Good afternoon, everybody. Good afternoon. I would like to reconvene the Health Subcommittee Agency Public Hearings -- or Agency Hearings. The first on dock, we have the Department of Veterans' Affairs. Good afternoon, sir. Please make sure that you press the button in the front of you. You only need one. You -- you need one. He needs one. And when you do speak, please, announce your -- please --

CLERK: Say who you are.

REP. WALKER (93RD): Yeah. Say who you are. [Laughter]. And thank you very much. And go right ahead, sir.

THOMAS SAADI: Thank you, Madam Chair, ranking members, and esteemed members of the Appropriations Committee. My name is Thomas J. Saadi. I'm the Commissioner of the Connecticut Department of Veterans' Affairs. I appreciate the opportunity to speak before you here today about the proposed Governor's Budget for the department.

I'd like to start with just a little about the department. Our mission is serving those who have served. And, with those four simple words, comes a
great responsibility. As it is, only because of those who have served, and those who continue to serve in our Armed Forces, that we're able to live in this free and democratic nation. I want to extend my thanks to our veterans and current service members across the state and our nation for their service and sacrifice.

At the department, we continue to work to update our programs and procedures, to better deliver on our four core services of long-term healthcare, residential and rehabilitative services, advocacy and assistance, and cemetery and memorial services to our veteran service members and their eligible dependents. We have accomplished this in challenging physical times through the hard work of the DVA staff through expanded internship and volunteer programs.

We have also developed and established and expanded partnerships with federal, state, and local agencies, as well as community-based non-profits, and with our statewide veteran service organizations in order to pool resource and coordinate efforts in support of our veterans.

Currently, the department's greatest challenge is a transition of our chronic disease hospital to a skilled nursing facility. This is among the most complex and broad reaching programmatic updates the DVA has undertaken in decades, which, when completed, will provide much needed long-term skilled nursing care to our aging veteran population.

The Governor's proposed biennium budget provides the DVA with the funding necessary to carry out the full spectrum of the DVA's core functions in a
sustainable manner including the transition of the Healthcare Center to better serve our veterans.

I thank you for the opportunity to speak to you. And I thank you for your service to our state. And I'm glad to respond to any questions you may have.

REP. WALKER (93RD): Thank you, sir. And welcome. Thank you very much for your -- your introduction. I'm going to ask you the very first -- the same question I'm asking all the agencies this year. On the general fund side, you have 243 positions that -- that you have in front of us. How many of those positions are filled and how many vacancies do you have?

THOMAS SAADI: Currently, 196 filled paid full-time employees, five filled not-paid, and 29 vacant positions. But I must add a caveat, Madam Chair, that with the transition of the Healthcare Center license, we are in a staff restructuring. And so, the -- the needed staff numbers will be changing over the next several weeks or months. We can communicate more information, more detailed and updated information to the Committee. But part of that transitional license is a staffing restructuring that is occurring in the Healthcare Center.

REP. WALKER (93RD): Could you explain that to -- to me, please?

THOMAS SAADI: In order to transition from a chronic disease hospital to a skilled nursing facility --

REP. WALKER (93RD): Okay.

THOMAS SAADI: -- for different staffing types --

REP. WALKER (93RD): Uh-huh.
THOMAS SAADI: -- and levels required, particularly in the direct delivery of clinical care.


THOMAS SAADI: And that's the staff restructuring that we are working on at this time.

REP. WALKER (93RD): Okay. So -- okay. So, you're -- you're making changes there. That's -- that's true. And the holdbacks of half a -- over half a million dollars in holdbacks in your personnel services, yet your personnel has gone up -- your personnel -- service personnel has gone up a bit. So I'm trying to understand how did you absorb that -- that reduction?

THOMAS SAADI: I would defer for a more detailed explanation to the Manager, my Physical Chief, Mr. Clark.

REP. WALKER (93RD): Okay.

THOMAS SAADI: Mr. Clark, if you could address that question. And if not at this moment, we will certainly follow up with the Committee and provide that information.

REP. WALKER (93RD): Thank you.

MICHAEL CLARK: Good afternoon. Mike --

REP. WALKER (93RD): Okay.

MICHAEL CLARK: Michael Clark.

REP. WALKER (93RD): Okay.

MICHAEL CLARK: Physical Manager for the Department of Veterans' Affairs. Representative Walker, I have seen you a number of times in -- in former Appropriation Committee meetings. And thank you for
all your support for what we do at the Department of Veterans' Affairs.

REP. WALKER (93RD): Thank you.

MICHAEL CLARK: I guess, the short answer here is the transition of the licensure from a chronic disease hospital will create savings and efficiencies that we don't currently have. We've identified some of those savings, leaning the process. And so, where you see a bump in the -- the PS cost, that is accounting for wage increases that was agreed in the SEBAC Agreement. So there are going to be wage increases over the next biennium and over the next two years. So that the -- the -- that increase is being reflected in the agency budget.

REP. WALKER (93RD): Okay. Now the transition, if I remember correctly, this is going to benefit you in the sense that you will be able to pull down more federal dollars. Is that correct?

THOMAS SAADI: With the transition, we will have certified public expenditure of allowable expenses and bill that to Medicaid, and 50% of that is reimbursed to the state. We don't know the exact dollar amount. However, we will be able to, we believe, increase, particularly, because we will have additional veterans who are eligible for admission to skilled nursing care --

REP. WALKER (93RD): Uh-huh.

THOMAS SAADI: -- come into the facility, and there is a Medicaid reimbursement for all of those veterans. Those who are 70% or more service-connected disabled, who are in the healthcare facility, will receive payment in full
from the federal VA of, I believe, approximately $467 dollars per day. So between those two, those are revenue generations to the general fund.

REP. WALKER (93RD): That -- I -- I -- I remember this discussion we had last year. And -- and the -- and the concern that was going on in the budget, especially from as we saw some deficiencies in -- in your budget because of the lack of funding. So this -- this will provide you with additional dollars?

THOMAS SAADI: Yes. The proposed budget provides us with the dollars needed --

REP. WALKER (93RD): Uh-huh.

THOMAS SAADI: -- when we take into account our savings and efficiencies to transition the license --

REP. WALKER (93RD): Uh-huh.

THOMAS SAADI: -- and to work towards that goal, that end-state of a licensed skilled nursing facility that will better serve a broader number of veterans in Connecticut. And that's based on a review of those on our waiting list --

REP. WALKER (93RD): Uh-huh.

THOMAS SAADI: -- our current residential population, as well as federal VA demographics on the -- on Connecticut veterans and the aging population.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Good afternoon, gentlemen. Thank you for being here. Can you just explain the changes in the license for the Rocky Hill facility or with the hospital changing from acute to skilled nursing, how does that effect that facility in Rocky Hill?

THOMAS SAADI: It will effect it in a number of ways. There will be additional direct clinical care, additional CNAs and others that will be providing care to our veteran residents. A skilled nursing facility, for those who are familiar with it, is for long-term, sort of, custodial care. I think, your background, you understand this. And that it will allow us to have veterans stay there who are eligible for skilled nursing care that we currently are not permitted to admit.

REP. ABERCROMBIE (83RD): Okay.

THOMAS SAADI: So, right now, I will explain to you, I have a waiting list at the facility of more than 30 veterans who are not skilled nursing eligible, and we have empty beds. And it is very difficult to say we cannot admit you when we have empty beds because we do not have the correct license in order to provide that level of care that they need.

There is a move in the community towards doing more rehabilitation and chronic disease care in home-based settings. And -- however, in the skilled nursing that is where the need is, particularly with the aging Vietnam veteran generation, as well as those veterans who are in a residential facility who are aging in place. This will allow us to provide them a continuum of care that currently does not exist at the Rocky Hill campus. And we have done this in very open and transparent ways, met with our
Board of Trustees with statewide veteran service organizations, worked with the federal VA with community-based providers and discussed this. And this is the -- the best way to deliver care to the broadest number of veterans, we believe at our facility.

REP. ABERCROMBIE (83RD): So, I'm not disputing that at all. I think the time has come. So, I guess my question is, I thought that the campus in Rocky Hill was set up like a nursing home. It isn't --

THOMAS SAADI: No. It --

REP. ABERCROMBIE (83RD): -- currently?

THOMAS SAADI: It -- it is not set up a -- like a traditional nursing facility or nursing home. It's licensed as a chronic disease facility and a residential facility under federal rules cannot provide nursing type care. So, when an individual is no longer able to perform their activities of daily living, their ADL's, and can no longer function within the residential facility, which is governed under federal regulations as well as state statute, but they're not a chronic disease patient, we currently cannot care for them in a skilled nursing setting. That is why this transition is also important for those residents who reside in our residential facility, also known as a domiciliary.

REP. ABERCROMBIE (83RD): So, it will be a freestanding, more or less, health clinic in Rocky Hill?

THOMAS SAADI: Yeah. It's a -- it's always been a separate building since construction in 2008 with the assistance of the federal government. It'll remain in that exact same footprint, the same wing,
the same number of bed. It's a restructuring of the programmatic approach as skilled nursing facilities have different programs and services and a different way of surveying them than a chronic disease facility.

REP. ABERCROMBIE (83RD): Thank you. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you.

THOMAS SAADI: Thanks, Representative.

REP. WALKER (93RD): Thank you. And -- and I -- I -- I -- I -- I am very glad that we've made this transition, because we need to make sure that we get the reimbursement. We also need to make sure that veterans, if they need longer stays, have the ability to do it. I know you were -- you were -- you were handling it. But we needed to make sure that it was addressed by -- just by changing the certification. And I think that's a good thing.

THOMAS SAADI: Thank you, Madame Chair.

REP. WALKER (93RD): Representative Baker.

REP. BAKER (124TH): Thank you, Madame Chair. Thank you, Commissioner for coming out and giving us the information on what you're doing. I don't know if this a two-part question, but, in reference to, as you were elaborating a little bit on the -- on the -- on the care for outside and providing for -- for veterans that -- is that considered to be like transitional type of housing?

THOMAS SAADI: It -- the -- just to be clear, the -- the healthcare center is separate from our residential facility. The residential facilities are, in all states that have them, are certified by
the federal government as domiciliary or residential. While it is a transitional type of approach, there is not a time limit on veterans staying in the, what's known as a Rocky Hill home or the residential facility. But we do have wraparound supportive services. Most of the veterans who do utilize our residential facility, utilize those programs to deal with or address problems that they have, whether it's substance abuse, physical issues, estrangement from family, or just needs sort of a stand-down time to gather themselves and get back to community-based housing, community-based employment. So, for most, it is transitional. But there is not a time limit in our residential facility for individual veterans.

REP. BAKER (124TH): Now, are you are partnered with outside agencies where, for transitional housing, here in Connecticut?

THOMAS SAADI: Absolutely. In fact, we have another element of our residential program which is Patriots' Landing. These are five family homes that are across the street from the main campus. Those are for veterans who have dependents, a -- a spouse and/or children, and we work with a community-based non-profit that does case management and wraparound services that, now, also has an MOU to provide additional case management to our individual veteran residents on the main campus. They work with them to partner with community-based housing opportunities to get vouchers, HUD-based vouchers, and other vouchers, as well as work certification program. So, that is all part of it. And we work with community-based providers more extensively each and every day.
REP. BAKER (124TH): So, those -- are those -- are those numbers that -- financial numbers that are associated with those cares, are they in this budget?

THOMAS SAADI: Absolutely. The appropriation in this budget addresses the staffing and operational costs for the healthcare facility, for the residential facility for individual veterans, as well as for the cost of Patriots' Landing and our partnerships with our community-based providers and case managers.

REP. BAKER (124TH): Is there any way you can provide that information, a breakdown on that?

THOMAS SAADI: We can provide additional breakdown of information to the Committee --

REP. BAKER (124TH): Okay.

THOMAS SAADI: -- both on this budget, as well as our welfare fund.

REP. BAKER (124TH): Oh, okay. Thank you. I have another question, but I'll -- I'll let somebody else go. Oh, okay. Thank you. In regards to the -- the Groton Cemetery, I -- I noticed you've done a lot of work out there and it's a -- that -- how is that being paid? Is that being paid through federal -- federal money, or is there a match or was there money added to it?

THOMAS SAADI: Excellent question. That is a 100% -- initially 100% federal funding for an appearance and expansion project for the cemetery through the National Cemetery Administration. These are grants that the NCA provides to states based on a priority list. So, the majority of the work that
happens there, you -- you see the heavy lifting there --

REP. BAKER (124TH): Uh-huh.

THOMAS SAADI: -- is federally funded.

REP. BAKER (124TH): Oh, okay. Now, the salaries that -- for the people that run it, that has nothing -- that's not federally funded?

THOMAS SAADI: No, sir.

REP. BAKER (124TH): Okay.

THOMAS SAADI: That is state Appropriations. The federal funding are for the -- the capital improvements, not for operational expenses or salaries.

REP. BAKER (124TH): Oh, okay. So they -- there -- there would be -- their salaries and stuff would be part of your personal services?

THOMAS SAADI: Yes, Representative.

REP. BAKER (124TH): Thank you.

THOMAS SAADI: Thank you, Representative.

REP. WALKER (93RD): Representative Dillon.

REP. DILLON (92ND): Thank you. Actually, some of my questions were anticipated, but the -- just to clarify, because I think -- I love that old building. I think it's about 80 years old. Does that sound about right?

THOMAS SAADI: The majority of the campus was built under the Roosevelt administration in the 1930s under the WPA program.

REP. DILLON (92ND): Uh-huh.
THOMAS SAADI: Not the new healthcare center, though. That was in 2008.

REP. DILLON (92ND): No. Right. That was when the -- yes. And we've actually -- I -- I wanted to make sure, but my recollection was correct. You don't know.

THOMAS SAADI: Yes.

REP. DILLON (92ND): Our sense of what that campus should do and what kind of building it is, you know, has changed a lot over the years and -- and the demographics, to a certain extent. But there was a time when someone who had a behavioral problem, you know, they would just sort of go there and live. And there was this ongoing issue with the town about that. I wonder -- and I -- I'm pretty sure I'm right about this, that it's been -- for a long time, even if you were in the residential, your health services, the bills were being run through DSS. Is that accurate? And have we maximized that?

THOMAS SAADI: No. The majority, if I'm -- if I understand your question correctly, Representative Dillon and Mr. Clark to correct me if I -- I'm wrong here, the majority of our current residential veterans receive the -- the bulk of their medical care through the federal VA, whether it's Newington or West Haven. Some years ago, that wasn't done, and we were providing or the state was providing duplicative services to veterans where they were eligible.

So, the big portion has been over the past many years, and even more so now, to ensure that any veteran who is a residential veteran of ours or in the healthcare facility who has not applied for, and
is eligible for federal VA benefits, does so. So, I -- you know, that is what occurs now.

With regard to the changing need and programmatic updates, there has been a much more intensive approach through our social workers and the case -- community-based case managers that come in to connect our veterans with those programs and benefits that they're eligible for. Some years ago, many may just simply not have signed up for something that they were eligible for because, I think, as you were -- what you were going -- what you're saying is that it was just a matter of them staying there and everything was taken care of. And that still is the case. We support them, but we make sure that we connect them with those programs and services that they're eligible for, particularly those federal benefits.

REP. DILLON (92ND): And you know, actually what I was starting to -- to refer, I think there were some people who had temporarily, either substance abuse or behavioral issues because of their exposure in theater, and they didn't necessarily want that on their -- on their record in -- in Washington. And -- and that -- that happened, you know. So, I don't -- I don't know how that worked out. But I'm -- I'm glad to hear that. I hope none of this is at risk if there are changes at the VA. I know that there's a big thing going on about privatizing. But -- but the -- the -- just one final -- it -- it -- my question would be are National Guard members veterans there?

THOMAS SAADI: There are members of -- former members of the National Guard. The issue is that there's a definition of veteran under federal Law.
And the definition of veteran changes state by state and within the state of Connecticut, there are different definitions of veteran, depending on the benefit or program that an individual is applying to. But the base definition, because we receive federal funding, is that it's any person who has served in the Armed Forces, including the Reserve component or National Guard thereof, is honorably or generally under honorable conditions discharged, who has active duty service beyond their initial duty training.

So, there are some members of the Guard and Reserve, who may not be eligible once they leave the uniformed services if they did not have that additional active duty time on federal orders. Those are federal rules for funding, as well as an interpretation by many Connecticut state agencies.

REP. DILLON (92ND): Well, and -- and -- and it just bothers me a bit because the federalization of the -- of the Guard, really, with the Iraq Operations of Freedom, that was really the first time that they had been overseas over 30 days, and a lot of them were not eligible --

THOMAS SAADI: Okay. Yeah.

REP. DILLON (92ND): -- for healthcare when they came back.

