



DEPARTMENT OF PUBLIC HEALTH

AGENCY PURPOSE

- Protect the health and safety of the people of Connecticut.
- 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 and environmental professionals, childcare providers, 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 records.

RECENT HIGHLIGHTS

Efficiency and Performance

- Worked to improve Connecticut's overall ranking for health status, which climbed to fifth in the nation in 2002 from ninth in 2000 according to the recent United Health Foundation State Health Rankings. Significant improvements for the year 2002 included:
 - Prevalence of smoking (6th in nation from 7th);
 - Infant mortality (10th in nation from 14th);
 - Premature deaths (8th in the nation from 14th);
- Received a top ten ranking for all states for the prevention and treatment of cancer by the American Cancer Society.
- Surpassed small and minority business contracting goals for the first time.
- Received the 2003 National Vital Statistics System Award for outstanding improvements in quality and timeliness of data provided to the Vital Statistics Cooperative Program, an initiative of the National Center for Health Statistics, Centers for Disease Control and Prevention.
- Received sixth consecutive Gold Standard award from the North American Association of Central Cancer Registries, recognizing registries that meet or exceed strict standards for timeliness, completeness, and accuracy of data.
- Achieved the fifth highest immunization level of all states for young children as of July 2003, based on results of the National Immunization Survey; Connecticut continues to rank in the top five states nationally over the last seven years, with an 82% immunization coverage rate for its two-year-old population.
- Initiated security improvements to protect against the creation of fraudulent birth certificates.

Public Health Preparedness

- Established the Connecticut Bioterrorism Preparedness Advisory Committee, comprised of more than 50 public and private health partners, to oversee the development of the statewide public health preparedness plan.
- Secured and allocated \$16 million in new federal funding to support and enhance public health preparedness efforts.
- Developed a comprehensive state smallpox preparedness and response plan. On January 24, 2003, Connecticut became the first state in the nation to initiate vaccination of civilians against smallpox.
- Selected and developed smallpox mass vaccination clinic planning areas and clinic teams; all 32 acute care hospitals engaged in this preparedness planning.

- Developed risk communication materials, including a radio public service announcement and educational video, in support of Connecticut's smallpox vaccination program.
- Enhanced capabilities for detection of possible terrorist events and specific terrorist-related disease surveillance.
- Worked with hospitals, local health departments, a university and several business establishments to implement containment efforts to limit the potential spread of SARS.
- With new federal funding, procured a Wide Area Notification System (WAN). This voice-messaging call-down system will allow DPH to contact its partners 24/7.
- With new federal funding, procured phones, laptop computers, and broadcast fax machines for local health departments. This equipment enables the department to contact local health directors 24/7. The broadcast fax machines allow local health departments to begin the development of local Health Alert Networks (HAN's) in their communities.
- Developed and distributed educational materials on food biosecurity to local sanitarians and food establishment operators, and also delivered a full-day seminar on food biosecurity to local health officials and food industry representatives.
- Successfully responded to over 150 threat or hoax events, providing evidence and/or expert testimony that resulted in five convictions.
- Established laboratory capability for the diagnosis of SARS and monkey pox viruses, in response to the possible introduction of these agents in Connecticut.

Health Care Quality and Regulatory Standards

- Developed and implemented an information system to maintain hospital adverse event data. This central repository allows data review and analysis to assist with DPH policy and planning activities. Enhancements are planned to allow direct data transmission to DPH and eliminate paper-based reporting.
- Joined the federal Centers for Medicare and Medicaid Services on a health care quality initiative. Connecticut was the first state in the nation to have all of its acute care adult hospitals participating in this program.
- Expanded website information concerning regulatory programs, including on-line filing of complaints against licensed practitioners or entities and information pertaining to disciplinary actions against licensed practitioners.

- Established a quality of care program with members of the commissioner's Quality of Care Advisory Committee to develop new healthcare quality data collection methods for mandated public reporting. A report on the new hospital adverse event reporting system was distributed in March 2003 and a report on the DPH quality of care program was issued in June 2003.

Public Health Data Collection and Reporting

- Integrated data from the genetic screening, hearing screening and special needs systems with the electronic birth system and other DPH data repositories, eliminated repetitive manual loading of data into three separate DPH applications, and reduced manual processes of record matching and data cleansing.
- Began implementing an electronic laboratory test data reporting and disease surveillance system. The system will eliminate the need for physicians/hospitals to report to both DPH and local health departments, and the need for manual forms completion and mailing.

