



DEPARTMENT OF PUBLIC HEALTH

AGENCY PURPOSE

<http://www.dph.state.ct.us>

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

RECENT HIGHLIGHTS

GOVERNMENT EFFICIENCY AND PERFORMANCE

- Implemented Public Act 05-10, An Act Concerning Civil Unions. Established and distributed new procedures and registration forms to the local municipalities responsible for registering vital events.
- Implemented a new CT Tumor Registry database management system, including migration of over 500,000 cancer cases diagnosed in Connecticut residents during the years 1973 through 2004.
- Received the seventh consecutive Gold Standard award from the North American Association of Central Cancers Registries for Connecticut's Tumor Registry, a population-based resource for examining cancer patterns in Connecticut.
- Implemented a supervisory/management training program and a leadership training program open to both state and local public health employees that can lead to skill development certificates.
- Hosted the National TRAIN conference in Hartford with representatives from 26 state affiliates, the Medical Reserve Corps, the Centers for Disease Control and Prevention, and the national Public Health Foundation.
- Co-sponsored the state's first EMS for children conference with a national faculty.
- Implemented electronic data interface between DPH and DCF for timely identification of daycare employee applicants on the DCF child abuse registry.
- Migrating immunization registry and tracking system to a web-based application in conjunction with DOIT.

PUBLIC HEALTH PREPAREDNESS

- Completed the public health emergency response plan which serves as the public health and medical services annex to the state's emergency operations plan. Components of the plan were tested during two federally-evaluated exercises: (1) the full-scale exercise of the Strategic National Stockpile in April 2006; and (2) the nuclear release exercise involving the Millstone Nuclear Plant in May 2006.
- Posted the state's pandemic influenza plan in February 2006 to coincide with Connecticut's pandemic influenza summit. The state's plan is the template for local and regional pandemic influenza plans being developed by local health departments and districts.
- Successfully established five regional public health lead agencies within the DEMHS Emergency Response Regions. Working with area emergency coordinators, planners, and health care providers within the regions, the local health

leads are developing regional public health and medical response strategies and plans.

- Maintained capabilities for early detection of, and response to, possible terrorist events and outbreaks, including the special daily hospital admissions surveillance, rash illness surveillance to assure the early detection of smallpox, gram positive rod surveillance for the early detection of human anthrax, and a network of 18 emergency departments which send chief complaint data on a daily basis to provide information which can be readily used to determine whether outbreaks are occurring and monitor the course of a large-scale public health event. In FY2006, these systems identified and followed-up on 392 possible anthrax cases and 99 possible smallpox cases, and were used to monitor the impact of the influenza season on the health care system. In addition, 11 food-related outbreaks were investigated.
- Maintained a statewide database with our local health partners that lists more than 9,000 persons who would be called up to assist in mass vaccination or antibiotic distribution by local health departments should it be needed.
- Received a 100-bed mobile field hospital (MFH) along with ancillary equipment. The MFH will enhance surge capacity and isolation care in the event of an infectious disease outbreak or other public health emergency. This facility is being used for training, exercises, and drills for DMAT and for DPH's public health and health care partners.
- Sponsored the federally recognized CT-1 Disaster Medical Assistance Team (DMAT). The DMAT team has been expanded to 140 Members and had 4 local and 8 federal deployments.
- Planned and participated in a week long strategic national stockpile, full-scale exercise. Approximately 300 governmental and non-governmental agencies and departments participated in and supported the exercise at venues statewide. This was the first exercise to use the state's plans and procedures to receive, distribute and dispense SNS supplies in response to a statewide bio-terrorism incident; the first major full scale public health exercise in the state; and the first to adopt the federal homeland security exercise and evaluation program recommendations. Developed a new "inventory control management system" for the agency's Bio-terrorism/Strategic National Stockpile (BT/SNS) drills.
- Installed and tested the Connecticut electronic disease surveillance system to improve time to detection of reportable disease events.

HEALTH CARE QUALITY AND REGULATORY STANDARDS

- Published *Hospital Performance Comparisons: A Report on Quality of Care in Connecticut Hospitals* in an ongoing effort to provide standardized, useful, and valid information to the public about hospital quality of care and to promote quality improvement efforts within hospitals. Included in the report are comparisons among acute-care hospitals in Connecticut about how often they provide the recommended care to patients who have been diagnosed with a heart attack, heart failure, or pneumonia.

HEALTH PROMOTION AND DISEASE PREVENTION

- Completed a technical strategic plan to create the HIP-Kids data warehouse, and secured federal funds to begin implementation. Data from existing child health databases maintained within DPH will be linked to create a single comprehensive child health profile, a composite of linked child health information, which will be available on an ongoing basis for health surveillance and monitoring.
- Released results from the Connecticut School Health Survey (CSHS) in the spring of 2006. The CSHS is a joint effort with the Connecticut State Department of Education and provides information on health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. Results of the CSHS can be viewed at <http://www.dph.state.ct.us/PB/HISR/CSHS.htm>
- Launched the Connecticut Health Disparities Project with funding support from the Connecticut Health Foundation. The project will improve the statewide infrastructure for documenting, reporting and addressing health disparities among racial and ethnic minority residents of Connecticut.
- Implemented the genomics action plan with the creation of the expert genomics advisory panel that is developing implementation strategies for various components of the plan. Distinguished genomic scholars and practitioners within Connecticut and nationally were recruited for membership.
- Received another three-year cycle of HRSA funding through the New England Consortium for Genomics Education. Priorities of the DPH Virtual Office of Genomics include informing medical practitioners about the Family Health History Project sponsored by the US Department of Health and Human Services and the production of an educational guide for the general public.
- Received an award at the National Immunization Conference for achieving an 88 % immunization coverage rate for two year old children. This is the 6th time in the last 10 years, and the 3rd consecutive year, that Connecticut has been recognized for having one of the nation’s highest immunization rates.
- Added new vaccine against Hepatitis A to the list of vaccines routinely supplied by the state for Medicaid-eligible and uninsured children. The vaccine protects children 12–23

months of age. A new vaccine for tetanus, diphtheria, and acellular pertussis was added for all adolescents regardless of their insurance status. The vaccine protects adolescents 11–18 years of age.

