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Testimony - Governor's Budget Reduction for Four Therapeutic Group Homes

Adjust Therapeutic Group Home Capacity in Consideration of Utilization: Based on current census trends in therapeutic group homes, funds are reduced to allow for the closure of four homes. Reduction: \$3,670,454.

Good Morning Senator Harp and Representative Geragosian and distinguished members of the Appropriations Committee. My name is Anne L. Ruwet and I am the CEO of CCARC, Inc. and a former legislator. I am here with Lisa Palazzo, Director of Clinical Services of CCARC who will share a few success stories of the girls that have resided in CCARC's Therapeutic Group Home which we have operated for almost five years. As you face one of the most historic deficits in our State budget in our history, I am empathetic with your dilemma as you listen to the many human needs of the citizens of Connecticut and yet recognize that something must be done to respond to the growing state deficit.

First, it is important to share with you that CCARC has a long history of supporting people with disabilities having been incorporated as a 501c3 in 1952 with a strong mission to "Make Dreams Happen. We currently have 11 Community Living Arrangements (Group Homes) and other residential settings for people with disabilities in New Britain, Kensington, Bristol, Plainville and Wethersfield. We also support over 150 people with disabilities in New Britain providing individualized day and vocational services within the Greater New Britain community. Our funding for these services is with the Department of Developmental Services and the Department of Social Services. Over five years ago, we were granted a contract with Department of Children and Families to support five adolescent girls in a Therapeutic Group Home, Level II. This was a new and progressive model for DCF with the intent to provide a community residential opportunity to adolescents that suffered from severe trauma in their early years of life from sexual, physical and mental abuse. Our home is unique in that we also wanted to serve girls that also had developmental disabilities.

CCARC purchased a converted three family home in September of 2005 in New Britain and complied with all licensing and fire regulations inclusive of installing a fire sprinkler system. The ambiance of the home was warm and we were confident that it would welcome the five adolescent girls that would be able to call it *home*. Unlike other group homes in Connecticut, we were able to successfully blend into the

"We make dreams happen."

neighborhood and consistently address neighbor concerns by communicating and responding to any questions that they may have.

Unfortunately, as stated in the Governor's budget, four Therapeutic Homes are slated to be closed out of the approximately 53 homes in Connecticut. I was recently notified that CCARC's Therapeutic Group Home was one of those chosen to be closed due to recent vacancies in the home. It is my intent in this testimony to advocate for the continuance of this home on behalf of the current residents and convince you that I am the first to recognize and appreciate the department's need to cut funding in this economic climate, although I hope to provide some alternatives. The contracts for each of these homes are approximately \$1 million each which is inclusive of the enhanced clinical staffing and direct staffing support, resident personal needs as well as the room and board expenses for the homes, etc. The contract is extremely prescribed to the level/education/licensing of staff; compliance with licensing regulations, financial reporting, etc.

CCARC has had a long history of providing residential services and is highly regarded by DDS and DCF as indicated in our continued licensing and quality assurance reports. With this experience, I am here to offer alternatives to the closure of the four homes which provide for a greater savings to the department and the state budget deficit overall. I must first state that I value the therapeutic group home model and respectfully appreciate the work of DCF to develop this opportunity for adolescents that have experienced severe trauma to live successfully in the community rather than residing in institutional facilities. Since the model was developed over five years ago, it may be beneficial to review the contract requirements and/or individualize the contract for each resident. By doing this, the contract could reflect a reduction of \$50,000 to \$100,000 per home. *This would be a savings of approximately \$2.6 to \$5.3 million if applied to all of the 53 homes.*

In closing, it is important to note that CCARC's primary concern is the children. We have been privileged to see the day to day impact that the staff has had on the girls and their stories can be best be shared with you by Lisa Palazzo who directly has seen the success and the challenges in working in this home.

Testimony –Governor's Budget Reduction of Four Therapeutic Group Homes

Good evening, Thank you for allowing me this opportunity to speak with you today and to share some stories with you from our therapeutic group home. As Anne mentioned we have been opened four and a half years now and we still have residents residing with us from when the house first opened. Previous to coming to our agency, many of these individuals were in and out of multiple placements and often came to us from institutional care, such as Riverview Hospital. The level two therapeutic group home model gave them the opportunity to live in the community with intensive supports in place to help them succeed and give them stability.

We have only had eight residents and most of them have lived in the house for a long period of time. I'm only pointing this out to show that providing them with stability and

supports in the natural community helps them become more independent and better equipped to age out of the system, ultimately enabling them to become productive members of society.

When the house first opened we had an individual who came from a large residential program who had a lot of aggression and self injurious behaviors. She was removed from her family at an early age, did not have any contact with them and DCF was her guardian. She had been in several foster care placements, hospitals, and residential before coming to our therapeutic group home. She had a lot of trauma in her past and it was not easy for her to develop relationships and trust people thus the aggressive behaviors. During that time many people thought she needed a higher level of care, but by utilizing her staff and community supports she was able to increase her self-esteem and develop relationships. Amongst other community activities, she took some art classes through the neighboring town's Adult enrichment program and her art work was even featured on the front cover of their Adult Education Brochure. (Show Picture). This would not have been possible in institutional or hospital settings. I am very happy to tell you that she aged out and because our agency supports adults in the DDS system we were able to easily help her transition to her own apartment with staff supports. She works part time and even began taking some college courses. She went from frequent physical assaults towards others and hurting herself often to not having very many of these episodes at all anymore. We are currently helping another individual that has been with us for three years age out to her own apartment as well. She also plans to attend college and has worked in settings such as retail, day care, and the food industry.

In addition to working, most of the individuals in our home take classes in the community such as cake decorating, ceramics, art or sports. Also they increase their independence skills by learning to budget, cook, and use the public transportation system. All of this would not be possible without this model.

We are not trying to portray a perfect picture and say that everyone is successful in this model. Some individuals continue to struggle in a community setting and do require a higher level of care. We did have an individual who was hospitalized frequently and continued her aggressive and self injurious behaviors and eventually did have to be placed in a higher level of care for her safety. However, we do hope to be there afterwards if needed.

We just wanted to share our stories and hopefully provide an alternative to eliminating a program that has been stable in the community and is defiantly helping individuals make their dreams happen!

Thank you for your time and consideration.

