

**In support of S.B. 678, An Act Concerning Establishing A Community-Based Health and Human Services Strategy Board**

Good morning Sens. Slossberg and Meyer and members of the GAE Committee. Thank you for the opportunity to speak with you today in support of S.B. 678, An Act Concerning Establishing A Community-Based Health and Human Services Strategy Board.

My name is Jody Rowell. I am a Clinical Social Worker and Advocate for Clifford Beers Clinic. The Clinic provides mental health treatment with a comprehensive support system to the children and families of Greater New Haven. A staggering 70% of children attending our clinic report experiencing one or more traumatic events in their childhood. It might not surprise you to hear that nearly half of those families note recent involvement with the Department of Children and Families. For over 90 years, Clifford Beers Clinic has provided a cost-effective and highly skilled service for the State at a fraction of what it would cost the State to provide the same. But for those same reasons Beers Clinic, like the other community based non-profits here today, is a valuable community resource on the brink of extinction.

I am not the first to tell you the system is failing. **The demands for community-based services continue to rise sharply while the ability to provide clinically- and cost-effective services is dwindling each year.** More and more children are in need of services, more and more families are forced to do with less from the very providers they have turned to year after year. With costs steadily rising, community providers have been forced to keep salaries, benefits and overhead flat while their sister state agencies are regularly increasing the same for similarly qualified professionals. It is not uncommon for agencies to leave

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clinical positions unfilled in order to stay current with the bills. It is commonplace to train and lose experienced and diverse staff to state positions which on the average pay 35 percent higher salaries and provide solid benefits.

Costs to the state for increased use of higher levels of care are also skyrocketing: residential treatment, juvenile facilities, Riverview stays, long inpatient stays and increased funding for emergency services. We have become a state that responds well to a crisis. But why must we wait for the crisis? Our research shows that the system identified the vast majority of children who end up in residential very early in their lives. But for whatever reason, we didn't get our arms fully around them until they most of them were already well on their way to a state-funded institution. A costly error for taxpayers. A tragic loss for the child and our community. **We know if more dollars were spent much earlier in a child's life on community-based interventions (1) Much of the crisis and associated costs would be avoided and (2) many of those children would be healthy members of their communities.**

It is time to end our crisis response and look toward a community committed to prevention. **It is our hope that with the implementation of a Strategy Board the future provision of community based services and the future of Connecticut's children will be on solid footing. Thank you.**

Jody L. Rowell, MSSW, Advocate  
Clifford W. Beers Guidance Clinic, New Haven, CT  
jrowell@cliffordbeers.org