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TESTIMONY OF THE

BRIDGEPORT CHILD ADVOCACY COALITION

SUBMITTED TO THE

HUMAN SERVICES COMMITTEE

February 23, 2010

Bridgeport Child Advocacy Coalition Testimony to
Human Services Committee

The Bridgeport Child Advocacy Coalition (BCAC) appreciates the opportunity to submit testimony to the Human Services Committee of the 2010 General Assembly regarding the state Department of Social Services.

We strongly urge support for Senate Bill 139 (An Act Concerning Independent Monitoring of the HUSKY Program). We oppose SB 32 (An Act Implementing the Governor's Budget Recommendations Concerning Social Services).

Support SB 139: Independent Monitoring of the HUSKY Program

Independent performance assessments are critical to ensure that changes in HUSKY policies and health plans are closely monitored. Since the inception of Medicaid managed care, the Children's Health Council, and then Connecticut Voices for Children, has been analyzing HUSKY data and reporting on utilization of well-child care, emergency room utilization, prenatal care and births to mothers on Medicaid, prevalence of asthma among children on HUSKY, dental care utilization and much more. Performance monitoring has found that while preventive care guidelines have been established to meet the needs of low-income children, the health care provided to these children through managed care falls short of these goals.

Independent performance monitoring of HUSKY fosters accountability. Funding to maintain monitoring is inexpensive and cost-effective. In FY 2010-11, the Connecticut legislature appropriated \$218,317 annually to cover the costs of independent monitoring. This is a fraction – less than 0.03% – of the cost of the \$800 million HUSKY program.

During this fiscal year, the governor has refused to allow the Department of Social Services to contract for this important monitoring function. Without an ongoing, independent monitoring system in place, the legislature will not be able to evaluate the effect on health care access and utilization of the many recent programmatic changes to HUSKY, including carve-out of pharmacy and dental services, new managed care contractors and expansion of HUSKY to pregnant women.

SB 139 would make explicit the requirement that performance monitoring is to be conducted by an independent, neutral and non-profit organization. We urge its support.

Oppose SB 32: Governor's Budget Recommendations Concerning Social Services

We understand that these are very difficult economic times. However, as the recession continues, it is imperative that the state budget not be balanced on the backs of struggling families. We know cuts will need to be made. But Connecticut needs to spend smart and cut smart.

During the first four months of 2009, BCAC conducted two different surveys, reaching over 2,000 families in Bridgeport. We asked parents about job loss, if they had health care coverage, their housing situation and how they were managing their bills. We also asked if they were accessing safety net services.

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The highlights of our findings follow:

- The official unemployment rate in Bridgeport was 12.7% in December. That figure does not include those who have stopped looking for work because they are discouraged or those working part-time involuntarily. When we surveyed families, 30% had been laid off or were only working part-time.
- More than 22% of the survey respondents did not have health insurance; 13% of the respondents' children did not have health coverage.
- 24% of the respondents were behind in their rent and 16% were behind in mortgage payments.
- 52% of those who lost their job cut back on meals because of cost and 23% used a soup kitchen or food pantry.
- Many were behind in their bills: 42% were behind in utility payments; 30% behind in phone bills; 26% behind in credit card payments; and 20% behind in medical or dental bills.
- Despite losing their jobs and struggling to pay bills, the vast majority of those who were not working – 62% – were not receiving any safety net services, such as HUSKY, housing assistance or food stamps. Compared to the numbers of unemployed, the safety net is serving only a fraction of the people who need it.

Families with the lowest incomes are suffering the most. They do not have savings accounts that can get them through several months while they look for work. They cannot afford COBRA, even with the federal subsidy.

Health Care

We thank you for the steps you have already taken to address the health care needs of families. Last summer, the legislature passed Sustinet, which will ensure affordable, quality health care for all Connecticut's families. We urge your continued support.

We also strongly urge you not to make budget cuts or policy changes that will limit access to HUSKY. Without health coverage, parents and children will forgo needed medical care and medicine until there is a crisis. The state will end up paying for the cost of care, but at a much higher price.

We support:

Current premiums and co-payment structure for HUSKY B: When premiums were raised in 2004 and 2005, thousands of children would have lost coverage because their parents could not afford the increase. The legislature repealed the increase. Similarly, co-pays discourage the use of needed health care.

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HUSKY outreach and HUSKY Infoline: Community-based outreach and one-on-one telephone assistance is essential to ensure that eligible families enroll – and stay enrolled – in HUSKY and get the health care they need.

