



# 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

- Implemented an agency-wide reorganization to achieve greater efficiencies, to enhance its ability to fulfill new and evolving mandates and to keep pace with the changing landscape of public health.
- Established a new Office of Health Care Quality to assure the quality of care in Connecticut's health care delivery system. The office will take a lead role in identifying evidence-based best practices, facilitate adoption of these best practices and coordinate agency-wide efforts to promote health care quality.
- Established a Quality of Care Advisory Committee to collect data concerning adverse events in hospitals and outpatient surgical settings. These data will serve as baseline information to establish best practices in Connecticut.
- Established the Office of Public Health Preparedness to coordinate agency-wide initiatives to prepare Connecticut to effectively respond to bioterrorism and other public health emergencies.
- Obtained more than \$14 million in federal funding for public health preparedness for bioterrorism and other public health emergencies.
- Led the investigation and implementation of control measures around the first bioterrorism-related case of anthrax ever recognized in Connecticut.
- Planned enhancements to Connecticut's Health Alert Network by implementing a wide area notification system. This system will ensure 24/7 communication capacity with the department's public health partners.
- Promoted the security of Connecticut's public drinking water supplies through development of emergency response procedures, participation in public and industry forums, establishment of an industry-wide security committee, securing federal funds to develop a security procedures manual for Connecticut's water supply systems.
- Completed a review of the Model State Emergency Health Powers Act and related Connecticut statutes to determine if state and local health officials have sufficient authority to respond to public health emergencies.
- Consolidated emergency medical services regulatory functions in the Office of Emergency Medical Services (EMS). Implemented a data collection system to track injuries, ambulance service calls and EMS response times.
- Formed a Disaster Medical Assistance Team and obtained federal recognition. The team is comprised of volunteer resources, to be mobilized in the event of a state or national emergency.
- Conducted a study concerning the shortage of nurses in Connecticut and submitted a report to the General Assembly.
- Conducted workforce development activities including educational programs in local schools and at community forums, job shadowing opportunities, regional seminars for identifying barriers to hiring and retention, marketing materials regarding health care career opportunities and linking individuals with training opportunities leading to careers in public health.
- Established the first statewide directory in Connecticut on multicultural health services and health education resources for various ethnic, racial and cultural groups.
- Published the "Connecticut Women's Health" report that presents the social context of women's health, demographic and socioeconomic characteristics, access issues and an assessment of more than 22 health conditions related to reproductive health, cardiovascular, respiratory and infectious diseases, cancer, other chronic conditions, injury, and violence.
- Increased enrollment in Connecticut's WIC Program by 13% over 2001 levels.
- Established the Connecticut QuitLine, providing brief smoking cessation counseling and referral services by telephone.
- Convened the first statewide Youth Tobacco Summit. The Summit kicked off a statewide youth movement against tobacco, called STATIC (Students Teaching Against Tobacco in Connecticut).
- Integrated cardiovascular disease and diabetes screening and nutrition and physical activity intervention services with the breast and cervical cancer-screening program.
- Conducted a statewide pregnancy risk assessment survey of over 4400 childbearing women in Connecticut.
- Developed new oral health resources, including 3 mobile vans, 2 school-based dental clinics and 4 community health center-based dental clinics.
- Conducted training for 118 schools to implement EPA's indoor air program "Tool for Schools." The training team received a national award from EPA for achievements in improving indoor air in Connecticut schools.

- Convened a Statewide Asthma Task Force to develop and implement a comprehensive statewide asthma plan for Connecticut residents.
- Developed an asthma school manual for school administrators and distributed it to all Connecticut schools.
- Maintained Connecticut's immunization rate rank in the top five states nationally.
- Implemented a new HIV infection reporting system to complement the existing AIDS reporting system.
- Implemented a public outreach initiative to promote the health and safety of children cared for by day care and youth camp providers. Activities included enhancements to DPH's web site, technical assistance site visits, conferences and workshops, promotional materials in both English and Spanish, and newsletter articles.
- Directed a Keep-It-Clean (KIC) Campaign, implemented at 162 retail paint and hardware stores across Connecticut in partnership with 71 local health departments. KIC promoted lead-safe work practices during home renovation and repainting projects.
- Published the second generation of the Connecticut Public Health Code. The new generation code is designed to be easily viewed, downloaded, saved and printed and enables users to find regulations by title or number.
- Expanded the department's website to highlight the agency's consumer complaint services.
- Established a formal system of communications between the department, the Division of Criminal Justice and the Office of the Attorney General, in order to improve coordination of enforcement activities.
- Completed a review of the Department's compliance with upcoming federal requirements pertaining to privacy and security of personal health information and developed an action plan for full compliance.
- Developed a methodology for estimating age and sex-specific populations of towns, to facilitate local assessments of birth, death and disease rates, and to enhance the agency's health surveillance and planning capabilities.
- Implemented an electronic vital records system (EVRS) in all 29 birthing hospitals and their associated towns of occurrence. The system allows local registrars, hospitals, and the department to electronically create, file and retrieve birth certificates and adoption and paternity actions. EVRS is presently being expanded to encompass additional towns across the state.
- Completed the "CT Cancer Control Plan 2001-2004", which provides strategies for prevention of lung, breast, and colorectal cancer.
- Developed a comprehensive smallpox preparedness plan and received federal approval for phased implementation. Began implementing a pre-event smallpox vaccination program for up to 6,000 professionals who would constitute Connecticut's public health and medical response teams in the event of an actual smallpox case.

