



DEPARTMENT OF PUBLIC HEALTH

Keeping Connecticut Healthy

AGENCY PURPOSE

- Protect the health and safety of the people of Connecticut.
- Assure the provision of a safe and adequate public drinking water supply for Connecticut's residents.
- 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

- DPH continues to build the state's public health infrastructure to provide full-time health services to Connecticut residents. With 80 health departments/districts: 52 that are full-time and 28 that are part-time, Connecticut now has full-time health services serving 93 percent of the population (3,285,455 people).
- The programming and schematic design phases for the new Public Health Laboratory in Rocky Hill have been completed. This \$88 million project is on schedule for completion in early 2011.
- Awarded 22 grants-in-aid totaling \$9.84 million to stem cell researchers in Farmington, Storrs and New Haven, including the first award to a private company. DPH also completed the third round reviews of Biomedical Research proposals. Six researchers received a total of \$1,718,860.
- To date, 439 laptop computers have been deployed to Emergency Medical Services (EMS) as part of the Statewide EMS Data Collection Project.
- Launched the Connecticut Electronic Disease Surveillance System to manage mandatory disease reporting and a new electronic verification of vital events module.
- The Lead Poisoning Prevention and Control program provided online lead refresher training courses for Code Enforcement Officials. This training replaced standard classroom training sessions.
- The DPH Radon Program implemented reporting requirements for 'DPH-listed' radon mitigation contractors in January 2007. In FY08, radon mitigation contractors reported reducing elevated radon levels in 2,181 Connecticut homes.
- Connecticut is among one of the leading states in the country with at least 99.1% of the State's population served by community public water systems that provides

drinking water, meeting all applicable health-based drinking water standards.

- DPH participated with Connecticut's drinking water industry to establish CTWARN, a water/wastewater agency response network that allows water and wastewater systems in Connecticut to receive rapid mutual aid from other systems in the state to restore facilities damaged by natural or man-made incidents.
- A competitive re-procurement for WIC services statewide, initiated late in 2006, resulted in improvement in program efficiency and in the delivery of quality nutrition services. Five areas were consolidated to decrease administrative costs while providing a comparative increase in resources for direct nutrition services and benefit delivery to WIC clients.

Public Health Preparedness

- Finalized the DPH Pandemic Influenza Operational Plan and submitted it for federal review. As part of this effort, DPH coordinated the submission of state agency Continuity of Operations Plans.
- Published "Preparing Connecticut State Agency Workers and Workplaces for Continued Operation during an Influenza Pandemic" and "Guidance for the Operation of Fever Check Stations During an Influenza Pandemic."
- The DPH Mass Dispensing Task Force completed revisions to the Mass Dispensing Toolkit in January 2008. The toolkit represents a major milestone in the operational aspects of mass dispensing.
- Designed and distributed Emergency Care Guidelines to more than 4,500 licensed child daycare facilities and youth camps. Eight regional forums were held on emergency planning for child care providers and approximately 360 representatives of the child care facilities attended.

Health Promotion and Disease Prevention

- The Connecticut Health Disparities Project published the DPH *Data Policy on Collecting Sociodemographic Data*.
- In collaboration with the Genetic Alliance, DPH published the guidebook, "New England Genetics Guide for Patients & Professionals."
- Members of the DPH Virtual Office of Genomics and Chronic Disease program staff developed materials and an outreach campaign related to the link between family history and chronic disease.
- New web documents and resources were posted on the DPH website on breast cancer and genetic testing for BRCA 1 & 2 mutation.
- DPH evaluated the health risks of chemical accidents or terrorist acts for all major chemical facilities in Connecticut. This "Hazard Vulnerability Analysis" was transmitted to the Federal Bureau of Investigation and the State Police for their use in prioritization of facilities for inspections and security evaluations.
- The DPH Nutrition, Physical Activity and Obesity Prevention Program served in a leadership capacity and provided training and support to preschools and parents to help them build healthy mealtime environments. The Program also created the Protective Health Assessment (PHA), an online, interactive tool that focuses on the prevention and early detection of chronic diseases.
- The Asthma Program successfully expanded the Pediatric *Easy Breathing* program to statewide implementation. The Pediatric *Easy Breathing* program is an asthma clinical management program conducted by the Connecticut Children's Medical Center.
- The Injury Prevention Program completed the Injury in Connecticut Data Book and is continuing work with various

agencies and organizations on several projects including, an injury prevention plan, fall prevention, the traumatic brain injury initiative, suicide prevention and teen worker safety training.

Health Care Quality and Regulatory Standards

The Facility Licensing and Investigations Section (FLIS) in FY08 renewed 440 healthcare institutional licenses which generated \$159,554.00; conducted 33 Change of Ownership inspections and issued 41 initial licenses. The FLIS received 843 complaints pertinent to health care institutions and conducted federal certification surveys in accordance with federal mandates.

The Practitioner Licensing & Investigations Section (PLIS) in FY08 issued 13,607 professional licenses; renewed 144,279 licenses; received 15,032 applications and generated \$22,741,864 in revenue. In addition, 798 complaints were opened pertinent to health care practitioners.

The Legal Office received for FY08: 354 cases for prosecution and disposed of 345 cases, either by settlement, Memorandum of Decision, Voluntary Surrender of license or dismissal.

