



## **2022 ADMINISTRATIVE DIGEST**

**Manisha Juthani, MD**  
**Commissioner, Connecticut Department of Public Health**

Central Office  
410 Capitol Ave.  
Hartford, CT 06106



**At a Glance**

*Department of Public Health Leadership Team*

- Manisha Juthani, M.D. ....Commissioner
- Heather Aaron, MPH, LNHA .....Deputy Commissioner
- Adelita Orefice, MPM, JD, CHC .....Chief of Staff

*CT Department of Public Health Mission*

To Protect and Improve the Health and Safety of the People of Connecticut by:

- Assuring the conditions in which people can be healthy
- Preventing disease, injury, and disability; and
- Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.

*Statutory Responsibility*

The Department of Public Health (DPH) is the state’s leader in public health policy and oversight. The agency is the center of a comprehensive network of public health services, and in partnership with local health departments, provides coordination and access to federal initiatives, training and certification, technical assistance and oversight, and specialty public health services that are not available at the local level. The agency is a source of up-to-date health information and analytics for the governor, General Assembly, federal government, and local communities. This information is used to monitor the health status of Connecticut’s residents, set health priorities, and evaluate the effectiveness of health initiatives. The agency is a regulator focused on positive health outcomes and assuring quality and safety, while also minimizing the administrative burden on the personnel, facilities and programs regulated. The agency is a leader on the national scene through direct input to federal agencies and the United States Congress.

*Overview*

- Established in 1878
- Statutory Authority: C.G.S Chapter 368a, Section 19a-1a
- Number of employees: 681 (as of June 30, 2022)
- Recurring operating expenses

| <b>DPH Fiscal Year 2022 Actual Agency Operating Expenditures</b> |                      |                   |
|--|----------------------|-------------------|
| <b>Funding Source</b>  | <b>Amount</b>        | <b>Percentage</b> |
| State  | \$138,398,061        | 31.00%            |
| Federal  | \$253,353,364        | 56.76%            |
| Other  | \$54,600,588         | 12.24%            |
| <b>Grand Total</b>   | <b>\$446,352,012</b> | <b>100.00%</b>    |

- Organization Structure

- Office of the Commissioner
- Community, Family Health and Prevention
- Drinking Water and Environmental Health Branch
- Healthcare Quality and Safety Branch
- Health Statistics and Surveillance Section
- Infectious Disease Section
- Local Health, Preparedness, HIV, STD, TB, and Hepatitis Branch
- Operational and Support Services Section
- Public Health Laboratory

## Department of Public Health Organizational Change and Updates

### Public Service: Office of the Commissioner

#### *Affirmative Action and Equal Employment Opportunity Office*

The Affirmative Action Office (AAO), also known as the Equal Employment Opportunity (EEO) Office, is responsible for ensuring compliance with federal and state antidiscrimination laws and department policies to ensure equal opportunity for all individuals. This compliance applies to all programs and services without regard to race, color, religious creed, age, sex (including pregnancy), marital status, national origin, ancestry, intellectual disability, present or past history of mental disability, learning disability, physical disability (including blindness), sexual orientation, gender identity or expression, genetic information, prior conviction of a crime, status as a veteran, domestic violence, and/or previously opposing such discriminatory practices (regardless of substantiation).

- Improvements/Achievements (bulleted list with brief explanation)
  - o N/A
- List of statutory reports generated in FY 21 and 22 (bulleted list)
  - o Pursuant to Section 46a-68 (a) of the Connecticut General Statutes Affirmative Action prepared DPH's 2020-2021 Affirmative Action Plan and CHRO approved it.

#### *Communications Office*

The Communications Office provides a full range of communication activities that serve the Department and its stakeholders. The office manages public information, media and community relations, social media, marketing communications, issues management, the agency's website, internal communications, and crisis and emergency risk communications.

#### Improvements/Achievements (bulleted list with brief explanation)

- A new Director of Communications—Christopher Boyle—was appointed to the Department of Public Health on June 1, 2021. Boyle brings more than 25 years of health care communications/media relations experience to this role.
- The DPH Communications team includes professionals who are cross trained in numerous specialties including media relations, news writing, graphic design, social media expertise, web/intranet design and maintenance, and video production.
- Social media continues to be a valuable communications tool for the agency with Facebook and Twitter being the primary channels. DPH also has a presence on Instagram and Tik-Tok.
- The DPH Facebook page currently has 29,100 followers and the DPH Twitter page has 19,400 followers.
- The DPH Communications team maintains a weekly social media calendar which includes a schedule of public health and wellness messaging, promotion of DPH events including mobile COVID-19 vaccination clinics, and health observance weekly and monthly announcements. Additionally, social media posts from the Office of the Governor and other state agencies are amplified on the DPH social media channels. Prominent news media mentions and interviews also are posted.
- From July 1, 2021, to June 30, 2022, there were approximately 850 social media posts made to both the DPH Facebook and Twitter pages.

- The DPH Communications team also designed and launched a new employee Intranet site in June 2022. The new Sharepoint Intranet site is more user-friendly with a flexible design that is easily accessible for employees working both on- and off-site.
- In January 2022, the DPH Communications began utilizing a media monitoring software known as Critical Mention in which daily news media reports are forwarded to the Commissioner's office.
- A weekly news media report is generated and distributed to the DPH Leadership team. Each report includes a summary of the week's prominent media mentions, as well as calculated figures for media mentions, the estimated audience number and publicity value.
- From Jan. 1, 2022, to June 30, 2022, via Critical Mention, there were approximately 13,061 prominent media mentions, which had an estimated publicity value of \$262 million.
- From July 1, 2021 – June 30, 2022, 134 news releases and statements to the media were produced and distributed.
- From July 1, 2021 – June 30, 2022, DPH has participated in approximately 42 news conferences/media availabilities. Many of these feature Governor Ned Lamont and Commissioner Manisha Juthani, MD.
- The DPH Communications team has supervised and coordinated several advertising campaigns promoting the importance of COVID-19 vaccines and boosters. These campaigns included seven broadcast commercials as well as digital billboards and numerous other digital tactics including search engine marketing/optimization and paid social media messaging.

List of statutory reports generated in FY 21 and 22

- No reports

#### *Policy and Government Relations*

The Government Relations Office is responsible for managing legislative and regulatory information and coordinates referral activities, which include development of the agency's legislative proposals and application of strategies to achieve the goals of DPH's legislative agenda. The office tracks and analyzes legislation, oversees the development of the agency's regulations, and ensures all programs and policies are implemented according to statute and in a manner that reflects the mission of the department. The office handles inquiries, requests and other related constituent services for congressional members, state legislators, state agencies, lobbyists, and members of the public.

Improvements/Achievements (bulleted list with brief explanation)

- Government relations had a very successful legislative session, passing 6 of its 7 initial proposals
- Of notable achievement was the passing of legislation that expanded the scope of the CT Immunization Information System to include adult vaccination
- The office is diligently working to implement policies from the last session and has already begun to convene working groups including the Commission on Community Gun Violence and the Lead Advisory Working Group
- The Department also received almost \$11 million in American Rescue Plan Act funding to begin a student loan repayment program to support health care providers working in the state

List of statutory reports generated in FY 21 and 22 (bulleted list)

- The Policy and Government Relations Office works with program staff to submit their reports, but does not independently generate reports

### *Office of the General Council*

The Office of General Counsel is the legal office for DPH. The General Counsel is responsible for overseeing the legal and administrative activities of the office and provides legal support for the Commissioner and the agency. The Office provides legal and administrative support for 14 professional licensing boards, presides over hearings, and renders decisions concerning practitioner and facility disciplinary matters, appeals of local public health orders, involuntary discharges from residential care homes, WIC reviews, as well as reporting to federally mandated and private professional databases. The Office also responds to ethics and Health Insurance Portability and Accountability Act (HIPAA) questions, provides ethics and HIPAA privacy trainings, conducts investigations, responds to requests for personally identifiable health information, and generally ensures HIPAA compliance. The Office of the General Counsel includes the Public Health Hearing Office, the Ethics Officer, the HIPAA Privacy Officer, and the Attorney General Designee.

#### Improvements/Achievements

- The General Counsel's Office has been chosen by DAS to pilot a new State enterprise FOI software application (Gov/QA)

#### List of statutory reports generated in FY 21 and 22

- No reports

### *Public Health and Systems Improvement*

The Office of Public Health Systems Improvement (PHSI) manages, coordinates, and supports organization-wide and multi-sector activities to improve public health infrastructure, systems, and outcomes. To that end, PHSI leads the development of the state health assessment report, a state-wide health improvement plan, and organizational strategic planning and performance improvement activities. This work entails coordination and technical assistance to agency personnel and stakeholder community partners.

