



## CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

### ARRA PROJECT STATUS UPDATE

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#### PUBLIC HEALTH COMMITMENT TO ARRA

In January, 2009, the Federal Administration announced the passage of the “American Recovery and Reinvestment Act of 2009” (ARRA). At that time, the Connecticut Department of Public Health (DPH) established an internal coordination and communication process to inform Commissioner Galvin and Deputy Commissioner Gyle of program funding opportunities and policy directives. In February 2009, the Governor’s Office invited DPH to attend meetings of Governor’s staff and selected agencies to review Connecticut activities. In addition to participating in the Governor’s ARRA Workgroup meetings, DPH holds an internal coordination meeting every Wednesday afternoon to review current activities and develop strategies to comply with the Governor’s directives.

#### ARRA DPH REPORTING PROTOCOLS

The ARRA DPH Protocols, formally established in April, 2009, require all program staff to assure transparency, thoroughness, accuracy, and timeliness for DPH activities that are funded and/or required through the ARRA. The protocols are organized under 5 categories: Communications, Record Keeping, Reporting, Data Integrity, and Compliance. The detailed list of protocols are presented in the DPH Data Quality Plan, posted on the DPH Recovery website. The following Protocols were confirmed for the Quarterly Reports submitted to the US Office of Management and Budget, the Connecticut Office of Policy and Management, and the Governor’s Office.

- ✓ All completed plans, applications, notice of awards, and periodic reports are posted to the DPH Recovery website by the Communications Office.
- ✓ DPH Program staff and the Chief Accountability Officers (CAOs) maintain paper and electronic: documents from federal funding agencies; program reports; contracts; loan agreements; monthly and quarterly reporting information for the length of the funding and program activity for a minimum of 3 years. These reports will be accessible at 410 Capitol Avenue, Hartford, Connecticut for federal or state auditors and freedom of information requests.
- ✓ DPH Program staff verified and submitted all OMB reporting requirements to Chief Accountability Officers before October 1st.
- ✓ The Fiscal Office accountants assigned to ARRA funded programs completed OPM and OMB fiscal reporting requirements.
- ✓ CAOs validated information to ensure consistency with source information; reasonable; and thorough.
- ✓ DPH Chief Accountability Officers submitted/uploaded complete quarterly reports for DPH to OMB through the federalreporting.gov on October 8, 2009.
- ✓ All information was also uploaded to the CT OPM secured website and copied to the Governor’s Office.

The ARRA supported programs administered by DPH as of September 30, 2009, are listed below with a summary description of the program, progress to date, expected activities for the next quarter in 2009.

ARRA Funded DPH Program <i>Awarding Agency</i>	DPH Program Responsibilities	Progress through Sept 2009	Expected Activities through 2009
<b>Women, Infants, and Children (WIC Food)</b> <i>US Department of Agriculture</i>	Expend Special Supplemental Nutrition Program for Women, Infants and Children (WIC) funds for food expenditures to address the increased cost of food and increasing number of clients applying to receive WIC food benefits provided by State WIC Program.	<ul style="list-style-type: none"> <li>✓ Received \$1,362,164 in April, 2009 for increased costs and clients for food vouchers.</li> <li>✓ Spent funds for food vouchers for over 4,000 new clients in April, May, and June, 2009.</li> </ul>	<ul style="list-style-type: none"> <li>➤ There are no additional ARRA funds to continue the Program expansion.</li> </ul>
<b>State Primary Care Office (PCO)</b> <i>US Dept of Health and Human Services</i> <i>Health Resources and Services Administration</i>	Support the Connecticut Primary Care Office's activities for the delivery of services. Enhance the recruitment and retention efforts for public health and healthcare in the areas of Connecticut identified as lacking adequate numbers of health professionals or having significant populations that lack access to primary care services.	<ul style="list-style-type: none"> <li>✓ Connecticut received the Notice of Grant Award on September 17, 2009.</li> <li>✓ Participated in Health Professional Shortage Area (HPSA) designation training</li> <li>✓ Participated in Application Submission and Processing System (ASAPS) training.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue to provide technical assistance to sites interested in participating in the program.</li> <li>➤ Formalize recruitment and retention efforts in HPSAs.</li> <li>➤ Monthly and Quarterly reporting.</li> </ul>
<b>Healthcare Associated Infections – Ambulatory Surgical Centers (ASCs)</b> <i>US Dept of Health and Human Services</i> <i>Centers for Medicare and Medicaid</i>	Complete 14 additional onsite inspections of ASCs in order to focus attention and regulatory oversight on prevention and control of infections. Utilizing the new CMS survey process, each survey will take approximately 46 surveyor hours.	<ul style="list-style-type: none"> <li>✓ Application and Budget submitted to CMS on 9/15/09.</li> <li>✓ Received informal approval but not required to include on October 2009 OMB Quarterly Report.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Expand Survey Protocols.</li> <li>➤ Conduct training.</li> <li>➤ Monthly and Quarterly reporting.</li> <li>➤ Prepare for Surveys to be conducted in 2010.</li> </ul>