The Drinking Water Section conducted 454 sanitary surveys of public water systems; awarded \$4,504,000 million in low interest loans for drinking water infrastructure improvements; coordinated the consolidation and interconnection of 34 small non-viable public water systems (PWS) to larger community PWS's; and enacted new proactive programs concerning water supply planning and protection.

The Lead Poisoning Prevention and Control Program is implementing 2007 legislation that will require universal blood lead screening of young children and lower the blood level at which local health departments will be required to investigate and determine sources of lead exposure. The changes will take effect on January 1, 2009.

RECOMMENDED SIGNIFICANT CHANGES

Reductions to Current Services

	<u>2009-2010</u>	<u>2010-2011</u>
• Remove or Limit Inflation	-2,507,658	-4,502,641
• Rollout FY2009 Rescissions	-1,359,566	-1,359,566
• Eliminate Vacant Positions	-865,122	-865,122
• OE/OCE General Reductions	-98,348	-98,348
• Transfer Equipment to CEPF	-485,434	-2,241,563
• Reduce AIDS Services Funding to Levels in Effect Prior to FY2008	-2,699,237	-2,699,237
<i>In the 2008 legislative session additional funds were added in anticipation of a reduction in federal Ryan White funding for the program year 2009. After the legislature acted, the federal government did not reduce federal Ryan White funding. It is anticipated that federal funds for the 2010 program year (approximately April 1, 2009 - March 31, 2010) will remain at pre-existing levels, therefore additional general funding is not anticipated to be needed in FY2010 or FY2011.</i>		
• Reduce Funding for Community Health Services	-2,035,762	-2,035,762
<i>It is anticipated that this reduction will only impact those new or expanded service initiatives that have yet to begin.</i>		
• Reduce Funding and Restructure Payment Methodology to Local & District Departments of Health	-2,571,063	-2,789,706
<i>Funds are reduced and the provision of support to health districts is restructured in line with the Governor's initiative to foster the regionalization of services.</i>		
• Reduce Funding for School Based Health Centers	-1,470,000	-1,470,000
<i>It is anticipated that this reduction will only impact those new or expanded service initiatives that have yet to begin.</i>		

Budget Summary

• Eliminate Funding for Fetal and Infant Mortality Review Program <i>Program has not been fully implemented. It is anticipated that FY2009 funds will lapse.</i>	-285,000	-285,000
• Reduce Funding for Inspections of Managed Residential Communities (MRC's) <i>Program has not been fully implemented.</i>	-132,000	-132,000
• Reduce Agency's Operations Through Other Expense Reductions	-291,003	-291,003
• Reduction to Various Accounts <i>This proposal makes general reductions which, including amounts for rescission rollouts, equate to 10% in the following accounts: Needle & Syringe Exchange Program, Community Services for Persons with AIDS, Children's Health Initiative, Services for Children Affected by AIDS, Children with Special Health Care Needs, X-Ray Screening & Tuberculosis Care Program, Genetic Diseases Program and the Venereal Disease Program.</i>	-477,225	-477,225
• Consolidate and Reduce Funding for Loan Programs <i>Funding for the Nursing Student Loan Forgiveness Program and the Loan Repayment Program is consolidated to fund loan repayment assistance to health care professionals (\$150,000).</i>	-87,564	-87,564
• Eliminate Funding for EMS Training and EMS Regional Councils	-708,365	-708,365
Reallocations or Transfers		
• Create Consolidated Loan Repayment Program <i>The Loan Repayment Program and the Nursing Loan Forgiveness Program are consolidated to provide loan repayment assistance to health care professionals.</i>	0	0

AGENCY SUMMARY

Personnel Summary	2008-2009	2009-2010	2009-2010	2010-2011	2010-2011
	Total Authorized	Change From 2008-2009	Total Recommended	Change From 2009-2010	Total Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	565	-23	542	0	542
Federal Contributions	370	-4	366	-2	364
Private Funds	5	0	5	0	5
<u>Other Positions Equated to Fulltime</u>					
Federal Contributions	14	3	17	-4	13
Financial Summary	2008-2009	2009-2010	2009-2010	2010-2011	2010-2011
	Estimated	Current Services	Total Recommended	Current Services	Total Recommended
Personal Services	35,090,193	36,220,231	35,228,109	36,396,955	35,404,833
Other Expenses	7,431,550	6,467,687	5,910,049	6,497,853	5,940,215
<u>Capital Outlay</u>					
Equipment	100	485,534	100	2,241,663	100
<u>Other Current Expenses</u>					
Needle and Syringe Exchange Program	481,091	505,636	455,072	505,636	455,072
Comm Svs Support Persons w/ AIDS	195,194	205,153	184,638	205,153	184,638
Children's Health Initiatives	1,641,785	1,646,406	1,481,766	1,646,406	1,481,766
Childhood Lead Poisoning	723,172	1,098,172	1,098,172	1,098,172	1,098,172
AIDS Services	7,651,835	8,047,163	4,952,598	8,047,163	4,952,598
Breast & Cervical Cancer Detectn/Treatment	2,422,039	2,426,775	2,426,775	2,426,775	2,426,775
Services for Children Affected by AIDS	272,254	272,254	245,029	272,254	245,029
Children w/Special Hlth Care Needs	1,412,918	1,412,918	1,271,627	1,412,918	1,271,627
Medicaid Administration	3,731,317	3,977,353	3,780,968	3,978,562	3,782,177
Fetal and Infant Mortality Review	285,000	300,000	0	300,000	0
Nursing Student Loan Forgiveness Program	118,750	125,000	0	125,000	0
TOTAL - Other Current Expenses	18,935,355	20,016,830	15,896,645	20,018,039	15,897,854
<u>Pmts to Other than Local Govts</u>					
Community Health Services	9,021,814	9,486,052	6,986,052	9,486,052	6,986,052
Emergency Medical Services Training	64,762	68,171	0	68,171	0
Emergency Med Svcs Regional Offices	643,603	677,477	0	677,477	0

