REP. DILLON (92ND): Good evening. Good evening. Hi, I’m Representative Pat Dillon and the chair of the subcommittee. Folks here, do you want to introduce us, Representative Candelaria? Yes, Representative Baker, and there will be other people joining us. We’re very excited that the turnout is so terrific and we really want to make sure everyone gets heard and that we all get home and in time for the weather to be good, so I’m going to begin Nasreen Al Omari and actually, if some of you are from the same organization, you can even form panels which could be really super if everybody gets to get heard and also, prepare yourself next Adam Kravet and then Debra Vining. Good evening.

NASREEN AL OMARI: So good evening. My name is Nasreen Al Omari and these are my children. My daughter Favah here will be speaking along with me. I am a registered voter here in East Hartford and I’m here today in my role as a parent and my children here and a student. My children span the East Hartford High School, East Hartford Middle School, Silver Lane Elementary School, and my youngest one here causing trouble will be over at the preschool in East Hartford and we have an inter-community school-based health center that services us. I’m here to testify on the governor’s proposed
biennial budget. I’m especially concerned about yet another proposed cut of almost $200,000 dollars to the school-based health clinic line item in the Department of Public Health budget.

I care about children. Every child deserves a chance to be healthy and to reach their full potential in life, but many children have health problems that make it difficult for them to learn and succeed. We want young people in Connecticut to be healthy and thriving. School-based health centers are an effective, integrative, and cost effective way to help young people with their health challenges, including their mental health issues, their physical health concerns, or their oral health challenges. Supporting students with their health challenges where they spend most of their waking hours during the week right in schools also contributes to keeping them learning in classrooms, reducing absenteeism, and improving graduate rates for youth.

As a parent of six children, the school-based health center has been a lifesaver. It has allowed for my children to attend school and receive services that with would have had to pull them out of school for. My children have had their physicals and flu shots done through the school-based health center. The best part is when my child isn’t feeling well, the school-based health center can check for ear infections, strep throat, and call the prescription in for me, saving me time and taking the best care of my children.

FAVAH AL OMARI: Ms. Lauren and Ms. Veronica gave me my flu shot while my mom was at work and when the nurse can’t help me, they send me to school-based
NASREEN AL OMARI: If it wasn’t for the school-based health center, my children would have to miss school to have these services done. The school-based health center helps care for my children and allows them to stay in school learning. Every school should have one to help their children be their best. I urge you to protect the health and wellbeing of our youngest Connecticut residents by supporting the essential and core services the school-based health centers provide. Please maintain funding for the school-based health centers in our state so that young people can continue to thrive and stay in school. This is critical to their future and for the future of our state. Thank you for supporting school-based health centers.

REP. DILLON (92ND): Thank you very much. Next, Adam Kravet and Noah. I’m going to go to lottery sign-up for the next person and then back to the special needs. Adrienne Benjamin, DDS.

ADRIENNE BENJAMIN: Good evening. Thank you, hi, thank you for your interest. My name is Adrienne Benjamin. I live in New Britain with my husband and our 22-year-old daughter, Zoe. I appreciate the opportunity to testify tonight. Zoe has severe IDD and autism. She’s adorable, but she’s a lot like a two-year-old. Her development is really frozen at the toddler level and like all toddlers, she can be delightful, but she can also have really challenging tantrums, but here’s a picture. You can see she is indeed adorable. She attends Harc’s Day program and it’s bringing out the best in her. We’re very happy with it. It’s about a half mile away and I hope you
all get a chance to go visit and meet the fabulous staff and the fabulous participants.

Zoe receives respite services from DDS, as do about 1,000 other individuals who have IDD. She stays at the Newington Respite Center for long weekends three to four times a year. Respite is a critically important part of our lives. The DDS staff there are career professionals. They can handle anything. She’s been going there for 14 years and it’s no exaggeration to tell you it’s an absolutely wonderful resource for us and for her. I’m incredibly encouraged about the governor’s budget because it doesn’t propose any cuts to DDS and even better, it includes day funding for the new graduates and as well as some funds for new housing and last session, you all made the big commitment to increase the pay for direct care workers as well as develop a system to handle acute emergencies for people with ID, so that’s a lot of progress.

So I appreciate the progress that’s been made and I know it’s expensive to make progress on these issues and I wish I could say okay, we’re all set, but we’re not. So here’s some facts that are from the DDS December 2018 report; the residential waiting list -- sorry -- there are 58 people coded as emergencies. Now the word emergency is alarming to me, so these are 58 people at home with someone with IDD who they feel they’re in an emergency situation. And the residential waiting list also has a code for urgent and urgent means they’re going to need residential services within a year. That’s 837 people. So at present, there’s no funding, there’s no allocation for that.
I have some suggestions; number one, expand respite. Increasing the number of respite weekends for those under the emergency and urgent list would be a huge help for them. It’s not the same as a residential placement, of course, but it would mean relief -- some rest and relief over the weekend because these families, they’re exhausted and they’re isolated. I also hope you approve House Bill 5452, which is funding for the new graduates. A year and a half ago, my family was one of the 330 families who had to wait seven months after my daughter graduated and it was extremely challenging. I had to cut back on work, about 25 percent of my work because I have my own business, and my daughter’s behavior got so bad her medicine had to quickly refilled to keep her temper in check. So if this bill is passed, it would ensure that graduates, new graduates, get their day funding. At lastly, as the budget session goes on and we know what happens, that there are shortfalls and there are going to be people looking for cuts, please remember the DDS budget has been cut year after year, multi-million dollars, over $50 million dollars has been lost in funding for DDS in the previous six years, so please be vigilant and protect the funds already proposed by the governor. Thank you.

REP. DILLON (92ND): Thank you very much. Any questions? No. We’re asking folks to stay to a three-minute limit and whenever possible, we’re not timing the special needs list, but obviously we’re hoping that people would use good sense. The next person is Debra Vining. Tammy Ives? Adam and Noah.

ADAM KRAVET: Good evening, Senator Osten, Representative Walker, and members of the
Appropriations Committee. My name is Adam R. Kravet and I’m a registered voter in Windham, Connecticut. I’m here today in my role as a father of two boys at the Charles H. Barrows STEM Academy. I’m here to testify on the governor’s proposed biennial budget. I’m especially concerned about yet another proposed cut of almost $200,000 dollars to the school-based health clinic line item in the Department of Public Health. Obviously I care about children. Every child deserves a chance to be healthy and to reach their full potential in life, but many children have health problems that make it difficult for them to learn and succeed. We want young people in Connecticut to be healthy and thriving and the school-based health centers are an effective, integrative, cost-effective way to help young children with their health challenges, including mental health issues, physical health concerns, and oral health. Supporting students with their health challenges where they spend most of their waking hours during the week in school also contributes to keeping them learning in classrooms, reducing absenteeism, and improving graduation rates for the kids.

Recently our son was experiencing symptoms, but it was unclear why or whether or not he was well enough to attend school. As part of our school-based health clinic, our school’s APRN too a few minutes to check on our son every day for an entire week, prescribed medication, and referred him to an allergies who revealed he was experiencing asthma symptoms. Due to the APRN’s dedication and caring, our son was only absent from school for two days, one due to illness and one because he went to see the specialist, a pediatric specialist in Hartford.
Without this type of program, we would not have felt comfortable letting him continue to attend school while he was going through this and we also would not have realized the need to see that specialist.

But many students do not have health insurance and many of those have to contend with high deductibles, high co-pays, which can have a chilling effect on seeking care at all. A school-based health system -- health center adds value to our educational facilities, provides a verifiable benefit that attend. Please take that into account when determining whether this program is worthy of funding. I urge you to protect the health and wellbeing of our youngest Connecticut residents by supporting the essential and core services that a school-based health center provides. Please maintain funding for them in our state so young people can continue to thrive and stay in school. This is critical to their future and the future of our state. Thank you in advance for your support of this. My son, Noah, also wants to say something.

NOAH KRAVET: My name is Noah Kravet and the center helps kids at the Charles Barrows STEM Academy. They help us so that we can stay in school.

REP. DILLON (92ND): Thank you very much for coming here tonight from Windham. Claudia Gugliotti. That timing issue, maybe everybody should be timed because we’re on -- we have 55 people on the regular list and this is the special needs list. There is another three and it’s really important that everyone get heard, I think.

CLAUDIA GUGLIOTTI: Dear members of the Appropriations Committee, my name is Claudia
Gugliotti. I am a mother of -- to a wonderful 18-year-old young woman named Samantha. Samantha suffers from an intellectual disability and severe apraxia, a neurological condition. Severe apraxia makes difficult or even impossible for Samantha to move her mouth and tongue to speak. This happens even though she wants to speak, even though and mouth and tongue muscles are physically able to form words. Now, Samantha have developed our own language and our own sounds to kind of get through the night. She’s very clever. With support from her team of caregivers at school, Samantha has had tremendous improvement and she will be able to continue improving with continued services. She currently receives occupational therapy, speech therapy, and physical therapy. Samantha is a senior in high school now and will begin to transition to day services.

Out of school, I am terrified about her future. I always envisioned my children growing up and being able to support themselves. This may not be possible for Samantha. I worry that her neurological disability and her intellectual disability will make it difficult to ever really be able to take care of herself. I worry that she will be taken advantage of and that she will never be able to hold a job and support herself. Samantha is aware of her physical and intellectual disability and she is also worried about her future. She feels anger, sadness, disappointment, and this breaks my heart.

I don’t know what the future holds for Samantha, but I know that she will support in order to have a shot of living an independent life. I want us to have a
system of care for people with intellectual and physical disabilities to get the care they need. I am here to share our story so that as the budget gets worked out, DDS services are funded. I am asking you to support the continuation of services for young people who are transitioning from public school into adulthood. H.B. 5452 would provide day and employment services to new graduates like Samantha. People with intellectual and developmental disabilities need to be prioritized. I want to respectfully leave you with this; imagine yourself wanting to say something, wanting to get a point across, wanting to stand for yourself, but you don’t because you physically can’t. I am here today on behalf of Samantha. I am going to be her voice. Thank you.

REP. DILLON (92ND): Thank you. David Olsen? Turn on your mic.

DAVID OLSEN: Now it’s on? Okay. Could you hear any of that? First I’d like to thank the Keep the Promise Coalition, Governor Lamont, Lieutenant Governor Bysiewicz, and legislators for the gracious opportunity to provide us the proper venue to address issues of our importance. The main premise to our cause is the promise to allocate funding previously used for the Norwich State Hospital as funding for mental health services. I’m sure we all agree to the importance of this promise being kept, but wouldn’t it be great to hear new promises, especially with this great new administration.

Mental health is an issue, in my view, that should not be partisan. Democrats and Republicans should work cohesively together to make mental health services and legislation that would improve the
impacts of our struggles with the issues of mental health. Adding funding to exercise and nutrition programs, such as In Shape, is essential to improving the mental and physical health of people with mental illness. The In Shape program has aided me in losing 220 pounds, along with getting off two psychiatric medications, insulin, and blood pressure and cholesterol medications. The cost effectiveness of funding toward In Shape and like programs is evident.

Funding per client should also be made more uniform. I’ve seen figures of nonprofits receiving $4,000 dollars per client and state agencies receiving $21,000 dollars per client. This seems greatly unfair and disproportionate. Please enact legislation to distribute funding more fairly. Also one area I believe funding would be well spent is added mental health awareness in schools, especially in lower grades. When I was in school, kids who were known to have mental illness were shunned and made fun of. This makes kids afraid to admit and seek help for mental health issues. If we can lessen the stigma to educating young people that mental illness is a disease just like cancer or diabetes and by no means a choice. They need to realize when mental illness is left untreated, it can lead to erratic and maybe even violent behaviors. After all, it’s not the mental illness which causes such behaviors, but the absence of proper treatment. It shouldn’t be an embarrassment to anyone to admit they need such treatment.

In closing, we’re all affected in some way by mental illness and especially the symptoms of it, so please let’s work across the aisles and improve the quality
of life through improved mental health legislation. Thank you

REP. DILLON (92ND): Thank you very much for coming. Mother Jennifer Carol and then to be followed by Joyce Kingsley, prepare yourself.

MOTHER JENNIFER CAROL: Good evening and thank you for this opportunity. My name is Mother Jennifer and I’m a member of the board at the Farrell Treatment Center in New Britain Connecticut and I’m here to speak on the House Bill 7148. The services of the Farrell Treatment Center change lives for the better and as in Connecticut we attempt to cope with the opium crisis, we are faced with continued cuts in resources. The Farrell Treatment Center has a long history of successfully assisting folks with alcohol and drug addiction. The Farrell Treatment Center services both men and women in both inpatient and outpatient programs.

The folks of Greater New Britain have come to rely on the Farrell Treatment Center for helping them cope with their addiction issues so that they can become a greater part of our community. When healthier, they are able to contribute once again to society. It is important that we be there for them, but we cannot do this without your assistance. We cannot endure any more financial cuts in our program. We could use greater financial support. Without your support, welfare rolls will increase, homelessness will also increase, and people will die unnecessarily. Please help us to continue to help others regain their lives. We at Farrell work diligently and consistently with our folks. We need your support and concern for our program. Thank you and God bless you.
REP. DILLON (92ND): Thank you very much. Joyce Kingsley to be followed by Suzanne Clark. Good evening.

JOYCE KINGSLEY: Hello? I don’t know how to turn it on.

REP. DILLON (92ND): You got it.

JOYCE KINGSLEY: My name is Brenda Joyce Kingsley, registered voter from the town of Putnam here to testify about journey of mental health. For years ongoing, not thinking much of myself as a person, no self-worth, not even human dignity or even thought of as a human decent being. Going to therapy for mental health opened me up in talking about how I was feeling and what was happening to me in life. With much coaxing and strong urging, I went to the clubhouse to be with other people for socialization. Going to Welcome Arms Clubhouse, the staff and members thinking and dealings with me, that I was a better person because I did not think that much of my own self. Mostly I was there trying to help others. They saw in me what I did not see in my own self.

Going to repetitive mental health therapies helped me to open up and talk my problems out, to make connections, to not let it stay inside but was building up. I still did not have the trust, but the staff at Welcome Arms, the therapist and APRN were saying I was much more mentally healthier than I’ve been in years. My mental health has improved from the past. I can talk it out in therapy sessions, talk to therapists about what was going on in my life, things happening to me causing me
problems, all kinds of cruelties and abuse, things that were done to me that were not right.

The therapist gave me advice for myself so that I could have a better life to live. Down the road, I joined the In Shape program, opening my eyes to eating healthy and the importance of walking exercise. Further on in my journey, I go to healthy eating groups, a program of United Services that teaches about foods, what we are eating, and learning to control eating habits, a new mindset of thinking. Our social club is now a wellness program. I still belong and meet at sites to be with staff and members for socialization and groups and activities we might be doing at the time. We’re not sitting in a building all day long. Being able still to meet with members, getting together and talking, not where we are left with no staff and no social get-togethers leaves me with a good feeling.

Today I feel better than before and feeling better about myself. When I’m feeling this good, I am better able to deal with whatever comes up in day all because I went to the new wellness program. The Welcome Arms Clubhouse is no more, but we are still here. What happens to a person in their life, sometimes people just decide they want nothing to do with a person at all. Today I’ve testified in Hartford. This is my fourth time. I sing in the choir, I go to church. My eyes are open, I don’t date, I’m single, I enjoy life, family, friends; they enlighten me to a whole brand new way of living. I belong to Midtown Gym and the YMCA. The wellness group has a new peer staff that started in January. January as a group we started going to the YMCA. I have been going to the sites with the new
wellness program. I go to United Services healthy eating group on Friday. I talk everything out, no matter what, in my therapy sessions and now the new changes being enlightened, the road for my life is what I want to be on. Thank you.

REP. DILLON (92ND): Thank you very much for coming tonight. Suzanne Clark will be followed by Christopher Hamel.

SUZANNE CLARK: Good evening members of the committee. My name is Suzanne Clark. I’m the secretary treasurer of District 1199 of the Service Employees International Union. Our union represents about 26,000 healthcare workers in Connecticut. Our members are black, brown, and white caregivers. They serve people in need of assistance every day and do some of the toughest work you can find within the borders of our state. At 1109, we’re uniquely positioned to speak about the services provided to Connecticut residents because we represent workers that provide a variety of services in both the public sector and the private sector.

Tonight and throughout the rest of the legislative session, you’ll hear proposals about how to deliver human services cheaper and more effectively in the private sector. We hear it every year. We represent these members. We know there’s no magic formula in the private sector to provide essential services at a lower cost than the state. The reason the cost is lower is clear; private providers pay workers less and offer less benefits. It’s not uncommon to see a private agency caregiver work 80 to 100 hours a week, they live paycheck to paycheck, and are forced to make the tough choices of paying for their electric bill or buying medication, yet
the vast majority of services in both the sectors are paid for by state funds.

Too often we’re told that in order for private agency workers to succeed, a state worker must lose. Certain powerful leagues claim that we can provide more private care services in Manchester if we close a state program in Meriden, that we can give a private worker a raise in New Haven if we take a state worker’s pension in New Britain. For once and for all, we have to reject these false premises and acknowledge that we are one of the richest states in the country. We can protect both public and private workers and provide quality care to the people who need their services. Quality care can’t be delivered by demoralizing good working people. Let’s move forward and successfully provide quality care, but not at the expense of the workers that are providing them.

The truth of the matter is, it doesn’t cost less when we privatize services. If you ask the workers, they’ll tell you how high the cost is. The cost is never seeing your kid’s soccer game because you’re forced to work over 80 hours a week, the cost is every night praying that no one in your family gets sick because you can’t afford the health insurance premiums that just doubled, the cost is working as hard as you possibly can and squeezing as many hours out of your tired body and still not being able to pay your bills on time. The cost is further traumatizing at-risk youth by taking away the one shred of stability they have, a stable home and a caregiver they’ve learned to trust. There hasn’t been proper funding for the private sector for years. Workers and agencies have had to take on
higher levels of care as clients are transferred out of state agencies and into private agencies. The lack of adequate funding hurts workers and clients. Now is the time to stop this. The solution to the budget deficit isn’t turning working class taxpayers into low wage earners. That would just further drain the state resources in public assistance. Thank you.

REP. DILLON (92ND): Thank you. Representative Candelaria has a question.

REP. CANDELARIA (95TH): Thank you, just a quick question. In public testimony today and the agencies’ testimonies, many of them assured us that a lot of the employees, although they’re privatizing, a lot of the services that were re-allocating those employees within available positions into the department. Can you talk a little bit about that if you have any knowledge of it?

SUZANNE CLARK: I don’t have personal knowledge of where various employees are going to. I think that the real -- you know, one of the other major effects that’s happening in privatizing these services is that it’s not just about changing it from public to private or, you know, reducing the benefits and, you know, trying to cut the costs on those workers, it’s that the trauma and the instability that it causes in the residents to upheave them out of their home to, you know, cut the programs for all of northwestern Connecticut for mental health, for the Torrington and for the Danbury services, that has real traumatic effects on the services that people can achieve and so that’s a problem.
REP. CANDELARIA (95TH): Thank you, Madam Chair.

REP. DILLON (92ND): Representative Betts.

REP. BETTS (78TH): Thank you, Madam Chair. Thank you for your testimony. I think we all understand the costs of mental care and it’s long-term and it’s very expensive, but I have two questions. You say that the, you know, trying to deal with the deficit is not paying low wages, you pay people more money. My question is it’s going to be a lot of money. Where is this money going to come from?

SUZANNE CLARK: I think we really have to look at it as a state where are our priorities? I know in the budget, there are attempts to be able to lessen the amount of money that’s coming into the state to be able to give -- to provide for those -- the wealthiest in our state to not have to pay real estate taxes, if it were to lessen that burden of real estate taxes, I think as a state, we have to decide what is a priority in order to take care of the basic needs of our residents and those that care for them. It’s a direct effect on our state.

REP. BETTS (78TH): So you think if that were to be followed, that sufficient enough money will be raised from that group to be able to cover the costs here?

SUZANNE CLARK: I think that this committee has to look at those hard decisions to be able to find, you know, between all of the different aspects of what you’re looking at, to find the money to be able to make our residents and our citizens a priority, so whether they’re caregivers or whether they need the services, that as a state, we have to have that priority.
REP. BETTS (78TH): Okay, my final question is, are you advocating or explain to me, are you opposed to privatization or do you think you can have privatization and public sector services for people who are seeking mental health treatment?

SUZANNE CLARK: We represent members on anywhere from private sector to public sector. It’s not a one against the other. This is all -- All of these aspects need to be maintained in order to take care of the residents that we serve in Connecticut, but it’s not okay to be able to take good jobs in the state sector, to take residents that are -- that have just found a person that they can finally, you know, the young children, you know, out of the YAS programs that are closing the homes that have just found someone that they can actually open up and trust and to then take those programs and take those people, because it’s not just programs, it’s the people that they’re taking out of those systems and moving to another area. That provides trauma, that inflicts trauma on people that is not necessary. It’s not about taking from one in order to give to the other and we need to be able to maintain quality services across the board.

REP. BETTS (78TH): Okay. Thank you very much.

REP. DILLON (92ND): Thanks. I appreciate that. This budget is not shared sacrifice. There are some departments that have new money. There are some tax cuts and there are some people being punished by either being deprived of care or maybe losing their job and so we’ll know more from hearings next week, but what was done to the mental health system is the worse I’ve seen so far. I don’t understand why. I’m surprised by it and it may well be that there’s
worse waiting for us in another hearing, but no doubt about it, this is really a very radical proposal and I’m very worried myself about where it lands. I’m trying to learn about all the implications of it and it’s great that so many people are here to help us.

SUZANNE CLARK: Thank you very much.

REP. DILLON (92ND): Thanks. Christopher Hamel and then Richard Cho.

CHRISTOPHER HAMEL: Okay, is this thing on? Okay, good, so good evening. Thank you for holding this public hearing on a Friday, March 1, 2019. My name is Christopher Hamel. I’m a registered voter living in Willimantic, Connecticut, with my wife, Melissa. Clubhouses, like the Lighthouse, prevent chaos. I’m sure some of you have heard a lot as to why clubhouses being more funded. For those of you who don’t know what a clubhouse is, it is a place that offers friendship, employment, volunteer opportunities, education, and psychiatric services in a safe and caring environment. Approaching this from a slightly different angle from my peers, I have this to say; in the wake of several public shootings in the past decade, violence is not something one takes lightly, nor is it a topic one finds comfortable to discuss, yet it seems that the most disquieting topics are the ones that need the most tending to.