- Maintained and enhanced two recently begun new disease surveillance projects: HIV incidence, intended to provide estimates of the number of new HIV infections in Connecticut by the end of 2006.
- Created an outcome-driven strategic and implementation plan through the Early Childhood Partners Project to assure children are healthy and ready for school by age five. ECP achievements in 2005–2006 can be viewed at the ECP website: www.ecpartners.org
- Received a National Governors Association grant to improve the health and well being of Connecticut’s largest workforce via an obesity program.
- Funded eight of the ten asthma-planning regions in the state to conduct community-level asthma activities. Funding of these regions will help ensure that the recommendations made in the *Statewide Asthma Plan* are implemented at the community level.
- Published *Asthma in CT 2005, A Surveillance Report*. The report will assist the program in targeting its efforts to improve asthma diagnosis and management of those most in need.
- Facilitated the Interagency Suicide Prevention Network, which completed the Comprehensive Suicide Prevention Plan. The program has received a Core Injury Program Grant from the Centers for Disease Control and Prevention. Major grant activities include development of an injury surveillance system and a state injury prevention plan that addresses unintentional and intentional injuries across the life span.
- Completed the required Maternal and Child Health Five-Year Needs Assessment identifying nine priority needs among the three population groups: pregnant women and infants; children and adolescents; and child and youth with special health care needs. These nine priority needs will be addressed in the next five years through planned activities and strategies to improve the health and well-being among these population groups.
- Established a tobacco use reduction initiative by making available a telephone-based tobacco use Quit Line and targeting its counseling services to low-income populations, which exhibit a disproportionately higher prevalence of cigarette consumption.

RECOMMENDED SIGNIFICANT CHANGES

Reductions to Current Services

	<u>2007-2008</u>	<u>2008-2009</u>
• Transfer Equipment to CEPP	-2,394,500	-828,900
• Remove or Limit Inflation	-1,693,942	-3,411,899
• Reduce Funding for Initiatives Not Fully Implemented	-368,009	-368,009

This proposal reduces Other Expenses funding for various initiatives which have not been fully implemented.

• Provide Level Funding for Local and District Departments of Health	-90,963	-183,836
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This proposal will maintain funding at current per-capita levels.

• General Reductions to Various Accounts	-383,282	-383,282
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This proposal makes general reductions in the following accounts: Emergency Medical Services Regional Offices, Childhood Lead Poisoning, and Needle and Syringe Exchange Program.

Within Current Services

- Adjust Authorized Position Count to Reflect OCE Positions 0 0

The Department of Public Health's position count is increased by 53 positions to reflect those positions that remain funded within Other Current Expense (OCE) accounts.

Reallocations or Transfers

- Reallocate General Funds from DSS School Readiness Account 506,159 506,159

Each year, DSS transfers funding from the School Readiness account to the Department of Public Health to help cover the costs of DPH's day care licensing staff. To simplify the funding process, funds are being reallocated to DPH's Personal Services account.

Revenues

- Repeal Registration Requirements for Supervising Physicians -6,000 -6,000

This repeals the requirement that a physician must register with the department prior to supervising a physician assistant and will result in a slight decrease in registration fees charged.

New or Expanded Services

- Provide Funding for Agency Information Technology Infrastructure 0 1,310,450 712,276

This proposal funds an upgrade of the agency's aging information technology infrastructure.

- Fund Upgrade of Laboratory Information Management System (LIMS) 0 506,200 170,500

The DPH laboratory's current Laboratory Information Management System (LIMS) is over 25 years old. This proposal provides funding to upgrade the system.

- Provide Funds for Online Licensing System 0 1,170,000 170,000

DPH will implement an on-line web-based licensing system which will improve customer service by allowing healthcare professionals to obtain and renew licenses on-line.

- Fund a Web-based Electronic Vital Registry System 0 1,903,052 213,704

This initiative will support the requirements of the Federal Intelligence and Terrorism Prevention Act of 2004 (IRTPA) by implementing electronic vital registry birth and death reporting system.

- Provide Additional Funds for Enhanced TB Testing 17,000 17,000 17,000

These funds will provide more accurate diagnostic tests.

- Governor's Health Care Initiative – Expansion of Easy Breathing 500,000 500,000 500,000

Funds are provided to expand the "Easy Breathing" asthma management program statewide.

AGENCY SUMMARY

Personnel Summary

	2006-2007 Total Authorized	2007-2008 Change From 2006-2007	2007-2008 Total Recommended	2008-2009 Change From 2007-2008	2008-2009 Total Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	471	66	537	7	544
Federal Contributions	340	0	340	0	340
Private Funds	10	0	10	-2	8

Financial Summary

	2006-2007 Estimated	2007-2008 Current Services	2007-2008 Total Recommended	2008-2009 Current Services	2008-2009 Total Recommended
Personal Services	31,828,691	32,261,663	32,767,822	33,214,843	34,229,829
Other Expenses	5,502,136	5,492,150	5,093,152	5,609,205	9,299,027
<u>Capital Outlay</u>					
Equipment	5,500	2,395,500	1,000	654,900	1,000
<u>Other Current Expenses</u>					
Needle and Syringe Exchange Program	488,526	516,927	388,861	541,619	388,861
Comm Svs Support Persons w/ AIDS	198,210	209,733	199,177	219,751	199,177
Children's Health Initiatives	1,066,466	1,055,043	1,498,284	1,120,320	1,509,658
Childhood Lead Poisoning	336,840	355,948	193,519	372,973	193,519
AIDS Services	4,664,690	4,935,399	4,686,988	5,171,171	4,686,988
Breast & Cervical Cancer Detectn/Treatment	2,343,251	2,476,123	2,351,494	2,594,560	2,351,494
Services for Children Affected by AIDS	263,042	278,334	264,325	291,629	264,325
Children w/Special Hlth Care Needs	1,365,283	1,444,467	1,371,764	1,513,474	1,371,764
Medicaid Administration	3,462,246	3,744,093	3,741,609	3,932,722	3,927,702
TOTAL - Other Current Expenses	14,188,554	15,016,067	14,696,021	15,758,219	14,893,488
<u>Pmts to Other than Local Govts</u>					
Community Health Services	6,679,621	7,062,726	6,709,758	7,400,214	6,709,758
Emergency Medical Services Training	85,485	69,966	68,171	71,799	68,171
Emergency Med Svcs Regional Offices	675,028	691,704	540,756	706,177	540,756
Rape Crisis	424,805	449,503	426,877	470,974	426,877

