

APP Hearing Follow Up Questions for Work Group

Reduction of District and Local Health Grants

1. What was the reason to reduce the local health district grant funding?

In the context of presenting an overall balanced budget, difficult decisions must be made where the policy may be less than ideal. The statutory grants would continue to be funded at 90%.

2. What are the anticipated impacts of the proposed 10% funding reduction?

Per statute, the reduction would be achieved through a proportional reduction to each of the contracts supported by the account. Of the 59 local health departments and districts (LHD), 36 are eligible to receive per capita grant funding. To be eligible for per capita grant funding a LHD must have a population of at least 50,000 people or be a district consisting of at least 3 towns. The grant funding is primarily used to support personnel, with 79 full-time positions currently funded through the per capita grant. The specific impacts of the funding would need to be addressed by the individual LHDs.

3. What is the exchange that goes on between DPH and local health departments to ensure their needs are provided for?

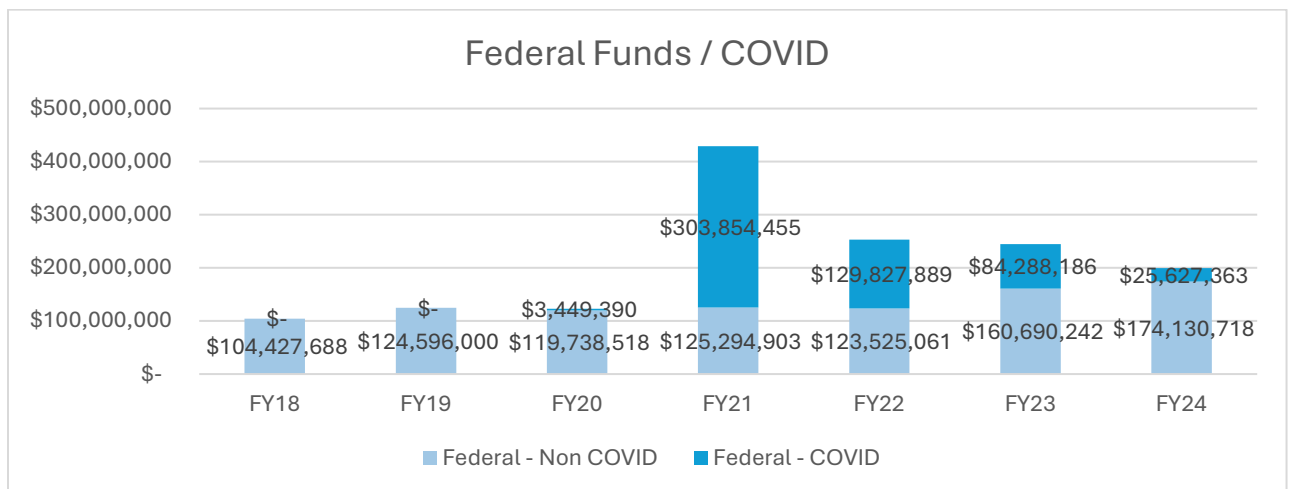
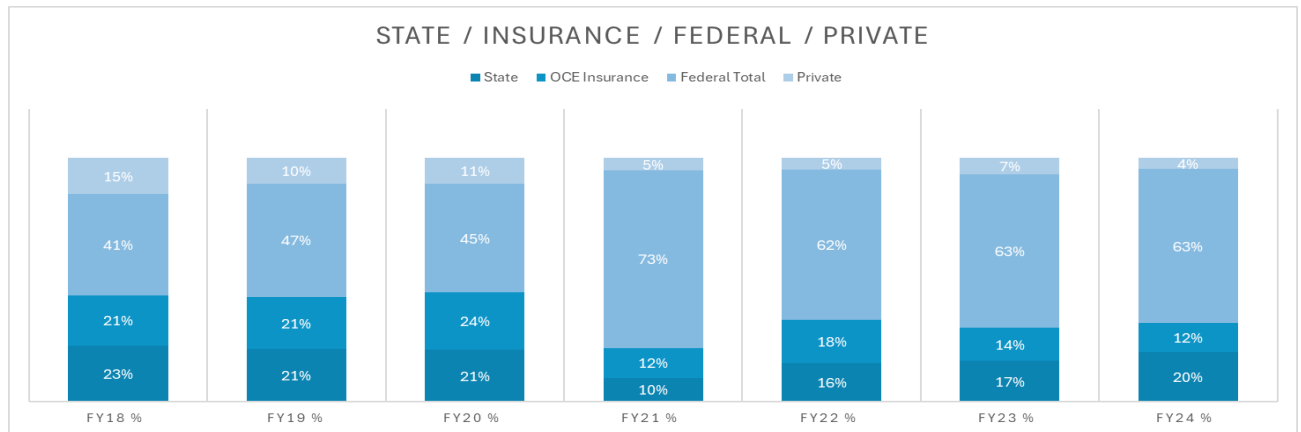
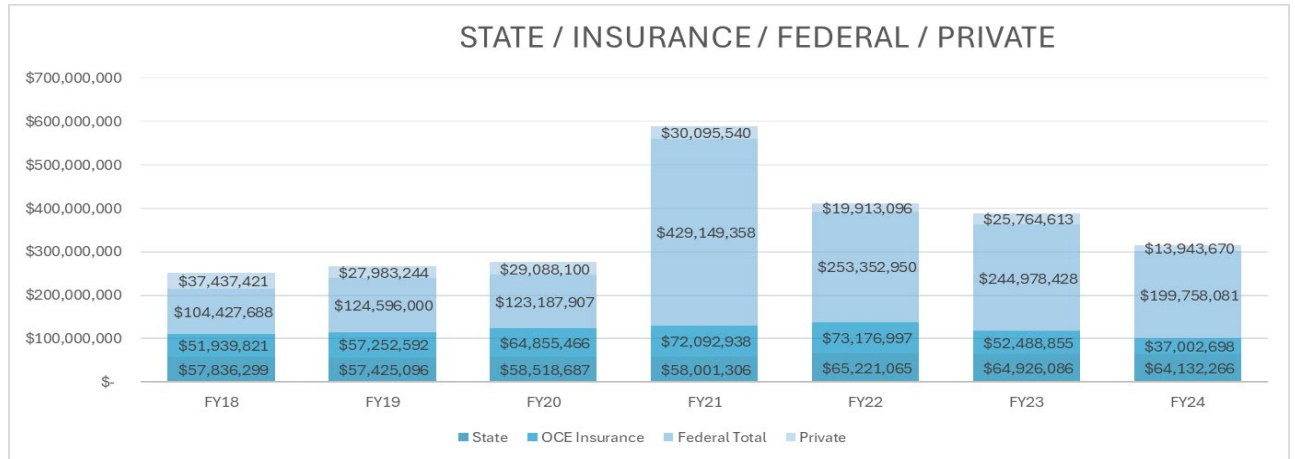
There are two primary areas where DPH regularly works with local health. The first is on general technical assistance (TA) related to specific public health activities. This includes, but is not limited to, our infectious disease program and immunization program collaborating on disease outbreaks as well as our environmental health and drinking water group collaborating on private wells or drinking water, septic systems or other programming such as food safety inspections through the model food code. Much of the work that DPH regulates or designs is implemented on the ground by local health in conjunction with the department, which requires regular communication and collaboration between the department and the individual LHDs.

