivers and providers to achieve this, as outlined in the Methodology section.

Executive Summary

The main barriers to youth access, as seen by the parents/caregivers, focus primarily on appointments – getting an appointment and the long wait times. These were the top two identified barriers, as 36%-47% reported these moderately to extremely influential (MVE Net) their decision to delay or avoid seeking Behavioral Health support services in the last year. Providers highlighted significant challenges in securing timely appointments, with over 50% indicating that these difficulties moderately to extremely influenced their consumers' decisions to delay or forgo seeking services.

The other key barriers among the parents based on percent reporting moderately to extremely influential were:

- Could not choose the person I wanted my child to see for treatment
- Lack of satisfaction with the services that were available
- Cost and coverage
 - Health insurance not cover treatment
 - Worry about the cost of treatment or co-pay
- Feeling the problems of their child were normal for someone in their situation
- Not knowing who to see or where to go for treatment

Some barriers had very little influence on their decisions to delay or avoid seeking services, based on a high percentage of parents, nearly 80% or higher, reporting that the barrier did not influence their decisions. These low influence barriers indicated that parents were

DBH Epidemiological Studies Report

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2. Barriers about Behavioral Health Problems

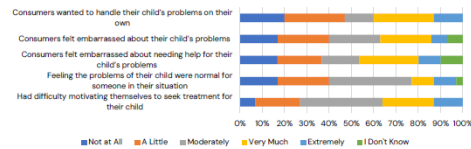
There were six barriers to behavioral problems. Five of these barriers were in the top eight barriers. This contrasts with the parents who had only one of these barriers in their top barriers – feeling like their child's problems were normal.

These key barriers were:

- Had difficulty motivating themselves to seek treatment for their child – 73% MVE Net
- Feeling the problems of their child were normal for someone in their situation – 57% MVE Net
- Consumers felt embarrassed about needing help for their child's problems – 53% MVE Net
- Consumers felt embarrassed about their child's problems – 53% MVE Net
- Consumers wanted to handle their child's problems on their own – 53% MVE Net

Conversely, this type of barrier had only one of the least influential barriers, as not thinking treatment could help with their child's problems was not an issue.

Barriers about Behavioral Health Problems

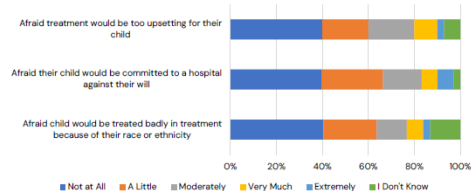


3. Barriers with Behavioral Health Services and Providers

Seven barriers to accessing behavioral health services were provided, but none were considered highly influential by the providers. However, four of these barriers were categorized as minimally influential. These less impactful barriers included fears of racial or ethnic discrimination against the child, the risk of involuntary hospitalization, and concerns that the treatment would be too emotionally upsetting.

- Afraid child would be treated badly in treatment because of their race or ethnicity – 40% Not at all
- Afraid their child would be committed to a hospital against their will – 40% Not at all
- Afraid treatment would be too upsetting for their child – 33% Not at all

Barriers with Behavioral Health Services and Providers



DBH Epidemiological Studies Report

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*(Please see 3.3. Experience with Stakeholders for additional references)

3.2 – Experience creating public health and/or healthcare readiness assessments

Syra Health, while not having direct experience in conducting Jurisdictional Risk Assessments (JRA) or Hazard Vulnerability Assessments (HVA), believes that the skills and expertise gained from our previous work are highly transferable and relevant to successfully fulfilling the requirements outlined in this RFP's Scope of Work (SOW). Below are key areas where our capabilities align with the project needs:

1. **Development of Assessment Methodology and Tools:** Syra Health's experience in analytics and data gathering is directly applicable to developing methodologies and tools for Jurisdictional Risk Assessment (JRA), Hazard Vulnerability Assessment (HVA), and other assessments. Their expertise in synthesizing data from diverse health information technology resources will be valuable in creating effective assessment tools.
2. **Training Material Creation and Webinar Hosting:** Given Syra Health's history of stakeholder engagement and training, the company can effectively create training materials and host educational webinars for Local Health Departments (LHDs) and Health Care Coalitions (HCCs) as part of the assessment process.
3. **Comprehensive Data Analysis and Reporting:** Syra Health's proficiency in epidemiology and public health surveillance will be instrumental in analyzing assessment data and developing comprehensive reports, including district-level HCC HVA reports and statewide HVA reports.
4. **Integrated Preparedness Plan (IPP) Development:** Syra Health's experience in developing strategic frameworks and conducting program evaluations aligns with the

requirement to assist in IPP development. Their capability to analyze complex health data and provide recommendations will be crucial in formulating effective IPPs.

5. **Collaborative Work with Governmental Entities:** Syra Health's previous collaboration with state-level entities for health initiatives, like Indiana's Tobacco Prevention and Cessation initiative, demonstrates their ability to work effectively with government agencies, which is essential for conducting JRA, HVA, and other assessments required by the RFP.
6. **Risk Identification and Prioritization:** Syra Health's experience in identifying and prioritizing health risks, as evident in their various health equity and epidemiological studies, will aid in identifying potential hazards and vulnerabilities for the JRA and HVA.
7. **Stakeholder Engagement and Feedback Incorporation:** Syra Health's strong record in stakeholder engagement is vital for the RFP requirement of involving various partners in the assessment process and incorporating their feedback.
8. **Data Management and Security:** Syra Health's established protocols for data collection, standardization, validation, and secure storage will ensure the integrity and confidentiality of sensitive health data, aligning with the RFP's focus on data-driven assessments.

3.3 - Experience with Stakeholders

We are adept at connecting with partners and grantees both in person and remotely, ensuring consistent and productive interactions across Indiana. Syra Health utilizes a blend of on-site visits and robust virtual communication tools to maintain effective engagement with partners, ensuring accessibility and responsiveness regardless of geographical constraints.

Our collaboration with the INDIANA DEPARTMENT OF ADMINISTRATION is central to our mission. We recognize the need to develop an evaluation plan that aligns with the CDC's and INDIANA DEPARTMENT OF ADMINISTRATION health preparedness requirements and frameworks, recognizing the significance of continuous improvement in achieving our objectives.

Our team employs systematic data collection, rigorous analysis, and thoughtful interpretation methods to gain valuable insights into Indiana resident's health trends and needs. The Syra Health Teams ensures that our goals align with those of the INDIANA DEPARTMENT OF ADMINISTRATION, and other state and local Indiana stakeholders, ensuring that our initiatives are tailored to the community's specific requirements. Through this data-driven approach, we are confident in our ability to implement effective strategies and evaluations that will positively impact the health and well-being of Indiana residents. Moreover, our approach will enable us to consistently assess our performance, understand the impact of our initiatives, and make informed decisions and recommendations that can be used to aid in any implementation process

The Syra Health team will regularly reviews and provides consultation on reports to ensure we meet the expectations and requirements of the project to promote transparency and facilitate continuous learning and improvement

Our dedication to conducting an effective program evaluation is based on data-driven research to:

- Foster the development of recommendations and action plans to support health equity.
- Foster a safe space for feedback and provide clarity about shared decision-making.
- Build relationships and share ownership and decision-making among a diverse set of community partners.

- Establish expectations for sharing information
- Set initial goals and priorities for community engagement.

The Syra team also recognizes and takes steps to address social determinants of health and tailor solutions to INDIANA DEPARTMENT OF ADMINISTRATION unique health equity needs; we strive to create a positive impact and health profile that can help drive and offer every individual the opportunity to live a healthy life.

Syra Health has extensive experience conducting program evaluations and working with State and Local departments such as the Indiana Division of Mental Health and Addiction (DHMA), D.C. Behavioral Health Department, and more. We have successfully completed evaluation projects for similar public health initiatives and have a proven track record in developing evaluation plans, implementing them, and providing valuable insights to improve program outcomes. Syra Health has developed comprehensive data collection protocols for numerous evaluation projects. Our team has designed surveys, interview guides, and other data collection tools tailored to the specific needs of various health programs, ensuring reliable and valid data collection. We utilize a combination of qualitative and quantitative data collection methods to capture relevant information. In past evaluations, Syra Health has worked closely with program stakeholders to identify key performance measures and indicators that align with the goals of the community health assessment. They have experience defining short-term, intermediate, and long-term outcomes and aligning them with CDC requirements. We have ensured open communication and provide regular consultation to support the effective implementation of evaluation activities. Syra Health collaborates and has advised several organizations and stakeholders in previous projects. We have a history of engaging relevant partners, community organizations, and experts to ensure a comprehensive evaluation approach that captures diverse perspectives.

Health Equity Training for Maricopa County, Arizona

The Syra Health team has a proven track record in delivering specialized health equity training for organizations. Dr. Emily D'Agostino led a presentation for the Maricopa County Health Department, offering specialized modules that delve into specific social determinants of health and equity issues. Our comprehensive training modules go beyond general topics to explore specific disease patterns, with a particular focus on adult obesity as a case study. Recognizing that obesity rates are not uniformly distributed among populations, our training takes a nuanced approach. We incorporate a granular breakdown of data across various racial and ethnic demographics, relying on authoritative sources like the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). Moreover, we enhance our training sessions by integrating data from the Child Opportunity Index (COI), a resource that provides a geographical focus on health equity within communities. The COI evaluates neighborhood opportunities based on 29 distinct indicators, one of which pertains to the availability of healthy food outlets. Using these data points, among sources and measures ranging from public health metrics to socio-economic factors, we offer a multi-dimensional perspective on health equity. This enriches our training program and equips participants with the tools to address complex healthcare disparities in their communities, ultimately contributing to more equitable health outcomes.

Health Equity Training for Maricopa County Department of Public Health (MCDPH)

What Health Equity Means for MCDPH?

We believe that every person should have the opportunity to be as healthy as possible. MCDPH will strive for health equity by addressing systemic barriers, reducing health disparities through public health services, and collaborating with the community as trusted partners.



**Developed and Facilitated by
Emily M. D'Agostino,**
D.P.H., M.S., M.Ed., M.A.
Health Equity Expert

Overview of Training

- Introduction to Health Equity
- Defining Health, Social Determinants of Health, and Key Concepts
- Patterns of Health Inequities
- Break
- Health Priorities and Health Inequities in Maricopa County
- Structural Inequities, Systemic Racism and Historical Trauma
- How to Promote Health Equity and Effect Change
- Case Studies Discussion
- Q&A & Small Group Consultations

Guidance on Cultural and Linguistically Appropriate Services

Syra Health is currently immersed in an active collaboration with a Federally Qualified Health Center, funded by a dedicated grant from the Minnesota Department of Health to enhance Culturally and Linguistically Appropriate Services (CLAS) with a specific focus on the Hispanic and Latino communities. As part of this dynamic partnership, our interdisciplinary team of academicians, health equity experts, and data analysts is executing a comprehensive community needs assessment. This includes adapting services for cultural sensitivity, striving for more representative staff demographics, and fine-tuning policies and quality measures. We are also undertaking targeted cultural training to bolster staff's understanding of Latino and Hispanic cultural nuances. In the community understanding phase, we dissect prevalent misconceptions and stereotypes, scrutinize health impactors, gauge educational attainment, and assess health literacy through focus groups. Concurrently, we are probing barriers to healthcare access, factoring in cultural, linguistic, and socio-economic elements. Our communication strategy is undergoing a meticulous evaluation to enhance Spanish-language resources, including an audit of dialect-specific resource gaps and an appraisal of Spanish interpreter availability. These comprehensive assessments will guide the project's implementation stage, resulting in tailored training programs, guidance on adhering to key CLAS Standards, and a strong engagement with Latino and Hispanic community leaders. We are instituting robust feedback mechanisms to ensure continuous improvement, capturing patient satisfaction and staff experiences.

Our Community of Focus

Syra Health is dedicated to meeting the unique needs of the Hispanic community through CLAS, promoting better health outcomes in Hennepin County, Minnesota.



Mission Statement

"We strive to improve patient health outcomes by harnessing data, community needs assessments, and advanced analytics. Our goal is to provide providers with culturally and linguistically tailored training and recommendations that ensure care is receptive, responsive, and respectful to every individual's health needs and preferences."

CLAS Standards – Focused by Syra Health

Syra Health pinpointed four critical focus areas based on CLAS standards to successfully implement this project, which will steer our approach toward enhancing patient care. These core areas encompass Multicultural Immersion through partnerships, Language Proficiency, and Health Literacy enhancement, which will collectively drive improvements in patient access and quality of care.

Areas of Focus

Principle Standard	1
Reflect and Respect Diversity: Ensure language access	3
Collect Diversity Data	10
Build Community Partnerships, Benchmark, Plan and Evaluate	13



3.4 – Experience and Knowledge

CDC's Public Health Emergency Preparedness Program (PHEP)

- **Overview:** The PHEP cooperative agreement is a critical funding source for state, local, and territorial public health departments. Since 2002, it has helped these departments

build and strengthen their abilities to respond to various public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. (<https://www.cdc.gov/orr/readiness/phep/index.htm>).

- Support and Resources: The CDC offers annual guidance, technical assistance, and a range of resources to help health departments with strategic planning and to strengthen their public health preparedness capabilities. This includes evidence-based guidance, operational expertise, staffing support, tools, information resources, and the PHEP Connects webinar series.
- Guidance Documents: For 2023, specific guidance and budget period information can be found in documents like the "PHEP BP5 (FY2023) Funding Table" and "PHEP BP5 Continuation Guidance". For 2022, additional guidance includes documents like "Adding, Editing, and Submitting Descriptive, Operational, and Planning Forms to Meet Budget Period 4 Requirements" and "PHEP BP4 Continuation Guidance".

ASPR's Hospital Preparedness Program (HPP)

- Objective and Scope: The HPP provides leadership and funding through cooperative agreements to increase the ability of funded entities to plan for and respond to large-scale emergencies and disasters. It is the primary federal funding source for health care system preparedness and response and involves the development of health care coalitions (HCCs) to prepare health care delivery systems for emergencies.
- Requirements Compliance: HPP Cooperative Agreement recipients must comply with the strategies and activities listed in the Fiscal Year (FY) 2019-2023 HPP CoAg Funding Opportunity Announcement (FOA), FY 2020 Continuation Guidance, and other related requirements.
- Reporting Requirements: Documents like "HPP CoAg Budget Period 2 Recipient Reporting Requirements" and "HPP CoAg FY 2020/BP 2 Requirement Updates" provide detailed summaries of recipient reporting requirements and requirement changes.
- For a comprehensive understanding and reference to these programs, you can explore the following links:
- CDC's PHEP Cooperative Agreement page for detailed information about PHEP.
- ASPR's HPP Cooperative Agreement Requirements page for detailed information about HPP requirements and reporting.

References

- [CDC's PHEP Cooperative Agreement page](#)
- [ASPR's HPP Cooperative Agreement Requirements page](#)

3.5 - Experience evaluating entities against PHEP and HPP capabilities

While Syra Health's team has not directly evaluated entities against PHEP and HPP standards, their extensive experience in public health research, stakeholder engagement, and data analysis equips them with the necessary skills to undertake such evaluations effectively. Our diverse background and adaptability ensure we can meet the specific requirements of the RFP and provide valuable insights into entities' preparedness and response capabilities.