Budget Summary

X-Ray Screening and Tuberculosis Care	702,656	841,062	820,761	881,377	820,761
Genetic Diseases Programs	892,793	942,775	895,323	987,900	895,323
Loan Repayment Program	124,460	127,694	125,067	130,363	125,067
Immunization Services	9,044,950	9,234,894	9,044,950	9,428,827	9,044,950
TOTAL - Pmts to Other than Local Govts	18,629,798	19,420,324	18,631,663	20,077,631	18,631,663
<u>Pmts to Local Governments</u>					
Local & District Departments of Health	4,331,550	4,443,815	4,352,414	4,536,688	4,352,414
Venereal Disease Control	215,847	228,395	216,900	239,305	216,900
School Based Health Clinics	7,676,462	8,117,959	7,709,364	8,505,959	7,709,364
TOTAL - Pmts to Local Governments	12,223,859	12,790,169	12,278,678	13,281,952	12,278,678
TOTAL - General Fund	82,378,538	87,375,873	83,468,336	88,596,750	89,333,685
<u>Additional Funds Available</u>					
Federal and Other Activities	129,653,219	129,220,943	129,220,943	129,444,345	129,444,345
Private Funds	15,832,731	15,498,538	15,498,538	15,498,538	15,498,538
TOTAL - All Funds Net	227,864,488	232,095,354	228,187,817	233,539,633	234,276,568



OFFICE OF HEALTH CARE ACCESS

AGENCY PURPOSE

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

<http://www.ct.gov/ohca>

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

Continued to study and assess the numerous economic and demographic factors that influence the level of health care coverage in the state. Published the results of data collected from HUSKY household and employer surveys administered through federal monies received from the Health Resources and Services Administration.

In conjunction with the Department of Social Services and the Office of Policy and Management, examined options to expand access to health insurance coverage via premium assistance initiatives.

Developed two new survey instruments that will be used to collect additional information about access to health insurance coverage from both households and employers. These new surveys will gather data specifically from households with at least one employed parent and their respective employers.

Reviewed and acted on 12 Certificate of Need applications for major expansion and renovations to hospital physical plants out of 31 acute care hospitals. Four hospitals received authorization

to expand and undertake renovations to their emergency departments. Two of these hospitals also received authorization to undertake major facility renovations. One hospital received authorization to establish a regional cancer center with major facility renovations. The other remaining authorizations consisted of building and ancillary facility renovations. This recent activity of facility development or enhancement projects will continue due to increasing service volumes and the need to update outdated facilities.

During the 2006 session of the General Assembly, OHCA successfully supported the passage of laws that will make a significant positive impact upon the State's ability to remain responsive and flexible in regulating the rapidly changing health care environment, while ensuring the quality of health care services. The new Public Acts focus on enhancements to certificate of need regulation related to imaging equipment and affiliates of health care institutions as well as overall improvements to internal operations and efficiencies of the agency.

RECOMMENDED SIGNIFICANT CHANGES

Reductions to Current Services

- Transfer Equipment to CEPF
- Remove or Limit Inflation

New or Expanded Services

- Governor's Health Care Initiative – eHealth

Funds are provided for OHCA to lead a research and planning effort to assess the growing trend toward health information technology and to develop recommendations on state health information technology policy.

- Replace the Hospital Reporting System

The 31 acute care hospitals are required by statute to provide financial and statistical data to the Office of Health Care Access for review, analysis and reporting. This adjustment provides funds to re-develop and replace the existing Hospital Reporting System.

	<u>2007-2008</u>	<u>2008-2009</u>		
	-31,900	0		
	-4,839	-9,776		
<u>2007-2008</u>	<u>2008-2009</u>	<u>2009-2010</u>		
500,000	0	0		
335,315	15,400	15,400		

AGENCY SUMMARY

Personnel Summary

Permanent Full-Time Positions

	2006-2007	2007-2008	2007-2008	2008-2009	2008-2009
	Total	Change From	Total	Change From	Total
	Authorized	2006-2007	Recommended	2007-2008	Recommended
General Fund	22	0	22	0	22

Budget Summary

Financial Summary	2006-2007	2007-2008	2007-2008	2008-2009	2008-2009
	Estimated	Current Services	Total Recommended	Current Services	Total Recommended
Personal Services	2,003,107	2,031,215	2,031,215	2,074,854	2,074,854
Other Expenses	232,418	226,607	535,808	230,594	236,218
<u>Capital Outlay</u>					
Equipment	100	32,000	21,375	100	100
<u>Other Current Expenses</u>					
eHealth Information Exchange	0	0	500,000	0	0
TOTAL - General Fund	2,235,625	2,289,822	3,088,398	2,305,548	2,311,172
<u>Additional Funds Available</u>					
Federal and Other Activities	139,718	0	0	0	0
TOTAL - All Funds Net	2,375,343	2,289,822	3,088,398	2,305,548	2,311,172



OFFICE OF THE CHIEF MEDICAL EXAMINER

AGENCY PURPOSE

<http://ct.gov/ocme>

TO INVESTIGATE FATALITIES

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

TO PROTECT THE PUBLIC HEALTH

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

RECENT HIGHLIGHTS

NATIONAL ASSOCIATION OF MEDICAL EXAMINER ACCREDITATION

Applied for and received full accreditation by the National Association of Medical Examiners (NAME) and the American Board of Forensic Toxicologist (ABFT). The State of Connecticut Office of the Chief Medical Examiner is one of three in the entire nation and the only state system in the country to have achieved a dual accreditation.

DISASTER PLANNING

Developed an agency wide mass disaster plan featuring a failsafe/mirroring initiative for the death investigation data

system designed to minimize data loss and downtime should an unfortunate event occur.

BILLING SYSTEM INTERFACE

Fully implemented billing system interface with CORE-CT for cremation fees charged to funeral services. Implementation has eliminated over 75% of the check handling and processing at multiple levels resulting in increased efficiency and accountability.

RECOMMENDED SIGNIFICANT CHANGES

Reductions to Current Services

- Transfer Equipment to CEPF
- Remove or Limit Inflation

Reallocations or Transfers

- Reallocate Funding to Hire In-House Medical Examiners

This adjustment reallocates funding from the Medicolegal Investigations account to hire 6 special investigators and 2 support staff. The investigation caseload shift from contractual Assistant Medical Examiners to in-house staff achieves greater fiscal and operational efficiency.