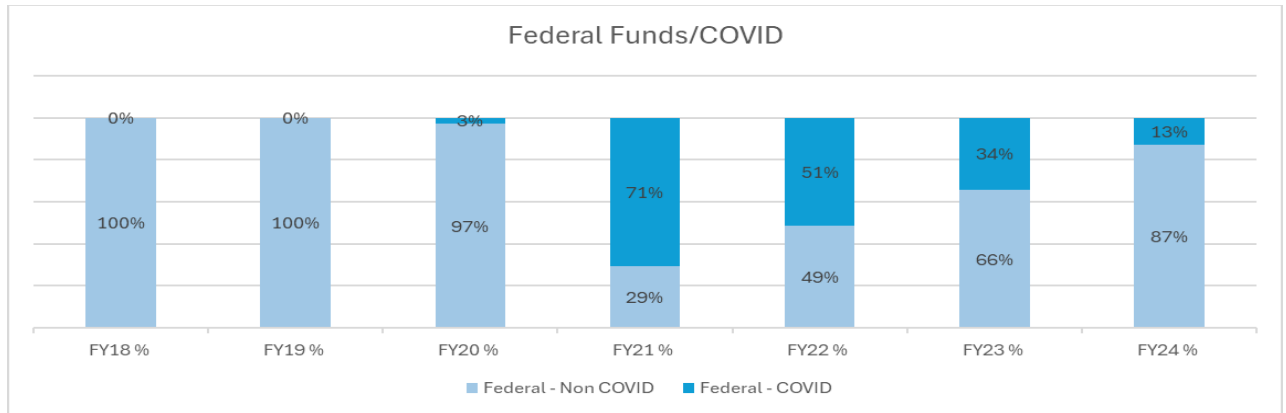
The second area is through funding and administration. There are several grants that the department gets, where we pass funds down to local health. This requires frequent communication and TA between the program team at the department and the individual LHDs. An example of this is the work force development grant that the department got from the CDC, where 40% of the grant goes towards workforce development initiatives at LHDs. Additionally, DPH leadership meets bi-weekly with leadership from the Connecticut Association of Directors of Health (CADH) to discuss ongoing projects and initiatives shared by DPH and the local health districts and departments. This is also an opportunity to discuss any challenges the districts and departments may be experiencing.