In partnership with the office of Human Resources and Affirmative Action, PHSI has supported the development, update, and implementation of the Workforce Development Plan. This plan is an evolving five-year blueprint to build up existing and future public health resources required to meet the agency's strategic direction. Under the direction of Commissioner Juthani, these efforts are laying the groundwork for the establishment of an independent Office for Workforce Development within DPH.

The PHSI is responsible for maintaining a health status and health disparities monitoring system for at-risk populations and ensuring that health equity indicators are considered for data collection, planning efforts, and program implementation across the agency. The purpose of PHSI's focus on health equity is, as in all other agency divisions, to concentrate the public health work on underlying social determinants of health, such as promoting appropriate cultural and linguistical services, addressing concerns with food systems and housing, strengthening community resilience, and to enhancing access to health care.

PHSI staff is explicitly dedicated to ensuring that the agency maintains the standards of national public health accreditation, initially obtained by DPH in March 2017. This activity requires establishing, monitoring, and facilitating the work of several internal committees to improve the quality and

performance assessment of programs and services, engage management staff in developing strategic public health policy, and advance selected workforce development strategies.

Until the end of the last fiscal year, PHSI led the Department's implementation of the CT General Statute Sec. 19a-4j, which requires the Department to establish an Office of Health Equity. PHSI also conducted analyses to assess the state's need for primary care services and providers, promote the recruitment and retention of health care providers, and reduce shortages of health care professionals.

Improvements/Achievements (bulleted list with brief explanation)

- State Health Improvement Plan: As part of the HealthyCT 2025 initiative, PHSI maintained a statewide coalition and engaged multiple state and community partners in developing and releasing the State Health Assessment Plan.
- Public Health Reaccreditation Plan: PHSI is the agency's liaison with the national Public Health Accreditation Board and leads the process of documenting the Department's adherence to the accreditation standards and measures.
- Workforce Development Plan: PHSI supported the internal workforce development committee (WDC) in planning strategies to strengthen the agency's human capital, particularly recruitment and retention.
- Public Health Workforce Development Pipeline: PHSI developed a framework to identify and direct potential entry-point workers and professionals to the field of public health while opening training opportunities and incentives to retain the public health workforce. PHSI secured over \$4.5M to develop and implement four pipeline projects with an equal number of state academic partners.
- COVID-19-related Health Disparities funding: PHSI worked in collaboration with other divisions in the Department to develop over a dozen initiatives and secured over \$17M in funding to ensure mitigation and prevention of the COVID-19 epidemic, improve data collection and reporting, expand public health infrastructure, and mobilize partners to advance health equity.
- Primary Care Assessment: PHSI researched and prepared a Connecticut Primary Care Assessment documenting priority target populations for primary care services and the impact the primary care network in the state had on areas such as patient experience, health outcomes, oral health, mental health, affordability, and cost.
- Health Professional Shortages and Waivers: PHSI conducted extensive data analyses to overhaul the state's Health Professional Shortage Area Designations to assist the federal government in updating the Shortage Designation Management System. PHSI managed the selection of thirty physician applicants for the Commissioner's J1-Visa Waiver recommendations to the U.S. Department of State to retain their services in shortage areas of the state.

List of statutory reports generated in FY 21 and 22 (bulleted list)

- N/A

### **Public Service: Community Family Health and Prevention Section**

The Community, Family Health and Prevention Section (CFHPS) works to improve the health of the overall population across the lifespan by establishing opportunities that support healthy living habits through education, prevention, early detection, and access to care. The CFHPS manages approximately 180 contracts and administers 42 accounts, including federal grants and state appropriations. Resources are dedicated to serve Connecticut's residents and affect the public health system, while

maintaining a focus on the objectives of Healthy People 2030 and the CT State Health Improvement Plan.

The CFHPS conducts comprehensive needs assessments, public health data surveillance, and tracks trends to establish service and prevention priorities. Through significant contractual relationships and partnerships, the CFHPS provides health education and promotion, supports health screenings and referrals, leads care coordination initiatives, and provides technical assistance to promote quality improvement. Target populations and public health priorities are served by one or more of the CFHPS's units, including:

- 1) Adolescent and Child Health
- 2) Chronic Diseases
- 3) Epidemiology
- 4) Injury and Violence Surveillance
- 5) Maternal and Child Health Epidemiology
- 6) Office of Injury and Violence Prevention
- 7) Primary Care and Oral Health
- 8) Special Supplemental Nutrition Program for Women, Infants and Children/Nutrition, Physical Activity and Obesity (WIC/NPAO)
- 9) Women's Health

The CFHPS works to affect systems of care by supporting policies, systems, and environmental change strategies, and developing and maintaining a strong and sustainable infrastructure to support essential public health activities. This is possible through: collaborations with providers, patients, and families; coordination of resources; support, surveillance, development, and implementation of statewide plans; translation of current and emerging information into health benefits; and efficient and quality programming by evaluating performance and promoting quality improvement.

*CFHPS At a Glance:*

*The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program* – During the period of June 2021 – May 2022, a monthly average of 45,706 low-income women of child-bearing age, infants, and children under five, were served by the CT WIC Program, receiving a total US value of \$41,435,833 in Food and Formula Benefits, for an average monthly value of \$3,452,986.

*Suicide and Self-Directed Violence Prevention Program* – A total of 5,527 college students received mental health promotion and suicide prevention education through Fresh Check Day awareness events at 25 Connecticut institutions of higher education.

*Comprehensive Cancer Early Detection and Prevention Program* – A total of 4,221 high-risk women received services and breast and cervical cancer screenings.

*Congenital Cytomegalovirus (cCMV)* – A total of 5,231, or 98.9% of all babies born in Connecticut, received a newborn hearing screening; and 411, or 89.9% of babies who needed a congenital Cytomegalovirus test, received one.

*School Based health Centers (SHHCs)* – A total of 25,711 medical visits, serving 9,831 patients, happened at school based health centers (SBHCs) during the 2020-2021 academic year. In the same time period,



51,182 mental health visits, serving 4,515 patients, and 2,880 dental visits serving 1,674 patients occurred.

- Please note that SBHCs were impacted by the COVID-19 pandemic and their operational status varied between open and hybrid services throughout the school year. SBHCs made every effort to provide access to telehealth services for students.

*Connecticut Medical Home Initiative (CMHI)* – In 2021, the CMHI provided almost 9,600 linkages to multiple services and providers. Over 3,000 Children and Youth with Special Health Care Needs (CYSHCN) were linked to important behavioral health services, which made up 31% of all the linkages provided. Almost 2,700 CYSHCN were linked with a necessary primary care physician, specialist, or dentist, which made up 29% of all linkages.

Improvements/Achievements (bulleted list with brief explanation)

- Improved access to WIC program benefits - Over the course of 2021 and 2022, the CT-DPH WIC Program worked with the State Department of Social Services (DSS) to plan, develop, and implement a local level training and protocol for DSS staff to increase referrals to the WIC Program. Through a local pilot implemented in December 2021, the WIC program received 51 referrals for services, and due to the success of this pilot, the corresponding training and protocol were expanded to DSS locations for a statewide pilot in April 2022. Subsequently, the referral protocol was implemented as an official policy on August 1, 2022. This was a low-cost intervention as it involved existing staff salary and electronic materials. This partnership is a creative solution to increase referrals without an executed MOU (DPH and DSS) for data sharing to reach eligible populations.
- Alzheimer and related dementias - In 2021, DPH received a two-year Centers for Disease Control and Prevention (CDC) Core Capacity grant: Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's to promote a strong public health approach and develop a Connecticut Strategic Plan to address Alzheimer's disease and related dementias (ADRD) using the CDC's Healthy Brain Initiative 2018-2023 Road Map (HBI-RM).
  - o A statewide Coalition of stakeholders from various sectors and organizations was established. The Coalition includes over 70 partners from: the CT Commission on Women, Children, Seniors, Equity and Opportunity; the CT Department of Aging and Disability Services; the CT Department of Social Services; the Alzheimer Association, CT Chapter; various nonprofits community organizations; healthcare providers; university professors; volunteers; and representatives from Hartford Healthcare Ayer Neuroscience Institute Memory Care Center and Center for Healthy Aging, the UConn Center on Aging, and the Yale School of Medicine.
- School Based Health Centers – In response to the COVID-19 pandemic, the DPH expanded access to children's health care by securing funds from a CDC Cooperative Agreement (\$12 million) to expand SBHC primary care and mental health services, and state ARPA funding of (\$10 million) to expand SBHC to address children mental health. Both new funding streams will target schools with high Social Vulnerable Index (SVI) Scores and Health Professional Shortages Areas (HPSA) for both primary and mental health services.
- Office of Injury and Violence Prevention (OIVP) - Between 2021 to 2022, the number of inmates patients served daily with opioid use disorder medications and psycho-behavioral counseling

increased from approximately 460 to 775, and Medication for Opioid Use Disorder (MOUD) programs increased from 8 to 10 DOC facilities.

