



2023 ADMINISTRATIVE DIGEST

Manisha Juthani, MD
Commissioner, Connecticut Department of Public Health

Central Office
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At a Glance

Department of Public Health Leadership Team

- Manisha Juthani, M.D. Commissioner
- Lisa Morrissey, MPH Deputy Commissioner
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- Adelita Orefice, MPM, JD 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

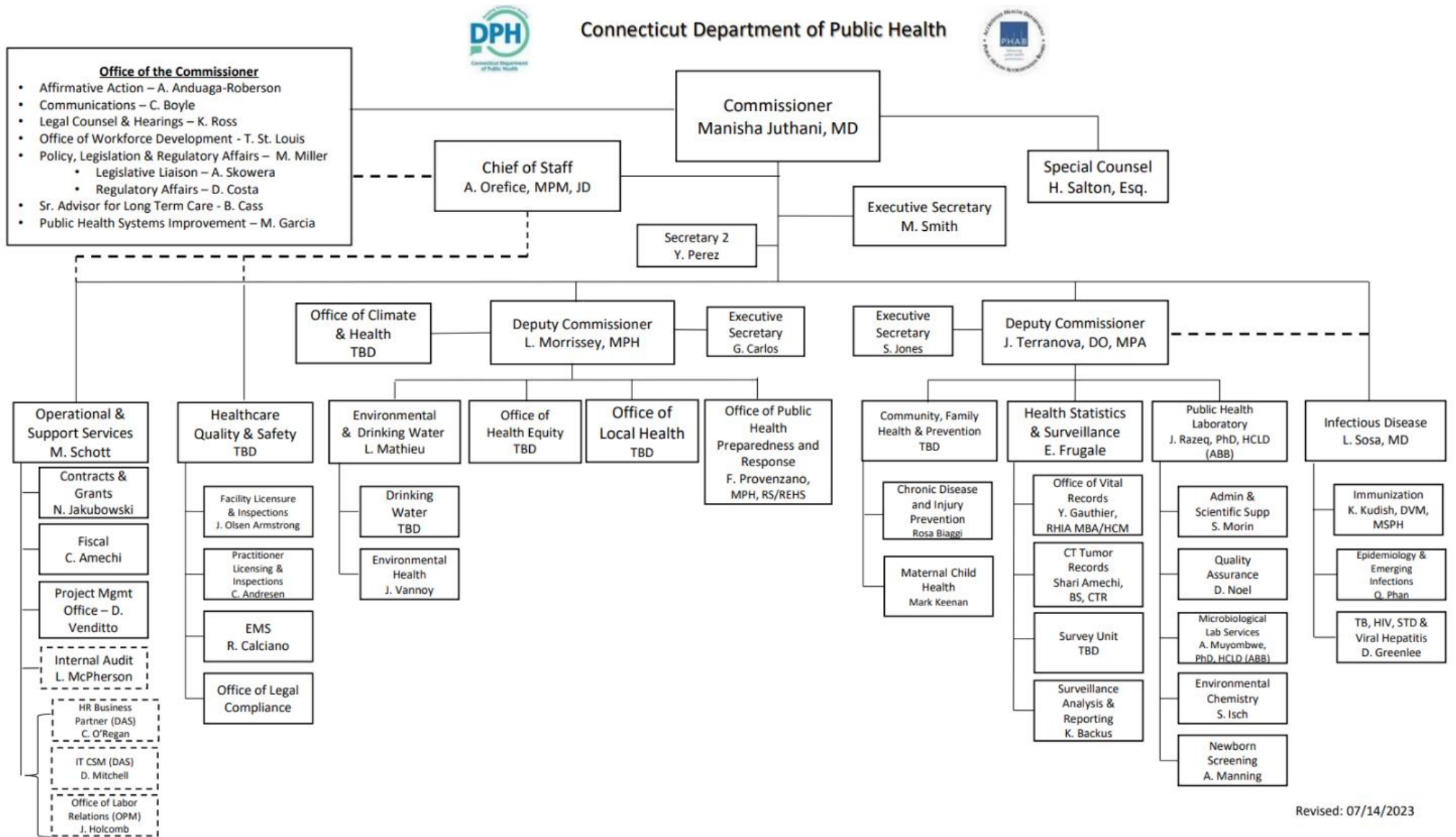
The Department of Public Health (DPH) is the state’s leader in public health policy and oversight. The agency is the center of a comprehensive network of public health services, and in partnership with local health departments, provides coordination and access to federal initiatives, training and certification, 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: 728 (as of August 2023)
- Recurring operating expenses

DPH Fiscal Year 2023 Actual Agency Operating Expenditures		
Funding Source	Amount	Percentage
State	\$117,414,940	29.01%
Federal	\$244,979,780	60.53%
Other	\$42,324,369	10.46%
Grand Total	\$404,719,089	100.00%

Organization Structure



Revised: 07/14/2023

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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

- N/A

List of statutory reports generated in FY 23

- Pursuant to Section 46a-68 (a) of the Connecticut General Statutes Affirmative Action complied DPH's 2021-2022 Affirmative Action Plan which was unanimously approved by CHRO.

Communications Office

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

Improvements/Achievements

- The DPH Facebook page currently has 29,803 followers and the DPH Twitter page has 19,574 followers.
- From July 1, 2022, to June 30, 2023, there were approximately 1,100 posts made to the DPH social media channels.
- From July 1, 2022, to June 30, 2023, via the Critical Mention media monitoring software, there were approximately 11,293 prominent media mentions, which have an estimated publicity value of \$34,055,757 million.
- From July 1, 2022 to June 30, 2023, 107 news releases and statements to the media were distributed.
- From July 1, 2022 to June 30, 2023, DPH participated in 45 news conferences/media availabilities. The majority of these featured Governor Ned Lamont and Commissioner Manisha Juthani, MD.
- The DPH Communications team has coordinated several advertising campaigns promoting the importance of COVID-19 vaccines and boosters. These campaigns were completed on May 15, 2023, when the federal public health emergency ended.
- With the onset of the mpox virus, the DPH Communications team oversaw the launch of several new webpages. Sites included listings of mpox vaccine clinics as well as content on symptoms and wellness practices. DPH also sponsored and promoted numerous PRIDE events, including

those in Hartford and New Haven. Messaging also was deployed via the DPH social media channels as well as paid banner ads on apps specifically for gay men and men who have sex with men.

- The DPH webpage continues to receive tens of thousands of page views annually. The top five visited pages between July 1, 2022 and June 30, 2023 included:
 - Vital Records/Birth Certificates 179,449 page visits
 - Practitioner License/Certify a License 138,802 page visits
 - Vital Records/Landing Page 137,153 page visits
 - Practitioner License/Landing Page 136,982 page visits
 - Vital Records/Marriage/Civil Union Certificates 123,657 page visits

List of statutory reports generated in FY 23

- No reports

Policy Office

The Policy 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 all the department's legislative proposals.
- Notable achievements this year include reforming the process for change of ownership of healthcare facilities and working with the Governor's office to pass comprehensive maternal health legislation.
- Regulatory achievements:
 - The Department has conducted a thorough inventory of existing regulations and has identified key priorities for regulatory updates
 - The Department is in process or has completed the process of adopting all existing operational policies as final regulation.
 - Environmental Protection Agency (EPA) schedules for the adoption of new lead dust standards in state regulation were met ahead of time
 - New policies and procedures adopted regarding mobile narcotic treatment programs in collaboration with DSS, DHMAS, and DCP
 - On track for implementation of policies and procedures to meet new 2023 session legislative requirements regarding licensed facilities including freestanding birth centers, source plasma donation centers, and blood collection facilities.

List of statutory reports generated in FY 23

- The Policy Office works with program staff to submit their reports but does not independently generate reports.

Legal Office

A new Legal Director was hired to lead the newly restructured Office of General Counsel, now known as the Legal Office. The Legal Office is made up of three separate units:

- the Public Health Hearing Office, which 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 of Legal Services, which provides general legal advice to program staff and the Commissioner on a wide variety of issues including the state Code of Ethics, confidentiality, including Health Insurance Portability and Accountability Act (HIPAA), employment matters, Freedom of Information Act requests, review and interpretation of contracts, and interpretation of statutes and regulations; and
- and the Office of Professional Licensure Compliance, which is responsible for prosecuting disciplinary actions against licensed health professionals.

Improvements/Achievements

- Implementation of a new State enterprise software application (Gov/QA), for responding to and tracking Freedom of Information Act requests was completed in February 2023.
- The Legal Office has hired three permanent staff members and is actively recruiting seven additional staff members to fill vacancies caused by retirements.

