



**SEIU**Healthcare®  
United for Quality Care

**Testimony of Deborah Chernoff  
New England Health Care Employees Union, District 1199, SEIU  
Before the Appropriations Committee  
DCF and DSS Budgets**

Good afternoon, Senator Harp, Representative Geragosian, and other distinguished members of the Appropriations Committee. Thank you for this opportunity to testify today on behalf of the 22,000 health care workers who are the members of our union in this state. Whether they are employed directly by the state in DCF facilities, or indirectly, working in nursing homes and private agencies funded through DSS, our members – and the clients and elderly residents they care for – are deeply affected by the decisions you make in this building.

The effects of those decisions are not limited to any one year or budget, but are cumulative. That is particularly true of the budget decisions which affect Medicaid rate setting by the Department of Social Services. I've lost count of the number of times members and representatives of our union have spoken to the disastrous outcome that results from setting Medicaid rates which do not support adequate levels of staffing in nursing homes to provide a compassionate and safe quality of care – safe for residents and for staff. Continuing to reimburse long term care providers at far less than the actual cost of care has serious consequences for our nurses, aides and support staff. Since labor costs are the biggest expense for providers, it is inevitable that when they are squeezed, our members suffer the effects along with the residents: hours cuts and layoffs that strain the remaining staff and exacerbate staff shortages, together with soaring health insurance costs that caregivers themselves cannot afford.

Year after year, the Rell administration has turned a deaf ear on our testimony – and the testimony of other key stakeholders, providers and

advocates for the elderly and people with disabilities. It should come as a surprise then, that elder care providers feel they have to seek the help of the courts to resolve these issues. We hope that the lawsuit will serve as a wake-up call for everyone in this State, and that this body, at least, understands that the lawsuit itself is not the problem to be solved, but is a symptom of a broken system that needs our immediate attention. Pretending that there is a no-cost solution, or that the problem will go away if we ignore it long enough, or that home care can magically make everything better if we just clap our hands and believe, but don't invest, is magical thinking. Quality care for people costs money, no matter where or how it's delivered, whether home- or facility-based, and we can't wish that reality away.

With respect to the budget for the Department of Children and Families, we have a specific proposal. We've just witnessed the culmination of a tragedy, with the closure of High Meadows in January. We continue to regard that closure as arbitrary, short-sighted and wholly unnecessary. We do want to thank this Committee and other members of the legislature for recognizing that the services for children at High Meadows were unique and much-needed and for providing the funding to keep those services available at High Meadows during this biennial budget. Governor Rell chose to ignore the will of the legislature and the legal opinion of her Attorney General and, without the statutory or constitutional authority, exercised Executive authority to effect the closure in spite of the well-documented need.

That chapter is closed now, but it need not be the final ending to the story. Just as the Rell administration was shutting down High Meadows, a DCF facility no one else wanted to close, the administration was also seeking funding and bonding authority to open a new, and desperately-needed, DCF facility for adolescent girls in Bridgeport, at a location that has engendered powerful local opposition. We see an opening here to bring services on line for these girls quickly while making good use of existing state property and engendering savings for the state at the same time.

As you consider the bonding and funding for this new treatment program for girls, our union urges you to take a serious look at the possibility of using the High Meadows campus as an alternate site for the program. We believe a swift but thorough feasibility study must be done before moving forward in Bridgeport. This will expedite rather than delay the program, which has already been in limbo for far too many years. It's clear that the strong resistance to the Rell administration's preferred site may very well push implementation even further back and might even result in legal action to block the facility.

We would like to point out the following facts about High Meadows, which support doing a feasibility study on its suitability as an alternate site:

One major plus for using the High Meadows site would be **time**. Building a new facility from scratch, even without delays due to local opposition, will take a minimum of 18 months – an existing facility could be re-purposed much more quickly.

Using existing structures could also lead to significant savings from the \$15.7 Million construction costs required for building the new DCF facility in Bridgeport.

Because the Department of Public Works proposal was for a newly-built facility, it's difficult to be precise about how those costs would translate to existing structures. However, the DPW description of the new project includes: *“residential, treatment and support functions including dormitory, classrooms, activity, meeting, recreational, small step down unit, dining and commercial kitchen spaces”*. Most of these exist already at High Meadows (with the possible exception of “commercial kitchen spaces”). All of the residential cottages are 1- or 2-bedroom units, as in the proposal for the Bridgeport facility.

Before its closure, High Meadows treated male youth with **significant emotional and behavioral problems and complex medical issues**, who in many instance also had developmental disabilities.

At the time of closure, High Meadows was operating at a census of 36. This reduction was due primarily to the closing of Lake Grove School in Durham in

2007. Until that time, **High Meadows treated both boys and girls, including adolescent girls in the same target population to be housed at the proposed facility in Bridgeport.** The boys from Lake Grove were developmentally delayed adolescents who required single rooms to appropriately address all treatment issues.

The population served at High Meadows before its closure was adolescent boys ranging in age from 9 to 21, depending on need.

The target population for the new facility is **adolescent girls, ages 12 to 18**, primarily 14 and 15-year olds, including trauma survivors, girls with significant histories of sexual/physical abuse, educational failure, family dysfunction, runaways, and probation or parole violators. With the exception of the last category, these descriptions fit the former residents of High Meadows as well.

The proposed facility for girls would also be a DCF facility, like High Meadows – **not a prison, jail or detention center operated by DOC.** It is a “New Treatment Program” meant to close the service gap for girls in Connecticut who would otherwise experience multiple placements and further disconnect from family

The historically amicable relationship between High Meadows and its neighbors suggests a high probability of continuing to function well and quietly in its community setting. Many of the youth treated at High Meadows over the years would have been considered “high-risk.” High Meadows admitted adolescents who had disruptive behaviors from other in-state treatment facilities, adolescents returning to Connecticut from out-of-state care, adolescents who in need of sub-acute treatment from inpatient psychiatric settings and adolescents who needed specialized treatment not available in the private sector.

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The Rell administration has asserted that the Virginia Avenue location in Bridgeport is the only one suitable, citing a number of reasons that, upon closer examination, are less than persuasive:

- *“Easy highway access – less than 1 mile from intersections of Route 8 and Route 15”*
  - High Meadows is also very close to both Route 15 (about 1.5 miles) and I-91 (2 miles)
- *“Location on a bus route”*
  - This is certainly do-able, as above. Local bus stops and routes are not immutable.
    - High Meadows was a functioning DCF facility for many years absent location on a bus route.
- *“Central location – close to three of state’s four largest cities”*
  - Greater New Haven is more central to Waterbury and Bridgeport than Bridgeport is to New Haven and Waterbury (20 minutes vs. 30 minutes)
  - What about Hartford? According to DCF statistics, **the largest percentage of JJ girls comes from Hartford** (over 15%), followed by Waterbury, Bridgeport, New Britain and New Haven, in that order. New Haven is decidedly the most central location if you put Hartford (and New Britain) in the mix.
- Many of the additional arguments made in favor of the Virginia Avenue site – located within a stable neighborhood setting, has existing infrastructure, etc. – would also apply to High Meadows and/or other locations.

Time is of the essence here. We therefore urge you to initiate and complete an independent legislative study on the feasibility of High Meadows as an alternate location for a new treatment facility for adolescent girls, as a matter of good public policy, good fiscal policy and, frankly, because we are failing in our girls if we don’t do everything to expedite this project. Thank you.