List of statutory reports generated in FY 21 and 22 (bulleted list)

- Asthma - CGS Sec. 10-206; Connecticut School-based Asthma Surveillance Report 2021; submitted December 2021.
- School Based Health Centers - Statute: PA 21-35 Section 16; School Based Health Center (SBHC) Expansion Working Group Final Report; submitted: March 2022.
- Office of Injury and Violence Prevention - Public Act 21-35 SB1; the Gun Violence Intervention and Prevention Advisory Committee submitted a report to the co-chairs of the Public Health and Human Services Committee on December 31, 2021.

### **Public Service: Environmental Health and Drinking Water Branch**

The Environmental Health and Drinking Water (EHDW) Branch is comprised of the Drinking Water Section, the Environmental Health Section and several Branch Units that were merged to create efficiencies and reduce duplicative services. The EHDW Branch works to protect public health and ensure health equity by integrating environmental disciplines and staff expertise across Branch programs. Under the Branch's administration and management, we work to effectively address environmental health by assisting Connecticut residents, towns, local health departments, sister state agencies and all stakeholders by consistently delivering proficient regulatory oversight and providing skilled science based technical assistance that is protective of public health and working toward health equity. Two units, the Branch Grants and Administration and Branch Certification and Licensing were formed to consolidate activities that were spread across the different programs in Environmental Health and Drinking Water. A third unit, the Branch Emerging Contaminants Unit was formed to consolidate policy, planning and implement actions to address emerging contaminants in both public drinking water and private wells. Further, a new Office of Climate and Public Health was formed to work with stakeholders to address the effects of Climate Change on human health by implementing the Governor's GC3 Climate Change Actions. Each EHDW Unit and program work toward the implementation of health equity through enacting various environmental health protection measures.

The Drinking Water Section (DWS) is responsible for the administration and implementation of state and federal public health-focused drinking water laws and regulations and is dedicated to ensuring the purity and adequacy of the state's public drinking water systems and sources. The DWS has primacy over the U.S. Environmental Protection Agency's (EPA) Safe Drinking Water Act (SDWA) of 1974, as well as state public drinking water laws.

The DWS directly oversees and administers regulatory compliance and enforcement to Connecticut's approximately 2,400 public drinking water systems, which provide public drinking water to approximately 2.9 million people daily. The DWS is committed to protecting and promoting healthy people in healthy Connecticut communities by ensuring the use and distribution of high-quality public drinking water for human consumption. The DWS is organized into five programmatic areas, including the Eastern and Western Compliance Regions, Drinking Water State Revolving Fund (DWSRF) Unit, Enforcement & Data Management Unit, and the Source Protection & Planning Unit.

The Environmental Health Section (EHS) is responsible for evaluating environmental health conditions that impact human health, providing science-based technical assistance, applying regulatory controls where necessary through enforcement of the Regulations of Connecticut State Agencies and relevant statutes, and aiding in the implementation of relevant public health policy. The EHS is comprised of ten programs which are diverse in their scope and oversight of both regulated and unregulated professions and entities: Asbestos, Environmental & Occupational Health Assessment, Environmental Engineering, Environmental Practitioner Licensing, Food Protection, Lead Poisoning Prevention & Control, Private Wells, Radon, and Recreation.

#### Improvements/Achievements:

- Conducted and completed 700 inspections of Public Water Systems (PWS), including sanitary surveys, level 1 and level 2 assessments
- Processed 436,375 PWS drinking water sample results for compliance with the SDWA
- Received EPA's Annual Evaluation of the Drinking Water Certified Operator Program
- Issued 85 initial CT DPH Water Operator Certifications
- Extended Drinking Water Operator Certification expiration dates due to the Governor's Declared Public Health Emergency and CT DPH Commissioner's Order
- Processed 71 Computer Based Test Results from CT DPH Designated Exam Administrator
- Processed 537 Drinking Water Operator Certification Renewal Applications
- Issued 90 Evaluations of Large Public Water System Cross Connection Survey Reports
- Held 12 monthly informational webinars for the state's public water systems, environmental labs, and certified drinking water operators
- Represented DPH on the Water Planning Council to implement the State Water Plan working to implement new private well water quality and water conservation laws
- Worked with the State Drought Interagency Team to redevelop the State Drought Plan, and developed new tracking measures and implementation actions
- Consistently tracked and monitored drought measures for public water systems and environmental conditions on a monthly and weekly basis
- Established an Emerging Contaminants Unit (ECU) to directly address non-regulated contaminants of growing concern in drinking water in Connecticut
- Established and published new Drinking Water Action Levels for four individual PFAS
- Implemented a Memorandum of Agreement with the University of Connecticut (UConn) for a PFAS Outreach and Education project
- Began a summer internship for a UConn undergraduate student focusing on Health Equity as it relates to PFAS in Connecticut.
- Secured funding, consulted, and informed PFAS activities with the DPH State Laboratory
- Assisted to pass and began implementation of CT Public Act 21-121 requiring commercial water bottlers with sources in CT to test for unregulated contaminants such as PFAS
- Executed 10 DWSRF loans for \$18.5 million, with \$3.5 million in principal forgiveness
- Executed 4 DWSRF loans for small water systems, including one under the Small Loan Program totaling \$3.9 million with \$1.37 million in principal forgiveness
- Processed project payment reimbursement requests totaling approximately \$26.6 million in DWSRF funds and \$1.0 million in State grant-in-aid funds.
- Provided regulatory oversight of 10 DWSRF construction projects
- Provided testimony to Congress on the implementation of the Bipartisan Infrastructure Law (BIL) that focused on streamlining the DWSRF process and providing for health equity
- Conducted planning for BIL funds for drinking water infrastructure projects in SFY 2023, processed 80 new DWSRF applications totaling \$418.8 million in requested funding

- Worked with EPA on the development and implementation of a BIL Lead HUB Accelerator program for CT public water systems to accelerate lead service line removal
- Applied for DWSRF BIL funding totaling approximately \$61 million
- Worked with the Office of Health Equity to incorporate health equity within the DWSRF
- Participated with EPA Headquarters to define Justice 40 which is goal set by President Biden to focus 40% of DWSRF BIL funds to benefit communities most in need
- Processed 531 subsurface sewage disposal system plans and exception application reviews in 135 municipalities
- Developed and implemented 3rd party exam testing for licensed septic system installers and cleaners
- Conducted 3 sessions of Phase 1 & 2 Subsurface Sewage Training
- Provided 3 presentations to the legislative Sewer/Septic Planning Subcommittee
- Tracked 61,569 children under age six tested for lead poisoning; 1,047 children had elevated blood lead levels that required follow-up;
- Worked with Local Health Departments and CT Children's & Yale Medical Centers concerning 5 children that were medically chelated due to lead poisoning
- Participated with the planning and implementation of the Governor's Lead Law, PA 22-49
- Distributed 2,590 radon test kits to 33 LHDs as part of this year's Local Health Radon Partnership Program, utilization rate of 34%
- Distributed 238 radon test kits to 4 local housing authorities, utilization rate of 100%.
- Established a partnership with Yale-Smilow Cancer Center for radon test kit distribution to cancer patients; 36 test kits were provided for the pilot offering
- Provided training for 15 new food inspectors that completed the state certification process
- Worked to move toward adoption of the Food Code regulations
- Developed a new Itinerant Food Vendor reciprocal licensing MOU program working with CADH and stakeholders pursuant to CGS Section 19a-36
- Established an Office of Climate and Public Health through securing CDC BRACE and Health Disparities Grants, working to implement Governor's GC3 initiatives
- Provided technical assistance to 484 people concerning private well inquiries
- Worked with legislators and towns on a variety of ground water contaminations and assisted to pass the Green Snow Pro initiative to protect ground water
- Worked to pass private well laws that provided the private well program with additional resources to assist to track and monitor private well drinking water quality
- Worked to pass and implement Public Act 22-58 to develop proactive legionella measures in drinking water systems
- Assisted to facilitate proactive legionella measures in over 10 facilities working with the DPH Legionella Working Group
- Processed 794 applications for environmental licensing credentials

List of statutory reports generated in SFY 22 (July 1 2021-June 30 2022) (bulleted list)

- DWSRF Intended Use Plan including Project Priority List [CGS Sec. 22a-478(h)]
- DWSRF Annual Report to the Governor [CGS Sec. 22a-478(o)]
- Annual report on water planning process (Water Utility Coordinating Committees) – CGS Section 25-33n, provided to CT State Legislature
- Annual Operator Certification Program (OCP) Report, provided to EPA
- Annual Compliance Report for Calendar Year 2021 provided to EPA

## **Public Service: Health Care Quality and Safety Branch**

The Healthcare Quality and Safety Branch regulates access to health care professions and provides regulatory oversight of health care facilities and services. The Branch consists of four major program components: Facility Licensing and Investigations Section; Practitioner Licensing and Investigations Section; Office of Emergency Medical Services; and Office of Legal Compliance.

