



**Trauma System
Development Request for
Applications (RFA)**

2026-2027



**Indiana
Department
of
Health**



MISSION, VISION, VALUES:

Mission statement

The mission of the Indiana Department of Health's Division of Trauma and Injury Prevention is to develop, implement and provide oversight of a statewide comprehensive trauma care system that:

- Prevents injuries
- Saves lives
- Improves the care and outcomes of trauma patients

Vision

- Prevent injuries in Indiana

Core values

- Health Equity – We place equity at the center of our work to ensure every Hoosier, regardless of individual characteristics historically linked to discrimination or exclusion, has access to social and physical supports needed to promote health from birth to end of life.
- Communication – We provide stakeholders and the public accurate and up-to-date scientific data and provide education and resources regarding utilization of evidence informed practices in a timely manner.
- Innovation – We continue to learn, research evidence-informed practices, advance our services, and be open to new methods, ideas, and products that help build and expand upon the services we provide.
- Integrity – We are honest, trustworthy, and transparent. We uphold our standards and do the right things to achieve the best public health and safety outcomes.

BACKGROUND/NEED:

Injury is a highly prevalent and lethal disease. It affects all populations, whether urban or rural, young or old. Unfortunately, the disease “injury” tends to be treated as an isolated and often unpredictable event. Using a public health model, however, provides a framework to integrate the full spectrum of the disease into one cohesive model. Each individual component of the trauma system should be fully developed and supported, but equally importantly, key leaders and stakeholders should ensure that the components work together and that the public is aware of the burden of injury in the community.

Key Points:

- Trauma systems are a vital part of injury care across the United States.
- Injury is a major public health problem, causing great loss of life and productivity.
- Injury is the leading cause of death during the first four decades of life and among the top 10 causes in all decades of life.
- Organized systems of care have been shown to save lives after injury.
- Trauma systems are essential to combat the injury epidemic across the spectrum, ranging from injury prevention, to specialized care, to rehabilitation

The State of Indiana continues to build an integrated trauma system. Rallying around the vision of an inclusive trauma system with coordinated regional implementation and comprehensively leveraging the engagement of a large and diverse passionate stakeholder group will be essential to the continued evolution of the Indiana Trauma System.

The state has a population of 6.8 million distributed over 36,418 square miles. Large areas of the state have limited access to trauma center care, particularly in rural areas in north central, western, and southeastern Indiana. Age adjusted injury mortality is significantly higher in these regions of the state. When compared to the U.S. average, the age adjusted injury mortality rate for Hoosiers is higher for every age group up to the age of 75. Of note, the rates of motor vehicle crash mortality and firearm injury mortality are substantially higher in Indiana when compared to the U.S.

Indiana is privileged to have an engaged stakeholder group of insightful and passionate providers across the spectrum of injury care that have been driving statewide trauma system development. In November of 2022, the IDOH requested this consultative review of the Indiana State Trauma System (available upon request), which was conducted under the auspices of the Trauma Systems Consultation (TSC) Program of the American College of Surgeons (ACS) Committee on Trauma (COT).

The conceptual framework of the Trauma Systems Consultation Guide is the Essential Trauma System Elements. Since the 1980s, experts in the field of trauma system development have sought to define the necessary and essential components of a working trauma system. The functional elements of highly effective trauma systems were outlined in two documents published by HRSA, the Model Trauma Care System Plan in 1992 and Model Trauma Systems Planning and Evaluation in 2006. Using these sources as well as data gained from over 40 trauma system consultations performed by the Trauma Systems Evaluation and Planning Committee of the ACS COT, a draft set of essential elements was developed in 2018 by a multidisciplinary workgroup led by the ACS COT. These essential trauma system elements were subsequently refined through input from provider organizations from across the spectrum of injury care and have been the foundation for assessment and recommendations to improve trauma systems across the United States.

PROJECT DESCRIPTION:

The Indiana Department of Health's (IDOH's) Division of Trauma and Injury Prevention has been provided funding to support quality improvement projects and the ongoing development of the statewide trauma system. To aid in the implementation of trauma system projects, the Indiana Department of Health will fund the following strategies (per [Senate Enrolled Act No. 4](#)). Applicants must implement projects that target at least one strategy but can address multiple strategies if appropriate.

Strategy 1: Trauma System Development

Strategy 2: Quality Improvement

Strategy 3: Trauma and Non-Trauma Center Engagement

Strategy 4: Injury Prevention Programming

This request for application (RFA) is designed for all interested entities wishing to submit proposals for trauma system development under the core strategies outlined above. Funding decisions for all proposals submitted under this program will be made following a review

process by the respective Trauma Regional Advisory Council, Trauma Care Commission Subcommittee, and Indiana Trauma Care Commission (TCC).

