STATE OF CONNECTICUT

GOVERNOR NED LAMONT

August 30, 2021

The Honorable Martin Looney
President Pro Tempore
Connecticut State Senate
Legislative Office Building, Room 3300
Hartford, CT 06106

Dear Senator Looney,

Pursuant to Section 4-28b of the Connecticut General Statutes, I am pleased to transmit for legislative review the recommended allocations for the following six block grant programs for Federal Fiscal Year 2022: Community Mental Health Services, Community Services, Maternal and Child Health Services, Preventive Health and Health Services, Social Services, and Substance Abuse Prevention and Treatment. Table A in each respective plan contains the recommended allocations. Please note that these plans are based on anticipated federal funding and may be subject to change when the State of Connecticut receives the final federal grant award notices.

Thank you for your attention to this matter. Please contact Danielle Palladino at the Office of Policy and Management at Danielle.Palladino@ct.gov or 860-402-7576 if you have any questions about the recommended allocations or any other aspects of the plan.

Sincerely,

Ned Lamont
Governor

cc: Honorable Kevin Kelly, Senate Minority Leader
Josh Geballe, Chief Operating Officer, Office of Governor Ned Lamont
Melissa McCaw, Secretary, Office of Policy and Management
Vannessa Dorantes, Commissioner, Department of Children and Families
Nancy Navarretta, Acting Commissioner, Department of Mental Health and Addiction Services
Deidre S. Gifford, Commissioner, Department of Social Services & Acting Commissioner, Department of Public Health
Claudio Gualtieri, Under Secretary, Office of Policy and Management

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STATE OF CONNECTICUT

GOVERNOR NED LAMONT

August 30, 2021

The Honorable Matthew Ritter
Speaker of the House
Connecticut House of Representatives
Legislative Office Building, Room 4100
Hartford, CT 06106

Dear Representative Ritter:

Pursuant to Section 4-28b of the Connecticut General Statutes, I am pleased to transmit for legislative review the recommended allocations for the following six block grant programs for Federal Fiscal Year 2022: Community Mental Health Services, Community Services, Maternal and Child Health Services, Preventive Health and Health Services, Social Services, and Substance Abuse Prevention and Treatment. Table A in each respective plan contains the recommended allocations. Please note that these plans are based on anticipated federal funding and may be subject to change when the State of Connecticut receives the final federal grant award notices.

Thank you for your attention to this matter. Please contact Danielle Palladino at the Office of Policy and Management at Danielle.Palladino@ct.gov or 860-402-7576 if you have any questions about the recommended allocations or any other aspects of the plan.

Sincerely,

Ned Lamont
Governor

cc: Honorable Vincent Candelora, House Minority Leader
Josh Geballe, Chief Operating Officer, Office of Governor Ned Lamont
Melissa McCaw, Secretary, Office of Policy and Management
Vannessa Dorantes, Commissioner, Department of Children and Families
Nancy Navarretta, Acting Commissioner, Dept. of Mental Health and Addiction Services
Deidre S. Gifford, Commissioner, Department of Social Services & Acting Commissioner, Department of Public Health
Claudio Gualtieri, Under Secretary, Office of Policy and Management

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State of Connecticut
GENERAL ASSEMBLY
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

To: Senator Cathy Osten
Representative Toni E. Walker
Co-Chairpersons, Appropriations Committee

Senator Mary Daugherty Abrams
Representative Jonathan Steinberg
Co-Chairpersons, Public Health Committee

From: Martin M. Looney, Senate President Pro Tempore
Matthew D. Ritter, Speaker of the House

Re: Preventive Health and Health Services Block Grant

Date: August 31, 2021

Pursuant to Connecticut General Statutes Section 4-28b, we are submitting the Governor's allocation plan for the Federal fiscal year 2022 Preventive Health and Health Services Block Grant program to you for your approval or modifications.

Thank you for your consideration of these recommendations.

Sincerely,

Martin M. Looney
Senate President Pro Tempore

Matthew D. Ritter
Speaker of the House

Cc: Susan Keane, Senior Committee Administrator, Appropriations Committee
Beverly Henry, Senior Committee Administrator, Public Health Committee
Danielle Palladino, Policy Development Coordinator, Office of Policy & Management

State of Connecticut
Department of Public Health

The Preventive Health and Health Services Block Grant Allocation Plan FFY 2022

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY 2022 ALLOCATION PLAN

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I. Narrative Overview of the Preventive Health and Health Services Block Grant

A. Purpose

The Preventive Health and Health Services Block Grant (PHHSBG) is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC). The Department of Public Health (DPH) is designated as the principal state agency for the allocation and administration of the PHHSBG within Connecticut.

The PHHSBG, under the Omnibus Reconciliation Act of 1981, Public Law 97-35 (as amended by the Preventive Health Amendments of 1992, Public Law 102-531), provides funds for the provision of a variety of public health services designed to reduce preventable morbidity and mortality, and to improve the health status of targeted populations. Given that priority health problems and related resource capacity of states vary, Congress redirected the funding previously awarded through six separate categorical public health grants to create the PHHSBG in 1981. Thus, the PHHSBG affords each state much latitude in determining how best to allocate these federal funds to address specific state priorities.

