



SCOTT SHANLEY, GENERAL MANAGER

Town of Manchester

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January 27, 2015

Members of the Board and Manchester's legislative delegation –

This is a brief executive summary of the work of the Mayor's Task Force on Mental Health and Group Home Issues in Manchester. They have completed their initial phase of meetings. There is much work yet to be done, and they will continue to meet; however, they present a few initial action steps for your consideration.

1. A 36-month moratorium on new group homes or mental health facilities in Manchester. This will allow time for the State to assess the distribution and balance of individuals with mental health and other "group home" needs among all communities in the state and begin execution of any rebalancing necessary.
2. Require advance notification of placement of "group homes" or like facilities to municipalities and provide for an administrative appeal process.
3. Ensure facility and institutional staff responsible for clients with mental health issues have proper training in managing populations with mental health needs (see attached memo).
4. (a) Review and tighten the criteria used for the "Money Follows the Person" to determine if an individual is a good candidate for community placement; and
(b) State needs to assign a case worker or point person for each resident transitioning to the community with whom local providers can communicate and coordinate.
5. Local school departments seek to provide stable placements for appropriate care for all students in the community. Children placed in group homes in a community, other than their parents' community, should qualify for a more robust and comprehensive reimbursement to local school departments from the State for special education services.

The draft interim document is attached.

Respectfully,

Scott Shanley, General Manager

Mary Roche Cronin, Director of Human Services

Marc Montminy, Police Chief



TOWN OF MANCHESTER

INTEROFFICE MEMO

To: Scott Shanley
General Manager

From: Mary Roche Cronin
Director of Human Services

Date: January 23, 2015

Re: Mayor's Task Force Recommendation for Training of Mental Health Staff

One of the recommendations made by members of the Mayor's Task Force on Mental Health Needs in Manchester is that mental health staff, particularly in facilities, must receive training so as to provide the best care for individuals with mental health needs. In our discussions on the task force, as well as discussion that took place in the original committee looking at mental health needs in Manchester, we found that training for mental health staff is inconsistent. This lack of training has resulted in unnecessary calls to police, fire and EMS services.

Task Force recommends the additional training of employees in several areas. The Task Force understands that core competencies and skills are not only required and necessary to perform job responsibilities at the highest level but necessary as the demands and requirements change in each position. Ongoing employee training ensures that professional standards are maintained.

In addition to each agency's general orientation for all new employees, the Task Force recommends the minimum additional training of milieu and residential support employees on the following topics:

- Therapeutic Crisis Intervention
- Introduction to Mental Health Training
- Program/site safety measures and environment
- Specific age-related training to the population of the residential program, such as:
 - Introduction to the Population and Developmental Stages
 - Developing Effective Treatment Relationships with the Population
 - Understanding Trauma and Its Effects on the Population
 - Assessing Risk Behaviors with the Population

The original committee developed a training course that addresses these topics and, if funding were obtained, could be offered free-of-charge to any interested mental health staff in Manchester. To that end, we have partnered with North Central Regional Mental Health Board to apply for a H. Louise Ruddell Charitable Fund grant. Additionally, a "train-the-trainer" component would also be offered so that facilities could sustain the training in-house. We will continue to look for other funding if we are not successful in obtaining the Ruddell grant.

*****DRAFT*****

2015 Legislative Recommendations

From
The

Mayors' Task Force on Mental Health Issues in Manchester

SHORT-TERM RECOMMENDATIONS:

Moratorium on Placements

Manchester has shouldered a demonstrative disproportionate number of mental health placements when compared with other communities of similar size.

Recommendation: We recommend a moratorium on the establishment of any new mental health facilities (such as group homes, supportive care facilities, counseling facilities, etc.) in Manchester for thirty-six (36) months while the state assesses the balance of distribution of community placements of individuals with mental health needs.

Notification to Communities

State agencies are not communicating to each other when considering placement of mental health facilities in the communities.

Recommendations:

a. Municipal leaders must be notified, in advance, whenever a state agency, either directly or through a third party provider, wants to locate a mental health facility of any kind (such as group homes, supportive care facility, counseling facility, etc.) in Manchester. This will allow the town to gauge the impact to the community to ensure that no other facility is within a statutorily prohibited distance from the proposed facility.

b. There should be an administrative appeals process on the state level by which municipal leaders can appeal placement of a proposed mental health facility if the proposed facility is within a statutorily prohibited distance from an existing facility or if the facility would pose an undue burden or safety risk to the community.

Training for All Mental Health Staff

Our experience has been that training for mental health staff is inconsistent.

Recommendation:

In an effort to provide a safe living environment to all vulnerable populations, the Task Force recommends the additional training of employees in several areas. The Task Force understands that core competencies and skills are not only required and necessary to perform job responsibilities at the highest level but necessary as the demands and requirements change in each position. The investments made in ongoing employee training ensures that professional standards are maintained in the services they provide.

In addition to each agency's general orientation for all new employees, the Task Force recommends the minimum additional training of milieu and residential support employees on the following topics:

- Therapeutic Crisis Intervention
- Introduction to Mental Health Training
- Program/site safety measures and environment
- Specific age-related training to the population of the residential program, such as:

- Introduction to the Population and Developmental Stages
- Developing Effective Treatment Relationships with the Population
- Understanding Trauma and Its Effects on the Population
- Assessing Risk Behaviors with the Population

Appropriate Placements

a. Criteria for placements in the community

The criteria currently used by the state to determine placements in the community often result in placements that are inappropriate for individuals with mental health needs.

