

## Looking Toward 2000 - State Health Assessment

[Table of Contents](#)[Glossary](#)[Maps](#)[Appendices](#)[Publications](#)[Public Health Code](#)[PP&A Main](#)[DPH Main](#)

### APPENDIX A

#### STATE HEALTH PLANNING LEGISLATION

##### State of Connecticut

**Sec. 19a-7a.** The General Assembly declares that it shall be the goal of the state to assure the availability of appropriate health care to all Connecticut residents, regardless of their ability to pay. In achieving this goal, the state shall work to create the means to assure access to a single standard of care for all residents of Connecticut, on an equitable financing basis and with effective cost controls. In meeting the objective of such access, the state shall ensure that mechanisms are adopted to assure that care is provided in a cost effective and efficient manner.

##### Connecticut Department of Public Health

**Sec. 19a-7.** The Department of Public Health shall be the lead agency for public health planning and shall assist communities in the development of collaborative health planning activities which address public health issues on a regional basis or which respond to public health needs having state-wide significance. The department shall prepare a multiyear state health plan which will provide an assessment of the health of Connecticut's population and the availability of health facilities. The plan shall include: (1) Policy recommendations regarding allocation of resources; (2) public health priorities; (3) quantitative goals and objectives with respect to the appropriate supply, distribution and organization of public health resources; and (4) evaluation of the implications of new technology for the organization, delivery and equitable distribution of services. In the development of the plan the department shall consider the recommendations of any advisory bodies which may be established by the commissioner.

##### Office of Health Care Access

**Sec. 19a-613.** (a) The Office of Health Care Access shall employ the most effective and practical means necessary to fulfill the purposes of 19a-610 to 19a-622, including but not limited to, performing the duties and functions as enumerated in subsection (b) of this section. (b) The Office shall: (1) Authorize and oversee the collection of data required to carry out the provisions of sections 19a-610 to 19a-622 and coordinate with the Connecticut Health Care Data Institute on issues relating to the collection and analysis of health care data described in sections 19a-619 to 19a-622, inclusive; (2) oversee and coordinate health system planning for the state; (3) monitor health care costs; (4) continue the functions and duties of chapter 368z; and (5) implement and oversee health care reform as enacted by the General Assembly.

**Sec. 19a-634.** (a) The Office of Health Care Access, in consultation with the Department of Public Health, shall carry out a continuing state-wide health care facility utilization study, including a study of existing health care delivery systems; recommend improvements in health care procedures to the health care facilities and institutions; recommend to the commissioner legislation in the area of health care programs; and report annually to the Governor and the General Assembly its findings, recommendations and proposals, as of January first, for improving efficiency, lowering health care costs, coordinating use of facilities and services and expanding the availability of health care throughout the state.

(b) The office shall establish and maintain a state-wide health care facilities plan, including provisions for an ongoing evaluation of the facility utilization study conducted pursuant to subsection (a) of this section to: (1) Determine the availability of acute care, long term care and home health care services in private and public institutional and community-based facilities providing diagnostic or therapeutic services for residents of this state; (2) determine the scope of such services; and (3) anticipate future needs for such

facilities and services. The health care facilities plan shall be considered part of the state health plan for purposes of office deliberations pursuant to section 19a-637.

**Sec. 19a-637.** (a) In any of its deliberations involving a proposal, request or submission regarding rates or services by a health care facility or institution, the office shall take into consideration and make written findings concerning each of the following principles and guidelines: The relationship of the proposal, request or submission to the state health plan; the relationship of the proposal, request or submission to the applicant's long-range plan; the financial feasibility of the proposal, request or submission and its impact on the applicant's rates and financial condition; the impact of such proposal, request or submission on the interests of consumers of health care services and the payers for such services; the contribution of such proposal, request or submission to the quality, accessibility and cost-effectiveness of health care delivery in the region; whether there is a clear public need for any proposal or request; whether the health care facility or institution is competent to provide efficient and adequate service to the public in that such health care facility or institution is technically, financially and managerial expert and efficient; that rates be sufficient to allow the health care facility or institution to cover its reasonable capital and operating costs. Whenever the granting, modification or denial of a request is inconsistent with the state health plan, a written explanation of the reasons for the inconsistency shall be included in the decision.

#### Connecticut Department of Mental Health & Addiction Services

**Sec. 17a-451.** (h) [The Commissioner] shall develop a state-wide plan for the development of mental health services which identifies needs and outlines procedures for meeting these needs. (j) He shall be responsible for developing and implementing the Connecticut comprehensive plan for prevention, treatment and reduction of alcohol and drug abuse problems to be known as the state substance abuse plan. The plan shall include state-wide, long term planning goals and objectives, and annual revisions of objectives. In the development of the substance abuse plan the commissioner shall solicit and consider the recommendations of the sub-regional planning and action councils established under section 17a-671. (See Appendix C)

#### Connecticut Department of Mental Retardation

**Sec. 17a-211.** (a) In 1991, and every two years hereafter, the Department of Mental Retardation shall develop and review a five-year plan in accordance with this section. The plan shall: (1) Set priorities; (2) identify goals and objectives and the strategies to be employed to achieve them; (3) define the criteria to be used in evaluating whether the department is making progress toward the achievement of such goals and objectives; (4) identify changes in priorities, goals, objectives and strategies from the prior plan; (5) describe and document progress made in achieving the goals and objectives outlined in the prior plan; and (6) estimate the type and quantity of staff and client services that will be needed over the life of the plan.