Federal Funding

1. Can DPH provide a breakdown of federal funding over the past 5 fiscal years? Also, what is the comparative breakdown by COVID dollars and pre-COVID dollars?

The charts below reflect historical numbers by funding source for each Fiscal Year going back to FY18. Federal funds are further outlined to reflect COVID funding amounts.





2. What is the accounting information of all programs and services that received ARPA funding. What DPH services were provided with these funds? Are they being continued or cut-off without ARPA dollars?

See attached document. In the document, you will notice that not all funds are expended, but that all funds have been allocated. The Department has until December 31, 2026, to spend allocated funds. We are on track to meet this goal. The ARPA initiatives assigned to DPH last legislative session are all obligated and contracts are in the review process.

Gun Violence Prevention Program

1. What changes does the increase in Gun Violence Prevention account funding reflect?

The \$4,299 increase in the governor's proposed budget reflects an adjustment for the existing wage agreement.

2. Three members of the Gun Violence Prevention Committee have received grants from the Gun Violence Prevention account. Is the commissioner aware of this potential conflict of interest? Please provide greater detail regarding the grant process surrounding Gun Violence Prevention fund allocation.

The purpose of the Commission for Community Gun Violence Intervention and Prevention (the Commission) is to advise the DPH Commissioner on best practices in community gun violence intervention and prevention. It is also an opportunity for the organizations, local health departments, hospital providers, and police to connect on the work they are doing to curb gun violence in the state.

The Commissioner is aware that some individuals appointed to the commission represent organizations that have received funds from DPH for their work. Funding is made available to organizations throughout the state through a competitive Request for Application (RFA). There is a committee that reviews all the RFAs and no person or entity that applied for or plans to apply for funding can sit on this review committee or can play a role in the writing of the RFA. No one who applies for any funding from this program is eligible to make determinations on where the funding goes, regardless of whether or not they sit on the

Commission. All funding decisions are ultimately made by the DPH Commissioner. We are confident that this process is run smoothly, such that there are no conflicts of interest.

3. Where can the minutes for committees and working groups (e.g. Gun Violence Prevention, Rare Diseases) be found?

Pursuant to the [Connecticut Freedom of Information Act](#), DPH notices all of its public meetings to the Secretary of State's [Public Meeting Calendar](#) 48 hours in advance of a meeting and posts an agenda for each public meeting no less than 24 hours in advance. Each posting lists a contact person, should a member of the public need additional information about the public meeting.

Working groups and Commissions such as the Commission on Gun Violence Intervention and Prevention (CGVIP) and the Rare Disease Advisory Council (RDAC) also post agendas and minutes to their respective webpages on the DPH website. Minutes for each meeting are only required to be posted once the group has approved and finalized the minutes, but draft meeting minutes can be provided upon request if needed. DPH also maintains a [Working Group Landing Page](#) with links to each of the Department's active and completed working groups that have webpages.

CGVIP: <https://portal.ct.gov/dph/health-education-management--surveillance/the-office-of-injury-prevention/violence-and-homicide-prevention-program>

RDAC: <https://portal.ct.gov/dph/working-groups/rare-disease-advisory-council>

4. How much ARPA Funding was used for Gun Violence Prevention and what is the status of those funds?

\$2,394,829 with all funds allocated. \$2,335,064 was allocated to Connecticut Children's Medical Center (CCMC) to be passed to Community Based Organizations (CBOs), and \$59,765 for the purchase and distribution of 443 firearm safes. Distribution of these safes will be coordinated with the distribution of firearm safety education material for primary care offices that the department developed in accordance with PA 24-19.

The 8 CBOs funded through ARPA are: Career Resources Inc. and Hang Time, COMPASS Youth Collaborative, CT Violence Intervention and Prevention, Greater Bridgeport Area Prevention Program, The Justice Education Center, Ledge Light Health District, Roca, Stamford Police Department.

