2014 Report
of the
Tobacco and Health Trust Fund
Board of Trustees

To the Appropriations and Public Health Committees
and the Connecticut General Assembly

December 2014

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I. Introduction

The Tobacco and Health Trust Fund was established in 1999[1] as a separate, non-lapsing fund that accepts transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to carry out its objectives. The purpose of the trust fund is "to create a continuing significant source of funds to (1) support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs, (2) support and encourage development of programs to reduce substance abuse, and (3) develop and implement programs to meet the unmet physical and mental health needs in the state."[2]

A Board of Trustees was established in 2000 to recommend authorization of disbursement from the trust fund. The Board consists of seventeen trustees including four appointed by the Governor, twelve appointed by legislative leaders and one ex-officio representative of the Office of Policy and Management.[3]

Through fiscal year (FY) 2003, the Board could recommend disbursement of up to half of the net earnings from the principal of the fund to meet the objectives of the fund. The Board's operations were statutorily suspended for fiscal years 2004 and 2005. Between FY 2006 and FY 2008, the Board could recommend disbursement of the entire net earnings of the principal. From FY 2009 through FY 2013, the Board could recommend disbursement of up to one-half of the annual transfer from the Tobacco Settlement Fund to the trust fund from the previous fiscal year, up to a maximum of six million dollars, plus the net earnings from the principal of the trust fund from the previous fiscal year. Under current law, the board may recommend authorization of disbursement of up to the total unobligated balance remaining in the trust fund up to a maximum of twelve million dollars. The total unobligated balance in the trust fund as of June 30, 2014 is $3,511,833.

II. Summary of Report

This report fulfills the Board's statutory responsibilities to:

1. Submit an annual report to the Appropriations and Public Health Committees on the Board's activities and accomplishments;

2. Submit recommendations for authorization of disbursement from the trust fund to the Appropriations and Public Health Committees; and

[1] *See June Sp. Sess. P.A. 99-2, S. 27, 72.*
[2] *See Appendix A for statutory authority*
[3] *See Appendix B for a list of board members*

3. Submit an annual report to the General Assembly that includes all disbursements and other expenditures from the trust fund and an evaluation of the performance and impact of each program receiving funds from the trust fund.

For 2015, the Tobacco and Health Trust Fund Board is recommending disbursement of $3,511,833, which is the maximum allowed by legislation. Although state law allows Tobacco and Health Trust funds to be used to address a wide variety of health-related needs, the Board has focused its disbursements exclusively on anti-tobacco efforts. In summary, these funds will provide $1.4 million for community interventions, $385,650 for mass-reach communications, $1.2 million for cessation programming, $351,183 for evaluation, and $175,000 for administration. These disbursements are consistent with the U.S. Centers for Disease Control (CDC) and Prevention recommended program interventions and funding levels for 2014. CDC's recommendations are based on scientific research and best practices determined by evidence-based analysis of state tobacco programs determined to be effective in preventing and reducing tobacco uses. Aligning disbursement with CDC recommendations ensures that the proposed interventions are supported by scientific evidence with results that show positive outcomes on the prevention and reduction of tobacco use.

Annual Total (Millions)			
	CDC Recommended	% of CDC Recommended	Board Recommended
State and Community Interventions	$9.1	40%	$1.4
Mass-Reach Health Communication Intervention	$2.6	11%	$385,650
Cessation Interventions	$8.0	34%	$1.2
Evaluation	$2.0	10%	$351,183
Infrastructure, Administration, and Management	$1.0	5%	$175,000
Total	**$22.7**		**$3,511,833**

The board believes this disbursement proposal is the most effective use of trust funds for the following major reasons:

- While the state expends significant funding on programs for health, mental health, and substance use prevention and treatment, anti-tobacco programs have

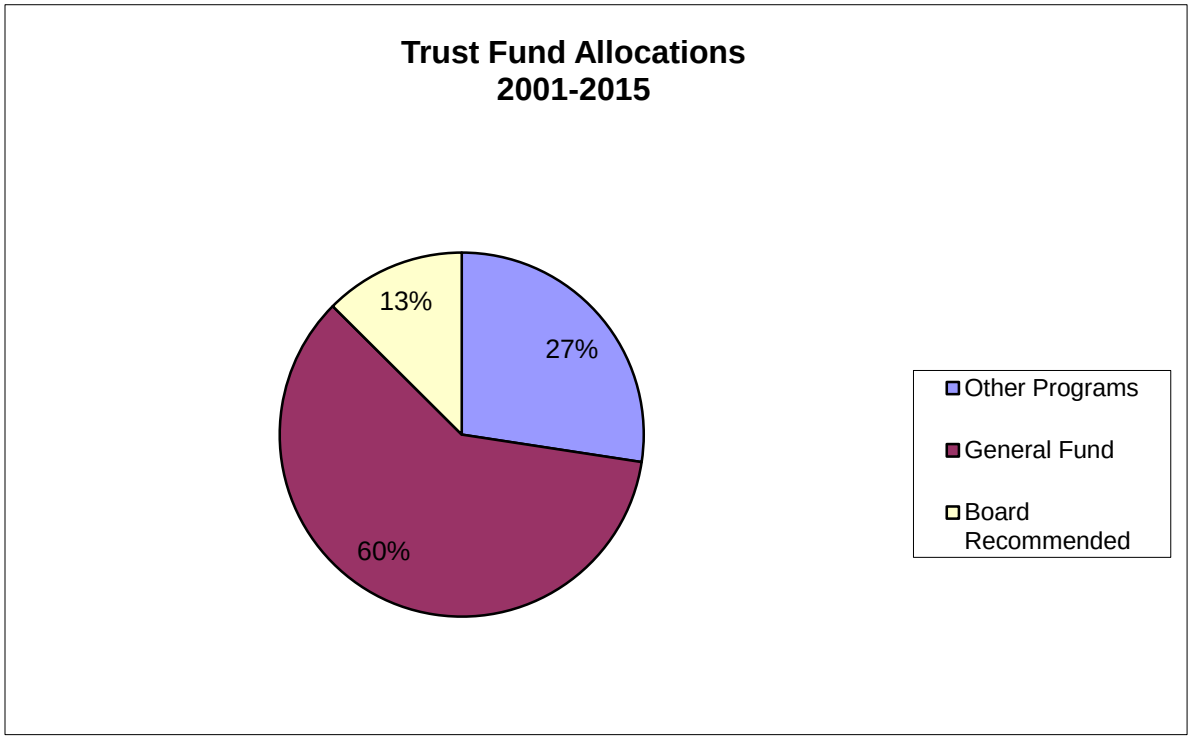
minimal funding to support prevention, intervention, and enforcement efforts. These programs often rely solely on trust funds.

- Aligns disbursement proposal with CDC recommended programming and funding levels. CDC's recommendations are based on scientific research and best practices determined by evidence-based analysis of state tobacco programs determined to be effective in preventing and reducing tobacco use.
- Uses competitive bidding through a Request for Proposal to ensure that open competitive practices are followed and allows for a comprehensive, transparent approach to distribute trust funds. This approach assures a fair and effective approach to select the most qualified bidders.
- Supports administration funding, which will provide resources necessary to assure adequate oversight of the trust fund programs. Administrative staff solely dedicated to trust fund programs is essential for program efficacy and efficiency.
- Supports our commitment for the continuation of the Department of Correction's (DOC) smoking cessation education and relapse prevention program. As part of a multiyear approach, the Board is setting aside a small portion of the cessation funding for this program. Upon admission, the inmate population has a significant higher prevalence and greater intensity of cigarette smoking than the general population, and is likely to return to that behavior upon release without intervention.

Traditionally, the Board works with the Department of Public Health (DPH) to develop requests for proposals, review proposals, award contracts, modify existing contracts and monitor programs. Board members participate in the subcommittees to draft the request for proposals and the review committees to review and select proposals. In 2014, the Board disbursed funds through sole source contracts. For 2015 disbursement recommendations the Board will work with DPH to solicit proposals through a competitive bidding process for community interventions, mass-reach media communications, cessation programming and evaluation. DPH will procure administration services without using a competitive bidding process. Additionally, the board agreed to set aside $294,322 from the cessation programming category ($1.2 million) to fund the third year of the DOC smoking cessation education and relapse prevention program.

Since the inception of the Tobacco and Health Trust Fund Board in 2000, the Board has been able to recommend for disbursement $24.5 million and, if the 2015 recommended disbursement of $3,511,833 is approved, the total amount of Board disbursements will be slightly over $28 million. Additionally, since the inception of the trust fund, the total amount statutorily transferred from the trust fund to support other programs without board recommendation or input has been slightly over $195 million. The majority of funds transferred out ($134,000) were transferred to the General Fund rather than to individual programs.

The following graph identifies trust funds recommended by the Board, trust funds statutorily transferred to support other programs, and trust funds statutorily transferred to the General Fund.



III. Data on Tobacco Use in Connecticut

The most recent available data on tobacco use informed and guided the development of the Board's 2015 disbursement recommendations. Unfortunately, tobacco use remains a leading preventable cause of disease and death[4]. While there are positive trends in overall use in Connecticut, troubling disparities persist. Tobacco use rates are disproportionately high among certain populations, including Blacks, Hispanics, those with lower education and income, criminal offenders, pregnant women, individuals with serious mental illness and individuals with chronic illnesses caused by smoking. Youth experimentation with alternative tobacco products is also of paramount concern.

[4]*U.S. Department of Health and Human Services, Office of the Surgeon General, Preventing Tobacco Use Among Youth and Young Adults, 2012*

The effects of tobacco use contribute significantly to the growing total health care expenditures in the state.[5] The annual health costs caused by smoking in Connecticut is $1.4 billion[6]. The health consequences and economic costs of exposure to secondhand smoke, smoking-related fires, and use of other forms of tobacco are high[7].

Each year in the United States, tobacco companies spend billions of dollars on advertising and promoting their products and the estimated portion spent in Connecticut is estimated at $78.1 million[8]. In 2013, over 103 million packs of cigarettes were purchased in Connecticut[9], which represents over 234 packs for every adult smoker in the State. Based on the average price of $8.82 for a pack of cigarettes in Connecticut[10], each adult smoker is spending approximately $2,064 every year. It is estimated that Connecticut's children smoke 8.2 million packs of cigarettes every year.[11]

Currently, an estimated 15.5% of all adults in Connecticut smoke cigarettes[12]; this represents a significant decrease from 22.1% in 1990[13]. Adult smoking remains highest in 25-34 year olds (23.8%), persons with low income (26.1%- less than $25,000) and persons with less than a high school education (25.5%). The smoking rates among minorities are relatively high; 19.9% of Blacks,[14] and 20.5%[15] of Hispanics currently smoke cigarettes in Connecticut.

In 2013, an estimated 18.4% of Connecticut's adults used some form of tobacco, including cigarettes 15.5%, chewing tobacco, snuff, dip 1.8% hookahs 1.9%, cigars 6.0%, snus (a moist powder tobacco product originating from a variant of dry snuff that is placed under the upper lip) 0.6, and electronic cigarettes (4.0%) in the past 30 days[16]. Cigarette smoking and exposure to secondhand smoke are responsible for approximately 4,900[17] adult deaths related to smoking in Connecticut each year.

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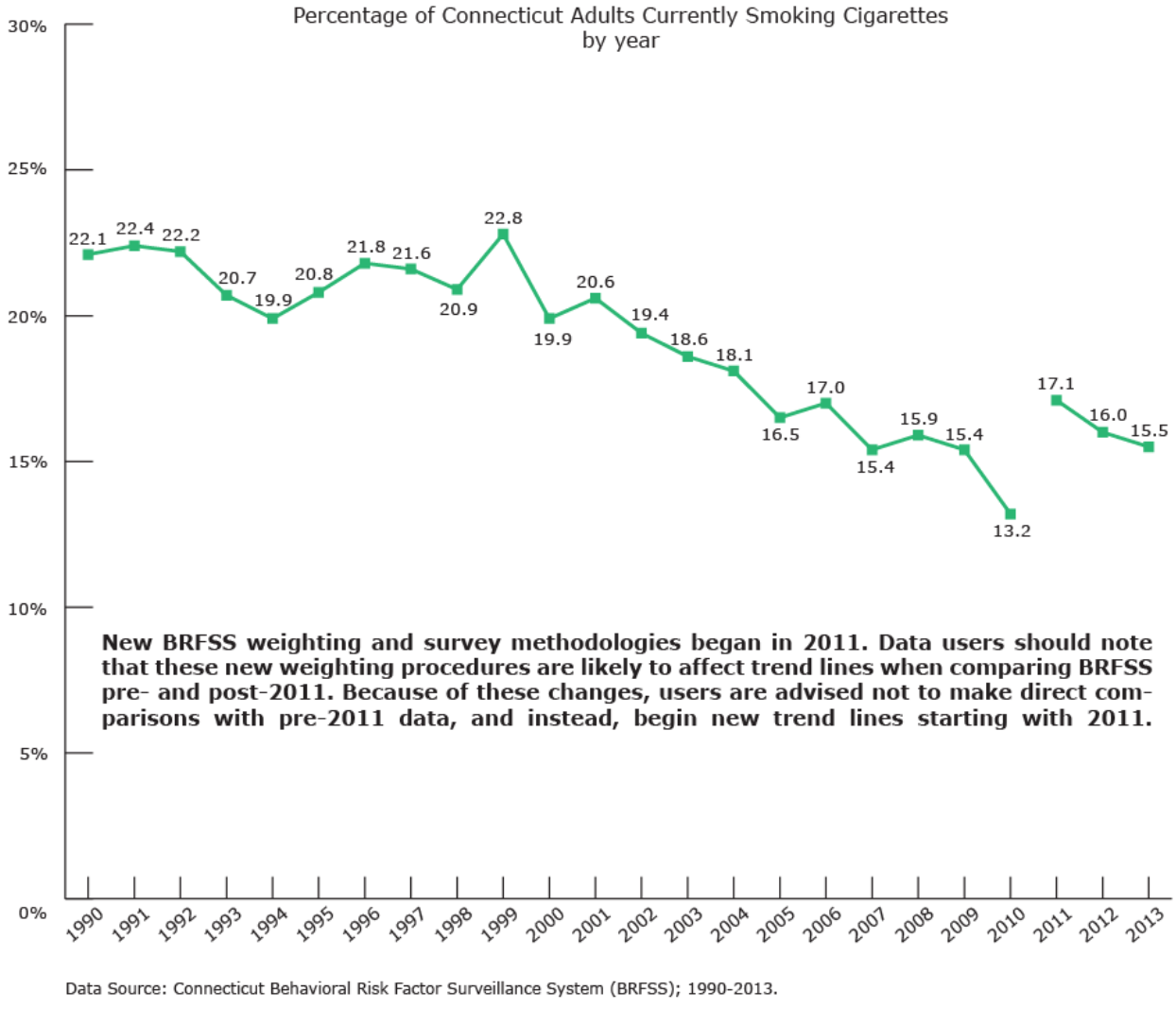
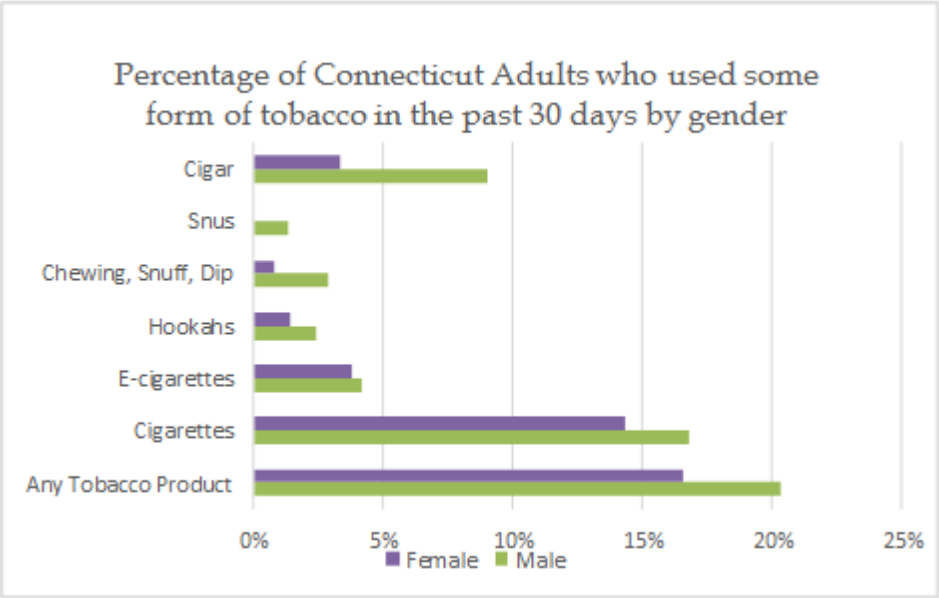
[5] *Report of the Tobacco and Smoking Cessation Task Force to the Sustinet Board, July 2010*
[6] *Centers for Disease Control and Prevention. Smoking –Attributable Mortality, Morbidity, and Economic Costs (SAMMEC): Adult SAMMEC and Maternal and Child Health*
[7] *Report of the Tobacco and Smoking Cessation Task Force to the Sustinet Board, July 2010.*
[8] *Campaign for Tobacco Free Kids:* http://www.tobaccofreekids.org/facts_issues/toll_us/connecticut
[9] *Connecticut Department of Revenue Services; Comparative Statement of Sales of Cigarette Tax Stamps and Revenue (January-December 2013)*
[10] *Campaign for Tobacco Free Kids:* www.tobaccofreekids.org/research/factsheets/pdf/0099.pdf
[11] *Campaign for Tobacco Free Kids:* http://www.tobaccofreekids.org/facts_issues/toll_us/connecticut
[12] *2013 Connecticut Behavioral Risk Factor Surveillance System*
[13] *IBID*
[14] *Connecticut Department of Public Health-Fact Sheet on Adult Cigarette Smoking in Connecticut: Current Estimates*
[15] *IBID*
[16] *2013 Connecticut Behavioral Risk Factor Surveillance System*
[17] *Campaign for Free Kids: Key State Specific Tobacco-Related Data and Rankings*



Data Source: Connecticut Behavioral Risk Factor Surveillance System (BRFSS); 1990-2013.