List of statutory reports generated in FY 23

- 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, the implementation of the statewide health improvement plan, and the organization's performance improvement activities. This work entails technical assistance and coordination with agency personnel and stakeholder community partners.

PHSI staff works with staff across all programs and divisions to ensure that the agency documents and maintains the national standards for public health accreditation. Following the initial accreditation in March 2017, the PHSI team managed a cross-agency project to seek re-accreditation by the National Public Health Accreditation Board in 2023. Through this process, the PHSI team and selected staff from all agency sections identified best practices, policies, and examples that provided evidence of compliance with the re-accreditation standards. This activity required establishing, monitoring, and facilitating the work of 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 quality improvement strategies.

Improvements/Achievements

- State Health Improvement Plan: As part of the HealthyCT 2025 initiative, PHSI maintained a statewide coalition and engaged multiple state and community partners to promote the implementation of the goals and strategies of the plan through the work of four action teams.
- Public Health Re-accreditation: 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. The team completed the documentation phase of all available narratives, examples, and policies to provide evidence of DPH meeting national standards for re-accreditation.
- DPH Strategic Planning: The PHSI team launched a strategic planning effort to revise the agency plan and incorporate the vision and direction of the new agency leadership. PHSI surveyed staff and gathered detailed information from all sections and divisions to structure a three-year goals and strategies framework. The PHSI team supported the Policy Office with this information and technical assistance as they drafted the 2023-25 Strategic plan, which was released in summer 2023. With this new plan in place, PHSI will monitor the strategic plan implementation.
- Quality Improvement and Performance Management: The PHSI team promotes a quality culture among staff by developing a performance indicators dashboard containing process and outcomes measures for the Department's programs and support services. The PHSI team also leads the Quality Improvement Council, which promotes a work plan to address quality and performance management priorities. The PHSI team also provides quality improvement training, coaching, and technical assistance opportunities to public health personnel.
- Technical Assistance to Local Health Departments: The PHSI team provides technical assistance opportunities to Local Health Departments to improve the quality of their Foundational Public Health Services and to set them on a pathway to apply for national accreditation.
- DPH Operational policies and procedures: The PHSI team ensures a standardized process for the development, review, documentation, and distribution of organizational policies.

List of statutory reports generated in FY 23

- No reports

Office of Public Health Workforce Development

The COVID-19 pandemic laid bare the pervasive health inequities that continue to impact all communities, as well as the inadequacy of our current public health workforce to respond to emerging public health threats quickly and forcefully. During fiscal year 2023, Commissioner Juthani identified public health workforce development as one of her key priorities, with a goal of improving the public health practice community's ability to address health disparities throughout the state. Among other benefits, these workforce enhancements will allow a quicker and more competent response to the next emerging public health threat.

Activities at DPH pertaining to workforce development have traditionally been incorporated into larger program structures that also included programs like agency process improvement, health equity, and public health systems management. Additionally, CT DPH workforce development efforts prior to the COVID-19 pandemic were primarily focused on managing required and optional trainings for internal CT DPH staff.

An important part of elevating public health workforce development, for the Commissioner, was the creation of a dedicated Office of Public Health Workforce Development (OPHWD) within the Commissioner's Office. This new Office is tasked with improving and accelerating the development and deployment of the public health workforce across all state, local, and non-profit public health provider

agencies in our state. While internal staff will continue to benefit in similar or greater capacities from the support of the OPHWD, they are no longer the primary focus.

On behalf of DPH, the OPHWD strives to build and maintain a statewide public health workforce capable of achieving a more equitable distribution of high-quality public health services, good overall health outcomes, and high measures of wellbeing throughout all communities in Connecticut to significantly reduce health disparities and ensure a high level of resilience in the face of emerging public health challenges.

Improvements/Achievements:

- Centers for Disease Control and Prevention (CDC) Grant Award: In December 2022, DPH was awarded more than \$35 million from the CDC to support public health workforce development, infrastructure, and data modernization.
- 5-Year Workforce Development Plan: In March 2023, OPHWD published a new five-year plan for statewide public health workforce development.
- Summer Internship Cohort: In June 2023, OPHWD onboarded its inaugural cohort of interns for the enhanced DPH Summer Internship Program. This program hosted 23 interns from 17 different academic institutions and, in addition to preceptor-guided project work, offered structured learning activities designed to educate students on all 8 Domains of the Core Competencies of Public Health Professionals.
- Public Health Training Academy of CT: OPHWD continued our partnership with the Yale University Office of Public Health Practice to build the Public Health Training Academy of CT (PHTAC). PHTAC is envisioned as a collaboration of learning networks delivered through a singular portal and is designed to enhance and expand prior workforce development and training programs at DPH, while addressing strategic priorities for the department, including health equity, increasing access to professional development opportunities, and enriching the department's learning culture.
- Community Alliance and Research Engagement (CARE): OPHWD continued to partner with Southern CT State University in building a community of neighborhood leaders to participate in community health and public health research and practice initiatives through the Health Leaders' Program and the Community Research Fellows Program. Initially limited to New Haven County, these efforts expanded to the City of Hartford in January 2023.
- Public Health Fellowship Program: In partnership with Yale University School of Public Health, seventy (70) third and fourth-year undergraduate or graduate-level students from CT institutions of higher education were provided \$3,500 stipends and were placed in 200-hour public health field assignments, including at the state and local health departments.
- Culture of CARE: OPHWD developed and launched the agency's Culture of CARE initiative to improve workplace interactions, employee retention and to promote wellness throughout the department. Based on trauma-informed leadership practices, the initiative gets its name from a set of core principles for how agency staff should interact with each other and those we serve, with a focus on Communication, Assistance, Respect, and Empathy.
- Working Groups: OPHWD organized and convened two working groups; one group included physicians, healthcare industry representatives, insurers, and patient advocates to address the challenges with recruitment and retention of physicians in CT; another group consisting of representatives from the CT Association of Directors of Health, the CT Environmental Health Association, and DPH to address issues, develop solutions, and strengthen relationships around the recruitment, retention, and professional development of Connecticut's local environmental public health workforce.

Public Service: Community Family Health and Prevention Section

The Community, Family Health and Prevention Section (CFHPS) works to improve the health of the population by establishing opportunities that support healthy living habits through education, prevention, early detection, and access to care. CFHPS manages approximately 190 contracts and administers over 50 accounts, including federal grants and state appropriations. Resources are dedicated to serving Connecticut's residents, while maintaining a focus on the objectives of Healthy People 2030 and the CT State Health Improvement Plan.

CFHPS conducts comprehensive needs assessments, surveils public health data, and tracks trends to establish service and prevention priorities. CFHPS supports policies, systems, and environmental change strategies by implementing statewide plans that support essential public health activities. Through collaborations with providers, patients, and families, 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 CFHPS's units, including:

- 1) Chronic Diseases
- 2) Epidemiology
- 3) Office of Injury and Violence Prevention
- 4) Injury and Violence Surveillance
- 5) Perinatal and Reproductive Health
- 6) Health Access, Early Hearing, Repayment, Oral Health, and Primary Care
- 7) Maternal and Child Health Epidemiology
- 8) Adolescent and Child Health
- 9) Women, Infants and Children
- 10) Nutrition, Physical Activity and Obesity

Achievements

Chronic Diseases

- Breast and Cervical Cancer Early Detection Program (BCCEDP): In FY '23, 4,821 women were served for breast and cervical services, 3733 clinical breast exams, 2700 mammograms, and 2637 Pap tests with 2299 HPV co-testing through BCCEDP funding. With program funding, 29 women were diagnosed with breast cancers and referred for treatment, 105 are pending final diagnosis. Four women were diagnosed with invasive cervical cancer and an additional 128 women had precancerous cervical lesions removed before developing cervical cancer.
- Alzheimer and Related Dementias: During 2021 DPH received a two-year 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). Through 2022 DPH lead Coalition meetings and established workgroups to identify the State's infrastructure needs in 5 key areas: Statewide Policy and Coordination, Support to Caregiver and Family Members, Data and Evaluation, Early Diagnosis and Treatment Best Practices, Education Empowerment, and Inform. These findings were used to draft the first State ADRD Plan made available for public comment in the Spring of 2023 and finalized in August 2023. DPH secured a five-year CDC BOLD grant in August 2023 to support implementation of the State ADRD Plan and

continuation of the Coalition.

