Legislative History for Connecticut Act

SB 1047 P.A. 381 1993

Sen.: 2587-2596, 2738-2740 (13)

House: 12311-12343 (33)

Public Health 1682-1690, 1724-1727, 1752, 1768-1788, 1813-1821 (44)

See also: Conn Doc P7615 + pL/orma
Conn. Ofc of Policy + Management. Strategic Plan for the organization, mgt and coordination (one) 90p

Transcripts from the Joint Standing Committee Public Hearing(s) and/or Senate and House of Representatives Proceedings

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S-349

CONNECTICUT
GEN. ASSEMBLY
SENATE

PROCEEDINGS
1993

VOL. 36
PART 7
2229-2600

28 Yea

8 Nay

0 Absent

The bill passes.

THE CLERK:

Calendar Page 16, Calendar No. 47, File No. 865, Substitute for Senate Bill 1047, AN ACT CONCERNING ESTABLISHMENT OF THE DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES.

Favorable Report of the Committee on Appropriations.

The Clerk is in possession of one amendment.

THE CHAIR:

Thank you very much, Mr. Clerk. The Chair would recognize Senator Przybysz.

SENATOR PRZYBYSZ:

Thank you, Madam President. I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

Thank you very much. Mr. Clerk.

THE CLERK:

LCO6579, which will be designated Senate Amendment Schedule "A", offered by Senator Przybysz of the 19th District.

THE CHAIR:

The Chair would recognize Senator Przybysz.

SENATOR PRZYBYSZ:

Yes, Madam President. I move adoption of the amendment and request permission to summarize.

THE CHAIR:

Please proceed, Senator.

SENATOR PRZYBYSZ:

Thank you, Madam President. This amendment makes some changes to the file copy. In particular it does not transfer the state institutions from the Commissioner -- CADAC -- the Commission on Alcohol And Drug Abuse to the Department of Mental Health.

It treats the state institutions under CADAC and the community-based treatment programs in the same manner as we are treating in the file and that is that these facilities and programs will be merged into the new Department of Public Health and Addiction Services.

We are removing the language that was implemented in the budget that we recently passed. We are transferring funding under Section 37 back to CADAC and then, as I said, it will be treated as everything else in this merge.

Finally, in this amendment we are establishing a study to look at the issue I just described, in

particular, administrative efficiencies that may be accomplished if we have all institutions under one state agency, and in particular, how we may able to maximize federal revenue through the disproportionate share mechanism or other mechanisms for programs that are currently operated by the Commission on Alcohol and Drug Abuse Council.

THE CHAIR:

Thank you very much, Senator Przybysz. Yes, Senator Aniskovich. Wait a minute, Senator. Let's get a little quiet in here. (Gavel) Thank you. Senator Aniskovich.

SENATOR ANISKOVICH:

Thank you, Madam President. For the purposes of a question, through you, to the proponent of the amendment.

THE CHAIR:

Yes, sir.

SENATOR ANISKOVICH:

Could the proponent please explain for me the types of situations anticipated or contemplated by lines 36 through 45 of the bill where it talks about the payment by the Department of Public Health and Addiction Services for transportation costs of alcohol dependent persons or persons intoxicated.

THE CHAIR:

Thank you, Senator Aniskovich. Senator Przybysz.

SENATOR PRZYBYSZ:

If I can, through you, Madam President. This is current language. This is currently the practice of transportation for people who are alcohol-dependent. We removed this language incorrectly in the drafting of this bill and this amendment clarifies the drafting error that -- so therefore it clarifies the drafting error and this is current practice and it will remain current practice.

THE CHAIR:

Senator Aniskovich.

SENATOR ANISKOVICH:

Through you, Madam President, a follow-up question. Would the Senator describe what the fiscal note reflects with respect to the costs of that particular portion of the amendment?

THE CHAIR:

Senator Przybysz.

SENATOR PRZYBYSZ:

Through you, if the Chair would stand, I don't have the fiscal note with this amendment. I will get it. But I would just clarify that this is current practice. The money is in the budget. Thank you.

Now if I could, again, this is the current practice and money has been put into the budget.

THE CHAIR:

Is that what all three of those papers say? Senator Aniskovich.

SENATOR ANISKOVICH:

I'm sorry, Madam President. I wasn't listening when Senator Przybysz --.

THE CHAIR:

Senator Przybysz.

SENATOR PRZYBYSZ:

It's my -- this is money that's included in the budget. In fact, we restored money that was cut in the Governor's recommendation for this and I believe it is approximately $4 million for this fiscal year. It's current practice. It's how we're doing it. It's a line item in the budget.

THE CHAIR:

Senator Aniskovich.

SENATOR ANISKOVICH:

That's all. Thank you, Madam President.

THE CHAIR:

Thank you very much. Would anybody else wish to remark on Senate Amendment "A"? Senator Freedman.

SENATOR FREEDMAN:

Thank you, Madam President. I would just urge support of the amendment. I think it's an important component at this point in time in view of the fact that we couldn't do things the way we had really wanted to do them and we must make up for that right now.

THE CHAIR:

Thank you very much. Would anybody else wish to remark on Senate Amendment "A"? If not, then let me please know your mind. All those in favor of LCO No. 6579, Senate Amendment "A", please signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

Opposed.

The ayes have it.

The amendment is adopted.

Senator Przybysz, you now have before you Substitute for Senate Bill 1047, as amended by Senate Amendment "A".

SENATOR PRZYBYSZ:

Thank you, Madam President. This is one of the major bills on government reorganization that was implemented, that we did implementation language last year, an outgrowth of the Commission to Effect

Government Reorganization, popularly known as the Harper-Hull Commission.

I would like to just thank, of course, Senator Harper and Senator Harp and Senator Freedman and many of the other people who have worked on this bill, including the Governor and staff of all the agencies, OPM, the Department of Public Health and the Commission on Alcohol and Drug Abuse for all of their work.

This is how the structure is going to look and what this bill does is transfer all the powers, duties and responsibilities from the two agencies to the new agency known as the Department of Public Health and Addiction Services. It's a very lengthy bill because many times we have had to change some of the language in this.

I might also add there are a couple of new ideas that are here besides just the transfer of all current responsibilities. One is that we are establishing and we do have funded new positions in the Department of Public Health which will become DPAHS, as I have stated, new positions for a comprehensive state health plan. That is something that many people in this Chamber have been advocating for many years.

Also, a new practice will be that the Commissioner of this new agency will be have to have intervener

status before the Commission on Hospitals and Health Care if decisions that they are making are not in compliance with the state health plan that we hope to adopt.

I believe that this represents a significant change of this entire reorganization in how we address services and how we deliver them. I might add that I think it is in the forefront of also how we begin to treat substance abuse, alcohol and drug abuse. We are saying that we view it in the State of Connecticut as a public health issue also and I can tell you that that is where the federal government, I believe, and health care reform is also going to be headed in the next few years.

It is a lot of work. It is, I believe, important for the State of Connecticut. We believe that it eventually will save costs in delivery of services. We believe that this structure will improve services and I move adoption of the bill.

THE CHAIR:

Thank you very much, Senator Przybysz. Would anybody else wish to remark on Senate Bill No. 1047? Senator Freedman.

SENATOR FREEDMAN:

Yes, Madam President, just a comment. Senator

Przybysz has put a lot of time as has Senator Harper and Senator Harp into the development of not only the original bill but the amendment plus the members of OPM and I too would like to thank them for this major endeavor as we go forward with government reorganization and I just want to remind our colleagues on the floor that the whole goes to improve service delivery while at the same time reducing costs and reducing the bureaucracy that's involved so that people can get into its delivery system quickly and I believe this is a major step. Thank you.

THE CHAIR:

Thank you. Would anybody else wish to remark? Are there any further remarks? If not, Senator Przybysz, would you entertain a motion to -- I would entertain the motion actually.

SENATOR PRZYBYSZ:

I would entertain, but I would also like to thank -- there are so many people who have worked on this, but two people in particular from OPM is Deputy Commissioner Aronson and Mrs. Susan Omelian, who have really done outstanding work and I'd like to make that for the record also.

Having said that, I would move that this be placed on the Consent Calendar.

THE CHAIR:

Thank you very much. Is there any objection to placing Senate Calendar No. 487, Substitute for Senate Bill No. 1047, as amended by Senate Amendment "A" on the Consent Calendar? Is there any objection? Hearing none, so ordered. Mr. Clerk.

THE CLERK:

Calendar Page 17, Calendar No. 488, file No. 868, Substitute for Senate Bill 1090, AN ACT CONCERNING THE USE OF GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

Favorable Report of the Committee on Appropriations.

The Clerk is in possession of one amendment.

THE CHAIR:

Thank you very much. The Chair would recognize Senator Harper.

SENATOR HARPER:

Thank you, Madam President. I'd ask that this item be Passed Temporarily.

THE CHAIR:

Thank you very much, Senator.

THE CLERK:

Calendar Page 18, Calendar No. 497, Files No. 9 -- correction -- 596 and 887, Substitute for House Bill 6980, AN ACT CONCERNING THE PAYMENTS OF VIOLATIONS AND

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Thank you very much, Mr. Clerk. The issue before the Chamber is Consent Calendar No. 2 for today, Wednesday, May 26, 1993. Mr. Clerk, would you please read off the items that have been placed on the Consent Calendar.

THE CLERK:

The second Consent Calendar begins on Calendar Page 8, Calendar No. 394, Substitute for House Bill 7060.

Calendar Page 16, Calendar No. 487, Senate Bill 1047.

Calendar Page 18, Calendar 497, Substitute for House Bill 6980.

Calendar Page 29, Calendar No. 69, Substitute for Senate Bill 900.

Calendar Page 29, Calendar No. 201, Substitute for Senate Bill 1064.

Calendar No. 194 -- excuse me, Madam President, Calendar No. 201 is not on the Consent Calendar. Calendar 194 on Page 29 is on the Consent Calendar, Substitute for Senate Bill 989.

Calendar Page 31, Calendar No. 259, Substitute for Senate Bill 1006.

Calendar Page 260, Substitute for Senate Bill 36.

Calendar Page 33, Calendar No. 326, Substitute for

Senate Bill 472. Calendar 330, Substitute for Senate Bill 905.

Calendar Page 36, Calendar No. 397, Substitute for Senate Bill 930. Calendar 407, Substitute for Senate Bill 1094.

Calendar Page 37, Calendar No. 420, Substitute for Senate Bill 959.

Calendar Page 38, Calendar No. 428, Substitute for Senate Bill 805. Calendar 440, Substitute for Senate Bill 59.

Madam President, that completes the second Consent Calendar.

THE CHAIR:

Thank you very much, Mr. Clerk. You've heard the items that have been placed on Consent Calendar No. 2 for today, Wednesday, May 26, 1993. The machine is on. You may record your vote.

Senator Fleming. Senator Penn. Have all Senators voted and are your votes properly recorded? Have all Senators voted and are your votes properly recorded? The machine is closed.

The result of the vote:

| | |
|---|---|
| 36 | Yea |
| 0 | Nay |
| 0 | Absent |

Consent Calendar No. 2 has been adopted.

The Chair would recognize Senator DiBella.

SENATOR DIBELLA:

Thank you, Madam President. I'd move we suspend the rules to send this -- today's actions directly to the House.

THE CHAIR:

Thank you very much. There is a motion to suspend the rules for the purposes of sending those bills upon which you have acted today to the House. Is there any objection to that motion? Any objection to that motion? So ordered.

Are there any announcements? Senator Eads.

SENATOR EADS:

Madam President, just an announcement. There will be a Republican Caucus at 11:00 tomorrow morning. Thank you.

THE CHAIR:

At 11:00?

SENATOR EADS:

Yes.

THE CHAIR:

Are there any further announcements? If not, the Chair would recognize Senator DiBella.

SENATOR DIBELLA:

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DEPUTY SPEAKER PUDLIN:

The Clerk will announce the tally.

CLERK:

Senate Bill 820 as amended by House "A".

| | |
|---|---|
| Total number voting | 141 |
| Necessary for passage | 71 |
| Those voting yea | 141 |
| Those voting nay | 0 |
| Those absent and not voting | 10 |

DEPUTY SPEAKER PUDLIN:

The bill as amended passes. The Clerk please return to the Call of the Calendar.

CLERK:

Page 6, Calendar 678, Substitute for Senate Bill 1047, AN ACT CONCERNING THE ESTABLISHMENT OF THE DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES, as amended by Senate "A". Favorable Report of the Committee on Approps.

DEPUTY SPEAKER PUDLIN:

Representative Dillon of the 92nd.

REP. DILLON: (92nd)

Mr. Speaker. I move the Joint Committee's Favorable Report and passage of the bill in concurrence with the Senate.

DEPUTY SPEAKER PUDLIN:

The question is on acceptance and passage in concurrence with the Senate. Will you remark, Madam?

REP. DILLON: (92nd)

The Clerk has in his possession an amendment labeled Senate Amendment "A", LCO Number 6579. Will the Clerk please call and I request permission to summarize.

DEPUTY SPEAKER PUDLIN:

Will the Clerk please call LCO6579, Senate "A".

CLERK:

LCO6579, Senate "A" offered by Senator Harper et al.

DEPUTY SPEAKER PUDLIN:

The Representative has asked leave of the Chamber to summarize. Hearing no objection, proceed, Madam.

REP. DILLON: (92nd)

Thank you, Mr. Speaker. The amendment before us clarifies that it will be the new Department of Public Health and Addiction Services. It will be responsible for necessary transportation for alcohol dependent persons.

It also clarifies some technicalities in the strategic plan which will be carried out by the Secretary of the Office of Policy and Management.

I move adoption of the amendment.

DEPUTY SPEAKER PUDLIN:

The question is on adoption. Will you remark?

REP. KIRKLEY-BEY: (5th)

Are you having trouble, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY: (5th)

Thank you, Mr. Speaker. I'd just like to commend Representative Dillon for the hard work she's done on this. There was a great deal of concern on my part that the proper attention needed to be paid by drug, alcohol and other types of addition would not be there if in fact this department was merged with the Department of Mental Health, and I'm glad she had the foresight to see that and I'd like to thank her very much for her hard work. Thank you.

And I urge support of the bill.

DEPUTY SPEAKER PUDLIN:

Thank you, Representative Kirkley-Bey.

Representative Belden.

REP. BELDEN: (113th)

Thank you, Mr. Speaker. Mr. Speaker, section 35 in the amendment is new, and that's the section that will allow for the payment of all transportation costs. Through you to the lady from New Haven. Has this been

contemplated in the budget and is there a fiscal note that goes with this amendment that covers that. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Thank you, Mr. Speaker. There's no change from the underlying appropriations act, no. If what you're asking, through you, Mr. Speaker is whether or not this section is dealing with transportation would add an additional expense, the answer is no.

The reason that that language is in there is that unfortunately it fell through the cracks in the implementing language in the Appropriations Committee. Traditionally, this has been the cognizance of CADAC, the alcohol and drug abuse commission. However, the budget that was submitted by the executive director of that agency deleted the funds and the responsibility for that transportation. It was his contention that it belonged in the Department of Income Maintenance but the Department of Income Maintenance had not picked it up.

