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## So Now What?

It is a little scary isn't it? Difficult and uncertain times. No state budget and, given the fiscal picture, it is likely to be a challenging one for a healthcare agency like DMHAS. Our population of 90,000 clients/patients annually has not gone away and, in fact, appears to be growing with the significant financial pressures experienced by individuals and families throughout Connecticut.

We are also faced with the loss of 311 of our colleagues who retired a few days ago. They were part of our work family as was evident at each of the DMHAS facilities over the last few weeks when we thanked them and celebrated their years of service. The most frequent comment? 'I will miss the people I worked with, their humor and support, and how we shared the key events in our lives over all those years.'

Who is going to do what they did? Or even know how? Consider the comment of one individual- "I am a good clinician on a clinical team, but now to supervise the team, I have never done that."

So, how do we move forward? How are we going to do it...In the short and long run? The challenges will not end soon.

First, we need to remind ourselves, repeatedly, to keep our focus on what really matters. Build on our existing cornerstones – your talent and team work, and stay on course to maintain our recovery-oriented system of care. At times like these, it is very easy to be distracted by misinformation, speculation and rumor. The 90,000 individuals and families referenced above are counting on us.

Second, whatever work you do...know that it relates and contributes to the overall health and recovery of people throughout Connecticut. For every person in care, there are four others impacted for better or for worse. We don't fill potholes. We promote wellness. We offer hope. We work to help people with serious healthcare conditions to recover their lives and to gain the best quality of life they can achieve.

Third, besides the dedicated and experienced 3,700 DMHAS non-retirees, we have significant resources and alliances with our advocates, families/consumers/people in recovery, the care provider community and our academic partners. We all make for a powerful service and support system.

Fourth, based on information and recent work done at every DMHAS facility, we have developed and submitted sound plans for who can cover what in new ways, how many staff refills are critical to safely and effectively do our work, what overtime and/or temporary work retirees may need to do in the short-term and still achieve appreciable personnel savings – obviously the expected result of the incentive plan. If the response to our immediate emergency needs this past long holiday weekend is an indicator, we can count on DMHAS staff to step-up to the task as well as receive support from higher authorities. Our game plans are strong and we will continue to assess and refine strategies and plans and seek your counsel for ideas. All of what you and your colleagues continue to do is why DMHAS has an established favorable reputation nationally and in Connecticut. Are we perfect? No, far from it. But we are committed to striving for that level in our system of care.

Intuition might suggest that during periods of economic instability, we should simply try to 'survive' by hunkering down and focusing on just getting by. Just wait out the storm? Not DMHAS! We will choose the counterintuitive response...activities and efforts that promote growth and excellence. We will not retreat from our commitments and efforts to not only improve the system but also to attain excellence. I am committed to doing so over the coming months. Please join me in doing so and share your ideas.

Thank you for all you do. Comments are welcome at [Thomas.Kirk@po.state.ct.us](mailto:Thomas.Kirk@po.state.ct.us)