Injury and Violence Prevention

- 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.
- Perinatal and Reproductive/Maternal Child Health 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 failed their hearing test and needed a congenital Cytomegalovirus test, received one.
- Family Wellness Healthy Start (FWHS): In 2021-2022, FWHS has served approximately 1,579 birthing families and infants up to the age of 18mos.
- Maternal Mortality Review Program (MMR): DPH MMRC performed case reviews using 2015-2020 data to determine pregnancy relatedness maternal mortality. In CT, it is determined that mental health conditions, including substance use disorders are the leading cause of pregnancy related death followed by cardiovascular conditions. The committee uses data and case review to make recommendations to CT care providers and stakeholders to connect families with supports throughout the pregnancy and postpartum phases.
- Personal Responsibility Education Program (PREP): In 2023, the PREP program has delivered reproductive health education to over 400 high risk youth ages 13-19 in New Britain and Bridgeport schools, and community settings, including youth in the juvenile justice system.

Planned Parenthood of Southern New England (PPSNE): In the year 2022, PPSNE provided services to over 70,000 women, men, and children in over 170 health centers throughout the state. PPSNE has provided a variety of services which include reproductive health education and services, sexually transmitted disease/infection (STD/STI) testing and treatment, and Reproductive Life Planning.

WIC

- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program: During the period of June 2022 – May 2023, a monthly average of 47,520 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 \$45,376,761 in Food and Formula Benefits, for an average monthly value of \$3,781,397.

Adolescent and Child Health

- School Based health Centers (SHHCs): A total of 57,485 medical visits, serving 18,017 patients, happened at school based health centers (SBHCs) during the 21-2022 academic year. In the same time period, 63,556 mental health visits, serving 4,091 patients, and 7,324 dental visits serving 4,213 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 2022 the CMHI provided 8,100 linkages to multiple services and providers. Approximately 2,500 Children and Youth with Special Health Care Needs (CYSHCN) were linked to important behavioral health services, which made up 30% of all the

linkages provided. Over 2,800 CYSHCN were linked with a necessary primary care physician, specialist, or dentist, which made up 36% of all linkages.

Oral Health

- Office of Oral Health: SEAL CT! program, a school-based dental sealant program administered at the Hartford Public Schools and the New Haven Public Schools, was expanded during the 2021-2022 and 2022-2023 academic years to six additional schools.

Improvements

Chronic Diseases

- Vape Free CT: The Tobacco Control Program is in the midst of an ongoing tobacco prevention media campaign with a vendor to assist our team and local health department/district partners to continue design revisions and promotion of a new youth and young adult focused cessation website, www.VapeFreeCT.org. An important new resource is the Truth Initiative's This is Quitting for Connecticut texting program. Teens and young adults can text VAPEFREECT to 88709 for free and anonymous help to quit vaping. Vape Free CT is a sister site to our existing adult focused cessation website, www.CommitToQuit.com that is currently being revamped by the same vendor.

Injury and Violence Prevention

- During the first six months of 2023, Department of Corrections (DOC) trained an average of 890 inmates in naloxone administration and distributed an average of 150 naloxone kits to inmates upon release. DOC also provided outreach on harm reduction services and substance use treatment resources to 195 families and trained 145 family members on how to access and administer naloxone. The Commission on Community Gun Violence Intervention and Prevention was formed in August of 2022. The Commission is meeting quarterly. Four Subcommittees were formed, and an RFP was released in May 2023. Applications are being reviewed to fund 7 community-based organization addressing community gun violence.
- Injury and Violence Surveillance Unit (IVSU) developed a new contract with Alliance for Living, a New-London area behavioral health organization, for community drug testing of drug trash supplied by people who use drugs. An existing contract for community drug testing is in place with the Connecticut Harm Reduction Alliance (CTHRA) for drug testing. Between September 2022 and July 2023, the CTHRA tested 63 drug samples with the Bruker spectrometer. Most samples tested positive for fentanyl or a fentanyl analog (N=48; 76%). Half of the fentanyl-positive samples also contained xylazine (N=24; 50%). Sixteen percent (16%) of all tested samples were positive for cocaine or crack cocaine (N=10).

Perinatal and Reproductive/Maternal Child Health

- The Reproductive and Perinatal Health Unit took initial steps to establish the Infant Mortality Review Program; and shall report to the Commissioner and the Public Health Committee quarterly, effective October 1, 2023, Statue [PA 23-147](#) An Act Protecting Maternal Health.
- The Health Access Program supports patient navigation and case-management services, such as patient enrollment into federal and state funded health insurance programs, access to free or low-

cost medications, assigning patients to medical homes for primary care, and coordinating referrals to specialists, in the greater New Haven and greater Waterbury service areas. These funds support two contractors: Project Access-New Haven (PA-NH) and the Waterbury Health Access Program (WHAP), which as of July 2021, the WHAP became part of StayWell Health Care. PA-NH enrolls 180 eligible patients and maintains an enrollment of at least 500 participating medical specialists each year and StayWell Health Care Program enrolls at least 1,500 eligible patients and maintains an enrollment of at least 500 community physicians each year.

Adolescent and Child Health

- School Based Health Centers: In response to the COVID-19 pandemic, the DPH expanded access to children's health care by securing and contracting with the National School Based Health Alliance to help distribute funds from a CDC Cooperative Agreement (\$12 million) over 90 new and expanded SBHC primary care, mental health and dental services were added to 30 communities statewide. The state also received ARPA funding of (\$10.6 million) to expand SBHC to address children mental health. Both new funding streams will target schools with high Social Vulnerable Index Scores and Health Professional Shortages Areas (HPSA) for both primary and mental health services.

WIC

- 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 population.

Primary Care Office

- The Primary Care Office (PCO) supports local, state, and federal resources contributing to primary care service delivery and workforce development in the state. The PCO continues to designate HPSAs (Health Professional Shortage Areas) to recruit critical health care providers to areas of the State with the most need. Currently, 321 primary medical care, mental/behavioral health, and dental care providers are working in underserved communities throughout Connecticut — in small rural towns and in the most distressed inner-city neighborhoods within designated HPSAs.
- Student Loan Repayment Program: In 2022, DPH was awarded the HRSA Grants to States for Loan Repayment, a three-year grant totaling \$644,000 per year to develop and implement a state educational loan repayment program for primary care providers working in Health Professional Shortage Areas (HPSA). Providers enrolled in the SLRP will receive payments of \$25,000 for each year, for two years, with the option to add an additional year(s) and will be directed to their student loans in exchange for practicing primary care in a HPSA for a minimum of two years.

Oral Health

- Office of Oral Health: In 2022, the Office of Oral Health was awarded the HRSA Grants to States to Support Oral Health Workforce Activities, a four-year grant totaling \$400,000 per year to develop

and implement an innovation project to address oral health workforce needs in designated Dental Health Professional Shortage Areas.

List of statutory reports generated in FY 23

- School Based Health Center (SBHC) Expansion Working Group Final Report; submitted: March 2022.
- Cannabis - CGS Sec. 21a-422e; [Cannabis Public Health Surveillance: 2023 Cannabis Health Statistics Report](#); submitted March 2023.
- The Community Gun Violence Program report entitled *Community Gun Violence Intervention and Prevention* was submitted in September 2023.
- Commission on Community Gun Violence Intervention and Prevention annual report was submitted to the Public Health Committee on April 19, 2023.

Public Service: Environmental Health and Drinking Water Branch

The Environmental Health and Drinking Water (EHDW) Branch includes the Drinking Water Section (DWS), the Environmental Health Section (EHS), and other Branch Units. EHDW works to address safe public drinking water and environmental health through consistent and proficient regulatory oversight. EHDW also assists CT residents, towns, local health departments, sister state agencies and key stakeholders by providing evidence-based technical assistance that improves public health, with a focus on health equity.

DWS is organized into six programmatic areas, including the Rule Implementation Unit, Eastern and Western Compliance Regions, Drinking Water State Revolving Fund (DWSRF) Unit, Enforcement & Data Management Unit, and the Source Protection & Planning Unit. Together, these units are responsible for the administration and implementation of state and federal public health-focused drinking water laws and regulations. This includes the EPA's Safe Drinking Water Act (SDWA) and other state public drinking water laws. Additionally, the DWS administers the Bipartisan Infrastructure Law which provides loan funds for various drinking water projects through the Drinking Water State Revolving Loan Program. The DWS directly oversees and administers regulatory compliance and enforcement to Connecticut's 2,365 public drinking water systems, which provide public drinking water to approximately 2.927 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.

