



Testimony of Deborah Chernoff, Public Policy Director

District 1199/SEIU Healthcare

Before the Public Health Committee

In Re: House Bill 1088, An Act Concerning Services for Individuals with Intellectual Disability

Good morning, Senator Gerratana, Representative Ritter and members of the Public Health Committee. For the record, I am Deborah Chernoff, Public Policy Director for District 1199/SEIU Healthcare. Thank you for this opportunity to share some thoughts and concerns about House Bill 1088, *AAC Services for Individuals with Intellectual Disability*. The purpose of this legislation is to develop a plan for the closure of all state-operated Intermediate Care Facilities for individuals with intellectual disabilities.

About 6,000 caregivers in our union provide ICF-level services in both public and private sector settings. Our members share the desire to find a way to provide services to all the families who need them. We wholeheartedly endorse an assessment of how to deliver and pay for those services but are concerned that the bill before you today looks at only one component of a large, complex system of supports and services.

We believe that the whole system, not just a single component, needs to be re-examined. A piecemeal approach is not the best way to serve the needs of people getting ICF services, either in the public or the private sector, or to support people at other levels of need, or to put an end to the Waiting List. A more comprehensive system-wide examination, including very challenging issues related to workforce recruitment and retention, would achieve what we all want: real choices for families.

We have some history in this state with the unintended consequences of broad and swift systems change. With the most compassionate of intentions, reflecting significant progress in how we think about and deliver services to individuals with a disability, in the 1990s, Connecticut closed four public psychiatric facilities (Fairfield Hills Hospital, Norwich State Hospital, Boneski Treatment Center and Berkshire Woods Treatment Center). We supported those closures with the understand that they would result in a substantial reinvestment in community mental and substance abuse treatment options, allowing people to live and receive

services in the community. The needs were real and urgent and the goal was laudable, but the outcome was not what anyone who deeply believed this was the right approach wanted. In the absence of a comprehensive plan, people ended up in prisons, in nursing homes or in homeless shelters instead of in treatment because the savings were not dedicated to expanding a home- and-community-based mental health system. The fallout from the unintended consequences was the formation of the Keep the Promise coalition which, as you know, continues its advocacy work to this day.

HB 1088 lists a number of issues on which the Commissioner is to report in the development of the proposed plan. There are other critical questions to be answered in working towards achieving the ultimate goal of this bill. Key among them is the question of what happens to the workers providing ICF services—both currently and in the future.

As I learned as a member of the Governor's Task Force on the Waiting List this year, there is a significant pension liability that does not disappear upon closure of any public service or facility. Nor will the workers now providing services in publicly-operated ICFs vanish if those facilities shut down. They will need to be redeployed elsewhere within the DDS system, shifting the allocation of resources but not increasing them. How do those realities factor into the costs and savings associated with the proposed closures?

Currently, fifty state DDS workers have transitioned to providing Individual and Family Supports in the community. There is also an ongoing pilot project to move more public sector direct care workers into the provision of home- and community-based service. At this time, it is very limited in size and scope. How do we ensure that we don't lose this skilled workforce moving forward?

Individuals being served in ICFs have significant medical issues and treatment needs: they may be non-ambulatory, have seizure disorders, behavior problems, mental illness, visual or hearing impairments, or a combination of the above. State-operated ICFs currently support individuals who have particularly challenging diagnoses, who have not been successful in other placements, or when private agencies cannot provide the necessary services. Will their needs continue to be met if public facilities are closed? Do private sector ICF facilities have the space,

resources and staff to absorb the individuals currently receiving services in the public sector? What infrastructure development will be needed? What would capital costs be for expansion of ICF-level services in the private sector?

It would also be important to examine how many individuals needing this higher level of services and supports could benefit from home-based services. That would require significant investment in home modifications and equipment, as well as in workforce training and expansion, given the low rates of pay, lack of benefits and high turnover in home-based care. If we are not simply going to shift costs onto workers' families, we need to plan to raise caregivers' wages at private agencies and in home care, or we risk creating a permanently low-wage workforce that has to rely on multiple part-time jobs and public assistance to survive.

There are many more questions that arise out of this proposed legislation. The questions—and the answers—are complicated and difficult, but there is sufficient talent, passion and dedication in this building and across our state to deal with that complexity. As a union of 6,000 caregivers with direct experience in all settings, we want to partner with you and continue this discussion towards building a system of services that provides enough funding to cover the true cost of care, without reducing services or the wages and benefits of current or future workers in the DDS system.