#### Connecticut Department of Social Services

**Sec. 17b-26.** (a) The Department of Social Services shall act as the single state agency to coordinate, plan and publish annually the state social services plan for the implementation of social services block grants and community services block grants as required by federal law and regulation. Said department shall furnish copies of said plan to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations, and the budgets of state agencies and human services, at least sixty days prior to publication, for their review and recommendations, and shall consult with and furnish to said committees any additional information on such plan which they may request.

## APPENDIX B

### CONNECTICUT HEALTH DEPARTMENTS AND DISTRICTS

Table B - 1

#### Local Health Departments and Districts by Municipality

| Municipality <sup>a</sup> |              | Health Department/District <sup>b</sup>  |
|---------------------------|--------------|--|
|                           | Andover      | Town of Andover Health Department        |
| ü                         | Ansonia      | Naugatuck Valley Health District         |
| ü                         | Ashford      | Northeast District Dept. of Health       |
| ü                         | Avon         | Farmington Valley Health District        |
| ü                         | Bantam (b)   | Torrington Area Health District          |
| ü                         | Barkhamsted  | Farmington Valley Health District        |
| ü                         | Beacon Falls | Naugatuck Valley Health District         |
| ü                         | Berlin       | Berlin Health Department                 |
|                           | Bethany      | Town of Bethany Health Department        |
| ü                         | Bethel       | Bethel Health Department                 |
| ü                         | Bethlehem    | Torrington Area Health District          |
| ü                         | Bloomfield   | West Hartford-Bloomfield Health District |
| ü                         | Bolton       | Eastern Highlands Health District        |
|                           | Bozrah       | Town of Bozrah Health Department         |
| ü                         | Branford     | East Shore Health District               |
| ü                         | Bridgeport   | Bridgeport Health Department             |
|                           | Bridgewater  | Town of Bridgewater Health Dept.         |
| ü                         | Bristol      | Bristol-Burlington Health District       |
|                           | Brookfield   | Town of Brookfield Health Dept.          |
| ü                         | Brooklyn     | Northeast District Dept. of Health       |
| ü                         | Burlington   | Bristol-Burlington Health District       |
|                           | Canaan       | Town of Canaan Health Department         |
| ü                         | Canterbury   | Northeast District Dept. of Health       |
| ü                         | Canton       | Farmington Valley Health District        |
|                           | Chaplin      | Town of Chaplin Health Department        |
| ü                         | Cheshire     | Chesprocott Health District              |
|                           | Chester      | Town of Chester Health Department        |
|                           | Clinton      | Town of Clinton Health Department        |
|                           | Colchester   | Town of Colchester Health Dept.          |

|   |                    |                                    |
|---|--------------------|------------------------------------|
| ü | Colebrook          | Farmington Valley Health District  |
|   | Columbia           | Town of Columbia Health Department |
| ü | Cornwall           | Torrington Area Health District    |
| ü | Coventry           | Eastern Highlands Health District  |
|   | Cromwell           | Town of Cromwell Health Department |
| ü | Danbury            | Danbury Health And Housing Dept.   |
| ü | Danielson (b)      | Northeast District Dept. of Health |
|   | Darien             | Town of Darien Health Department   |
|   | Deep River         | Town of Deep River Health Dept.    |
| ü | Derby              | Naugatuck Valley Health District   |
|   | Durham             | Town of Durham Health Department   |
| ü | East Granby        | Farmington Valley Health District  |
|   | East Haddam        | Town of East Haddam Health Dept.   |
| ü | East Hampton       | East Hampton Health Department     |
| ü | East Hartford      | East Hartford Health Department    |
| ü | East Haven         | East Shore Health District         |
|   | East Lyme          | Town of East Lyme Health Dept.     |
| ü | East Windsor       | North Central Health District      |
| ü | Eastford           | Northeast District Dept. of Health |
|   | Easton             | Town of Easton Health Department   |
| ü | Ellington          | North Central Health District      |
| ü | Enfield            | North Central Health District      |
|   | Essex              | Town of Essex Health Department    |
| ü | Fairfield          | Fairfield Health Department        |
| ü | Farmington         | Farmington Valley Health District  |
|   | Fenwick (b)        | Town of Old Saybrook Health Dept.  |
|   | Franklin           | Town of Franklin Health Department |
| ü | Glastonbury        | Glastonbury Health Department      |
| ü | Goshen             | Torrington Area Health District    |
| ü | Granby             | Farmington Valley Health District  |
| ü | Greenwich          | Greenwich Health Department        |
|   | Griswold           | Town of Griswold Health Department |
| ü | Groton city & town | Ledge Light Health District        |
|   | Guilford           | Town of Guilford Health Department |
|   | Haddam             | Town of Haddam Health Department   |
| ü | Hamden             | Quinnipiack Valley Health District |
| ü | Hampton            | Northeast District Dept. of Health |