A lack of mental health services has been one of the major blames for the violence we see in our country and state. No doubt these pointing fingers produce a stigma and even a great hatred among the masses, but there’s also -- but here’s also an uncomfortable
truth. Many violent individuals are mentally ill, whether that be to themselves or to others. There’s a little caveat, though; mental illness does not cause violence, but the lack of treatment may cause a person that is in extreme need of services to lose touch with reality. Being surrounded by people who share my struggle is one of the great joys of being a member of the Lighthouse. Once upon a time, however, I possessed thoughts as violent as the most primal murderer. The line between reality and fantasy had been thin to me. By my preteen and early teenage years, I saw people bullying other people regardless of age. I wanted to lash out and so suffered day in and day out fantasizing about hurting people. From my own perspective at that time, humans sucked. Thank God my mother and grandparents saw the signs and sent me to Natchaug Hospital before it was too late.

Looking back on those years is like looking at a ghost of myself, but without the services I receive, the friendships of like-minded people like me in clubhouses and the coping skills I developed, it is truly terrifying and triggering when thinking what could have been. Here’s another uncomfortable truth; not everyone is as lucky as I am. My first realization of what kind of monster I could have been occurred in 2012 when Adam Lanza walked into Sandy Hook Elementary School in our very own Newtown, Connecticut, killing 20 children and six adults. Lanza had Asperger syndrome, depression, anxiety, an obsessive-compulsive disorder, all of which, save the latter, I have been diagnosed with.

I’m going to ask all of you something that may be a little hard to answer. If Adam Lanza and had gotten
the help he needed early enough, could we be looking at an Adam Lanza, a young man who helps children rather than kills them? More funding for mental health services, especially social clubhouses like the Lighthouse, not only help those that need the services, but saves lives as well. Monsters are never made, they are formed. Let’s stop that formation together. Thank you.

REP. DILLON (92ND): Thank you very much. Representative Betts has a question.

REP. BETTS (78TH): No, I just wanted to have a comment. You know, one thing I disagree with you is it’s not luck. The way you’ve changed your life really is a credit to you, taking advantages of the services and congratulations to you and it does show that treatment can be helpful, but again, it’s not luck, it really is the individual and I congratulate you and wish you continued success.

CHRISTOPHER HAMEL: Thank you, sir.

REP. DILLON (92ND): Thank you for coming today. I don’t think the mentally ill are inherently more violent than anyone else. In states where guns are just so easy to get and if you’re a gamer, there’s all kinds of violent images. If you’re suggestible, then I think that’s a tremendous risk. I can think of a number of people who had no detectable mental illness that they were quite violent, so I appreciate what you’re saying, though, because I think it’s a tremendous risk we run if the people don’t get the care they need.

CHRISTOPHER HAMEL: Absolutely.
REP. DILLON (92ND): Thank you very much for taking the time and it’s a long drive, isn’t it?

CHRISTOPHER HAMEL: Yeah.

REP. DILLON (92ND): Yeah, it’s really impressive how many people drove so far. It’s really good. Yes. We still have a lot of people on the list so if we don’t clap, that would be -- we think everyone’s doing well, but if we take on to clap and we don’t share the time, then not everyone will get a chance and we’re very worried about the weather. Thanks. Mike Doyle to be followed by David Borzellino.

MIKE DOYLE: Good evening, members of the Appropriations Committee. My name is Mike Doyle and I am a registered voter in Norwich. I’m here to testify regarding House Bill 7148, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIAIUM ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFORE. I’m here today to support and preserve the proposed DMHAS grant funding for substance abuse and mental health services. In my capacity of the director of Penobscot Place, a recovery-based clubhouse for individuals with co-occurring diagnoses for substance use disorders and mental illness offered through -- within Reliance Health, which was formerly Reliance House. I see the direct impact this funding has on the individuals who use our services, as well as the community that they live in.

I have also experienced extreme impact reducing these funds -- sorry, experienced the extreme impact reducing these funds has had in recent years, how it has had on the Norwich community hit extremely hard
by the opioid epidemic, evidenced by 34 overdose deaths in 2017. In a town of just 40,000 people, that’s an enormous number. In fact, I think it was 8.65 citizens per 10,000 people which was the highest for towns with over 10,000 population. Reliance Health, thankfully, is a very robust and forward-thinking organization and we were able to continue to provide quality services through these cuts, despite losing valuable staff and programming as a result.

In 2018, Reliance Health and the City of Norwich allocated resources to shift our focus toward a peer-based recovery coached program, known as the Coordinated Addiction Recovery System or CARS. The CARS program is a collaboration within the town which links those looking for addiction recovery support with recovery coaches to be that missing link, if you will, in the recovery process. The CARS program for which I have the absolute privilege of overseeing also partners with United Way 2-1-1, the information line and giving anyone in the Norwich area access to CARS and a living, breathing recovery coach by simply dialing 2-1-1 any time of the day or night and generally the recovery coach responds within the next business day or the day, where maybe it’s a Saturday night, at least by Monday morning.

This program has operated since August and roughly 70 percent of the 50 plus people that we work with so far has been successfully connected with some form of treatment and the number of overdose deaths has decreased from over 30 percent since 2018. I believe the projected number is 22. I didn’t see the actual final number of that, so that said, I
urge you to preserve the current funding and consider adding more funding for community-based peer recovery programs, as these valuable services are not possible without the funding. I come to you today not only as a human services professional, but also as a person in long-term recovery. I have had my own struggles with alcohol and depression in my life, struggles that cost me relationships, jobs, trust, credibility, and very nearly ruined a promising military career.

Thankfully I was guided by others that also struggled with addiction and received counseling services through Veterans’ Affairs when I needed the help. Because of this, I’m in my 20th year of sobriety and I know that I could not possibly have done it without the help I received, nor can the people I serve today. Thank you for your time and for letting me share my story.

REP. DILLON (92ND): Thank you very much. David Borzellino, if I call people’s names, just make sure you’re there and come because -- yes, thank you. Kevin Vary will be the next person, to be followed by Charles Brown.

DAVID BORZELLINO: Thank you very much for giving us the opportunity to speak tonight. My name is David Borzellino. I’m the executive director of Farrell Treatment Center. We’re a substance use and mental health agency located in New Britain. We provide 28-day residential treatment, intensive outpatient services, and outpatient counseling and medication-assisted program and therapy. I’m been an addiction professional for over 30 years and let me tell you, the opioid crisis is here. It’s not going anywhere and we don’t even talk about alcohol abuse anymore
and that is also a significant problem. I am here. I estimate since Farrell House began in 1972, over 10,000 men have been treated in our residential programs. Since 2011 when I started as the executive director, 500 people were treated in our outpatient programs. Last year, we had over 700. Our treatment programs are primarily a Medicaid reimbursement population and our -- and as you all may know, reimbursement rates for all levels of care have remained pretty much stagnant.

We received -- In ten years we had one 6 percent cost of living -- 6 percent day rate reimbursement for our residential program in ten years. Six percent of our food budget rises every year just to feed our clients. The cost of living operational costs have risen much more and, as you all are well aware, every year since I’ve been at DMHAS -- since I’ve been at Farrell, rather, the substance abuse grants have consistently been reduced and reduced. What happens, what are the effects? The effects are this; we have a hard time recruiting and retaining staff. Doctors who are eligible -- who can prescribe Suboxone, which is a medication of treatment, come at a premium. They’re going to hospitals, they’re going to larger systems. They can go to the state. Licensed clinicians, people say to me Dave, why don’t you take commercial insurance. We do, however, commercial insurance companies require only licensed clinicians to provide. If one of my staff becomes licensed, more often than not, they go to the state for a much better salary or a better package or they go into private practice.
So how does this affect our clients? Longer wait times to get treatment, longer -- and what happens when somebody can’t access treatment in a timely fashion? Homelessness, arrest, and as you all well know by reading the papers, the overdose rate is pretty damn high in our state and this is as a direct result. This morning, I checked our DMHAS website. There was not one residential bed available in the state of Connecticut for our clientele, not one. That was at 10 o'clock. Maybe at 11 o'clock, someone may have left. So one of the things that I would urge you to consider as a nonprofit provider, if the state can’t cover -- if reimbursement don’t cover a nonprofit’s cost, then I have no idea how they cover the cost at a comparable state-run facility, $6,000 dollars a month for one Medicaid client in my program versus $12,000 dollars at a compatible program at a state-operated facility.

These are some of the things I think we can take a hard look at in the privatization world. I cut myself in time because my clinical director is here.

JEFFREY DAVIS: Thank you for the opportunity to be here. My name is Jeffrey Davis. I’m the clinical director at Farrell Treatment Center in New Britain. I’m a licensed clinical social worker and I’m also a person in long-term recovery, so I have a visceral understanding of what the men and women in our treatment center are facing as far as trying to deal with the shame and the stigma of the disease that they’re trying to learn how to manage. I’m also, as clinical director, I’m in touch with my staff every day. We’re in a very small, intimate environment and so I’m with staff constantly and I think I just
want to reiterate what Dave said about staffing. We’ve had, in a short period of time, four licensed clinicians move on to greener pastures and these are people who came to us, in some cases, as interns, did their hours, got their Master’s, and then went on and got licensure and it’s they’re in our treatment center with student loans, you know, trying to build a life with a spouse, maybe a young family, and sometimes, you know, they have to look at the alternative of working for us or, you know, getting a second job at the Stop and Shop or Burger King, that kind of thing, so I just want to say, you know, we need qualified people to treat these men and women and they need to be able to live a decent life on their own, earn a good living, and be able to come to work ready to go, so thank you.

REP. DILLON (92ND): So it sounds like you’re training people to go work somewhere else?

JEFFREY DAVIS: Yes, we are. It doesn’t sound like it, that’s what we’re doing.

DAVID BORZELLINO: And one other comment I’d just like to make, we’re always looking for ways -- I’m not going to get into the debate about whether marijuana should be legalized or not, I’m staying away from that one with a 10-foot pole, however -- we will be here all weekend -- however if it does go through, I would like it to be considered that some of that revenue be put back into these services that are treating another addiction and to supplement and not for new treatment programs, but to bolster our already existing ones. Anyway, thank you.

KEVIN VARY: Good evening, Senator Osten, Representative Walker, and members of the Appropriations Committee. My name is Kevin Vary and I am a registered voter in Norwich. I am here to testify regarding H.B. 7148, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR. I’m here in -- I’m here to support the proposed budget for the Department of Mental Health and Addiction Services. I am one of the many faces of mental health and addiction in the state as I have struggled with both of them throughout my whole life. I am also here to express my strong support for a nonprofit organization such as Reliance Health that receives the state funds you want to cut.

These organizations give those like me the choices of programs and services that are very important to my life and my recovery. I’m 58 years old and I have been a member of Reliance Health since 1983 when it was named Reliance Health. After high school, I started working as a bus-boy cleaning tables, then worked as a custodian at a church and then at a school. I worked for six years full time at this job, but had to leave because of my mental health condition and substance abuse issues. I have tried other jobs since then, but had to leave them all for the same reasons. Over the years, I have been given a lot of help from Reliance Health to get back on my feet and be a productive member of society. Today, because of the help I received through these programs, I am on my own and in my 21st year of sobriety. Without the services provided, I would really like -- it would really make it hard for Reliance Health and other places like them to continue to provide the services and
programs to people with serious mental health conditions. I know without these programs, services in my life, I would -- I am not sure what my life would look like or where I would be. I would tell you that it would definitely not be better and I would probably be dead. Thank you for this opportunity to speak and share my experience with you.

SEN. OSTEN (19TH): Thank you, Kevin, thank you very much. Does anybody have any questions? Seeing none, next up is Charles Brown.

CHARLES BROWN: Okay, I’m going to speak at light speed, so strap in. Thank you for the opportunity to testify tonight. My name is Charles Brown and I’m the director of health for the Central Connecticut Health District. Our agency has been serving nearly 100,000 people in the member towns of Berlin, Newington, Rocky Hill, and Wethersfield since 1996. We oppose the language in Section 3 of the bill that would proportionately reduce the amount of state per capita aid to the full-time municipal health departments and to help districts in the event that the total of such payments in a fiscal year exceed the amount appropriated. This would empower the legislature to change the appropriation for local public health at will rather than honoring the statutory amount.

The governor’s proposed budget would cut the Department of Public Health’s already reduced recommended per capita of $1 dollar and 64 cents, a 12.2 percent cut from the $1.85 current statutory rate, an additional 20 percent to $1.44. In Connecticut, all local health departments decentralize and separate from the Connecticut
Department of Public Health, it’s the local public health agency, not the state health department that regulates the food industry, deals with hoarding, lead-poisoned children and children with asthma and enforces state laws and codes. Local public health is therefore at the front lines of prevention, protection, and promotion of the health of our communities. The demands on local public departments continue to increase as our agencies responds to seasonal influenza, emerging infections such Ebola, new epidemics such as the Zika virus, and the more pervasive opioid crisis that we’re dealing with today and the critical demands of our work and environmental and community health.

Each year for nearly a decade, local public health agencies have been dealt with rescissions and reductions in state aid. Since 2009, our health district alone has lost more than $500,000 dollars in funding from the state grant and aid. The cumulative effect has greatly challenged our agencies the ability to provide clinical health services to our member towns. These cuts are devastating to local health departments, but even more so to districts because of our structure. Since the first health district was established in 1966, this model of regionalization has been one of the most successful in Connecticut. Currently, there are 20 health districts covering 123 towns and 1.7 million people, 47 percent of the state’s population.

Part of the reason for district model success is not only the greater efficiency and cost savings from shared services, but also the state commitment to increase funding to support them financially through
per capita appropriations. The health district is a separate governmental entity from the towns it serves. Our budgets include every cent it costs to run the operation, from basis salaries and benefits to our staff, to their retirement plans, to paying for the numerous unfunded mandates from the state. We do not make widgets. We strive to promote health programs, policies for good health, prevent disease outbreaks, and protect you from the health threats, the every-day and the exceptional. We applaud the addition of a million dollars to the DPH budget to provide for additional vaccines to children. Immunizations are the cornerstone of public health practice. Given this is approximately the same amount as the savings from the reduction in local public health funding, though, we can only lament the fact that the structure that supports the foundation of public health is considered so easily dismissed and we ask who will do these immunizations if we’re gone. Thank you.

SEN. Osten (19TH): Thank you very much. I applaud you coming up. I’m going to make a suggestion to you. There’s this other section of the budget. It’s called finance, revenue, and bonding and I strongly you suggest when you see the taxation changes that are happening, either pro or con, that you have as many people going there to express the need for us to have the revenue to spend, so we decide the spending, they fund we have given to us, so I just strongly suggest that you look at that, too, and consider testifying there to explain the needs that are being cut if we don’t have the revenue. Are there any other questions or comments? So thank you very much. I appreciate you coming up.
CHARLES BROWN: Thank you very much.

SEN. OSTEN (19TH): Next up is Jesse Annunziata. I’m not certain if I said your last name right. Jesse will be followed by Dan Osborne.

JESSE ANNUNZIATA: Good evening, members of Appropriations Committee. My name is Jesse Annunziata and I’m a registered voter in Norwich. I’m here to testify regarding House 7148, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFORE. I am here today to support the budget and the finding for nonprofits for substance abuse and mental health services. I stand here before you today as a person who has struggled with depression, posttraumatic stress disorder, and addiction to heroin and alcohol for nearly 25 years. The services I receive from agencies that operate because of these funds, such as Reliance Health, are a vital part of my mental wellness and sobriety.

In the past, I was not taking care of my mental health and addiction. I lost everything. I lost my house, I lost jobs, I did time in prison and lost my three beautiful boys who are now adopted. Without Reliance Health and other nonprofit like it, I would be in a continuous cycle which ultimately leads me down the same road to jails, institutions, and death. It is because of the support I received through the CARS program and Penobscot Place at Reliance Health that I have been able to address my mental health and maintain my sobriety. In fact, yesterday, February 28, 2019, I celebrated six months of sobriety. Where other programs have given up on me, my support through these programs has been strong and I am able to become a productive member
of society again. Thank you very much for hearing my story.

SEN. Osten (19TH): You’re very brave, Jesse, thank you. Dan Osborne, and Dan will be followed by John Greene.

DAN OSBORNE: Good afternoon, distinguished members of the Appropriations Committee. My name is Dan Osborne and I’m the CEO of Gilead Community Services in Middletown. Gilead provides a full continuum of mental health services through 18 programs that are spread across Middlesex County. My message tonight is simple and it’s clear. Please protect and fully fund the essential services that organizations like Gilead provide to the community. Community nonprofits improve our quality of life which makes Connecticut a better place to live and work. I have worked for Gilead for 17 years. Each year we are faced with budget challenges that are more difficult than the year before. Despite increased fundraising every single year and tremendous support from the community, we struggle to bring our profit and loss statement to $0 dollars each year, a humble goal that is not always accomplished.

Over the past 2 years, we have decreased our program staffing levels and we have reduced client capacity in several critical programs including our ACT Team, our CSP Program, and our social rehabilitation center. At a time when the need for mental healthcare is rising, our services are shrinking. I started out by promising that my message would be simple and clear; protect and fully fund essential services. To honor my promise, I have three simple steps I believe the state of Connecticut should take to achieve this goal.
The first one is this; thoughtfully shift more expensive state-operated programs to community providers. I believe in the value and quality of state services, but I support the governor’s proposal to convert state services and state-operated services to the nonprofit sector and I ask you to go further than his proposal does, to create more savings that can be reinvested in services.

The second step; restore the $1.7 million dollars in funding that was intended to go to nonprofit providers as a small step in restoring the 5% cut prior to the FY18 budget. I am strongly opposed to the governor’s proposal to cut $2 million dollars from the Grants for Mental Health because this is an annualization of the funding that DMHAS had promised to restore to providers during this current fiscal year. I actually received a letter in the mail from DMHAS that outlined the specific amount of restored funding that I should expect in FY19. This $2 million dollar cut is a move in the wrong direction that hurts nonprofits now and into the future. For my organization, removing this restoration will result in layoffs while the frequency and complexity of our referrals continue to increase.

The third step; make it a priority this year to protect and fully fund community nonprofit services. You can do this by supporting the governor’s proposal to annualize the 1% cost of living adjustment for private providers and by increasing rates to cover the cost of delivering services.

This three step plan is simple. But it requires just one thing; a belief that the services that nonprofits provide to our communities is of great value and needs to be preserved for future
generations. So, I ask you, do you believe that nonprofits are valuable and need to remain a key ingredient in our service delivery system? If the answer is yes, than a change of behavior is essential. Nonprofits in Connecticut are disappearing. This year, a 150-year-old nonprofit in Middletown closed their doors for good. And it won’t be the last. The state is losing valuable partners in the nonprofit community because we are failing to invest in cost effective and high quality services. It is time to change. Thank you.

SEN. Osten (19TH): Thank you. Don’t go, I have a couple questions. Are there any other questions? Yes, Representative.

REP. BETTS (78TH): Thank you, Madam Chair. Thank you for your testimony. What was the place that closed down in Middletown?

DAN OSBORNE: It was called St. Luke’s.

REP. BETTS (78TH): Okay. And they -- when did they close down?

DAN OSBORNE: I believe sometime during this fiscal year. They’ve actually reorganized to become a fund at the Community Foundation of Middlesex County, so that some of their intended services can live on through granting funds to other programs in the future.

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

SEN. Osten (19TH): So on your three-point theories of things to do, I have no problem moving operations to private nonprofits, what I have a problem with is that often we, as a very good friend of mine who
runs Reliance Health, said that many of the organizations in the nonprofit world have been designed to do more with less, more with less, more with less and now we’re only able to do less with less, so I have a problem with that and I also have a problem with the amount of money we pay people because I often find that the programs are cheaper because we provide a very small amount in wages and often many of the people working in private nonprofits, that minimum wage or just barely above that, and I think that these jobs are vocations and careers and a vocation and career can’t sustain itself if someone is making a low wage and have to get food stamps in order to eat and heating assistance, so I just wonder what you think about the -- where do you think the wage should be for someone who’s working in a private nonprofit? What is the starting pay that you think is appropriate? Do you have an idea?

DAN OSBORNE: Sure, so if I can just comment to that, I agree with everything you just said passionately and, you know, I think step two can only work with step three, that is it only works -- I’m sorry, step one, it only works to shift services to the nonprofit sector if we’re also protected and fully funding, which we’re not currently doing, so I absolutely agree with you and Gilead strives in our strategic planning and all our efforts to provide as competitive salaries as we can to our employees. I don’t have a specific number, you know, I think it needs to be a livable wage, so, you know, I think that we have to pay enough so that we’re able to retain staff. It obviously, you know, differs at different levels of service that we’re offering, but we also need a system where there’s increases on a
regular basis so we’re not waiting a decade for an increase from the state to be able to pass on to our employees.

SEN. OSTEN (19TH): And I can’t say that I disagree with anything that you just said at all. Your point three talks about a cost of living adjustment, would that cost of living adjustment be able to cover — my concern on this one is I think everybody should be making a living wage and I think it’s probably higher than $15 dollars an hour, especially in a career.

DAN OSBORNE: Absolutely.

SEN. OSTEN (19TH): So if we’re going to have careers that exist in the not-for-profit world, then I think we have to pay for them, but I also think that -- I’m curious, do you have any workers that are at minimum wage?

DAN OSBORNE: We do not.

SEN. OSTEN (19TH): So in your nonprofit world, do you know of any group homes or private nonprofits that have minimum wage workers?

DAN OSBORNE: Yeah, I’m aware, generally aware. I couldn’t name specifics, but some nonprofits do have certain positions at minimum wage.

SEN. OSTEN (19TH): And so I’d like to know what is the -- what do you think we need to do? Should we go to a minimum wage increase and I’m supportive of increasing the minimum wage, but I want to know what you think we should do for the private nonprofits that are paying their workers, should that be included as part of a concept as we work to bring
workers up to a different wage scale? What do you think we should do there?

DAN OSBORNE: Yeah, I’m 100 percent in support of a minimum wage increase as long as for private providers the increase is also made to funding to allow not only increases to folks that may be at a minimum wage, but to allow increases throughout the service system. Otherwise, we end up making it more and more difficult to retain staff who now have other options in the community, you know, based on the small difference between the minimum wage and what we may pay, so if we pay $15.39 and the minimum wage is $15 dollars and we don’t get any funding to increase all of our positions, that becomes very problematic, so I believe we need to increase wages across the board. Nonprofits are struggling severely to retain staff. We talked about it already this afternoon that we train staff, we help get them licensed, and then move on to the state or other more -- other environments where they can earn a larger annual salary.