Rape Crisis	439,684	439,684	439,684	439,684	439,684
X-Ray Screening and Tuberculosis Care	800,837	841,875	759,799	841,875	759,799
Genetic Diseases Programs	877,416	922,182	877,416	922,182	877,416
Loan Repayment Program	118,814	125,067	0	125,067	0
Immunization Services	9,044,950	9,044,950	9,044,950	9,044,950	9,044,950
Loan Repayment Assistance Program	0	0	150,000	0	150,000
TOTAL - Pmts to Other than Local Govts	21,011,880	21,605,458	18,257,901	21,605,458	18,257,901
<i><u>Pmts to Local Governments</u></i>					
Local & District Departments of Health	5,352,419	5,571,063	3,000,000	5,789,706	3,000,000
Venereal Disease Control	216,900	216,900	195,210	216,900	195,210
School Based Health Clinics	10,440,646	10,440,646	8,970,646	10,440,646	8,970,646
TOTAL - Pmts to Local Governments	16,009,965	16,228,609	12,165,856	16,447,252	12,165,856
TOTAL - General Fund	98,479,043	101,024,349	87,458,660	103,207,220	87,666,759
<i><u>Additional Funds Available</u></i>					
Federal and Other Activities	124,683,779	126,472,442	126,472,442	127,288,379	127,288,379
Bond Funds	6,785,752	5,735,200	5,735,200	7,991,008	7,991,008
Private Funds	23,550,276	23,156,908	23,156,908	21,360,415	21,360,415
TOTAL - All Funds Net	253,498,850	256,388,899	242,823,210	259,847,022	244,306,561



OFFICE OF HEALTH CARE ACCESS

AGENCY PURPOSE

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

The Office of Health Care Access (OHCA) is statutorily responsible for the oversight and coordination of certain 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; assisting in health system planning while limiting excess system capacity and ensuring accessible health care; and 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

Publications and Reports

In accordance with Section 19a-670, OHCA published an annual report on the financial status of Connecticut's short term acute care hospitals. The report provides information and insight on issues and trends that affect overall hospital performance and focuses on profitability, cost data, liquidity, solvency, net assets, utilization, discharges, case mix index, uncompensated care data and emergency department visits.

The agency also recently published a databook on acute care hospital behavioral health trends in Connecticut, presenting an analysis of emergency department and hospital inpatient utilization over time to highlight changes that have occurred within the inpatient behavioral health system.

OHCA also published Preventable Hospitalizations in Connecticut: An Updated Assessment of Access to Community Health Services 2000-2006. Preventable hospitalizations are instances of inpatient hospital care for ambulatory care sensitive conditions that are considered "preventable" because timely and effective primary care and medical

management have been clinically demonstrated to reduce the need for hospitalization.

New Hospital Reporting System Database

In May 2008, the agency implemented a new hospital reporting system database application. The new reporting system facilitates more efficient data entry by the hospitals and enhances OHCA's ability to create useful reports for financial and statistical analysis.

Certificates of Need

Recent certificate of need activity followed four major trends: (1) hospitals and doctors' offices continue to acquire new and replacement imaging equipment; (2) hospitals are seeking to establish and operate freestanding services and/or develop collaborative relationships in their communities; (3) providers are improving access by moving services from one town to another or changing ownership from one provider to another; and (4) providers, particularly hospitals, are undertaking major building or renovation projects.

RECOMMENDED SIGNIFICANT CHANGES

Reductions to Current Services

- OE/OCE General Reductions
- Transfer Equipment to CEPF
- Reduce Other Expenses
- Remove or Limit Inflation

	<u>2009-2010</u>	<u>2010-2011</u>
• OE/OCE General Reductions	-618	-618
• Transfer Equipment to CEPF	-14,400	0
• Reduce Other Expenses	-10,000	-10,000
• Remove or Limit Inflation	-5,379	-8,950

AGENCY SUMMARY

Personnel Summary

Permanent Full-Time Positions

	2008-2009 Total Authorized	2009-2010 Change From 2008-2009	2009-2010 Total Recommended	2010-2011 Change From 2009-2010	2010-2011 Total Recommended
General Fund	22	0	22	0	22

Budget Summary

Financial Summary

	2008-2009 Estimated	2009-2010 Current Services	2009-2010 Total Recommended	2010-2011 Current Services	2010-2011 Total Recommended
Personal Services	2,080,721	2,180,636	2,180,636	2,228,885	2,228,885
Other Expenses	244,738	250,763	240,145	250,763	240,145
<u>Capital Outlay</u>					
Equipment	0	14,500	100	0	0
TOTAL - General Fund	2,325,459	2,445,899	2,420,881	2,479,648	2,469,030



OFFICE OF THE CHIEF MEDICAL EXAMINER

AGENCY PURPOSE

<http://www.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.

