



# 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, including bioterrorism and national security-related events.
- 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

### *Efficiency and Performance*

- Ranked sixth in the nation in health status for 2003 in a recent United Health Foundation Report. Notable indicators included:
  - ◆ Prevalence of smoking (ranked fifth nationally)
  - ◆ Risk for heart disease (ranked sixth nationally)
  - ◆ Adequacy of prenatal care (ranked third nationally)
- Ranked first in the nation in 2004 for immunization levels for young children.
- Working in collaboration with the University of Connecticut, established a Certificate Program in Core Public Health Skills.

### *Public Health Preparedness*

- Secured and administered \$20 million in grants to support public health preparedness.
- Successfully completed an application and site review for designation as a Biosafety Level-3 Laboratory under the Select Agent Rule of the U.S. Patriot Act, allowing the Public Health Laboratory to accept and work on weapons of mass destruction agents.
- Established a Chemical Terror Response Laboratory Team, consisting of experienced chemists and a toxicologist who will respond on a 24/7 basis to events that involve human exposure to chemical agents.
- Developed an innovative regional emergency preparedness planning strategy for local health departments, hospitals and other health care providers, emergency medical services, public safety, and emergency management agencies.
- Established testing capacity for the identification of Norwalk virus, employing advanced molecular methods including sequencing of the viral DNA for agent identification.
- Implemented a sophisticated Wide Area Notification System to provide automated voice messaging and call-down to contact DPH partners 24/7.
- Established a water security advisory committee with water supply and enforcement representation, as well as an emergency response team to facilitate response to disasters.
- Sponsored and secured federal recognition of CT-1, Connecticut's first Disaster Medical Assistance Team.

### *Health Care Quality and Regulatory Standards*

- Organized the first annual Connecticut Caregivers Conference for family and professional caregivers.

- Initiated a campaign for health care quality to measure and improve outcomes for Connecticut's health care consumers.
- Convened a Department/Hospitals workgroup to enhance regulatory oversight and develop guidelines for inspections/investigations, which are shared with providers and regulatory staff.
- Participated in statewide Home Health and Nursing Home Expert Panels facilitated by Qualidigm, working collaboratively to improve the quality of nursing home and home health care.
- Participated in a collaborative hospital quality improvement pilot project with the federal Centers for Medicare and Medicaid Services, Qualidigm, and acute care hospitals.
- Convened a Department/Connecticut Medical Examining Board workgroup to improve the efficiency and effectiveness of physician oversight processes.
- Implemented a fax-back scoring system for the Nurse Aid Registry, which enables nurse aides to receive their examination results within fifteen to thirty minutes of completing their examination.
- Expanded information available on the Department's website concerning regulatory programs, including on-line filing of complaints against licensed practitioners and entities, on-line disciplinary action reports, and screen-fillable applications.
- In collaboration with Child Care INFOLINE, hosted Fall and Spring Early Childhood Career and Resource Fairs, which attracted 209 attendees.

### *Public Health Data Collection and Reporting*

- Completed the *Healthy Connecticut 2000 Final Report*, an assessment of the state's progress to meet Year 2000 goals for health status and health services.
- Implemented the TRAINConnecticut Learning Management System to identify public health training opportunities and track public health workforce participation.
- Conducted a comprehensive needs assessment that identified the strengths, challenges and opportunities for improvement in the delivery of services for children and youth with special health care needs and their families. Developed a community-based model for service delivery.
- Secured federal funding to plan for a comprehensive, integrated early childhood system that affords young children in all families optimal health and readiness to learn by age five.

- Began implementation of an electronic laboratory data reporting and disease surveillance system, which will be a central repository of data, accessible to DPH and its public health partners.

**Health Promotion and Disease Prevention**

- Implemented expanded newborn screening for inherited disorders of fatty acid and organic acid metabolism using a highly sophisticated technology, tandem mass spectrometry.
- Developed educational materials to target teens with asthma, utilizing an Asthma Teen Toolbox.
- In collaboration with the University of Connecticut, developed a tool and resource kit to promote wellness in the workplace.
- Expanded vaccines routinely supplied by the state for Medicaid-eligible and uninsured children, to include pediatric influenza vaccine and a new combination DTaP/IPV/HepB vaccine.
- Reported decreased rates of gonorrhea by 12% and chlamydia by 11%, achieving all-time lows in Connecticut.
- Completed health assessments for two communities, Cheshire and Hamden, to help answer residents' questions about environmental contamination and diseases that may be associated with those exposures.
- Received an Environmental Merit Award from the Environmental Protection Agency for the successful implementation in over 300 schools of EPA's "Tools for

Schools", a self-help program to improve indoor air quality in schools.

- Developed a protocol for schools to apply for funding in the event of "certified indoor air emergencies" under Public Act 03-220, and helped towns develop proposals for remediation of indoor air pollution problems.
- Directed the regional 2004 Keep-It-Clean (KIC) Campaign in Connecticut, designed to promote the use of lead-safe work practices during home renovation and painting projects that disturb lead-based paint. Implemented campaign at 134 retail paint and hardware stores statewide.
- Working with the University of Connecticut, developed and delivered the Lead-Safe Work Practices course for professional renovators, remodelers, painters, maintenance personnel, and property owners or managers. Translated the course into Spanish, which is now the first lead-safe work practices training course in Spanish approved by the U.S. Department of Housing and Urban Development.
- Provided continuing education seminars to home inspectors, realtors and builders regarding radon testing, mitigation and radon-resistant new construction techniques.
- Secured federal funds to support and enhance monitoring and notification activities concerning coastal bathing waters. Mapped the Connecticut shoreline using GIS mapping instruments, and developed a database used to analyze, track and report bathing water testing.