### *Facility Licensing and Investigations Section (FLIS)*

FLIS licenses, monitors, inspects, and investigates complaints involving a variety of facilities and services. It also performs federal certification inspections in health care facilities participating in the Medicare and/or Medicaid programs and identifies deficiencies that may affect state licensure or eligibility for federal reimbursement.

### Improvements/Achievements

- Conducted regular site visits and complaint investigations to ensure healthcare facilities are in compliance with the state and Federal statutes and regulations. During the pandemic, these site visits had a focus on infection prevention and control.
- Issued 1,510 licenses and certifications for over 45 categories of healthcare facilities.
- Conducted the following trainings and guidance for facilities:
  - o Training program and informational hearing regarding new medication assisted training program for residential care home employees who need to be certified in medication administration.
  - o Provided guidance and held an informational session on the patient's right to elect an essential care giver.
  - o Provided guidance to Hospitals regarding inpatient medication use for opioid withdrawal management and opioid use disorder treatment.
  - o Provided guidance on the background check program for individuals who are employed at healthcare facilities with direct patient care responsibilities.
  - o Hot weather protocols for inpatient facilities.
  - o Guidance for assisted living services agencies who provide dementia care.
- Implemented the medical orders for life sustaining treatment (MOLST) program to allow for patients who are at end of life or have chronic frailty to make their medical care wishes known in a medical order that is portable across all healthcare settings.
- DPH is an active participant in the Long-Term Mutual Aid Plan (LTC-MAP) advisory and steering committee and continues to engage with the stakeholder group to prepare nursing homes and assisted living facility providers in planning activities in the event of a local state, regional or national incident.
- Chairs the Medication Opioid Use Disorder Workgroup which is a multi-agency and stakeholder group which meets to discuss gaps and challenges throughout across the health care sector for individuals who have a substance use disorder and need post- acute care.
- Shared several guidance documents and held weekly meetings for nursing homes and residential care homes to help them through the COVID-19 pandemic. These documents included:
  - o Infection Control and Prevention in all healthcare settings.
  - o Opportunities for fit testing for N95 respirators for nursing home employees.
  - o Vaccine requirements in long term care facilities.
  - o Quarantine and Isolation needs.
  - o Visitation restrictions.

- Resources for behavioral health during an infectious disease outbreak.
- Distribution of personal protective equipment.

List of statutory reports generated in FY 21 and 22

- Adverse Event Report regarding specific errors made in hospital and outpatient surgical facilities.
- Hospital nurse staffing plans: each year, hospitals must provide DPH with their nurse staffing plans.
- Nursing Home financial advisory committee is required to report its activities to the General Assembly on a yearly basis
- Palliative Care Advisory Council: requires the Commissioner to report on the activities and recommendations of the Palliative Care Advisory Council.

*Practitioner Licensing and Investigations Section (PLIS)*

PLIS ensures that a practitioner in a field has the required training, knowledge, and experience to perform as a qualified professional in that field. PLIS receives and investigates complaints about specific providers that fall under its authority. The Section responds to Scope of Practice Review requests to ensure that proposed changes to the scope of practice of health care practitioners contribute to the improvement of overall health of people in this state.

Improvements/Achievements (bulleted list with brief explanation)

- 2021 – Issued 26,533 new occupational licenses and renewed 182,453 licenses
- 2022- Issued 24,073 new licenses and renewed 198,824 licenses
- SFY 2021 has higher licenses issued due to the nail tech new licenses. The difference in renewals between the two years is the result of new license types issued in SFY 2021 are renewing along with the fact that some licenses renew biennially.
- Received over 1,200 complaints for investigation each year.
- Provided guidance on licensure exemptions that was incorporated into Executive and Commissioner Orders during the pandemic.
- Convened workgroups with five licensed professions to determine whether or not Connecticut should join any interstate licensure compacts.
- Collaborated with the UCONN School of Pharmacy to implement COVID vaccination training for new vaccinators.
- Participated in the University of Connecticut School of Medicine Patient Advocacy in Communities, Teams & Health Systems Course for UCONN medical students
- Added new functionality to the online licensing system, elicense, to help applicants better track the status of their application.
- Implemented the use of Parchment Services and National Student Clearing House which provides electronic, downloadable education transcripts rather than having to receive, scan and save hard copies.

List of statutory reports generated in FY 21 and 22 (bulleted list)

- Licensing report on substituting military training or experience for service members. The department collects and reports data for each individual who used their military training as a substitute for required training.
- Scope of Practice Review Committee on Doula Certification. Pursuant to Public Act 21-35, a committee was convened, and a report was submitted to the General Assembly regarding whether Connecticut should establish a doula certification program.

- Report to General Assembly on analyses and recommendations regarding entry into interstate licensure compacts pursuant to Public Act 21-152

*The Office of Emergency Medical Services (OEMS)*

The Office of Emergency Medical Services (OEMS) is responsible for strategic planning, regulatory and statutory oversight, as well as programmatic implementation of the Emergency Medical Services (EMS) system in Connecticut. For EMS providers, this includes development of the educational framework for training EMS providers, application, and licensing of over 20,000 EMS providers, inspections of over 900 EMS vehicles, and investigation of complaints against EMS providers for standard of care or other regulatory violations. For EMS organizations, this includes coordination of the overall EMS system via review and consideration of new EMS organizations and requested changes in services provided of current EMS organizations, oversight, and analysis of EMS Data, as well as investigation of complaints against EMS organizations for regulatory violations that put the public's health at risk.

Improvements/Achievements

- In 2021 and 2022: Issued over 25,000 licenses and certification to Emergency medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, Emergency Medical Services Instructors, and Paramedics.
- Implemented electronic processing of licensing
- Provided technical support and guidance to municipalities who requested help with their local EMS plans
- Continued working with the EMS community on reporting any suspected opioid overdose cases. Worked with the Department's Injury Prevention Program to provide input on their surveillance activities regarding drug overdoses.
- Managed a grant with the Bureau of Justice Assistance/Institute for Intergovernmental Research SWORD grant. Initiated and monitored Quality assurance and Improvement program for reporting compliance with the grant. Through this grant, OEMS was able to provide Local Health Departments with Narcan for roll out of the EMS based Naloxone Leave-behind initiative.
- Continued to provide support to the EMS Advisory Board and EMS Medical Advisory Board activities and recommendations.
- DPH purchased training equipment with federal grant money to support to the HEARTSafe Program. Currently, there are 90 HEARTsafe communities, 12 campuses and 15 workplaces.
- Reviewed the current EMS protocols and made recommendations for updates based on current evidence and medical consensus together to produce protocols that will enhance prehospital care in our state.
- Used grant money from CDC to hold a five-day Resiliency Conference. Support the Connecticut EMS Advisory Board Health and Wellness Committee. OEMS web-site has a Resiliency Resource Listing, EMS Guidebook for Resiliency Resources and a PDF link to Suicide Loss Survivor Package.
- OEMS oversights and maintains five Mass Casualty Incident Trailers which are located in the respective Regions and are deployed to be used in community events upon request. Information on the use of these trailers is on the Department's website.
- Collaborated with UCONN School of Pharmacy to develop a curriculum to train EMS personnel to vaccinate individuals during the COVID pandemic. Maintained a website and documentation on the 1,904 EMTs who were trained and provided vaccine.

List of statutory reports generated in FY 21 and 22 (bulleted list)

- Emergency medical services data regarding the total number of calls and response times for each emergency medical services agency

### *Office of Legal Compliance (OLC)*

The Office of Legal Compliance (OLC) prepares evidence and witnesses for public administrative hearings, represents DPH in administrative hearings before professional healthcare licensing boards and commissions, and settles legal cases involving more than 60 different professions licensed and regulated by DPH. This office is also responsible for providing information for reporting adverse actions to national databases and processing long-term care criminal history and patient abuse background searches.

