REP. WALKER (93RD): Good morning, good morning everybody, good morning. I'd like to call the --
call the hearing to order. Today we have the Appropriations, Public Health and Human Services
Committees here to testify -- to listen to presentations by the agencies and the agencies that will make presentations today will be Department of Mental Health and Addiction Services, Department of Social Services, Department of Children and Families
and Department of Public Health. All of those agencies will be making -- bringing testimony today
on the four different block grants that we will be
hearing today. It will be the Substance Abuse Prevention and Treatment Block Grant, The Community Mental Health Services Block Grant, the Social Services Block Grant and the Maternal and Child Health Services and Prevention Health Services Block Grant. So with all of those I want to welcome everybody. I want to welcome the Chairs of the Committees and ask if any of the Chairs have anything to say from any of the agencies? No. Thank you, that's a good group. Okay. So then we'll go right into the testimony. This morning first we'll start out with the Commissioner from Mental Health and Addiction Services, Miriam Delphin-Rittmon. Good morning, ma'am. And do you know the drill? Anybody who you bring up they have to give us their name and make sure that the little red light is on so that we can hear everything that you guys are saying. And I will ask first, did you provide us with testimony?

MIRIAM DELPHIN-RITTMON: Yes.

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

MIRIAM DELPHIN-RITTMON: Yes, we submitted testimony both on mental health and SA Block Grant.

REP. WALKER (93RD): Excellent, excellent. So go right ahead, ma'am.

MIRIAM DELPHIN-RITTMON: So thank you and good morning Senators Osten and Abrams, Representatives Walker and Steinberg and other members of the Appropriations and Public Health Committees.

REP. WALKER (93RD): Commissioner, you're going to have to come much closer.
MIRIAM DELPHIN-RITTMON: Come closer?

REP. WALKER (93RD): Yeah.

MIRIAM DELPHIN-RITTMON: I'll use my outside voice.

REP. WALKER (93RD): [Laughing] Outside voice with the inside mic. That will work, thank you.

MIRIAM DELPHIN-RITTMON: So again, I'm Miriam Delphin-Rittmon, Commissioner of the Department of Mental Health and Addiction Services. I have here with me Deputy Commissioner Nancy Navarretta and we're here to testify on the Allocation Plan for the Substance Abuse Prevention and Treatment Block Grant for FY 2020. We also have testimony for the Health Block Grant, and we'll start with the Substance Abuse and then take questions and then do the Mental Health Block Grant.

The Allocation Plan before you is based on the President’s proposed budget of $18.2 million, a $4,986 decrease from the fiscal year 19 final amount. The amount is subject to change when the final federal budget is authorized. The SAPT Block Grant represents only a portion of our overall SA spending. Most of the programs funded with Block Grant dollars also receive state dollars so we just wanted to note that. The state funding for substance abuse prevention and treatment is not reflected in the allocation plan before you.

The Block Grant funded activities include substance use prevention, education, and multiple treatment modalities. Twenty percent of the total Block Grant is designated for prevention activities as well.
DMHAS continues its close focus on activities and initiates related to addressing the opioid crisis. The Department is working judiciously to braid funding with a number of other discretionary grants awards to DMHAS to respond to the opioid epidemic, and that's been an ongoing priority. The SAPT Block Grant supports residential detox, intensive, intermediate, and long-term residential care among other services and supports.

The only funding change between FFY19 and FFY20 is $100,000 in the residential treatment category for the priority population of pregnant postpartum women. That's a priority ad so we wanted to add more SA -- SA Block Grant funds into that funding category. The PPW residential programs provide 20 hours a week of treatment including individual, group, and family therapy as well as other adjunct therapies.

Lastly, there is one technical correction to the allocation plan submitted for your review. There is a typographical error and the FFY19 expenditures should be $5,133,819 and not $5,113,819 as reflected on pages 14, 18 and 25 of the plan. The projected block grant funding is correct and remains the same at $18,113,533.

I'll stop there and we're happy to answer any questions that you have about the SA Block Grant.

