

## CONNECTICUT OPPORTUNITIES FOR ARRA STIMULUS FUNDS - HEALTH

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	<p><b>FEDERAL SITES</b></p> <p><a href="http://www.recovery.gov/">http://www.recovery.gov/</a>  <a href="http://www.hhs.gov/recovery">http://www.hhs.gov/recovery</a>  <a href="http://www.staterecovery.org/">http://www.staterecovery.org/</a>  <a href="http://www.epa.gov/recovery/">http://www.epa.gov/recovery/</a>  <a href="http://www.ed.gov/recovery/">http://www.ed.gov/recovery/</a>  <a href="http://www.ncrr.nih.gov/the_american_recovery_and_reinvestment_act">http://www.ncrr.nih.gov/the_american_recovery_and_reinvestment_act</a>  <a href="http://www.usda.gov/wps">http://www.usda.gov/wps</a>  <a href="http://www.ed.gov/policy/gen/leg/recovery/reports.html">http://www.ed.gov/policy/gen/leg/recovery/reports.html</a>  <a href="http://www.energy.gov/recovery/reports.htm">http://www.energy.gov/recovery/reports.htm</a>  <a href="http://www.dhs.gov/xopnbiz/recovery.shtml#three">http://www.dhs.gov/xopnbiz/recovery.shtml#three</a>  <a href="http://www.hud.gov/recovery/">http://www.hud.gov/recovery/</a>  <a href="http://www.usdoj.gov/recovery/reports.htm">http://www.usdoj.gov/recovery/reports.htm</a>  <a href="http://www.dol.gov/recovery/">http://www.dol.gov/recovery/</a>  <a href="http://recovery.doi.gov/plans.php">http://recovery.doi.gov/plans.php</a>  <a href="http://www.treas.gov/recovery/">http://www.treas.gov/recovery/</a>  <a href="http://www.va.gov/recovery/Agency_Plans_and_Reports.asp">http://www.va.gov/recovery/Agency_Plans_and_Reports.asp</a></p> <p><b>CONNECTICUT SITES</b></p> <p><a href="http://www.ct.gov/recovery">http://www.ct.gov/recovery</a>  <a href="http://www.ct.gov/dph/cwp/view.asp?a=3115&amp;q=436370">http://www.ct.gov/dph/cwp/view.asp?a=3115&amp;q=436370</a></p>
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CATEGORY TITLE/REFERENCE	PROGRAM DESCRIPTION	LEAD AGENCIES (FEDERAL, STATE, LOCAL)	\$ AVAILABLE (CT SPECIFIC in <b>BOLD</b> )	KEY DATES	NOTES <b>(as of April 19, 2009)</b>
<b>COMPARATIVE RESEARCH</b>	Encourage the development and use of clinical registries, clinical data networks, and other forms of electronic health data that can be used to generate or obtain outcomes data.	US NIH  CT DPH Academia	\$400,000,000		\$1,500,000 for Institute of Medicine to produce report by June 30, 2009, that includes recommendations on the national priorities for comparative effectiveness research.  Established Federal Coordinating Council for Comparative Effectiveness Research.
<b>LEAD ABATEMENT TITLE VIII</b>	Lead Based Paint Hazard Control Grant Program  Healthy Homes Grant Program	US HUD New London City Norwich City Waterbury City  CT DSS CCMC	\$100,000,000  <b>\$2,004,538</b>  <b>\$1,699,588</b>  <b>\$3,000,000</b>  <b>\$875,000</b>	use by 9/30/11	Waterbury & New London have HUD LBP Hazard Control grants.  Lead Action For Medicaid Primary Prevention (LAMPP) Program in Blue Hills & Upper Albany neighborhoods – Htfd.

Category Title/Reference	Program Description	Lead Agencies (Federal, State, Local)	\$ Available (CT Specific in <b>BOLD</b> )	Key Dates	Notes (as of April 19, 2009)
Community Health Centers	Grants to health centers	US DHHS/ Bureau of Primary Healthcare	\$500,000,000 <b>\$155,000,000</b>	\$ available to September 30, 2011	
	New Access Point Grants	Generations Family Health Ctr, Putnam; Norwalk CHC; Comm Health & Wellness Center, Torrington	<b>\$1,125,000</b>		New site, new facility = 3,200 patients
	Increased Demand for Services	OPTIMUS, BPT SW CHC, BPT EHTFD CHC CHARTER OAK CH SVCS, HTFD CHC INC, MTOWN FAIR HAVEN HILL HEALTH NORWALK CHC TORRINGTN CHC STAYWELL, WTBY GENERATIONS, WILLIMANTIC	<b>\$592,573</b> <b>\$298,881</b> <b>\$216,655</b> <b>\$314,172</b> <b>\$267,774</b> <b>\$670,628</b> <b>\$281,251</b> <b>\$398,511</b> <b>\$100,000</b> <b>\$100,000</b> <b>\$270,184</b> <b>\$261,264</b>		Now a HRSA funded FQHC - increase staffing Now a HRSA funded FQHC - increase staffing  New staff = 9,450 new visits New staff = 3, 000 new visits New staff = 3,000 new patients served New staff, improved HIT = 1,427 new patients served New staff = up to 10,000 patients served New staff, improved HIT = 2200 new patients served <b>New staff = 1,144 new unduplicated patients</b> New staff, new services = 1,720 new patients New staff = 500 new patients served Expansion/outreach of homeless APRN services New staff, new services = 1,677 new patients New staff = 1,350 new patients served
Health IT	Construction, renovation and equipment, acquisition of health information technology;		\$1,500,000,000		Expand funding levels for existing NHSC scholarship, loan repayment programs, and enhance the NHSC admin's web site and marketing efforts.
Workforce Dev	Health professions workforce Shortages, scholarships, loan repayment, and training programs for equipment		\$500,000,000		\$24 million for scholarships; \$196 million for federal loan repayment, \$20million for state loan repayment, \$60 million for website and NHSC brand recognition. MUST be a HPSA site(MUA/P won't do), the site as well as the clinician must make application and get approval. Mentoring Program to be added.
Nutrition Title VIII	Enhance Women, Infants, and Children Program	USDA	\$400,000,000 <b>\$100,000,000</b>	FFY 2009-11  4/1/09 – 9/30/09	CT requested \$2M in food funds based on estimated food funding shortfall due to the increased number of WIC clients; Connecticut eligible to apply for Technology Support Funding for existing MIS projects.
	Improve mgmt info systems	CT DPH / PHI WIC Program			



