



DPH Update

Tobacco and Health Trust Fund Meeting
July 23, 2025

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FY23 RFP Contract Status

2023 Funding Distribution as Approved by the Legislature on March 14, 2024

CDC Recommended Funding Category as Adopted in CT via Public Act 23-93, Section 4(a)	% of Funding Allocation CDC Recommends	Approved FY2023 Allocation Amounts Total State Authorization = \$12.0 Million	Total Amount of Proposals Received by Category	Total Amount Awarded via RFP Process – Concluded 1/2/25	Unallocated Balance
State and Community Interventions	35%	\$4,275,000	\$15,238,552	\$4,275,000	\$0
Mass-Reach Health Communication Intervention	12%	\$1,387,500	\$2,775,000	\$1,387,500	\$0
Cessation Interventions	40%	\$4,762,500	\$14,176,730	\$4,762,500 via RFP, \$500,000 designated to maintain Quitline	\$0
Surveillance and Evaluation	9%	\$1,050,000	\$2,038,542	\$1,050,000	\$0
Infrastructure, Administration, and Management	4%	\$525,000 to DPH	NA	\$51,130.37 Spent to Date HPA Salary: \$47,659.21 RFP Expenses: \$3,471.16	\$473,869.63 (available balance as of 6/12/25)
Total	100%	\$12,000,000	\$34,228,824	\$12,000,000	\$0

Contract Process Flow Chart



FY23 RFP Recap

Contractor	Intervention	Component	Amount	Population Focus/Scope of Services	Stage of Contract Process
Vendor #1	State & Community	1	\$750,000	Middle and high school youth – vaping prevention, peer to peer learning, service-learning projects, community of practice for school admin and leadership	Step #4
Vendor #2	State & Community	1	\$773,367	Middle and high school youth – tobacco prevention education in after school programs, service learning, anti-tobacco youth leadership council	Step #4
Vendor #3	State & Community/ Cessation	1 & 3	\$4,945,999	Statewide – support for tobacco-free environment policies (workplaces, housing, public spaces), youth advocacy groups, MATCH support, community-based cessation services, health systems change	Step #4
Vendor #4	State & Community/ Cessation	1 & 3	\$1,099,545	LGBTQ+ and Black Adult coalitions – needs assessments, strategic plans, communications campaigns, promote cessation services, screening and referral resources	Step #4
Vendor #5	Evaluation	4	\$1,050,000	Evaluation services and technical assistance to contractors	Step #4
Vendor #6	State & Community	1	\$368,589	Schools and colleges – tobacco prevention, cessation, and policy education to schools, tobacco control outreach activities at ECSU & SCSU, TTS trainings, technical assistance to colleges and community orgs, host conference, MATCH Youth needs assessment	Step #4
Vendor #7	State & Community/ Cessation	1 & 3	\$600,000	Middle and high school youth – tobacco prevention education, support for updating tobacco-free school policies, referrals to cessation services, peer support, healthcare provider outreach	Step #4

FY24 RFP Update

Board Recommended Disbursement of 2024 Funding

CDC Recommended Funding Category as Adopted in CT Via PA 23-93, Section 4(a)	% of Total Funding Allocation	Board Recommended Allocation Amounts Based on State Authorization = \$14,394,776*^	Total Amount of Proposals Received by Category via RFP	Total Amount to be Awarded	Unallocated Balance
State and Community Interventions	30%	\$4,338,172	\$5,492,922	\$4,338,172	\$0
Mass-Reach Health Communication Intervention	10%	\$1,487,373	NA	\$1,487,373 <i>(expected to be awarded to FY23 chosen vendor once evaluated)</i>	\$0
Cessation Interventions	48%	\$6,957,910 (\$4,957,910 for RFP)	\$4,663,007	\$2,477,419 (RFP) + \$2M CT QL Carveout= \$4,477,419	\$2,480,491
Surveillance and Evaluation	8%	\$1,115,530	NA	\$1,115,530 <i>(expected to be awarded to FY23 chosen vendor once evaluated)</i>	\$0
Infrastructure, Administration and Management	3%	\$495,791	NA	\$495,791	\$0
Total	100%	\$14,394,776	\$10,155,929	\$11,914,285	\$2,480,491

FY24 RFP Recap

Contractor	Intervention	Component	Amount	Reason for Selection	Stage of Contract Process
Vendor #8	State & Community	1	\$674,520	Previous success with similar work, innovative and comprehensive interventions well described and planned (outdoor events, summer meals program, arts programs, youth-led events)	Step #1
Vendor #9	State & Community	1	\$166,050	Cost-effective plan for targeting area in need of services, good understanding of community needs and best practices - review of existing materials to revise rather than develop new, recognition of time and planning needed for policy change, draws on past tobacco-free policy experience, smokefree housing policy updates	Step #1
Vendor #10	State & Community	1	\$588,702	Good constituent buy-in, impressive previous work in other states and credibility in tobacco control field, innovative and useful project with potential for widespread impact, technical assistance offered statewide	Step #1
Vendor #11	State & Community	1	\$1,828,900	Statewide approach, unique aspects – best practice guidance document for smokefree housing at state level, parent campaign, recommended lower award amount to focus on strengths of proposal and cut activities with less potential impact (i.e. mini-grants)	Step #1

FY24 RFP Recap - Continued

Contractor	Intervention	Component	Amount	Reason for Selection	Stage of Contract Process
Vendor #12	State & Community	1	\$1,080,000	Opportunity to evaluate the short-term impact of local ordinance, grassroots media campaign, wide community involvement and support, recommended lower award amount to cut media budget and other unnecessary line items (i.e. giveaways)	Step #1
Vendor #13	Cessation Intervention	3	\$1,277,477	Strong organizational partnerships, high quit rate at their facilities, behavioral health population focus, appropriate outreach campaign	Step #1
Vendor #14	Cessation Intervention	3	\$107,148	Community-based approach to reach community members where they're at, Spanish-speaking staff member, health systems change approach, includes dentist outreach	Step #1
Vendor #3	Cessation Intervention	3	\$1,092,794	Statewide impact, innovative approach for leveraging pharmacists to expand evidence-based tobacco cessation, establishes community of practice to review collaborative practice agreements, recommended lower award amount to pilot and evaluate the intervention at a smaller scale than proposed	Step #1