Recommendation: The state needs to set higher criteria to determine if individuals with mental health needs are appropriate for placement in the community. And, there needs to be a minimum standard for placement, if one does not currently exist.

b. Money Follows the Person

Money Follows the Person transitions residents from institutional settings to community living and it has been a successful program for many residents. An array of support services are offered to the residents to ensure that they are able to remain in the community. However, MFP participants are able to decline support services and there have been instances when MFP participants with severe mental health conditions experience a cycle of emotional decompensation that results in repeated 9-1-1 calls and hospitalizations. The sole responsibility for responding to and addressing these behavioral health crises falls on municipalities, particularly First Responders and human service departments. Currently, there is no State contact person with whom municipalities can partner when addressing these crises.

Recommendation: The State of CT should assign a case manager or point person to each resident who transitions into the community through Money Follows the Person. This case manager should remain connected to the resident for as long as the resident resides in the community. The case manager's responsibilities might increase or decrease over time given the stability or lack of stability experienced by the resident. The case manager would be the primary point of contact if the resident decompensates.

c. Student Placements

While the various state agencies are struggling for stable placements for students, oftentimes the placement of students who fall under the "no nexus category" poses a fiscal burden on the community of placement. Due to the instability in their lives, a number of these students require special education services. These services may include enrollment in a private school, specialized evaluations, individual transportation, as well as other related services.

Recommendation: There should be substantial reimbursement back to the community that is unlike an excess cost calculation; which makes it incumbent upon the community for local budget expenditures to reach a particular threshold.

LONG-TERM RECOMMENDATIONS:

Systems Change

a. Improve efficiency and effectiveness of the mental health system

The mental health system in Connecticut is not working efficiently or effectively for many individuals with mental health needs or for the communities in which they are placed.

Recommendation: There needs to be a thorough review of the mental health system in Connecticut that looks at the whole spectrum of care, including things like: funding and payment for services,

delivery of services, support services, screening process for residential placements and the impact residential placements have on communities.

b. Disconnected residents with mental health needs

There are many residents with significant mental health challenges who are not connected to DMHAS-funded community services (ACT, CSP or RP). These residents do not want to be involved in the mental health system as it currently exists or are deemed to be inappropriate for these services because they cannot adhere to the program requirements. As a result, these residents struggle with no formal mental health supports. The responsibility for addressing their mental health needs falls on municipal human service departments and police departments.

Recommendation: DMHAS should implement a community support program that targets these hard-to-reach residents through outreach and engagement rather than formal service plans, goals and measurements.

Fund Broader Range of Placement Alternatives

The state should fund a variety of placement alternatives based upon patient needs and which promote patient success and reduction of re-institutionalization.

Recommendations:

a. New Type of Residential Placement

Fund residential settings that can provide 24 hour intensive services which will provide interventions for patients/clients before they escalate to crisis level.

b. Supportive Housing

Increase funding for supportive housing so that any state agency that places individuals with mental health needs can provide an appropriate level of supervision and support services in the community which includes, prior to placement, coordination and planning with representatives of multiple disciplines in the community of placement .

Funding to Municipalities

When the state closed mental health facilities years ago, patients were returned to their communities without proper funding in place to provide appropriate treatment and support services in those communities. Neither was funding provided to communities to offset the cost to municipal services including police, fire and ambulance as well as town social and human services in responding to the needs of patients.

Recommendation: the state needs to provide funding to municipalities that have mental health facilities of any kind in their communities to off-set the cost of municipal services provided to mental health patients/clients.

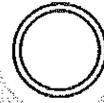
Respectfully submitted on behalf of the members of the Mayor's Task Force by:

Mary Roche Cronin
Director of Human Services
Co-Chair

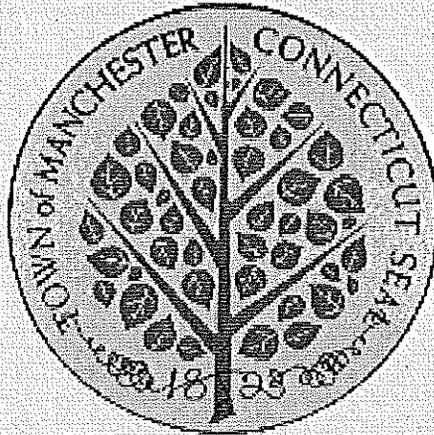
Marc Montminy
Chief of Police
Co-Chair

January 23, 2015

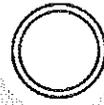
The Impact of Mental Health Calls for Service