- 14,717 long-term care applicant background check eligibility determinations completed; and 10,585 long-term care applicant background check initial state and federal fingerprint checks fully processed and completed.
- 234,332 individuals licensed in 65 different professions throughout Connecticut.
- 24,243 Emergency Medical Services providers licensed.
- 345 health care facility complaints were investigated.
- As of August 19, 1,976 enhanced monitoring visits were conducted in long term care facilities during the COVID-19 pandemic.

Improvements/Achievements (bulleted list with brief explanation)

- N/A

List of statutory reports generated in FY 21 and 22 (bulleted list)

- N/A

### **Public Service: Health Statistics and Surveillance Section**

The Health Statistics and Surveillance Section consists of the Office of Vital Records (OVR), the Connecticut Tumor Registry (CTR), Survey Unit, and the Surveillance Analysis and Reporting Unit (SAR).

The State OVR carries out general supervision and enhancement of the state-wide birth, marriage, death and fetal death registries. The OVR initiated modernization of death certificate recording with the transition from a paper-based death registration system to an electronic death registration system (EDRS) in 2020. In response to COVID-19, the OVR brought parts of the EDRS into operation sooner than planned to more quickly and accurately record and share COVID-19 related death information with the CT Office of the Chief Medical Examiner, our DPH reporting partners, and the National Center for Health Statistics. Throughout 2021, the OVR onboarded all CT licensed hospitals, funeral directors/embalmers, local registrars, and the Office of the Chief Medical Examiners to EDRS.

The CTR is a population-based resource for examining cancer incidence and trends in Connecticut. The registry's electronic database of over one million cancers is used to estimate the cancer burden in Connecticut residents and to assist in planning cancer control interventions. In collaboration with Connecticut hospitals and researchers, the CTR established the Connecticut Cancer-COVID-19 Research Initiative. The goals are to assess the impact of the SARS-COV-2 pandemic and to assess patterns of care on both newly diagnosed and existing cancers.



The Survey Unit is responsible for the collection of health information to generate health estimates for Connecticut adults and youth through use of two major Centers for Disease Control and Prevention (CDC) surveillance systems, the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey, which is administered in Connecticut as the CT School Health Survey (CSHS). Adults are surveyed via telephone and high school students are surveyed in the school setting. The BRFSS is a major data collection tool in chronic disease surveillance. Data collected by the Survey Unit are used to help track the health of Connecticut residents, provide guidance for numerous health programs, and provide a better understanding of health risk behaviors that face our adults and youths. In response to COVID-19, the Survey Unit helped provide estimates of the Connecticut population that is at elevated risk for COVID, estimates to assist in a mass vaccination plan, and modified an adult survey in April 2020 to collect COVID-19 testing, risk and preventive behavior data and continues to collect COVID-19-related data.

The Surveillance Analysis and Reporting Unit (SAR) analyzes and interprets vital statistics, hospital discharges, and hospital quality of care data and publishes reports on key health indicators that are used to inform programs and policy. SAR also works in collaboration with the US Census to produce Connecticut's annual state and county population estimates by age, sex, and race/ethnicity. These population estimates are used for state and local funding allocations and for population-based surveillance metrics, such as COVID-19 incidence and vaccination rates. During the COVID-19 pandemic, the SAR unit worked closely with the State Office of Vital Records, the Office of the Chief Medical Examiner, and the DPH COVID-19 infectious disease team to reconcile reports of COVID-19-related deaths to ensure the State of Connecticut had consistent, accurate, and complete reporting of COVID-19 deaths.

#### Improvements/Achievements (bulleted list with brief explanation)

- Statewide Implementation of Electronic Death Registration System.
- For 2020, 34,995 births, 37,774 deaths, and 15,145 marriages were recorded in Connecticut. For 2021, 36,926 births, 34,761 deaths, and 19,502 marriages were recorded in Connecticut
- In 2020, 15,675 vital record certificates were issued, parentage was documented on the birth certificate for 10,228 children, 598 adoptions were processed, and 114 birth certificates documenting sex changes were processed. In 2021, 17,124 vital record certificates were issued, parentage was documented on the birth certificate for 12,212 children, 734 adoptions were processed, and 157 birth certificates documenting sex changes were processed.
- 23,633 new cancer cases were registered from cases diagnosed in 2019. CTR anticipates up to 23,775 new cancer cases will be diagnosed in 2020. However, that number may ultimately be lower, since many cancer-related screenings, diagnostic procedures, and treatments were delayed in 2020, due to the COVID-19 pandemic.
- Over 9,500 adult health surveys were collected in 2021, and 1,700 student health surveys were completed in 2021.
- The passage of Public Act 22-87 will require school participation in the CT School Health Survey in Spring of 2023 which will greatly improve the reliability of health and risk behavior estimates generated through this school-based survey.
- Unprecedented delays in release of 2020 Census data left DPH using outdated race and ethnicity estimates for calculating COVID-19 metrics, which was problematic for accurate surveillance of health equity. The SAR Unit developed temporary population estimates by age, sex, race, and

ethnicity that more closely align with the racial and ethnic makeup of Connecticut in 2020. The 2020 provisional estimates notably improved the accuracy of published COVID-19 metrics and vaccination rates by race and ethnicity.

List of statutory reports generated in FY 21 and 22 (bulleted list)

- 2020 and 2021 Adverse Event Reporting
- 2018 and 2019 Connecticut Vital Statistics Registration Reports

### **Public Service: Infectious Disease Section**

The Infectious Diseases Section encompasses surveillance programs for emerging infections and more than 50 acute communicable diseases including conditions potentially associated with bioterrorism; outbreak detection and investigation; planning for the public health response to infectious disease emergencies, and programs for the prevention of perinatal infectious diseases, vaccine-preventable diseases, healthcare-associated infections, and hepatitis. A critical part of the section's mission is to provide health education to the public, medical professionals and public health providers on prevention and management of disease transmission and emerging infections. The Section continues to be engaged in the response to the COVID-19 pandemic at all levels.

The Informatics Program in the Infection Disease Section supports the reportable disease surveillance system, electronic laboratory reporting, and electronic notifiable reporting to the Centers for Disease Control and Prevention (CDC).

The Epidemiology and Emerging Infections Program does surveillance for dozens of different infectious diseases including foodborne, waterborne, and vectorborne diseases and responds and provides technical assistance to outbreaks related to these organisms in the general public and other settings. During the COVID-19 pandemic, a unit focused on COVID-19/influenza surveillance and response was also established.

The Immunization Program prevents disease, disability, and death from vaccine-preventable diseases in infants, children, and adolescents by actively engaging in surveillance, case investigation and control, monitoring of immunization levels, provision of vaccine, and professional and public education on the benefits of vaccination.

The Healthcare-Associated Infections and Antimicrobial Resistance (HAI-AR) Program conducts surveillance of HAIs and AR and provides technical assistance to healthcare facilities and providers to prevent and respond to HAI and AR. The HAI-AR Program continues to be integral in the COVID-19 response, providing healthcare facilities (including nursing homes) and providers with up-to-date guidance and technical assistance.

Improvements/Achievements (bulleted list with brief explanation)

*The entire Infectious Diseases Section has been engaged in COVID-19 response activities for the last 2 years; important achievements from this response include:*

- The Informatics Program:

- Updated the primary reportable disease surveillance system for COVID-19 and Monkeypox surveillance
- Received and processed electronic test results for COVID-19 (9,117,811 total tests reported; 97% sent in electronic format; 2021 data)
- Onboarded over 1000 COVID-19 testing locations (labs, hospitals, providers, nursing homes, colleges, other test sites)
- Extracted, analyzed, and created COVID-19 reports from primary surveillance (295 reports), nursing homes (88 reports) and assisted living (63 reports)
- Published 673 COVID-19 Digital Reports on the Open Data Portal
- Epidemiology and Emerging Infections/COVID Program:
  - Worked with the Informatics Program on COVID-19 data analysis and reporting to internal and external stakeholders as outlined above
  - Provided technical assistance/response to 273 respiratory outbreaks (including COVID-19) (FY 22).
- HAI-AR Program:
  - Provided technical assistance/response to 1,254 COVID-19 outbreaks across all healthcare settings
- Immunizations
  - Distributed COVID-19 vaccines to over 1,200 healthcare providers and pharmacies in Connecticut, resulting in over 3 million people in Connecticut (84.6% of the population) receiving at least one dose of vaccine

#### *Other Improvements/Achievements*

- Informatics Program
  - Continued support for other diseases, like monkeypox (update primary system, receive electronic lab results, building internal reports)
  - Processed about 150,000 electronic lab results for other reportable diseases (2021 data)
  - Reported 20,000 case reports to CDC in electronic format (2021 data)
  - Prepared the surveillance system for a major upgrade
  - Participated in local and national data modernization efforts
- HAI-AR Program
  - Investigated 2 cases of *Candida auris*, a highly resistant fungal infection
  - Provided 66 multidrug-resistant organism containment responses and 2 other healthcare-associated infection investigations (infection control breaches and injection safety issues)
- Epidemiology and Emerging Infections Program
  - 20 foodborne disease investigations (8 of which were part of CDC-led foodborne multi-state investigations).
  - 3 Legionellosis outbreak investigations.
  - Provided technical assistance to 26 gastrointestinal (GI) outbreaks (person-to-person) reported in long-term care and assisted living facilities.