Health Promotion and Disease Prevention

- Completed the Connecticut Statewide Asthma Plan development, which serves as the basis of asthma implementation activities throughout communities in Connecticut.
- Established new HIV/AIDS prevention program contracts that fund over 500 HIV statewide prevention interventions through a competitive bid process, targeting interventions at populations statistically shown to be at high risk for HIV.
- Documented the population-level impact of the new conjugate pneumococcal vaccine. Rates of invasive pneumococcal disease have not only dropped 75% in the "infants and young children" age group since the vaccine was licensed in 2000, but they have also dropped 25% in

adults 18 to 64 years old and 31% in persons older than 65 years.

- Developed various initiatives to address growing public concern over indoor air quality, especially in schools, with an emphasis on mold.
- Published a report on cardiovascular disease, the leading cause of death in Connecticut and throughout the nation.
- Compiled data related to nutrition education activities in state-funded School Readiness Programs. This information will be analyzed and innovative activities will be available to all School Readiness Programs interested in utilizing new methods to promote healthy eating and improved dietary quality.
- Funded a second round of pilot programs to implement local policy and environmental change to improve cardiovascular health and reduce the risk factors of poor nutrition, physical inactivity, tobacco use, and diabetes. Smoking cessation services are being offered through group and individual programs and the Connecticut QuitLine.
- Implemented two community pilot obesity prevention projects in 2002, one in an urban area (East Hartford) and one in a rural/suburban area (Ledyard). These two communities conducted community assessments, formative research, and a community forum to develop a community-based action plan for obesity prevention, focusing on nutrition and physical activity interventions.

Health Tracks

- Initiated *Health Tracks* programs (mentoring, career shadowing, tutoring, health fairs) through a partnership with the State Department of Education and with local school systems, to attract youth and others to health careers.

RECOMMENDED ADJUSTMENTS

Reductions	2004-2005
• Local and District Departments of Health <i>Savings will result from a reduction in state support to local and district part-time and full-time Departments of Health.</i>	-1,000,000
• Reduce Funding for School Based Health Centers	-288,386
• Annualize FY2004 Reductions	-51,745
Reallocations or Transfers	
• Centralize IT Positions at DoIT	-1,127,115
• Reallocation of Other Expenses Contractual Obligations <i>Funds are being reallocated from Other Expenses to several Other Current Expense accounts to consolidate funding for various programs and activities.</i>	0
Technical Adjustments	
• Early Retirement Incentive Plan Savings	-2,577,938
• Transfer Business Services Funds to DoIT	-137,685
• Fleet Operations Savings	-70,848

AGENCY SUMMARY

Personnel Summary	2002-2003 Authorized	2003-2004 Estimated	2004-2005 Appropriated	2004-2005 Net Adjustments	2004-2005 Revised Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	549	491	491	-44	447

Budget Summary

Financial Summary	2002-2003 Actual	2003-2004 Estimated	2004-2005 Appropriated	2004-2005 Net Adjustments	2004-2005 Revised Recommended
Personal Services	28,341,738	25,462,183	29,251,570	-3,267,208	25,984,362
Other Expenses	5,935,872	6,372,165	6,423,910	-1,072,326	5,351,584
<u>Capital Outlay</u>					
Equipment	950	700	700	0	700
<u>Other Current Expenses</u>					
Young Parents Program	160,437	0	0	0	0
Pregnancy Healthline	78,646	0	0	0	0
Needle and Syringe Exchange Program	316,100	316,150	316,150	0	316,150
Comm Svcs Support for AIDS Victims	187,770	187,769	187,769	0	187,769
Children's Health Initiative	2,716,392	1,018,602	1,037,595	-29,809	1,007,786
Tobacco Education	192,108	0	0	0	0
CT Immunization Registry	191,231	0	0	0	0
Newborn Hearing Screening	33,950	0	0	0	0
Biomedical Research	300,000	0	0	0	0
Childhood Lead Poisoning	231,470	231,470	231,470	0	231,470
AIDS Services	3,600,268	3,794,772	3,794,772	0	3,794,772
Breast and Cervical Cancer Detection	1,435,279	1,596,315	1,601,659	0	1,601,659
Services for Children Affected by AIDS	240,565	249,186	249,186	0	249,186
Children w/Special Hlth Care Needs	982,044	982,044	982,044	311,844	1,293,888
Medicaid Administration	3,069,508	3,772,285	3,942,220	-166,046	3,776,174
TOTAL - Other Current Expenses	13,735,768	12,148,593	12,342,865	115,989	12,458,854
<u>Pmts to Other Than Govts</u>					
Community Health Services	5,624,762	5,549,762	5,549,762	208,214	5,757,976
Emergency Medical Services Training	32,191	32,197	32,197	50,000	82,197
Emergency Med Svcs Regional Offices	475,584	475,584	475,584	0	475,584
Rape Crisis	402,419	402,429	402,429	0	402,429
X-Ray Screening and Tuberculosis Care	740,451	690,451	690,450	0	690,450
Genetic Diseases Programs	518,771	491,467	491,467	0	491,467
Loan Repayment Program	192,615	122,620	122,620	0	122,620
Immunization Services	7,002,351	7,100,000	7,100,000	0	7,100,000
TOTAL - Pmts to Other Than Govts	14,989,144	14,864,510	14,864,509	258,214	15,122,723
<u>Pmts to Local Governments</u>					
Local & District Departments of Health	3,904,657	3,952,826	3,952,826	-1,000,000	2,952,826
Venereal Disease Control	204,474	204,477	204,477	0	204,477
School Based Health Clinics	5,832,796	5,767,729	5,767,729	-288,386	5,479,343
TOTAL - Pmts to Local Governments	9,941,927	9,925,032	9,925,032	-1,288,386	8,636,646
TOTAL - General Fund	72,945,399	68,773,183	72,808,586	-5,253,717	67,554,869