REP. WALKER (93RD): Could you just repeat that last one because I think all of us scurried to find the page that you were doing, so we're not that fast, especially on Monday morning at 10:00 so could you repeat that again for us?
MIRIAM DELPHIN-RITTMON: Certainly, yes. Yes, so there -- there is a typographic error in the allocation plan and that is for the FY 19 estimated expenditures. It should read $5,133,819 and not $5,113,819 as reflected on pages 14, 18, and 25. And then --

REP. WALKER (93RD): Before -- before you go forward cause I'm hearing a lot of conversation. Do -- does everybody see the notation where the correction is? Does everybody see the notation where the correct is?

MIRIAM DELPHIN-RITTMON: So it's on page again, 14, page 18 and then 25 of our allocation plan.

REP. WALKER (93RD): Okay, all right great.

MIRIAM DELPHIN-RITTMON: Okay.

REP. WALKER (93RD): With that are there any questions on this Block Grant? Go right ahead, ma'am.

REP. MCCARTY (38TH): Thank you, Madam Chair and welcome Commissioner. Good to hear your report. Could you just give a -- if you're able, what percent did you mention that this is the Federal Block Grant, but there's still the state as -- what percentage of the overall for the Substance Use Disorder Treatment would this represent?

MIRIAM DELPHIN-RITTMON: It's a very small percentage. For the -- I know for the mental health it's less than 1 percent and let me just check on that. You know we can get you that. It is a small percentage of our overall funding especially now that we're getting the SOR, so the State Opioid
Response Funding that the SAMHSA has been putting out to address the opioid crisis. But this is a small percentage of our overall funding. I will get you that exact amount, yeah.

REP. MCCARTY (38TH): That's great, thank you. And then just if I may so that we know that the RACS and Mental Health Board combined and when I went through the report I noticed that there was a piece in there and if you could just clarify that -- that the new Behavioral Health Organization, they will also have a role in evaluating services; is that correct? And if you could just maybe comment on that?

REP. WALKER (93RD): I -- just -- just one quick question. Are the RACS in this Block Grant or are they in -- are they in the Community Mental Health Block Grant?

MIRIAM DELPHIN-RITTMON: They're -- they're in -- they're mentioned in both.

REP. WALKER (93RD): I both?

MIRIAM DELPHIN-RITTMON: And there -- there is a bit of funding that they receive from both. And -- and so yeah, in FY19 we did give them an additional $50,000 and that was to help with the consolidation that -- that they were in the process of. But they do help us in terms of evaluation. In fact they're -- they're currently in the process of finishing their -- their Regional Needs Assessments. The Regional Needs Assessments are -- are valuable to us in that it sort of looks across each of their regions and outlines areas that we should think about paying more attention to, areas we want to
look at in terms of funding and resources and supports.

One area that's consistently emerged from their evaluation is transportation as an area that people are struggling with, and so we've been able to be responsive to that, both with our Block Grant and our federal funds by offering transportation as part of our 1-800 number. So currently if somebody calls for that number and they need a ride to detox we'll give them a ride to detox cause we didn't want transportation to be a barrier.

REP. MCCARTY (38TH): Thank you very much.

MIRIAM DELPHIN-RITTMON: You're welcome.

REP. WALKER (93RD): Thank you. Are there any other questions on the Substance Abuse Prevention Treatment Block Grant? Representative Lavielle.

REP. LAVIELLE (143RD): Thank you, Madam Chair. Good morning. Thank you for your testimony. I actually have one question that really applies to all of these so I might as well ask you and get it over with since you have two of them.

MIRIAM DELPHIN-RITTMON: Okay.

REP. LAVIELLE (143RD): The -- I know that the procedure here is to sort of look back at what did we get last time and then add the carry-overs and sort of assume that's what we have to work with. And just for -- I mean that -- that sort of sets the table for everything we're doing today but also I just wondered -- wondered if you could clarify what the federal obligation for timing is for us in terms of when do we actually have to submit an allocation
plan, when do we have to know these are the -- when we know how much money we're getting?

