



DEPARTMENT OF PUBLIC HEALTH

AGENCY PURPOSE

- Protect the health and safety of the people of Connecticut.
- Actively work to prevent disease and promote wellness through education and programs such as prenatal care, newborn screening, immunizations, AIDS awareness, and supplemental foods.
- Monitor infectious diseases, environmental and occupational health hazards, and birth defects.
- Assure planning for and response to public health emergencies.
- Regulate health care providers such as health facilities, health professionals, and emergency medical services.
- Provide testing and monitoring support through the state laboratory.
- Collect and analyze health data to help plan policy for the future.
- Serve as the repository for all birth, adoption, paternity, marriage, and death certificates.

RECENT HIGHLIGHTS

Government Efficiency and Performance

- Launched Healthy CT/Healthy DPH, an employee-based strategic planning effort that identified strengths and areas of improvement and set a course for the department to better serve the needs of its customers. Healthy CT/Healthy DPH led to an agency-wide realignment consistent with Incident Command structure, as well as benchmarks for performance and evaluation.
- Implemented a contract review/approval accountability system resulting in average time savings of three to four weeks in the execution of contracts.
- As an outcome of the Commissioner's initiative to build full-time local public health capacity, the towns of Andover, Chaplin, Columbia and Scotland joined the Eastern Highlands Health District bringing to 90% the percentage of Connecticut's population served by full-time health departments.
- Created procedures for Certificates of Stillbirth as well as a License and Certificate of Civil Unions. Distributed a *Frequently Asked Questions* document to Town Clerks outlining the implementation of Civil Unions effective October 1, 2005.
- Began the process of printing birth certificates generated from the department's Electronic Vital Records System (EVRS) on safety paper, protecting against the creation of fraudulent birth certificates.
- Received the sixth consecutive Gold Standard award from the North American Association of Central Cancers Registries for Connecticut's Tumor Registry, a population-based resource for examining cancer patterns in Connecticut.

Public Health Preparedness

- Developed an effective response using the public health preparedness infrastructure to respond to public concern and the need to redistribute vaccine during the Fall Influenza vaccine shortage.
- Refined the Pandemic Influenza Preparedness Plan to provide a framework for governmental agencies and private organizations to work together to mitigate the consequences of pandemic influenza on the people of Connecticut.
- Established a statewide database that will list more than 6,000 persons who would be called up to assist in mass vaccination or antibiotic distribution by selected local health departments should it be needed.

- Provided over 100 public health preparedness courses and training sessions with approximately 3,800 attendees. Programs covered key preparedness content areas and core skills such as incident command systems, risk communications, basic epidemiology and surveillance, worker safety, biological and chemical agents, and information technology.

Health Care Quality and Regulatory Standards

- Re-evaluated the entire internal process for investigating and disciplining physicians and other licensed health care providers to promote regulatory fairness, efficiency and effectiveness.
- Convened a workgroup to enhance hospital regulatory oversight and developed guidelines for inspections/investigations, which were shared with providers and regulatory staff.
- Selected as a pilot state for the federal Centers for Medicaid and Medicare Services (CMS) Quality Improvement Survey Demonstration Project. Training will begin in September 2005 with a focus on consistent and comprehensive identification of quality of care/life issues through a more structured process.
- Designed the *Young Worker Safety Training Program*, to teach high school students how to recognize and avoid or eliminate hazards in their workplaces. The program was expanded to five additional Connecticut high schools.
- Completed a plan in conjunction with the Department of Environmental Protection intended to help Connecticut track environmental exposures and diseases that might be associated with the environment.
- Developed and began conducting vulnerability assessment surveys of food service establishments to determine the perceptions and practices of food establishment operators on food security issues. The data collected will help to raise awareness about the potential for intentional contamination incidents and methods for risk reduction.
- Continued a very successful neighborhood pilot project called "Lead Free Families" in Bridgeport for an additional year. The program educates neighborhood families about the danger of lead poisoning, increases the blood lead screening rate of children, and targets lead hazards in housing that may expose families to lead in their homes. The concept has been expanded to Waterbury where a similar pilot project is in the first year of implementation.

- Created the *Private Well Program* to meet the increasing demand of the general public and local health departments on questions relating to private wells.
- Developed a train-the-trainer course for the real estate industry entitled *Radon, Real Estate and You*. The course will be offered to training providers within real estate schools so that they can implement the subject of radon into their pre-licensure training programs for realtors and brokers.
- Received the Association of Boards of Certification (ABC) 2005 Certification Program Award to the Drinking Water Section's Operator Certification Program. This award is presented annually to one certifying authority in recognition of outstanding contribution establishing or advancing certification.
- Facilitated the Interagency Suicide Prevention Network, which completed the Comprehensive Suicide Prevention Plan.
- Established The Connecticut Youth Health Service Corps. (CYHSC) in partnership with the University of Connecticut Health Center Area Health Education Center Program. The program engages youth in activities that promote healthy lifestyles and supports workforce development by facilitating the transition of youth from high school to employment in the health care field, particularly with underserved populations.
- Published the *Comprehensive Cancer Plan*, the *Connecticut Genomics Action Plan*, and the *Healthy Connecticut 2000 Report*.
- Reported a total of 101 TB cases; the lowest case count ever in Connecticut. At the same time, approximately 3,000 individuals with latent TB infection were placed on preventive treatment using state-supplied antibiotics.
- Implemented two new disease surveillance projects: HIV incidence, intended to provide estimates of the number of new HIV infections in Connecticut; and behavioral surveillance, intended to provide information about trends in behavior that place Connecticut residents at high risk for HIV infection. This information will be useful in the future to assist in evaluating and targeting HIV prevention initiatives.