EHS is responsible for evaluating environmental health conditions that impact human health. EHS provides evidence-based technical assistance, enforces relevant statutes and Regulations of Connecticut State Agencies, and implements relevant public health policy. EHS comprises eight programs that are diverse in their scope and oversight of both regulated and unregulated professions and entities: Asbestos, Environmental & Occupational Health Assessment, Environmental Engineering, Food Protection, Childhood Lead Poisoning Prevention & Control, Private Wells, Radon, and Recreation.

Achievements:

- Held monthly informational webinars for the state's public water systems (PWS), environmental labs, and certified drinking water operators.
- Offered environmental laboratory certification in 1593 analytes/methods, including the addition of two new PFAS certification methods.

- Collaborated with the State Drought Interagency Team to revise the State Drought Plan; developed new tracking measures and implementation actions.
- Continued to work with state lab, sister state agencies, local health, and other stakeholders to address PFAS in drinking water.
 - Collaborated with Environmental Health toxicologists for PFAS toxicity values for the 5th Unregulated Contaminant Rule and assist PWS with UCMR5 compliance and community outreach.
 - Developed Standard Operating Procedures for PFAS communication, sample collection, and DPH's Lab use protocol.
 - Collaborated with Environmental Health toxicologists to establish and publish Action Levels for an additional six PFAS compounds.
 - Developed PFAS treatment guidance in collaboration with DWS engineers to help small PWS design effective PFAS treatment systems.
 - Created a centralized PFAS detections database of all known testing.
 - Certified 3 CT environmental laboratories for PFAS.
- DWSRF Funding
 - 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.
 - Executed 10 DWSRF loans for \$18.5 million, with \$3.5 million in principal forgiveness.
 - 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.
 - Participated with EPA Headquarters to define Justice 40, a goal set by President Biden to focus 40% of DWSRF BIL funds to benefit communities most in need.
- Implemented Public Act No. 22-49, reducing blood lead levels of concern from 5 to 3.5 micrograms per deciliter.
- Provided ongoing training to certified food inspectors relevant to the recent adoption of the Food Code regulations.
- Established an Office of Climate and Public Health through the CDC BRACE and Health Disparities Grants, working to implement Governor's GC3 initiatives.
- Provided toxicological, risk assessment, and risk communication expertise and medical management support to assist a local, state and federal response to a large mercury spill in a residence that resulted in 9 people receiving serious mercury poisoning. Improvements to CT Mercury Poisoning Surveillance System were implemented after the response to improve timely identification of future mercury poisoning events.
- Created a resource guide for Local Health officials to use during periods of poor air quality.
- Secured EPA grant funding for Community Air Quality Monitoring.

Inspections and Actions

- Conducted and completed 514 inspections of Public Water Systems (PWS), including sanitary surveys, level 1 and level 2 assessments.
- Processed 434,309 PWS drinking water sample results for compliance with the SDWA.
- Conducted approximately 100 technical water system project reviews including new source, storage, pumping systems, chemical treatment, optimal corrosion control, PWS Screening Forms, and certificate of public convenience and necessity (CPCN) review and approvals.
- Issued 155 initial CT DPH Water Operator Certifications.

- Processed 877 Drinking Water Operator Certification Renewal Applications.
- Issued 172 Evaluations of Large Public Water System Cross Connection Survey Reports.
- Conducted 56 site visit technical assessments for the placement of large capacity subsurface sewage disposal systems.
- Received results for 61,569 children under age six that were tested for lead poisoning; 1,046 children had elevated blood lead levels that required follow-up.
- Conducted seven lead inspector/risk assessor refreshers for LHDs with over 280 attendees in total.
- Distributed radon testing kits to local health districts, local housing authorities, and the Yale-New Haven Health Lung Cancer Screening Department
- Provided training to 15 radon professionals to qualify them to perform radon testing in CT's public schools.
- Assisted proactive legionella measures in over 10 facilities and provided technical assistance and multi-disciplinary support for legionella to eight facilities.
- Processed 794 applications for environmental licensing credentials.
- Received 4,550 Asbestos Abatement and Demolition Notification Forms; 1,900 of them were sent to Local Health and Building Departments to streamline their demolition permit process.
- Approved 190 emergency abatement and demolition projects.
- Reviewed and approved 38 Asbestos Training Courses.
- Approved 24 Asbestos Abatement While School is in Session Applications included (9 with inspection included).
- Conducted 65 routine inspections of the abatement projects.
- Investigated 31 complaints filed with the Asbestos Program.
- Completed 49 technical assistance activities and 60 health education and community involvement activities pertaining to a variety of hazardous waste sites and topics.
- Conducted environmental screening at 90 childcare centers as part of the Child Care Screening Assessment for Environmental Risk (SAFER) program.
- Reviewed toxicology and exposure assessment information for 25 proposed alternative criteria and additional polluting substances to support DEEP waste site cleanups under the CT Remediation Standard Regulations.

List of statutory reports generated in FY 23

- 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 2022 provided to EPA by July 1, 2023
- PA 23-31 passed June 2023
- Annual Capacity Report for SFY22 provided to EPA by 9/30/2022

Public Service: Healthcare 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

- Resumed normal certification and licensure activities which had been suspended during the pandemic. FLIS conducted regular site visits and complaint investigations to ensure healthcare facilities comply with the state and Federal statutes and regulations.
- Issued 1,128 initial and renewal licenses and certifications for over 45 categories of healthcare facilities.
- Implemented legislation that increase nursing home staffing ratio to 3.0 hours per resident per day.
- Implemented online process utilizing the licensing database to request waivers of regulation.
- Implemented online registration for temporary nursing services agency in accordance with Connecticut general statute 19a-118.
- Conducted the following trainings and guidance for facilities:
 - Ongoing online training program for medication administration certification training for residential care home employees who need to be certified in medication administration.
 - Hot weather protocols for inpatient facilities.
 - Guidance for assisted living services agencies that provide dementia care.
- Served as an active participant in the Long-Term Mutual Aid Plan (LTC-MAP) advisory and steering committee and continued 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.
- Chaired the Medication Opioid Use Disorder Workgroup, 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.
- Participated in the MOLST Advisory Council for the medical orders for life sustaining treatment. The MOLST allows 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.
- Shared several guidance documents and held meetings for nursing homes and residential care homes to help them through the end of the Public Health Emergency. These documents included, but are not limited to:
 - Infection Control and Prevention in all healthcare settings
 - Vaccination Information
 - Nursing Home Staffing Level Requirements

List of statutory reports generated in FY 23

- Hospital nurse staffing plans: each year, hospitals must provide DPH with their nurse staffing plans.
- The Nursing Home Financial Advisory Committee annual report was submitted to the General Assembly.

- The Palliative Care Advisory Council: requires the Commissioner to report on the activities and recommendations of the Palliative Care Advisory Council. The report for 2021-2022 was submitted in 2022.

Practitioner Licensing and Investigations Section (PLIS)

PLIS ensures that a practitioner has the required training, knowledge, and experience to perform as a qualified professional in their 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

- Issued 30,455 new licenses and renewed 206,424 active licenses.
- Received over 1,200 complaints for investigation.
- Implemented Connecticut's participation in the Interstate Medical Licensure Compact (IMLCC) that expedites physician licensure for compact participants.
- Implemented Connecticut's participation in the Psychology Interjurisdictional Compact (PSYPACT) that facilitates interstate psychology services between member states.

List of statutory reports generated in FY 23

- Licensing report on substituting military training or experience for service members. The department collects and reports data for everyone who used their military training as a substitute for required training.
- Pursuant to Public Act 22-47, issued a report on plans between Department of Public Health and Department of Children and Families to waive licensure requirements for certain mental and behavioral health providers.
- Pursuant to Public Act 22-81, issued a report developed in consultation with the Office of Early Childhood to develop and implement a plan to establish licensure by reciprocity or endorsement for speech and language pathologists and occupational therapists licensed in other states.
- Pursuant to Public Act 22-58, issued a report concerning safe harbor legislation permitting certain alternative health care practices.
- Pursuant to Public Act 22-58, issued a report on doula advisory committee recommendations for doula certification requirements.

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; consideration of new EMS organizations; requested changes in services provided of current EMS organizations; oversight, and analysis of EMS Data; and investigation of complaints against EMS organizations for regulatory violations that put the public's health at risk.