Our subcommittee in its wisdom after due deliberation, put the money back in, but when we adopted the language in the Appropriations Committee we

did not make clear where the authority would be.

What this amendment does, it makes it very clear that it will remain with the Connecticut Alcohol and Drug Abuse Commission where it has always been.

Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Belden.

REP. BELDEN: (113th)

Thank you, Mr. Speaker. Is it the current practice now that the transportation costs are paid by the State? Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Through you, Mr. Speaker, the answer is yes. It has been our policy since we decriminalized, especially alcohol addiction, that it was inappropriate for us to expect local police departments to make judgments about whether an individual was comatose or not, and for that reason this State in its wisdom has chosen to fund that rather than to leave it to police departments. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Belden.

REP. BELDEN: (113th)

Thank you, Mr. Speaker and Representative Dillon. You know, I certainly concur with that if that's current practice and what we're doing here is just making sure in the statute that that's going to continue.

If I might also ask in the amendment, under section 37, it breaks out the budgets. I wonder if the lady could tell me what the changes are here. It's very difficult to tell what we're trying to, did the Senate make any adjustments in the budgets in the last, that are contained in the last two pages? It's very difficult to tell what they're attempting to do here, because it is evidently a new section 37, sets up $32 million. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Through you, Mr. Speaker, this is merely clarifying language. If you remember and I see that Representative Jones is not right now in the Chamber, there was a bipartisan group of people working together to look at ways to maximize federal funds.

It had been our intention at the subcommittee level and the Committee level, to maximize our federal funding by transferring the authority for many programs

to the Department of Mental Health in order to attract more disproportionate share of dollars, to dish dollars as they're called elsewhere.

Subsequently, it came to our attention that we may put some of our other funding at risk because we might be actually reducing our maintenance of effort and it appeared that we might be going through a lot of trouble and not actually getting the dollars that we were hoping for.

For that reason, we revisited the issue and made the joint decision not to act hastily to transfer any authority, but instead to go forward with the planning effort and that will be reported to the General Assembly.

The dollar amounts that you're looking at don't represent any real increases. They are reallocated to different departments, so it's at variance with the budget document but the dollar amounts are about the same. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Belden.

REP. BELDEN: (113th)

Thank you. Just to clarify in my own mind, perhaps for the members of the Chamber, we're essentially taking this money from where it is in various sections

of the budget and putting it back under where it would have previously been under the Connecticut Alcohol and Drug Abuse Commission so that you can better control and maximize federal funds. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

I can't quite hear you, Mr. Speaker, but yes. Through you, Mr. Speaker. Yes, that is what we were doing.

There was a lot of concern in the provider community. There was a lot of concern throughout the system about the efforts we were making. It was very clear that the Department of Mental Health has a track record in managing large institutions and that there was a possibility for increasing our federal share by transferring authority to that Department.

It was also clear that we might put at risk some of our other dollars because if prevention stayed in the Department of Health, our federal regulations require that 20% of our federal block grant remain there. So that it became a very intricate issue and at that point it appeared, given the fears in the provider community and given the complications and complexities of the federal regulations, that it would be much more prudent

to proceed cautiously and that is essentially what we are doing here. We are restoring everything to where it was about six months ago, but we are fully committed, I hope, to not only maximize federal dollars but also to developing a coherent policy on substance abuse. Through you, Mr. Speaker.

REP. BELDEN: (113th)

Thank you, Mr. Speaker. One last inquiry, if I might.

DEPUTY SPEAKER PUDLIN:

Proceed, Sir.

REP. BELDEN: (113th)

This kind of backward step, this is not going to deter us from our long-range goal from where we're attempting to go with this particular program? Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Thank you, Mr. Speaker. Through you, we are achieving one goal and that is that the Connecticut Alcohol and Drug Abuse Commission is in effect in this legislation before us, merge with the Department of Health so that we hope there will be stronger emphasis on prevention and targeting high risk groups and that

is something that I think is very sound policy.

The issue of where the operation of our State hospitals will be, and where the providers will be located is still an open question. Whether it should be separated from the prevention efforts or whether or not it should be merged, and merged with DMH or whether it should remain with the Department of Health.

I think the acronym is DPHAS or DUFUS as some people call it, that is still an open question. We can, we hope, maximize federal revenues without necessarily incurring the transaction costs of a lot of administrative work, if that is your question. But we are absolutely committed to maximizing federal matching dollars and improving services. Through you, Mr. Speaker.

REP. BELDEN: (113th)

Thank you, Mr. Speaker. I'd like to thank the lady from New Haven for very informative responses.

REP. YOUNG: (143rd)

Mr. Speaker, just a quick question, through you to Representative Dillon.

DEPUTY SPEAKER PUDLIN:

Proceed, Sir.

REP. YOUNG: (143rd)

Representative Dillon, what does this do to the

oversight of the grants to local providers? Through you.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Through you, Mr. Speaker, the grants to local providers will be administered by the new agency DPHAS Department of Health and Addiction Prevention Services. Through you, Mr. Speaker.

REP. YOUNG: (143rd)

And through you, Mr. Speaker, are those grants in any way reduced or added to, what have you, specifically the CADAC grants? Through you.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Through you, Mr. Speaker, not by any action of this General Assembly that I am aware of. I have heard ripples in the community about some meetings that the executive director of CADAC has been holding. I know there's a lot of anger in the provider community in Southcentral Connecticut and I've gotten calls from elsewhere in the State.

If there are any efforts to defund any programs they, as far as I can ascertain, are federal block

grant dollars some of which may or may not be in the discretion of the executive director. But if there are any changes, they are not as a result of anything that we are doing in the amendment before us or in the underlying bill. Through you, Mr. Speaker.

REP. YOUNG: (143rd)

Thank you very much, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Thank you Representative Young. Thank you Representative Dillon. Will you remark further? If not, let me try your minds. All those in favor of Senate "A" signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER PUDLIN:

Opposed nay? The ayes have it. The amendment is adopted. Will you remark further on the bill as amended? Will you remark? If Representative Prelli wants to talk, then he can. Proceed, Sir.

REP. PRELLI: (63rd)

I'd like to, but I have to swallow first. Mr. Speaker, through you to Representative Dillon. Representative Dillon, in the underlying bill, could you explain, are there any jobs being saved in this? Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Through you, Mr. Speaker, I'm not quite sure of the intent of your question, Representative. Could you clarify exactly. Do you mean in the Department, or throughout the State. It's not quite clear to me.

REP. PRELLI: (63rd)

Let me try to rephrase that, then, through you.

DEPUTY SPEAKER PUDLIN:

Please do.

REP. PRELLI: (63rd)

We're basically organizing two and a half departments, I think in this, I don't remember exactly how many. But would the reorganization and part of the setup of this, was job reduction and to keep the services the same, I thought that was one of the criteria set up when we established this.

And I was wondering, through you, if there were any jobs saved, or if not, where the money, where the additional money, or shifting of positions was. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Thank you, Mr. Speaker. Through you, I'm not aware of any layoffs that will result of this action. There were some issues involving bargaining rights in a previous bill that was before us, and that was in the Department of Social Services.

This bill is less complicated in that there are less tangled labor issues. CADAC is in many ways, largely a vendor agency. Much of what it does is establish broad policy and coordinate with other departments when it does what we hope it does. And also provide some framework for passing through State dollars and federal dollars so that it does not involve as large a State workforce as the other reorganization bill that we adopted.

So what we would really achieve through this reorganization, we hope, would be a unified, coherent policy as well as administrative efficiencies. But we did not have the same labor intensity that we did in some of the other reorganization issues. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Prelli.

REP. PRELLI: (63rd)

Thank you, Mr. Speaker. Mr. Speaker, I understand very much what Representative Dillon said and for the

last six months I think it probably was an unfair question and I, for asking it, but I got on this task force very late. And that's one of the problems I have with this reorganization, is that there isn't a savings in money. There isn't a savings of positions, and that's what we're trying to do.

And I think in some respects what they're doing is reestablishing positions that, positions and tasks that in the past few years they've had, because of budget cuts, they've had to remove. And by reorganizing and finding positions they've been able to fill that staff.

I'm disappointed that they weren't able to get rid of positions within this bill and save a little bit more money. That's not to say that I'm not going to support the bill but I think it's important to know that I think a better job could have been done and I think it's something we have to continue to look at in the future, is in effect downsizing the bureaucracy of this agency.

One of the points they brought up is exactly what Representative Dillon said, that it's mostly user orientated, there's a lot of flow through funds and that's a true statement.

But what there also is, is a lot of bureaucracy built into the system here and that bureaucracy didn't

change. And I think that when you look at combining agencies you can look at combining some of the overhead. You know, the accounting overhead, the personnel overhead, those are just a couple. The actual payment department. I think those can be combined without affecting services.

None of us want to see services affected here, but the idea of combining agencies is to take the overhead and make them smaller. I don't think in this case that was done. I think when you look at the structure chart of each one of these agencies, they still have departments for personnel. They still have departments for equal opportunity in employment. They still have departments for accounting. That should be done at the Department level, not at each sectional level, and that's why I think this had to be done.

I think this is something we've got to continue to look at in the future, Mr. Speaker. Thank you.

DEPUTY SPEAKER PUDLIN:

Thank you, Representative Prelli. Representative Fuchs.

REP. FUCHS: (136th)

Thank you, Mr. Speaker, a question through you to the proponent. Forgive me, Representative, if the question was asked already, forgive me. But, how is

the funding for the RACs going to be affected by this?

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Through you, Mr. Speaker, through the budget action we had restored a lot of that funding and that won't be altered by this. If there are any attempts by the executive director to change any of those, that wouldn't be as a result of any of the legislation we're acting on today. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Fuchs.

REP. FUCHS: (136th)

Thank you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Thank you, Madam. Representative Andrews.

REP. ANDREWS: (57th)

Thank you, Mr. Speaker, a question if I may, through you to the good lady from New Haven.

DEPUTY SPEAKER PUDLIN:

Frame your question, Sir.

REP. ANDREWS: (57th)

Representative Dillon, through you, Mr. Speaker, we've all been trying to maximize State and federal dollars, etc. One of the things that I don't see in

Senate "A" is what is happening to commissioners, deputy commissioners and that upper administration and whether or not, I know it says OPM is going to work with the commissioners to effect efficiencies of scale.

Through you, Mr. Speaker, you don't have to say anything, Mr. Speaker. Through you, Mr. Speaker, what is the game plan? Do you have any kind of an idea? Have you seen any kind of a potential organizational chart? Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Thank you, Mr. Speaker. Some of that is still an open question. It had been, for example, the hope and expectations of the individuals in the provider community for substance abuse treatment that there would be a separate division with a deputy position. That is still an open question. That really had nothing to do with politics. It had to do with policy and whether or not that particular agency which had had a separate identity would be merged in to the point that there was no one locus where the providers could go. That is still an open question that we're working on.

Until a few weeks ago, we were going to be merging

some of the programs with DMH. Now that we've decided to revisit it and leave things where they are for the time being, we have not made all those decisions. Through you, Mr. Speaker.

REP. ANDREWS: (57th)

Through you, Mr. Speaker, is it the intention that the executive director of CADAC would assume a deputy commissioner position? Through you, Mr.Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Through you, Mr. Speaker, I think I'd better not comment on that.

DEPUTY SPEAKER PUDLIN:

Representative Andrews.

REP. ANDREWS: (57th)

Through you, Mr. Speaker, to the good lady, may I beg the question, please?

DEPUTY SPEAKER PUDLIN:

Representative Dillon of the 92nd.

REP. DILLON: (92nd)

Mr. Speaker, are you asking me for a personal opinion or judgment as to outcome?

REP. ANDREWS: (57th)

Through you, Mr. Speaker, I'm trying to get a

legislative intent. What are we saying that he's going to have a deputy commissioner position, he's going to be at commissioner level, and if so, is that going to be a raise or a decrease in salary, etc. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon, do you care to respond?

REP. DILLON: (92nd)

I believe, that, through you, Mr. Speaker, this is actually silent as to a lot of those details. What we are focusing on here is policy and the location of that particular organization and we're restoring it to the Department of Health and Addiction Services, so that we will not be moving the operation of the State funded programs or the federal block grants over to DMH.

That is essentially what we are doing here. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Andrews.

REP. ANDREWS: (57th)

So, through you, Mr. Speaker, basically then, we're setting up a general policy and we're leaving it up to the Secretary of OPM and the various commissioners to put in place an organizational chart to effect this. What we're basically saying as a legislative branch,

this is the public policy that we're taking. It's up to you people to implement. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Through you, Mr. Speaker, we are ordering them to develop a strategic plan and to report to us by February 1, 1994 on public health and addiction, on the organization and on the efficiency, maximizing the efficiency and the federal dollars. So that we are not leaving it to them, we are ordering them to come up with a plan. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Andrews.

REP. ANDREWS: (57th)

Through you, Mr. Speaker, I understand. I'm just wondering whether or not this is too broad and maybe should be a little more specific to the extent that maybe we should designate, for example, the number of commissioners and deputies and administrative staff as a maximum that may be allowable under this piece of legislation.

If we're trying to maximize our revenues, quite frankly, if you leave those types of decision up to people whose heads may be on the block, I can guarantee

you what the answer's going to be.

And through you, Mr. Speaker, I guess I would kind of like to ask, are any of us going to have an opportunity to have, other than implementing maybe later on, are we going to have a say in exactly what this organization's going to look like? Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Through you, Mr. Speaker, it's my understanding and certainly my expectation that when the plan is submitted to this Body by February 1, 1994, that the committees of cognizance will be deliberating on the plans before us and they will be implementing legislation before this Body which will be discussed in the deliberative way that we deal with legislation before us. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Andrews.

REP. ANDREWS: (57th)

Through you, Mr. Speaker, if I may put the good lady's feet to the fire for a second. What would be, in your opinion, a requisite number of administrative staff, upper management for this new department. And

the reason I'm pursuing, I want to get it on the record insofar as what we're trying to do if, I mean, it doesn't make any sense to make any kind of a major change in a State department if we're not going to try and maximize. And I know we're trying to maximize our dollars, but I want to, through you, Mr. Speaker, I want to get your feel, if I may, as to what we're talking about as far as commissioners, deputy commissioners, administrative staff, from the start, so that maybe as they pursue this that they understand what we were trying to get at. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Thank you, Mr. Speaker. I don't have any particular number in my mind at this time. I would say that when we were working on the language that at least from my own point of view, that maximizing federal revenues is very important, but reducing costs is another and that the issue of drug and alcohol abuse in the State of Connecticut has very often been played as a criminal justice issue and the public health aspects have not been looked at adequately.

I would suggest that if 10% or 15% of our workforce

has a drug or an alcohol problem it drives up the utilization and therefore the cost for our employee benefit programs.

Also, individuals who have drug and alcohol problems fill our jails, so that a coherent substance abuse policy from the public health point of view, to my mind not only has to maximize federal dollars, but also have a coherent policy that looks at how to help people get well and reduce the number of dollars that we're spending on health care by cutting down substance abuse. So that if that were in place then we could look at the number of commissioners and deputies that we have.