B. Major Uses of Funds

The Preventive Health Amendments of 1992 revised substantial portions of the initial legislation, specifically the manner in which services must be classified and evaluated. The basic portion of the PHHSBG may be used for the following:

1. Activities consistent with making progress toward achieving the objectives in the national public health plan, also known as *Healthy People*. All PHHSBG-funded activities and budgets must be categorized under *Healthy People* selected topics and related risk reduction objectives.
2. Rodent control and fluoridation programs. Connecticut does not use funds for either of these services.
3. Planning, establishing, and expanding emergency medical services systems. Funding for such systems may not be used to cover the operational costs of such systems nor for the purchase of equipment for these systems, other than for payment of not more than 50 percent of the costs of purchasing communications equipment for emergency medical systems.
4. Providing services for victims of sex offenses.
5. Planning, administrative, and educational activities related to items 1 through 3.
6. Monitoring and evaluating items 1 through 5.

Aside from a basic award, each state's total PHHSBG award includes one mandated sex offense allocation which is called the Sex Offense Set-Aside. This mandated sex offense allocation may only be used for providing services to victims of sex offense and for prevention of sex offense.

The PHHSBG funds cannot be used for any of the following:

1. provide inpatient services
2. make cash payments to recipients of health services

3. purchase or improve land; purchase, construct, or permanently improve a building or facility; or purchase major medical equipment
4. provide financial assistance to any entity other than a public or non-profit private entity
5. satisfy requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds

Additionally, 30 U.S.C. Section 1352, which went into effect in 1989, prohibits recipients of these federal funds from lobbying Congress or any federal agency in connection with the award of a particular contract, grant, cooperative agreement or loan. The 1997 Health and Human Services Appropriations Act, effective October 1996, expressly prohibits the use of appropriated funds for indirect or "grass roots" lobbying efforts that are designed to support or defeat legislation pending before the state legislature.

States are required to maintain state expenditures for PHHSBG-funded services at a level not less than the average of the two-year period preceding the grant award. The state's funding for individual programs can change as long as the aggregate level of state funding for all programs is maintained. Connecticut's estimated 2022 Maintenance of Effort (MOE) is $2,353,850. The MOE total includes state-funded personnel costs and other expenses funds directed at the attainment of the health status objectives funded by the PHHSBG. In addition, no more than 10 percent of the award may be spent on the administration of this grant.

Consistent with national *Healthy People 2030* leading health indicators, the FFY 2022 PHHSBG basic award will support the following programs: cancer, cardiovascular disease, diabetes, tobacco use cessation, policy and environmental change strategies, unintentional injuries, emergency medical services, childhood lead poisoning, health behavior data surveillance, asthma, state public health accreditation, and related evaluation efforts. The mandated Sex Offense Set-Aside portion of the block grant will fund rape crisis services. In addition, the FFY 2022 PHHSBG basic award will provide contractual funding to local health departments that target the following priority health areas: heart disease and stroke prevention, including obesity, physical inactivity, and nutrition policies; diabetes; cancer; unintentional injuries, which includes motor vehicle crashes and fall prevention; healthy home environments for both lead and asthma; and public health accreditation initiatives at the local level.

C. Federal Allotment Process

Each state's share of the total federal basic PHHSBG appropriation is based upon the amount of funding it received in 1981 for the six categorical grants that the PHHSBG replaced: Health Education/Risk Reduction, Hypertension, Emergency Medical Services (EMS), Fluoridation, Rodent Control, and Comprehensive Public Health. For Connecticut, the FFY 2021 basic appropriation was $2,150,926 and the Sex Offense Set-Aside portion, which is based on the State's population, was $79,914. Total PHHSBG funding allocated to Connecticut in FFY 2021 was $2,230,840.

D. Estimated Federal Funding

The following FFY 2022 funding estimates for Connecticut are based on FFY 2021 funding levels:

Basic Award	$2,150,926
Sex Offense Set-Aside	$ 79,914
Total FFY 2021 Estimated Award	$2,230,840

E. Total Available and Estimated Expenditures

The proposed FFY 2022 budget of $2,230,840 will not be supplemented with carryover funds. CDC allows states two years to expend funds. Starting with FFY 2014, carryover of funds beyond the two-year period is no longer allowed.

F. Proposed Changes from Last Year

The health priorities and program categories for FFY 2022 remain the same as in the original FFY 2021 allocation plan with the following exception. In March 2021, the CDC released the FFY 2021 PHHSBG Allocation Table, which included a 2.75% reduction in funding from FFY 2020 to FFY 2021. Connecticut's final FFY 2021 award is $2,230,840, which is $63,108 less than in FFY 2020. Consistent with the contingency planning process in the adopted allocation plan, executive staff met to determine how to distribute reductions across programs. The PHHSBG Advisory Committee was then convened, a public hearing was held and the modified FFY 2021 PHHSBG allocation plan was approved to include the following funding changes that are maintained in the proposed FFY 2022 allocation plan:

Administrative Support remains unchanged at $120,089, which is 5.58% of the annual basic award. Per CDC guidance, administrative expenses cannot be more than 10% of the annual basic award and Connecticut's projected cost to manage the grant is significantly below that threshold. Funds will be used to support two .25 FTE positions, including a PHHSBG program coordinator and a program evaluator; advertise the mandatory public hearing on the plan; support staff travel to the bi-annual PHHSBG Conference sponsored by the CDC; provide the department continued access to the Public Health Digital Library; and ensure the state's ongoing participation in the National Association of Chronic Disease Directors.