POLICE / FIRE / HUMAN SERVICES

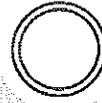


History

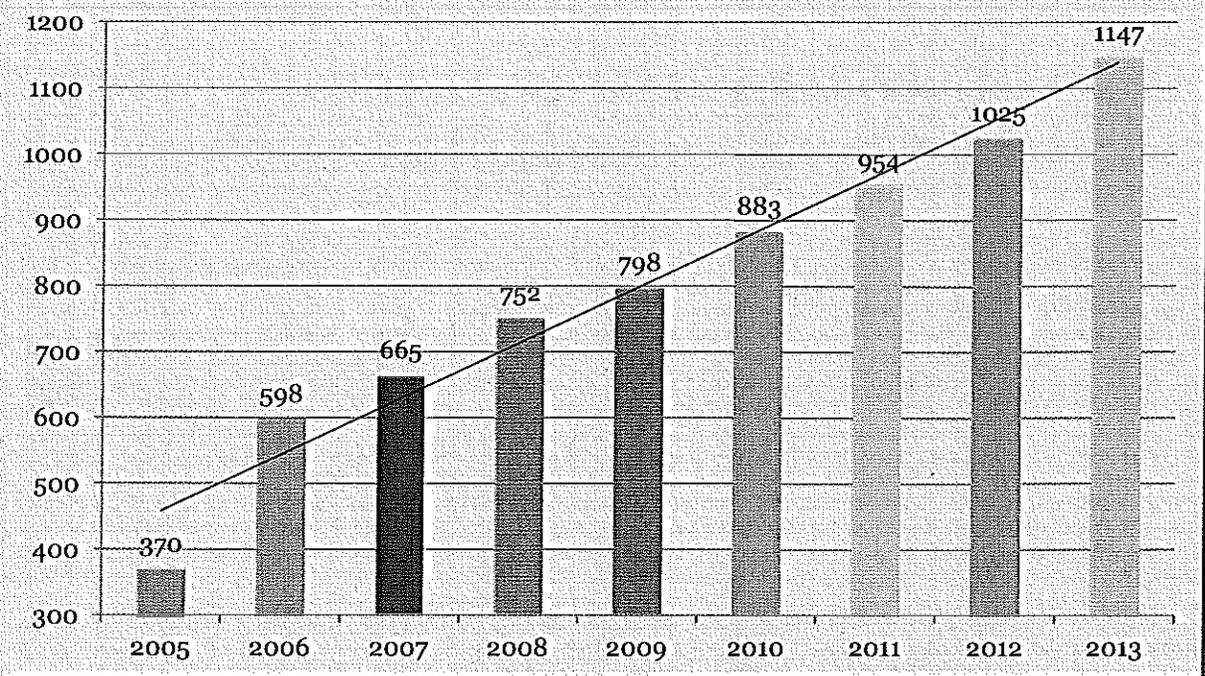


- Police, Fire, and Human Services departments became concerned about dramatic increase in mental health calls for service as early as 2007.
- These calls consist of:
 - Emotionally Disturbed People (EDP)
 - Suicides
 - Suicide Attempts
 - Suicide Threats

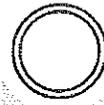
History



- The Police Department has tracked these calls since 2005.
- The increase from 2005 to 2013 is **210%** for the police department alone.

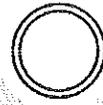


Local Police Study



- In 2010, The Police Department conducted a study to determine if other area towns were similarly affected.
- Comparison towns were used based on proximity to Manchester, population, and whether the data was readily available.
- The results of this non-scientific study were startling.

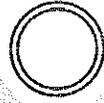
Local Police Study



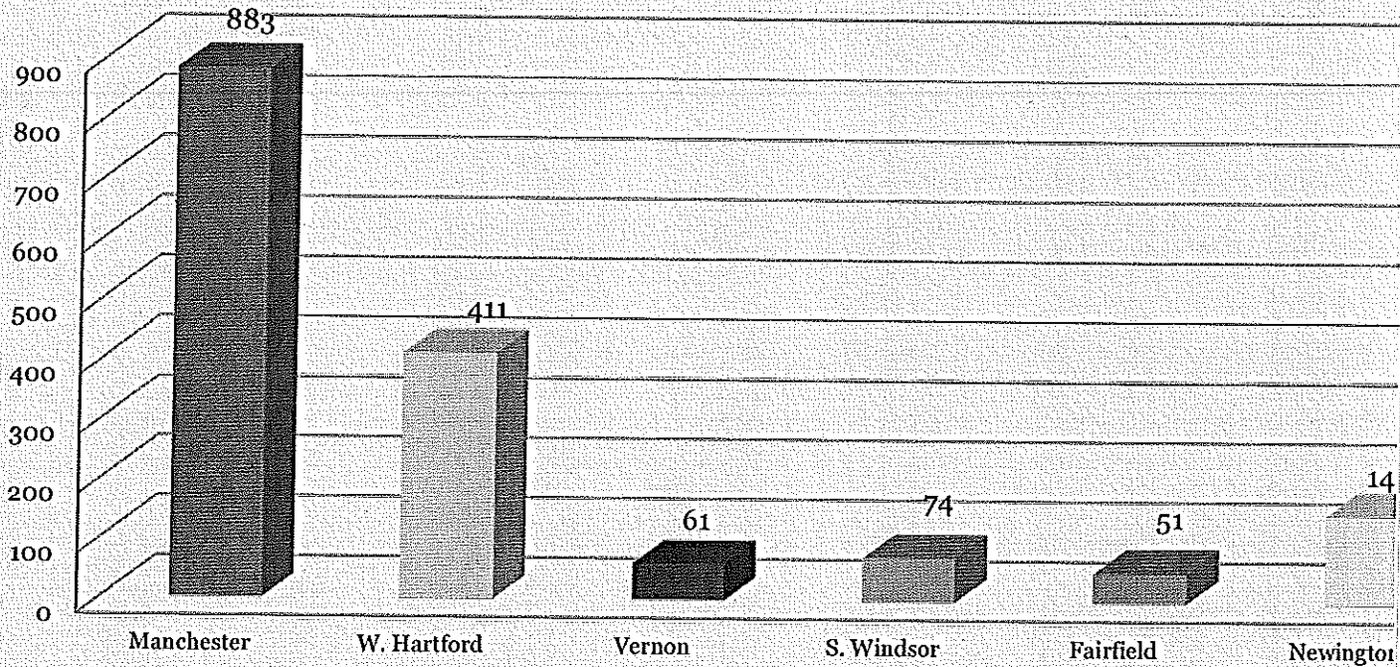
2010 Data-

- South Windsor experienced **2.8** calls per 1000 during the same period.
- Vernon experienced **2** calls per 1000 during the same period.
- West Hartford **6.8** calls per 1000 during the same period.
- Manchester experienced **15.7** mental health calls per 1000 population.