## RECOMMENDED SIGNIFICANT CHANGES

<b>Reductions to Current Services</b>	<b>2003-2004</b>	<b>2004-2005</b>
<ul style="list-style-type: none"> <li>• Annualization of FY 03 Reductions <i>Reduces several accounts to reflect annualization of FY'03 reductions; including a \$2.9 million reduction to the Community Health Services account and a \$887,000 reduction to School Based Health Clinics</i></li> </ul>	-4,953,952	-4,953,417
<ul style="list-style-type: none"> <li>• Remove Inflation</li> </ul>	-1,799,878	-3,651,221
<ul style="list-style-type: none"> <li>• Transfer Equipment to CEPF</li> </ul>	-1,166,287	-715,573
<ul style="list-style-type: none"> <li>• Layoffs Necessitated by Failure to Achieve Concessions</li> </ul>	-2,941,887	-3,038,358
<ul style="list-style-type: none"> <li>• Eliminate Funding for Unsettled Collective Bargaining Contracts</li> </ul>	-753,135	-1,364,438
<ul style="list-style-type: none"> <li>• Remove Accruals Pursuant to Governor's Early Retirement Incentive Plan</li> </ul>	-307,809	-324,970
<ul style="list-style-type: none"> <li>• Additional Reductions/Elimination of Selected Accounts <i>Eliminates the Young Parents Program, Pregnancy Healthline, Tobacco Education and CT Immunization Registry accounts and reduces the Local and District Departments of Health account by \$2.3 million</i></li> </ul>	-2,719,416	-2,683,533
<ul style="list-style-type: none"> <li>• Establish Vaccine Purchase Fund <i>Funds that support the purchase of state offered vaccines will be supported through an industry assessment</i></li> </ul>	-7,019,650	-7,019,650
<ul style="list-style-type: none"> <li>• Fund Newborn Screening Program from Testing Fees <i>Newborn Screening program costs will be supported through testing fees</i></li> </ul>	-61,894	0

## AGENCY SUMMARY

<b>Personnel Summary</b>	2002-2003	2003-2004	2003-2004	2004-2005	2004-2005
	Total Authorized	Change From 2002-2003	Total Recommended	Change From 2003-2004	Total Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	547	-56	491	0	491
Federal Contributions	406	1	407	0	407
Private Contributions	16	-4	12	0	12
<b>Financial Summary</b>	2002-2003	2003-2004	2003-2004	2004-2005	2004-2005
	Estimated	Current Services	Total Recommended	Current Services	Total Recommended
Personal Services	30,328,465	32,371,740	28,368,909	33,979,336	29,251,570
Other Expenses	6,373,910	6,714,664	6,373,910	6,946,242	6,373,910
<u>Capital Outlay</u>					
Equipment	950	1,167,287	700	451,714	700
<u>Other Current Expenses</u>					
Young Parents Program	128,937	142,509	0	149,634	0
Pregnancy Healthline	78,646	85,103	0	87,486	0
Needle and Syringe Exchange Program	316,150	349,430	316,150	366,902	316,150
Comm Svcs Support for AIDS Victims	187,769	207,535	187,769	217,912	187,769
Children's Health Initiative	999,847	1,407,800	1,018,602	1,497,183	1,037,595
Tobacco Education	93,074	191,360	0	196,718	0
CT Immunization Registry	101,216	208,099	0	213,926	0
Newborn Hearing Screening	61,894	68,410	0	71,831	0
Childhood Lead Poisoning	231,470	255,836	231,470	268,628	231,470
AIDS Services	3,794,772	4,194,222	3,794,772	4,403,933	3,794,772
Breast and Cervical Cancer Detection	1,590,031	1,758,754	1,596,315	1,846,789	1,601,659
Services for Children Affected by AIDS	249,186	275,416	249,186	289,187	249,186
Children w/Special Hlth Care Needs	982,044	1,085,418	982,044	1,139,689	982,044
Medicaid Administration	3,416,701	3,779,981	3,772,285	3,957,890	3,942,220
TOTAL - Other Current Expenses	12,231,737	14,009,873	12,148,593	14,707,708	12,342,865
<u>Pmts to Other than Local Govts</u>					
Community Health Services	2,949,762	6,133,948	2,920,928	6,440,645	2,920,928
Emergency Medical Services Training	32,197	34,841	32,197	35,817	32,197
Emergency Med Svcs Regional Offices	450,553	514,632	450,553	529,042	450,553
Rape Crisis	402,429	444,789	402,429	467,028	402,429
X-Ray Screening and Tuberculosis Care	740,451	752,603	690,451	790,233	690,450
Genetic Diseases Programs	491,467	573,379	491,467	602,048	491,467
Loan Repayment Program	158,253	171,246	122,620	176,041	122,620
Immunization Services	7,019,650	7,370,633	0	7,739,165	0
TOTAL - Pmts to Other than Local Govts	12,244,762	15,996,071	5,110,645	16,780,019	5,110,644
<u>Pmts to Local Governments</u>					
Local & District Departments of Health	3,946,010	4,752,826	2,500,000	4,752,826	2,500,000
Venereal Disease Control	204,477	226,001	204,477	237,301	204,477
School Based Health Clinics	5,026,389	6,219,069	5,026,389	6,540,022	5,026,389
TOTAL - Pmts to Local Governments	9,176,876	11,197,896	7,730,866	11,530,149	7,730,866
TOTAL - General Fund	70,356,700	81,457,531	59,733,623	84,395,168	60,810,555
<u>Additional Funds Available</u>					
Bond Funds	1,526,881	0	0	0	0
Federal Contributions	113,746,996	113,541,037	113,541,037	113,654,992	113,654,992
Private Contributions	2,764,234	1,517,836	1,517,836	1,524,036	1,524,036
TOTAL - All Funds Net	188,394,811	196,516,404	174,792,496	199,574,196	175,989,583



