



**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

M. JODI RELL  
GOVERNOR

THOMAS A. KIRK, JR., PH.D.  
COMMISSIONER

August 10, 2009

Dear DMHAS Employees:

As you know, Connecticut, like most other states, is facing reduced revenues, growing deficits and a budget crisis to a degree rarely experienced. DMHAS has been affected by these challenges with an uncertain budget and the retirement of 311 employees — including nurses, doctors, direct care staff and other clinicians that we have relied on to operate both our inpatient and outpatient facilities serving people with psychiatric disabilities and substance use disorders. DMHAS is carefully evaluating how to maintain a quality, recovery-oriented service system in light of these challenges in order to ensure that the most critical needs of the thousands of individuals and families affected by our services are met.

I am writing to explain some of the changes we are making. Let me assure you that we are taking these measures with the utmost care and concern for the people we serve and the individuals that provide their care.

**INPATIENT PSYCHIATRIC AND ADDICTION BEDS:**

With the retirement of over 60 nurses, 20 doctors and other direct care providers, we have had to think about how to maintain our inpatient services in order to continue to provide optimal care and maintain our CMS certification. We have decided to develop opportunities for some of our patients to live in the community and reconfigure the remaining inpatient beds. All of this will be done with each patient's well being and clinical care foremost in our minds. Utmost throughout this process will be our understanding of the importance that continuity in patient:staff therapeutic relationships has in contributing to an individual's successful journey to recovery.

It is only through the remarkable effort of our employees and the non-profit community providers that we will be able to continue to operate a successful service system.

As a result of this review of our current budget and staffing situation, we are beginning to plan for the transfer of patients from Cedarcrest Hospital in Newington to the CVH campus and into the community.

We think of this as an opportunity, given the physical plant issues at Cedarcrest and our mission to move people to the least restrictive level of care so that they can reach their fullest recovery potential. The transitioning will take place within the next year so that we have time to properly and fully address the clinical needs of those whom we serve, which is our single most important priority and responsibility.

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We are also looking at our use of detox beds on the Hartford and Middletown campuses, as well as the capacity for detox services in the community. We will begin to plan for a state-operated system of care that focuses on inpatient addiction rehabilitation beds and services with the intention of providing detox services in a community setting.

## **COMMUNITY SERVICES-ADDICTIONS AND PSYCHIATRY**

We currently contract with over 200 providers across the state and are assessing their cash flow and capacity. We highly value our network of service providers, but we all must understand that these times will require sacrifice and fortitude along with the continued commitment to serve our population. The current monthly allotments authorized by the Governor take into account a 1% cut to the provider community, as well as reductions to certain mental health community providers and to vocational and employment services. These reductions will be reflected in our August payments this week. We also expect that once a budget agreement has been reached, there may be other efficiencies we are expected to realize. Every version of the budget to date includes a proposed re-procurement of case management services, methadone maintenance, acute/crisis/and respite, as well as ambulatory detoxification service delivery. Should the budget agreement that is passed reflect those changes, it would be our intention to institute model changes through existing contracts using a negotiated business agreement process. We are and will continue to have conversations with our provider community and clients, once we know the budget outcome and we begin to make these adjustments.

We realize that providers, too, are exploring new ways of delivering services while facing unprecedented reductions in financial and human resources. We have asked them— as they consider new strategies, alliances and financial arrangements — to be mindful of applicable provisions in the DMHAS provider contracts, and to notify us in writing of any changes they are contemplating.

This is a difficult period for our agency, but we cannot afford to lose sight of the fact that thousands of Connecticut residents and their families rely upon us for behavioral health care. We will do our best to communicate with you as we navigate our way through these changes.

Thank you for your continued advocacy on behalf of the people we serve.

Sincerely,



Thomas A. Kirk, Jr., Ph.D.  
Commissioner