|   |                 |  |
|---|-----------------|--|
| ü | Hartford        | Hartford Health Department               |
| ü | Hartland        | Farmington Valley Health District        |
| ü | Harwinton       | Torrington Area Health District          |
|   | Hebron          | Town of Hebron Health Department         |
|   | Jewett City (b) | Town of Griswold Health Department       |
| ü | Kent            | Torrington Area Health District          |
| ü | Killingly       | Northeast District Dept. of Health       |
|   | Killingworth    | Town of Killingworth Health Dept.        |
|   | Lebanon         | Town of Lebanon Health Department        |
|   | Ledyard         | Town of Ledyard Health Department        |
|   | Lisbon          | Town of Lisbon Health Department         |
| ü | Litchfield      | Torrington Area Health District          |
| ü | Litchfield (b)  | Torrington Area Health District          |
|   | Lyme            | Town of Lyme Health Department           |
|   | Madison         | Madison Health Department                |
| ü | Manchester      | Manchester Health Department             |
| ü | Mansfield       | Eastern Highlands Health District        |
|   | Marlborough     | Town of Marlborough Health Dept.         |
| ü | Meriden         | Meriden Dept. of Health & Human Services |
|   | Middlebury      | Town of Middlebury Health Dept.          |
|   | Middlefield     | Town of Middlefield Health Dept.         |
| ü | Middletown      | Middletown Health Department             |
| ü | Milford         | Milford Health Department                |
|   | Monroe          | Town of Monroe Health Department         |
| ü | Montville       | Uncas Health District                    |
| ü | Morris          | Torrington Area Health District          |
| ü | Naugatuck       | Naugatuck Valley Health District         |
| ü | New Britain     | New Britain Health Department            |
|   | New Canaan      | Town of New Canaan Health Department     |
| ü | New Fairfield   | New Fairfield Health Department          |
| ü | New Hartford    | Farmington Valley Health District        |
| ü | New Haven       | New Haven Health Department              |
| ü | New London      | New London Health Department             |
| ü | New Milford     | New Milford Health Department            |
|   | Newington       | Town of Newington Health Department      |
| ü | Newtown         | Newtown Health District                  |
| ü | Newtown (b)     | Newtown Health District                  |

|   |                  |   |
|---|------------------|---|
| ü | Norfolk          | Torrington Area Health District         |
| ü | North Branford   | East Shore Health District              |
|   | North Canaan     | Town of North Canaan Health Dept.       |
| ü | North Haven      | Quinnipiack Valley Health District      |
|   | North Stonington | Town of North Stonington Health Dept.   |
| ü | Norwalk          | Norwalk Health Department               |
| ü | Norwich          | Uncas Health District                   |
|   | Old Lyme         | Town of Old Lyme Health Department      |
|   | Old Saybrook     | Town of Old Saybrook Health Dept.       |
|   | Orange           | Town of Orange Health Department        |
| ü | Oxford           | Pomperaug Health District               |
| ü | Plainfield       | Northeast District Dept. of Health      |
|   | Plainville       | Town of Plainville Health Department    |
|   | Plymouth         | Town of Plymouth Health Department      |
| ü | Pomfret          | Northeast District Dept. of Health      |
|   | Portland         | Town of Portland Health Department      |
|   | Preston          | Town of Preston Health Department       |
| ü | Prospect         | Chesprocott Health District             |
| ü | Putnam           | Northeast District Dept. of Health      |
|   | Redding          | Town of Redding Health Department       |
|   | Ridgefield       | Town of Ridgefield Health Department    |
| ü | Rocky Hill       | Rocky Hill-Wethersfield Health District |
|   | Roxbury          | Town of Roxbury Health Department       |
|   | Salem            | Town of Salem Health Department         |
| ü | Salisbury        | Torrington Area Health District         |
|   | Scotland         | Town of Scotland Health Department      |
| ü | Seymour          | Naugatuck Valley Health District        |
|   | Sharon           | Town of Sharon Health Department        |
| ü | Shelton          | Naugatuck Valley Health District        |
|   | Sherman          | Town of Sherman Health Department       |
| ü | Simsbury         | Farmington Valley Health District       |
|   | Somers           | Town of Somers Health Department        |
|   | South Windsor    | Town of South Windsor Health Dept.      |
| ü | Southbury        | Pomperaug Health District               |
|   | Southington      | Town of Southington Health Dept.        |
|   | Sprague          | Town of Sprague Health Department       |
| ü | Stafford         | Stafford Health District                |
|   |                  |   |

|   |                |  |
|---|----------------|--|
| ü | Stamford       | Stamford Health Department               |
| ü | Sterling       | Northeast District Dept. of Health       |
|   | Stonington     | Town of Stonington Health Dept.          |
|   | Stonington (b) | Town of Stonington Health Dept.          |
| ü | Stratford      | Town of Stratford Health Department      |
| ü | Suffield       | North Central Health District            |
| ü | Thomaston      | Torrington Area Health District          |
| ü | Thompson       | Northeast District Dept. of Health       |
|   | Tolland        | Town of Tolland Health Department        |
| ü | Torrington     | Torrington Area Health District          |
|   | Trumbull       | Town of Trumbull Health Department       |
| ü | Union          | Stafford Health District                 |
| ü | Vernon         | North Central Health District            |
|   | Voluntown      | Town of Voluntown Health Department      |
|   | Wallingford    | Town of Wallingford Health Dept.         |
| ü | Warren         | Torrington Area Health District          |
|   | Washington     | Town of Washington Health Department     |
| ü | Waterbury      | Waterbury Health Department              |
|   | Waterford      | Town of Waterford Health Department      |
| ü | Watertown      | Torrington Area Health District          |
| ü | West Hartford  | West Hartford-Bloomfield Health District |
| ü | West Haven     | West Haven Health Department             |
|   | Westbrook      | Town of Westbrook Health Department      |
| ü | Weston         | Weston/Westport Health District          |
| ü | Westport       | Weston/Westport Health District          |
| ü | Wethersfield   | Rocky Hill-Wethersfield Health District  |
|   | Willington     | Town of Willington Health Dept.          |
| ü | Wilton         | Wilton Health Department                 |
| ü | Winchester     | Torrington Area Health District          |
| ü | Windham        | North Central Health District            |
| ü | Windsor        | Windsor Health Department                |
| ü | Windsor Locks  | North Central Health District            |
| ü | Wolcott        | Chesprocott Health District              |
| ü | Woodbridge     | Quinnipiack Valley Health District       |
| ü | Woodbury       | Pomperaug Health District                |
|   | Woodmont (b)   | Milford Health Department                |
| ü | Woodstock      | Northeast District Dept. of Health       |

(b) Denotes a borough in Connecticut.