RECOMMENDED SIGNIFICANT CHANGES

Reductions to Current Services

	<u>2009-2010</u>	<u>2010-2011</u>
• Eliminate Vacant Positions	-28,510	-28,510
• OE/OCE General Reductions	-35,158	-35,158
• Transfer Equipment to CEPF	-85,000	-145,000
• Remove or Limit Inflation	-11,739	-21,555

AGENCY SUMMARY

Personnel Summary

	2008-2009 Total Authorized	2009-2010 Change From 2008-2009	2009-2010 Total Recommended	2010-2011 Change From 2009-2010	2010-2011 Total Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	60	0	60	0	60

Financial Summary

	2008-2009 Estimated	2009-2010 Current Services	2009-2010 Total Recommended	2010-2011 Current Services	2010-2011 Total Recommended
Personal Services	5,104,651	5,210,604	5,182,094	5,276,488	5,247,978
Other Expenses	744,705	804,429	769,271	804,451	769,293
<u>Capital Outlay</u>					
Equipment	8,075	90,000	5,000	150,000	5,000
<u>Other Current Expenses</u>					
Medicolegal Investigations	100,039	100,039	100,039	100,039	100,039
TOTAL - General Fund	5,957,470	6,205,072	6,056,404	6,330,978	6,122,310
<u>Additional Funds Available</u>					
Federal and Other Activities	65,000	0	0	0	0
Bond Funds	2,000	2,000	2,000	2,000	2,000
TOTAL - All Funds Net	6,024,470	6,207,072	6,058,404	6,332,978	6,124,310

DDS DEPARTMENT OF DEVELOPMENTAL SERVICES

AGENCY PURPOSE

[HTTP://WWW.CT.GOV/DDS](http://www.ct.gov/dds)

- Provide case management, respite, family support, residential and employment services to DDS consumers and their families through a system of public and private providers.
- Perform as lead agency for the Birth-to-Three program serving infants and toddlers with developmental delays.
- Ensure appropriate delivery of health care services to consumers receiving DDS residential supports.
- Assist DDS consumers involved in the criminal justice system to ensure appropriate representation and services.
- Coordinate an autism pilot program 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 DDS services.

RECENT HIGHLIGHTS

Waiting List Initiative

Successfully completed the fourth year of the “Waiting List Initiative” with new residential supports to 244 people who had been on the DDS Waiting List and enhanced family supports to 130 families.

Federal Waivers

In January 2008, the Department’s Individual and Family Supports Home and Community Based Services (HCBS) Waiver was renewed by the Centers for Medicare and Medicaid Services (CMS) for five years. In July 2008, the Department submitted applications to CMS to renew the Comprehensive Supports Waiver and amend the Individual and Family Supports Waivers. CMS approval was granted in October 2008.

Consumer Milestones

709 people fully self-directed their own supports and 3,023 consumers control individual budgets for residential, employment and day services and supports.

Private Providers

31 new providers enrolled to provide HCBS waiver services or expand services to new geographic locations in the state, bringing the total number of qualified providers to 184.

Transitioned Youth

44 youth were transitioned to DDS from DCF and 81 new referrals were enrolled in the Voluntary Services Program. A total of 373 children were served in the program this year. DDS and DCF, working collaboratively, awarded an RFP for a Center of Excellence, a residential treatment facility. A Children’s Services Committee with representatives from families, DCF, SDE, DDS and the Office of the Child Advocate meets monthly to review requests for out-of-home placements and to recommend alternatives to congregate care settings.

Respite Centers

DDS operated 11 Respite Centers serving approximately 1,038 individuals statewide this year.

Employment Initiative

The Department launched its Employment First initiative in 2008 to promote employment of DDS consumers. Important partners assisting with this initiative include Connect-Ability, Connecticut’s Medicaid Infrastructure Grant awarded to the Bureau of Rehabilitation Services and DDS membership in the State Employment Leadership Network.

Birth to Three

The Birth to Three System received, for the second year in a row, a determination of “meets requirements” of the Individuals with Disabilities Education Act according to the U.S. Department of Education. The Birth to Three System received 9,108 referrals, a 4% increase over FY 2007 and served 9,112 eligible children. On a daily basis, the system served 3.5% of all children under the age of three. In addition to adding four new Birth to Three programs to ensure sufficient provider capacity in the northeast part of the state and in Fairfield County, ten new autism-specific Birth to Three programs were added during FY2008 ensuring statewide coverage. By the end of FY2008, approximately 250 children with autism spectrum disorders were being served in general and autism-specific programs.

Autism Spectrum Disorder Pilot

Developed a small pilot program for individuals who have Autism Spectrum Disorder, do not have mental retardation and are not receiving services from DDS. The Autism Spectrum Disorder Pilot Program began in July 2006. The pilot served approximately 30 individuals with autism in the greater New Haven area in FY 2008 and expansion to the Hartford area is anticipated in FY 2009.

RECOMMENDED SIGNIFICANT CHANGES

	<u>2009-2010</u>	<u>2010-2011</u>
Reductions to Current Services		
• Rollout FY2009 Rescissions	-2,027,568	-2,027,568
• Transfer Equipment to CEPF	-1,132,353	-1,039,572
• OE/OCE General Reductions	-676,593	-676,593
• Eliminate Vacant Positions	-648,007	-648,007

Within Current Services

• Fund Discretionary Caseload Growth	35,701,327	20,399,107
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\$35.7 million in FY2010 and an additional \$20.4 million in FY2011 is recommended to support caseload growth over the biennium. Funds will support day programs for 351 individuals who are graduating from high school or aging out of services provided by the Department of Children and Families or local education agencies, and 85 placements into residential services provided under DDS' adult service system in FY2010 and an additional 324 individuals in day programs and 87 residential placements in FY2011. Funding also supports 6 forensic (court involved) cases and caseload growth under the Birth to Three early intervention program.