Data Source: Connecticut Department of Public Health

Smoking and smokeless tobacco use are generally initiated during adolescents; more than 90% of adult smokers began smoking before 18 years of age[18]. Adolescent smokeless tobacco users are more likely than non-users to become adult smokers[19]. In addition, each year in Connecticut, 2,500 people under age 18 will become new daily smokers and an estimated 56,000 children will ultimately die prematurely from smoking-related diseases.[20]

Connecticut youth cigarette use declined sharply during the period of 2000-2013. In 2000, 25.6% of high school students and 9.8% of middle school students smoked cigarettes[21]. In 2013, that rate was down to 8.9% among high school students and 1.4% among middle school students[22]. Between 2000-2013, the rate of cigarette smoking decreased among high school males, from 24.9% to 10.4% and high school females, from 26% to 7.3%[23]. For the same time period the rate of cigarette smoking decreased among

[18] *U.S. Department of Health and Human Services Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human ,CDC, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health 2012; Campaign for Tobacco-Free Kids- The Path to Smoking Addiction Starts at Very Young Ages. Washington: 2009 and CDC-Tobacco Use Among Middle and High School Students – US, 2000-2009-MMWR 2010:59(33):1063-8*

[19] *U.S. Department of Health and Human Services Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human ,CDC, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health 2012; Campaign for Tobacco-Free Kids- The Path to Smoking Addiction Starts at Very Young Ages. Washington: 2009 and CDC-Tobacco Use Among Middle and High School Students – US, 2000-2009-MMWR 2010:59(33):1063-8*

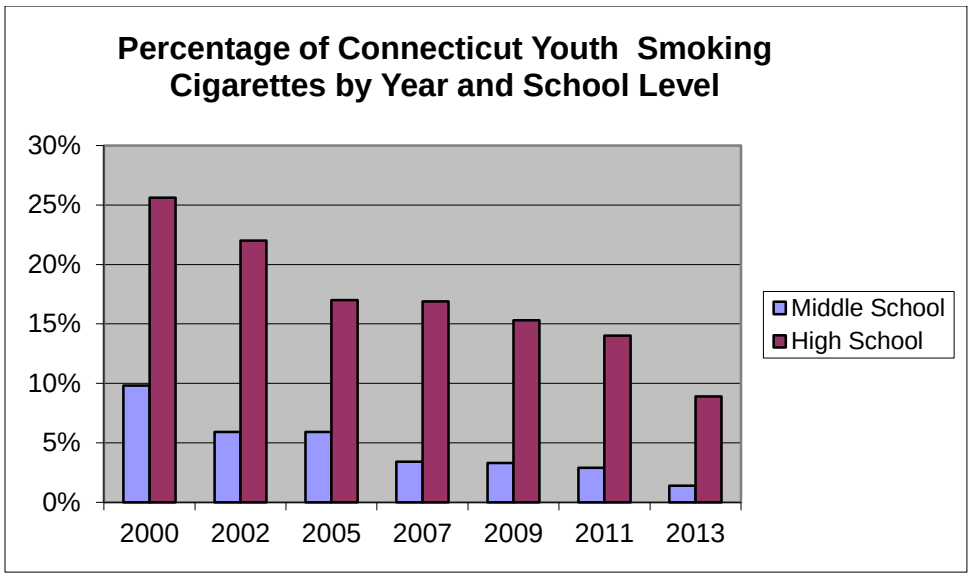
[20] *Campaign for Free-Kids.* www.tobaccofreekids.org/facts *issues/toll us/Connecticut*

[21] *2000-2013 Connecticut Youth Tobacco Survey*

[22] *IBID*

[23] *IBID*

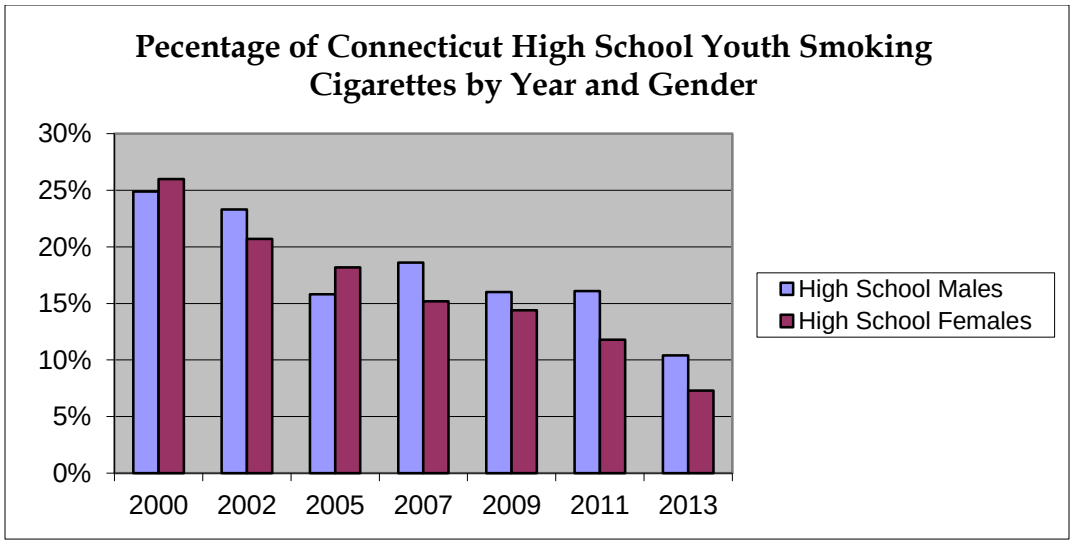
middle school males, from 9.7% to 1.8% and middle school females, from 9.8% to 1.0%.[24] While youth cigarette use declined sharply during 1997-2003, rates have remained relatively stable in recent years[25]. Youth smokeless tobacco use also declined in the late 1990s and early 2000s, but an increasing number of United States high school students have reported using smokeless tobacco products in recent years[26].

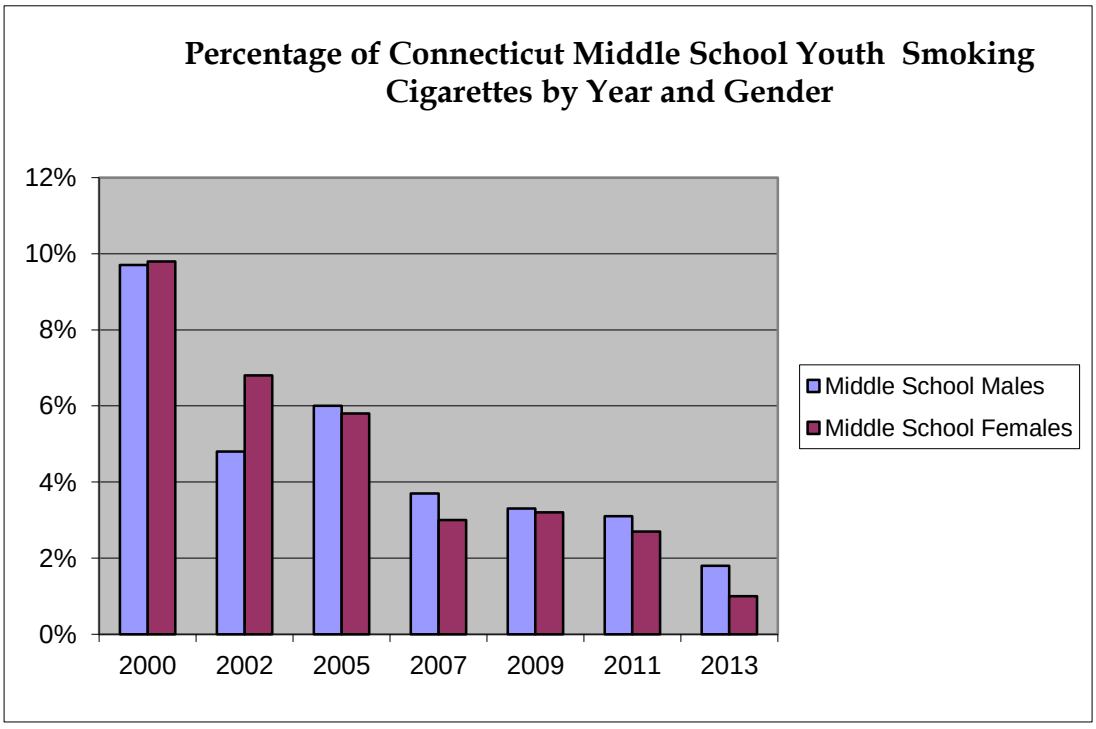


[24] *2000-2013 Connecticut Youth Tobacco Survey*

[25] *Centers for Disease Control and Prevention. Cigarette Use Among High School Students-United States, 1991-2009. Morbidity and Mortality Weekly Report 2010:59(26):797-801*

[26] *Johnston LD, O'Malley PM, Bachman PM, Schulenberg JE. Monitoring the Future-National Results on Adolescent Drug Use: Overview of Key Findings, 2010. Ann Arbor (MI): University of Michigan, Institute for Social Research, 2011. These quotes are taken from the DPH Tobacco and Youth Report for 2011*

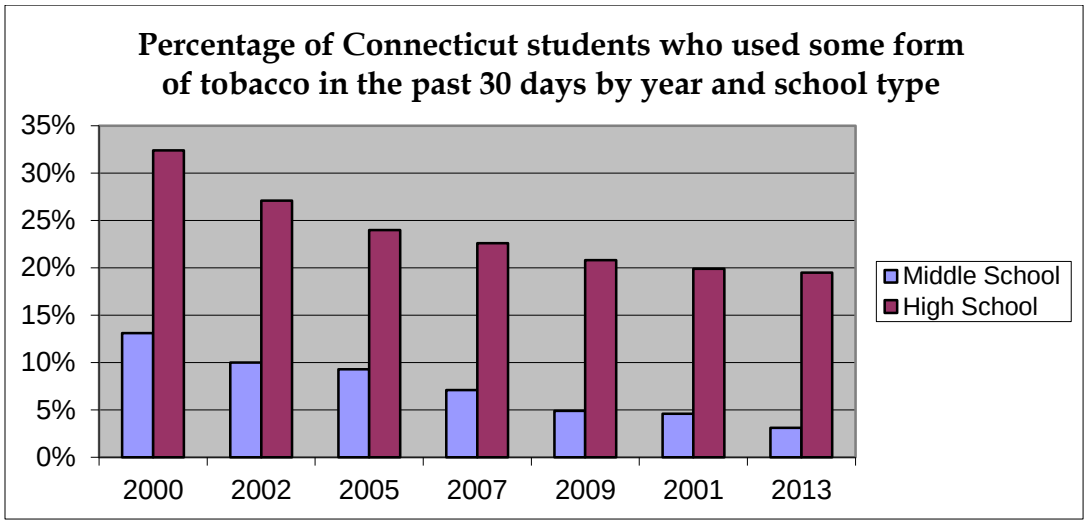


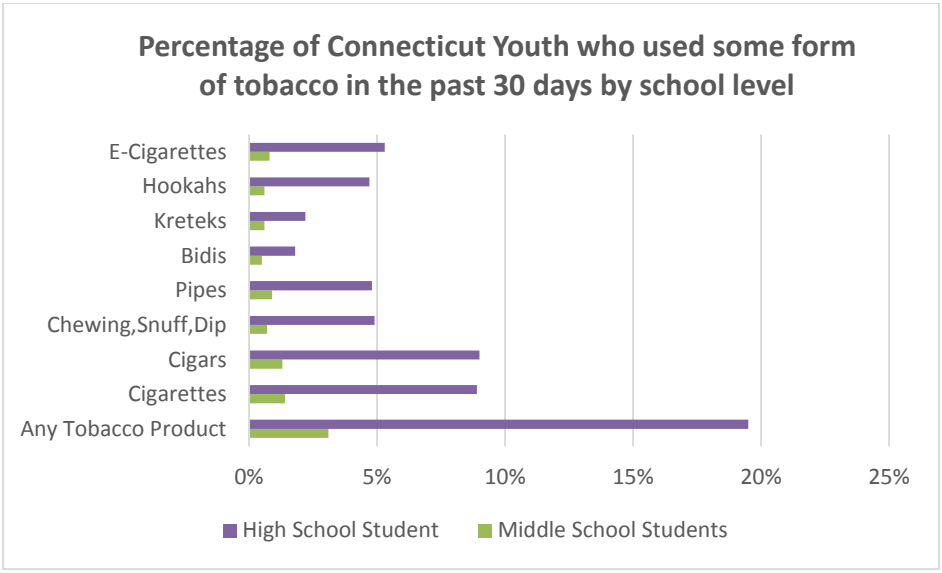


Tobacco use rates vary significantly by grade level. In 2000, 13.1% of middle school students and 32.4 % of high school students had used some form of tobacco in the thirty days previous to the survey. In 2013, that rate was down to 19.5% among high school students and 3.1% among middle school students.[27]

[27] *2000-2013 Connecticut Youth Tobacco Survey*

Data from the 2013 Connecticut Youth Tobacco Survey suggest that concurrent use of tobacco products is prevalent among youth[28]. Among high school students who report using tobacco, 41% of females and 56% of males report using more than one tobacco product in the past 30 days.[29]





Data Source: Connecticut Department of Public Health

Kreteks - referred to as clove cigarettes are imported from Indonesia and typically contain a mixture of tobacco, cloves, and other additives

[28] *Connecticut Department of Public Health Fact Sheet-Youth and Tobacco Use in Connecticut*
29 IBID

Tobacco use rates are disproportionately high among certain populations, including criminal offenders, pregnant women, individuals with serious mental illness and individuals with chronic illnesses caused by smoking.

Offender populations have a significantly higher prevalence and greater intensity of cigarette smoking than the general population and recent research indicates that prevalence rates among offenders range from 64% to 92% nationally[30]. According to the results of a prevalence study conducted by the Connecticut Department of Correction on four of its facilities (York Correctional Institution, New Haven Correctional Center, Hartford Correctional Center and Manson Youth Institution), the prevalence rate across these facilities are 70%. This is four times the prevalence rate in the general population in Connecticut.

The 2014 Surgeon General's Report on smoking and health says that tobacco use during pregnancy remains a major preventable cause of disease and death of mother, fetus, and infant, and smoking before pregnancy can reduce fertility[31]. Each year, about 400,000 infants born in the United States are exposed to the chemicals in cigarette smoke before birth because their mothers smoke[32]. Since the first Surgeon General's Report on smoking and health was released in 1964, 100,000 babies have died from Sudden Infant Death Syndrome (SIDS), prematurity, low birth weight, or other complications caused by exposure to the dangerous chemicals in tobacco smoke.[33]

According to the latest data from the Connecticut Department of Public Health Vital records, in Connecticut between 2005 and 2010, the percentage of pregnant women who reported smoking during pregnancy decreased from 6.2% to 4.5% and in 2011, 18.5% of women in child-bearing age (18-44) smoked cigarettes.[34]

The latest Vital Signs from CDC notes that many adults with mental illness who smoke want to quit, can quit, and will benefit from proven stop-smoking treatments. Some people with mental illness face issues that can make it more challenging to quit, such as low income, stressful living conditions, and lack of access to health insurance and health care[35].

Nationally, nearly 1 in 5 adults (or 45.7 million adults) have some form of mental illness, and 36% of these people smoke cigarettes. In comparison, 21% of adults without mental illness smoke cigarettes[36]. Furthermore, 40% of men and 34% of women with mental illness smoke and 48% of people with mental illness who live below the poverty

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[30] *Connecticut Department of Correction, Smoking Cessation Program*
[31] *Surgeon General Report, The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General 2014,*
[32] IBID
[33] *IBID,*
35Connecticut Department of Public Health Fact Sheet on Pregnancy and Smoking
[35] *Centers for Disease Control* http://www.cdc.gov/features/vitalsigns/smokingandmentalillness/
[36] *IBID*

level smoke, compared with 33% of those with mental illness who live above the poverty level.[37] According to the Department of Mental Health and Addiction Services' review of new admissions data of the 17,214 individuals seen by their facilities, 8,271 or 48% reported using tobacco within the past 30 days.

Chronic diseases and conditions that have a large impact on the health of smokers include: chronic obstructive pulmonary disease (COPD, including chronic bronchitis and emphysema), coronary heart disease, stroke, abdominal aortic aneurysm, acute myeloid leukemia, cataract, pneumonia, periodontitis, and bladder, esophageal, laryngeal, lung, oral, throat, cervical, kidney, stomach, and pancreatic cancer. Nationally, cigarette smoking causes 87% of lung cancer deaths, 32% of coronary heart disease deaths, and 79% of all cases of chronic obstructive pulmonary disease (COPD)[38]. In addition, one out of three cancer deaths is caused by smoking.[39]

Although Connecticut has experienced a reduction in cigarette smoking rates over the past decade, the Board recognizes the need to sustain efforts to continue that downward trend and remains committed to providing resources to do so. As highlighted in the data in this report, overall downward trends in the use of tobacco products by Connecticut residents masks the continuing and serious risk posed by the documented disparities in tobacco use among some population groups.