# 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 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 Office of the Attorney General, OHCA completed the first review and approval of a conversion of a nonprofit hospital to a for-profit hospital.
- Following its successful completion of the ACHIEVE initiative funded by the Robert Wood Johnson Foundation, the agency has received consensus and approval to pilot a dental benefits procurement initiative which will leverage the attractiveness of the current State employee health care contract to improve the level of dental access and service provided to HUSKY and Medicaid participants.
- Grant funding from the federal Health Resources and Services Administration permitted OHCA to field a major statewide household survey to assess the level of uninsured in Connecticut and to analyze and report on the composition of this population.
- In conjunction with the Department of Social Services and the Office of Policy and Management OHCA has been involved with the study, and possible implementation of, a Small-Employer Health Insurance Subsidy Initiative.

## RECOMMENDED SIGNIFICANT CHANGES

<b>Reductions to Current Services</b>	<b>2003-2004</b>	<b>2004-2005</b>
• Annualization of FY 03 Reductions	-4,889	-4,889
• Remove Inflation	-7,556	-15,333
• Layoffs Necessitated by Failure to Achieve Concessions	-238,135	-238,135
• Eliminate Funding for Unsettled Collective Bargaining Contracts	-84,460	-188,494
• Remove Accruals Pursuant to Governor's Early Retirement Incentive Plan	-30,000	-30,000
• Reduce Personal Services Funding to Achieve Economies	-383,896	-399,896

## AGENCY SUMMARY

<b>Personnel Summary</b>	2002-2003	2003-2004	2003-2004	2004-2005	2004-2005
	Total Authorized	Change From 2002-2003	Total Recommended	Change From 2003-2004	Total Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	36	-12	24	0	24
<u>Other Positions Equated to Fulltime</u>					
General Fund	0	3	3	0	3
<b>Financial Summary</b>	2002-2003	2003-2004	2003-2004	2004-2005	2004-2005
	Estimated	Current Services	Total Recommended	Current Services	Total Recommended
Personal Services	2,590,588	2,505,642	1,769,151	2,664,058	1,807,533
Other Expenses	265,206	397,058	384,613	404,835	384,613
<u>Capital Outlay</u>					
Equipment	1,900	0	0	0	0
<b>TOTAL - General Fund</b>	<b>2,857,694</b>	<b>2,902,700</b>	<b>2,153,764</b>	<b>3,068,893</b>	<b>2,192,146</b>



# OFFICE OF THE CHIEF MEDICAL EXAMINER

## AGENCY PURPOSE

To investigate fatalities in the following categories:

- 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

- Produced over 500 computerized statistical reports during the year. The office has one of the largest death investigation databases in the country (over 170,000 records.) Report recipients include state's attorneys, public defenders, hospital quality control departments and researchers.
- Continued to replace a declining system of field investigators with a staff of in-house investigators.