**Public Service: Local Health, Preparedness, HIV, STD, TB & Hepatitis Branch**

### *Local Health and Preparedness Section*

The Office of Local Health Administration (LHA) is responsible for ensuring the delivery of public health services at the local level. The mission of LHA is to work with local partners to fulfill Connecticut General Statutes and regulations thereby providing essential public health services statewide. DPH provides per capita grants-in-aid to local health agencies meeting the requirements under Conn. Gen. Statutes [Sec. 19a-202](#) (municipal) and [Sec. 19a-245](#) (district). DPH also provides other state and federal funding to local health agencies to support public health activities within their jurisdiction.

The Office of Public Health Preparedness and Response (OPHPR) is responsible for the development and implementation of the state's public health emergency plan and initiatives. The office ensures compliance with all state and federal mandates with respect to preparedness and response and directs department operations during emergencies. The office identifies and secures grants that strengthen the state's public health preparedness. These efforts include administering the Centers for Disease Control and Prevention's Public Health Emergency Preparedness, and the Hospital Preparedness Program cooperative agreements.

#### Improvements/Achievements (bulleted list with brief explanation)

- The Public Health Preparedness and Local Health Section applied for and was awarded funding for healthcare preparedness and public health emergency preparedness (two base funding sources totaling approximately \$10M annually), and also applied for and was awarded two Crisis cooperative agreements totaling approximately \$30M dollars. The section also renewed its Crisis cooperative agreement that is 'approved but unfunded' enabling the agency to obtain funding rapidly for any future public health crisis. The cooperative agreements support staff across the agency including the DPH Laboratory. Additionally, staff must manage and deliver the funds from five (5) distinct cooperative agreement awards, in addition to Epidemiological and Laboratory Capacity funding that is administered to local public health through the section's Office of Local Health Administration (see below).
- During the COVID-19 pandemic response, the Department of Public Health allocated \$20 million for local department and districts for the epidemiological functions of the COVID-19 public health response. The Public Health Preparedness and Local Health Section coordinated distribution of this funding to CT's local health departments and districts through the 'Non-PO Voucher' mechanism as described in the agency's Administrative Preparedness Plan. This entailed the allocation of funding based on per capita and poverty level data, the development of guidance documents for applications (i.e., workplan activities, outputs, and budget development), review and approval of 61 workplans and budgets, and the subsequent review and approval of both fiscal and programmatic reports from all funding recipients.
- The Public Health Preparedness and Local Health Section provided \$2.7 million to local health departments and districts for planning under the Public Health Emergency Preparedness cooperative agreement. This funding was distributed through the five regional contractors to support the planning activities. Guidance documents were developed and provided to the local health department and posted on the Department's website, meetings were held to discuss workplan deliverables and budgets. During the contract period, quarterly progress reports were reviewed, and staff would request clarification or corrections, as needed.
- The Local Health and Preparedness Section distributed \$6,919,014 in per capita funding grants in-aid to eligible local health departments/districts. Per capita rates were increased by \$0.75 per capita during the legislative session. This brought District Department of Health rates from \$1.85

to \$2.60 and Municipal Health Department rates from \$1.18 to \$1.93. Guidance documents for funding were developed and sent to local health departments/districts. Applications for the 35 eligible departments/district were reviewed, approved, and payments were issued.

- To ensure continuity of operations at the local level the Public Health Preparedness and Local Health Section collaborated with local directors of health, chief elected officials, and board chairs to increase the number of approved acting directors of health. Currently, 57 of the 61 local health departments and districts have a locally appointed acting director of health approved by Commissioner Juthani. The acting director of health has the authority to act as the director of health in the event the director of health is unavailable due to a planned absence (e.g., vacation) or an emergency (e.g., illness).
- The Public Health Preparedness and Local Health Section implemented an electronic planned absence reporting system for local directors of health. Local directors of health are required to notify the Department of Public Health of a planned absence to ensure the Department is aware when the director of health is unavailable and can contact the acting director of health, if needed. The new system is preloaded with the approved acting directors of health's contact information to avoid mistakes and/or missing information.
- The Public Health Preparedness and Local Health Section converted the required local health 3-deep 24/7 coverage form to an electronic form that can be updated by the local health director as needed. This allows for information to be updated in a timely manner and provides the Section with the most current information should an emergency occur, and the local health department needs to be contacted.
- The Public Health Preparedness and Local Health Section has coordinated COVID-19 meetings for local public health since January 2020. The meetings focus on COVID-19 updates from programs across the Department (and other agencies, as warranted) and allows for local public health to voice their concerns, ask questions, and receive timely information. Depending on the rates of COVID-19 infection and the number of updates to provide, the frequency of meetings would increase as needed. Early in the pandemic, calls were held three times per week.
- The Public Health Preparedness and Local Health Section successfully held an in-person Commissioner Semi-Annual Meeting (CSAM) of local directors of health on June 23, 2022, to discuss matters relating to public health that are of specific interest to local public health. The CSAM focused on moving to the endemic phase of COVID-19, workforce development, and highlighted pertinent environmental health topics. Directors of health are required to attend the CSAM per CGS §19a-208. Due to the COVID-19 pandemic, the last in-person CSAM was held in the Fall of 2019.
- In the fall of 2021, the DPH Office of Public Health Preparedness and Response (OPHPR) Public Health Preparedness and Local Health Section developed a strategy for coordinating the receiving and apportioning of a limited supply of COVID-19 therapeutics including monoclonal antibodies therapies, and oral antivirals. Monoclonal antibody therapies were predominantly administered through hospitals and their affiliated clinics to individuals with underlying health conditions who were likely to develop severe outcomes associated with COVID-19. The Public Health Preparedness and Local Health Section focused on distributing the oral antivirals to healthcare providers serving high Social Vulnerable Index (SVI) communities and populations most at risk for progression to severe disease. Staff implemented a tiered antiviral distribution strategy that prioritized provider groups capable of co-locating COVID-19 testing and antiviral dispensing, a Test to Treat strategy. Upon Emergency Use Authorization approval of the oral antiviral in December 2021, Connecticut allocated antivirals to acute care hospitals, long-term care pharmacy partner, and select Federally Qualified Health Centers (FQHCs). Once the supply of antivirals increased, OPHPR expanded allocations to urgent care clinics and retail pharmacies.

DPH staff provided targeted education for provider groups, including consultation regarding site-specific logistics of the Test to Treat initiative. In the spring of 2022, the COVID Therapeutic distribution strategy implemented in Connecticut was recognized by the Centers for Disease Control and Prevention (CDC), and DPH was invited to draft a Morbidity and Mortality Weekly Report (MMWR) article to highlight the strategy so it might be replicated in other jurisdictions.