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. OHCA's mission 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 and designing and directing health care system development. OHCA's responsibilities include:

- Collection, analysis, and reporting of extensive health care data.
- Oversight of health system planning for the state.
- Monitoring of health care costs.
- Administration of the Certificate of Need (CON) program.
- Analysis for administration of the Uncompensated Care Program.
- Implementation and oversight of health care reforms enacted by the General Assembly.

RECENT HIGHLIGHTS

- Established demonstration projects for chronic disease hospitals to operate long-term acute care hospitals within short-term acute care hospitals or children's hospitals, in order to study the benefits of such facilities, in accordance with Public Act 03-275. This pilot program is being considered as a way to provide high-quality, long-term care in hospitals in a manner that does not heavily rely on the use of intensive care beds.
- Received supplemental state planning grant funds from the federal Health Resources and Services Administration (HRSA) which will permit OHCA to continue planning and updating its data collection activities with efforts to enhance access of affordable health insurance coverage in Connecticut.
- Published a series of Issue Briefs highlighting the results of OHCA's household survey providing detail on the characteristics of the state's uninsured citizens.
- Enhanced OHCA's website to improve the accessibility of hospital data collected by the agency.
- Implemented improvements to the Certificate of Need process, in accordance with Public Act 03-17. These improvements have expedited the process and enhanced public awareness of Certificate of Need applications.
- Enhanced paperless transfer of information to the public and the health care industry via the development of PDF Certificate of Need applications, registration forms, and Freedom of Information request forms; creation of a new Certificate of Need database; and the posting of ADA compliant Certificate of Need final actions on the agency website.

RECOMMENDED ADJUSTMENTS

Reductions

- Effect Economies within the Agency -56,597
- Annualize FY2004 Reductions -3,403

Reallocations or Transfers

- Centralize IT Positions at DoIT -70,746

Technical Adjustments

- Transfer Business Services Funds to DoIT -5,463
- Fleet Operations Savings -3,936

AGENCY SUMMARY

	2002-2003	2003-2004	2004-2005	2004-2005	2004-2005
Personnel Summary	Authorized	Estimated	Appropriated	Net Adjustments	Revised Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	36	24	24	-1	23
Financial Summary	2002-2003 Actual	2003-2004 Estimated	2004-2005 Appropriated	2004-2005 Net Adjustments	2004-2005 Revised Recommended
Personal Services	2,090,474	1,769,151	1,807,533	9,254	1,816,787
Other Expenses	188,892	381,210	384,613	-149,399	235,214
<u>Capital Outlay</u>					
Equipment	1,400	0	0	0	0
TOTAL - General Fund	2,280,766	2,150,361	2,192,146	-140,145	2,052,001



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.

To provide information that will lead to proper adjudication in criminal matters and prevent unnecessary litigation.

RECENT HIGHLIGHTS

- Migrated to a web based death investigation system, including the conversion of over 190,000 case files accessioned since 1990. Full implementation is expected by early 2004.
- Applied for and received preliminary approval of a Paul Coverdell National Forensic Sciences Improvement Act

Grant of \$42,080 to change from traditional 35mm slide based photography to a digital imaging system to fulfill a major agency initiative to move to paperless record keeping wherever possible.