THOMAS SAADI: Anyone who -- any member of the Guard who has activated on federal orders would be eligible for benefits at the Connecticut Department of Veterans Affairs because they'd be considered a veteran, even under, I believe, Staff Counsel is here, at 38USC101, they would be eligible under 38USC101 of the US Code.
REP. DILLON (92ND): Could you get me that. I'm really glad --

THOMAS SAADI: What was --

REP. DILLON (92ND): -- to hear that. Thank you.

REP. WALKER (93RD): Thank you. Are there any other questions?

REP. DILLON (92ND): No. Not right now.

REP. WALKER (93RD): Representative Betts.

REP. BETTS (78TH): Thank you, Madam Chair. And thank you, Commissioner. A couple of questions. How many beds -- now that you're switching over to a skilled nursing facility, how many beds do you have? And are they all filled or what's the capacity for -- for the Rocky Hill home?

THOMAS SAADI: Five wings of 25 beds each, 125 beds. They are not filled currently. And the reason for that is that we have individuals who are skilled nursing eligible but we haven't made that transition to the license yet. I believe approximate, our census was 91 or 92 as of this morning.

REP. BETTS (78TH): Okay. And in switching over to a skilled nursing facility, obviously, you're not going to be providing the same services as you did when you were a chronic disease facility. What services will you not be providing that they still need? And how will they get them due to the transfer to becoming a skilled nursing facility?

THOMAS SAADI: The majority of service actually will continue to be provided, but just in a slightly different manner. Many of the services over the years had been adjusted and the individuals
receiving them at the federal VA, whether in Newington or West Haven. So, there will not be a noticeable reduction of the actual programs and services. Some items may be provided for through a community-based vendor as opposed to immediately on campus. But I will say is that we believe the staffing transition will actually provide -- allow us to provide more direct care and have more direct care clinicians on the floors.

One thing that I learned was that the -- I hadn't -- I didn't understand initially how intense this transition would be. It's a very intense program and project because there is a significant amount of healthcare that is provided and watched over by the regulators at skilled nursing facilities.

One thing we are continuing to maintain, that people were concerned about, is our rehabilitation department, speech therapy, and respiratory rehabilitation are the things that we will provide there onsite that some skilled nursing facilities don't have. So, those are some of the types of services that we'll continue to have, even though they're not necessarily provided onsite in the community -- by a community-based operator.

REP. BETTS (78TH): Thank you. That's good to hear. And thank you very much. Madam Chair.

REP. WALKER (93RD): Thank you. Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair. Hello, Commissioner.

THOMAS SAADI: How are you, sir?
REP. PETIT (22ND): Great. I can't -- I was about 13 minutes late, so hopefully you hadn't answered this before, but the -- it -- it's -- the staffing and licensing issue again. The separate licensing outpatient clinic on page 2 of our budget sheets, it lists a savings of $243,082 in personal services to the general fund because of reduced staff hours. I'm just -- I'm just curious, how many staff does that effect? How many people does that represent? Do you -- any estimate?

THOMAS SAADI: The 243 is actually spread over both the outpatient clinic, as well as the healthcare center. And the licensed transition, actually, in the long run, we will have additional staff, but a different makeup of that staff. And that's how you get that savings. And there -- because of vacancies and individuals who have -- or are moving on to other opportunities with in-state employment, we don't -- there'd be a minimal amount of individuals that would be effected by this transition.

So, we can come back to you with more specifics because that -- that staffing plan is, itself, sort of what of a living document. But we can circle back with you with more specifics about actually what positions would be adjusted.

REP. PETIT (22ND): I appreciate that. Thank you, Commissioner. Thank you, Madam Chair.

REP. WALKER (93RD): Are there any other questions? You won't get in trouble. [Laughter]

REP. BETTS (78TH): Yeah. Thank you. Just for the second time, I have a question. You said 91 beds were filled and you had 125. It strikes me as if you would get more people coming in there because
you are switching over to a skilled nursing home facility, is there -- I'm trying to understand why, once you became a skilled nursing home facility, why you wouldn't have more beds filled right --

THOMAS SAADI: We --

REP. BETTS (78TH): -- now?

THOMAS SAADI: We have not made that transition yet, Representative. [Phone conversation] We have 34 individuals -- I'm glad that wasn't me. [Laughter]

REP. BETTS (78TH): [inaudible - 00:25:52] wants to answer your question.

THOMAS SAADI: [Laughter] That's great. We have a waiting list. So we do have a significant number, well over 30 individuals who are waiting to be reviewed -- well, they've had a preliminary review and most of them, if not all, are skilled nursing eligible, as well as a number of individuals within our residential facility. We simply are not close enough to the transition of the license to admit them yet. Once we get very close or actually make that transition and get DPH approval, then they can be admitted. I am confident, not only that 125 beds will be filled, but that we will have individuals who'll be seeking to come into a veteran-centric skilled nursing facility. Many of those on the waiting list are currently in nursing facilities in the community and they want to come and stay with us and receive our veteran-centric services.

REP. BETTS (78TH): That's great. Now, what's the timetable that you would anticipate being able to take the waiting list and having to get the actual physical designation for becoming a skilled nursing facility?
THOMAS SAADI: We are seeking within the next month to obtain approval for admission of skilled nursing eligible veterans.

REP. BETTS (78TH): Okay.

THOMAS SAADI: And within that timeframe, to get approval for the license, but it is a little bit of an ongoing processing and moving target. So, over the next few months, the goal would be to have most of this transition program, both the license, as well as all the attendant programs and staffing updates in place by 1 July, but to begin admission many months before that. That's the goal.

REP. BETTS (78TH): Great. Thank you very much. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. So, is everybody finished? Okay. Thank you guys. Thank you very much for your -- for your -- for your patient with us. And just to break down, on the skilled nursing facility, just show -- if you could do two graphs, one of what you were able to provide before and now what you're able to provide, so we see the benefit of -- of this transition. That's going to be critical for us. And what -- what the increased services that you will be able to provide with the matching -- with the Medicaid dollars. That helps a lot. Thank you. Have a great day. Thank you.

THOMAS SAADI: Thank you.

REP. WALKER (93RD): Look forward to talking to you in the meetings. Next, we have -- where's my pen. Oh, the office of the Chief Medical Examiner.

CLERK: They're right here.

JAMES GILL: Good afternoon, Chairs and the members of the Joint Appropriation Committee. I'm James Gill, Chief Medical Examiner. Over the past six years, the number of accidental drug intoxication deaths in Connecticut has nearly tripled. In the past two years, more Connecticut residents have died from accidental drug intoxications than the combined totals of all homicides, suicides, and motor vehicle collision fatalities. These deaths have contributed to a 79% increase in our autopsy investigations. I have included some tables in my testimony that shows these increases. This has put a strain on our office and resulted in our staff exceeding professional standards for the annual number of autopsies that a medical examiner should perform in a year. This caused us to lose our full national name accreditation in September of 2016.

With the use of some grants and per diem staff, we have been just able to meet our required staffing levels and have, actually, regained full accreditation this past September. We hope to maintain full accreditation and the Governor's proposed budget will allow us to do this as it fully funds all of our projected staffing and operational needs.

Name accreditation is an important -- is important since it instills confidence in the people we serve, families, law enforcement agencies, jurors, judges, attorneys, funeral directors, and insurance companies. It signifies to you, the legislature, and to those other parties, that our office meets or
exceeds the minimal standards of practice for death investigation.

The medical examiner's role in public health is evident in the current opioid crisis. The medical examiner's investigations can tell us how the opioid crisis is changing in the state, or even by a specific town, as well as what drugs, for example, are involved. We've just completed the analysis of the 2018 drug intoxication deaths, and are actually seeing a leveling off of the number of these deaths. There were 1,038 in -- in 2017 and 1,017 in -- in 2018. So, not a -- not a tremendous decrease, but certainly not an increase.

Fentanyl deaths, however, continue to increase, even though heroin deaths are coming down. And it's really Fentanyl that's become the dominant drug in accidental intoxication deaths. And we're seeing it in about 75% of all these accidental drug deaths in Connecticut.

So, this medical examiner's information can be used as a guide and to help evaluate various interventions. Thank you for your -- your support and the opportunity to address the -- the committees. And I'm available to answer any questions.

REP. WALKER (93RD): Thank you, sir. And thank you for your testimony. First of all, congratulations and thank you for -- for regaining the accreditation. We also agree with you that it's important that people have security that we are an accredited organization to provide services. So, thank you for that.

JAMES GILL: Thank you.
REP. WALKER (93RD): I'm -- I have -- I have two questions. My first question is, you have 50 or 51 -- so you have 51 staff -- or you have 50 staff. Let's start with the 50 staff.

JAMES GILL: Correct.

REP. WALKER (93RD): How many of your 50 staff are full-time? And -- and then, how many positions do you have that are not filled?

JAMES GILL: So all 50 are full-time. And there are two positions currently that are not filled.

REP. WALKER (93RD): So, this -- the one increase will bring you -- take -- well, you will still have two unfilled positions then, by going up to 51?

JAMES GILL: Yes. We'll have -- we're working on, you know, filling both of those now. But the 51st would be our ninth medical examiner, I believe.

REP. WALKER (93RD): Okay. And -- and the funding -- we -- we gave you funding last year for a -- an extra medical examiner. Am I correct that you had -- you had withholdings or holdbacks that created, so that you could not do it?

JAMES GILL: We used -- we -- that I think allowed us to get our eighth medical examiner.

REP. WALKER (93RD): Oh.

JAMES GILL: So that was the -- yeah, the deficiency holdback.

REP. WALKER (93RD): Okay. Okay. I'm not trying to be facetious, but in -- you increased Sunday medical coverage. In the past, if somebody [laughter] died on Sunday, we didn't have anybody to cover it?
JAMES GILL: No. We had -- we'd have limited staff on the weekends. So, generally, we have three or four medical examiners working during the weekdays --

REP. WALKER (93RD): Uh-huh.

JAMES GILL: -- to handle the usual load of deaths.

REP. WALKER (93RD): Uh-huh.

JAMES GILL: It doesn't change on the weekends, really. So, what we were doing is just having two medical examiners on the weekends to save some money.

REP. WALKER (93RD): Okay.

JAMES GILL: But we realized that, if we don't have -- sometimes Sundays can be very busy, and with only two medical examiners on Saturday, then we start getting this backlog.

REP. WALKER (93RD): Uh-huh.

JAMES GILL: On Monday, we can be overwhelmed. So some times, we've been bringing in a third medical examiner on Sundays to -- if it's a very busy day.

REP. WALKER (93RD): Okay. I -- I just thought --

JAMES GILL: You know.

REP. WALKER (93RD): I just thought it was very interesting to -- to have -- to add that in on your -- on your staffing.

JAMES GILL: It's something we just wanted to, you know, make sure we covered --

REP. WALKER (93RD): Uh-huh.
JAMES GILL: -- all, you know -- showed that wherever we're having to sometime spend some money. So --

REP. WALKER (93RD): And in -- in your report, you talk about Fentanyl as -- as probably the -- the fastig growing issue. Did you do also -- map it out around the state?

JAMES GILL: We have all that on our website by town. And, actually, there's a -- a group at OPM that does the -- the portal data system and they actually do a map where it shows with dots each town and city, how many people, and their ages and so forth. So, it is -- actually, we rely on them to help us with that.

REP. WALKER (93RD): Okay. I'll -- I'll go on your website to -- to look at that. Okay. All right. Thank you. Questions? Yes.

REP. DATHAN (142ND): [inaudible - 00:35:14].

REP. WALKER (93RD): Yes, Representative Dathan.

REP. DATHAN (142ND): Thank you, Madam Chair. And thank you for all the work that you do. It -- it's so sad to see this regarding where we are with autopsies of things that could be prevented with adequate care and education to give the effects of what could happen with drug overdoses. That's my aside. Of the drug deaths that happen in our state, what percentage of them do you autopsy?

JAMES GILL: Nearly 100%.

REP. DATHAN (142ND): Okay.

JAMES GILL: There are some delayed deaths where a person may survive in the hospital for weeks. And
at that point, the toxicology, we -- we try and get the admission samples, if we can, but the toxicology at autopsy wouldn't be helpful.

REP. DATHAN (142ND): So, presumably, every death that is unexplained, you would autopsy 100%?

JAMES GILL: Correct.

REP. DATHAN (142ND): Okay. Great. Thank you very much.

REP. WALKER (93RD): Representative Petit.

REP. PETIT (22ND): Thank you, Madam Chair. Thank you, Dr. Gill. You -- you referenced being fully accredited but also talked about workload. And as I recall, from last year or the year before, your medical examiners were doing upwards of 325 autopsies a year and the industry appropriate number is supposed to be 250. So, that was an extra 75 which adds up to close to 400 or 500 extra autopsies which would indicate two positions, so you're still able to keep up or -- or the average is still somewhere between 250 and 300 per examiner.

JAMES GILL: It's still going to between 250 and -- and 325; 325 is the -- the cutoff for loss of accreditation. For full accreditation, 250 -- between 250 and 325, it's -- they kind of -- you know, they're pointing at you, saying you better watch this. But it's not -- it's a deficiency but it's not an automatic loss of full accreditation. So again, with nine medical examiners, we're -- we'll be between 250 and 325. We're not ideal, by -- by any means.

REP. PETIT (22ND): Yeah. That's where I was going. So we're -- certainly our -- our constituents always
looking for us to save money, but it would -- would appear that you -- you actually probably need an additional examiner to -- to do the things you need to do safely and effectively. It leads to my next question, which is, another important part of your role is testifying in -- in cases is that, has the extra examiner created enough slack such that people are able to get out in a timely fashion to deliver testimony in important criminal cases around the -- around the state?

JAMES GILL: Yeah. Usually, we can arrange that with the schedule because not every -- not every day is a medical -- every medical examiner on autopsy service. So -- because there are days where you have to have days to do your paperwork and do your reports. So, usually, we try and arrange it and people are flexible and they can switch days with people to try and accommodate that. But, you're right. We -- we testify, you know, each of us probably a -- a dozen or more times a -- a year. And so, that can almost -- that's a full day that you kind of lose from work in doing autopsies and things.

REP. PETIT (22ND): And remind me and the rest of the committee again, if an examiner is called out and it's -- it's -- it's an hour of travel time, and it's an hour of sittin' around, and a hour to testify, and an hour back, that's half of the day, does the court pay for it or is it considered to be part of your salary? Do -- does -- if someone has asked you to come in, do they -- how -- how -- how does that payment work in terms of reimbursement, or is there none?
JAMES GILL: For criminal cases, yeah. We -- you know, we work for the state and we -- and there's no payment. If we get called in a civil case, then there is a -- a fee for the -- an hourly fee, and that goes to the general fund. But it's -- it's -- it's nowhere, you know, it's a very minimal fund -- minimal fee, I think compared to what other expert witnesses probably earn in -- in the country.

REP. PETIT (22ND): And -- and this maybe calls for some hypothesizing, so maybe it's good or not in a court of law, do you think, given the -- the public knowledge, local public health directors and docs in -- in localities of the workload that you have, do you think that it suppresses people in the field, thinking, geez, I should maybe send this case to the medical examiner to look over, and they go, no, I really don't very -- very much suspicion, so they're -- they're overwhelmed and overworked, so I'm going to hold back? Have you felt or seen that there's less referrals from the community at -- at large because of them anticipating what your workload is?

JAMES GILL: With the -- the -- the deaths that occur outside of the hospital, we have pretty much complete control over that. So that's not an issue. But it does come up from time to time in the hospital deaths, the delayed deaths, and it's -- it's not so much I don't think that they're thinking they don't want to -- I -- I think they forget that it's a reportable death. You know, a person comes in with an overdose and they survive for a week and they die in a coma with pneumonia and -- and the doctor says, oh, he died of pneumonia. And they don't put it together, that well, the reason this person came in is because they overdosed. And --
and so, it's actually an overdose death and it needs to be reported. So sometimes we catch those through different reviews that we do and having the electronic death registration system, which the Department of Health is actually working on, that would help catch some of those deaths, as well, I think.

REP. PETIT (22ND): And -- and I guess, if you allow, Madam Chair, one more, there is a bill up before the Public Health Committee that I think we voted today to -- to draft, the sudden unexplained death in epilepsy, that I believe the proponents talked to you, do you feel that that will create any increased burden logistically paperwork wise or staff wise to -- I guess, depending on the devils in the details that we put in the -- in the law itself.

JAMES GILL: Right. Yeah. I did speak with them about that. I had a couple concerns about it. You know, one that I -- I don't want it, you know, to legislate what should be on the death certificate. I mean, that's a -- that's a medical decision. I have no problem with -- with giving them information about these epilepsy deaths. Actually, I did a search. In an hour, I had 150 cases from the last ten years that we certified as -- as seizure epilepsy. So they can have that information right now. So to legislate it, to me, I think is a little bit of an overkill. We work with researchers all the time. And my other concern is that it's a slippery slope and now I'm going to get laws from people who want to work on Parkinson's disease or something else and ask me, now to -- to do their research for them in a way and supply them with this information. Where, all they have to do is give us a call, and we can give them that information.
REP. PETIT (22ND): Okay. I appreciate that. Thank you very much. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. Representative Baker.