Improvements/Achievements

- Issued over 21,700 initial and renewal licenses and certification to Emergency medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, Emergency Medical Services Instructors, and Paramedics.
- 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.
- Continued to provide support to the EMS Advisory Board, the Wellness Committee and EMS Medical Advisory Board activities and recommendations.
- Purchased training equipment with federal grant money to support to the HEARTSafe Program. Currently, there are 55 HEARTsafe communities, 12 campuses and 15 workplaces. OEMS also maintains 18 CPR/Bleeding Control Equipment sites.
- 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.
- Implemented electronic processing of vehicle inspections.
- Provided oversight to and maintained five Mass Casualty Incident Trailers which are deployed to be used in community events upon request. Information on the use of these trailers is on the Department's website.
- Transitioned to a more robust data collection system which was recognized by the National Association of State EMS Officials.

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.

Improvements/Achievements

- Completed 15,751 long-term care applicant background check eligibility determinations and 15,916 long-term care applicant background checks.

Public Service: Health Statistics and Surveillance Section

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

The Office of Vital Records (OVR) carries out general supervision for the collection and preservation of vital events occurring in Connecticut. The OVR is responsible for the maintenance of the state-wide birth, death, fetal death, and marriage registries. The OVR continues to modernize its registry systems, transitioning from paper-based to electronic reporting registries. The implementation of the electronic death registration system (EDRS) has improved the accuracy and timeliness of reporting deaths to DPH

reporting partners and the National Center for Health Statistics. Throughout FY 2023, the OVR onboarded all CT licensed Nursing Homes, Home, and Hospice agencies to the EDRS.

The Connecticut Tumor Registry (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. The CTR continues to work with reporting facilities to increase the electronic reporting of pathology via HL7 messages. Initiatives involving the National Cancer Institute and external vendors are underway to support this work.

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 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.

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.

Improvements/Achievements

- Improved timeliness in reporting of CT deaths with the Statewide Implementation of Electronic Death Registration System with 90% of all deaths filed electronically through July 2023.
- For 2022, 36,552 births, 34,980 deaths, and 21,146 marriages were recorded in Connecticut.
- In 2022, 15,758 vital record certificates were issued, parentage was documented on the birth certificate for 12,259 children, 748 adoptions were processed, and 173 birth certificates documenting sex changes were processed.
- 21,518 new cancer cases diagnosed in 2020 were registered by the CTR. This was slightly fewer than expected due to the impact of the COVID-19 pandemic on cancer-related screenings, diagnostic procedures, and treatments. A similar decrease in cases was seen in cancer registries across the US. The CTR continues to monitor the numbers of newly diagnosed cases in 2021 and anticipates that over 24,000 new cancers will have been diagnosed indicating that the decrease seen in 2020 did not continue into 2021.
- Revisions to the Regulations of Connecticut State Agencies pertaining to the CTR were approved, effective March 2023. The revisions allow the CTR to require reporting entities to submit information electronically in a format and process prescribed by the Department. These revisions further support the endeavors to increase and improve electronic reporting to the CTR. Several other revisions were made to make the Regulations consistent with current processes.
- Over 10,000 BRFSS adult health surveys were collected in calendar year 2022, and over 3,200 student health surveys were collected in Spring of 2023.
- The passage of Connecticut Public Act 22-87 requires school participation in the CT School Health Survey which was impacted the Spring 2023 survey administration and resulted in 100% school participation. There was an approximately 80% increase in student surveys collected

compared to 2021. The high response rate will greatly improve the reliability of health and risk behavior estimates generated through this school-based survey.

- CT BRFSS and CSHS data contributed to [2023 Cannabis Health Statistics Report](#), which provides cannabis data and statistics on adverse health events, demographic risk factors, and trends related to cannabis consumption in Connecticut, per legislative mandate (Connecticut Public Act 21-1).
- CT BRFSS, CTR and Vital Statistics data contributed to a report produced by the Commission on Racial Equity in Public Health (CREPH) entitled "[Understanding Racial Inequities Through Data](#)". The report provides a deeper insight into the impact of racial inequities on public health. The report includes demographic, health outcome, economic security, education, and criminal justice involvement data requested by the legislature and Commission members. CREPH produces reports as a requirement of Connecticut Public Act 21-35.

List of statutory reports generated in FY 23

- 2022 Adverse Event Reporting

Public Service: Infectious Disease Section

The Infectious Diseases Section encompasses surveillance programs for emerging infections and more than 70 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 Informatics Program in the Infectious Disease Section supports the reportable disease surveillance system, electronic laboratory reporting, electronic case reporting, and electronic notifiable reporting to the CDC.

The Epidemiology and Emerging Infections Program conducts 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 respiratory viral disease surveillance and response, including COVID-19, influenza, and RSV, 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.

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. Surveillance activities are concentrated 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 also operates the Syringe Services Programs (SSPs) which serve as a safe, effective HIV prevention method for people who inject drugs. 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.

The program also operates the Ryan White Part B and CT AIDS Drug Assistance Program (CADAP) which contracts with statewide healthcare providers and community-based organizations to provide treatment and support services and makes HIV medications available to people living with HIV who are low income and underserved. The program is the payor of last resort and provides medical case management, ambulatory care, oral healthcare, medical transportation, emergency financial assistance for housing or utilities, and food assistance.

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.

COVID-19 Response Activities and Achievements

- The Informatics Program:
 - Updated the primary reportable disease surveillance system for COVID-19 and mpox surveillance.
 - Received and processed electronic test results for COVID-19 (>21 million total tests reported; 97+% sent in electronic format).
 - Onboarded over 1,000 COVID-19 testing locations (labs, hospitals, providers, nursing homes, colleges, other test sites) for the peak of COVID-19; maintaining these connections.
 - 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.
 - Developed the DPH Data Warehouse that contains all case data from CTEDSS
 - Is updated daily
 - Is available for internal dashboards and reports
- 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).
- Implemented wastewater surveillance for COVID-19, in collaboration with the State Public Health
- Laboratory HAI-AR Program:
 - Provided technical assistance/response to 1,254 COVID-19 outbreaks across all healthcare settings.
- Immunization Program
 - Throughout the pandemic, distributed COVID-19 vaccines to over 1,200 healthcare providers and pharmacies in Connecticut, resulting in over 3.1 million people in Connecticut (88.5% of the population) receiving at least one dose of vaccine.

General Improvements/Achievements

- Informatics Program
 - Continued support for other diseases, like mpox (receiving electronic lab results, uploading vaccination information, building internal reports, creating extracts for CDC reporting).
 - Completed major upgrade for the primary surveillance system.
 - Processed around 207,812 electronic lab results for other reportable diseases (2022 data).
 - Reported ~178,674 case reports to CDC in electronic format (2022 data).
 - Participated in local and national data modernization efforts.
 - Implemented use of a vendor cloud-hosted application to receive lab results in flat file format (providers, non-hospital or smaller labs) and implementing provider case report webforms for COVID-19 and STD case reports.
 - Designed and implemented a hybrid analytics platform
- HAI-AR Program
 - Investigated four cases of *Candida auris*, a highly resistant fungal infection.
 - Provided multidrug-resistant organism containment responses for 52 cases.
 - Working closely with the State Public Health Laboratory, identified a very rare strain of extensively drug-resistant *Pseudomonas aeruginosa*. Through a combined epidemiologic and laboratory investigation, CT was able to link affected CT patients with patients in other states, and work with CDC to identify three contaminated, over-the-counter artificial tears products. Nationally, this outbreak caused vision loss in 14 patients, enucleation (surgical removal of eyeball) in 4 patients, and 4 deaths.
- Epidemiology and Emerging Infections Program
 - Investigated multiple emerging infections across the state, including:
 - Eight foodborne/enteric disease outbreaks (two of which were part of CDC-led multi-state investigations).
 - Three cases (two fatal) of severe *Vibrio vulnificus* infections. A public advisory was released by DPH in July to warn residents about dangers of consuming raw shellfish and exposure to salt or brackish water.
 - One case of botulism in an adult.
 - Four cases of Powassan virus (POWV) infections.