RECOMMENDED ADJUSTMENTS

Reallocations or Transfers

- Centralize IT Positions at DoIT 2004-2005
-105,196
- Reallocate Funds to Purchase Autopsy Equipment 0

Technical Adjustments

- Early Retirement Incentive Plan Savings -171,396
- Transfer Business Services Funds to DoIT -14,833

Expansion Adjustments

- Add Funds for an Additional Associate Medical Examiner 142,052

AGENCY SUMMARY

Personnel Summary	2002-2003	2003-2004	2004-2005	2004-2005	2004-2005
	Authorized	Estimated	Appropriated	Net	Revised
<u>Permanent Full-Time Positions</u>					
General Fund	55	53	53	-3	50
<u>Financial Summary</u>					
	2002-2003	2003-2004	2004-2005	2004-2005	2004-2005
	Actual	Estimated	Appropriated	Net	Revised
				Adjustments	Recommended
Personal Services	3,658,954	3,452,140	3,716,428	-134,540	3,581,888
Other Expenses	626,564	608,594	608,594	-21,333	587,261
<u>Capital Outlay</u>					
Equipment	33,900	1,000	1,000	6,500	7,500
<u>Other Current Expenses</u>					
Medicolegal Investigations	625,586	651,085	651,085	0	651,085
TOTAL - General Fund	4,945,004	4,712,819	4,977,107	-149,373	4,827,734



DEPARTMENT OF MENTAL RETARDATION

AGENCY PURPOSE

- Provide case management services to all 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 residential and employment/day supports to people with mental retardation through a system of public and private providers.
- Provide persons with mental retardation with resources to obtain individualized and self-directed supports.
- Provide and coordinate recreation opportunities for people with mental retardation.
- 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 all consumers receiving DMR residential supports.
- Assist DMR consumers involved in the criminal justice system to ensure appropriate representation and services.

RECENT HIGHLIGHTS

- Provided family supports to over 900 people on the DMR waiting list.
- Served 24 children through an MOU with DSS for children with medical needs living at home with their families.
- Opened two new DMR-operated respite centers bringing the total to nine. Approximately 600 people were served.
- Opened the Woodbridge Project, serving 13 people with dual diagnoses who have transitional needs.
- Focus Team on Aging met and developed a final report of recommendations that was issued in October 2003.
- Served 87 people with critical needs on the waiting list for residential services.
- Individual Budgets were developed for 4,094 people in day services and 622 people in residential services. 152 people chose to move to another service provider using the department's portability procedure.
- Established a Self Advocacy Advisory Council chaired by the Deputy Commissioner that meets on a quarterly basis.
- Initiated a new site visit requirement for residential and day services to advance the department's quality oversight responsibilities and comply with Executive Order 25 and recommendations made by the Legislative Program Review and Investigations Committee.
- Established a new Independent Mortality Review Board to review events, overall care, quality of life issues, and medical care preceding an individual's death, to evaluate the quality of care and to make recommendations for needed improvements.
- Initiated development of a methodology for needs based assessment and resource allocation.
- Provided HIPAA Privacy Rules training for 1,378 managerial, supervisory, clerical, clinical and other professional staff on new federal regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) that took effect April 14th.
- Developed and issued new policies and procedures for areas including Case Management, Business Office operations, Individual Supports and Special Protections. All documents are issued via email to the private providers and to DMR staff.
- The Birth to Three System received 7,231 new referrals (an increase of 9.5% over the previous year) and served 9,403 eligible children (an increase of 7% over the previous year), achieving a national benchmark of serving at least 1% of all children under the age of 12 months and serving at least 3% of all children under the age of three.
- Generated \$288.3 million in Medicaid revenue, an increase of \$2.1 million over FY2002.

RECOMMENDED ADJUSTMENTS

Reductions

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| • Reduce Expenditures in the Birth to Three Program | 2004-2005 |
| <i>Realize program savings by restructuring provider incentives for the completion of private insurance billing forms.</i> | -298,310 |
| • Conversion of Publicly Operated Homes to Private Providers | 416,438 |
| <i>Net state savings of \$438,236 result from this conversion due to reduced requirements in the Comptroller's Fringe Benefit Account.</i> | |

Reallocations or Transfers

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| • Reallocate Funding from DCF for Services to 18 Youths Aging into DMR Care | 2,130,207 |
| <i>Realigns funds previously transferred annually by DCF to DMR via a Memorandum of Understanding for services to 18 youths aging out from DCF to DMR's care.</i> | |