ü Denotes a full-time health department or district.

<sup>a</sup> Connecticut municipalities include 170 cities and towns, and 8 boroughs

<sup>b</sup> Connecticut Department of Public Health, Local Health Administration. *Directory, Local Directors of Health in Connecticut*. Hartford:1997.

**Table B - 2**

**Regional Health Districts and Member Municipalities**

**Connecticut, 7/1/97**

| Health District                         | Municipality   |
|---|--|
| Bristol-Burlington Health District      | Bristol, Burlington  |
| Chesprocott Health District             | Cheshire, Prospect, Wolcott  |
| East Shore Health District              | Branford, East Haven, North Branford   |
| Eastern Highlands Health District       | Bolton, Coventry, Mansfield  |
| Farmington Valley Health District       | Avon, Barkhamsted, Canton, Colebrook, East Granby, Farmington, Granby, Hartland, New Hartford, Simsbury  |
| Ledge Light Health District             | City of Groton, Town of Groton   |
| Naugatuck Valley Health District        | Ansonia, Beacon Falls, Derby, Naugatuck, Seymour, Shelton  |
| Newtown Health District                 | Newtown, Newtown (b)   |
| North Central Health District           | East Windsor, Ellington, Enfield, Suffield, Vernon, Windham, Windsor Locks   |
| Northeast District Dept. Of Health      | Ashford, Brooklyn, Canterbury, Danielson (b), Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson, Woodstock                                 |
| Pomperaug Health District               | Oxford, Southbury , Woodbury   |
| Quinnipiack Valley Health District      | Hamden, North Haven, Woodbridge  |
| Rocky Hill-Wethersfield Health District | Rocky Hill, Wethersfield   |
| Stafford Health District                | Stafford, Union  |
| Torrington Area Health District         | Bantam (b), Bethlehem, Cornwall, Goshen, Harwinton, Kent, Litchfield, Litchfield (b), Morris, Norfolk, Salisbury, Thomaston, Torrington, Warren, Watertown, Winchester |

|  |                           |
|--|---------------------------|
| Uncas Health District                    | Montville, Norwich        |
| West Hartford-Bloomfield Health District | Bloomfield, West Hartford |
| Weston/Westport Health District          | Weston, Westport          |

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| Municipality <sup>a</sup> | Health Department/District <sup>b</sup>  |
|---------------------------|--|
| Andover                   | Town of Andover Health Department        |
| ü Ansonia                 | Naugatuck Valley Health District         |
| ü Ashford                 | Northeast District Dept. of Health       |
| ü Avon                    | Farmington Valley Health District        |
| ü Bantam (b)              | Torrington Area Health District          |
| ü Barkhamsted             | Farmington Valley Health District        |
| ü Beacon Falls            | Naugatuck Valley Health District         |
| ü Berlin                  | Berlin Health Department                 |
| Bethany                   | Town of Bethany Health Department        |
| ü Bethel                  | Bethel Health Department                 |
| ü Bethlehem               | Torrington Area Health District          |
| ü Bloomfield              | West Hartford-Bloomfield Health District |
| ü Bolton                  | Eastern Highlands Health District        |
| Bozrah                    | Town of Bozrah Health Department         |
| ü Branford                | East Shore Health District               |
| ü Bridgeport              | Bridgeport Health Department             |
| Bridgewater               | Town of Bridgewater Health Dept.         |
| ü Bristol                 | Bristol-Burlington Health District       |
| Brookfield                | Town of Brookfield Health Dept.          |
| ü Brooklyn                | Northeast District Dept. of Health       |
| ü Burlington              | Bristol-Burlington Health District       |
| Canaan                    | Town of Canaan Health Department         |
| ü Canterbury              | Northeast District Dept. of Health       |
| ü Canton                  | Farmington Valley Health District        |
| Chaplin                   | Town of Chaplin Health Department        |
| ü Cheshire                | Chesprocott Health District              |

|   |                    |                                    |
|---|--------------------|------------------------------------|
|   | Chester            | Town of Chester Health Department  |
|   | Clinton            | Town of Clinton Health Department  |
|   | Colchester         | Town of Colchester Health Dept.    |
| ü | Colebrook          | Farmington Valley Health District  |
|   | Columbia           | Town of Columbia Health Department |
| ü | Cornwall           | Torrington Area Health District    |
| ü | Coventry           | Eastern Highlands Health District  |
|   | Cromwell           | Town of Cromwell Health Department |
| ü | Danbury            | Danbury Health And Housing Dept.   |
| ü | Danielson (b)      | Northeast District Dept. of Health |
|   | Darien             | Town of Darien Health Department   |
|   | Deep River         | Town of Deep River Health Dept.    |
| ü | Derby              | Naugatuck Valley Health District   |
|   | Durham             | Town of Durham Health Department   |
| ü | East Granby        | Farmington Valley Health District  |
|   | East Haddam        | Town of East Haddam Health Dept.   |
| ü | East Hampton       | East Hampton Health Department     |
| ü | East Hartford      | East Hartford Health Department    |
| ü | East Haven         | East Shore Health District         |
|   | East Lyme          | Town of East Lyme Health Dept.     |
| ü | East Windsor       | North Central Health District      |
| ü | Eastford           | Northeast District Dept. of Health |
|   | Easton             | Town of Easton Health Department   |
| ü | Ellington          | North Central Health District      |
| ü | Enfield            | North Central Health District      |
|   | Essex              | Town of Essex Health Department    |
| ü | Fairfield          | Fairfield Health Department        |
| ü | Farmington         | Farmington Valley Health District  |
|   | Fenwick (b)        | Town of Old Saybrook Health Dept.  |
|   | Franklin           | Town of Franklin Health Department |
| ü | Glastonbury        | Glastonbury Health Department      |
| ü | Goshen             | Torrington Area Health District    |
| ü | Granby             | Farmington Valley Health District  |
| ü | Greenwich          | Greenwich Health Department        |
|   | Griswold           | Town of Griswold Health Department |
| ü | Groton city & town | Ledge Light Health District        |
|   | Guilford           | Town of Guilford Health Department |