**RECOMMENDED SIGNIFICANT CHANGES**

**Reductions to Current Services**

	<u>2005-2006</u>	<u>2006-2007</u>
• Remove Inflation	-1,373,693	-2,982,458
• Transfer Equipment to CEPF	-1,171,404	-961,854
• Fund Non-ERIP accruals through the RSA account	-100,000	-100,000
• Carryforward FY05 Funds	-1,019,564	0
• Reduce Compensation Increases for Exempt, Appointed & Unclassified Employees <i>Limit increases to 3% in FY'06 and 2% in FY'07.</i>	-8,750	-20,567
• Reduce Compensation Increases for Managers & Confidentials in FY07 <i>Provide 2% general wage increase and delay PARS by 6 months.</i>	0	-74,557
• Reduce Community Services Account <i>Reflects the ability of Federally Qualified Health Centers to receive 100% cost based reimbursements for all services provided to Medicaid clients and the elimination of unobligated funding.</i>	-630,679	-630,679

**Reallocations or Transfers**

• Return IT Positions to Agencies <i>Returning unionized IT personnel to their original agencies per the Governor's decision.</i>	995,463	995,527
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**New or Expanded Services**

	<u>2005-2006</u>	<u>2006-2007</u>	<u>2007-2008</u>
• Fund Tuberculosis Control in Correctional Facilities <i>One position and related funding are provided to offset federal funding losses in order to maintain a collaborative effort with the Department of Correction for tuberculosis (TB) prevention in correctional facilities.</i>	70,000	70,000	70,000
• Fund Medication Adherence Program <i>Increase funding to augment approximately \$215,000 already budgeted and offset federal Ryan White funding in order to maintain the drug adherence program that complements Connecticut's AIDS Drug Assistance Program (CADAP) by monitoring medication compliance of Connecticut residents living with AIDS.</i>	510,326	510,326	510,326

## AGENCY SUMMARY

<b>Personnel Summary</b>	2004-2005	2005-2006	2005-2006	2006-2007	2006-2007
	Total	Change From	Total	Change From	Total
	Authorized	2004-2005	Recommended	2005-2006	Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	447	14	461	0	461
Federal Contributions	362	1	363	-1	362
Private Contributions	12	0	12	0	12
<u>Other Positions Equated to Fulltime</u>					
General Fund	3	0	3	0	3
Federal Contributions	4	-2	2	0	2
<b>Financial Summary</b>	2004-2005	2005-2006	2005-2006	2006-2007	2006-2007
	Estimated	Current	Total	Current	Total
		Services	Recommended	Services	Recommended
Personal Services	26,415,749	27,994,905	27,139,380	28,273,457	28,148,333
Other Expenses	5,302,466	5,373,616	5,099,677	5,493,751	5,302,466
<u>Capital Outlay</u>					
Equipment	700	1,172,404	1,000	962,854	1,000
<u>Other Current Expenses</u>					
Needle and Syringe Exchange Program	539,158	482,232	459,587	505,379	459,587
Comm Svs Support for AIDS Victims	196,549	195,655	187,400	205,046	187,400
Children's Health Initiative	1,102,312	1,046,914	1,008,684	1,093,072	1,014,043
Childhood Lead Poisoning	300,910	241,192	228,554	252,769	228,554
AIDS Services	3,794,772	3,954,152	4,305,098	4,143,951	4,305,098
Breast and Cervical Cancer Detection	1,601,659	1,666,342	1,603,376	1,742,087	1,604,137
Services for Children Affected by AIDS	290,877	259,652	247,435	272,115	247,435
Children w/Special Hlth Care Needs	1,562,175	1,348,231	1,282,620	1,412,946	1,282,620
Medicaid Administration	3,776,174	3,468,392	3,459,154	3,486,820	3,461,746
TOTAL - Other Current Expenses	13,164,586	12,662,762	12,781,908	13,114,185	12,790,620
<u>Pmts to Other than Local Govts</u>					
Community Health Services	6,059,495	5,999,811	5,114,633	6,287,802	5,114,633
Emergency Medical Services Training	82,197	83,266	82,197	85,098	82,197
Emergency Med Svcs Regional Offices	475,584	481,767	475,584	492,366	475,584
Rape Crisis	402,429	419,331	402,429	439,459	402,429
X-Ray Screening and Tuberculosis Care	709,229	719,449	689,661	753,983	689,661
Genetic Diseases Programs	677,646	512,108	483,647	536,689	483,647
Loan Repayment Program	122,620	124,214	122,620	126,947	122,620
Immunization Services	7,100,000	7,398,200	7,100,000	7,753,314	7,100,000
TOTAL - Pmts to Other than Local Govts	15,629,200	15,738,146	14,470,771	16,475,658	14,470,771
<u>Pmts to Local Governments</u>					
Local & District Departments of Health	4,106,309	4,195,374	4,195,374	4,195,374	4,195,374
Venereal Disease Control	218,576	213,065	203,885	223,292	203,885
School Based Health Clinics	6,321,111	6,212,074	5,946,587	6,510,254	5,946,587
TOTAL - Pmts to Local Governments	10,645,996	10,620,513	10,345,846	10,928,920	10,345,846
TOTAL - General Fund	71,158,697	73,562,346	69,838,582	75,248,825	71,059,036
<u>Additional Funds Available</u>					
Federal Contributions	117,063,908	120,808,413	120,808,413	124,884,704	124,884,704
Private Contributions	1,744,700	1,552,616	1,552,616	1,602,523	1,602,523
TOTAL - All Funds Net	189,967,305	195,923,375	192,199,611	201,736,052	197,546,263



# 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; 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

- Reviewed and acted on eight Certificate of Need applications regarding expansion of cardiac services within the state. This recent activity has occurred due to changes in national guidelines regarding the provision of emergency angioplasty without on-site open heart surgery backup and concerns related to accessibility for Connecticut residents.
- In conjunction with the Department of Public Health, OHCA was instrumental in proposing Public Act 04-249, regarding the regulation of outpatient surgical facilities (OSF). To alleviate concerns regarding quality and patient safety, this Act established certain Certificate of Need (CON) and licensing requirements and standards for OSF using moderate or deep sedation, moderate or deep analgesia, or general anesthesia.
- Administered household and employer surveys with federal grant funds received from the Health Resources and Services Administration. Approximately 3,500 Connecticut households and 800 small to medium-sized employers were surveyed. Information obtained from these studies will be used to help quantify the state's uninsured residents and the reasons why they are

uninsured, as well as aid in the development of insurance expansion policy options.