Reallocations or Transfers

• Provide Continued Dental Services for the DDS Adult Population	1,000,000	1,000,000
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Funding is provided to support dental services for DDS consumers to ensure continuity of coverage after the elimination of non-emergency dental services for adults under Medicaid, as recommended under the Department of Social Services.

• Create Voluntary Services Account	0	0
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Funding for the Voluntary Services program is transferred to a separate account to provide better accounting and visibility to the program.

AGENCY SUMMARY**Personnel Summary**

	2008-2009	2009-2010	2009-2010	2010-2011	2010-2011
	Total	Change From	Total	Change From	Total
	Authorized	2008-2009	Recommended	2009-2010	Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	4,054	-23	4,031	-7	4,024
<u>Other Positions Equated to Fulltime</u>					
General Fund	0	1,429	1,429	0	1,429

Financial Summary

	2008-2009	2009-2010	2009-2010	2010-2011	2010-2011
	Estimated	Current	Total	Current	Total
		Services	Recommended	Services	Recommended
Personal Services	307,985,608	312,340,907	311,692,900	312,170,465	311,522,458
Other Expenses	28,281,389	29,270,427	28,593,834	29,376,229	28,699,636
<u>Capital Outlay</u>					
Equipment	0	1,132,453	100	1,039,672	100
<u>Other Current Expenses</u>					
Human Resource Development	219,790	231,358	219,790	231,358	219,790
Family Support Grants	3,280,095	3,280,095	3,280,095	3,280,095	3,280,095
Cooperative Placements Program	20,078,544	21,284,706	21,284,706	21,639,755	21,639,755
Clinical Services	4,812,372	4,828,372	5,812,372	4,828,372	5,812,372
Early Intervention	28,961,511	35,243,415	35,243,415	35,243,415	35,243,415
Community Temporary Support Services	67,315	67,315	67,315	67,315	67,315
Community Respite Care Programs	330,345	330,345	330,345	330,345	330,345
Workers' Compensation Claims	14,246,035	14,246,035	14,246,035	14,246,035	14,246,035
Pilot Program for Autism Services	1,525,176	1,525,176	1,525,176	1,525,176	1,525,176
Voluntary Services	0	0	33,692,416	0	33,692,416
TOTAL - Other Current Expenses	73,521,183	81,036,817	115,701,665	81,391,866	116,056,714
<u>Pmts to Other than Local Govts</u>					
Rent Subsidy Program	4,537,554	4,537,554	4,537,554	4,537,554	4,537,554
Family Reunion Program	137,900	137,900	137,900	137,900	137,900
Employment Opportunities & Day Svcs	169,973,396	180,943,735	179,943,735	189,541,617	188,541,617

Budget Summary

Community Residential Services	393,193,351	414,140,273	379,447,857	425,190,471	390,498,055
TOTAL - Pmts to Other than Local Govts	567,842,201	599,759,462	564,067,046	619,407,542	583,715,126
TOTAL - General Fund	977,630,381	1,023,540,066	1,020,055,545	1,043,385,774	1,039,994,034
<i>Additional Funds Available</i>					
Federal and Other Activities	9,039,581	8,871,052	8,871,052	8,871,052	8,871,052
Private Funds	111,626	102,575	102,575	104,575	104,575
TOTAL - All Funds Net	986,781,588	1,032,513,693	1,029,029,172	1,052,361,401	1,048,969,661



DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES

AGENCY PURPOSE

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

<http://www.dmhas.state.ct.us/>
To develop and maintain a high quality service system that is person-centered, value-driven, promotes hope, improves health and is anchored in a recovery-oriented foundation.

The closure of the Cedarcrest Campus in Newington is recommended in the Governor's budget as part of her proposal to streamline state government.

RECENT HIGHLIGHT

Improved Service System

Comprehensive Array of Services that Promote Health, Economic Opportunity, Social Inclusion and Sustain Stability

- Assisted 9,427 individuals to gain employment; 31% of those enrolled in DMHAS mental health services.
- Expanded the Alternative to Hospitalization initiative to divert individuals with substance use disorders who are presenting in emergency rooms to a total of 11 hospitals statewide.
- Initiated the Military Support Program in March 2007 to provide outpatient services to soldiers and their families through a statewide panel of 225 licensed clinicians; to date 461 individuals (63% soldiers; 37% family members) have accessed the program.
- Collaborated with the Judicial Branch and the Department of Correction to provide behavioral health services and justice supervision at 7 sites; reducing incarceration for adults with mental illness.
- Instituted the Hartford Family Court Connection, a project linking Family Court referrals to treatment.
- Developed DMHAS' co-occurring enhanced program guidelines; funded 2 non-profit providers to implement 2 new 20-bed co-occurring enhanced residential programs and credentialed 5 co-occurring enhanced intensive outpatient programs.

Quality of Care Management

Managing by Outcomes and Effective Service Models

- Responded effectively to concerns raised by U.S. Dept. of Justice of Connecticut Valley Hospital by making staffing, training, procedures and site improvements.
- Reduced use of restraints/seclusion, including restraint/seclusion free days 98% of the year at Greater Bridgeport Community Mental Health Center and 80% reduction of restraint hours at Connecticut Valley Hospital.
- Expanded the Jail Diversion program for women who have psychiatric consequences of trauma to New Haven.
- Provided comprehensive assessments of 400 individuals in Connecticut nursing homes, resulting in person-centered plans that included discharges for 40 of these individuals.