Health Promotion and Disease Prevention

- Received recognition at the National Immunization Conference for having the highest level ever measured for early childhood immunization rates for the children of Connecticut. Nationally for the second consecutive year, Connecticut ranked number one among all states with a 94% two-year-old immunization coverage rate.
- Implemented CONNECTIFIT, a Workplace Wellness Program for DPH employees.

RECOMMENDED ADJUSTMENTS

Technical Adjustments

- Transfer Salary Adjustment Funds for Settled Bargaining Units 2006-2007
959,843
Necessary funding is transferred from the central Reserve for Salary Adjustment account to agency budgets.

Expansion Adjustments

- Fund Immunization Recommendations 1,944,950
Funds are recommended to assure compliance with recent recommendations by the Advisory Committee on Immunization Practices (ACIP) for adolescents. A new, more effective combination vaccine will comply with the call for routine immunization of adolescents aged 11-18 for Pertussis. Funding will also support the routine immunization against Meningococcus for children age 11 while continuing the vaccination of college entrants.
- Fund Newborn Genetic Screening 124,000
An additional \$155,000 is recommended through revenue intercept of testing fees to support increased costs for newborn screening activities incurred by DPH. A new Tandem Mass Spectrophotometer has increased testing capacity from 8 to 42 tests with one blood sample. \$124,000 is also recommended to support the cost of increased referrals of infants at risk for metabolic or genetic diseases and necessary referrals for follow up care that result from the additional testing.
- Provide Funds for Increased Energy Costs 22,170

AGENCY SUMMARY

Personnel Summary	2004-2005 Authorized	2005-2006 Estimated	2006-2007 Appropriated	2006-2007 Net Adjustments	2006-2007 Revised Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	447	462	462	1	463
<u>Financial Summary</u>					
	2004-2005 Actual	2005-2006 Estimated	2006-2007 Appropriated	2006-2007 Net Adjustments	2006-2007 Revised Recommended
Personal Services	26,342,416	27,399,217	28,227,833	959,843	29,187,676
Other Expenses	4,908,663	5,202,177	5,304,966	22,170	5,327,136
<u>Capital Outlay</u>					
Equipment	0	4,000	1,000	0	1,000

Budget Summary

Other Current Expenses

Needle and Syringe Exchange Program	466,341	549,495	481,306	0	481,306
Comm Svs Support for AIDS Victims	195,969	193,402	195,280	0	195,280
Children's Health Initiative	1,588,753	1,163,870	1,052,967	0	1,052,967
Childhood Lead Poisoning	300,908	238,414	240,729	0	240,729
AIDS Services	3,726,323	4,659,821	4,597,121	0	4,597,121
Breast and Cervical Cancer Detection	1,768,409	1,762,446	1,668,273	0	1,668,273
Services for Children Affected by AIDS	244,272	296,938	259,154	0	259,154
Children w/Special Hlth Care Needs	1,247,302	1,672,297	1,345,644	0	1,345,644
Medicaid Administration	3,215,891	3,459,529	3,462,246	0	3,462,246
TOTAL - Other Current Expenses	12,754,168	13,996,212	13,302,720	0	13,302,720

Pmts to Other Than Govts

Community Health Services	6,044,077	6,064,138	6,088,296	0	6,088,296
Emergency Medical Services Training	45,189	84,663	85,485	0	85,485
Emergency Med Svcs Regional Offices	475,584	490,085	494,608	0	494,608
Rape Crisis	268,288	548,644	418,527	0	418,527
X-Ray Screening and Tuberculosis Care	732,621	763,228	699,303	0	699,303
Genetic Diseases Programs	532,053	597,343	511,126	124,000	635,126
Loan Repayment Program	44,871	122,620	122,620	0	122,620
Immunization Services	7,151,198	7,100,000	7,100,000	1,944,950	9,044,950
TOTAL - Pmts to Other Than Govts	15,293,881	15,770,721	15,519,965	2,068,950	17,588,915

Pmts to Local Governments

Local & District Departments of Health	4,044,631	4,195,374	4,195,374	0	4,195,374
Venereal Disease Control	226,746	252,234	212,657	0	212,657
School Based Health Clinics	6,570,718	6,743,781	6,646,760	0	6,646,760
TOTAL - Pmts to Local Governments	10,842,095	11,191,389	11,054,791	0	11,054,791
TOTAL - General Fund	70,141,223	73,563,716	73,411,275	3,050,963	76,462,238



OFFICE OF HEALTH CARE ACCESS

AGENCY PURPOSE

The Office of Health Care Access (OHCA) is statutorily responsible for overseeing and coordinating health system planning for the state. The mission of OHCA is to ensure that the citizens of Connecticut have access to a quality health care delivery system. The agency fulfills its mission by advising policy makers of health care issues; informing the public and the industry of statewide and national trends; designing and directing health care system development.