1. **Comprehensive Evaluation Experience:** Our team's involvement in projects like the State Epidemiological Outcomes Workgroup (SEOW) and Regional Prevention System showcases their ability to conduct in-depth evaluations. This experience is transferable to evaluating entities against PHEP and HPP standards, as it involves similar methodologies in data collection, analysis, and stakeholder communication.
2. **Stakeholder Engagement and Networking:** Our project team's proven track record of effectively networking and communicating with key stakeholders is crucial for PHEP and HPP evaluations. This involves understanding different entities' preparedness measures, response capabilities, and compliance with standards through active dialogue and collaboration.
3. **Survey and Data Analysis Expertise:** Skills in surveying, interviewing, and analyzing data, demonstrated in the Indiana Evidence-Based Regional School Services Program, are directly applicable to PHEP and HPP evaluations. Accurate data collection and analysis are key to assessing an entity's alignment with preparedness and response standards.
4. **Qualitative Insight through Focus Groups and Interviews:** Our team has experience in conducting focus groups and in-depth interviews, as evidenced in projects like the Marion County Public Health Department's Anti-stigma Campaign Evaluation, which provides a foundation for gathering qualitative insights into how entities meet or fall short of PHEP and HPP standards.
5. **Collaborative Assessments in Healthcare Contexts:** The Syra team's experience in collaborating with healthcare providers and community stakeholders in various health projects implies an ability to evaluate the integration of healthcare entities within broader public health preparedness frameworks, aligning with the PHEP and HPP evaluation process.
6. **Adaptability in Diverse Health Settings:** Our team's involvement in diverse health projects, such as the behavioral health gap analysis and addiction services studies, demonstrates their adaptability. This skill is essential for understanding and applying PHEP and HPP standards across different healthcare settings and contexts.
7. **Deep Understanding of Public Health Needs:** Team Syra's experience in behavioral health and public health needs, gained from projects like the Indiana Statewide Behavioral Health Gap Analysis, is valuable for evaluating entities against PHEP and HPP standards. This experience provides a nuanced understanding of the public health landscape, which is crucial for effective preparedness and response evaluations.

3.6 - Experience producing and/or analyzing Threats and Hazard Identification Risk Assessment (THIRA) and Stakeholder Preparedness Review (SPR)

While we do not have direct experience in producing and analyzing Threats and Hazard Identification Risk Assessment (THIRA) and Stakeholder Preparedness Review (SPR), our

strong foundation in related areas is highly applicable to similar risk assessments. Our expertise in epidemiology and public health surveillance, demonstrated in our past projects, closely aligns with the methodologies used in THIRA and SPR. We are proficient in stakeholder engagement, as evidenced by our collaborations with healthcare providers and community partners, which is essential for conducting thorough risk assessments and preparedness reviews. Our ability to conduct comprehensive data analysis, including surveying, interviewing, and both qualitative and quantitative analysis, directly applies to THIRA and SPR processes. Our experience in adapting to diverse health settings and our deep understanding of public health needs provide a strong basis for assessing threats and hazards in healthcare environments. This background ensures that we are well-equipped to analyze and produce robust risk assessments similar to THIRA and SPR.

Another key aspect that strengthens our position is our team's exceptional adaptability and commitment to continuous learning. We have a proven track record of quickly mastering new domains and methodologies, which is vital for effectively conducting THIRA and SPR assessments. Our team is dedicated to ongoing professional development, ensuring that we stay abreast of the latest trends and best practices in risk assessment and public health preparedness.

Moreover, our experience in managing complex health projects highlights our strong analytical skills and problem-solving abilities. These skills are crucial in identifying, analyzing, and mitigating risks in healthcare environments. We have consistently demonstrated our ability to handle multifaceted projects, a skill that directly translates to the intricacies involved in THIRA and SPR.

Our team's adaptability, commitment to learning, proven project management capabilities, and analytical acumen collectively fortify our ability to undertake and excel in producing and analyzing THIRA and SPR assessments, despite not having direct experience in these specific areas. Our team's background and skills equip us to deliver high-quality, comprehensive risk assessments that align with the evolving needs of the healthcare sector.

3.7 - Experience creating training resources and guides for risk assessments or similar tools.

The Syra Health Team possesses extensive expertise in developing training resources. We have designed a comprehensive School-based Mental Health Provider (SMHP) framework, featuring a series of specialized modules and instructional courses tailored for providers focused on treating children. This framework ensures that upon completion of all designated modules, participants receive a recognized certification, qualifying them to work effectively in specific environments and deliver services to children and adolescents. Below is a condensed overview of the training modules and our Learning Management System.

Course – Details

The screenshot shows the 'School-based Mental Health Provider (SMHP) framework' course details page. The page has a sidebar with a menu icon and a main content area. The main content area has tabs for 'Course', 'Participants', 'Grades', 'Badges', and 'Competencies'. The 'Course' tab is selected. Below the tabs, there are several sections, each with a dropdown arrow and a title. Each section contains a list of activities or resources, each with a document icon, a title, and a 'Mark as done' button. The sections are: 'General', 'Pillars of SMHP workforce development', 'Dimensions of SMHP and variability in services', 'Professional collaboration', 'Practitioner-client relationship', 'Evidence-based practices (EBPs) that are appropriate to adopt and implement', 'Mechanisms of change targeted by EBPs that are appropriate for adoption and implementation', 'Delivery of EBPs within the context of multi-tiered systems of support', and 'Educational equity'.

School-based Mental Health Provider (SMHP) framework

Course Participants Grades Badges Competencies

General

Pillars of SMHP workforce development

Dimensions of SMHP and variability in services

Professional collaboration

Practitioner-client relationship

Evidence-based practices (EBPs) that are appropriate to adopt and implement

Mechanisms of change targeted by EBPs that are appropriate for adoption and implementation

Delivery of EBPs within the context of multi-tiered systems of support

Educational equity

Course – Add activity/course type

The screenshot shows the 'Add an activity or resource' dialog box. The dialog box has a search bar at the top. Below the search bar, there are tabs for 'All', 'Activities', and 'Resources'. The 'Activities' tab is selected. Below the tabs, there is a grid of activity icons. Each icon has a title, a star icon, and a question mark icon. The activities are: Assignment, Book, Chat, Choice, Database, External tool, Feedback, File, Folder, Forum, Glossary, H5P, IMS content package, Lesson, Page, Quiz, SCORM package, and Survey.

Add an activity or resource

Search

All Activities Resources

Assignment Book Chat Choice Database External tool

Feedback File Folder Forum Glossary H5P

IMS content package Lesson Page Quiz SCORM package Survey

Course - Participant List



Home Dashboard My courses Site administration

AS

Edit mode

School-based Mental Health Provider (SMHP) framework

Course Settings Participants Grades Reports More

Enrolled users

Enrol users

Enrolled users

Match Any Select

+ Add condition

Clear filters

Apply filters

15 participants found

First name AD A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Last name AD A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

	First name / Last name	Email address	Roles	Groups	Last access to course	Status
<input type="checkbox"/>						
<input type="checkbox"/>	BK Brad K	brad@gmail.com	Student	No groups	23 hours 34 mins	Active
<input type="checkbox"/>	VK Vincent K	vincentk@syrhealth.com	Student	No groups	7 hours 18 mins	Active
<input type="checkbox"/>	MK Matt Kramer	matt@gmail.com	Student	No groups	7 hours 7 mins	Active
<input type="checkbox"/>	IP Ivanna P	ivana@gmail.com	Student	No groups	Never	Active
<input type="checkbox"/>	SP Simon Peter	simon@gmail.com	Student	No groups	Never	Active
<input type="checkbox"/>	SR Saye R	sayer@syrhealth.com	Student	No groups	Never	Active
<input type="checkbox"/>	BS Bennet S	bennets@syrhealth.com	Student	No groups	23 hours 42 mins	Active
<input type="checkbox"/>	JS Jason S	jason@syrhealth.com	Student	No groups	7 hours 6 mins	Active
<input type="checkbox"/>	BS Brandon S	brandons@syrhealth.com	Student	No groups	7 hours 8 mins	Active
<input type="checkbox"/>	SS Samuel S	samuel@syrhealth.com	Student	No groups	Never	Active
<input type="checkbox"/>	SS Stanley S	stanley@syrhealth.com	Student	No groups	Never	Active
<input type="checkbox"/>	MS Martin S	martink@syrhealth.com	Student	No groups	7 hours 9 mins	Active
<input type="checkbox"/>	SS Syra Student	nageshc@syrhealth.com	Student	No groups	7 hours 36 mins	Not current
<input type="checkbox"/>	AS Admin Syra	sriram@syrhealth.com	Teacher, Course creator	No groups	15 secs	Active
<input type="checkbox"/>	ST Sean Test	seant@syrhealth.com	Student	No groups	5 mins 48 secs	Active

With selected users... Choose...

Enrol users

Course – View Certification

Division of Mental Health and Addiction

Home Dashboard My courses

Preferences / Manage badges / Completion of SMHP

Completion of SMHP

Completion of SMHP

Awarded to Sean Test

Issued 2 October 2023, 1:24 PM

Issued by SyraHealth

Course: School-based Mental Health Provider (SMHP) framework

This badge is issued on the course completion of School-based Mental Health Provider (SMHP) framework

Criteria

- Users must complete the course "School-based Mental Health Provider (SMHP) framework" with minimum grade of 70

[More details](#)

Download

3.8 – Aggregating Data into Statewide Report

Indiana State Epidemiological Outcomes Workgroup SEOW

Since 2021, Syra Health has been managing the ongoing efforts of the SEOW by monitoring substance use and mental health and chairing the workgroup. The Indiana State Epidemiological Outcomes Workgroup (SEOW) was established by the Indiana Family and Social Services Administration, Division of Mental Health and Addiction (FSSA/DMHA) to collect, analyze, and report on the epidemiological data regarding substance use and abuse in Indiana. The SEOW is comprised of committee members from over 16 state agencies/divisions across the state of Indiana who are knowledgeable about mental, emotional, and behavioral health disorders, as well as prevention, intervention, and treatment issues. The SEOW committee aims to monitor the prevalence of substance misuse and mental illness in Indiana, implement state-based interventions, and reduce the occurrence of related behavioral health issues. The workgroup used epidemiological data and evidence-based practices to assess the needs of all Indiana residents and youth and to promote physical and mental wellness to combat drug addiction, mental health disorders, and suicide. SEOW 2022 Annual Report - Throughout the fiscal year, Syra Health worked with each of the agencies on the SEOW committee to gather data to include in the SEOW Annual Report. The SEOW Annual Report developed by Syra Health described the prevalence, consequences, and other behavioral health indicators of alcohol, tobacco, marijuana, opioid, and stimulant use and the occurrence of mental illness and suicide. Syra Health and the SEOW workgroup identified several indicators from various national and state data sources relevant to monitoring substance use and mental health. These indicators are based on relevance, timeliness, validity, and representation. This annual report was released in 2022.

- SEOW workgroup meetings** – Syra Health hosted five meetings this past fiscal year and one upcoming meeting in the state fiscal year 2023. The meeting attendees included behavioral and epidemiological experts from various state agencies and divisions. Syra Health chairs these meetings and facilitates discussions on emerging trends, frameworks, data, policies, and agency programs on substance use prevention and treatment. Four subject matter experts from local Universities and State agencies were present at last year's meeting.

After each meeting, Syra Health provided a summary regarding decisions and recommendations made to the Division of Mental Health and Addiction (DMHA).

- Regional Evaluation Prevention Plan – Syra Health is evaluating the Division of Mental Health and Addiction's Regional System's current prevention measures for substance misuse. This Regional Prevention System is a regional network of ten coordinators set up to work with stakeholders in their designated communities across Indiana to build bridges and address barriers in the interest of helping prevent substance use/misuse, promote mental health, and reduce the marginalization of various populations around the state. The information obtained from the regions will then be utilized by DMHA to work with national, state, and local partners to strategize ways to address identified gaps. The mission of the Regional Evaluation Prevention Plan is to reduce substance misuse and promote behavioral health across the lifespan of Indiana Citizens by maintaining a coordinated, effective, and accountable system of prevention and behavioral health promotion services.

- Drug Fact Sheet - Syra Health summarized the annual epidemiological profile report in 2022. The Drug Fact Sheet is an executive summary of the prevalence, consequence, and other behavioral health indicators of alcohol, tobacco, marijuana, opioid, and stimulant use. The fact sheet also included the prevalence and consequences of mental illness and suicide.

- Annual Symposium – Syra Health hosted the 2022 Annual SEOW Symposium. Over a dozen speakers presented on substance use and Mental/Behavioral Health from different state/federal agencies and organizations across Indiana. The symposium shared data, discussed its applications, and highlighted the work of the SEOW.

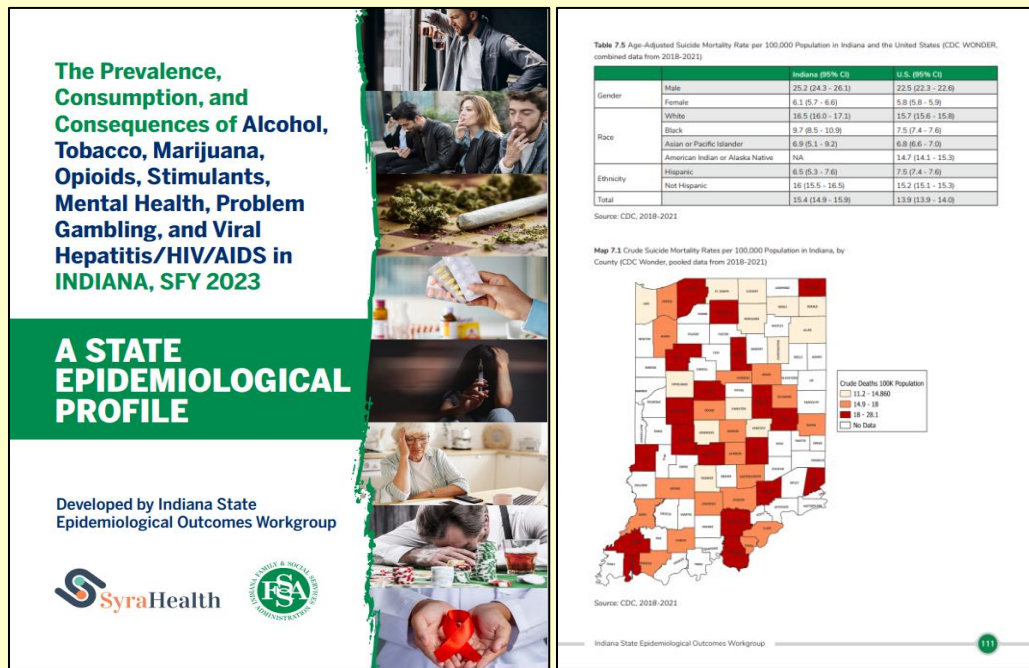
- State/Local consultations – Syra Health provided consultation, planning, technical assistance, and/or presentation to Local Epidemiological Outcomes Workgroups (LEOWs), members of the Division of Mental Health and Addiction, Regional System for the Prevention of Substance Misuse, and other prevention providers at the county or regional level. We also conducted several consultations with the following state and local agencies to develop the framework and various research collaborations: the Division of Mental Health and Addiction, Department of Child Services, Indiana Department of Health, Tobacco Prevention and Cessation, Indiana State Police, and High-Intensity Drug Trafficking Area (HIDTA), and local universities.