I think there's a tremendous opportunity by merging these departments and looking at substance abuse as a public health issue and focusing on prevention. And if we target at risk populations, it is my belief that if we develop that coherent policy that we will not only get more federal dollars, we will be able to reduce the number of dollars that we're currently spending on employee health benefits and our Department of Corrections. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Andrews.

REP. ANDREWS: (57th)

I would thank the lady for that response. Let me try and go a different way, if I may. Is it the intention of this piece of legislation that we will have a commissioner? Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Through you, Mr. Speaker. The commissioner is the commissioner of the new agency DPHAS, who as far as I understand it is Commissioner Addiss. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Andrews.

REP. ANDREWS: (57th)

Alright, I'll just let it go at that. My last comment, with the Department of Social Services, one of the problems that we had is that we did this to ostensibly save some money and then we get a fiscal note we've got to spend an extra $15 million over and above what we're doing now to implement all this stuff and I would only caution that this is something that those of us on this side of the aisle have been screaming about doing for a long time as well as many of you.

But it's got to be done in the right way and it's

got to be done with the right purpose in mind. I believe that your intent is correct. I know that your intent is correct and we agree. I just want to make sure for the people out there that they understand that we're doing this to maximize services and also to save money, and I would hope that when this is done that we will consolidate a little bit in the upper management so that we can truly maximize both State and federal dollars, and I know that Representative Dillon will do everything in her power to do that. Thank you, Mr. Speaker. Thank you, Representative Dillon.

DEPUTY SPEAKER PUDLIN:

Thank you, Sir. Will you remark further on the bill as amended?

REP. MATTIELLO: (65th)

Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Mattiello.

REP. MATTIELLO: (65th)

Thank you, Mr. Speaker, a micro question, through you to the proponent. I'm unclear the fate of the subregional action councils. I'm wondering, through you, Mr. Speaker, if Representative Dillon could clarify that.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Through you, Mr. Speaker. The bill as amended before us, does nothing to alter any judgments that were made in the budget document except that the State run institutions for substance abuse treatment and the administration of the federal dollars, which as of the appropriations document, would have been transferred to the Department of Mental Health are restored to the Department of Health and Addiction Services. So that there are no changes beyond that. Through you, Mr. Speaker.

REP. MATTIELLO: (65th)

Okay, I, Mr. Speaker, through you, I read in the OLR report here that the bill encourages the establishment of a subregional. Currently we have those and I guess I'm a little concerned with the word encouraging. Is under this legislation it's directed, or is encouraging the more appropriate word?

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Through you, Mr. Speaker, encourage is the more appropriate word.

REP. MATTIELLO: (65th)

Thank you, Representative Dillon. Thank you, Mr. Speaker.

REP. DANDROW: (30th)

Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dandrow.

REP. DANDROW: (30th)

Thank you, Mr. Speaker. May I ask Representative Dillon a question, please, through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon. Proceed, Madam.

REP. DANDROW: (30th)

Representative Dillon, in your comment to Representative Andrews, you gave information as to why you felt that the substance abuse belonged within the Public Health Department. And I find this a little difficult to understand and I'm wondering if perhaps some of your information or reason of support of this, are other states also feeling that their CADAC programs similar to ours or their substance abuse programs should be lodged in the Health Department rather than within Social Service Department?

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Through you, Mr. Speaker. The remarks that I made drew a line between past policy which emphasized drug and alcohol abuse as a criminal problem versus perceiving it as a public health problem. So that it was not really posed as an issue of social services versus public health. It was posed as a hope that we would focus on the issue not only as a criminal justice problem, but also as a very complex behavior disorder that is a public health problem as well.

On the issue of where the departments are located, they're all over the map. Many of them are located in the Departments of Public Health which also regulate hospitals. Some of them are in social service departments and a smaller number of them have freestanding agencies. It's really not easy to characterize nationally where they're located. Through you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dandrow.

REP. DANDROW: (30th)

Thank you, Representative Dillon. I would just like to comment that I feel the State of Connecticut, what we really need here, I'm always one to advocate preventative programs, and programs. But it seems to me we need treatment programs more than ever.

I can remember Representative Gyle and I talking so much for addicted pregnant women and we thought it was so great that at the end of it we managed to go from 7 beds to 20 beds. So I would hope that one of the priorities within the Public Health Department would be that we will expand treatment, and that we will not just be all program, but the programs are fine and preventative is always the way to go. But you have to have the beds to treat the patients and that should be a top priority. Thank you.

DEPUTY SPEAKER PUDLIN:

Thank you, Madam. Will you remark further on the bill as amended?

REP. DILLON: (92nd)

Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Dillon.

REP. DILLON: (92nd)

Thank you. On the bill as amended, the bill before us does merge the Department of CADAC with the Department of Health and restores, as you may have derived from our comments, some of the judgments that we have made from DMH back to the original department.

It is our hope that there will be prevention strategy which is very similar to the comments made by

Representative Dandrow. I am in full agreement with her that we need treatment and also that we need real prevention programs. There are some prevention programs that are really public relations, but we're hoping that it will focus on the Public Health model.

It's a good bipartisan effort, and now that Representative Jones is back in the Chamber, I want to thank him for all of the effort he put into this particular initiative. He really guided a lot of people's judgments and I think brought a lot to the table, and I'd like to request your support on the bill. Thank you.

DEPUTY SPEAKER PUDLIN:

Representative Jones.

REP. JONES: (141st)

Thank you, Mr. Speaker. I rise in support of this merger. This is an effort to bring greater rationalization to our chemical addiction program and I think the points made about treatment are good ones and that under this administration, we will strengthen that function and we will also improve the coordination of the RACS in the State which provide the strategic impetus for developing the programs to fight chemical addiction.

The Health Services is a policy making agency and

in many ways the work of CADAC will be facilitated by that same approach to dealing with the problems that are under their purview.

I think this merger will be helpful to the State and will be seen in the local communities as an improvement once it's implemented. So I would support this and request support of the Chamber.

DEPUTY SPEAKER PUDLIN:

Thank you, Sir. Will you remark further? Will you remark further on the bill as amended? If not, staff and guests to the well of the House. Members please be seated. The machine is opened.

CLERK:

The House of Representatives is voting by roll call. Members kindly report to the Chamber. The House of Representatives is taking a roll call vote. Members kindly report to the Chamber. Thank you.

DEPUTY SPEAKER PUDLIN:

Have all the members voted and is your vote properly recorded? If so, the machine will be locked. Clerk will take the tally. Clerk will announce that tally.

CLERK:

Senate Bill 1044 as amended by Senate Amendment"A". SB 1047

| | |
|---|---|
| Total voting | 140 |
| Necessary for passage | 71 |
| Those voting yea | 135 |
| Those voting nay | 5 |
| Those absent and not voting | 11 |

DEPUTY SPEAKER PUDLIN:

The bill as amended passes. Are there any announcements or points of personal privilege? Representative Norton.

REP. NORTON: (48th)

Mr. Speaker, would the transcript please note that Representative Holbrook will be missing votes this evening. He is attending a statewide awards ceremony at which his daughter is being honored.

DEPUTY SPEAKER PUDLIN:

What was the award for, Sir.

REP. NORTON: (48th)

I believe being a very good student.

REP. SCHIESSL: (60th)

Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

Representative Schiessl.

REP. SCHIESSL: (60th)

Thank you, Mr. Speaker, for purposes of an announcement.

DEPUTY SPEAKER PUDLIN:

Your announcement, Sir.

REP. SCHIESSL: (60th)

Thank you, Sir. Tomorrow morning, Tuesday, June 8, 1993, the Joint Committee on Legislative Management will be meeting at 9:00 in room 2B of the Legislative Office Building to talk to the boss. Thank you, Mr. Speaker.

DEPUTY SPEAKER PUDLIN:

I wish I could say thank you, Sir. Are there other announcements? Other points? Representative Davis of the 50th District.

REP. DAVIS: (50th)

Thank you, Mr. Speaker. For members of the Planning and Development Committee, we will be having a meeting tomorrow morning 15 minutes before the start of session here in the well of the House.

DEPUTY SPEAKER PUDLIN:

That's a more civilized hour. Thank you, Sir. Are there other announcements? Other points? If not, the Clerk will return to the Call of the Calendar.

CLERK:

Please turn to Page 23, Calendar 603, Substitute

JOINT
STANDING
COMMITTEE
HEARINGS

PUBLIC HEALTH
PART 5
1457-1852

1993

tcc PUBLIC HEALTH March 23, 1993
1:00 p.m.

PRESIDING CHAIRMEN: Senator Przybysz
Representative Courtney

COMMITTEE MEMBERS PRESENT:

SENATORS: Gunther

REPRESENTATIVES: Gyle, McGrattan, Betkoski, Concannon, Conway, DiMeo, Donovan, Fahrbach, Garcia, Gerratana, Holbrook, McDonald, Metsopoulos, Pudlin, Ryan, Winkler

REPRESENTATIVE COURTNEY: We will call the public hearing to order. We have a number of people signed up. Hopefully we can get through all of them in the first hour. Again, everyone will have to try and hold to the three minute rule if we're going to hopefully get through the list for the first hour.

The first speakers that are signed up are Susan Omillian from OPM and she'll be followed by Commissioner Addiss.

SUSAN OMILLIAN: Good afternoon. My name is Susan Omillian. I'm a Director of Human Services and Economic Development Planning for the Office of Policy and Management. I'm here to speak in favor of SB1047, AN ACT CONCERNING THE ESTABLISHMENT OF A NEW DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES.

I have written testimony in front of you and it includes not only the testimony, but a time line that shows you the implementation schedule for the reorganization and some charts and a synopsis of the entire bill for your reading pleasure in the future, I guess.

I want to talk a bit about where this reorganization came from and some of the issues that have been coming up. I will reserve some of the more substantive issues for Sue Addiss to speak

of next on the agenda around the actual merger and its implementation and integration of the two agencies.

The Department of Public Health and Addiction Services was created under SA92-20, which was part of the Health and Human Services reorganization that came out of the Harper/Hull Commission and from its inception this reorganization had been a joint effort of the two branches of government. It has the full support of Governor Weicker.

The SA92-20 sets out an overall design for the reorganization and over the last six months we, in the Executive Branch, have been working very hard to put together a plan for the new Department of Public Health, Addiction Services, as well as the new Department of Social Services as part of this merger.

Those plans were presented to the General Assembly in January and there are extra copies here today if you would like to look at them. The plan is an important background document for this Senate Bill. It provides significant detail as to how the new department will meet the outcomes of reorganization and the goals we've been given under SA92-20. Those include improved service delivery and efficiencies in cost avoidance and maximization of federal revenue.

In my testimony I gave you several of the opportunities that we've seen in this merger, particularly around the integration of the Substance Abuse Programs and public health and the opportunity we see here is to bring into the public health arena one of the major public health problems, substance abuse and to intermesh those programs into public health programs that are currently in the Department of Health Services.

We also see an opportunity around the federal health care reform, once again, integrating into the health care system is being looked at on a national level by President Clinton.

The other goal we have is to look at cost savings and cost efficiencies, primarily around long term cost avoidance. We will achieve some administrative savings with this merger, but the savings may not live up to all the expectations of everyone and that's mostly since only a small fraction of the budgets of these agencies that are being merged are allocated to administrative functions.

For example, the Department of Health Services has only about five percent of its budget right now in administrative costs. The rest are costs that go directly to clients, treatment services, public health services and other kinds of services like that.

In our estimation the reorg will also, overall, incur some upfront costs. We do not have definite cost estimates for you, but in the plan, we try to identify areas where we believe additional money will be needed.

For example, achieving a goal of a single point of entry into the system or one-stop shopping across all four health and and human services agencies would require additional state, and if available, new federal dollars for computers and technology over the course of a number of years.

Even planning for the single automated system requires money to expend, to purchase outside expertise. Staff trained to implement the new organizational structure and for staff development in areas such as total quality management will mean additional money.

Space and physical plant issues may also require costs to be incurred in the short run in order to locate the central offices of the merged agencies in one building and we're also looking at developing a regional structure under the Special Act.

In these areas, where costs will be incurred, we have only done the most preliminary activities to date as we await your action on the implementation of this merger before committing precious money to these efforts.

It's important to remember the merger will not occur overnight. You have give us a two-year statutory implementation time line until July of 1995. The plan in front of you contains the specific level of detail as to the design of the new agency, its structure and programmatic integration, but please note that the time line contemplates a transfer of powers and duties on July the 1st from the current agencies into the new department, but not full implementation of the organization by that date.

In fact, the impact of the transfer of powers and duties on July 1st of 1993 will be minimal. This is not to say that the implementation will not take a massive undertaking to accomplish. We've already --.

REP. COURTNEY: Susan, I'm sorry. Can you begin to summarize a little bit? I'm sure there'll be some questions.

SUSAN OMILLIAN: I also tried in the testimony to give you a short summary of what's in the Special Act and particularly Section 1 and 2 which are the transfer of powers. There's an attached synopsis of the entire bill which shows you that what we have here is a transfer of authority on July the 1st and a two-year implementation process.

OPM, in the role of overseeing the reorganization under SA92-20, will continue in that role and continue to use and to ask for the input of groups and individuals who have been giving us ideas and information as to how to make this the best effort.

We know there are still questions about the details of this reorganization and those will emerge in the two-year implementation process. The General Assembly was fully informed of those details and will be asked to pass on budget decisions that will implement reorganization over the next few years.

The bottom line is we ask for your endorsement of this concept and plan and overall direction and the mechanism for that is passage of SB1047. We ask your support of this bill.

REP. COURTNEY: Thank you, Susan. Any questions from committee members? I thought there'd be questions. Okay, you've given us a lot to have to absorb here. I'm sure we'll be in touch with you after today's hearing. Thanks. You also did such a great job. That was, so --. Commissioner Addiss.

SUSAN OMILLIAN: I try to be quick.

REP. COURTNEY: Right.

COMMISSIONER SUSAN ADDISS: The reason you don't have questions is that you've all become experts in reorganization. Good afternoon, Senator Przybysz, Representative Courtney and members of the Public Health Committee. My name is Susan Addiss and I'm the Commissioner of the Department of Health Services and Commissioner Designate of the -- I hope soon to be Department of Public Health and Addiction Services.

And I just want to start by saying that I support this merger, represented by SB1047, because I really firmly believe that substance abuse is a public health problem. I've thought so throughout my entire career and nothing has occurred to make me change my mind.

Substance abuse cuts across and is involved with so many of our programs in Health Services, with maternal and child health, with adolescent health, with AIDS, with tuberculosis, with sexually transmitted diseases. There's even an involvement for our laboratory and our Health Systems Regulation Unit.

The merger gives us an opportunity to broaden the mandate of public health while maintaining and even capitalizing on the visibility of substance abuse as a high level priority.

Between August and December we had over 100 staff working very hard on how to translate your vision and mandates into a new structure that would integrate our client centered service delivery and improve timeliness and quality of services.

We came to the concept of dividing our programs by two concepts, one client-based services and the other population-based services and in doing that we formed, as part of our new structure, a Division of Addiction and Community Health Services which will include all of the substance abuse treatment as well as our maternal and child health programs, including WIC and the programs that we have that deal with primary care, such as community health centers and school-based health clinics that would also include Healthy Steps and CHIP, if CHIP comes to pass.

