

**First Planning Session for a Connecticut  
Aging and Disability Resource Center**

June 19, 2007

The Wadsworth Mansion at Long Hill Estates  
Middletown, Connecticut

**This report is available in 14 point font.**

**Call 1-866-218-6631 to request a copy.**

# Table of Contents

<b>Introduction</b>	<b>1</b>
<b>Workgroup Participation</b>	<b>1</b>
- <i>Strengths</i>	<b>1</b>
- <i>Barriers</i>	<b>3</b>
<b>Survey Results</b>	<b>5</b>
- <i>Participants' Other Ideas and Concerns Regarding Connecticut's         Development of an ADRC</i>	<b>5</b>
- <i>Participants' Recommendations for Additional Partners in the ADRC         Planning Process</i>	<b>8</b>
<b>Appendix</b>	
- <i>ADRC Survey Form</i>	
- <i>List of Attendees</i>	

## **I. Introduction**

The first planning meeting to discuss creating an Aging and Disability Resource Center (ADRC) in Connecticut was held on June 19, 2007 at the Wadsworth Mansion in Middletown, Connecticut. Eighty-three individuals from various organizations within the aging and disability service systems attended. The Department of Social Services' staff gave presentations on pertinent issues. Pamela Giannini of the Bureau of Aging, Community and Social Work Services discussed the state's aging services system, Amy Porter of the Bureau of Rehabilitation Services discussed the state's disability service system and Dawn Lambert of the Medical Care Administration discussed partnerships between the aging services system and Money Follows the Person.

The Acting Director of the Center for Planning and Policy Development at the Administration on Aging gave an overview of ADRCs and a preliminary introduction to various types of ADRC models. Carrie Blakeway of the Lewin Group discussed more specifically the differences in ADRC models that have been implemented throughout the country and lessons other states have learned regarding developing partnerships and implementing ADRCs.

Participants separated into workgroups to discuss the strengths and barriers associated with the development of an ADRC in Connecticut. Workgroups shared their comments with all participants. Participants were also asked to complete a survey that solicited information to help the State Unit on Aging plan the next steps in the development of an ADRC. Sixty-four percent of participants responded to the survey and nearly all agreed in some capacity to be involved in future ADRC planning activities.

## **II. Workgroup Participation**

Workgroup participants were divided into eight groups. Four groups were assigned to address the strengths of Connecticut's aging and disability service systems. Four groups addressed the barriers to these systems. Workgroups were given specific questions to answer to determine Connecticut's strengths and barriers.

### **A. Strengths**

Workgroups two, six, seven and eight were assigned to work on the strengths of Connecticut's aging and disability service systems. They were given the following questions to answer: *What are the strengths of Connecticut's existing aging and disability service systems? What do the aging and disability networks have in common in terms of value and principles?*

#### **1. Existing Resources:**

Twenty-two comments recognized that Connecticut has resources currently in place that strengthen its aging and disability service systems. These resources include:

- 211 Infoline
- Area Agencies on Aging and their Information and Referral Systems

- Benefits Counseling
- Centers for Independent Living
- Center for Medicare Advocacy
- CHOICES
- Disability Agencies
- Long-Term Care Website
- MIG
- Money Follows the Person
- Nursing Facility Transition Program
- Ombudsman Program
- Statewide 1-800 Numbers
- QA/QI (DMR)

2. Choice and Consumer Direction:

Eleven comments focused on Connecticut's commitment to consumer choice. The state's service delivery system is accustomed to including consumers in the process. The respect Connecticut holds for personal autonomy, consumer rights and decision making is illustrated with newly passed legislation regarding probate and conservatorship. One comment acknowledged that self-direction is a desire but stated it is not yet fully recognized in the state.

3. Opportunities for and Established Partnerships:

Seven comments acknowledged that good partnerships and dialogue have already been established in Connecticut and that it has multiple opportunities for additional collaborations. The Nursing Facility Transition Grant has created collaboration between the Connecticut's aging and disability networks. Another example of collaboration is Money Follows the Person. This planning meeting provides multiple opportunities for collaboration because people have begun to talk to each other.

4. Common Views and Challenges:

Six comments focused on the common values that both systems possess, including the desire to help people and a belief in consumer choice, dignity and independence. Both systems also value access to services and a commitment to best practices and to learning. They also share common challenges such as availability and access to housing and transportation.