SEN. OSTEN (19TH): Well, thank you very much for coming today. I appreciate it. Are there any more comments or questions? No? Thank you so much.

DAN OSBORNE: Thank you.


SHEVONNE BROWNE-SIMS: Hi. Good evening, Appropriations Committee. My name is Shevonne Browne-Simms. I reside in East Hartford and I’m a licensed professional counselor at Community Health Center in New Britain. I work in a school-based
health center at an elementary school. I’m here to talk to you as a clinician and as a mother of a child who has benefitted from school-based services and about the budget cuts to school-based health clinics. I would like to focus on one part of my written testimony that references funding the school-based health clinic as an investment.

Funding school-based health clinics is more than just giving money. It’s an investment into the younger people in our community. Many of the children I work with are under-insured and uninsured, so funding the clinics will help provide quality care to our children. Investment funds is like sowing a seed. Once you sow a seed, it needs to be taken care of to grow. Funding school-based health clinics will allow for our young people in our communities to access services which will help transfer over to their academic life, as well as help them grow and become our leaders of tomorrow. Sowing into our young people will help them at a crucial time in their life and their life will yield a return as they become adults who will be able to reinvest in their community as adults.

My daughter accessed services at the school-based health center at East Hartford Middle School a few years ago following the death of my sister. She went from sleeping in her room by herself every single night to sleeping on the floor of her dad and I’s bedroom. This happened two weeks prior to school starting her eighth grade year. I called the school social worker to let them know what had happened to our family and how devastating it was to my daughter. She began telling me about the school-based health clinic at East Hartford Middle School
and I was able to get my daughter services through that program.

It allowed me to not have to worry about co-payments, rearranging schedules for my other children, she was able to attend her counseling sessions while she in school, and it also helped her to be able to talk about her grief and I couldn’t help her with that, even though I’m a clinician. She needed a space and an environment that was separate from me where she could freely express herself and an environment that was going to be supportive and help her to be able to cope with her grief effectively. Because of the services that my daughter received, she is now able to successfully talk about her aunt without being inconsolable as she was in the past. I urge you to reconsider cutting funds to individuals that are needed at the most crucial time of their life. Thank you.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Seeing none, thank you so much and thank you for coming. Jennifer Brownlee followed by Linda Smith.

JENNIFER BROWNLEE: Good evening, Senator Osten, Representative Walker, and members of the Appropriations Committee. My name is Jennifer Brownlee. I am a registered voter of Griswold and soon to be Norwich. I am here to testify regarding H.B. 7148, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNium ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFORE. I am here to support the budget -- proposed budget for the Department of Mental Health and Addiction. I am one of the many faces of mental health and addiction in this state, as I have struggled with both throughout my life. I
am also here to express my strong support for nonprofit organizations such as Reliance Health that receive state funds that you have cut in the past.

These organizations give me and those like me choices for programs and services that are very important to my life and my recovery. I have been a member of Reliance Health since before it was Reliance Health when it was Reliance House and since 2007. I have been getting mental health services since 1997 in various programs. This past October, I left my full-time employment because my physical, mental, and emotional health and wellbeing was not good. I also struggle with homelessness. I went to Backus PHP this past December after being recommended. I tried to put my children first back in 1997 when I was first originally recommended to go to PHP, however, it did not work out very well. I was suicidal, I was hearing voices, I had paranoia, and I felt like someone was always looking over my shoulder.

For the past four years, I have felt like a scared little girl in a dark, isolated corner, somewhere lost and forgotten by the world. Despite being in therapy and medicated for 20 years, I felt lost in deep, deep isolation, isolated depression wondering where the abuse is going to come from next. I was abused mentally, physically, emotionally as a small child through the ages of 16 and up. I was treated by my blood family as if I was an ugly duckling and never good enough. After going to PHP in December of 2018, I found that I also had an addiction issue my entire life. I graduated from PHP on January 11, 2019. I found a new therapist and psychiatrist to go along with my services I saw with Reliance
Health. I continue the structure I found with PHP and working full time through the many programs, such as Teamworks and Penobscot Place that are expressive, inclusive, and with recovery meetings and also holistic.

Reliance Health offers many art therapies, auricular acupuncture, relaxation and meditation, Yoga, and social skills groups. After not knowing who I was for many years, I struggled with my own identity. I have found myself. I have been given a lot of support by Reliance Health to get back on my feet and be a productive member of society. Today, because of the help I have received through these programs, I live a healthier life both physically and mentally and emotionally. Without these services that are provided to me, I would not really make it -- it would make it really hard for Reliance Health and providers to continue to provide these services and programs to people with serious mental health conditions. I know what life is like with these services and without these services. I do not know where people would be, including people like me, without them. I would like to tell you that it would definitely be not for the better and I would probably be dead. At this time, I do not feel like a little lost girl anymore. I feel like a young, vibrant woman ready to tackle the world. Thank you for the opportunity to speak and share my experience with you.


LINDA SMITH: Good evening, members of the Appropriations Committee. Thank you for this
opportunity to speak to you. I’m Linda Smith and I’m here today in my role as school-based health center program director for Optimus Healthcare school-based health centers in the City of Bridgeport. I am here to testify on the proposed budget line items which will cut our school-based health centers. The city of Bridgeport has over 20,000 students in our school system and we have only 11 school-based health center sites to try to provide care to the students. Every child deserves the right to quality healthcare. We provide medical, dental, and behavior health services to ensure they reach their life potential.

Challenges abound to many. We are there for as many students as we can be. I want to share Diosnelly’s story. She is a high schooler. Her reason for coming to the school-based health center, she wrote, “I come to the clinic for counseling because I was very depressed and sometimes thought about ending my life. I get a lot of help here when I’m feeling down, which lucky for me it’s not very often any more”. School-based health centers serve as a safety net for students as they learn in school, attend classes, they don’t have to miss class, and their grades go up and they graduate and go on to college. School-based health centers make a great difference in the lives of all students in the state of Connecticut. I urge you all to protect the health and wellbeing of all of our students in the school-based health centers across the state of Connecticut. Thank you for this opportunity.

SEN. Osten (19TH): Thank you. Let me see if anyone has any questions, yes, Representative Baker.
REP. BAKER (124TH): Thank you, Madam Chair. Mrs. Smith, thank you for coming out here and sharing your testimony. What would you say is -- It’s my understanding that some of the patients or students that come to the school-based health center, they have an insurance that it’s possible you can bill to them?

LINDA SMITH: Some of the students’ parents do have insurance. Some students are eligible for HUSKY, but a large portion I would say of the 11 sites that we have, over 50 percent of the students are undocumented and they are not eligible for insurance, therefore the health center itself eats that cost because we don’t turn any student away and that occurs in all of our school-based health centers. No child is turned away because they do not have health insurance, but somehow, someone has to pick up that cost, so the agencies do these health centers, the SBHC, hospitals that function as school-based hospitals too, they eat the cost and that impacts the number too -- the services we could provide based on the number of staff what we could have because we had to cut back hours because we don’t have the full funding. That does make an impact, especially when we have a larger proportion of undocumented students coming into the school system and Bridgeport has a large number of undocumented residents.

REP. BAKER (124TH): Okay, well, thank you for sharing that information.

LINDA SMITH: You’re welcome for that.

SEN. OSTEN (19TH): Any other comments or questions? Seeing none, Jon Sebastian followed by Sara Jakub.
JON SEBASTIAN: Good evening, Senator Osten, Representative Walker, and members of the Appropriations Committee. My name is Jon Sebastian. I want to testify for Teamworks funding in the budget and particularly, Teamworks and Reliance Health Clubhouse and clubhouses like it. Teamworks helps its members become a more productive member of society as groups teaches how to conduct ourselves and become more pillars of society. The clubhouse motivates us. Teamworks challenges our thinking so that we realize we can achieve greatness and make a difference in society, whether it’s becoming a legislator or other government officials. Teamworks has helped me personally in numerous ways.

I don’t drink anymore. I spend more time coming up with solutions to help others. I’m more focused on mental health issues and potentials in the political world. I go to Keep the Promise meetings and take part in other political activities. I am a changed man because Teamworks has helped me to see clearly on my concerns and helped me to open up my thinking and shed the light of darkness that used to engulf me. Thank you for listening and if I may also add to this, I feel that if new businesses come in to the state of Connecticut, if you have them to pick a clubhouse or mental health issue to support, like profit from their businesses that they make, to the clubhouses throughout the state of Connecticut and so forth, that would also in turn help, you know what I’m saying? So every business that comes into the state of Connecticut, you know, they pick a clubhouse or whatever or mental health issue, then 5 cents or 10 cents of the profit that they make to that organization, it would also help, and I also believe that New England only has one NFL football
team. If Connecticut had a football team, that would bring businesses, you know, people from other states would come in and so forth. It also would bring revenue in and so forth and everything and also help some poor local businesses and stuff like that, you know what I’m saying?

SEN. OSTEN (19TH): I’m not laughing at you. I’m laughing because we’ve been talking about sports betting for about two weeks and I think I’m just going to let it lie. I cannot talk about it right now. Thank you very much. Where do you live?

JON SEBASTIAN: Norwich, Connecticut.

SEN. OSTEN (19TH): All right, that’s a beautiful city, Norwich. So thank you very much for driving all the way up here. I appreciate it. Sara Jakub followed by Matt Rowe.

SARA JAKUB: Good evening. My name is Sara Ann Jakub. I’m here today in support of school-based health centers and my role as director of clinical services, the Child and Family Agency. We operate 13 school-based health centers in New London County. I would like to highlight for you one of the many examples of how school-based health centers are a cost savings measure. In addition to medical care, school-based health centers also provide outpatient mental health care from a Master’s level clinician on site during the school day. Of the 7,706 mental health visits last year, 461 visits were for school-age current clients in acute crisis requiring suicidal or homicidal risk assessments. If our school-based health centers did not exist, those 461 students would require removal from the school -- I’m sorry 461 incidents would require removal from
the school to an outpatient mental health specialists if they could get a same-day appointment. Alternatively, for the rest of -- for most of those 461 incidents, the school would need to identify emergency support or send the student to the ER often by ambulance.

However, because of our school-based services, only four of those visits was a trip to the ER required due to significant risk. Additionally, out of those total visits, 34 were at the request of school staff for SBHC registered students. Only three of those 34 crises actually went into an ER visit. That means 457 times in one year students presented with suicidal or homicidal concern and in response we addressed the mental health needs appropriately and were able to return the student to their class with minimal disruption to their learning.

According to the Connecticut Hospital Association CHIME databased report, the median cost for an ER visit for children in the state of Connecticut is $1,631 dollars per visit. If these 461 visits for children results in an ER visit, it would cost approximately $751,891 dollars to the Connecticut taxpayer without even consideration for the lost work time for their parents. The total estimated cost is in excess of nearly four and half of the school-based health center. Even if half of these crises had everted an ER visit, the cost savings is still profound, with the school-based health center visit cost of $54.24 to a state-insured client.

School-based health centers bill insurance for these contracted rates whenever it is available and with guardian’s consent. We have no out-of-pocket costs to families if things like high-deductible plans
render their insurance too expensive to use or for their lack of insurance. The emergency room is a place for true emergencies. Connecticut families with children enter our ERs for behavioral needs. They wait hours unable to attend to other needs like work or school. Some families make repeated trips to the ER creating ER go-backs, extra sweatshirts, books, and activities all in anticipation of the next trip due to a mental health crisis. School-based health centers provide an essential role to reduce the backlog of these needless safety assessments clogging up our emergency rooms.

Research shows that preventative care and timely delivery of mental health can in fact prevent ER visits and hospital admissions. Please continue to provide for our school-based health centers and avoid further funding reductions as that would have a direct impact on Connecticut families. Thank you for hearing me today and your anticipated support for the school-based health centers.

SEN. OSTEN (19TH): Well, thank you for much. Any questions? Mr. Bolinsky.

REP. BOLINSKY (106TH): Thank you, Madam Chair, just a quick question. With school-based health centers, when you have one in the district, can other schools access that healthcare that are in the same host district?

SARA JAKUB: We have school-based registered clients inside the school system. In New London, we have a Harbor School that doesn’t have a school-based health center. It used to, but it closed and then re-opened and lost funding through that process. We absorb those students inside other school-based
health centers if the parent has the capacity to bring them to that other school during the school day. That often renders quite difficult for families, so the ideal would have a school-based health center inside of the school that this child attends.

REP. BOLINSKY (106TH): Thank you very much. Thank you for the service that you provide, too. In my town, we’re host to a school-based health center and it serves a very mightily important function, so thanks for being here and thank you, Madam Chair.

SEN. OSTEN (19TH): Okay. Any other questions or comments? Seeing none, thank you so much, appreciate you coming. Matt Rowe followed by Richard Rothstein.

MATT ROWE: Good evening, Senator Osten and the Appropriations Committee. I am writing this testimony in hopes that while you consider the upcoming budget, you will stop and think about the many lives touched by mental health concerns in our state. The spectrum is wide, so let me zero in on myself. I suffered from mental health issues since I was 15 years old and I’m now 44. I now have a good life with the help of many agencies. I rely on the Independence Center in Waterbury, Connecticut, which is the clubhouse that provides a safe place so that I can socialize with others. They also provide outlets for therapy, especially in the field of art. Art therapy helps me get out of myself and work toward recovery in its many facets.

They also have groups which discuss many topics as they relate to recovery. I have graduated from the Department of Mental Health and Addiction Services
and I’m now in a partial hospital program. While I spent my time there, they instilled in me a longing to recover. I made use of many of the services there. I attended a trauma group, men’s group, and EBT group which helped me make the change from victim to survivor. I also used the crisis line which has helped me through the hell of hearing voices. I had to have help taking my medications and met weekly with a counselor. I needed a love and these two agencies loved me back from the dark corners of psychosis to the triumphant stillness with care. They saved my life and that’s it. Thank you.


RICHARD ROTHSTEIN: Senator Osten and members of Appropriations Committee, my name is Rick Rothstein. I’m from West Hartford and the proud father of a 36-year-old son who lives in a DDS funded group home. He has been well taken care of and has actually flourished there in the last 28 years and I’m very grateful for the supports that the state has provided through it’s private provider. I am the co-founder and treasurer of Families First, Chair of the North Region DDS Regional Advisory Council and member of the CT Council on Developmental Services.

I have reviewed and fully support the governor’s budget for the Department of Developmental Services. Many initiatives have been included, particularly those that began last year with some chief money that the committee provided. The budget includes critical funding high school graduates, some funding
for handling potential emergency placements, and new behavioral supports. I am hopeful that the committee will include this portion of the overall budget in its own budget when it presents it to the full.

As you review this budget for the very first time at the start of the biennium, you will have the most accurate information about what has historically been called the DDS Residential Waiting List. Senator Osten was instrumental in helping that still get into the system and passed back in 2017 and for the first time, we now know how many people are waiting, when they need services, what kinds of services they need, and where they are needed by region.

I have attached the written testimony which was submitted, a summary copy of the report, and the fill report is available from the DDS website. All the data is updated annually and published quarterly, so hopefully, while there’s no provision in this budget for dealing with the DDS waiting list, hopefully we can start to address this critical situation because there are many, many people waiting.

SEN. OSTEN (19TH): Thank you very much. Are there any comments or questions? Thanks.

RICHARD ROTHSTEIN: Thank you.

SEN. OSTEN (19TH): Karen Wilkie followed by Bo Distotell.

KAREN WILKIE: Yes, Senator Osten, members of the committee. Karen Wilkie was not able to make it tonight, so I will be giving her testimony if you
don’t mind. Good evening, my name is Karen Wilkie and I am a registered voter from Waterloo, Connecticut. I am here to testify regarding H.B. 7148, AN ACT CONERNING THE STATE BUDGET. I’m a member of Mental Health Connecticut’s independent center. This is the only mental health service I receive. If it were not the center, I would be lost and have no support. I have severe posttraumatic stress disorder, dissociative identity disorder with returning depression. The support of my counselor and other staffing groups I attend really help me with recovery. I actually thrive at times with the many art programs and love the exposure to various guest speakers that promote hope and recovery.

Mental Health Connecticut does so much to enhance the lives with persons with multitudes of labels, yet sees the person underneath the label. Young adult services can get youths the help they need when they need it and not go years in foster care, hospitalizations, avoiding school, prison, and other negative experiences. I speak from my lived experience on the above. My hope is that eventually there will be no more Karens like me, coming through the system that is ill fit to meet the needs of trauma survivors that keeps them in a victim survivor stance and not thrive, to a whole productive and happy life.

Again I am asking you not to cut funding for private not-for-product agencies. Thank you for listening to me and that’s from Karen Wilkie in Waterbury, Connecticut.

SEN. OSTEN (19TH): Thank you very much. Bo Distotell followed by Annette Bombacci.
BO DISTOTELL: I am Bo Distotell. Thank you for hearing me. I’m here on behalf of Farrell Treatment Center, a nonprofit organization that I’m an addict. I have been dealing with mental and drug addiction for a long time. Places like Farrell House, they have people working there that are phenomenal people. They really helped me out a lot with my mental and my drug addiction. They actually, you know, I’ve been to another place, places like Farrell House and, you know, funding places like that, the people that work there really have heart. They really care about you, they make you feel like you’re part of, you know, you’re family.

With them, I was suffering with a lot of depression, I mean, to the point where I tried to kill myself one time and my cousin lost his life to addiction, OD’ing a couple years ago, and I wish he could have went to place like Farrell House and if you lose places like Farrell, you know, you’re going to lose a lot of people. And they’re just losing funding for places like that, it’s just you’re going to lose a lot of people because of this. They helped me out, they help a lot of people out and they have a good heart. Thank you.

SEN. OSTEN (19TH): Thank you very much, very brave of you to come. Annette Bombacci followed by Valerie Williams.

ANNETTE BOMBACCI: Hello, my name is Annette Bombacci and I’m a consumer in Waterbury, Connecticut. I’m a past registered voter who has been using mental health services for 23 years. I came out of DCFS custody when I was 18 and got -- was brought into mental health services. I go to the Independent Center of Waterbury and I’ve been a
member since I was 18. I’m now 41, looking good, whatever. I used -- They taught me how to cook. They taught me how to get and keep a job. I need seven classes to graduate from college and I hand it all to them because growing up, I had parents that weren’t in my life, my sister basically raised me. I’ve been raped, I’ve been verbally abused, I’ve been physically abused. I never turned to drugs, I never got arrested, I’ve never been in trouble. I’ve been in my own apartment since I was 19 and I take pride in my recovery, but what my problem is, every time the budget gets cut, I’m going to lose the services that I rely on.

I do take medication and I was with an organization for 22 years and then they cut -- making me a guinea pig with my medication making me sick and I almost died a couple of times, so now I go to St. Mary’s Behavioral Health in Waterbury and I have a good group that I go to. I suffer from bipolar and posttraumatic stress disorder, but it doesn’t define me. I like working, I like going to school. I love the Independent Center and I want you guys to hear our pleas to don’t cut the budget. We actually had a walk last year and Mr. Reyes walked with us and he held up signs and he was one of us. He didn’t say because he was a representative, that he wasn’t good enough to do it, he just started and he walked with us.

We need your support for our funding because in these kind of times, that’s a lot to some people. Some people don’t have family. They go down there to get out of the house and not isolate and I go down there because I like to answer phones, I like to work in the kitchen, I go grocery shopping with
them. It’s a good program and for nonprofit organizations, they don’t make any money. It’s not like they’re profiting from our recovery. They’ve been with us for years. I’ve been a member for 23 years, so in the next -- when the budget comes up in 2021, think of us and think kindly. Thank you.

SEN. OSTEN (19TH): Thank you. Thank you very much. Valerie Williams followed by Susan Maxwell.

VALERIE WILLIAMS: Good evening, members of the Appropriations Committee. I am Valerie Williams and I’m here to comment on House Bill 7148, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIAUM. I am the executive director for Keystone House, which is a program in Norwalk, Connecticut. I’m here on behalf of the clients of Keystone, their families, the employees and board members. We represent registered voters in Norwalk, Wilton, Darien, Westport, Fairfield, Stamford, Trumbull, Bridgeport, Stratford and Ridgefield. I myself am a registered voter in Stratford. At Keystone, we provide residential and psychiatric rehabilitation services for adults over the age of 18 who every day face the many challenges that a psychiatric diagnosis can bring. We are very active in our private fundraising. We have galas, we apply for grants, we have annual appeals. We’re currently selling oranges to make money. We’re hosting special events, but the bulk of our funding is with the contracts with the Department of Mental Health and Addiction Services.

I ask you to protect and fully fund essential community services. Community nonprofits improve all of the Connecticut’s citizens’ quality of life, making Connecticut a better place to live and work.
for all. Cuts to nonprofit service providers hurt us all. Over the past few years, cuts have been made, including cuts that came four months into the fiscal year when the budget didn’t pass on time. When a nonprofit gets cut, we have a hard time telling clients they can’t come, but we do scale back our hours. We’ve been forced to lay off employees. Year after year, state budgets have put increasing pressures on community nonprofits. You have an opportunity to maximize the limited state funding by shifting more expensive state-operated programs into the community. The state must decide either keep the status quo and serve fewer people or change the system and serve more people in need.

Community nonprofits can reduce the state costs and meet the demand for services if you take the necessary steps. I watch the news, I read the paper, and I follow legislative social media accounts. I am well aware that every vote you take will affect a citizen of Connecticut in either a negative or a positive way, but I also know is that our roads and bridges, the liquor lobby, casinos, retail marijuana, they’re all very hot button items and they get premium air time, but when you find yourself caught up in the toll debate, discussing the regionalization of schools or whether we should have trains that go faster or run on time, please, please, please remember that there are line items very deep in the state budget that fund Connecticut nonprofits and these line items have real faces behind them, citizens who did not choose to have a diagnosis of schizophrenia or depression, they do not choose to live in a group home or come to a social program. They are there because they need that 24/7 staff support. They come to social
programs because many if not would spend very day and every night alone. Funding for nonprofit providers should not be what is left over at the end of adequate -- what we need is to adequately fund our nonprofits who are taking care of Connecticut citizens and be first in the budget, not last.

Thanks.