That division then becomes a touch point for the new Department of Social Services. That's where the interface would be in integrating client-based services.

The Division of Health Promotion and Disease Prevention reflects the fact that what public health does really is diagnose communities, not individuals, and all of our community programs, population-based, are in that division. That includes disease surveillance and investigation. Our lead poisoning is there, chronic diseases, our AIDS Program, environmental epidemiology and occupational health, our water supply section, radon, asbestos, food sanitation and subsurface sewage disposal.

So we have divided our programs by those two major categories. As far as service delivery, I need to point ours, in Health Services and CADAC, is somewhat different from the DSS service delivery. We don't provide -- we, in Health Services, don't provide any direct services and CADAC has four treatment facilities, but also funds a large number of private ones.

So our treatment capacity of service delivery is local Health Departments and local drug treatment programs and it makes this sort of different.

Please have asked about visibility for substance abuse in this new agency and I'd just like to point out that we think we took careful -- paid careful attention to this in our plan. We're proposing an

assistant to the commissioner for substance abuse, the creation of a Council on Substance Abuse, which would report to that assistant commissioner.

I noted before the Division of Addiction and Community Health. We intend to have a Substance Abuse Prevention Unit and in that case we would merge our non-smoking efforts into CADAC's substance abuse prevention and just the link between prevention and treatment. I think it's important to note that effective prevention efforts reduce the need for treatment and the treatment environment is a wonderful setting in which to initiate and integrate prevention, so there really is a strong link between the two.

It probably will not have escaped anybody on the committee that we are not proposing any staff reductions. We are proposing 18 redeployments of managers. Sue Omillian has told you pretty much about our administrative function, the fact that we do that with only five percent of our budget, but it's important, I think, to note that that five percent of our budget oversees 70 grant programs that are funded from 14 different funding sources, not including the General Fund and which involve over 700 contracts that have to be monitored and managed.

We have lost in our agency 173 positions between 1988 and 1993. That is 23 percent of our workforce and it puts us at a position count lower than it was in 1985, which was the lowest year in the entire 1980s. So my statement would be I think we're already downsized and CADAC has lost 51 positions.

Meanwhile we have many new public health challenges in both agencies, AIDS, multiple drug resistant TB, rabies in raccoons, lead poisoning in children and adults, Lyme Disease, lethal new drugs, increases in substance abuse and all that that means.

So I say that to justify why you don't see position reduction. We really hope that this merger will bring together, in bringing together the staffs will give us in our support, our administrative functions, will give us enough people to manage properly and accountably to you those many, many

grants and programs which we really have some misgivings now about our ability to manage properly and I'm very much in support of the merger and I hope you will support it too.

REP. COURTNEY: Thank you, Commissioner. Are there any questions from committee members? I have one sort of simple, basic questions I guess which -- I'm sure this has been something that has been gone over many times in the formation of it. Why was mental health not made part of the merger or why -- or to answer it, the opposite or ask it the opposite way, why wasn't CADAC merged with mental health as opposed to with Health Services?

COMMISSIONER SUSAN ADDISS: I can only give Sue Addiss' reason for that. There are two actually. One is that when we talk about mental health, we're talking about dual diagnosis, somebody has mental illness and they're a substance abuser. You talk about a merger with Public Health and you can have a pregnant woman on WIC, who is a substance abuser who has picked up a sexually transmitted disease and whose partner has AIDS. I mean, as I said at the beginning of my testimony, substance abuse cuts across not just one program, but several, many, many of the problems that we run, so the involvement of substance abuse in the programs that we run is greater than in the case of a dually diagnosed client of mental health and CADAC.

And then the other I think is, and it was John Higgins-Biddle's choice. I think he did get a chance to deliberate a little bit. He really wanted to bring a prevention focus to substance abuse, acknowledging that we will always need treatment, but that we will continue to need more and more treatment if we don't get -- begin to get something at the other end of the spectrum and start preventing young kids from experimenting with drugs, and of course, we have the School-based Health Clinics Program, so that's one reason to integrate the services there, but I do believe that that's the feeling that in order to get some handle on the millions of dollars we're spending on substance abuse treatment, we need to focus on prevention while acknowledging we're always going to need some treatment and the treatment is terrible important.

So those would be my reasons for -- does that --.

REP. COURTNEY: Thank you, Commissioner. Again, are there any questions? Representative McDonald.

REP. MCDONALD: How does this consolidation will affect the RACs, you know, the Regional Action Council? How will affect their operation? Does it have any --?

COMMISSIONER SUSAN ADDISS: I should share with you that I met with them over at CADAC about a month ago and I thought it was a very good meeting. I was astonished and gratified when they suggested that with this merger they might evolve over time into community advocacy groups for public health as well as for substance abuse and they were very excited about the possibility of at their level integrating public health and substance abuse.

REP. MCDONALD: But initially it's not going to affect their operation?

COMMISSIONER SUSAN ADDISS: No, not at all. They're very important. No, I wouldn't want to do anything to make them any less effective than they already are.

REP. COURTNEY: Thank you. Any other questions? Thank you, Commissioner.

COMMISSIONER SUSAN ADDISS: Thank you.

REP. COURTNEY: Next is Deputy Commissioner Delores Franks and she'll be followed by Deputy Commissioner Melodie Peet.

DEP. COMM. DELORES FRANKS: Hi, we have to stop meeting this way. (laughter) This testimony submitted on behalf of the Connecticut State Department of Health Services in support of SB1052, AN ACT CONCERNING LOCAL HEALTH DEPARTMENTS AND HEALTH DISTRICTS.

This bill is part of this department's legislative package and is submitted as the first of a multi-phase strategy to shore up local public health service delivery in the state.

REP. DILLON: I did want to add that this shouldn't be the reason for doing the bill, but there is federal money available. I think it helps us use our own resources better, but the Center for Disease Control has funded the other nine states that have done that and that's one other consideration, but frankly, I think we should do it anyway, but thank you.

SEN. PRZYBYSZ: Thank you all for coming. Thank you. Is Mr. Joe Sullivan here please? Followed by Dennis Philkin. Joe, how are you?

JOE SULLIVAN: Senator Przybysz, members of the Public Health Committee, my name is Joe Sullivan and I'm speaking in opposition to Raised SB1047, AN ACT CONCERNING THE ESTABLISHMENT OF THE DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES.

I'm President of the Connecticut Association of Substance Abuse Agencies and our association opposes this bill as written. It is a significant step backwards in the priority and recognition of substance abuse as a major contributing factor in many of our state's social and health problems.

Our association would have preferred to see CADAC, despite its present limitations, remain the state agency of cognizance for substance abuse treatment and prevention.

We were told two things in 1992 that led our association to support and advocate for the reorganization of a new Department of Public Health and Addiction Services. We are told that it would save money by minimizing the size of state bureaucracy and we were told that substance abuse would retain a high visibility and priority by requiring that the new department have a Division of Addiction Services.

Now in March of 1993, not even one year later, we are told that neither of these assurances will occur. OPM and Health Department officials here today say don't expect savings. SB1047 says there won't be a Division of Addiction Services. SB1047 says, be damned to SA92-20, Section 3, Subsection B which says that the new department shall, shall have a Division of Addiction Services.

There are many reasons why there ought to be a Division of Addiction Services, but I think the biggest is so that the people of Connecticut can be assured that a knowledgeable substance abuse professional would be appointed at a deputy commissioner to head up that division.

The General Assembly has thought it important enough to spell out the qualifications of the Commissioner of Health. These qualifications remain unchanged in Section 31 of SB1047. There is no requirement for the Commissioner of Health and Addiction Services to have any background in chemical dependency. We think that this would be acceptable if a Division of Addictions was mandated by law and if by law it was required to be headed by a deputy commissioner with recognized credentials as a substance abuse professional.

One final point, we've heard a lot from supporters of this bill that it is a serious attempt to improve the integration of substance abuse services with other health services. If that were true, why then doesn't Section 32 of the bill address the composition of the Statewide Adolescent Health Council. It makes superficial changes in the title of the Commissioner of Public Health and Addiction Services, but does not address the fundamental flaw that there is no representation by substance abuse professionals or our own association.

After all, representation is required from a multitude of associations and professions. There's about ten of them, no, there's more than. Surely, no one would have us believe, or would you, that substance abuse is not an issue related to adolescent health. This is simply an example of the flawed thinking and function that emanates from a focus that doesn't understand substance abuse. There are many more examples that demonstrate the need for a separate of addiction headed by a properly qualified deputy commissioner.

Please, either modify this bill to address our concerns or kill it.

SEN. PRZYBYSZ: Thank you, Joe. Any comments or questions? Thank you.

JOE SULLIVAN: Thank you. Dennis Philbin, followed by Peter Tacy.

DENNIS PHILBIN: Senator Przybysz and other members of the committee, my name is Dennis Philbin and I also am speaking on behalf of the Connecticut Association of Substance Abuse Agencies. Numerous of our members are here today. Only Joe and myself will speak. CASAA is a statewide organization of 34 community-based treatment providers. These are agencies together have over 500 years of experience in fighting society's substance abuse problems, so there's a lot of combined knowledge into the positions that we do take.

I'm here to speak about the impact of Raised SB1047, establishing the Department of Public Health and Addiction Services. Last year when the association supported such a merger, it was to retain a substance abuse as a separate and distinct division. It was and remains our view that such a merger could strengthen the cohesiveness of Connecticut's approach to its substance abuse problem. The bill before you does not create a division that is dedicated to substance abuse, rather, it merges substance abuse treatment and health services into a single division, furthermore, substance abuse prevention will be conducted out of an entirely separate division.

The cohesiveness that needs to be increased is diminished. The reasons for a separate division, headed up by a deputy commissioner remain as compelling today as they were last year. Substance abuse is a problem that affects every facet of an individual's life. The pregnant substance abuser, for example, has her addiction, the fetus, the children already born, health care needs, housing needs, possible Department of Corrections involvement and pending legal issues, Medicaid insurance, etc.

She receives services from a multitude of departments in the state and those services are fragmented. CADAC was created in response to this fragmented system so that the state would have a cohensive approach. The proposed structure that we are looking at in this bill is a step backward.

Our agencies are the first to say loudly and clearly that the treatment of substance abuse requires a comprehensive integrated approach. An integrated approach, however, does not mean mingling all the parts until the whole becomes indecipherable. Rather, it requires an entity that brings cohesion to this fragmented system.

A unique division tells the people of the state that we will fight substance abuse and its ramification. It tells the departments in the state that they must coordinate their substance abuse activities and it tells the federal government that Connecticut continues to have a single state entity responsible for substance abuse.

A division dedicated to substance abuse allows for high visibility and encourages public investment in addressing the problem constructively. CADAC currently serves this function. By eliminating this structure, the state will send a message to its citizens that substance abuse treatment is not a priority.

I cannot emphasize too strongly the negative impact this will have on the notable progress made by the state during the past decade.

Therefore, on behalf of the many providers represented by CADAA, I urge you to establish within the bill a separate division for the department that is dedicated explicitly to substance abuse. Thank you.

SEN. PRZYBYSZ: Thank you, Mr. Philbin. Any comments or questions? Thank you very much. Peter Tacy, follow3ed by Wes Sager.

PETER TACY: Senator, I'm Peter Tacy. I'm the Executive Director of the Connecticut Association of Independent Schools. When the Thomas Commission recommended that a licensing fee be assessed for educational infirmaries, the independent schools which operate most education infirmaries didn't object. HB 6216

SEN. PRZYBYSZ: Any questions? Thank you. Ron Cretaro, followed by Dan Munson.

RON CRETARO: Members of the committee, I'm Ron Cretaro, the Executive Director of the Connecticut Association of Residential Facilities. Our members include many of the members who are a part of the Connecticut Association of Substance Abuse Agencies, but also ten other agencies that are not and I wanted to comment on SB1047, the merger bill.

The framework that was set up with PA92-20 is a framework that substance abuse providers could have -- could have lived with. They've set up a different Division of Substance. That would have given disability to substance abuse and kept it in the forefront of the public eye as more than just a -- as more than just the major public health issue, but as major issue in our society that affects education and criminal justice and really isn't a spiritual problem. It goes much beyond that and we're concerned that for substance abuse treatment and services and prevention to be effective, there must be that ability.

Now where things are located, like in real estate, you -- where it's cited is important and the federal government, under the previous administration acknowledges by appointing a drug czar. Whether you feel the drug czar was effective or not, it certainly gave substance abuse front and center attention and that's what I think our concern is here. I would hope that -- I think that there are people within the Department of Health Services who have not, admittedly by the Commissioner, have not dealt with a lot of treatment services, they're going to be asked to take facilities as well and there's I think the intent to provide integrated comprehensive services in concept is fine, but I think the ability to pull it off is what we're concerned about.

We would hope that there is chance for some further negotiations on this bill as we move along and I that I think there's much at stake here in terms of substance abuse services within our state.

Policy and Management in its statutory role of overseeing the implementation of the reorganization. Copies of this report were delivered in January to every member of the General Assembly.

The implementation plan for the new Department of Public Health and Addiction Services, copies of which are also available for you today, is an important background document for SB 1047. The plan provides you with significant detail as to how the new Department of Public Health and Addiction Services meets the expected outcomes of the reorganization, which include improved service delivery to the customers of the Department as well as administrative efficiencies, future cost avoidance and maximization of federal revenues.

Improved service delivery in this reorganization will be achieved by integrating the Connecticut Alcohol and Drug Abuse Commission's (CADAC) substance abuse prevention, intervention and treatment programs with the public health services of the existing Department of Health Services. This merger presents several unique and important opportunities to enhance the visibility and foster the recognition of substance abuse as one of Connecticut's leading public health problems.

- **It places Connecticut in the forefront of public health thinking.** In 1988, the Institute of Medicine published a landmark study entitled *The Future of Public Health,* which clearly identified substance abuse services as a key component of the basic public health services to be provided to citizens both at a state and local level. This reorganization clearly moves Connecticut in that direction.
- **It enmeshes Connecticut's substance abuse services into a comprehensive state-wide and local network of public health services.** Because these public health services touch the lives of state residents of every age, gender,

# TESTIMONY BY SUSAN OMILIAN
# OFFICE OF POLICY AND MANAGEMENT
# IN SUPPORT OF SENATE BILL 1047
# ESTABLISHING THE DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES

**March 23, 1993**

Good afternoon, Senator Przybysz and Representative Courtney and members of the Public Health Committee. I am Susan Omilian, Director of Human Services and Economic Development Planning in the Policy Development and Planning Division of the Office of Policy and Management. I am here to speak in favor of Senate Bill 1047, "An Act Concerning the Establishment of the Department of Public Health and Addiction Services."

The Department of Public Health and Addiction Services was created under Special Act 92-20 as part of the health and human services reorganization recommended by the Commission to Effect State Government Reorganization, also known as the Harper-Hull Commission. From its inception, this reorganization has been a joint effort of the executive and legislative branches; it has the full support of Governor Weicker.