Budget Summary

• Reallocate Funds from DSS for Continuation of Adult Dental Services in DMR	1,000,000
• Centralize IT Positions at DoIT	-976,093
• Reallocate Funds to DSS for CLA Conversion <i>This reallocation to DSS recognizes the cost to the AABD program as a result of CLA conversions.</i>	-738,600
• Implementation of Recommendations of LPRIC Concerning DMR Client Health and Safety <i>Funding for one position is reallocated to the Office of Protection and Advocacy.</i>	-53,467
• Combine Existing Accounts to Streamline Administration <i>Expenditures in the Respite Care and Temporary Support accounts are realigned to the Family Support Grants account with no reduction in funding.</i>	0

Technical Adjustments

• Early Retirement Incentive Plan Savings	-17,970,041
• Fleet Operations Savings	-7,872
• Adjust Workers Compensation Funding	405,798

Expansion Adjustments

• Address DMR Waiting List Issues <i>Initiate a multi-year effort to address the pressing need of those on DMR's Waiting List (Emergency and Priority 1 categories). It is anticipated that by the beginning of 2010, up to 750 Waiting List individuals will receive Residential Services.</i>	4,600,625
• Provide Funding for High School Graduate Day Programs <i>This initiative will support 175 new high school graduates beginning on September 1, 2004 at a proposed moderate placement cost of \$19,000 per year per individual.</i>	2,770,833
• Provide Funding for Residential and Day Ageouts <i>This initiative will support a total of 86 individuals: approximately 34 individuals requiring residential care and 52 individuals requiring day services.</i>	2,641,491

AGENCY SUMMARY

Personnel Summary	2002-2003 Authorized	2003-2004 Estimated	2004-2005 Appropriated	2004-2005 Net Adjustments	2004-2005 Revised Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	4,561	4,336	4,316	-301	4,015
Financial Summary					
	2002-2003 Actual	2003-2004 Estimated	2004-2005 Appropriated	2004-2005 Net Adjustments	2004-2005 Revised Recommended
Personal Services	270,906,014	259,745,821	287,258,816	-20,607,590	266,651,226
Other Expenses	23,573,999	22,362,759	22,789,806	-931,445	21,858,361
<u>Capital Outlay</u>					
Equipment	1,000	1,000	1,000	0	1,000
<u>Other Current Expenses</u>					
Human Resource Development	219,161	219,791	231,358	0	231,358
Family Support Grants	993,042	993,062	993,062	2,287,033	3,280,095
Pilot Program for Client Services	2,250,073	2,261,347	2,261,347	0	2,261,347
Cooperative Placements Program	12,771,447	14,162,571	17,473,651	0	17,473,651
Clinical Services	3,754,157	4,362,653	4,362,653	1,000,000	5,362,653
Early Intervention	24,739,395	24,373,250	22,673,250	-298,310	22,374,940
Temporary Support Services	204,854	204,973	204,973	-204,973	0
Community Temporary Support Services	67,315	67,315	67,315	0	67,315
Community Respite Care Programs	317,373	330,345	330,345	0	330,345
Workers' Compensation Claims	12,990,098	14,434,911	14,061,604	405,798	14,467,402
Transition to Case Management	12,000	0	0	0	0
New Placements	0	4,000,000	6,000,000	0	6,000,000
TOTAL - Other Current Expenses	58,318,915	65,410,218	68,659,558	3,189,548	71,849,106

Pmts to Other Than Govts

Rent Subsidy Program	2,950,011	2,676,851	2,676,851	-2,725	2,674,126
Respite Care	2,071,817	2,082,060	2,082,060	-2,082,060	0
Family Reunion Program	137,900	137,900	137,900	0	137,900
Employment Opportunities & Day Svcs	114,033,404	115,368,097	115,368,097	4,679,694	120,047,791
Family Placements	1,844,233	1,853,307	1,853,307	0	1,853,307
Emergency Placements	3,644,225	3,662,228	3,662,228	0	3,662,228
Community Residential Services	242,482,535	248,316,839	248,316,839	9,675,587	257,992,426
TOTAL - Pmts to Other Than Govts	<u>367,164,125</u>	<u>374,097,282</u>	<u>374,097,282</u>	<u>12,270,496</u>	<u>386,367,778</u>
TOTAL - General Fund	719,964,053	721,617,080	752,806,462	-6,078,991	746,727,471



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 and 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