REP. BAKER (124TH): Thank you, Madam Chair. Good to see you, Dr. Gill, over here. [Laughter]. Okay. So when you talked about your -- your 50 positions, you said there -- there were two positions that were not filled. What -- what -- what are those currently job titles for those positions?

JAMES GILL: So one is a -- a lab aide which is a person who handles the -- the phone calls overnight from hospitals and so forth. And the other is one of the medical examiner positions.

REP. BAKER (124TH): Oh, okay. I know that you came before this committee in the past and you said that you needed another position for -- to -- I guess to review, update paperwork, and to get ready for court cases. Was that position ever filled?

JAMES GILL: I don't recall that -- I mean, we do have -- we've had some increase in part-time people in our medical records staff --

REP. BAKER (124TH): Okay.

JAMES GILL: -- which is helpful with that. Yes.

REP. BAKER (124TH): Oh, okay. So, if -- how many acting -- how many medical investigators do you actually have?

JAMES GILL: We have 14 currently.

REP. BAKER (124TH): So, you have 14. That sounds kind of -- that's -- in this 50. Is that correct?
JAMES GILL: Correct.

REP. BAKER (124TH): Okay. All right. All right. Thank you.

JAMES GILL: You're welcome.

REP. WALKER (93RD): Yes. Representative Case.

REP. CASE (63RD): Thank you, Madam Chair. Good afternoon.

JAMES GILL: Good afternoon.

REP. CASE (63RD): As we talked in the past years and I don't see it in here, so I'm assuming that because the accreditation has been taken care of, but these -- the storage issue, has that been rectified and taken?

JAMES GILL: You know, I -- we, you know, every day we probably have maybe, on average maybe ten decedents that we're working on getting a final disposition. But certainly, the storage issue has been solved. We have a greater cooler space. And we have one of our investigators actually in charge of it now, so she keeps a very, you know, tight view of it. And it's a matter of, a lot of times, just being able to finally track down a family and seeing if they're willing to -- to come forward. So, it -- it's been -- it's been okay. It hasn't been getting worse.

REP. CASE (63RD): So, and I don't see it in -- in the budget also is -- so the indigent bodies that were out at the funeral homes that -- because their rate was so low that the -- they were -- from what you explained over the past few years, it would be up to your guys to go out and take them, has that dwindled down as --
JAMES GILL: So, we have kind of an arrangement with the towns and cities, that we will store these remains, even if it's not a medical examiner death. But they are in charge of transporting the remains --

REP. CASE (63RD): Okay.

JAMES GILL: -- to us.

REP. CASE (63RD): Because we --

JAMES GILL: [crosstalk].

REP. CASE (63RD): -- weren't sure on that transportation when we talked two years ago. And I guess that was --

JAMES GILL: There -- I won't name names, but there are a few cities and towns that have been -- you know, been -- having been paying the funeral directors for the transport. And so, now the funeral directors don't want to do it anymore for them.

REP. CASE (63RD): That's what we thought was going to happen.

JAMES GILL: Yeah. And so, we've had to, you know, we don't want a body, you know, being in a house, so we end up then sending someone -- one of our staff out to do it.

REP. CASE (63RD): Well, as others have said, I'm glad that the accreditation is back. And I think those were a lot of the issues that helped with the accreditation, because the -- number one, the storage of the -- of the bodies was a huge one.

JAMES GILL: It was.
REP. CASE (63RD): And I'm glad that was taken care of. My last question, and -- and please don't take this, the -- which -- I don't we have any say of it, but is your last line item which is the annualized salary increase at 20%. That is set by somebody else. We -- we're not able to touch that, correct?

JAMES GILL: So, there's a commission on medical legal investigation that are all kind of volunteers appointed by the Governor, a law professor, a medical professor, and they oversee the agency and they, yeah, kind of recommend or set the salaries for the -- the Deputy Chief and the Chief. And, yeah, I don't want to, you know, speak for them, but I think one of the issues was kind of compression issues with -- with the -- the union raises for the medical examiners, they were actually going to be being paid more, and they had been being paid more than our Deputy Chief for -- for a couple years. And so, there was a salary compression and so they acted on that.

REP. CASE (63RD): But if you -- if you say a five-year, as it states in here, so that's basically -- or it's basically 5% a year when the average is 2 to 3%.

JAMES GILL: Yeah.

REP. CASE (63RD): And it's just -- it's set by statute and it's nothing that this committee --

JAMES GILL: You know, the commission has, I think that they're empowered to do that. They -- and again, I think they were saying that they don't do this that often, so then maybe they were thinking ahead and we'll do this, then we won't have to do it for many years. I don't know.
REP. CASE (63RD): [Laughter] So you can go five years at the rate you're at right now?

JAMES GILL: I -- I don't know.

REP. CASE (63RD): Okay. It's just -- I think we'll -- I know -- I would like to see more into that because it -- it's interesting that somebody else outside of this body sets that rate, whereas it's not done on an annual basis for your increase --

JAMES GILL: Right.

REP. CASE (63RD): -- for your salary and 20% hits the budget and it's a deficiency area. But thank you. And once again, congratulations on the accreditation and that makes Connecticut one step better.

JAMES GILL: All right. Thanks.

REP. WALKER (93RD): Thank you. And I just want to piggyback on what Representative Case was just asking. When was the last time that the -- the head examiner or the head of -- of the -- chief medical examiner got a raise? Do you know?

JAMES GILL: That would be me. I think it was probably the year after I started. And I think the Deputy was also the year after, but I think she had gotten a much lower rate because she had started after I did.

REP. WALKER (93RD): Yeah.

JAMES GILL: There had been -- yeah, a fair amount of time in there.

REP. WALKER (93RD): So you --
JAMES GILL: And the other doctors, again, were getting their increases. So --

REP. WALKER (93RD): So, you -- you have been here since --

JAMES GILL: A little over five years.

REP. WALKER (93RD): You've been -- so, you haven't had an increase over five years?

JAMES GILL: Probably about, yeah.

REP. WALKER (93RD): Okay. All right. Just -- I just wanted to know. Thank you. Representative Dillon.

REP. DILLON (92ND): Thank you. Good afternoon --

JAMES GILL: Good afternoon.

REP. DILLON (92ND): -- Dr. Gill. Just as follow-up for some information for the work group. The -- the towns that aren't paying on the transport, if you could make that available to us.

JAMES GILL: Okay.

REP. DILLON (92ND): And I'm concerned given that there are cuts in this budget, what the impact is on -- on your staff and if, how it concerns you and other things you need to do.

JAMES GILL: Sure.

REP. DILLON (92ND): The -- I'm disappointed to hear that your ability to charge for testifying hasn't panned out into the moonshot we were hoping it would [laughter] when we changed the law with that. Most of your testimony is in criminal cases --

JAMES GILL: Correct.
REP. DILLON (92ND): -- is that right? How much money do you get? Do you know?

UNKNOWN MALE: Do you know how much?

REP. DILLON (92ND): You wouldn't -- it goes to -- it doesn't go to you?

JAMES GILL: It goes -- yeah, it goes to the general Fund. But I don't know on average a year what we receive and billing for. Because we also -- there's a fee for depositions as well for civil depositions. So, that's -- that also gets charged to the attorneys. But, again, that all goes to the state's general fund.

UNKNOWN MALE: Just a few thousand dollars.

JAMES GILL: Probably a few thousand dollars a year.

REP. DILLON (92ND): And you get a few thousand dollars a year total or one case?

JAMES GILL: Total. Yeah. A -- a few thousand dollars a year for -- we bill in total for all of that civil work again goes to the state's general fund.

REP. DILLON (92ND): Okay. And --

JAMES GILL: Right.

REP. DILLON (92ND): -- and following up on Representative Petit's questions about people reporting to you, do you feel that, just in terms of autopsies and death certificates as -- as -- as data, you know, is there -- there -- there was a time when -- when it would be easier to just say, oh, heart failure on everything, rather than cause of death not known, which meant that a practitioner would be in, you know, a spiral of investigations
and the family would be distressed because they couldn't get the body released, it's usually the family that was the most. You haven't found that it's constrained -- that the workload constrained people in any way on reporting cause of death?

JAMES GILL: Yeah. I mean there are certainly doctors out there who will report them, and say, I don't know why the person died. And we -- we want to report it to you. And then I say, well, what's the history? And they say, well, it's a 75-year-old person with a history of heart disease and diabetes and they were found dead at home and had chest pain the day before. And I say, well, you know, that sounds like heart disease to me, you know. And for a natural death, the standard is more likely than not. You don't need to be 100% certain. And that's something we kind of try and educate the -- the physicians about. And we do give grand rounds and things around the state, talking about death certification.

One other point I -- I should add, that as far as income that's brought in by the office, our cremation investigations bring in well over $2 million dollars a year to the state's general fund from the work we do in that. We investigate over 18,000 deaths in the state a year. A lot of those deaths, we find, were deaths that should have been reported to us. Sometimes we found suicides, accidents, homicides, even, that hadn't been reported to us. So we find them during that cremation review.

REP. DILLON (92ND): I think I'm misunderstanding. Someone is cremated and you don't know why?

JAMES GILL: No. So --
REP. DILLON (92ND): This -- I'm sorry [crosstalk], you know.

JAMES GILL: Yeah. No. That's the reason -- before anybody can be cremated in the state, we have to investigate and issue a permission slip. And during those investigations, we often find cases that should have been reported to us and weren't. And if they hadn't been going for cremation, we wouldn't have known about them.

REP. DILLON (92ND): Two million? Well, that's not bad.

JAMES GILL: Yeah. Uh-huh. It's fine.

REP. DILLON (92ND): Thanks.

REP. WALKER (93RD): When she asked that question, I was writing a note. I looked up and I was saying a Stephen King movie here? [Laughter] Oh, this was really -- any other questions? Yes. Senator Somers.

SENATOR SOMERS (18TH): Yes, thank you for your presentation. And I notice that the Governor is providing, you know, some additional funds in here to support salary and professional supply expenses for a ninth examiner. Do you think that that is an appropriate amount of funding based on what a pathologist would make in outside of state government? Is that going to be enough for you to attract a -- a pathologist?

And then my second question is, I would like to invite you to come to Opiate Day when we have our Public Health Hearing, because I think it would be very powerful for people to hear from the medical examiner's office what you're seeing. We haven't
had that before and I think that would be well -- it would serve us well to have people hear what you've experienced?

JAMES GILL: I'd be happy to -- to attend and I've done some more things in other -- you know, around the state as well. You know, as far as the salary, it's true, forensic pathologists historically don't have as strong salaries as a hospital pathologist. And there are only about 500 or so practicing Board-Certified forensic pathologists in the country. So, there's a real shortage of them. So, it's a challenge. Our last group, where we were posting for this ninth position, we had five applicants and I think there are some quality people in that group. So I -- we're hoping we'll be able to hire someone. Previous attempts, we've made offers to three other people and three of them said, no. And part of it was related to salary.

SENATOR SOMERS (18TH): If I can just follow up with that really quickly. So, you have made offers in the past and they have declined, was it because of the salary range or was it, did they indicate that, or --

JAMES GILL: One person specifically passed -- you know, they said they needed a higher salary. Another person had some other family issues. But salary has certainly come up. Yeah.

SENATOR SOMERS (18TH): Well, one of the things that we're doing in Public Health, is looking at recruitment issue for those that are in need, so this is one that has been on the top of my, you know, recruitment needs to see what we can do to help recruit, because it is such a specialized field, and there a few of you that are able to do
it, and it's a tough job. So, I just wanted to make sure that -- or get your opinion on whether you thought that salary range was appropriate for what you're going to need.

JAMES GILL: You know, compared to some of the other jurisdictions, I think we're -- we're doing okay, actually. But it's just there are about 30 other job openings right now around the country, all over the place. So, and we're only making about 30 new medical examiners each year. We're actually looking into even developing our own fellowship program, so we can maybe train some of these people in the future.

SENATOR SOMERS (18TH): Great. Thank you.

JAMES GILL: Yeah.

REP. WALKER (93RD): Thank you. Representative Baker.

REP. BAKER (124TH): Thank you, Madam Chair. So, I know you had talked in the past, so I'm -- you have like trade service or [inaudible - 00:55:47] help out in terms of the -- can you tell me where would -- I would see where that dollar amount is paid for those trade service, and actually how much money is allocated to them, the trade services?

JAMES GILL: Sure. Let's see.

REP. BAKER (124TH): Where that would on a line item?

JAMES GILL: Oh, I can give you some totals. So, for example, last year as far as transports of -- of remains to our office, we used a trade service 630 times.
REP. BAKER (124TH): Okay.

JAMES GILL: And our staff was able to remove over 2,000 ourselves.

REP. BAKER (124TH): Uh-huh.

JAMES GILL: So, we use the trade service when we're over -- you know, we're so busy that we can't, we don't have enough staff, and may, I think their contract is for around $300, $325 per --

REP. BAKER (124TH): Okay.

JAMES GILL: -- transport.

REP. BAKER (124TH): Uh-huh. Okay. All right. So did you find that that is adequate amount in terms of being able to utilize their services is an issue in terms of you know --

JAMES GILL: You know, we lost one of the people who were doing trade services because someone came in at a lower bid and we felt we had to go with that lower bid.

REP. BAKER (124TH): Okay.

JAMES GILL: So -- and the more we have, I think the better. It gives us a little more versatility as far as when we do run into a busy day. So -- but, you know, we're trying to, you know, be careful with the money.

REP. BAKER (124TH): How many actually different entities do you have -- trade service entities?

JAMES GILL: We just -- So, we just have one contracted trade service person and when we really get into rough shape, we may call a local funeral home --
REP. BAKER (124TH): Uh-huh.

JAMES GILL: -- and see if they'd be willing to help us out.

REP. BAKER (124TH): Okay.

JAMES GILL: At the same rate.

REP. BAKER (124TH): Thank you.

REP. WALKER (93RD): So, I think that's good. [Laughter]. We look forward to seeing you in the working group. Thank you. Thank you for your testimony.

JAMES GILL: Thank you.

REP. WALKER (93RD): Next, we have Office of Health Strategy. [Laughter] There's an adjustment level at the side.

VICTORIA VELTRI: [inaudible - 00:58:26].

REP. WALKER (93RD): You can -- you can press there's -- really, there's a -- there's a little lever. Push it up.

VICTORIA VELTRI: Oh, yeah. Very -- very good. Thank you very much.

REP. WALKER (93RD): Okay.

VICTORIA VELTRI: [Laughter].

REP. WALKER (93RD): Do we have -- do we have written testimony?

VICTORIA VELTRI: Yes.

REP. WALKER (93RD): Okay. Would you do me a favor and just wait a minute.

VICTORIA VELTRI: Sure, absolutely.
REP. WALKER (93RD): Thank you.

UNKNOWN MALE: Oh, yeah. Okay. Don't worry about it.

REP. WALKER (93RD): Okay. I think we're good now. Good afternoon.

VICTORIA VELTRI: Good afternoon, Representative Walker. Representative Formica, members of the Appropriations Committee. I'm Victoria Veltri, Executive Director of the Office of Health Strategy, OHS. And I'm here to testify in support of the Governor's biennial budget for the Office of Health Strategy for physical years 2020 and '21. I won't read the full testimony, obviously, because you have it in front of you. But I'd like to just highlight a few things.

As you know, the office was established fully in 2018 as a bipartisan effort of the General Assembly to better coordinate health policy making, existing state resources, and advanced health reforms that will drag down costs and address deeply entrenched racial economic and gender health disparities, and undertake the technology driven modernization efforts we need to undertake in healthcare to drive improvement in our health system.

We have to be responsive to the ever evolving landscape in healthcare. We have dozens of federal rules that drop every week from the federal government on healthcare that somebody in the administration or an office really needs to take a hold of and analyze to see how it effects all our programs and the providers that we work with every day.
So, just a little bit of highlight of some of the work we've been able to do over the last year that we're continuing to move forward on. We received a $12-million dollar grant to support the -- for statewide Health Information Exchange that will connect providers, patients, and hopefully strengthen our population-health data gathering. We established a community health worker advisory committee. We submitted a report to our committee of Cognizant's, Senator Somers is here, recommending steps for certification of community health workers to expand healthcare teams and diversify those teams and directly affect and impact the social determinants of health.

We're working with Kevin Lembo's office, the Office of the state comptroller on some prescription drug legislation that the General Assembly passed last year. Also, working with his office on dipping an affordability standard for healthcare to better understand the implications of the -- the changes we make in policy on the affordability of healthcare for our residents. At the employer front we launched what's called the Value Based Insurance Design Consortium, so a lot of you know about the state employee plan, the Health Enhancement Program.

