DPH Federal Funding Updates

Updated as of
March 27, 2025

Agenda

- Overview of Cuts
- In the Context of DPH Federal Funds
- Program Impacts
- Playbook

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Overview of Cuts

- 6 Grant Awards totaling $504,489,502
- Amount cut = $148,589,673 (29% of the total awarded)
  - These funds represent the unspent balances (both obligated and unobligated) through 3/24/2025
- Number of DPH staff funded by these awards: 49 (23 are 100% funded; 26 are partially funded)
- Number of consulting staff – 50
- Number of active contracts – 69
- Number of vendors – 48
  - 45 of the affected "vendors" are local health departments

Cuts primarily affect the work in Infectious Disease Surveillance, the State Laboratory, and the Immunization Program

1. ELC 1
2. ELC 2
3. CARES
4. Project First Line
5. Immunization
6. Health Disparities

ELC

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In the Context of All DPH Federal Funds

Federal Awards

- Total Federal Awards = $1,295,681,410
- Total Federal Awards Affected = $504,489,502

The affected awards represent 39% of all Federal Funds DPH has been awarded.

Current Available Federal Funding

- Total Funding Remaining = $452,937,288
- Total Funding Cuts = **$148,589,673**

The cuts represent 33% of all available Federal Funds DPH has left to spend.

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GRANT AWARDS 1-4:

Epidemiology and Laboratory Capacity

Original Award: $397,615,844
Estimated Funding Loss: $118,997,449

Epidemiology and Laboratory Capacity (ELC) Grants Overview (4 of the 6 terminated)

Background

- CDC has been giving DPH ELC funds since 1995 as a cooperative agreement. The purpose of these funds is to help states build laboratory and disease tracking capacity.
- During the COVID-19 Pandemic, HHS awarded additional ELC grants to states in effort to help states build infrastructure needed to respond to the ongoing pandemic AND prepare for future public health emergencies.
- **Contrary to public messaging, these are <u>not COVID-19 specific funds</u>.** While the funds were initially awarded to battle COVID, CDC recognized that most states lacked the disease surveillance and laboratory infrastructure to maintain a pandemic response, so states were encouraged and allowed to invest these funds in strengthening these capacities.

Grants Impacted

- ELC 1 and 2 – Enhancing Detection and Enhancing Detection Expansion COVID-19 testing and surveillance, including laboratory improvements, informatics, and workforce capacity.
    - Improve reporting of electronic health data – this includes public facing data dashboard.
    - Improve use of laboratory data to enhance investigation, response and prevention, including collaboration with partners.
- CARES
    - Allowed DPH to rapidly establish key activities related to COVID-19 in epidemiology, laboratory, and informatics.
- Project First Line
    - Provided innovative and effective infection prevention and control training for US healthcare workers to strengthen healthcare and improve patient safety.
    - This grant helped educate nursing home staff on the risks of COVID-19 and how to protect residents and themselves.

Data Modernization Investments Represent the Largest ELC 1 and 2 Investments

- Goals of DPH's Data Modernization Initiatives (DMI)
  - Eliminate time-consuming, paper-based reporting
  - Increase timeliness of reporting between providers and DPH and DPH and the CDC
  - Improve data quality and informatics capacity
  - Improve data sharing and communication, including public facing data dashboards

- Continued modernization investments focus on:
  - Improving infectious diseases surveillance (e.g., electronically reporting results from labs to providers and to the state)
  - Improving the Laboratory Information Management System (LIMS)
  - Improving the system for collecting and reporting birth and death records

Data Modernization: Infectious Disease and Symptom Surveillance

Background

- DPH monitors the emergence and spread of disease in two ways. This first is by monitoring symptoms (syndromic surveillance) where the department receives near real-time information on why people are seeking care in emergency rooms, like opioid overdoses, headache, firearm injury, etc. The second is where there is a known disease (disease surveillance), and we can track the spread and prevalence of a disease throughout the state.

How Funding Has Been Used

- Purchased Casetivity: system that providers could access to report results of tests done in offices (point of care tests) for flu, COVID, and childhood lead levels. These providers could not easily report results of these tests to DPH in the past.
- Purchased PowerBI: software that allowed DPH to share real time data reports with stakeholders, includes reports on nursing home capacity, hospital bed capacity, flu/COVID/RSV/mpox rates, and more.
- Developed portal to provide local health departments with line level reportable disease data.
- Implementation of electronic case reporting to DPH from providers to support case management and reporting. Particularly helpful with disease outbreaks like COVID and Mpox.
- Purchase of cloud servers to support modernization efforts that have improved staff workflows.