MIRIAM DELPHIN-RITTMON: Yeah. So we'll know how much money we're actually getting --

REP. WALKER (93RD): Could you speak again next to the mic please?

MIRIAM DELPHIN-RITTMON: So we'll know how much money we're actually getting once the -- the President's budget is approved at the federal level. Typically what happens then is once it's approved at that level then we'll get information about what our actual allocation will be. And sometimes there is a difference as -- as we've seen between what is sort of proposed and then what our actual resources are. But we typically don't know that until -- until there is a formal federal budget that's been approved.

REP. LAVIELLE (143RD): Well I know that there is a contingency plan, if there's a difference which is fine but what I -- what I'm interested in finding out is since we know that -- that we're not going to know for a while how much we're getting, what is the actual deadline we have for formulating the allocation plan since we're on that schedule? How -- how long before we actually oblige to do what we're doing now.

MIRIAM DELPHIN-RITTMON: My understanding is it's two years and so we -- we have a bit of time but -- but certainly it's something that we're -- that we're looking at. But my understanding is that it's two years to spend it down that is, and we can get you more information about that as well in terms of
the various timelines around requirements to spend. But our understanding is it's two years to spend it down.

REP. LAVIELLE (143RD): Well I -- I really was -- thank you. I was sort of talking about when we have to just explain what the plan is. Like what you've done here very clearly; when do we have to make those guidelines for our plans clear? You know is our deadline now; is that why we're voting today or do we have more time than this?

MIRIAM DELPHIN-RITTMON: So -- so my understanding is September 30 is when we need to let our -- let the -- the -- our federal project officers know when our plan is approved.

REP. LAVIELLE (143RD): Okay. Thank you. And also just a couple of other general questions. In terms of what this funding covers when the federal funding comes in, are we required -- the state required to contribute any funds to these -- these efforts, these programs in terms of for example, employee costs, employee fringes that may not be covered by the Block Grant?

MIRIAM DELPHIN-RITTMON: So we don't -- we don't cover any state employees with our -- with our Block Grants, the Mental Health or the Substance Abuse Block Grants. It primarily -- it solely goes out to community providers. So community programs and various initiatives we have at the community level.

REP. LAVIELLE (143RD): Okay. So there's no one who is actually employed -- whose employment costs are actually paid by the Block Grants?
MIRIAM DELPHIN-RITTMON: In terms of state staff. At the community level our community providers could use those funds to staff up the various programs and initiatives that we're supporting with those funds. But in terms of state dollars, we don't fund state staff on community Mental Health Block Grant or the Substance Abuse Block Grant funds.

REP. LAVIELLE (143RD): Okay, thank you. That's very helpful. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. And also just to let everybody know; I think people got a fact sheet from the Department of Social Services and they identified that no staff is from DSS, no staffing from DMHAS, no staffing from Department of Housing. It's the -- the -- the Department of Aging and Disabilities is doing a half-time person, so there are no other people that are put on -- no other staffing that is put on these grants. Okay. Next Dr. Petit, or Representative Petit, or Representative Doctor Petit. [Laughing]

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

MIRIAM DELPHIN-RITTMON: Good morning.

REP. PETIT (22ND): A couple general questions. One, part of this Block Grant goes to medication assisted treatment, which has been discussed at length in the Public Health Committee and I assume Human Services and other Committees. At the current funding level, what is your assessment of how well we're doing there in otherward. Would we need another 10 percent, 20 percent, 50 percent to have adequate medication, assisted treatment? In light
of the fact that I think we've just heard from the Chief Medical Examiner's Office that we're going to again be over 1,000 opioid deaths this year so we thought we maybe had hit the peak and we're headed down and maybe that we're leveling up a little bit. So what do you think we still need in terms of funding for medication assisted treatment?