IV. Board Accomplishments

As a major part of its efforts to support and encourage the development and implementation of programs to reduce tobacco use through prevention, education and cessation programs, the board has disbursed approximately $24.5 million from 2003 to 2014. During this period trust funds have been dedicated to smoking cessation programs ($7.1 million), tobacco counter-marketing efforts ($6.1 million), and QuitLine ($7.1 million). Other efforts such as, evaluation, a lung cancer pilot, innovative programs, tobacco enforcement, prevention, and website development have been funded to a lesser extent.

Since 2003, the board disbursed $7.1 million for community-based smoking cessation programs and one smoking cessation program administered by the Department of Correction. These programs provide evidence-based tobacco cessation assistance to individuals who want to quit by discouraging the use of tobacco products through education, skill building, one-on-one or group counseling and pharmacotherapy. In

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[37] *IBID*

[38] *Surgeon General Report, The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General 2014-Overview of Key Findings* http://www.surgeongeneral.gov/library/reports/50-years-of-progress/fact-sheet.html

[39] *Surgeon General Report, The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General 2014, Overview of Key Findings* http://www.surgeongeneral.gov/library/reports/50-years-of-progress/fact-sheet.html

this time period, cessation programs were provided to pregnant women and women of child-bearing age; individuals with serious mental illness; general population and individuals under the jurisdiction of the Department of Correction. For the community smoking cessation programs only, a total of 7,825 individuals were served since 2003, with an average quit rate of about 35%. DOC is in the process of developing procedures with UConn School of Social Work (Peer Recovery Personnel), Federally Qualified Health Centers, FORDD Clinic and DOC's Addiction Services Personnel to collect data on quit rates for inmates released into the community.

Since its inception, the Board disbursed $6.1 million to support statewide media campaigns delivering messages designed to increase awareness and knowledge of the health risks of tobacco use, encourage smokers to quit, and prevent youth and young adults from tobacco use initiation. Trust funds were used to buy a television ad which ran 409 times over a two month period, two radio ads which ran 1,546 times over a two month period, thirteen bus panels, two interstate billboards, a full-page ad in Hartford magazine, and a sign for one month at the Hartford Civic Center. Trust funds were used to target 18-24 year olds who were not in a college setting with two television ads which ran for two months on Fox 61 and message banners which ran on MySpace for two and a half months. The Tobacco: It's a Waste prevention campaign used a contest format to solicit self-produced anti-tobacco advertisements from youth and young adults ages 13-24. The ads ran from April 2010 through August 2011

Other cessation campaign activities included using the Become An Ex campaign series ads targeting adults. Those ads were aired over a one- week-on, one-week-off cycle over the course of several months through the summer of 2011. In 2012, the TIPS FROM FORMER SMOKERS ads (purchased from CDC) ran from November 2013 through September 2014.

Since 2003, the Board disbursed $7.1 million to provide a statewide comprehensive free telephone and web- based tobacco use cessation coaching service that assist residents in their efforts to quit tobacco use through the provision of individualized counseling, information, self-help materials and nicotine replacement therapy. Counselors assess the caller's stage of readiness to change and offer options such as, referral to one-on-one counseling, referral to local programs, and/or mailed educational material. A community resource database is maintained and used, as appropriate, to refer callers to local programs, including smoking cessation programs, smoking addiction support groups and others. As of June 2014, a total of 50,070, individuals were served by the QuitLine, with an average quit rate of about 27%.

V. Board Activities in 2014

The Tobacco and Health Trust Fund Board continues to work to further address challenges set forth by tobacco use through the disbursement of trust funds for anti-

tobacco use efforts. The Tobacco and Health Trust Fund Board has held four meetings in 2014 on July 22, September 19, October 16, and November 21. The primary focus of these meetings was to develop recommendations for 2015 disbursement from the trust fund and monitor the current contracts. Board meeting summaries can be found in Appendix C. Two new members, Kelly Leppard and Suchitra Krishnan-Sarin joined the Tobacco and Health Trust Fund Board in 2014.

The Tobacco and Health Trust Fund Board held its sixth annual public hearing on May 29, 2014. The purpose of the public hearing was to receive input from the public regarding recommendations for expenditure of Tobacco and Health Trust Fund Board funds for 2015. The following organizations provided oral testimony at the hearing or submitted written testimony:

- Southern Connecticut State University
- CommuniCare, Inc.
- Department of Correction
- Department of Mental Health and Addiction Services
- Hartford Hospital
- Connecticut Association of Directors of Health
- Connecticut Alliance of Boys and Girls Clubs
- American Lung Association
- CT Prevention Network
- Northwest Regional Mental Health Board
- The Courage to Speak Foundation
- Teen Kids News

The individuals testifying recommended the continuation of tobacco prevention programs for children and youth; cessation programs for individuals with serious mental illness, youth and children, and individuals involved with the Department of Correction. Other recommendations included a tobacco-free college campus initiative, a counter-marketing campaign focused on electronic cigarettes, and a training program to certify individuals as Tobacco Specialist.

DPH continues to oversee several of the programs funded by the trust fund. The Department of Mental Health and Addiction Services (DMHAS) agreed to oversee two of the board's programs funded in 2014 and the Office of Policy and Management (OPM) agreed to oversee one program. Below is a brief description of the Board's recent activities and accomplishments regarding the disbursement of 2014 funding:

Department of Correction Cessation Programs $ 527,283. Funding was awarded to the Department of Correction (DOC) to provide a smoking cessation education and relapse prevention program for inmates under the jurisdiction of the department. The program serves inmates within various facilities including jailed offenders, many of whom are released relatively quickly, youthful offenders, and women of childbearing age.

Implement Process Improvement Plans (PIPs). During the first year of operations, DOC established Local Implementation Teams (LITs) at four correctional facilities: York Correctional Institution (YCI), New Haven Correctional Center (NHCC), Hartford Correctional Center (HCC), and Manson Youth Institution (MYI), with existing staff and community providers (e.g. intake nurses, addiction services counselors, educators, re-entry counselors and community health providers) to develop specific interventions that best fit the needs of their target populations and how they can best be implemented within their specific facility. To date, all four of the PIPs have been submitted, reviewed, and approved by the DOC Tobacco Cessation Work Group. DOC negotiated with its main contractor, the University of Connecticut (UConn) School of Social Work/DMHAS Research Division, to begin an additional 5th LIT for the Bridgeport Correctional Center (BCC) to cover the jail population in this area of the state.

The PIPs are individualized and designed to fit the unique characteristics of each respective team's facility. The PIPs focus on developing components of smoking education, prevention, and cessation projects that can be incorporated into existing DOC programming. To date, over 80 LIT meetings have been held bringing staff from isolated areas of DOC facilities together to address facility needs for smoking cessation, education, and prevention programming.

Facility Based Interventions. The following specific interventions have taken place across the multiple disciplines found within DOC.

1. Incorporation of information on smoking education, prevention, and cessation into the inmate handbook. To date, 3 out of the 4 sites have amended the handbook that is provided to inmates upon entry into each facility. The handbook encourages inmates who are smokers and users of other tobacco products to call the 1(800) QUITLINE when released for counseling sessions and NRT. Since January, approximately 6,496 male inmates at HCC and 2,529 female inmates at YCI have received the handbook upon entry into those facilities.
2. Incorporation of tobacco prevention, education, and cessation informational materials; including the QuitLine phone number, into the orientation process for all entering inmates. Since January, approximately 847 HCC, 646 MYI, 677 NHCC and 308 YCI inmates have received Smoking Cessation information at Orientation.

3. Incorporation of tobacco education, prevention, and cessation information into the formal education curriculum at MYI and the Unified School District #1, and the job center at the YCI facility.
4. Incorporation of tobacco cessation, education, and prevention curriculum and treatment protocol into the Addictions Services programs that are currently offered within the DOC targeted facilities.
5. Creation of tobacco-specific treatment groups within the targeted facilities. UConn is supporting the training of DOC addiction counselors and other personnel and collaborators in several evidence-based treatment programs for smoking cessation, prevention, and education.
6. The MYI LIT selected evidence-based treatment methodology designed for the younger age group, *Project X* which is currently being administered by DOC's addiction services staff to treat incarcerated youth at MYI.
7. The three adult facilities continued to roll out the educational curriculum selected in year 1 specifically designed for correctional populations by the Break Free Alliance. This program combines educational information with a cognitive behavioral approach.
8. Building a referral process through the DOC re-entry planners that provides for appointments for releasing inmates who request smoking cessation services to local community centers. This process has been instituted at HCC, NHCC, and YCI. In August of 2014, information about the project was presented by one of the HCC LIT members to all re-entry counselors and informational pamphlets including QuitLine were given to inmates being discharged.
9. Approximately 10 DOC addictions counselors attended the "Freedom From Smoking" facilitator training organized by the American Lung Association, which was held on September 18th and 19th, 2014.
10. Nicotine Replacement Therapy (NRT) is in use for smokers entering HCC. DOC worked with Correctional Managed Health Care (CMHC) to implement assessment and treatment protocols. Approximately 35 inmates received nicotine lozenges. The Tobacco Cessation Work Group is presently considering various ideas for dispensing lozenges in the prison commissary or providing them to DOC's contracted community providers.
11. The MYI LIT and other project sites are looking to build on the success of Rick Bender's presentation by securing motivational speakers to speak to inmates about the research and implications of using tobacco products and messages to quit and remain tobacco free. Mr. Bender, a former smoker, major league baseball pitcher and smoking-related cancer survivor, spoke to over 240 inmates on the Great American Smoke-out Day.

Expand Focus at York Correction Institution and Manson Youth Institute. The results of the prevalence study conducted in year 1 showed that YCI at 84% and MYI at 81% had the highest prevalence rates of the four facilities. These facilities serve two of the most at-risk populations for long-term health complications, female and youth inmates.

DOC has worked to develop its community integration relationships more comprehensively at these two institutions, adding RNP, Staywell and Yale University's FORDD clinic. These agencies are sending representatives to LIT meetings and are poised to receive referrals for inmates who are discharged into the community, and who request assistance to stay quit from tobacco products.

MYI is delivering behavioral treatment with evidence-based Project X. Two addiction services counselors are delivering the Project X curriculum in group sessions. Groups of approximately ten (10) adolescent offender inmates are held twice a week for 1-1.5 hours for 8 sessions over the period of 1 to 2 months. Since the first cycle started in late June, 48 inmates have enrolled. From that total, 22 completed the program and 4 withdrew. There is a group of 12 offenders participating in the current cycle expected to be completed by the end of November, and another group of 10 offenders who will finish the program in early December.

Develop Cessation Processes for Individuals with Long Sentences Re-entering the Community. Individuals who are incarcerated in DOC's facilities undergo "enforced smoking cessation." Without treatment, they continue to express addictive behaviors. Even after an extended period of abstinence, as many as 90% to 95% of smokers who enter prison will take up smoking upon release if they do not receive smoking cessation treatment prior to release.

In year 1 of the project, DOC identified "Working Inside for Smoking Elimination" (WISE), an evidence-based treatment model of behavioral therapy that combines motivational interviewing and cognitive behavioral treatment developed by Jennifer Clarke, M.D., a physician from Brown University School of Medicine in Providence, Rhode Island. DOC continues to work to adapt and implement the model within the DOC, including integrating WISE into addiction treatment programming at HCC and NHCC.

DOC is working with its primary contractor, UConn SSW/DMHAS Research Division, to establish the prevalence of smoking in DOC's pre-release adult male population.

Smoking Cessation Education and Support. The following list provides numerical information for the numbers of offenders who have been impacted by DOC's smoking cessation, education, and prevention efforts.

1. Since the beginning of Year 2, 840 inmates attended psycho educational cessation programs. 484 attended single session "drop-in" cessation support groups and 74 have completed evidence-based cessation treatment programs.
2. 1,825 inmates have requested assistance and/or cessation information since January 2014.

3. For HCC alone, 3,869 Tobacco Dependence Information and Assistance Request Forms have been submitted to UConn SSW for analysis of services requested since January 2014.
4. USD #1 is now integrating updated smoking dependence information into the health curriculum.
5. Inmates who voluntarily request Recovery Support Specialist (RSS) assistance to stay quit upon re-entering the community and accept referrals to Community Health Centers upon discharge were 85.
6. Re-entry counselors around the state were presented with smoking cessation materials and now smoking cessation information is integrated with the re-entry process, including information about QuitLine.
7. Incorporation of smoking education, prevention, and cessation information into the job center at the York facility for women where 156 inmates were provided information.
8. During July, Ms. Geralyn Laut, smoking Cessation Coach/Volunteer participated in the Resource Fair at HCC that was attended by more than 50 inmates. UConn SSW staff working on the project attended the Transitional Resource Fair at MacDougall, distributing QuitLine and other educational brochures, CHA information and their programs to DOC staff and inmates who attended.
9. DOC collaborated with the Department of Public Health to develop a brochure that is specifically designed to bring awareness and increase participation in the department's smoking cessation program. The department's Inmate Handbook(s) at each facility were updated to include a section on the smoking cessation assistance program.
10. Since January, more than 15,000 anti-tobacco brochures have been requested, ordered and delivered to project sites.

Community Based Interventions. DOC has worked to increase linkages with community providers, including establishing new contracts in year 2 with RNP, Staywell, and Yale University's FORDD clinic, while maintaining contractual relationships with CHAs - Charter Oak clinic in Hartford and Fair Haven clinic in New Haven.

DOC will continue to work with FORDD Clinic, which is a satellite clinic of the Connecticut Mental Health Center (CMHC). FORDD utilizes evidenced-based therapies to treat substance abusing men and women with criminal justice involvement with the goal of reducing substance use and recidivism rates. FORDD works with individuals who decide to quit smoking while they are still incarcerated in both YCI and NHCC. Upon release, these patients are seen for professional smoking cessation counseling and treatment at the FORDD clinic and then followed for outcomes.

Dissemination of Findings. DOC's work in Connecticut has been recognized on the national stage. DOC was invited to present a seminar on Smoking Cessation in Incarcerated Populations at the winter conference of the American Correctional Association (ACA), held on February 4, 2014. Additionally, DOC presented its prevalence survey findings, along with study results from Harvard and Brown faculty colleagues, at the Breakfree Alliance Conference.

QuitLine $1,611,984. Alere Wellbeing, Inc. is the current vendor providing QuitLine services in Connecticut. The QuitLine continues to provide tobacco use cessation counseling by telephone and web in both English and Spanish to Connecticut residents. In addition to the primary languages of English and Spanish, any language needs are handled by the QuitLine with services provided by telephone.

Additional services provided include nicotine replacement therapies, text messaging, online web access to self-help worksheets and materials, online registration, referrals to local in-person cessation programs, and provision of other educational materials. The QuitLine is open 24 hours a day, 7 days a week.

Since 2003, the QuitLine has helped 50,070 Connecticut residents. In 2012, the average quit rate was 27% and the participant satisfaction rate was 96%. Connecticut's quit rate is consistence with other states. The quit rate increases when Nicotine Replacement Therapy (NRP) such as gum, inhalers, lozenges and nasal spray is provided to callers. The average call volume has decreased from 937 per month in 2012 to 427 per month in 2014. This decline in call volume is not unique to Connecticut.

Teen Kids News $164,000. Teen Kids News (TKN) is a weekly 30 minute Federal Communications Commission (FCC) approved children's news program airing on 220 major television stations across the country. TKN was nominated in 2014 for an Emmy from the New York Academy of Television Arts and Science for their two part series on "Surviving Middle School". TKN is producing 12 science–based anti-smoking reports targeted to youth. Program segment topics include:

1. Smoking Overview – to set the stage for the series by exploring the prevalence of smoking among teens.
2. Tar Wars – interview a teen who recently won the Torrington, Connecticut Poster Contest
3. Health Risks You may Not Know About – interview on the dangers of diseases related to smoking
4. How Can I Get My Boyfriend/Girlfriend to Stop Smoking – tips on how to accomplish this goal including interviews with experts from Yale University the author of Clinical Practice Guidelines: Effective Smoking Cessation for Teens
5. Smoking Replacement Therapies: Safe For Teens – interview on various products to help teens quit smoking

6. Why Electronic Cigarettes (E-cigarettes) Get an "F" – discussion on what e-cigarettes are and how they work
7. Second Hand Smoke – discussion on the effects of second hand smoke
8. Smoking and Asthma – discussion on the relationship between smoking and asthma
9. It's Not Just Cigarettes – interview on why you need to avoid all other tobacco products as well as cigarettes
10. What is Nicotine – discussion on what exactly is nicotine and why it's bad
11. Speak of the Week: Should Smoking be Banned in Connecticut Parks? – interviews with "teens on the street" to get their opinions on issues related to smoking
12. Tobacco Advertising to Teens – discussion on the effects of advertising geared towards teens

TKN is currently posting tobacco prevention material on its website: www.teenkidsnews.com . This information is also available on the Health and Well Being video library section of the website and is searchable through all internet search engines such as Google, Yahoo and Bing. The program will air locally on WTNH/WCTX in New Haven and FOX-Chanel.

Statewide Tobacco Education (STEP) $229,384. The Department of Mental Health and Addiction Services (DMHAS) entered into contract with East of the River Action for Substance Abuse Elimination (ERASE) to administer the STEP. STEP provides a statewide tobacco-use prevention program that is culturally and linguistically appropriate for Connecticut youth ages 5-9 in summer camp programs, boys and girls clubs, after school programs, and in library and recreation settings.