We are -- launched a consortium of large employers to drive those kinds of improvements in large employer plans across the state. So, we're providing technical assistance for that program. And -- and a process that's -- near and dear to many peoples' hearts, the Certificate of Need Program. [Laughter] We've done a lot of work over the last year to try to streamline that process. We moved some delays. We continue to work on that process to try to streamline it. We've been out meeting with
people to try to do that. We've established a one-stop shop webpage for people to review applications, know when hearings are going on, etc. And we continue to support a robust consumer engagement process, because everything we do, effects every single resident of this state, and we really need to be in touch the healthcare -- our residents of the state to better drive improvement.

So, with detailed respect to the budget, as you know, again I said earlier, the office was fully established in 2018, so we pulled in the former office of Health Care Access, so Kim Martone, here who's our Deputy, runs that unit which is now called the Health Systems Planning Unit. Additional resources came from the state Innovation Model Program office which was under OHA and was pulled -- Office of Healthcare Advocate and was pulled into OHS. And our Health Information Technology Resources were all pulled in.

We're committed to insuring that our work is of the highest integrity. We meet our obligations and our statutory responsibilities, especially, the three primary programs we run, which is Health Information Technology, Large Multistate Health Reform Efforts, and the -- and the Health Systems Program Unit. And we will continue to coordinate the multiples, take all the groups that are under our direction.

You'll see that the budget adjustments are tied to mostly adjustments for fringe and adjustments that had to be made due to bargaining agreements, etc. But the position count is the same except for a transfer that came over that was pretty much filled under OHS already. So, I'm happy to answer any
questions you might have about the budget or otherwise. And thank you.

REP. WALKER (93RD): Thank you. And thank you for your presentation. Good to see you. Okay. So, my standard question, you have 23 full-time positions in the general fund, and nine positions in the insurance fund. Are all of those positions filled?

VICTORIA VELTRI: So, as of this point, in the general fund, 22 of the 23 are filled, one is in the process of being refilled. And there are no-funded positions in the budget. All the positions have been funded. With respect to the insurance fund, we have nine filled, one is in interview process right now, and then we have the one transfer that is filled.


SENATOR FORMICA (20TH): Thank you, Madam Chair. Good afternoon.

VICTORIA VELTRI: Good afternoon. Nice to see you.

SENATOR FORMICA (20TH): Thank you very much. In your presentation, you talked about large business. Are -- are you doing anything what's related to small business around the state? Are their programs you're -- that you're analyzing or processes that you're trying to move forward to try help small business?

VICTORIA VELTRI: Absolutely. So, I will tell you with respect to the large health reform initiative that we have, the work going on under the state innovation model, there are stakeholder groups in which we've been trying to talk to employers large and small, in that work.
The other area, where I think we can make a big outbreak with respect to small business is the affordability standard work that we're trying to do with the comptroller's office, to try to develop this affordability standard to -- to make policy decisions based on what's affordable.

The other thing is, as you know, as well as I do, healthcare costs has been growing. We need to get control over that. And I think that's actually the biggest thing we can do for small business is try to drive down healthcare costs. So, every single initiative we do, has a laser-like focus on trying to do that, without sacrificing quality and outcomes. But in terms of a specific initiative targeted only to small business, at this point, I'm not sure we really have one that's only targeted to small businesses.

SENATOR FORMICA (20TH): Okay. I don't know it's being necessarily only target, but they certainly should be part of the mix. And the information has to find its way down to small business.

VICTORIA VELTRI: Absolutely.

SENATOR FORMICA (20TH): But we just -- in my small business renewed, we do have a March 1 renewal for healthcare for our staff that we participate in. And it's just becoming more and more difficult to find plans that don't have double increase in deductibles and double digit increase in -- in premiums, so it's kind of driving us out. So, if -- if your focus is to evaluate work force needs, I'm hopeful that there's a way you can do that and get the information out, either through chambers or through some other, maybe you have better ideas on that but --
VICTORIA VELTRI: No, that's --

SENATOR FORMICA (20TH): -- but I'm interested to hear how that can happen, because I -- I wasn't aware.

VICTORIA VELTRI: No, I welcome that suggestion. In fact, we're just starting a new -- we've been trying to finish some of the work that we were required to finish under grant timelines and things like that. We are in the process of developing a very detailed consumer engagement process that includes individual residents but also includes businesses, includes things like going to the chambers, rotaries -- you -- you name it. Getting out there to speak. That's what I used to do in my former life, and I think we need to do more of that.

I think, when you look at premiums and what small employers are experiencing, in fact, individual residents are experiencing, that's a reflection of healthcare costs. You know, your premiums are going up because costs are going up. And we need to do a better job of explaining to people what is contributing to healthcare costs, so that small businesses, employers can be empowered to sort of take better control of those costs or work on things like these health enhancement program type initiatives that can prioritize high value services and centers of excellence over utilization that's more expensive and may be unnecessary.

SENATOR FORMICA (20TH): Yeah. And -- and you'll find ways to have those measurable?

VICTORIA VELTRI: Yes.

SENATOR FORMICA (20TH): Okay.
VICTORIA VELTRI: Yes, very much.

SENATOR FORMICA (20TH): Because that -- that'll be important to see how -- how that's working. And for -- maybe for the work group, the $12-dollar grant, you have supporting a rollout of the statewide Health Formation Exchange, may be an in-depth discussion of what -- what that exchange does and how it works and what you anticipate and --

VICTORIA VELTRI: We'd be happy -- because, we -- we would -- we would love to actually come and have a detailed discussion about that.

SENATOR FORMICA (20TH): Yeah.

VICTORIA VELTRI: We actually have --

SENATOR FORMICA (20TH): Right.

VICTORIA VELTRI: -- the $12-million dollar grant and right now have a $50-million dollar grant pending with the federal government for more support for that work. So we would love to come and talk about it.

SENATOR FORMICA (20TH): Oh, so that work is to find ways to connect providers and patients and strengthen health data gathering? It almost seems like it would make sense, if you have $62 million dollars, you could put -- put that down on a lot of policies that people can't afford and -- and, you know, kind of win-win that way. But I -- you know, so I'm interested to see the -- the measurable effects of that money. We can do that in a work group, because I'm sure there are other questions here for our short time together today.

VICTORIA VELTRI: I'd be -- we'd be happy to --
SENATOR FORMICA (20TH): Thank you.

VICTORIA VELTRI: -- come in and talk about that and talk about that funding stream, which is really tied to capital type expenditures and things along --

SENATOR FORMICA (20TH): Okay.

VICTORIA VELTRI: -- those lines to support --

SENATOR FORMICA (20TH): Right.

VICTORIA VELTRI: -- technology.

SENATOR FORMICA (20TH): Yeah.

VICTORIA VELTRI: I wish we had $62 million dollars, too, but that is --

SENATOR FORMICA (20TH): Thank you.

VICTORIA VELTRI: -- [laughter] -- that -- that --

SENATOR FORMICA (20TH): Thank you, Madam Chair.

VICTORIA VELTRI: -- funding for it.

REP. WALKER (93RD): Thank you. Representative Horn.

REP. HORN (64TH): Thank you, Madam Chair. And nice to see you, Vickie.

VICTORIA VELTRI: Nice to see you, too.

REP. HORN (64TH): I have enjoyed very much working with you on some particular issues in the northwest corner, so I'm very glad to see you in front of us today. I wanted to follow up, first on, just to -- to echo Senator Formica's point about a -- a focus on small business and -- and that I am very -- I mean that small business is the business that we have in the northwest corner and helping them with
their healthcare costs, at a time when we are looking at other programs that are likely to increase their costs, is extremely important. So, I -- I also welcome any data you can help with that.

My other area of concern, as you know, because I've discussed it with you before, is rural healthcare. And -- and -- and we have very particular issues in the northwest corner just, you know, because we are spread out, and -- and we fear, you know, the contraction of services in the area. And I wondered whether there were particular things that you are working on that are focused on that particular area?

VICTORIA VELTRI: Well, thank you very much. It's nice to see you, by the way. And thank you very much for that question. That's -- that's a great question for me I want to take on because, you know, healthcare is local, which everybody talks about politics being local, but healthcare is local. The needs of one community -- I live in Colchester, very different needs from the northwest corner of the state.

So, we have an initiative we're working on called the Health Enhancement Communities which is under our state Innovation Model Program. And that initiative is really a community collaborative driven initiative to drive investment and prevention and healthcare improvement at the grassroots community level. So we have been funding regional collaboratives as pilots, so to speak, around the state, five of them, who's -- who are coming back to us. We've sort of charged them. What are the greatest needs in your community? What do you need help with? Can you take a look at two very specific issues that we think are driving a lot of healthcare
costs, aces, adverse childhood experiences or events, and healthy weight. And see what kind of interventions the community can develop to address those needs. And if we can design it right, we could maybe come up with a demonstration project for the federal government to help fund it, to improve that care. And then, take any kinds of savings we get and reinvest them back into that community for additional health improvement. So, that's one area we're looking at.

The second is the community benefits and community health needs assessments that the hospitals do for the regions that they're in. So, we're taking a closer look at those. We're embarked on a partnership process with the -- the Hospital Association, with the Community Benefits Group, and the Community Health Needs Assessment Group that develops those assessments on the priorities of healthcare needs in their communities to really try to focus the community benefit investments on the things that are identified in the community health needs assessments, to really tie those two things together.

And the other thing is in our CON, Certificate of Need enforcement work or the compliance work, when we have settlements of applications for mergers or acquisitions, there are commitments made on community benefit and allocations for resources in those communities. And we just go back and are tracking those now in great detail with the hospitals we're working -- trying to work in partnership to try to improve the community health.

So, I think those are three things I can think off of the top of my head. But I'm sure there's more
that I'm not thinking of right at this moment, but --

REP. HORN (64TH): Thank you. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. I -- I guess one of the things that people don't realize is that you just start -- your agency just started a couple of years ago. So in trying to explain to them why did we need a healthcare strategy board, can you explain that in five minutes or less, kind of -- I -- [laughter].

VICTORIA VELTRI: Oh, I hope I can. Yeah. I better be able to explain it in five minutes or less. So, well, I can think of several reasons we needed this. One is we have data in multiple places, regardless of, you know, the kind of data that I know Commissioner Gubal will be working on that's IT related. There's lots of healthcare residing in multiple departments. And we tend -- that's one place where we want to sort of get a handle on data. And the reason for that is, we want to make policy that's based on good data. And we want to make data driven policy as opposed to having an idea that isn't supported by data underneath it that drives it.

There was one reason we brought it together. When this agency was originally -- the concepts originally came about, it was really about bringing the technology pieces together for statewide coordination of health information technology, and around health reform. Those two pieces really need to be paired together. The reason is, health reform, its own animal pretty large. But the reforms that are embedded in the health reform
depend on the ability to collect clinical quality data from providers and claims data from providers who are providing services, and those were residing in different places. So, we brought those together.

When we looked at it, with just those two pieces, we thought, well, that isn't the complete picture because that just tells you, what kind of technology needs you need to support health reform. But it doesn't take into consideration the ether. Like, what's going on with the facilities in the state? What are the needs of the facilities? What kind of work the hospitals are doing or non-profits are doing related to health or the community health centers? We needed to tie them in, too. And that's why we brought in the Health Systems Planning Unit, so we could take a better look at the way health is evolving in the state based on the data we collect in the Health Systems Planning Unit, the data we get from provider claims, and the clinical quality we're getting. That, to me, paints a fuller picture of what's happening in the healthcare landscape. And then how we can help it evolve, eliminate barriers that providers are facing, help support them in ways that they need to succeed in the new healthcare delivery models. But we could not do that, effectively, in my belief, with all of these separate work streams going on.

REP. WALKER (93RD): So tell me the benefit for the consumer out there in Connecticut? I know we, you know, collecting data everybody -- they don't understand -- well, no, I shouldn't say that, a lot of people are confused as to what is the benefit for them out of this program?
VICTORIA VELTRI: So, let me -- so, let me get into it. I'll give you two different sorts of directional examples. One is, let's think about CON for a second. So, in the Certificate of Need process, before the office was put together, the application process for a certificate of need, let's say a hospital acquiring another hospital, had certain questions attached to it. But there were not detailed questions about what the impact of costs would be, let's say, on a consumer of this transaction. There weren't detailed questions about whether that provider was engaged in somebody's delivery reforms that would now make them accountable for the quality and care they provided. There weren't questions about the technology resources they had to be able to deliver good quality care or share data with patients. Those questions have now been embedded into the certificate of need questions.

We weren't looking at, let's say, facilities coming into the state to address, let's say, the opioid crisis or something, in a way that addressed whether those facilities were covering those service -- services, whether they had contractual arrangements with insurance companies, so that people were getting benefits in network versus out-of-network. Those kinds of things were not done.

And as you -- you may remember, if you go to a facility, if you're not in network, you're going to pay a lot more. So, we wanted to address those kinds of things to make sure that whoever's coming into the state is really going to be able to provide meaningful access to patients of the -- for those kinds of services. So, that's an example from the CON side.
On the technology side, let's say, there's a couple of examples, one is through the all payer claims database, we are in the process, and hopefully, I'm keeping my fingers crossed, in the next month, we are going to launch a consumer facing website, that provides information to consumers on where healthcare is and how much -- how expensive it is for different procedures by site of service, and gives them support tools so they can look at these sites and decide, do I want an MRI here? Do I want it there? And then, the other thing we hope to do, is develop, probably in another year, when we get everything assembled, is a consumer portal, one portal for people to go to, to get their healthcare data.

So right now, if you go to provider A, provider B, you probably have two different patient portals you're looking at to get your records. We want that to be a one-stop shop for patients. So those are just some of the things that we're trying to do to help consumers.

REP. WALKER (93RD): Thank you. I -- I just -- I just -- I -- I just wanted to much sure that those questions are answered. I'm sure we'll ask 'em again.

VICTORIA VELTRI: Okay. That's fine.

REP. WALKER (93RD): But it's [crosstalk], we'll -- we'll -- we'll do them each time and -- and thank you. And I just have a quick question, so let -- let me just say, somebody today talked to me about the fact that they were looking -- that they were serving a patient who needed Narcan, I think it was --
VICTORIA VELTRI: Uh-huh.

REP. WALKER (93RD): -- and it was a Medicare patient. They said to me that Medicare didn't -- they gave them a -- a generic drug. They would not pay for Narcan. Is that unusual?

VICTORIA VELTRI: That may be true. I'm not sure whether Medicare actually covers Narcan or not. But I --

REP. WALKER (93RD): Okay.

VICTORIA VELTRI: -- I could look into that.

REP. WALKER (93RD): No. I just -- I just was -- I just was wondering. I -- I didn't -- it was just very interesting that -- that Medicare would not cover that, but they would cover -- cover another. I have -- I have my suspensions. But I'll -- I'll figure it. Are there any other questions? No, I think I covered 'em.

DR. DILLON: I do.

REP. WALKER (93RD): Oh, I'm sorry. Yeah, that's fine.

REP. DILLON (92ND): You're coming to the work group, right?

VICTORIA VELTRI: Sure.

REP. DILLON (92ND): Okay. [Laughing]. They are great fun. You really should be there. [Laughter] There are a lot of other questions about access and so forth. And -- and what you mean by costs. [Laughing]

VICTORIA VELTRI: Yes.
REP. DILLON (92ND): And -- and costs to who? And all those great questions that -- that -- some -- some of us here if we -- if we live in some communities maybe more than some people in other communities, would hear it.

VICTORIA VELTRI: Yeah.

REP. DILLON (92ND): But I -- I won't -- I won't ask you about those right now because --

VICTORIA VELTRIA: Okay.

REP. DILLON (92ND): -- it's not directly before us in the budget but it's embedded in the money that you're spending.

VICTORIA VELTRI: Yeah. Be -- be happy to --

REP. DILLON (92ND): Thank you.

REP. WALKER (93RD): Thank you, ma'am.

VICTORIA VELTRI: Anytime.

REP. WALKER (93RD): Thank you.

VICTORIA VELTRI: Thank you very much.

REP. WALKER (93RD): Okay. Bye bye. We're running a little ahead of time. But I did see DMHAS here. I thought I saw DMHAS here. Oh there they are. Yeah, I knew I saw you come in. Next we have Department of Mental Health and Addiction Services. I like it when we run ahead. That doesn't -- that doesn't stop the fact that we're still going to be here real late tonight. Just saying. And I hope all my friends are -- I hope all my friends are going to be here tonight. Uh-huh. We all want date night, let me tell you. Oh. [Laughing]
REP. DILLON: Thank you. Commissioner, good to see you again.

MIRIAM DELPHIN-RITTMON: Hi. Good to see you.

REP. WALKER (93RD): Go right ahead.

MIRIAM DELPHIN-RITTMON: So, good afternoon Representative Walker, Senator Osten is not here, but distinguished members of the Appropriations Committee. I'm Miriam Delphin-Rittmon, Commissioner of the Connecticut Department of Mental Health and Addiction Services. I also have with me here Deputy Commissioner Nancy Navarretta. And we're here to discuss the Governor's biennial budget for fiscal years 2020 and 2021.