## RECOMMENDED SIGNIFICANT CHANGES

### **Reductions to Current Services**

	<u>2003-2004</u>	<u>2004-2005</u>
• Remove Inflation	-43,876	-94,511
• Transfer Equipment to CEPF	-133,400	-109,300
• Layoffs Necessitated by Failure to Achieve Concessions	-243,305	-253,340
• Remove Accruals Pursuant to Governor's Early Retirement Incentive Plan	-36,136	-162,055
• Eliminate Funding for Unsettled Collective Bargaining Contract Costs	-81,083	-150,402
• Eliminate Sunday and Non-Monday Holiday Autopsies	-74,505	-74,505
• Eliminate Vacant Position	-33,270	-33,270

## AGENCY SUMMARY

### **Personnel Summary**

	2002-2003 Total Authorized	2003-2004 Change From 2002-2003	2003-2004 Total Recommended	2004-2005 Change From 2003-2004	2004-2005 Total Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	55	-2	53	0	53
<u>Other Positions Equated to Fulltime</u>					
General Fund	6	-1	5	0	5

### **Financial Summary**

	2002-2003 Estimated	2003-2004 Current Services	2003-2004 Total Recommended	2004-2005 Current Services	2004-2005 Total Recommended
Personal Services	3,840,258	4,097,000	3,628,701	4,390,000	3,716,428

Other Expenses	522,704	619,916	608,594	636,369	608,594
<u>Capital Outlay</u>					
Equipment	7,500	134,400	1,000	110,300	1,000
<u>Other Current Expenses</u>					
Medicolegal Investigations	651,085	683,639	651,085	717,821	651,085
TOTAL - General Fund	<u>5,021,547</u>	<u>5,534,955</u>	<u>4,889,380</u>	<u>5,854,490</u>	<u>4,977,107</u>
<u>Additional Funds Available</u>					
Special Funds, Non-Appropriated	2,100	2,100	2,100	2,100	2,100
Bond Funds	84,800	0	0	0	0
TOTAL - All Funds Net	<u>5,108,447</u>	<u>5,537,055</u>	<u>4,891,480</u>	<u>5,856,590</u>	<u>4,979,207</u>





# DEPARTMENT OF MENTAL RETARDATION

## AGENCY PURPOSE

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- 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

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- Continued expansion of supports to families by opening 3 new respite centers resulting in six centers across the state.
- Convened a special Children’s Focus Team to study system changes necessary to improving services and coordinate supports to family members of children and youth who have mental retardation. A formal report from the Focus Team was released in the second quarter of FY 02.
- Implemented a “single point of entry” to promote easier and more consistent access for families across Connecticut who wish to apply for services. The new system has multi-lingual capacity and provides for greater consistency in the application of eligibility criteria.
- Led a legislatively created Developmental Disabilities Advisory Commission. The Commission’s focus is to study how the state can better serve and support persons who have developmental disabilities that do not include mental retardation.
- Established interagency agreements between DMR and DMHAS, and DMR and DCF. The former is designed to reduce unnecessary hospital admissions of persons with mental retardation for behavioral health reasons. The agreement with DCF expands the department’s role in children’s services. In FY 01, twenty children were transitioned from the DCF service system to DMR services.
- Reorganized regions to reflect a common structure that provides individual and family support services in a more consistent fashion.
- Generated \$267.75 million in federal Medicaid reimbursement. Over 5500 people participated in the Home and Community Based Services Waiver by the end of FY 01.
- Prepared and presented a comprehensive proposal to address the needs of individuals waiting for residential services. The elimination of the Waiting List represents the single greatest challenge facing DMR. During the FY 01-02 time period, an additional 405 people from the Waiting List were served.
- Partnered with the Department of Public Safety to oversee the DMR Investigations Unit. Both the investigative process for abuse and neglect allegations and results continue to improve.
- Established an innovative internet-based staff recruitment system to help address the difficulties experienced by private providers in maintaining a stable work force.
- Expanded consumer and family choice, control over services and supports through the use of person-centered planning, individual budget, and portable resources. By the end of FY 02 over 500 individuals were actively participating in this new approach.

## RECOMMENDED SIGNIFICANT CHANGES

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### **Reductions to Current Services**

	<u>2003-2004</u>	<u>2004-2005</u>
• Annualization of FY 03 Reductions	-1,000,000	-1,000,000
• Remove Inflation	-12,339,684	-25,632,279
• Transfer Equipment to CEPF	-396,995	-399,694
• Layoffs Necessitated by Failure to Achieve Concessions	-10,813,587	-10,813,587
• Eliminate Funding for Unsettled Collective Bargaining Contracts	-966,509	-1,658,613
• Remove Accruals Pursuant to Governor’s Early Retirement Incentive Plan	-1,401,947	-1,442,743
• Department Cost Saving Initiatives	-2,429,850	-2,442,650

*Phase out physician on-call arrangement at the Southbury Training School and replace with health assessment by professionals in-house and reduce overtime.*