MIRIAM DELPHIN-RITTMON: Yeah, so we put just a very small amount of our Block Grant Fund to support medication assisted treatment in part because that's a service that is reimbursable by Medicaid and so most community providers in fact do bill Medicaid for that service. We put a small amount in that line item for individuals maybe that aren't connected to insurance yet or maybe are in the process of getting their Medicaid set up. But by in large that's a service that is covered already through other pots or other federal funds.

REP. PETIT (22ND): So I shouldn't take that to mean you're really dealing with a small group of people who have either fallen through the cracks in terms of eligibility requirements or haven't found their way through the paperwork yet, so it's really a small proportion of the total group statewide?

MIRIAM DELPHIN-RITTMON: Yeah, right, right. Very small proportion. We do fund a number of other sort of programs, MAT related programs again through our state Opioid Response Grant, but in terms of the service itself it is billable by Medicaid.

REP. PETIT (22ND): And secondly, give the fact that we don't have the final federal budget, do you have the -- at least the thought process in place in
terms of if the feds come back and it's a 10 percent decrease where that's going -- going to come from in terms of where you're most likely to be able to take it or is that something we're going to evaluate if we get bad news that way.

MIRIAM DELPHIN-RITTMON: I mean certainly it's a two sort of part process. Some of the reason why we often have a carryover is to be able to make up for any gap in what we might see with what the final federal budget actually ends up being. We try to keep that as -- as minimal as possible but also potentially responsive as possible should we get a reduction by the feds. So that's one -- one place where we could step in and support some of the resources. Or -- or some of the services and supports funded by the Block Grant. There also are opportunities or potential resources through our state Opioid Response Grants where we could add resources also if -- if there was a reduction.

Our federal funding, it tends to be fairly steady year to year. I mean there are, you know small shifts sometimes. So we anticipate between those two potential resource opportunities we will be able to cover any reduction we might receive.

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

REP. WALKER (93RD): Thank you, thank you for -- for your comments. I was just talking with my colleague and evidently there are a couple of Block Grants that do have some employees that have been noted. They're just not in the Social Services Block Grant, they're in other Block Grants so we'll have to, as we go through them, talk about the -- each one of
the Block Grants to make sure that we understand exactly where their staffing is. Yes, Representative?

REP. MICHEL (146TH): Thank you, Madam Chair. Good morning, Commissioner.

MIRIAM DELPHIN-RITTMON: Good morning.

REP. MICHEL (146TH): I have two -- two questions. The first one would be in the number served do you see going -- those numbers going up or down and is there an increasing or decreasing need for behavioral health in the state? And my second -- the second question I have is, do you have the allocation percentages per region in the state, and how is this measured or decided?

MIRIAM DELPHIN-RITTMON: So for the first question, was there a particular page you were looking at? I just want to make sure that I'm responding to the same sort of data points that you're looking at.

REP. MICHEL (146TH): For example I'm looking at the numbers, like medication assisted treatment, alcohol and drug application treatment, residential, you know all those numbers -- numbers served. Pages 19, 20, 21.

MIRIAM DELPHIN-RITTMON: Okay. So your question was? I'm sorry.

REP. MICHEL (146TH): Do you see -- cause we only have the numbers for 2018. Do you see an increase or decrease in demand for behavioral -- behavioral health services?

MIRIAM DELPHIN-RITTMON: Yeah. So when we look at some of our others -- so we do a -- several
different annual reports; we actually have seen a fairly -- for a number of years we saw an increase in the number of people entering -- entering addiction treatment. Particularly those indicating that opioids were their primary substance of choice. And typically our data as we see increases in -- in overdoses we also will see -- typically have seen increases in people entering treatment. Last year we saw a decrease in people who had overdosed. Thankfully although certainly we know our numbers are still high, and there's a lot more we need to do, but we also saw a decrease in individuals -- a slight decrease in individuals entering treatment and saying that heroine or opioids were their primary substance of choice.

REP. MICHEL (146TH): So that's for substance abuse. And for mental health?