SEN. OSTEN (19TH): Don’t go anywhere for a minute. I just want -- you know, I’ve been asking a lot of the not-for-profit executive directors such as yourself to consider not only testifying in front of the spending side of the budget, we can only spend what we -- Connecticut has a balanced budget requirement. We can only spend what we get and so I’m asking some people to consider testifying in front of the Finance, Revenue, and Bonding when they talk about revenue so that they understand also because they don’t get to see everybody that’s here today. We’re all supportive of all of your services, but they don’t see any of you because they get to work on the dry side of revenue and I’m thinking that perhaps if we present some of the faces here today on the Finance, Revenue, and Bonding when they have a discussion about revenue, that that would be a good thing, so I would ask you to consider to bring that very nice story that you have there to them and remind them that when they cut on the revenue side, it does have an impact on what can put in the budget for spending. So if you wouldn’t mind considering that, I’d appreciate it.

VALERIE WILLIAMS: I appreciate that. I heard you talk about that earlier and wrote it down, so I will make sure to be there.
SEN. OSTEN (19TH): I’m going to talk about it probably five or six more times tonight because I want to remind people that we need to understand there’s a connection between both sides of the budget and you all spend a lot of time up here on our night. They need to see what we see for the people that need the services. All right?

VALERIE WILLIAMS: Thank you.

SEN. OSTEN (19TH): Thanks so much. Next I have Susan Maxwell followed by Fran Ludwig.

SUSAN MAXWELL: Hi. My name is Susan Maxwell and I’m a member of the Independent Center in Waterbury. I’m also a registered voter. I am testifying to about cutting resources like the Independent Center. The Independent Center has helped me tremendously in my recovery, as I had a mental disorder. My illness sometimes causes me to hear voices or see things. I sometimes get anxiety that gets so bad I want to scream. The staff at the independence center helps through the tough times and it keeps me out of the hospital. I haven’t been hospitalized in over 12 years and a big reason is because of the support I receive at the Independence Center.

Try to imagine yourself in my shoes. I sometimes wish I didn’t have a disability and could live a more normal life, but I deal with what God gives me. I would encourage you all to come to visit the Independent Center and see what a good program it is. Please keep me in mind when you discuss the Department of Mental Health and Addiction Services budget. Thank you

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Thank you very much.
Representative Reyes. Thank you, Madam Chair. I just wanted to thank Susan and Annette for coming down and testify on behalf of the Independent Center and thank you for your advocacy and I appreciate you coming here. Thank you, Madam Chair.


FRAN LUDWIG: Good evening, Senator Osten, and members of the Appropriations Committee. My name is Fran Ludwig. I’m past chair of the board for Gilead Community Services. I’m also the parent of a son, Ben, who has received services from Gilead for the last ten years and I’d like to open with a statement that Ben has asked me to deliver to you; “From very early in my life, it was clear that something was terribly wrong. As an infant, I woke up screaming for no apparent reason and nothing would calm me down. As I grew older, I broke every rule, became violent, and tormented my parents and sister. I had horrific nightmares, visual and auditory hallucinations, and became demanding and violent when my needs were not met. By the time I was 16, I’d been diagnosed with 13 different psychiatric disorders. No one knew what to do with me, but I knew exactly what was wrong with me. I just couldn’t put the thoughts into words that others could understand.

To put it simply, I was trapped inside my own mind. I knew that all the things I was doing were wrong, but the force of my reptilian brain utterly dominated my life. The only emotions I could feel were fear and anger. I was never able to relax, every minute of every day, a literal battlefield with the entire world as my opponent. I was unable
to sleep and when I did, I was tormented by night terrors that would make the Boogey-Man cry. As I grew older and stronger, my aggressive behavior became so problematic that I could no longer live safely at home, so I was sent away for two years. I went to place where the people who were supposed to care for me beat me, starved me, berated me, and used the things that were wrong with me to punish me. No, this place wasn’t a prison. It was a treatment facility for young adults with mental illness.

By some force of grace, my next move was to Gilead. I was able to live in an apartment close to my family and see them regularly. Although my ups and downs continued at first, now ten years later, with the compassionate support of Gilead’s staff and my family, I have a proper diagnosis, a medication that has addressed my underlying disorder, and a mind that has been freed from its shackles. I’m beginning to build a new life for myself. For the first time in my life, I’m experiencing the emotions of happiness, love, compassion, sorrow, and sympathy. I feel like dormant parts of myself are awakening from slumber, like Lazarus rising from the grave. I’ve been slowly putting together a billion-piece puzzle and I’m beginning to discover what it feels to be a complete human being. I’ve begun writing with urgency, having finally found a voice that lay silenced for far too long. Despite all the insight and understanding that I’ve discovered, I instinctively know I’m not finished evolving yet. I was in the larval stage of my life for 25 years. Now I’m at the metamorphosis stage. I don’t know what will happen when finally emerge as a butterfly, but I know that whatever I become, it will end up
leaving a lasting mark upon our world, of that I’m sure. I won’t be forgotten. I’ll make this world spectacular.”

The streets of Middletown, our homeless shelters, our prisons and emergency rooms, and even our state mental hospital are full of Bens desperately looking for a Gilead. Not one of these individuals any less deserving of a chance of a meaningful life than my son. Mental illness is no one’s choice. There but for the grace of God go you and I. I’m well aware that our state is dealing with a fiscal crisis. That does not mean that we have an excuse to write off these lives that too often exist in the shadows and can therefore be easily ignored. It means that we have a moral imperative to use the funds that we do have in the most judicious way possible so that they will do the greatest good for the greatest number of people. As others have testified tonight, nonprofits can provide mental health services for less than half of the cost for the same services provided by the state.

If we have only so many loaves and fishes, we need to distribute them to the agencies that can feed the most people. This isn’t about power or politics. This is about our human brothers and sisters languishing on waiting lists, inadequately served by over-extended staff or simply completely off the radar. One of my favorite children’s books is called the Little Prince and in the story, a wise fox tells a young child it is only with the heart that one can see rightly, so tonight I’m asking you to do three things; find your heart, find your courage, and find a way. Thank you.

BETH FISCHER: Good evening to the distinguished members of the Appropriations Committee. I’m here to comment on H.B. 7148. My name is Beth Fischer and I’m the executive director of Kuhn Employment Opportunities. We’re a nonprofit organization and we’re based in both and Middletown. We contract with the Department of Mental Health and Addiction Services and with the Department of Developmental Services to provide employment and day support services to approximately 400 people throughout the year. I urge you to protect and fully fund essential community services. Year after year, state budget challenges have put increasing pressure on our community-based nonprofits. For our agency, budget reductions under our DHMAS contracts have been hit particularly hard. In FY17, we had a funding cut that resulted in about 70 individuals losing their employment services. That was followed in fiscal 18 with a 5 percent cut.

We were promised a 1 percent restoration for this fiscal year and as you know, that has now gone away as well. Our service system desperately lacks the resources that we need to assist and support individuals who are working toward their recovery to find, get, and keep meaningful employment. Research shows that employment success is the major factor in achieving recovery for those struggling with mental illness, but our waiting list for those services continues to grow and our costs continue to rise. The employment and day services that Kuhn provides
under contract with DDS are also critical for individuals with intellectual and developmental disabilities. Insufficient rates of reimbursement, years of no increases, and the ever growing list of unfunded mandates have squeezed the DDS system to a breaking point.

We see staff burnout to be common across our industry and without the relief of accurate rates to cover the cost of contracting with the state of Connecticut to provide these essential services, we will have to do an elimination of programs and services. I am appreciative to the legislature for the work that you did in the last session to begin to address these issues, however, we do have a long way to go in order to cover the cost of the services for community-based services who regularly deliver cost effective and high quality services. I support the governor’s proposal to annualize the 1 percent cost of living to providers who are contracting with DMHAS and I also support the governor’s proposal to annualize the finding for private provider wage adjustments under the DDS contracts.

I am concerned, however, that the appropriation is not sufficient to fully fund the increases in the statute that many of our employees are depending. DDS has not made enough funding available to providers to pay for the cost of fully implementing the increases, giving providers millions less than data shows is necessary. For our agency alone, the cost to implement the wage increase on an annual basis is approximately $25,000 dollars than the allocation that we receive from DDS. We appreciate that in the face of another difficult budget year, Governor Lamont has sought to limit the budget
impact on people served by our agency and other nonprofits, but after so many years of difficult budgets, there is more to do and we are fair to ask you to build upon the governor’s proposal. Nonprofits are dependent on state contract revenue and have limited options in the face of budget shortfalls. We can’t raise taxes and we can’t charge the individuals that we’re serving. This is a model that cannot sustain itself and puts Connecticut’s quality of life at risk. You can maximize limited state funding by shifting the more expensive state-operated programs into the community. The state must decide to keep expensive status quo and serve fewer people or change the system and serve more people in need. Community nonprofits can reduce state costs and meet the demand for services if you take the first necessary steps. Thank you for your time and attention.

SEN. OSTEN (19TH): Question? Thank you very much. We appreciate it. Next up is Barbara Albert followed by Roger Dufour.

BARBARA ALBERT: Good evening, member of the Appropriations Committee, also to everyone else. My name is Barbara Albert, renter, registered voter in Hartford, Connecticut. I have multiple medical challenges including brain illnesses and disorders. I’m on Medicare, Medicaid, and Social Security Disability. I’m an advocate and activist with Keep the Promise Coalition as well as other human rights organizations. I do volunteer work when my illnesses allow. This is my testimony concerning H.B. 7148. Please oppose any cuts to the DMHAS and connected agencies. It happens every year on the state and federal level first and last, please.
I believe there is no justification for making access to basic human needs any more challenging and near to impossible than it is. Just because I have several serious chronic medical challenges, including brain illnesses and disorders, yes, pleural, does not mean I stopped being a human being. "Our days begin to end the day we become silent about the things that matter", Dr. Martin King, Jr. Example, I am one of the faces that have fallen through the cracks. I’m not noncompliant. I keep hearing from medical people I don’t know what else to do for you. There is also little to nothing in the medicine cabinet for me anymore. My allergies, yes, are worse. With food, almost everything I eat ferments inside me. Fine, except I’m allergic to fermented. No one can help me with this.

Being willing to voluntarily get myself sick again on purpose is know as a basic definition of insanity. There’s no pulling my belt tighter. I might end up turning myself inside out. One day I’ll turn sideways and not be here anymore. Example, the terrific undue burden that the ADA noncompliance state/federal issue pre-cell phone that comes with a -- that says nothing. Oh, sorry, where am I? I don’t have a landline anymore. I’m on replacement number six since last February. No internet where I rent. There’s tech issues, no cellular service, not being able to access my account, being charged for things I don’t know, and not being able to understand the alleged support services, also having to deal with harassing robocalls from the very same company.
I’m also on the National Do Not Call list. Those messages are tape recorded, uh huh, old school, not so necessarily on the old part. Thankfully I had help with filing a complaint with the FCC, have yet to hear back. I’m requesting updating. The mandatory compliance of the U.S. Architectural and Transportation Barriers Compliance Board’s update of Section 508 of the Rehabilitation Act of 1973 and Section 255 of the ITC Refresh, the direct final rule date is March 23, 2018. Basically, the regulations need updating for compliance purposes, this technology advances. Research started with the Access Board dot gov. I have the website and the testimony. United States Access Board is “advancing full access and inclusion for all.” I thought that sounded really good. Europe has updated by 2015. This is globally recognized. Also have been reading that financial -- that benefits outweigh costs.

We people with medical challenges are supposed to have access and be able to use just like anyone else. It even says that in the Telecommunications Act of 1934, be able to use. I am not able to use -- to even answer my phone until January. I’m not kidding, last month, well the month, before. Sorry. A person can use a phone like in an emergency, say like being sexually assaulted like what happened to me about six months, ago. Me, Too movement, why not me, too? Don’t even know what happened to the alleged help that disappeared with no work and I’m still a member of the Humane Services of the United States and I’m still respectively suggesting donating the governor’s horse guard horses to a sanctuary to equal a tax write-off and savings, dollars to be allocated to basic human needs. No more inhumanity, please. Thank you for listening.
SEN. OSTEN (19TH): Barbara, thank you for coming again. You come every year, don’t you? Thank you very much, appreciate it.

BARBARA ALBERT: Thank you.

SEN. OSTEN (19TH): Up next is Roger Dufour followed by Darius Burke.

ROGER DUFOUR: Hello. Good evening, members of the committee. My name is Roger Dufour. I am currently a client of Farrell Treatment Center in New Britain doing their 28-day inpatient program. I would like to speak about budget cuts to nonprofit organizations such as Farrell Treatment Center. If you make drastic cuts, it will kill more addicts and alcoholics, period. That’s just the truth of it. Without proper funding, doors will close all over the state and Farrell treats about 500 to 700 clients a year alone, so if you do the math, there’s a lot of people in the state who would need help who would go without and possibly die.

Now as for me, I grew up in a household with drugs in it and it has run rampant through my family. This is my ninth inpatient treatment and second time at Farrell. I’m what they call a chronic relapse and most of the time it’s because of people like me that you want to cut the budget for rehabs and other programs. But beyond me being an addict, I’m a husband, I’m a father of six beautiful kids, and this time coming into treatment, something was different than all the other times and I knew that with the right mindset and the right people to help me, I had a great shop of long-term recovery.

Farrell and all the other programs just like it share one thing in common; they give us hope and
they show us that people do care about us when at our darkest times, we might not have any hope at all or we don’t care about ourselves. All I’m saying is that if it wasn’t for Farrell Treatment Center or all the other programs I’ve been to, I wouldn’t be alive today. I wouldn’t be sitting here right now in front of you guys, so please don’t cut the funds for drug programs. Allow them to do what they do best and that’s give hope to the hopeless. Allow them to keep saving lives because you never know when you’ll need or run into one of us because we are your teachers, we are your doctors, we are your lawyers, we are your construction workers, we are your nurses, counselors, and politicians just like you and so much more.

I really -- I’m really just going to bare my heart to guys. I love Farrell Treatment Center. The people there make a person like me who has been battling and who has battling with this for 25 years, and I’m only going to be 36, I’ve been an addict a long time. I’ve had bouts of sobriety and these people make me feel like I’m a human again. They make me feel like I can be a part of something and I just want to say thank you to them, but yeah, if it wasn’t for places like Farrell, places like all the other nonprofit agencies that help people with substance abuse issues, with mental health, with all that, I wouldn’t be alive right now. I wouldn’t be able to be a father to my six beautiful kids and with that, just think of that the next time you guys want to cut budget and take money from what we really need and that’s I really got. Thank you.

SEN. OSTEN (19TH): Thank you, Roger. Up next is Darius Burke followed by Tom Fierentino.
DARIUS BURKE: Good afternoon, Representatives and Senators. My name is Darius Burke. I am 24 years old. I live in Manchester, Connecticut. I live with bipolar disorder and a nonverbal learning disability. I am here today regarding the DMHAS appropriations. I find it disappointing that the budget plans on cutting important services. These services are vital to our citizens living with mental illness. They help and treat people with mental illness. These services must be in place. DMHAS provides these services for a reason. Young adult services is vital to young people who need to learn skills to manage through life’s challenges. Employment services helps those with difficulties find work opportunities that all people, regardless of who they are, deserve in this state. DMHAS is an incredibly important agency. These services have helped me successfully live in this world and without them, I don’t believe I would be standing here today.

Social clubs are a great way to bring people together to communicate and ask for help. Organizations like Gilead Community Services and Advocacy Unlimited change lives in so many ways. I ask that you do not cut any services that revolve around helping those with mental illness. These services change lives and bring a bright future to those who need help. I hope you make the right decision. Thank you.

SEN. OSTEN (19TH): Thank you. Any comments or questions? Thank you so much, nice job. Tom Fiorentino followed by David Woodworth.

TOM FIORENTINO: Good evening, Senator Osten and other members of the committee. I appreciate the
opportunity to be able to present my testimony in support of Governor’s Lamont proposed budget as it applies to the Department of Development Services. I’m the president of the ARC of Connecticut Board of Directors, the state’s largest and oldest advocacy group for people with IDD, providing services across the state. I’m also a member of the Medicaid Long-term Services of Support Re-balancing Initiative’s steering committee and a couple of other committees. Most important, I’m the proud father of a 28-year-old son with IDD who lives with my wife and me in West Hartford.

This budget, I believe, is a substantial step forward from past budgets. It shows that this administration is listening to the IDD community and fashioned a budget that not only meets some of the community’s more critical needs, it also begins a long overdue pivot to community-based living for people with IDD in Connecticut. For too long and at really great economic cost and great anguish, Connecticut has clung to an outdated and not particularly effective model of delivering services to people with IDD. This budget proposal contains initiatives that move us forward and I’m very happy to see it.

Other people will probably give you the litany of the program that’s been there, the increased emphasis on money follows the person, full funding for graduates for day-in employment. You know, the last budget two years ago eliminated all funding for new grads, which, you know, for those families, as many of you know, just the threat of that caused some people to move out of Connecticut, so I’m very happy to see this in there, along with some
initiatives I know Commissioner Sheff has vigorously for, including the Step Up-Step Down program that would help provide appropriate interventions before a situation gets so critical that you end up in the emergency room.

But the thing I want to say tonight that’s most important is that over the past few years, as a parent, the thing that’s been the most difficult to deal with is the sense of this relentless hopelessness that was created by cut after cut and pronouncement after pronouncement that if you think things are bad now, they’re going to get worse and I just think, you know, Mr. Dufour mentioned, hope. Hope is so important and I think from our leaders, especially in difficult times, the essence of leadership is to give people hope, to give them a reason for so many of these families, so many of these people here tonight, to push forward to the next day, to give them some tangible proof that their government has heard them and wants to work with them to get them to a better place.

So I came here tonight to urge you to support the DDS funding because of the various programs that it funds, but as important, I urge you to support because for the first time in year, it’s a budget that gives our community hope. Thank you.

SEN. OSTEN (19TH): Thank you. Does anybody have any questions or comments? So I’m going to ask you to do the same thing I asked other people to do, go talk to the Finance, Revenue, and Bonding folks, too, and impress upon them that we need to have the revenue necessary to support the program.

TOM FIORENTINO: Yes, Ma’am, Thank you.
SEN. OSTEN (19TH): Thank you. David Woodworth followed by Win Evarts.

DAVID WOODWORTH: Good evening, Senator Osten, Representative Betts, and members of the Appropriations Committee. My name is David Woodworth and I’m a registered voter in Winsted. I am here to testify regarding H.B. 7148, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFORE. As a person in long-term recovery, my mental health and substance abuse challenges, I strongly oppose the proposed DHMAS closure and privatization of services now provided by Torrington and Danbury offices of Western Connecticut Mental Health Network. From an economic standpoint, this is a short-sighted, one-time cost savings plan.

Private nonprofit agencies have their strong points, but overall lower pay grades lead to undertrained and undereducated staff, as well as notoriously high levels of staff turnover and burnout. On a personal level, I am now a student intern working at the Torrington DMHAS off Western. As a former client, the service has greatly contributed to my mental wellness, includes peer-based recovery support, case management, recovery and wellness classes, and I’m a strong advocate for peer support. And Advocacy Unlimited-trained recovery support specialist, I understand from my lived experience that peers in recovery have a very special ability to reach me in an authentic way because they have lived through some of the very same experiences that I might be going through and they’re able to walk with me along the same path.
Having been there before and then making it through to the other side, clinicians don’t tend to possess this ability, either because they do not have personal lived recovery experience or they’re unable to break their anonymity for purposes of maintaining industry-approved boundaries. There is also the added benefit for myself when working in a peer-support role as helping others as an effective way to maintain my own mental health. The recovery and wellness classes offered at Western have also been critical to my mental wellness. Dozens of classes are available modeled on education groups with the intention of helping clients achieve the goals they set for themselves in their recovery plans.

Some symptoms of my depression lead to overwhelming lack of motivation, low energy, isolation, and sleeping too often. Some classes that have helped alleviate these symptoms including Walking for Health, Zumba, Hiking Adventures, Men’s Club, Making Mandolins, and Process Painting. Not only do regular daily classes keep me set in a routine, they also boost my physical health leading to better brain health, get me out of the house and socializing with peers and improve my creativity which brings color into my life on days when everything just seems dull, cloudy, and gray.

I also oppose the 1 percent line item cut, roughly $875,000 dollars, to DMHAS grants which would affect Prime Time House where I’ve been a ten-year member. They recently had to sell their bus in an area where public transportation is already seriously lacking. The clubhouse model is based on the concept that work and productivity give meaning and purpose to my life while working alongside others with mental
health challenges toward achieving goals larger than ourselves is helpful in getting the outside of the darkness in my own mind.

McCall Foundation, CHD, and MHC are also important social services that are critical to the vulnerable and impoverished population in the Torrington area. I am in agreement with my colleagues and fellow advocates from AU and Keep the Promise support maintaining and/or restoration of funding to young adult services, peer recovery supports, specifically additional funding to peer support specialist job opportunities on all Connecticut college campuses, supportive housing services, and the Connecticut Legal Rights Project.

At this time, I would like to call attention to a specific population that I believe is now underserved. Aging adults from the sizeable Baby Boomer generation in this state are reaching retirement age at unprecedented levels. This may seem like positive news as this generation has made some of the greatest achievement and advancements to the economic growth to our country that we have ever seen. You would think that so many people would be happy to retire after long and productive careers. Unfortunately, this is simply not the case. Many are not able to retire from work because they simply cannot afford to do so. A thousand dollars a month from Social Security income is not enough to survive as this social safety net is only one leg left of the three-legged stool intended to support our elderly population in retirement.

I could go on and on about the rising costs of living and lower purchasing power due to stagnation of wages, but in the words of Trevor Noah, “we ain’t
got time for that here”. I will summarize this challenge with one troubling statistic; the highest rate of suicide for any age group occurs among those age 65 and older. Right now, I am in support of providing additional DMHAS funding directed toward our seemingly forgotten aging adult population. Thank you for listening to my testimony.

SEN. OSTEN (19TH): Thank you very much, appreciate it. Any comments or questions? No? Thank you so much, appreciate it. Win Evarts followed by Sarah Lombardo.

WIN EVARTS: Good evening, Senator Osten, and other esteemed committee members. My name is Win Evarts. I’m the executive director of the ARC Connecticut and the parent of a 28-year-old son with IDD. I’m here to comment on House Bill 7148, specifically the portion of the legislation relevant to individuals with IDD and to support the governor’s proposed budget that would fund caseload growth for employment and day services, continued expansion of the array of residential, behavioral, and medical supports and wages for direct support workers that begin to reflect the valuable work that they do.

This is a strong initial step forward in the right direction because over the next two years, over 900 individuals and their families or guardians will have a clear path in these supports without stressing, regressing, or losing family income by being home with their unsupported loved ones. Two hundred and sixty-two individuals will transition to community-based residential supports, some with the help of federal money, enabling them to build lives with choice. An additional 70 individuals will live independently and inclusively in their communities
supported by assistive technology. Resources will be developed to support both people with IDD and those that support them when the most intensive supports are needed so emergency rooms and other expensive institutional settings are less used and thousands of direct support workers will be paid higher wages.