• Cap Early Intervention and Make a Non-entitlement Program <i>Remove anticipated growth in the Early Intervention account and keep the Birth-to-Three program within available appropriations. The entire array of required services may not be available for all the children evaluated.</i>	-2,500,000	-3,750,000	
• Residential Unit Closures/Reconfiguration <i>Close 7 two and three bed state-operated community living homes (19 beds), reduce the population of the Riverview Unit at the Mystic campus by 3 beds and close the 8 bed Health Care Unit at the Southbury Training School. Closures will be phased in over the course of the year, involving 33 full time and 27 part-time positions. Staff will be relocated to direct care vacancies. Reasons for choosing this array of group homes include lack of handicapped accessibility, more optimal settings for clients, etc.</i>	-2,386,850	-2,893,100	
<b>Within Current Services</b>			
• Pickup Optional Services from the Department of Social Services	500,000	500,000	
• Provide Funding for Cooperative Placements growth	2,800,000	5,600,000	
• Annualize Early Intervention, Day and Community Placement Programs	4,466,932	4,978,012	
• Reduce Southbury Positions (-20) to Reflect Declining Population	0	-350,272	
• Recalculate Filled Position Levels	-4,000,000	-4,000,000	
<b>Reallocations or Transfers</b>			
• Home Health Reallocation to DSS - Children <i>Transfer responsibility for home health services for children from the Department of Social Services.</i>	1,300,000	1,300,000	
• Home Health Reallocation to DSS - Private CLAs <i>Transfer responsibility for home health services in private community living arrangements from the Department of Social Services.</i>	585,700	585,700	
<b>New or Expanded Services</b>			
• New Placements for Pickup of Ageouts from DCF, High School Grads and Clients on Waiting List <i>New Grant to Fund the Prioritized Placement of Children with Mental Retardation Aging Out of the Department of Children and Families and Local School Districts, High School Graduates and Waiting List Clients.</i>	5,000,000	7,000,000	7,000,000
• Increase Private Provider rates by 1.5% effective January 1, 2004	3,035,755	6,071,510	6,071,510

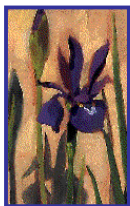
**AGENCY SUMMARY**

<b>Personnel Summary</b>	2002-2003	2003-2004	2003-2004	2004-2005	2004-2005
	Total Authorized	Change From 2002-2003	Total Recommended	Change From 2003-2004	Total Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	4,562	-226	4,336	-20	4,316
Federal Contributions	23	-2	21	0	21
<u>Other Positions Equated to Fulltime</u>					
General Fund	742	-38	704	0	704
<b>Financial Summary</b>	2002-2003	2003-2004	2003-2004	2004-2005	2004-2005
	Estimated	Current Services	Total Recommended	Current Services	Total Recommended
Personal Services	280,506,159	298,015,908	279,017,165	308,509,509	288,258,816
Other Expenses	23,289,806	23,914,606	23,289,806	24,586,024	23,289,806
<u>Capital Outlay</u>					
Equipment	1,000	397,995	1,000	400,694	1,000
<u>Other Current Expenses</u>					
Human Resource Development	231,358	237,836	231,358	244,495	231,358
Family Support Grants	993,062	1,020,868	993,062	1,049,455	993,062
Pilot Program for Client Services	2,250,073	2,324,665	2,278,307	2,389,755	2,295,267
Cooperative Placements Program	11,071,448	14,973,870	14,745,955	18,719,175	18,140,419
Clinical Services	3,862,653	4,555,786	4,362,653	4,758,575	4,362,653



Budget Summary

Early Intervention	22,142,220	27,247,301	24,253,800	29,260,225	24,434,350
Temporary Support Services	204,973	210,712	204,973	216,612	204,973
Community Temporary Support Services	67,315	69,200	67,315	71,140	67,315
Community Respite Care Programs	330,345	339,595	330,345	349,100	330,345
Workers' Compensation Claims	12,836,304	13,434,911	13,434,911	14,061,604	14,061,604
New Placements	0	0	5,000,000	0	7,000,000
<b>TOTAL - Other Current Expenses</b>	<b>53,989,751</b>	<b>64,414,744</b>	<b>65,902,679</b>	<b>71,120,136</b>	<b>72,121,346</b>
<u><i>Pmts to Other than Local Govts</i></u>					
Rent Subsidy Program	2,676,851	2,751,803	2,676,851	2,828,853	2,676,851
Respite Care	2,082,060	2,140,358	2,082,060	2,200,288	2,082,060
Family Reunion Program	137,900	141,761	137,900	145,730	137,900
Employment Opportunities & Day Svcs	115,533,404	120,140,404	117,744,608	123,623,918	118,621,119
Family Placements	1,844,233	1,905,200	1,867,207	1,958,546	1,881,107
Emergency Placements	3,644,225	3,764,770	3,689,695	3,870,185	3,717,162
Community Residential Services	242,809,404	251,789,211	248,653,822	259,109,545	250,490,805
<b>TOTAL - Pmts to Other than Local Govts</b>	<b>368,728,077</b>	<b>382,633,507</b>	<b>376,852,143</b>	<b>393,737,065</b>	<b>379,607,004</b>
<b>TOTAL - General Fund</b>	<b>726,514,793</b>	<b>769,376,760</b>	<b>745,062,793</b>	<b>798,353,428</b>	<b>763,277,972</b>
<u><i>Additional Funds Available</i></u>					
Federal Contributions	8,190,579	8,017,815	3,636,473	7,915,815	3,602,071
Private Contributions	307,762	307,762	307,762	307,762	307,762
<b>TOTAL - All Funds Net</b>	<b>735,013,134</b>	<b>777,702,337</b>	<b>749,007,028</b>	<b>806,577,005</b>	<b>767,187,805</b>



# DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES

## AGENCY PURPOSE

To improve the quality of life of Connecticut citizens through delivery of prevention and early intervention services and to promote recovery among adults with psychiatric or substance

use disorders through delivery of recovery-oriented treatment and support services.

## RECENT HIGHLIGHTS

- Established a recovery model to assist in transforming the DMHAS system into a recovery-oriented system of care and developed a Commissioner's policy statement on recovery to guide the change process.
- Strengthened consumer input using a scientifically based survey to solicit opinions regarding DMHAS funded and operated services.
- Continued work with the *Mental Health Policy Council* to implement recommendations of the Governor's Blue Ribbon Commission on Mental Health.
- Implemented statewide evidence-based prevention practices as part of the work of the *Alcohol and Drug Policy Council* and the *Governor's Prevention Initiative for Youth*.
- Continued planning with DCF and DSS for the *Connecticut Behavioral Health Partnership* for Medicaid recipients, including completion of a report to the legislature describing the DCF *Connecticut KidCare* initiative and the DMHAS *Recovery Healthcare Plan for Adults*.
- Worked with the *Community Mental Health Strategy Board* to develop funding priorities and implemented service system expansion designed to improve access to care and relieve service system gridlock.
- Provided immediate assistance to Connecticut residents in the aftermath the World Trade Center disaster, including direct support to families of victims and to other vulnerable populations around the state.
- Collaborated with DCF to establish a partnership with Yale University and the University of Connecticut resulting in establishment of the *Center for Trauma Response/Recovery and Preparedness (CTRP)*.
- Established, with DCF and CTRP, five behavioral health regional crisis response teams, consisting of 400 staff that can be deployed in the event of a major disaster.
- Sponsored and organized, with the Connecticut Psychological Association and University of Connecticut, a statewide conference entitled "*Psychological Trauma: Myths and Realities*."
- Initiated a statewide training and supervision project to implement evidence-based practices for treatment of individuals with severe and prolonged mental illness and co-occurring substance use disorders within Connecticut's Local Mental Health Authorities.
- Collaborated with the other New England states, the New England Institute of Addiction Studies, the New England Addiction Technology Transfer Center and regional treatment providers to present the *First Annual New England School for the Treatment of Opioid Dependence*.
- Implemented DMHAS Diversity Training - *Respect in the Workplace* (in accord with Public Act 99-180) and delivered 106 training sessions to 2,245 DMHAS employees.
- Expanded the PILOTS supported housing initiative to reduce homelessness among people with behavioral health disorders.
- Maximized Medicare/Medicaid revenue by obtaining federal approval for reimbursement of services at four DMHAS operated facilities.
- Continued preparing for compliance with federal rules and timeframes as defined under the *Health Insurance Portability and Accountability Act (HIPAA)*.
- Refined the interdepartmental joint contracting initiatives to incorporate a model demonstration project involving DCF, DOC, and the Judicial Branch.
- Received approximately \$13 million in new federal funding to expand prevention and treatment capacity, enhance services and address the cultural and gender-specific needs of high-risk populations.
- Submitted 16 new federal funding applications totaling over \$22 million to support enhancements in Connecticut's public sector behavioral health system.
- Implemented a statewide network of Jail Diversion Programs that provide assessment and linkage to treatment services for individuals with psychiatric disorders seen in any of Connecticut's Geographical Area Courts.
- Developed an interagency collaborative in New Haven to enhance treatment and support services for individuals with mental illness transitioning from the Department of Correction back to the community.
- Launched a multi-site study to evaluate the cost-effectiveness of an intensive case management approach for homeless mothers with substance use disorders.
- Engaged local stakeholders in an assessment of mental health and substance abuse treatment/prevention needs to establish an ongoing behavioral health planning process.
- Instituted an interagency substance abuse treatment data system containing a set of core data items and a unique identifier reported annually to a DMHAS repository beginning in September 2002.
- Conducted in-depth, first-time analysis of population overlaps between those served in the substance abuse treatment system, criminal justice and human services populations linking data across eight state agencies.
- Managed costs associated with the DMHAS GA program, resulting in elimination of \$12 million deficit and absorption of a \$3.5 million recession.