- Behavioral Health Prevention Priorities – Syra Health guided identifying behavioral health priority areas. We prepared a report on the consequences and impact of these priorities and the committee's recommended goals for prevention over the next five years. Due to the emerging trends, Syra Health facilitated discussions. It developed consensus within the committee to include problem gambling and viral hepatitis/AIDS under the purview of the workgroup for epidemiological profile monitoring.

- Special Topics Reports - Syra Health produced four special topics reports in the previous fiscal year (topics for the last fiscal year were regional alcohol use, regional mental health trends, COVID-19 impact on behavioral health for the overall population and youth residents). The committee chose the research topics based on discussions during the workgroup meetings and individual agency consultations.

- Data Dashboard - Syra Health developed a data dashboard with the latest available data compiled from various sources on behavioral and mental health in Indiana. Additionally, the

prevalence and consequences of substance use were tracked in the dashboard; substances monitored include tobacco, marijuana, opioids, and stimulants. The data portal will be updated and improved continually with new data as received throughout the rest of the year.



Source: <https://www.in.gov/fssa/dmha/substance-misuse-prevention-and-mental-health-promotion/prevention-partners/state-epidemiological-outcomes-workgroup/dashboard>

3.9 – Formal Corrective Actions

Syra Health Corp. has maintained a clean record regarding formal corrective actions.

4. Proposed Methodology for Phase 1 Activities and Deliverables

4.1 - Proposed Survey Platform

Syra Health can utilize SurveyMonkey or similar survey platforms such as RedCap for data collection. We will choose the survey platform that is most aligned with the interests and requirements of the Indiana Department of Administration (IDOA).

Feature	Survey Platform Features
Customizable Surveys	Flexibility in survey design is crucial for tailoring questions to specific needs of JRA, HVA, and PHHRA. The platform accommodates diverse data inputs like text, numerical, and multiple-choice options, allowing for a comprehensive capture of data. This customization extends to the layout, ensuring user-friendly interfaces for respondents, which is essential for high response rates and accurate data collection.
Data Analysis Tools	The platform's advanced data analysis capabilities, including statistical tools and customizable data export options, enable detailed examination of survey responses. This is vital for uncovering nuanced insights within public health data, which can inform strategic decisions and policy-making.
Secure Data Sharing and Regulatory Compliance	Maintaining data security and adheres to critical compliance standards, including 21 CFR Part 11, FISMA, HIPAA, and GDPR. This compliance is essential when handling sensitive health information in public health assessments. The platform ensures that data sharing, both internally and with external stakeholders like the State of Indiana, is secure and meets the stringent requirements of these regulations. Controlled access features allow for the selective sharing of datasets, safeguarding the confidentiality and integrity of respondents' information. This secure, compliant environment not only protects data but also fosters trust among participants and stakeholders, crucial for the integrity and legality of public health research.
Collaborative Access	The platform's multi-user environment supports collaboration among various stakeholders, including state agencies, healthcare providers, and community organizations. Real-time data sharing and analysis capabilities facilitate joint decision-making and assessment, enhancing the efficiency and effectiveness of the public health response. This feature is particularly beneficial for projects requiring close coordination with state health departments, allowing for streamlined communication and data exchange.
Reporting and Visualization	Robust reporting tools and data visualization options, enabling the creation of clear, concise, and engaging reports and infographics. These features aid in translating complex data sets into understandable formats, making it easier to communicate findings and insights to diverse stakeholders, including non-technical audiences. Custom report generation ensures that data can be presented in a way that aligns with the specific requirements and preferences of the State of Indiana and other involved parties.

4.2 - Research, Benchmarking, and Development of Proposed Tools

To develop approaches for the Jurisdictional Risk Assessment (JRA), Hazard Vulnerability Assessment (HVA), Public Health and Healthcare Readiness Assessment (PHHRA), and Preparedness and Capabilities Assessment (PCA), we will integrate foundational guidance from established risk management and preparedness resources while introducing solutions tailored to the needs of the Indiana Department of Administration.

Jurisdictional Risk Assessment (JRA)

Approach:

- Research: Utilize resources like the CDC's Public Health Preparedness Capabilities, focusing on community preparedness and emergency operations coordination to inform the JRA.
- Benchmarking: Compare against best practices and case studies from previous jurisdictional assessments, possibly integrating insights from the CDC's Field Guide for readiness assessments.
- Development: Structure the JRA tool around key risk factors identified, ensuring alignment with the CDC's standards and guidelines.

Hazard Vulnerability Assessment (HVA)

Approach:

- Research: Refer to the CDC's guidelines on emergency public information and warning, as well as fatality management, which are critical components of HVA.
- Benchmarking: Analyze existing HVAs conducted by other jurisdictions, particularly those with similar demographics and risk profiles.
- Development: Develop the HVA tool incorporating critical vulnerabilities and potential hazards, guided by the CDC's methodologies.

Public Health and Healthcare Readiness Assessment (PHHRA)

Approach:

- Research: Use the CDC's Field Guide for readiness assessment as a foundational resource, particularly for evaluating public health system capacity.
- Benchmarking: Assess previous PHHRA tools and results from various jurisdictions, focusing on their effectiveness in improving public health preparedness.
- Development: Craft the PHHRA tool to assess readiness in key areas like performance and quality improvement, workforce, and equity, as mentioned in the PHAB's Readiness Assessment guidelines.

Preparedness and Capabilities Assessment (PCA)

Approach:

- Research: Investigate the full spectrum of the CDC's Public Health Preparedness Capabilities, especially the capabilities related to mass care, medical countermeasure dispensing, and information sharing.
- Benchmarking: Examine existing PCA implementations in other states or regions, focusing on their approach to measuring preparedness and response capabilities.
- Development: Design the PCA tool to evaluate the jurisdiction's overall preparedness level, integrating elements from CDC's comprehensive capabilities.

Our project team proposes incorporating publicly available data sources into the development of the Jurisdictional Risk Assessment (JRA), Hazard Vulnerability Assessment (HVA), Public Health and Healthcare Readiness Assessment (PHHRA), and Preparedness and Capabilities Assessment (PCA). We have identified sources that can be leveraged for specific tasks and topics of this project.

1. FEMA's National Risk Index (NRI):
 - [FEMA's Interactive Risk Assessment Map](#): This tool provides a comprehensive overview of various natural hazard risks, which can be invaluable for the HVA component. It offers insights into regional risk levels for different natural disasters, aiding in pinpointing areas of high vulnerability.
2. CDC's Public Health Data and Statistics:
 - [CDC's Data and Statistics](#): The CDC offers a wealth of health-related data that can be instrumental in the PHHRA. This includes statistics on disease prevalence, vaccination rates, and other health indicators, crucial for assessing public health readiness.
3. U.S. Census Bureau Data:
 - [U.S. Census Bureau](#): Demographic data from the U.S. Census Bureau can provide essential insights for all assessments, particularly JRA and PHHRA. Information on population density, age distribution, and socioeconomic factors are key to understanding community risks and vulnerabilities.
4. National Weather Service (NWS) Data:
 - [National Weather Service](#): For the HVA, data from the NWS on historical weather patterns, climate change projections, and severe weather alerts can be critical in assessing environmental and weather-related hazards.
5. U.S. Geological Survey (USGS) Data:
 - [U.S. Geological Survey](#): USGS provides data on geological hazards, which can be crucial for the HVA in areas prone to earthquakes, landslides, and other geological events.
6. Environmental Protection Agency (EPA) Data:
 - [Environmental Protection Agency](#): EPA's environmental data, including information on pollution levels and hazardous waste sites, is valuable for both the HVA and PHHRA, especially in assessing environmental health risks.
7. Health Resources and Services Administration (HRSA) Data:
 - [HRSA Data Warehouse](#): HRSA's data on healthcare facilities, medically underserved areas, and healthcare workforce statistics can inform the PHHRA by highlighting areas with potential healthcare service gaps.

4.3 - Approach to ensuring Syra Health Corp. operates under guidance from the latest PHEP and HPP capabilities and frameworks.

To ensure our approach aligns with the Public Health Emergency Preparedness (PHEP) and Healthcare Preparedness Program (HPP) capabilities and frameworks, and meets the standards and measures for measure 2.2.1A of the Public Health Accreditation Board (PHAB) Standards and Measures for Reaccreditation (Version 2022), we propose the following strategy:

Alignment with PHEP and HPP Capabilities and Frameworks

1. [Continuous Monitoring and Updating](#): Regularly monitor updates to PHEP and HPP guidelines, ensuring that our methodologies and tools remain current with the latest best

- practices and regulatory changes.
2. Expert Consultation: Engage with experts in public health preparedness to ensure our approach reflects the current landscape of PHEP and HPP requirements.
 3. Training and Development: Implement ongoing training programs for our team to stay informed about the latest developments in PHEP and HPP capabilities and frameworks.

Adherence to PHAB Standards and Measures (Measure 2.2.1A)

1. Public Health Emergency Operations Plan (EOP) Development:
 - Purpose and Structure: Develop a comprehensive EOP, clearly outlining the roles and responsibilities of the health department, as well as its alignment with broader community plans. The plan will define procedures for preparing, responding, and recovering from emergencies.
 - Incident Command System: Include a detailed description of the incident command system within the EOP, specifying staff responsibilities for each command position.
 - High-Risk Individual Identification: Identify individuals at higher risk, including those with access and functional needs, using innovative methods like geospatial analysis and collaboration with other agencies.
2. Processes for High-Risk Individuals:
 - Develop processes, such as CMIST or AFN plans, to address the needs of high-risk individuals, including transportation, translation services, and special outreach programs.
3. Role Clarification in Key Areas:
 - Clearly define the lead role agencies and the health department's responsibilities in areas such as medical countermeasures, mass care, mass fatality management, mental/behavioral health, non-pharmaceutical interventions, responder safety and health, and volunteer management.
4. Public Health Emergency Declaration Process:
 - Outline the process for declaring a public health emergency, detailing the necessary authorities and steps, both formal and informal.
5. Activation of Emergency Operations:
 - Establish clear criteria for levels of activation based on triggers or circumstances, facilitating prompt and appropriate responses to public health emergencies.
6. Collaborative Review and Revision of the Plan:
 - Implement a process for periodic review and revision of the EOP, incorporating learnings from drills, exercises, and actual events, as well as updates to CDC guidance, risk assessments, and demographic changes.

Through this comprehensive approach, we aim to ensure that our public health readiness assessments and emergency operations plans are not only aligned with the latest PHEP and HPP capabilities but also meet the rigorous standards set forth by PHAB for reaccreditation, thereby contributing to effective and efficient public health emergency preparedness and response.

4.4 - Approach to Incorporating State THIRA, HIRA, and SPR Data

To effectively incorporate State-provided Threat and Hazard Identification and Risk Assessment (THIRA), Hazard Identification and Risk Assessment (HIRA), and Stakeholder Preparedness Review (SPR) data in the development of assessments, we propose:

1. Integration of THIRA and HIRA Data:

- Comprehensive Analysis: Leverage the THIRA and HIRA data to identify and analyze community-specific threats and hazards. This will involve a deep dive into the types of threats and hazards that can affect the community and the impacts they could have.
- Capability Assessment: Use the output from the THIRA and HIRA to establish the necessary capabilities required to manage these threats and hazards effectively. This step aligns with FEMA's approach to building a culture of preparedness by understanding risks and preparing for them.
- Community-Specific Focus: Ensure that the assessments reflect the unique characteristics of the community, as THIRA is designed to do. This involves tailoring the assessments to local demographics, geography, and specific risk factors.

2. Leveraging SPR Data:

- Capability Gap Analysis: Utilize SPR data to perform a self-assessment of current capabilities against the targets identified in the THIRA. This will help in identifying capability gaps in planning, organization, equipment, training, and exercises.
- Resource Allocation: Inform decisions on addressing these gaps while maintaining current capabilities, using insights from the SPR. This includes identifying how preparedness grants and other resources can be best utilized to build or sustain capabilities.

3. Collaboration and Feedback:

- Stakeholder Engagement: Collaborate with local stakeholders to validate and enrich the data derived from the THIRA, HIRA, and SPR. Engaging with local emergency management agencies, healthcare providers, and community organizations will provide a more comprehensive view.
- Continuous Improvement: Establish a process for ongoing review and adaptation of the assessments based on updated THIRA, HIRA, and SPR data, as well as changes in community needs and risk profiles.

4. Utilization of Proven Methods and Case Studies:

- Best Practices: Research and incorporate proven methods and successful case studies of THIRA and SPR implementation in public health assessments. This can involve looking at how other jurisdictions have successfully integrated these tools into their public health planning and response strategies.
- Learning from Others: Identify and apply lessons learned from other communities and jurisdictions to enhance the effectiveness of the assessments.

4.5 - Proposed Data Elements

To develop a comprehensive and effective Jurisdictional Risk Assessment (JRA) and Hazard Vulnerability Assessment (HVA) for Indiana, we propose utilizing a range of data elements that are both relevant to the state's unique characteristics and aligned with best practices in public health and emergency management. Here's an outline of the key data elements to consider:

For Jurisdictional Risk Assessment (JRA):

1. **Demographic Data:** Population density, age distribution, socioeconomic status, and other demographic factors from sources like the U.S. Census Bureau.
2. **Geographic and Environmental Data:** Information on Indiana's geography, including flood plains, seismic zones, and industrial areas, to assess environmental risks.
3. **Public Health Data:** Health statistics including disease prevalence, vaccination rates, and healthcare accessibility from sources like the CDC and Indiana State Department of Health.
4. **Infrastructure Data:** Details about critical infrastructure like hospitals, schools, transportation networks, and utility services, to assess vulnerabilities and capacities.
5. **Historical Emergency Data:** Past incidents and emergencies in Indiana, including natural disasters, pandemics, and other public health emergencies, to identify patterns and potential risks.
6. **Climate and Weather Data:** Information from the National Weather Service or other climate monitoring agencies to assess risks from weather-related hazards.
7. **Economic Data:** Economic indicators that impact public health and preparedness, including employment rates, industry presence, and economic vulnerabilities.

For Hazard Vulnerability Assessment (HVA):

1. **Natural Hazard Data:** Data on natural hazards specific to Indiana, such as tornadoes, floods, and earthquakes, including frequency, severity, and historical impacts.
2. **Man-Made Hazard Data:** Information on potential man-made risks, including industrial accidents, hazardous material incidents, and terrorism threats.
3. **Healthcare System Capacity:** Data on the capacity of healthcare systems in Indiana, including bed availability, staffing levels, and resource allocation.
4. **Emergency Response Capabilities:** Information on the state's emergency response capabilities, including response times, resource availability, and training levels of emergency personnel.
5. **Community Resilience Indicators:** Assessing community resilience factors such as social cohesion, community resources, and public awareness levels.
6. **Risk Communication Capabilities:** Evaluating the effectiveness of risk communication strategies and public information systems.
7. **Social Vulnerability Index:** Utilizing tools like the CDC's Social Vulnerability Index to identify communities that may be particularly vulnerable in a disaster.

Collaborative Finalization with IDOH:

- Post-contract award, these proposed data elements will be discussed and finalized in collaboration with the Indiana Department of Health (IDOH) to ensure they align with state-specific needs and priorities.

4.6 - Proposed Hazards to Examine to JRA and HVA.