Special Act 92-20 sets forth the overall design of and the goals to be achieved in this reorganization which includes the creation of the new Department of Public Health and Addiction Services as well as a new Department of Social Services. Since May, 1992, we, in the executive branch, have been working diligently to prepare implementation plans for both new Departments as required under the Special Act. These implementation plans were presented in January, 1993, to the Chairs and Ranking Members of the Human Services, Public Health and Appropriations Committees as part of the oversight report by the Office of

income level, and cultural/racial background every day, as a result of this merger, CADAC's services will be more visible and accessible within Connecticut communities to a broad base of the state's population.

- **It positions Connecticut with regard to national health care reform, a firm commitment that President Clinton has made to the American public.** With the merger, substance abuse will become an integral part of Connecticut's health care services delivery system, providing an ideal vehicle for "mainstreaming" substance abuse services in Connecticut.
- **It builds on CADAC's strong commitment to linking and creating partnership between health care and substance abuse providers.** The goal is to have the health care providers respond more effectively to the substance abuse problems of their patients, by, for example, being able to identify such problems and intervene earlier to avoid costly long-term treatment.

A second goal of the reorganization--to achieve cost savings through such means as administrative efficiencies and future cost avoidance--will be realized in the new Department of Public Health and Addiction Services, primarily in long-term cost avoidance. We will achieve some administrative savings with this merger, but these savings may not live up to the expectations of some since only a small fraction of the budgets of the merging agencies are allocated to administrative functions. For example, only about 5% of the DHS budget is allocated to administrative functions. In other words, if one eliminated all administrative dollars for the entire agency's staff, computers, space and supplies, 95% of the budget would be left intact, since it is earmarked for services and payments to clients.

In our estimation, this reorganization overall will also incur up-front costs to meet its goals. We do not have definite cost estimates, but in the plan for the new Department of Public Health and Addiction Services, we have identified areas

where additional resources will be needed. For example, achieving the goal of a single point of entry or "one stop shopping" across all four health and human services agencies will require additional state, and if available new federal, dollars for computers and other technology over the course of a number of years. Even planning for the single automated system for the new Department of Public Health and Addiction Services requires the expenditure of dollars to purchase outside expertise. Staff training to implement the new organizational structure and for staff development in such areas as Total Quality Management (TQM) will mean additional resources. Space and physical plant issues may also require costs to be incurred in the short run, in order to locate the central offices of the merged agencies into one building and to develop a regional structure with uniform regional boundaries as required under the Special Act. In these areas where costs will be incurred, only the most preliminary activities have occurred to date as we await your action on the implementation of this merger before committing precious resources to the effort.

This merger of two agencies into one will not occur overnight. You have given us a two-year statutory implementation timeline until July, 1995. The plan contains significant level of detail as to the design of this new agency, its organizational structure and programmatic integration. But please note the implementation timeline contemplates a transfer of powers and duties on July 1, 1993, from the current agencies to the new Department, <u>not</u> a full implementation of the new organizational structure by that date.

In fact, the impact of the transfer of the powers and duties on July 1, 1993, will be minimal. That is <u>not</u> to say that implementation of the reorganization will <u>not</u> be a massive undertaking that will continue to require the full-time and part-time deployment of many agency staff over the next two years or more. Careful planning in this implementation phase is essential to make the transition beginning

July 1, 1993, as transparent to clients as possible; checks have to go out and services must continue even as the agencies undergo this tremendous transformation. In fleshing out the next level of detail in the second phase of this effort, the input of staff, collective bargaining representatives, providers, clients, advocate groups and other interested organizations will again be sought; their suggestions over the last five months were invaluable.

The provisions of SB 1047 are the essential step in moving to the next phase of this implementation. Section 1 of SB 1047 establishes the Department of Public Health and Addiction Services as the successor agency to the current Department of Health Services and CADAC. It vests in the Commissioner of the new Department all necessary authority to administer the new department and continues in force and effect any order, regulation or contract of the previous departments. Sections 2 combines the powers and duties of all the preceding departments and, along with other provisions of SB 1047, would accomplish a transfer of authority that is critical to effecting the programmatic and structural changes set forth in the implementation plan for the new Department.

Sections 3 and 4 of SB 1047 set forth a critical new health planning function for the Department and in Section 33 of the bill, that health planning is tied to important health policy decisions in numerous areas such as certificates of need (CON) and hospital budget reviews. Other sections of SB 1047 make necessary name changes and technical amendments as described in the section-by-section synopsis prepared by OPM which is attached to my testimony.

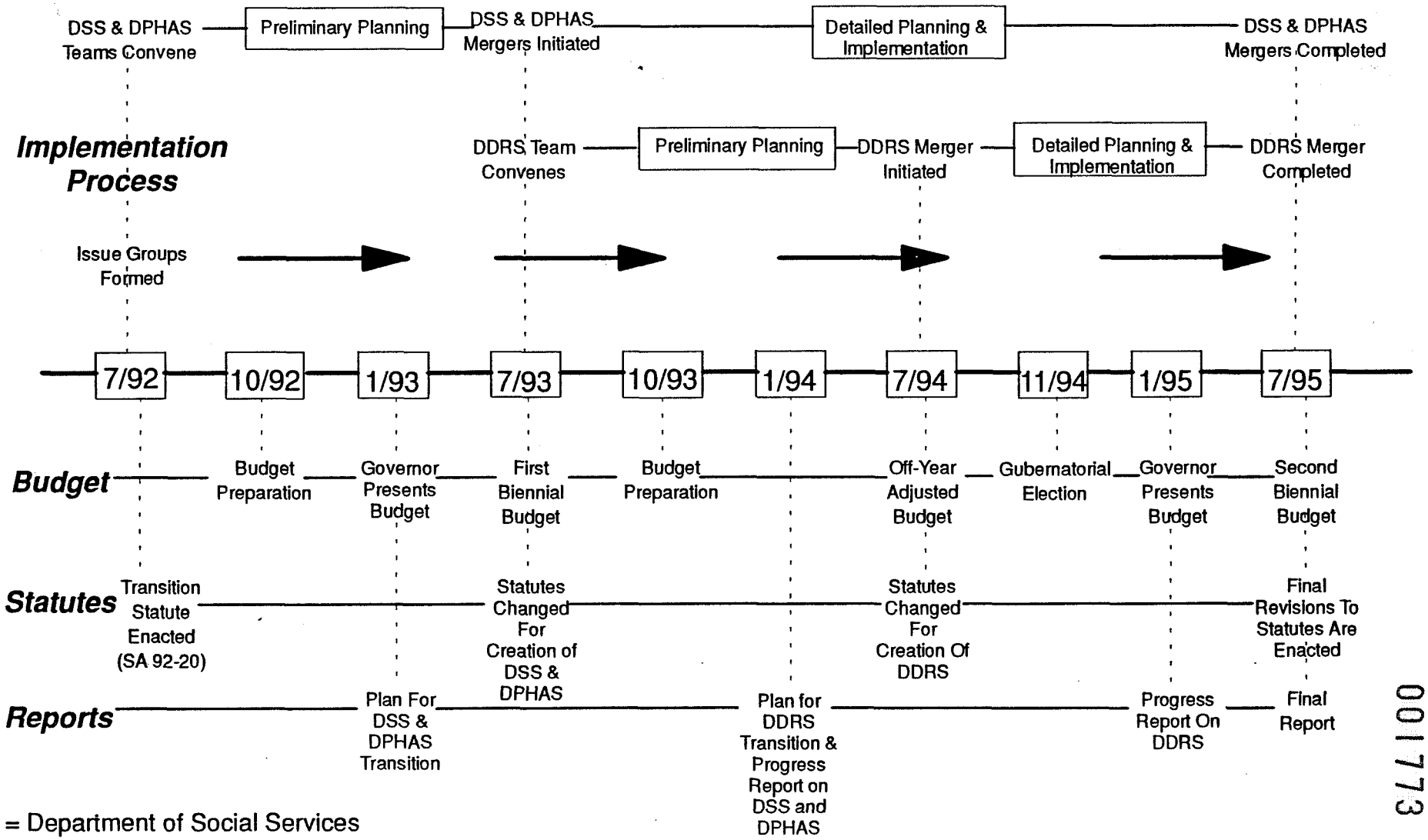
For the future, the Office of Policy and Management will continue, as it has been charged by Special Act 92-20, to direct and oversee the implementation of this reorganization. In that role, OPM has worked with agency staff, legislators, providers, advocates, clients and the unions to seek out the opportunities that are available with this reorganization to realize our collective vision for the

Connecticut health and human services system. In spite of tight timelines and no new resources, we have tried include all groups and individuals who have creative ideas and energy to bring to this effort. We have also tried to meet the design goals set forth jointly by the legislative and executive branch for this reorganization.

Finally, OPM has been and will continue to work with the new Department of Public Health and Addiction Services and other state agencies to integrate this reorganization into other efforts that are concurrently in place, such as the purchase of services study. OPM will also be overseeing the implementation of six uniform regions for the state health and human services agencies as well as for state agencies, such as Labor and Transportation, where programs are closely linked with the ones provided by health and human services agencies.

In conclusion, we are at a critical point in moving the reorganization forward. We know that there are still questions about the details of this reorganization. These details will emerge in the two-year detailed planning and implementation phase of this merger which begins on July 1, 1993. The General Assembly will be fully informed of those details and will be asked to pass on budget decisions that will implement this reorganization over the next few years. The bottom line is that we await you endorsement of our overall plan and direction before we embark on the next phase of implementing the merger. Passage of SB 1047 is the mechanism for the General Assembly to use to indicate its interest in proceeding with this reorganization and establishing the new Department of Public Health and Addiction Services. We urge your support of this legislation.

# Timeline For Reorganization Of Health And Human Services Agencies As Set Forth in Special Act 92-20




DSS = Department of Social Services
DPHAS = Department of Public Health and Addiction Services
DDRS = Department of Development and Rehabilitative Services

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# Reorganization Of Human Services In Connecticut

*The Who..*
*What, When,*
*Where, Why And How?*

## Of Creating The New Department Public Health And Addiction Services

**An Executive Overview By The**
**Policy Development & Planning Division,**
**Office of Policy & Management, March 23, 1993**

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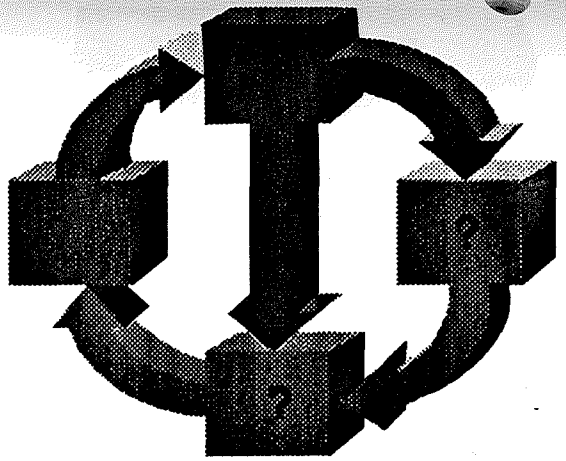
SB 1047

# Why Reorganize?



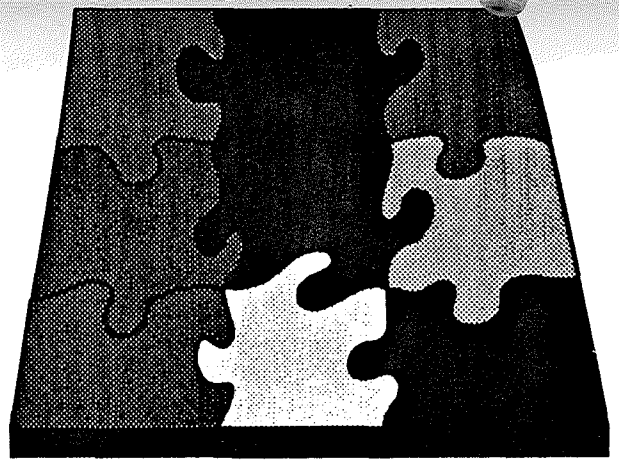
## Opportunities to Solve Problems

- Improved services
- Service coordination - substance abuse has not been integrated with other public health issues
- Coordinated planning - public health and substance abuse currently plan separately yet serve many of the same state residents
- Mainstream substance abuse in the broad spectrum of public health services

## History

- Commission to Study The Management of State Government (Thomas Commission)
- Governor Weicker's commitment to efficient government (took office January 91)
- Commission To Effect Government Reorganization (Hull-Harper)
- SA 92-20 - Implement the Health and Human Services reorganization recommendations of the Hull-Harper Commission

# What will be gained by putting this puzzle together differently?

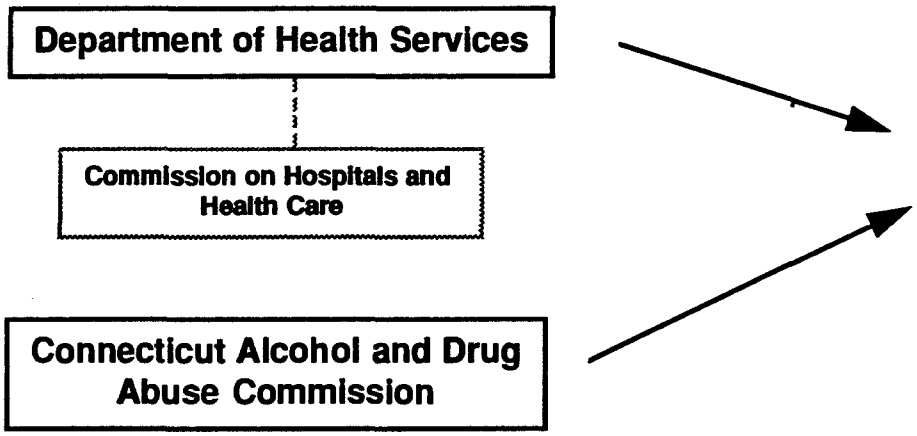


- Places Connecticut in the forefront of public health thinking, by making substance abuse services a key and visible component of the basic public health services provided
- Positions Connecticut to implement national health care reform
- Builds on CADAC's strong commitment to link and create partnerships between health care providers and substance abuse providers
- Strategic planning capacity will centralize policy development and promote coordination
- Coordination and reconfiguration of the current array of advisory boards and councils
- More collaboration that combines a client-centered structure with a population based structure

# How will public health and substance abuse be linked?

## *Department of Public Health and Addiction Services*

**The Old Way**




**The New Way**

***Department of Public Health and Addiction Services***

- *Substance Abuse Council*
- *Public Health Council*
- *Executive Advisory Council*
- *Interagency Council*

- Recognizes substance abuse as a leading public health concern
- Coordinates services for citizens as a whole with those for special needs population