As you know, DMHAS is a healthcare agency whose mission is to prompt the overall health and wellness of persons with behavioral health needs with a focus on prevention, treatment, and the promotion of recovery. In fiscal year 2018 we served over 105,000 individuals, at risk or for, or experiencing a serious mental illness or substance use condition. The DMHAS system of care is a public-private partnership delivering mental health and substance abuse disorder inpatient and outpatient services through our state-operated facilities and contracts with over 165 not-for-profit community-based agencies statewide. The DMHAS system of care includes 13 local mental health authorities and two distinct hospitals in -- in Middletown, Connecticut Valley Hospital and Whiting Forensic Hospital.

The department remains committed to its core mission of prompting wellness, preventing illness, and strengthening the recovery oriented system of care for people with serious mental illness and substance use conditions.
use conditions. This budget maintains services to individuals who rely on the department by annualizing funding to young adult services account for individuals aging out of DCF, providing case load growth in the home and community-based waiver account for new placements where money follows a person program, as well as for supporting growth in the GA managed care account for non-Medicaid reimbursable services for individuals eligible for HUSKY B.

Additionally, the budget supports non-profit providers by annualizing the FY19 1% cost of living adjustments. The Governor's proposed budget for DMHAS will not only protect core services that are in place, including those that are employed to affectively address the opioid crisis, but will realign resources to assure that identified critical system components are sufficiently funded. The budget funds the deficiency for personal services as well as repurposes unexpected funds from home and community-based services, TBI services, general system managed care account, to adjust operational deficiencies in our OE account, Worker's Compensation claims, and professional services account.

The budget aligns the DMHAS mission and vision by continuing to focus on funding on community services to advance our recovery oriented system of care. The proposed budget realizes efficiencies by leveraging non-profit expertise by transferring certain DMHAS state operated LMHA services to community non-profit providers without any loss of service capacity or compromising the quality of service.
Potential efficiencies for fiscal year 2020 and 2021, include privatizing 41 young adult residential beds currently operated in Hartford, Torrington, Portland, and Bridgeport. DMHAS also -- may also privatize 16 mental health inpatient beds currently located in Capital Region Mental Health Center in Hartford, by purchasing 16 beds in the greater Hartford community.

Additionally, this budget converts state-operated transitional residential services in New Haven and -- and the Danbury and Torrington components of the western LMHA private operation -- to private operations. It is anticipated that the restructuring efforts, like those mentioned above, would not impact existing service capacity, and would result in a saving of -- savings of about $5 million dollars a year, fully annualized. DMHAS' core services will be maintained and will continue to prompt the overall health and wellness of persons with behavioral health needs through integrated network of holistic, comprehensive, effective, and efficient mental health and substance abuse services, and recovery supports that foster dignity, respect, and self-sufficiency.

Our services of supports are culturally responsive, attentive to trauma, build on personal and family and community strengths, and focus on promoting each person's recovery and full citizenship. DMHAS will continue to evaluate our service system and respond to the behavioral healthcare trends by issuing enhanced data analysis to informed decision making, evaluating stop -- state operated and contracted services to maximize resources, and promote evidence-based practices, and service quality.

Thank you for the opportunity to appear before you
today. And I'd be happy to answer any questions that you have at this time.

REP. WALKER (93RD): Good afternoon.

MIRIAM DELPHIN-RITTMON: Hi, good afternoon.

REP. WALKER (93RD): There's a mouth full in your budget --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93RD): -- to say the least. So, I'm -- I'm going to start with my standard question.

MIRIAM DELPHIN-RITTMON: Okay.

REP. WALKER (93RD): You have 3,438 full-time staff listed. How many of those are filled positions?

MIRIAM DELPHIN-RITTMON: Right now we have about 372 filled positions.

REP. WALKER (93RD): Three hundred? Three thousand.

MIRIAM DELPHIN-RITTMON: Oh, I -- I'm sorry. [Laughing] No, I left out a --

REP. WALKER (93RD): Yes.

MIRIAM DELPHIN-RITTMON: -- zero there.

REP. WALKER (93RD): Okay.

MIRIAM DELPHIN-RITTMON: Three thousand -- 3,072 filled.

REP. WALKER (93RD): 3,072 filled?

MIRIAM DELPHIN-RITTMON: Yes, filled.

REP. WALKER (93RD): Yeah.

MIRIAM DELPHIN-RITTMON: Filled positions.
REP. WALKER (93RD): Okay. [Laughter]

MIRIAM DELPHIN-RITTMON: It's actually 323 that we're -- that we're currently recruiting for.

REP. WALKER (93RD): Okay, 323?

MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93RD): Okay. Do me a favor and turn off one of those microphones for me. Thank you. Sometimes that's what causes the feedback --

MIRIAM DELPHIN-RITTMON: Oh and echo.

REP. WALKER (93RD): -- and everything. Okay. Okay. On the -- on the budget summary for your department, there's a bullet point under reductions that says reduce funding to reflect restructure of state operated services to a private operations for FY2020, by $2.2 million dollars.

MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93RD): So, what are the specific services you're planning to reduce --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. WALKER (93RD): -- or privatize, I should say?

MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93RD): And what are the specific services that you are planning for 2021?

MIRIAM DELPHIN-RITTMON: Yeah. So, for the particular services that we're looking to do reduce in -- actually by -- by July 1st, 2019 --

REP. WALKER (93RD): Uh-huh.
MIRIAM DELPHIN-RITTMON: -- would be the YAS residential services --

REP. WALKER (93RD): Young adult --

MIRIAM DELPHIN-RITTMON: The young adult -- the young adult residential services in Portland, Torrington, Hartford, and Bridgeport.

REP. WALKER (93RD): You're going to reduce those services?

MIRIAM DELPHIN-RITTMON: So that the thinking is the state operated services, we would convert to private services, to private providers.

REP. WALKER (93RD): So what -- how do you -- how do -- because I know you -- how do provide services right now, currently?

MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93RD): I hope you're going to get comfortable, because this is going to be a bit longer --

MIRIAM DELPHIN-RITTMON: It's going to be a little bit --

REP. WALKER (93RD): Yeah.

MIRIAM DELPHIN-RITTMON: -- a little bit? Okay. [Laughter] So we'll --


MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93RD): Okay. Move -- move the mic over just towards you a little bit more. Thank you.
MIRIAM DELPHIN-RITTMON: Okay.

REP. WALKER (93RD): So that we could all hear your --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93RD): -- your -- uh-huh.

MIRIAM DELPHIN-RITTMON: So the -- the residential programs are currently state operated.

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: They're currently state operated programs. And our planning would be to convert or -- or to transfer those or privatize those to community private non-profit providers, in those same regions. And so, that's -- that's an -- a -- a piece that I -- I really want to highlight. I don't anticipate a reduction or a loss of services in those particular areas in Portland, Torrington, Hartford, or Bridgeport, because, in fact, we would be transferring the services from currently state operated to community private non-profit providers. So this is a privatization that -- that often community providers mention. And -- and some of the thinking is that the -- the -- there'd be cost savings. There's significant cost savings when we convert the services from state operated to community private non-profit providers. But we would purchase again the same -- the same number of beds. So across YAS alone, that's 41 beds.

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: And the plan would be to purchase 41 beds in those same areas. So, it wouldn't be -- services wouldn't be leaving Hartford or Portland or Torrington or Bridgeport.
REP. WALKER (93RD): Now, the facilities that you have providing those services now, are those state operated buildings?

MIRIAM DELPHIN-RITTMON: So, some of them are not state operated buildings.

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: And so, that -- that is another sort of layer. Some of them are buildings that we lease.

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: And there are state staff working in leased buildings. And so -- so, that is the current setup.

REP. WALKER (93RD): So as far as the services are concerned, right now what are you providing in there that is going to be -- just what are -- what are you providing for those -- those kids in those buildings right now -- in those spaces?

MIRIAM DELPHIN-RITTMON: Yeah. So they're residential.

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: Those are residential services.

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: There may be some -- some initial or some basic programing but each of those young people are connected to the LMHA in each of the regions.

REP. WALKER (93RD): LMHA?
MIRIAM DELPHIN-RITTMON: Oh.

REP. WALKER (93RD): Please, no alphabets. I'm sorry.

MIRIAM DELPHIN-RITTMON: Yeah. So the Local Mental Health Authority in that region.

REP. WALKER (93RD): Okay.

MIRIAM DELPHIN-RITTMON: So for the Hartford, residential site --

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: -- many of the young people are receiving their services at Capital Region Mental Health Center. For Torrington, the same thing, they're receiving their services at the -- the -- the Torrington LMHA -- or Local Mental Health Authority Satellite site.

REP. WALKER (93RD): So by privatizing them, they're going to do the reach out to the LMHAs? Or they're going to provide their own mental health services? So right now it's -- it's state run.

MIRIAM DELPHIN-RITTMON: Yes.

REP. WALKER (93RD): And so, we are running those beds but they are connected to the services that are provided through the Local Mental Health Service --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93RD): -- program.

MIRIAM DELPHIN-RITTMON: Those --

REP. WALKER (93RD): The privatized ones will pay for the beds that they -- they'll be managing the beds.
MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. WALKER (93RD): But then the services that go along with them --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. WALKER (93RD): Who will provide those?

MIRIAM DELPHIN-RITTMON: So, same thing. So, the services will be provided by the Local Mental Health Authority affiliates, so for some of those reasons --

REP. WALKER (93RD): What's the difference between affiliate?

MIRIAM DELPHIN-RITTMON: Yeah. I -- I say affiliate because for -- for example, Torrington --

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: -- there is, part of this budget, the thinking is to privatize the services that are offered in Torrington at the Torrington Local Mental Health Authority --

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: -- and so, the Torrington, for YAS, the residential services would be converted to private operations, you know, PMP organization as well as the Torrington Local Mental Health Authority. And -- and were the affiliate comes in is the Torrington site is an affiliate of the overall -- the full western Local Mental Health Authority. So the -- the western LMHA has affiliate sites or satellite sites, if you will, at Torrington and Danbury.
REP. WALKER (93RD): So -- okay. So, right now they are responsible -- how many -- how many -- there are 41 beds, you said?

MIRIAM DELPHIN-RITTMON: Forty-one beds, yes. So there are five beds in Portland --

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: -- six beds in Torrington --

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: -- ten in Hartford --

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: -- and 20 in Bridgeport, for a total of 41 beds.

REP. WALKER (93RD): Do you have quality assurance in -- in Department of Mental Health and Addiction Services?


REP. WALKER (93RD): And they go out and they evaluate contracted services that you have right now?

MIRIAM DELPHIN-RITTMON: Yes, absolutely.

REP. WALKER (93RD): Okay. And you have a standardized method of doing contracts with these private corporations?

MIRIAM DELPHIN-RITTMON: Yes. Yes. And so, that's one approach to really ensuring the same level of quality and --

REP. WALKER (93RD): Uh-huh.
MIRIAM DELPHIN-RITTMON: -- in fact, you know, quite a bit of oversite, particularly during the initial transition to make sure that the clients that are being transferred from state operated services to these new private, you know, community private providers, there'd be an opportunity to do enhanced oversite initially, particularly during the transition site. There'll be significant quality metrics. We require our community private non-profit providers to submit metrics related to a range of -- of -- of different factors for different evidence-based practices, we call it sort of fidelity. Fidelity --

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: -- to --

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: -- particular models. And then, these other data, if they're on block grant funds that we collect as well to ensure that quality recovery-orientated, evidence-based, services are being delivered.

REP. WALKER (93RD): Okay. I -- I'll stop here because I'm going to let other people. I'll come back, if they don't cover the other things that are necessary. Thank you.

MIRIAM DELPHIN-RITTMON: And -- and I know we have the subcommittee meeting, as well, and we're happy to bring to the tables and -- and break all of this down.

REP. WALKER (93RD): Oh, I would love to see --

MIRIAM DELPHIN-RITTMON: Yeah.
REP. WALKER (93RD): I basically would like to see the services that we provide now --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. WALKER (93RD): -- in those facilities.

MIRIAM DELPHIN-RITTMON: Okay.

REP. WALKER (93RD): And then, I'd like to see what services you are contracting out --

MIRIAM DELPHIN-RITTMON: Okay.

REP. WALKER (93RD): -- to see how -- and how you're going to be measuring them.

MIRIAM DELPHIN-RITTMON: Yes.

REP. WALKER (93RD): Because that's -- that's going to from -- mental health is -- is unbelievably underserved in the state. And --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93RD): I just am very worried about how we're reducing things in areas. And I'm not just trying to say -- I won't say anymore.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. WALKER (93RD): Yes, Representative Dillon.

REP. DILLON (92ND): Thank you. Good afternoon.

MIRIAM DELPHIN-RITTMON: Hi, good afternoon.

REP. DILLON (92ND): Good afternoon. The budget proposal from this administration for mental health has created a lot of excitement. [Laughter] I wouldn't want to be -- you know, it's not a happy excitement though. And so, I'm sort of trying to make sense of it. And so, you know, and you
remember back, I did ask the secretary of OPM to share with us what the Lamont administration's plan for access to Mental Health and Substance Abuse Services is, because, as I've been hearing repeatedly, on the one hand people are worried about some line items, and -- and terrified about the impact of their own community. There are also folks who want us to remember that your department is only part of what happens in the mental health system, there are hospitals, there are, you know.

MIRIAM DELPHIN-RITTMON: Yes. Yeah.

REP. DILLON (92ND): So, there's a lot that I don't quite understand. I -- I can't quite divine what the administration is doing. So, I -- I'll have to ask you indulgence -- indulgence today in -- in going forward. Let's take something simple, reduce funding to reflect overtime. That's mystifying, but I wonder if you could provide documentation -- I could actually rattle off some things that I think you should, you know, just provide at the -- at the work sessions --

MIRIAM DELPHIN-RITTMON: Okay.

REP. DILLON (92ND): -- that -- because that's confusing. One thing that has been a subject of discussions for the past six months --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): -- the money that the legislature restored, which OPM did not release. OPM basically ignored the legislative -- the budget and -- and it's kind of interesting, for all kinds of reasons, but the discussion for months has been, is it the 1% that was provided because our --
they -- we have been helping -- promising providers we would help them --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): -- of when we raised the minimum wage a -- a couple of times? Or is it the grant accounts which has been attacked repeatedly? I -- I would appreciate, if we don't have a discussion today, obviously there's some strong views about the respectful relationship that should exist between the administration, the executive branch and the legislature.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): And -- and there's some sense of unhappiness in the community --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): -- about what happened. So, I don't feel that I know enough --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): -- to be able to divine where -- what the money, but -- but there are many legislatures who have gotten copies of letters that their providers received --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): -- telling them that they were going to get funding --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): -- and then it didn't come. And -- and so, there was the sense in the fall, well, we'll wait. This administration has an animus towards this particular issue, maybe with the new
administration, things will be more benign. And -- and so, that -- that's with backdrop. But I assume you know some of that, you may have gotten some of that feedback.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): It -- it's -- it may look like a small amount of money to the people who are making the budget.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): But, you know, it's a couple of million.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): And -- and it adds up. So, do you have something quick that you could say about that or would you prefer to discuss it in subcommittee?

MIRIAM DELPHIN-RITTMON: I mean we can certainly discuss it in subcommittee. What -- what I can say is the -- there was an initial intent to -- to be able to disseminate that money. I think, because we have an $11.2-million dollar shortfall in -- in a number of different accounts, and, that -- and those accounts are, you know, that -- that we're looking for additional resources for -- for some of those accounts, that we realized to -- to move forward with it, while at the same time having shortfalls wouldn't necessarily be fiscally prudent. So, that was some of the thinking. And we can give you, a breakdown of -- of the $11.2 million dollars that I referenced, and in terms of the overall short -- shortfalls. And -- and I'll -- and so, the 1.6 was really held back to help address that.
REP. DILLON (92ND): So, there -- there's new money in some line items here. And at the end of the previous administration, they were still spending money, giving grant -- art grants out and -- and giving out money for land acquisition. So the decision to take the money out of providers was a choice, really? I mean maybe, I'm not saying it was yours, I don't know whose it was, but there was spending going on.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): Okay. Okay. Connecticut Mental Health Center, I wonder, that has certainly generated some confusion. You remember that there was a -- that the previous administration closed one of their clinics and some of the employees were walked out in front of their patients. So there's been a history here. I wonder if you could explain, what it means --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): -- in a private-public -- this is a public-private partnership, CMHC, to talk about privatization.

MIRIAM DELPHIN-RITTMON: Yeah. So to talk about privatization within, so within CMHC, the -- the privatization would be the ten -- the ten transitional -- transitional residential program beds. And so, some of the thinking is similar to the, what I talked about with the Young Adult Service beds, those ten beds would be privatized and private providers would pick up the -- and essentially implement those -- those services.