5. What have Gun Violence Prevention Funds been used for and who has received grants?
Gun Violence Prevention funds have been used for personnel, contracts, travel, marketing, and syndromic surveillance. An additional 10 CBOs were funded through general funds, which include: 4-CT, Advancing CT Together, Brother Carl Hardick Institute, Catalyst CT, City of Hartford, Clifford Beers Community Care Center, Hartford Communities that Care, LifeBridge Community Services, Swords to Plowshares Northeast, and Urban Community Alliance.

1. Can you please provide more programmatic information about HAVEN?

It is important to note that HAVEN is not a DPH run or regulated program. DPH provides some funding to HAVEN through a fee from practitioner licensing fees.

HAVEN is a confidential assistance program that provides education, prevention, intervention, referral assistance, rehabilitation, and support services to health care professionals and pharmacists who have a chemical dependency, emotional or behavioral disorder, or physical or mental illness.

HAVEN works with licensed health care professions with conditions that may impact their ability to practice with relative skill and safety. Participants may refer themselves to HAVEN or may be referred by a colleague, employer, or family member.

Participants may enter a health and wellness contract with HAVEN that outlines the terms and conditions of their HAVEN participation. This contract may include urine drug testing or other testing, participation in therapy, attending “anonymous” or other types of meetings, and reports from employers. The terms of each agreement are tailored to the participant’s situation.

Besides the work with individual participants, HAVEN conducts presentations with professional associations and other groups on professional health and wellness.

2. Can you please provide a list of all various occupational licensure fees that cover HAVEN? Which ones are being eliminated? Which licenses and licensure fees are involved in interstate compacts?

The following is a chart that lists the professions that pay a fee to HAVEN. The second column indicates licensure fees being eliminated under the Governor’s budget.

Profession	Fee Eliminated Under the Governor’s Budget (X)
Acupuncturist	
Advanced Practice Registered Nurse	X
Athletic Trainer	
Audiologist	
Behavior Analyst	
Certified Alcohol and Drug Counselor	
Chiropractor	
Dental Hygienist	X
Dentist	
Dietitian/Nutritionist	
Electrologist	
Embalmer	
Funeral Director	
Hearing Instrument Specialist	

Licensed Alcohol and Drug Counselor	
Licensed Clinical Social Worker	X
Licensed Nurse Midwife	X
Licensed Practical Nurse	X
Marital and Family Therapist	X
Massage Therapist	
Master's Level Social Worker	X
Naturopathic Physician	
Nursing Home Administrator	
Optician	
Optometrist	
Paramedic	X
Perfusionist	
Physical Therapist	X
Physical Therapist Assistant	X
Physician Assistant	X
Physician/Surgeon	
Podiatrist	
Professional Counselor	X
Provisional Faculty Dentist	
Psychologist	
Radiographer	
Registered Nurse	X
Respiratory Care Practitioner	
Speech and Language Pathologist	

Compact License Information:

For the IMLC (Interstate Medical Licensure Compact), all compact member physicians pay the Connecticut license fee.

Out-of-state licensees in the following compacts do not pay the Connecticut license fee:

- Psypact (psychology) - only covers licensed psychologists, not other mental health professionals.
- Physical Therapy compact - covers physical therapist and physical therapist assistant
- Nurse licensure compact - pertains to RNs and LPNs only, not APRNs.
- Social work compact - covers both licensed clinical social workers and master's level social workers.
- Counseling compact - only applies to professional counselors.

To accommodate the loss in funding from licensure fees, the Governor's Proposed Budget includes an allocation from the Opioid Settlement to HAVEN. The Opioid Settlement Advisory Committee will have to approve this allocation.

3. What is the HAVEN program's budget breakdown of state vs. other funding streams used to cover the program? What is the total number of people the program is serving and the total cost per person?

DPH has had a funding agreement with HAVEN since 2017 and in the reporting year of 10/1/23 to 9/30/24, received \$871K in fee collection from DPH. Although we do not have access to the larger budget, as this is not a DPH program, HAVEN has indicated to us that the fees received totals about 51% of their overall budget.

According to their 2023 Annual Report, 470 healthcare professionals benefit from HAVEN's services. The total number of professionals actively working with HAVEN as of 12/31/2023 was 345.

Physician:	76
Physician Assistant:	7
Dentists:	5
Registered Nurses:	137
Licensed Practical Nurses:	36
APRN:	36
Other*:	48

*Other includes but not limited to pharmacists, vets, respiratory and physical therapist, paramedics, psychologist, social workers and other allied health professionals.

Please note, HAVEN is a non-profit organization and is not run by or regulated by DPH.