5. Advocacy:

Four comments considered strong advocacy as a strength of Connecticut's aging and disability service systems. Advocacy groups are highly visible and high powered.

6. Services:

Three comments acknowledged that one of Connecticut's strengths is in the many, high quality services that it offers. There are standards in place for services.

7. Connecticut's Size:  
Three comments considered it a strength that Connecticut is a small state. There may be more flexibility in a small state.
8. Long Term Care Needs Assessment:  
Three comments considered the completion of the Long Term Care Needs Assessment a strength. We know something about the state's needs.
9. Established Waiver Programs:  
Connecticut's waiver programs, specifically PCA, CHCPE and Home and Community Based Waiver Programs, were recognized as strengths by three comments.
10. Workforce:  
Two comments addressed the strengths of Connecticut's workforce, which was viewed as being very experienced and committed.
11. Preference for Home and Community-Based Services:  
Two comments illustrated that both service delivery systems have a preference for home and community-based services.
12. Recognize New Approaches:  
Two comments focused on the recognition that we must bridge gaps in service delivery and that we must reach out to consumers in a different manner.
13. Other:  
Other strengths mentioned include:
  - Both networks follow a holistic approach.
  - Flexibility
  - Both systems include family and other supports.

## **B. Barriers**

Workgroups one, three, four and five were assigned to work on the strengths of Connecticut's aging and disability service systems. They were given the following questions to answer: *What barriers do people with disabilities of any age face in accessing long-term-care services and support in Connecticut? Include any barriers confronted by younger individuals that are different from those experienced by older adults.*

1. Insufficient Resources and Lack of Knowledge Regarding Resources:  
Seven comments considered a lack of resources as a barrier. Consumers need more services than are available such as state-funded twenty-four hour live-in home care. There is a lack of services and facilities available to transition younger consumers into the community. The wait period for Social Security Disability is

too long. There are not enough caregivers. Consumers are not aware of available services.

2. Issues Related to the Workforce:

Six comments recognized various issues with the workforce as barriers for consumers to access long-term-care services. The workforce responsible for delivering long-term-care services is currently inadequate. Many are not paid sufficiently, do not receive benefits and are not trained adequately. The current educational system for such professionals does not include training on community care options. The status of home care and nursing home staff must be elevated. In addition there are not enough trained geriatric psychiatrists and there is a lack of parity in Medicare between physical and psychological care. All segments of the workforce are inundated with paperwork.

3. Institutional Bias:

Four comments acknowledged that there is an institutional bias in the aging and disability service delivery systems, which serve as barriers for consumers accessing necessary support. There is a perception that people are safer in an institution than in the community. Financing of services is rigid, fragmented and bias toward institutional care; financial support often leads to institutionalization. A silo system currently exists with people being compartmentalized within various departments as the Departments of Social Services, Mental Health and Mental Retardation.

4. Infrastructure:

Four comments perceived barriers within the state's infrastructure. Housing, transportation and gainful employment are either not available or not accessible. Individuals lack awareness of such services and how to access them.

5. Funding:

Four comments identified funding as a barrier to accessing long-term care support services, especially the cap on waiver programs, which results in waiting lists for services.

6. Advocacy:

Advocacy was also viewed as a barrier. Four comments identified this as an issue. Persons trying to access long-term care services need advocates. The fact that the state has not appointed a formal advocate is an obstacle for people trying to access services. People do not always know how to advocate for themselves. The current elderly population does not have the same advocacy perspective as young persons with disabilities and their loved ones.

7. Age Discrimination:

Four comments acknowledged ageism as a barrier for accessing long-term care services. Age requirement for some programs discriminates against some who have the same needs but are either younger or older than the required age. Age can exclude individuals from needed services. There is also reverse age

discrimination where younger people cannot access services because they are not old enough.

8. Attitude:

Attitudinal barriers were recognized in four comments. Many potential service recipients are unwilling to receive what they consider to be charity. They also fear losing their homes and other resources in exchange for receiving services. Younger individuals do not want to accept services.

9. Coordination:

Two comments addressed the lack of coordination within the service delivery system as a barrier to receiving needed services. Persons with multiple disabilities are shifted from one department to another to access services.

10. Fear of Change:

Two comments acknowledged that consumers and providers are afraid to think outside the box and that they fear change.