- Implemented trauma-informed system of care, including training of DMHAS staff, private non-profit agencies, and inclusion of trauma issues in orientation.
- Demonstrated full compliance with federal Substance Abuse Prevention and Treatment Block Grant goals to report national outcome measures and to reduce tobacco sales to minors and underage tobacco use.
- Recognized by the Northeast Center for Application of Prevention Technologies for the inclusion of two promising problem gambling prevention programs in the National Registry for Evidence-based Programs/Practices.

Workforce/Organizational Effectiveness Consumer-friendly, High Quality Services

- Continued training law enforcement on dealing effectively with persons with psychiatric disorders, with 400 officers from 47 departments trained since 2004.
- Received Focus on Recovery United (FOR-U) federal Mental Health Transformation funds to increase the number of persons in the behavioral health workforce.
- Trained a network of 75 peer volunteers, through the STOPS Program, to provide state troopers with valuable peer support during times of personal/professional crisis; a total of 314 state troopers have utilized the program.
- Convened presidents/leaders from 35 campuses across the state to address high-risk drinking among college students and reaffirm their commitment to reduce the problem.
- Sponsored a statewide prevention conference, "Preventing Underage Drinking in Connecticut—Moving Toward Solutions", featuring local/national speakers that focused on future direction and enhancing efforts.
- Provided training on motivational interviewing and recovery to Dept. of Children and Families and service provider staff to more effectively intervene with parents presenting with substance use disorders.
- Collaborated on supported employment project in Bridgeport, Hartford, and New Haven in partnership with the Department of Social Services' Bureau of Rehabilitation Services.

- Trained 1,523 clinical/non-clinical staff on suicide prevention and suicide risk assessment/management at Connecticut Valley Hospital and developed an electronic mechanism to monitor quality of care.

Resource Base

Support Investments in Service Goals, Collaborations, Workforce, Technology

- Awarded a 3-year, \$14.5 million federal Access to Recovery grant to expand the continuum of clinical and recovery supports including, co-occurring enhanced intensive outpatient, and clinical recovery check-ups— case management, housing, employment, transportation, and peer- and faith-based supports.
- Awarded a 3-year, \$612,000 federal Center for Mental Health Services’ Restraint and Seclusion Grant to

further reduce use of restraint and seclusion among young adults, ages 18-25, with serious mental illness at Connecticut Valley and Cedarcrest Hospitals.

- Collaborated with Department of Social Services to develop a comprehensive nursing home diversion program for persons who are at-risk of nursing home placement.
- Developed policies and protocols for Money Follows the Person funds with the Department of Social Services.
- Awarded \$43 million capital funding to 6 not-for-profit agencies through Next step Supportive Housing Initiative to reduce homelessness among people with mental health and substance use disorders.
- Granted \$26.4 million from the U.S. Dept. of Housing and Urban Development to combat homelessness.

RECOMMENDED SIGNIFICANT CHANGES

Reductions to Current Services

	<u>2009-2010</u>	<u>2010-2011</u>
• Transfer Equipment to CEPF	-1,043,588	-1,036,179
• OE/OCE General Reductions	-295,700	-295,700
• Eliminate or Defer New Leases	-221,411	-221,411
• Rollout FY2009 Rescissions	-83,706	-83,706
• Implement More Appropriate Community Support Services	-1,680,000	-1,680,000
<i>Enhancing community support programs will enable the department to save part of the cost of supporting more intensive assertive community treatment (ACT) teams. Funds remain to support three ACT teams across the state.</i>		
• Eliminate Research Subsidy at the Connecticut Mental Health Center	-1,204,123	-1,204,123
<i>Funding to support research activities at the Connecticut Mental Health Center is eliminated.</i>		
• Convert Mental Health Case Management Services to Community Support Programs	-1,000,000	-2,500,000
<i>Standardizing case management service definitions, rates, service and productivity measures across the agency will result in savings.</i>		
• Bundle Mobile Crisis, Crisis Respite, and Acute Psychiatric Inpatient Services	-700,000	-700,000
<i>Bundling mobile crisis, crisis respite and acute care services will result in savings through reduced admissions to acute psychiatric inpatient beds and shorter hospital emergency room wait times by redirecting individuals to a less restrictive level of care.</i>		
• Eliminate General Fund Support of Regional Action Councils	-560,803	-560,803
<i>Funding for the Regional Action Councils will be provided through the Pre-Trial Alcohol and Drug Education Account rather than the General Fund in order to mesh with the prevention and education objectives of the pre-trial education statutes.</i>		
• Delay Startup of Housing Assistance for Forensic Populations	-510,000	-510,000
<i>Funding for housing assistance to forensic populations and transitional and supported housing programs is removed to reflect implementation delays.</i>		
• Eliminate General Fund Support for Governor's Partnership to Protect Connecticut's Workforce	-475,950	-475,950
<i>Funding for the Governor's Partnership to Protect Connecticut's Workforce will be through the Pre-Trial Alcohol and Drug Education Account rather than the General Fund to mesh with the prevention and education objectives of the pre-trial education statutes.</i>		
• Fund Tobacco Enforcement Positions from Drug Asset Forfeiture Account	-278,175	-278,175
<i>Twenty part time tobacco enforcement positions necessary to reduce tobacco purchases by minors will be funded from the Drug Asset Forfeiture account rather than the General Fund.</i>		
• Develop Tiered Methadone Maintenance Treatment	-250,000	-250,000
<i>Development of a new rate mechanism for methadone maintenance with a higher rate for induction and stabilization and lower rates for long-term maintenance will result in savings.</i>		
• Merge Administration of Connecticut Valley Hospital and River Valley Services	-227,364	-227,364
<i>River Valley Services is located on the grounds of Connecticut Valley Hospital in Middletown. An administrative merger of River Valley Services and Connecticut Valley Hospital will result in a reduction of 3 positions.</i>		