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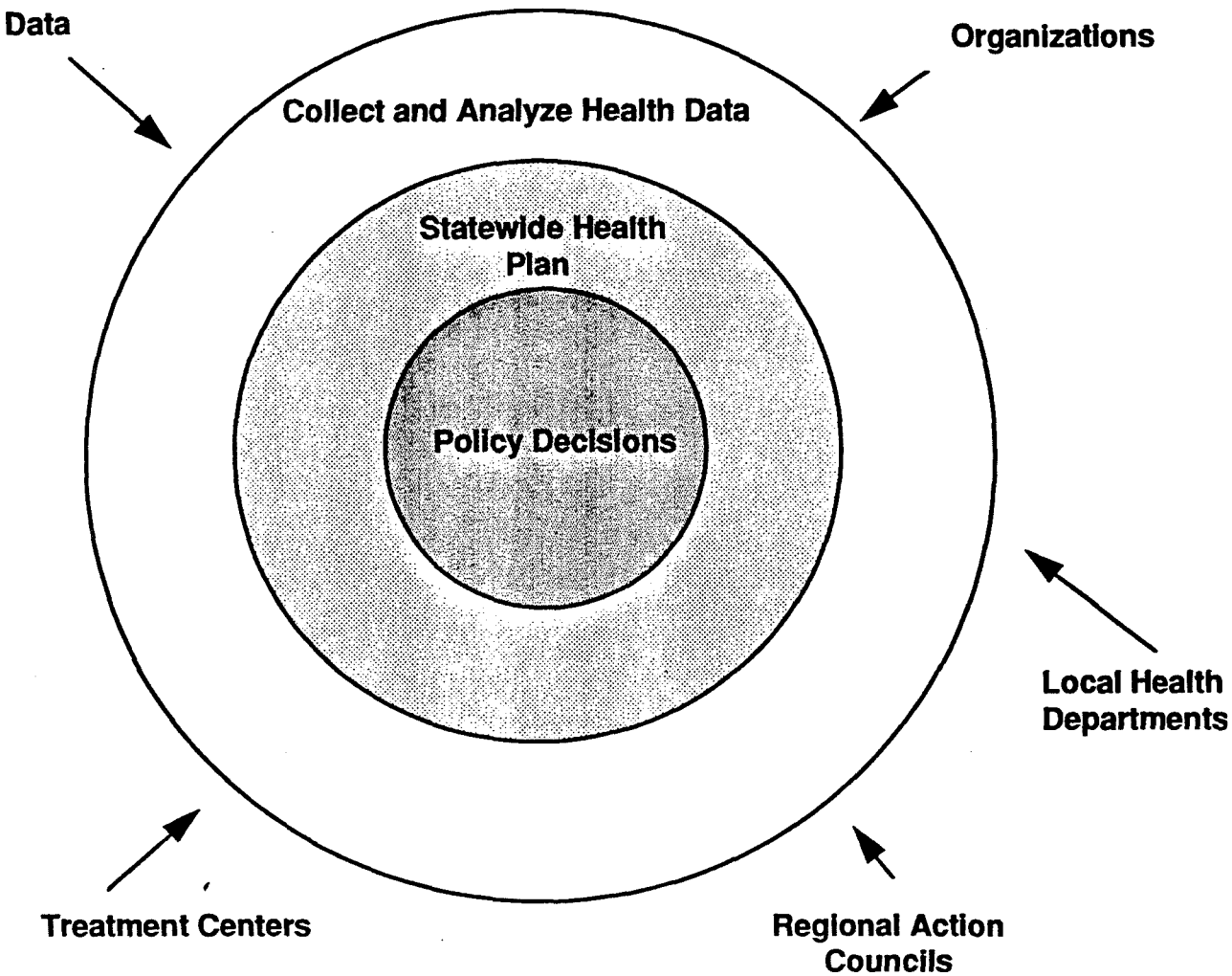
# How will it work?

***Planning*** **- The Department of Public Health and Addiction Services will use strategic health planning to centralize policy development, promote interagency coordination and develop strategies.**




**Collect and Analyze Health Data**
- vital statistics
- surveillance
- client information
- substance abuse data
- etc.,

**Statewide Health Plan**
- set state priorities and goals
- set quantitative goals
- establish standards for supply, distribution and organization of resources
- recommend allocation of resources

**Policy Decisions**
- certificates of need
- rate setting
- restrain costs
- prevent duplication
- accessibility
- quality assurance
- prioritize the use of resources

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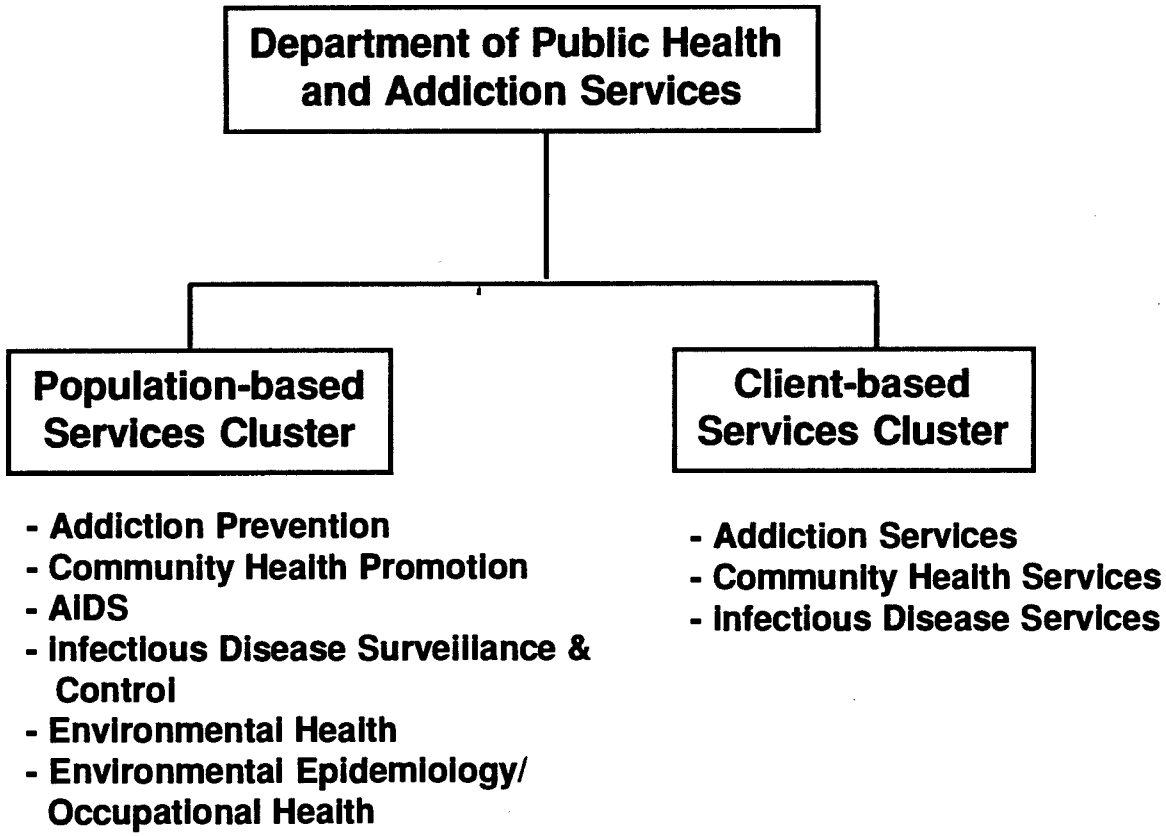
# How will it work?

***Programs*** - The Department of Public Health and Addiction Services will use an integrated service delivery model to coordinate the former activities of the Department of Health and CADAC

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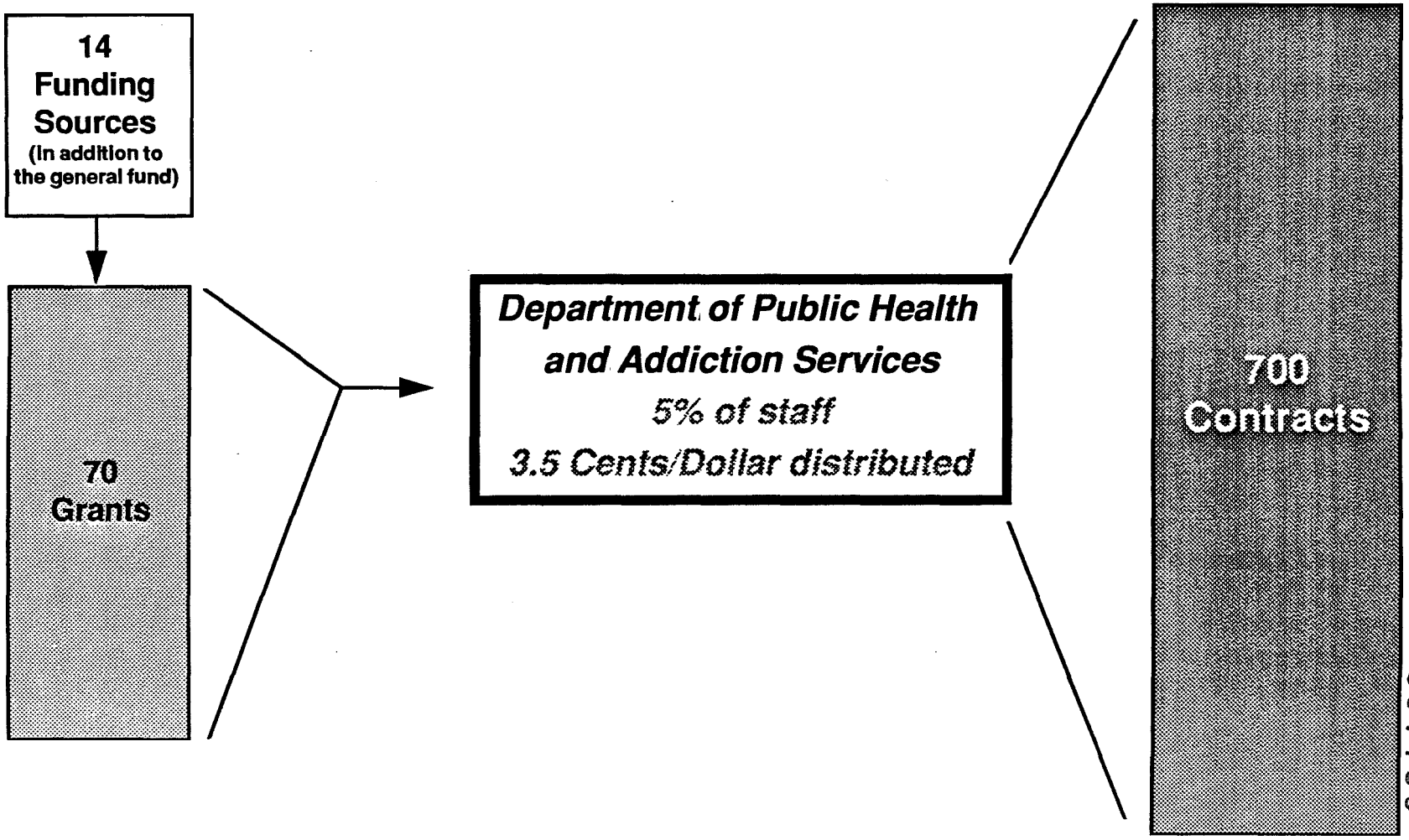
# Administrative And Support Services

**The Department of Pubiic Health and Addiction Services will administer 700 contracts to local community providers with oniy 5% of the staff and using only 3.5 cents per dollar distributed**

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# When will this happen?

| | |
|---|---|
| 7/92 | Teams were convened for DSS & DPHAS |
| 1/93 | Plans for DSS & DPHAS Transition |
| 7/93 | Statutes To Be Changed for DSS & DPHAS<br>DSS & DPHAS Mergers Initiated |
| 1/94 | Progress Report on DSS & DPHAS |
| 7/94 | Detailed Implementation |
| 7/95 | DSS & DPHAS Mergers Completed |

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# SECTION-BY-SECTION SYNOPSIS

## SB 1047: An Act Concerning the Establishment of the Department of Public Health and Addiction Services

*Prepared by the Policy Development and Planning Division*
*Office of Policy and Management*

**Effective Date: July 1, 1993**

**Section 1:** **(New) (a) Establishes the Department of Public Health and Addiction Services with a Commissioner appointed by the Governor.** CGS Section 4-5 to 4-8 is cited which deals with the process of appointing Department heads by the Governor, their terms, confirmation process, qualifications, powers and duties. Among these powers and duties are to "appoint such deputies as may be necessary for the efficient conduct of the business of the department" and "such other employees as may be necessary for the discharge of ...duties." (A copy of the full text of CGS Section 4-5 to 4-8 is attached to this synopsis.)

**(b) The Department of Public Health and Addiction Services is the successor agency to the Department of Health Services and the Connecticut Alcohol and Drug Abuse Commission.** CGS Section 4-38d and 4-39 are cited with regard to successor agencies which provide among their sections that

- in a successor agency, any order or regulation shall continue in force and effect;
- a successor agency is substituted in any action or proceeding, civil or criminal, pending at the time of transfer;
- any contract, right of action or matter undertaken or commenced by a department may be conducted and completed by its successor in the same manner and under the same terms and conditions with the same effect, and,
- the Governor shall determine and transfer the amount of any appropriations to the successor department. (A copy of the full text of CGS Section 4-38d and 4-39 is attached to the end of this synopsis.)

**(c) Any order or regulation of the Department of Health Services or the Connecticut Alcohol and Drug Abuse Commission shall continue as an order or regulation of the Department of Public Health and Addiction Services.** This section also provides that the Commissioner of

the Department of Public Health and Addiction Services will resolve any conflict between order or regulation of the previous departments. (This authority is also provided in CGS Section 4-38d described above.)

**Section 2:** **(New) Sets forth the powers and duties of the Commissioner of the Department of Public Health and Addiction Services.** This Section combines the powers and duties of the Commissioner of the former Department of Health Services, the Connecticut Alcohol and Drug Abuse Commission and its Executive Director. It provides that the Commissioner may establish state-wide and regional advisory councils.

**Section 3:** **Requires the Department to prepare a multiyear state health plan.** This section outlines the requirements of the plan, which shall include a comprehensive plan for prevention, treatment and reduction of alcohol and drug abuse problems. It requires the Commissioner to solicit and consider the recommendations of sub regional planning and action councils and advisory bodies, and consider the recommendation of any advisory bodies which may be established by the Commissioner.

**Section 4:** **(New) Gives the Commissioner the power to appear and participate as an intervenor in any hearing or proceeding concerning certificate of need or rate or budget review of any health care facility or institution for the purpose of determining compliance with the state health plan.** These hearings may be held by the commission on hospitals and health care or by any other state agency.

**Section 5:** **(New) Transfers the power to the new Commissioner to appoint superintendents of all the institutions and facilities providing alcohol and drug treatment that have been transferred to the Department from the Connecticut Alcohol and Drug Abuse Commission (CADAC).**

**Section 6:** **(New) Transfers the power to the new Department from CADAC to allocate funds designated for grants and contracts for alcohol and drug programs and services.** It authorizes the Department to require quarterly reports from all recipients of grants and from all departments of the state whose activities are related to alcohol or drug abuse problems. It further requires the Department to report its findings on January first of each year to the Governor and the General Assembly, with any recommendations for executive and legislative action.

**Section 7:** **(New) Transfers to the new Department from CADAC the provision that non-profit organizations or municipal departments or units are to apply to the Department for state and federal funds to establish,**

**expand or maintain services to alcohol or drug dependent persons.** It authorizes the Department to accept such requests for funds, outlines information to be submitted by applicants, and authorizes the department to adopt regulations concerning minimum standards for eligibility to receive funds in accordance with the provisions of Chapter 54 of the Connecticut General Statutes.