|   |                 |  |
|---|-----------------|--|
|   | Haddam          | Town of Haddam Health Department         |
| ü | Hamden          | Quinnipiack Valley Health District       |
| ü | Hampton         | Northeast District Dept. of Health       |
| ü | Hartford        | Hartford Health Department               |
| ü | Hartland        | Farmington Valley Health District        |
| ü | Harwinton       | Torrington Area Health District          |
|   | Hebron          | Town of Hebron Health Department         |
|   | Jewett City (b) | Town of Griswold Health Department       |
| ü | Kent            | Torrington Area Health District          |
| ü | Killingly       | Northeast District Dept. of Health       |
|   | Killingworth    | Town of Killingworth Health Dept.        |
|   | Lebanon         | Town of Lebanon Health Department        |
|   | Ledyard         | Town of Ledyard Health Department        |
|   | Lisbon          | Town of Lisbon Health Department         |
| ü | Litchfield      | Torrington Area Health District          |
| ü | Litchfield (b)  | Torrington Area Health District          |
|   | Lyme            | Town of Lyme Health Department           |
|   | Madison         | Madison Health Department                |
| ü | Manchester      | Manchester Health Department             |
| ü | Mansfield       | Eastern Highlands Health District        |
|   | Marlborough     | Town of Marlborough Health Dept.         |
| ü | Meriden         | Meriden Dept. of Health & Human Services |
|   | Middlebury      | Town of Middlebury Health Dept.          |
|   | Middlefield     | Town of Middlefield Health Dept.         |
| ü | Middletown      | Middletown Health Department             |
| ü | Milford         | Milford Health Department                |
|   | Monroe          | Town of Monroe Health Department         |
| ü | Montville       | Uncas Health District                    |
| ü | Morris          | Torrington Area Health District          |
| ü | Naugatuck       | Naugatuck Valley Health District         |
| ü | New Britain     | New Britain Health Department            |
|   | New Canaan      | Town of New Canaan Health Department     |
| ü | New Fairfield   | New Fairfield Health Department          |
| ü | New Hartford    | Farmington Valley Health District        |
| ü | New Haven       | New Haven Health Department              |
| ü | New London      | New London Health Department             |
| ü | New Milford     | New Milford Health Department            |

|   |                  |   |
|---|------------------|---|
|   | Newington        | Town of Newington Health Department     |
| ü | Newtown          | Newtown Health District                 |
| ü | Newtown (b)      | Newtown Health District                 |
| ü | Norfolk          | Torrington Area Health District         |
| ü | North Branford   | East Shore Health District              |
|   | North Canaan     | Town of North Canaan Health Dept.       |
| ü | North Haven      | Quinnipiack Valley Health District      |
|   | North Stonington | Town of North Stonington Health Dept.   |
| ü | Norwalk          | Norwalk Health Department               |
| ü | Norwich          | Uncas Health District                   |
|   | Old Lyme         | Town of Old Lyme Health Department      |
|   | Old Saybrook     | Town of Old Saybrook Health Dept.       |
|   | Orange           | Town of Orange Health Department        |
| ü | Oxford           | Pomperaug Health District               |
| ü | Plainfield       | Northeast District Dept. of Health      |
|   | Plainville       | Town of Plainville Health Department    |
|   | Plymouth         | Town of Plymouth Health Department      |
| ü | Pomfret          | Northeast District Dept. of Health      |
|   | Portland         | Town of Portland Health Department      |
|   | Preston          | Town of Preston Health Department       |
| ü | Prospect         | Chesprocott Health District             |
| ü | Putnam           | Northeast District Dept. of Health      |
|   | Redding          | Town of Redding Health Department       |
|   | Ridgefield       | Town of Ridgefield Health Department    |
| ü | Rocky Hill       | Rocky Hill-Wethersfield Health District |
|   | Roxbury          | Town of Roxbury Health Department       |
|   | Salem            | Town of Salem Health Department         |
| ü | Salisbury        | Torrington Area Health District         |
|   | Scotland         | Town of Scotland Health Department      |
| ü | Seymour          | Naugatuck Valley Health District        |
|   | Sharon           | Town of Sharon Health Department        |
| ü | Shelton          | Naugatuck Valley Health District        |
|   | Sherman          | Town of Sherman Health Department       |
| ü | Simsbury         | Farmington Valley Health District       |
|   | Somers           | Town of Somers Health Department        |
|   | South Windsor    | Town of South Windsor Health Dept.      |
| ü | Southbury        | Pomperaug Health District               |

