

**Testimony of Jennifer Granger, President & CEO
United Community and Family Service, Inc.**

**H.B. No. 5044 AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES FOR THE FISCAL YEAR
ENDING JUNE 30, 2017.**

*February 11, 2016 Appropriations Subcommittee on Human Services Public Hearing
Re: Department of Social Services & Department of Children & Families*

United Community and Family Services, Inc. (UCFS) opposes two specific budget cuts that will directly and negatively impact the health of residents in Eastern CT.

First, we oppose the Governor's proposal to reduce from \$3.9M to \$1.9M, DSS funds for Federally Qualified Health Centers to provide comprehensive medical, dental and behavioral health services to uninsured and underinsured residents of CT. The \$2M reduction is the latest in a multi-year effort to erode the safety net for CT's most vulnerable residents. Since FY 2010, UCFS funding to supplement care for the uninsured has been systematically reduced from over \$332,000 to just \$83,000 in the proposed FY17 budget – a 300% decrease. Over the same period, and despite our notable efforts to enroll thousands of individuals in Access Health CT, our uninsured client volume decreased by only 15%.

At a time when we need systems that drive people to primary care, the pattern of cuts over multiple years is driving them to emergency rooms and driving our health care costs up. This is a trend that cannot continue.

Second, we oppose the proposal authorizing departments to make additional reductions of 5.75% without legislative oversight. If approved, this could jeopardize \$345,000 of funds for programs that UCFS operates on behalf of the Department of Children and Families. These programs are:

- **Outpatient Psychiatric Clinic for Children** (Child Guidance Clinic, Trauma Focused Cognitive Behavioral Therapy and MATCH).
- **Multi-Disciplinary Evaluations** for children entering foster care for the first time.
- **Care Coordination** – wraparound care planning for children with significant mental health issues.
- **Caregiver Support Team** – in home family support for foster and relative caregivers who are providing a family home for children removed from the biological parent of guardian.
- **Child FIRST** – in home care coordination and parent child psychotherapy for children birth through 6.
- **Community Network Program**- community liaisons who work with the families with children at risk of needing more intensive behavioral health interventions.
- **Early Childhood Consultation Partnership** – clinical consultants who provide support to either a specific child or early care and education center who is struggling with behavioral issues that effect the child's ability to learn.
- **EMPS**-Crisis Intervention- 24/7 emergency psychiatric evaluations for children and youth who are in acute crisis.
- **Family Based Recovery**- in home attachment therapy and substance abuse treatment for parents with a child birth to three.

- **Intensive Family Preservation**- in home parent child relationship based interventions that promote safety and positive parent child bonds.
- **Multidimensional Family Therapy** – in home family and adolescent therapy met to support substance free living and health relationships.
- **Positive Parenting Program** (Triple P) – in home parent education.

I'll end with the story of Jane, a 21 year-old who was working the register at a local Gas Station when our Primary Care Nurse Manager stopped for her morning coffee. When Jane saw our Nurse Manager in scrubs she shared her story. Since puberty she'd suffered pain in her groin and back. The intensity of pain made it difficult to stand at work or to engage in social activities. Her friends considered to be a 'whiner' and had cut off contact. She had seen several doctors with no diagnosis. Her frequent trips to different doctors' resulted in her being dubbed as a 'drug seeker' with psychological problems. On the morning that Jane met our Nurse Manager she felt true despair.

Our Nurse Manager got Jane an appointment the next day. At pre-visit planning for the appointment the clinical team was apprised of Jane's history. The nurse practitioner ordered X-rays of her hips. The local radiologist diagnosed a congenital slippage of the hip joint, a defect that Jane probably had since birth but that manifested only after puberty. Our referral coordinator got Jane an Orthopedics appointment and assisted her with transportation. Our Access to Care specialist made sure that Jane's insurance covered her consultation and any surgical procedures. "At least people will believe me now and I can have my life back," said Jane.

This is the type of patient-centered care offered by UCFS and FQHCs across CT. Preserving funds to Federally Qualified Health Centers will be mean that we can continue to provide life-altering care for each of the 350,000 people, like Jane, that we serve each year.

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