In developing the Jurisdictional Risk Assessment (JRA) and Hazard Vulnerability Assessment (HVA) for Indiana, it's essential to consider various hazards that are prevalent or potentially impactful in the state. Based on available information and common hazards identified in Indiana, here are some key hazards to examine:

1. Flooding:

Indiana has a significant history of flooding. Notable events include:

- The Great Easter Flood of 1913, which left 7% of Indiana's population homeless and caused billions in damage in 2013 dollars.
- The Great Ohio River Flood of January 1937, the worst for communities along the Ohio River.
- The January 2005 Flood, marked by an epic snowstorm, a major ice storm, and a great flood.
- The June 2008 Flood, affecting over 25,000 people, claiming four lives, and causing over \$1 billion in damage.
- The Northern Indiana Floods of March 1982, with damage exceeding \$50 million in 1982 dollars (<https://www.weather.gov/safety/flood-states-in>)

In response to the severe flooding events in Indiana, often triggered by heavy rainfall and melting snow, FEMA's comprehensive recovery efforts have significantly aided affected communities across the state, as evidenced by the extensive support and financial assistance provided to households and businesses

- Affected Households: Over 1,900 Indiana households reached out to FEMA for assistance.
- Financial Aid Distributed: Hoosiers received over \$11.7 million in funding from FEMA, the U.S. Small Business Administration (SBA), and the National Flood Insurance Program (NFIP).
- Breakdown of Financial Aid:
 - FEMA individual assistance over \$2.3 million for homeowners and renters whose needs were not met by insurance or other forms of disaster assistance.
 - More than \$1.5 million in 46 low-interest disaster loans from the SBA to repair, rebuild, and replace damaged property.
 - NFIP policyholders received over \$7.9 million in more than 600 claims to repair and rebuild flood-damaged property.
- Disaster Recovery Centers (DRCs): More than 650 survivors visited DRCs, with the first centers opening just six days after the presidential disaster declaration.
- FEMA Housing Inspections: Approximately 1,500 housing inspections were completed.
- Community Outreach: FEMA disaster survivor assistance specialists visited over 3,500 homes to encourage registration for help and provide recovery information. (<https://www.fema.gov/press-release/20210318/numbers-indianas-flood-recovery>)

2. Earthquakes:

While not as frequent, earthquakes have occurred in Bloomington, Indiana, such as the magnitude 3.8 earthquake near the Indiana-Illinois border in 2021. Earthquakes, though moderate, can impact residents across several states and are important to consider in risk assessments (<https://igws.indiana.edu/outreach/recentearthquakes>).

3. Geohazards:

Sinkholes are a significant geohazard in Indiana, particularly due to the state's extensive

karst formations. Karst landscapes are characterized by features like sinkholes, caves, and springs, often forming in areas with carbonate bedrock such as limestones and dolostones. These geological formations are susceptible to erosion and dissolution by slightly acidic rainwater moving through fractures, leading to the development of sinkholes and other karst features (<https://iqws.indiana.edu/outreach/karst>).

- Sinkhole Count: A detailed study in a one-square-mile area revealed 1,022 sinkholes. Extrapolating this data suggests that the major karst areas of Indiana could contain approximately 300,000 sinkholes (<https://ikc.caves.org/sinkholes#:~:text=In%20this%20one%20square%20mile%2C,such%20as%20the%20Mitchell%20Plain>)
- Karst Sinkhole Inventory: The Indiana Geological Survey has conducted a statistical regression analysis to identify potential sinkhole development areas, particularly around the Hoosier National Forest. This analysis led to the creation of layers showing sinkhole density and a sinkhole-development risk layer. ([Karst Sinkhole Inventory \(indiana.edu\)](#)).
- Sinkhole Density Mapping: A specific data layer created by the Indiana Geological Survey in 2011 shows the density of sinkholes per square kilometer in southern Indiana and Kentucky. This layer is part of a suite that includes a sinkhole inventory point layer and a sinkhole-development risk layer. ([Karst Sinkhole Inventory \(indiana.edu\)](#)).
- Mapping Sinkhole Areas: A map from 1997 shows sinkhole areas and sinking-stream basins in southern Indiana, associated with rocks of Silurian, Devonian, and Mississippian age. This map reveals sinkhole areas larger than 80 acres, although it notes that some sinkholes may exist outside the delineated areas. ([Karst Sinkhole Areas \(indiana.edu\)](#)).

4. Tornadoes:

Indiana is susceptible to tornadoes, with significant impacts including:

- An average of 22 tornadoes per year.
- A record 72 tornadoes in a single year (2011).
- The longest tornado track of 112 miles in 2002, injuring 127 people.
- A total of 266 fatalities and 4,291 injuries since 1950 (<https://www.weather.gov/ind/tornadostats>)
- The Indiana Department of Homeland Security provides statistics on tornado occurrences, injuries, and fatalities. Over 1,400 tornadoes have been verified in Indiana since 1950, resulting in more than 5,000 injuries and 300 fatalities. In 2021, 20 tornadoes were recorded in the state. (<https://www.in.gov/dhs/get-prepared/nature-safety/tornadoes/>)

5. Industrial Hazards:

Focusing on industrial hazards in Indiana is crucial due to the state's significant industrial sector, which poses various risks including workplace injuries, hazardous material

incidents, and environmental pollution. Addressing these hazards is essential for ensuring the safety and health of workers, protecting the environment, and maintaining sustainable industrial practices.

6. Workplace Injuries and Illnesses:

7. In 2022, Indiana reported 2.9 injuries and illnesses per 100 full-time workers, marking the lowest Total Recordable Case Rate in the state's history. This was a 74.3% decrease from the high of 11.3 in 1994. The survey included nearly 5,800 employers, with 72,400 workers experiencing a nonfatal workplace injury or illness. Different sectors showed varying rates of recordable cases, with some industries like manufacturing and health care showing higher rates than the state average source.

8. General Statistics on Workplace Injuries and Illnesses:

In 2022, Indiana reported 2.9 injuries and illnesses per 100 full-time workers, marking the lowest Total Recordable Case Rate in the state's history. This was a significant decrease from the high of 11.3 in 1994.

Nearly 5,800 Indiana businesses participate annually in the Survey of Occupational Injuries and Illnesses.

In 2022, 72,400 workers in Indiana experienced a nonfatal workplace injury or illness, with over half of these incidents resulting in days away from work or job transfer/restriction.s

9. Public Health Emergencies: Pandemics and outbreaks of infectious diseases are also critical hazards to include, particularly in light of recent global health events.

Collaborative Finalization with IDOH:

Post-contract award, these proposed data elements will be discussed and finalized in collaboration with the Indiana Department of Health (IDOH) to ensure they align with state-specific needs and priorities.

4.7 - Proposed Indiana risk groups for JRA and HVA

The Syra Health Team recognizes the need to address existing disparities and identify specific groups within Indiana that face higher risk during public health emergencies

Based on the General Risk Groups provided in Attachment L – State of Work, our team propose the below sources to aid in the information gathering process.

Topic	Proposed Data Sources
Ambulatory disability	<ul style="list-style-type: none">• Disability & Health U.S. State Profile Data: Indiana CDC• 2023 State Report for County-Level Data: Prevalence Annual Disability Statistics Compendium (disabilitycompendium.org)• Percentage of People with an Ambulatory Disability in Indiana (centerondisability.org)
Children	<ul style="list-style-type: none">• Indiana State Department of Health - Data and Reports

	<ul style="list-style-type: none"> • Indiana Youth Institute - Kids Count Data • United Health Foundation - America's Health Rankings • Indiana KIDS COUNT® Data Book • The Annie E. Casey Foundation - KIDS COUNT Data Center
Chronic disease	<ul style="list-style-type: none"> • Health: CDPC: Home (in.gov) • Indiana (cdc.gov) • Health in Indiana: Statistics, rankings, and data trends on deaths, spending, life expectancy, and more USAFacts • http://www.stats.indiana.edu/topic/health.asp
Cognitive disability	<ul style="list-style-type: none"> • Percentage of People with a Cognitive Disability in Indiana (centerondisability.org) • 2023 State Report for County-Level Data: Prevalence Annual Disability Statistics Compendium (disabilitycompendium.org) • Disability & Health U.S. State Profile Data: Indiana CDC
Hearing impaired	<p>Scope and Objectives of the EHDI Program: The EHDI program in Indiana monitors universal newborn hearing screening procedures at birthing facilities, follows up on audiological testing, identifies hearing loss, and enrolls children for early intervention. The primary goal is to maximize outcomes for children identified as deaf or hard-of-hearing in the state. Importance of Early Detection: Hearing loss is one of the most common conditions present at birth and can significantly impact a child's ability to develop speech and language skills if left undetected. The introduction of universal newborn hearing screenings has significantly reduced the average age of identification of congenital hearing loss, from 30 months to less than 6 months. This early identification is vital for improving speech and language outcomes for these children.</p> <p>EHDI's 1-3-6 Screening Model: This model, mandated by state and federal law, ensures that all infants in Indiana receive a newborn hearing screening before one month of age. If a baby does not pass this screening, they</p>

	<p>should receive an audiological diagnostic assessment before three months of age. Any infant identified with permanent hearing loss should be enrolled in early intervention before six months of age. The program emphasizes the importance of having a medical home, which involves comprehensive primary care and partnerships between patients, physicians, and families.</p> <p>Post-Screening and Diagnosis Support: If a baby does not pass the newborn hearing screening, the EHDI program follows up with the family to ensure proper diagnosis and intervention. Parents receive phone calls and letters to remind them of the need for further audiological diagnostic testing. Post-diagnosis, families are supported through the First Steps early intervention program and the Guide by Your Side program, which provides parent-to-parent support and helps families navigate early intervention options</p> <p>Health: MCH: EHDI - Early Hearing Detection and Intervention</p>
Impoverished	<p>Poverty Among Various Demographics: Different groups within the state experience poverty at varying rates. For instance, 14.8% of children under 18 in related families live below the poverty line. The rates also differ among adults based on gender and race, with 13.4% of working-age women and 10.1% of working-age men living in poverty. Racial disparities are evident, with 24.0% of African Americans, 14.6% of Asian Americans, 15.8% of Latinos, 18.8% of Native Americans, and 9.8% of White individuals living below the poverty line Indiana Report - 2020 - Talk Poverty</p> <p>The Working Poor and Food Insecurity: In Indiana, 10% of Hoosiers are classified as working poor, with higher rates among people of color compared to white residents. Additionally, food insecurity affects 12.4% of Hoosiers, including 15.3% of children. About a third of food-insecure children and adults are not income-eligible for nutritional programs like SNAP.</p> <p>Support Services and Needs: Services like</p>

	<p>Indiana 211 assist individuals in poverty by connecting them with local organizations and programs that can help with transportation, rent, utilities, and other basic needs. The majority of these callers report an annual income of less than \$25,000, highlighting the significant demand for support among the impoverished population in Indiana</p> <p>The Hub: Exploring poverty in Indiana</p>
Older adults	<p>Impact of COVID-19: The pandemic significantly increased mortality rates in older adults, with a 19% increase in Central Indiana compared to a 16% increase nationally. Black older adults experienced higher COVID-19 mortality rates compared to their White counterparts.</p> <p>Excess Deaths During the Pandemic: Excess deaths, which include those indirectly related to COVID-19, were higher than expected. There were more deaths from Alzheimer's disease, hypertensive diseases, diabetes, and cerebrovascular disease during the pandemic period.</p> <p>Disabilities Among Older Adults: About 25% of those aged 65 to 74 and 49% of those over 75 have a disability in Central Indiana, with ambulatory and hearing disabilities being most common. Disability impacts their ability to perform daily activities and participate in social life.</p> <p>Drug Overdose and Opioid Use Disorder: Older adults have seen a significant increase in drug overdose deaths, especially due to opioid use disorder. Black older adults are disproportionately affected, with higher rates of opioid overdose deaths.</p> <p>Health Outcomes 2022 The State of Aging in Central Indiana</p>

4.8 – Scoring Components

#	Component	Description	Score Range	Considerations
1	Probability of Hazard Occurrence	Assess the likelihood of various hazards occurring in Indiana, considering factors like natural disasters, industrial accidents, or health emergencies.	1-5	Includes factors like the hazard's potential to occur within a planning window and severity based on mitigation activities.
2	Impact Severity	Evaluate the potential impact of these hazards on public health, infrastructure, and the economy.	1-5	Should address populations with access and functional needs, and incorporate an assessment of the additional planning required to reduce a hazard's impact.
3	Resource Availability and Response Capacity	Analyze the availability of resources and the capacity to respond to and recover from these hazards.	1-5	Consider both occurrence and response capabilities of facilities; just because an event occurs does not mean the facility has to respond.
4	Community Resilience and Preparedness	Measure the preparedness levels of communities and healthcare facilities across Indiana.	1-5	Include an assessment of community's everyday health status and the protective value of existing response and community preparedness resources.
5	Historical Data Analysis	Utilize historical data to predict future risk patterns.	1-5	Incorporate data from multiple users and various partners in addition to public health and healthcare partners.
6	Stakeholder Engagement	Involve key stakeholders in the assessment process.	1-5	Engage a broad range of stakeholders to ensure a comprehensive assessment and to identify jurisdictional gaps in public health and healthcare preparedness.

Each component is assigned a scoring range from 1 to 5, where 1 indicates the lowest level of risk or preparedness and 5 indicates the highest. The considerations column includes specific factors to be included in each component, ensuring a thorough and comprehensive assessment. Regular updates and reviews of these components are essential to reflect

changing risk landscapes and to incorporate new data and insights.

4.9 – Communication Plan

Communications Activities

- Initial Outreach: Commencing on 7/1/2024, we will launch the plan with a series of three webinars and accompanying guides, aimed at introducing the JRA, HVA, and PHHRA processes.
- Progress Updates: Bi-weekly progress reports will be shared starting from 7/1/24 to 11/15/24, detailing milestones reached and next steps.
- Feedback Loops: Implement a structured feedback process post-webinar on 9/30/24 with evaluation surveys distributed to LHDs and HCCs.
- Final Review and Update: Based on the feedback received from IDOH on 9/23/24, we will make necessary updates to the PCA tool by 9/30/24 and share the updated version with IDOH.

High-Level Timeline

- Webinar Series Launch: 7/1/24 to 7/31/24 for remote training sessions.
- Ongoing Updates: 7/1/24 to 11/15/24 for receiving and sharing results of JRAs, HVAs, and PHHRAs.
- Feedback Integration: 9/1/24 to 9/15/24 for incorporating feedback from HCCs on the PHHRAs.
- PCA Updates and Release: From 9/16/24 to 10/1/24, update the PCA tool and release the final version post-IDOH review.

