STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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Responses to Subcommittee Request for Information on the Governor's Proposed FY 2022 and FY 2023
Department of Public Health (DPH) Budget

— DPH Work Session — Thursday, March 4th — 2:30pm to 3:30pm —

1. Out of the total number of currently vacant positions in the agency, how many of these positions has the agency been authorized to refill, to date?

Response:
FY 2021 Authorized General Fund Position Count = 481
Filled = 373 (as of February 2021), Unfilled = 108
Of the 108, funding is available to support approximately 42 FTEs. One-half are in process of being refilled.

2. How many more vacant positions are anticipated to be authorized to be refilled before the end of the current fiscal year?

Response:
The review process for the remaining funded vacancies is currently underway.

3. How many vacancies are anticipated in both FY 22 and FY 23 from retirements?

Response:
The agency anticipates a range of approximately 34 to 100 retirements.

4. Please provide information on current and anticipated COVID funding to the following entities, and summarize the purpose of this funding (e.g., infectious disease control, personal protective equipment):

Response:

a. **DPH** -
Please see attached Exhibit 1 - COVID 19 Funding Summary
b. **Nursing Homes** -
DPH has not provided direct funding to the nursing homes. However, approximately $120m have been expended to date to support COVID testing of staff and patients at nursing home facilities. Additionally, approximately $6m is allocated for point prevalence testing in these facilities.
c. **Part-Time, Full-Time, and District Departments of Health** -
Please see Exhibit 2 – DPH Funding to Local Health Departments and Districts
d. **Federally Qualified Health Centers (FQHCs)** -
Approximately $1m have been allocated to support costs for the set up and

operations of winter COVID testing sites. This includes trailers, snow removal, electrical set up, and similar items. Additionally, $11,000 has been allocated in the Maternal and Child Health Block Grant (MCHBG) to purchase personal protective equipment (PPE) for School Based Health Centers (many are operated by FQHCs).

The Health Centers have also received multiple types of direct federal financial and in-kind assistance, including over $24.8 million in financial support through the Provider Relief Funds, CARES Act; PPE supplies; and under other federal programs.

5. Has DPH set COVID vaccination goals for at-risk populations (e.g., immunocompromised individuals), or by age cohort, for Connecticut**?**

Response:
Yes. DPH is moving forward with an age-based rollout of COVID-19 vaccine administration. The agency has an overall coverage target between 70-80% across all populations. This is measured based on eligible population at the time. DPH has identified the 50 highest risk zip codes and vaccine providers have committed to administer 25% of the vaccine to persons who reside within those zip codes.

6. When will the COVID vaccine be available to residents, by age-group? What is the reasoning behind age-based vaccination phases in Connecticut?

Response:
March 1, 2021: Expands to age group 55+; Childcare and PreK-12 education
(Tentative) March 22, 2021: Expands to age group 45 to 54
(Tentative) April 12, 2021: Expands to age group 35 to 44
(Tentative) May 3, 2021: Expands to age group 16 to 34

In addition to the age-based eligibility, pre-K through 12 school staff, teachers, and professional childcare providers will be eligible to receive the vaccine in March at dedicated clinics that will be set up specifically for those sectors. Educators and childcare professionals will soon receive information from their school administrators and employers on when their dedicated clinics will be provided. Connecticut has been using a phased approach to its COVID-19 vaccine program to ensure that the state continues taking the most equitable and efficient approach to quickly administering the COVID-19 vaccine to as many people as possible. Age is one of the strongest factors contributing to COVID-19 deaths, with 96 percent of COVID-19 deaths in Connecticut occurring in people over the age of 55. Other previously considered scenarios proved overly complex and confusing, would potentially exacerbate inequities in vaccine distribution, and slow down the process of providing it to Connecticut residents.

7. Have FQHCs, or any other health care entities, been provided with COVID funding to increase screening for the Human Immunodeficiency Virus (HIV) or other immune-system-compromising conditions?

Response:
No additional funding has been provided to community partners to increase testing for HIV; however, the U.S. Health Resources & Services Administration (HRSA) awarded an additional $203,981 to DPH to support Ryan White Part B service providers through the

CARES Act. This funding supports services for individuals living with HIV, including ambulatory care, medical case management, housing, substance abuse, oral health, emergency financial assistance and mental health. Slightly less than $950,000 in other supplemental Ryan White funding was directly awarded by HRSA to providers in CT.