- The Public Health Preparedness and Local Health Section played a significant role with implementing medical surge operations as part of the COVID-19 response. In late March and early April 2020, DPH, along with other members of the state unified command (e.g., National Guard, Division of Emergency Management and Homeland Security) worked with Stamford Health to help them develop an alternate care site on their Stamford Hospital Campus. Such arrangements included providing beds, ventilators, personal protective equipment, and other medical equipment, as well as National Guard staff to deliver, set up, and clear space on site. OPHPR also worked with Stamford Health, state officials, and federal partners to successfully request an Urban Augmentation Medical Task Force deployment to Stamford Hospital. This military medical team provided much needed support to the hospital which was overwhelmed with COVID patients. The National Guard deployed an additional team of 100 soldiers for logistics and operations to achieve Initial Operational Capacity. They were joined by an advance team of 12 soldiers from the DoD/UAMTF for the clinical setup. The move to Full Operational Capacity was completed within four days, and 85 UAMTF clinical/support team members arrived on April 7. Within two weeks, there was an additional complement of 49 Navy and 5 Air Force soldiers, along with 15 total National Guard team, assigned to the clinical area of the mission. The deployment concluded on May 19, 2020, after 6 weeks.
- Staff from the Public Health Preparedness and Local Health Section administered the Governor's COVID-19 Vaccine Advisory Group. The group, comprising of three subcommittees (Science, Vaccine, and Communications) was responsible for advising the governor on preparations for a COVID-19 vaccine, including the optimization of a statewide vaccine distribution strategy, and communicating critical medical information about the vaccine with the state's residents.
- The Public Health Preparedness and Local Health Section played a significant role in addressing and coordinating logistical challenges throughout the pandemic. The section and its staff stood up the initial webpages for COVID-19, the incident management structure for the agency, the initial 211 agreements and scripts for callers, and the agency's COVID-19 email accounts and staff to support it. Additionally, the section stood up the CT Responds volunteer management platform for Medical Reserve Corps members and oversaw the approvals and deployment of over 1,000 missions during the pandemic. The staff also set up portals and websites so that vaccine providers could obtain qualified medical professionals as vaccinators during the initial surge to vaccinate CT's general populations. Staff played a critical role in designing the Point of Dispensing Sites used throughout the pandemic, and distributing PPE, pulse oximeters, thermometers, ventilators, high flow nasal cannula, medications, rapid antigen test kits, and vaccine supplies (e.g., needles, syringes, epi pens) to healthcare and public health partners. Planning functions included coordinating with multiple agencies to identify transportation for individuals to vaccine sites, identifying and quantifying critical workforce members, coordinating travel advisory functions and answering all inquiries, and collaborating with government and private sector providers to set up a referral system and means for vaccinating homebound individuals.

List of statutory reports generated in FY 21 and 22 (bulleted list)

- N/A

### *HIV, STD, TB and Hepatitis Section*

The mission of the Connecticut Tuberculosis (TB) Control Program is to interrupt and prevent transmission of TB, prevent emergence of drug-resistant TB, and reduce and prevent death, disability, illness, emotional trauma, family disruption, and social stigma caused by TB. The TB Control Program works in collaboration with health care providers and municipal health departments to conduct surveillance for TB disease and latent TB infection, screening, treatment, and containment activities.

The mission of the Sexually Transmitted Diseases (STD) Control Program is to reduce the occurrence of STDs through disease surveillance, case and outbreak investigation, screening, preventive therapy, outreach, diagnosis, case management, and education. The Department of Public Health mandates reporting of five (5) STDs; syphilis, gonorrhea, chlamydia, neonatal herpes, and chancroid. Surveillance activities are conducted on the three (3) most common STDs; syphilis, gonorrhea, and chlamydia, all of which can be cured with proper treatment.

The HIV Program administers prevention, care, and surveillance services through various interventions such as: HIV/HCV screenings, referring high-risk populations to medical providers for Pre-Exposure Prophylaxis (PrEP), referring individuals in need of care to medical providers as well as aiding with transportation, housing, and drug rehabilitation services with the goal of reducing new infections and keeping infected residents living healthy.

The HIV Program operates the Syringe Services Programs (SSPs) which serve as a safe, effective HIV prevention method for people who inject drugs (PWID). SSPs provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases, thereby significantly lowering the risk of HIV transmission. Since the 1980s, SSPs in conjunction with other HIV prevention strategies have resulted in a 90% reduction in HIV incidence among PWID. SSPs are an effective public health approach to reducing the spread of HIV/AIDS and other blood-borne diseases in communities across the U.S. Additional services include the provision of Harm Reduction Education, Overdose Prevention (OD) Education & Access to Narcan, and referrals to substance use disorder (SUD) treatment, STD screening, Partner Services, HIV/HCV care and treatment.

The Hepatitis C program focuses on decreasing the number of residents who become infected by Hepatitis C and reducing the disease burden and poor health outcomes of those infected. The program promotes hepatitis awareness, education, prevention, vaccinations for Hepatitis A & B, screening, testing, linkage to care, and treatment.

- HIV Testing- In FY21, there were 56,563 HIV Tests at CT DPH funded sites. Of these 110 (.2%) were positive, and 88 (.16%) were newly diagnosed HIV cases. Of the 88 newly diagnosed cases, 78 (89%) were linked to medical care within 30 days; and 83 (94%) were linked to medical care within 90 days. In FY22, there were 89,295 HIV Tests at CT DPH funded sites. Of these 139 (.16%) were positive, and 107 (12%) were newly diagnosed HIV cases. Of the 107 newly diagnosed cases, 100 (93%) were linked to medical care within 30 days; and 96% were linked to medical care within 90 days.
- HCV Testing- In FY21, there were 4,395 HCV Tests at CT DPH funded sites. Of these, there were 289 (6%) who tested positive. In FY22, there were 4,853 HCV Tests at CT DPH funded sites. Of these, 518 (11%) tested positive.
- PrEP- In FY21, there were 2,971 people screened for PrEP at CT DPH funded sites. Of these, there were 1,328 people referred to PrEP Services, and 564 (42) of people referred are currently

taking daily PrEP medication. In FY22, there were 6,795 people screened for PrEP at CT DPH funded sites. Of these, there were 1,857 referrals to PrEP Services, and 707 (38%) of people referred are currently taking daily PrEP medication.

- Overdose Prevention (OD)- 13,457 naloxone (overdose prevention) kits were distributed by the SSPs.
- Harm Reduction Services- 7,219 SSP clients were served, and 38,494 visits for Harm Reduction Services in FY21. 7,312 SSP client served and 40,052 visits to SSPs for Harm Reduction Services in FY22.
- Syringes Distributed- During FY21 and FY22, there were 2,013,148 syringes were provided to clients through CT DPH funded SSPs.

#### Improvements/Achievements

- Ending the Syndemic Initiative – CT DPH HIV Prevention Program developed the [Ending the Syndemic Initiative \(EtS\)](#) to coordinate a statewide effort in the prevention and care of HIV, STD, SUD, and Viral Hepatitis services. A new website was launched on 1/1/2021 to increase awareness of syndemic related prevention and care resources.
- The HIV Home Test Initiative – Implemented in 2019, as a response to COVID-19, the Program distributed 774 HIV Home test Kits in 2021-22. This was a 15% increase in the number of home test kits distributed from 2021.
- The Hepatitis C Social Media Campaign – Launched in 2021 through May 2022, the campaign included bus ads, radio ads, and fact sheets/brochures that focused on persons of color, pharmacists, and clinical providers. The campaign reached 9.9 million impressions, which was 4.9 million above the estimated impressions.
- Established Viral Hepatitis Elimination Technical Advisory Committee (VHETAC) – In 2021, the Viral Hepatitis program established its first Viral Hepatitis Elimination Technical Advisory Committee. The advisory committee is comprised of clinical partners and stakeholders throughout the state. The goal is to create a viral hepatitis elimination plan for CT.
- Launched HIV Care and Prevention Resource Finder – in FY 2022, the HIV Program launched the Ryan White Care Finder, [e2Linkage \(e2ct.org\)](#), which lists all DPH HIV and STD funded sites for care and prevention services.
- Data to Care (D2C) Initiative – In 2021, there were 518 clients identified for Data to Care intervention (D2C). The D2C initiative was able to locate 34% (177/518) of these clients and bring them back to medical care. Prior to D2C intervention, 83% had a VL (viral load)  $\geq 200$  and 17% had a VL  $\leq 200$ . After the D2C intervention, 77% had a VL  $\leq 200$  and 23% had a VL  $\geq 200$ . About 70% of these clients were retained in care, while all of them received at least one medical care.

List of statutory reports generated in FY 21 and 22 (bulleted list)

- SSP Annual Reports

#### **Public Service: Operational and Support Services Branch**

The Operational and Support Services Branch is essential to the delivery of public health services across the state; ensuring that department-wide administrative activities are coordinated and accomplished in an effective and efficient manner. The Branch provides the following services to all organizational sections of the agency: Contracts and Grants Management, Fiscal Services, Human Resources, Labor Relations, [Joint Operations](#), and Information Technology.



- Number of active state, federal & other accounts administered - 146
- Amount of General Fund revenue collected: \$50.5 million
- Amount (Value) of active federal COVID-19 grant awards administered: \$683 million.
- Number of active contracts – 472 valued at approximately \$814 million. COVID related contracts represents approximately 22% (\$180 million) of this reported amount and includes multi-year contracts.