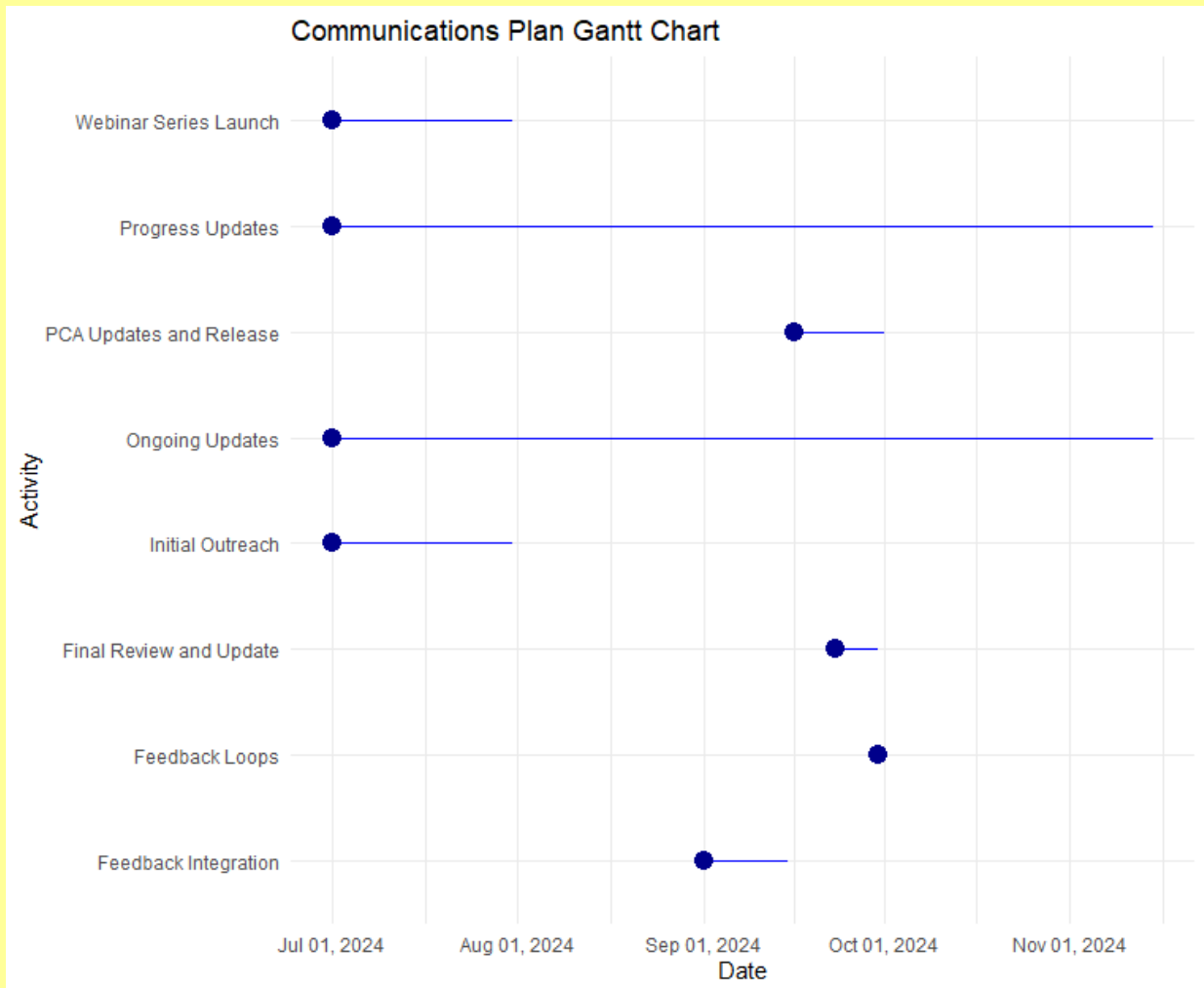
Stakeholder Groups

- Local Health Departments (LHDs): Primary focus on the JRAs and PHHRAs.
- Health Care Coalitions (HCCs): Focused on HVAs and feedback on PHHRAs.
- IDOH: Involved in providing feedback and reviewing the PCA tool.

Key Messaging for Each Stakeholder Group

- **LHDs:**
 - Detailing the process and importance of JRAs and PHHRAs starting from 7/1/24.
 - Sharing best practices for community risk assessment on a bi-weekly basis.
- **HCCs:**
 - Emphasizing the role of HCCs in HVAs from 7/1/24.
 - Soliciting and integrating HCC feedback on PHHRAs between 9/1/24 and 9/15/24.
- **IDOH:**
 - Updates on PCA tool development and seeking feedback for updates between 9/16/24 and 9/23/24.
 - Communication regarding the final PCA tool release by 10/1/24.

Communication Timeline



- **Activities:**
 - Initial Outreach
 - Progress Updates
 - Feedback Loops
 - Final Review and Update
 - Webinar Series Launch
 - Ongoing Updates
 - Feedback Integration
 - PCA Updates and Release

- **Time Period:**
 - 07/01/24 to 11/15/24
- **Stakeholder Groups:**
 - Local Health Departments (LHDs)
 - Health Care Coalitions (HCCs)
 - IDOH

4.10 – Developing Webinar and Training Materials

Step	Strategy	Description
1	Initial Planning and Format	Begin with thorough planning, focusing on the needs of public health professionals in Indiana. Utilize resources for engaging public health webinars. And We're Live: Creating Engaging Public Health Webinars Northwest Center for Public Health Practice (nwcphp.org)
2	Content and Presentation	Address timely topics with 1-2 speakers, use a limited number of consistently formatted slides, incorporate storytelling, and schedule time for audience questions. “Hot Topics in Practice” Webinars: Best Practices for Public... : Journal of Public Health Management and Practice (lww.com)
3	Interactive Design	Develop clear, engaging slides and interactive activities. Practice the presentation regularly for smooth delivery. Twelve tips to present an effective webinar - PMC (nih.gov)
4	Accessibility and Health Literacy	Focus on accessibility and health literacy, avoiding common mistakes in digital content and using CDC resources for clarity. Guidance & Tools Health Literacy CDC , Develop & Test Materials Health Literacy CDC

4.11 – Ensuring Engagement, Understanding, and Buy-In

Step	Strategy	Description	Resources
1	Collaborative Framework Development	Initiate a collaborative framework with LHDs and HCCs, focusing on joint goal-setting and shared responsibilities.	Public Health Modernization Toolkit
2	Stakeholder Mapping and Outreach	Conduct comprehensive stakeholder mapping and develop targeted outreach strategies for effective engagement.	Community Trust And Relationships - Health Affairs
3	Capacity Building and Training	Implement training and capacity-building programs for local partners to enhance active participation and skills.	Organizing and Engaging Partners - NACCHO
4	Feedback	Establish regular feedback	Report & Toolkit: Strategies for

	Mechanisms and Adaptation	mechanisms and adapt strategies based on the feedback to align with local needs.	Strengthening Community Engagement - Public Health Institute (phi.org)
5	Demonstrating Impact and Transparency	Share outcomes and maintain transparency in communications to build and sustain trust.	Strategies for Strengthening Community Engagement - PHI

5. Proposed Methodology for Phase 2 Activities and Deliverables

5.1 - Proposed approach/best practices to ensuring attendee education

1. Introduction and Overview

- Objective: Brief introduction to the webinar, its objectives, and an overview of JRA, HVA, and PHHRA.
- Resources: Utilize the CDC Public Health Preparedness Capabilities guide for outlining the scope and relevance of these assessments.

2. Segment-wise Detailed Sessions

- Session Structure:
 - JRA Module: Covering risk assessment principles, with examples and methodologies.
 - HVA Module: Focusing on vulnerability analysis techniques and case studies.
 - PHHRA Module: Discussing healthcare readiness assessment, tools, and best practices.
- Methodology: Follow the structured phases as outlined in the CDC Field Guide for Readiness Assessment, adapting it to each module.

3. Interactive Learning and Engagement

- Q&A Sessions: After each module, conduct a Q&A session.
- Interactive Activities: Use the CASPER toolkit as a model for interactive activities that simulate real-life assessment scenarios.

4. Practical Application and Workshops

- Hands-On Practice: Utilize the PHII Public Health Readiness Assessment tool for practical exercises.
- Workshop Format: Guide attendees through completing an assessment, using case studies and examples.

5. Resource Distribution and Access

- Resource Material: Distribute comprehensive handouts (virtual materials), including guidelines from PHAB's Readiness Assessment tool for further reading and practice.
- Recording Availability: Offer the webinar recording for future reference.
- Shareable Slides: Presentations will be shared with participants

6. Expert Insights and Case Studies

- Guest Speakers: Feature subject matter experts to share insights, focusing on the practical application of these tools.
- Real-World Examples: Present case studies to demonstrate the effective use of JRA, HVA, and PHHRA in public health scenarios.

7. Continuous Support and Feedback

- Follow-Up Webinars: Schedule follow-up sessions for advanced topics or to address specific challenges.
- Feedback Mechanism: Implement a feedback system for continuous improvement
- Individual surveys with updated working based on type (JRA or HVA).

Resources:

- <https://phaboard.org/education-training/capacity-building-assistance/>
- <https://www.cdc.gov/cancer/crccp/field-guide/index.htm>
- <https://www.cdc.gov/orr/readiness/capabilities/index.htm>

5.2 - Proposed approach to developing the evaluation surveys

In Phase 2, Syra Health will conduct evaluation surveys among the 95 LHDs and the 10 HCCs focused on their satisfaction with the JRA and HVAm and PHHRA Assessments' process. These two surveys will be combined into one report for reporting purposes.

Part 1 - Developing the LHD and HCC Surveys

In developing the evaluation surveys for the LHDs and the HCCs, Syra Health will use a three-phase approach.

Phase 1 will be a search and review of past evaluation studies done by Indiana and other states for guidance on what others have done and question areas.

Phase 2 will be a review of the current Indiana JRA and HVA assessment processes to determine relevant and possible question areas.

Phase 3 will be during the Pilot test and will conduct an in-depth telephone or virtual interview with three LHDs and two HCCs to discuss the JRA or HVA assessment and the process utilizing the proposed question areas. These interviews will determine the final question areas for the LHD and HCC evaluation follow-up quantitative online surveys.

Part 2 - LHD – JRA/PHHRA Process Evaluation Study

- Sample – from the email list of main contacts at the 95 Local Health Departments (LHD)

The JRA Evaluation study would be conducted among all 95 LHDs with one or multiple respondents per LHD.

- Survey – online

It is anticipated that this survey would have 15-20 questions covering the ease of the JRA process, understanding of the process and evaluation of training and webinars, and questions on the PHHRA tool and process, if needed. The survey will be programmed and tested by Syra Health, with a review by IDOH. The survey would be created in conjunction of Syra Health and Indiana Department of Health.

Possible survey question areas are:

- Value of the JRA process for the agency
- Usefulness of JRA process in meeting new partners in county
- JRA excel tool's ease of use
- Any areas of the assessment tools and process not covered well
 - Instructions for JRA were sufficient and clear
 - Knew who to contact if had questions
- Usefulness of the webinars and training
- Supplemental resources were helpful in completing JRA process
- Additional question on the PHHRA process and tool, if needed

- Recommendations for improvement

- Study Process

The IDOH will supply Syra Health with the contact emails from the 95 LHDs. Syra Health will prepare an email invitation from IDOH with a link to the JRA evaluation survey that will be sent out by Syra Health. The participating LHDs will be alerted to the survey by IDOH and Syra Health during the JRA process, and will be requested by IDOH in the email invitation to complete the survey. There will be two reminders planned to increase participation. The survey will be open for two weeks for completion. There will be no incentive involved with participating in the survey.

- Analyses and Analytics

- a. Review of data, coding

Once data collection is complete, the data would be cleaned, coded, verified, and tabulated.

- b. Data tabulation – cross-tab tables

Cross-tabulations by respondent characteristics, such as geographic region, size of LHD, etc. would be done to isolate any trends.

- c. Driver analysis on satisfaction

As part of our analysis, Syra Health will complete a driver analysis based upon survey response data to determine which factors primarily drive LHD satisfaction with the JRA and PHHRA process.

Part 3 - HCC – HVA Process Evaluation Study

- Sample – from the email list of main contacts at the 10 Health care Coalitions (HCC)

The HVA Evaluation study would be conducted among the 10 HCCs with one or multiple respondents per LHD.

- Survey – online

It is anticipated that this survey would have 15-20 questions covering the ease of the HVA process, understanding of the process, evaluation of training and webinars, and questions on the PHHRA tool and process, if needed. The survey would be administered at the end of the PHHRA process. The survey will be programmed and tested by Syra Health, with a review by IDOH. The survey would be created in conjunction of Syra Health and Indiana Department of Health.

As with the JRA Evaluation survey, possible survey question areas are:

- Value of the HVA process for the agency
- Usefulness of HVA process in meeting new partners in county
- HVA Excel tool's ease of use
- Any areas of the assessment tools and process not covered well
 - o Instructions for HVA were sufficient and clear
 - o Knew who to contact if had questions
- Usefulness of the webinars and training
- Supplemental resources were helpful in completing HVA process
- Additional question on the PHHRA tool and process, if needed
- Recommendations for improvement

- Study Process

As with the LHDs, the IDOH will supply Syra Health with the contact emails from the 10 CCHs.

Syra Health will prepare an email invitation from IDOH with a link to the HVA evaluation survey that will be sent out by Syra Health. The participating HCCs will be alerted to the survey by IDOH and Syra Health during the HVA process, and will be requested by IDOH in the email invitation to complete the survey. There will be two reminders planned to increase participation. The survey will be open for two weeks for completion. There will be no incentive involved with participating in the survey.

- Analyses and Analytics

- a. Review of data, coding

Once data collection is complete, the data would be cleaned, coded, verified, and tabulated.

- b. Data tabulation – cross-tab tables

Cross-tabulations by respondent characteristics, such as geographic region, size of HCC, etc. would be done to isolate any trends.

- c. Driver analysis on satisfaction

As part of our analysis, Syra Health will complete a driver analysis based upon survey response data to determine which factors primarily drive HCC satisfaction with the HVA process.

Part 4 – Reporting – Combined Report

The final step in the research process would entail the preparation of written summaries of the process evaluation reports for the JRA among the 95 LHDs the HVA among the 10 HCCs and the PHHRA among all 105 participants. These reports would summarize key findings from the two research surveys with an emphasis on identifying and measuring the drivers of satisfaction and determining actions for process improvements.

Timeframe:	Part 1	3-4 weeks
	Parts 2-4	6 Weeks

6. Proposed Methodology for Phase 3 Activities and Deliverables

6.1 In-Person Regional IPP Workshops

Workshop Design and Objectives:

Syra Health will design the IPP workshops to facilitate meaningful engagement and gather actionable insights that align with the Integrated Preparedness Cycle. The workshops will be structured to:

- Foster collaboration and partnership across various stakeholders in the emergency management community.
- Identify regional-specific preparedness needs and resource gaps.
- Prioritize training and exercise activities that enhance regional and state preparedness capabilities.

Pre-Workshop Preparation:

- Conduct pre-workshop surveys to gather preliminary data on stakeholders' perspectives, expectations, and specific regional challenges.
- Develop a participant package that includes an agenda, background materials, and a framework for discussions based on the Homeland Security Exercise and Evaluation Program (HSEEP) principles.

Facilitation Strategy:

- Implement interactive sessions, including breakout groups and roundtable discussions, to ensure diverse viewpoints are represented and discussed.
- Use facilitated exercises designed to prompt critical thinking and problem-solving relevant to preparedness and response scenarios.

Post-Workshop Follow-Up:

- Compile a comprehensive summary report of the workshops, highlighting key findings, regional priorities, and proposed actions.
- Develop a roadmap for integrating workshop outcomes into the broader IPP development process.

Staffing Plan:

To effectively manage and execute the regional IPP workshops, we propose the following on-site staffing structure:

Project Manager (1 per region):

- Serves as the lead coordinator and primary point of contact for the workshop.
- Oversees the workshop's agenda, ensuring all activities align with the objectives and timeframes.