8. Have FQHCs, School Based Health Centers, or other health care entities been provided with COVID funding to increase mental health screenings?

Response:

No funding has been provided, however, screening for mental health in School Based Health Centers (SBHC) is an integral part of their services and required through contract language. The past three years has seen an average of approximately 4,265 students enrolled in mental health services, with 56,415 individual visits provided annually. Mental health screening and mental health services remain robust during this time of hybrid schooling through a variety of in-person and telehealth services. Research has shown the impact of adverse childhood experiences on health including mental health, and the impact from the pandemic will need to be monitored for years to come. DPH supports SBHCs in providing mental health screenings through education, webinars, and on-going communication with our federal partners including HRSA, the Maternal and Child Health Bureau, the Substance Abuse and Mental Health Services Administration, and the School-Based Health Alliance. DPH works closely with sister agencies in CT that support health and behavioral health for children and adolescents, including, but not limited to: SDE, OEC, DMHAS, DDS and DSS.

9. Please provide details on why funding is needed for the regulation of Per- and PolyFluoroAlkyl Substances (PFAS).

Response:

DPH needs additional resources to implement recommended actions within the Governor's PFAS Action Plan to minimize Connecticut residents' PFAS exposure. Several of the PFAS compounds evaluated thus far have been proven to bioaccumulate in humans and animals and have been linked to health risks ranging from developmental effects in fetuses and infants to certain forms of cancer. Scientific understanding of these compounds and their potential impact on humans and the environment is rapidly expanding. The U.S. Environmental Protection Agency (EPA) action on PFAS has been slow and does not address concerns regarding the majority of the over 9,000 PFAS compounds estimated to be in use. DPH requires additional toxicology expertise to identify PFAS that pose a risk to human health and at what levels and through which routes of exposure. In addition, the extent of PFAS contamination in CT is unknown due to lack of widespread testing of drinking water, which is the most understood route of human exposure.

There are 2,500 public water systems that utilize over 4,000 drinking water wells, and approximately 325,000 private wells that supply drinking water to residents of CT. Funding is needed to design and implement a testing program that adequately identifies PFAS contamination. It is critically important to have consistent, timely, and effective communication, outreach, and education, including community outreach forums, to and with all stakeholders and additional staff is necessary for this task. There is an enormous workload to provide information and answer all questions regarding work efforts, when testing takes place, and when results are shared.

The private sector cost for PFAS analysis of drinking water is high, therefore having capacity at the DPH laboratory to analyze drinking water for PFAS is critical for supporting local health departments' and districts' testing of private wells and in disadvantaged communities. DPH laboratory capacity includes the analytical equipment, supplies for testing and skilled staff to run, and maintain the equipment. Additional DPH staffing is necessary to approve commercial laboratories to conduct standardized PFAS analyses. This will ensure that there is adequate commercial laboratory capacity to analyze drinking water samples when the water testing program is implemented.

The federal government has been slow to act in establishing standards for PFAS in drinking water and other northeastern states have set drinking water standards for PFAS that are lower than CT's unenforceable drinking water action level. DPH intends to initiate a process to develop enforceable PFAS drinking water standards for CT. The Department has reallocated federal funding for consultant support to establish the process.

10. Please provide details on why funding is needed to support safe drinking water across 2,500 public water systems in Connecticut, including 170 school systems.

Response:
Dedicated funding is necessary to support staff committed solely to providing oversight, regulation, and technical assistance to the 170 school systems classified as public water systems within the state. This funding support will ensure that issues involving school public water systems with violations, water quality and quantity concerns, and construction projects are immediately addressed by dedicated staff.

11. Please provide a brief summary of the purpose of the Drinking Water State Revolving Fund Program (DWSRF), and how it is funded.

Response:
The DWSRF provides long-term low-interest loans, subsidized loans and grants to community and non-profit public water systems throughout Connecticut. Projects that are eligible for funding include drinking water infrastructure improvements that provide public health protection, assist water systems in achieving and maintaining compliance with state and federal drinking water regulations and support long-term infrastructure sustainability programs (i.e., capital improvement projects). The program receives annual capitalization grant awards from the U.S. EPA. These federal grant funds are leveraged by the Office of the State Treasurer through bond sales to provide additional lending capacity. Since 1997, the DWSRF has provided over $383 million to 89 public water systems serving 79 municipalities to finance 267 prioritized drinking water infrastructure projects that provide direct and tangible benefits to the State of Connecticut.