	<u>2007-2008</u>	<u>2008-2009</u>
	-256,300	-66,300
	-17,051	-34,763
	-39,647	-111,395

AGENCY SUMMARY

Personnel Summary

	2006-2007 Total Authorized	2007-2008 Change From 2006-2007	2007-2008 Total Recommended	2008-2009 Change From 2007-2008	2008-2009 Total Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	52	8	60	0	60
<u>Other Positions Equated to Fulltime</u>					
General Fund	4	0	4	0	4

Budget Summary

Financial Summary	2006-2007	2007-2008	2007-2008	2008-2009	2008-2009
	Estimated	Current Services	Total Recommended	Current Services	Total Recommended
Personal Services	4,393,455	4,609,276	4,816,453	4,780,710	5,089,450
Other Expenses	674,548	724,051	734,404	743,512	746,205
<u>Capital Outlay</u>					
Equipment	10,797	257,300	1,000	67,300	1,000
<u>Other Current Expenses</u>					
Medicolegal Investigations	587,190	621,210	283,228	655,230	100,039
TOTAL - General Fund	5,665,990	6,211,837	5,835,085	6,246,752	5,936,694
<u>Additional Funds Available</u>					
Federal and Other Activities	102,530	0	0	0	0
TOTAL - All Funds Net	5,768,520	6,211,837	5,835,085	6,246,752	5,936,694



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 resources to obtain individualized and self-directed supports.

Act as lead agency for the Birth-to-Three program serving infants and toddlers with developmental delays.

RECENT HIGHLIGHTS

WAITING LIST INITIATIVE

Successfully completed the second year of the "Waiting List Initiative". The FY2006 allocation is providing new residential supports to 185 people who had been on the DMR waiting list and enhanced family supports for 112 families. In total, 683 additional people who did not have resources in day, vocational or residential services were supported in FY2006 by the department.

CASELOAD REDUCTION

DMR hired 47 case managers during the fiscal year, including 20 positions that were newly funded in the FY2006 budget. These new positions allow for a more manageable caseload size for case managers supporting individuals who do not receive waiver services (reducing these caseloads from 100 to 85).

COMPREHENSIVE SUPPORTS HCBS WAIVER

Submitted and gained approval for a new Comprehensive Supports HCBS Waiver to replace the DMR Consolidated Waiver effective October 1, 2005. The Comprehensive Supports waiver also increased the number of service options for people who live in their own or family home and allows self-direction under the Medicaid waiver.

SELF-DIRECTED SUPPORTS

A total of 531 people fully self-directed their own supports – an increase of 127 since FY2005. Almost 1,500 consumers now control individual budgets for services and supports – an increase of 400 since FY2005.

PRIVATE PROVIDER NETWORK EXPANDED

The private provider network increased with the addition of 60 new qualified providers enrolled to provide waiver services or expand services to new geographic locations in the state.

CHILDREN AND ADOLESCENTS

During FY2006, 124 youth were transitioned from DCF to DMR and 31 new applicants were enrolled in the Voluntary Services Program operated by DMR. A Children's Services Committee was developed with representatives from families, DCF, DMR and the Office of the Child Advocate to help develop alternatives to congregate care settings for children and adolescents.

CLAs are under development for 21 adolescents who will return from residential schools under the Voluntary Services program,

<http://www.state.ct.us/dmr/>

Ensure appropriate delivery of health care services to 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.

Coordinate a pilot program to provide services for adults with autism spectrum disorder who do not also have mental retardation.

Coordinate the Voluntary Services Program for children who have mental retardation and behavioral health needs.

Plan and manage emergency response activities for persons receiving DMR services.

and an additional 7 CLAs are under development primarily for children aging out of DCF services.

RESPITE CENTERS

Operated 10 respite centers serving approximately 1,400 individuals statewide this year. One new Respite Center opened in the West Region and two additional centers are in the planning stages.

BIRTH TO THREE PROGRAM

The CT Birth to Three Program was the second state in the nation to achieve full compliance with federal IDEA requirements.

The Birth to Three program experienced a 3% decrease in referrals over FY2005, and served 8,575 eligible children throughout the fiscal year (a decrease of 3.5% over the previous year). On a daily basis the system served 3% of all children under the age of three.

MEDICAID PARTICIPATION

During FY2006, the department generated in excess of \$337 million in federal Medicaid reimbursement. This is \$28.8 million more than in FY2005. 7,349 people participated in the Home and Community Based Services program during FY2006, a net growth of 583 individuals over FY2005 enrollment. New enrollment totaled 849 persons in FY2006.

EMPLOYMENT FOR YOUNG ADULTS

DMR is part of the Connecticut team that was one of 6 states selected to participate in a National Governor's Association project on Employment for Young Adults.

EMERGENCY MANAGEMENT

DMR staff are represented in the following Regional and National emergency management committees: DEMHS Area 1 Regional emergency Planning Team and Emergency Preparedness Planning for Developmental Disabilities Services: NASDDDS Self-Assessment Instrument. The department was invited by several states to share the DMR Special Operations Plan for emergency response. DMR received four grants from the Nuclear Safety Emergency Preparedness (NSEP) fund to establish a host community for special populations at the Southbury Training School in collaboration with CT DEMHS, FEMA, and the Nuclear Regulatory Commission.

STS CONSENT DECREE

The role of the Court Monitor to oversee the STS Consent Decree was discontinued as the state and federal governments agreed that the conditions of the decree were substantially met.

SELF-ADVOCATE COORDINATORS (SAC)

DMR Self-Advocate Coordinators (SACs) submitted and had accepted six presentations to professional meetings including the National ARC Convention, TASH NE, AAMR, People First, CT Self-determination and Family Support, and CCPA Conferences.

The SAC orientation manual was updated, a statewide self-advocacy assessment project was initiated, and a statewide accommodation project was initiated. Self-advocacy efforts increased as evidenced by the addition of a Spanish speaking group home in Waterbury and a new self advocacy group added in Farmington.

OTHER INITIATIVES

DMR initiated a comprehensive safety campaign to address consumer and employee safety. All providers reviewed safety protocols for individual consumers with identified risk factors.

Developed and initiated a cultural competence self-assessment and continuous quality improvement planning process with the

three DMR regions and 150 private provider agencies. Continued to expand the department's monthly diversity training to private sector employees.

Continued commitment to assist in maintaining six family support networks located throughout the state.

Completed implementation of a new individual planning process that meets HCBS waiver expectations and best practices. Initiated formal quality review methods to evaluate the quality of individual plans, with 94% of all measures meeting criteria in the initial 10% sample.

Developed and implemented the new level of needs assessment and screening tool to fairly and equitably assess individual support need levels and allocate resources. The assessment tool itself was expanded to incorporate health and safety risk screening elements, and will now serve as the department's formal annual assessment of individual strengths, needs and preferences.