Facilitators (2 per region):

- Expert facilitators skilled in guiding group discussions and managing workshop dynamics.
- Responsible for ensuring the workshop remains focused on achieving its goals and facilitating the flow of ideas.

Subject Matter Experts (SMEs) (2-3 per region):

Specialists in emergency management, public health, and disaster response to provide in-depth knowledge and address technical queries.

Will participate in discussions, offering insights and contributing to the development of the IPP based on regional needs.

IT and Technical Support Staff (1-2 per region):

- Ensures all technical aspects of the workshop run smoothly, including presentation systems, remote connectivity (if needed), and audio-visual equipment.

Stakeholder Engagement Specialists (2 per region):

- Facilitates interactions with participants, encourages active participation, and gathers feedback throughout the workshop.

6.2 – Remote, statewide IPP workshop

Phase	Key Actions	Additional Notes/Considerations
1. Workshop Conduct Overview	<ul style="list-style-type: none"> - Establish IPP which outlines overall preparedness priorities and activities. - Engage stakeholders in an interactive forum to create IPP. 	Emphasize stakeholder engagement and coordination across organizations.
2. IPPW Purpose and Conduct	<ul style="list-style-type: none"> - Consider a range of preparedness activities within the Integrated Preparedness Cycle. - Identify and set preparedness priorities and schedule activities. 	Prioritize comprehensive preparedness to meet community needs.
3. Identifying Preparedness Priority Factors	<ul style="list-style-type: none"> - Understand threats, hazards, risks, and capabilities. - Reference various sources including past performance and capability assessments. 	Ensure a robust understanding of jurisdictional/organizational preparedness factors.
4. Establishing Preparedness Priorities	<ul style="list-style-type: none"> - Inform priorities by risk capability assessments and corrective actions from previous events. - Engage in a group discussion to set methodologies for 	Preparedness priorities should be comprehensive and driven by leadership guidance.

	preparedness priorities.	
<i>5. Developing a Multi-Year Schedule</i>	<ul style="list-style-type: none"> - Build a draft multi-year schedule of preparedness activities. - Consider all elements of the Integrated Preparedness Cycle comprehensively. 	Develop a schedule that supports decision making and resource allocation.
<i>6. Establishing Program Reporting</i>	<ul style="list-style-type: none"> - Identify strengths, areas for improvement, and corrective actions. - Develop tracking methodology for preparedness activities and corrective actions. 	Continuous monitoring and reporting support the Integrated Preparedness Cycle.
<i>7. Workshop Planning - Roles and Responsibilities</i>	<ul style="list-style-type: none"> - Plan and coordinate the IPPW, including creating a planning checklist and identifying invitees. - Prepare all documentation and oversee logistical considerations. 	Tailor planning to the unique structure and needs of the jurisdiction/organization.
<i>8. Conduct of Workshop</i>	<ul style="list-style-type: none"> - Ensure final arrangements with the venue. - Facilitate the workshop and coordinate recording of major discussion points. 	Facilitators should ensure focus on workshop goals.
<i>10. Workshop Participant Invitations</i>	<ul style="list-style-type: none"> - Include a diverse range of stakeholders from various disciplines and community representatives. 	Representation from all relevant sectors is essential .
<i>11. Preparation by Participants</i>	<ul style="list-style-type: none"> - Review previous IPPs, improvement plans, and current training and exercise schedules. Assess their jurisdiction's/organization's capabilities and needs. 	Participants should be well-informed and prepared for active involvement.
<i>12. Conduct by Participants</i>	<ul style="list-style-type: none"> - Bring knowledge of jurisdiction's capabilities, threats, and hazards. - Participate actively in workshop discussions. 	Active participation and commitment are key for successful outcomes.
<i>13. Follow-Up by Participants</i>	<ul style="list-style-type: none"> - Review the workshop summary and newly developed IPP - Coordinate integration of the new IPP into preparedness activities. 	Integration of IPP into existing schedules ensures continuity and effectiveness .

This table, adapted from the Illinois Integrated Preparedness Planning Workshop Guide, provides a comprehensive framework for conducting a statewide IPP workshop, encompassing all phases from planning to follow-up, with additional considerations to guide effective implementation.

6.3 – High-level approach to developing IPP

1. Establish Priorities and Goals:

- Align the IPP with national and state planning frameworks, emphasizing training, exercises, and building core competencies in prevention, protection, mitigation, response, and recovery.

2. Stakeholder Input and Collaboration:

- Utilize a variety of methods to gather stakeholder input, including reviews of current training guidance, After-Action Reviews (AARs), and collaboration with regional directors and emergency managers.
- Embrace the "Whole Community" approach, actively working with private sector, volunteer agencies, and fostering public/private partnerships.

3. Integration with Other Programs:

- Implement the IPP in coordination with other state and federal training programs, and align with policy directives and funding sources, including federal grants like HSGP, EMPG, and HMEP.

4. Flexibility and Responsiveness:

- Ensure the IPP is stakeholder-driven and remains a flexible, living document that can adapt to evolving needs and real-world events.

5. Annual Review and Update:

- Review and update the IPP annually based on the State Threat and Hazard Identification and Risk Assessment (THIRA), State Preparedness Report (SPR), and feedback from the Integrated Preparedness Planning Workshop (IPPW).

This approach leverages proven strategies from the Wisconsin IPP to create a dynamic, responsive, and stakeholder-centered IPP for the IDOH, ensuring comprehensive preparedness and resilience. [Multi-Year training and Exercise Plan \(wi.gov\)](#).

*(See 3.3. – Experience with stakeholders for our approach to engaging local partners)

7. Example Materials

Reports and Writing Samples

1) Behavioral Health Gap Analysis

Syra Health completed an Epidemiological Study to determine the types and prevalence of behavioral health issues among the youth population in Washington, D.C. Additionally, we identified the services, the degree of care received, and the service location and analyze the barriers preventing youth from using mental health services.

Our dedicated team is working diligently to gather extensive data and insights to enhance our understanding of prevalent behavioral health conditions affecting the youth. Through analysis, we categorize the data by age, gender, race, ward residence, and sexual orientation to gain a holistic perspective on the challenges faced by different segments of the youth population. By closely collaborating with the Department of Behavioral Health (DBH), we ensure accurate data collection, analysis, and reporting, striving to improve the accessibility and effectiveness of behavioral health services available to the D.C. youth community.

By understanding the barriers hindering access to mental health services, we aim to develop targeted recommendations to enhance accessibility and ensure the youth receive the vital support they need. Through our collaborative efforts with the DBH, we dedicate ourselves to producing a comprehensive Youth Behavioral Health Epidemiological Report that informs and drives positive change in the availability and quality of behavioral health services for the youth in Washington, D.C.

BEHAVIORAL HEALTH BARRIERS SURVEY PARENT AND CAREGIVER SURVEY

CHAPTER
6A

Background

Syra Health has collaborated with the District of Columbia's Department of Behavioral Health (DC DBH) to develop recommendations to reduce barriers to behavioral health services among youth consumers in Washington, D.C. This section of the report focuses on gathering and statistical analysis of quantitative data that explore the demand, availability, and actual use of behavioral health resources from the perspective of parents and caregivers of youth living in the District of Columbia. Syra Health conducted an extensive literature review as part of its strategic research and analysis plan, providing qualitative insights into barriers to accessing care. Instead of identifying new challenges, the focus shifted to quantifying the prevalence and impact of these already recognized barriers to healthcare access.

The goal was to gather primary, current information from parents, caregivers, and healthcare providers. By surveying these groups about their opinions and experiences concerning key barriers to behavioral health access for youth, the aim was to yield actionable insights into the prevalence and importance of each barrier, thereby informing targeted strategies for improvement.

Syra Health conducted online quantitative surveys among DC parents/caregivers and providers to achieve this, as outlined in the Methodology section.

Executive Summary

The main barriers to youth access, as seen by the parents/caregivers, focus primarily on appointments – getting an appointment and the long wait times. These were the top two identified barriers, as 36%–41% reported these moderately to extremely influenced (MVE Net) their decision to delay or avoid seeking Behavioral Health support services in the last year. Providers highlighted significant challenges in securing timely appointments, with over 50% indicating that these difficulties moderately to extremely influenced their consumers' decisions to delay or forgo seeking services.

The other key barriers among the parents based on percent reporting moderately to extremely influential were:

- Could not choose the person I wanted my child to see for treatment
- Lack of satisfaction with the services that were available
- Cost and coverage
 - Health insurance not cover treatment
 - Worry about the cost of treatment or co-pay
- Feeling the problems of their child were normal for someone in their situation
- Not knowing who to see or where to go for treatment

Some barriers had very little influence on their decisions to delay or avoid seeking services, based on a high percentage of parents, nearly 80% or higher, reporting that the barrier did not influence their decisions. These low influence barriers indicated that parents were

2. Barriers about Behavioral Health Problems

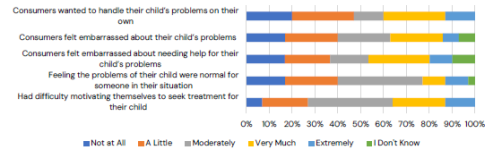
There were six barriers to behavioral problems. Five of these barriers were in the top eight barriers. This contrasts with the parents who had only one of these barriers in their top barriers – feeling like their child's problems were normal.

These key barriers were:

- Had difficulty motivating themselves to seek treatment for their child – 73% MVE Net
- Feeling the problems of their child were normal for someone in their situation – 57% MVE Net
- Consumers felt embarrassed about needing help for their child's problems – 53% MVE Net
- Consumers felt embarrassed about their child's problems – 53% MVE Net
- Consumers wanted to handle their child's problems on their own – 53% MVE Net

Conversely, this type of barrier had only one of the least influential barriers, as not thinking treatment could help with their child's problems was not an issue.

Barriers about Behavioral Health Problems

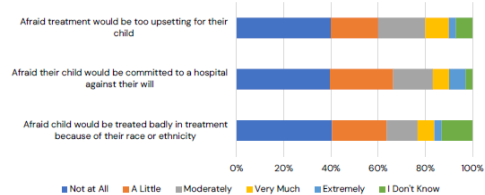


3. Barriers with Behavioral Health Services and Providers

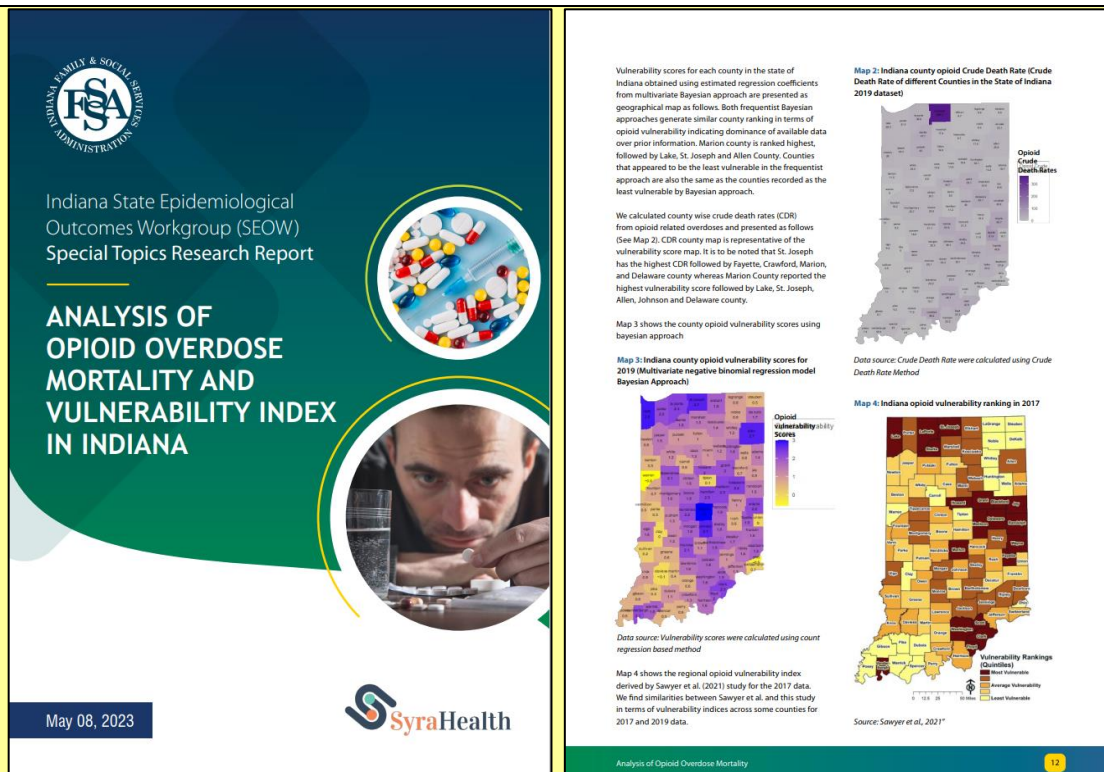
Seven barriers to accessing behavioral health services were provided, but none were considered highly influential by the providers. However, four of these barriers were categorized as minimally influential. These less impactful barriers included fears of racial or ethnic discrimination against the child, the risk of involuntary hospitalization, and concerns that the treatment would be too emotionally upsetting.