This innovative program involves almost entirely experiential learning, with minimal lecture except for explanation of each activity. The interactive components of the program curriculum are:

- Introduction: Knowledge of tobacco and tobacco products, health effects of tobacco use and harmful ingredients in tobacco;
- Environment and Media: Environmental effects of tobacco including the health effects of second hand smoke, advertising and tobacco marketer's strategies;
- Health versus Unhealthy: How tobacco affects the human body, including personal appearance, physical performance, physical performance, and the brain;
- Cost and Choices: Whether to smoke or not is a choice, how to make healthy choices, and the monetary cost of cigarettes; and
- Dealing with Peer Pressure: Awareness of peer pressure and techniques to handle it.

To date, ten (10) of the thirteen (13) Regional Action Councils are participating as subcontractors to administer the STEP. A total of 25 Trainers have been trained to deliver the STEP curriculum. The program was delivered in boys and girls clubs, libraries, YMCAs, Salvation Army Summer Camps, Catholic Schools, 4-H Camps, parks and recreation camps, and early childhood learning centers. To date, a total of 254 youth participated in the program (boys 138 and girls 116).

Tobacco Retailer Violation Program $287,770. DMHAS oversees the Tobacco Retailer Violation Program, which is designed to prevent the sale of tobacco products to minors. The intent of the program is to implement an independent decentralized tobacco inspection program for urban areas in Connecticut including, but not limited to, Hartford, New Haven, Bridgeport and Stamford. Retail outlets are inspected in these municipalities to assess the extent to which tobacco products are sold to minors. To date, contracts have been executed with Hartford, New Haven, Bridgeport and Stamford Police departments. The following tasks were completed:

- Trained inspection personnel at each municipality
- Developed and distributed inspection manual and documented baseline data
- Initial inspection conducted at 32% of tobacco outlets
- The retailer violation rate (RVR or failure rate) at the outlets inspected as of September 4, 2014 is 28.8%
- $10,000 in criminal infractions have been issued as of September 4, 2014

Smoking Prevention Connecticut Alliance of Boys and Girls Clubs $179,579. The planning for implementation and organization of the program has been underway since May of 2014. All 16 organizations of the Alliance of Boys and Girls Clubs have contracted with the Alliance to implement the "BE SMART, DON'T START" program.

The Boys and Girls Clubs in Connecticut have begun implementing the "BE SMART" curriculum for boys and girls ages 13-15. Each organization met with the Program Administrator to discuss the implementation of the program and discuss how the program will be evaluated. The clubs are administering pre and post- tests to gauge what was learned during the program. All results will be submitted to the Alliance in January 2015.

The installation of the Informational Hubs is underway. Each organization received a rotating stand to display material and a large glass encased board for fliers and posters. Banners are now being ordered to clearly define the informational hub area. Information has been collected from various public health entities for display at the clubs.

CVS has agreed to sponsor the program for $30,000. The Alliance has been working diligently to find a corporate sponsor for the program to fund the marketing and media

efforts. A press conference was held in November to announce the partnership of CVS, Boys and Girls Clubs and the Tobacco and Health Trust Fund Board. Lin Media (News 8) has agreed to partner with the "BE SMART, DON'T START" program by contracting with and then providing additional in-kind services for the publicity of the program.

All Community Forums will be completed by the end of 2014. Clubs are scheduling the events in December. A universal participant survey is under development with support of a professional group in this field.

VI. Report on Disbursements

The Board has been able to recommend for disbursement $24.5 million since the inception of the Trust Fund in 2003 and, if the 2015 recommended disbursement of $3,511,833 is approved, the total amount of board disbursements will be slightly over $28 million.

The following Table A shows how the funding available to the Board has been disbursed since the inception of the fund. Since its inception, (FY05 and FY06 were moratorium years), the board recommended a total of $24.5 million for disbursement. The majority of this funding was for cessation programs ($7.1 million), counter-marketing campaigns ($6.1 million), and QuitLine ($7.1 million).

Table A
Tobacco and Health Trust Fund
Board Disbursements

	FY03	FY04	FY07	FY08	FY09	FY10	FY 12-13[40]	FY 14	FY03-14 Sub-Total	FY15 Recs.	Total
Counter-marketing	$350,000		$100,000		$2,000,000	$1,650,000	$2,000,000		$6,100,000	$385,650	$6,485,650
Website Development	$50,000								$50,000		$50,000
Cessation Programs	$400,000	$300,000		$800,000	$1,612,456	$1,550,000	$1,929,000	$527,283	$7,118,739	$1,200,000	$8,318,739
QuitLine		$287,100			$2,000,000	$1,650,000	$1,600,000	$1,611,984	$7,149,084		$7,149,084
Prevention Programs					$500,000	$500,000		$572,963	$1,572,963	$1,400,000	$2,972,963
Lung Cancer Pilot					$250,000	$250,000			$500,000		$500,000
Evaluation					$500,000	$300,000	$486,000		$1,286,000	$351,183	$1,637,183
Innovative Programs						$477,745			$477,745		$477,745
Tobacco Enforcement Program								$287,770	$287,770		$287,770
Infrastructure										$175,000	$175,000
Total	$800,000	$587,100	$100,000	$800,000	$6,862,456	$6,377,745	$6,015,000	$3,000,000	$24,542,301	$3,511,833	$28,054,134

[40] *Trust finds were not disbursed in FY 2011 due to lack of available funds.*

The following Table B provides information on the statutory transfer of principal for various programs in FY 2014 and FY 2015. As in previous years, the biennial state budget for FY 2014-2015, as enacted in Public Act 13-184, made transfers from the principal of the trust fund for various programs. The transfers total for FY 2014 was $5,650,000 and $5,925,000 in FY 2015.

Table B

Tobacco and Health Trust Fund
Statutory Transfer of Principal for Various Programs FY14-15

	FY 2014
P.A. 13-184 transfers:	
Sec. 19 to UCHC for CT Health Information Network	$500,000
Sec. 20(a) to DPH for Easy Breathing, CCEJ, and EMS	$1,050,000
Sec. 20(b) to DSS for Medicaid Smoking Cessation	$3,400,000
Sec. 20(c) to DDS Implement Recommendations of Autism Study	$500,000
Sec. 20(d) to DSS for UConn Medicaid Partnership	$200,000
Total Statutory Transferred to Programs FY14	**$5,650,000**

	FY 2015
P.A. 13-184 transfers:	
Sec. 19 to UCHC for CT Health Information Network	$500,000
Sec. 20(a) to DPH for Easy Breathing, CCEJ, and EMS	$1,075,000
Sec. 20(b) to DSS for Medicaid Smoking Cessation	$3,400,000
Sec. 20(c) to DDS Implement Recommendations of Autism Feasibility	$750,000
Sec. 20(d) to DSS for UConn Medicaid Partnership	$200,000
Total Transferred to Programs FY15	**$5,925,000**

The following Table C identifies programs that have been funded through the state budget using trust funds without board recommendation or input. The total amount transferred since the inception of the fund has been slightly over $195 million. The majority of funds transferred out ($134 million) were transferred to the General Fund rather than to individual programs.

Table C

Tobacco and Health Trust Fund
Transfers Other Than Board Recommendations FY01 – FY15

Year	Amount	Purpose	Statutory Cite
FY01	$30,000	DPH to develop a summary and analysis of the Community Benefits Program reports submitted by MCos and hospitals	PA 00-216 §22
FY02	$800,000	DPH to expand the Easy Breathing Asthma Initiative	SA 01-1, JSS, §53
FY02	$100,000	CTF for the Healthy Families program	SA 01-1, JSS, §54
FY02	$150,000	DPH for a school based health clinic in Norwich	SA 01-1, JSS, §54
FY02	$375,000	DMHAS for grants to Regional Action Councils for tobacco related health, education, and prevention	SA 01-1, JSS, §54
FY02	$2,500,000	DSS to increase ConnPACE income eligibility to $20,000 for singles and $27,000 for married couples	SA 01-1, JSS, §54
FY02	$450,000	DMHAS for SYNAR tobacco enforcement activities	SA 01-1, JSS, §57
FY02	$221,550	DRS to implement the provisions of the tobacco settlement agreement escrow funds	SA 01-1, JSS, §58
FY02	300,000	DPH to establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.	PA 01-9, JSS, §115 and PA 01-4, JSS, §42
FY03	$800,000	DPH to expand the Easy Breathing Asthma Initiative	SA 01-1, JSS, §53
FY03	$300,000	CTF for the Healthy Families program	SA 01-1, JSS, 54
FY03	$200,000	DPH for a school based health clinic in Norwich	SA 01-1, JSS, §54
FY03	$375,000	DMHAS for grants to Regional Action Councils for tobacco related health, education, and prevention	SA 01-1, JSS, §54

FY03	$472,000	DMHAS for SYNAR tobacco enforcement activities	SA 01-1, JSS, §57
FY03	$118,531	DRS to implement the provisions of the tobacco settlement agreement escrow funds	SA 01-1, JSS, §58
FY03	$300,000	DPH to establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.	PA 01-9, JSS, §115 and PA 01-4, JSS, §42
FY03	$48,700,000	Transfer to General Fund	PA 02-1, MSS, §37
FY04	$12,000,000	Transfer to General Fund	PA 03-1, JSS, §46
FY05	$500,000	DPH for the Easy Breathing program	PA 05-251 §61
FY05	$100,000	DMR for the Best Buddies program	PA 05-251 §61
FY05	$15,000	DPH for the QuitLine	PA 05-251 §61
FY06	$500,000	DPH for the Easy Breathing program	PA 05-251 §54
FY06	$75,000	DPH for Asthma Education and Awareness programs	PA 05-251 §54
FY07	$12,000,000	Transfer to General Fund[41]*	PA 05-251 §90
FY07	$500,000	DPH for the Easy Breathing program	PA 06-186 §27
FY07	$150,000	DPH for an adult asthma program within the Easy Breathing program	PA 06-186 §27
FY07	$150,000	DPH for continued support of a pilot asthma awareness and prevention education program in Bridgeport	PA 06-186 §27
FY07	$1,000,000	DPH for cervical and breast cancer	PA 06-186 §27
FY07	$5,500,000	DPH for the Connecticut Cancer Partnership	PA 06-186 §27
FY07	$200,000	UConn Health Center	PA 06-186 §27
FY08	$500,000	DPH for Easy Breathing Program	PA 07-1 JSS §59(a)
FY08	$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Norwalk Hospital	PA 07-1 JSS §59(a)
FY08	$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Bridgeport Hospital	PA 07-1 JSS §59(a)
FY08	$150,000	DPH for the Children's Health Initiative, for a statewide asthma awareness and prevention education program	PA 07-1 JSS §59(a)

[41] In FY07, this $12 million was transferred out in place of the $12 million statutorily scheduled deposit.

FY08	$500,000	DPH for the Women's Healthy Heart program, competitive grants to municipalities for the promotion of healthy lifestyles	PA 07-1 JSS §59(a)
FY08	$500,000	DPH for physical fitness and nutrition programs for children ages 8-18 who are overweight or at risk of becoming overweight	PA 07-1 JSS §59(a)
FY08	$2,000,000	DSS for the planning and development of a RFP for the Charter Oak Health Plan	PA 07-1 JSS §59(c)
FY08	$500,000	UCHC for the Connecticut Health Information Network	PA 07-1 JSS §59(e)
FY08	$1,000,000	DSS for the CHOICES program	PA 07-1 JSS §59(g)
FY08	$300,000	DMHAS for tobacco education programs	PA 07-1 JSS §59(i)
FY09	$500,000	DPH for Easy Breathing Program	PA 07-1 JSS §59(b)
FY09	$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Norwalk Hospital	PA 07-1 JSS §59(b)
FY09	$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Bridgeport Hospital	PA 07-1 JSS §59(b)
FY09	$150,000	DPH for the Children's Health Initiative, for a statewide asthma awareness and prevention education program	PA 07-1 JSS §59(b)
FY09	$500,000	DPH for the Women's Healthy Heart program, grants to municipalities for the promotion of healthy lifestyles	PA 07-1 JSS §59(b)
FY09	$11,000,000	DSS for the implementation and administration of the Charter Oak Health Plan	PA 07-1 JSS §59(d)
FY09	$500,000	UCHC for the Connecticut Health Information Network	PA 07-1 JSS §59(f)
FY09	$1,000,000	DSS for the CHOICES program	PA 07-1 JSS §59(h)
FY09	$26,207,340	Transfer to General Fund	PA 09-1 JSS §6 PA 09-1 JSS §31 PA 09-2 JSS §12 PA 09-111 JSS §2&3
FY10	$150,000	DPH for a Pilot Asthma Awareness Program	PA 09-3 JSS §30

FY10	$541,982	Regional Emergency Medical Services Councils	PA 09-3 JSS §62
FY10	$800,000	DPH for the Easy Breathing Program. $300,000 for adult asthma and $500,000 for children's asthma.	PA 09-3 JSS §63
FY10	$500,000	UCHC for the Connecticut Health Information Network	PA 09-3 JSS §67
FY10	$10,000,000	Transfer to General Fund	PA 09-3 JSS §74
FY11	$541,982	Regional Emergency Medical Service Councils	PA 09-3 JSS §62
FY11	$800,000	DPH for the Easy Breathing Program. $300,000 for adult asthma and $500,000 for children's asthma	PA 09-3 JSS §63
FY11	$500,000	UCHC for the Connecticut Health Information Network	PA 09-3 JSS §67
FY11	$10,000,000	Transfer to General Fund	PA 09-3 JSS §74
FY12	$500,000	UCONN for the Connecticut Health Information Network.	PA 11-6 JSS §46
FY12	$1,450,000	DPH for the Easy Breathing Program. $300,000 for an adult asthma program, $500,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - $ 150,000, and $500,000 to regional councils for emergency medical services.	PA 11-6 JSS §47(a)
FY12	$2,750,000	DSS for Medicaid to support smoking cessation programs.	PA 11-6 JSS §47(b)
FY13	$500,000	UCONN for the Connecticut Health Information Network.	PA 11-6 JSS §46
FY13	$1,450,000	DPH for the Easy Breathing Program. $300,000 for an adult asthma program, $500,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - $ 150,000, and $500,000 to regional councils for emergency medical services.	PA 11-6 JSS §47(a)
FY13	$3,400,000	DSS for Medicaid to support smoking cessation programs.	PA 11-6 JSS §47(b)
FY14	$500,000	UCONN for the Connecticut Health Information Network.	PA 13-184 §19

FY14	$1,050,000	DPH for the Easy Breathing Program. $150,000 for an adult asthma program, $250,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - $ 150,000, and $500,000 to regional councils for emergency medical	PA 13-184 §20(a)
FY14	$3,400,000	DSS for Medicaid to support smoking cessation programs.	PA 13-184 §20(b)
FY14	$500,000	DDS to implement recommendations from the Autism Study	PA 13-184 §20(c)
FY14	$200,000	DSS for Medicaid Partnership	PA 13-184 §20(d)
FY14	$9,500,000	Transfer to General Fund	PA 13-184 §71 & 109
FY15	$500,000	UCONN for the Connecticut Health Information Network.	PA 13-184 §19
FY15	$1,075,000	DPH for the Easy Breathing Program. $150,000 for an adult asthma program, $250,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - $ 150,000, and $500,000 to regional councils for emergency medical	PA 13-184 §20(a)
FY15	$3,400,000	DSS for Medicaid to support smoking cessation programs.	PA 13-184 §20(b)
FY15	$750,000	DDS to implement recommendations from the Autism Study	PA 13-184 §20(c)
FY15	$200,000	DSS for University of Connecticut Medicaid Partnership	PA 13-184 §20(d)
FY15	$6,000,000	Transfer to General Fund	PA 13-184 §71
Total	**$195,748,385**		

The following graph identifies trust funds recommended by the Board, trust funds statutorily transferred to support other programs, and trust funds statutorily transferred to the General Fund.

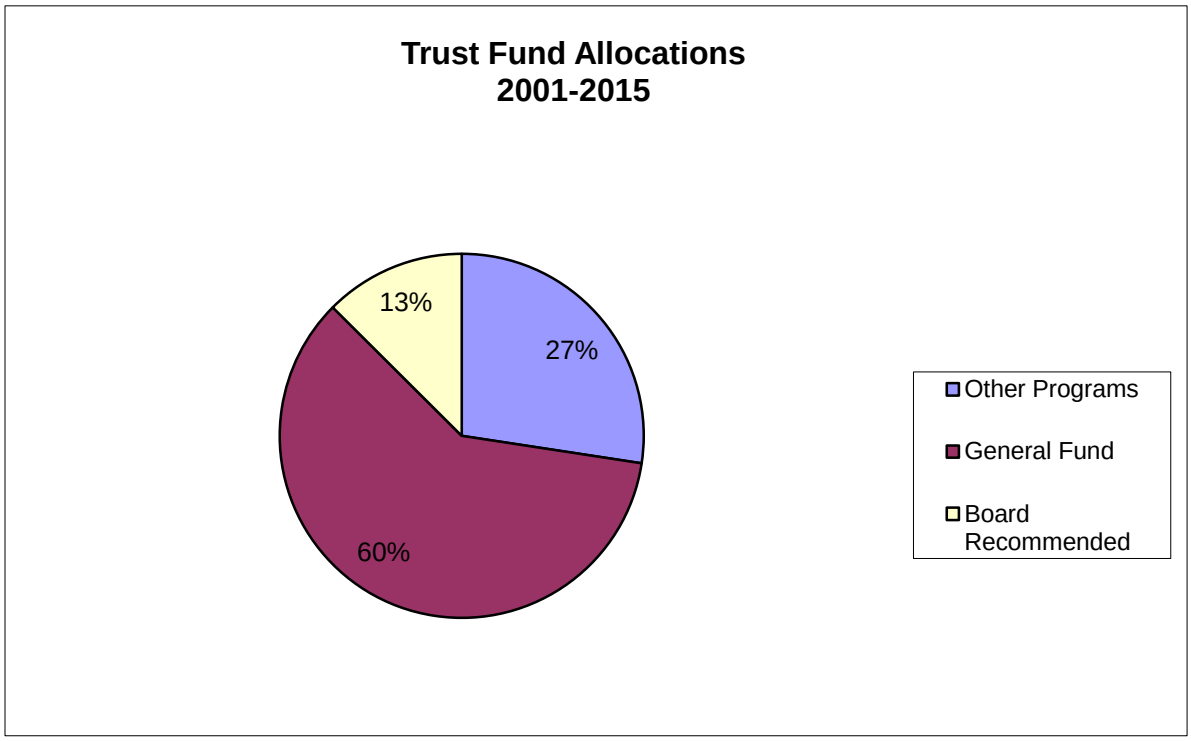

Table D

Tobacco and Health Trust Fund Programs
2003-2014

A summary of each program that has received Tobacco and Health Trust Funds since 2003 as a result of disbursement recommendation by the Board of Trustees is provided in the table below.