12. When does the agency anticipate being able to test drinking water by school building?

Response:
The Water Infrastructure Improvements for the Nation Act or "WIIN Act" of 2016 authorizes the Environmental Protection Agency to establish a voluntary grant program to assist local and tribal educational agencies and childcare programs in testing for lead in drinking water at schools and childcare programs. On October 7, 2019, the Department was officially awarded the allotted funds for the WIIN grant. The Department's work plan has been approved by EPA and was originally planned to launch in 2020, pre-COVID-19. Involvement in the grant is completely voluntary to schools and childcare programs that wish to participate, however, there are requirements that must be met by those who wish to

be involved. One of those requirements is posting and notification of sample results to the school community (all parents and/or guardians). This grant does not award any remediation funds to schools.

Due to COVID-19, school sampling could not launch in 2020 (due both to safety precautions and space restrictions), which provided the Department more time to refine the work plan and needed communication efforts to fully engage local school districts. DPH has a tentative fall 2021 date to begin a communication launch to educate the local school districts on the importance of sampling drinking water and will shortly thereafter begin sampling schools that volunteer to participate.

13. What is the Drinking Water Division's relationship with local water authorities?

Response:
The Drinking Water Section (DWS) maintains a good working relationship with the Public Water Systems (PWSs) that they regulate, providing regulatory oversight and technical assistance, as necessary. DWS always encourages open lines of communication between the Department and PWS for any level of interest; whether it is general questions or more advanced issues that may relate to an emergency, the DWS is always available. DWS has an After-Hours Team of staff who are available for any issues or needed communication outside of normal work hours including weekends. As an example, in 2020 the Environmental Health Drinking Water Branch (which the DWS resides within) issued 87 circular letters and held 29 webinars over the course of the year. As of March 1st, 2021, DWS has issued 10 circular letters and has held 4 webinars. DWS is also an active participant in several industry workgroups and most recently presented on 4 topics at the local industry conference (the CT Section American Water Works Association Annual Technical Conference and Vendor Expo (ATCAVE), held virtually on 2/23-2/25/2021).

14. What is the Drinking Water Division's relationship with the Connecticut Agricultural Experiment Station (CAES)?

Response:
The Drinking Water Section's relationship with the Connecticut Agricultural Experiment State (CAES) is limited to joint participation in the Governor's Interagency PFAS Task Force.

15. Please provide a summary of the anticipated benefits of the Governor's Human Resources (HR) and Labor Relations (LR) centralization proposal to DPH**.**

Response:
The agency anticipates benefiting from the centralization of the HR and LR operations in consistency of operations, improved communications, efficiency, economies of scale, elimination of redundancies and leveraging of resources not immediately available to DPH. This will ensure strategic alignment of the agency's current and future hiring and retention goals and objectives with its human resources and capital needs.

16. How many positions, and how many hours, are associated with the private provider minimum wage adjustment, by account?

Response:

The proposed minimum wage adjustment is for 2 positions and 2,080 hours in FY 2022 and 4 positions and 2,080 hours in FY 2023 associated with services procured through the X-Ray Screening and Tuberculosis Care and School Based Health Clinics accounts.

17. Please provide the current status of the LGBTQ Health and Human Services Network, information on associated DPH expenditures to date, and the reasoning behind the $100,000 funding reduction in both FY 22 and FY 23 included in the Governor's budget.

Response:
The LGBTQ HHS Network remains active under the Commission on Women, Children, Seniors, Equity & Opportunity's chairmanship. DPH assists the Network's mission to conduct a needs analysis and award grants to member organizations to further deliver health and human services to individuals in the state identifying themselves as LGBTQ. The Network spent $19,250 in its first year (FY 2020) in consulting fees for The Consultation Center at Yale (TCC) to develop a data collection and analysis plan. The remaining $230,750 appropriated for this first period lapsed. $104,175 was obligated in the second year (FY 2021) to the same vendor to conduct the needs analysis as required by statute.