Budget Summary

• Eliminate Excess Capacity in Medically Managed Detoxification System <i>Unused medically managed detoxification bed capacity will be eliminated resulting in savings.</i>	-200,000	-200,000
• Eliminate Funding for Outmoded Zero Tolerance Program <i>The outmoded Zero Tolerance Program is eliminated, and services provided instead through the technical assistance units in the Judicial Branch at a savings to the state.</i>	-200,000	-200,000
• Close Cedarcrest Hospital and Serve Patients at CVH and In the Community <i>Under this proposal, Cedarcrest Hospital in Newington will be closed and patients served at Connecticut Valley Hospital and in other inpatient and community settings. The closure will result in annualized savings of \$3.6 million and 98 full time and 6 part time positions. \$350,000 is provided to maintain the Newington campus until a decision is made regarding its disposition.</i>	-163,182	-3,303,070
• Develop Ambulatory Detoxification Services <i>Savings will result through the introduction of a new level of detoxification known as intensive outpatient detoxification. This will provide another option for individuals seeking rapid admission to detoxification but who are medically stable enough to tolerate ambulatory services. These individuals will receive intensive clinical and peer support.</i>	-100,000	-100,000
Within Current Services		
• Fund Caseload Growth in Young Adult Services <i>\$7.6 million in FY2010 and an additional \$10.6 million in FY2011 is recommended to support services for 185 youth each year transitioning from the Department of Children and Families.</i>	7,586,394	10,636,477
• Fund Caseload Growth in General Assistance Managed Care <i>Funding is recommended to support 5% caseload growth in each year of the biennium.</i>	3,340,881	3,560,743
• Fund Additional Community Placements for Individuals with TBI/ABI <i>\$2.0 million in FY2010 and an additional \$1.7 million in FY2011 will support 17 placements for individuals with traumatic or acquired brain injury over the biennium.</i>	2,024,500	1,659,000
• Fund Additional Placements Under the Medicaid Waiver for Persons with Mental Illness <i>\$1.2 million in FY2010 and \$2.9 million in FY2011 is provided to support 158 placements over the biennium in a Medicaid home and community based services waiver for adults with serious mental illness. The waiver is anticipated to begin in April 2009.</i>	1,171,885	2,910,742
Reallocations or Transfers		
• Centralize IT Positions at DOIT <i>Funds that support one managerial position are transferred to the Department of Information Technology consistent with the state's policy to centralize IT management positions at DOIT.</i>	-113,616	-113,616
• Reallocate Funding from Mental Health Strategy Board Account <i>Reallocate ongoing funding associated with the "Second Initiatives," "Next Steps" initiatives, and for program model fidelity regarding Community Support Programs and Assertive Community Treatment teams to more appropriate accounts.</i>	0	0
• Reallocate Funding for Project Nueva Vida <i>Reallocate funding for Project Nueva Vida from the Managed Service System account to the Grants for Substance Abuse Services account to more appropriately account for program activities.</i>	0	0
• Reallocate Funding from Capitol Region Mental Health Center account to OE <i>Reallocate funding from the Capitol Region Mental Health Center account to the Other Expenses account to more appropriately account for program activities.</i>	0	0

AGENCY SUMMARY

Personnel Summary	2008-2009	2009-2010	2009-2010	2010-2011	2010-2011
	Total Authorized	Change From 2008-2009	Total Recommended	Change From 2009-2010	Total Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	3,589	104	3,693	0	3,693
Federal and Other Activities	23	-1	22	-6	16
Federal Contributions	14	-1	13	-4	9
Private Funds	9	0	9	-2	7
<u>Other Positions Equated to Fulltime</u>					
General Fund	521	-1	520	0	520
Federal Contributions	2	0	2	0	2
Private Funds	1	0	1	0	1