However, this legislation does not address every issue, notably halting the policy of converting public sector residential settings to private sector settings and making no policy with respect to high institutional costs or the waiting list. That being said, we strongly believe that this legislation and budget proposal enables individuals with IDD and their families a clear path to live, work, and contribute to their communities and our state and therefore should be supported. Thank you very much.

SEN. OSTEN (19TH): Questions? Thank you very much for coming, appreciate it. Sarah Lombardo followed by Dawn Oduor.

SARAH LOMBARDO: Good evening, Senator Osten and members of the Appropriations Committee. My name is Sarah Lombardo and I’m a voter. Tonight I’m going to enlighten you about clubhouses, in particular Teamworks, and show you how it is a vital part of the mental health support system for upwards to 100 people at my agency where I work. In fact, when we moved from up on Laurel Hill to downtown Norwich, our membership trickled. We are operating on the old budget, but have many more people to serve. Senator Osten knows about Teamworks. She came to our holiday party. She came with Representative Riley, Representative Ryan, and herself. They might not have told you about it, but one thing I can tell
you for sure, Senator Osten took her coat off and Representative Ryan said that’s a good sign.

To give you a feel for why Teamworks is so valuable to the state, I’ve drawn on some conversations I’ve had while assisting members with putting their thoughts together for their own testimony. Over and over I heard give me a place to make friends, better than a bar, get out of my apartment every day, and keep me busy and out of trouble. What Teamworks does is give a safe place where socialization can occur. One member with a brain injury told me his flashbacks are less prevalent at Teamworks. It gives members a place to practice social skills and spend time in a place where there are no alcohol or drugs. Every day something positive is going on at Teamworks, whether it is one of a myriad of recovery group where members learn how to stand up and love themselves, meditate, make a healthy smoothie, or learn what brings them inner peace.

There are more skills groups, too, such as the Recovery For Life group that I do and Do a Recovery Anonymous, as well as Cooking Matters, where members learn how to cook well for themselves on a budget. When members first come to my orientation at Teamworks, they get very excited about the weekend trips. When doing a testimony preparation, one member said she has something to do even on the weekends. A lot of members have appointments in groups during the week, but they get lonesome and bored on the weekends. Besides having something to do, someone also said it gives us an opportunity to learn how to act in public, as well as how to be a productive member of society. It also keeps us out of prison.
When people are giving the right supports to succeed, they will. When people have a social life, they are building connections that stimulate their minds. They have a reason to get up in the morning. In fact, one member shared with me she arranges her personal schedule around my smoothie group, quite a compliment. This shows how when members have a place to go every day, they are happier. They are not alone and depressed at home on the brink of hospitalization or being in prison. They have meaning in their lives. Thank you very much for listening.

SEN. Osten (19th): Thank you very much for coming, Sarah, and I enjoyed the food and he is right, I don’t often take my coat off. That means I’m comfortable where I am, so.

Sarah Lombardo: That’s our aim to make everyone comfortable.

SEN. Osten (19th): Thank you. Thank you very much for coming, appreciate it.

Sarah Lombardo: Thank you. Thanks for listening.

SEN. Osten (19th): Dawn Oduor followed by Deana Delany.

Dawn Oduor: Good evening, Senator Osten, and distinguished members of the Appropriations Committee. My name is Dawn Oduor. I live in East Haven and am the single adoptive parent of a 26-year-old young man with intellectual disability. He also has a host of other medical complexities, among them quadriplegia, cerebral palsy. He has a G-tube, a feed tube. My son is nonverbal and must be urinary catheterized every four hours. He has his
gastrointestinal tract flushed with 1,000 milliliters of saline five evenings a week and he lives at home with me. I’ve tried to place him four times, two private and two public group homes, skilled nursing group homes, all failed causing a broken left femur in two places, negligence in following doctor’s orders for urinary catheterizations every four hours which led to waiting 48 hours causing bladder hemorrhaging and a backflow of urine to go into his ureters and up into this kidneys.

There was also lack of knowledge of the practice of sterile technique and inattention to hygiene and other preventative measures causing an E. coli infection that lasted for nearly four months. It was clear that if I wanted my son to live, I needed to take him back home. Each time he would come home a little less the person that he was when I placed him. My son doesn’t go to the ER. In fact, Medicaid intensive nurse managers have inquired of me several times why not. The answer is we are an intensive care unit in a subsidized apartment. We cordially invite you to our apartment to get a first-hand account on what goes on there and any surmountable challenge to our life is our monthly income which is $1,600 dollars, well below the federal poverty line and there isn’t enough money to take him out. DDS does not offer any day program without nursing or with nursing, so many of these providers take individuals who are medically and/or behaviorally complex and they do not either allow them into their facility or take them and the process begins of the person becoming more and more ill.
He’s home 24/7 and while we do have a wheelchair accessible minivan with long insurance, it totals approximately $800 dollars a month of the $1,600 dollars. The stress of watching him stagnate, managing his care, managing his in-home support staff, and not being able to take him anywhere other than to doctors’ appointments is lethal. I have multiple sclerosis. I was diagnosed in 2007 and I’m grateful to be standing and walking. However, parents who have intellectually disabled adults over 21 that are medically and/or behaviorally complex and are living with them at home need the help of a stipend, especially in the instance where the household income is at or below the federal poverty line.

My son does not have a backup guardian, I adopted him. He’s my only child and I’m all that he has. I adopted him at five weeks of age and I didn’t know that he had an intellectual disability and I didn’t know that he has a lot of the mental complexities that he has until he was 18 months old. Some of his issues weren’t even diagnosed until 2007 and yet, I’ve stood with him for 26 years and I’m not asking you to stand with him, I’m asking you to help me stand with him, at least before M.S. puts me also in a wheelchair. Thank you very much for listening. Support Senate Bill 372.


PAREESA CHARMCHI-GOODWIN: My maiden name is Charmchi.

SEN. OSTEN (19TH): Okay, thank you.
PAREESA CHARMCHI-GOODWIN: Thank you. I met Dawn in line and she’s already made me cry twice today.

SEN. OSTEN (19TH): She’s great. She’s a very good advocate.

PAREESA CHARMCHI-GOODWIN: Yeah. Good evening, Honorable Senator Osten and distinguished members of the Appropriations Committee. My name is Pareesa Charmchi-Goodwin. I’m the executive director of the Connecticut Oral Health Initiative, which is a nonprofit and the only entity in the state with the sole mission of increasing access to quality, affordable oral health services for all Connecticut residents. I’m here to address the proposed budget cut to school-based health centers in House Bill 7148. I want to highlight the adverse impact this cut will have to children’s oral health and how that harm is going to translate to missed school days, lower school performance, and expensive and serious conditions down the road, such as diabetes, which are linked to dental disease.

Dental decay remains the most common chronic condition among children, about five times as common as asthma. It’s a preventable disease through daily care and intervention by health professionals and dental disease has been linked to ear infections, sinus infections, weakened immune system, diabetes, heart and lung disease, cancer, and other chronic conditions. It’s also associated with missing school and poorer school performance, as well as difficulty eating, speaking, playing, communicating with each other, the things that make us feel good about ourselves and make us feel like people.
Dental issues, especially dental pain that’s so harsh that kids actually can’t focus or learn, account for about one-third of elementary school students missed days of school and almost all of high school students’ missed days of school. Additionally, parents miss an average of two and a half days of work a year to care for their children with dental problems, either taking them to appointments or staying home with them because they cannot focus because of the dental pain. According to state level data, about a third of Connecticut’s kids have dental decay at any given time and those numbers are higher among children of color and children from low-income families. If properly funded, school-based health centers can provide the preventative care and the treatment that kids need to stay in school, but in order to do this they need the right funding to make sure the chronic condition of dental decay doesn’t go overlooked and untreated as it often does, which is then when it progresses and becomes something worse that is linked to heart disease or diabetes.

Budget cuts are going to result in reduced clinical staff hours, potential staff layoffs, there’s going to be closures, and the health of vulnerable children will be compromised. As dental clinics can be more costly to operate than medical because of the additional equipment and the space needed, they’re often harder hit by cuts to funding. This is concerning because untreated dental disease, as mentioned before, is one of the main reasons that kids miss school and when kids miss school, our education system suffers, teachers suffer, school test scores suffer, parents miss work and needed pay, especially parents that don’t have paid time
off, and kids miss out on important lessons, so the Connecticut Oral Health Initiative is asking you to restore the funding for school-based health centers in the budget in order to improve the health and wellbeing of our students. Thank you for your time and your commitment to protect Connecticut’s children. I’m happy to answer any questions or provide followup data.

SEN. OSTEN (19TH): Any comments or questions? I’m sorry, you can’t ask questions. I’d love to have you ask questions, but if I start that, I don’t know, I might not get to everybody.

PAREESE CHARMCHI-GOODWIN: You can go on our website and follow up with me later if you like.

SEN. OSTEN (19TH): Thank you very much. I appreciate your time and don’t forget, there’s a committee called Finance, Revenue, and Bonding that you should talk to.

PAREESE CHARMCHI-GOODWIN: Absolutely, I will keep that in mind. Thank you so much.


PAT MCNEELY: Good evening, Senators and Representatives and distinguished members of the Appropriations Committee. Thank you for hearing my testimony today for House Bill 7148, AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNium, specifically the DMHAS budget. My name is Patrick McNeely and I am a registered voter of four years in Enfield, Connecticut, 58th District, regarding community support recovery. I have been a proud member of the CHR, Community Health Resources Second
Wind Clubhouse for six years, hoping the fund for my clubhouse continues. I am hoping that the funding for my clubhouse continues as I am a client in the mental health system and enjoy taking advantage of the services, skills, and support structure, socialization, and advocacy that I receive at Second Wind Clubhouse.

There are several groups I like to attend at the club. SA Plus meets Mondays and Thursdays. The group incorporates among other things five steps; I surrender, I choose, I believe, I forgive, I understand and I decide. My peers join with me in this affirmation of our self-worth and our self-confidence in communicating with each other. Just five of my friends I have lost to death over the last year and I just have -- and just recently five of my friends I have lost to death over the last year and a half. I started to believe that statistics of the people in the mental health system die 25 years younger than the average person in the mental health system. Grief support helps me cope with the loss of my friends and family members. Grief support is a group that runs at the club and benefits my recovery. These services are essential to me and they are some of the most that are offered at the club.

My thanks to funding these services and the past -- No, many thanks for funding these services in the past. I hope that they will continue in the future. Thank you for listening to my testimony.

Valerie Conyers. Valerie? Valerie’s not here?

JOSEPH CINTIA: Hello, again, Senator Osten, Appropriations Committee.

SEN. OSTEN (19TH): Are you testifying for yourself this time?

JOSEPH CINTIA: Yes, I am.

SEN. OSTEN (19TH): Very good.

JOSEPH CINTIA: My name is Joseph J. Cintia. I’m a registered voter of Waterbury, Connecticut, in Representative Reyes’ district. This year we face serious issues of a financial nature. Big money and corporate interest will no doubt be here to stake the claim on as much as they can get from next year’s budget for themselves. The most vulnerable amongst us hardly have the money or ability to allow for their share of the budget. In the new administration of Governor Ned Lamont, we must not forget the little people. We must not allow them to slip through the cracks as the new budget gets voted on and enacted. Area programs like Mental Health Connecticut, with clubs like the Independence Center and with programs like Choices, have helped me and others get through our illnesses and improve our lives.

I, myself, have benefitted from this agency, Mental Health of Connecticut, in fostering my interest in art and helping me find the aspiration for me. They offer seminars to me and others on many interesting subjects. Just the other week, they had a local artist come in and give a presentation which I found both entertaining and intriguing and boosted by
creative aspirations. We cannot allow the needs of our most vulnerable citizens to become casualties of this new budget. We must make sure their voices are heard. I am here with others to ask you to all keep the promise and fund agencies like Mental Health Connecticut and make sure it doesn’t get lost in the scramble of big corporate interests because you’re a lobbyist committee and you know the list of the appropriation bills that you have coming up. I’m speaking specifically to H.B. 7148, but you’re making references to other bills that will be coming up.

You have to maintain the $65 million dollars in grants for mental health services. Do not cut the aid to the most needy. DMHAS was already cut by $2 million dollars. We must oppose further reductions and push for more aid to the neediest citizens of our great constitution state. We have people in need. Their abilities outweigh their disabilities. Their voices cry out to be heard. I am here to advocate for myself and others. Do not cut Mental Health Connecticut and other necessary mental health agencies. They offer too much that cannot be estimated on mere numbers on a ledger. Remember the most at need and vulnerable and let the big corporate interests say in the private sector where they belong. Please keep the promise. Thank you for listening to my testimony today.

SEN. OSTEN (19TH): Thank you. Thank you very much. Genevieve Munoz followed by David -- I’m not going to even try -- Gedraitis, yeah, but Genevieve, is Genevieve here? Okay, then David, you’re up. And how do you say your last name?

DAVID GEDRAITIS: Gedraitis.
SEN. OSTEN (19TH): Gedraitis? Thank you.

DAVID GEDRAITIS: Hello, my name is David Gedraitis over H.B. 7148. Thank you all for being here. Thank you all for sharing and I’m here to support the Department of Mental Health and Addiction Services and the Mental Health Connecticut Funding and KPP funding to Promise and the Consumer Action Group. These services have been cut to the bone and everyone is doing more work and they’re overloaded. They’re not replacing people who leave.

In the past, I went on trips with the community. We went shopping, recreation, community outings, and had award ceremonies that many went to. Everybody is helped out of isolation and aloneness that we all feel. The club used to be open until 8 o'clock. We had Saturday afternoon and dinners and none of those are there anymore. The help I get from the Department of Mental Health and Addiction Services and Mental Health Connecticut is valuable and meaningful to me as a person. People need somewhere to go for help, fellowship, and support. There is a lot of sickness in the world. The Department of Mental Health and Addiction Services, Mental Health Connecticut, and the Independence Center provide an oasis in the middle of our struggles. We all need help with recovering from all the problems of a broken life. The groups and care of these professionals keep all of us from getting lost and give safety and security to us. I really benefit from the groups, therapy, and fellowship I get from these agencies. These places help everyone attain recovery and wellbeing. I miss the programs that have been cut and discontinued and hope that there will be more funding to restore these needed
services to help many and were widely participated in. These agencies help us to reach our goals to maintain a positive way of life for all who need help. They helped me to grow and be a more positive person and find me more civilized. Thank you.

SEN. OSTEN (19TH): Thank you very much. Nice job. Dan Hall? He is coming? Okay. All right, Dan Hall, you’re up. He will be followed by Chris Mezzarone. How are you?

DAN HALL: I’m doing well, thank you. Good evening, Senator Osten, Representative Walker, and members of the Appropriations Committee. Thank you for your time here. I want to start by saying that I am an 1199 delegate, an 1199 member. I worked with Mental Health Connecticut Valley Hospital. I’m also a father. I have two daughters, 25 and 22, and I’m still here. Those of you who are parents know what I’m talking about, but I’m a resident of South Windsor and a registered voter there. Over the last few years, my daughters, who are young adults, which is the population that I work with for most of my career, many of my daughters’ friends over the past few years have passed away either through suicide or a drug overdose or an accident involving alcohol or drugs and that has had a profound effect on my life and my children’s lives and it brings to mind the saying “there but for the Grace of God go I” and I think that speaks for all of us and in that vein, we’re all connected to mental health, mental health services, and, you know, this is us, all of us, each and every one of us no matter what district we live in, no matter what party affiliation we have, it affects us all personally.
Over the past 15 years, 15 to 20 years, the state’s been steadily cutting back on funding programs, closing inpatient facilities, and shrinking the areas of service. This means fewer and fewer people in the community have adequate access to mental healthcare. For my work, it means an increased workload, fewer resources, and higher rates of recidivism and increased violence because the population has been pooled together. The population -- the violence in DSHA services has increased because -- Well, not just DSHA, but actually in all of mental healthcare. It’s increased because patients are poorly placed, but they’re poorly placed because there are fewer and fewer places to meet their specific needs in their nexus areas.

We’ve seen the -- We have fewer and less ability to specialize and give individualized treatment catered to each person and that is one of the missions of the Department of Mental Health and Addiction Services to provide individualized, personalized care. We are less and less capable of doing personalized planning which is cr people d f we want to give the kind of care that we know these patients deserve and that we as a society are obliged to provide. We can’t help people if we can’t treat them as individuals. We can’t operate the hospitals and attend to this population without appropriate staffing. The state of Connecticut and the Department of Mental Health and Addiction Services actually, if they actually care about its citizens who are most vulnerable and most at need, it would be a non sequitur to continue to cut funds from these programs. It is simply -- It simply does not make sense.
We know that the people who are going to be affected most by these cuts are black and brown people and working class people and we can and must do better. The young adult population is the fastest growing demographic. They are a population of great need. Once they age out of the young adult population, they’re not going to -- they’re not going to be in a special population anymore, but that doesn’t mean that they won’t need help and attention. They just don’t disappear. Now getting the services they need as young adults will pose treatment complications further on down the road. We’ve seen this, which is why they started the Young Adult Program in the first place. We are charged with taking care of this population in our society. No one else is going to do it. You can’t put them in jail. You can put them in jail, I’m sorry, but that’s not the place for them. You can put them in general hospitals, but again, that is not the right place.

A lot of these patients will end up in the ER, which costs more money, as we all know. You’ll be stealing from Peter to pay Paul. These people will not just disappear. The most telling indicator of a society is how we treat the most vulnerable. What does it say about us if we look -- if we are okay with cuts that will clearly harm large populate portions of our society and those that of greatest need. And in closing, I’d like to say what is the measure of a man, what does a person cost, what does a young adult cost, what does that woman cost or this gentleman or me or anybody else here? What is the dollar amount we could put a person’s life and the lives of the people around them and the ripple effect that it will have on them? That’s what we need to focus on, that’s what we need to keep in our
hearts, in our minds. I know you guys have a very
difficult job on the Appropriations Committee, but
we implore you, please keep this in mind. It’s all
of us. Thank you for your time.

SEN. Osten (19TH): Thank you very much for coming.
Any questions? Up next is Chris Mezzarone. Is
Chris here? All right, nice to see you.

CHRIS MEZZARONE: Nice to see you, too. Good
evening members of the Appropriations Committee and
Senator Osten and to my Connecticut representatives
who are not here, my best friends, State Senator Mae
Flexer and Representative Susan Johnson. I’m here
to speak to you about the DMHAS budget. My name is
Christopher Mezzarone and I’m a registered voter in
the town of Windham. I’m active mental health
advocate in Keep the Promise and a face -- and I am
the face of mental health. My illness doesn’t
choose sides, it doesn’t know whether you are a
Democrat or a Republican, it’s a human condition
that affects one to five Americans.

Connecticut has had so many very good services for
mental health in the past; however, cuts over $26
million dollars to the DMHAS budget since 2013 have
taken a toll on this vital service to those who have
a chronic mental health condition. It is not
uncommon to have no empty mental health beds in the
state of Connecticut hospitals for those who go
through emergency rooms seeking help. A bed in the
emergency room while waiting for a mental health bed
does not help us to get a bed any faster. Another
loss in Connecticut is that we used to have 29
social clubs serving our state. The number has
dwindled to 24 clubhouses. Social programs and
clubhouses are a cost effective way to offer peer
support, counseling, and a variety of recovery focused activities to persons with a mental health illness. My involvement with the Lighthouse, a private nonprofit called United Services, that has helped me focus and support a mission of helping others and myself to recover from mental illness.

Lastly, I would like to address my concerns about limited transportation, especially in the forgotten corner of northeast Connecticut, which is harmful to all to all citizens living in this area. For those of us with a mental illness, this same lack of transportation translates into further poverty, isolation, depression and lack of human dignity. We have individuals who work part time because there is inadequate bus transportation. Thank you for supporting the adequate levels of funding with cost of living funding for vital mental illness services for some of Connecticut’s most vulnerable citizens.

I’d like to say one more thing, with the cuts from the DMHAS budgets, we lost one of our best regents on the health board because of the DMHAS budget and we -- we were throwing here and throwing there and I used to be on the board of directors for mental health, I’m not no more. This new place that we’re with, membership, us members from general health has been on the board of directors and I would like if - - for you to bring back the money that you took from DMHAS so we can go back to the way we were. Thank you for listening to me.

SEN. OSTEN (19TH): Thank you very much and I’ll tell Senator Flexer and Representative Johnson that you came tonight. Up next is Quyen Truong followed by Thomas Hope.
QUYEN TRUONG: Okay. So good evening, Senator Osten and the distinguished members of the Appropriations Committee. I’m exhausted today, so I’m sorry if I am confusing, but feel free to ask some questions later. My name is Quyen Truong and I am a registered voter in Hartford and I am also the review and evaluation coordinator at North Central Regional Mental Health Board, so I work at a regional mental health board that the former speaker to. I worked at the regional board for almost six years and I am testifying for two reasons; one to promote evaluations -- independent community-led evaluations of mental health and addiction programs. I think really, we should have community evaluations of all health programs. I think it’s really important to have deep community engagement with that and two; to propose how funding is provided for these statewide evaluations of any healthcare, especially mental health and addiction programs.

So why evaluations? You know, two reasons; one you need to inform yourselves of what’s going on with all of these different agencies and programs and you’ve heard from a lot of different people from a lot of different programs. How do you distinguish them from high-value services and value high-value services over high utilization. Just because somebody uses a program a lot, doesn’t mean it’s effective and in this climate, we want to make sure our taxpayer dollars are being utilized effectively and I think that an independent evaluation process could yield that.

And two, I think you really value community feedback. I mean, that’s why we have these public hearings, you know, it’s really wonderful to be able
to connect with legislators directly and, you know, often times our community doesn’t have that direct channel and it’s really difficult to come and stay late on a Friday night when you don’t have transportation, you don’t have -- maybe you’re worried about public speaking. It’s much easier and safer to come to a regional mental health board or to some mechanism, some process where you feel like you have a voice, that your lived experience is valued, and you add value to the system by giving that feedback and so I think it’s wonderful that Connecticut has established this process and I, you know, I want to say that our agency was created by statute with community input in 1974 to serve as a community watchdog, essentially, for DMHAS programs.