11. Other:

Other barriers that were identified include:

- Language and cultural barriers. When we think of language and cultural barriers we should not just assume Latino but others as well.
- Acceptable risk is determined differently depending upon who is making the determination.
- The service delivery system is a rigid bureaucracy.
- The service system does not have a back up system in place. It is extremely taxing for people to manage the existing system.

### **III. Survey Results**

Participants assisted the State Unit on Aging in helping to identify additional issues to consider when planning the next steps for creating an ADRC. This assistance was provided in responses to two survey questions (refer to Attachment I). One question asked participants to identify any other ideas or concerns that they had regarding the development of an ADRC in Connecticut. The other question asked them to identify individuals, organizations or agencies that they thought should be part of the planning process but were not present at the initial meeting.

#### **A. Participants' Other Ideas and Concerns Regarding Connecticut's Development of an ADRC:**

Nineteen participants provided ideas and concerns they had with Connecticut developing an ADRC. Most respondents offered multiple comments, which addressed a variety of issues. Participants' comments are organized by topic and listed below.

1. Initial Planning Process:

Sixty-eight percent of respondents made comments that addressed the initial planning phase. Emphasis was placed on the need to spend adequate time and

energy on the planning process. The approach must be slow and involve tremendous planning in order for it to be done successful. We must first determine what the ADRC will look like and feel like to end users before getting too involved in developing its structure. The need to pilot the center in one or two communities before it is implemented statewide was also suggested. There was concern for the ability to manage such a mammoth task.

About one half of the comments related to this topic focused on the need to have discussions with representatives from states that have successful ADRC models to learn from their experiences. We should receive feedback on what worked and what did not work in their states. Two people were particularly interested in hearing about the New Jersey model.

A couple comments centered on who should sit on the ADRC Planning and Steering Committee. Participants believed that staff of Centers for Independent Living and Area Agencies on Aging rather than staff from Money Follows the Person and Nursing Facility Transition Grant should sit on this committee.

2. Adequate Resources:

Thirty-two percent of respondents made comments that focused on having adequate resources to implement ADRCs. Funding was a particular concern but having adequate personnel was also mentioned. There was a concern about dealing with budget caps and delayed funding as well as the potential to lose funding when resources are shared with other partners. One recommendation was to establish a sub-committee to work exclusively on identifying grant opportunities for the Center.

3. Consumers:

Twenty-six percent of respondents made comments related to consumers. It was considered crucial that the Centers provide real access to persons with disabilities and that they be inclusive for all people. There was concern that areas with high concentrations of low-income residents would be ignored and that the system would not adequately integrate cultural and language diversity.

There was also concern with how ADRCs would provide resources to persons with mental illness. There must be coordination with mental health transformation efforts, especially the Network of Care website and discharge planners from psychiatric hospitals.

Participants were dubious that consumers would have the ability to experience real change with this initiative as long as eligibility determination is limited by organization.

4. ADRC Model:

Twenty-six percent of respondents made comments that addressed various aspects of the model that should be considered for the ADRC. A virtual or no-closed-door

approach was considered to be the model that would work best in Connecticut. It was recommended that the system and its access be simplified and that an open system for referrals to providers be maintained. Needs assessments must be included in the model. These assessments should be standardized and they should be based on function and level of need rather than age or disability. An analysis of consumer satisfaction surveys from other states should also be conducted.

5. Education:

Twenty-one percent of respondents made comments related to education. There is a need for staff of all social service agencies to be educated and networked to truly achieve the no-wrong-door approach. All staff must have the same minimal competency. People must be trained particularly in mental health issues. Cross training of players needs to be conducted so that they have a better understanding of each other, how they fit together and what needs to be changed to simplify the process.

6. Local Involvement and Control:

Sixteen percent of respondents made comments that recognized the need for local involvement in the development of ADRCs. Local organizations such as town and municipal social service departments were considered essential players in planning and implementing ADRCs. Some participants believed these centers should be community controlled. Regional ADRCs were considered essential. Local needs assessments were also recommended.

7. Existing Resources:

Sixteen percent of respondents also made remarks that focused on analyzing and utilizing existing resources. Existing services need to be reviewed to determine how current service delivery models can be expanded. Existing initiatives designed to increase access to and acquisition of long-term care initiatives should be mapped. Information associated with the ADRC initiative should be shared with Department of Social Services staff, especially those responsible for Money Follows the Person.