OHCA's responsibilities include:

- Collection, analysis, and reporting of health care data
- Monitoring health care costs
- Administering the Certificate of Need (CON) program
- Providing analysis for administration of the Uncompensated Care Program
- Implementation and oversight of health care reforms enacted by the General Assembly.

RECENT HIGHLIGHTS

- In conjunction with the Department of Social Services and the Office of Policy and Management, examined options to expand access to health insurance coverage via premium assistance initiatives.
- Continued to study and assess the numerous economic and demographic factors that influence the level of health care coverage in the state. Published the results of data collected from a household and employer survey administered through federal monies received from the Health Resources and Services Administration.
- Developed two new survey instruments that will be used to collect additional information about access to health insurance coverage from both households and employers. These new surveys will gather data specifically from HUSKY households with at least one employed parent and their respective employers.
- Continued to evaluate the need and accessibility of cardiac services within the state. Reviewed and acted on six Certificate of Need applications regarding expansion of

cardiac services. This activity has continued from the previous year due to changes in national guidelines regarding the provision of emergency angioplasty without on-site open heart surgery backup.

- OHCA, in accordance with Public Act 05-93, began working toward the regulation of imaging equipment. To alleviate concerns regarding parity and quality, this Public Act requires Certificate of Need approval, regardless of cost, for anyone acquiring, purchasing or accepting donation of a CT scanner, PET scanner, PET/CT scanner, MRI, cineangiography equipment, a linear accelerator or other similar equipment utilizing new technology that is being introduced to the state.
- Reviewed and acted on four Certificate of Need applications for expansion and renovations to hospital emergency departments. This recent activity of facility development or enhancement projects will continue due to increasing service volumes and the need to update outdated facilities

RECOMMENDED ADJUSTMENTS

Technical Adjustments

• Centralize Business Operations	<u>2006-2007</u>
<i>Per Sections 60 (c) and 60 (d) of PA 05-251, the Department of Administrative Services has consolidated personnel, payroll, affirmative action and business office functions for certain state agencies into the department.</i>	-156,825
• Transfer Salary Adjustment Funds for Settled Bargaining Units	131,421
<i>Necessary funding is transferred from the central Reserve for Salary Adjustment account to agency budgets.</i>	
• Provide Funds for Administrative Support	30,000

AGENCY SUMMARY

<i>Personnel Summary</i>	2004-2005 Authorized	2005-2006 Estimated	2006-2007 Appropriated	2006-2007 Net Adjustments	2006-2007 Revised Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	23	22	24	-2	22
<i>Financial Summary</i>	2004-2005 Actual	2005-2006 Estimated	2006-2007 Appropriated	2006-2007 Net Adjustments	2006-2007 Revised Recommended
Personal Services	1,894,193	1,976,486	1,978,347	4,596	1,982,943
Other Expenses	180,910	222,887	232,418	0	232,418
<u>Capital Outlay</u>					
Equipment	0	100	100	0	100
TOTAL - General Fund	2,075,103	2,199,473	2,210,865	4,596	2,215,461



OFFICE OF THE CHIEF MEDICAL EXAMINER

AGENCY PURPOSE

To Investigate Fatalities

- Deaths due to any form of injury, whether resulting from accident, suicide or homicide.
- Sudden or unexpected deaths not due to readily recognizable disease.
- Deaths occurring under suspicious circumstances (e.g. child abuse).
- Deaths of any individual whose body is to be disposed of in a manner that will render it unavailable for later examination.
- Deaths at or related to the workplace.
- Deaths due to disease that might constitute a threat to the public health.

To Protect the Public Health

- By diagnosing previously unsuspected contagious disease.
- By identifying hazardous environmental conditions in the workplace, the home and elsewhere.
- By identifying trends such as changes in the numbers of homicides, traffic fatalities, and drug and alcohol related deaths.
- By identifying new types and forms of drugs appearing in the state or existing drugs/substances becoming new subjects of abuse.
- By providing information that will lead to proper adjudication in criminal matters and prevent unnecessary litigation.

RECENT HIGHLIGHTS

- Completed rollout of a web-based death investigation system including the conversion of more than 190,000 records from a DOS based system.
- Implemented a digital photography initiative funded through a Federal grant.
- Accomplished initial interface with CORE-CT to bill funeral homes for cremation fees.

RECOMMENDED ADJUSTMENTS

Technical Adjustments

- | | |
|---|-----------------------------|
| • Transfer Salary Adjustment Funds for Settled Bargaining Units | <u>2006-2007</u>
170,185 |
| <i>Necessary funding is transferred from the central Reserve for Salary Adjustment account to agency budgets.</i> | |
| • Re-estimate of Other Expenses Needs | 63,000 |
| • Provide Funds for Increased Energy Costs | 6,214 |

Expansion Adjustments

- | | |
|---|---------|
| • Fund Increased Payments for Assistant Medical Examiners | 136,105 |
| <i>In support of the Commission on Medicolegal Investigations policy change, additional funds are provided for increased payments to Assistant Medical Examiners.</i> | |
| • Fund Rate Increase for Body Transport Services | 19,000 |
| <i>In support of the Commission on Medicolegal Investigations policy change, additional funds are provided for body transport services.</i> | |