- Pursuant to Public Act 03-275, OHCA authorized the implementation of two Long-Term Acute Care Hospitals (LTAC) demonstration projects. The demonstration project will allow acute care hospitals to transfer patients requiring long-term hospitalization to an LTAC operated at the acute care hospital by a rehabilitation hospital, thereby freeing up the host hospital's ICU beds. The demonstration project will study the quality of service, patient outcomes and the cost-effectiveness of this new level of care.
- In conjunction with the Department of Social Services and the Office of Policy and Management, OHCA continued to study implementing Premium Assistance for Employer Sponsored Insurance.
- Promoted national "Cover the Uninsured Week" by participating in discussions on health care coverage in Connecticut. The agency participated in dialogue on potential actions, options and solutions for providing access to continuous and affordable health care coverage for the state's residents.

## RECOMMENDED SIGNIFICANT CHANGES

### Reductions to Current Services

- Remove Inflation
- Carryforward FY05 Funds
- Fund Non-ERIP Accruals through the RSA Account
- Reduce Compensation Increases for Exempt, Appointed & Unclassified Employees  
*Limit increases to 3% in FY06 and 2% in FY07.*
- Reduce Compensation Increases for Managers & Confidentials in FY07  
*Provide 2% general wage increase and delay PARS by 6 months.*

	<u>2005-2006</u>	<u>2006-2007</u>
Remove Inflation	-3,006	-8,147
Carryforward FY05 Funds	-24,688	0
Fund Non-ERIP Accruals through the RSA Account	-8,000	-10,000
Reduce Compensation Increases for Exempt, Appointed & Unclassified Employees <i>Limit increases to 3% in FY06 and 2% in FY07.</i>	-6,404	-15,531
Reduce Compensation Increases for Managers & Confidentials in FY07 <i>Provide 2% general wage increase and delay PARS by 6 months.</i>	0	-6,374
<b>Reallocations or Transfers</b>		
Return IT Positions to Agencies <i>Return unionized IT personnel to their original agencies per the Governor's decision.</i>	69,806	69,806

### Reallocations or Transfers

- Return IT Positions to Agencies  
*Return unionized IT personnel to their original agencies per the Governor's decision.*

## AGENCY SUMMARY

### Personnel Summary

#### Permanent Full-Time Positions

General Fund

	2004-2005 Total Authorized	2005-2006 Change From 2004-2005	2005-2006 Total Recommended	2006-2007 Change From 2005-2006	2006-2007 Total Recommended
General Fund	23	1	24	0	24

Budget Summary

	2004-2005	2005-2006	2005-2006	2006-2007	2006-2007
<b>Financial Summary</b>	Estimated	Current Services	Total Recommended	Current Services	Total Recommended
Personal Services	1,826,103	1,964,650	1,935,089	2,010,252	1,978,347
Other Expenses	232,418	235,424	222,887	240,565	232,418
<u>Capital Outlay</u>					
Equipment	0	100	100	100	100
TOTAL - General Fund	2,058,521	2,200,174	2,158,076	2,250,917	2,210,865
<u>Additional Funds Available</u>					
Federal Contributions	202,067	0	0	0	0
TOTAL - All Funds Net	2,260,588	2,200,174	2,158,076	2,250,917	2,210,865



# 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

- Completed the initial implementation of a new web based death investigation system together with the conversion of over 190,000 case files from a DOS based system.
- Started a digital photography initiative, which will be funded by a federal grant.
- Completed a national recruitment to fill two Physician positions.
- Restored Sunday autopsy services.

## RECOMMENDED SIGNIFICANT CHANGES

### *Reductions to Current Services*

	<u>2005-2006</u>	<u>2006-2007</u>
• Remove Inflation	-9,990	-22,861
• Transfer Equipment to CEPF	-129,420	-129,420
• Carryforward FY05 Funds	-251,128	0
• Fund Non-ERIP Accruals through the RSA Account	-114,740	-195,074
• Reduce Compensation Increases for Exempt, Appointed & Unclassified Employees <i>Limit increases to 3% in FY06 and 2% in FY07.</i>	-7,240	-17,559
• Reduce Compensation Increases for Managers & Confidentials in FY07 <i>Provide 2% general wage increase and delay PARS by 6 months.</i>	0	-7,315

### *Reallocations or Transfers*

• Return IT Positions to Agencies <i>Return unionized IT personnel to their original agencies per the Governor's decision.</i>	128,316	129,144
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## AGENCY SUMMARY

### **Personnel Summary**

#### Permanent Full-Time Positions

	2004-2005 Total Authorized	2005-2006 Change From 2004-2005	2005-2006 Total Recommended	2006-2007 Change From 2005-2006	2006-2007 Total Recommended
General Fund	50	2	52	0	52

#### Other Positions Equated to Fulltime

General Fund	4	0	4	0	4
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Budget Summary