Financial Summary	2008-2009	2009-2010	2009-2010	2010-2011	2010-2011
	Estimated	Current Services	Total Recommended	Current Services	Total Recommended
Personal Services	206,907,878	211,247,601	209,983,356	211,867,286	206,310,219
Other Expenses	34,306,489	36,327,538	36,026,419	36,546,684	35,898,499
<u>Capital Outlay</u>					
Equipment	0	1,043,688	100	1,036,279	100
<u>Other Current Expenses</u>					
Housing Supports and Services	12,204,915	11,624,867	12,224,867	11,624,867	12,224,867
Managed Service System	30,735,270	30,723,856	38,708,822	30,723,856	40,208,822
Legal Services	550,275	550,275	550,275	550,275	550,275
Connecticut Mental Health Center	8,621,544	8,842,614	7,638,491	8,842,614	7,638,491
Capitol Region Mental Health Center	331,898	340,408	0	340,408	0
Professional Services	9,883,898	9,633,898	9,688,898	9,633,898	9,688,898
Regional Action Councils	308,750	325,000	0	325,000	0
General Assistance Managed Care	81,240,508	83,281,389	83,081,389	86,546,032	86,346,032
Workers' Compensation Claims	12,582,338	13,244,566	13,244,566	13,244,566	13,244,566
Nursing Home Screening	618,934	622,784	622,784	622,784	622,784
Young Adult Services	39,673,367	47,242,161	47,639,856	57,878,638	58,276,333
TBI Community Services	5,702,043	7,743,612	7,743,612	9,402,612	9,402,612
Jail Diversion	4,430,568	4,426,568	4,426,568	4,426,568	4,426,568
Behavioral Health Medications	8,989,095	8,989,095	8,989,095	8,989,095	8,989,095
Prison Overcrowding	6,306,821	6,231,683	6,231,683	6,231,683	6,231,683
Community Mental Health Strategy Board	11,040,309	10,313,225	0	10,313,225	0
Medicaid Adult Rehabilitation Option	4,044,234	4,044,234	4,044,234	4,044,234	4,044,234
Discharge and Diversion Services	3,080,116	3,080,116	3,080,116	3,080,116	3,080,116
Home and Community Based Services	2,189,727	3,466,269	3,466,269	6,647,830	6,647,830
Persistent Violent Felony Offenders Act	910,000	1,213,333	703,333	1,213,333	703,333
TOTAL - Other Current Expenses	243,444,610	255,939,953	252,084,858	274,681,634	272,326,539
<u>Pmts to Other than Local Govts</u>					
Grants for Substance Abuse Services	26,345,083	26,171,337	25,528,766	26,171,337	25,528,766
Gov's Partnership-Protect CT Workforce	475,950	501,000	0	501,000	0
Grants for Mental Health Services	79,594,230	79,594,230	77,894,230	79,594,230	76,394,230
Employment Opportunities	10,630,353	10,630,353	10,630,353	10,630,353	10,630,353
TOTAL - Pmts to Other than Local Govts	117,045,616	116,896,920	114,053,349	116,896,920	112,553,349
TOTAL - General Fund	601,704,593	621,455,700	612,148,082	641,028,803	627,088,706
<u>Additional Funds Available</u>					
Federal and Other Activities	48,708,529	46,520,580	46,520,580	42,916,568	42,916,568
Bond Funds	2,303,511	1,661,802	1,661,802	1,736,935	1,736,935
Private Funds	23,305,870	22,208,796	22,208,795	22,027,508	22,027,508
TOTAL - All Funds Net	676,022,503	691,846,878	682,539,259	707,709,814	693,769,717

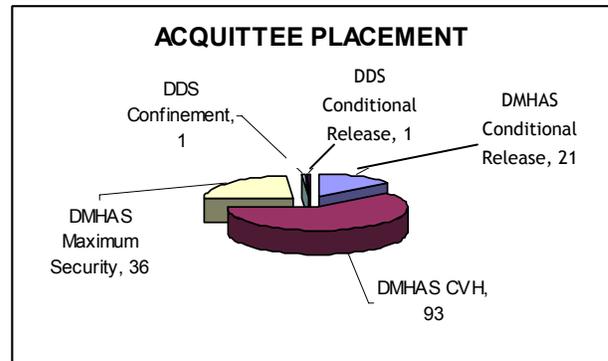
PSRB

PSYCHIATRIC SECURITY REVIEW BD

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 acquirtees through an administrative hearing process and order the level of supervision and treatment for the acquirtee necessary to ensure public safety. The board is governed by Connecticut General Statutes, Sections 17a-580 through 17a-603.



RECENT HIGHLIGHTS

- Maintained zero percent recidivism of conditionally released acquirtees, as reflected by no arrests.
- Modified agency acquirtee database to improve data quality, automated additional reports and implemented state-of-the-art off-site data storage plan.
- Modified community provider reporting mechanisms to enhance supervision oversight for conditionally released acquirtees.
- Maintained regularly scheduled treatment team meetings with community providers and the Department of Mental Health & Addiction Services regarding all conditionally released acquirtees.
- Conducted bimonthly PSRB trainings in partnership with the Department of Mental Health & Addiction Services and provided on-site statewide PSRB training to a variety of community providers.
- Continued improvements to the Board's medical and legal records.
- Collaborated with the Department of Development Services to implement a pilot residential plan for a dually diagnosed acquirtee in need of intensive and secure treatment.

RECOMMENDED SIGNIFICANT CHANGES

Reductions to Current Services

- Rollout FY2009 Rescissions
- Transfer Equipment to CEPF

	2009-2010	2010-2011
	-2,501	-2,501
	0	-2,900

AGENCY SUMMARY

Personnel Summary

Permanent Full-Time Positions

	2008-2009 Total Authorized	2009-2010 Change From 2008-2009	2009-2010 Total Recommended	2010-2011 Change From 2009-2010	2010-2011 Total Recommended
General Fund	4	0	4	0	4

Financial Summary

	2008-2009 Estimated	2009-2010 Current Services	2009-2010 Total Recommended	2010-2011 Current Services	2010-2011 Total Recommended
Personal Services	318,228	321,454	321,454	321,454	321,454
Other Expenses	39,521	42,022	39,441	42,022	39,441
<u>Capital Outlay</u>					
Equipment	0	0	0	3,000	100
TOTAL - General Fund	357,749	363,476	360,895	366,476	360,995