Developed and published guides for individuals and families to aid in understanding DMR services under the HCBS waiver programs and how to self-direct services and supports in English and Spanish.

RECOMMENDED SIGNIFICANT CHANGES

Reductions to Current Services

	<u>2007-2008</u>	<u>2008-2009</u>
• Transfer Equipment to CEPF	-3,316,206	-2,125,857
• Remove or Limit Inflation	-12,852,786	-26,687,385
• Remove or Limit Discretionary Increases	-7,966,301	-20,190,025
<i>Reduce funding associated with discretionary caseload increases in FY2008 and FY2009 and remove funding for referrals beyond those projected or for higher than budgeted placements.</i>		
• Utilize FY2007 Surplus for One-time Expenditure	-893,736	0
<i>Fund one time FY2008 leap year costs from FY2007 surplus.</i>		
• Utilize FY2007 Surplus for One-time Expenditure	-1,778,321	0
<i>Fund several one time information technology-related FY2008 Other Expenses expenditures from FY2007 surplus.</i>		

Within Current Services

• Delay Placements One Month	-828,000	-776,000
<i>Approximately \$828,000 is saved in FY2008 and \$776,108 in FY2009 by delaying the anticipated day placements each year by one month.</i>		

Reallocations or Transfers

• Reallocate Funding for IT Managers to DoIT	-150,121	-156,250
<i>Reallocate funds which support one IT manager at DMR to the Department of Information Technology.</i>		
• Eliminate and Consolidate SIDs	0	0
<i>Consolidate similar accounts in order to allow efficiencies in contracting, tracking and payment.</i>		

New or Expanded Services

	<u>2007-2008</u>	<u>2008-2009</u>	<u>2009-2010</u>
• Governor's Early Childhood Initiative - Restore/Expand Birth to Three Eligibility	913,507	1,267,912	1,763,295
<i>Restore very low birth weight newborns (less than 1000g or 28 weeks gestation), eligibility for children with significant delays in speech and biological risk factors, and expand eligibility for children with mild or unilateral hearing loss.</i>			
• Increase Case Managers	290,639	290,639	290,639
<i>Provide 5 additional case managers in FY2008 to address caseload growth.</i>			
• Provide Funding for a Private Provider Low Wage Pool	0	0	0
<i>Funding in the amount of \$15 million in FY2008 and \$17 million in FY2009 is proposed under OPM for a private provider low wage pool. OPM will allocate this funding to DMR, DMHAS, and DCF in order to bring wages for providers whose employees are determined to be "low-wage" up to the median for all state-contracted providers of similar services.</i>			

AGENCY SUMMARY

Personnel Summary	2006-2007	2007-2008	2007-2008	2008-2009	2008-2009
	Total	Change From	Total	Change From	Total
	Authorized	2006-2007	Recommended	2007-2008	Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	4,046	-6	4,040	0	4,040
<u>Other Positions Equated to Fulltime</u>					
General Fund	680	0	680	0	680
Financial Summary	2006-2007	2007-2008	2007-2008	2008-2009	2008-2009
	Estimated	Current	Total	Current	Total
		Services	Recommended	Services	Recommended
Personal Services	285,493,873	303,278,231	303,568,870	316,113,479	316,404,118
Other Expenses	26,717,887	30,271,790	27,882,956	28,987,221	27,872,237
<u>Capital Outlay</u>					
Equipment	1,000	3,317,206	1,000	2,126,857	1,000
<u>Other Current Expenses</u>					
Human Resource Development	231,358	236,217	231,358	241,178	231,358
Family Support Grants	3,280,095	3,348,982	3,280,095	3,419,311	3,280,095
Pilot Program for Client Services	2,390,115	2,446,993	0	2,491,554	0
Cooperative Placements Program	19,463,819	20,384,248	19,824,762	21,320,420	20,090,604
Clinical Services	4,828,373	5,084,277	4,828,372	5,328,322	4,828,372
Early Intervention	24,761,492	27,353,378	26,945,837	28,666,340	27,300,242
Community Temporary Support Services	67,315	68,729	67,315	70,172	67,315
Community Respite Care Programs	330,345	337,282	330,345	344,365	330,345
Workers' Compensation Claims	13,782,446	14,506,214	14,506,214	15,246,035	15,246,035
New Placements	6,000,000	6,130,028	0	6,254,647	0
Pilot Program for Autism Services	1,000,000	1,017,623	1,000,000	1,040,011	1,000,000
TOTAL - Other Current Expenses	76,135,358	80,913,971	71,014,298	84,422,355	72,374,366
<u>Pmts to Other than Local Govts</u>					
Rent Subsidy Program	3,256,126	4,053,413	3,985,034	4,691,055	4,537,554
Family Reunion Program	137,900	140,796	137,900	143,753	137,900
Employment Opportunities & Day Svcs	144,090,289	157,668,551	152,857,696	171,293,403	158,139,534
Family Placements	1,959,303	2,005,929	0	2,042,457	0
Emergency Placements	3,869,751	3,961,841	0	4,033,987	0
Community Residential Services	325,633,891	359,133,261	358,293,910	386,506,775	372,043,667
TOTAL - Pmts to Other than Local Govts	478,947,260	526,963,791	515,274,540	568,711,430	534,858,655
TOTAL - General Fund	867,295,378	944,744,989	917,741,664	1,000,361,342	951,510,376
<u>Additional Funds Available</u>					
Federal and Other Activities	10,894,823	9,072,487	9,072,487	9,072,396	9,072,396
Private Funds	45,190	46,190	46,190	47,190	47,190
TOTAL - All Funds Net	878,235,391	953,863,666	926,860,341	1,009,480,928	960,629,962



DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

AGENCY PURPOSE

<http://www.dmhas.state.ct.us/>

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

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

RECENT HIGHLIGHTS

PROMOTING HEALTH, IMPROVING LIVES

- Provided an array of clinical and/or recovery support services, through the Access to Recovery Program, to over 11,500 unduplicated individuals with substance use disorders.
- Developed and disseminated the *Practice Guidelines for Recovery-Oriented Behavioral Health Care*, a highly touted and first such document in the country, to systematically bring recovery into the everyday practice of DMHAS providers.
- Received 21,575 completed consumer surveys, nearly a two-fold increase from FY2003, indicating that the majority of consumers/individuals in recovery are satisfied with services being provided to them by the DMHAS provider network.
- Developed and implemented plans to significantly expand the employment rate of persons in recovery throughout all DMHAS Local Mental Health Authorities.
- Provided training and consultation to support implementation of peer support programs, including the Connecticut Community for Addiction Recovery to implement a peer support telephone program.
- Sponsored training for individuals in recovery provided by Advocacy Unlimited. The 28th Commencement Ceremony graduated 21 individuals in recovery, the largest group ever to complete the course.
- Presented "Recovery Speaks", an educational program on Stigma and Schizophrenia, to Wesleyan Students by DMHAS' Connecticut Valley Hospital's Whiting Forensic Division graduates of the Advocacy Unlimited program.
- Initiated a proactive approach to family outreach at DMHAS' Southeastern Mental Health Authority through the creation of a Family and Friends Involvement work group, a family newsletter, and monthly family nights to nurture recovery through natural supports.
- Utilized a nationally recognized curriculum to train and credential 25 persons in recovery as peer specialists at DMHAS' Southwest Connecticut Mental Health System.
- Improved working relationships with local housing authorities, which resulted in the New London Housing Authority setting aside 20 efficiency units for individuals who receive services from either DMHAS' Southeastern Mental Health Authority or Sound Community Services.

- Opened a 9 bed residential program for young adults with severe and persistent mental health and serious psychiatric syndromes, including organic brain, pervasive developmental disorders.

WORKING TOGETHER, SUCCESSFUL PARTNERSHIPS

- Collaborated with 13 state agencies and the judicial branch and with a broader stakeholder community to complete a needs assessment and inventory of resources, as required by the Mental Health Transformation State Incentive Grant.
- Participated on the *Prison and Jail Overcrowding Commission* to identify approaches and secure funding for long-term strategies in collaboration with Department of Correction and the Judicial Branch to reduce prison overcrowding.
- Trained over 185 police officers and police staff and 37 mental health professionals through Crisis Intervention Training in Hartford, New London/Norwich/Groton, New Haven, Waterbury, and 11 other cities/towns to reduce arrest rates for people with psychiatric disabilities who become involved in the criminal justice system and to connect them to services.
- Implemented the Women's Treatment Improvement Collaborative to develop evidence-based standards for treating all women within the DMHAS system of care.
- Developed and implemented, in collaboration with the Department of Correction and the Judicial Branch, a pilot mental health alternative to incarceration reporting center at DMHAS' Capitol Region Mental Health Center in collaboration with Chrysalis Center.
- Implemented a collaborative between Yale Recovery Center and DMHAS' Southwest Connecticut Mental Health System to evaluate the impact of person-centered care for persons of African or Latino origin.
- Developed and hosted a 2-day Recovery Conference at the Hartford Convention Center attended by over 400 persons each day with plenary sessions and workshops led by national experts and Connecticut stakeholders.
- Organized and supported over 20 volunteers who were deployed across southern states to support the American Red Cross in response to the death and destruction caused by hurricanes Katrina and Rita.
- Initiated a cross-agency study, linking 3 state agencies' data sets, to analyze the effects of substance abuse

treatment on individuals involved in the criminal justice system.

- Partnered with 30 college/university presidents to support the Statewide Healthy Campus Initiative, designed to reduce high-risk alcohol use on campuses.

INVESTING IN PEOPLE, QUALITY SERVICES

- Demonstrated ongoing compliance with the highest national standards of behavioral healthcare through successful JCAHO surveys of DMHAS' Connecticut Mental Health Center and River Valley Services.
- Completed the 8th year of Multicultural training offered by DMHAS' Office of Multicultural Affairs. Thirty-five participants, representing clinicians, managers, and supervisors, completed the 18 full days of training.
- Initiated process to secure a new information system, which would result in strengthened and improved record keeping, data analysis, and performance monitoring.
- Implemented the HIPAA required National Provider Identifier in Behavioral Healthcare Information System and DMHAS Provider Access System.
- Initiated the following system enhancements to better serve individuals with co-occurring disorders, through a 5 year, \$3.9 million grant from the federal Center for Mental Health Services: 1) piloting of standardized co-occurring screening instruments; 2) implementation of evidence-based, integrated treatment models; 3) information sharing through the use of high quality data; and 4) workforce development activities.
- Sponsored a comprehensive statewide initiative to make behavioral health services trauma-informed.
- Honored DMHAS' Connecticut Valley Hospital's Sisters Together Achieving Recovery program, which has provided gender-specific treatment for women with substance use disorders for 10 years.

FISCAL RESOURCES, EXPANSION AND GOOD MANAGEMENT

- Awarded over \$20 million in new federal funding to support the implementation of innovative enhancements to Connecticut's behavioral health system, including a 3-year, \$1.2 million grant to implement a trauma-informed Jail Diversion treatment program for men and women diverted from the Hartford courts and a \$1.2 million grant to develop and implement suicide prevention and early intervention programs.
- Granted \$20.7 million from the U.S. Department of Housing and Urban Development to combat homelessness.
- Implemented the Medicaid Rehab Option for mental health group home care, resulting in improved quality of care and in increased number of successful group home discharges to lower levels of care, as well as increased federal reimbursement.

- Intensified efforts to recruit and retain qualified nursing personnel to reduce the use of private pool nurses and mandated overtime. Efforts resulted in hiring an additional 45 nurses, reducing overall overtime by \$1.2 million, and reducing double or mandated overtime by 61%. Expenses associated with purchasing pool nurses were reduced by more than \$1.5 million.

MEASURE OF SUCCESS, NATIONAL RECOGNITION

- Received the highest overall rating, along with Ohio, among all 50 states, for the recovery and quality focus of Connecticut's adult mental health system in a survey by the National Alliance on Mental Health.
- Awarded Harvard University's Ash Institute of Governance and Innovations 2006 Award for the multi-agency collaborative Supportive Housing *PILOTS* Initiative. One of only 7 awardees in the country.