<b>Financial Summary</b>	2004-2005	2005-2006	2005-2006	2006-2007	2006-2007
	Estimated	Current Services	Total Recommended	Current Services	Total Recommended
Personal Services	3,721,243	4,197,461	4,044,974	4,344,167	4,124,219
Other Expenses	583,552	622,339	591,728	609,195	586,334
<u>Capital Outlay</u>					
Equipment	7,500	140,217	10,797	140,217	10,797
<u>Other Current Expenses</u>					
Medicolegal Investigations	651,085	451,085	251,085	451,085	451,085
TOTAL - General Fund	4,963,380	5,411,102	4,898,584	5,544,664	5,172,435
<u>Additional Funds Available</u>					
Special Funds, Non-Appropriated	500	500	500	500	500
Bond Funds	80,298	0	0	0	0
TOTAL - All Funds Net	5,044,178	5,411,602	4,899,084	5,545,164	5,172,935





# DEPARTMENT OF MENTAL RETARDATION

## AGENCY PURPOSE

- 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 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.
- 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.
- Monitor and enhance the quality of all services and supports provided by the system of public and private providers.
- Assist DMR consumers involved in the criminal justice system to ensure appropriate representation and services.

## RECENT HIGHLIGHTS

- Began implementation of a new quality review and improvement system—Quality System Review (QSR) to certify public and private sector providers of service. This new quality system addresses federal requirements and expectations, is built around quality of life outcomes and integrates regional and state level quality activities.
- Implemented a comprehensive Waiting List initiative based on a planned strategy to gain increased federal revenue and the development of a new Individual and Family Support Medicaid Home and Community Based Services waiver. This five year initiative resulted in new funding for 150 individuals to receive residential supports, and 100 individuals who will receive enhanced family supports through the new waiver.
- Developed the application for the new Individual and Family Support Waiver that was submitted and approved in January 2005 by the federal government. Sought consumer and family input during development and the public comment period prior to review and approval of the Waiver by the Legislature.
- Developed and field tested a new Individual Planning process that meets Home and Community Based Services (HCBS) waiver expectations and best practice. The new process will be fully implemented in FY05.
- Established and filled eight Self Advocate Coordinator positions in FY04. One additional position will be added in FY05. These positions will assist with self advocacy, training, and quality activities.
- A Director of Elder Services position was established in response to recommendations from the Focus Team on Aging that issued its report in Fall 2003.
- Received funding for two Real Choices Systems Change grants from the federal Centers for Medicare and Medicaid Services (CMS). A Quality Review and Improvement grant was funded at \$499,000 and an Independence Plus Initiative grant to establish a methodology to assess level of need and resource allocation was funded at \$175,000. Both grants are funded for three years beginning in October 2003.
- Received three year funding from the Administration on Developmental Disabilities for a \$100,000 Family Support grant to strengthen local family support networks.
- Operated 9 Respite Centers serving approximately 700 individuals statewide. Development of additional centers is planned in FY05.
- A total of 6,562 individuals were enrolled in the HCBS Waiver representing a net increase in enrollment of 527 people.
- The Birth to Three System received 7,600 new referrals (an increase of 5% over the previous year) and served 9,463 eligible children throughout the fiscal year (an increase of .7% over the previous year). On a daily basis the system served 3% of all children under the age of three. Changes to the system in FY04 included tightening eligibility criteria and charging parents on a sliding fee scale, resulting in a decline in the number of children participating in the Birth to Three system as of June 30, 2004.
- Generated \$303.19M in federal Medicaid reimbursement.
- Participated in various FEMA and state sponsored emergency planning activities to develop DMR's capacity to respond in the event of a public emergency to protect the well-being of persons served by DMR. Received a grant from Nuclear Regulatory Commission awarded through Office of Emergency Management for \$128,000 to establish radiological decontamination capacity at STS for persons supported by DMR.

## RECOMMENDED SIGNIFICANT CHANGES

### Reductions to Current Services

- Remove Inflation
- Transfer Equipment to CEPF
- Fund Non-ERIP Accruals Through the RSA Account
- Reduce Compensation Increases for Exempt, Appointed & Unclassified Employees  
*Limit increases to 3% in FY 06 and 2% in FY 07*
- Reduce Compensation Increases for Managers & Confidentials in FY07  
*Provide 2% general wage increase and delay PARS by 6 months*

<u>2005-2006</u>	<u>2006-2007</u>
-640,321	-1,713,020
-776,113	-803,859
-391,253	-391,253
-8,297	-20,121
	0
	-197,373