## RECOMMENDED SIGNIFICANT CHANGES

<b>Reductions to Current Services</b>	<b>2003-2004</b>	<b>2004-2005</b>	
• Annualization of FY 03 Reductions <i>Reduces several accounts to reflect the annualization of FY'03 reductions; including a \$20.4 million reduction in the GA Managed Care program</i>	-20,742,020	-26,822,681	
• Remove Inflation	-11,664,136	-24,449,086	
• Transfer Equipment to CEPF	-1,708,501	-1,277,600	
• Eliminate Funding for Unsettled Collective Bargaining Contracts	-1,044,915	-2,117,977	
• Remove Accruals Pursuant to Governor's Early Retirement Incentive Plan	-841,810	-888,106	
• Layoffs Necessitated by Failure to Achieve Concessions	-12,942,171	-13,463,765	
• Eliminate Funding for Certain Programs <i>Eliminates the funding for the Regional Action Councils and the Governor's Partnership to Protect Connecticut's Workforce accounts</i>	-511,498	-511,498	
• Delay FY 04 PILOTS Initiative <i>Funds are removed to reflect the natural delays in project implementation</i>	-568,000	568,000	
• Temporarily Reduce Capacity at Whiting Forensic Hospital <i>A one time savings will occur from the temporary closure of one ward at Whiting while renovations occur. The unit is expected to reopen in October 2003.</i>	-200,000	200,000	
• Create Step-Down Unit at Dutcher <i>Savings occur from the creation of an inpatient residential program at Dutcher for PSRB patients who will be transitioning into the community</i>	-525,000	-551,250	
• Reduce Third Shift Coverage for Mobile Crisis <i>Funding is reduced to reflect third shift coverage for mobile crisis services to "on call" and the provision of phone coverage by other 24 hour state operated programs at the facility</i>	-185,748	-488,631	
<b>Reallocations or Transfers</b>			
• Reallocate GA SAGA to DMHAS <i>Funds which supported behavioral health pharmaceutical costs in the former Department of Social Services SAGA program are transferred to continue to support these clients in the DMHAS programs</i>	4,000,000	4,000,000	
<b>Revenues</b>			
• Inpatient Psychiatric Hospital Revenue <i>\$1.25 million in additional revenue results from changes in billing and documentation at the various inpatient facilities</i>	0	0	
• Targeted Case Management <i>\$1.175 million is of additional revenue is possible through the extension of Targeted Case Management to substance abuse programs and new procedures for billing existing mental health programs</i>	0	0	
<b>New or Expanded Services</b>	<b>2003-2004</b>	<b>2004-2005</b>	<b>2005-2006</b>
• Implement the Behavioral Health Partnership beginning July 1, 2004	0	0	0
• Increase Private Provider Rates by 1.5% effective January 1, 2004	1,609,534	3,219,062	3,219,062

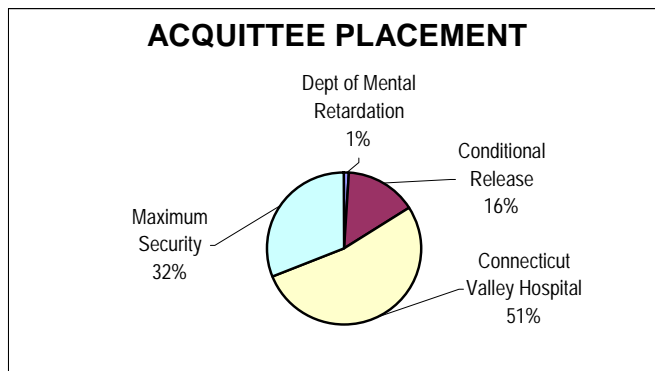
## AGENCY SUMMARY

<b>Personnel Summary</b>	2002-2003	2003-2004	2003-2004	2004-2005	2004-2005
	Total Authorized	Change From 2002-2003	Total Recommended	Change From 2003-2004	Total Recommended
<b><u>Permanent Full-Time Positions</u></b>					
General Fund	3,536	-243	3,293	0	3,293
Federal Contributions	13	-8	5	0	5
Private Contributions	9	0	9	0	9
<b><u>Other Positions Equated to Fulltime</u></b>					
General Fund	213	0	213	0	213