AGENCY SUMMARY

<i>Personnel Summary</i>	2004-2005 Authorized	2005-2006 Estimated	2006-2007 Appropriated	2006-2007 Net Adjustments	2006-2007 Revised Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	50	52	52	0	52
<i>Financial Summary</i>	2004-2005 Actual	2005-2006 Estimated	2006-2007 Appropriated	2006-2007 Net Adjustments	2006-2007 Revised Recommended
Personal Services	3,858,736	4,127,788	4,174,219	170,185	4,344,404
Other Expenses	662,858	691,728	586,334	88,214	674,548
<u>Capital Outlay</u>					
Equipment	30,380	10,797	10,797	0	10,797
<u>Other Current Expenses</u>					
Medicolegal Investigations	405,754	251,085	451,085	136,105	587,190
TOTAL - General Fund	4,957,728	5,081,398	5,222,435	394,504	5,616,939



DEPARTMENT OF MENTAL RETARDATION

AGENCY PURPOSE

- Provide residential and employment/day supports to people with mental retardation through a system of public and private providers.
- Provide case management services to DMR clients to plan for and coordinate supports and services.
- Provide respite services and funding for families to obtain relief from constant care giving.
- Provide family support services to families with family members who have mental retardation who live at home.
- Provide persons with mental retardation with resources to obtain individualized and self-directed supports.
- Act as Lead Agency for the Birth-to-Three program serving infants and toddlers with developmental delays.
- Ensure appropriate delivery of health care services to consumers receiving DMR residential supports.
- Assist DMR consumers involved in the criminal justice system to ensure appropriate representation and services.
- Coordinate recreation opportunities for people with mental retardation.
- Monitor and enhance the quality of all services and supports provided by the system of public and private providers.

RECENT HIGHLIGHTS

Waiting List Initiative

- Successfully completed the second year of the "Waiting List Initiative" which is providing new residential supports to people who had been on the DMR Waiting List, and enhanced family supports to families. This multi-year initiative, begun in FY05, has been supported by both the Governor and the Legislature resulting in new funding for 150 new individuals to receive residential supports, and 100 new individuals who will receive enhanced family supports through the DMR waivers each year. A total of 298 new placements will have received residential supports and be removed from the waiting list using both the FY 06 and FY 07 Waiting List funding.

Independence Plus HCBS and Individual and Family Waivers

- Became the 10th state in the nation to receive approval for an *Independence Plus HCBS* waiver. The new Individual and Family Support (IFS) waiver was initiated February 1, 2005. The IFS waiver increases the number of service options for people who live in their own or family home, and allows self-direction of services under a waiver.
- Submitted for approval to the Centers for Medicare and Medicaid Services (CMS) a second HCBS waiver application to replace the original DMR waiver used to provide traditional residential and day and vocational services. The new Comprehensive waiver will not only continue to provide those services, but will expand the service types and options available to people in the community. This waiver was implemented on October 1, 2005.
- Completed field tests for the new Quality System Review and made final modifications to the review tool and process. Awarded the vendor contract for the software development to support the new tool and system as part of the 2003 CMS Real Choice Systems Change Grant in Quality Assurance and Improvement grant.
- Implemented a new Individual Planning process that meets HCBS waiver expectations and best practice. The new process also includes a Health and Safety Screening that informs the development of the Individual Plan.
- Developed and field tested new Level of Need tool. This is intended to fairly and equitable assess individual support need levels and allow for the equitable allocation of resources. This new level of need process addresses Centers for Medicare and Medicaid Service (CMS) requirements and expectations for operation of waiver

programs that permit self-direction, the research for which is guided by a Stakeholder Steering Committee and funded through the 2003 CMS Systems Change Independence Plus grant.

- A total of 6,766 individuals were enrolled in the HCBS Waiver as of June 30, 2005, representing a net increase in enrollment of 204 people.

Coordinated Care for DCF Children

- Developed alternatives to congregate care for 23 DCF children who aged out of residential schools and 15 children served through the DCF-DMR Memorandum of Understanding for children in DCF voluntary services.
- Transferred the care of 125 individuals from DCF Voluntary Services Program care into the DMR services system in order to provide more appropriate services.
- Operated 10 Respite Centers serving approximately 1,132 individuals statewide in FY 2005. This represents an increase of one new Respite Center opened in the West Region.

Birth to Three

- The Birth to Three System received 8,013 new referrals (an increase of 5% over the previous year) and served 8,893 eligible children throughout the 2005 fiscal year. On a daily basis the system served 3% of all children in Connecticut under the age of three. The System generated \$4.4M in Medicaid reimbursement, a \$2M increase over the previous year.

Other Initiatives

- Generated \$308.29M in federal Medicaid reimbursement in FY 05.
- Participated in the biological terrorism exercise TOPOFF 3. Have been invited by several states to share the DMR Special Operations Plan for emergency response. Received three grants from the Nuclear Safety Emergency Preparedness (NSEP) fund to establish A Host Community for Special Populations at the Southbury Training School in collaboration with CT DEMHS, FEMA, and the Nuclear Regulatory Commission.
- Developed and initiated statewide abuse and neglect investigator training and trained 125 public and private agency employees
- Developed and initiated a cultural competence self-assessment and continuous quality improvement planning process with the three DMR regions and 150 private

Budget Summary

- provider agencies. Expanded the department's monthly Diversity training to private sector employees. A total of 90 private sector employees attended monthly trainings held between April and June 2005.
- Developed information fact sheets and presentation materials on confidentiality, abuse and neglect prevention and reporting, human rights, fire and emergency planning, use of physical management techniques, person-centered planning, health signs and symptoms, and communicating effectively with health care providers. These materials are

being used by consumers and families who self-direct their services.