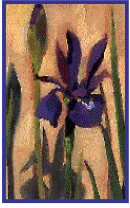
## Budget Summary

• Cap Administrative and General Costs of Private Providers	0	-1,069,553		
<i>This proposal caps administrative costs for grantees at 18% in FY 07. As a result, providers will be expected to manage administrative and indirect costs as efficiently and effectively as possible while at the same time maximizing funding for direct services.</i>				
• Carryforward FY 05 Funds	-2,224,536	0		
<b>Within Current Services</b>				
• Provide Day Program Funding for New High School Grads	4,234,812	4,815,246		
<i>Funding is provided so that services can be delivered to individuals who are graduating from high school programs. These services will be delivered through the Employment Opportunities and Day Services Program.</i>				
• Provide Day and Residential Program Funding for Individuals Aging-Out of DCF	4,233,177	3,464,027		
<i>Funding is provided so that services can be delivered to individuals who are "aging-out" of the Department of Children and Families service system. The services to be provided by this increased funding will be delivered through the Employment Opportunities and Day Services and Community Residential Services.</i>				
• Provide Funds for Services to Individuals on DMR Wait List	4,418,750	4,418,750		
<i>Due to severe budgetary constraints over the past several years the ability of the state to add funds to the Department of Mental Retardation's budget, to address the needs of individuals requiring residential support services, was limited. Therefore, individuals awaiting residential support services were placed on the Department's Waiting List. The Waiting List is made up of individuals considered to be of a higher priority for residential services. In FY 05 the Department of Mental Retardation was appropriated \$4.6 million to begin a long term process to address the needs of those individuals who are on the Waiting List. The additional funding for FY 06 and FY 07 continues this commitment to serving individuals on the Waiting List.</i>				
• Provide Funds to Continue Services to FY 05 and FY 06 Wait List Placements	3,781,250	3,914,675		
<i>Funding is provided to meet the ongoing costs associated with serving individuals who enter the DMR service system from the Waiting List.</i>				
<b>Reallocations or Transfers</b>				
• Transfer Responsibility for Children with Mental Retardation from DCF to DMR	11,837,000	13,130,000		
<i>Funding is reallocated from the Department of Children and Families to the Department of Mental Retardation to allow DMR to serve 125 children that are currently served in DCF's Voluntary Services Program. DMR will provide residential and other appropriate services. It is the belief of both DCF and DMR that DMR's current service system is a more appropriate service model to address the complex needs of these children and ensure that appropriate and needed services are delivered to this vulnerable population.</i>				
• Return IT Positions to Agency	677,220	677,220		
<i>Returning unionized IT personnel to their original agencies per the Governor's decision.</i>				
<b>New or Expanded Services</b>				
• Expand Services for Children with Mental Retardation Transferred from DCF to DMR	1,631,590	2,267,582	2,267,582	
<i>Funds are provided to assure the availability of resources to adequately serve individuals transferred from the DCF Voluntary Placement Program. It is anticipated that certain individuals will require a more intensive service placement.</i>				
• Add 20 New Case Management Staff	1,009,500	1,009,500	0	
<i>Funding is provided for the Department to hire an additional 20 case managers, which will allow the Department to reduce staff/client ratios. By hiring additional staff, the Department will also generate additional revenue through the Medicaid Targeted Case Management claiming initiative.</i>				
• Fund 4% COLA for Private Grant-Funded Providers	17,387,756	17,387,756	17,387,756	
<i>A 4% cost of living adjustment is proposed for grant-funded private providers under DMHAS, DMR, DCF, DOC, CTF and Judicial. This COLA is linked to successful imposition of a nursing home provider tax, through which nursing homes will receive a significant Medicaid rate increase, and which will generate increased federal Medicaid reimbursement. The new federal reimbursement will be used to support nursing home rate increases as well as 4% rate increases for: residential care homes, home health services, home care waiver services, state-funded home care, intermediate care facilities for the mentally retarded, personal care attendants, assisted living services agencies, and private grant-funded providers.</i>				

## AGENCY SUMMARY

<b>Personnel Summary</b>	2004-2005	2005-2006	2005-2006	2006-2007	2006-2007
	Total	Change From	Total	Change From	Total
	Authorized	2004-2005	Recommended	2005-2006	Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	4,015	30	4,045	0	4,045
Federal Contributions	12	0	12	0	12
<u>Other Positions Equated to Fulltime</u>					
General Fund	674	0	674	0	674

<b>Financial Summary</b>	2004-2005	2005-2006	2005-2006	2006-2007	2006-2007
	Estimated	Current Services	Total Recommended	Current Services	Total Recommended
Personal Services	267,166,961	281,177,157	279,562,571	281,850,624	282,251,377
Other Expenses	22,762,248	24,667,892	24,383,720	25,225,557	24,409,755
<u>Capital Outlay</u>					
Equipment	1,000	777,113	1,000	804,859	1,000
<u>Other Current Expenses</u>					
Human Resource Development	231,358	234,399	231,358	239,614	231,358
Family Support Grants	3,280,095	3,322,739	3,280,095	3,395,843	3,280,095
Pilot Program for Client Services	2,288,133	2,401,980	2,390,115	2,510,971	2,390,115
Cooperative Placements Program	17,687,732	19,382,013	19,290,424	20,278,241	19,308,407
Clinical Services	4,362,653	5,011,604	4,828,373	5,252,188	4,828,373
Early Intervention	22,652,724	23,700,546	23,582,677	24,807,152	23,582,677
Community Temporary Support Services	67,315	68,191	67,315	69,691	67,315
Community Respite Care Programs	330,345	334,639	330,345	342,001	330,345
Workers' Compensation Claims	13,061,604	13,344,328	13,344,328	13,731,446	13,731,446
New Placements	6,000,000	6,078,001	6,000,000	6,211,717	6,000,000
TOTAL - Other Current Expenses	69,961,959	73,878,440	73,345,030	76,838,864	73,750,131
<u>Pmts to Other than Local Govts</u>					
Rent Subsidy Program	2,674,126	2,898,270	2,856,001	3,159,024	3,040,240
Family Reunion Program	137,900	139,693	137,900	142,766	137,900
Employment Opportunities & Day Svcs	121,225,010	135,947,287	135,326,629	149,841,912	142,850,219
Family Placements	1,876,013	1,969,017	1,959,303	2,058,405	1,959,303
Emergency Placements	3,707,097	3,888,979	3,869,751	4,065,467	3,869,751
Community Residential Services	264,990,950	289,469,197	301,582,233	315,870,497	316,172,543
TOTAL - Pmts to Other than Local Govts	394,611,096	434,312,443	445,731,817	475,138,071	468,029,956
TOTAL - General Fund	754,503,264	814,813,045	823,024,138	859,857,975	848,442,219
<u>Additional Funds Available</u>					
Bond Funds	1,855,332	0	2,000,000	0	2,000,000
Federal Contributions	9,894,760	7,481,932	7,481,932	7,481,932	7,481,932
Private Contributions	123,912	123,512	123,512	123,512	123,512
TOTAL - All Funds Net	766,377,268	822,418,489	832,629,582	867,463,419	858,047,663