8. Centers for Independent Living:

Eleven percent of respondents made comments regarding Centers for Independent Living. One stated that the Centers needed to be strengthened considerably in order to offer all consumers in Connecticut effective and comprehensive information, advice and assistance, which are proposed in the ADRC initiative.

9. Other Concerns:

Sixteen percent of respondents commented on issues that did not fall within categories outlined above. Two of the comments focused on the fact that Connecticut is turf-oriented and questioned how this mentality might affect the development of an effective ADRC. The other comment expressed concern that when initiatives such as these are administered within state agencies they are often subject to politics.

## B. Participants' Recommendations for Additional Partners in the ADRC Planning Process

Thirty-three participants recommended other organizations or agencies that should be involved with the development of an ADRC. In most cases, participants made more than one recommendation. In some cases recommended organizations were represented at the planning session or at least invited to it. In other cases organizations with similar missions may have participated. Organizations that fall into these categories have an asterisk next to their names with an explanation about their participation.

<b>Agency/Organization</b>	<b>Number of Recommendations</b>
Hospital staff <i>(Discharge planners, social workers, ER staff, psychiatric staff)</i>	7
Consumers <i>(of HCBS, private-pay individuals, those with various disabilities, ages, etc.)</i>	5
Agencies for Persons with Developmental Disabilities <i>(Council for Developmental Disabilities participated.)</i>	3
Cultural Groups <i>(AFCAMP - African Caribbean American Parents of Children with Disabilities, Latino, Native Americans, Institute for the Hispanic Family)</i>	3
*Legal Services Organizations <i>(Legal Assistance Resource Center, CT Legal Rights Project participated.)</i>	3
Social Service Providers <i>(Including transportation providers and rehab providers such as Goodwill)</i>	3
Community Action Agencies <i>(CT Association of Community Action participated.)</i>	2
*Home Health Agencies <i>(CT Association for Home Care participated.)</i>	2
Legislators <i>(Health and Human Services Committee, Appropriations)</i>	2
Multiple Sclerosis Society	2
Municipal Agent	2
Municipalities <i>(Department of Social Services and others that assist elders and persons with disabilities)</i>	2
*Nursing Home Personnel <i>(State Ombudsmen and several nursing home facilities participated.)</i>	1
ADA Coalition of CT	1
Adult Day Care	1
Advocacy Groups for Young Adults with Disabilities	1
Advocates for Children with Disabilities	1
Association for Retarded Citizens CT	1
CAHCF (CT Association of Health Care Facilities)	1
CANPFA (CT Association of Not-for-Profit Providers for the Aging)	1
Consumer Advocacy Groups	1
*CT Association of the Deaf <i>(State Commission on Deaf and Hearing Impaired participated.)</i>	1
CT BIA (Brotherhood in Action)	1
CT Health Centers	1
CT Lifespan Respite Coalition (CLRC)	1
Department of Emergency Management Homeland Security	1
Disability Collaborative	1

<b>Agency/Organization</b>	<b>Number of Recommendations</b>
*DMHAS <i>(DMHAS participated).</i>	1
Family Advocacy Groups	1
FAVOR <i>(Advocates for families with children with behavioral health problems)</i>	1
*Federation for the Blind <i>(BESB participated).</i>	1
Front line staff	1
*Housing Personnel <i>(CARSCH and DECD participated.)</i>	1
Local Mental Health Authorities	1
*Medicare Advocacy <i>(Center for Medicare Advocacy participated.)</i>	1
Mental Health Services	1
NAMI - CT <i>(National Alliance on Mental Illness)</i>	1
Persons with Autism	1
*Senior Centers <i>(CASCP participated.)</i>	1
Spinal Cord Injury Association	1
*State Independent Living Council of CT <i>(Two representatives registered but were unable to attend.)</i>	1
Transportation Providers	1
Women Disability Network	1
Youth Organizations	1