Data Modernization: Infectious Disease and Symptom Surveillance (Cont.)

Impacts of Lost Funding

- No point of care testing results sent to DPH.
- Cannot share real-time reports on healthcare capacity or disease spread.
- Local health departments will be less able to respond to infectious disease outbreaks.
- Loss of cloud-based services that will impact staff ability to do routine analytics.
- Will no longer receive automated disease reports from providers. Provider must fax reportable disease case reports to DPH.
- DPH will not be able to update our data exchange platform, which 90% of states currently use. Newborn screening test reporting will remain a manual process.
- Plans to upgrade to a new syndromic surveillance system halted.
- DPH will no longer have a syndromic surveillance platform. This prevents us from being able to know if there is a new syndrome or a disease we know (e.g., flu) with which people are presenting to emergency departments.
- No information on emergency room trends in the state, limiting DPH's ability to respond to and alert partners and local health of emergencies.
- DPH will no longer be able to assist with measurement of healthcare capacity (e.g., high rates of ED visits and potential impacts to hospitals and surrounding healthcare systems).

Data Modernization: Laboratory Information System (LIMS) Modernization

What is LIMS?

- LIMS enables overall informatics capacity in three major operations at the lab: 1) clinical (i.e., labs done to assist providers make diagnoses), 2) environmental (e.g., lead, PFAS), and 3) newborn screening (i.e., screening tests done on all newborns in the state for genetic diseases).
- Allows real time ordering of testing and the automated distribution of results.
- Before the LIMS project, the lab had a very outdated system that still struggles to communicate with other systems and is inefficient. This includes communication with other electronic health record systems.

How Funding Has Been Used

- Contracts awarded to vendors supporting upgrades.
- LIMS system purchased.
- Selection and approval of fiber optics installation.
- BITS built the infrastructure to support LIMS.

Impacts of Lost Funding

- LIMS system upgrades will not be completed and tens of *millions of dollars of work to date will be wasted*.
- Laboratory tests will not be completed or reported timely, including for newborn screening.
- Fiber optics installation will not be completed, which will *degrade the state's ability to process and analyze genomic data*.

Data Modernization: Vital Records Modernization (Births and Deaths)

Goals of Modernization

- Funding was intended to support transition from a paper-based registration to an electronic registration system for both birth and death registries.
- Would combine the two registries into a single registry.
- Would allow for real time data exchange with the CDC.

How Funding Has Been Used

- Implementation of the electronic death registry.
- Implementation of a 24/7 help desk.

Impacts of Lost Funding

- Cannot implement the electronic birth registry.
- Death and birth registries will not be combined.
- Cannot onboard additional people that may input data into the death registry.
- No support for the 24/7 help desk – no support to funeral directors, healthcare organizations, and local registrars.
- Project to improve data exchange with chief medical examiner halted.
- Project for real time exchange with CDC is halted.

Infectious Disease Capacity

How Funding Has Been Used

- Enhance staffing capacity focused on COVID-19, RSV, and Influenza, including syndromic surveillance and wastewater testing.
- Informatics staffing to support sending and receiving electronic data reports at the laboratory and automating such reports.
- Staffing critical to public health outbreaks like mpox and avian influenza and supporting local health departments during the outbreaks.

Impacts of Lost Funding

- Loss of staff who respond to outbreaks.
- Loss of routine infectious disease monitoring that informs healthcare providers and the public on disease spread in their communities.
- Lack of staff available to provide data and recommendations to healthcare providers on disease outbreaks or healthcare associated infections.
- Lack of staff available to respond to outbreaks in nursing homes.

Laboratory Capacity

How Funding Has Been Used

- Upgrade laboratory testing for COVID-19, RSV, and Influenza
- Added capacity for genomic sequencing for viruses and bacteria
- Upgraded antibiotic susceptibility testing for pathogens patients acquire in healthcare settings

Impacts of Lost Funding

- Immediate loss of staff
- Endangers ability to provide testing support in emergency outbreak situations, including avian influenza, Ebola, and resistant healthcare associated infections

GRANT AWARD 5:

Immunization Activities

Original Award: $89,479,584
Estimated Funding Loss: $25,126,617

Local Health Immunization Work

Background

DPH received multiple awards to support immunization efforts in the state. These awards totaled approximately $76 million and were provided to help the state design and implement a vaccination plan for COVID-19, to enhance the state's influenza vaccination program, and to expand vaccination programs for underserved populations.