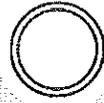
Local Study



2010 Mental Health Calls

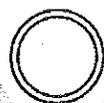


Working Committee



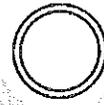
- At this point we reached out to other Manches service providers and found that the dramatic increase was impacting them as well.
- Human Services put together a working committee consisting of local stake-holders.
 - Mental health service providers
 - Residential group homes
 - Long term care facilities
 - State ombudsmen
 - Police
 - State agencies

Working Committee



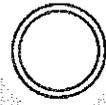
- Our suspicion was that the bulk of our calls were from facilities charged with the care of mental health patients, or behavioral health placements within the town, and not from developmental disability placements.
- In law enforcement's opinion, many of these placements were not appropriate for the needs of the patient because...
- Whenever a facility exhausts their ability to deal with a patient, they just called 911.
- Individuals placed in the community were refusing state-funded assistance and were relying on local services.

Working Committee



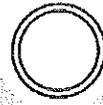
- We worked with facilities to:
 - Recognize their impact on local resources.
 - Get better training for staff.
 - Understand the limitations of town services.
 - Question placements from the state that are inappropriate for the level of care.
- Between 50% to 75% of patrol officers have received specialized mental health training (Crisis Intervention Training) as a result of dramatic increase of mental health calls.

Scientific Study



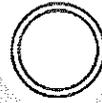
- In 2013, with the support of the Manager, a study was commissioned by the Center for Public and Social Research at Central Connecticut University.
- Two professors studied these issues using West Hartford and East Hartford as a comparison.
 - ✦ Marc B. Goldstein, Ph.D.
 - ✦ Shamir Ratansi, Ph.D.
- The final study was received in March of 2014.

Scientific Study



- **Pertinent findings:**
 - Manchester received disproportionately more mental health calls than the other communities.
 - Manchester has a larger number of institutional settings that serve vulnerable populations.
 - The number of mental health calls is increasing faster in Manchester than the comparison communities.

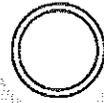
Scientific Study



- **Placement Facilities-**

- According to the authors of the study, Manchester had more placement facilities than East Hartford and West Hartford combined (65 compared to 31 for East Hartford and 31 for West Hartford).
- Manchester had 42 group homes compared to 25 for East Hartford and 17 for West Hartford.
- Manchester had 14 “supportive housing” locations compared to 1 for East Hartford and 2 for West Hartford.

Scientific Study

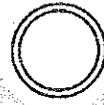


- **Mental Health Calls for Service-**

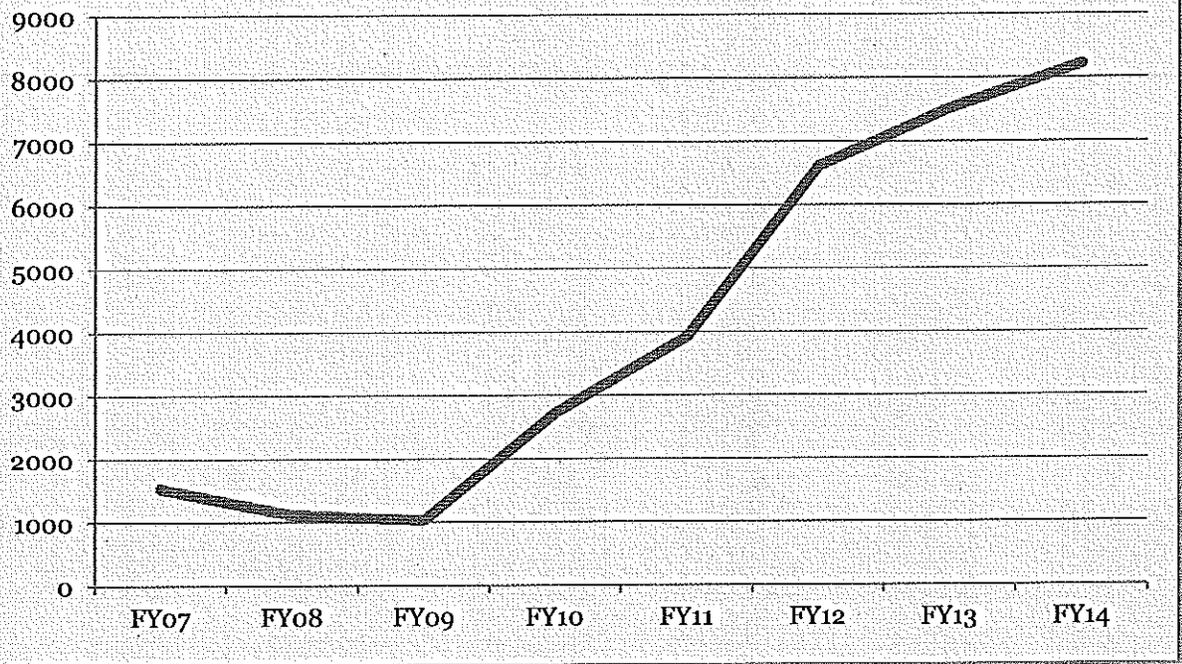
- Manchester 12.9 calls per 1000
- East Hartford 4.61 calls per 1000
- West Hartford 3.15 calls per 1000

- Manchester's EDP call volume is almost 3 times greater than East Hartford, and more than 4 times greater than West Hartford.