Cancer Prevention program funding was reduced by 5.97%, to $42,727. Funding will support the director of the Connecticut Cancer Partnership, which is the state's cancer coalition. The director provides infrastructure support and administrative assistance for the Partnership and its subcommittees.

Cardiovascular Disease Prevention: Funding to support the HEARTSafe program was reduced by 10.13%, to $20,000. Currently, 110 of the 169 Connecticut municipalities are designated HEARTSafe Communities, and 12 Connecticut businesses are designated HEARTSafe Workplaces. These designations are awarded through an application process and every three years the designation expires. This year's challenge will be to renew the expiring towns' designation.

Emergency Medical Services was reduced by 19.12%, to $15,000. PHHSBG funds will support ongoing education and skill building trainings for Connecticut's EMS leaders and providers.

Local Health Departments was reduced by 2.69%, to $1,083,322. PHHSBG funds are allocated to CT's local health authorities to address a menu of program options that are designed to prevent and reduce the effects of chronic diseases such as heart disease, hypertension, asthma and tobacco use. These conditions are also a focus of the CDC as they affect large numbers of people, are associated with high healthcare costs and have evidence-based interventions that may improve health and reduce healthcare costs.

Rape Crisis Services was maintained at $79,914, the required set-aside funding level mandated by federal legislation to address rape crisis. This allocation provides funding to the Connecticut Alliance to End Sexual Violence and its nine member centers for the provision of direct services for victims of rape and other sexual assaults.

Surveillance and Evaluation was reduced by 2.75%, to $316,227. Funding will be utilized to conduct the Behavioral Risk Factor Surveillance System (BRFSS) survey, and for a 0.25 FTE epidemiologist to provide support to the BRFSS program, enhance quality and quantity of BRFSS data and use small area estimates to broaden the impact of BRFSS data for local geographies. Funds will also be used to conduct an evaluation of DPH Tobacco Control Program initiatives.

Suicide Prevention was reduced by 2.75%, to $99,198. Funding will support suicide prevention training activities, and promote heightened public awareness about suicide prevention and the 2-1-1 Suicide Crisis Line. The primary program focus is on youth suicide prevention.

Nutrition and Weight Status was reduced by 2.75%, to $14,587. Funding will support adding survey questions from the BRFSS Childhood Obesity module, which measures nutrition behaviors, breastfeeding initiation and duration, and weight status in children and adolescents. The data collected through the use of this module is included in the State Health Assessment, is included in the Connecticut Childhood Obesity Report, and is used by state and local partners.

Public Health Infrastructure was reduced by 2.75%, to $439,776. Funding will be used to support DPH's national public health accreditation maintenance efforts and local public health accreditation. Also included is support for two positions, a .50 FTE program manager, and a .25 FTE program supervisor.

Funding that supports DPH's operational expenses is adjusted to reflect updated personnel costs and ongoing other expenses needs.

Both the current available funding and the proposed FY 2022 plan allocations are consistent with recent historical levels. Connecticut's allocation plan for FFY 2022 supports activities that are consistent with achieving progress toward *Healthy People* objectives, which are our national health objectives.

G. Contingency Plan

The Department of Public Health is prepared to revise the FFY 2022 proposed budget, as needed, to accommodate any changes in the estimated PHHSBG award presented in this allocation plan. The development of revisions will be led by DPH executive staff and presented to the Connecticut PHHSBG Advisory Committee. Committee acceptance of the Plan will be followed by a public hearing. The hearing will afford the public an opportunity to comment and make recommendations on proposed

PHHSBG allocations. If there are no objections from the public, the Board will formally approve the Plan.

In accordance with section 4-28b of the Connecticut General Statutes, after recommended allocations have been approved or modified, any proposed transfer to or from any specific allocation of a sum or sums of over fifty thousand dollars or ten per cent of any such specific allocation, whichever is less, shall be submitted by the Governor to the speaker and the president pro tempore and approved, modified, or rejected by the committees. Notification of all transfers made shall be sent to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and to the committee or committees of cognizance, through the Office of Fiscal Analysis.

H. State Allocation Planning Process

The Preventive Health Amendments of 1992 require that each state develop a plan for achieving the national *Healthy People* objectives addressed by the PHHSBG. This must be achieved in consultation with a PHHSBG Advisory Committee. The Committee must include representatives of the general public and local health services. The responsibilities of the Committee are:

1. To make recommendations regarding the development and implementation of an annual plan, including recommendations on the:
   - activities to be carried out by the grant and allocation of funds,
   - coordination of activities funded by the grant with other appropriate organizations,
   - assessments of the public's health, and
   - collection and reporting of data deemed most useful to monitor and evaluate the progress of funded programs toward the attainment of the national *Healthy People* objectives.

2. To jointly hold a public hearing with the state health officer, or his designee, on the plan.

The DPH Commissioner's designee, Donette Wright, chaired two meetings of this year's Preventive Health and Health Services Block Grant Advisory Committee. The Committee is comprised of five representatives from local health departments, community-based organizations, educational institutions, and the general public. The Advisory Committee met on March 24, 2021, and again on June 9, 2021, to finalize details for the application to be submitted to the Centers for Disease Control and Prevention. A public hearing was also scheduled for June 9, 2021.