How Funding Has Been Used

- 43 contracts executed with LHDs to support staff and partnerships that enhance vaccination capacity, access, equity, and confidence throughout the state
- Vaccination clinics and mobile outreach in underserved neighborhoods.
- Development and distribution of educational materials and social media campaigns.
- Partnered with trusted community voices to promote vaccine education and confidence.

Impacts of Lost Funding

- All work described above will immediately stop, limiting funding available to LHDs.
- Will impact CT’s high vaccination rates (*3rd highest in the nation*), which can lead to increased disease spread throughout the state.
- Weakens the state's ability to respond to outbreaks, like measles.

Connecticut's Immunization Information System (CT WiZ)

Background

- Electronic system that maintains accurate, complete, and timely immunization records for all CT residents.
- Provides real-time access to official records to healthcare providers, schools, and the public, supporting vaccine administration, inventory management, and outbreak response.
- CTWiZ previously only housed data on childhood vaccine. Initially through an Executive Order, this was expanded to cover adult COVID-19 vaccination and helped the state monitor COVID-19 vaccination rates.
- In the 2022 legislative session, legislation was passed to permanently include ALL adult vaccination in CT WiZ.

How Funding Has Been Used

- Implemented a portal for the public to access their immunization records, including mobile phone record download capabilities.
- Enhancements to improve patient and vaccination records to be more timely, accurate, and valid.
- Automated interfaces with other systems, including interstate data electronic exchange to ensure complete and consolidated records of CT residents
- Enhancements for data analytics that allow real-time, public facing dashboard on vaccination rates in the state.

Impacts of Lost Funding

- Automated reports for overdue vaccines will no longer be sent to providers, potentially decreasing vaccination rates and creating challenges for sticking to a vaccine schedule.
- Work will stop on enhancements to the vaccine management module, data quality improvements, data connection with Medicaid, and additional data modernizations.

GRANT AWARD 6:

Health Disparities

Original Award: $17,394,074
Estimated Funding Loss: $4,465,606

Health Disparities Grant Overview

Background

- In 2021, the **CDC awarded DPH $17,394,074** through the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved
- Intention of investment was to reduce disparities, improve data collection, strengthen public health infrastructure, and mobilize community partnerships.
- The grant supported over two dozen equity-focused initiatives across the state.
- As of now, approximately **$12.9 million has been expended** on completed projects. Roughly **$4.5 million remains**, which was allocated to ongoing efforts set to continue through 2026.

How Funding Has Been Used

- Mitigation and prevention – mobile vaccine clinics, vaccine equity planning, transportation to vaccine appointments, communications campaigns to reduce vaccine hesitancy in certain populations, and community health worker and trusted messenger programs.
- Data collection and reporting – enhancements to the Behavioral Risk Factor Surveillance System (BRFSS) and maternal/newborn health data systems. Development of a data use agreement for cross-agency analytics
- Infrastructure support – equipment for mobile dental-medical integration, staffing to support outreach, epidemiology, and grant administration. Initiated strategic planning to align offices of local health and health equity.
- Community partnerships and social determinants of health – health enhancement communities (HECs) mobilized across 7 cities

Impacts of Lost Funding

- Loss of rural health department support
- Loss of consultant working on data analytics and HPSA scoring improvements in the primary care office
- Halt of strategic planning
- Halt of projects with CSDE, including parent trust after school programs and the teen parent equity initiative
- Halt of DPH funding to the Family Bridge (Universal Home Visiting) program currently active in Bridgeport and Norwich
- Loss of Office of Health Equity staff

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Playbook – DPH Response

February

- Stood up “mini” incident command structure to support planning for federal funding cuts.
- Developed profile templates for all federal awards and a vulnerability index to assess vulnerability of each award.
- Created a “SWAT” team in Fiscal to aggressively draw down federal money.

March

- Alerted OLR and HR to review collective bargaining agreements in advance of potential loss of staff.
- Created a Fiscal “SWAT” team to aggressively tackle accounts payable.
- Issued stop work orders effective 3/26/2025 to all vendors, subcontractors, and subrecipients of the affected awards
  - Instructed vendors to submit invoices for completed work by April 4, 2025
  - We have 30 days from the end date of the awards to draw down monies; typically have 60 to 90 days but feds have reduced the close out period.
- Conducted an inventory of all consulting staff in the Department.
  - Terminated, effective 3/26/2025, all consulting services supported by the affected awards.
- Prepared impact statements for each affected award.
- Reviewing staff funded by each affected award.
  - Working with OLR/HR on plan for eliminating unfunded positions pursuant to state law and bargaining unit contracts.
- Messaging to DPH staff about the cuts and actions we are taking
- Preparing on-going playbook in advance of additional cuts