ELIGIBILITY:

Eligible applicants might include hospitals, hospital networks, first responder agencies, statewide organizations, and entities with previous experience leading quality improvement activities. An entity may submit more than one proposal but should ensure coordination with their respective TRAC. TRAC locations and contact information can be found:

<https://www.in.gov/health/trauma-system/indianas-trauma-system/regional-trauma-system-development/>.

FUNDING:

The total funding amount available for this program is approximately \$8 million (awards contingent upon the availability of funding). This contract period covers State Fiscal Years 2026 and 2027 and applicants can request funding for individual fiscal years or both. The contract period starts on July 1, 2025 and ends on June 30, 2027. Applicants will be allocated a set dollar amount based on the project scope and potential impact to address outlined strategies and improve Indiana's trauma system. Available funding by fiscal year is as follows:

Fiscal Year 2026 - \$3 million

Fiscal Year 2027 - \$5 million

Funds for the Trauma System Development grant during FY 2026 must be encumbered (obligated) by June 30, 2026. Funds for Trauma System Development grant during FY 2027 must be encumbered by June 30, 2027. Funds must be spent within 2 years of contract execution. Grant awards cannot be used to duplicate or supplant funding currently in place for these activities and must be used for its stated purpose. The IDOH plans to award 10-15 entities with funding and funds could change based on the final number of selected applicants. Funds will be paid upon receipt and approval of invoices.

Projects/Items NOT eligible for funding:

- Personal Items
- Items not related to IC 16-31-2.5-2
- Duplicate Payments, Overpayments, Bad debts
- Capital expenses (such as vehicles, motorized items, trailers, buildings/structures, renovations, etc.)
- Scholarships
- Contributions, gifts, or donations
- Political contributions
- Entertainment, Food
- Any unallowable expenditure as determined by the Indiana State Board of Accounts
- Any expenditure not allowed by Indiana State Law
- Other activities or purchases deemed inappropriate by IDOH.

Carryover of funds: Applicants may request to carry over unspent funds from one contract year to another (ie: FY26 to FY27); however it is strongly recommended funds are spent down during the respective award FY. Requests to carry over funds must be made within 30 days of the start

of a new contract year. Requests are made in writing to the Indiana CTSI and must include a budget showing how the funds carried over to the following year will be used.

GRANTEE GUIDANCE:

Trauma System Development

Purpose: Increase access and coordination to appropriate trauma care facilities by improving and maintaining the infrastructure of the trauma system

Goals:

- 1) Identify gaps in statewide trauma center coverage and access with particular focus in geographically remote areas;
- 2) Engage hospitals in areas without a 45-minute accessible trauma center;
- 3) Assist trauma centers to enhance their level of verification or maintain existing level of verification

Priority Projects: Fill gaps in trauma center coverage in south-central/east Indiana (LIIIs), North-central Indiana, Assist trauma centers with level of verification enhancement and/or readiness needs

Quality Improvement

Purpose: Promote effective coordination of care (right person, right place, right time), including appropriate hospital triage (with EMS) and timely transfer of critical patients. Improve the Indiana trauma registry and optimize data collection and quality including accuracy to advance the effective and timely use of data

Goals:

- 1) Increase utilization of Trauma and EMS registry;
- 2) Support regional quality improvement efforts focused on coordination of care;
- 3) Develop clear and transparent triage and transport agreements

Priority Projects: Implement automation of data entry and submission at the hospital level, Data analysis and process improvement for interfacility transfers and/or transfer delays at regional level/areas of highest need, Provider education and training to improve clinical care coordination

Trauma and Non-Trauma Center Engagement

Purpose: Improve hospital reporting across the state to ensure all hospitals are submitting high-quality data. Enhance hospital infrastructure including personnel needs to support ongoing hospital engagement

Goals:

- 1) Increase statewide data submission to 100% and ensure data quality including automation or integration;
- 2) Establish regular trauma education and registry courses for providers at non-trauma hospitals;

Priority Projects: Education and training development to support personnel, Reduce burden of data collection through automation and alternative submission options

Injury Prevention Programming

Purpose: Implement evidence-based programming to address leading causes of trauma and injury within the community and regional environments

Goals:

- 1) Increase knowledge and awareness of trauma and injury to change behavior;
- 2) Implement community-level and/or regional programming to improve trauma and injury outcomes;

Priority Projects: Provide outreach to key community organizations and stakeholders to implement prevention programming and share outcomes data, Enhance public awareness and community engagement

BUDGET:

Applicants are required to prepare a budget for FY26 or FY27 using the budget template included on the RFA webpage. **Note that this template has three tabs.**

The budget should include individual line items and estimated expenditures per line item, projected as needed for accomplishing program goals and activities.