<p><b>Healthcare Associated Infections State Programs (HAI Admin)</b></p> <p><i>US Dept of Health and Human Services</i></p> <p><i>Centers for Disease Control and Prevention</i></p>	<p>Revise the Connecticut HAI Surveillance and Prevention Plan to expand programs to include federal targets and plan for sustainability by finding potential funding streams and initiatives in private/public sectors to build HAI prevention programs.</p>	<ul style="list-style-type: none"> <li>✓ Designated a Physician to be HAI Coordinator.</li> <li>✓ Established and convened the HAI Advisory Committee to develop plans and protocols.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Hire 3 durational positions to audit laboratory records and patient charts in hospitals to validate the HAI data that is reported</li> <li>➤ Train infection prevention staff performing HAI surveillance.</li> <li>➤ Monthly and Quarterly reporting.</li> </ul>
<p><b>Healthcare Associated Infections Vaccine Study (HAI-Vacc)</b></p> <p><i>US Dept of Health and Human Services</i></p> <p><i>Centers for Disease Control and Prevention</i></p>	<p>Conduct study of the 13-valent conjugate pneumococcal vaccine (PCV13) that will replace the current 7-valent vaccine (PCV7) in Fall, 2009. An efficacy study is necessary to understand the impact of this vaccine on invasive pneumococcal disease.</p>	<ul style="list-style-type: none"> <li>✓ Collaborated with CDC and other EIP sites to develop the study protocol.</li> <li>✓ Developed and pilot tested appropriate instruments and enrollment procedures.</li> <li>✓ Developed appropriate, secure data systems that allow for collection and electronic transmission of data.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Submit study protocol to DPH Human Investigations Committee for review and approval.</li> <li>➤ Conduct a parallel study of efficacy using controls matched by date of birth and zip code.</li> <li>➤ Monthly and Quarterly reporting.</li> </ul>
<p><b>Healthcare Associated Infections Innovations in the Surveillance of Multidrug-Resistant Organisms and Healthcare-Associated Infections (HAI-Surveillance)</b></p> <p><i>US Dept of Health and Human Services</i></p> <p><i>Centers for Disease Control and Prevention</i></p>	<p>Evaluate MRSA HAIs in non-hospital settings using valid disease measures to assess the fraction of invasive Methicillin-resistant Staphylococcus aureus (MRSA) infections with disease onset outside of the acute care setting that may be reasonably preventable. These data will be used to inform prevention initiatives to prevent invasive MRSA bloodstream infections in these settings.</p>	<ul style="list-style-type: none"> <li>✓ Began establishment of a communication network of all National Healthcare Safety Network (NHSN) facilities.</li> <li>✓ Committed to building infrastructure and expertise in HAI surveillance and prevention, implement HAI evaluations through common protocols, and strengthen relationships with infection prevention programs of affiliated healthcare facilities.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Hire a durational Epidemiologist to enhance surveillance efforts through the through the National Healthcare Safety Network (NHSN) through training programs and establishing a communication network of all NHSN facilities.</li> <li>➤ Coordinate participation in the upcoming national HAI seroprevalence survey.</li> <li>➤ Promote the use of specific NHSN modules for reporting HAI-related data through NHSN at network facilities as measurement tools to evaluate specific research and non-research activities.</li> <li>➤ Monthly and Quarterly reporting.</li> </ul>