- Afraid child would be treated badly in treatment because of their race or ethnicity – 40% Not at all
- Afraid their child would be committed to a hospital against their will – 40% Not at all
- Afraid treatment would be too upsetting for their child – 33% Not at all

Barriers with Behavioral Health Services and Providers

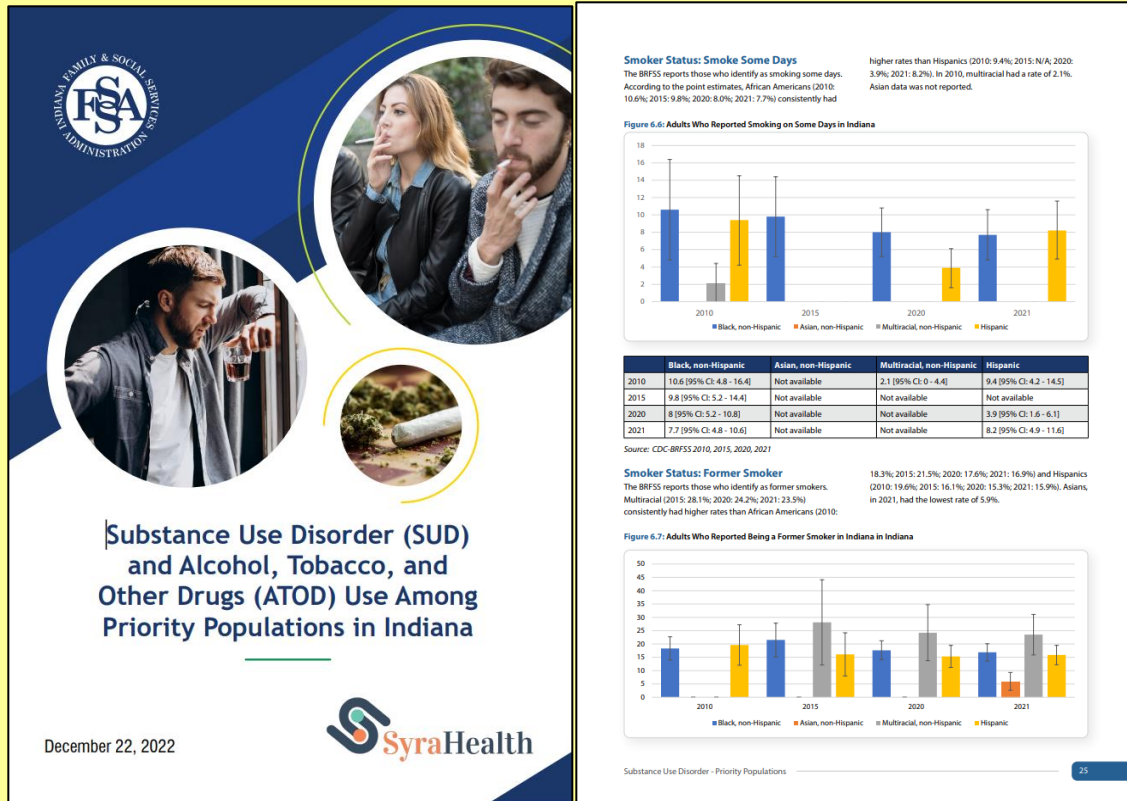


2) Indiana DMHA – Special Topics: ANALYSIS OF OPIOID OVERDOSE MORTALITY AND VULNERABILITY INDEX IN INDIANA



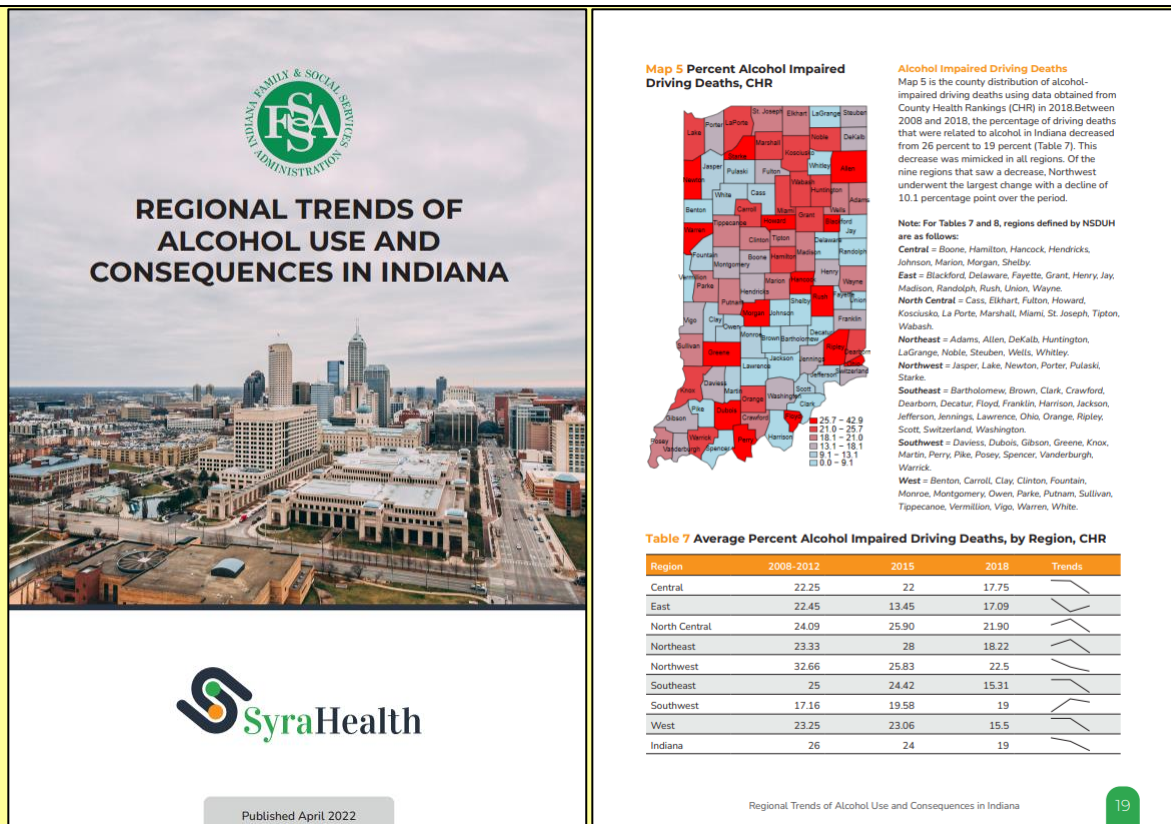
Source: https://www.in.gov/fssa/dmha/files/AnalysisofOpioidOverdoseMortality_2023.pdf

- 3) Substance Use Disorder (SUD) and Alcohol, Tobacco, and Other Drugs (ATOD) Use Among Priority Populations in Indiana



Source: https://www.in.gov/fssa/dmha/files/SpecialTopics_PriorityPopulations_FINALADA.pdf.

4) REGIONAL TRENDS OF ALCOHOL USE AND CONSEQUENCES IN INDIANA



Source: <https://www.in.gov/fssa/dmha/files/2022-Regional-Trends-of-Alcohol-Use-and-Consequences-in-Indiana.pdf>

Report Name	Link
Regional Mental Health and Suicide Trends in Indiana	https://www.in.gov/fssa/dmha/files/Regional-MH-and-Suicide-Trends-in-Indiana.pdf
Indiana Strategic Behavioral Health Priorities 2022-2026	https://www.in.gov/fssa/dmha/files/Indiana-Strategic-Behavioral-Health-Priorities-2022-2026.pdf
Drug Fact Sheet: Substance Use in Indiana	https://www.in.gov/fssa/dmha/files/Drug-FS-Substance-Use-IN.pdf
Impact of COVID-19 pandemic on behavioral health and substance use in Indiana: Youth population.	https://www.in.gov/fssa/dmha/files/COVID-19-Youth-Population.pdf
Impact of COVID-19 pandemic on behavioral health and substance use in Indiana: Overall	https://www.in.gov/fssa/dmha/files/COVID-19-Overall-Population.pdf

population	
Indiana State Epidemiological Outcomes Dashboard (Tableau)	https://www.in.gov/fssa/dmha/substance-misuse-prevention-and-mental-health-promotion/prevention-partners/state-epidemiological-outcomes-workgroup/dashboards/

***(See 3.2 – Experience creating public health and/or healthcare readiness assessments and 3.5 - Experience evaluating entities against PHEP and HPP capabilities for how previous work can be adapted to the scope of work).**

Dr. Myers Reports Preparedness and Policy

Dr. Nathan Myers published several reports on emergency preparedness in relation to the COVID-19 pandemic, government planning and policy,

Rurality Versus Readiness

"Rurality Versus Readiness" investigates the relationship between a state's rural population and its ability to manage medical countermeasures stockpiles before COVID-19. Using data from 2016 to 2019, the study finds that states with higher rural populations tend to have lower COVID-19 vaccination levels, suggesting that rural states face unique challenges in medical countermeasures that are not fully addressed by technocratic solutions. The study highlights the Strategic National Stockpile's role in public health emergencies and notes the administrative and logistical challenges faced by rural public health departments. It also discusses the influence of social connectedness and trust on vaccination willingness. The results indicate a significant negative correlation between rural population and countermeasures management scores. The conclusion emphasizes the need for better public health emergency preparedness, particularly in rural areas, and suggests that public health agencies' effectiveness can significantly impact outcomes.

Myers, N. (2021). Rurality Versus Readiness: The Relationship Between State-Level Connection and Capacity Variables and the Management of Medical Stockpiles for a Public Health Emergency. State and Local Government Review, 1-17. doi: 10.1177/0160323X211061352.

Accountability, polarization, and federalism: Oversight during and after the COVID-19 pandemic

The article by Myers and Thornton examines the impact of the Trump administration's decision to delegate COVID-19 policy decisions to state governors, highlighting the challenges this approach created in resource management, crisis communication, and social distancing. The federalist system's strengths and weaknesses are discussed, with emphasis on the need for national coordination. The authors propose a bipartisan joint after-action report by state governors to document and learn from the pandemic response. They stress the importance of

social capital, political trust, and a contingent coordination approach for effective governance during crises. The conclusion advocates for collaborative partnerships and information sharing for emergency management, suggesting that states should collaboratively create joint after-action reports to promote bipartisan understanding and policy improvements.

Myers, N., & Thornton, T. E. (2021). Accountability, Polarization, and Federalism: Oversight During and After the COVID-19 Pandemic. *Journal of Emergency Management*, 19(4). DOI:10.5055/jem.0613

The One Health Framework for Public Health Emergency Preparedness: A Bipartisan Project

In the article "The One Health Framework for Public Health Emergency Preparedness: A Bipartisan Project," the focus is on bipartisan efforts in the U.S. Senate, particularly the initiative to designate January 2020 as "One Health Awareness Month." This initiative, emphasizing the interconnectedness of human, animal, and environmental health, was co-sponsored by Senators Feinstein and McClellan. The article notes the significance of this cooperation, especially in the context of the novel coronavirus outbreak, and the need for a collaborative approach to zoonotic diseases. Despite political differences, particularly on climate change, it is seen as a step towards bipartisan cooperation in public health and environmental policy, highlighting the importance of recognizing the interconnectedness of these issues.

Myers, Nathan Ph.D (2020, February 16). The One Health Framework for Public Health Emergency Preparedness: A Bipartisan Project. PA Times. Retrieved from <https://patimes.org/the-one-health-framework-for-public-health-emergency-preparedness-a-bipartisan-project/>

Resolving to Improve Situational Awareness for Public Health Emergencies in 2020

In "Resolving to Improve Situational Awareness for Public Health Emergencies in 2020," the focus is on the challenges posed by emerging public health threats, particularly a pneumonia-like illness in China related to the SARS virus. The article emphasizes the importance of situational awareness in preparing for and responding to public health emergencies. Drawing on insights from the book "SARS Unmasked" by Michael Tyshenko, it highlights the role of the World Health Organization and Canada's response to SARS, including the development of pandemic plans and improvements in surveillance systems. The article notes the need for government and public health leaders to engage in effective risk communication and address misinformation.

It also discusses the challenges and strengths of international information sharing, citing the Wuhan outbreak and China's transparency issues. The article references the Event 201 exercise by Johns Hopkins University, focusing on countering misinformation in a global emergency. The author stresses the need for proactive government action, guided by accurate information, to manage crises. Lessons learned from SARS and subsequent responses have led to policy developments, but challenges in information sharing and situational awareness remain. The article calls for better integration of healthcare and public health sectors, strengthening of international health regulations, and public-private cooperation to develop countermeasures and combat misinformation.

Myers, N. (2020, January 18). Resolving to Improve Situational Awareness for Public Health

Emergencies in 2020. PA Times. Retrieved from [Resolving to Improve Situational Awareness for Public Health Emergencies in 2020 - PA TIMES Online | PA TIMES Online](#).

Clade X is More than an Exercise, it is a Call to Action

In "Clade X is More than an Exercise, it is a Call to Action," the focus is on the implications of the increasing availability of gene-editing technology and its potential use as a weapon. The article discusses an exercise hosted by Johns Hopkins University called Clade X, which simulated a global pandemic scenario to explore policy responses. Participants, including former government officials, highlighted several challenges, such as uncertainty over who would manage a crisis, the absence of a comprehensive national biodefense strategy, and inefficient communication between federal, state, and local governments.

The article emphasizes the need for clear leadership in biodefense, with suggestions ranging from assigning the Vice President to a special coordinator role. The lack of a National Biodefense Strategy and the complexities of congressional oversight are also noted as issues. The exercise underscored the importance of efficient intelligence sharing and federal support for local officials on the front lines of health crises. It suggested maintaining regular communication with federal, state, and local officials and the public to manage panic and misinformation during a health crisis.

Participants also discussed the challenges of vaccine distribution in a pandemic, the need for a clear rationale for prioritization, and the importance of building public trust. The Clade X exercise served as a warning of the potential devastation of a pandemic without effective command chains and biodefense strategies, urging immediate action to strengthen government connections, crisis communication strategies, and medical countermeasure capabilities.

Myers, N. (2018, June 1). Clade X is More than an Exercise, it is a Call to Action. PA Times. Retrieved from [Clade X is More than an Exercise, it is a Call to Action - PA TIMES Online | PA TIMES Online](#).

Public Health Emergency Preparedness: An Intergovernmental Challenge and Necessity

In "Public Health Emergency Preparedness: An Intergovernmental Challenge and Necessity," the focus is on the complexity and importance of preparing for public health emergencies, which requires coordination across multiple levels of government and community involvement. The article discusses the role of organizations like the National Association of City and County Health Officials (NACCHO) in fostering preparedness through programs like Project Public Health Ready (PPHR), which sets standards for all-hazards preparedness. The ability to efficiently move funds from federal to local levels and the establishment of prearranged agreements for mutual aid are emphasized as critical for effective responses.

The importance of community buy-in, particularly from marginalized groups, is highlighted, with examples from Florida and Virginia demonstrating the inclusion of diverse stakeholders in planning processes. The article stresses the necessity of bio surveillance and collaborative efforts across local, state, and federal agencies. Special attention is given to reaching vulnerable populations, with strategies like special needs shelters and medical needs registries.

The article also addresses post-emergency recovery, emphasizing the need for mental healthcare and economic stabilization. However, it warns of the threat posed by proposed cuts

to public health funding, highlighting the potential impact on programs essential for emergency preparedness. The importance of maintaining and strengthening defenses against public health emergencies, including global threats like avian influenza, is underscored.

Myers, N. (2017, November 30). Public Health Emergency Preparedness: An Intergovernmental Challenge and Necessity. PA Times. Retrieved from [Public Health Emergency Preparedness: An Intergovernmental Challenge and Necessity - PA TIMES Online | PA TIMES Online](#).

Building Community Preparedness Under Fiscal Constraints

In "Building Community Preparedness Under Fiscal Constraints," Nathan Myers discusses the importance of public health emergency preparedness, focusing on local health departments' participation in Project Public Health Ready (PPHR). The program, led by the National Association of County and City Health Officials (NACCHO), emphasizes the need for integration and coordination in preparedness efforts, especially under fiscal constraints. Federal Public Health Emergency Preparedness (PHEP) grant funds are vital for local preparedness, but funding limitations and political delays pose challenges. The article highlights the negative impact of reprogramming PHEP funds on community preparedness and stresses the importance of interagency collaboration for effective response and recovery planning. It calls for more reliable federal funding and systemic reforms to enhance public health emergency preparedness.

Myers, N. (2017, January 31). Building Community Preparedness Under Fiscal Constraints: A Conversation with Program Staff for Project Public Health Ready. PA Times. Retrieved from [Building Community Preparedness Under Fiscal Constraints: A Conversation with Program Staff for Project Public Health Ready - PA TIMES Online | PA TIMES Online](#).

Is Public Health Ready? Incentivizing Planning and Preparedness for Emerging Threats

In "Is Public Health Ready? Incentivizing Planning and Preparedness for Emerging Threats," Nathan Myers highlights the critical need for heightened planning and preparedness in public health in the face of global medical challenges like the Zika virus. The article emphasizes the role of national organizations like the National Association of City and County Health Officials (NACCHO) in promoting preparedness through recognition programs like Public Health Ready. This program incentivizes health departments to meet best practice standards in various areas, including legal and administrative preparedness, community preparedness, and recovery.