Year	Recommended Disbursement		Description		Measures
2003					
Maintain/Upgrade Tobacco Free Connecticut Website	$50,000		The Tobacco Free Connecticut website was initiated in FY 2002 with one-time funding. Since then, DPH has maintained a tobacco website.		Website averaged 47,921 hits per month; typical viewer browsed the site for approximately 14 minutes and explored multiple different sections of the site.
Smoking Cessation - New & Expanded Programs	$400,000		Seven grants were awarded to six local cessation programs, of which most made available free or reduced cost Nicotine Replacement Therapy (NRT). An additional award was made to the American Lung Association of Connecticut, which trained facilitators, coordinated the provision of cessation services and provided NRT plus the added option of prescription Zyban to twelve additional communities. The Association also coordinated with local health authorities and included local administration and medical oversight for prescription services through small subcontracts.		1,190 participants were served at an average cost of $587 per participant. For activities conducted through March 31, 2003, 66% of the participants who graduated from these programs quit smoking. 80% of those that were still smoking at graduation stated they had quit for some length of time during the program.

Tobacco Counter-Marketing	$350,000		Television ads targeting adult males ran during April and May 2003. Two radio ads were designed and ran during April and May of 2004. Connecticut Transit bus panels and interstate billboards ran during June 2003. A full-page print ad ran in the Hartford Magazine. Signage was posted at Hartford Civic Center through April 2004; radio commercial aired during hockey game telecasts through 2003 season and first 10 games of 2004.		409 television spots were purchased - 9,066,060 gross impressions (total number of exposures to message); 1,546 radio spots - 4,464,400 gross impressions; thirteen bus panels - 2,424,300 gross impressions; 2 billboards - 104,500 gross impressions; one full page magazine ad - 110,000 gross impressions.
SUBTOTAL – 2003	**$ 800,000**				
2004					
Continue Prior Year's Smoking Cessation Initiatives	$300,000		See description above		See description above
QuitLine	$287,100		Connecticut's QuitLine became operational in November 2001. During FY 03 and FY 04, when the QuitLine received funding from the trust fund, callers were offered three 45-minute proactive (counselor initiated) telephone sessions and additional (caller-initiated) counseling sessions as needed.		Approximately 3,000 callers received educational materials and referrals to community resources. Of the callers, approximately 25% participated in the one-on-one counseling services. At 12 month follow-up, 22.3% of those interviewed had been abstinent for the past 7 days, with 19.6% stating they had been abstinent for the past 3 months.
SUBTOTAL – 2004	**$587,100**				
2007					

Counter-Marketing and Prevention Campaign - Aimed at reducing tobacco use among youth	$100,000		Statewide campaign targeting 18-24 year old non-college students through web-based social networking sites and television ads. DPH purchased the rights to two advertisements - one prevention message and one cessation message - created and maintained by the Centers for Disease Control and Prevention.		The television ads ran for eight weeks. In addition, an online component utilizing messaging banners ran on MySpace for ten weeks.
SUBTOTAL – 2007	**$100,000**				
2008					
Smoking Cessation - Grants to community health centers for programming targeting pregnant women and women of childbearing age	$800,000 ($700,000 to community health centers and $100,000 for the evaluation of the program)		Six community health centers provided tobacco cessation treatment services to low-income pregnant women and women of child bearing age (13-44 years) in an effort to reduce, eliminate, and/or prevent tobacco use among this population. An evaluation component was also funded.		1,607 persons enrolled, and 308 completed the program. 15.1% of those served quit, at a cost per quit/patient served of $3,751 (without NRT) or $4,155 (with NRT). 40% were currently smoking at 3 month follow up; 55.4% at 9 month follow up.
SUBTOTAL – 2008	**$800,000**				
2009					
Counter-marketing Media Campaign	$2,000,000		A tobacco control counter-marketing campaign having as its goals increasing tobacco cessation among adults, and preventing use among youth and young adults was conducted. The campaign utilized website, social media and media components. A youth video contest was used to develop ads in English and Spanish that were used in a television campaign the following year.		Prevention: More "anti-tobacco" views; ad and slogan recognition and awareness increased; participants less likely to use tobacco. Cessation: QuitLine calls increased from 3,611 during FY 10 to 6,040 during FY 11; 1.67% of all cigarette smokers in CT registered with the QuitLine, up from 0.86% the prior year.
Community-Based Tobacco Cessation Programs	$412,456		Six organizations provided community and specialized tobacco cessation treatment programming. Each program provided services to underserved populations having high rates of tobacco use.		1,314 total/1,174 unique participants. 23.8% average quit rate. Cost per quit of $807.45

Specialized Tobacco Use Cessation Programs for Individuals with Serious Mental Illness.	$1,200,000		Tobacco cessation programming targeting individuals with serious mental illness who receive publicly-funded mental health services through the private, nonprofit sector.		Usage reduced from average 15.05 cigarettes per day to 7.76 per day at program completion for those who completed. For dropouts, usage decreased from 19.66 to 16.23 per day at drop out.
QuitLine	$2,000,000		Tobacco cessation telephone service including relevant materials, referrals, counseling and NRT. Two weeks' worth of NRT available to residents with private insurance, eight weeks for uninsured, Medicare and Medicaid beneficiaries for any caller that registers for the multiple-call program.		During FY 11, 7,154 callers registered with QuitLine, up from 4,552 the previous fiscal year. Of survey respondents, at 13-month follow up: 28.2% tobacco free for 7 days or more, 23.2% tobacco free for 30 days or longer.
School Based Tobacco Prevention	$ 500,000		Four school districts implemented tobacco use prevention and cessation programs. Activities included review of current tobacco free policies; work conducted in area of tobacco free policies; purchase and posting of additional tobacco free school signage; and activities for the Great American Smoke Out and Kick Butts Day.		133 total/108 unique participants in cessation programs. One district reported 50% quit rate at program completion. Three districts reported aggregate participation in prevention services of 10,500.
Lung Cancer and Genetic Research	$250,000		To support a feasibility study of the development of a statewide biorepository for tumor tissue and a demonstration project for a lung tissue and serum biorepository.		Executive Team and Advisory Panel were assembled. A statewide survey of hospital pathology departments and institutional research boards (IRB) was conducted. 14 hospital pathology labs responded. 11 of the 29 general acute care hospitals responded to the IRB survey.

					Project outcomes limited to cost estimates, planning and design considerations, and development of general protocols, procedures, and clearance documents. Components of a Common Agreement White Paper for a Statewide Virtual Biorepository were largely completed.
Program Evaluation	$500,000		The independent evaluation firm performs formative, process, outcome and/or meta-evaluations of all projects funded by the Tobacco and Health Trust Fund Board of Trustees, provides guidance on project data collection, and prepares reports summarizing their findings and project results.		Interim and Final Evaluation Reports were prepared and submitted on all of the Tobacco and Health Trust Funded Projects: QuitLine, Tobacco Use Cessation Programs (both generalized and specialized programs), Biorepository, and Prevention Programs for School-Aged Youth.
SUBTOTAL - 2009	**$6,862,456**				
2010					
Counter-marketing Media Campaign	$1,650,000		Prevention media campaign for youth and young adults including television, radio, out of home placement, social media and grassroots events		Two different components of this campaign were developed: one that targeted youth and young adults utilized the byline "Tobacco, It's a Waste" and included a video contest in which the winning videos were used for the statewide media campaign; and a cessation media campaign utilized the "Become An Ex" series ads developed by the American Legacy Foundation (now Legacy for Health Foundation) During the period of the campaign, calls to the QuitLine increased from 4,552 in 2009 to 7,204 in 2010 and then 11,249 as the media levels were maintained and then increased.

Community-Based Generalized Tobacco Use Cessation Programs	$750,000		Awards to five organizations for fee-for-service tobacco use cessation services following U.S. Public Health Services clinical guidelines.		For the programs funded during 2009 and 2010, 1,986 residents were served with more than one half realizing at least a reduction in their rate of tobacco use by an average of 70%.
Specialized Tobacco Use Cessation Programs for Individuals with Serious Mental Illness.	$800,000		Tobacco cessation programming targeting individuals with serious mental illness who receive publicly-funded mental health services through the private, nonprofit sector.		During 2009 and 2010, services were provided to 1,868 clients treated with behavioral health client services.
QuitLine	$1,650,000		See description above.		In 2010, a total of 4,599 callers registered with the QuitLine.
Tobacco Prevention Programs for School Aged Youth	$500,000		Seven organizations are undertaking a variety of initiatives in the areas of prevention curriculum, cessation counseling, tobacco free school policies, building collaborations with youth and family-serving community organizations, and conducting activities for Kick Butts Day and World No Tobacco Activity Day.		In aggregate, programs are contracted to provide prevention services to 13,725 individuals and cessation services to 300 individuals.
Lung Cancer and Genetic Research	$250,000		See description above		This funding was held pending the results of the feasibility study. The results of the feasibility study were delayed so award to the UConn Health Center was also delayed.

Innovative Programs	$477,745		Three organizations are undertaking varied programming, including: (1) a pilot prevention program for 5-14 year olds in summer camps and youth programs outside of school; (2) tobacco use prevention programming for K-8th grade via curriculum enhancement development, after-school clubs and outreach campaigns/activities; and (3) training high school aged youth to develop leadership skills, presentation skills and knowledge of the dangers of tobacco use - these trained youth will be trainers and spokespersons against tobacco use. Other youth advocacy and health career promotion training will also be conducted.		Programs were funded through the American Lung Association, Easter Seals/Goodwill Industries, and Education Connection. Services were provided to a minimum of 1,773 youth.
Program Evaluation	$300,000		Formative, process, outcome and/or meta-evaluations are to be performed for all projects funded by the Tobacco and Health Trust Fund Board of Trustees.		Additional funding was provided to Professional Data Analysts, Inc. to expand evaluation activities to include more reports to incorporate the additional projects that were funded with 2010 trust funds.
SUBTOTAL - 2010					
	$6,377,745				
2012/2013					
Counter-Marketing	$2,000,000		A tobacco control counter-marketing campaign having as its goals increasing tobacco cessation among adults, and preventing use among youth and young adults.		A competitive bid was held and the selection of PITA Communications was made. They are utilizing the CDC "TIPS FROM FORMER SMOKERS" ads through a variety of venues that will include television, radio, transportation, foot traffic, social media and other outlets for this campaign. The campaign began in November 2013, outcome measures are pending.

Cessation Programs	$1,929,000		The cessation programs are designed to provide evidence-based tobacco cessation assistance to those who want to quit tobacco use. Programs include Community Cessation Programs and the Department of Correction Smoking Cessation Program		Community Cessation Programs: A competitive bid was held for the provision of community tobacco use cessation programs available to CT residents. The contracts are fully executed. Results are pending. Department of Corrections The results of the study showed that the prevalence of smoking among the four sites was about 70%, approximately four times the prevalence rate in the general population in Connecticut.
QuitLine	$1,600,000		Provision of telephone tobacco use cessation services to any Connecticut resident.		The contract with Alere Wellbeing, Inc. was expanded again in order to provide services to additional Connecticut residents seeking help with quitting their tobacco use. Results pending.
Program Evaluation	$486,000		Formative, process, and outcome evaluation services for all projects funded by the Tobacco and Health Trust Fund Board of Trustees.		A competitively-bid contract with the University of North Carolina at Chapel Hill will provide evaluation services for all programs funded by the Tobacco and Health Trust Fund.
SUBTOTAL 2012-13					
	$6,015,000				
2014					
Cessation Programs	$527,283		The Department of Correction smoking cessation programs for inmates under its jurisdiction.		Facility Based Intervention: 6,496 male inmates at HCC and 2,529, female inmates at YCI received DOC's handbooks with general information on tobacco use. More specific smoking cessation materials was distributed to 2,479 inmates in various facilities;35 inmates received NRT – nicotine lozenges. York Correction Institute and Manson Youth –11 inmates completed the Behavioral Treatment Program started in

					June 2014. Smoking Cessation Education and Support - 503 inmates have attended sessions of the WISE behavioral treatment or the modified "Freedom from Smoking" (American Lung Association) stress reduction curriculums; and 40 inmates voluntarily requested Recovery Support Specialist (RSS) assistance to stay quit upon re-entering the community.
Prevention Programs	$572,963		Prevention programs designed to provide evidence-based intervention to reduce, eliminate and or prevent the initiation of tobacco use among youth. Programs include: Teen Kids News; Statewide Tobacco Education Program; and Connecticut Alliance of Boys and Girls Clubs.		Teen Kids News. Program is in the process of developing its first of twelve science-based anti-smoking reports targeted at youth. Statewide Tobacco and Education Program. 10 of the 13 RACs are participating as subcontractors; total number of youth educated to date: 254 (boys 138, girls 116, Connecticut Alliance of Boys and Girls Club – results will be available by January 2015.
QuitLine	1,611,984		Provision of telephone tobacco use cessation services to any Connecticut resident.		In 2014, a total of 5,129 callers registered with the QuitLine.
Tobacco Enforcement Program	$28,770		Designed to prevent the sale of tobacco products to minors.		Initial inspection conducted at 32% of tobacco outlets. The retailer violation rate (RVR or failure rate) at the outlets inspected as of September 4, 2014 is 28.8%; $10,000 in criminal infractions has been issued as of September 4, 2014.

Sub-Total 2014					
	$3,000,000				
GRAND TOTAL	**$24,542,301**				

VII. Recommendations for Disbursement

In accordance with C.G.S. Section 4-28f, for fiscal year 2014 and each year thereafter, the board may recommend disbursement from the trust fund up to the total unobligated balance, not to exceed twelve million each year.

In developing its recommendations for disbursement for 2015 the board reviewed its statutory mandates, guiding principles for funding decisions, previous disbursement of trust funds, and the input received from the public through the public hearing process. In 2014, the board relied upon CDC's Best Practices for Comprehensive Tobacco Control Programs (2014), an evidence-based guide that helps states plan and establish effective tobacco control programs that prevent and reduce tobacco use.

Statutory Mandates

The board of trustees may recommend disbursement from the trust fund to:

1. Reduce tobacco abuse through prevention, education and cessation programs,

2. Reduce substance abuse, and

3. Meet the unmet physical and mental health needs in the state.

The board's recommendations must give:

1. Priority to programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children, and

2. Consideration to the availability of private matching funds.

Tobacco & Health Trust Fund Board of Trustees
Guiding Principles for Funding Decisions

Amended at the April 2012 Meeting

The following principles, which guide Board funding decisions, are not in priority order. Despite the focus on anti-tobacco efforts, other areas within the broad charge of the Board will not be dismissed without consideration.

1. **Sustainable programming**. Funding decisions should focus on programs that can be maintained without significant increases in use of trust fund dollars. Based on reasonable projections, budget forecasts will be used to help the Board identify future programming needs. In addition, resource development opportunities and other potential funding sources will be investigated.

2. **Consistent with existing public research and plan documents**. The Board will assess to what extent the proposed programming is consistent with existing research and plans, including, but not limited to:

- Best Practices for Comprehensive Tobacco Control Programs by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, October 2014;
- Connecticut Tobacco Use Prevention and Control Plan by the Connecticut Department of Public Health and the Department of Mental Health and Addiction Services; and
- The Guide to Community Preventive Services, The Community Prevention Services Task Force, U.S. Department of Health and Human Services

3. **Complement and enhance existing programming and expenditures**. The State of Connecticut, as well as agencies external to state government, have made a commitment to programming in this area. To the greatest extent possible, funding decisions should build on existing programming to ensure the most efficient use of the Trust Funds resources.

4. **Focus on societal/environmental change**. The Board will support efforts that are designed to seek a cultural shift in the use of tobacco. The Board will not focus exclusively on efforts that treat individuals, but also on efforts that change the way society views tobacco and the way systems work to control the use of tobacco. For example, population-based messages will be used, not just messages that are targeted to smokers.

5. **Cultural Sensitivity**. Recognizing that tobacco companies target their audience, the Board will ensure that marketing messages and other programming take into consideration differing cultural perspectives and languages.

6. **Effective and outcome-based efforts**. To the greatest extent possible, the Board will fund endeavors that are measurable, science-based, and proven to be effective.