- Investigated and provided epidemiologic consultation on two healthcare-associated Legionnaire’s Disease cases occurring in long-term care and skilled nursing facilities. Provided technical assistance on 67 gastrointestinal (GI) outbreaks (person-to-person) reported in long-term care and assisted living facilities.
- Responded to 145 cases of mpox. Via collaboration with the Immunizations, HIV Prevention, STD Control, and Informatics Programs, Office of Health Equity, and State Public Health Laboratory, trained all local health departments to conduct case interviews and contact tracing, educated more than 400 healthcare providers and public health practitioners about mpox, created a public dashboard, and pre-positioned more than 200 courses of the antiviral tecovirimat, enabling prompt treatment of 46 patients with mpox.
- Implemented a new influenza dashboard to improve public reporting of integrated surveillance data.
- Immunization Program
 - Administered over 12,000 doses of mpox vaccine to high-risk patients.
 - Implemented reporting of all vaccine doses administered to Connecticut residents of all ages to Connecticut’s Immunization Information System (IIS), CT WiZ.
 - Created 7,069,283 records in CT WiZ from healthcare provider reporting vaccine doses administered. Following this, 495 healthcare provider offices began reporting vaccine doses administered electronically to CT WiZ. Additionally, 93% of Connecticut Vaccine Program providers are reporting electronically to CT WiZ and the remaining 7% remaining are in the process of onboarding.
 - The Connecticut Vaccine Program distributed more than 1.4 million doses of vaccine to healthcare providers for children.
- HIV Prevention Program
 - HIV Testing – In FY 23, there were 89,419 HIV Tests at CT DPH funded sites. Of these 157 (.18%) were positive, and 101 (.11%) were newly diagnosed HIV cases. Of the 101 newly diagnosed cases, 91 (90%) were linked to medical care within 30 days and 96 (95%) were linked to medical care within 90 days.
 - PrEP – In FY23, there were 23,467 people screened for PrEP at CT DPH funded sites. Of these, there were 15,964 people referred to PrEP Services.
 - Overdose Prevention (ODP) – 8,945 naloxone (overdose prevention) kits were distributed by the SSPs.
 - Harm Reduction Services- 9,305 SSP clients were served, and 62,942 visits for Harm Reduction Services in FY23.
 - Syringe Distribution – During FY23, 2,463,980 syringes were provided to clients through CT DPH funded SSPs.
 - The Routine HIV Testing Toolkit – On January 1, 2023, The Routine Testing Law became effective. In response to the new legislation, the HIV Program developed a toolkit for medical providers to increase awareness of the law and provide guidance to providers on how to implement routine testing in their clinical settings. In addition to the toolkit, the HIV Program launched the “Tell Everyone to Screen and Test” (T.E.S.T. CT) Campaign. The campaign consists of a total of 12 videos created to promote the new Routine HIV testing bill that became a law in 2023. The campaign has content in both English and Spanish.
 - PrEP DAP – This legislation was passed FY23 and expanded an existing HIV prevention program initiative to cover the cost of the medications for un/underinsured persons at

risk for HIV. Formerly the program only provided this service for survivors of sexual assault.

- CT DPH embarked on a statewide HIV Prevention Needs Assessment Survey in 2022. This is a first in many years that CT DPH implemented a PNA for HIV negative persons. The purpose of the survey is to identify gaps in HIV, Sexually Transmitted Infections (STI), hepatitis C (HCV), and substance use disorder (SUD) treatment needs; to help individuals from acquiring HIV, STIs, and HCV; to assess for challenges and barriers to receiving prevention services, and to improve and make services more available to the public. There was a total of 2,038 survey participants.
- SSP Vending Machines – This legislation was passed on FY22 and allows for the use of SSP vending machines to expand access harm reduction supplies.
- The HIV Home Test Initiative – Implemented in 2019, as a response to COVID-19, the Program distributed 243 HIV Home test Kits in FY 23.
- The Ryan White Part B program introduced a regional format for provider contracting in FY 23. This move created a more efficient internal contract process going from 31 contracts to 7 using a regional format.
- Hepatitis C Prevention and Surveillance
 - 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.
 - HCV Testing – In FY23, there were 9,862 HCV Tests at CT DPH funded sites. Of these, there were 451 (4.6%) who tested positive.
- Tuberculosis Control Program
 - Successfully implemented the use of a 6 month, all oral regimen for the treatment of multidrug resistant tuberculosis (known as BPaL).
- STD Prevention and Control Program
 - Started a statewide STD Coalition (since renamed the CT Sexual Health Coalition) to leverage resources and partner with stakeholders to develop a strategic plan for Connecticut to address the current STD epidemic.

List of statutory reports generated in FY 23

- No reports

Public Service: Public Health Preparedness and Response

The Public Health Preparedness and Response Section 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 coordinates department operations during emergencies. The section identifies and secures cooperative agreements and other funding sources that strengthen the state's public health preparedness. These efforts include administering the CDC's Public Health Emergency Preparedness cooperative agreement, the Administration for Preparedness and Response's Hospital Preparedness Program cooperative agreement, Homeland Security Program Grant funds through the Department of Emergency Services and Public Protection/Division of Emergency Management and Homeland Security, ARPA funding, and

state funding. The mix of funding sources that support the Public Health Preparedness and Response Section and the allowable expenses associated with the funding sources are varied. There are associated deliverables, benchmarks, and performance measures associated with each funding source.

Improvements/Achievements

- Applied for and awarded funding through the Department of Health and Human Services for healthcare preparedness and public health emergency preparedness (two base funding sources totaling approximately \$10M annually). The section also renewed its Crisis Cooperative Agreement that is 'approved but unfunded,' enabling the agency to obtain response-related funding rapidly for any future public health crisis. The cooperative agreements support staff across the agency including the DPH PHP&RS, the State Public Health Laboratory, the DPH Office of Communications, DPH/BITS Information Technology staff, and Fiscal and Contracts and Grants Management Staff.
- Provided approximately \$2.7 million in federal funding to local health departments and districts annually for planning under the Public Health Emergency Preparedness cooperative agreement. This funding was distributed through the five regional contractors to support the planning activities.
- Played a significant role in supporting the pandemic response. A report titled *COVID-19 Response Activities Carried out by the Public Health Preparedness and Local Health Section* was finalized in May 2023. This report summarizes the section's efforts for 2020-2022.
- Conducted a Jurisdictional Risk Assessment (JRA) to determine and rank natural and man-made threats and hazards most likely to adversely affect public health and healthcare capabilities in Connecticut. The JRA included questions to assess community planning for children, pregnant women, seniors and individuals with access and functional needs, people with disabilities, and others with unique needs. This information was shared with ESF8 partners in a report as well as a presentation. The assessment went to a wide range of ESF-8 partners with 135 responses.
- Established a Crisis Standards of Care Advisory Committee, comprised of several state agencies, including the Department of Mental Health and Addiction services, and the Connecticut Department of Disability and Aging, as well as the Connecticut Cross Disability Lifespan Alliance, a group comprised of several organizations (e.g. the ARC of Connecticut, CT Coalition on Aging, Black and Brown United Connecticut) dedicated to serving people with physical, intellectual and developmental disabilities across the state. Working with the advisory committee, the Department has made considerable progress developing a state Crisis Standards of Care plan.
- Collected behavioral health data from acute care and psychiatric hospitals to further understand bed capacity for adults, children and adolescents requiring behavioral health services. The section prepared weekly slide decks summarizing the data which was shared with key partners. After collecting this data and sharing with partners for approximately 18 months, OPHPR analyzed this data noting trends when bed availability data was particularly stressed over the course of a calendar year.
- Collaborated with the Connecticut Hospital Association for several months during the RSV, COVID, and Influenza season, to assess how Connecticut's two pediatric hospitals were managing a medical surge. During this time, the Department was in close contact with the HHS Administration for Strategic Preparedness and Response (ASPR) Region 1 officials to keep them apprised of the situation so they could advise us should we need to request federal staffing resources.
- The Public Health Preparedness and Response Section convened a meeting of the Ebola assessment and treatment hospitals, along with Infectious Disease experts from the

department, to review Ebola and other special pathogen planning. Attendees updated the group on the status of their plans. Later in the year, the Department hosted a meeting with this same group, along with representatives from EMS agencies, and Massachusetts General Hospital, the Region's lead Ebola Treatment hospital, to plan around the transportation needs and issue anticipated for any Ebola patient (should there be one). The Department also conducted a tabletop exercise of its Ebola CONOPs. These meetings and exercises were very productive and lead to improved plans and will inform continued planning efforts.