- DMR Self-advocate Coordinators submitted and had accepted six presentations to professional meetings including the National ARC Convention, TASH NE, AAMR, People First, CT Self-determination and Family Support, and CCPA Conferences.
- Continued commitment to assist in maintaining six Family Support Networks located throughout the state.

RECOMMENDED ADJUSTMENTS

Reductions

- Carryforward FY2006 Funds

2006-2007

-1,500,000

Reallocations or Transfers

- Consolidate Similar Accounts

0

The vast majority of DMR funds provide services for either day programs or residential services programs. This proposal reallocates funds currently within various DMR SID's into one of two SID's providing day or residential services.

- Transfer Funds to Serve Additional Individuals in the DCF Voluntary Services Program

3,600,000

This proposal continues an initiative begun in FY 06, which transfers individuals currently being served in the DCF - Voluntary Services Program to DMR. The DCF-VSP individuals have mental retardation and a behavioral health diagnosis and will be better served by the DMR service delivery system.

Technical Adjustments

- Provide Funding for Increased Charges for Fleet Vehicles.

539,496

This proposal will provide funds to address the increased assessment by DAS for vehicles used by the Department.

- Transfer Salary Adjustment Funds for Settled Bargaining Units

6,940,694

Necessary funding is transferred from the central Reserve for Salary Adjustment account to agency budgets.

- Provide Funds for Increased Energy Costs

1,768,636

This proposal provides funds to meet increased need associated with increasing energy costs.

Expansion Adjustments

- Fund New Residential Program Ageouts

1,928,502

Recent case reviews of individuals that will age-out from current placements and who will require residential program placements during FY 2007 identified 24 additional placements which will occur in FY 07.

- Fund New Day Program Ageouts

166,832

Recent case reviews of individuals that will age-out from current placements and who will require day program placements during FY 2007 identified 11 new/additional placements which will occur in FY 07.

- Fund 2% COLA for Private Grant-Funded Providers

4,209,351

A 2% cost of living adjustment is provided for grant funded private providers. A 2% COLA is being recommended for private providers effective October 1, 2006. \$4,209,351 is recommended in the agency's Midterm Budget. In addition, \$3,635,203 will be transferred to the agency from OPM's Contingency Needs account in FY 2007.

AGENCY SUMMARY

<i>Personnel Summary</i>	2004-2005	2005-2006	2006-2007	2006-2007	2006-2007
	Authorized	Estimated	Appropriated	Net Adjustments	Revised Recommended
<u><i>Permanent Full-Time Positions</i></u>					
General Fund	4,015	4,045	4,045	0	4,045
<i>Financial Summary</i>	2004-2005	2005-2006	2006-2007	2006-2007	2006-2007
	Actual	Estimated	Appropriated	Net Adjustments	Revised Recommended
Personal Services	262,326,416	275,515,589	278,204,395	5,440,694	283,645,089
Other Expenses	22,213,032	24,383,720	24,409,755	2,308,132	26,717,887

Capital Outlay

Equipment	1,000	1,000	1,000	0	1,000
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Other Current Expenses

Human Resource Development	231,358	231,358	231,358	0	231,358
Family Support Grants	3,279,145	3,280,095	3,280,095	0	3,280,095
Pilot Program for Client Services	2,289,052	2,367,022	2,390,115	-2,390,115	0
Cooperative Placements Program	17,687,732	19,111,945	19,308,407	155,412	19,463,819
Clinical Services	4,362,653	4,828,373	4,828,373	0	4,828,373
Early Intervention	21,793,095	23,350,189	23,582,677	189,815	23,772,492
Temporary Support Services	-600	0	0	0	0
Community Temporary Support Services	67,315	67,315	67,315	0	67,315
Community Respite Care Programs	330,345	330,345	330,345	0	330,345
Workers' Compensation Claims	13,643,903	13,344,328	13,731,446	0	13,731,446
New Placements	6,000,000	6,000,000	6,000,000	-6,000,000	0
TOTAL - Other Current Expenses	69,683,998	72,910,970	73,750,131	-8,044,888	65,705,243

Pmts to Other Than Govts

Rent Subsidy Program	2,956,185	2,965,126	3,256,126	0	3,256,126
Respite Care	-5,600	0	0	0	0
Family Reunion Program	137,900	137,900	137,900	0	137,900
Employment Opportunities & Day Svcs	121,025,010	134,115,114	142,750,219	4,186,228	146,936,447
Family Placements	1,876,013	1,940,373	1,959,303	-1,959,303	0
Emergency Placements	3,707,097	3,832,827	3,869,751	-3,869,751	0
Community Residential Services	268,536,059	301,114,677	317,414,503	19,592,399	337,006,902
TOTAL - Pmts to Other Than Govts	398,232,664	444,106,017	469,387,802	17,949,573	487,337,375
TOTAL - General Fund	752,457,110	816,917,296	845,753,083	17,653,511	863,406,594



DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

AGENCY PURPOSE

To improve the health and quality of life of Connecticut citizens through prevention and early intervention services

To assist those with psychiatric and substance use disorders to recover and sustain their health through delivery of recovery-oriented treatment and support services

RECENT HIGHLIGHTS

Develop and Maintain a Value-Driven, Recovery-Oriented System of Care

- Awarded two major federal grants to help achieve a recovery-oriented system of care; \$22 million Access to Recovery for services that emphasize choice directed to persons with substance use disorders and \$13.5 million for mental health service system transformation for services and supports that promote recovery.
- Conducted recovery self-assessments in provider agencies as a means of informing the development of agency-specific recovery plans.
- Initiated unique “culture-change process,” involving representatives from all stakeholder groups designed to stimulate statewide recovery-oriented transformation of services and supports.
- Trained over 6,000 people on approaches designed to promote the highest standards of recovery-oriented care and to improve skills among direct care and managerial staff.
- Trained supervisory staff at 16 DMHAS-funded and DMHAS-operated agencies in *Illness Management and Recovery*.
- Expanded training in pastoral counseling and offered courses in spirituality and healing through the Recovery Institute.
- Enhanced re-entry programming for people with psychiatric disabilities reaching end of sentence in the Department of Correction through federally funded CT Offender Re-entry Program (CORP).
- Launched two studies of community re-entry strategies for prisoners with addictive disorders.
- Convened a statewide employment and education advisory committee to create employment and education strategies.
- Conducted an educational needs assessment survey that generated over 1,000 consumer responses.
- Enhanced recovery supports for persons in the New Haven area by consolidating management of DMHAS and HUD funded housing programs and establishing a case management linkage with the Housing Authority of New Haven.
- Created a recovery-based support team at the Southeastern Mental Health Authority by hiring people who receive mental health services and expanding employment services through job clubs and a consumer speakers’ bureau.

Quality of Care Management

- Completed a study demonstrating the positive effects of substance abuse treatment on reported earnings of

people receiving care using a linked data set from Department of Labor wage records.

- Reported findings from two substance abuse treatment needs assessment studies regarding prevalence of substance abuse and dependence; one study of the general adult population and the other of adult probationers.
- Completed the evaluation of a homeless outreach program for persons with co-occurring disorders who are involved in the criminal justice system.

Culturally Competent and Improved Service System

- Continued expansion of the *PILOTS* supported housing initiative to reduce homelessness among people with behavioral health disorders.
- Participated on the *Prison and Jail Overcrowding Commission* to identify long-term strategies to reduce prison overcrowding.
- Worked with Department of Correction and the Judicial Branch/Court Support Services Division to award an RFP for the State’s first mental health Alternative to Incarceration Center.
- Developed service formats that emphasize the use of natural and peer supports, vocational development and competitive employment and that promote independent living in stable housing.
- Trained 68 clinicians in Dialectical Behavioral Therapy. Clinical teams are now at all DMHAS-operated facilities to effectively treat people with persistent suicidal ideation and other high-risk behaviors.
- Contracted with UConn Psychology Department to design a graduate-level course in cultural competence for Connecticut universities and colleges preparing clinicians and counselors.
- Trained 646 certified police officers (including 390 New Haven officers) and emergency response personnel in ways to safely intervene in situations involving people with acute psychiatric problems. Also trained 236 municipal police officer recruits.
- Trained 17 emergency first responders and dispatchers at the Emergency Medical Services Annual Conference about mental illness and substance abuse and best practice interventions in emergency situations. This was the first time DMHAS participated and will conduct training again in 2006.
- Awarded a research grant from the National Institute of Mental Health for \$2.5 million to develop and evaluate a culturally responsive, person-centered approach to care for adults with psychosis who are of African or Latino origin.

- Expanded capacity of acute care psychiatric unit at the Connecticut Mental Health Center from 12 to 20 beds to help alleviate gridlock in the New Haven area.
- Established an assertive outreach-oriented ambulatory service program for young adults with psychiatric disorders in the New Haven area through the Connecticut Mental Health Center and awarded a contract to a non-profit agency to provide residential services to this high priority population.
- Established a health disparities initiative with Yale University researchers to conduct analyses of state level data sets to assess the extent of racial and ethnic disparities in the Connecticut behavioral health system.
- Completed the 4th year evaluation of a culturally specific outreach and treatment program for Latinos in Bridgeport, demonstrating the program's value in engaging Latinos in care and improving their treatment outcomes.
- Completed the third year evaluation of Project for Addictions Cultural Competence Training (PACCT). PACCT is designed to recruit and train African Americans, Latinos, Asians, American Indians, and other underserved populations to the field of addictions treatment in the New Haven, Hartford and Bridgeport areas.
- Initiated 5-year, federally funded Connecticut Co-Occurring State Incentive Grant (COSIG) Program to support infrastructure and service enhancements for persons with co-occurring psychiatric and substance use disorders.
- With collaborators from Yale University, developed a case-mix adjustment methodology as a first step toward creating "report cards" that fairly compare the performance of addiction treatment providers.
- Used accelerated learning methods to train 9,400 people saving over 5,200 hours of employee time, resulting in more hours for direct care services.