REP. DILLON (92ND): So the building and the land are owned by the university?
MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): Any of the federal dollars that come back from research or from the 24/7 facility --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): -- are returned to the state. Since, a fair amount of this core activity which predates --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): -- the lead mental health agency system --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): -- is private already, I -- I just wonder if you could bring back to us, unless private is a euphemism. And it just means we don't want unions or something. It's mystifying to me, in a building where the land is owned by a university, the -- the -- the building has -- the new clinical buildings were paid for by private fundraising. Some of the state employees are paid, they're paid -- they're treated as if they are state employees. Is it the idea to -- to keep that building, which is owned by a private university, and then to -- and then to put -- get somebody else in there to run the hospital; is that it?

MIRIAM DELPHIN-RITTMON: No. I mean, so for -- for CMHC, there are really two things that are in the budget. They are two separate things. So, one is the -- the $1-million dollar reduction. It's about $1.6 million dollars and that's for the Rivercroft Research Center. And so, the building would stay and -- and CMHC as a Local Mental Health Authority
in Haven, all of that would remain. The outpatient clinic would remain. The Hispanic clinic, all the different components of CMHC remains. And this is part of the private-public partnership, their range of things, services and programs and initiatives that are part of the CMHC network. What's being reduced is really about a -- not reduced but a -- a million dollars for the Rivercroft Center. And then, the ten beds in the transitional mode, so the TRP. Those would be converted to community private non-profit providers. Everything else that's part of CMHC would remain. And -- and that's been a valuable partnership. We appreciate that parentship. It's been a long-time partnership. And so, all of that would remain. But, again in -- in an effort to achieve efficiencies and these -- these are not easy deficient, but in an effort to achieve efficiencies, and -- um -- address the fiscal -- the current fiscal climate, these are some of the pieces we felt that -- that could achieve some of those savings. And the -- the goal was to be as -- as minimally disruptive as possible, knowing that, you know, certainly, reductions are challenging. But we, you know, to reduce research as opposed to a -- a -- another area -- direct service area, you know, those are some of the -- some of the questions really that were on the table. And Rivercroft would remain as well. This is a -- a portion of the funding that the state offers. There's a -- their funding that is part of that site as well, research funding and other funding that's, part of that.

REP. DILLON (92ND): Thank you, which actually comes from the -- from the state I think, that is, that it attracts the private money so --

MIRIAM DELPHIN-RITTMON: Uh-huh.
REP. DILLON (92ND): -- it would probably, you know, it -- it would be -- it might survive, but I don't -- but I don't think this -- it cannot necessarily going to happen -- what's happening here, because when one piece is being pulled out which brings everything else together. So --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): I -- I -- I'm sorry that I still misunderstand the privatization part of the public-private. And -- and I understand everyone thinks it's valuable. It's -- it's -- it's a surprise --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. DILLON (92ND): -- to many people in the community who didn't expect to see doubling down of previous administrations' policies. And so -- and they've been asking a lot of questions. And I'm not -- I -- I still don't understand the -- the numbers on that. And -- and I can't stay strongly enough, people from all over the state are referred there who are very complex cases.

MIRIAM DELPHIN-RITTMON: Absolutely.

REP. DILLON (92ND): And that takes a lot of continuity of care. And -- -- I -- I really -- I want to get back to the question I asked the OPM secretary, access to care but continuity of care, too.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): I -- I -- I don't understand how that's going to work. And -- and I certainly don't want to -- I -- I -- I just don't -- I'm very, very concerned about the implications for care for a
vulnerable population in a budget that has budget cuts in it, you know?

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): So, if you could provide -- any information that you can provide? We have dedicated caregivers there, too --

MIRIAM DELPHIN-RITTMON: Absolutely.

REP. DILLON (92ND): -- who are very, very attached to the people they work with.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): So, there's that.

MIRIAM DELPHIN-RITTMON: Yeah.

REP. DILLON (92ND): And -- and, obviously, they -- you know, they live in the area [laughter] around that building. So --

MIRIAM DELPHIN-RITTMON: Yes.

REP. DILLON (92ND): -- so many of us are -- are impacted with them. Thank you.

MIRIAM DELPHIN-RITTMON: Thank you.

REP. WALKER (93RD): Thank you. Representative Abercrombie, followed by Senator Somers, followed by Representative Dathan, and followed by Representative Johnson. So that's the lineup and Representative Horn.

MIRIAM DELPHIN-RITTMON: Okay.

REP. WALKER (93RD): And like I said, you want another bottle of water? [Laughter]

MIRIAM DELPHIN-RITTMON: But I'll take a fifth.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Good afternoon, Commissioner. It's so nice to you here.

MIRIAM DELPHIN-RITTMON: Yeah, good to see you.

REP. ABERCROMBIE (83RD): I'm just going to echo what my colleague, so -- was just talking about -- about stabilizing this population. I'm really concerned with some of these cuts with the privatizing of some of these services. I -- I agree with my colleague that, this is a really fragile population. And going forward, you know, I think we're going to be saying the same thing, why, right? And how do we make --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. ABERCROMBIE (83RD): -- sure that these young adults, especially, are in a -- in a really safe place. So I want to red flag that also. I do want to give you kudos, for the million dollar savings in overtime, so kudos to you guys. Great job there.

MIRIAM DELPHIN-RITTMON: Thank you. We've been working hard on that. [Laughter]

REP. ABERCROMBIE (83RD): I know you have. I know you have.

MIRIAM DELPHIN-RITTMON: It's been a struggle, but we were really working on that.

REP. ABERCROMBIE (83RD): Yeah.

MIRIAM DELPHIN-RITTMON: It's trending down. So we're -- we're really proud of that.
REP. ABERCROMBIE (83RD): No, and you should be.

MIRIAM DELPHIN-RITTMON: And we know there's more work we need to do.

REP. ABERCROMBIE (83RD): It --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. ABERCROMBIE (83RD): Listen, anytime we take our eye off the ball; right? That's when we get ourselves in trouble. [Laughter]

MIRIAM DELPHIN-RITTMON: Yeah.

REP. ABERCROMBIE (83RD): So -- but congratulations on that.

MIRIAM DELPHIN-RITTMON: Thank you.

REP. ABERCROMBIE (83RD): What I would like to see in the workout group is, under the reduced grants for mental health and substance abuse, I'd like to know the programs that are funded under those two line items and exactly how much they currently get, so that we know what the cut is.

MIRIAM DELPHIN-RITTMON: Okay.

REP. ABERCROMBIE (83RD): I'd also like to know in this reduced funding for the APT Central Medical Unit, what is that?

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. ABERCROMBIE (83RD): And where is that?

MIRIAM DELPHIN-RITTMON: Uh-huh. Yeah. So that's at the APT Foundation.

REP. ABERCROMBIE (83RD): What --
MIRIAM DELPHIN-RITTMON: And it's a unit that provides medical services. Last budget year, we reduced it by half. And -- and this an additional reduction. Those are services that can be billed by Medicaid. So, they can get reimbursed through Medicaid for those services. And so -- so, there were additional state dollars that -- that had been going to that clinic, as well. And now that it's -- they can bill for Medicaid, those services can still be rendered and billed.

REP. ABERCROMBIE (83RD): Okay. And then, let's talk about -- a little bit about in the budget where there was a 5% cut across the board for providers.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. ABERCROMBIE (83RD): I know what you were sayin' about there being a deficit in your budget.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. ABERCROMBIE (83RD): But, I have to say, I'm really surprised that providers would get a letter saying that that was going to be -- that -- that money was going to be given to them anyways and then, all of a sudden, they didn't receive it. So, can you explain why a letter would go out to providers saying that that 5% was being restored, when you didn't?

MIRIAM DELPHIN-RITTMON: Yeah. So -- so, initially after the -- at -- at the end of the -- at the end of the session when we were looking at the numbers and looking at the -- at the budget, some of the thinking was, oh, okay, so this was restored and we'll be able to disseminate those funds. Soon after that, though, as we dug deeper into the budget and realized that the number of -- of line items
where we had some -- had some shortfalls, it -- the -- the -- with those shortfalls to be able to then disseminate the extra resources, seemed not physically prudent, when we knew we had other -- we knew we had other deficits, essentially.

REP. ABERCROMBIE (83RD): So, with all due respect, Commissioner, I mean, we were all looking at [laughter] the budget for a long time, so for your agency all of a sudden to find these deficits after a letter went out to providers saying it was going to be restored, is pretty unfair, in my opinion. You know, we know that our providers do God's work; right?

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. ABERCROMBIE (83RD): And we don't pay 'em enough in rates for what they do.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. ABERCROMBIE (83RD): So, I just want it on the record, I think that was really unfair and I think that, in the future, you know, maybe your staff should give you better advise before something goes out to providers like that. I know we have hard decisions to make in this building. We still --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. ABERCROMBIE (83RD): -- have a deficit, but I'm going to echo my colleagues' comments about not on the backs --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. ABERCROMBIE (83RD): -- of this fragile population. So --

MIRIAM DELPHIN-RITTMON: Uh-huh.
REP. ABERCROMBIE (83RD): I thank you for being here today. And I look forward to some of these answers in the work group.

MIRIAM DELPHIN-RITTMON: Thank you.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. I just want to --

MIRIAM DELPHIN-RITTMON: Thank you.

REP. WALKER (93RD): -- quickly say, you -- you talked about APT, you realize that APT could bill for the -- for -- for this. How long have we been paying them and they haven't been billing?

MIRIAM DELPHIN-RITTMON: They actually have been billing.

REP. WALKER (93RD): Okay.

MIRIAM DELPHIN-RITTMON: And so, these additional resources were -- were for either individuals that were underinsured or maybe not yet connected to Medicaid services. And so -- but the services ultimately can be -- can be reimbursed fully by Medicaid since it's a medical service.

REP. WALKER (93RD): So, have we lost money that we have -- we could have been billing for?

MIRIAM DELPHIN-RITTMON: Likely not. And --

REP. WALKER (93RD): They just -- they just were able to bill now?

MIRIAM DELPHIN-RITTMON: They are able to bill now and have been able to bill -- it's --

REP. WALKER (93RD): For a while.
MIRIAM DELPHIN-RITTMON: -- it's -- it's a function of ACA.

REP. WALKER (93RD): Okay.

MIRIAM DELPHIN-RITTMON: But there are always some individuals that either are maybe don't have insurance yet --

REP. WALKER (93RD): Okay. Okay.

MIRIAM DELPHIN-RITTMON: -- or a range of other individuals who have insurance issues --

REP. WALKER (93RD): And we've been talking about maximizing federal reimbursement.

MIRIAM DELPHIN-RITTMON: Yes.

REP. WALKER (93RD): That's -- this -- that one really, when I heard that, I was -- Senator Somers.

SENATOR SOMERS (18TH): Yes, good afternoon. Thank you for being --

MIRIAM DELPHIN-RITTMON: Hi.

SENATOR SOMERS (18TH): -- here today. Welcome to both of you. I have some very specific questions that, if you can't answer now, you can certainly provide the information at our subcommittee hearing.

MIRIAM DELPHIN-RITTMON: Okay.

SENATOR SOMERS (18TH): So, my first question centers around Whiting. I'd like to see if we can get a detailed budget for Whiting, specifically. And also, last year, there was a ballpark transfer of a million dollars to transfer Whiting out of the -- the CVH hospital system. So, I'd like to see if you can give us the details of that transfer and all the costs associated with that transfer, so we
can see how it lines up with the million dollars that was allocated.

MIRIAM DELPHIN-RITTMON: Uh-huh.

SENATOR SOMERS (18TH): In addition, I would like to know, it's sort of a follow-up to my other colleagues concerning the fact that this legislature restored $11.3 million dollars after you gave a 5% cut to providers, and they were promised a $1.7 million dollar, you know, return to -- to the providers. But -- and they haven't compensated. Obviously, we made that clear. But how do you expect to have any new providers want to come online when we've gone back on our word for our current providers?

And you speak about the list of items that were shortfalls, that I think we should have known about before you came in front of the legislature. So, could you give us a list of those items and what the shortfalls were? I think that's important for us.

And I'd also like to know how much would it cost -- or how much funding would it require for the legislature, if they cost to -- to restore the 5% cut that you gave to the providers?

I'd also like to know what programs specifically you're looking to convert, you know, detailed together.

And this is also very important to me, is, I'd like to know what is the daily cost for a patient in a state hospital by facility, break it down. So, if they're in one facility, this is the daily cost versus another facility.
And then, can you give us the costs of the support services for somebody who is receiving what I consider average care in a state facility versus what that cost is in a non-state facility, I'll put it that way? I think that would really be inciteful for us to have.

And then, lastly, if you could detail exactly what the managed service system is going to look like in Whiting, I think that would be helpful for all of us because I'm looking at certain items that say they're going to the managed service system, but what I don't have is confidence that, if those are put into the managed service system line item, how do I know that they're not going to get deleted? How do I know that they're not going to no longer exist when you find out that you are -- you have shortfalls? So, I think that we need some kind of assurance as to exactly how that's going to work and -- and what it's going to look like.

I'm very concerned about the cuts to the mental health and addiction grants and also to the -- the services that Yale provides. I think that's invaluable. So, I'm just -- I know I threw a lot at you and you don't have to answer them, but you can get back to us. But I'd like to have the responses to those. Thank you.

MIRIAM DELPHIN-RITTMON: Okay. We can prepare that our subcommittee meeting.

REP. WALKER (93RD): Yeah. Did you get all of the things that she -- I didn't write 'em down.

SENATOR SOMERS (18TH): I wrote 'em, too. I can send them to you.
REP. WALKER (93RD): Yeah. So -- I would like -- because I -- I -- I would like to see all the answers to that. And so, if you would send 'em to Sue Keen --

MIRIAM DELPHIN-RITTMON: Sure.

REP. WALKER (93RD): -- and she will make sure that -- that gets passed over to -- to the agency. Just piggybacking off of what Senator Somers talked about, so I saw the -- the reduction to address overtime and in your deficiency for this year, you have a $5 million dollar deficiency for Whiting. How -- is this -- is this going to be taken out of Whiting, this -- this million dollars that you're talking about?

MIRIAM DELPHIN-RITTMON: So, it's not just Whiting. It's our -- our overall overtime budget.

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: And as you've seen already, our mandatory overtime is -- is trending downward. So, we feel that we can cover this -- this $1 million dollars that -- that's something that, if we continue projecting out --

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: -- the -- the overtime trends, that we'd be able to achieve at least a -- $1 million dollar -- an additional $1 million dollar reduction on top of what's already been reduced with our overall overtime line.

REP. WALKER (93RD): So --

MIRIAM DELPHIN-RITTMON: We meet weekly --

REP. WALKER (93RD): Uh-huh.
MIRIAM DELPHIN-RITTMON: -- looking at staffing, looking at our -- our hires, looking at a -- a range of issues, acuity.

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: A range of issues, really, that impact overtime. And so, I think having that weekly dedicated time, both for CVH and Whiting, has been helpful in terms of bringing the -- the overtime down.

REP. WALKER (93RD): Okay. So, this $5 million dollar deficiency is from the previous six months, not from going forward six months?

MIRIAM DELPHIN-RITTMON: So, it's -- for this budget, it -- it's -- it's -- it's a projection, but it's from -- for the current --

REP. WALKER (93RD): Current --

MIRIAM DELPHIN-RITTMON: -- the current year.

REP. WALKER (93RD): Yeah. For --

MIRIAM DELPHIN-RITTMON: Yes.

REP. WALKER (93RD): For the current year?

MIRIAM DELPHIN-RITTMON: Current year, right.

REP. WALKER (93RD): And the -- the decision to not pay out that 5% that we, as the General Assembly who have control over the budget and make those decisions --

MIRIAM DELPHIN-RITTMON: The Public --

REP. WALKER (93RD): -- obviously, lost --

MIRIAM DELPHIN-RITTMON: -- Health --
REP. WALKER (93RD): -- control of --

MIRIAM DELPHIN-RITTMON: -- Committee --

REP. WALKER (93RD): -- that.

MIRIAM DELPHIN-RITTMON: -- is holding votes open until --

REP. WALKER (93RD): Was that made --

MIRIAM DELPHIN-RITTMON: -- 4:00 p.m. --

REP. WALKER (93RD): -- back in September --

MIRIAM DELPHIN-RITTMON: -- in Room --

REP. WALKER (93RD): -- or something?

MIRIAM DELPHIN-RITTMON: -- 3000.

REP. WALKER (93RD): The -- when was that decision made that you weren't going to pay that out?

MIRIAM DELPHIN-RITTMON: And so, it's something that we were continually looking at --

REP. WALKER (93RD): Uh-huh.

MIRIAM DELPHIN-RITTMON: -- as we were we were looking at the -- the budget and the numbers. It was an ongoing discussion, you know, as -- as, again, as we were looking at -- at the budget.

REP. WALKER (93RD): Okay.

MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93RD): Representative Dathan.