|   |                |  |
|---|----------------|--|
|   | Southington    | Town of Southington Health Dept.         |
|   | Sprague        | Town of Sprague Health Department        |
| ü | Stafford       | Stafford Health District                 |
| ü | Stamford       | Stamford Health Department               |
| ü | Sterling       | Northeast District Dept. of Health       |
|   | Stonington     | Town of Stonington Health Dept.          |
|   | Stonington (b) | Town of Stonington Health Dept.          |
| ü | Stratford      | Town of Stratford Health Department      |
| ü | Suffield       | North Central Health District            |
| ü | Thomaston      | Torrington Area Health District          |
| ü | Thompson       | Northeast District Dept. of Health       |
|   | Tolland        | Town of Tolland Health Department        |
| ü | Torrington     | Torrington Area Health District          |
|   | Trumbull       | Town of Trumbull Health Department       |
| ü | Union          | Stafford Health District                 |
| ü | Vernon         | North Central Health District            |
|   | Voluntown      | Town of Voluntown Health Department      |
|   | Wallingford    | Town of Wallingford Health Dept.         |
| ü | Warren         | Torrington Area Health District          |
|   | Washington     | Town of Washington Health Department     |
| ü | Waterbury      | Waterbury Health Department              |
|   | Waterford      | Town of Waterford Health Department      |
| ü | Watertown      | Torrington Area Health District          |
| ü | West Hartford  | West Hartford-Bloomfield Health District |
| ü | West Haven     | West Haven Health Department             |
|   | Westbrook      | Town of Westbrook Health Department      |
| ü | Weston         | Weston/Westport Health District          |
| ü | Westport       | Weston/Westport Health District          |
| ü | Wethersfield   | Rocky Hill-Wethersfield Health District  |
|   | Willington     | Town of Willington Health Dept.          |
| ü | Wilton         | Wilton Health Department                 |
| ü | Winchester     | Torrington Area Health District          |
| ü | Windham        | North Central Health District            |
| ü | Windsor        | Windsor Health Department                |
| ü | Windsor Locks  | North Central Health District            |
| ü | Wolcott        | Chesprocott Health District              |
| ü | Woodbridge     | Quinnipiack Valley Health District       |

|   |              |                                    |
|---|--------------|------------------------------------|
| ü | Woodbury     | Pomperaug Health District          |
|   | Woodmont (b) | Milford Health Department          |
| ü | Woodstock    | Northeast District Dept. of Health |

(b) Denotes a borough in Connecticut.

ü Denotes a full-time health department or district.

<sup>a</sup> Connecticut municipalities include 170 cities and towns, and 8 boroughs

<sup>b</sup> Connecticut Department of Public Health, Local Health Administration. *Directory, Local Directors of Health in Connecticut*. Hartford:1997.

**Table B - 2**

**Regional Health Districts and Member Municipalities**

**Connecticut, 7/1/97**

| Health District                    | Municipality   |
|------------------------------------|--|
| Bristol-Burlington Health District | Bristol, Burlington  |
| Chesprocott Health District        | Cheshire, Prospect, Wolcott  |
| East Shore Health District         | Branford, East Haven, North Branford   |
| Eastern Highlands Health District  | Bolton, Coventry, Mansfield  |
| Farmington Valley Health District  | Avon, Barkhamsted, Canton, Colebrook, East Granby, Farmington, Granby, Hartland, New Hartford, Simsbury                                |
| Ledge Light Health District        | City of Groton, Town of Groton   |
| Naugatuck Valley Health District   | Ansonia, Beacon Falls, Derby, Naugatuck, Seymour, Shelton  |
| Newtown Health District            | Newtown, Newtown (b)   |
| North Central Health District      | East Windsor, Ellington, Enfield, Suffield, Vernon, Windham, Windsor Locks   |
| Northeast District Dept. Of Health | Ashford, Brooklyn, Canterbury, Danielson (b), Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson, Woodstock |
| Pomperaug Health District          | Oxford, Southbury , Woodbury   |
| Quinnipiack Valley Health District | Hamden, North Haven, Woodbridge  |

|  |  |
|--|--|
| Rocky Hill-Wethersfield Health District  | Rocky Hill, Wethersfield   |
| Stafford Health District                 | Stafford, Union  |
| Torrington Area Health District          | Bantam (b), Bethlehem, Cornwall, Goshen, Harwinton, Kent, Litchfield, Litchfield (b), Morris, Norfolk, Salisbury, Thomaston, Torrington, Warren, Watertown, Winchester |
| Uncas Health District                    | Montville, Norwich   |
| West Hartford-Bloomfield Health District | Bloomfield, West Hartford  |
| Weston/Westport Health District          | Weston, Westport   |

## APPENDIX C

### SUBSTANCE ABUSE AND MENTAL HEALTH

#### NEEDS ASSESSMENTS

##### SUBSTANCE ABUSE

Since 1995, the Department of Mental Health and Addiction Services (DMHAS) has been involved in a number of federally funded initiatives focused on measuring the need for substance abuse prevention and treatment services. DMHAS has worked collaboratively with its Academic Partnership, the University of Connecticut Health Center (UCHC) and Yale University, to conduct prevention and treatment research as it applies to the identification, planning and delivery of cost-effective services to Connecticut's residents. The studies described below have benefited policy-makers, program planners and service providers as research findings are translated into applied solutions.

##### Prevention Needs Assessment: Alcohol and Other Drugs

The Prevention Needs Assessment, awarded to the DMHAS by the federal Center for Substance Abuse Prevention, consists of a family of studies that includes: 1) a School Survey, 2) a Community Resource Assessment, and 3) a Social Indicator Model. These studies will provide information about conditions in the State known to be associated with substance abuse and the related activities that place communities at risk for such problems. The following is a brief description of each study.

##### *Adult Prevention Needs Assessment*

Administered as part of the Adult Household Survey (see below – Treatment Needs Assessment), a risk factor module was included in the screening interview instrument. Using this brief questionnaire enabled researchers to assess the prevalence of substance abuse risk factors and to investigate the social and demographic characteristics associated with substance use in Connecticut's adult population.

##### *School Survey*

Building upon similar surveys administered in 1989 and 1995, UCHC conducted a representative sample of approximately 15,000 students in grades 5 through 12 to measure youth use of alcohol, tobacco and other drugs (ATOD). New to the 1997/98 school survey was the inclusion of "risk" and "protective" measures designed to provide a better understanding of which factors were most likely to lead to alcohol or drug involvement or conversely, those that are likely to reduce the risk of individuals misusing ATOD. In addition, information was collected on adolescents' knowledge, perceptions and use of available prevention programs.