- Fulfilled planning and logistic functions during "Operation Kit Kat," the Department's response to the Group Home labor action. OPHPR coordinated incident action planning during this emergency, including developing the incident action plans, convening the agency's Incident Management Team, and completing the necessary ICS forms. Staff also developed a new logistical approach to strike monitoring efforts during this emergency, including staff scheduling and securing state vehicles to conduct onsite visits to ensure that striking groups homes continued to meet standards of care.
- Contracted with the Connecticut Association of Healthcare Facilities for the Connecticut Long Term Mutual Aid plan. The contract supports the onboarding, training, use, and mutual aid among all licensed nursing homes and assisted living service agencies. In addition to providing the IT platform which allows for long term care facilities to report facility status and share resources during a crisis, conference calls with long term care facilities were hosted and facilitated during the COVID-19 response to coordinate activities and resource needs with state officials.
- Reprinted over 100,000 *CT Personal Preparedness Guides*. The guide provides residents in CT with simple checklists to promote personal preparedness in advance of emergencies and crises. Local health departments were offered the opportunity to place orders for the guides in 10 different languages. The section then printed the guides based on their orders and delivered them to the individual health departments. A total of 128,500 guides were ordered by local public health departments for their communities. The CT DPH also printed additional copies which they will make available to state agencies and non-profits in the fall of 2023.
- Hosted monthly meetings with the five public health planning regions and their five associated Cities Readiness Initiative contractors to provide technical assistance and updates.
- The Public Health Preparedness and Response Section continues to manage the state warehouse of primarily personal protective equipment and other miscellaneous supplies. Inventory management and ordering systems were established during the fiscal year to closely monitor and manage activities within the warehouse, as well as to track deliveries and inventory on an ongoing basis with the contracted vendors.
- Supported an initiative in the summer of 2022 to support schools and daycares during COVID-19. The staff worked on coordinating orders of rapid antigen COVID-19 test kits and PPE to over 2,000 schools, and over 3,800 child daycares and youth camps. Between mid-August and October 2022, over 800,000 test kits and over 14 million pieces of PPE were delivered to over 200 school systems, and 3,800 licensed child daycare operators. Staff managed orders and worked with warehouse vendors to stage, pick, and deliver the goods, as well as track inventory and provide weekly reports to maximize FEMA reimbursement for the state.
- Coordinated and managed the COVID-19 recovery and demobilization process for DPH. Developed a tracking and performance platform (shared with key Incident Management Staff across the agency). Several functions within the agency were incorporated into routine operations, while others were entirely demobilized. Presentations by DPH personnel on their future plans were also coordinated and held with local public health departments to ensure that

information on the recovery and demobilization process was shared in advance. The process to recovery is ongoing and quite complex. Vaccination efforts and distribution and monitoring of COVID-19 therapeutics remain ongoing.

- The Section receives federal funding to support an Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP) system (known as CT Responds), as well as support Medical Reserve Corps member training. The section delivered funding to all Medical Reserve Corps chapters, set up a means for requesting training support and funding through the state's Healthcare Coalition, and pre-paid for background checks for all registered volunteers.
- Relaunched training opportunities and offered additional support to local public health departments that oversee Medical Reserve Corps chapters and members. Staff hosted three meetings, and Medical Reserve Corps members are considered 'civil preparedness forces' under Title 28 statutes. The efforts of Medical Reserve Corps volunteers supported one of the largest and most rapid mass vaccination efforts in the past 100 years. As part of the initiative to formally onboard volunteers into the agency's ESAR-VHP compliant system, and ensure they are mission-ready for placement in healthcare settings (and to potentially care for vulnerable populations) in September 2022, background check guidance and the process was initiated by DPH.
- Made improvements to the agency's Incident Management Team (IMT) procedures implemented during public health emergencies. The full functionalities of Microsoft Word Teams are utilized to streamline real-time reporting of response status, activities and critical needs and improving the agency's ability to respond to an emerging public health threat. IMT members received training in the Incident Command System (ICS) and agency response protocols prior to an activation for an impending labor strike at multiple regulated facilities. The training resulted in communications and coordination throughout the response. In preparation for storms and other weather-related events, a State Emergency Operation Center (SEOC) Manual and Activation Protocol was created.
- Collaborated with the Epidemiology Program's, Health Care Acquired Infections staff and the Connecticut Hospital Association on the distribution of COVID therapeutics, that included five types of monoclonal antibodies and three types of intravenous and oral antivirals. Infrastructure for this initiative included onboarding and training providers to use the Health Partner Ordering Portal, developing a COVID Therapeutics webpage, and creating a COVIDmeds.dph@ct.gov mailbox to triage and address questions from the general public and providers. An allocation strategy was developed to ensure the medications were available to those most vulnerable complications due to COVID-19. The agency was recognized for pioneering a test to treat distribution model, where COVID positive patients could obtain the antivirals in the same location where they were tested. The department continues to receive and approve orders for COVID antivirals in the HPOP portal that was recently upgraded.
- Collaborated with the Epidemiology and Immunizations Program on the mpox response in the summer of 2022. In the early phase of the response, the section's Strategic National Stockpile (SNS) Coordinator requested the mpox vaccine for DPH laboratory staff and the assisted in the allocation and pre-positioning of Tecovirimat (TPOXX), an mpox therapeutic medication. When the supply of mpox vaccine increased, it was made available to providers via the Health Partnering Ordering Portal (HPOP) and vaccine was allocated to a limited number of acute care hospitals that served as vaccine depots for area clinics. The agency continues to monitor mpox vaccine and TPOXX inventory and utilization in HPOP.

List of statutory reports generated in FY 23

- No reports

Public Service: Office Health Equity

The responsibility of the Office of Health Equity (OHE) is "to improve the health of all Connecticut residents by working to eliminate differences in disease, disability and death rates among ethnic, racial and other population groups that are known to have adverse health status or outcomes. Such population groups may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, mental illness or geographic area of residence."

This name and mission statement were adopted by the Connecticut General Assembly as Section 5 of Public Act 14-231 "An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes," which was signed into law by Governor Malloy on June 13, 2014.

Activities:

Throughout the COVID-19 pandemic, the OHE coordinated the yellow van program and homebound program with a focus on ensuring that COVID-19 vaccinations be available to all residents, particularly those most vulnerable. During FY 23: 4,249 yellow van mobile clinics were deployed and administered 36,378 doses of COVID-19 vaccine; 650 requests for homebound vaccinations were received with 402 vaccinations administered by DPH contractors. (Note that some LHDs provided homebound vaccinations to their residents and therefore did not use DPH contractors.) Additionally, during the spring of 2023, OHE leveraged the yellow vans to launch Operation Gold Star which focused on ensuring that all Skilled Nursing Facilities (SNFs) had access to COVID-19 vaccines for staff, residents, and visitors. This initiative resulted in 39 clinics which yielded 682 administered vaccines.

Through the CDC COVID Disparities Grant managed by the OHE, the agency collaborated with the CT Office of Rural Health to provide COVID-19 resources to our rural communities. For FY 23, this partnership resulted in over 43,000 activities that included vaccinations and vaccine support, testing resources, and resource navigation and support services as well as establishing or expanding 1470 community partners to advance health equity and address social determinants of health for underserved communities that are at higher risk for COVID-19.

In response to the mpox outbreak which began in the summer of 2022, OHE coordinated mobile vaccine clinics to ensure that mpox vaccines were available, with a particular emphasis on populations at greatest risk, including LGBTQ+ individuals as well as unstably housed individuals. The mpox mobile clinic program enhanced the existing vaccine provider network, with an understanding that not everyone felt comfortable seeking care in traditional clinic settings. Between 8/22 and 6/23 a total of 182 mobile mpox clinics were offered, with 2,027 vaccines administered (1,463 first doses, 564 second doses).

OHE updated a statewide language needs analysis of Limited English Proficient (LEP) population data from the 2021 5-Year American Community Survey (ACS) to determine the state's largest non-English speaking populations statewide and language needs for document translation and interpretation services when engaging with the public. Although several non-English languages moved up or down one spot, the top 10 languages spoken by our LEP population statewide remained the same. Spanish and Portuguese remained the top languages spoken by CT's LEP community, and the count of persons who

speak these languages primarily even increased by 8.7% and 10.6%, respectively, since the previous language analysis using 2018 5-Year ACS data.

The OHE continued to work in expanding the agency's access to language services for the state's LEP population when contacting DPH. The agency's Nutrition, Physical Activity and Obesity Section was the latest addition to incorporate professional interpretation and translation services, bring the total agency programs utilizing vetted, quality language services to 19.

Through the Health Disparities and Prevention Grant Program – Capital Bond Fund, the OHE coordinated with Federally Qualified Health Centers and Behavioral Health organizations to distribute \$22M to support infrastructure improvements to providers that serve primarily communities of color and communities with high rates of people living in poverty.

Improvements:

The Office of Health Equity is working towards appropriate staffing and developing a strategic plan to establish a road map to guide future activities. OHE is currently staffed by two Epidemiologist 4 positions, a Durational Project Manager and one Health Program Associate. The Section Chief for the Office of Health Equity position is under recruitment.