<b>Financial Summary</b>	2002-2003	2003-2004	2003-2004	2004-2005	2004-2005
	Estimated	Current Services	Total Recommended	Current Services	Total Recommended
Personal Services	156,512,659	170,952,265	154,871,602	181,977,408	164,226,820
Other Expenses	26,421,360	27,341,667	26,582,744	28,202,373	26,582,744
<u>Capital Outlay</u>					
Equipment	1,000	1,709,501	1,000	1,278,600	1,000
<u>Other Current Expenses</u>					
Housing Supports and Services	4,586,235	6,297,724	5,474,842	6,608,834	6,083,597
Managed Service System	23,606,281	24,768,781	23,835,009	25,922,263	24,012,441
Behavioral Health Medications	6,393,095	6,597,251	10,283,095	6,927,114	10,283,095
Legal Services	397,200	408,116	399,978	419,543	402,955
Connecticut Mental Health Center	7,236,103	7,584,929	7,236,103	7,950,834	7,236,103
Capitol Region Mental Health Center	340,408	356,455	340,408	373,277	340,408
Professional Services	5,008,898	5,077,163	4,838,898	5,327,240	4,838,898
Regional Action Councils	275,498	479,560	0	492,988	0
General Assistance Managed Care	57,605,382	73,355,945	7,500,000	82,979,408	0
Workers' Compensation Claims	7,282,082	7,584,673	7,584,673	7,926,261	7,926,261
Nursing Home Screening	485,450	507,720	487,167	531,607	489,474
Special Populations	18,881,402	21,063,574	20,964,672	22,131,674	21,920,731
TBI Community Services	4,368,371	4,948,070	4,844,111	5,485,823	5,227,093
Transitional Youth	3,387,532	3,571,459	3,433,135	3,751,343	3,465,792
Jail Diversion	3,190,075	3,504,846	3,435,011	3,685,903	3,541,015
TOTAL - Other Current Expenses	143,044,012	166,106,266	100,657,102	180,514,112	95,767,863
<u>Pmts to Other than Local Govts</u>					
Grants for Substance Abuse Services	19,821,487	20,875,128	54,743,875	21,890,821	61,226,397
Gov's Partnership-Protect CT Workforce	236,000	411,200	0	422,714	0
Grants for Mental Health Services	73,753,928	77,787,377	82,080,184	81,658,130	83,813,319
Employment Opportunities	9,592,313	9,908,720	9,712,436	10,186,164	9,784,737
TOTAL - Pmts to Other than Local Govts	103,403,728	108,982,425	146,536,495	114,157,829	154,824,453
TOTAL - General Fund	429,382,759	475,092,124	428,648,943	506,130,322	441,402,880
<u>Additional Funds Available</u>					
Special Funds, Non-Appropriated	6,535,636	6,842,919	6,842,919	6,715,314	6,715,314
Bond Funds	2,904,197	2,990,091	2,990,091	2,809,832	2,809,832
Federal Contributions	45,125,499	32,858,616	32,858,616	29,596,173	29,596,173
Private Contributions	22,422,506	22,207,088	22,207,088	22,308,587	22,308,587
TOTAL - All Funds Net	506,370,597	539,990,838	493,547,657	567,560,228	502,832,786

## 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

- Developed and piloted individualized monthly progress reports for conditionally released acquittees.
- Implemented centralized statewide mandatory training for mental health professionals providing services to the acquittee populations.
- Re-designed exhibit form used to present evidence to expedite hearing procedures.
- Upgraded Management Information System.
- Implemented contractual agreement that will reduce inflationary costs.
- Coordinated hearing dockets to reduce duplication of proceedings and requests for continuances which permits meeting increased workload at current levels of service funding.

## RECOMMENDED SIGNIFICANT CHANGES

### Reductions to Current Services

- Remove Inflation
- Transfer Equipment to CEPF

	2003-2004	2004-2005
	-1,668	-3,400
	0	-11,000

## AGENCY SUMMARY

### Personnel Summary

#### Permanent Full-Time Positions

	2002-2003 Total Authorized	2003-2004 Change From 2002-2003	2003-2004 Total Recommended	2004-2005 Change From 2003-2004	2004-2005 Total Recommended
General Fund	4	0	4	0	4

### Financial Summary

	2002-2003 Estimated	2003-2004 Current Services	2003-2004 Total Recommended	2004-2005 Current Services	2004-2005 Total Recommended
Personal Services	263,220	269,019	269,019	286,093	286,093
Other Expenses	50,522	52,190	50,522	53,922	50,522

#### Capital Outlay

	2002-2003 Estimated	2003-2004 Current Services	2003-2004 Total Recommended	2004-2005 Current Services	2004-2005 Total Recommended
Equipment	1,000	0	0	11,000	0
TOTAL - General Fund	314,742	321,209	319,541	351,015	336,615

#### Additional Funds Available

	2002-2003 Estimated	2003-2004 Current Services	2003-2004 Total Recommended	2004-2005 Current Services	2004-2005 Total Recommended
Bond Funds	3,091	0	0	0	11,000
TOTAL - All Funds Net	317,833	321,209	319,541	351,015	347,615