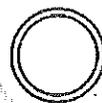
Manchester Senior, Adult & Family Ser



Resident Contacts Presenting With Mental Health Issues



Manchester Senior, Adult & Family Ser

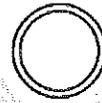


- “Money Follows the Person”

- MFP is a program designed to help states rebalance their long-term care systems to better support people living in the community instead of nursing institutions who want to live in the community.
- Connecticut is one of 29 states (plus the District of Columbia) participating in the federal demonstration program.
- It estimates that the cost to the State of serving them in the community is about one-third the cost of their nursing home care.
- Once in the community, support services are offered to clients, but participants have the option to refuse.

<http://cga.ct.gov/2010/rpt/2010-R-0209.htm>

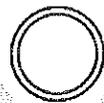
Manchester Senior, Adult & Family Ser



- **New Case Management Model**

- In 2010 the Dept. of Mental Health & Addiction Services implemented a new case management model.
- This new model employs a teaching/coaching method goal-driven.
- There is a segment of the behavioral health population whom this model does not work.
- Residents who fall into this category often find themselves no community support services from the local mental health agency.
- Town services providers (Police, Fire, Human Services) become the first point of contact when these residents decompensate.

Manchester Senior, Adult & Family Ser

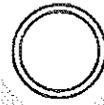


- **Case Examples**

- **Case 1- J.E.**

- ✦ MPD, MFD, and ASM have responded to J.E.'s apartment times between March and August of 2014.
- ✦ In March, he 'fired' his staff of care takers.
- ✦ J.E. is a paraplegic living alone, and has mental health is
- ✦ He calls 911 for reasons such as-
 - To turn on his wheelchair.
 - Because he is unable to clean himself.
 - Request a cigarette because he wants to smoke in bed
- ✦ J.E. passed away at St. Francis Hospital earlier this year

Manchester Senior, Adult & Family Ser

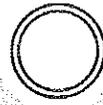


- **Case Examples**

- **Case 2- B.M.**

- ✦ B.M. has physical and mental health issues.
- ✦ Homecare agency refused to service B.M. because he is
- ✦ B.M. called MFD 3 times in 3 days, and is abusing alcohol
- ✦ In July, MFD responded to B.M.'s residence 4 times in 2

Conclusion



- The Manchester Police respond to more than 3 mental health calls per day on average.
- Fire and Human Services have seen their case load increase dramatically as well.
- The amount of 3rd party placement is disproportionate to similar size communities and places a burden on Manchester services.
- The State philosophy of “the money follows the person” when care facilities or placed residents simply call on unreimbursed local resources.



State of Connecticut

HOUSE OF REPRESENTATIVES STATE CAPITOL

REPRESENTATIVE MARK TWEEDIE
THIRTEENTH ASSEMBLY DISTRICT

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Mark.Tweedie@housegop.ct.gov

MEMBER
APPROPRIATIONS COMMITTEE
ENVIRONMENT COMMITTEE
VETERANS' AFFAIRS COMMITTEE

Planning and Development Committee
February 13th, 2015

Senator Osten, Representative Miller, Senator Linares, Representative Amann and the entire membership of the Planning and Development Committee. I would like to thank you for allowing me to testify before you today in support of the two following bills, *H.B. 5618 AN ACT CONCERNING COMMUNITY-BASED RESIDENTIAL FACILITIES* and *H.B. 6483 AN ACT ESTABLISHING A TASK FORCE TO STUDY GROUP HOME DISTRIBUTION*.

Both pieces of legislation seek to create a uniform process of notifying municipalities when a state-operated group home may be placed within a municipality. Specifically, *H.B. 5618* is aimed at enacting recommendations to the municipal notification process. For example, in the Fall of 2014 the Department of Corrections contracted a half-way house in Manchester housing four convicted rapists and one convicted pedophile in a neighborhood mostly comprised of women and children. The house is also located directly across the street from a bus stop, and close to an elementary school. Obviously, this placement caused outrage within the community.

For your review, I have included supporting documentation from the Town of Manchester's Task Force on Mental Health and Group Home Issues in Manchester. Within the documentation, you will also find a PowerPoint that presents statistics relating to municipal services in the Town of Manchester compared to other municipalities with less state-operated group homes.

There is a clear disparity in the use of municipal services for cities and towns that have larger numbers of group homes and community-based residential facilities. Furthermore, the bill would call for a review of the placements made by the state on a cost base analysis of institutional versus community-based care and compensates them accordingly.

The bill would also offer recourse to municipalities that have a disproportionate number of group homes by creating a provision for state reimbursements for services related to such community-

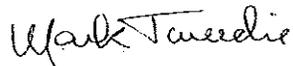
based care facilities. Additionally, there would be greater oversight of the group homes and community-based care facilities through monitoring the implementation of health care plans.