An additional $17,000 was obligated in FY 2021 to support a Behavioral Risk Factor Surveillance System (BRFSS) inquiry related to the needs analysis. The remaining $128,825 is available for grants to provide direct services. The FY 2022-2023 Governor's budget proposes an annual appropriation commensurate with this amount.

18. Please provide information on funding, the purpose of funding, and expenditures to date State and federal, separately) for opioid abuse prevention, and, more broadly, drug overdose prevention.

Response: Please see table below

Opioid and Drug Overdose Prevention Program

Program/Project	Source	Period			Funding	Expenditures
Opioid and Stimulant Drug Overdose Prevention and Surveillance components**	Federal	3 years	9/1/2019	8/31/2022	$ 5,948,985.00	**$ 2,129,336.91**
Opioid Drug Overdose Prevention and Preparedness for Surge in Opioid Overdoses	Federal	1.5 years	9/1/2018	3/31/2020	$ 3,981,976.00	**$ 3,981,976.00**
Strengthening Prescription Drug Overdose Prevention	Federal	3.5 years	3/1/2016	8/31/2019	$ 4,748,702.00	**$ 4,403,959.68**
Enhanced State Opioid Overdose Surveillance	Federal	2 years	9/1/2017	8/31/2019	$ 883,508.00	**$ 814,212.09**
Purchase and distribute Narcan statewide to high risk populations served via the DPH HIV Prevention Program	Federal	2 years	9/1/2018	9/29/2020	$ 380,000.00	**$ 374,607.78**
HIV Surveillance and Prevention for Health Departments*	State	1 Year	1/1/2021	12/31/2021	$ 512,414.00	**$ -**
Syringe Exchange Programs(SEP) in three Connecticut cities with high rates of HIV infection: Bridgeport, Hartford and New Haven. to work with injection drug users (IDUs) to exchange used syringes for clean ones to assist in statewide efforts to reduce cases of human immunodeficiency virus (HIV) infection, viral hepatitis, and other blood-borne illnesses **	State	1 Year	7/1/2020	6/30/2021	$ 460,741.00	**$ 168,068.00**
AIDS Services support for Drug User Health services including procurement of fentynol test strips, OD kits red bags and distribution of Naloxane. **	State	1 Year	7/1/2020	6/30/2021	$ 962,489.00	**$ 372,896.00**

* Disbursments yet to be made to Providers. The allocated amount is expected to be expended in full by end of grant period.
** Expenditure amount based on YTD disbursements as of 3/2/2021

19. Please breakout your FY 20 actual Other Expenses (OE) account expenditures, as well as anticipated FY 22 and FY 23 expenditures. **Response:** See table below

Expenditure Categories	2020 Actual Exp.	Percentage	2021 Budget	2022 Proposed Budget	2023 Proposed Budget
Premises Expenses	$2,402,809	29.58%	$2,064,479	$2,124,522	$2,121,366
Purchased Commodities	$1,854,661	22.83%	$1,423,876	$1,465,288	$1,463,111
Equipment Rental and Maintenance	$851,742	10.48%	$854,446	$879,297	$877,991
Electricity	$730,297	8.99%	$907,749	$934,149	$932,762
Information Technology	$709,630	8.73%	$724,657	$745,733	$744,625
Other Services *	$526,699	6.48%	$568,629	$585,166	$584,297
Professional Services	$286,461	3.53%	$273,558	$281,514	$281,096
Communications	$192,910	2.37%	$189,063	$194,562	$194,273
Motor Vehicle Costs	$157,165	1.93%	$160,375	$165,039	$164,794
Natural Gas	$152,752	1.88%	$152,752	$157,194	$156,961
Water	$97,935	1.21%	$94,767	$97,524	$97,379
Capital Outlays	$72,113	0.89%	$20,378	$20,971	$20,940
Other / Fixed Charges	$46,830	0.58%	$46,830	$48,192	$48,120
Employee Travel	$23,331	0.29%	$22,385	$23,036	$23,001
Employee Expenses	$18,912	0.23%	$18,912	$19,462	$19,433
Grand Total	**$8,124,248**	**100.00%**	**$7,522,856**	**$7,741,649**	**$7,730,149**

* Includes postage, membership fees, printing, and binding, fees and permits, and other miscellaneous cost to the agency.

20. Please provide a summary of funding and expenditures (state and federal) for tobacco and nicotine cessation programming over the past three State fiscal years.