And so our organization works with community members, you know, parents, family members, and people with lived experience, as well as service providers, so we really look at the whole gamut of people who are involved in touching the services across the 37 towns in North Central Connecticut, to hear their concerns, sound warning bells, about issues, and help address issues in the mental health and addiction system specifically. And so we were created to review and evaluate DMHAS. Now unfortunately, we’ve been dealing with all these budget cuts and also there’s a huge conflict of interest and so I’m going to just briefly outline the conflict of interest and then I’ll close up. Is that okay?

The conflict of interest is this; we are funded by the very agency that we are charged with evaluating, so it really in some ways is difficult for us to be able to evaluate them perhaps as rigorously as we’d
like to and when there are lots of cuts being made and DMHAS has to make some tough decisions about what to cut, it is difficult to evaluate -- do evaluation of their own services over services and so it puts us in a difficult situation and DMHAS in a difficult situation. So I’m proposing that that funding should come from elsewhere and, you know, I know that a lot of you are supportive of our work and are supportive of evaluations and you thought that maybe you supported us, but in fact, the contract from DMHAS doesn’t have anything -- any deliverables having to do with evaluation, which means that -- you know, I used to spend a lot more time speaking with community members and going and doing these reviews and now if I want to do it, it’s on my own time, it’s a volunteer thing.

So in closing, I want to say when, you know, during this critical time when you’re debating issues like toll setting and marijuana legalization, you know, one way to think about funding evaluation is think about it as an investment and maybe channel or put a percentage of those other revenue generating programs towards evaluation because hopefully evaluation is going to give you the information you need to make the best choices you can about funding our state. Thank you.

SEN. OSTEN (19TH): Thank you. Any questions, comments? Thank you so much. I appreciate it. Next up is Thomas Hope who will be followed by Marva Thomas.

THOMAS HOPE: My name is Thomas Hope. Good evening, and thank you, Senator Flexer and Representative Susan Johnson and members of the Appropriations Committee for hearing my testimony today. I’m a
registered voter from the town of Windham. I am speaking to you regarding the DMHAS budget. I’m a person that’s been dealing in mental illness for at least 30 years. I’ve come inches away from committing suicide back in the mid’80’s. I was a person who had problems with high-risk behaviors and put myself at high risk. I am alive today but for the Grace of God, it truly is a miracle that I am still here. At age 19, I was diagnosed with mixed substance abuse. I worked on my self-esteem through a group at United Services. After all these years later, I realized I’m a worthwhile person who does good things. I also live with paranoia and psychosis and a variety of emotions and feelings. Now, I no longer need inpatient hospitalization. I make my own decisions today and have become inner directed as opposed to other directed. Finding programs that are essential to me as the Lighthouse program, which is a social rehabilitation clubhouse that is affiliated with United Services. Lighthouse currently has a membership of 74 members and new members are referred to the program every week.

The activities offered by the Lighthouse Clubhouse include education, peer support, and community involvement are cost-effective ways to offer support to individuals who need this help. Other programs that are essential are the energy assistance program, the matching program, also the renter’s rebate program, Medicaid and Medicare are also essential. These programs help me to maintain my independence as recovery is an ongoing process. I can’t express enough about the Lighthouse program reaching out to the mentally ill with a daily healthy lunch, by providing transportation back and forth to the club. I also work with a wellness
counselor who teaches and works with me to have healthy nutrition and regular exercise and I’d just like to share with you, I’ve been a member of Keep the Promise for the past four years. I’ve been able to come up here the past three or four years and share my experience. Thank you very much.

SEN. Osten (19th): Thank you. Marva Thomas. Marva Thomas will be followed by Carlos Martinez. Thank you for coming.

MARVA THOMAS: Good evening, Senator Osten and Representative Walker and members of the committee. I first want to say I’m very happy and very proud that I’m here today because I’m able to be a part of us as a community as a whole and the role that we play in the needs -- the special needs of this budget that we need to continue to enhance the healthcare that we so strongly needed. I’m a nurse at Connecticut Valley Hospital. I’ve been there since 2003. I started as a per diem nurse and in 2011, I became a permanent staff at Connecticut Valley Hospital. I’ve been able to observe the needs of our patients in an attempt to meet these great demands, we assure that they are receiving the best care under our supervision.

We have had success in meeting the needs of our patients because we have Medicare, Medicaid, JCOH, that are involved with overseeing how we implement care for these patients. Together, we work with the patients to reach their goals of discharge because that is what psychiatric care is all about. We try to give them the confidence and the strength that they may lack to help them reintegrate back into the community, whether that is a family member or an assisted living or housing situation. We must
understand that it is very difficult to simply place these individuals back into the community because they suffer from severe mental disabilities that are out of their control. We are the only home that they have and because of the care that we’re providing them, they’ve grown to adapt to us as their family. When they visit with the family, they’re always like -- they want to come back basically because of the relationship that we formed. They’re very comfortable with us.

The community facilities and families don’t always have the resources or the training to meet their needs. Cutting funding for DMHAS will exacerbate this problem. Balancing the budget on the backs of these patients is inhumane. I have observed patients being discharged to badly funded nonprofit agencies and in no time they’re back in the hospital in the a worse state than when they left. We need more education and we need more training and implementing groups for these patients so we can meet their special needs at the Connecticut Valley Hospital. DMHAS needs for funding, not less, to support the patients we currently take care of. If patients are having PTSD from past trauma, like attempted suicide, homicide, whatever it is, the history that brought them there, we need funding so much that we can better serve these patients.

We know these patients have severe needs. Cutting funding to DMHAS and privatizing means giving these patients even less to meet their needs and put these patients at vulnerable risk. We can’t balance the budget on their backs. We are all one human community. We take the support -- Why take away the support? These patients need to feel they are a
part of our society and a meaningful part of the world. The richest people in this state can afford to pay a little more for the benefit of the most vulnerable people in our Connecticut state. Give DMHAS the funds they need, please. Do not cut the budget. Thank you for your time.


RYAN SOLOWAY: And I have what, three minutes to speak? Okay. One second.

SEN. OSTEN (19TH): Okay, Ryan, are you trying to put your watch on?

RYAN SOLOWAY: Yeah, anyways, sorry. So I’m just trying to be positive in how I’m speaking this because like I’ve been to these meetings for a while and I haven’t seen the change I wanted to see. Again, I don’t know the -- I know it doesn’t look it, but I’m an old one from the system. I’ll be 39 this year and so I have seen the system grow up from -- to the point where I was the third young adult client before it was even called juvenile services, it was called Herschel props, and I’ve been with the system since I was six to the point when I was nine and often out of the house and then that was a time when nine to -- you know, they just took you out, so nine to 26 and 26 I left juvenile services and then back and forth.

But anyway, what I’m saying I really feel like that it’s nice to have a possibility of hope, but I just feel like the problem is that people are not taking it seriously and I guess -- I know it’s supposed to
be from their own hearts, but I’d like to put it into your perspective a lot of you guys who are the chairmen or whatever, you sit in very comfortable chairs, but it’s different if you were sitting on rocks outside, so it’s hard to understand what it’s like to sit on a rock when you’re sitting on a chair and in that way, trying to put yourself in a position like us is very difficult and there’s really no way to do that other than to just say that I, myself, have, you know, I connected with one of my old staffing person from before and I had found out that recently in the last three years, three of their clients from community services have just dropped off. I know how they died, it doesn’t need to be mentioned, I saw of them before and they weren’t really that well off and they just looked so hopeless and everything from the way we’re treating mental people right now with the whole hostile architecture, you know, making things so people can’t sit, lay down, there’s a real hatred right now it seems to people with mental problems.

But the real problem is if you do not take this seriously, and maybe that’s what they want, I don’t want to think that, but if you don’t pay attention to this mental health system, it’s going to just shift from, you know, the mental health system to the prison system, which again, is also privately funded and also a big business. You know, I’d really like to see some change happen, but more so, the biggest -- if I can say the biggest issue or if people could solve it, would be to allow people the ability to have housing because the real problem is -- I, myself, have a 12-year employment gap and I’ve been trying for a long time to get a job, but it just gets harder every year. It builds up. No one
wants to hire you and I feel like if housing -- money needs to go to housing because with housing comes stability and it’s a way to escape the system when you have a place to go and call your own and just say hey, you know, I’m doing okay.

You know, when you’re living with your mother or living with your whatever, it’s not the same. You don’t have that drive because -- conversely, you have to have people to drive you to, but, you know, the point is that it’s not self-satisfying. It’s not self-worth. You don’t have self-worth when you know that what you do is not even -- it’s hard to explain. It’s just that’s what I think is the problem, is the money needs to go into housing more than anything because that will lead to people being -- feeling safe.

A lot of people like myself, I know my time is running out, but we live a life of safety when live in these places and we’re happy to live in safety for a long time, but eventually, you know, everybody gets to the point where, okay, they need to -- you start to build your own life and when they go to do that, they’re ready, they have this long waiting list that’s just -- it’s just -- it’s like a revolving door, okay? You have mental health, jail, back and forth, so I mean, we can go about this a million different ways, but I just really wish I can see the change that I feel like the state really needs, so.

SEN. OSTEN (19TH): Ryan, Ryan, thank you very much for coming. Nina Cohen followed by Ryan Fennell.

NINA COHEN: Good evening. My name is Nina Cohen. I work for River Valley Services. I’m stationed at
the Community Living Support Program in Portland, Connecticut. We recently lost a female client to a drug overdose. Her story starts last July when she entered our program. She came in quiet and reserved, but eventually opened up to the many staff in the house. Her struggle with drugs was an ongoing battle. Staff went above and beyond their duties when it came for caring with this client. We were not asked to, but we would drive around Middletown looking for her and a few times we would find her and be able to talk her into coming home. Obviously, we were not able to convince her all the time, but we never gave up.

Staff had the gut feeling that she would be one of the hundreds of young adults that would lose this fight against drug addiction due to the kind of conversations we would have with her. She was really struggling, but it didn’t stop us from talking to her one-on-one or from having many conversations to offer comfort to her distraught parents every time we had to call and inform them that their child had once again left the house to go and use or even lend a listening ear to her peers who were just as worried about her. On February 2nd, we had to file a missing person’s report on this client. She had only been gone two days, but because staff had a connection with her, we knew immediately something was very different about this time. On February 3rd, she was found unresponsive in an alley in Middletown and brought to the hospital as a Jane Doe. Due to the missing person’s report, she was able to be identified in a matter of hours and not days.
Staff went to visit her in the hospital, but unfortunately her prognosis was not good. On February 10th, she succumbed to the effects of the overdose. Staff had been the support system for her peers who were devastated and for her heartbroken family. Even though this is one example of the work we do, it is more than a job. You become an extension of family for those that need help or a family-like member for those without family. We have even been support to the families who are at a loss of how to help their child. On the flip side, we have a young man who completed our program five years ago who calls the program almost on a weekly basis looking for support from his previous worker. He calls asking for job leads, apartment openings or how to bake chicken for dinner that night. Today, this young man is employed and living independently in his own apartment and most importantly, he is a contributing member of society. He identified with this program and his primary worker who worked closely with him for the past six years when he was with us. The Community Living Support service has worked to help and keep our client population out of jails, hospitals, and more expensive levels of care and most importantly, helped them to become productive members of society. Please oppose the proposal to privatize and/or cut these services. Thank you.

SEN. OSTEN (19TH): Thank you very much. Any comments or questions? Thank you so much.

NINA COHEN: Thank you.

going to give my list to you, Ryan. Elvin Nieves? Elvin Nieves? Susan Bucksbaum?

SUSAN BUCKSBAUM: I don’t really need notes so much. So good evening, Senator Osten and the other -- and all of the Honorable Members of the Appropriations Committee. I’m here tonight. I have lived experience of mental illness. I’ve actually been a client at the FS Dubois Center in Stamford for 41 years and I am the only person with lived experience here tonight testifying from southwest Connecticut. The only other person I know of who testified is from Bridgeport, so in a sense, I represent all people with lived experience from Bridgeport down to Greenwich. That’s a lot of space and I want you -- there are some key issues that I’d like to bring up. Today is kind of a day of mourning for me because I was on the board of directors of the Southwest Regional Mental Health Board and the regional mental health boards ceased to exist as of yesterday. We’re now the RBHAOs, the Regional Behavioral Health Action Organizations.

Luckily, I’m on the interim advisory board for that, but I have a huge concern and that is that the RBHAOs are funded by a federal block grant that it’s only for substance abuse prevention. There’s no piece for mental health advocacy, education, and oversight of what DMHAS does and this is a huge, huge concern of mine. We all know what happened with Bill Shehadi at Whiting and the other gentleman at Whiting who passed away because he choked on a Fig Newton and I feel very strongly, because I also worked for DMHAS for ten years in the state hospital system, that there needs to be independent oversight of DMHAS, outside of DMHAS, and I think it’s really
sad that DMHAS is not interested in funding these kind of things, you know, that the block grant is only for substance abuse prevention.

The other thing I want to talk about is the Dubois Center and the staff in there has been halved in the last three years. It’s brutal. We’re short one psychiatrist and that position has been empty for four months, so there’s two psychiatrists serving hundreds of clients. I am so lucky to have a wonderful psychiatrist and I have to tell you that for the most part, the line staff at the Dubois Center, excuse me, is wonderful. I do take issue, however, with the direction that is coming from the Office of the Commissioner and other administrators. I think that we down in southwest Connecticut sort of get ignored. I have never seen the commissioner come down to southwest Connecticut to Dubois and the other thing that I want to bring up is so we’re short a psychiatrist. For the nurses, it’s a huge burden for the nurses.

And lastly, I’d just like to say, you know, Advocacy Unlimited, I’m also an RSS through AU certified. Advocacy Unlimited got, in 2016, $2. -- almost $2.2 million dollars from DMHAS. AU does not serve southwestern Connecticut and I believe, this is the last thing that I’ll say, I believe that the five RBHAOs now should get the money from that AU gets, it should be divided equally between the five RBHAOs and each RBHAO should be in charge of doing mental health advocacy and education for their own community. Thank you very much for giving me the time to speak. I appreciate it.

SEN. OSTEN (19TH): Thank you. Thank you for coming. Lauralyn Lewis here?
LAURALYN LEWIS: Good evening, Senator Osten and all members of the folks that are spending your Friday evening here listening to all of us. I want to echo the appreciation that Governor Lamont has put funding in for our population, the DDS families, in this budget and I hope it stays in there. We were up here talking about grant funding. It seems like we’re up here every year talking about grant funding and I hear your message loud and clear about Finance. I hope next year when we’re sitting here that your colleagues from Finance are sitting here as well because they need to hear all of this.

I want to acknowledge the folks here, the courage that it takes to come and speak to all of you. My brother has bipolar, he’s older than me, and we grew up in a time when it wasn’t acknowledged, it was hidden, and I was on the receiving end of a brother who did not get the help that he needed, so I recognize it and I appreciate it and I really think it’s amazing the courage of these individuals. We’re heading in the right direction, but we need to fund all of this. We have a bill that’s probably -- I hope will come to a Approps that was heard today or decided upon for getting language in public health this morning on the level of need assessment and there are some folks out there that are against that. The level of need assessment affects every DDS client.

My son, many of you have met, he is -- he’s sort of the poster child for independent living and his needs have changed and this level of need assessment does not capture the behavioral stuff that he is now exhibiting that his therapist is now recommending a group home for him, so when we talk about new models
and all of this, I want us to be very clear that there’s also to consider the window of possibility for these individuals that might go into some of these lesser models. We need to do -- We need to do better to make sure that individuals that have higher levels of need have what they absolutely need.

There are a lot of individuals that are in group homes that are -- the group homes are now sending off to nursing homes because they don’t want to take care of them anymore and frankly that scares me as a mother. I deal with a lot of parents. I talk to a lot of single moms and they are very worried that their kids are not going to be taken care of and I can’t tell you how many moms say to me I hope my kid goes before me, dies before me, and I am one of those parents speaking to you tonight. It is a very scary proposition to think that our kids are going to be left alone in a system that is not well figured out, so I will leave that with you tonight. One other thing, I would encourage you to look at the testimony provided by the Alliance on the level of need assessment. They represent all the nonprofits that take care of the DDS population and they are in full support of that level of need assessment change that we need. I thank those of you that have already co-sponsored and I hope you all will. Thank you and good night.

SEN. OSTEN (19TH): Thank you, Laura. Representative Bolinsky. I’m already in out mode.

REP. BOLINSKY (106TH): Thank you for your advocacy. You’re always here and it means a lot. I didn’t catch the bill number.
LAURALYN LEWIS: Yes, it’s Senate Bill 393.

REP. BOLINSKY (106TH): Three-ninety-three?

LAURALYN LEWIS: Yeah, and it’s the level of need assessment and before there’s any decisions made against it, I encourage you to look at the testimony from the Alliance because they -- you obviously are all familiar with their work and it’s supportive, so I appreciate it. Good night.

REP. BOLINSKY (106TH): Thank you very much. I have it up on my tube now, so thank you, Madam Chair.

SEN. OSTEN (19TH): Thank you. Any other comments or questions? Lucy Nolan followed by Jeff Davis.

LUCY NOLAN: Good evening, Senator Osten, Representative Betts, and members of the Appropriations Committee. My name is Lucy Nolan and I’m the director of policy and public relations for the Connecticut Alliance to End Sexual Violence. We are -- Our mission is to create communities free of sexual violence and to provide culturally affirming, trauma-informed advocacy, prevention, and intervention services centered on the voices of survivors. I’m here in support of Governor Lamont’s proposed rape crisis in the budget for this -- in this budget.

We understand the current fiscal realities that you have to deal with and the constraints and we’re glad that this budget supports the rape crisis line. It is what is used for front line sexual assault services. Rape is the only violent crime in Connecticut that’s going up as everything has been going down. Nearly 20 percent of Connecticut residents have suffered some sort of sexual assault
in their lifetime and it results in short and long-term health consequences for both victims and for their families. So these funds work to be there for sexual assault victims and for their families. They help pay for two hotlines that are free, one is in English, one is in Spanish. It’s the only one in the country, we have the only Spanish one in the country. They’re 24 hour. That means if somebody calls at 3 a.m., somebody, an advocate, will come and meet somebody at the hospital and stay with them while they’re getting a rape kit done and that can be a five-hour or a six-hour. They are the person that’s there for the victim. They’re not there for anybody else, but just for the victim.

They do crisis counseling, short-term crisis counseling. They help the family deal with what’s ever gone on. They’ll work with the hospitals. They go to court with victims, they go to the police stations with victims. They are -- It’s invaluable support for victims of sexual assault. And they also do -- And I want to say that the sexual assault crisis centers have given testimony today. They’re not here tonight, but you have it, which has some very specific things that they do. There are nine member centers in the state, but they also do prevention, they go into school, they teach about consent from an early age so it isn’t something that all of a sudden somebody learns about in college. They learn about, you know, if somebody doesn’t want to be touched, then you respect that. So it becomes sort of a natural way.

We really -- The prevention is really what’s going to stop a lot of this from happening and that’s why we think this is so important. So we as you to
please continue the support that you’ve shown over the years and to -- just to stay with the governor’s line item for rape crisis center. Thank you

SEN. OSTEN (19TH): Thank you very much for coming. Any comments or questions? Seeing none, thank you so much.

LUCY NOLAN: Thank you very much.

SEN. OSTEN (19TH): Jeff Davis. Is Jeff Davis here? Jeff Davis? Aislin Green?

AISLIN GREEN: Good evening, Senator Osten, Representative Walker, and members of the committee. My name is Aislin Green and I am a licensed social worker at Hartford Behavioral Health. I have worked at HBH for about six years now, but I have been in this line of work for almost 20 years. I am here tonight to testify about how important funding for mental and behavioral services in Connecticut is, especially for communities like Hartford, which usually needs these kinds of services the most. I am a single mother of two sons. Despite having my LMSW, a professional degree, I still need to work three different jobs to be able to provide for myself and my sons.

In my role as a mental health worker at HBH, I am exhausted. I see clients back to back without any time in between to gather my notes and my composure. The heavy caseload leads me feeling like I am letting my clients down because I have no time to give them the personal care and attention that they deserve. If mental health services in Connecticut were to be properly funded, my agency would be able to pay me enough so that I would not have to work three different jobs and it would allow them to
maintain quality clinicians and not have the high turnover rate that we currently have.

I am also a delegate with District 1199 and in my role, I interact with my brothers and sisters that deliver mental health services in the public sector. Many times the discussion about funding turns into a conversation about saving money through the privatization of public sector mental health care. I love my job and the work I do, but I have to work three jobs to make ends meet. This is not something that should happen. Our state should be funding all services properly so that the people that need the services the most, typically vulnerable populations in large urban areas, have choices and can get quality care no matter how they are getting the services. Thank you for your time.

SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Seeing none, thanks so much. Margaret Watt? Is Margaret Watt -- thank you -- followed by Joanne Cunningham.

MARGARET WATT: Good evening, Senator Osten and members of the committee. My name is Margaret and I’m here as the co-director of the HUB, the Regional Behavioral Health Action Organization, or RBHAO, for southwestern Connecticut. I’m here regarding the DMHAS budget. First, I would like to remind everyone that the overall DMHAS budget has decreased by 17 percent since 2012, so when you are discussing the budget allocations each year, please bear that in mind because DMHAS operated sites and DMHAS funded providers are already operating with far fewer staff, up to 50 percent fewer in some cases, and higher caseloads than a few years, as you just heard, and that means the budgets have long since
been cut to the bone, right, if we’re affecting services, we’re not doing things like -- we’re not -- there’s no more meat to cut, you know, facilities management.

And speaking of facilities management, I would encourage you to visit some of the state funded facilities because I had a meeting at CVH a couple weeks ago with a senior DMHAS staff member I got to her building, which I had not been in years, and I actually thought it was abandoned because from the outside, the window frames were lying on the ground, the paint was peeling on the ground, there were holes in the windows in the winter, and that’s where people are going to work every day.

So positives that I saw in the governor’s proposal is that there’s a proposed funding for caseload growth to support low-income growth and money follows the person. Those are really important programs. Please do that. There’s proposed maintenance of the housing supports and services line item. That is absolutely critical and thank you all for considering maintaining that. People with behavioral health disorders, just like everyone, like all of us, you need stable housing to go to work, to get educated, to do anything else, so that’s a critical piece of funding.

Problems in the budget, once again there are proposed decreases in the DMHAS line items for home and community-based services, mental health grants, and substance use grants. These are the programs -- these are line items that fund engagement, outreach, social rehab, outpatient services, substance use counseling and treatment, group homes. These are the monies that keep people out of the shelters and
out of the hospitals and out of the cycle of expensive care, so these are cost savers. You have to fund those, not cut there. A problem in the budget, in the DPH budget, is that school-based health centers are once again on the line for cuts and again, this is a low-cost, very highly proven effective service. So we really have to focus on putting money into the wellness side of things and the preventive side of things.