2015 Disbursement Proposal

The Tobacco and Health Trust Fund Board recommends that the full amount available for disbursement ($3,511,833) be used for anti-tobacco related initiatives. Although the Board's authority extends to allow support for programs which address substance abuse and unmet physical and mental health needs, the Board recommends funding solely for anti-tobacco related efforts, consistent with previous years. The Board recognizes that other sources of state and federal funding are available for substance abuse, mental health and health services and the board remains committed to addressing the need for anti-tobacco efforts in Connecticut.

The Tobacco and Health Trust Fund Board agreed to use an approach different from the approach used in FY 2014. In 2014, the Board disbursed funds through sole source contracts. Contracts were developed and programs implemented in the areas of cessation, prevention and tobacco enforcement, which supported the Board's anti-tobacco efforts.

In planning for 2015 disbursements, the Board reviewed CDC's *Best Practices for Comprehensive Tobacco Control Programs 2014*, which is an evidence based guide designed to assist States in the development and implementation of effective tobacco programs. CDC's recommendations are based on scientific research and best practices determined by evidence-based analysis of state tobacco programs determined to be effective in preventing and reducing tobacco use. Aligning disbursements with CDC recommendations ensures that the proposed interventions are supported by scientific evidence with results that show positive outcomes on the prevention and reduction of tobacco use. The Board developed a funding framework, which showed how disbursement funds available to the Board may be disbursed based on CDC recommended program interventions and funding levels.

Annual Total (Millions)			
	CDC Recommended	% of CDC Recommended	Board Recommended
State and Community Interventions	$9.1	40%	$1.4
Mass-Reach Health Communication Intervention	$2.6	11%	$385,650
Cessation Interventions	$8.0	34%	$1.2
Evaluation	$2.0	10%	$351,183
Infrastructure, Administration, and Management	$1.0	5%	$175,000
Total	**$22.7**		**$3,511,833**

Using this framework the board developed specific program strategies and funding levels for each of the following program categories: $1.4 million for community interventions; $385,650 for mass-reach communication; $1.2 million for cessation interventions; $351,183 for evaluation; and $175,000 for administration.

This is the first time the Board will allocate funds for administration purposes, as recommended by CDC. Since the Board does not have staff to administer trust fund programs, the Board has worked with the departments of Public Health, and Mental Health and Addiction Services, and OPM to manage its programs. The Board determined that it is essential to have staff solely dedicated to the trust fund programs to ensure program efficacy and efficiency.

Traditionally, the Board works with the Department of Public Health (DPH) to develop requests for proposals, review proposals, award contracts, modify existing contracts and monitor programs. Board members participate in the subcommittees to draft the request for proposals and the review committees to review and select proposals. In 2014, the Board disbursed funds through sole source contracts. For 2015 disbursement recommendations the Board will work with DPH to solicit proposals through a competitive bidding process for community interventions, mass-reach media communications, cessation programming and evaluation. DPH will procure administration services without using a competitive bidding process. Additionally, the board agreed to set aside $294,322 from the cessation programming category ($1.2 million) to fund the third year of the DOC smoking cessation education and relapse prevention program.

Using a competitive bid through a Request for Proposal ensures that open competitive practices are followed and allows for a comprehensive, transparent approach to distribute trust funds. This approach assures a fair and effective approach to select qualified bidders. Board members will be invited to serve on the DPH Request for Proposal (RFP) committee.

The following summarizes the Board's disbursement recommendations for 2015:

I. Community Interventions $1.4 million

The Tobacco and Health Trust Fund Board recommends disbursement of $1.4 million to support a wide range of community interventions. Funds will be used to support new or existing community coalitions and partnerships designed to mobilize communities around tobacco control efforts; encourage community partners to create and support existing local tobacco policy initiatives; support and develop programs and services that will increase awareness, knowledge and understanding of evidence-based tobacco strategies to allow individuals to make behavior choices consistent with tobacco-free norms; engage and educate health professionals in evidence-based approaches to prevention and cessation; and provide youth tobacco prevention services to deter the initiation of tobacco use.

Community interventions are an integral component of successful comprehensive tobacco programs. According to CDC, community interventions include the support and implementation of programs and policies to influence societal organizations, systems, and networks that encourage individuals to make behavior choices consistent with tobacco-free norms[42]. The social norm change model presumes that lasting change occurs through shifts in the social environment initially or ultimately at the grassroots level across local communities[43]. State and community interventions unite a range of integrated activities, including local and statewide policies and programs, as well as initiatives to eliminate tobacco-related disparities[44].

II. Mass-Reach Health Communication Intervention $385,650

The Tobacco and Health Trust Fund Board recommends disbursement of $385,650 to support a statewide media campaign delivering messages designed to encourage smokers to quit, prevent youth and young adult tobacco use initiation, shape social norms related to tobacco use, facilitate cessation and educate Connecticut residents on the harms of smoking and other tobacco use. A variety of media can be used including television, radio, print, and digital advertising at the state and local levels; outdoor advertisement including

[42] *Centers for Disease Control and Prevention Best Practices 2014*
[43] *IBID*
[44] *IBID*

materials placed in various shopping malls, and bus stations; mobile marketing including messaging at venues such as concerts, sporting events, shows and other media events; and social media and marketing of strategy development and public relation activities.

According to CDC an effective state-level, mass-reach health communication intervention delivers strategic, culturally appropriate, and high-impact messages through sustained and adequately funded campaigns that are integrated into a comprehensive state tobacco control program[45]. Innovations in health communication interventions include the ability to target and engage specific audiences through multiple communication channels, such as online video, mobile Web, and smartphone and tablet applications (apps)[46]. Social media platforms, such as Twitter and Facebook, have facilitated improvements in how messages are developed, fostered, and disseminated in order to better communicate with target audiences and allow for relevant, credible messages to be shared more broadly within the target audiences' social circles[47].

III. Cessation Interventions $1.2 million

The Tobacco and Health Trust Fund Board recommends disbursement of $1.2 million to support programs that provide tobacco cessation services to youth, individuals with serious mental illness, patients with chronic illnesses caused by smoking, and individuals under the jurisdiction of the criminal justice system.

According to CDC, quitting smoking has immediate and long-term health benefits. Encouraging tobacco users to quit and supporting them as they quit tobacco is the fastest way to reduce tobacco-related disease, death, and health care costs.[48]

Board members recommend that $294,322 is set aside from the $1.2 million cessation intervention category to fund the third year of the Department of Correction's smoking cessation education and relapse prevention program.

In year three, DOC will continue to enhance and implement its program for inmates under its jurisdiction. DOC will continue to integrate smoking cessation activities and efforts into routine healthcare activities of identified groups of inmates and assure continuity through relapse prevention mechanisms that deploy when inmates leave the system. DOC will also complete the following tasks:

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[45] *IBID*
[46] *IBID*
[47] *Centers for Disease Control Best Practices 2014*
[48] *Centers for Disease Control Best Practices 2014*

Project Implementation and Management Services. DOC established Local Implementation Teams (LITs) at four correctional facilities: York Correctional Institution (YCI), New Haven Correctional Center (NHCC), Hartford Correctional Center (HCC), and Manson Youth Institution (MYI). In year three, DOC will continue to work with UConn SSW to establish a 5th LIT for the Bridgeport Correctional Center (BCC). BCC will develop specific interventions that best meet the needs of their target population and how they can best be implemented within their specific facility.

Expand Focus at York Correction Institute and Mason Youth Institute. In year 1 of the program DOC conducted a smoking prevalence study for four of its correctional facilities, including York Correctional Institution (YCI); New Haven Correctional Center (NCCC); Hartford Correctional Center (HCC); and Manson Youth Institution (MYI). The results of the prevalence study showed that YCI at 84% and MYI at 81% had the highest prevalence rates of the four facilities (average prevalence rate of the four facilities is 70%). These facilities serve two of the most at-risk populations for long-term health complications, female and youth inmates. DOC will continue to develop and strengthen its relationships with community providers to ensure that inmates who are discharging from these two facilities receive continued tobacco cessation services.

Develop Cessation Processes for Individuals with Long Sentences Re-entering the Community. In collaboration with its Academic Clinical Consultant, DOC has developed and implemented a motivational interviewing and cognitive behavioral treatment program entitled WISE (Working Inside for Smoking Elimination). DOC will continue to work to adapt and implement the model within its facilities.

Community Based Interventions. DOC has worked to developed linkages with community providers to provide post re-entry smoking cessation related health services to inmates recently released from their facilities. DOC will continue to develop linkages with community providers throughout the State to ensure that tobacco cessation services are available to inmates who are discharging back to their home communities.

IV. Evaluation $351,183

The Tobacco and Health Trust Fund Board recommends disbursement of $351,183 to provide a comprehensive and independent evaluation of the above proposed programs and services. The evaluation will assure accountability and demonstrate effectiveness of the programs. The evaluation will monitor program progress, assess the implementation and outcomes of the programs, including quit rates, determine whether the programs and activities are effective, determine if the desired results are being obtained, identify any areas that need improvement, and inform policy and program directions.

The independent process and outcome evaluation of the programs will include data collection, analysis, and reporting, as well as recommendations for program modifications. Results will be used to enhance and improve future programming.

V. Administration $175,000

The Tobacco and Health Trust Fund Board recommends disbursement of $175,000 for the administration and management of the board's 2015 recommended disbursements for anti-tobacco programs and services. Federally funded staff at the Department of Public Health (DPH) has worked with the Board in the past to develop request for proposals, develop and award contracts, modify existing contracts and monitor programs. In 2014, in addition to DPH, DMHAS and OPM administered board programs. As the number of board funded programs increase, it is becoming more difficult for DPH to manage their federal funded programs and the board's programs with the current staff. As such, in order to assure there is adequate capacity to oversee the board's programs, it is essential to secure additional administration support.

According to CDC, a comprehensive tobacco control program requires considerable funding to implement[49]. A fully functioning infrastructure must be in place to achieve the capacity to implement effective interventions[50]. Sufficient capacity is essential for program sustainability, efficacy, and efficiency, and it enables programs to plan their strategic efforts, provide strong leadership, and foster collaboration among the state and local tobacco control communities. An adequate number of skilled staff is also necessary to provide or facilitate program oversight, technical assistance, and training[51].

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[49] *IBID*
[50] *IBID*
51 IBID

Appendix A

Statutory Authority

Substitute Senate Bill No. 24

Public Act No. 14-76

AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE DELIVERY SYSTEMS AND YOUTH SMOKING PREVENTION.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2014*) (a) As used in this section:

(1) "Electronic nicotine delivery system" means an electronic device that may be used to simulate smoking in the delivery of nicotine or other substance to a person inhaling from the device, and includes, but is not limited to, an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe or electronic hookah and any related device and any cartridge or other component of such device;

(2) "Cardholder" means any person who presents a driver's license or an identity card to a seller or seller's agent or employee, to purchase or receive an electronic nicotine delivery system or vapor product from such seller or seller's agent or employee;

(3) "Identity card" means an identification card issued in accordance with the provisions of section 1-1h of the general statutes;

(4) "Transaction scan" means the process by which a seller or seller's agent or employee checks, by means of a transaction scan device, the validity of a driver's license or an identity card;

(5) "Transaction scan device" means any commercial device or combination of devices used at a point of sale that is capable of deciphering in an electronically readable format the information encoded on the magnetic strip or bar code of a driver's license or an identity card;

(6) "Sale" or "sell" means an act done intentionally by any person, whether done as principal, proprietor, agent, servant or employee, of transferring, or offering or attempting to transfer, for consideration, an electronic nicotine delivery system or vapor product, including bartering or exchanging, or offering to barter or exchange, an electronic nicotine delivery system or vapor product;

(7) "Give" or "giving" means an act done intentionally by any person, whether done as principal, proprietor, agent, servant or employee, of transferring, or offering or attempting to transfer, without consideration, an electronic nicotine delivery system or vapor product;

(8) "Deliver" or "delivering" means an act done intentionally by any person, whether as principal, proprietor, agent, servant or employee, of transferring, or offering or attempting to transfer, physical possession or control of an electronic nicotine delivery system or vapor product; and

(9) "Vapor product" means any product that employs a heating element, power source, electronic circuit or other electronic, chemical or mechanical means, regardless of shape or size, to produce a vapor that may or may not include nicotine, that is inhaled by the user of such product.

(b) Any person who sells, gives or delivers to any minor under eighteen years of age an electronic nicotine delivery system or vapor product, unless the minor is delivering or accepting delivery in such person's capacity as an employee, in any form shall be fined not more than two hundred dollars for the first offense, not more than three hundred fifty dollars for a second offense within an eighteen-month period and not more than five hundred dollars for each subsequent offense within an eighteen-month period.

(c) Any person under eighteen years of age who purchases or misrepresents such person's age to purchase an electronic nicotine delivery system or vapor product in any form or possesses an electronic nicotine delivery system or vapor product in any form in any public place shall be fined not more than fifty dollars for the first offense and not less than fifty dollars or more than one hundred dollars for each subsequent offense. For purposes of this subsection "public place" means any area that is used or held out for use by the public whether owned or operated by public or private interests.

(d) (1) A seller or seller's agent or employee may perform a transaction scan to check the validity of a driver's license or identity card presented by a cardholder as a condition

for selling, giving or otherwise delivering an electronic nicotine delivery system or vapor product to the cardholder.

(2) If the information deciphered by the transaction scan performed under subdivision (1) of this subsection fails to match the information printed on the driver's license or identity card presented by the cardholder, or if the transaction scan indicates that the information so printed is false or fraudulent, neither the seller nor any seller's agent or employee shall sell, give or otherwise deliver any electronic nicotine delivery system or vapor product to the cardholder.

(3) Subdivision (1) of this subsection does not preclude a seller or seller's agent or employee from using a transaction scan device to check the validity of a document other than a driver's license or an identity card, if the document includes a bar code or magnetic strip that may be scanned by the device, as a condition for selling, giving or otherwise delivering an electronic nicotine delivery system or vapor product to the person presenting the document.

(e) (1) No seller or seller's agent or employee shall electronically or mechanically record or maintain any information derived from a transaction scan, except the following: (A) The name and date of birth of the person listed on the driver's license or identity card presented by a cardholder; and (B) the expiration date and identification number of the driver's license or identity card presented by a cardholder.

(2) No seller or seller's agent or employee shall use a transaction scan device for a purpose other than the purposes specified in subsection (d) of this section, subsection (d) of section 53-344 of the general statutes or subsection (c) of section 30-86 of the general statutes.

(3) No seller or seller's agent or employee shall sell or otherwise disseminate the information derived from a transaction scan to any third party, including, but not limited to, selling or otherwise disseminating that information for any marketing, advertising or promotional activities, but a seller or seller's agent or employee may release that information pursuant to a court order.

(4) Nothing in subsection (d) of this section or this subsection relieves a seller or seller's agent or employee of any responsibility to comply with any other applicable state or federal laws or rules governing selling, giving or otherwise delivering electronic nicotine delivery systems or vapor products.

(5) Any person who violates this subsection shall be subject to a civil penalty of not more than one thousand dollars.

(f) (1) In any prosecution of a seller or seller's agent or employee for a violation of subsection (b) of this section, it shall be an affirmative defense that all of the following occurred: (A) A cardholder attempting to purchase or receive an electronic nicotine delivery system or vapor product presented a driver's license or an identity card; (B) a transaction scan of the driver's license or identity card that the cardholder presented indicated that the license or card was valid; and (C) the electronic nicotine delivery system or vapor product was sold, given or otherwise delivered to the cardholder in reasonable reliance upon the identification presented and the completed transaction scan.

(2) In determining whether a seller or seller's agent or employee has proven the affirmative defense provided by subdivision (1) of this section, the trier of fact in such prosecution shall consider that reasonable reliance upon the identification presented and the completed transaction scan may require a seller or seller's agent or employee to exercise reasonable diligence and that the use of a transaction scan device does not excuse a seller or seller's agent or employee from exercising such reasonable diligence to determine the following: (A) Whether a person to whom the seller or seller's agent or employee sells, gives or otherwise delivers an electronic nicotine delivery system or vapor product is eighteen years of age or older; and (B) whether the description and picture appearing on the driver's license or identity card presented by a cardholder is that of the cardholder.

(g) Each seller of electronic nicotine delivery systems or vapor products or such seller's agent or employee shall require a person who is purchasing or attempting to purchase an electronic nicotine delivery system or vapor product, whose age is in question, to exhibit proper proof of age. If a person fails to provide such proof of age, such seller or seller's agent or employee shall not sell an electronic nicotine delivery system or vapor product to the person. As used in this subsection, "proper proof" means a motor vehicle operator's license, a valid passport or an identity card issued in accordance with the provisions of section 1-1h of the general statutes.

Sec. 2. Section 12-295a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(a) If the Commissioner of Revenue Services finds, after a hearing, that a minor has purchased cigarettes or tobacco products, said commissioner shall assess such minor a civil penalty of not more than one hundred dollars for the first violation and not more than one hundred fifty dollars for any second or subsequent offense within twenty-four months after the first violation.

(b) If said commissioner finds, after a hearing, that any person employed by a dealer or distributor, as defined in section 12-285, has sold, given or delivered cigarettes or tobacco products to a minor other than a minor who is delivering or accepting delivery

in his capacity as an employee, said commissioner shall, [assess such person a civil penalty of two hundred dollars] for the first violation, [and] require such person to successfully complete an online tobacco prevention education program administered by the Department of Mental Health and Addiction Services not later than thirty days after said commissioner's finding. Said commissioner shall assess any person who fails to complete such program a civil penalty of two hundred dollars. Said commissioner shall assess any person employed by a dealer or distributor a civil penalty of two hundred fifty dollars for a second or subsequent violation within [eighteen] twenty-four months after the first violation.