MIRIAM DELPHIN-RITTMON: And for mental health? You know, I'd have to look at those numbers. It ends up being often fairly steady in terms of mental health but I can look at that and get back to you in terms of the -- the pure numbers and whether mental health, whether there was an increase or decrease. Often that stays fairly steady but I can let you know that for sure.

REP. MICHEL (146TH): Thank you for that and --

MIRIAM DELPHIN-RITTMON: I mean overall we -- we do serve about 105,000 people and it's -- it's similar, you know roughly equivalent give or take across mental health and addiction services and that's -- that's fairly steady but there might be some you know small shifts year to year.
REP. MICHEL (146TH): Thank you for that. And would you like me to remind you of the other question I had?

MIRIAM DELPHIN-RITTMON: Yes, yes please.

REP. MICHEL (146TH): Which is regarding the allocation percentages per region in the state of your services, like how do you do that? And I don't see anything in here so I'm just curious about that.

MIRIAM DELPHIN-RITTMON: Yeah. And so we -- I'll get you that information as well in terms of the allocation percentages. It is a pretty involved process though in terms of coming up with some of the thinking and planning related to what's going to be funded within various regions. Our Regional Behavioral Health Action Organizations are part of that process. On the addiction side we have a state -- state opioid or state epidemiological work group that's also part of that -- that planning and thinking as well. But there is a separate group that meets and does planning related to that, and contingency planning as well, so.

REP. MICHEL (146TH): Thank you very much.

MIRIAM DELPHIN-RITTMON: You're welcome.

REP. WALKER (93RD): Thank you. Yes, Representative Arnone.

REP. ARNONE (58TH): Thank you, Madam Chair. I know these grants are competitive and I know how hard your department has to work in order to get this money to Connecticut and I thank you for that. I thank you because our -- our local districts receive these grants in local community committees that take
those grants knowing their community and disperse that money in advertising and prevention as seen fit in their own communities. So this is really important that this money also has the freedom of the local committees to use this money for prevention. And it works outstanding in my community so I thank you for that.

I just wanted to pick up a little bit on Dr. Petit with Medicaid assisted treatment. And I know this is a federal issue but since I have a soap box I'd like to tell you that the issue with the federal laws on medical assisted treatment, it's hard for an addict to have to apply to be able to get into these programs. You need licenses, you need social security, you need to be duly employed and these are the problems that are so difficult for addicts to have. They may not have their Social Securities; they may not have their birth certificates and it takes months to get these and in the time they're trying to get these they're missing treatment and they fall back on addiction again. So I just wanted to publicly state that, that we really need federal -- federal laws to be less regulated, specially method. And so school wellness data; I see you use a lot of school wellness data which comes out of these grants too, which comes from the locals. And again, thank you very much for what you've done and it will help our communities.

MIRIAM DELPHIN-RITTMON: You're welcome. And thank you because I know you've attended the -- the forums that have taken place in your community and we've had conversations there. I'm not aware of people needing to be employed to be on medication assisted treatment. In fact that's one of the areas that
we're focusing some of our efforts because we know for some people a lack of employment could be a trigger or could be you know, something that raises a level of distress and contributes to substance use. And so -- so we have mobile support employment going around to recovery houses and then sort of recovery coaches as well working with people around employment, so I just wanted to add that. It's also the State Opioid Response Fund so that's something we're looking at.

REP. ARNONE (58TH): If I may too, and especially the counselling after the treatments are huge -- huge to everyone. They work fantastic. They rate -- I'm very familiar with it, so they rate every day -- they give the client a list of how your life is and you rate it from 1 to 10, from your family, from your work, to your -- to your friends. And -- and they build on every time. But there's still -- there is that issue with employment. There is that issue with social security and there is that issue with birth certificate. All are needed to go into the Hartford program. We have a local program and in Infield also, those are requirements under federal law because methadone is regulated on -- on the -- by the feds so that's an important thing I think we need to work on. But we can have a side conversation about that too. Thank you.

MIRIAM DELPHIN-RITTMON: Yeah, yeah, we can talk afterwards, absolutely.

REP. WALKER (93RD): Thank you, thank you. Representative Case.