Expanded Resource Base

- Began using fee-for-service system to increase access to traditional clinical and non-traditional support services, including faith-based supports funded by the federal *Access to Recovery* grant.
- Awarded a two-year federal grant to test strategies for disseminating evidence-based practices in substance abuse clinics.
- Collaborated with the Department of Social Services and Maximus Consulting to implement the Community Based Medicaid Administrative Claiming initiative that is projected to increase federal revenue recoveries by \$13 million.
- Evaluated the claim process for DMHAS Young Adult Services recipients who are eligible for Temporary Assistance to Needy Families (TANF) resulting in a federal increase of \$1.9 million.
- Continued efforts to increase revenue for Targeted Case Management (TCM) under Medicaid resulted in \$16 million in TCM billing or \$8.0 million in revenue for fiscal year 2005, an increase of \$4.4 million over the FY '04 level.
- Awarded Justice Assistance Grant (JAG) to implement the Transitional Case Management Program collaborative venture between DMHAS and DOC to ensure pre-and post release continuity of care for individuals with substance use disorders released from Connecticut correctional facilities.

Organizational and Management Effectiveness

- Contracted with a new Administrative Services Organization to assist with operation of DMHAS General Assistance Behavioral Health Program.
- Used a Robert Wood Johnson Foundation grant to achieve collaborative purchasing of services with DOC, DSS, DCF and the Judicial Branch.

RECOMMENDED ADJUSTMENTS

Reductions

- | | <u>2006-2007</u> |
|--|------------------|
| • General Assistance Enhanced Care Clinic
<i>Funding for this new service is removed due to problems with current statutory language.</i> | -600,000 |
| • General Assistance Detox Saving
<i>Savings resulting from the FY '06 closure and subsequent restructuring of detox services in Norwalk are removed from the '07 budget.</i> | -750,440 |
| • Eliminate Funding for Partial Hospital Programs under the General Assistance Behavioral Health Program
<i>Savings will result through the use of intensive outpatient programs instead of partial hospital programs where clinically appropriate.</i> | -510,000 |

Reallocations or Transfers

- | | |
|---|---|
| • Medicaid Adult Rehabilitation Option
<i>\$1.6 million is being reallocated from the Grants for Mental Health Services account to the Medicaid Adult Rehab Option account to reflect a planned FAC which will support the implementation of the Medicaid Rehab Option for Mental Health Group Homes</i> | 0 |
|---|---|

Technical Adjustments

- | | |
|--|-----------|
| • Transfer Salary Adjustment Funds for Settled Bargaining Units
<i>Necessary funding is transferred from the central Reserve for Salary Adjustment account to agency budgets.</i> | 7,232,510 |
| • Annualize Deficiencies
<i>\$1.6 million of FY '06 deficiencies in the Other Expenses and Professional Services accounts are being annualized into FY '07.</i> | 1,600,000 |
| • Provide Staff for Common Ground
<i>Funds will support social work services at Common Ground in Willimantic which had previously been funded through Carry Forwards.</i> | 90,000 |

Budget Summary

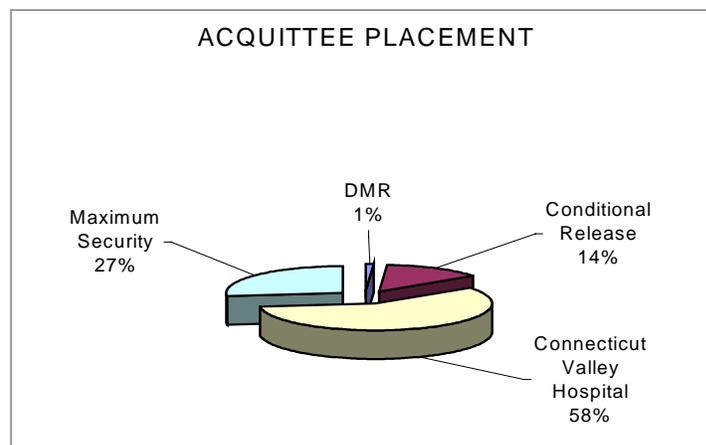
Expansion Adjustments

- Provide Funds for Increased Energy Costs 1,999,358
- Fund 2% COLA for Private Grant-Funded Providers 1,554,131
A 2% cost of living adjustment is recommended for grant funded private providers effective October 1, 2006. \$1,554,131 is recommended in the agency's Midterm Budget. In addition, \$1,342,154 will be transferred to the agency from OPM's Contingency Needs account in FY 2007.
- Pickup Expiring Federal Funds - Forensic Transitional Case Management Program 400,000
Funds will continue this successful program previously funded through a federal Justice Assistance Grant which provides case management services for offenders with substance use disorders transitioning from correctional facilities to the Hartford and Waterbury areas.
- Support New Hospital Information System 200,000
2 positions will support the development and implementation of a client information system (funded from a new \$4.7 million bond authorization) designed to maintain patient safety by reducing the possibility of medical and medication errors thereby enhancing quality of care and assuring continued compliance with JCAHO.
- Combat Urban Violence 200,000
Funds will support career based mentoring for high risk inner city youth and the implementation of a model youth violence prevention initiative designed to break the cycles of violence, crime and substance abuse among middle/high school youth.