(c) If said commissioner finds, after a hearing, that any dealer or distributor has sold, given or delivered cigarettes or tobacco products to a minor other than a minor who is delivering or accepting delivery in his capacity as an employee, or such dealer or distributor's employee has sold, given or delivered cigarettes or tobacco products to such minor, said commissioner shall [assess] require such dealer or distributor, [a civil penalty of three hundred dollars] for the first violation, [and] to successfully complete an online tobacco prevention education program administered by the Department of Mental Health and Addiction Services not later than thirty days after said commissioner's finding. Said commissioner shall assess any dealer or distributor who fails to complete such program a civil penalty of three hundred dollars. Said commissioner shall assess any dealer or distributor a civil penalty of seven hundred fifty dollars for a second violation within [eighteen] twenty-four months of the first violation. For a third violation within [eighteen] twenty-four months of the first violation, such dealer or distributor shall be assessed a civil penalty of seven hundred fifty dollars and any license held by such dealer or distributor under this chapter shall be suspended for not less than thirty days.

(d) If said commissioner finds, after a hearing, that any owner of an establishment in which a cigarette vending machine or restricted cigarette vending machine is located has sold, given or delivered cigarettes or tobacco products from any such machine to a minor other than a minor who is delivering or accepting delivery in his capacity as an employee, or has allowed cigarettes or tobacco products to be sold, given or delivered to such minor from any such machine, said commissioner shall [assess] require such owner, [a civil penalty of five hundred dollars] for the first violation, [and] to successfully complete an online tobacco prevention education program administered by the Department of Mental Health and Addiction Services not later than thirty days after said commissioner's finding. Said commissioner shall assess any owner who fails to complete such program a civil penalty of five hundred dollars. Said commissioner shall assess any owner a civil penalty of seven hundred fifty dollars for a second violation within [eighteen] twenty-four months of the first violation. For a third violation within [eighteen] twenty-four months of the first violation, such owner shall be assessed a civil penalty of seven hundred fifty dollars and any such machine shall be immediately

removed from such establishment and no such machine may be placed in such establishment for a period of one year following such removal.

(e) Any person aggrieved by any action of the commissioner pursuant to this section may take any appeal of such action as provided in sections 12-311 and 12-312.

Sec. 3. (NEW) (*Effective October 1, 2014*) Any person who violates the provisions of subdivision (1) of subsection (a) of section 12-314 of the general statutes shall be fined not more than two hundred dollars for the first offense, not more than three hundred dollars for the second offense within twenty-four months of the first offense, and not more than five hundred dollars for the third or subsequent offense within twenty-four months of the first offense.

Sec. 4. Section 4-28f of the 2014 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(a) There is created a Tobacco and Health Trust Fund which shall be a separate nonlapsing fund. The purpose of the trust fund shall be to create a continuing significant source of funds to (1) support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs, (2) support and encourage development of programs to reduce substance abuse, and (3) develop and implement programs to meet the unmet physical and mental health needs in the state.

(b) The trust fund may accept transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to enable the trust fund to carry out its objectives.

(c) The trust fund shall be administered by a board of trustees, except that the board shall suspend its operations from July 1, 2003, to June 30, 2005, inclusive. **[**, and from July 1, 2015, to June 30, 2016, inclusive. **]** The board shall consist of seventeen trustees. The appointment of the initial trustees shall be as follows: (1) The Governor shall appoint four trustees, one of whom shall serve for a term of one year from July 1, 2000, two of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (2) the speaker of the House of Representatives and the president pro tempore of the Senate each shall appoint two trustees, one of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (3) the majority leader of the House of Representatives and the majority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (4) the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one

of whom shall serve for a term of two years from July 1, 2000; and (5) the Secretary of the Office of Policy and Management, or the secretary's designee, shall serve as an ex-officio voting member. Following the expiration of such initial terms, subsequent trustees shall serve for a term of three years. The period of suspension of the board's operations from July 1, 2003, to June 30, 2005, inclusive, **[**and from July 1, 2015, to June 30, 2016, inclusive,**]** shall not be included in the term of any trustee serving on July 1, 2003. **[**, or July 1, 2015. **]** The trustees shall serve without compensation except for reimbursement for necessary expenses incurred in performing their duties. The board of trustees shall establish rules of procedure for the conduct of its business which shall include, but not be limited to, criteria, processes and procedures to be used in selecting programs to receive money from the trust fund. The trust fund shall be within the Office of Policy and Management for administrative purposes only. The board of trustees shall meet not less than biannually, except during the fiscal years ending June 30, 2004, and June 30, 2005, **[**and June 30, 2016,**]** and, not later than January first of each year, except during the fiscal years ending June 30, 2004, and June 30, 2005, **[**and June 30, 2016,**]** shall submit a report of its activities and accomplishments to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, in accordance with section 11-4a.

(d) (1) During the period commencing July 1, 2000, and ending June 30, 2003, the board of trustees, by majority vote, may recommend authorization of disbursement from the trust fund for the purposes described in subsection (a) of this section and section **[**19a-6c**]** 19a-6d, provided the board may not recommend authorization of disbursement of more than fifty per cent of net earnings from the principal of the trust fund for such purposes. For the fiscal year commencing July 1, 2005, and each fiscal year thereafter, the board may recommend authorization of the net earnings from the principal of the trust fund for such purposes. For the fiscal year ending June 30, 2009, and each fiscal year thereafter, the board may recommend authorization of disbursement for such purposes of (A) up to one-half of the annual disbursement from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund from the previous fiscal year, pursuant to section 4-28e, up to a maximum of six million dollars per fiscal year, and (B) the net earnings from the principal of the trust fund from the previous fiscal year. For the fiscal **[**years**]** year ending June 30, 2014, and **[**June 30, 2015**]** each fiscal year thereafter, the board may recommend authorization of disbursement of up to **[**three million dollars per fiscal year from the trust fund for such purposes. For the fiscal year ending June 30, 2017, and each fiscal year thereafter, the board may recommend authorization of disbursement for such purposes of (A) up to one-half of the annual disbursement from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund from the previous fiscal year, pursuant to section 4-28e, up to a maximum of six million dollars per fiscal year, and (B) the net earnings from the principal of the trust fund from the previous fiscal year**]** the total unobligated balance remaining in the trust fund after disbursement in accordance with the provisions of the general statutes and relevant special and public

acts for such purposes, not to exceed twelve million dollars per fiscal year. The board's recommendations shall give (i) priority to programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children, and (ii) consideration to the availability of private matching funds. Recommended disbursements from the trust fund shall be in addition to any resources that would otherwise be appropriated by the state for such purposes and programs.

(2) Except during the fiscal years ending June 30, 2004, and June 30, 2005, **[**and June 30, 2016,**]** the board of trustees shall submit such recommendations for the authorization of disbursement from the trust fund to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies. Not later than thirty days after receipt of such recommendations, said committees shall advise the board of their approval, modifications, if any, or rejection of the board's recommendations. If said joint standing committees do not concur, the speaker of the House of Representatives, the president pro tempore of the Senate, the majority leader of the House of Representatives, the majority leader of the Senate, the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint one member from each of said joint standing committees to serve as a committee on conference. The committee on conference shall submit its report to both committees, which shall vote to accept or reject the report. The report of the committee on conference may not be amended. If a joint standing committee rejects the report of the committee on conference, the board's recommendations shall be deemed approved. If the joint standing committees accept the report of the committee on conference, the joint standing committee having cognizance of matters relating to appropriations and the budgets of state agencies shall advise the board of said joint standing committees' approval or modifications, if any, of the board's recommended disbursement. If said joint standing committees do not act within thirty days after receipt of the board's recommendations for the authorization of disbursement, such recommendations shall be deemed approved. Disbursement from the trust fund shall be in accordance with the board's recommendations as approved or modified by said joint standing committees.

(3) After such recommendations for the authorization of disbursement have been approved or modified pursuant to subdivision (2) of this subsection, any modification in the amount of an authorized disbursement in excess of fifty thousand dollars or ten per cent of the authorized amount, whichever is less, shall be submitted to said joint standing committees and approved, modified or rejected in accordance with the procedure set forth in subdivision (2) of this subsection. Notification of all disbursements from the trust fund made pursuant to this section shall be sent to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, through the Office of Fiscal Analysis.

(4) The board of trustees shall, not later than February first of each year, except during the fiscal years ending June 30, 2004, and June 30, 2005, **[**and June 30, 2016,**]** submit a report to the General Assembly, in accordance with the provisions of section 11-4a, that includes all disbursements and other expenditures from the trust fund and an evaluation of the performance and impact of each program receiving funds from the trust fund. Such report shall also include the criteria and application process used to select programs to receive such funds.

Sec. 5. Subdivision (2) of subsection (e) of section 53-344 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(2) No seller or seller's agent or employee shall use a transaction scan device for a purpose other than the purposes specified in subsection (e) of section 1 of this act, subsection (d) of this section or subsection (c) of section 30-86.

Sec. 6. Subdivision (2) of subsection (d) of section 30-86 of the 2014 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(2) No permittee or permittee's agent or employee shall use a transaction scan device for a purpose other than the purposes specified in subsection (e) of section 1 of this act, subsection (c) of this section or subsection (d) of section 53-344.

Sec. 7. Subsection (b) of section 51-164n of the 2014 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(b) Notwithstanding any provision of the general statutes, any person who is alleged to have committed (1) a violation under the provisions of subsection (c) of section 1 of this act or section 3 of this act, section 1-9, 1-10, 1-11, 4b-13, 7-13, 7-14, 7-35, 7-41, 7-83, 7-283, 7-325, 7-393, 8-12, 8-25, 8-27, 9-63, 9-322, 9-350, 10-193, 10-197, 10-198, 10-230, 10-251, 10-254, 12-52, 12-170aa, 12-292 or 12-326g, subdivision (4) of section 12-408, subdivision (3), (5) or (6) of section 12-411, section 12-435c, 12-476a, 12-476b, 12-487, 13a-71, 13a-107, 13a-113, 13a-114, 13a-115, 13a-117b, 13a-123, 13a-124, 13a-139, 13a-140, 13a-143b, 13a-247 or 13a-253, subsection (f) of section 13b-42, section 13b-90, 13b-221, 13b-292, 13b-336, 13b-337, 13b-338, 13b-410a, 13b-410b or 13b-410c, subsection (a), (b) or (c) of section 13b-412, section 13b-414, subsection (d) of section 14-12, section 14-20a or 14-27a, subsection (e) of section 14-34a, subsection (d) of section 14-35, section 14-43, 14-49, 14-50a or 14-58, subsection (b) of section 14-66, section 14-66a, 14-66b or 14-67a, subsection (g) of section 14-80, subsection (f) of section 14-80h, section 14-97a, 14-100b, 14-103a, 14-106a, 14-106c, 14-146, 14-152, 14-153 or 14-163b, a first violation as specified in subsection (f) of section 14-164i, section 14-219 as specified in subsection (e) of said section, subdivision (1) of section 14-223a, section 14-240, 14-249, 14-250 or 14-253a, subsection (a) of section 14-261a, section 14-262, 14-264, 14-267a, 14-269, 14-270, 14-275a, 14-278 or 14-279,

subsection (e) or (h) of section 14-283, section 14-291, 14-293b, 14-296aa, 14-319, 14-320, 14-321, 14-325a, 14-326, 14-330 or 14-332a, subdivision (1), (2) or (3) of section 14-386a, section 15-25 or 15-33, subdivision (1) of section 15-97, subsection (a) of section 15-115, section 16-44, 16-256e, 16a-15 or 16a-22, subsection (a) or (b) of section 16a-22h, section 17a-24, 17a-145, 17a-149, 17a-152, 17a-465, 17a-642, 17b-124, 17b-131, 17b-137 or 17b-734, subsection (b) of section 17b-736, section 19a-30, 19a-33, 19a-39 or 19a-87, subsection (b) of section 19a-87a, section 19a-91, 19a-105, 19a-107, 19a-113, 19a-215, 19a-219, 19a-222, 19a-224, 19a-286, 19a-287, 19a-297, 19a-301, 19a-309, 19a-335, 19a-336, 19a-338, 19a-339, 19a-340, 19a-425, 19a-502, 20-7a, 20-14, 20-158, 20-231, 20-249, 20-257, 20-265, 20-324e, 20-341*l*, 20-366, 20-597, 20-608, 20-610, 21-1, 21-30, 21-38, 21-39, 21-43, 21-47, 21-48, 21-63 or 21-76a, subdivision (1) of section 21a-19, section 21a-21, subdivision (1) of subsection (b) of section 21a-25, section 21a-26 or 21a-30, subsection (a) of section 21a-37, section 21a-46, 21a-61, 21a-63 or 21a-77, subsection (b) of section 21a-79, section 21a-85 or 21a-154, subdivision (1) of subsection (a) of section 21a-159, subsection (a) of section 21a-279a, section 22-12b, 22-13, 22-14, 22-15, 22-16, 22-29, 22-34, 22-35, 22-36, 22-38, 22-39, 22-39a, 22-39b, 22-39c, 22-39d, 22-39e, 22-49, 22-54, 22-61, 22-89, 22-90, 22-98, 22-99, 22-100, 22-111o, 22-167, 22-279, 22-280a, 22-318a, 22-320h, 22-324a, 22-326 or 22-342, subsection (b), (e) or (f) of section 22-344, section 22-359, 22-366, 22-391, 22-413, 22-414, 22-415, 22a-66a or 22a-246, subsection (a) of section 22a-250, subsection (e) of section 22a-256h, section 22a-363 or 22a-381d, subsections (c) and (d) of section 22a-381e, section 22a-449, 22a-461, 23-37, 23-38, 23-46 or 23-61b, subsection (a) or subdivision (1) of subsection (c) of section 23-65, section 25-37 or 25-40, subsection (a) of section 25-43, section 25-43d, 25-135, 26-16, 26-18, 26-19, 26-21, 26-31, 26-40, 26-40a, 26-42, 26-49, 26-54, 26-55, 26-56, 26-58 or 26-59, subdivision (1) of subsection (d) of section 26-61, section 26-64, subdivision (1) of section 26-76, section 26-79, 26-87, 26-89, 26-91, 26-94, 26-97, 26-98, 26-104, 26-105, 26-107, 26-117, 26-128, 26-131, 26-132, 26-138 or 26-141, subdivision (1) of section 26-186, section 26-207, 26-215, 26-217 or 26-224a, subdivision (1) of section 26-226, section 26-227, 26-230, 26-232, 26-244, 26-257a, 26-260, 26-276, 26-284, 26-285, 26-286, 26-288, 26-294, 28-13, 29-6a, 29-25, 29-109, 29-143o, 29-143z or 29-156a, subsection (b), (d), (e) or (g) of section 29-161q, section 29-161y or 29-161z, subdivision (1) of section 29-198, section 29-210, 29-243 or 29-277, subsection (c) of section 29-291c, section 29-316, 29-318, 29-381, 30-48a, 30-86a, 31-3, 31-10, 31-11, 31-12, 31-13, 31-14, 31-15, 31-16, 31-18, 31-23, 31-24, 31-25, 31-32, 31-36, 31-38, 31-38a, 31-40, 31-44, 31-47, 31-48, 31-51, 31-51k, 31-52, 31-52a or 31-54, subsection (a) or (c) of section 31-69, section 31-70, 31-74, 31-75, 31-76, 31-76a, 31-89b or 31-134, subsection (i) of section 31-273, section 31-288, subdivision (1) of section 35-20, section 36a-787, 42-230, 45a-283, 45a-450, 45a-634 or 45a-658, subdivision (13) or (14) of section 46a-54, section 46a-59, 46b-22, 46b-24, 46b-34, 47-34a, 47-47, 49-8a, 49-16, 53-133, 53-199, 53-212a, 53-249a, 53-252, 53-264, 53-280, 53-302a, 53-303e, 53-311a, 53-321, 53-322, 53-323, 53-331, 53-344, as amended by this act, or 53-450, or (2) a violation under the provisions of chapter 268, or (3) a violation of any regulation adopted in accordance with the provisions of section 12-484, 12-487 or 13b-410, or (4) a violation of any ordinance, regulation or bylaw of any town, city or borough, except violations of building codes and the health code, for which the penalty exceeds ninety dollars but

does not exceed two hundred fifty dollars, unless such town, city or borough has established a payment and hearing procedure for such violation pursuant to section 7-152c, shall follow the procedures set forth in this section.

Approved June 3, 2014

Appendix B

Board of Trustees

Appointed by	Name	Term Ends
OPM Secretary	Anne Foley	N/A
Governor	Ken Ferrucci	6/30/16
Governor	Katharine Lewis	6/30/16
Governor	Robert Zavoski	6/30/15
Governor	Cheryl Resha	6/30/15
Senate Pres. Pro Tempore	Suchitra Krishnan-Sarin	6/30/17
Senate Pres. Pro Tempore	Elaine O'Keefe	6/30/17
Senate Majority Leader	Ellen Dornelas	6/30/15
Senate Majority Leader	Joel Rudikoff	6/30/15
Senate Minority Leader	Diane Becker	6/30/15
Senate Minority Leader	Lisa Hammersley	6/30/17
Speaker of the House	Patricia Checko	6/30/16
Speaker of the House	Robert Leighton	6/30/16
House Majority Leader	Kelly Leppard	6/30/17
House Majority Leader	Larry Deutsch	6/30/16
House Minority Leader	Geralyn Laut	6/30/15
House Minority Leader	Michael Rell	6/30/16

Appendix C
Meeting Minutes
Meeting Summary

Tobacco and Health Trust Fund Board
Tuesday, July 22, 2014
Room 2A
450 Capitol Avenue
Hartford, Connecticut

Members Present: Anne Foley-Chair, Katharine Lewis, Diane Becker, Patricia Checko, Robert Leighton, Geralyn Laut, Michael Rell, Ken Ferrucci, Cheryl Resha, Joel Rudikoff, and Fatmata Williams for Robert Zavoski.