Vision services, coverage of non-prescription medication and no co-payments for adults on HUSKY: Even nominal co-payments for health care create a hardship for low-income parents. Without HUSKY coverage for these services, parents will be denied needed vision care.

Funding for community-based health centers and school-based health centers: These programs provide accessible, affordable health care to low-income families and their children

Support Measures to Increase Revenue

These are difficult economic times but the state has options. Rather than cutting services for struggling families and children, we urge you to adopt a balanced approach to the budget. We urge you to support measures that address the state budget deficit with real solutions. We urge you to:

- Create a tax structure that is more progressive and fair. Increase income tax rates for those most able to pay.
- Delay the reductions in the gift and estate tax.
- Evaluate tax breaks to see whether Connecticut is actually getting an economic return on its investment.

Connecticut has a choice. It can provide critical support to our children and families most in need or continue to increase the divide between the rich and the poor.

Thank you for the opportunity to submit our testimony.

Barbara Edinberg, Assistant Director
Bridgeport Child Advocacy Coalition
2470 Fairfield Avenue, Bridgeport, CT 06605
(203) 549-0075
bedinberg@bcacct.org

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February 23,2010

To: The Human Services Committee

Senator Doyle, Representative Walker, Senator Coleman, Senator Kane, Representative Abercrombie, Representative Thompson, Representative Butler, Representative Cook, Representative Flexer, Representative Holder-Winfield, Representative Orange, Representative Jarmoc, Representative Lyddy, Representative Morris, Representative Rigby, Representative Gibbons, Representative Chapin, Representative Coutu

Re: S.B. 32 An Act Implementing the Governor's Recommendations Concerning Social Services - Commission On the Deaf and Hearing Impaired (CDHI)

My name is Diane M. Wixted. I am a resident of Glastonbury CT. I am the former Supervisor of Counseling Services for the Commission On the Deaf and Hearing Impaired. I retired in July '09 under the Retirement Incentive Program, after 31 years of service at CDHI.

I am writing in opposition to the Governor's budget proposal which merges the Commission On the Deaf and Hearing Impaired into the Department of Social Services (DSS). Simply, this would not be a good fit, nor would it serve the consumers well.

CDHI is the state agency dedicated to serving the unique communication needs of deaf and hard of hearing people and their families through its' direct services. CDHI's mission is totally different than the mission of DSS, which focuses primarily on entitlement programs and income assistance. DSS has difficulty managing the programs it administers now, let alone adding new responsibilities to it's mandate.

Although DSS is viewed by the administration as THE disability agency for the state, it is not recognized by the deaf and hard of hearing community or by people with disabilities as such.

Proposals for CDHI to merge with other state agencies have been put forward periodically since 1995. At that time, the Hull/Harper Commission proposed merging all of the state agencies serving people with disabilities into one agency. No action was taken on this idea. This type of re-organization could be explored again as an alternate option. It would be more suitable and make more sense to combine agencies with similar missions, consumer populations and service delivery systems.

About 5 years ago, the Governor /OPM proposed the same merger that they are proposing now - CDHI to DSS. The action taken was to place CDHI's administrative functions – business and personnel operations into The Department of Administrative Services (DAS). DAS absorbed the CDHI Business Officer position into its' staff, and placed a DAS- funded Junior Accountant at CDHI to handle the billing for interpreting services.

CDHI has suffered tremendous erosion in programs and services since 1991 due to budgets cuts/ no refills on vacated positions.

IN 1991, CDHI had 19 full-time positions. Currently, I believe it has incumbents in 8 full-time positions.

The Governor is currently proposing funding for 5 full-time General Fund positions. Although not mentioned in the Governor's proposal, the agency has historically received Social Services Block Grant (SSBG) funding – which funded the Supervisor of Counseling position, a clerk-typist position and miscellaneous non-reimbursable interpreting situations like community education forums.

If CDHI is merged, budget savings would be in administrative personnel costs and possibly in rental costs. Eliminating the Executive Director's position would yield approximately \$95,000; eliminating the Executive Secretary's position would yield about \$60,000.

Depending on the current property lease agreement, which was recently under negotiation, a relocation or co-location with another state entity could yield about \$75,000 per year (less the initial costs of moving in the first year).

I recognize that you are charged with finding ways to assist in resolving the state budget crisis. I ask that you carefully consider the consequences of the proposed merger of CDHI into DSS, and explore alternative configurations. I believe the Governor's proposed merger would be a disservice to the deaf and hard of hearing community and would further marginalize and disenfranchise them.

Please contact me if I can be of any assistance in this matter.