PROGRESSIVE STRATEGIES, INNOVATIVE THINKING

- Implemented a universal utilization management program for all state-operated in-patient beds to ensure the appropriate placement of individuals using established clinical criteria and post admission review.
- Collaborated with Saint Francis and Hartford Hospitals to divert individuals with substance use disorders who are SAGA eligible and presenting in emergency departments.
- Initiated the development of a new web site with self-guided gambling treatment components for individuals unable or reluctant to seek face-to-face treatment.
- Continued expansion of the *PILOTS* supported housing initiative to reduce homelessness among people with behavioral health disorders by awarding 19 not-for-profit providers an annualized total of \$1.4 million.
- Designed and initiated a one-year evidence-based project to adapt the Integrated Dual Diagnosis Treatment model for individuals of African descent at DMHAS' Capitol Region Mental Health Center.
- Established a Statewide Methamphetamine Prevention Task Force for developing prevention strategies for methamphetamine use and production in Connecticut.
- Completed a comprehensive analysis of State-level alcohol, tobacco, and other drug consequence and consumption data in order to assess State-level needs, which resulted in the decision to focus the federal Center for Substance Abuse Prevention's Strategic Prevention Framework resources on preventing alcohol abuse, with emphasis on underage drinking.

RECOMMENDED SIGNIFICANT CHANGES

	<u>2007-2008</u>	<u>2008-2009</u>	
Reductions to Current Services			
• Transfer Equipment to CEPF	-2,357,267	-2,191,935	
• Remove or Limit Inflation	-14,863,583	-29,389,095	
• Utilize FY2007 Surplus for One-time Expenditure	-186,134	0	
<i>Fund the FY2008 Leap Year costs in the General Assistance Managed Care account with FY2007 surplus.</i>			
• Utilize FY2007 Surplus for One-time Expenditure	-170,000	0	
<i>Remove \$170,000 in one time funding in the FY2008 Other Expenses account for telephone installations and fund with FY2007 surplus.</i>			
• Reconfigure Mobile/Crisis Services in Danbury and Waterbury	-910,446	-860,141	
<i>Funds which had previously supported mobile crisis programs at Waterbury and Danbury Hospitals will be redirected to the Waterbury LMHA allowing coverage of a broader region (Waterbury/Danbury/Torrington) for less money. 13 positions are being established with this initiative.</i>			
• Reflect Savings for Workers' Compensation Reduction Effort	-160,000	-154,000	
<i>Funding is recommended to establish an employee health clinic at Connecticut Valley Hospital where the majority of DMHAS' Workers' Compensation Claims occur to better manage injuries and more appropriately use Emergency Rooms and the state Workers' Compensation clinic.</i>			
Within Current Services			
• Annualize FY2007 Deficiencies	6,420,000	6,420,000	
<i>Funding is recommended to annualize \$6.4 million in recognized FY2007 deficiencies in the Personal Services, Other Expenses, Workers' Compensation, Nursing Home Screening and Behavioral Health Medication accounts.</i>			
• Continue Commitment to Supportive Housing	1,937,500	2,437,500	
<i>Funding is recommended to provide wrap around services for 125 additional clients in FY2008 and another 50 in FY2009 with mental illness/substance abuse disorders who are homeless or at risk of becoming homeless who will be provided supportive housing services over the biennium.</i>			
• Reduce Prison and Jail Overcrowding	1,622,112	3,889,321	
<i>Implements the recommendations of the Prison and Jail Overcrowding Commission.</i>			
• Provide 2% Caseload Growth in General Assistance Managed Care Program	1,231,891	2,553,710	
• Consolidate Lab Contracts	-160,000	-160,000	
<i>Savings will be derived through the consolidation of all facility lab contracts.</i>			
• Adjust Authorized Count to Reflect OCE Positions	0	0	
<i>Increase DMHAS authorized position count by 343 positions to reflect positions funded through Other Current Expenses accounts.</i>			
Reallocations or Transfers			
• Reallocate Funding for Agency IT Managers to DoIT	-291,664	-303,288	
<i>Reallocate funding for 2 DMHAS IT Managers to the Department of Information Technology.</i>			
• Increase Agency Authorized Position Count	0	0	
<i>Increases the DMHAS authorized position count by 20 positions to reflect the conversion of 20 part-time positions to full-time status.</i>			
• Reallocate Funding for Home and Community Based Waiver Activities	0	0	
<i>Reallocate the funding which supports the Home and Community Based Services waiver for mentally ill individuals in nursing homes (\$1.9 million in FY2008 and \$2.3 million in FY2009) to a new account.</i>			
• Implement Medicare, Part D Savings Initiatives for Inpatient Population	0	0	
<i>Funding is recommended for 4 pharmacy positions (pharmacists/pharmacy techs) to implement changes in the process for purchasing pharmaceuticals for inpatients who qualify for Medicare Part D. The positions will be funded through anticipated savings in the Behavioral Health Medications Account.</i>			
New or Expanded Services			
• Provide Funding for a Private Provider Low Wage Pool	0	0	0
<i>Funding in the amount of \$15 million in FY2008 and \$17 million in FY2009 is proposed under OPM for a private provider low wage pool. OPM will allocate this funding to DMR, DMHAS, and DCF in order to bring wages for providers whose employees are determined to be "low-wage" up to the median for all state-contracted providers of similar services.</i>			
• Develop Additional Capacity for Young Adult Services Programs	2,895,000	4,875,000	4,875,000
<i>Expands the number of cities with Young Adult Services programs from 10 to 12 over the biennium and develop two specialized residential programs (1 each year) to more appropriately serve the most high risk and difficult referrals</i>			
• Pick-up Expiring Federal Funds for Recovery Support Services	1,750,000	0	0
<i>\$1.75 million is being recommended in FY2008 to pick-up the programs formerly funded by a federal Access to Recovery (ATR) grant. The funding will support wrap around services (transportation, vocational and employment opportunities and peer-to-peer) that assist individuals newly in recovery for substance abuse problems.</i>			
• Increase Specialized Discharge Dollars	1,200,000	1,200,000	1,200,000
<i>Funding is provided to facilitate the discharge of difficult-to-place hospitalized clients into appropriate community settings and/or prevent unnecessary hospitalizations through the development of "wrap around" housing and services tailored to the needs of individual patients.</i>			

- Continue Supportive Housing Opportunities for Homeless Former Inmates 185,337 185,337 185,337
Funds are recommended to support the pick up of expiring federal funds for a program operated jointly by DMHAS and DOC which provides 15 units of supportive housing to former inmates who are mentally ill and/or substance abusers and homeless.

