

February 18, 2016

Dear Members of the Appropriations Committee,

My name is Rachel Daley, I am an employee of Community Residences Incorporated, a non-for-profit agency which provides services to children and adults with special needs under contracts with DDS, DCF and DSS. In my six years of employment, I have worked as direct care staff in DDS funded Community Living Arrangements (CLAs), a case manager in their Family and Community Ties, an enhanced foster care program (funded by DCF). I currently work as a Behaviorist for the DDS Community Living Arrangement (CLAs). In all of these roles, I have gained a great deal of respect for the importance of serving the disenfranchised populations in our communities and on a larger scale, in our state. I feel strongly that we, as a society, have an obligation to aid our more vulnerable populations in creating the best possible lives they can achieve given their limitations, traumas and life circumstances that have led them to requiring state services.

In my previous positions, working in foster care, particularly as a case manager for the Family and Community Ties foster care program, I can tell you that despite the best efforts of foster parents and support of the treatment teams, some children are not appropriate for a foster care setting, or at least may not be at that particular time of referral. The ongoing budget cuts which create the closing of congregate care settings such as group homes and STAR programs leave children with acute needs with no middle ground between foster care or inpatient settings (which is time limited and only utilized in crisis situations). Continued elimination of these group home settings without appropriate funding to community based services is putting vulnerable children with mental health issues, trauma and strained attachments in settings that are not appropriate for their needs. It is also putting them at risk for falling through the cracks to receive no services at all.

Currently, I work as a Behaviorist in the DDS funded Community Living Arrangements. Our agency has a reputation for and is quite skilled at serving some of the most behaviorally involved individuals in the state. We serve individuals who exhibit severe behaviors such as aggression, self-injury, bolting, sexualized behaviors and property destruction. We manage these behaviors inside the home, without the need for calling mobile crisis or 911 (unless there is a psychiatric or medical emergency). Many of our individuals have complex needs, for example, non-verbal individuals with profound intellectual disability who engage in severe self-injurious behavior, requiring a staff at arm's length 24 hours per day. We also work with individuals who have complex trauma histories co-occurring with intellectual disability, mental health, and strained attachments as evidenced by involvement with the Department of Children and Families. We also serve individuals with Autism who are large in stature and become extremely aggressive at times with no clear antecedent, or if a routine is disrupted.

To be perfectly frank, the amount of money allotted to pay the direct care staff in the non for profit sector is too low considering the amount of work they put in, the safety risks they take working with aggressive individuals, and the complexity of the behavioral programming they are expected to execute, in order to meet the needs of these individuals. It can be a challenge to retain staff with the necessary skill required to implement programming needed to treat these individuals because of the low wages they are receiving. In addition, budget cuts from the previous year have made it a significant challenge for us to safely staff many of our high risk individuals, because the Department of Developmental Services has so few funds to provide us with 1:1 staffing for many of our behaviorally

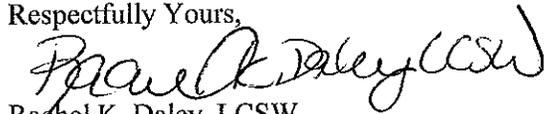
challenging individuals. This has the potential to create a significant safety risk for our staff and our individuals.

If you are familiar with Maslow's hierarchy of needs, you'll know that the most basic needs that must be met first is physiological needs (food, shelter clothing). We have that provided for our individuals. The next step is safety. When we are told that money is not available to provide staffing to safely manage our individuals, we must question if we will be able to? On a larger scale, what quality of life are we really truly giving them? If our state cannot provide us with the budget to meet the most basic need of safety, how then are we supposed to create an environment that can encourage love, belonging, esteem, and improvement of skills and well-being?

I understand that when making budget cuts, difficult decisions have to be made. It is inevitable. In writing this, my hope is to give you a snapshot of how these cuts are impacting people's lives. It is my strong belief that increasing pay for our non for profit direct care staff to that of state staff would be a much needed and significant morale boost. I also think it is important to revisit the cuts made to the Department of Children and Families, and to not eliminate all congregate care settings, as I do believe they serve a purpose in our system, for those youths who are not yet ready to step back into a home setting.

Thank you for taking the time to read this, and I hope you consider some of the points I have made in this testimony.

Respectfully Yours,



Rachel K. Daley, LCSW  
Behaviorist for Community Residences Incorporated