To conclude, I would urge you to consider a moratorium for the placement of such facilities in the town of Manchester until the distribution of group homes is further investigated. It is simply an added financial burden to the municipalities that house larger numbers of clients receiving care in group home settings. Consequently, the passage of the bill is necessary in order to create a system that thoughtfully distributes residential-based care facilities

For the reasons stated above, I urge you and your colleagues to support both pieces of legislation.

Thank you for your consideration in this matter. I would be happy to answer any questions you might have.

Sincerely,

A handwritten signature in cursive script that reads "Mark Tweedie".

Mark Tweedie
State Representative, 13th District

Members of the Planning and Development Committee:

Manchester commissioned a study in 2014 to determine the reasons Manchester seemingly had, by far, a much higher incidence of Emotionally Disturbed Person (EDP) calls for Police than East Hartford or West Hartford. In addition, Manchester had had some difficult experiences with some group homes and wanted that issue, and its relationship to Town services, looked at as well. The Mayor subsequently appointed a task force to discuss the study, the mental health related calls, and, make recommendations. Those recommendations are embodied in Proposed Bill 5618.

The attached graphics (Exhibits A and B) show the dramatic uptick in handling of folks with mental health issues in both our Police Department and Senior, Adult and Family Services Department. The rise coincides with the introduction of “money follows the person” as a State policy for reintroducing people with certain challenges into community settings.

The “money follows the person” effort is well intended. The Task Force proposes a review of the criteria that must be met for placement in a community setting. When someone refuses some or all the fine services the State offers as support, it falls to various Emergency Services to respond to needs. This doesn’t have to occur for too many people for it to be a real strain on EMS staffing, for example.

This testimony includes as an attachment (Exhibit C) specific training that the Task Force believes is appropriate for all people working with people with mental health issues in institutions or residential settings.

Manchester’s Task Force does not oppose “money follows the person” but believes stronger standards need to be applied. Also a municipal liaison from the appropriate agency must first be in place to effectively coordinate.

Community Based Residential Facilities

Also part of the Task Force discussion is data similar to a State Study by the Office of Legislative Research (OLR) in May of 2014, which shows the disproportionate number of community based

residential facilities the State has placed in Manchester as compared to surrounding, some equally developed, communities.

Looking at just two agencies as examples: The OLR reports DSS has 14 homes in East Hartford, 16 in West Hartford and 33 in Manchester. DCF has 5 in Manchester, 1 in East Hartford and zero in West Hartford.

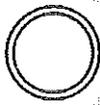
The Task Force suggests a moratorium in Manchester on new community based residential facilities placed by the State, or an agent of, so an analysis can be completed determining the decision making process for distribution of such facilities equitably throughout the State.

Obviously, not all community based residential facilities are equal draws on municipal services. Some require a high degree of Police involvement while others need none; perhaps rather special education services. All are tax exempt. Two recent difficult experiences have led to a proposal for an administrative appeal process for the community to challenge a placement.

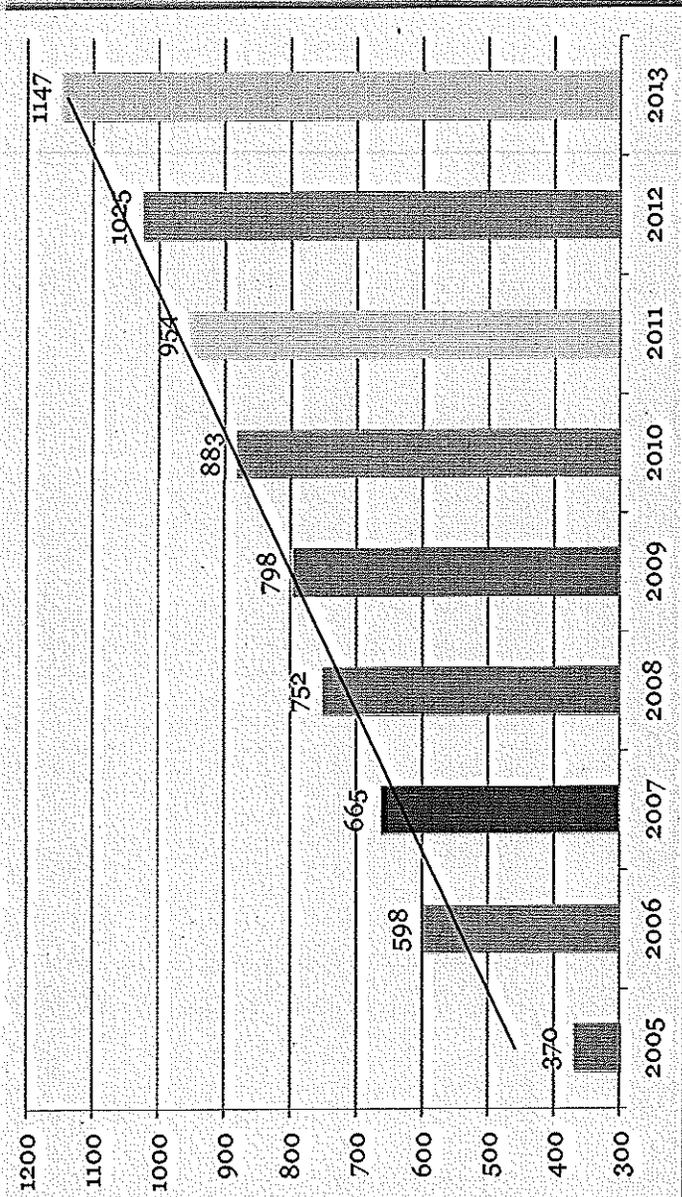
There are other initiatives currently underway, or being discussed, that could positively impact the situation in Manchester and similar communities as it relates to Community Based Facilities. Regionally coordinated and funded special education would potentially share our responsibility to care for all of the children in our State.