AGENCY SUMMARY

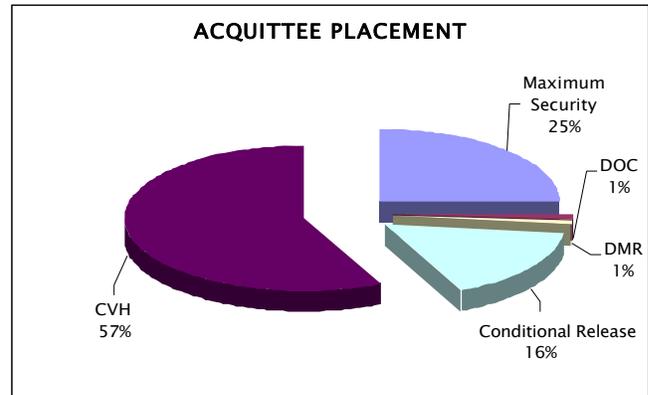
Personnel Summary	2006-2007	2007-2008	2007-2008	2008-2009	2008-2009
	Total Authorized	Change From 2006-2007	Total Recommended	Change From 2007-2008	Total Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	3,221	381	3,602	0	3,602
Federal Contributions	23	-1	22	-1	21
Private Funds	8	0	8	0	8
<u>Other Positions Equated to Fulltime</u>					
General Fund	358	-31	327	0	327
Federal Contributions	1	0	1	-1	0
Financial Summary	2006-2007	2007-2008	2007-2008	2008-2009	2008-2009
	Estimated	Current Services	Total Recommended	Current Services	Total Recommended
Personal Services	172,803,939	184,969,495	186,360,495	196,658,779	198,108,084
Other Expenses	30,978,864	33,041,798	32,078,825	33,447,699	32,082,281
<u>Capital Outlay</u>					
Equipment	1,000	2,358,267	1,000	2,192,935	1,000
<u>Other Current Expenses</u>					
Housing Supports and Services	7,916,327	10,369,959	10,137,818	11,365,860	10,640,712
Managed Service System	29,119,172	31,009,514	29,455,820	32,497,971	29,455,820
Legal Services	470,139	546,018	536,085	557,484	536,085
Connecticut Mental Health Center	8,102,614	8,532,053	8,102,614	8,941,591	8,102,614
Capitol Region Mental Health Center	340,408	358,449	340,408	375,654	340,408
Professional Services	8,843,898	9,146,381	8,683,898	9,587,706	8,683,898
Regional Action Councils	150,000	153,150	150,000	156,366	150,000
General Assistance Managed Care	74,635,100	79,623,544	75,700,717	84,507,444	77,140,508
Workers' Compensation Claims	12,217,541	12,874,839	12,574,839	13,544,566	13,244,566
Nursing Home Screening	609,474	621,838	614,102	634,569	618,934
Young Adult Services	26,013,114	27,797,862	30,268,422	29,268,486	33,308,118
TBI Community Services	5,413,755	5,769,678	5,517,529	6,053,212	5,559,318
Jail Diversion	4,122,574	4,373,367	4,252,241	4,599,621	4,362,006
Behavioral Health Medications	9,289,095	9,818,518	8,989,095	10,323,407	8,989,095
Prison Overcrowding	2,417,500	4,167,740	4,039,612	6,635,000	6,306,821
Community Mental Health Strategy Board	9,329,672	10,122,743	7,801,087	10,878,455	7,805,730
Medicaid Adult Rehabilitation Option	3,880,988	4,134,111	3,927,000	4,332,548	3,927,000
Discharge and Diversion Services	1,804,228	1,921,901	3,025,618	2,014,152	3,025,618
Home and Community Based Services	0	0	1,935,683	0	2,304,976
TOTAL - Other Current Expenses	204,675,599	221,341,665	216,052,588	236,274,092	224,502,227
<u>Pmts to Other than Local Govts</u>					
Grants for Substance Abuse Services	22,780,942	25,109,309	25,607,045	26,314,556	23,857,045
Gov's Partnership-Protect CT Workforce	474,200	484,158	474,200	494,325	474,200
Grants for Mental Health Services	75,744,808	80,855,396	74,892,888	84,736,455	74,892,888
Employment Opportunities	10,201,975	10,537,906	10,322,196	10,759,202	10,322,196
TOTAL - Pmts to Other than Local Govts	109,201,925	116,986,769	111,296,329	122,304,538	109,546,329
TOTAL - General Fund	517,661,327	558,697,994	545,789,237	590,878,043	564,239,921
<u>Additional Funds Available</u>					
Federal and Other Activities	54,985,446	46,791,031	46,791,031	42,573,318	42,573,318
Private Funds	21,753,560	17,852,347	17,852,347	16,699,647	16,699,647
TOTAL - All Funds Net	594,400,333	623,341,372	610,432,615	650,151,008	623,512,886

PSRB PSYCHIATRIC SECURITY REVIEW BOARD

AGENCY PURPOSE

www.ct.gov/psrb

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.



RECENT HIGHLIGHTS

- Collaborated with the Judicial Department to implement board “no contact” orders on the statewide registry.
- Published new conditional release manual in collaboration with the Department of Mental Health & Addiction Services (DMHAS). Posted manual on the board’s website to be used as a resource by community providers.
- Revised and implemented conditional release reporting and monitoring schedule.
- Partnered with DMHAS in facilitating a new educational forum specific to conditional release and temporary leave supervisors.
- Maintained zero percent recidivism of conditional release population, as reflected by no arrests.
- Collaborated with academic institutions regarding potential research publications.
- Compiled statistics and information related to acquittee confinement and movement into the community.
- Maintained regularly scheduled treatment team meetings with community providers and DMHAS regarding all conditionally released acquittees.
- Provided statewide on-site training to a variety of community providers.
- Maintained collaboration with DMHAS regarding a variety of system and communication issues.

RECOMMENDED SIGNIFICANT CHANGES

Reductions to Current Services

- Transfer Equipment to CEPP
- Remove or Limit Inflation

2007-2008 2008-2009

-2,500	-1,200
-1,237	-2,495

AGENCY SUMMARY

Personnel Summary

Permanent Full-Time Positions

	2006-2007 Total Authorized	2007-2008 Change From 2006-2007	2007-2008 Total Recommended	2008-2009 Change From 2007-2008	2008-2009 Total Recommended
General Fund	4	0	4	0	4

Financial Summary

	2006-2007 Estimated	2007-2008 Current Services	2007-2008 Total Recommended	2008-2009 Current Services	2008-2009 Total Recommended
Personal Services	308,326	319,422	319,422	334,977	334,977
Other Expenses	50,522	51,173	49,936	52,517	50,022
Capital Outlay					
Equipment	0	2,500	0	1,200	0
TOTAL - General Fund	358,848	373,095	369,358	388,694	384,999