Testimony for Public Hearing - Appropriations Committee

***H.B. No. 7027 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2019, AND MAKING APPROPRIATIONS THEREFOR.**

February 23 2017 Appropriations Subcommittee on Health Public Hearing
Department of Mental Health & Addiction Services, Regional Action Council Funding

IN SUPPORT OF REGIONAL ACTION COUNCILS

My name is Jennifer DeWitt. I am the Executive Director of the Central Naugatuck Valley Regional Action Council, and a proud member of the Connecticut Prevention Network. I urge you to **OPPOSE** currently proposed budget reductions to regional action councils (RACs), and encourage full restoration of current RAC funding moving forward.

I concede that prevention programs are far more challenging to supply "hard" data for than treatment or response programs and require a certain element of faith in the power of preventive actions. As such, I sympathize with your dilemma of having to decide what cuts must occur and where with so many trying to convince you otherwise. Please know that the state's 13 Regional Action Councils (RACs) work to provide every community in the state with education, training, and advocacy for substance abuse prevention and related community concerns such as prescription drug abuse, opioid addiction, behavioral health, gambling, drunk / distracted driving, and suicide, et. al.

Surely this committee can appreciate how cost-effectively the current system of regional action councils impacts volunteer "boots on the ground" in our communities that rely so heavily upon them to deliver meaningful prevention services. In addition, I would

like to call the legislature's attention to the original purpose for the creation of RACs: It is my understanding, that the system of regional action councils in our state was created in 1989 for the purpose of overseeing and supporting local-level substance abuse prevention efforts. We were further charged with building capacity at the local-level, supporting "grass-roots" change efforts, and working for the communities in our service area, being servants to their needs for evidence-based prevention and infrastructure- a conduit if you will, between local-level need, and state-level decision-making and policy efforts.

The proposed reductions to RAC funding are described as being for "consolidation" in our Governor's budget package. In actuality however, these cuts do not even leave enough for that purpose. And, if RACs *were* to be consolidated, it would *eliminate* our ability to maintain local-level relationships and therefore completely undermine our purpose. Our funding has been whittled away at over the 13 years since I became the director of the CNVRAC, and we have repeatedly been challenged, *and succeeded* to do more with less, but there is no more that we can give in this current capacity. For instance, if my service area alone were to be consolidated, the RAC director would move from having 12-22 towns within the service area, to having 34 towns to serve. This change would *not* allow for local-level relationships to be maintained or even built, and the community-level voice would be utterly *lost* at the state-level, with regard to substance abuse prevention efforts.

The reasons that RACs are so effective and respected, is that we are able to quickly convene and mobilize communities to action. We work hard to build and maintain relationships with key stakeholders, while simultaneously keeping the pulse on prevention needs, emerging trends, science and evidence-based strategy, and outcome measures that are quantifiable and reportable to DMHAS' federal funders. Furthermore,

we have a strong grasp of systems theory and understand the value in and importance of working with a wide variety of community sectors: parents, youth, schools, law enforcement, medical professionals, businesses, volunteers, treatment providers and service recipients, laypersons, and legislators…this system would not exist without RACs, and any further service dilution would eliminate our ability to be effective in our role, which would result in further *financial loss*, to our state. For every $1 spent on prevention, between $10-16 are saved in later treatment and community related costs and consequences down the line.

In closing, I **OPPOSE** budget reductions to RACs under consideration. As a RAC Director since 2004, a Licensed Alcohol & Drug Counselor, and a Certified Prevention Specialist, I have been told repeatedly over the years how heavily others rely on their RACs for quality actionable research, resources and coordination of services they could not generate independently, and leadership to mobilize community change efforts. If you elect to surrender the elimination of regional action councils, countless important, proactive and cost-effective local prevention services will be lost state-wide. We need to preserve what fragile prevention infrastructure we have left, and we need, not want, the Regional Action Councils help to do that.

As the House Appropriations Committee, you have the power to see value in programs that accomplish much with little overhead. The Regional Action Councils accomplish just that. As such, I look to you to be visionary, acknowledge our communities' prevention service needs, and act to preserve the programs that supply them so cost effectively.

Thank you for your time and consideration.

Yours truly,

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