Quality of Care Management System

- Continued developing and implementing preferred practice approaches, thus ensuring application of prevention and treatment technologies known to improve quality.
- Expanded implementation of state of the art utilization management and service strategies for the DMHAS General Assistance Behavioral Health Program, resulting in better continuity of care, more efficient resource allocation and much more effective care for high volume service users.
- Recognized by the White House Office of National Drug Control Policy as a model state for policy development, service design and delivery of cutting edge substance abuse programming and collaborative systems of care.
- Established a system-level process to track and analyze quality indicators across state facilities including acute inpatient wait list information, human resource indicators, critical incidents and service utilization.
- Established the DMHAS *Lessons Learned Initiative* to summarize the professional literature, findings from our federally/private supported service projects, and input from care providers and consumers/persons in recovery regarding innovations in behavioral health care that lead to improved outcomes for people in recovery.
- Awarded a very favorable assessment by a federal site review team, which found that the DMHAS statewide prevention system is comprehensive, has strong vision and leadership, pays close attention to workforce development, and is based upon solid collaborations and interagency coordination.
- Selected six Centers of Excellence to serve as models for the development of recovery-oriented services in Connecticut.
- Developed and disseminated research findings showing the cost-effectiveness of the Connecticut model of jail diversion for offenders with co-occurring psychiatric and substance use disorders.
- Met federal mandate for reducing tobacco sales to underage youth by achieving an 81.1% sales compliance rate by vendors in 2003.

Improved Service System

- Worked with the *Community Mental Health Strategy Board* to develop funding priorities and implemented service system expansion designed to increase community supports, improve access to care and relieve service system gridlock.
- Introduced a faith initiative to facilitate relations between the behavioral health and the faith communities and held a

major conference, *Ministry in Times of Crisis: Integrating Faith Healing and Recovery*.

- Promulgated a new Commissioner's policy on the provision of culturally competent care, coupled with a strategic plan to address healthcare disparities and improve access, engagement and retention in services among underserved racial and ethnic groups.
- Completed statewide consumer satisfaction survey, with program-level results promptly available to service providers.
- Implemented new federal regulations related to use of methadone and buprenorphine for treatment of opiate addiction with a focus on physicians' office-based services.
- Continued expansion of the PILOTS supported housing initiative to reduce homelessness among people with behavioral health disorders.
- Implemented acute care contracting with selected general hospitals and a new 15-bed community facility for persons with histories of long state hospital stays thus decreasing system gridlock.
- Participated in the revision of a state law (CGS 54-56d) that will assist people with serious mental illness who have been charged with lower-level criminal offenses in obtaining quicker access to psychiatric treatment.
- Established Mental Health Warm Lines operated by peers in recovery in each region of the state. People who are not in crisis can access these lines and talk to a peer about individual issues as a way to address consumer isolation and to decrease the use of crisis lines.
- Implemented Wellness Recovery Action Plans (WRAP) throughout the state for mental health consumers and provided training for this evidence-based program where consumers develop and use individual recovery plans.

Organizational and Management Effectiveness

- Trained 14,000 people on approaches designed to promote the highest standards of recovery-oriented care and to improve skills among managerial, direct care and administrative staff.
- Developed and implemented a web-based system of monthly program performance measures in the domains of data quality, utilization, access and outcomes that are accessible to DMHAS funded service providers.
- Created the Healthcare System Division through the consolidation of Operations, Healthcare Performance, and Information Systems Division staff.
- Continued development of a data warehouse to support the analysis and utilization of data in the design and evaluation of the service system.

- Completed preparation for compliance with federal rules and timeframes as defined under the *Health Insurance Portability and Accountability Act* (HIPAA).
 - Initiated the Interagency Substance Abuse Treatment Information System (I-SATIS), a data repository of information collected from Executive and Judicial Branch agencies and containing a unique identifier, enabling cross-agency analysis of persons in care.
 - Continued to examine the many ways substance abuse is tied to other state health and human services, and the criminal justice system through the Population Overlap Study. A patented statistical model being used measures how well CT is addressing the treatment needs of various populations (child welfare cases, probationers, adult welfare recipients, etc.).
 - Achieved, for the first time, contracting set-aside goals for small business and minority enterprises.
- Expanded Resource Base**
- Submitted 13 competitive grant applications and received approximately \$5.1 million in new federal funding to support innovative improvements to Connecticut's behavioral health system that will increase prevention and treatment capacity, enhance services, and address the cultural and gender-specific needs of high-risk populations.
 - Became one of only six states to receive a competitively awarded federal grant to address gaps in substance abuse services by building prevention and early intervention capabilities in five Connecticut state college campuses.
 - Awarded a federal grant from the Office of Justice to provide supports for offenders with histories of substance use disorders to assist them in transitioning to the community.
 - Selected by the Robert Wood Johnson Foundation as one of 15 states awarded technical assistance to develop and implement a collaborative purchasing process for state agencies purchasing community-based substance abuse services.
 - Established a hiring pool of 70 new job candidates from Latino, African-origin, Asian-origin and Native Americans populations by training and providing clinic-setting practicals to promote career development for substance abuse counselors.