**Section 8:** **(New) Transfers to the new Department from CADAC the requirement to establish a program to provide alcohol and drug abuse services to deaf and hearing impaired persons.**

**Section 9:** **(New) Transfers to the new Department from CADAC the requirement to pay the expenses of necessary transportation for any alcohol-dependent persons admitted to a treatment facility pursuant to the provisions of Section 17a-624 or Section 17a-626 or to any program funded by the Department pursuant to Section 6 of this act.** It permits the Department to adopt regulations in accordance with Chapter 54 of the Connecticut General Statutes for payments under this Section.

**Section 10:** **(New) Transfers to the new Department from CADAC the responsibility, in consultation with the Department of Income Maintenance to identify the twenty towns in the state having the highest number of general assistance recipients and provide, within available resources, substance abuse treatment for such recipients.** This Section further requires the Department of Public Health and Addiction Services to provide funds on a fee for service basis, to purchase inpatient and outpatient treatment services from licensed private nonprofit providers. It requires the Department to report its plan for providing substance abuse treatment services to general assistance recipients to the Public Health and Human Services Committees on or before January 1, 1994.

**Section 11:** **Technical: Change of name provisions.** This Section delineates the numbers of those statutory sections where the Commissioner of Health Services or the Executive Director of the Connecticut Alcohol and Drug Abuse Commission shall be replaced by the Commissioner of the Department of Public Health and Addiction Services. It also lists all sections where Department of Health Services, the Connecticut Alcohol and Drug Abuse Commission or the State Alcohol and Drug Abuse Commission shall be replaced by the Department of Public Health and Addiction Services. It also provides for changing the same terms of the "Department of Health services", "Connecticut Alcohol and Drug Abuse Commission", "State Alcohol and Drug Abuse Commission", Commissioner of Health Services" and "Executive Director of the

Connecticut Alcohol and Drug Abuse Commission" in any Public or Special Act of 1993 or 1994.

**Section 12:** **Amends Section 3 of Special Act 92-20, which mandated the reorganization of health and human services agencies in Connecticut, as follows:**

- **sets forth the Department of Public Health and Addiction Services shall have a strategic planning and information services division and an administrative and support service division.**
- establishes that the department shall have the following program divisions: **health promotion and disease prevention, addiction and community health services, regulatory services, and laboratory services.**
- **requires the Office of Policy and Management to establish pursuant to its powers under CGS Section 16a-4a not more than six uniform service delivery regions** for the Department of Public Health and Addiction Services and other newly reorganized health and human services agencies as well as coordinate the regional service delivery areas of other state agencies which provide services closely linked with those health and human services agencies.

**Section 13- 23:** **Technical and name changes to several public health and alcohol and drug abuse statutes that require more complex statutory changes in order to implement the merger of the two agencies.** Also deletes some obsolete sections of statutes with regard to operation of alcohol and drug abuse facilities through a contract with the Department of Mental Health.

**Section 24:** **Transfers provisions regarding substance-abusing pregnant women and their children from CADAC to the new Department.** Amends CGS Section 17a-644 to provide for name changes and to incorporate various statutory sections into one regarding programs for substance abusing pregnant women and their children. CGS Sections 635(2) and 636(c) are incorporated into CGS Section 17a-644 via Section 24(c) and 24(d) respectively of SB 1047. Among the provisions of the new statutory section are that the Department of Public Health and Addiction Services is required to include in the state substance abuse plan goals to overcome the barriers to treatment which are specific to pregnant women and women with children and to develop increased programs for pregnant women in collaboration with other state agencies. It further requires the Department to submit on or before November thirtieth, annually, a report to the joint standing committees having cognizance of matters relating to public health regarding the status of treatment program availability for pregnant women.

**Section 25:** **Transfers responsibility for the establishment of a fifteen-bed segregated, community-based alcohol and drug treatment for female offenders (previously shared by CADAC and the Department of Correction) to the Department of Correction only.**

**Section 26:** **Transfers the committee on substance-abusing pregnant women and their children from CADAC to the Department of Public Health and Addiction Services, and authorizes the new Commissioner to appoint the chairperson of the committee.**

**Section 27:** **Makes necessary name changes in a statute that deals with an exception to obtaining a certificate of need for certain substance abuse treatment facilities from the Commission on Hospitals and Health Care.** Also deletes an outdated statutory requirement for CADAC to develop and implement a plan for the use of surplus institutions or facilities for substance abuse treatment programs by July 1, 1990, and for the assistance of the Commissioner of the Department of Public Works in implementing that plan.

**Section 28:** **Amends CGS Section 17a-663 to transfer from CADAC to the Commissioner of the new Department the responsibilities of the state plan steering committee and for establishing regional planning boards.**

**Section 29:** **Amends CGS Section 17a-664 to transfer from CADAC to the new Department the requirement to encourage the establishment of sub regional planning and action councils.** It authorizes the Commissioner to adopt regulations in accordance with Chapter 54 to establish minimum standards for eligibility of the councils to receive state funds.

**Section 30:** **Technical name change transferring to the new Department from CADAC the power and duty of the Commissioner regarding overall state-wide planning and the administration and control of substance abuse treatment programs operated by the Department.**

**Section 31:** **Deletes references to the appointing of deputy commissioners by the previous Commissioner of the Department of Health Services.** Such authority already rests with the Commissioner of the new Department of Public Health and Addiction Services through Section 1 of SB 1047.

**Section 32:** **Technical name changes regarding membership on the state-wide adolescent health council for the Commissioner of the new Department instead of the Executive Director of CADAC..**

**Section 33:** **Amends section (a) of CGS Section 19a-153 of the general statutes to require the Commission on Hospitals and Health Care, whenever the granting, modification or denial of a request regarding rates or services by a health care facility or institution is inconsistent with the state health plan (as set forth in Section 3 of SB 1047), to provide written explanation of the reasons in the decision.**

**Section 34:** **Transfers the designation as the lead agency for the administration and distribution of state funds for the control of lung diseases from the Department of Health Services to the new Department.**

**Section 35:** **Transfers from the Department of Health Services to the new Department authority to admit to chronic disease hospitals only patients with chronic illness and to give preferences to patients receiving public assistance.**

**Section 36:** **Makes technical name change and deletes outdated section of CGS Section 19a-495 regarding the licensing of mental health or alcohol and drug treatment facilities.**

**Section 37:** **Makes technical name changes in CGS Section 19a-498 regarding the biennial licensure inspections of all institutions.** Also deletes a now unnecessary reference that the Department of Health Services must provide notice of such inspections of alcohol and drug treatment facilities to CADAC.

**Section 38:** **Repeals duplicate, inconsistent or obsolete statutory sections. with regard to the merging agencies.**

**Section 38:** **Effective date.** This act shall take effect July 1, 1993.

CONNECTICUT CONFERENCE OF MUNICIPALITIES
900 Chapel St., 9th Floor, New Haven, CT 06510-2807 • Phone (203) 498-3000 • FAX (203) 562-6314

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# TESTIMONY

of the

## CONNECTICUT CONFERENCE OF MUNICIPALITIES

to the

## PUBLIC HEALTH COMMITTEE

March 23, 1993

The Connecticut Conference of Municipalities is here today to testify on the foiiowing bills of interest to cities and towns:

**H.B. 1047** **"An Act Concerning Establishment of the Department of Public Health and Addiction Services"**

This biil would consolidate the state Department of Health Services and the Connecticut Alcohol and Drug Abuse Commission (CADAC) into the state Department of Public Heaith and Addiction Services.

While it appears that the Department's general responsibiilties are in tact, CCM has concern that the maln emphasis of the Department not be adversely affected, but enhanced by its taking over CADAC.

**H.B. 1052** **"An Act Concerning Locai Heaith Departments and Heaith Districts"**

This bill wouid grant more authority to iocai and district heaith directors.

While the goals of H.B. 1052 are generally admirable, CCM has several concerns:

- The authority given to public health directors should not supersede what the municipal chief executive officer or town council feel needs to be done for the overall safety of the community. The health director and town authorities should work in concert to determine the overall general health priorities of the town.

  Therefore, CCM recommends that the definition of health policy development on line 108 include, after the word "policies" the phrase, "in consultation with the local legislative body".

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# STATE OF CONNECTICUT

*DEPARTMENT OF HEALTH SERVICES*

STATEMENT OF TESTIMONY
MARCH 23, 1993

IN SUPPORT OF SENATE BILL NO. 1047

AN ACT CONCERNING THE ESTABLISHMENT OF
THE DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES

Testimony of Susan S. Addiss, MPH, MUrs, Commissioner, Department of Health Services (DHS).

Good afternoon Senator Przybysz, Representative Courtney and members of the Public Health Committee. I am Susan Addiss, Commissioner of the Department of Health Services and Commissioner-Designate of the Department of Public Health and Addiction Services. I am here to speak in favor of Senate Bill No. 1047, "An Act Concerning the Establishment of the Department of Public Health and Addiction Services".

As you know, the Department of Public Health and Addiction Services was created under Special Act 92-20 as part of the health and human services reorganization recommended by the Commission to Effect State Government Reorganization, also known as the Harper-Hull Commission. SB No. 1047 would establish the Department, set forth its powers and duties and provide the authority for combining the programs and functions of the Department of Health Services (DHS) and the Connecticut Alcohol and Drug Abuse Commission (CADAC). From its inception, this reorganization has been a joint effort of the executive and legislative branches; it has the full support of Governor Weicker.

It also has my full support and that of John C. Higgins-Biddle, Executive Director of CADAC. John and I see the proposed merger of DHS and CADAC as a unique opportunity to broaden the mandate of public health in Connecticut while at the same time maintaining and capitalizing on the visibility and significance of substance abuse as a high level priority within the State. Our vision is supported by a landmark report published by the prestigious Institute of Medicine in 1988, entitled "The Future of Public Health", which clearly identified substance abuse services as a key component of basic public health services to be provided to citizens at both the state and local level. Just this month, a high level policy group including Nobel Laureate Milton Friedman, former Secretary of State George P. Scultz, former San Jose California Police Chief Joseph D. McNamara and Baltimore Mayor Kurt Schmoke, a former federal prosecutor, issued a report to President Clinton urging him - and I quote - "to scrap the current get tough policy and start attacking the drug crisis as a public health problem." The Clinton Administration's commitment to health care reform suggests that this is the time to seize the opportunity to place substance abuse prevention and treatment clearly in the mainstream of public health.

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The merger of DHS and CADAC provides an unparalleled opportunity to underscore the importance of substance abuse as a leading health concern - both physical and mental - while achieving integration of substance abuse services with closely related and essential public health protection and promotion programs such as maternal and infant care, adolescent health, AIDS, tuberculosis, sexually transmitted diseases, laboratory services, and health system regulation. **No other existing or proposed State Agency offers a home for such a wide range of services with direct bearing on substance abuse prevention and treatment.**

Because these public health services touch the lives of state residents of every age, gender, income level, and cultural/ racial background every day, CADAC's services will be more visible and accessible within Connecticut communities to a broad base of the State's population as a result of this merger. It is important to note that these outcomes are completely consistent with and supportive of the direction CADAC has been moving in in the past two years with its proposed "Bridges to Health" project. This project seeks to build linkages and partnerships between health care providers and substance abuse providers in order to demonstrate the essential interrelationships between the two service systems.

Over one hundred staff from the DHS and CADAC invested significant time between August and December of 1992 internalizing the goals and expectations of Special Act 92-20 and wrestling with how to translate the vision and mandates of the Special Act into the context of the complex and numerous responsibilities and functions of the DHS and CADAC. Discussion of the appropriate model of organization for the Department of Public Health and Addiction Services started with the design goals and guidelines of Special Act 92-20, proceeded to design characteristics uniquely suited to public health and substance abuse service delivery, and concluded with an assessment of how effectively and efficiently the proposed organizational structure would accomplish the following goals of reorganization:

1. To develop an integrated, client-centered service delivery system with an emphasis on preventive health programs; and,

2. To improve the timeliness and quality of services, achieving improved efficiencies and future cost avoidance.

It is important to note in regard to the third legislative goal of reducing staff overall in the health and human services delivery system that both DHS and CADAC enter the merger at significantly reduced staffing levels in contrast to three years ago. DHS has experienced a reduction of 173 authorized positions or 23% of its workforce between 1988-89 and 1992-93. Similarly CADAC has experienced a reduction of 51 full-time positions. DHS has less total staff in 1992 than in 1985, the year in which DHS had the lowest number of authorized positions in the decade of the 1980's.

This significant decline in staff experienced by both agencies must be considered in the context of the dramatic increase in the number and

complexity of public health and substance abuse problems and requirements, including the emergence of HIV/AIDS, lethal new drugs, multi-drug resistant tuberculosis, rabies, lead poisoning, drug use resulting in a significant increase in related crimes, and many more. The merging of DHS and CADAC will enable us to utilize existing staff more effectively and take maximum advantage of the opportunity to improve service delivery through integration and coordination of closely related staff and programs.

The proposed Department of Public Health and Addiction Services calls for an authorized position count of 1419, with no reduction in staff positions from the current position counts in DHS and CADAC. You may well ask why this merger of DHS and CADAC will not realize the same kind of cost savings and staff reductions as that proposed in the Department of Social Services reorganization plan. There are several reasons why:

- In light of the staff reductions which I just described, the combining of DHS and CADAC will enable us to reach a minimum core number of staff to administer such important programmatic areas as drug treatment centers, the State Laboratory, and the licensing and regulatory functions, as well as oversee the complex disbursement of funds and monitoring of funded agencies which is a substantial portion of the work of DPHAS.

- DHS and CADAC program responsibilities complement one another and, in a sense, are additive. There are virtually no duplications of program staff, either by title or function. We will maximize existing resources which are already stretched to the limit, while preserving our ability to generate revenue.

- The merger brings together a diverse staff serving a wide range of needs and residents throughout Connecticut. In contrast, the DSS merger combines agencies serving many of the same clients and provides an opportunity to eliminate duplication of effort.

We have designed an organizational model for the Department of Public Health and Addiction Services which will enable us to achieve better service without requiring additional staff. Simultaneously, we will achieve cost savings by redeploying 18 managers into non-management positions in critical program areas. In sum, we will fully utilize all existing staff resources but will not require any additional staff resources to meet the objectives of Special Act 92-20.

Let me talk for a moment about how our organizational model for the Department of Public Health and Addiction Services supports this maximization of existing resources in an era of spiraling demands. We have created two major program units, the Division of Addiction and Community Health Services and the Division of Health Promotion and Disease Prevention Services. Each is organized around the principle of linking programs with a similar focus and staff with similar skills. In the case of the Addiction and Community Health Services Division, programs providing direct service to individual clients, such as CADAC's drug treatment centers and the DHS's Women, Infants and

Children (WIC) program, are organized within one unit to take advantage of the opportunity to provide and coordinate multiple services to specific individuals and family units who may enter the health and human services delivery systems in any number of ways. This client/individual-centered unit will also serve as the touchpoint within the new Department for linking to the other three new human services agencies, each of which deals with individual clients/families, is working to establish delivery systems which are responsive to the needs of individuals, families and communities, and has as a primary operational goal to facilitate access to necessary and available services.