I. Grant Provisions

In addition to the federally mandated provisions described previously, states must also comply with the reporting requirements outlined below:

Submit an annual application to the CDC that specifies the following:

(a) the amount of PHHSBG, state, and other federal funding directed towards the attainment of each of the state's PHHSBG-funded *Healthy People* health objectives,
(b) a description of each of the programs, strategies, risk reduction, and annual activity objectives and projected outcomes for each,
(c) identification of any populations, within the targeted population, having a disparate need for such activities,
(d) a description of the strategy for expending payments to improve the health status of each target and disparate population, and
(e) the amount to be expended for each target and disparate population.

If a state adds or deletes a health status objective or makes other substantial revisions to its allocation plan after the application has been submitted to the CDC, it must conduct a public hearing on the revised plan and submit a revised application. Each state must also submit an annual report on the attainment of each health status and risk reduction objective and related activities funded during the preceding year. The Governor and Connecticut's Chief Health Officer must sign certification and assurance statements for inclusion in the application to the CDC. These statements certify adherence to the mandated provisions as outlined in this allocation plan.

TABLE A

Summary of Appropriations and Expenditures

PROGRAM CATEGORY	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change from FY 21 to FY 22
Administrative Support	120,089	120,089	120,089	0.00%
Cancer Prevention	45,438	42,727	42,727	0.00%
Cardiovascular Disease Prevention	21,853	20,000	20,000	0.00%
Emergency Medical Services	18,546	15,000	15,000	0.00%
Local Health Departments	1,113,322	1,083,322	1,083,322	0.00%
Rape Crisis Services	79,914	79,914	79,914	0.00%
Surveillance and Evaluation	325,169	316,227	316,227	0.00%
Youth Violence/Suicide Prevention	102,003	99,198	99,198	0.00%
Nutrition and Weight Status	15,000	14,587	14,587	0.00%
Public Health Infrastructure	401,633	439,776	439,776	0.00%
TOTAL	**2,242,967**	**2,230,840**	**2,230,840**	**0.00%**
SOURCE OF FUNDS				
Block Grant	2,293,948	2,230,840	2,230,840	0.00%
Carry Over Funding	N/A	N/A	N/A	N/A
TOTAL FUNDS AVAILABLE	**2,293,948**	**2,230,840**	**2,230,840**	**0.00%**

TABLE B – ALL PROGRAMS

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change from FY 21 to FY 22
Number of Positions (FTE) budgeted/filled	1.50/1.50	1.50/1.50	1.50/1.50	0.00%
Personal Services	98,916	129,380	126,724	-2.05%
Fringe Benefits	93,242	123,880	118,390	-4.43%
Other Expenses	357,951	331,368	402,226	21.38%
Equipment	0	0	0	0.00%
Contracts	555,800	537,604	474,893	-11.66%
Grants to:				
Local Government	1,015,966	985,966	985,966	0.00%
Other State Agencies	0	0	0	0.00%
Private agencies	121,092	122,641	122,641	0.00%
TOTAL EXPENDITURES [1]	**2,242,967**	**2,230,840**	**2,230,840**	**0.00%**
SOURCE OF FUNDS				
Base Grant	2,293,948	2,230,840	2,230,840	0.00%
Carry Over Funding	N/A	N/A	N/A	N/A
TOTAL FUNDS AVAILABLE	**2,293,948**	**2,230,840**	**2,230,840**	**0.00%**

[1] Numbers may not add to totals due to rounding.

TABLE C – ADMINISTRATIVE SUPPORT

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change from FY 21 to FY 22
Number of Positions (FTE) budgeted/filled	.50/.50	.50/.50	.50/.50	0.00%
Personal Services	43,643	46,007	46,343	0.73%
Fringe Benefits	40,375	42,085	42,162	0.18%
Other Expenses	36,071	31,996	31,584	-1.29%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES [1]	**120,089**	**120,089**	**120,089**	**0.00%**

[1] Numbers may not add to totals due to rounding.

TABLE D – CANCER PREVENTION

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change from FY 21 to FY 22
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses	4,260	0	0	0.00%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies	41,178	42,727	42,727	0.00%
TOTAL EXPENDITURES	**45,438**	**42,727**	**42,727**	**0.00%**

TABLE E – CARDIOVASCULAR DISEASE PREVENTION

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change from FY 21 to FY 22
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses	21,853	20,000	20,000	0.00%
Minor Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**21,853**	**20,000**	**20,000**	**0.00%**

TABLE F – EMERGENCY MEDICAL SERVICES

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change from FY 21 to FY 22
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses	18,546	15,000	15,000	0.00%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**18,546**	**15,000**	**15,000**	**0.00%**

TABLE G – LOCAL HEALTH DEPARTMENTS

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change from FY 21 to FY 22
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	97,356	97,356	97,356	0.00%
Grants to:				
Local Government	1,015,966	985,966	985,966	0.00%
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**1,113,322**	**1,083,322**	**1,083,322**	**0.00%**

TABLE H – RAPE CRISIS SERVICES

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change from FY 21 to FY 22
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies	79,914	79,914	79,914	0.00%
TOTAL EXPENDITURES	**79,914**	**79,914**	**79,914**	**0.00%**