##### *Community Resources Assessment*

Combined with the School Survey, the Community Assessment Survey will measure the availability of prevention services and the unmet need within a community. This leading-edge study, conducted by the UCHC, will pilot test a series of questionnaires which focus on the delivery of prevention services. Provider information to be collected from both traditional and non-traditional prevention programs

includes: 1) description of services provided, 2) number of clients served, 3) service capacity, 4) funding sources and proportion of agency budget for prevention services, 5) risk and protective factors addressed by the program, 6) referrals and linkages with other resources, and 7) perceived prevention needs. By this process, DMHAS will begin to match prevention needs (School Survey) to existing resources (Community Resource Assessment) to identify gaps in services, improve coordination of prevention services and enhance accountability of prevention delivery systems.

#### *Social Indicators Model*

Using risk and protective factor theory, social indicator data for all 169 towns were collected for 1992, 1994 and 1996. These data are being analyzed with respect to four domains: the individual and peer, the family, the school and the community. Analysis is being conducted to identify statewide and regional patterns and trends in ATOD-related health status. When fully completed, this study will establish a method: 1) to monitor the conditions within the State that are known to be associated with ATOD-related problems, 2) to predict where in the State future ATOD problems are likely to arise, and 3) to inform program planners of areas requiring services.

Final reports detailing the complete findings of the four Prevention Needs Assessment studies will be available in spring 1999.

#### *Treatment Needs Assessment: Alcohol and Other Drugs*

In 1995 and again in 1997, DMHAS won competitive awards from the federal Center for Substance Abuse Treatment (CSAT) to conduct statewide assessments to determine the need for treatment services in Connecticut. Both assessments contained a "family of studies" designed to provide a comprehensive approach to understanding the prevalence of alcohol and other drug use, abuse and dependence. Reports from the 1995 assessment are currently available while the 1997 assessment is in final stages of development. Findings from the 1995 "family of studies" have been widely disseminated and have formed the basis for policy and program initiatives throughout the State. Below is a brief description of each needs assessment process.

##### *1995 Family of Studies*

#### *School Survey*

In 1995, UCHC conducted for DMHAS a school survey of 7th to 12th graders in public schools in Connecticut as a follow-up to the 1989 school survey. Major objectives included: 1) to estimate the prevalence of ATOD use in Connecticut's school population as well as problems associated with substance use; 2) to examine changing trends in adolescent substance abuse since the 1989 school survey; 3) to identify social and demographic characteristics of adolescents with ATOD abuse; and 4) to assist State and regional planning efforts for treatment and prevention services. Results of the survey were published in 1996 in a report entitled: *Adolescent Substance Abuse Treatment Needs Assessment: The 1995 Adolescent Alcohol and Drug Use School Survey*. Several key findings from that study include: a significant rise in the use of marijuana and inhalants especially for 7<sup>th</sup> and 8<sup>th</sup> graders, and a decrease of one full year in the age of first use for alcohol, marijuana and inhalants for junior high school students since the 1989 survey.

#### *Youth at Risk Survey*

In order to fully assess the prevalence of AOD use and the need for treatment among adolescents in the State, the University of Connecticut Health Center conducted, for DMHAS and the Department of Children and Families, the Youth At Risk (YAR) Survey. This study targeted those youth missed in the 1995 School Survey and included chronic truants and dropouts, alternative school students and committed juveniles. The objectives of this study included: a) to determine the prevalence of alcohol and other drug use among at-risk adolescents not in regular schools; b) to provide more accurate estimates of prevalence of use among the State's school-age population by integrating data from youth-at-risk and in-school data; c) to estimate the need for intervention and treatment among this population; and d) to describe the social, vocational, legal and psychological problems associated with these youths' substance abuse. Findings from the YAR study provided a unique insight to the differences between these two populations regarding substance use and abuse and the need for treatment. Particularly, 52% of committed juveniles, 25% of alternative school students and 18% of dropouts are determined to be in need of treatment as opposed to 5% of high school students. In addition to their substance abuse, the

out-of-school population exhibits high levels of family, intrapersonal and environmental risk factors requiring an integrated and coordinated approach to their social and substance abuse needs.

#### *Substance Abuse Need for Treatment among Arrestees (SANTA)*

As part of the "family of studies", designed to complement the Adult Household Survey, Yale University's School of Medicine conducted for DMHAS a survey of the criminal justice population. This study of recent arrestees had two objectives: first, to determine the prevalence of alcohol and other drug use among samples of arrestees in Connecticut; and second, to estimate the need for substance abuse treatment within this population. The Substance Abuse Need for Treatment among Arrestees (SANTA) survey for adult arrestees was conducted between August 1995 and February 1996 at the Hartford and New Haven detention centers. A total of 478 adults were interviewed at the time of their arrest to assess substance use patterns and social, family, vocational and psychiatric issues. Findings from the SANTA study indicated that the rate of substance dependence was extraordinarily higher for recent arrestees than in the general population. Focusing on current dependence, 57.2% of male and 60.8% of female arrestees are dependent on any substance compared to 12.9% of men and 4.3% of women in the general population.

#### *Adult Household Survey*

The Adult Household Survey (ADH) was a collaborative effort of researchers at the University of Connecticut Health Center and the Institute for Social Inquiry (ISI) at the Storrs campus and conducted for DMHAS. Objectives for this study were: to determine the prevalence of alcohol and other drug use in the adult population for the state and regional planning areas; to estimate the prevalence of substance use disorders in Connecticut's adult population, and to estimate the need and demand for substance abuse treatment at the State and regional levels. The survey was conducted between March 1995 and March 1996 and contained two components: 1) a screening interview which collected information for all respondents, and 2) a diagnostic interview for respondents who met specific screening criteria.