# 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*

- Selected by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) as one of 10 states to participate in the National Policy Academy on Co-occurring Disorders.
- Created an Information Steering Committee to analyze information needs based on input from stakeholders and develop recommendations for action.
- Enhanced a system of tracking and analysis of acute inpatient wait list information, restraint and seclusion, critical incidents and service utilization.
- Used the DMHAS *Lessons Learned Initiative* that summarized scientific literature, findings from federally supported treatment and prevention demonstration projects, and input from care providers and consumers/persons in recovery to guide policy setting.
- Selected seven additional *Centers of Excellence* to serve as models for the development of recovery-oriented services, bringing the total number of such centers to sixteen.
- Expanded work with Dartmouth College consultants to provide training and technical assistance to service providers regarding treatment of co-occurring psychiatric and substance use disorders.
- Continued to enforce youth tobacco access laws by conducting inspections of tobacco outlets in conjunction with the Department of Revenue Services and local law enforcement personnel.
- Participated in development of the *New England Alliance of Opioid Treatment Authorities*, charged with coordinating policies and establishing performance benchmarks.
- Initiated data sharing with the Department of Labor to match substance abuse treatment and wage records to examine the effects of treatment on employment and earnings.
- Completed a randomized trial of a new trauma treatment and reported findings to decision makers developing a system of trauma-sensitive care.
- Completed recruitment for a one-year follow-up study of PILOTS housing clients, plus a waiting list comparison group.
- Continued to build upon the DMHAS Preferred Practice Initiative by incorporating the federally supported Evidence-based Practices as a means of enhancing the delivery and monitoring of clinical and support services.
- Continued to bridge gaps in the service system for people involved in the criminal justice system through interagency collaborations, e.g., as participant on Governor's Alternative to Incarceration initiative, DMHAS is recommending programmatic changes for people with psychiatric disabilities.

### *Expanded Resource Base*

- Received approximately \$5 million in new federal grant awards during FY04, and \$41 million in the first quarter of FY05 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 over the next several years.

- Awarded Byrne Grant to implement and expand Crisis Intervention Teams (CIT) in four regions of the state: Hartford, New London, New Haven and Waterbury. Goals of this initiative include reduction of arrest rates for people with psychiatric disabilities who become involved in the criminal justice system.
- Awarded \$22 million Access to Recovery grant from the federal Center for Substance Abuse Treatment (CSAT) to expand clinical and recovery support services to traditional and non-traditional target populations.
- Began developing "voucher system" to promote increased access to traditional clinical and non-traditional support services, including faith-based supports funded by the federal Access to Recovery grant.
- Continued coordinating efforts with DSS to enhance the state's ability to claim its full allotment under Temporary Assistance to Needy Families (TANF).

### *Culturally Competent and Improved Service System*

- Opened 16 acute care psychiatric beds at Capitol Region Mental Health Center to relieve gridlock in the greater Hartford area.
- Began implementing Commissioner's policy on culturally competent care, and a strategic plan that addresses healthcare disparities and improved access, engagement and retention in services among underserved racial and ethnic groups.
- Completed statewide consumer satisfaction survey, with agency-level results promptly available to service providers and statewide results disseminated for comparison.
- Completed evaluation of a culturally specific outreach and treatment program for people of African Origin in New Haven, showing its value in engagement and improved substance abuse outcomes.
- Continued to work 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.
- Continued expansion of the PILOTS supported housing initiative to reduce homelessness among people with behavioral health disorders.
- Contracted for new 15-bed community facility for persons with histories of long state hospital stays thus decreasing system gridlock.
- Conducted forums throughout the state to improve coordination between the faith and behavioral health communities regarding providing supports to people in recovery from psychiatric and substance use disorders.

- Responded to elimination of statewide drug court by securing federal Byrne Grant funding for the *Alternative Drug Intervention Initiative* based in New Haven and Bridgeport courts.
- Participated in the Prison and Jail Overcrowding Commission in recognition of the significant need for behavioral health input and expertise in identifying long-term strategies to reduce prison overcrowding.
- Continued to strengthen services to ensure that people with forensic involvement, including those under the jurisdiction of the Psychiatric Security Review Board, receive appropriate and timely transitional services from restrictive settings (e.g. Connecticut Valley Hospital, Department of Correction) to community treatment.
- Funded two new Recovery Houses to provide short-term sober housing for individuals in early recovery from substance use disorders.
- Opened "Treatment Mall" at Connecticut Valley Hospital where patients are involved in multiple rehabilitative activities in a town-like setting, e.g., operating a radio station, and other businesses.
- Continued developing service formats that emphasize the use of natural and peer supports, vocational development and competitive employment, and that promote independent living in stable housing.
- Women's Jail Diversion, based at Capitol Region Mental Health Center, recognized nationally for its gender specific approaches to treatment.

**Organizational and Management Effectiveness**

- Prepared Request for Proposals to obtain services from an Administrative Services Organization to assist with operation of DMHAS General Assistance Behavioral

Health Program, building upon lessons learned since the program's inception in 1997.

- Used a Robert Wood Johnson award to achieve collaborative purchasing and administration as well as more creative service development/linkage among DOC, DSS, DMHAS, DCF and the Judicial Branch.
- Trained more than 5,000 people (a total of over 46,000 participant training hours) on approaches designed to promote the highest standards of recovery-oriented care and to improve skills among managerial, direct care and administrative staff.
- Enhanced 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 and operated service providers.
- Continued development of a data warehouse that now includes information regarding services provided under the DMHAS General Assistance Behavioral Health Program, thus improving ability to produce meaningful data reports for the purpose of systems analysis.
- Continued to manage process for compliance with federal medical privacy law defined under the Health Insurance Portability and Accountability Act (HIPAA) by forming security workgroups to develop process to meet 18 standards and 42 implementation specifications by April 2005.
- Completed adult household survey of substance use in Connecticut.
- Completed study of need for substance abuse treatment among adult probationers.
- Initiated linkages with Office of Health Care Access to improve assessment and monitoring of financial status of DMHAS-funded private nonprofit providers.