Potential solutions, I know everyone is always looking for those. One would be to use revenue from taxes on all substances of abuse, alcohol, nicotine, vapes, marijuana, and gambling to fund prevention and treatment and recovery, not just prevention. If I were you, I would ask questions because I’m going to ask questions. I don’t understand why the DMHAS budget is planning for a 30 percent increase in Worker’s Comp claims the next two years. To me, that $3.5 million dollar projected increase in Worker’s Comp claims would seem to imply there’s a problem with workers in facilities. That’s enough to cover the cuts to the community-based services, the managed care, and CMHC. May I have like one more minute to -- thank you, Senator.

There are two other things I just want to point out; one is the DMHAS budget that I’m talking about doesn’t even have some line items you used to see in the past for the regional action councils and the regional mental health boards. They have been merged now into the RBHAO of which I am one as of today and are funding is entirely federal at this point, so the state for over 40 years used to fund us to do community coordination and education and monitoring of the service system and used to fund
the RACs in all their local communities to do prevention work. There is literally not a cent any more for those services, so the federal money is all around substance use prevention. It’s as though mental health doesn’t exist anymore. The state needs to support this. It really needs to find the funding to that, my last point is; one of the key roles that the regional mental health boards, which I was before, used to have -- was to be a kind of consumer watchdog function.

So as you know, last year we uncovered horrible abuses at the Whiting facility run by DMHAS. There was a young man who died the year before. There have been deaths at DCF teen facilities in the summer and to me, what we need, what we have to do as a state is say if we are going to put our residents behind locked doors for long periods of time, whether it’s through DDS facilities, DMHAS, DDS, DCF, whatever, we put people behind closed doors for long periods of time, we have to have a mechanism that we fund as a state to provide consumer protection. There was a recent public health hearing and a lot of us testified. We’d be very happy to try to recreate a new mechanism for that and I think you have to find funding for it. It’s just critical. Thank you.


JOANNE CUNNINGHAM: Good evening. My name is Joanne Cunningham. I live in Woodbury. I’ve been a state employee for 34 years. I am the head nurse at Southbury Training School. The population at Southbury Training School is mainly over the age of
70 with multiple diagnoses and disabilities. Many of our individuals who live at Southbury have been there since childhood. Many of our staff have worked with them for decades and they consider our staff to be their extended family. This is important when providing care to people who are not able to fully communicate and are experiencing aging issues such as dementia. This is their home. We provide quality care for our people and it is my hope that they will be able to live out their lives with us at Southbury. Thank you.

SEN. OSTEN (19TH): Thank you, any comments or questions? Seeing none, thank you so much. Is John Allen here? John will be followed by Gary Wallace.

JOHN ALLEN: Good evening, Senator Osten and distinguished members of the committee. My name is John Allen and I work in individual family supports for the Department of Developmental Services. I’m here to ask for the continued expansion of IFS service. Public sector IFS workers are very important as we can be of immediate assistance by identifying, dealing with problems until other services and more permanent solutions, public or private, can be found. There are thousands of individuals with intellectual disabilities living at home. Assisting families in the home provide much needed and welcome help.

Individual family support workers are sometimes the first visit to homes of the individual in need, particularly for the newly identified individual with intellectual disabilities. We find out about them from DDS helpline, other agencies, or professional healthcare providers. Being the first people into the homes, we sometimes find there’s a
much greater need for help than we anticipated. These initial visits are vital for the agency’s ability to identify and address the needs of the population we serve. We have been and currently are in homes where the parent has a terminal illness and has difficulty providing routine care such as toileting and bathing or they can no longer manage their child with a challenging behavior. In homes where the parent has gone into the long-term care or has died, we’ve assisted the intellectually disabled individual who requires assistance to live on their own.

We help many elderly parents with intellectually disabled children living at home, our senior citizens themselves. We have helped in homes with parents as old as 101. Sometimes the person with intellectual disabilities that we are assisting has taken on the role of caregiver to themselves for their elderly parent. We also deal with crisis situations. We have accompanied individuals from abusive or neglectful situations to places of safety where they can get the care and the help they need. We are truly Jack-of-all-trades as the needs of the individuals and the families vary greatly. We provide in-home and community respite assistance with medical appointments, assistance acquiring benefits, housing, and numerous other jobs.

In recent years, the emphasis has been on providing help in the home rather than placement in an institution to group home. Continued expansion of IFS services would provide a valuable help to families in their home and may delay or negate the need for placement, which is extremely expensive for the state. Thank you very much for your time.
SEN. OSTEN (19TH): Thank you. Are there any comments or questions? Thanks so much.

JOHN ALLEN: Thank you.

SEN. OSTEN (19TH): Gary Wallace followed by David LaBier.

GARY WALLACE: Good evening, Senator, and other members of the committee. Thanks for having me. My name is Gary Wallace. I play a couple different roles in the community in Middletown. I’m the current Chairman of the Board for Gilead Community Services, you heard a couple other members testify tonight, and I’m also a captain with the Middletown Police Department. So a quick story for you. So long before anyone knew anything about Gilead Community Services or the Middletown Police Department, I learned a little bit about clients who suffered from mental illness from my neighbor who worked for DMHAS. I was a young boy growing up in East Hampton, Connecticut, that’s my home town. My parents had a large garden in the back yard and as children, my sister and I gained plenty of gardening experience, even though we really didn’t want it. Our next door neighbors had a large garden, too, and each year my father and I, we would till the soil and we’d use compost, which I think is a lost art, but our next door neighbors would do the same as our gardens kind of bordered each other in the yard. We spent a lot of long hours talking about the vegetables and harvesting.

So in those summer months, our neighbor would often bring home guests on Saturdays to help out in the garden and I recall my sister and I talking about the people who visited because they seemed
different. So one day I asked my father about them and wanted to know who they were. It was at that exact point in my life as a young boy that my perception of people suffering from mental illness would change. My father took me by the hand, walked me into the neighbor’s yard and introduced me to the people. They were nice, very knowledgeable, and from that day on, we all worked together on weekends in the gardens. We told stories, we laughed about a lot of different things and through the guidance of my parents and my neighbors, we learned about mental illness in a way that would carry us through life. They gave us an understanding and the opportunity to learn and love and it truly paid off for me.

So fast forward to the police department. So for my -- and I’m 25 years in service and for the first 17 years of service as an officer, having worked in numerous capacities and ranks, I served with other officers responding to calls for service involving people with mental illness. We’ve always been very well-versed in my area with crisis intervention and routinely manage these situations, but often ending with a person being shipped off to a local hospital for an evaluation.

And then I’m at Gilead, an agency that serves a population of people in need that just want to live their best lives, people who do not want to be labeled as being ill or stand out in a crowd as someone to be feared. I cannot speak for every officer, but I can say that I’m average. Police officers want to see citizens, all citizens, live free and proper. We work hard to build trust in relationships over time and this is something rarely seen that happens every day.
So as chairman of the Gilead board, I’ve continued to partner with other board members and many of my officers to visit Gilead programs in the community and we do this on a regular basis. These meet and greet visits have benefited everyone tremendously, staff and clients get to personally know board members and officers for opportunities to talk in a non-crisis setting has been really wonderful. These relationships would never happen if clients were not out in the community enjoying a deserving quality of life that awaits them.

It would be easy to write people off and prefer that they be in the care of the state, but our efforts -- and our efforts would be channeled toward other issues in the community, but I think that’s the wrong attitude. The cost to care for clients in the private sector is much less utilizing state care. The building of relationships with people that we would not normally build them with is where the real value lies. So we welcome the opportunity to serve all people from all walks and even when situations become worthy of our presence to keep the peace, we can find the good in those situations and make the best of them. The valuable lessons that my parents taught me still hold true today, treat people with respect and dignity and in return -- Thank you again for any consideration and for all that you do for Connecticut. By dual role in the community, as well as my upbringing in part, has helped me understand that people with mental illness can manage a normal life with adequate services, so please consider continuing independent services. Thank you.

SEN. OSTEN (19TH): Thank you. I just have one question, so you’ve been doing this for a long time
and I’m just curious, have you noticed an uptick in the number of people with mental illness that are being incarcerated?

GARY WALLACE: Yes, yes. I also -- I also teach a course to police officers. It’s mainly dealing with juveniles, but we do have some adult that this fits and a very high number of people who are incarcerated also suffer from mental illness and as a result of some behaviors, that’s what lands them there. I think we heard that in a lot of different ways tonight, so that is true, yes, but as far as the uptick, yes, we do see it.

SEN. OSTEN (19TH): So the reason I ask is because I worked in corrections. I worked there 21 years. When I first started, you’d see about 5 or 6 percent of the inmate population would be chronically mentally ill and I worked with both male and female inmates and the number of inmates that are chronically mentally ill was close to 35 to 40 percent in that range now.

GARY WALLACE: I would agree.

SEN. OSTEN (19TH): I think what happens when we stopped providing the funds for the resources, there has been no choice but the criminal justice system to step in and after a number of times, the person gets incarcerated, so I just was curious what you were seeing.

GARY WALLACE: I totally agree and I can’t tell you how many times that people really look to law enforcement to solve what they perceive to be the problem and it’s really a culmination of a lot of different people, which is why we’re taking the approach we’re taking to try to, you know, embrace,
you know, everyone and especially people with mental illness to try to build relationships because we know the money is tight and so if we’re all out there in the community, we all have to work together, so I agree.

SEN. Osten (19th): Thank you very much, appreciate it. Any questions? Representative Betts.

REP. BETTS (78th): Thank you, Madam Chair, and thank you, Gary. I just wanted to not ask a question, but just thank you for being an excellent role model and I think it really does make a difference the attitude and the time you spend with people who do have a mental illness. They are normal people like everybody else. They have challenges, but I think the role that you play and the example you set, it’s a very positive one and I’m sure it’s one that is helpful to them and certainly to the community, so keep up the good work and I’m very glad you stayed to testify.

GARY WALLACE: Thank you. I appreciate that and I have some great mentors that are here in the room, so I give them a lot of credit as well.


JANINE SULLIVAN-WILEY: Good evening, Senator Osten and distinguished representatives from the Appropriations Committee. My name is Janine Sullivan-Wiley. I’m an executive director of the Northwest Regional Mental Health Board and I’ve been doing this work for 26 years. Our board is currently in the process of merging into the Housatonic Valley Coalition Against Substance Abuse,
joining with another organization to form the Regional Behavioral Health Action Organization in region 5 and I’m speaking tonight because I’m deeply concerned about several parts of the proposed funding.

I start by noting that consolidations are generally a good thing, efficiencies are a good thing, funding is tight, and usually when I hear the legislature talk about these, it’s always with some kind of caveat, that you will provide incentives, there will be efficiencies, but maintaining critical services. Well, last year there was consolidation, but without those kinds of caveats. DMHAS put through without legislative oversight or consultation a broad consolidation of 13 regional action councils whose role was and still is in state statute, which legislators like yourselves created, and five regional mental health boards, the same situation there, into five regional behavioral action councils; 18 into five is a drastic consolidation and you heard some of my colleagues earlier speaking about what happened with the funding.

The entities are only funded with federal block grants. All of the state funding was eliminated. The net result is serious deficits in the resources needed for the surviving entities to do what they should for both prevention and the traditional roles of the boards and catchment councils. It falls to you as our state legislators to ensure that the essential funding is there and it falls to you to ensure that the final structure preserves the grassroots’ voice and representative, any oversight, any evaluation of DMHAS funded services and to that I would call your attention to House Bill 5145.
Unless the funding changes, monitoring and evaluation of services, especially DMHAS funded services, will have little or no oversight. The RBHAOs could continue the regional mental health boards catchment council function at a fraction of the cost of outsourcing that to consultants or not doing it at all and it would do it in an open, transparent, and publically connected process. Recent history, which Margaret alluded to earlier, suggest that that is not what should be lost now. It would appear that DMHAS is willing and able to eliminate those functions by strategic funding decisions.

We count on you to restore this critical oversight and evaluation function. You really are the only ones with the power to do that. Quite possibly the role should rest with a different state department than DMHAS, providing even greater independence, especially when it comes to the monitoring of DMHAS-operated services. The second point that I wanted to raise is that funding in general for mental health and substance abuse treatment services, except for special initiatives, have been eroded over the years, you’ve heard that from a lot of voices tonight, and this trend continues that. Services are lean and they have been reduced.

You know, we do not provide direct care services, I have not, but I have seen hours cut, staffing cut. The communities need more, not less. The annualization of 1 percent for the private nonprofits doesn’t even get pace with inflation. DMHAS again proposes to privatize services in Torrington and Danbury. These are two of the highest quality state-operated services in the state
of Connecticut, certainly in our region. Decisions of where to privatize should always be based on quality and efficiency. That was not the process used here and you should require accountability of those metrics when you see suggestions for what should be privatized. This demonstrates, again, the need for oversight.

Lastly, I would encourage you, and this is just one small line item, but to maintain funding for the DMHAS Legal Services and the Connecticut Legal Rights Project. They have a long and valued history of protecting people’s mental health issues who are also low income. They play a critical role for people still living at CVH and for people facing discrimination in housing and employment. I recognize the incredibly hard decisions you have to make in this, but I urge you to use the best information and to maintain critical transparent community-based oversight and the preservation of expenditures going forward. Thank you.

SEN. OSTEN (19TH): Thank you very much. Comments or questions? Thank you.

JANINE SULLIVAN-WILEY: Thank you.

SEN. OSTEN (19TH): Bobby Berriault? Bobby will be followed by Jim Piccione.

BOBBY BERRIAULT: Good evening. My name is Bobby Berriault and I’m here today to testify in support of allocating more state funding for DMHAS and other mental health services in Connecticut. So I had a really busy week this week. I actually just took the Bar exam and it’s my last semester in law school, like my last semester being in school ever as a full-time student. I mean, I have a really
good internship. I really like and I mean, I’m doing pretty well right now, but like I have Asperger’s and I grew up in foster homes and group homes because when I was born, my parents didn’t want me because, you know, I wasn’t good enough and I grew up in poverty, too, so I had to go without food a lot when I was growing up, like I didn’t really have much. Even when I was an intern here like ten years ago, hard to believe, like, you know, the staff upstairs they gave me like a winter coat because I didn’t have a winter coat because even that was out of reach for me.

So it’s like I went through a lot and I’ve made it really far in life and the reason I made it really far in life is -- I mean, there are a lot of reasons, but a really big reason is because I was very lucky to have the support of mental health services, you know, having -- being able to go to therapy. I was alumni of the Second Wind Clubhouse in Enfield and, you know, going through CHR and CMHA and Wheeler Clinic and the Joshua Center and other services and getting the help I needed really made me a better person and I know that there are those in this building and outside of this building who kind of question like is it really worth spending all the money that we do for mental health services and not-for-profit mental health centers and the answer to that is yes.

Because like if I wasn’t able to get the help that I needed, I would be homeless or dead. I mean, I wouldn’t have had a future and I mean, people think that well, it’s a sign of weakness -- some people think it’s a sign of weakness, like when you go see a therapist, but it’s actually a sign of courage
because like it really takes a lot to like go to someone you never met like for the first time and kind of open up about your problems and you’re kind of in a vulnerable position because -- it’s scary trusting some that you really don’t and so -- but it helps and a lot of what I was able to get really helped me and that’s why I’m able to be in law school and take the Bar and do everything because of all the help.

The one thing I really worry about is that there are a lot of gaps in the system right now because of the recession and everything and so I really, really plead with you, please fund those gaps, please continue to appropriate more money. Governor Lamont’s proposed budget was a good start, but it’s not even in line with the base budget -- baseline budget, so at the very least, appropriate $6 million more dollars to keep in line with inflation and stuff, but ideally, pre-2008 recession level. I know that’s a lot and probably it’s not going to happen, but we definitely need all the help that we can get and that you can give to us. Thank you so much.

SEN. OSTEN (19TH): So before you step out, I just want to say one thing to you, you said that your parents -- you didn’t -- that you were in foster homes because your parents didn’t think you were good enough, I’d kind of turn that around, you were too good for them, so just wanted to let you know that. Thank you.

REP. CANDELARIA (95TH): I just want to make a quick comment as well because I remember when you were here interning honest to God and you’ve come a long way. I’m very proud of you, very proud of what
you’re doing. I can’t wait for you to be, you know, passing that Bar exam and representing these people the way you represented yourself today, so thank you so much.


DEB POLUN: Imagine having to follow that. For the record -- Good evening, members of the committee and members of the public, for the record, my name is Deb Polun and I work for the Community Health Center Association of Connecticut, which represents the state’s federally qualified health centers and I’m here to speak specifically about school-based health centers this evening. Fifteen of the state’s 17 health centers also operate school-based health centers in their community and what I can say more powerful than what you heard from the kids and the parents and providers earlier this evening. They definitely said better than I and demonstrated the value of school-based health centers better than I can.

The research is there that they help kids learn better, stay in school more, and they are valuable assets to our students, our families, or schools, and our community. So simply put, I would ask that you not only do not cut funding for school-based health centers, but that we make an investment and let’s get more school-based health centers in our state. I do want to address something that I heard the commissioner said today, I did not have the opportunity to watch his testimony, but I did ask a few people and it appears that he mentioned that not all school-based health centers bill for insurance
and for HUSKY and I just am very confused by that statement because they do all bill for insurance and for HUSKY, so they’re there providing medical, dental, and behavioral health services. When a student comes in on HUSKY, HUSKY is going to get billed for that service. When a student comes in with commercial insurance, the school-based health center is going to bill the commercial insurance for that service.

What is not taken is a co-pay, so if a student comes in and they have a co-pay or a high-deductible health plan, more and more we see students coming in with high-deductible health plans, we’re not asking the students for the co-pay and that’s the value of the grants from the Department of Public Health. They help the school-based health centers stay open and able to see people who either come in uninsured or come in underinsured so that they don’t have the co-pay situation. So again, I want to thank you so much. It’s so powerful to listen to these stories every year and I truly want to thank you for listening to people coming forward and sharing their stories of how state services have made a difference in their lives and this is just one more example of how our state can make a difference in people’s lives by funding school-based health centers. Thank you

SEN. OSTEN (19TH): Thank you and I strongly suggest you go to a Finance, Revenue, and Bonding meeting.

DEB POLUN: I think I’ve heard that once or twice this evening, Senator. Message received. Thank you.
SEN. OSTEN (19TH): Thank you very much, appreciate it. Comments or questions? Thank you.

REP. CANDELARIA (95TH): Just one quick question, so the -- you see a cut in the budget. Do you have an idea what would be the intent of that particular cut? I know that a lot of the school-based health centers do charge people for service, right? They’re provided with a bill, so you mention co-payments are covered with those dollars. What other things are covered with those dollars if you don’t mind elaborating?

DEB POLUN: Yeah, sure, so I think it depends on how that cut is implemented and I don’t know what the plan is. If the plan is to cut grants to existing school-based health centers or perhaps to not fund new school-based health centers that I think DPH maybe was thinking about funding moving forward, so I don’t know the answer to that, but if the cuts do impact current school-based health centers, they’ll have to cut hours and what we saw over the last three or four years is a reduction of funding of about 15 percent for school-based health centers and I know that the committee and the legislature has been very committed to school-based health centers and it’s understood that there’s a budget crisis. And what happens is simply, you know, the money pays for the services, so if there’s less money, there are either fewer services provided, so maybe dental isn’t provided, or they will cut back on hours or they’ll cut back on certain days, so they may not be able to be open five days a week, they might drop to four, or they may only be open certain hours during those days and what we’ve seen happen across the state.
REP. CANDELARIA (95TH): Okay, thank you for that answer. Thank you, Madam Chair.

SEN. OSTEN (19TH): Thank you. Any more comments or questions? Thank you so much.

DEB POLUN: Thank you.


MARY PAT DECARLO: Good evening, Senator Osten and members of the Appropriations Committee. My name is Mary Pat DeCarlo. I’m the vice-president of the Kennedy Center, a state contractor and a not-for-profit business providing essential and crucial services to more than 2,200 of the state’s most vulnerable citizens. First, thank you for the hard work and long hours that you are each putting in this evening and this legislative session. Members of this committee who represent communities in Fairfield and New Haven County may be familiar with the Kennedy Center’s history of community impact, our scope of service, and the fact that we are the third largest employer in the town of Trumbull.

In order to continue to be both an economic driver and innovator in this state, we need investments. Community service organizations, like the Kennedy Center, must be a fixed cost in the state budget. Simply put, after years of cuts and revenue stagnation from state rate reimbursement, coupled with fix costs increases in doing business, we are at a point in choosing which services to discontinue and therefore which vulnerable people we can no longer support. We are very grateful for the wage increase last session for our direct support
professionals. It was an important step forward, however, the Kennedy Center is $125,000 dollars short of our payroll obligations because DDS did not cover 100 percent of our identified payroll needs.

This shortfall is not in keeping with the legislative intent to address the staffing crisis among the community service providers. In addition, local municipalities have begun to levy property taxes on tax exempt organizations and the projected 2020 cost for the Kennedy Center will be over $77,000 dollars. Rate reimbursement stagnation and budgetary cuts for than a decade have resulted in the Kennedy Center and other community service organizations subsidizing the state’s obligation through fundraising and philanthropic efforts.

Please note that due to not keeping pace with the rising costs, we are forced to consistently and continuously borrow from commercial lenders at a market interest rate in order to meet our daily obligation. We are paying nearly $85,000 dollars in annual interest costs.

Because the community service delivery system has not been treated as a fixed cost by the state of Connecticut in its budget responsibilities, our ability to serve the most vulnerable in our communities is diminished. I understand many hard decisions lie ahead for this committee. I ask you to increase your investment in and fully fund the community service delivery system, making us whole so that organizations like the Kennedy Center can meet the growing and changing needs of your constituents. Thank you.

SEN. OSTEN (19TH): Thank you very much. Any comments or questions? Thanks so much. Is Melanie
Bonjour here? Melanie? Thank you. Tom Burr? And Tom will be followed by Ruth.

TOM BURR: Good evening, Senator Osten and members of the Appropriations Committee. My name is Thomas Burr from Glastonbury, Connecticut. I am the community and affiliate relations manager and part of the public policy staff at the Connecticut Chapter of the National Alliance on Mental Illness. I am also the parent of an adult child who is in recovery from bipolar disorder after eight years-worth of repeated psychosis, suicide attempts, hospitalizations, incarcerations, and homelessness. Currently, he’s living on his own. He is in recovery, working full time, and actually doing very well. He has been clean and sober and working for the past 11 straight years. Note some of the best care he ever received was right here in Hartford at the Capital Region Mental Health Center.