Members Absent: Douglas Fishman, Cynthia Adams, Ellen Dornelas, Elaine O'Keefe, Larry Deutsch, and Lisa Hammersley.

Welcome	The chair, Anne Foley, noted the presence of a quorum and began the meeting at 10:10 a.m. She introduced Fatmata Williams from DSS, as the representative for Robert Zavoski at today's meeting. According to the board's adopted procedures members may vote by proxy. Other members introduced themselves.
Approval of November 15, 2013 Meeting Minutes	Katharine Lewis moved approval of the November 15, 2013 meeting minutes. The motion was seconded by Joel Rudikoff. The minutes were approved unanimously on a voice vote.
Review Status of Currently Funded Programs	The chair gave an update on the Teen Kids News (TKN) Program. She stated that the contract has been finalized and the first payment has been made. She noted that TKN submitted preliminary topics for the first six program segments requiring approval by the board. After a brief discussion, Joel Rudikoff made a motion to approve the topics for TKN's program series with one clarification that e-cigarettes are not an approved method

	of smoking replacement therapy. The motion was seconded by Robert Leighton. The motion was approved unanimously on a voice vote. Additionally, the Department of Public Health will contact TKN to discuss the appropriateness of its tobacco message as it relates to teens.
Connecticut Alliance of Boys and Girls Clubs Smoking Cessation Program	The chair updated the board on the Smoking Prevention Program administered by the Connecticut Alliance of Boys and Girls Clubs. The program is in the process of finalizing contracts with each of the 16 clubs and the program will begin at the start of the school year.
Department of Correction (DOC) Smoking Cessation Program	Dr. Maurer provided an update on DOC's Smoking Cessation Program. Highlights include: • Prevalence Study showed that 60% and 70% of the males entering the Harford and New Haven Correctional Centers were smokers; between 80% and 85% of the women and youth entering York Correctional Institution and Manson Youth Institution were smokers; and those with serious mental illness smoked at a prevalence level of 90%. • Many of the smoking education, prevention and cessation information has been integrated into DOC's functions such as: the inmate handbook, education curriculum, job centers, orientation process, and addiction services programs. • Although community collaboration is challenging, the program continues its work to develop strong ties with the

	community health centers. The collaboration with the community health centers assists the inmates as they return to the community. Dr. Maurer also described the department's request for year three funding for the program. The proposed project will develop behavioral and educational programming needed to reduce the risk of habituation for inmates who will be discharged back to their home communities.
Statewide Tobacco Education Program (STEP) and Tobacco Retailer Violation Program	Carol Meredith from the Department of Mental Health and Addiction Services provided an update on the STEP and Tobacco Retailer Violation Program. Highlights include: • **STEP**. East of the River Action for Substance Abuse Elimination (ERASE) is the contractor for the program. Memorandum of Understandings have been executed with 10 of the 12 Regional Advisory Councils (RAC). Programs started in the boys and girls clubs, libraries, YMCAs, Salvation Army Summer Camps, Catholic Schools, 4-H Camps, and early childhood learning center. • **Tobacco Retailer Violation Program.** The Hartford, New Haven, Bridgeport and Stamford Police Departments will participate in the program. Initial project meetings with municipalities were held. Two of the four contracts have been executed. The training for inspection personnel has been completed at one municipality with others scheduled by the end of July.

QuitLine, Community Tobacco Use Program, Counter-Marketing, Evaluation	Katie Shuttleworth from the Department of Public Health provided an update on the QuitLine, Community Tobacco Use Program, Counter- Marketing Campaign and the Evaluation contract. Highlights include: • **QuitLine**. The QuitLine is fully operational. Callers receive telephone counseling, referrals to appropriate tobacco related services, and nicotine replacement therapy. QuitLine is receiving on average 100 callers per week. • **Community Tobacco Use Program**. Nine community agencies were awarded a contract to provide cessation programs. Program participants receive group and individual counseling and nicotine replacement therapy. • **Counter-Marketing Media Campaign**. Pita Communication was awarded a contract to implement the media campaign. The contractor is using the "TIPS FROM FORMER SMOKERS" ads from the Centers of Disease Control. Ads are placed on radio, television, printed material, bus stops, twitter, and facebook. • Evaluation. The evaluation contract was awarded to the University of North Carolina at Chapel Hill. The contractor is in the planning phase.
Review of 2014 Legislative Action	The chair reviewed Public Act 14-76, An Act Concerning the Governor's Recommendation Regarding Electronic Nicotine Delivery Systems and Youth Smoking. Section 1 prohibits the sale of electronic nicotine delivery systems (e-cigarettes and other related devices) and vapor products to minors, and prohibits the purchase and possession of such devices by minors; Section 2 implements a new online tobacco

	prevention program created by DMHAS for first-time violators who sell tobacco products to minors and lengthens the timeline in which higher civil penalties are issued to those who commit subsequent violations; Section 3 makes it a criminal violation for any person to sell "loose" cigarettes, which are cigarettes that are not in an unopened package containing 20 or more cigarettes originating with the manufacturer which bears the health warning required by law; and Section 4 removes a moratorium on the activities of the board during FY 2016; and increases the maximum amount that the board may recommend to be disbursed, which is the total unobligated amount in the fund, after any other transfers have been taken out up to $12 million. The chair reviewed a summary of enacted legislation and budget changes related to the board and trust fund during the last legislative session.
Discussion of FY 2015 Funding Recommendations	Review Past Allocations and Evaluations. • The chair reviewed past allocations and evaluation results of the board's programs from 2002-2013. She noted that this information will be helpful as the board plans for FY 15 disbursement recommendations. After a brief discussion, the chair asked the staff of the programs to work closely with the evaluator to ensure that quantifiable data is collected, which will assist the board in determining future funding options. Review Disbursement Recommendation Guidelines. • The chair reviewed the board's Disbursement Recommendation Guidelines and reminded members

	that the board's disbursement recommendations should be consistent with public research and plan documents. She reviewed a summary of the most effective evidence-based program components recommended in the 2014 Best Practices for Comprehensive Tobacco Control Program Guide. The components include: State and Community Interventions, Mass-Reach Health Communication Interventions, Cessation Interventions, Surveillance and Evaluation and Infrastructure Administration and Management. Review Public Hearing Testimony and Recommendations. • The chair reviewed a summary of the disbursement recommendations presented at the May 29th and written recommendations submitted after the public hearing. There were eight (8) funding requests totaling slightly over $2.2 million. After a discussion regarding the recommendations, the board decided to: • Gather information from other states on general strategies and funding levels for tobacco related programs. • Review spending levels and program categories of tobacco related programs recommended by the Centers for Disease Control. • Consider the option to competitively bid for tobacco related programs and services through a Request for Proposal process.

	• Consider funding some or all of the recommendations presented at the public hearing. • Staff will work with state agencies to develop a matrix of its tobacco programs and services. Information will be gathered and presented at the next board meeting.
Next Steps	The chair asked members to review the proposed dates for the September and November meetings and let Pam Trotman know their availability as soon as possible. The meeting adjourned at 12:15 p.m.

Tobacco and Health Trust Fund Board Meeting
Friday, September 19, 2014
10:00 a.m. – 12:00 p.m.
Legislative Office Building
Room 1B
Hartford, Connecticut

Members Present: Anne Foley-Chair, Diane Becker, Patricia Checko, Ellen Dornelas, Elaine O'Keefe, Kelly Leppard, Larry Deutsch, Robert Leighton, Geralyn Laut, Ken Ferrucci, Cheryl Resha, Joel Rudikoff, and Robert Zavoski.
Members Absent: Lisa Hammersley, Michael Rell, and Suchitra Krishnan-Sarin.

Welcome	The Chair, Anne Foley noted a quorum and convened the meeting at 10:10 a.m. The Chair introduced Kelly Leppard, Youth Prevention Coordinator for the Town of Southington as a new board member appointed by House Majority Leader, Representative Aresimowicz. Kelly replaced Cindy Adams. Kelly stated that she has worked with the town of Southington for the past eight years in the Youth Services Department. Kelly oversees a federally funded drug free community grant designed to reduce underage drinking, tobacco, alcohol,

	marijuana, and prescription drug use among youth. The Chair informed the board that Senator Williams, President Pro Tempore appointed Suchitra Krishnan-Sarin, as the new board member to replace Douglas Fishman. Suchitra was unable to attend today's meeting, but will be at the next meeting. The Chair introduced Mary Kokstis, Vice President of Client Services and Maria Martin, Client Service Manager from Alere Wellbeing (QuitLine).
Approval of July 22, 2014 Meeting Minutes	Ken Ferrucci moved approval of the July 22, 2014 meeting minutes. The motion was seconded by Joel Ruddikoff. The minutes were approved on a voice vote.
Approval of Teen Kids News First Program Segment Script	The Board briefly reviewed Teen Kids News script for the first program segment. Ken Ferrucci moved approval of Teen Kids News program script. The motion was seconded by Geralyn Laut. The program script was approved on a voice vote.
QuitLine Presentation	Mary Kokstis and Maria Martin provided the Board with an in-depth presentation on the Connecticut QuitLine. The major points include: • Since 2005, CT QuitLine served 41,900 residents. • In 2012 the average quit rate was 27% and the participant satisfaction rate was 96%. • CT quit rate is consistent with other states. • The quit rate increases when free NRT is provided to callers.

	• Average call volume has decreased from 937 per month in 2012 to 427 per month in 2014. • Decline in call volume is not unique to CT. • Suggested strategies to increase call volume include: paid media that sends a gentler message as opposed to the hard hitting message of CDC TIPS Campaign; media featuring quit coaches for a more personal approach; provide free NRT; support provider education with health care professionals and community entities; work with the state's Medicaid department to encourage referrals to the QuitLine; encourage employers and insurance agencies to offer tobacco services as part of their health plans; and review Maryland, Minnesota, and Georgia's promotion campaigns. • Mary agreed to prepare and share with the board an analysis of State trends in tobacco quit rates. The Chair thanked Mary and Maria for attending the meeting and presenting information that will assist the board in its work to develop funding options.
Development of FY 2015 Funding Recommendations a) Review Status of Current Community Cessation Programs b) Review State Agency Tobacco Programs and Services	The Board reviewed the status of current community cessation programs funded by the board. After a brief discussion the Board asked DPH to provide additional information on the unexpended funds in the CommuniCare Inc. contract to assist the board in determining next steps. The Board reviewed state and federal tobacco programs administered by the

	departments of Social Services, Public Health, Mental Health and Addiction Services, Correction, Education, Revenue Services, the Office of the Attorney General and OPM.
c) Review of Tobacco Funding Options in Other States	The Board reviewed the list Tobacco Program Funding Options in Other States. The list shows the states' funding options organized by CDC recommended intervention categories.
d) Review Funding Recommendations by the Centers of Disease Control (CDC)	The Chair reviewed the Summary of Best Practices for Comprehensive Control Program for 2014 document, which shows how funding available to the board may be disbursed based on CDC recommended intervention strategies. She indicated that if the board used the recommended spending levels to disburse its $3.5 million, at a minimum, $1.4 million would be allocated for State and Community Interventions, $385,000 for Mass-Reach Health Communication Interventions, $1.2 million for Cessation Interventions, $350,000 for Surveillance and Evaluation, and $175,00 for Infrastructure, Administration and Management. The Chair distributed information showing how the board expended funds by CDC recommended categories since 2003. She stated that the board was over the percent recommended by CDC in the cessation intervention category, under the percent recommended in state and community interventions and expended no funds in the infrastructure, administration and management category.

	The Chair reminded members that the board previously discussed the option to competitively bid for specific tobacco related programs geared to specific target populations. She suggested that the board follow the CDC recommended funding levels for each intervention strategy. After discussion, there was no definite decision on the method to disburse funds. A number of members supported the idea to issue a Request for Proposal (RFP) that follows the CDC recommended funding categories. It was also suggested that the RFP include the board's program priorities. In preparation for the next meeting DPH will provide projected costs and end date for the current QuitLine contract; Pat Checko will provide best practices for the collection and use of tobacco data in other states; Robert Zavoski will provide the board with DSS spending for cessation, NRT, and office visits; and the Chair will provide a framework for disbursement recommendations for review by the board.
Next Steps	The board agreed to hold a meeting on October 16th at 9:00 a.m. The meeting was adjourned at 12:10 p.m.

Tobacco and Health Trust Fund Board Meeting
Thursday, October 16, 2014
9:00 a.m. – 11:00 a.m.
Legislative Office Building
Room 1B
Hartford, Connecticut

Members Present: Anne Foley-Chair, Diane Becker, Patricia Checko, Ellen Dornelas, Lisa Hammersley, Elaine O'Keefe, Kelly Leppard, Robert Leighton, Ken Ferrucci, Joel Rudikoff, Michael Rell, Suchitra Krishnan-Sarin, Renee Coleman-Mitchell for Katharine Lewis, and Robert Zavoski.
Members Absent: Larry Deutsch**,** Geralyn Laut, and Cheryl Resha.

Welcome	The Chair, Anne Foley, convened the meeting at 9:10 a.m. The Chair introduced Suchitra Krishnan-Sarin, Associate Professor of Psychiatry at Yale University School of Medicine as a new board member. She was appointed by Senate President Pro Tempore, Donald Williams to replace Douglas Fishman. Suchitra noted that her expertise is in adolescent tobacco use behaviors. She is a member of the FDA's Tobacco Product Scientific Advisory Committee and the Principal Investigator on a NIH-funded center at Yale focused on tobacco regulation.
Approval of September 19, 2014 Meeting Minutes	Ellen Dornelas moved approval of the September 19, 2014 meeting minutes. The motion was seconded by Patricia Checko. The minutes were approved on a voice vote with one abstention by Michael Rell.
Approval of Topics #7-12 for Teen Kids News Series	The Board reviewed topics #7-12 for the Teen Kids News Series. The Chair reminded members that the first six topics were previously approved by the Board. Patricia Checko moved approval of the topics for the Teen Kids News Series. The motion was seconded by Elaine O'Keefe. The topics were approved on a

	voice vote with Renee Coleman-Mitchell voting no. Renee stated that the topics show no evidence of conveying "hard hitting messages" to teens as the reason for her opposition.
Development of FY 2015 Funding Recommendations a) Review QuitLine Information	The Board reviewed additional information on QuitLine submitted by Alere. Highlights include: • In 2011, 2013, and 2014 the Connecticut QuitLine reach was under the North American QuitLine Consortium's (NAQC) recommended target of 2%. • In 2012, the QuitLine reach exceeded the recommended 2% reach. This may be attributed to the counter-marketing campaign funded by the board with media ads tagged with QuitLine information. • Connecticut's overall QuitLine quit rate of 27% is consistent with four other states, where the quit rates range from 25% - 30%. Connecticut's Medicaid quit rate of 24.7% is similar to four other states, where the rates range from 21% - 27% (Alere is not authorized to name the four states). • Alere provided ideas for Quitline Outreach efforts. The Board asked for an analysis comparing QuitLine quit rates to quit rates of other cessation programs.
b) Review Medicaid Spending for Smoking Cessation	Robert Zavoski reviewed Medicaid Spending for Smoking Cessation for CY 2012 – 2014. Robert noted that many health care providers submit claims for smoking cessation treatment under other codes and diagnoses to best maximize payment. As a result, services reported

	under the provider category are underestimated. He also noted that the pharmacy costs for prescription drugs to assist patients in their efforts to quit are fairly accurate.
Review Proposed Funding Framework	The Chair summarized the proposed funding framework based on discussion at the last Board meeting. She stated that the proposed framework shows how the $3,511,833 would be distributed through Request for Proposals (RFP) based on the CDC's recommended program interventions and funding levels. She noted that the Infrastructure, Administration and Management Intervention will not be part of a competitive bidding process. After discussion, Patricia Checko moved approval of the proposed funding framework using a competitive bidding process for the first four program interventions ($1.4 million for State and Community Interventions; $385,650 for Mass-Reach Health Communication Interventions; $1.2 million for Cessation Interventions; and $351,183 for Evaluation) with the following stipulations: • Funding in the Evaluation category will not be used for Surveillance • Infrastructure, Administration and Management ($175,000) will be procured by the Department of Public Health not using a competitive bidding process. • Setting aside $294,322 from the Cessation Interventions category to fund the third year of the Department of Correction's smoking cessation program.

	• Ensuring all program interventions align with the Board's Guiding Principles:
	  o Sustainable programming
	  o Consistent with existing public research and plan documents
	  o Complement and enhance existing programming and expenditure
	  o Focus on societal/environmental change
	  o Cultural Sensitivity
	  o Effect and outcome-based efforts
	The motion was approved on a voice vote.
	
	The Tobacco and Health Trust Fund Board draft report will be sent to the Board for review and comments on November 13th.

Next Steps	The next meeting will be held on Friday, November 21st from 1:00 p.m. – 3:00 p.m. in Room 1B at the LOB. The meeting was adjourned at 10:40 a.m.