AGENCY SUMMARY

Personnel Summary	2004-2005 Authorized	2005-2006 Estimated	2006-2007 Appropriated	2006-2007 Net Adjustments	2006-2007 Revised Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	3,139	3,226	3,219	2	3,221
Financial Summary	2004-2005 Actual	2005-2006 Estimated	2006-2007 Appropriated	2006-2007 Net Adjustments	2006-2007 Revised Recommended
Personal Services	148,352,225	156,058,031	157,201,875	7,432,510	164,634,385
Other Expenses	26,356,469	28,079,506	26,279,506	2,999,358	29,278,864
<u>Capital Outlay</u>					
Equipment	1,000	1,000	1,000	0	1,000
<u>Other Current Expenses</u>					
Housing Supports and Services	6,038,663	6,650,665	7,810,536	62,866	7,873,402
Clinical Work Stations	188,720	0	0	0	0
Managed Service System	27,040,509	27,635,791	27,658,919	826,730	28,485,649
Legal Services	397,200	415,573	414,268	3,334	417,602
Connecticut Mental Health Center	7,311,103	7,252,614	7,252,614	0	7,252,614
Capitol Region Mental Health Center	340,408	340,408	340,408	0	340,408
Professional Services	10,003,088	10,243,898	9,943,898	600,000	10,543,898
General Assistance Managed Care	66,572,321	73,029,636	75,485,540	-1,860,440	73,625,100
Workers' Compensation Claims	8,684,805	9,117,249	9,581,541	0	9,581,541
Nursing Home Screening	536,926	489,474	489,474	0	489,474
Young Adult Services	25,015,822	25,489,167	25,648,723	206,445	25,855,168
TBI Community Services	5,067,557	5,356,948	5,338,057	42,966	5,381,023
Jail Diversion	3,403,536	4,091,184	4,067,832	32,741	4,100,573
Behavioral Health Medications	7,900,479	8,989,095	7,889,095	0	7,889,095
Community Mental Health Strategy Board	2,499,944	6,050,178	9,255,178	74,494	9,329,672
Medicaid Adult Rehabilitation Option	1,200,000	2,250,000	2,250,000	1,630,988	3,880,988
Discharge and Diversion Services	0	1,707,322	1,789,822	14,406	1,804,228
TOTAL - Other Current Expenses	172,201,081	189,109,202	195,215,905	1,634,530	196,850,435
<u>Pmts to Other Than Govts</u>					
Grants for Substance Abuse Services	21,461,754	22,181,893	22,112,475	177,982	22,290,457
Gov's Partnership-Protect CT Workforce	224,200	374,200	374,200	0	374,200
Grants for Mental Health Services	74,712,390	76,320,123	76,080,454	-909,788	75,170,666
Employment Opportunities	9,752,434	10,091,100	10,059,411	80,967	10,140,378
TOTAL - Pmts to Other Than Govts	106,150,778	108,967,316	108,626,540	-650,839	107,975,701
TOTAL - General Fund	453,061,553	482,215,055	487,324,826	11,415,559	498,740,385

PSRB PSYCHIATRIC SECURITY REVIEW BOARD



AGENCY PURPOSE

The Psychiatric Security Review Board (PSRB) is a state agency to which the Superior Court commits persons who are found not guilty of a crime by reason of mental disease or mental defect. It is the Board's responsibility to review the status of acquirtees through an administrative hearing process and order the level of supervision and treatment for the acquirtee necessary to ensure public safety. The Board is governed by Connecticut General Statutes, Sections 17a-580 through 17a-603.

- The Board ensures notification to victims of all Board hearings and their right to make a victim impact statement.
- All Board hearings are open to the public.

RECENT HIGHLIGHTS

- Maintained quarterly treatment team meetings with community service providers and DMHAS regarding all conditionally released acquirtees.
- Drafted a Conditional Release Procedure Manual in collaboration with the Department of Mental Health & Addiction Services, to be used as a resource by community service providers.
- Revised PSRB training for community providers to reflect recovery-oriented principles.
- Maintained zero percent recidivism of conditional release population, as reflected by no arrests.
- Implemented a pilot program for quarterly reporting on selected conditionally released acquirtees.
- Successfully defended the constitutionality of the Board's statute governing the matter of continued commitment.
- Participated in the revision of the Connecticut General Statutes governing the Board in the matter of eligibility for appointment of certain Board members.
- Increased collaboration with DMHAS regarding a variety of system and communication issues.

RECOMMENDED ADJUSTMENTS

Technical Adjustments

- Transfer Salary Adjustment Funds for Settled Bargaining Units
Necessary funding is transferred from the central Reserve for Salary Adjustment account to agency budgets.

2006-2007

2,121

AGENCY SUMMARY

Personnel Summary

Permanent Full-Time Positions

	2004-2005 Authorized	2005-2006 Estimated	2006-2007 Appropriated	2006-2007 Net Adjustments	2006-2007 Revised Recommended
General Fund	4	4	4	0	4

Budget Summary

<i>Financial Summary</i>	2004-2005	2005-2006	2006-2007	2006-2007	2006-2007
	Actual	Estimated	Appropriated	Net Adjustments	Revised Recommended
Personal Services	264,461	301,588	302,708	2,121	304,829
Other Expenses	42,346	50,522	50,522	0	50,522
TOTAL - General Fund	306,807	352,110	353,230	2,121	355,351