Best Regards,

Diane M. Wixted

860-967-7151

diane.wixted@yahoo.com

Margaret Smith-Hale
Executive Director

February 22, 2010

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Amy-Beth Sirard

Tom Sirard

Testimony to the Human Services Committee of the Connecticut General Assembly.

Distinguished Committee Members

This testimony is in support of Senate Bill # 66, an act concerning expansion of the livery license exemption to include community-based regional transportation services for the visually impaired.

ITN*NorthCentralConnecticut*TM is a community-based and community supported program that offers rides 24/7 to seniors and adults with visually impairments in the towns of Bloomfield, East Granby, East Windsor, Enfield, Granby, Somers, South Windsor, Suffield, Windsor and Windsor Locks. This is an alternative transportation program that uses principally volunteer drivers who provide rides in private vehicles. There is no restriction on the purpose of a ride, and help is offered to carry packages, fold walkers, and open doors. Riding with ITN is like riding with a friend.

Our service is "door-through-door". Volunteers go to a person's home and help them to the car. At the point of destination we go into the building and make sure that the rider is safe and where they intended to go. If the purpose of the ride is shopping we will stay with them and read labels as necessary.

46% of the rides that we give are for Medical purposes. In addition, 20% are for consumer purposes, 10% for employment and volunteering, 8% for recreation, 5% for Church, 6% for Social including visits to nursing homes and hospitals, 2% for education, 1% for inter-modal, and 2% for other personal business.

Our programs give back the independence that people had when they drove themselves. In addition, it helps to maintain a healthy lifestyle and avoids isolation. 2009 was our first year of giving rides. We finished the year with 1,754 rides. We are now giving 230 per month and growing.

This exemption is needed to allow us to maintain our base of volunteer drivers and grow our programs. We urge you to support this bill.

Sincerely,

A handwritten signature in cursive script that reads "Margaret Smith Hale".

Margaret Smith Hale
Executive Director

Southern Connecticut State University
School of Health and Human Services
Department of Social Work
501 Crescent Street
New Haven, CT 06515

Dear Senator Harp and Representative Geragosian, co-chairs of the Human Services Committee, and committee members.

I am George Appleby, Professor of Social Work at Southern Connecticut State University, and testifying on behalf of the National Association of Social Workers. I urge you to vote down the Governor's Budget and to support SB 140 An Act Concerning Youth Transitioning Between DCF and DMAS and HB 5056 An Act Concerning Educational Stability for Children in the Care and Custody of DCF.

I appreciate the fiscal challenges before the House but to balance this budget on the backs of the most vulnerable, poor children and their families is unjust, unfair and exceptionally costly in the long term. Most importantly, these cuts are not consistent with the demonstrated values of the citizens of this State.

Support for the two bills before you reflect what we know about traumatized children. In a large national study of the Adverse Childhood Experiences (ACE Study, Felitti and Anda, 2005), focusing primarily middle-class, well educated adults, the authors found that these adverse experiences or traumas were more common in the general population than was expected. The study also reaffirmed that most psychologically and physically abused and neglected children will experience as adults an array of costly behavioral and physical health problems. The greater the exposure, the stronger are the negative outcomes. Children who have been abused and neglected, physically, emotionally or sexually, who have been exposed to drug or alcohol abuse, who have lost a caregiver through death or incarceration or was cared for by someone who is chronically depressed or hospitalized or whose parent was treated violently will most likely experience significant negative health outcomes in later life. Exposure, which is cumulative, increases the social and health risks exponentially. The clients of DCF and DMAS are much more vulnerable than this study population. Most social workers would rate this population with high ACE scores, meaning greater exposure to trauma. There is enough social science evidence to suggest that lower socioeconomic status (SES) will increase these ACE factors and the related negative outcomes. Research and practice wisdom suggest that seldom do children make an adequate adjustment when removed from their homes. This traumatic event is seldom addressed sufficiently in a therapeutic sense. This transition to a new culture of caregivers from DCF to DMAS or to a new school requires research-based, best behavioral health practices if we are to be successful.

My point is that lowering the quality of care or destabilizing the lives of these children will increase the ACE scores and cost the government and insurance companies more in the future.

As a former school social worker, I have been struck by the vulnerability of children to adverse events and their need for continuity with friends, teachers, and fellow students. Committee members, you as a parent, can appreciate that the stability in one part of the child's life might be all that is needed to help cope with another, more stressful part of his/her life. We must do all that is necessary to stabilize the lives of those in our care.

Thank you for your anticipated support.

George A. Appleby, PhD, MSW, LCSW
Professor of Social Work
2/23/2010



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