TABLE I – SURVEILLANCE AND EVALUATION

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change from FY 21 to FY 22
Number of Positions (FTE) budgeted/filled	0.25/0.25	0.25/0.25	0.25/0.25	0.00%
Personal Services	13,436	16,562	16,684	0.74%
Fringe Benefits	15,292	18,615	21,204	13.91%
Other Expenses				
Equipment				
Contracts	296,441	281,050	278,339	-0.96%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**325,169**	**316,227**	**316,227**	**0.00%**

TABLE J – YOUTH VIOLENCE/SUICIDE PREVENTION

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change from FY 21 to FY 22
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	102,003	99,198	99,198	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**102,003**	**99,198**	**99,198**	**0.00%**

TABLE K – NUTRITION AND WEIGHT STATUS

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change from FY 21 to FY 22
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses	15,000	14,587	14,587	0.00%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**15,000**	**14,587**	**14,587**	**0.00%**

TABLE L – PUBLIC HEALTH INFRASTRUCTURE

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 20 Expenditures	FFY 21 Estimated Expenditures	FFY 22 Proposed Expenditures	Percentage Change from FY 21 to FY 22
Number of Positions (FTE) budgeted/filled	0.75/0.75	0.75/0.75	0.75/0.75	0.00%
Personal Services	41,838	66,811	63,697	-4.66%
Fringe Benefits	37,575	63,180	55,025	-12.91%
Other Expenses	262,221	249,785	321,055	28.53%
Equipment				
Contracts	60,000	60,000	0	-100.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES [1]	**401,633**	**439,776**	**439,776**	**0.00%**

[1] Numbers may not add to totals due to rounding.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES

Note: FFY 2020 "Numbers Served" and "Performance Measures" reflect interim status. The delayed allocation of FFY 2020 funds from the Centers for Disease Control and Prevention resulted in the late execution of contracts. Additionally, most grant activities were suspended due to fears of the spread of COVID-19. This has, and will, negatively impact contractor performance for the rest of the grant year ending 9/30/2021.