Improvements/Achievements (bulleted list with brief explanation)

- Implement a new Joint Operations Team that has been tasked with working across the agency to support the administration of all COVID-19 funding through cooperative agreements and grants from the CDC totaling approximately \$680m.
- Fiscal Services completed all necessary accounting and reporting requirements for an influx of COVID,
- Coordinated completion of the agency Data Modernization Assessments in collaboration with other units throughout the Department.
- Led a cross state agency team to create a master contract for state supported community testing and vaccination services as it relates to COVID19.
- During COVID-19 Delta variant surge, set up twenty-three (23) state supported testing sites using contractors from the master contract and increased to twenty-seven (27) sites at the height of the surge. Administering over 287,383 COVID-19 PCR tests from August 2021 through August 2022.
- Over the time period of 7/1/2020 through 6/30/2022, CGMS executed a total of 486 contracts.
- DPH Partnered with Microsoft Google and Apple to develop and deploy the ContaCT tracing app for notification of positive COVID results and follow-up.
- The DPH Reporting Portal was developed and deployed as a web resource. This allows rapid collection of mandated surveillance data and an interactive portal allowing CT-DPH partners and the public to report pandemic-related status, (such as facilities staffing rates, infection rates, and operational impacts) as well as support desk requests for all DPH applications.
- Effective August 28, 2020, Human Resources, certain Human Resources functions became centralized under the Department of Administrative Services (DAS).

List of statutory reports generated in FY 21 and 22 (bulleted list)

- Prepared and filed the DPH Annual Immunization Services Expenditures certification report with Office of Policy and Management (OPM) pursuant to CGS Sec. 19a-7n - Childhood immunization budget account reconciliation and expenditure projection process.
- Prepared and filed the report establishing annual small and minority business set-aside program goals for the DAS Supplier Diversity Program (SBE/MBE) pursuant to CGS 4a-60g - Set-aside programs for small contractors and minority business enterprises

**Public Service: Public Health Laboratory**

The Dr. Katherine A. Kelley Public Health Laboratory (PHL) serves all communities in the state through the analysis of clinical specimens and environmental samples submitted by federal and state agencies, local health departments, clinical laboratories, health care providers, and water utilities. The PHL provides well over two (2) million test results on approximately 150,000 specimens and samples it receives each year. Analytical data are used to monitor for agents harmful to the public health, identify the cause of outbreaks, and assure that control measures (e.g., vaccines, antibiotics, environmental

remediation) are effective. The PHL is comprised of the following testing and support sections: Administrative and Scientific Support Services; Environmental/Clinical Chemistry; Infectious Diseases; and Newborn Screening.

#### Improvements and Achievements

- 36,897 newborn screening tests conducted, representing 99.94% of all eligible infants born in Fiscal Year (FY) 2021. One hundred thirty-one (131) newborns have been confirmed positive for a disorder or as a carrier of a disorder. Approximately 1,000 infants test positive for hemoglobinopathy traits each calendar year. Universal screening for two Lysosomal Storage Disorders, Pompe Disease and Mucopolysaccharidosis Type I, was initiated on January 1, 2021.
- 6600 environmental samples were tested in support of the Lead Poisoning Prevention and Control Program. These samples consisted of approximately 5026 dust wipes, 455 soils, 120 paint chips, 626 drinking waters, 207 surface waters, 128 waste waters and 82 spices, cosmetics, toys, or other household items collected to determine the source of lead exposure.
- In partnership with the DPH Lead program, the clinical chemistry section of the lab continues to provide blood lead testing to uninsured children. The laboratory provides testing for approximately 75 children/annually. The lab also provides quick turnaround testing for those babies and young children undergoing treatment and hospitalization for approximately 8-10 children annually. This service allows for quicker evaluation of administered treatments and in most cases shorter hospital stays.
- During FY2021, the Bio-response Laboratory tested 44 clinical patient specimens and three environmental white powders for the presence of bio-threat agents. The Bacteriology Laboratory performed testing on 558 highly drug resistant bacterial isolates in FY2021.
- During FY2022, 34 clinical patient specimens were tested for the presence of bio-threat agents. The Bacteriology Laboratory performed testing on 585 highly drug resistant bacterial pathogens in FY2022. Their work has been critical in identifying highly antibiotic-resistant infection outbreaks within healthcare facilities.
- The Bio-response Laboratory was equipped and ready to respond to monkeypox testing as part of the existing testing established for Smallpox rule-out testing. The first specimens were tested on 5/22/2022 with the first positive monkeypox case being detected on July 4<sup>th</sup>, 2022. As of 8/23/22, 582 clinical specimens have been tested by the State Public Health Laboratory representing 295 patients and identifying 54 positive Monkeypox patients. The State Lab has been able to turnaround results within hours of receipt at the Lab for priority cases, with an average of 24-48 hours for monkeypox results. Additionally, the State Lab has been providing monkeypox collection supplies, as well as courier pickup for healthcare facilities who do not have the resources to get the specimens to the State Lab in a timely manner.
- PFAS Testing - In response to recommendations by the Interagency PFAS Task Force and Governor Lamont's budget directive, the CT Public Health Laboratory (CT PHL) has validated a new test method for certain per and poly chlorinated alkyl substances using EPA Method 533. This testing of drinking water in known areas of contamination and locations of vulnerable populations such as schools will provide data to help identify areas of concern within Connecticut.
- Legislative changes made this past session will improve the timeliness of collection and shipment of the newborn screening dried bloodspot specimens to the Connecticut Newborn Screening Program. This will allow for improved turnaround times for testing of time-critical and time-sensitive disorders. Additionally, there will be responsibility on non-DPH laboratories carrying out the Cystic Fibrosis testing to report these screening results to the Connecticut

Newborn Screening Program. This will ensure all infants born in the State of Connecticut have screening carried out for Cystic Fibrosis and will incorporate these results into the overall Connecticut Newborn Screening Reporting and Tracking system that exists within CT DPH.

- The SPHL started offering Powassan virus IgM Antibody assay in clinical patient specimens in August 2022. This is a qualitative assay for the detection of IgM antibodies to Powassan virus in human serum. Powassan virus (POWV) is an emerging tick-borne virus, transmitted through the bite of an infected Ixodes scapularis also known as the Blacklegged or deer tick. These are the same ticks that transmit Lyme disease (*Borrelia* spp.), *Babesia* Spp. among other pathogens. POWV is a member of the Flavivirus genus, which includes other arthropod-borne viruses (arboviruses) such as West Nile virus and St. Louis encephalitis virus.

List of statutory reports generated in FY 21 and 22 (bulleted list)

- N/A

### **Public Service: Health Equity Section**

The mission of the Office of Health Equity (OHE) is to facilitate improvements in health care delivery and outcomes to reduce health care disparities due to race, ethnicity, age, gender, sexual orientation, ableness/disability, geographic, or socioeconomic status. We commit to championing policies and practices that promote equity in health care and delivery, as well as combatting barriers created by social drivers of health that impact a person's access to care and opportunities to live a healthy life. Our guiding principle is a belief that inequity anywhere is a threat to equity everywhere. Since April of 2021, OHE mobilized 35 mobile vaccination vans along with 5 regional teams in the 5 DEMHS regions to connect High SVI communities to much-needed COVID-19 resources such as test kits, masks, and vaccinations through mobile vaccination clinics. These teams worked with the community and community partners to provide "boots on the ground" support to combat COVID misinformation, promote vaccine uptake and health equity.

Recognizing and understanding that health disparities disproportionately affect communities of color at a higher rate than their counterparts, OHE is committed to developing strategies and providing support through boots on the ground community outreach to these communities. OHE continues to work with community partners, LHDs, other state agencies, and the community to identify and provide interventions that can aid in reducing health disparities and increase health equity for communities of color throughout the state.

Improvements/Achievements (bulleted list with brief explanation)

- Since the deployment of the DPH Yellow Vans, a total of
  - o 9,381 Clinics have been held
  - o 193,557 Total Vaccinations
  - o 2,148 Community Partnerships have been made
- Distribution of test kits and face masks to Faith-Based Organizations
  - o 468,000 Test Kits
  - o Partnerships that were created included local business ranging from restaurants to funeral homes, to Black Baptist Churches, the American Red Cross, The Salvation Army
- Upcoming expansion
  - o OHE is currently working with Dr. Lynn Sosa and the Monkeypox Response team to respond with a health equity lens. Communications and the OHE team are meeting with

critical community partners to ensure that appropriate and targeted messaging are being disseminated to the community to raise awareness to monkeypox.

List of statutory reports generated in FY 21 and 22 (bulleted list)

- N/A