RECOMMENDED ADJUSTMENTS

	2004-2005
Reductions	
• Implement Performance Based Contracting <i>Savings will result through the analysis of program performance and outcome measures of all DMHAS funded mental health and substance abuse programs and rebidding of lower performing programs.</i>	-892,901
• Streamline DMHAS Management Structure <i>Nine managerial positions are being reduced through through reorganization and attrition.</i>	-750,000
• Reallocate and Reinvest Mental Health Acute Patient Resources <i>Savings will result by reducing length of stay and reoccurrence of inpatient admissions through assignment of case managers to additional GA clients.</i>	-500,000
• Change Detox Practices <i>Savings will result from changing authorization practices for all residential detoxification for DMHAS funded clients and by emphasizing ambulatory, rather than residential, detoxification, where appropriate.</i>	-485,243
• Eliminate RAC Funding <i>General fund support for Regional Action Councils (RACs) is proposed to be eliminated. Sufficient federal funding through the Substance Abuse Prevention and Treatment Block Grant is available to sustain needed activities.</i>	-261,724
• Annualize FY2004 Reductions	-187,574
Reallocations or Transfers	
• Centralize IT Positions at DoIT	-2,856,281
• Implement the Behavioral Health Partnership beginning October 1, 2004 <i>Funding is being reallocated to reflect services subject to the Partnership and to fund mental health group home and substance abuse residential services under the adult Medicaid rehabilitation option. Reflects \$500,000 transfer from DSS to realign SAGA services between the agencies.</i>	500,000
• Annualize Funding for ERIP Relief Plan <i>\$2.8 million is being transferred from Personal Services to the Managed Service System account to annualize program initiatives begun in FY2004.</i>	0
• Realign Funding for Young Adult Services into a Single Account	0
Technical Adjustments	
• Early Retirement Incentive Plan Savings	-11,183,170
• Provide Funding to Address Professional Services Shortfall	2,800,000
• Conversion of Partial Hospital to Intensive Outpatient Programs <i>Savings will result through the use of intensive outpatient programs instead of partial hospital programs where clinically appropriate.</i>	-1,000,000

Budget Summary

- Restructure Case Management -900,000
Savings are anticipated through a review of both privately and state-operated case management programs and development of a more effective and efficient case management system.
 - Transfer Business Services Funds to DoIT -546,519
 - Reduce Rates/Payments for Methadone Maintenance -297,319
Savings will result through the adjustment of General Assistance rates for methadone maintenance to no more than the Medicaid rate.
 - Fleet Operations Savings -244,032
 - Workers' Compensation Adjustment -228,422
- Revenue Adjustments**
- Sweep Funding from Pre-Trial Alcohol and Drug Account
\$1.5 million is being credited to the General Fund from the Pre-Trial Alcohol and Drug Account. Adequate funding remains to support program activities.