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2020	Performance Measures
Cancer Prevention **Statewide Cancer Prevention and Control**	Organize and facilitate the updating and development of the 5-year Connecticut Cancer Plan to address best practices, policies and strategies to prevent and control cancer and treat survivors.	The statewide cancer coalition, the Connecticut Cancer Partnership, shall work with an independent contractor to develop a five-year state cancer plan.	All CT residents	Performance Measure: Develop a 5-year state cancer plan. Outcome: The 2021-2026 CT State Cancer Plan is in final review. The Plan will be available for distribution in Winter 2022.
Cancer Health Disparities	Provide relevant cancer prevention information and resources to reduce health disparities and improve health outcomes.	Developed and maintained a state level cancer website, in conjunction with the Connecticut Cancer Partnership, which provided relevant information regarding action steps toward addressing Connecticut Cancer Plan goals and objectives with an emphasis on reducing health disparities. Identified and implemented targeted initiatives to address the burden of cancer in Connecticut.	370 healthcare professionals	Performance Measure: State cancer website is periodically updated and contains information on progress in achieving Plan goals and objectives related to reducing cancer disparities. Outcome: The CT Cancer Partnership website is online and updated as needed. http://ctcancerpartnership.org Performance Measure: Implement 2 initiatives to address the burden of cancer in target populations that are disproportionately affected by cancer. Outcome: Not met. COVID-19 prevented the program from holding seminars. Now that COVID-19 restrictions are being lifted, community discussions and summits are being planned and developed for Winter 2022.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2020	Performance Measures
Heart Disease and Stroke Prevention	Decrease the 10-year risk for heart disease and stroke among adults.	Local health departments/districts (LHDs) will implement a National Diabetes Prevention Program (NDPP), which is a year-long, one week per month lifestyle change program to prevent the onset of type 2 diabetes.	As of June 29, 2021, none	Performance Measure: At least 75% of program participants will attend at least 75% of sessions with participants achieving at least 5% weight loss at conclusion of program. Outcome: Not met. Activities were initiated but were suspended due to COVID-19. LHDs are planning when and how activities will resume.
		LHDs conducted diabetes/chronic disease education classes for adults 18 and older aimed at increasing diabetes/chronic disease self-care and reducing diabetes/chronic disease complications.	As of June 29, 2021, 38 people have attended the program.	Performance Measure: At least 80% of program participants with diabetes that are enrolled in diabetes education classes practice at least 3 self-care behaviors that will reduce diabetes complications. Outcome: 75% of program participants with diabetes that are enrolled in diabetes education classes report practicing at least 3 self-care behaviors.
	Increase the percentage of workplaces that are trained to address cardiac episodes.	DPH will increase the number of HEARTSafe designated workplaces.	Approximately 13,000 people	Performance Measure: DPH will expand the number of HEARTSafe workplace designations from 12 to 15. Outcome: Due to COVID-19 restrictions in the workplace, this objective was not met.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2020	Performance Measures
Policy/Environmental Change for Chronic Disease Prevention	Implement community-wide policy and/or environmental change initiatives to reduce chronic disease risk factors by decreasing obesity, improving dietary habits, increasing physical activity, and decreasing tobacco use.	Community needs are assessed and community-wide policy and/or environmental change initiatives that increase access to healthy foods, increase opportunities for physical activity, or decrease tobacco use are developed, implemented, and evaluated.	Based on population of communities	Performance Measure: LHDs will develop, implement, and evaluate 1 or more community-wide policy and/or environmental change initiative that reduce chronic disease risk factors. Outcome: 12 out of 14 LHDs implemented at least 1 policy and/or environmental change initiative that increased access to healthy foods, increased opportunities for physical activity, or decreased tobacco use. Examples of these initiatives include worksite wellness, and built environment change initiatives such as construction of sidewalks and bike and walking paths. 2 health departments were unable to conduct initiatives - 1 due to COVID 19 responsibilities and 1 due to a contract amendment in the process of being executed.
Tobacco Use Cessation/Create Environmental Changes to Reduce Secondhand Smoke Exposure	Reduce tobacco use and exposure to secondhand smoke.	LHDs will provide tobacco use cessation counseling programs that provide smokers with the information, skills and tools needed to successfully quit or reduce their tobacco use.	As of March 31, 2021, 29 individuals were served.	Performance Measure: Maintain the percentage of participants in smoking cessation programs that report either quitting smoking or reducing their smoking at the end of the program at 70%. Outcome: 91% of participants reported that they had either decreased their tobacco intake or quit tobacco use at the end of the program.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2020	Performance Measures
Tobacco Use Cessation/Create Environmental Changes to Reduce Secondhand Smoke Exposure (continued)		LHDs will conduct tobacco use cessation counseling programs that provide smokers with the information needed to reduce exposure to secondhand smoke.	As of March 31, 2021, 29 individuals were served.	Performance Measure: Maintain percentage of participants in smoking cessation programs that report making protective environmental changes that reduced non-smokers' exposure to secondhand smoke at 70%. Outcome: 70% of participants who had not quit tobacco use at program end reported that they had made protective environmental changes (such as smoking outside) that reduced the exposure of non-smokers to secondhand smoke.
Hypertension Management Practices	Decrease heart disease and stroke due to hypertension.	LHDs developed and implemented blood pressure (BP) screening and education programs to initiate action to control high BP among adults ages 18 and older.	As of June 29, 2021, 0 individuals were served.	Performance Measure: At least 90% of program clients with elevated blood pressure can identify hypertension and at least 3 hypertension management practices. Outcome: Not met. Activities were initiated but were suspended due to COVID-19. LHDs are planning when and how activities will resume. Performance Measure: 100% of program clients with elevated BP report taking physician directed action to control BP through lifestyle and/or medications. Outcome: Not met. Activities were initiated but were suspended due to COVID-19. LHDs are planning when and how activities will resume.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2020	Performance Measures
Emergency Medical Services (EMS)	Reduce the number of preventable deaths and disabilities resulting from occurrence of a sudden, serious illness or injury by improving and expanding the provision of definitive care at the scene, during transport and at the hospital.	Coordinated and facilitated statewide conferences for EMS providers on EMS provider mental health and resiliency building.	None	Performance Measure: Conduct at least 3 statewide conferences for EMS providers regarding the current opioid crisis as it relates to Connecticut. Outcome: Conferences were not held due to COVID-19 restrictions. Alternate ways to deliver educational materials that do not require in-person contact are being developed.