In conclusion, Manchester has long been a welcoming and compassionate community, gladly helping those of us in need of community services, and, it is in the nature of our community to continue to be. Our message is simply that the State should not take advantage of that commitment to those in need, and, rather, encourage other communities to be equally supportive of our neediest citizens.

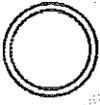
History



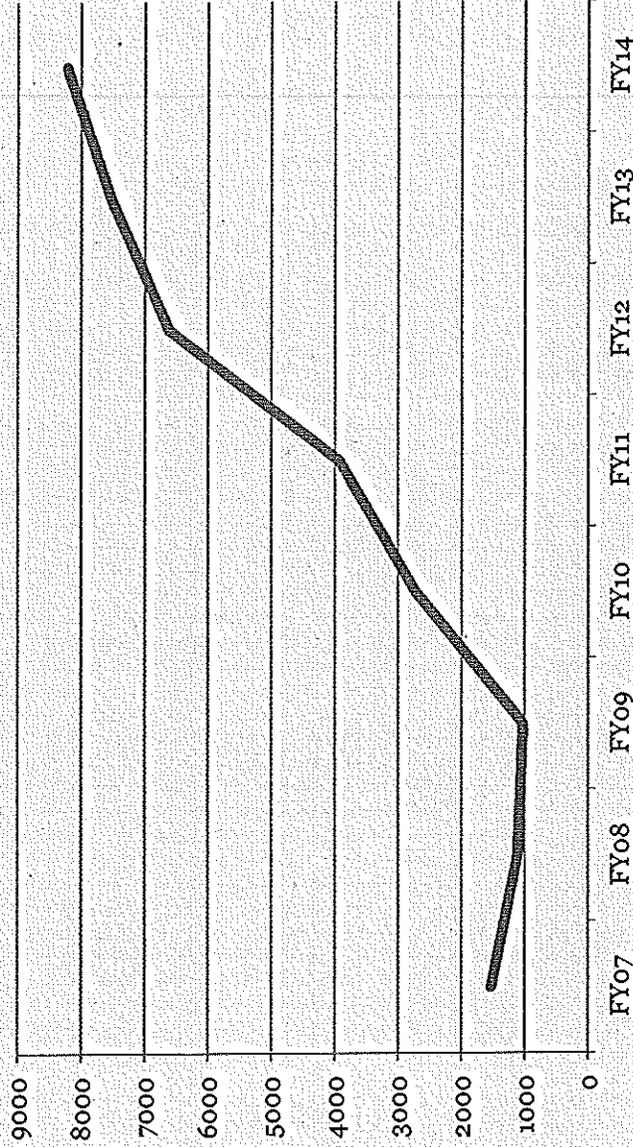
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Manchester Senior, Adult & Family Services



Resident Contacts Presenting With Mental Health Issues



TOWN OF MANCHESTER

INTEROFFICE MEMO

To: Scott Shanley
General Manager

From: Mary Roche Cronin
Director of Human Services

Date: January 23, 2015

Re: Mayor's Task Force Recommendation for Training of Mental Health Staff

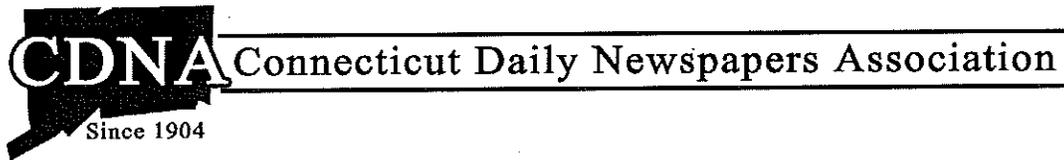
One of the recommendations made by members of the Mayor's Task Force on Mental Health Needs in Manchester is that mental health staff, particularly in facilities, must receive training so as to provide the best care for individuals with mental health needs. In our discussions on the task force, as well as discussion that took place in the original committee looking at mental health needs in Manchester, we found that training for mental health staff is inconsistent. This lack of training has resulted in unnecessary calls to police, fire and EMS services.

Task Force recommends the additional training of employees in several areas. The Task Force understands that core competencies and skills are not only required and necessary to perform job responsibilities at the highest level but necessary as the demands and requirements change in each position. Ongoing employee training ensures that professional standards are maintained.

In addition to each agency's general orientation for all new employees, the Task Force recommends the minimum additional training of milieu and residential support employees on the following topics:

- Therapeutic Crisis Intervention
- Introduction to Mental Health Training
- Program/site safety measures and environment
- Specific age-related training to the population of the residential program, such as:
 - Introduction to the Population and Developmental Stages
 - Developing Effective Treatment Relationships with the Population
 - Understanding Trauma and Its Effects on the Population
 - Assessing Risk Behaviors with the Population

The original committee developed a training course that addresses these topics and, if funding were obtained, could be offered free-of-charge to any interested mental health staff in Manchester. To that end, we have partnered with North Central Regional Mental Health Board to apply for a H. Louise Ruddell Charitable Fund grant. Additionally, a "train-the-trainer" component would also be offered so that facilities could sustain the training in-house. We will continue to look for other funding if we are not successful in obtaining the Ruddell grant.