List of statutory reports generated in FY 23

- No reports

Public Service: Local Health Section

The Local Health Section (LHS) is responsible for ensuring the delivery of public health services at the local level. The mission of the LHS is to work with local partners to fulfill statutory and regulatory requirements through providing certain essential public health services statewide. DPH provides per capita grants-in-aid to local health departments and districts meeting the requirements under CGS [Sec. 19a-202](#) (municipal) and [Sec. 19a-245](#) (district). DPH also provides other state and federal funding to local health departments and districts to support public health activities within their jurisdiction.

Improvements/Achievements

- LHS coordinated virtual COVID-19 meetings for local public health agencies from January 2020 until the end of the Federal Public Health Emergency (PHE) on May 11, 2023. The meetings focused on COVID-19 updates from programs across DPH (and other agencies, as warranted) and allowed for local public health to voice their concerns, ask questions, and receive timely information. Post-PHE, the biweekly meetings became all general topic meetings, also known as the Local Public Health call. The Connecticut Association of Directors of Health (CADH) shares the responsibility of developing an agenda and hosts one meeting every month.
- To ensure ongoing coordination and continuity between local public health and DPH, LHS created a web-based suggestion box for local public health to submit questions, comments, or concerns regarding local health issues. LHS triages the questions to the appropriate DPH program for follow-up and response. Each month, key submissions are highlighted during the Local Public Health call.
- Distributed \$7,102,338.68 in per capita funding grants in-aid to the 36 eligible local health departments and districts. Guidance documents for funding were developed and sent to local

health departments and districts. Applications for the departments/district were reviewed, approved, and payments were issued.

- To ensure continuity of operations at the local level the 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, of the 60 local health departments and districts, 42 have a locally appointed acting director of health approved by Commissioner Juthani and 13 have agreements with other departments or districts to provide coverage when the director of health is absent.
- Coordinated contract no cost extensions of the Epidemiology and Laboratory Capacity (ELC1) budget period 2 funding with an extension end date of December 21, 2023. Twenty four of 60 local health departments took advantage of this opportunity. During the COVID-19 pandemic response, the Department of Public Health allocated \$20 million for local departments and districts for the epidemiological functions of the COVID-19 public health response. The Local Health Section coordinated the distribution of this funding to the 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 60 workplans and budgets, and the subsequent review and approval of both fiscal and programmatic reports from all funding recipients.
- LHS is paperless. LHS completed the review and scanning of paper documents, (e.g., director of health appointments, correspondence, and reports) following the records retention policy. Historical local public health documents, dating back to 1935, were transferred to the State Library for archival.
- Successfully held an in-person Commissioner's Directors of Health Meeting on June 22, 2023, to discuss matters relating to public health that are of specific interest to local public health. The meeting focused on climate and health in Connecticut, per-capita grant in aid funding, the American Rescue Plan Act (ARPA) funding to address Childhood Lead Poisoning and Connecticut statute changes, preventative health and health services block grants, and workforce development grants. A local director of health participated in each of the presentations by sharing their jurisdiction's programs and perspectives.
- Coordinated the development and dissemination of the *Statement of Non-Contagious Disease for Transporting Decedents Remains* memo and template letter to local directors of health. The memo provides directors guidance on the reason for the letter, the information required in the letter, and where additional information can be found. A template letter, for use by directors of health, was provided to ensure all necessary information is included when used.
- LHS is developing an updated orientation for local directors of health and acting directors of health to strengthen response among local public health and increase public health preparedness and epidemiology as they relate to COVID-19, as well as other significant public health emergencies. The orientation will also include updated information on a myriad of director of health roles and responsibilities. This initiative was undertaken in accordance with the CDC Public Health Crisis Response Cooperative Agreement to expand, train and sustain the State, Tribal, Local, Territorial public health workforce to support jurisdictional COVID-19 prevention, preparedness, response and recovery initiatives.

List of statutory reports generated in FY 23

- No 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, Project Management, Management Assurance, and Information Technology.

- Number of active state, federal & other accounts administered: 184
- Amount of General Fund revenue collected: \$55 million
- Amount (Value) of active federal COVID-19 grant awards administered: \$650.2 million.
- Number of active contracts – 425 valued at approximately \$572.3 million. COVID related contracts represents approximately 34% of this reported amount and includes multi-year contracts.

Improvements/Achievements

- Fiscal Services successfully submitted approximately \$46.2 million in expenditures related to COVID 19 pandemic response to FEMA and successfully recovered approximately \$20.9 million (45%) through June 30, 2023, with the remaining \$25.3 million (55%) pending FEMA's final approval and obligation to the state.
- Closed all remaining state supported COVID-19 testing sites by June 30, 2023, in response to the end of the Federal COVID-19 Public Health Emergency.
- Established the Project Management Office to support agency projects and process improvement initiatives while providing guidance and tools when necessary.
- Established the Project Advisory Team comprised of individuals who specialize in various areas of the agency to provide project-related guidance and assist with prioritization.
- Launched the Project Registration Portal as a central repository for current agency projects in order to maintain a broad view of all project-related activities and plan for new initiatives as they arise.
- Implemented an automated Telework Approval system for all levels of agency supervisors to review and act upon employee telework requests submitted through the OPM application process.
- Migrated 93 servers from the DPH Data Center (410 Capitol Ave.) to the State's Data Center in Groton, CT.
- Facilitated implementation of a two-tier governance framework for various agency concerns, including projects, data modernization, and policies and procedures.
- Developed a tool that automates the validation of HL7 messages and produces a summary of errors and warnings – replacing a considerable amount of manual validation work.
- Developed a Management Assurance Division to assess internal controls and compliance with regulatory requirements, ensure audit findings are resolved, and develop recommendations for improvements, as necessary.
- Contract Management Section executed 108 contracts with the approximate value of \$200 million during FY 23.
- Established a Grants Management Unit to support the Agency's management of current State and Federal grants, facilitate the acquisition of new grant opportunities and administer Agency Bond/Grant-In-Aid programs/projects with external partners.

- Began construction on a new contract database and dashboard that will be utilized by contracting staff as well internal stakeholders to help facilitate and expedite the execution of contracts throughout the agency.

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- 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.
- Prepared and filed the 3-year Procurement Plan (covering FY 24, FY 25, FY 26) with OPM pursuant to CGS Sec 4-67i.
- Prepared and filed the Agency State Single Audit with OPM pursuant to CGS Sec. 4-230 through 4-236.

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. 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 Disease/Environmental Microbiology; Newborn Screening and Quality Assurance.

Improvements/Achievements

- 36,436 newborn screening tests conducted, representing 99.7% of all eligible infants born in Fiscal Year (FY) 2022. One hundred forty-one (141) 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.
- The Bio-response Laboratory was equipped and ready to respond to mpox 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 mpox case being detected on July 4th, 2022. As of 8/23/22, 582 clinical specimens had been tested by the State Public Health Laboratory representing 295 patients and identifying 54 positive mpox 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 mpox results. Additionally, the State Lab has been providing mpox 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.
- The PHL started offering Powassan virus IgM Antibody assay in clinical patient specimens in August 2022 and tested 23 patient sera, of which, 4 serum samples were confirmed positive for Powassan virus. This is a qualitative assay for the detection of IgM antibodies to Powassan virus in human serum.
- The CT PHL is the only laboratory in Connecticut authorized to perform rabies testing on animals involved with human exposure. Rabies virus testing is provided Monday through Friday

throughout the year at the CT PHL. Over 900 animals are submitted annually for rabies testing. Rabies virus testing provides a critical role in guiding the medical management of persons who have exposure to suspected rabid animals. 868 animals in 2022 tested negative for rabies at the CT PHL. The persons exposed to the animals that test negative for rabies do not undergo Rabies PEP or can discontinue Rabies PEP after testing. Based on these estimates, last year rabies testing saved a minimum of \$3,298,400 ($\$3,800 \times 868$) in Rabies PEP associated costs. Costs savings are likely to be a lot higher since rabies PEP has been known to cost more in CT and for some cases multiple people are exposed to each animal.

- 10,928 environmental samples were tested in support of the Lead Poisoning Prevention and Control Program. These samples consisted of approximately 9089 dust wipes, 315 soils, 68 paint chips, 934 drinking waters, 260 surface waters, 168 waste waters and 94 spices, cosmetics, toys, or other household items collected to determine the source of lead exposure to children.
- In partnership with the DPH Lead program, the Clinical Chemistry section of the laboratory continues to provide blood lead testing to uninsured children. The laboratory provided testing for 104 children in 2022. The lab also provided quick turnaround testing for those babies and young children undergoing treatment and hospitalization in 12 instances in 2022. This service allows for quicker evaluation of administered treatments, and, in most cases, shorter hospital stays.

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- No reports