Surveillance and Evaluation	Increase the availability of state and local health indicators, health status indicators, and priority data with an emphasis on selected populations.	Increased the number of completed supplemental interviews for the Behavioral Risk Factor Surveillance Survey (BRFSS), distributed data, and calculated small area estimates using BRFSS data.	3,570,000 adults and children in CT	Performance Measures: • Increase BRFSS sample size by 1,500 for 2021 survey year. • Write and post online 2 reports using BRFSS data. • A statistically valid and reliable methodology will be used to broaden the impact of BRFSS data for local geographies. Outcome: The overall sampling plan for the 2021 CT BRFSS was approved by the CDC, with an increased sample size of 1,500 interviews (total of 8,000). • As of June 1, 2021, 2 documents were released with CT BRFSS data: 2019 Summary Tables, 2018 Comprehensive Report www.ct.gov/dph/BRFSS. • Additional reports are being drafted.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2020	Performance Measures
Surveillance and Evaluation (continued)				• The 2021 CT BRFSS Sampling Plan methodology was approved by the CDC to include 6 geographic levels of sampling for CT's 8 counties, and an oversampling in CT's 3 largest cities, which will allow for sub-state summary data and a higher number of non-white residents surveyed. • Child health questions were developed and approved for the 2021 CT BRFSS to collect weight status and breastfeeding initiation and duration data. • The Youth Risk Behavior Survey was delayed to the Fall 2021 school year because of COVID-19's impact on in-person learning during the Spring.
Unintentional Injury Prevention **Motor Vehicle Crashes**	Decrease in unintentional injuries.	LHDs conducted child passenger safety programs to demonstrate awareness of the correct use of child safety seats.	As of March 31, 2021, 60 adults were served in child passenger safety educational programs.	Performance Measure: 95% of program participants will demonstrate awareness of the correct use of child restraint systems. Outcome: As of March 31, 2021, 100% of program participants demonstrated knowledge and awareness of the correct use of restraint systems upon completion of a child passenger safety program.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2020	Performance Measures
Youth Suicide Prevention	Decrease in youth suicide.	DPH, in consultation with the CT Suicide Advisory Board, will implement 3 trainings that address the risk factors related to suicide ideations and the reduction of stigma in mental health help seeking.	1 Assessing and Managing Suicide Risk (AMSR) training planned for August 2021 and 2 Recognizing and Responding to Suicide Risk for Primary Care and Youth Primary Care Providers trainings (RRSR-PC) will be offered in September 2021.	Performance Measure: Implement a minimum of 3 trainings that address the risk factors related to suicide ideations and the reduction of stigma in mental health help seeking. Outcome: 3 trainings are planned for August and September 2021. Delivery will likely be via webinar and virtual meetings rather than face-to-face. Contractor will assess percentage of participants reporting an increased understanding of how to utilize best practice suicide prevention strategies to identify suicide risks in their patients.
		DPH worked with a contractor on college campuses to increase the ability of students to recognize the signs of significant mental/behavioral health distress in others.	Wheeler Clinic and Jordan Porco Foundation collaborated to convert Fresh Check Days into virtual formats. 7 Fresh Check Days were held during Spring 2021, reaching an estimated 1,055 young adults.	Performance Measure: Contractor will conduct Fresh Check Days and Student Ambassador programs at 12 Connecticut colleges to increase awareness of and prevent suicides. Outcome: College students participating in Fresh Check Days report being more prepared to help a friend who is exhibiting warning signs of suicide or mental health issues after attending the event. Fresh Check Days, as well as Student Ambassador program activities, will continue through September 30, 2021, on additional college campuses to promote mental health and emotional well-being.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2020	Performance Measures
Youth Suicide Prevention (continued)		DPH staff, in collaboration with the Connecticut Suicide Advisory Board (CTSAB), conducted 2 strategies to reduce access to lethal means of suicide.	One Talk Saves Lives training held in Spring 2021, with 11 attendees Additional Talk Saves Lives trainings to be scheduled for Summer / early Fall 2021	Performance Measure: Implement 2 strategies to reduce access to lethal means of suicide among individuals with identified risks, which include provider training and suicide prevention signage. Outcome: (1) **Firearm Safety Education**: Ongoing outreach to gun shop owners to provide suicide prevention materials to be displayed in their retail shops and to offer Talk Save Lives (TSL) training. Post-training evaluations assess percentage of firearm retailers and gun range owners and their staff who attend the TSL trainings reporting increased understanding of suicide prevention strategies and the importance of utilizing TSL as a suicide prevention strategy. Wheeler Clinic conducted a Talk Saves Lives: Firearms and Suicide Prevention training in Spring 2021. Participants report increased understanding of suicide prevention strategies and the importance of utilizing TSL as a suicide prevention strategy. Additional outreach is planned during the remainder of the contract year ending September 30, 2021.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2020	Performance Measures
Youth Suicide Prevention (continued)			Entire State The 10 bridges include: • I-395 S at Dog Hill Rd. Underpass, Dayville (Killingly) • 1-84 Near Exit 39A, Farmington • Founders Bridge, Hartford • Bridge at Water and Chestnut St., New Haven • Long Wharf Drive at Canal St., New Haven • Overpass at West Ave. on Rt 7 S, Norwalk • 1-95 N by Exit 9, Stamford • Enfield Suffield Bridge Rt 190, Suffield • Rt 218 Off Ramp, Windsor • 291 Bridge Signage and other protective measures are being explored for additional bridges in the state.	Outcome: (2) **High Risk Area Signage.** The CTSAB Lethal Means Subcommittee, using data from DPH, monitors incidents on the 10 bridges with suicide prevention signage. Follow up is also conducted related to a July 2019 letter sent by the Lethal Means Subcommittee and the Department of Transportation to 10 communities' Town Manager, Elected Official, Director of Health, and Local Prevention Council asking for support to install signs on a bridge in their city to direct people in crisis to the suicide crisis hotline. A signage template has been developed and includes the suicide crisis text and phone numbers.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2020	Performance Measures