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PREVENTION AND WELLNESS TITLE VIII	Clinical and community-based prevention strategies;	US DHHS CT DPH / PHI	\$650,000,000	Avail in May	Possible \$100 M for Healthy Communities;
	Immunizations	CT DPH / PHI	\$300,000,000 <b>\$2,519,000</b>		Disbursed to Section 317 immunization grantees. No less than 60% for vaccines. 100% vaccine funds and 80% of operations avail May 15, while 20% of the operations funds will be disbursed later. DPH Vaccine Advisory Committee and Commissioner recommend Rotavirus vaccine purchase and infrastructure support for Immunization Registry.
	Healthcare-Associate Infection Tracking	CT DPH / PHI	\$50,000,000		DPH HAI Committee prepared to react swiftly when an official invitation comes from the federal government to apply for HAI funds.
RESEARCH FACILITIES	New construction or alterations and renovations of facilities for biomedical and/or behavioral research	US NIH UCONN, YALE	\$1,300,000,000 (\$1,000,000,000 for grants)	4-1-09 through FFY 2010	There are three receipt dates, depending on the requested amount of funding: May 6, 2009 ( \$2 million and \$5 million); July 17, 2009 (\$5 million and \$10 million); June 17, 2009 for projects between \$10 million and \$15 million.
	Acquisition of equipment	DPH Laboratory	\$300,000,000		The GO grants will support large-scale research projects that accelerate critical breakthroughs, early and applied research on cutting edge technologies, and new approaches to improve the synergy and interactions among multi and interdisciplinary research teams.
	Large-scale research projects to enable growth and investment in biomedical research and development, public health and health care delivery. Research and Research Infrastructure "Grand Opportunities" (GO), is to support high impact ideas that lend themselves to short-term funding and may lay the foundation for new fields of scientific inquiry.	TBD	\$200,000,000		
WORKFORCE & EDUCATION	Workforce Data Systems in Collaboration with Education	US DOE CT OWC CT DPH	\$250,000,000		Competitive grants to state educational agencies for statewide longitudinal data systems; Statewide data systems that include postsecondary and workforce information, \$5 million may be used for state data coordinators and for awards to public or private organizations or agencies to improve data coordination.

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WORKFORCE INVESTMENT ACT (WIA)	Employment and training programs to help Americans acquire new skills  Grants to the States for adult employment and training activities;	US DOL  Employment and Training Administration  CT DOL	\$500,000,000  <b>\$15,420,000</b>	\$ available to June 30, 2010	Formal guidance to all states within 30 days of enactment; Priority to projects that prepare workers for careers in the health care sector; Local board may award a contract to an institution of higher education or other eligible training provider if the local board determines that it would facilitate the training of multiple individuals in high demand occupations
COMMUNITY DEVELOPMENT BLOCK GRANTS	Community development and affordable housing (housing rehab)	US HUD  22 Entitlement Communities (22 CT Municipalities)  CT DECD Small Cities Program (147 smaller CT Municipalities)	\$1 billion  <b>\$7,465,866</b>  <b>\$3,616,527</b>		Housing rehab is an eligible activity. Lead and other house-based hazards may be eliminated in conjunction with these projects.
NEIGHBORHOOD STABILIZATION PROGRAM	Redevelopment of foreclosed homes	US HUD  CT DECD	\$2 billion  TBD		Housing rehab is an eligible activity. Lead and other house-based hazards may be eliminated in conjunction with these projects.
WEATHERIZATION ASSISTANCE PROGRAM	Energy efficient housing renovation	US HUD  CT DSS	\$5 billion  <b>\$65,800,000</b>		Housing rehab is an eligible activity. Lead and other house-based hazards may be eliminated in conjunction with these projects.
PUBLIC HOUSING CAPITAL FUND	Capital repairs and improvements of federally-subsidized public housing	US HUD  CT DECD	\$5 billion  <b>\$35,900,000</b>		Housing rehab is an eligible activity. Lead and other house-based hazards may be eliminated in conjunction with these projects.
SPECIAL EDUCATION	Assistance to offset cost of special education	US Dept. of Education  CT SDE	\$12.2 billion  <b>\$132,970,000</b>		Provides funding support for lead poisoned children with developmental delays who require Special Education services.
VETERANS ADMIN	Extended Care Facilities Medical Facilities	US VA  CT VA	\$5,397,000  <b>\$10,119,000</b>		
COMMUNITY SERVICES BLOCK GRANT	Reduce poverty, revitalize low-income communities, and assist low-income families.		\$973,303,877  <b>\$12,060,854</b>		Job training and placement assistance; Financial literacy programs such as credit counseling; Housing assistance programs; Nutrition programs; Community agencies that bring public and private resources together to assist families in need. No State admin costs allowed.