**RECOMMENDED SIGNIFICANT CHANGES**

**Reductions to Current Services**

- Remove Inflation
- Transfer Equipment to CEPF
- Carryforward FY05 Funds
- Cap Administrative and General Costs of Private Providers

	<u>2005-2006</u>	<u>2006-2007</u>
Remove Inflation	-4,421,807	-10,004,865
Transfer Equipment to CEPF	-2,193,046	-1,627,978
Carryforward FY05 Funds	-1,541,713	0
Cap Administrative and General Costs of Private Providers	0	-2,332,111

*This proposal caps administrative costs for grantees at 18% in FY 07. As a result, providers will be expected to manage administrative and indirect costs as efficiently and effectively as possible while at the same time maximizing funding for direct services.*

- Fund Non-ERIP Accruals through the RSA account
- Reduce Compensation Increases for Managers & Confidentials in FY07

Fund Non-ERIP Accruals through the RSA account	-605,369	-605,369
Reduce Compensation Increases for Managers & Confidentials in FY07	0	-374,529

*Provide 2% general wage increase and delay PARS by 6 months.*

- Reduce Compensation Increases for Exempt, Appointed & Unclassified Employees

Reduce Compensation Increases for Exempt, Appointed & Unclassified Employees	-9,237	-21,433
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*Limit increases to 3% in FY096 and 2% in FY07.*

- Consolidate Administrative Structures at Cedarcrest Hospital and Connecticut Valley Hospital

Consolidate Administrative Structures at Cedarcrest Hospital and Connecticut Valley Hospital	-250,000	-500,000
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*6 positions and related funding are being eliminated to reflect administrative efficiencies from the consolidation of the administrative structures at Cedarcrest and Connecticut Valley Hospitals.*

- Eliminate Funding for Partial Hospitalization Programs Under The GA Behavioral Health Program

Eliminate Funding for Partial Hospitalization Programs Under The GA Behavioral Health Program	-838,103	-838,103
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*Savings will result through the use of intensive outpatient programs instead of partial hospital programs where clinically appropriate.*

- Reduce Community Based Substance Abuse Services

Reduce Community Based Substance Abuse Services	-250,000	-250,000
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*Reduce lower priority items funded in the Grants for Substance Abuse Services account.*

**Reallocations or Transfers**

- Reallocate Funding for Substance Abuse Residential Services

Reallocate Funding for Substance Abuse Residential Services	0	0
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*\$305,000 is being reallocated from the Medicaid Adult Rehabilitation Option account to the Grants for Substance Abuse Services account to reflect the administration's decision not to pursue the Medicaid Rehabilitation Option related to substance abuse residential services.*

- Return IT Positions to Agencies

Return IT Positions to Agencies	1,681,862	1,682,865
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*Returning unionized IT personnel to their original agencies per the Governor's decision.*

Budget Summary

**New or Expanded Services**

	<u>2005-2006</u>	<u>2006-2007</u>	<u>2007-2008</u>
• Fund 4% COLA for Private Grant-Funded Providers <i>A 4% cost of living adjustment is proposed for grant-funded private providers under DMHAS, DMR, DCF, DOC, CTF and Judicial. This COLA is linked to successful imposition of a nursing home provider tax, through which nursing homes will receive a significant Medicaid rate increase, and which will generate increased federal Medicaid reimbursement. The new federal reimbursement will be used to support nursing home rate increases as well as 4% rate increases for: residential care homes, home health services, home care waiver services, state-funded home care, intermediate care facilities for the mentally retarded, personal care attendants, assisted living services agencies, and private grant-funded providers.</i>	6,370,897	6,370,897	6,370,897
• Fund Mental Health Community Initiatives <i>\$5 million is being recommended to continue important services and provide additional support for new programs that support the discharge of individuals from inpatient care and the diversion of individuals at risk of admission/readmission into inpatient care. Specifically, funding will continue "second initiatives" programs currently funded out of the Community Mental Health Strategy Board; create a discharge fund to support community services for difficult to place clients; support additional contracts with general hospitals for acute care services and support an interactive, comprehensive Web Based Inventory of services to assist individuals with locating services.</i>	5,000,000	5,000,000	5,000,000
• Increase Commitment to Supportive Housing <i>Funding is recommended to provide wrap around services for 150 additional clients (in FY'06) and another 25 (in FY'07) with mental illness/substance abuse disorders who are homeless or at risk of becoming homeless who will be provided supportive housing over the biennium</i>	750,000	1,562,500	3,500,000
• Increase Agency Authorized Position Count <i>The authorized position count is being increased 120 positions to provide relief for chronic staffing shortages by permitting the conversion from over-reliance on overtime and durational staffing to the use of permanent full time positions.</i>	0	0	0

**AGENCY SUMMARY**

**Personnel Summary**

	2004-2005 Total Authorized	2005-2006 Change From 2004-2005	2005-2006 Total Recommended	2006-2007 Change From 2005-2006	2006-2007 Total Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	3,139	86	3,225	-6	3,219
Federal Contributions	9	-2	7	-1	6
Private Contributions	9	0	9	0	9
<u>Other Positions Equated to Fulltime</u>					
General Fund	173	0	173	0	173
Private Contributions	1	0	1	0	1