REP. DATHAN (142ND): Thank you, Madam Chair. Thank you very much for all the work that you do in this really important department. It really is so essential that we [inaudible - 01:59:01] on this.
I'm -- I'm kind of a numbers person and I really like to know, sort of, data behind numbers.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DATHAN (142ND): My questions, and you probably don't know this offhand, so maybe to get later. I know you said you serve 105,000 people. And I would love to get a breakout of how those people, what sort of services each of them have. And if you could do some historical trends going back a few years and also what we envision for the next, maybe, I -- I hate to say this, five years. But I really would like to see, I'm sure there's some sort of studies on that, just to see if we're making sure we're continuing to fund the areas in the right places.

MIRIAM DELPHIN-RITTMON: Okay.

REP. DATHAN (142ND): My -- my second is really, you know, I'm all for trying to save money, but again, as my colleagues have said, not on the back of anybody's services that they're receiving. I know, we have talked about privatizing some areas. You know, I'd love to hear more about what the agency has planned to privatize any other areas that we have. How we are going to ensure that peoples are going to be taken care of well, continuation of service --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DATHAN (142ND): -- and what sort of plan is on that? I don't know if you have that data to hand or you want to talk around that.

MIRIAM DELPHIN-RITTMON: Yeah. So, in terms of the -- the services that will be privatized, I -- I
spoke already about the Young Adult Services. And a -- a couple things related to that. So, the -- the plan will be to -- to purchase the same -- the same services from community providers. So, we're not seeing it as a reduction in services. And -- and I think that's an important piece to stress.

In -- in addition, the staff -- the state staff that are in those positions would be deployed to fill existing vacancies, you know, elsewhere within our system. And I think that will help both in terms of overtime and it will help in terms of some of our challenges in terms of our PS, so personal services line. So -- so that's two pieces.

So -- so in addition to YAS, there is the CMHC TRP beds, and the same things, ten beds, currently run by the state. We would purchase ten residential beds in the New Haven area. So, it wouldn't be a loss of services for New Haven. I think that's an important thing to stress.

For Danbury and Torrington, they each offer a full complement of -- of services. So CSP, Community Support Services, Range of Outpatient Services, and so for the whole full complement of services offered at both Torrington and Danbury, the plan would be to RFP those -- those services and to find a community provider to be able to offer all the same services. And then we would work, because there is -- you know, I know a number of folks have mentioned the disruption or just the -- you know, what that's like for both clients and staff.

For the clients, we would really work with them around that transition. You know, work with them in -- in terms of introducing them to the new provider, and -- and connecting them with a service
and support to -- to minimize any negative sort of experiences as a function of that outcome -- or that process, rather.

REP. DATHAN (142ND): And maybe this is a -- I'm sure you have this somewhere, it would love -- it would be great to see like a schedule of all the different facilities we have around the state. I don't know if you have a schedule of that of --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. DATHAN (142ND): -- what sort of money is allocated to each -- in each of the biennium years --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DATHAN (142ND): -- as well as the level of service that each facility has --

MIRIAM DELPHIN-RITTMON: Okay.

REP. DATHAN (142ND): -- along with the number of patients served.

MIRIAM DELPHIN-RITTMON: Okay.

REP. DATHAN (142ND): Is that -- is that too much information? I just would love to kind of get a better full picture --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. DATHAN (142ND): -- of that.

MIRIAM DELPHIN-RITTMON: Yeah. We can provide --

REP. DATHAN (142ND): Thank you --

MIRIAM DELPHIN-RITTMON: -- that.
REP. DATHAN (142ND): -- very much for your time. Thank you, Madam Chair.

MIRIAM DELPHIN-RITTMON: Thank you.

REP. DATHAN (142ND): Thank you.

REP. WALKER (93RD): Thank you. Representative Horn.

REP. HORN (64TH): Thank you, Madam Chair. And thank you for sticking with us and --

MIRIAM DELPHIN-RITTMON: You're welcome.

REP. HORN (64TH): -- patiently answering all of our questions.

MIRIAM DELPHIN-RITTMON: You're welcome.

REP. HORN (64TH): I share many of the concerns that have been raised. And I -- I represent the northwest corner and part of Torrington. So --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. HORN (64TH): And one thing people sometimes forget about the northwest corner is that there are many people who live 45 minutes northwest of Torrington.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. HORN (64TH): So, those services are already far away from some of the people in our -- in a community that is pretty much starved for mental health care of any kind.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. HORN (64TH): So, I guess, my question is, I -- I was looking particularly at the -- you know, the -- privatizing mental health authorities in
Danbury and Torrington, and wondered how -- when you make those -- you know, you just a moment ago, I think in response to Representative Dathan's question, talked about having an RFP process to find a -- a non-profit provider in the community that can serve this. How -- how does that -- how do you conduct that process? Is it likely to be a single provider? Do -- is sort of [laughter] geographic location and -- and proximity part of a calculation? How do you -- how -- how do you figure that out?

MIRIAM DELPHIN-RITTMON: Yeah. So -- so, many of those things will be part of the calculation. Again, it's going to be RFP, so it's -- it's -- and I don't -- you know, I -- I don't want to give too much information because it will be our RFP, but what I can say is that -- so, it'll -- we'll RFP for the same -- the full complement of services that are offered at both Torrington and Danbury. It will be one provider, so as to not fragment services. So, let's say, Torrington, and this is just, you know, offers yes, ten or 12 different services and programs, it's actually probably more than that, the -- the new provider would have to offer that full complement so as to not fragment the service experience. I don't want people having to go to ten different places to be able to receive their care. So, in the past when this -- this was an option, we have done RFPs or did an RP where it was a full complement of services that people had to apply for. And the services have to be offered in Danbury for the Danbury LMHA and they have to be offered in Torrington for the Torrington site, as well.

REP. HORN (64TH): Thank you. And -- and just in follow-up to that, is there anything about when you
move these services, when you privatize these services, is there anything that changes in terms of the level of information that we see in, you know, transparency and accountability that -- that happens when you move to a different provider, or would we have access to the same data and information so that we can make sure that outcomes are what they out to be.

MIRIAM DELPHIN-RITTMON: Yeah. Yeah. So, you'll have access to the same information. In fact, there -- there may even be more information in terms of some of the metrics that we'll be looking at, particularly, because one of the priorities and areas of interest for me as a commissioner and our agency moving forward is -- is the, you know, further healthcare integration.

So, we know within any -- any of our LMHA, the Local Mental Health Authorities, there are -- are also a -- a number of community providers that provide mental health and other substance abuse and in some instances, primary care services. And so, one of the things that -- that we're interested in and that's part of the healthcare trend, is -- is integrated care. How do we create more integrated service systems that minimize fragmentation, so that people can receive services so that they can have care coordinated across mental health, addiction, and primary care services. And so, we may introduce additional metrics without giving too much information about the RFP, but sort of additional content around asking the -- the providers to -- to really think about and to propose strategies for enhanced healthcare integration.
REP. HORN (64TH): Okay. Any understanding that the RFP process is ahead of you, if any, information that you can share about your thought process in --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. HORN (64TH): -- detail would be appreciated.

MIRIAM DELPHIN-RITTMON: Yeah.

REP. HORN (64TH): So thank you very much. Thank you --

MIRIAM DELPHIN-RITTMON: The other thing that I --

REP. HORN (64TH): -- Madam Chair.

MIRIAM DELPHIN-RITTMON: Oh, go ahead. Sorry, go ahead. Did I -- I'd like to add is that the -- in terms of a review process, it'll be a -- a diverse panel, so people in recovery, service providers -- a -- a diverse panel of people that will be reviewing those -- those applications as they come in. I think that's an important piece. I want people in recovery who will be receiving services to be able to look at the -- and -- and -- and have voice and -- and be part of the selection of the new providers in those regions.

REP. HORN (64TH): Thank you. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. I just want to piggyback on what Representative Horn was talking about and you said that this way you could do a lot more of the integration of services and things like that. The concern I have is that it sounds like bundling to me. And we all know that Medicaid doesn't do bundling any more. They want fee-for-service. So, I -- I would really want to
look at the statutes on that because we've had some other agencies that have tried to do group services and they are not getting reimbursed because of the fact that it is bundling. So --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. WALKER (93RD): -- please provide us with that information. Okay?

MIRIAM DELPHIN-RITTMON: Yeah. Absolutely.

REP. WALKER (93RD): Thank you. Next, Representative Johnson.

REP. JOHNSON (49TH): Thank you, Madam Chair. And thank you, Commissioner, for your testimony and your work. I just --

MIRIAM DELPHIN-RITTMON: You're welcome.

REP. JOHNSON (49TH): I just have a couple of questions and -- and it may be where you can help me out. First of all, the contracts with your existing providers, I'm wondering what they look like, and will they resemble the contracts if you've -- if this finally goes through? And maybe you could bring sample boilerplate so that we could take a look at that and just --

MIRIAM DELPHIN-RITTMON: Oh, okay.

REP. JOHNSON (49TH): -- see what -- what you're requiring, because I have some concerns in terms of what type of oversight would be included in that language.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. JOHNSON (49TH): Does that work for you?
MIRIAM DELPHIN-RITTMON: Yeah. Yep. I can absolutely bring that. And -- and there'll be quite a bit of oversight, similar to the oversight that we provide for our other community private non-profit providers. And so, there will be metrics that are tracked. We'll do site visits. There'll be quite a bit of oversight, particularly in the -- in the early phases of the -- I mean, throughout certainly. But we want to make sure that, through the transitional process, that clients don't fall through the cracks, that they're receiving the services that they need, that they're being connected to the services and programs that -- to best meet -- meet their needs.

REP. JOHNSON (49TH): So, just to follow up on that remark, I was thinking, so are you doing that now?

MIRIAM DELPHIN-RITTMON: Absolutely. Yeah.

REP. JOHNSON (49th): Okay.

MIRIAM DELPHIN-RITTMON: Yeah.

REP. JOHNSON (49th): And so, I'm wondering what it is about the privatization that makes -- that makes you think that we're gonna save money?

MIRIAM DELPHIN-RITTMON: So, and I can bring this to the --

REP. JOHNSON (49th): Sure.

MIRIAM DELPHIN-RITTMON: -- work group.

REP. JOHNSON (49th): That's fine.

MIRIAM DELPHIN-RITTMON: But --

REP. JOHNSON (49th): You don't have to answer right now.
MIRIAM DELPHIN-RITTMON: So, the annualized savings is about $5 million dollars across --

REP. JOHNSON (49TH): Uh-huh.

MIRIAM DELPHIN-RITTMON: -- the privatization options that we discussed.

REP. JOHNSON (49TH): Uh-huh.

MIRIAM DELPHIN-RITTMON: If we add the fringe, which is not part of our budgets, it's part of the comptroller's budget. But -- but, that would be an additional $4 million dollars. So, there's potentially $9 million dollars annually in savings. And -- and some of the thinking is that we're creating service efficiencies because we're -- we would be purchasing the same -- the same level of services. So, for YAS, 41 beds would be purchased as a part of that conversion. For CMHC, currently it has the ten beds; ten beds would be purchased in the same community. So, it wouldn't be a loss of services within that community. And again, these -- these are -- these are tough decisions. And so, just as part of the current fiscal climate some of the thinking was, you know, trying to be creative in terms of coming up with efficiencies that would maintain services, maintain quality, but create some cost savings.

REP. JOHNSON (49th): So, one of the things we went through last -- last, I think it was the last cycle or cycle before last, was to do some more privatization of group homes for the DDS. And there was a lot of concern about that, too, because the providers and the people who are working in those group homes maybe would -- no one could be able to afford to work in those homes.
MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. JOHNSON (49TH): And also, they would be getting healthcare insurance and then maybe they wouldn't. So, these are some of the concerns I have about the change.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. JOHNSON (49TH): And is that how the -- is that the plan to eliminate their -- reduce their pay and -- and maybe not provide insurance and fringe benefits?

MIRIAM DELPHIN-RITTMON: So, for the -- the community providers that -- that will be awarded these -- these LMHAs, that -- that's something we would look at. I mean, we -- we wouldn't anticipate or expect people not to be paid appropriately and to be uninsured.

REP. JOHNSON (49th): And -- and what about following up in terms of the contracts? Again, going back to the administrators and maybe the people who bid on the contracts, would there be a limitation on the ultimate administrators, the -- the people who maybe oversee several group homes and how much they're getting paid?

MIRIAM DELPHIN-RITTMON: So, you mean the oversight arm -- so the individuals from the stateside that are overseeing the --

REP. JOHNSON (49th): Yeah. I mean, because sometimes --

MIRIAM DELPHIN-RITTMON: Yeah. So we --

REP. JOHNSON (49th): So just -- just to -- just to take it out of this context --
MIRIAM DELPHIN-RITTMON: Yeah.

REP. JOHNSON (49th): -- and just say, well, what do we do with other types of providers where the -- where the hospital say administrator makes a lot of money --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. JOHNSON (49TH): -- and then the people who are paid -- who are providing this actual service are paid at a lower rate. Is that something that might be occurring here, too?

MIRIAM DELPHIN-RITTMON: You know, I mean, it -- it's -- we haven't privatized them yet. And so, you know, it's -- it's difficult to speak on that because it's a hypothetical.

REP. JOHNSON (49TH): Uh-huh.

MIRIAM DELPHIN-RITTMON: Certainly, we would want the individuals who are providing services to -- to our clients to be appropriately compensated.

REP. JOHNSON (49th): So, I guess what I'm saying is, I hope the contract reflects the fact that we're going to cap somehow the -- the -- the -- maybe go -- we're going to a national group that might bid on this. Maybe it's a statewide group that might bid on this.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. JOHNSON (49TH): And the administrators for those groups tend to get paid very well, and I'm hoping --

MIRIAM DELPHIN-RITTMON: Uh-huh.
REP. JOHNSON (49TH): -- that we would take a look at how much we're gonna pay them and make sure that the people who are providing the service are actually the ones who receive the most compensation. Certainly, they should be compensated for their work. But --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. JOHNSON (49TH): -- I don't think that -- that should be at the expense of the people who are doing the day-to-day work.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. JOHNSON (49TH): And healthcare access is something that is good, not just for the people who are getting the service from -- from your agency, but also for the people who drive the service, they don't feel compelled to go to work with the flu or something --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. JOHNSON (49TH): -- of that nature. So, we want to make sure that they have -- they have that -- that kind of care. I was just hoping you would make a -- a -- a few remarks about Money Follows the Person and -- and what your vision is there.

MIRIAM DELPHIN-RITTMON: Yeah. So, with the -- the Money Follows the Person program, so let me see, that one was the -- was there reduction on that? Where was that? Yeah. Yeah. Okay. It's okay. It looked -- I was looking for it on my sheet. So, for that program, we did have a slight surplus in that. The remaining funds will still be able to provide the full complement of services --
REP. JOHNSON (49TH): Uh-huh.

MIRIAM DELPHIN-RITTMON: -- that are offered through that program. The -- the individuals are referred into that program and -- and so, the referrals will -- can at times will wax and wane, and -- and because of the rate of referrals, that contributed to the surplus that we had in that account.

The -- the individuals that are currently receiving services, though, will still receive a full -- the full services that they -- that they are currently receiving.

REP. JOHNSON (49th): Great. Thank you so much for your work. And I look forward to seeing you in the committee. Thank you so much.

MIRIAM DELPHIN-RITTMON: Thank you.

REP. WALKER (93rd): Thank you.

REP. JOHNSON (49th): Thank you, Madam Chair.

REP. WALKER (93rd): Representative Candelaria.

REP. CANDELARIA (95th): Thank you, Madam Chair.
Hello, Commissioner.

MIRIAM DELPHIN-RITTMON: Hi.

REP. CANDELARIA (95th): Hi. I just have a couple of questions as I go through the budget. And in particular, the -- I see the reduction that you have for privatization. Can you probably provide us the information on how much is being -- of those dollars that we're --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): -- saving, how much is being transferred to private providers?
MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): Is there any savings realized --

MIRIAM DELPHIN-RITTMON: Absolutely.

REP. CANDELARIA (95TH): -- and that -- and what that -- what amount that is?

MIRIAM DELPHIN-RITTMON: Yes.

REP. CANDELARIA (95th): Okay.

MIRIAM DELPHIN-RITTMON: Yes. I can provide you with that.

REP. CANDELARIA (95th): Also, I would like to know what would happen to the employees that are currently providing those services.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): You don't have to tell me now.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): But I would like to know a little bit more what's the plan of action with those employees.

MIRIAM DELPHIN-RITTMON: Okay.

REP. CANDELARIA (95TH): Now --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. CANDELARIA (95TH): -- when I see Connecticut Mental Health --

MIRIAM DELPHIN-RITTMON: Uh-huh.
REP. CANDELARIA (95TH): -- I know that we've been going on in this conversation, I know since I've been here in the 16 years.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): And consistently we go back and put it, because we realize the importance of those dollars.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): The -- that's the that thing that's a great partnership that has been -- that has worked very well and Connecticut has benefited from -- from that partnership with Yale.