Personnel

- **Salaries and Wages** - For each staff position proposed, include the title of the position, percentage of time (FTE), annual salary, number of years' salary requested, and a summary of the job description or responsibilities. Staff position(s) paid by funds must be dedicated only to approved project activities. IDOH does not take exception to an incumbent employed by the grant that works two part-time positions; part-time position is defined as 20 hours or less per week or as defined by the lead agency.
- **Fringe Benefits** - For each position, indicate the rate and compute the amount charged for fringe benefits usually and customarily provided by the agency for employees. IDOH grant funding cannot be used to provide benefits more than those normally and customarily offered to all employees. If the agency does not provide fringe benefits to all employees, IDOH grant dollars cannot be used to provide benefits not normally and customarily offered. Please refer to the Human Resources Department of your agency for written guidance on this budget line item.

Travel

Expenditures for travel will be limited to the rate customarily paid by the agency or the current rate being paid by the State of Indiana, whichever is less. A chart summarizing the maximum reimbursement amounts is available for reference -

<https://www.in.gov/idoa/procurement/travel-services/travel-reimbursement-rates/>.

Supplies

Supplies may include office supplies or project supplies, including those supplies not specifically excluded. Include a narrative justification outlining the intended use and incorporation of the supplies into the local program.

Contractual

On the budget template or on another page, describe for each subcontract the following information:

- Scope of work including tasks and deliverables
- Time period of the contract
- Person in the agency who will supervise or manage the subcontract
- Name of the contractor or, if not yet known, what method will be used to select the contractor, e.g. bids, request for proposals, sole source, etc.
- Amount or budget for the contract
- Process for contractor to secure payment
- How the contract will be supervised, managed, or otherwise monitored by the agency

Other

This category can include costs for items such as copying, printing, postage, mailing, publications, and professional education costs.

Paid Media

Advertising and communication media - **All paid media must be pre-approved by IDOH prior to placement. The agency is responsible for all costs related to paid media, if not approved by IDOH.**

Furniture and Equipment

Equipment and computer/software upgrades are allowable, provided they are reasonable expenditures relative to the work proposed and were not purchased in a previous year. All equipment purchased with grant funds, which costs \$500 or more, shall remain the property of IDOH and shall not be sold or disposed of without written consent from IDOH.

NOTE: The submitted budget is not the final budget. The final budget must be approved by IDOH and the TCC.

PROPOSAL REQUIREMENTS:

The RFA is available on a rolling basis so interested applicants can submit an application at any time. All requested funding should be described in the budget template. For questions about the program and eligibility, please contact IDOH Division of Trauma and Injury Prevention (indianatrauma@health.in.gov).

For questions about system/technical issues or the submission process, please contact Julie Driscoll at the Indiana Clinical and Translational Sciences Institute (judrisco@iu.edu).

SUBMISSION PROCESS:

The IDOH is using the Indiana CTSI's online grants management software, WebCAMP, for the submission process. Please allow enough time to be familiar with the software. The [funding announcement](#) on the Indiana CTSI website links the documents that you will need, including

the budget template and application template. Use the **Start a Submission** link to begin your application submission. The WebCAMP user's guide is also available under the [funding announcement](#). For questions about this software and submitting an application, please contact Julie Driscoll at the Indiana CTSI (judrisco@iu.edu).

REPORTING REQUIREMENTS

Awarded entities will be required to submit to the following reporting schedule via the Indiana CTSI. A report template will be provided for use. IDOH reserves the right to request a status report at any time within the contract.

Quarterly reports and Final report on activities:

FY26

- o January 1, 2026 to March 31, 2026 – Due April 30, 2026
- o Final Report – Due July 31, 2026

FY27

- o July 1, 2026 – September 30, 2026 – Due October 31, 2026
- o October 1, 2026 – December 31, 2026 – Due January 31, 2027
- o January 1, 2027 – March 31, 2027 – Due April 30, 2027
- o Final Report – Due July 31, 2027

**Additional reporting post July 31, 2027 will be necessary based on contract execution date – this will be determined with IDOH if awarded.

ADDITIONAL POINTS OF CONTACT:

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