Lead

1. What is the status of the lead abatement funding? How much money has been spent and how many projects have been funded?

Adopted budget for ARPA LEAD is \$18,923,149 and Obligated Amount is \$18,923,149.

As of March 4, 2025, \$4,366,413.73 has been spent.

451 total cases of Lead Remediation have been investigated by Local Health departments.

There are 248 units actively being remediated, 123 units are scheduled to begin remediation soon, and another 105 applications are currently being reviewed.

Student Loan Repayment

1. Grants/scholarships for healthcare (nurses and specialists) started with ARPA funds. What are these programs? How many people participate in them? How much money was given through ARPA funds?

DPH with UConn's Area Health Education Center operated a student loan repayment program with ARPA funding and a federal HRSA grant. A total of 187 people received full or part time grants. Grants totaled \$7,371,481.49.

Total Number of Recipients by Discipline and Employment Type

Discipline	Full-time	Part-time
Advanced Practice Registered Nurse (APRN)	21	2
Doctor of Dental Surgery (DDS)	3	0
Dental Hygienist (DH)	1	1
Doctor of Medicine in Dentistry (DMD)	2	0
Doctor of Osteopathic Medicine (DO)	1	0
Licensed Alcohol and Drug Counselor (LADC)	2	1
Licensed Clinical Social Worker (LCSW)	28	6
Licensed Master Social Worker (LMSW)	9	2
Licensed Professional Counselor (LPC)	10	2
Doctor of Medicine (MD)	16	0
Marriage and Family Therapist (MFT)	2	0
Nurse Practitioner (NP)	0	1
Physician Assistant (PA)	5	1
Doctor of Philosophy (PhD)	1	0
Doctor of Pharmacy (PharmD)	1	0
Doctor of Psychology (PsyD)	7	0
Registered Nurse (RN)	52	10
TOTAL	162	25

AIDS Services Funds

1. Please provide an accounting of the AIDS services funds.

Insurance Fund	Available Funding FY2024	Available Funding FY25	2 Year Funding Value
Summary			
Appropriations & COLA	\$5,366,231.00	\$5,366,231.00	\$10,732,462.00
Carryforward	\$395,575.56	\$560,575.31	\$956,150.87
Total Available Funds	\$5,761,806.56	\$5,926,806.31	\$11,688,612.87

For FY2024 & FY2025, this account funded comprehensive HIV/AIDS prevention and support services. This funding is broken down into three areas, Prevention Testing and Education Services, Health Care and Support Services, and Supplies and other expenses.

Prevention Testing and Education Services used \$3.5 million in FY 24 and \$3.8 million in FY 25 to reduce the spread of HIV infections and the progression to AIDS in HIV-infected individuals. Various community-based organizations provide the following services:

Routine HIV and hepatitis C (HCV) testing; Nonclinical HIV/HCV testing in community settings; At-Home HIV Testing Initiatives; community assessments; focused outreach, recruitment and retention; referral and linkage to medical care; support services; comprehensive risk counseling services and HIV/HCV/Sexually Transmitted Infections (STD) prevention counseling; substance use disorder (SUD) and behavioral interventions for clients that are infected with HIV/AIDS/HCV; harm reduction services, including overdose prevention education, pre-exposure prophylaxis (PrEP); post-exposure (PEP) navigation; and educational programs for priority populations. The HIV Program plans to release requests for proposals (RFPs) this year for the PrEP Drug Assistance Program (PrEPDAP), legislatively mandated, one for a Harm Reduction Services Distribution Center to disseminate harm reduction education and supplies to HIV Providers across the state. These funds are currently allocated for these services.

Health Care and Support Services used approximately \$1 million in each fiscal year to provide services to low-income people with HIV throughout Connecticut. These services include, but are not limited to: medical case management, outpatient and ambulatory medical services, oral health services, nutritional therapy, mental health services, substance use treatment, coordination and follow-up care for medical treatment, pharmaceutical assistance, and additional support services such as health insurance premium cost sharing, medical transportation, emergency financial assistance, and housing services. The goal of these comprehensive services is to support the health and well-being of those affected. State funds are supplemented by federal Ryan White Part B funding. Local Municipalities are the main fiduciaries for Ryan White Part A funds and may supplement Ryan White Part B funds operated by the State of Connecticut.

Supplies/Other Expenses used approximately \$1 million to purchase HIV and HCV test kits, syringes access (SSPs), overdose prevention supplies, condom distribution, and other prevention supplies, support training activities, social marketing/health communication campaign efforts, youth survey implementation (BRFSS), database maintenance for medical case management (MCM) and data collection.