REP. CASE (63RD): Thank you, Madam Chair. Good morning, Commissioner.
MIRIAM DELPHIN-RITTMON:  Good morning.

REP. CASE (63RD):  So a quick question. In looking through some of the dollars that we have here. The question I have, we're trying to impact the most citizens out there; what percentage of these grants are allowable for either overhead and/or salaries of these nonprofits or organizations that get these block grants?

MIRIAM DELPHIN-RITTMON:  You know we'll get you that information. I mean I don't -- we'll look into that. I don't think that there is a -- a specific requirement there but we can look at the contract language and the federal requirements around the fund to see what -- you know what is allowable. You know typically for the programs that we're funding there are -- you know there's a model that's being implemented and our community providers are -- are required to sort of implement that model with Fidelity. So they have to have the different components of the model in place that are required as part of implementing that particular practice. And that is something that we -- that we review and have oversight work with with the community organizations so. But we can get you more information and look into that if there is a specific percentage or specific requirement around what -- what should be funded in terms of staffing versus other -- other program needs.

REP. CASE (63RD):  So obviously we need staffing if we're going to do more people but my concern is, do we have a parameter on state level funding when it goes into a -- a nonprofit or to an organization on
how much you can actually use for salaries or for overhead?

MIRIAM DELPHIN-RITTMON: Yeah, yeah. I mean we'll -- we're thinking it's around 18 percent but we'll look into that and give you more specifics related to that. I think that the -- certainly a piece that we look towards is, is the program meeting the requirements in terms of serving a number of individuals that we're requesting be served with that -- with those resources and are they meeting the various components of the program model? Are they implementing the program with Fidelity to the model? But -- but we can look at some of those specific percentages and get you more information.

REP. CASE (63RD): I appreciate that, Commissioner. And you know, when we look at these we try to impact the most citizens that we can and sometimes you see some -- some pretty high salaries that come in. And you know, I appreciate you getting me the information and coming back to me but I do need to vote on it today and I just -- I think we need to have a parameter whether either it's state dollars or federal dollars because these agencies also fundraise and they have other sources and when they're taxpayer dollars that are coming through, I'd like to see the most impact to help the people so that we can get out of this epidemic that we have, not only in this state but elsewhere. But I thank you for all your work. Thank you, Madam Chair.

MIRIAM DELPHIN-RITTMON: So given that you need to vote today, if you can give me just a second; we're going to conference just for a -- like a quick,
quick second because I want you to have that information so you can vote.

REP. WALKER (93RD): Can I just interject really quickly, Commissioner? There is, if I'm not mistaken, there is an administrative cap on this -- on these dollars; is that correct?

MIRIAM DELPHIN-RITTMON: Yes.

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

REP. CASE (63RD): That's what I asked for Madam Chair.

REP. WALKER (93RD): The administrative cap?

REP. CASE (63RD): That's what I asked for, yes.

REP. WALKER (93RD): Oh, I thought you asked for staffing.

REP. CASE (63RD): No, I asked for how much is spent on administrative and how much goes toward the program.

REP. WALKER (93RD): Okay. I don't think that was -- that was -- I think there was confusion.

MIRIAM DELPHIN-RITTMON: Yeah. So it is right around -- around 18 percent, 18 percent for administration and the remainder of the funds are for the other service and program components. Certainly the -- a part of implementing the programs are hiring staff to be able to implement them so outreach and engagement or you know, a community support related program; we need staff to be able to you know to be able to do that work. But it's around 18 percent and -- and that -- that's what that percentage is.
REP. CASE (63RD): I thank you, Commissioner. Thank you, Madam Chair too. And I think she just answered the question because we do need that staff to do the outreach in order -- cause there's a lot of people that don't want to come in that we need to go out and reach. And one of your earlier comments it was said that there really isn't a control on what we have. I just wanted to make sure that there was a cap or something that is for administrative because we want to make the most impact that we can for this epidemic. But I thank you for your clarifications. I'm sorry I wasn't --

REP. WALKER (93RD): That -- that's okay.