Fall-related Injuries **Fall Prevention for Older Adults**	Decrease in unintentional injuries.	LHDs conducted home safety assessments, identified home safety hazards for older adults and made recommendations to correct hazards. LHDs conducted fall prevention exercise programs for older adults.	As of March 31, 2021, 7 home assessments were carried out by Hartford and Westbrook LHDs. As of March 31, 2021, Hartford and Westbrook LHDs were unable to conduct in-person fall prevention program.	Performance Measure: At least 70% of home safety hazards identified during the home safety assessment are corrected in client homes. Outcome: As of March 31, 2021, 15 hazards were identified during 7 home safety assessments and 93% were corrected. Performance Measure: At least 92% of program participants report at program end that they plan to continue with exercises designed to increase muscle strength and improve gait, balance and flexibility. Outcome: Due to COVID-19 restrictions, in-person fall prevention exercise programs were cancelled.
Healthy Homes	Increase the identification and remediation of the number and types of home health hazards.	LHDs implemented a "Healthy Homes" assessment program to address health hazards through the identification and remediation of the number and types of home health hazards.	A total of 5 Healthy Home assessments were conducted.	Performance Measure: 100% of property owners/tenants receive education/awareness print materials related to specific health hazards identified during their Healthy Homes assessment. Outcome: 100% of property owners and/or tenants received education/awareness print materials.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2020	Performance Measures
Healthy Homes (continued)			A total of 1 Healthy Home reassessment (90-day follow-up) was conducted.	Performance Measure: LHDs will conduct Healthy Homes assessment and report the percentage of hazards remediated by the 90-day reassessment. Outcome: 20% of Healthy Homes assessments conducted had identified hazards remediated by the 90-day reassessment.
	To provide home-based asthma management education and identify and reduce environmental asthma triggers.	LHDs conducted in-home asthma management education and environmental assessments to identify and reduce asthma environmental triggers.	30 participants received a virtual asthma 'home' visit and received asthma management education. Out of 30, only 7 participants completed the 3 virtual asthma home visits.	Performance Measure: LHD's providing asthma in home intervention will increase program participants' asthma management skills asthma control score after 3 home visits. Outcome: Of the 7 participants who completed the three virtual asthma home visits, 57.1 (N=4) had improved their asthma control.
		LHDs identified home-based asthma triggers and recommended environmental strategies for the reduction of the identified triggers.	18 participants received a virtual environmental assessment of asthma triggers in the home.	Performance Measure: Participating LHD's will provide specific recommendations to minimize exposure to asthma triggers and evaluate implementation of remediation strategies. Outcome: 100% of participants served received specific recommendations about reduction of environmental triggers such as reducing pet exposure and dust, using pillow and mattress cover, etc.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2020	Performance Measures
Rape Crisis Services	Reduce the annual rate of rapes or attempted rapes.	The contractor, Connecticut Alliance to End Sexual Violence, provided sexual assault victims crisis intervention services, which included transportation to a medical facility, coordination of victim support services, court or police accompaniment, and individual and/or group counseling.	9,614 sexual assault victims received crisis intervention services.	Performance Measure: At least 7,113 female and male victims of sexual assault will be served at rape crisis centers. Outcome: 9,614 victims of sexual assault received services through rape crisis centers in 2020, including transportation to a medical facility, coordination of victim support services, court or police accompaniment, and individual and/or group counseling. Performance Measure: At least 1,100 sexual assault victims will file a police report.
		Connecticut Alliance to End Sexual Violence assisted victims of completed or attempted rapes and/or sexual assault in filing a police report.	1,148 victims of completed or attempted rapes and/or sexual assault filed a police report.	Outcome: 1,148 victims of sexual assault filed a police report in 2020.
Childhood Lead Poisoning Surveillance Program	For children identified with elevated blood lead levels (≥5µg/dL), determine if there is a correlation between the poisoned children's residency history and exposure sources.	LHDs distributed a childhood lead poisoning survey to parents/guardians of children with elevated venous blood lead levels (≥5µg/dL) to collect data regarding residency history, possible exposure source, if anticipatory guidance was provided by the child's medical provider, if lead poisoning prevention print materials were received, and who provided the lead poisoning prevention print materials.	17 children with blood lead levels ≥5µg/dL were served. This number is significantly lower than previous years due to COVID-19.	Performance Measure: Survey 100% of parents/guardians of children with elevated venous blood lead levels (≥5µg/dL). Outcome: 12 Parent Surveys were administered for those children with elevated venous blood lead levels. Of those that completed the Parent Survey, 3 visual inspections were performed of the residence. This low rate of visual inspections is due to impacts of COVID-19 on local health departments as well as families' hesitancy to allow others into their homes.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY	Performance Measures
Public Health Infrastructure	Achieve measurable improvements of public health systems and health outcomes for the Connecticut Department of Public Health and local public health entities.	DPH implemented strategies in the State Health Improvement Plan (SHIP) through collaboration with identified partners, including the State Chronic Disease Partnership. DPH conducted Advisory Council meetings to address SHIP Coalition functioning and SHIP implementation.	All CT residents	Performance Measure: Implement 3 SHIP strategies. Outcome: Focus area: **Injury and Violence Prevention.** Strategy: conduct trainings for professionals on prevention strategies and evidence-based services for victims of sexual violence. Connecticut Alliance to End Sexual Violence hosted a series of 5 virtual trainings for professionals in April 2021. Focus area **Maternal Infant and Child Health (MICH)** Strategy: promote reproductive and sexual health services. In collaboration with DMHAS, the MICH Action Team provided a training for action team members in February 2021 on the fetal alcohol spectrum disorders and substance exposed infants (FASD-SEI) monthly campaign "Healthy Partnerships, Healthy Pregnancy". Focus area: **Health System Action Team** Strategy: provide financial incentives to local health departments to pursue accreditation. PHHSBG funding is being distributed to 5 local health departments to pursue Public Health Accreditation Board accreditation standards. Outcome: 2 Advisory Council Meetings were conducted in November 2020 and April 2021. A 3rd meeting was held August 18, 2021.

TABLE N

SUMMARY OF PROGRAM EXPENDITURES BY SUBCATEGORY[1]

Preventive Health & Health Services Block Grant (PHHSBG)	FFY 21 Estimated Expenditures	FFY 22 PROPOSED Expenditures
Cancer Prevention	42,727	42,727
Local Health Departments	1,083,322	1,083,322
Rape Crisis Services	79,914	79,914
Surveillance and Evaluation	281,050	278,339
Youth Violence/Suicide Prevention	99,198	99,198
Public Health Infrastructure	60,000	0
TOTAL	**1,646,211**	**1,583,500**

[1] This table presents program expenditures for contractual services only.