Myers discusses the importance of efficient grant management, collaboration with vulnerable communities, and incorporating ethical considerations into public health policy. He emphasizes the need for comprehensive planning in community recovery, including rebuilding essential health services and multi-organization collaboration. Effective communication and documentation are essential for response actions and maintaining public trust during a crisis.

The article underscores the necessity for U.S. public health organizations to develop capabilities in financial management, collaboration, and well-defined planning for community recovery, given the potential long-term management of threats like Zika. It calls for federal government attention to public health planning, preparedness, and response to address both existing and emerging threats effectively.

Myers, N. (2016, February 12). Is Public Health Ready? Incentivizing Planning and

Preparedness for Emerging Threats. PA Times. Retrieved from [Is Public Health Ready? Incentivizing Planning and Preparedness for Emerging Threats - PA TIMES Online | PA TIMES Online](#).

8. Project Management

Preliminary Project Schedule:

Syra Health will adhere to the preliminary schedule for all project phases, ensuring timely submission of deliverables and activities.

Agreement with RFP Requirements:

We agree to comply with all requirements in Attachment L Section 4 of the RFP and are fully prepared to meet these stipulations.

Escalation:

Below is the flow of escalation for the project team.

Escalation Hierarchy:

- Project Manager: The first point of contact for any issues. The Project Manager assesses the situation, attempts initial resolution, and documents the issue.
- Project Coordinator: If the issue remains unresolved or escalates in complexity, it is forwarded to the Project Coordinator. The Coordinator reviews the situation, provides additional resources or guidance, and works closely with the Project Manager to find a solution.
- Project Supervisor: As the final escalation point, the Project Supervisor intervenes when an issue is beyond the resolution capacity of the Project Manager and Coordinator. The Supervisor evaluates the overall impact of the issue on the project and takes strategic decisions to mitigate risks and ensure project continuity.

Standard Operating Procedures:

- Issue Identification and Reporting: Team members and subcontractors must report issues promptly using the prescribed reporting channels.
- Documentation: Each stage of issue escalation requires thorough documentation, including the nature of the issue, steps taken for resolution, and communication with relevant parties.
- Resolution Tracking: A system to track the progress of issue resolution at each stage of the escalation process.
- Communication: Regular updates to all stakeholders, including management and relevant departments within the company, to ensure transparency and collective effort in issue resolution.
- Review and Feedback: Post-resolution, a review is conducted to gather feedback and lessons learned. This is used to improve future project management and escalation processes.

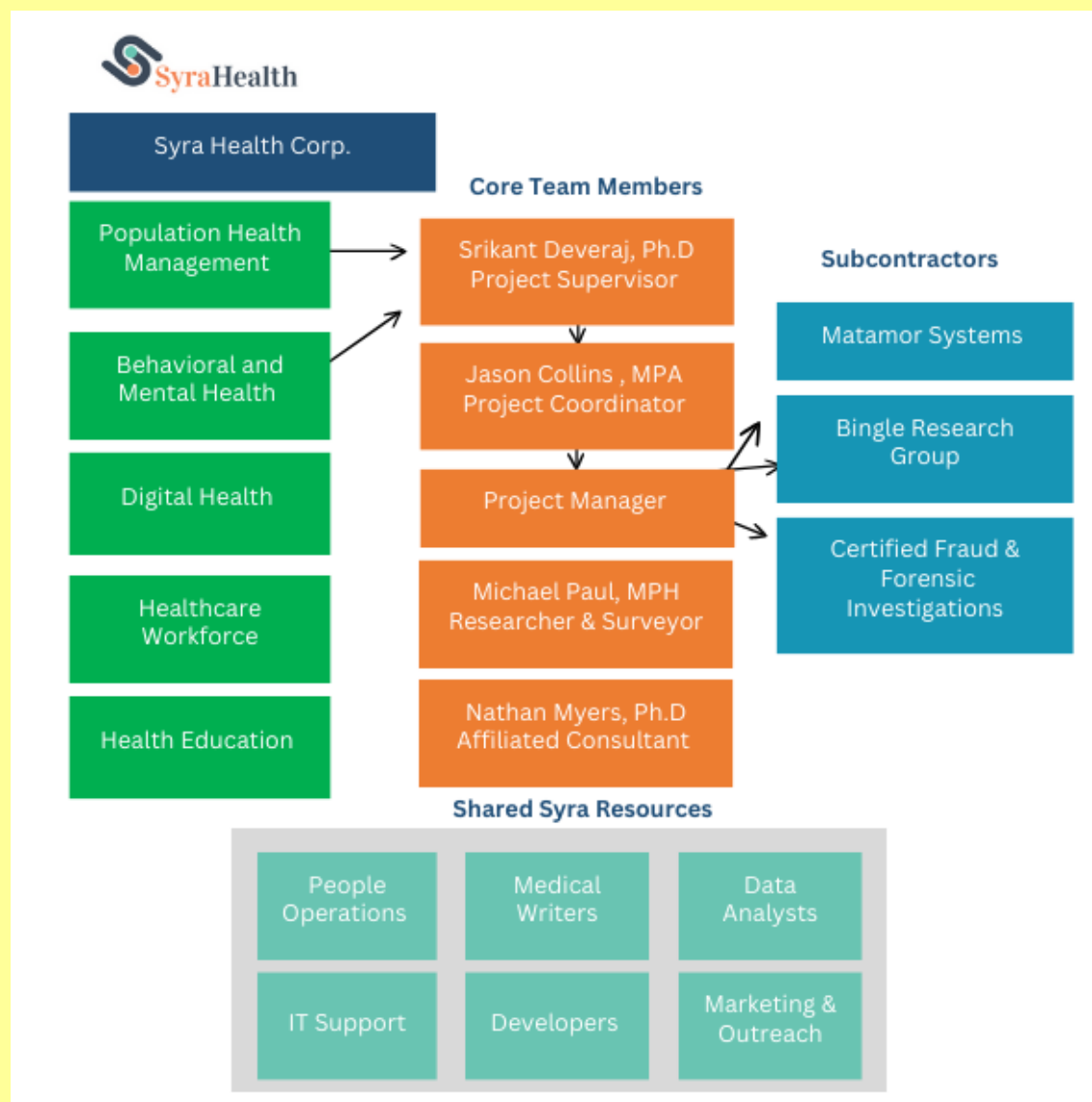
Compliance with Indiana Department of Administration Standards:

- Our escalation process is aligned with the standards and regulations set by the Indiana Department of Administration.
- Regular training and updates are provided to team members and subcontractors to ensure compliance and understanding of these standards in the context of project management and issue resolution.

9. Staffing

9.2 – Organizational Chart and Proposed Team (Please see attachment 'SyraHealth Proposed team_IDOA' for team member resumes. Please see Att_C-_Indiana_Economic_Impact_Form_v2 for all Syra Health team member FTEs).

Syra Health Corp. Staff



Srikant Devaraj, Ph.D (Project Supervisor)

Dr. Devaraj has been a part of Syra Health since 2022 as the VP of Health Analytics. Srikant Devaraj is a highly educated and certified professional with a diverse academic and professional background. His qualifications include:

Ph.D. in Economics from Indiana University, Indianapolis, earned in 2016. This demonstrates his expertise in economic research and analysis. An M.B.A. from Ball State University in Muncie, IN, obtained in 2009. This indicates his knowledge of business administration and management. An M.S. in Information and Communication Sciences, also from Ball State University, completed in 2008. This background highlights his proficiency in information technology and communication. A B.E. in Mechanical Engineering from the University of Madras, Tamil Nadu, India, received in 2004. This showcases his foundational understanding of engineering principles. Srikant Devaraj has further enhanced his skill set through various certifications, including: Certification in Business Analytics from the Wharton School Exec Education in 2021, demonstrating his expertise in utilizing data analytics for business insights. He earned a Certificate in Applied Machine Learning from Columbia Engineering Exec Education in 2021, indicating his proficiency in machine learning techniques. A Certificate in Business of Life Sciences from the Kelly School of Business at Indiana University in 2014, showcasing his knowledge in the intersection of business and life sciences. Project Management Professional (PMP) certification from the Project Management Institute in 2009, highlighting his competence in project management methodologies.

Jason Collins, MPA (Project Coordinator)

Jason Collins has a strong educational background with a Bachelor of Applied Science in Health Communication from Indiana State University and a Master of Public Administration (MPA) from the College of Graduate and Professional Studies at the same institution. He possesses valuable skills in data visualization tools like Microsoft PowerBI, Tableau, and Quantum GIS, as well as data management with Microsoft Excel, Google Sheets, SQL, and data analysis.

With proficiency in communication tools such as PowerPoint, public speaking, Canva, reports, and workflow guide sheets, Jason has worked for various public health entities, including state, local, and nonprofit organizations. His experience includes epidemiological consultations with local health departments, communicable disease investigations, and training on disease surveillance reporting systems.

Jason has a knack for creating dynamic dashboards, health data maps, and public health reports/press releases. He has also facilitated instructional training on QGIS and PowerBI for data visualization, demonstrating his commitment to knowledge sharing. His skills extend to data cleaning and extraction using SQL queries, and he has contributed to CDC rapid community assessments and contact tracing efforts during the COVID-19 pandemic.

Michael Paul (Mixed Methods Researcher)

Epidemiologist with over 7 years of professional experience in data management and dissemination. Highly experienced in developing new protocols and using data visualization tools to deliver practical insights and drive mature decisions.

- Data Science (DS4A) Fellowship | Correlation One, 2021
- Data Analytics Certificate |Pivot Technology School, 2020
- MPH | Tennessee State University, 2011
- Post-Baccalaureate Certificate | Meharry Medical College, Health Sciences, 2009
- BA | Florida Atlantic University, Chemistry, 2005

Core Competencies

- TABLEAU
- MS OFFICE
- SPSS

- POWER BI
- ARCGIS
- SQL
- SAS
- REDCap

9.3 – Staff U.S. Location Confirmation

We confirm that all proposed staff, regardless of position, will be working from within the continental United States. Confirm that the proposed Phase 3 staff can meet the on-site expectations for the regional workshops.

9.4 – Subcontractors

*(Subcontractor roles will remain the same throughout the course of the project).

*(Please see Att_E_-_Business_Proposal pg. 11 -13 for all subcontractor bios).

*(See Att_A_- MWBE for pg. 2 and Att_D_-Cost_Proposal_Template Response for the contract experience and expertise for Metamor Systems and Certified Fraud & Forensic Investigations.

Bingle Research Group (IVOB)

Over the years, our team member, Fred Bingle, of the Bingle Research Group, Inc. (BRG), has demonstrated an ability to network and communicate with key stakeholders in all the various research studies he has conducted or contributed to. For example, over the past few years, Fred has been involved with several studies for Indiana and other state agencies, which involved networking and communicating with key stakeholders:

- State Epidemiological Outcomes Workgroup (SEOW) and Regional Prevention System

In this project, Fred was responsible for evaluating the Regional Prevention System. In this evaluation, Fred networked and communicated with the ten Regional Coordinators through interviews and review of monthly summaries and reached out and conducted a quantitative online survey among the key influencer stakeholders for the Prevention System. Fred has also attended monthly CCB and Regional Council meetings to interact with key influencers.

- Indiana Evidence-Based Regional School Services Program

In this project, Fred has been working with Hamilton Center in evaluating its 10-county School Services program. As such, he has networked and communicated with numerous Hamilton Center associates and providers, surveyed school administrators, faculty, and staff on the effectiveness of the various programs, and reviewed and analyzed surveys from parents and students. The stakeholders included in the work in this study will be similar to the ones involved with the upcoming School-Based Mental Health Provider Endorsement program.

- Indiana Statewide Behavioral Health Gap Analysis study

In this study, Fred interacted with key stakeholders through data collection, focus groups, and in-depth interviews with various behavioral health segments, including people and families with lived experiences, peer support specialists, and providers.

- YWCA Central Indiana Residential SUD Addiction Services for Women study

In this study, Fred interacted and communicated with numerous stakeholders of the YWCA of Central Indiana through in-depth interviews on the YWCA and how it could improve its services for the stakeholders and their clients.

- Marion County Public Health Department – Anti-stigma Campaign Evaluation
In this campaign, Fred interacted with key stakeholders and the target audience by moderating, analyzing, and reporting a qualitative online discussion board study among current SUD users, recovery persons, family members, and the general public. Fred has talked with and studied the program audiences.

- Indiana Tobacco Prevention and Cessation -
In another example of reaching out and networking with stakeholders and target audiences, in this study, Fred assisted with identifying, contacting, interviewing, and speaking with 23 Community Grant partners of the Indiana TPC. These discussions and focus groups explored their needs as related to the TPC grants, issues and improvements, and best practices.

Fred Bingle, MBA (Qualitative Researcher) – Bingle Research Group

Results-oriented, strategic-thinking marketing research, and database professional. Uses marketing research, brand positioning, market and competitive intelligence, and consumer insights to build the company's and clients' businesses. Extensive expertise in all areas of marketing research plan development, analysis, and evaluation of programs and communication tools with significant experience in consumer research. Specific expertise in developing brands and positionings, providing insights into consumer behaviors and influential messages, and identifying and advising on new business and communication opportunities.

- 30+ years of market research and marketing experience with corporations, ad agencies, and research firms.
- Extensive experience with consumer marketing research.
- Analytical skills, strategic thinking, and problem-solving.
- Proven ability to conduct in-depth research and analyze relevant customer and market intelligence to identify market opportunities and develop business recommendations based on the findings.
- Utilize market and consumer insights to develop actionable communication messages and marketing tactics Branding and positioning.
- Evaluating the effectiveness of marketing/advertising programs and communication tools
- Developing strong working relationships with management and other groups
- Developing new business proposals and market analyses.
- Experience using databases to identify and qualify business or gift prospects.

Bingle Research Group contribution: BRG will provide research, data collection, analysis and reporting services on the LHD and HCC evaluation surveys and other evaluation services, as needed

10. Billing and Invoicing

Please confirm that you understand and accept the invoicing approach described in Attachment L, Section 6.

Yes, we have reviewed and understand the invoicing approach as described in Attachment L, Section 6, and we accept the terms outlined therein.

11. Performance Standards

Please confirm that you understand and accept the requirements and performance standards that will be reported to the State as described in Attachment L, Section 7.

Yes, we understand and accept the requirements and performance standards to be reported to the State as outlined in Attachment L, Section 7.

12. Additional Terms and Definitions

Please list any additional terms and definitions used by your company or industry that you would like the State to consider incorporating in the contract. The State will not accept terms and definitions introduced after award during contract finalization and implementation.

Yes, we will compile and provide a list of additional terms and definitions pertinent to our industry and company operations for your consideration to be potentially included in the contract. We understand the importance of establishing this terminology upfront and will ensure it is submitted within the stipulated timeframe, acknowledging that no further terms will be accepted post-award during the contract finalization and implementation phases.

13. Exemptions, Substitutions, or Conditions to State Boilerplate

Please confirm you have carefully reviewed all requirements listed in RFP Section 1.4. Should your company have any exceptions, substitutions, or conditions for the State's consideration, please list them below. The State will not accept exceptions, substitutions, or conditions introduced after award, during contract finalization and implementation.

Yes, we have meticulously reviewed all the requirements listed in RFP Section 1.4 and acknowledge that there are no exceptions, substitutions, or conditions from our company to be considered by the State. We understand and accept that no changes to these terms will be entertained after the award, during contract finalization, and implementation.