REP. CASE (63RD): It's Monday morning as you said.

REP. WALKER (93RD): Have another cup of coffee. [Laughing] No I mean the thing that I think people forget is that our agencies send out services out into the community to the other agencies and they have to have staffing to do those services that we are contracting them for. We do put limitations on how much goes to the administration but the -- the jobs that actually the case management and all the work that goes out there to delivery those services, they have to be paid for and this is one of their areas of funding that they're getting. And so that -- that does not have a cap but it does have a cap for the administrative purposes, so I just wanted to make sure we got all that clear. So thank you, thank you for that. Representative Young, did you have a question? I thought -- oh, you were just saying good morning, oh sorry. [Laughing] Okay, good morning. Senator Anwar.
SENATOR ANWAR (3RD): Thank you, Madam Chair. Commissioner, thank you so much for your testimony. I wanted to just for the benefit of the public and the people who are watching, this is something we had a brief conversation during the briefing. The way I see things is that if the problem in the society is increases and the federal funds stay the same as the previous year, we are losing ground. And so while the federal government's budget allocation is going to be more or less the same in the best-case scenario the same; we are moving in the wrong direction based on our needs. And that means that the taxpayers in the state of Connecticut would have to address that through the resourcing that are needed to help this. What can be done for strengthening the case for increased needs in the state of Connecticut so that federal funding would increase? How an -- I know your office has already been working on that, but what else can be done on that end?

MIRIAM DELPHIN-RITTMON: Yeah. I mean so the Block Grant Funds certainly on the substance abuse side has stayed relatively steady but we've gotten more federal funds than we've ever seen really thanks to the advocacy of -- I know -- many, many of you all in addition to our -- our you know Senators Murphy and Blumenthal as well. And so those resources over the last four or five years have increased every year and we're seeing levels of funding thankfully that we have not seen before, and have been able to implement a range of innovative, sort of best practices in the areas of prevention, treatment and recovery. And so when we put it together with our Block Grant Funds and our state funds and then the
really rapid influx of State Opioid Response Grant Funds, it's been helpful to have those resources.

Certainly I think there is always room for additional advocacy and we're open to sort of receiving any additional federal funds that are out there. And so you know, I think whatever advocacy -- you know I think we can all advocate in different places from the seats within -- you know that we sit within. I'm a member of the SAMHSA Women's Advisory Committee and so that's been at least one space where I feel like I've been able to advocate for some of the needs of state. I'm also active within the National Association of State Mental Health Program Directors and State Drug and Alcohol Directors. That's another space where we do quite a bit of advocacy. Our federal partners are often there in those meetings.

And most recently, in fact last week there was a gathering of the regional commissioners with our SAMHSA representative to talk about some of the areas where we're implementing our federal funds, but also some of the gaps in some of the areas where you know we're looking for additional resources to try to implement some of the innovations that we talk through as a group. The next meeting of that group, of the Regional Commissioners will be here in Connecticut so I invited the group to come to Connecticut to look at some of our innovations including -- but then also for us to learn from other states, you know; and that will include having the SAMSA Regional Administrator on site.

So we look for every opportunity we can to sort of have face time and conversation time with our state
and federal partners because I think that does help to bring in some of the federal funds that we perceived.

SENATOR ANWAR (3RD): Again, this is only looking at the Block Grant. What you're saying is there's other sources coming from the federal government at this time. On the same topic, it is my understanding that between the federal government and the state government there may be some settlement money that may come around. Some of the pharmaceutical industry that have been part of creating this problem. Is there any plans around that at this point within your department? The funding and participation and making sure that we are in line to get some of the resources from the federal government when that happens?

MIRIAM DELPHIN-RITTMON: Certainly that's something that we're always watching. It's an active sort of ongoing process and so difficult to comment on that this point but certainly something that we're paying attention to.