# **Appendix I**

## **ADRC Survey Form**

# **Appendix II**

## **List of Attendees**

# *Attendees For: ADRC First Planning Session*

---

<i>Attendee Name</i>	<i>Organization Name</i>	<i>Phone Number</i>	<i>E-Mail</i>
Aaron-Selph, Roxanne	DSS - Aging Services	(860) 424-5289	roxanne.aaron-selph@ct.gov
Allen, Marie	Southwest CT Agency on Aging	(203) 333-9288	mallen@swcaa.org
Armstrong, Eileen	CT Health of Southport	(203) 289-7894	marieatffd@aol.com
Brown, Marsha	BESB	(860) 602-4046	marsha.brown@po.state.ct.us
Bruni, Kathy	DSS - Medical Admin. Alternate Care	(860) 424-5177	kathy.a.bruni@ct.gov
Bugella, Barbara	DMHAS	(860) 418-6738	barbara.bugella@po.state.ct.us
Clark, Patricia	Alzheimer's Association	(860) 828-2828	patricia.clark@alz.org
Deak, Alice	Southwest CT Agency on Aging	(203) 333-9288	Adeak@SWCAA.org
DeLorenzo, Linda	Southwest CT Agency on Aging	(203) 333-9288	
Desena, Rachael	Abbott Terrace Health Center	(203) 755-4870	socialwork@abbottterracehc.com
Duval, Debbie	DMHAS	(860) 418-6149	deborah.duval@ct.gov
Ellsworth, Brian	CT Assoc. for Homecare	(203) 265-9931	ellsworth@chome.org
Erlingheuser, John	AARP CT	(860) 548-3165	jerlingheuser@aarp.org
Evans Starr, Julie	CT Commission on Aging	(860) 240-5200	
Ferry, Cathy	Disabilities Network of Eastern CT		Ferrycathy@yahoo.com
Fishbein, Chris	Western CT Area Agency on Aging	(203) 757-5449	cfishbein@sbcglobal.net
Ford, Paul	CT Association of Independent Living	(860) 656-0430	pford@cacil.net
Furnia, Jodi	Disabilities Network	(860) 823-1898	
Garris, Tammy	Department of Mental Retardation	(860) 418-6107	tammy.garris@ct.gov
Gauger, Sarah	DSS - Aging Services	(860) 424-5233	sarah.gauger@ct.gov
Gavin, Molly	Connecticut Community Care, Inc.	(860) 589-6226	mollyg@ctcommunitycare.org

<i>Attendee Name</i>	<i>Organization Name</i>	<i>Phone Number</i>	<i>E-Mail</i>
Gerundo-Murkette, Margy	DSS - Aging Services	(860) 424-5322	margaret.gerundo-murkette@ct.gov
Giannini, Pamela	DSS - Aging, Community and Social Work Services	(860) 424-5277	pamela.giannini@ct.gov
Glick, Jennifer	DMHAS	(860) 418-6643	jennifer.glick@po.state.ct.us
Gorman, Jennifer	DSS - Aging Services	(860) 424-5643	jennifer.gorman@ct.gov
Gould, Roberta	DSS - Aging Services	(860) 424-5199	roberta.gould@ct.gov
Grant, Cindy	DSS - Aging Services	(860) 424-5279	cynthia.grant@ct.gov
Gualtieri, Claudio W.	AARP CT	(860) 548-3185	cgualtieri@aarp.org
Haughton, Jannett	DSS - Aging Services	(860) 424-5299	jannett.haughton@ct.gov
Jackson, Cheryl	DSS - Aging Services	(860) 424-5640	cheryl.jackson@ct.gov
Jerling, Kathy	DSS - Middletown Office	(860) 704-3140	kathryn.jerling@po.state.ct.us
Jordan, Michele	DSS - Bureau of Rehabilitation Services	(860) 424-4878	michele.jordan@ct.gov
Karsky, Edith	CT Association for Community Action, Inc.	(860) 560-5845	edith.karsky@cafca.org
Kataja, Gayle	Connecticut Community Care, Inc.	(860) 257-1503	gaylek@ctcommunitycare.org
Keune, Christina	Department of Economic & Community Development	(860) 270-8204	Christina.Keune@ct.gov
Kidder, Beverly	Agency on Aging of South Central CT	(203) 785-8533	choicesscaa@snet.net
Kielbasa, Kerry Ann	CASCP/c/o Newington Senior Center		Kkielbasa@granby-ct.gov
Kiss, Alexis	DSS - Bridgeport Office	(203) 551-2861	alexis.kiss@ct.gov
Knebel, Pat	Southwest CT Agency on Aging	(203) 333-9288	pknebel@swcaa.org
Kornfeld, Phyllis	American Federation of Teachers CT		
LaCava, Tony	Disability Resource Center	(203) 378-6977	TLaCava@DRCFC.org
Lambert, Dawn	DSS - Medical Care Administration	(860) 424-4848	dawn.lambert@ct.gov
Langton, Mary Ann	Developmental Disability Council		maryann.langton@ct.gov
Lee, Diane	Manchester Manor	(860) 647-7828	dianelee17@hotmail.com
Liberman, Kathi	CARSCH	(860) 721-9595	