In a similar fashion, the Division of Health Promotion and Disease Prevention Services clusters programs which serve the residents of Connecticut as a whole. In public health terms, these programs are "population-based", diagnosing communities, if you will - in contrast to health care providers who diagnose and treat individuals - and identifying strategies for preventing the emergence or spread of public health and substance abuse problems. The tools of the staff in the Division are surveillance, epidemiologic investigation, outbreak control, education, counseling and testing, and other prevention and early intervention strategies.

I would also like to draw your attention to several other unique features of our reorganizational model. In order to ensure leadership and focus on the issue of substance abuse within the Department of Public Health and Addiction Services and throughout State government, the proposed organizational model includes a new position entitled Assistant to the Commissioner for Substance Abuse within the Commissioner's Office. A new Substance Abuse Advisory Council will report directly to this position. In order to ensure active and effective integration of public health and substance abuse issues at the program level, Program Action Teams (PATs) will be designated out of the Commissioner's Office to plan for and respond to specific multi-issue problems, such as the issues and needs surrounding a substance abusing pregnant teenage mother.

Unlike our sister agencies which are organized primarily to meet the needs of individual clients, the Department of Public Health and Addiction Services will continue the service delivery model currently employed by DHS and CADAC. This model operates at two levels in support of a wide range of both prevention and treatment services. DHS and CADAC accomplish our respective missions through a judicious juxtaposition of highly skilled staff at the State level who provide Statewide consultation and technical assistance to local providers, municipalities, and citizens, with funding of direct services at the local level through over 700 contracts with local providers and communities. These contracts serve as a means of mobilizing approximately 56% of the Department's combined State and federal funds to impact on public health and substance abuse problems and needs at the local level and in treatment centers. Essential to this system is the network of local health departments and districts which serve as the front line of public health services. Regional Action Councils funded by CADAC play a related role by assuring that a diversity of community interests are represented in the

process of planning for the provision of substance abuse prevention and treatment services.

In addition to contracting with a wide variety of local providers, both agencies, and in particular, CADAC, have maintained, and will continue to maintain, a clear commitment to direct service. In fact, it is important to understand the key link between prevention - a DHS strength, and treatment - a CADAC strength. Successful prevention efforts reduce the need for treatment while the treatment environment provides a perfect opportunity to initiate and integrate prevention programs.

To give you a perspective on the complexity of managing and administering this service delivery model, DHS and CADAC receive funds from 14 different fund sources (in addition to the General Fund) to support 70 specific grant programs. These grant programs address public health and substance abuse issues ranging from protecting the public drinking water supply, reducing exposure to radon, providing detoxification, treatment, and rehabilatative substance abuse services, preventing the spread of infectious diseases such as HIV/AIDS, sexually transmitted diseases and tuberculois to ensuring an adequate diet for mothers, infants and children, mobilizing communities to respond to substance abuse problems, ensuring uniform standards of quality in health care facilities, and supporting the delivery of primary care services in high risk areas of the State. In this highly complex program environment, adequate administrative and fiscal support is essential to ensure fiscal accountability and program effectiveness.

To provide you yet another perspective on the nature of the new Department, 88% of total Department of Public Health and Addiction Services staff will be in program functions, including direct client service, quality assurance (that is, licensing and regulation), laboratory services, community health promotion and disease prevention. Of the remaining staff, 6% will be organized under the umbrella of Strategic Planning and Information Services. This unit brings together essential data gathering, processing and dissemination functions within the agency and serves as the focal point for identifying public health and substance problems, quantifying and documenting those problems, and communicating descriptive and analytical information about those problems to Department of Public Health and Addiction Services staff, and decision-makers, both within and outside the Agency.

With a bulk of staff resources devoted to program services and a small but efficient core group of staff devoted to internal and external planning and information services, the remaining staff - or 5% of total staff - must handle the complex task of facilitating and overseeing the disbursement of over 67 million dollars in State and federal funds to a variety of sister state agencies and local community/municipal providers. In an agency in which such a large proportion of program activity is conducted by means of grants and contracts, a capable, efficient and adequately staffed administrative unit spells the difference between unreliable management practices and responsible stewardship of public funds. I think it is important to note as a measure of our efficiency performing this critical task, it requires just 3 1/2 cents in

administrative and fiscal services to manage and monitor every $1.00 disbursed by the agencies. Were the Legislature to look at any further reductions in staff than we have already sustained over the past three years, the savings will not come out of administrative services. **Any additional staff reductions will mean elimination of basic and essential public health and addiction programs.**

In these difficult economic times, I share with you a concern for trying to balance our responsibility and commitment to protect the public's health and ensure that necessary public health and addiction services are available and accessible **and** achieve a service delivery system which is cost effective and cost responsible. I believe that the proposed merger of DHS and CADAC is a direct and creative response to this enormous challenge. Our approach translates into better service, better coordination, and improved efficiency - each of which constitutes a significant ingredient in long term cost savings and cost avoidance and responds directly to the goals of the reorganization.

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CURRENT DHS and CADAC POSITION COUNT COMPARED TO
PROPOSED POSITION COUNT IN THE
DEPARTMENT of PUBLIC HEALTH and ADDICTION SERVICES

| | CURRENT GENERAL FUND | CURRENT FEDERAL FUND | CURRENT OTHER FUNDED | CURRENT TOTAL: ALL FUNDING SOURCES | REDEPLOYMENTS | PROPOSED TOTAL: ALL FUNDING SOURCES |
|---|---|---|---|---|---|---|
| COMMISSIONER'S OFFICE | 14 | 1 | 0 | 15 | -2 | 13 |
| ADMINISTRATIVE & SUPPORT SERVICES | | | | | | |
| Fiscal & Engineering | 37 | 4 | 0 | 41 | -1 | 40 |
| Human Resources | 8 | 4 | 0 | 12 | -1 | 11 |
| Grants & Contracts | 5 | 0 | 0 | 5 | -1 | 4 |
| Payroll | 7 | 1 | 0 | 8 | -1 | 7 |
| Human Resources Development | 1 | 1 | 0 | 2 | +1 | 3 |
| PROGRAM SERVICES | | | | | | |
| Central | 136 | 189 | 3 | 328 | +1 | 329 |
| Facilities | 408 | 18 | 0 | 426 | +6 | 432 |
| STRATEGIC PLANNING & INFO SERVICES | | | | | | |
| Government Relations/Regulations | 4 | 1 | 0 | 5 | -1 | 5 |
| Communications/Marketing | 5 | 0 | 0 | 5 | 0 | 5 |
| Health Planning | 14 | 4 | 0 | 18 | -1 | 18 |
| Data Processing | 14 | 6 | 0 | 20 | 0 | 20 |
| Information Services | 10 | 9 | 0 | 19 | -1 | 18 |
| Vital Records | 8 | 2 | 0 | 10 | 0 | 10 |
| REGULATORY SERVICES | 125 | 42 | 78 | 245 | -1 | 244 |
| LABORATORY SERVICES | 186 | 12 | 0 | 198 | 0 | 198 |
| EMERGENCY MEDICAL SERVICES & LOCAL HEALTH | 18 | 2 | 0 | 20 | 0 | 20 |
| COMMISSION ON HOSPITAL & HEALTH CARE | 39 | 0 | 3 | 42 | 0 | 42 |
| TOTALS | | | | 1419 | 18 | 1419 |

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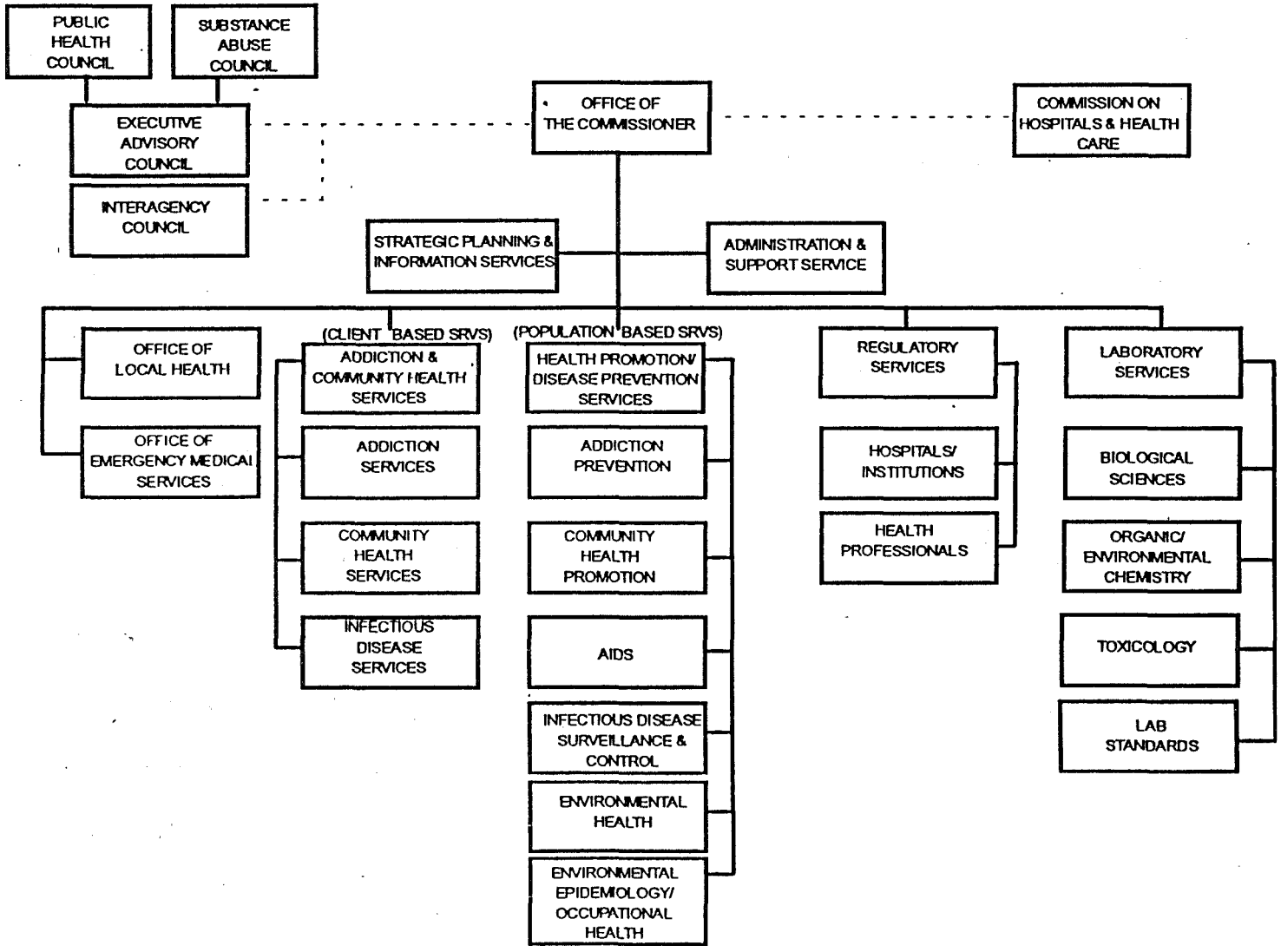
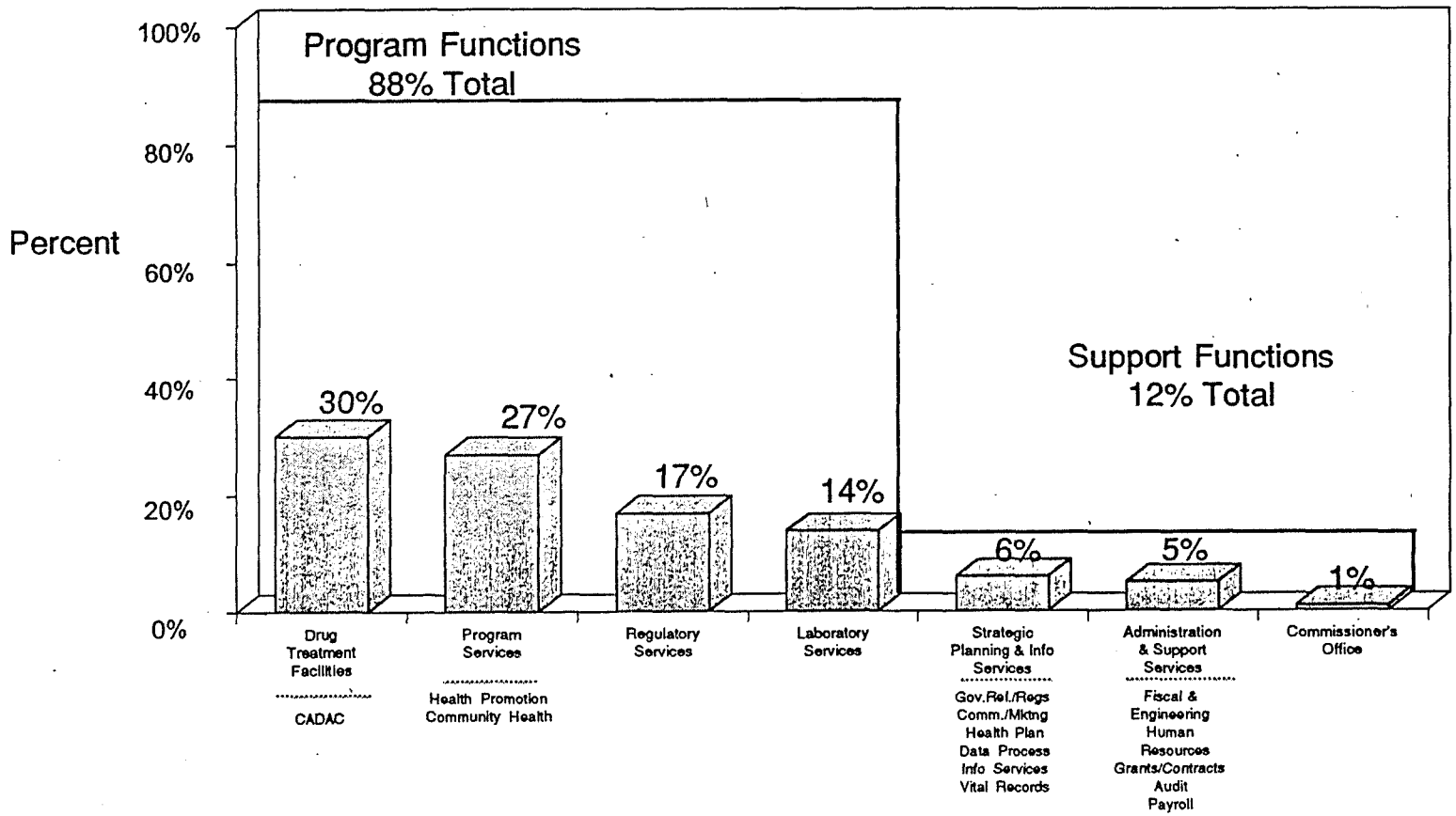
# DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
## PROPOSED ORGANIZATIONAL STRUCURE



# DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
# DISTRIBUTION OF PROPOSED POSITIONS
# BY PROGRAM AND SUPPORT FUNCTIONS



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