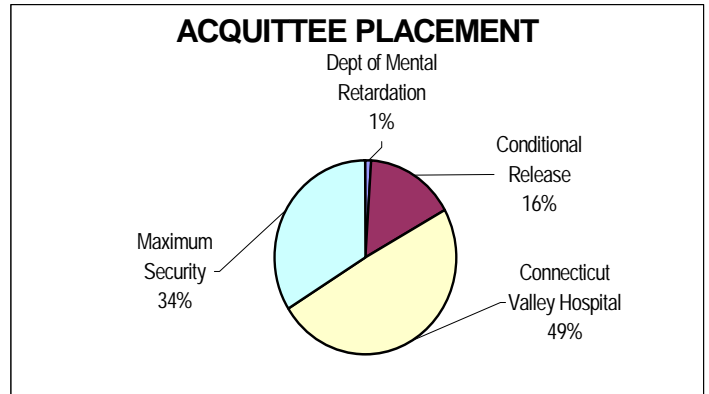
AGENCY SUMMARY

Personnel Summary	2002-2003	2003-2004	2004-2005	2004-2005	2004-2005
	Authorized	Estimated	Appropriated	Net	Revised
				Adjustments	Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	3,536	3,320	3,320	-241	3,079
Financial Summary	2002-2003	2003-2004	2004-2005	2004-2005	2004-2005
	Actual	Estimated	Appropriated	Net	Revised
				Adjustments	Recommended
Personal Services	145,775,546	137,881,510	165,576,820	-16,886,368	148,690,452
Other Expenses	25,289,093	27,042,744	26,602,744	-1,796,644	24,806,100
<u>Capital Outlay</u>					
Equipment	1,000	1,000	1,000	0	1,000
<u>Other Current Expenses</u>					
Housing Supports and Services	4,545,435	5,434,086	6,002,086	0	6,002,086
Medicaid Rehabilitation Option	401,332	0	0	0	0
Clinical Work Stations	27,919	0	0	0	0
Managed Service System	23,604,591	26,457,577	23,657,577	2,258,343	25,915,920
Legal Services	397,200	397,000	397,000	0	397,000
Connecticut Mental Health Center	7,685,900	7,236,103	7,236,103	0	7,236,103
Capitol Region Mental Health Center	340,331	340,408	340,408	0	340,408
Professional Services	5,707,160	7,743,898	4,843,898	2,800,000	7,643,898
Regional Action Councils	804,062	261,724	275,498	-275,498	0
General Assistance Managed Care	63,199,925	64,387,020	70,467,681	-42,307,319	28,160,362
Workers' Compensation Claims	7,246,269	7,584,673	7,926,261	-228,422	7,697,839
Nursing Home Screening	477,787	487,167	489,474	0	489,474
Special Populations	16,719,211	20,808,607	21,608,602	3,414,678	25,023,280
TBI Community Services	3,262,482	4,808,050	5,154,972	0	5,154,972
Transitional Youth	3,387,532	3,407,578	3,414,678	-3,414,678	0
Jail Diversion	3,161,695	3,409,440	3,489,873	0	3,489,873
Behavioral Health Medications	6,741,550	7,289,095	6,289,095	0	6,289,095
Behavioral Health Partnership	0	0	0	43,600,000	43,600,000
TOTAL - Other Current Expenses	147,710,381	160,052,426	161,593,206	5,847,104	167,440,310
<u>Pmts to Other Than Govts</u>					
Grants for Substance Abuse Services	19,821,487	19,816,352	19,911,352	-735,375	19,175,977
Gov's Partnership-Protect CT Workforce	236,000	224,200	236,000	-11,800	224,200
Grants for Mental Health Services	74,114,819	73,871,499	73,938,499	-3,450,102	70,488,397
Employment Opportunities	9,592,313	9,640,135	9,640,135	0	9,640,135
TOTAL - Pmts to Other Than Govts	103,764,619	103,552,186	103,725,986	-4,197,277	99,528,709
TOTAL - General Fund	422,540,639	428,529,866	457,499,756	-17,033,185	440,466,571

PSRB PSYCHIATRIC SECURITY REVIEW BOARD

AGENCY PURPOSE

- Holds administrative contested hearings, which result in an order that an acquittee be confined in a maximum-security facility or confined at a psychiatric hospital or placed with the Commissioner of Mental Retardation or granted conditional release. Authorization for temporary leave for a confined acquittee requires board approval.
- Issues reports to the Superior Court on petitions for the discharge or continued commitment of acquittee.
- Monitors all acquittees to insure that the risk to the public is none to minimal.
- Provides case information and status to crime victims.



RECENT HIGHLIGHTS

- Prepared reports to courts on matters of continued commitment and discharge based on information obtained from Connecticut Valley Hospital and community service providers.
- Held a series of workshops for community service providers and their supervisors to educate and assist in their ability to understand legal issues of the Board, including submitting applications to the Board, the Board hearing process and testifying and reporting to the Board.
- Hosted focus groups with community service providers, direct staff and administrators to identify systems issues to improve effectiveness and efficiency of the conditional release program.
- In collaboration with the Department of Mental Health and Addiction Services, examined the community service system and inpatient services for acquittees and proposed methods to establish a comprehensive inpatient and outpatient system that meets both the clinical and public safety requirements for the management of acquittees.
- Drafted a conditional release procedure manual in collaboration with the Department of Mental Health and Addiction Services to be used as a resource manual by community service providers.
- Achieved zero percent recidivism of conditional release population as reflected by no arrests.

AGENCY SUMMARY

	2002-2003	2003-2004	2004-2005	2004-2005	2004-2005
Personnel Summary	Authorized	Estimated	Appropriated	Net Adjustments	Revised Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	4	4	4	0	4
Financial Summary					
	2002-2003	2003-2004	2004-2005	2004-2005	2004-2005
	Actual	Estimated	Appropriated	Net Adjustments	Revised Recommended
Personal Services	253,270	269,019	286,093	0	286,093
Other Expenses	48,817	50,522	50,522	0	50,522
TOTAL - General Fund	302,087	319,541	336,615	0	336,615