Response: See table below

Project/Program	Source	Purpose	Funding FY18	Expenditure FY18	Funding FY19	Expenditure FY19	*Funding FY20-21	*Expenditure FY20-21
National State-Based Tobacco Control Program	Federal	CDC Best Practices Tobacco Control Program	$824,868	$770,317	$1,031,085	$1,020,600	$981,507	$430,174
Quitline Infrastructure Expansion	Federal	Quitline Support	$156,799	$151,412	$300,532	$292,400	$0	$0
Public Health and Human Services Block Grant	Federal	Prevention and Cessation initiatives	$14,828	$14,828	$52,077	$52,077	$58,357	$58,357
Tobacco and Health Trust Fund	State-C.G.S. Sec. 4-28f	CDC Best Practices Tobacco Control Program Activities	***	$2,106,184	***	$1,156,610	***	$548,941

*** Funding was provided for Quitline Services in FY 2014-2016 that is still in use today: Between 2014-2016 Tobacco and Health Trust Fund Board of Trustee distributions totaling $3,141,835 were provided for Tobacco Use Cessation Services, and the remaining balance continues to fund the statewide Tobacco Use Cessation Telephone Quitline. Approximately 40.6% of Quitline calls are from Medicaid participants.

21. Please provide State and federal funding, and expenditures, for DPH's Office of Injury Prevention and its Injury and Violence Surveillance Unit, by fiscal year for the past five fiscal years.

Response:
Please see Exhibit 3 – OIP VSU Funding and Expenditures for the requested breakdown of the Office of Injury Prevention (OIP) financial information.

22. Please provide a breakout of OIP and the Injury and Violence Surveillance Unit funding and expenditures by its various types of injury prevention programs, and activities.

Response:
Federal funding expenditures increased between FY 2016 and FY 2020, from $887,865 to $5,944,334 annually, in large part due to an influx of federal funds aimed at combatting the ongoing opioid and drug overdose crisis. Funding for sexual violence prevention and suicide prevention has also increased. There is no dedicated funding for other violence prevention initiatives and limited funding addressing falls and motor vehicle safety. The current 13 Office of Injury Prevention staff are fully or partially federally funded.

State funding for Injury Prevention supports 1.9 FTEs, child abuse prevention and services, and sexual violence prevention. State expenditures decreased from FY 2016 to FY 2020, from $1,126,376 to $1,079,401. Half of this allocation comes from the Rape Crisis line item in DPH's General Fund appropriation and is passed through to The Connecticut Alliance to End Sexual Violence to support rape crisis services at the state's nine crisis centers. *See Exhibit 3 OIP Sub-Committee Supporting 2022-2023 files.*

23. Please provide State and federal funding, and expenditures, for OIP and the Injury and Violence Surveillance Unit directed specifically at gun violence prevention programs, by fiscal year, for the past five fiscal years.

Response:
DPH does not receive federal or state funding for gun violence prevention programs. However, in FY 2017, FY 2018 and FY 2019, federally funded Preventive Health and Health Services Block Grant programs addressed preventing suicide by firearm by designing and disseminating educational materials and delivering trainings for firearm retailers and ranges. Total annual expenditures aimed at preventing suicide by firearm are estimated below:
FY16: $0.00
FY17: $13,849.60
FY18: $7,133.75
FY19: $6,040.44
FY20: $0.00
TOTAL: $27,023.79

24. What support are we providing to people with IDD and Down Syndrome to protect them from contracting COVID-19?

Response:
DPH administers the CT Medical Home Initiative, which provides care coordination services to children and adolescents who have special health care needs including those with IDD and Down Syndrome. Program services are available statewide and host sites are located at several hospitals, a federally qualified health center, and a behavioral health organization. All sites have extensive educational materials and other information to share on the impact of COVID-19 and work to distribute such information and promote awareness for special needs populations. DPH works closely with our federal partners, including Health Resources and Services Administration and Maternal and Child Health Bureau, as well as the American Academy of Pediatrics on supports for all populations to address barriers during COVID-19. DPH also works closely with community partners though the CT Medical Home Advisory Council and other councils to address ways to keep

special health care needs populations safe during the pandemic. Department staff are active members of the CT Council on Developmental Disabilities, whose members help to ensure people with developmental disabilities can build great lives and be fully included in the communities in which they choose to live.