I am here today to speak regarding our mental health safety net as outlined in H.B. 7148, the budget proposed by Governor Lamont. Specifically, and you have my testimony, so I’ll go through this really quick, the behavioral health and substance abuse services must be maintained at current budget levels. We opposed the proposed $2 million dollar cuts to grants for substance abuse and mental health services. We support the housing supports and services line item, approximately $23 million dollars. We support maintaining the funding at current levels of DMHAS Legal Services, which protect the rights of people with mental health conditions and young adults who need supports to help them in recovery as they become adults and certainly Kathy Flaherty will talk about the
wonderful work that Connecticut Legal Rights Project does and we will certainly support that, as well.

State or federal dollars or a combination of the two must be found for the Regional Behavioral Health Action Organizations. You recently heard from Janine Sullivan-Wiley and Margaret Watt. They stated it better than I could, but really, when we have people call our office looking for services that NAMI does not provide, those are our go-to organizations in the different regions. They are the experts and they really do need to be restored their funding. Please be aware that by adding additional barriers to supporting people to live in the community with relevant services and supports will not address our citizens’ critical needs and they’ll make our budget situation even worse by adding over $1,000 dollars per person per day to the state’s expenses, as people with mental health challenges who cannot access care in the communities will often wind up using expensive crisis-based services, such as the emergency room, inpatient psychiatric hospitals, or worse, ending up in our jails and our prisons and the gentleman from the police who was here earlier explained that that’s going up. That’s not the direction we want that needle to be moving.

In summary, cutting these core service and supports is bad policy for our citizens and bad policy for our budget, so I urge you to protect the health and wellbeing of our Connecticut residents by restoring the cuts to the DMHAS budget and maintaining the funding for the items I have outlined in my testimony today. Prevention works, treatments are effective, and people recover. My son is just one
of the countless examples that I can provide who are recovering and they’re now leading meaningful, purposeful lives working and paying taxes. Thank you for your time tonight and I’ll be happy to answer any questions you may have.


RUTH CANOVI: Good evening, distinguished Chairpersons and members of the Appropriations Committee. My name is Ruth Canovi. I’m the director of Advocacy for the American Lung Association in Connecticut. I am here to express the Lung Association’s strong support of the Tobacco and Health Trust Fund as well as best practice tobacco prevention and cessation policies and programs. When it comes to tobacco, the evidence is clear that we need to make an investment in our public and financial health. Tobacco use remains the leading cause of preventable death and disease. We lose 4,900 people annually in Connecticut due to tobacco. Tobacco costs Connecticut more than $2 billion dollars in healthcare costs annually.

Connecticut, when we did invest in tobacco prevention programs, we saved about $2.48 for every dollar invested in tobacco control programs, yet now Connecticut is on schedule to invest your state dollars into our youth tobacco prevention program indefinitely. Last year in the 2018 budget, it completely eliminated the language that would put a deposit into the Tobacco and Health Trust Fund, which was the sole funder of the youth tobacco prevention program. Tobacco use and nicotine addiction is far from an issue of the past. Sadly
the public health epidemic of youth electronic cigarette use is really bringing light to this fact.

Nationally, e-cigarette use among high school students increased 78 percent from 2017 to 2018, just one year, and in Connecticut, high school electronic cigarette use rates doubled from 2016 to 2017. The Tobacco and Health Trust Fund was established in 2000 -- in the year 2000 and was done so to utilize the funds that the state received from the Master Settlement Agreement to address the cost and impact that tobacco takes on the state, however, since its inception, this fund has been woefully underfunded and really been treated as a rainy day fund, unfortunately.

We can and must do more to help those addicted to tobacco products quit and to keep youths from going down that path of nicotine addiction. That is why we support raising the tobacco sales age to 21. We appreciate this policy was raised in the budget and are looking forward to working with you and the Finance Committee to make this the best policy possible. We also encourage the committee to continue covering tobacco cessation treatment under Medicaid, which we’ll be submitting separate testimony on that. It’s so important because when we look at actual -- you know, you see the cigarettes rates in youth have declined incredibly, but when you look at -- that’s for the general population, but when you look at tobacco use and also among disparate populations, those were often underserved. We still have a lot of work to do to really change the impact that tobacco has on underserved populations.
And so we also would like to just kind of consider that reversing the damage that was done with last year’s budget and reinstate the transfer of funds to the Tobacco and Health Trust Fund. Each year Connecticut sees around $500 million dollars come into this state between revenue and the Master Settlement Agreement and we want to see something invested, so we really appreciate your time and thank you.

SEN. OSTEN (19TH): Thank you. Thank you for staying. Any comments or questions? No? Thank you so much.

RUTH CANOVI: Thank you. I appreciate it.


PATRICIA BURKE: Good evening, Senator Osten and representatives of the Appropriations Committee. My name is Patricia Burke. Thank you for spending your time listening to my testimony today. I would like to discuss this newest budget. I am the director of social -- the social rehab center at Gilead Community Services in Middletown. We are funded by DMHAS and we are nonprofit. Social clubs identify themselves, as you’ve heard here today, as social rehab centers, clubhouses, psychosocial rehab centers, and social vocational rehab centers. It’s the same pot of money, just so you know. In my 17 years at Gilead, we have offered a rich variety of comprehensive services.

We are part of the DMHAS continuum of care, which as you know, flows up and down relative to a person’s needs at any point in time. Our costs are based on
daily head count or the lowest in this continuum. As you can imagine, the cost per day inpatient at a state or private hospital versus residential care in the community versus case management care versus clubhouse care run from costly to least costly; however, it’s a continuum of care, so the individual needs to have access to all these different types of services when he or she needs them and we are incredibly good at being fluid and flexible around that process.

So that I can help you learn about the quality of care at clubhouses, I’m going to read a non-exhaustive list of our care modalities over the last 17 years. To put this in context, we serve 29 to 72 clients per day. We are open 7:30 to 4 every day, including -- every weekday including holidays. Our location is on the outskirts of Middletown. It’s on a bus line and we have a 5,000 square foot building with about four acres of property, so we are very, very lucky. So here’s the list and I want to paint a picture for you so that you have an understanding of the variety and the rich nature of the services we provide, okay? So this is a picture in your mind. If you want to visualize it while I’m talking, go for it.

The first one is we do a week-long camping trip in September each year at Camp Harkness in Waterford. On this trip, 38 to 50 clients on average stay overnight in cabins; 20 more about come for the day. It’s on the Sound and the Sound is a five-minute walk from the cabins. We steal staff from all over the agency so that this can be a really wonderful vacation for our clients. We are very committed to doing this and we’ve been doing this for a long
time. Number two; we go sailing on Fridays through the summer with Connecticut Sail, which is a volunteer organization out of Westbrook. Number three; we have a softball team of 17 individuals who play in the Mental Health Awareness Softball League against other clubhouses in the state every Thursday from April to September. Number four; we attend at least LOB hearings and meetings with our reps and senators every spring. We go to McDonalds or Denny’s for lunch depending on what we have in the budget that week, McDonalds if we don’t have a lot of money, Denny’s if we have a little bit more money.

We have over 38 clients currently that have received legislative training through Keep the Promise, who you’ve heard about today, and the Connecticut Legal Rights Project. We send over two advocacy letters per client at least every year to legislators. We meet with our local legislators at the club and at the capitol every spring. We have hosted legislators at legislative breakfasts every year for over 20 years. We have also met with our federal reps and senators and have pics to prove that. Number five; we have large celebrations Thanksgiving and Christmas, every holiday with great healthy meals. We make food from scratch. Every weekday at lunch time, there are wholesome meals and healthy meals and we follow the current federal nutrition guidelines. As a side note, for many of our clients, that is the only meal that they may eat that day. A recent meal, for example, was a large chef’s salad with homemade noodle soup on the side using the leftover chicken from the day before. Staff and clients create all the meals, do the
shopping, serve the meals together. This is an elbow to elbow process as are most social clubs.

Our daily schedule involves volunteer and pre-vocational work and I’ll just put a little caveat; we’re not funded for vocational work, but we do it because it’s really important. We cannot possibly run the clubhouse without active client involvement in meaningful tasks. The pre-vocational work is crucial in setting up clients for successfully working in the community. Daily work is a strongly held value of ours. Work heals. Number six; we have morning clubhouse meetings the day and have an open discussion on topics that folks are interested in. These activities are fun and education based, but also healing.

Number seven; we have successfully integrated interns and volunteers from Wesleyan University, Goodwin College, Middlesex Community College, and Manchester Community College each semester over time, not all of them participating all the time. While training these interns who are wonderful, we receive much needed hours of service for our clients and these young people are crucial to our success. Number seven; we have one six-passenger van, one 15-passenger van. Right now, it’s not adequate to transport all of the people what want to come, but we are on a bus line. Number eight; sort of done, our regular days are rich, engaging --

SEN. OSTEN (19TH): You’ll have to hurry it up.

PATRICIA BURKE: Oh, okay, I’m going to hurry. We have peer support groups, TED talks videos, freshwater fishing, hiking locally, Earth Day plantings. We help the Connecticut River
Conservancy every year. We also have Internet training by a club member. Oh, my goodness, we do all the kitchen work. We help clients with taxes, Social Security, housing and food. The downside of being a program that is the least expensive foundation —

SEN. OSTEN (19TH): You’re going to have to wrap it up. You’re almost three times over your limit. Not that I don’t love hearing everything you have to say, I do, but you’ve got to finish up.

PATRICIA BURKE: That’s fine. Yeah, we are infinitely creative in writing grants and using friends, but I would like to really leave you with, the concept to really leave you with is that you have a difficult job to do every year. Please put your faith, hope, and compassion toward funding services for individuals in their healing journey. Thank you.

SEN. OSTEN (19TH): Thank you. Any comments or questions? Thank you so much. Kathy Flaherty followed by Rayford Scott.

KATHY FLAHERTY: Good evening, Senator Osten.

SEN. OSTEN (19TH): I’m just letting you know it’s snowing today.

KATHY FLAHERTY: I will make this quick. You guys have my written testimony.

SEN. OSTEN (19TH): I’m only saying that so I don’t see you on TV in a gas station.

KATHY FLAHERTY: Oh, my God. You’re never going to let that go. Senator Osten, members of the Appropriations Committee, you have my written
testimony. What I’m going to just tell you really quick and I know there are other people to go, I started last fiscal year having laid almost half my staff off. We went from 18 people down to 12. We had to change the way we do our work. After what happened at Whiting, we no longer met with clients in the professional visiting room. We went on the units at Whiting. We changed the way we did our work to serve our clients more effectively. We currently have a class action lawsuit pending against the State of Connecticut.

I am very pleased that the governor did not cut our budget line. I do not know if those two things are related, but it works -- it works for us, but the thing is and you’re right, I heard you say earlier we have to go to Finance, Revenue, and Bonding because if they don’t give you the money, you can’t appropriate it and I’ve already been at Finance, Revenue, and Bonding once this session. I anticipate I will there several more times because I think one of the most challenging things about the work that you do, you guys hear the spending side, you hear from all of us, but the people on the revenue side hear from the people with the yachts.

I testified at a hearing where one of the bills was an exemption for people to get wheelchair ramps into their homes and the other was a sales tax exemption on yacht clubs. I’m sorry, people need what they need and people want what they want. The state should focus on giving people what they need so they can have good lives in the community. I think that some of the questions that people were asking of the commissioner earlier this afternoon were good and I encourage you to follow up on them. I join Margaret
in asking why are they building almost a 30 percent increase in Worker’s Comp claims into the budget? It just seems to me there’s something profoundly unhealthy within an environment that you think you’re going to have that many claims.

And people should not be in the hospital any longer than they need to be. Every other kind of thing we talk about getting people out of institutions, getting them back to their lives in the community, but when it comes to people with mental health conditions, we’re okay with them getting committed and then just being in the hospital for a year because we don’t have somewhere for them to live in the community. Let’s figure out how to design the systems better and not just DMHAS, but also DDS, also DPH with the school-based health centers. I served on the Sandy Hook Advisory Commission years ago and we gave a whole list of recommendations about what the system needed to be and some of those things started, but then they didn’t get the funding to bring them to scale or the funding has been cut and people with mental health conditions deserve to have a good system of mental healthcare because they deserve it.

We don’t do it in the context of gun violence. We do it because people deserve to have a decent system and access to the services and supports they need to live in the community.

SEN. OSTEN (19TH): Thank you very much. Any comments or questions? Thank you.

KATHY FLAHERTY: Thanks.

JEFFREY SANTO: Good evening. My name is Jeffrey Santo. I’m a resident of Norwalk and I’d like to thank you all for staying so late tonight to listen to all of us. I did submit a written testimony. I’m only going to refer to it just because of some of the other things I heard tonight, I want to kind of reflect on also what has been said from others. I think before we can really try to figure out where we should be taking money from, I think one of the questions we should be asking ourselves is why are the expenses so high? I have been at Whiting, I have been at Yale, I’ve been in Norwalk Hospital and I can tell you from inpatient experience that 80 percent of my time on a unit is spent watching television, coloring, or talking to other patients. I don’t meet with the professional staff there every day. Yes, they’ll come around and check my vitals once in a while, but that’s pretty much just hospital policy. Why are we spending more than $1,000 dollars a day in an institution like CVH for that level of service?

I don’t -- Is cable really that expensive. At $1,000 dollars a day, we would be spending $365,000 dollars a year per patient at CVH, but instead, according to a Connecticut Mirror article, they said that we’re spending more around $567,000 dollars a year per patient. Why? Where is that money going? And you have asked where are we getting this money from, well, where is the money going? There are people right now sitting in Garner who are simply
there because they can’t afford bond to get out. One gentleman who’s there, his name is John Bose, who I recently met because I happened to be in Garner. He was sentenced to 55 years in prison because he decided to stand up for his rights. He had a mental health breakdown and he took someone hostage. It worked itself out, nobody got hurt, the state offered him eight years and because he represented himself and decided to stand up for his rights, he was sentenced to 55 years in Garner and that’s over $50,000 dollars a year.

That’s where our money is going. We have 187 elected officials in our legislature and I watch all of you try to figure out where this money is coming from to support all these services that we desperately need and yet, we can’t find it. A judge in a court can swing a gavel, send someone to Whiting and spend over a half a million dollars a year. One gentleman stepped forward and said we had a problem. I lost $500,000 dollars in funding. That’s one patient at CVH. The community-based health system for these schools, it was a $200,000 figure I heard. Well, that’s about five months at CVH for one person. So I think the big question is, where is our money going, why are these costs so high, and can we do it better?

I’m a certified recovery support specialist and I can tell you that it was other recovery support specialists and people who have things like schizophrenia and bipolar disorder and PTSD who helped me put my life back together. It wasn’t a professional treatment staff. One patient at Whiting, if we could find an alternative treatment and just get one patient out of CVH, the $567,000
dollars a year could fund 12 full-time recovery support specialists 40 hours a week, $22 dollars an hour, and I honestly think if we had the money, you guys would write the check and I really believe that and I appreciate everything you’re doing trying to make this work. Thank you.

SEN. OSTEN (19TH): Thank you. Thank you for staying, appreciate it. Any comments or questions? Seeing none, Tony Candelaria followed by Melanie Wilde-Lane and the last person will be John Hirschauer.

TONY CANDELARIA: Thank you. Good evening, Senator Osten and members of the committee. I am Tony Candelaria. I’m a nurse at DDS and I’ve worked in the department for over 30 years. I care for those in our society through no fault of their own are less fortunate than us who have either been born with or acquired developmental disabilities. These individuals are our relatives, brothers, sisters, and children. It is tasked to us as a society to care for them and let them know they have value and are not a burden. Remember that at many times due to an unfortunate accident, any one of us may need these services ourselves. Any one of us can be subject to devastating tragedy and human compassion compels the caregivers our society, like myself, to take control.

The state has resources for these families. These resources are invaluable and necessary for those who use them. These resources are also not enough. At a time when the need is growing more and more and an agency that is the moral compass of our state funding that should be growing with the need is shrinking. Those that qualify for help get to go on
a waiting list and wait and wait and wait. The state of Connecticut used to have 180 state-run group homes under DDS and as the need has grown, we now have 35. We are going backwards. Privatization is an idea that does not work for many of the individuals we care for.

Some residents of our homes have left the state residence, been sold to private companies, and had to return because the private provider could not care for them. We are the safety net with highly trained and experienced staff who know well what we are doing and what to look for to communicate with these individuals. There are many examples of our staff feeling that someone is just not themselves who took the steps to make sure medical care is there for them and in many cases saving a life. I can tell you that the care we give in our homes is excellent. Besides medical care, we offer emotional support and we offer family.

At a more personal level, I have a nephew with Pelizaeus-Merzbacher disease. My nephew will never walk. He will never talk other than a few audible sounds. He will always need assistance. His parents, my brother and sister-in-law, are in their 50’s now. They’re in good health, but there’s a question what will happen when they can no longer care for him. It would be great if there was a way to know they could feel confident that his needs would be taken care of. I want to conclude by reminding you the Golden Rule that I live by; do unto others as you would have others do unto you. Thank you for your time.

SEN. OSTEN (19TH): Thank you very much, appreciate your staying. Any comments or questions?
REP. CANDELARIA (95TH): It’s nice to see another Candelaria in the building. I haven’t see another one in 16 years, so I’m glad you’re here. Thank you.

REP. BETTS (78TH): If I could add to this, I like this Candelaria better than -- that was off the record.


JOHN HIRSCHAUER: How are you doing?

SEN. OSTEN (19TH): Good, how are you?

JOHN HIRSCHAUER: Senator Osten, all the members of the committee, first of all, I’d like to thank you for hanging around this long. I’m sure this will be expiation of a multitude of sins in the life to come. Thank you for the opportunity to testify. My name is John Hirschauer and I’ve spent countless hours of my life as a volunteer with the residents of Southbury Training School, many of whom have no parents and very little family left to speak on their behalf. Volunteering at this gorgeous campus has utterly changed my life. If you come visit, you’ll see the unparalleled care offers the most medically and behaviorally challenged among us. I’m sure it will change you as well.

The governor’s budget calls for the closure of one cottage at Southbury Training School. Given the decades long fixation of Southbury’s opponent with the full and complete closure of the facility and the displacement of its residents, one would think this a moment of relief, but I’m only partially
relieved, I’m also saddened. This anonymous cottage closure, this supposed symbol of progress, will mark the termination of the actual home of actual flesh and blood individuals. It would be hard enough for any of us to leave our home at a moment’s notice. I can’t fathom how much harder that might be for someone like Jim, a resident STS. Jim’s parents have been deceased for decades. He is profoundly autistic and he is dually diagnosed with schizoaffective disorder and schizophrenia. Jim has a chronic kidney condition, Parkinson’s disease, and diabetes and recently, he was diagnosed with hydrocephalus and a brain tumor. Jim’s life is hard, certainly harder than mine and I venture to imagine it’s harder than yours, and I find it decidedly convenient that none among us here today, no one who was offered testimony demeaning Jim’s home as outdated or part of a discredited system or any of the other hit and run epitaphs from 50 miles away is forced to look Jim in the eyes and tell him that his one and only certainty in this world, his home and his friends at Southbury Training School must be certain he’s no longer. All of this is built on a mountain of myths about congregate facilities like Southbury that are a pretext for what has become an odd and obsessive fixation of its opponents.

It’s total closure against the expressed wills of guardians and even some residents who have the capacity to speak. One of these pretext that I’m sure you’ve no doubt heard plenty of times is the suggestion that the per-client cost at Southbury is higher than the average cost of a resident served by a private provider. This is true, but only if you ignore the case mix effects. The average Southbury
resident is far more profoundly disabled and by proxy, far more expensive to care for than the average client served by private providers. Studies done, not by some sympathetic group that I came up with, but probably are a most vociferous opponent in many ways, DDS, in 2002 and 2010, both found no significant cost savings in closing Southbury. Closing Southbury will not free up money for anyone else. In fact, the cost to replicate the services over at a facility like Southbury in the community might actually be higher and we have good social science to support that.

Continuing to shuffle residents into inappropriate private placement against the will of their guardians and the residents themselves, because we think their guardians are afraid of change or are fuddy-duddy or any of these epitaphs that are thrown around with impunity, it’s just an effort to intentionally destabilize Southbury by hindering the economies of scale and single-purchaser effects that keep it afloat.

The answer is to reimagine Southbury, not close it. Keep what’s working, expand the services it offers to individuals on the waiting list with severe disabilities. There’s a common canard, the trend, the future is these facilities going away. The fact is, the majority of states in this country still have facilities like Southbury. We would become the exemption not the rule if we close Southbury.

I’ve attached the executive summary to a 1994 legislative report that suggested reimagining Southbury and not just letting it become a bunch of abandoned government buildings that are a blight on the town where I grew up. One size does not fit
all. What is good for many or most of the IDD community might not be best for everyone and the existence of a place like Southbury is an acknowledgement of that fact. Southbury can and should coexist with the more independent members of this community who don’t need intensive supports, but to do one -- excuse me, but to deny one or the other is do a disserve to both. Thank you.

SEN. OSTEN (19TH): Thank you very much for waiting. I just want to tell you that I really -- I think what you’re saying is exactly the truth and I caution people to think there’s going to be savings. They closed both Norwich State Hospital in Fairfield Hills in the ’90s then we said that we were going to reinvest that money into mental health services and supportive housing and we’ve done neither and I posit that money just goes back into the general fund and will not be put into the areas that it needs to be put in.

JOHN HIRSHAUER: And I would just like to add I had a really poor slip of tongue that I didn’t mean. I said DDS has been our enemy. That is absolutely not true. That was a slip of tongue that I didn’t mean and I apologize for that.

SEN. OSTEN (19TH): And I do want to say also that what one thing that people are not paying attention to is what the never paid attention to it, Norwich State Hospital. They did not do anything with the buildings. They left them standing for years and they ended up being a blight and a brown field and now we’re spending millions and millions of taxpayer dollars to clean up those buildings and I’m not saying that we should go back to institutional care for people with mental health issues, I’m not saying
that at all. I’m just saying that we should have done what we said we were going to do and in this case, I posit that there may be a lot of people that require some services and need a safety net that may not be there, so I appreciate you coming and saying that.

JOHN HIRSHAUER: Thank you very much.

SEN. Osten (19th): Are there any other comments or questions? Is there anybody else that would like to testify tonight? Going once, going twice. You are all free to go home.