Major findings from the AHS regarding alcohol and other drug (AOD) rates include the following:

Alcohol continues to be the most widely used substance with 95% of adults having ever used and 59% currently using;

Marijuana is the second most commonly reported substance with 32% of Connecticut adults reporting lifetime use and 3% reporting use in the past 30 days;

Cocaine lifetime use is approximately 9% while less than 1% report current use;

Other substances such as hallucinogens, stimulants and sedatives have low lifetime rates, at 6%, 6% and 4% respectively, and current use rates under 1%; and

Heroin had the lowest lifetime use at 1.8% and a current use rate of less than 0.1%.

The AHS found that the prevalence of diagnosable and treatable psychiatric and medical conditions (abuse and dependence) associated with substance use varies in the following ways:

Overall 8.3% of those populations included in the AHS meet the criteria for current abuse and dependence of any substance (alcohol or any illicit drug).

Alcohol abuse and dependence accounts for the greatest percentage (7.8%) of those currently needing treatment in the general population.

Marijuana is next with 1.2%, followed by cocaine (0.6%) and heroin or opiates (0.3%).

### *Social Indicators Model*

The Social Indicator study focused on the social, economic and demographic conditions of the State that were thought to be associated with AOD-related problems. Study objectives included: to evaluate the availability of the indicators; to analyze the reliability, validity and generalizability of these indicators, to establish a database that identifies conditions within the State that reflect increases or decreases in the need for treatment; to assess the efficacy of these indicators as predictors of treatment utilization; to inform planners and policy makers within DMHAS and other State departments of problem indicators that should be considered in the development of treatment responses.

### Treatment Needs Assessment II

In October 1997, DMHAS received a federal award from the Center for Substance Abuse Treatment (CSAT) to conduct a second "family of studies" designed to build upon the methodologies and findings of Connecticut's first substance abuse treatment needs assessment. The major objectives of the proposed study are: 1) to enhance previous data collection efforts, 2) to develop new methodologies to estimate treatment demand, 3) to provide new prevalence data from critical populations, and 4) to integrate the prevalence and demand estimates from the first treatment needs assessment with those obtained from special adult populations targeted in the second study. The three complementary studies include:

#### Study of Temporary Assistance to Needy Families (TANF) and General Assistance (GA) Populations

The main goals of the study are: 1) to provide the State with reliable estimates of need and demand for alcohol and drug treatment among adult and adolescent TANF enrollees and GA recipients, 2) to evaluate access, availability and effectiveness of substance abuse treatment services for TANF enrollees and GA recipients, and 3) to identify barriers to substance abuse treatment and service gaps for this population. The study will also provide data regarding medical (e.g., risk of HIV and other infectious illness) and psychiatric comorbidity (including depression, anxiety and psychotic disorders) associated with alcohol and other drug use, abuse and dependence in this population.

#### Social Indicator Analysis

This research project builds upon the Social Indicators Model from the first Treatment Needs Assessment which demonstrated that substance abuse treatment need in Connecticut varies according to region, community-type, and population characteristics. Multivariate analyses of the data to date have examined the interrelationships among the indicators and showed that indicators of poverty, urbanicity, crime and substance abuse "help-calls" contributed independently to a predictive model of substance abuse treatment demand.

#### Integration of Surveys, Social Indicators, and Treatment Utilization Findings

The purpose of the above studies is to enable Connecticut to estimate the prevalence of substance use and abuse, and to develop a demand model for prevention and treatment services that can guide the process of resource allocation. The aim to provide Connecticut's citizens with the most cost effective substance abuse prevention and treatment services available requires that the following be identified: 1) the number of people in need of services be quantified (prevalence estimates), 2) the number of those in need who would actually use services be determined (demand estimates); and 3) the number and type of services to be utilized, planned and provided (resource allocation). To this end, information from the Treatment Needs Assessment I and II studies will be integrated to derive a comprehensive demand and resource allocation model.

### MENTAL HEALTH

Over the course of the past several years, the federal Center for Mental Health Services (CMHS) in collaboration with a group of technical experts has developed a model for estimating the number of individuals with mental illness. Data from two national studies, the National Comorbidity Survey (NCS)

and the Epidemiological Catchment Area (ECA) Study, were used to determine the 12-month prevalence for those with a mental illness. Applying this model, DMHAS extrapolated the number of adults within the State having a mental illness as follows:

of Connecticut's adult population, 5.1% has a serious mental illness (SMI)

approximately half of those with SMI or 2.6% of the total adult population have a severe and prolonged mental illness (SPMI)

An estimate of the prevalence of serious and prolonged mental (SPMI) illness used lifetime prevalence rates for schizophrenia, bipolar disorder and serious depression. The prevalence rates for these diagnostic groups were derived from the Epidemiological Catchment Area Study pooled rates for the six sites (one of which was New Haven, Connecticut). To each of these rates, a fixed value was applied representing DMHAS' estimate of the percentage of persons within each diagnostic group who have been seriously disabled by mental illness for a prolonged period of time. DMHAS estimate that 98% of all persons with schizophrenia, 50% of persons with bipolar disorder and 10% of persons with serious depression are reasonable estimates of "chronicity".

[Top of Page](#)

[Back to Table of Contents](#)

[Table of Contents](#)

[Glossary](#)

[Maps](#)

[Appendices](#)

[Publications](#)

[Public Health Code](#)

[PP&A Main](#)

[DPH Main](#)