**Financial Summary**

	2004-2005 Estimated	2005-2006 Current Services	2005-2006 Total Recommended	2006-2007 Current Services	2006-2007 Total Recommended
Personal Services	149,802,560	157,131,330	155,025,011	158,703,206	157,201,875
Other Expenses	26,279,506	26,673,443	26,279,506	27,334,718	26,279,506
<u>Capital Outlay</u>					
Equipment	1,000	2,194,046	1,000	1,628,978	1,000
<u>Other Current Expenses</u>					
Housing Supports and Services	6,068,663	6,366,247	7,086,313	6,658,002	7,810,536
Managed Service System	26,724,095	28,040,996	28,124,147	29,314,057	27,658,919
Legal Services	401,864	421,666	419,646	440,810	414,268
Connecticut Mental Health Center	7,311,103	7,618,169	7,311,103	7,983,840	7,311,103
Capitol Region Mental Health Center	340,408	345,253	340,408	353,241	340,408
Professional Services	9,943,898	10,353,062	9,943,898	10,844,909	9,943,898
General Assistance Managed Care	70,772,681	75,474,939	71,916,533	80,999,636	74,047,437
Workers' Compensation Claims	8,697,839	9,117,249	9,117,249	9,581,541	9,581,541
Nursing Home Screening	489,474	494,789	489,474	503,900	489,474
Special Populations	25,319,969	25,988,377	25,623,109	26,677,178	25,648,723
TBI Community Services	5,213,878	5,424,347	5,401,999	5,641,551	5,338,057
Jail Diversion	3,531,645	3,617,692	3,609,015	3,710,177	3,567,832
Behavioral Health Medications	7,889,095	8,220,437	7,889,095	8,615,018	7,889,095
Community Mental Health Strategy Board	2,500,000	2,605,000	2,575,178	2,729,234	5,575,178
Medicaid Adult Rehabilitation Option	2,555,000	2,696,920	2,250,000	2,826,372	2,250,000
Discharge and Diversion Services	0	0	1,707,322	0	1,789,822
<b>TOTAL - Other Current Expenses</b>	<b>177,759,612</b>	<b>186,785,143</b>	<b>186,804,489</b>	<b>196,879,466</b>	<b>189,656,291</b>

Pmts to Other than Local Govts

Grants for Substance Abuse Services	21,156,814	22,197,660	22,146,306	23,205,432	21,862,475
Gov's Partnership-Protect CT Workforce	224,200	227,115	224,200	232,221	224,200
Grants for Mental Health Services	73,803,081	77,439,155	77,068,130	80,954,891	76,080,454
Employment Opportunities	9,758,243	10,239,059	10,190,002	10,703,913	10,059,411
TOTAL - Pmts to Other than Local Govts	<u>104,942,338</u>	<u>110,102,989</u>	<u>109,628,638</u>	<u>115,096,457</u>	<u>108,226,540</u>
TOTAL - General Fund	458,785,016	482,886,951	477,738,644	499,642,825	481,365,212

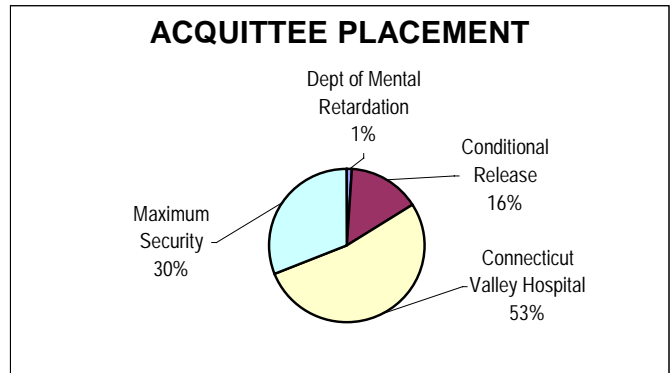
Additional Funds Available

Special Funds, Non-Appropriated	655,000	566,000	566,000	0	0
Bond Funds	2,146,814	1,405,000	1,405,000	1,405,000	1,405,000
Federal Contributions	50,582,951	37,778,667	37,778,667	29,048,621	29,048,621
Private Contributions	13,620,798	13,342,332	13,342,332	13,266,630	13,266,630
TOTAL - All Funds Net	<u>525,790,579</u>	<u>535,978,950</u>	<u>530,830,643</u>	<u>543,363,076</u>	<u>525,085,463</u>

# 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 acquittees through an administrative hearing process and order the level of supervision and treatment for the acquittee 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.



## RECOMMENDED SIGNIFICANT CHANGES

### Reductions to Current Services

- Remove Inflation
- Transfer Equipment to CEPF
- Reduce Compensation Increases for Exempt, Appointed & Unclassified Employees  
*Limit increases to 3% in FY06 and 2% in FY07*
- Reduce Compensation Increases for Managers & Confidentials in FY07  
*Provide 2% general wage increase and delay PARS by 6 months*

	<u>2005-2006</u>	<u>2006-2007</u>
Remove Inflation	-1,050	-2,549
Transfer Equipment to CEPF	-6,600	-4,000
Reduce Compensation Increases for Exempt, Appointed & Unclassified Employees	-2,569	-6,037
Reduce Compensation Increases for Managers & Confidentials in FY07	0	-2,037

## AGENCY SUMMARY

### Personnel Summary

#### Permanent Full-Time Positions

	2004-2005 Total Authorized	2005-2006 Change From 2004-2005	2005-2006 Total Recommended	2006-2007 Change From 2005-2006	2006-2007 Total Recommended
General Fund	4	0	4	0	4

### Financial Summary

	2004-2005 Estimated	2005-2006 Current Services	2005-2006 Total Recommended	2006-2007 Current Services	2006-2007 Total Recommended
Personal Services	286,093	298,708	296,139	310,782	302,708
Other Expenses	50,522	51,572	50,522	53,071	50,522

#### Capital Outlay

	2004-2005 Estimated	2005-2006 Current Services	2005-2006 Total Recommended	2006-2007 Current Services	2006-2007 Total Recommended
Equipment	0	6,600	0	4,000	0
<b>TOTAL - General Fund</b>	<b>336,615</b>	<b>356,880</b>	<b>346,661</b>	<b>367,853</b>	<b>353,230</b>