Now, on the surface, it appears that the dollars are used only for research. But it also pays for faculty that provide direct services to the client.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): What is the department's plan? Because once they are not providing services to the client, to cover that gap of service to those clients, do you have a plan in place to which those clients do get serviced? Because I don't think that we're realizing that they're providing direct service to those clients.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): And if we do have a plan, what does that look like?

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): How -- well, if we don't have a plan in place, what's gonna happen to the direct service that those clients are receiving?
MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): Secondly, I know that within this partnership there is a -- Connecticut Mental Health leverages those dollars.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): Do you know exactly how much status that we're leveraging with those dollars in -- of the federal grants?

MIRIAM DELPHIN-RITTMON: We could get that information for the Subcommittee. I don't have that in front of me. But -- but it -- but you're absolutely right. The Rivercroft Research Center does bring in other -- other federal grants based on the work that happens there at the center. And the rest of CMHC will remain. So there are --

REP. CANDELARIA (95TH): Uh-huh.

MIRIAM DELPHIN-RITTMON: -- individuals who may be receiving services at Rivercroft that could potentially receive services elsewhere at CMHC.

REP. CANDELARIA (95th): Right. And I understand also that money does flow back to the state, to the general fund, based on the research that are as provided at Connecticut Mental Health based on these dollars and other federal dollars.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): So, my curiosity will be, what will be the impact? If we cut these dollars to the state of Connecticut? Because there -- there -- there is a direct impact to us.

MIRIAM DELPHIN-RITTMON: Uh-huh.
REP. CANDELARIA (95TH): And I would like to see if you can provide us with that information, what would be that direct impact? And I think, lastly, you talk about privatizing Connecticut Mental Health Transitional Residential Program. My question, in regards to that, is, are we privatizing to -- I'm -- I'm assuming you're putting out an RFP. And when we look at the partnership that Yale does have with Connecticut Mental Health, I see Yale as probably as a private provider. Are we going to go back and try to contract with the -- bid for the contract, which is a possibility? I mean, I'm trying to foresee that -- that piece right there. Because a little bit -- I know it's a little bit complicated, right, that type of relationship --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): -- that they have together. So -- but I see it as a private. So, we're taking it away from the great work that they're doing and privatizing it. I don't know if that's in the best interests --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. CANDELARIA (95TH): -- of the department to move forward with that recommendation. My other question to -- I know we have access to many questions. So, Madam Chair, can I ask one last [laughter] question? So, I guess my last question is, when -- when I -- when I -- when I look at the impact, that all these cuts in services have to the region, I have one question. How are we going to guarantee when we privatize that we provide the same level of services that we have been providing at the state -- to our state employees at the private level? How are we going to ensure that that
continues to happen? And also, I see that there is a cut of about, I think it's a million dollars in overtime savings, but yeah, a lot is being privatized. The -- the -- is there a -- are you taking into consideration those employees --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. CANDELARIA (95TH): -- that those positions being privatized and be -- be working overtime? Can you give me a breakdown of that, if you can?

MIRIAM DELPHIN-RITTMON: Yes.

REP. CANDELARIA (95th): Thank you.

MIRIAM DELPHIN-RITTMON: Yeah. Yeah.

REP. CANDELARIA (95th): Thank you, Commissioner. And -- and thank you, Madam Chair.

MIRIAM DELPHIN-RITTMON: Thank you. Yeah.

REP. WALKER (93RD): I think we -- I think we lost Representative Betts. So, Representative Tercyak?

REP. TERCYAK (26th): Thank you very much. I'll be quick. Maybe I can be done before Representative Betts makes it back in the room.

REP. WALKER (93rd): Okay.

REP. TERCYAK (26th): I, too, have grave concerns about these budget proposals. There's not a whole lot here that I like. I look forward to complaining in more detail in our working groups. I think many of my concerns have already been voiced. And I believe that many folks are sitting here quietly saying, yes, I, too, have those concerns.

I am very happy that we'll -- that the Governor was wise enough to reappoint you. I look forward to
working with you. This is going to be miserable [laughter] because we just -- this is a horrible place to be starting with what we're looking at here today. But, I have faith that together, and with your good intentions and experience, we can get to someplace better than what it looks like today. Thank you, very much. Thank you, Madam Chair.

REP. WALKER (93rd): Thank you. Are there any other questions or comments from the rest of the Committee?

SENATOR FORMICA (20TH): Yes.

REP. WALKER (93RD): Yes.

SENATOR FORMICA (20th): Thank you, Madam Chair. Good afternoon and welcome again.

MIRIAM DELPHIN-RITTMON: Good afternoon, Senator.

SENATOR FORMICA (20th): Senator Somers touched on one or two things that I think she asked you to do. And I know you were writing furiously, so, I'm not sure if I should ask you the question or [laughter], but the managed service system line item, you know, I saw that the Katie Blair House was moved from a line item into that. Is -- is -- is there a way to get some detail on what that line item includes?

MIRIAM DELPHIN-RITTMON: Yes.

SENATOR FORMICA (20TH): And is there a reason why that one move was made or is that -- are you consolidating more things into that or what --

MIRIAM DELPHIN-RITTMON: So, for that -- that line item, there -- for many of the privatizations that we're talking about, the -- the reinvestment dollars are often in -- in that line, in the managed service
system line. Also, for the Katie Blair problem -- or Program, that was moved largely because that -- that's often where the resources come from for that program. And so, it was really more sort of consolidating in terms of -- to better align with the -- the payment processes. But we can give a breakdown of what's in that line item and their reinvestment dollars. Because a number of folks have asked about the -- the quality. The quality of the services, what assurances will be -- will we be able to give in terms of community providers.

And so for each of the privatizations, there -- there is an anticipated or a -- a planned dollar amount that will be part of the -- their repurchasing of services at the community level. And again, for -- for staff, it's no layoff options. So, staff would not be lay off -- laid off. In fact, they would be redeployed into other vacancies that we have within the system, which ultimately will help with our overtime and with our PS challenges.

SENATOR FORMICA (20th): Okay. So, that would be good to see, because you're saying you're going to privatize some and keep the same level of staff. Can -- can we go back to 17 and get a staff level number there, too, just so I can see where we are between that time and this time? And your vacancies are 323, you said before.

MIRIAM DELPHIN-RITTMON: Uh-huh.

SENATOR FORMICA (20TH): Is that -- are they funded vacancies or --

MIRIAM DELPHIN-RITTMON: So, the vacancies --

SENATOR FORMICA (20th): If you don't have that --
MIRIAM DELPHIN-RITTMON: -- sheet.

SENATOR FORMICA (20th): -- you can get it.

MIRIAM DELPHIN-RITTMON: Yeah, we -- we can get that. But currently, the 323 that we're recruiting for --

SENATOR FORMICA (20th): You -- well, I -- I -- you did say that.

MIRIAM DELPHIN-RITTMON: Yeah.

SENATOR FORMICA (20th): And I took that as meaning from the 3438 --

MIRIAM DELPHIN-RITTMON: Yes, sir. Right.

SENATOR FORMICA (20th): -- you have 323 less staff --

MIRIAM DELPHIN-RITTMON: Yes.

SENATOR FORMICA (20TH): -- members on --

MIRIAM DELPHIN-RITTMON: Yeah.

SENATOR FORMICA (20TH): -- duty now.

MIRIAM DELPHIN-RITTMON: That we're currently recruiting for. And so the -- the savings for the privatizations come in through the positions that are -- those particular sites, so the residential, the -- just to go back to your other point, the residential, the CMHC beds, the Danbury and Torrington. There are positions associated with all of those sites. So, those would be taken out of the budget. But the individuals, the -- the employees, would be moved into other vacancies that we have throughout DMHAS. And -- and that's what helps with PS and what helps with the overtime.
SENATOR FORMICA (20th): Okay.

MIRIAM DELPHIN-RITTMON: So, we get the savings --

SENATOR FORMICA (20th): So --

MIRIAM DELPHIN-RITTMON: -- from those privatizations largely from PS and then from the building and other costs, in some instances.

SENATOR FORMICA (20th): Thank you very much for that. So, the 323 number is the equivalent of 3438? And -- and you have dollars in this budget for all 3438 staff members?

MIRIAM DELPHIN-RITTMON: So, the 3438, yeah, that is what our -- what our appropriated or current staff level is. And it -- it's often influx because we have people retiring and people so the -- the individuals that we're recruiting, it may be that for some positions, the recruitment process has happened, the individual may still be in the position, but may be about to leave. And so then, technically, they're counted twice. They're counted in the -- and so, but we can -- we can break it down further when we --

SENATOR FORMICA (20TH): Okay.

MIRIAM DELPHIN-RITTMON: -- have the -- our meeting.

SENATOR FORMICA (20th): All right. Perfect.

MIRIAM DELPHIN-RITTMON: Yeah. Yeah.

SENATOR FORMICA (20TH): Thank you, so much.

MIRIAM DELPHIN-RITTMON: Thanks.

SENATOR FORMICA (20th): Thank you for your good work.
MIRIAM DELPHIN-RITTMON: Thank you.

REP. WALKER (93rd): Representative Dillion.

REP. DILLON (92nd): Hi. This is tiny. It's not as tiny as the Katie Beckett -- [laughter] Katie Blair House, but the $300 thousand dollars in the managed service system, on page 21, the new money --

REP. WALKER (93rd): She doesn't have these sheets.

REP. DILLON (92nd): Okay.

MIRIAM DELPHIN-RITTMON: Actually, I do have them.

REP. WALKER (93rd): Oh, you do? Oh.

MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93rd): Thank you. You're the first one --

MIRIAM DELPHIN-RITTMON: Right.

REP. WALKER (93RD): -- that's had that. [Laughter]

MIRIAM DELPHIN-RITTMON: Yeah. And I have 'em highlighted because [laughter] --

REP. WALKER (93RD): Oh, okay.

MIRIAM DELPHIN-RITTMON: [Laughter] Because I don't get out much, remember? [Laughter]

REP. DILLON (92nd): I have a feeling I know what that's supposed to be. [Laughter] But -- but I thought I would ask. In the -- in the narrative -- the section which says privatize CMHC Transitional Residential Program Services, which would be the fourth floor; is it? I'm trying to remember where that physically would be.

MIRIAM DELPHIN-RITTMON: Uh-huh.
REP. DILLON (92ND): There -- there's a huge continuity of care that you have buried in this, which is awful.


REP. DILLON (92ND): But anyway, what is that $300 thousand dollars?

MIRIAM DELPHIN-RITTMON: So, those would be the reinvestment dollars. So, the dollars to be able to purchase these services at the community level.

REP. DILLON (92nd): Okay. So last fall, I think $350 thousand dollars was taken out of the managed service system that was supposed to be used for early intervention. You're laughing. [Laughter] That was supposed to be used for early intervention for young adults who have -- who become symptomatic --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): -- psychotic.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): And it was put into the racks. And at that time, we had a conversation, because I thought it was not right to do that -- to a system of care. But -- and there -- you did say that it would -- I think it was $350 thousand dollars. You did say at that time, that it would go back into the budget that you would bring forward, and I was looking at that and, of course, it isn't $350 thousand dollars, it's $300 thousand dollars. But I -- I wondered if you had actually done that after you said you would?
MIRIAM DELPHIN-RITTMON: I'm not familiar with what you're talking about in terms of --

REP. DILLON (92nd): It was in [crosstalk]

MIRIAM DELPHIN-RITTMON: The rack -- the racks in the Boards were -- were consolidated. And so, now there are new structures. So, the RBHAO, Regional Behavioral Health Action Organization structures. So --

REP. DILLON (92nd): It was in the block grant -- at the block grant level.

MIRIAM DELPHIN-RITTMON: Okay.

REP. DILLON (92nd): That $350 thousand dollars was extracted from Connecticut Mental Health Center and the Institute of Living and put into the racks.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92nd): And then, at that time, there was a conversation I objected, and you said that those dollars would be restored --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. DILLON (92ND): -- to that -- to that function because it's a joint program, run by the IOL and by CMHC --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. DILLON (92ND): -- for early intervention to prevent, you know, the lack of stability in -- in someone who becomes symptomatic when they're young adult.

MIRIAM DELPHIN-RITTMON: Yeah. Yeah. I know -- well, we can talk about that in -- in the Committee meeting. And -- and maybe afterwards get further
clarification. We still do fund each of those programs with the set of side money from the block grant. So, I'm -- I'm not familiar with what you're talking about in terms of the racks. But we -- we can get more clarity and then provide what you're asking for to --

REP. DILLON (92nd): That's good.

MIRIAM DELPHIN-RITTMON: -- follow up meeting.

REP. DILLON (92nd): It's a public record. All of what we're doing --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. DILLON (92nd): -- is a public record --

MIRIAM DELPHIN-RITTMON: Okay.

REP. DILLON (92nd): -- what sometimes more than people realize. So --

MIRIAM DELPHIN-RITTMON: Okay.

REP. DILLON (92nd): -- that's fine. We can do that.

MIRIAM DELPHIN-RITTMON: Okay.

REP. DILLON (92nd): And I -- I thought perhaps that was it, but it isn't?

MIRIAM DELPHIN-RITTMON: No. That's the specific resources that were put back into the budget to be able to purchase the ten beds that are part of the -- the CMHC TRP program.

REP. DILLON (92nd): Really?

MIRIAM DELPHIN-RITTMON: Yes.

REP. DILLON (92nd): Thank you.
MIRIAM DELPHIN-RITTMON: You're welcome.

REP. WALKER (93rd): Are there any more questions?

MIRIAM DELPHIN-RITTMON: And actually, that's just half a year. Yeah, that's just for half a year. So, it would be double for the full year.

REP. WALKER (93rd): Okay. [Laughter] Commissioner, thank you for -- for being so patient. This is the hard subjects. And I'm just going to say, I'm really disappointed in the budget. When you hear -- you watch the news and you see how many people, either are addiction issues, deaths or murders, or -- mental health is usually an underlying factor. And if anything in this budget that should be invested, it should be your budget. When we talked to the Department of Corrections and they're telling us that right now 62% of their inmates have major mental health services --

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. WALKER (93RD): -- it's because they can't find the services out in the community, and they end up there. We talked to the chief medical examiner and fentanyl deaths are up 60% 60% seems to be a common theme in -- that I'm hearing today, especially with -- with mental health issues and addiction services.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. WALKER (93RD): The reductions in your budget are, as you can hear from all of us, are extremely serious. I -- I know that this is something that's not in your hands, but we need to -- I -- I don't know -- [laughter] I don't know how you're going to make us feel better about these. I really don't.
I'll be honest. This was probably one of the most aggressive hearings we've had so far. Of course, you're the first agency that we've had that's got these reductions. We haven't looked at the rest of 'em yet.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. WALKER (93RD): But, without -- without humor, this is serious.

MIRIAM DELPHIN-RITTMON: Uh-huh.

REP. WALKER (93RD): Because these things are going to pop up elsewhere. We may be reducing your budget, but we're going to be increasing other people's budgets because of the fact that there's no services. So, whoever is listening out there, because I know somebody's listening, this is not something that we are going to take quietly. We have to have some other things that need to be addressed. And this is not the place that we -- forget the roads. We don't need roads because everybody's going to be in a mental institution or a DOC at this rate. [Laughter] So, I -- I didn't mean that with joking. I -- I mean this very seriously. This is -- this is -- this is very scary. So, thank you for coming back. [Laughter] But we really do want to work with you. And we really want to make sure that we empower the state of Connecticut to deal with all of these things. So, we look forward to it and we'll bring lunch next time. [Laughter] Thank you and have a good day.

MIRIAM DELPHIN-RITTMON: Thank you. Thank you.

REP. WALKER (93rd): And stick around for the hearings tonight, because so far, we have about
maybe 200 people that are going to come here and probably talk about this.

MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93RD): So, you might want to hear. I remember Commissioner Kirk set up in the back corner --

MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93RD): -- and he would listen. And -- and --

MIRIAM DELPHIN-RITTMON: I'll be here to the end.

REP. WALKER (93rd): Yeah. Thank you.

MIRIAM DELPHIN-RITTMON: I'll be here to the end.

REP. WALKER (93rd): Okay. I'll look for you. Thanks.

MIRIAM DELPHIN-RITTMON: Yeah.

REP. WALKER (93rd): Have a good day.

MIRIAM DELPHIN-RITTMON: Thank you.

REP. WALKER (93rd): So, at this time we are recessing again, because we obviously need to -- [laughter] we need to -- we need to stretch our legs. So, just to let everybody know, we'll be back in here at 4:30 for legislative management. [Laughter] And then the public hearing will start at 5:30. So, we are recessing. Oh no, wait a minute, am I -- am I closing this one, and opening up another one at 4:30? Where's Susan? She usually tells me what to do. [Laughter] Huh? Is this a recess? Because that's a different agency. I mean, different -- it's okay? I close it. Okay. So, I'm closing the health portion of the agency hearings.
And we will reconvene at 4:30 with the opening of legislative management issues. Thank you.