<p><b>Rotavirus Immunizations</b>  <i>US Dept of Health and Human Services</i>  <i>Centers for Disease Control and Prevention</i></p>	<p>CDC is providing Connecticut with more than \$2 million worth of rotavirus vaccine as an in-kind allocation. This is equivalent to more than 26,000 doses that will be administered in a two-dose series to more than 13,000 children, aged 2-8 months of age. DPH will coordinate the ordering, safety and security of vaccine for healthcare providers.</p>	<ul style="list-style-type: none"> <li>✓ Notified Immunization Providers in July, 2009 that rotavirus vaccine was available to order directly from the CT Immunization Program.</li> <li>✓ Received and verified orders in August, 2009 and submitted them to the third-party administrator, McKesson Corp.</li> <li>✓ McKesson shipped vaccine directly to the Immunization Providers</li> <li>✓ Providers began vaccinating children in September, 2009.</li> </ul>	<ul style="list-style-type: none"> <li>➤ The Department will report on rotavirus vaccine distributed and administered through the CDC VACMAN system on a monthly basis.</li> <li>➤ Monthly and Quarterly reporting.</li> </ul>
<p><b>Immunization Registry</b>  <i>US Dept of Health and Human Services</i>  <i>Centers for Disease Control and Prevention</i></p>	<p>Replace the Department's outdated, DOS-based immunization registry with a web-based registry and tracking system. This will serve as a tool to increase immunization coverage in children and adults and thus protect them from vaccine-preventable diseases.</p>	<ul style="list-style-type: none"> <li>✓ Began development of the information technology requirements for a web-based registry in collaboration with the Connecticut Department of Information Technology.</li> <li>✓ Began contractual requirements to contract with two vendors -- one for temporary data entry workers and the other to build registry and tracking system.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Finish data entry of backlog.</li> <li>➤ Prepare current data for migration to the new registry.</li> <li>➤ Monthly and Quarterly reporting.</li> </ul>
<p><b>Safe Drinking Water State Revolving Fund</b>  <i>US Environmental Protection Agency</i></p>	<p>Principal forgiveness loan programs to assist public water systems for capital improvement projects which will proceed quickly to construction, create jobs, promote economic growth, and generate long term benefits from the infrastructure investment.</p>	<ul style="list-style-type: none"> <li>✓ Announced available funding to all public and private drinking water companies in Connecticut.</li> <li>✓ Received and reviewed applications from over 40 water companies.</li> <li>✓ Ranked all applications according to ARRA, EPA, and DPH criteria.</li> <li>✓ Held a public forum for water companies application.</li> <li>✓ Verified 13 priority public water system infrastructure projects.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continued technical and engineering assistance for public water projects.</li> <li>➤ Monthly and Quarterly reporting.</li> <li>➤ Due to the extensive projects and various progress levels, the update is presented below.</li> </ul>

- 1) The following projects are in the 30 days bidding process and expected to open bids and award construction contracts by 11/17/2009:
  - Plainfield, water line extension to Harrington MHP (\$300,000)
  - Putnam, well field expansion & improvements (\$2,800,000)
  - Woodbury, new water supply source (\$495,000)
  
- 2) The Manchester, water pump station (\$830,000) project is expected to go out to bid on 10/16/09, and therefore should be in a position to award construction contract by 11/30/09.
  
- 3) The following projects are expected to sign construction contracts & begin construction by 10/30/09, however payments can't be dispersed until a loan agreement is executed by all parties. The CT Office of the Treasurer & DPH are working on the loan agreements.
  - Ridgefield, water line extension to Barlow & Scotland schools (\$1,500,000)
  - East Lyme, water disinfection system (\$1,241,000)
  
- 4) The following projects are under construction, however payments can't be dispersed until a loan agreement is executed by all parties.
  - Brookfield, water line extension to Silvermine Road (\$1,800,000)
  - Norwich, Fitch Hill storage tank (\$750,000)
  - Norwich, Fairview Tank (\$750,000)
  - Tolland, water line extension to Torrey Road (\$175,000)
  
- 5) The following projects are under construction, however payments can't be dispersed until a loan agreement is executed by all parties. Nonetheless, there are few outstanding items that have to be submitted and settled before DPH can draft the loan agreement.
  - Hartford, MDC water metering automation (\$5,950,000)
  - Hartford, MDC Mid-Franklin water pipe replacement (\$242,000)
  - Hartford, MDC Tower Avenue area pipe replacement (at least \$600,000 of the total cost of \$3,246,250 is expected to be ARRA funded)