Testimony of Patrice Crosbie before the Planning & Development Committee

on February 13, 2015

in opposition to

SB 188, An Act Concerning Municipal Mandate Relief

Chairman Osten, Chairman Miller and Committee members, my name is Patrice Crosbie. I am the Publisher of the Chronicle Newspaper in Willimantic, one of only three daily newspapers left in the state with its' own printing press. I am also the president of the Connecticut Daily Newspaper Association. I am honored to have this opportunity to testify in opposition to SB 188, An Act Concerning Municipal Mandate Relief.

While SB 188 seeks to reduce municipal mandates- an idea the newspaper industry generally supports- we must oppose the section that would change how public notices are carried out and executed. Public notices must establish a proper record to verify that they are carried out in a timely manner. The traditional elements include publication in a forum independent of the government, such as a local newspaper, providing: Accessibility by all segments of society/ Verifiability, as through an affidavit of publication/ Archivability in a secure and readable format.

The concept most central to public notices is accessibility and the very reason for their name. Currently, a notice published in any CT daily newspaper is also published on their website and on ctpublicnotices.org. The passage of a bill eliminating mandatory publication will move some notices exclusively to the web, thus limiting public access. According to the Pew Internet and American Life Project, a full 25% of Americans don't have access to the internet. We should not attempt to predict which medium serves the most citizens. We should deliver this information through multiple sources, as occurs now with the current public notice statutes.

The 17 publisher members of CDNA reach more than 600,000 of the state's 1.3 million households daily, and almost 700,000 on Sunday. Three out of four adults in CT say they read a newspaper at least once a week. Combine the reach of newspapers with their online presence and the result is that newspapers give public notices a visibility and accessibility like no other. In contrast, the proposal before you today would make that information more difficult to access and available to fewer people. Less scrutiny of public spending provides more opportunity for a more secretive, less transparent government.

This proposal, if adopted, would reduce the accountability of local government officials to their residents. Posting on a government site alone deprives the notice of the independence that protects against tampering, alteration, political bias, and posting of a notice after legal deadline. It also risks the integrity of historical documents and their long term, secure, archival storage. Connecticut's commitment to transparency in government should give the legislature pause on this issue.

Finally, obviously this issue impacts our bottom line. Our employees are taxpayers and residents of our communities. We are the most vibrant local news source, but without legal notices, many Connecticut newspapers will likely be on the brink financially, mine included.

My late husband Kevin stood before this committee years ago, speaking about this issue. Ironically, he and Benjamin Franklin died on the same date, 222 years apart. Two publishers from very different times, yet they had the same strong convictions and loyalty to an institution that needs to continue for future generations. Imagine no newspapers to be there for accountability, verifiability, truth, transparency and public record. We as publishers have a duty, and all of us as citizens have a right, and a need, to keep public notices in newspapers.

Thank you for the opportunity to testify today and I urge your opposition to this bill.



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Planning & Development Committee Public Hearing 2/13/2015

Jennifer Smith, Vice-President, District 1199/SEIU Healthcare

Testimony in OPPOSITION to:

- Proposed HB No. 5618 – Concerning Community-Based Residential Facilities
- Proposed HB No. 6483 – A Task Force to Study Group Home Distribution

Dear Senator Osten, Representative Miller and members of the Planning & Development Committee,

District 1199/SEIU Healthcare represents some 25,000 healthcare workers in Connecticut, including thousands of direct care workers in group homes run by the state and by private providers. We appreciate the opportunity to share our unique perspective and raise our concerns about *Proposed Bill No. 5618, An Act Concerning Community-Based Residential Facilities* and *Proposed Bill No. 6483 An Act Establishing A Task Force to Study Group Home Distribution*.

As public policy, our Union strongly supports the rights of people with mental health issues, developmental disabilities, or other health needs to have real choices about where they will live – including in what town or type of community.

While many tout the *concept* of “community-based services,” history has shown that when an actual group home or other facility is proposed, many towns immediately resist (the Not-In-My-Back Yard, or NIMBY, effect). While some communities have been more than welcoming, others have been very effective in denying the placement of these homes – thereby drastically limiting consumers’ geographic options.

This is why the delivery of group home services is a decision-process that should be made with a statewide perspective. We recognize that some may feel there is too-high a concentration of facilities in their town due to NIMBY-ism of other communities, but allowing one town to self-select out, even under the auspices of a “moratorium” as Bill No.5618 would do, could be the start of a slippery

slope that worsens the original problem. This could also raise serious legal issues for the State and municipalities due to HIPPA privacy, ADA, and other state and federal laws.

In addition, Proposed HB No. 5618, *An Act Concerning Community-Based Residential Facilities*, seems to single out "state-operated" group homes. Manchester is home to both state-run and private provider-run group homes. In our direct experience, state-run group homes have a higher level of staff training and lower level of staff turnover, both of which help to reduce the number of incidents that require contacting town officials and town expense. It is unclear why this bill specifically singles out "state-operated" group homes, and therefore is an additional reason why we oppose this bill.

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