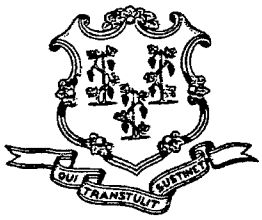

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE APPROPRIATIONS, HUMAN SERVICES AND PUBLIC HEALTH COMMITTEES

September 27, 2011

Jewel Mullen, MD, MPH, MPA, Commissioner

Preventive Health and Health Services and
Maternal Child Health Block Grants

Good afternoon, my name is Jewel Mullen and I am the Commissioner of the Department of Public Health. Today I am presenting the Department's proposed FFY 2012 Allocation Plan for the Preventive Health and Health Services Block Grant and the Maternal and Child Health Block Grant.

The Preventive Health and Health Services (PHHS) Block Grant funds programs designed to reduce preventable morbidity and mortality, and improve the health status of populations. Congress established this Block Grant in 1981 and it was created to replace funds previously allocated to six separate categorical grants. Block Grant monies may be used to fund activities consistent with making progress towards achieving the objectives in the national public health plan for the health status of the population (also known as Healthy People); for rodent control and fluoridation programs (CT does not use funds for either of these services); for planning, establishing and expanding the EMS system; for providing services for victims of sex offenses; and for planning, monitoring and evaluation of such programs. In Connecticut, this Block Grant supports a variety of public health programs, implemented primarily at the local level.

The Preventive Health and Health Services Block Grant has a proposed FFY 2012 budget of $1,171,955, which includes an estimated federal allocation of $1,111,658 plus an estimated $60,297 of the previous year's carry forward. (The carry forward is the result of unexecuted contracts with local departments of health and other community providers from the previous year). This amount includes a set aside of $83,396 specifically for Sex Offense Programs. The FFY 2012 estimated budget is based on an assumption of level funding with the previous year. The Department has a contingency plan in place, however, and, should an increase or reduction occur, the Department would review the recommendations of the Preventive Block Grant Advisory Committee and modify allocations as needed.

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The future of the Preventive Health and Health Services Block Grant is uncertain. President Obama "zeroed it out" in his FY 2012 budget request to the US Congress, and Congress has not yet approved the President's FY 2012 budget (October 1, 2011 – September 30, 2012). Like last year, it is likely that Congress will not approve the President's budget by October 1st; rather, it will enact a series of Continuing Resolutions to begin in October, 2011 that will continue funding of this Block Grant (and other programs) until a 2012 federal budget is finalized. For this reason, CDC has instructed all states to submit their FY 2012 PHHSBG applications (due in October 2011) with the expectation that level funding will continue through, but perhaps not beyond, FFY 2012.

CDC expects that many of the Block Grant's functions will eventually be picked up by other federal funding sources to the states, such as the Community Transformation Grants and the Coordinated Chronic Disease Grants.

The health priorities and program categories for Connecticut in FFY 2012 remain the same as FFY 2011. Changes made to FFY 2012 are as follows:

- Effective October 1, 2011, 4.34 FTEs are removed from the Preventive Block Grant budget. They include: 0.64 FTE Secretary, Comprehensive Cancer; 1.0 FTE Secretary, EMS; 0.7 FTE Information Technology Analyst, EMS; 1.0 FTE Health Program Associate, Youth Violence/Suicide Prevention; and 1.0 FTE Health Program Associate, Heart Disease & Stroke Prevention.

- DPH has tried to minimize the impact of these staff changes on programs and services currently provided to local communities. The majority of local programs and services supported by this Block Grant are expected to continue in FY2012, and efforts are underway to move these staff salaries to other funding sources in the agency.

- FFY 2012 will continue to fund a 1.0 FTE Laboratory Chemist for the Childhood Lead Prevention Program and a 0.25 FTE Epidemiologist 4 in Surveillance and Evaluation. It will also provide 0.45 FTE for an Epidemiologist 4 in the Local Health Program.

There is a slight reduction to Local Health Programs from 2011 to 2012 ($2,724), which represents less than a 1% decrease in local health program funding. This change is expected to have no impact on local health departments (LHDs) in FY2012 since there will be a decrease in the number of LHDs eligible for funding, and the 0.45 FTE Epidemiologist will provide additional technical support for the Local Health Programs.

In regard to the Maternal and Child Health Block Grant Allocation Plan, the MCHBG promotes the development of service systems in states to meet critical challenges in:

- Reducing infant mortality
- Providing and ensuring access to comprehensive care for women
- Promoting the health of children by providing preventive and primary care services and
- Providing family centered, community based, coordinated services for children and youth with special health needs.

There is a federal requirement that at least 30 percent of funds be used for prevention and primary care services and at least 30 percent be used for children with special health needs. There are a number of other administrative requirements of the block grant that are referenced in the Allocation Plan. The Department is in compliance with all administrative requirements.

There are a variety of services provided with MCH grant funds to meet the objectives, which are included in the allocation plan. These include case management services for pregnant women, MCH information and referral services (2-1-1), family planning, oral health, school-based primary and behavioral health, infant health and well-being, newborn screening, and medical homes for children and youth with special health care needs.

The FFY 2012 Maternal and Child Health Allocation Plan is based on estimated federal funding of $4,693,379 and may be subject to change when the final federal appropriation is authorized.

Total Maternal and Child Health Block Grant funding available for expenditure in FFY 2012 is estimated to be $4,981,585 including carry over funds from FFY 2010. There are no anticipated changes in the Federal award at this time

Thank you for your consideration of these block grants. If you have any questions, Mary Fuller, the agency's Chief Fiscal Officer, agency program staff and I will be happy to answer them.