<i>Attendee Name</i>	<i>Organization Name</i>	<i>Phone Number</i>	<i>E-Mail</i>
Low, Candace	Independence Unlimited	(860) 523-5021	clow@independenceunlimited.org
Macary, Dawn	Western CT Area Agency on Aging	(203) 757-5449	dfmacary@sbcglobal.net
McGaughey, James	OPA	(860) 297-4307	james.mcgaughey@ct.gov
McIntyre, Maureen	North Central CT Area Agency on Aging	(860) 724-6443	maureen.mcintyre@ncaaact.org
Meliso, Pamela	Center for Medicare Advocacy	(860) 456-7790	pmeliso@medicareadvocacy.org
Michalowski, Erica	AARP CT	(860) 548-3163	
Mikel, Arka	Willimantic Housing Authority	(860) 456-2086	hacowarka@yahoo.com
Moriber, Linda B.	United Way of CT/211	(860) 571-7531	linda.moriber@ctunitedway.org
Murphy, Eileen	DSS - Adult Services	(860) 424-5390	eileen.murphy@ct.gov
Nadeau, Therese	UConn Center on Disability	(860) 679-1591	tnadeau@uchc.edu
Nowakowski, Terry	DMHAS	(860) 418-6774	terry.nowakowski@po.state.ct.us
Orlowski, Linda	Valerie Manor Health Care Center	(860) 489-1608	socialwork@valeriemanorhcc.com
Parks Wolf, Barbara	Office of Policy and Management	(860) 418-6442	barbara.wolf@ct.gov
Perjon, Cindy	DSS - Social Work Services	(860) 424-5872	cindy.perjon@ct.gov
Porter, Amy	DSS - Bureau of Rehab Services	(860) 424-4864	amy.porter@ct.gov
Prygoda, Len	American Federation of Teachers CT	(860) 604-0814	aftprygoda@aol.com
Reyes, Carmen	North Central CT Area Agency on Aging	(860) 724-6443	carmen.reyes@ncaaact.org
Roache, Linda	DSS - Willimantic Regional Office	(860) 465-3547	linda.roache@ct.gov
Robbins, Scott	Independence Northwest	(203) 729-3299	srobb2@aol.com
Robison, Julie	UConn Health Center	(860) 679-4278	jrobison@uchc.edu
Rodriguez, Juana	DSS - Aging Services	(860) 424-5286	juana.rodriguez@ct.gov
Salomoni, Susan	Southwest CT Agency on Aging	(203) 333-9288	ssalomoni@swcaa.org
Shaffer, Nancy	DSS - State Ombudsman	(860) 424-5200	nshaffer@ct.gov
Stallmann Guerino, Neysa	Agency on Aging of South Central CT	(203) 785-8533	

---

<i>Attendee Name</i>	<i>Organization Name</i>	<i>Phone Number</i>	<i>E-Mail</i>
Thorne, Dorothy	UConn Center on Disability	(860) 679-1591	
Throwe, Jennifer	DSS- Aging Services	(860) 424-5862	jennifer.throwe@ct.gov
Tofil, Robin	DSS - Aging Services	(860) 424-5284	robin.tofil@ct.gov
VanTassel, Janet	Conn. Legal Rights Project	(860) 262-5042	jvantassel@drp.org
Waterhouse, Gary	CT Association. of Independent Living	(860) 656-0430	gwaterhouse@cacil.net
Wessell, Joan	Senior Resources	(860) 887-3561	jcwessell@seniorresourcesec.org
White, Dee	DSS - Aging Services	(860) 424-5293	dee.white@ct.gov
Wolfson, Nina	New Haven Federation of Teachers	(203) 453-4814	Nwolfson@snet.net
Yard, Barbara	Department of Public Health		barbara.yard@ct.gov