SENATOR ANWAR (3RD): Okay. And then the other question that I had was that when we look at the table on page 14, there's -- it appears that there's a 12 percent reduction, 12-1/2 percent reduction in Prevention and Health Promotion, which is just an allocation issue but does not necessarily mean that your department is reducing the amount of resources that are going to be used on prevention and health promotion; is that fair?

MIRIAM DELPHIN-RITTMON: Yeah that's correct. So that -- those resources fund one of our community providers that do actually a range of work to
include prevention related work and so it -- we recategorized that into the Axillary Recovery Services, but technically the -- the actual work includes prevention as well. So it includes sort of re-latch prevention, connecting people to other community services and supports, working with family members so there's a prevention sort of component and aspect to their work from that perspective as well.

SENATOR ANWAR (3RD): Okay.

MIRIAM DELPHIN-RITTMON: Many of these categories, you know particularly the recovery categories and the prevention categories there are components of the work that do overlap a bit and so -- so that is one thing that we noted and then decided to reclassify one of the primary prevention categories to ancillary recovery.

SENATOR ANWAR (3RD): Right. And -- and I think when I look at this in isolation it gives an impression as if you're taking resources away from prevention, which is not accurate because we are still putting the resources and the entire budget has a significant amount of resources allocated to prevention because this is the time we need to strengthen the prevention strategies and round and reduce it, but this may not necessarily give us the bigger picture and I wanted to put that on the record, that this does not represent the bigger picture of what's going on. So, thank you so much for your work and your department's good work. Thank you. Thank you, Madam Chair.

MIRIAM DELPHIN-RITTMON: Thank you.
SENATOR OSTEN (19TH): Thank you. I have one question that I wanted to ask. In your testimony in the program -- the Program Allocation Report it says expend not less than 20 percent of the allocated funds for program. What is the percentage that you actually spend on programmatic activities? I know it's not less than 20 percent, but what is the total percentage of the dollars received are you spending on this?

MIRIAM DELPHIN-RITTMON: You know we -- we can get back to you on the exact percentage.

SENATOR OSTEN (19TH): Do you have a ballpark?

MIRIAM DELPHIN-RITTMON: Do you mean for prevention, the prevention funding?

SENATOR OSTEN (19TH): Yep, yep.

MIRIAM DELPHIN-RITTMON: Yeah, yeah. We actually -- so we meet it and in fact exceed it. It's often well over 20 percent.

SENATOR OSTEN (19TH): Okay.

MIRIAM DELPHIN-RITTMON: But we can let you know what the exact percentage is.

SENATOR OSTEN (19TH): Yeah, because I'd be interested in that.

MIRIAM DELPHIN-RITTMON: We can calculate that but we -- we do typically exceed the -- the 20 percent.

SENATOR OSTEN (19TH): By 5 percent or by 80 percent? There's got to be somebody that knows about how much that is that's here today.
MIRIAM DELPHIN-RITTMON: Okay. We're calculating it right now.

SENATOR OSTEN (19TH): Okay.

MIRIAM DELPHIN-RITTMON: Okay.

SENATOR OSTEN (19TH): While you're calculating that, are there any other questions? Senator Gilchrest. Yes? Do you have the answer already?

MIRIAM DELPHIN-RITTMON: About 21 percent.

SENATOR OSTEN (19TH): 21 percent? That's it?

MIRIAM DELPHIN-RITTMON: Yeah, 21 percent.

SENATOR OSTEN (19TH): So what's the rest of the percentage spent on if it's not spent on programmatic activities?

MIRIAM DELPHIN-RITTMON: So the rest of it is treatment so the SA --

SENATOR OSTEN (19TH): Okay.

MIRIAM DELPHIN-RITTMON: For this overall, not less than 20 percent has to go to prevention and the rest of it has to go to the Treatment and Recovery Services and Support.

SENATOR OSTEN (19TH): Can you -- not for today, but can you get me a breakout of that and send it to Sue Keene and we'll send it out to all of the different Committee members, thank you.

MIRIAM DELPHIN-RITTMON: Yes, we can do that.

SENATOR OSTEN (19TH): Representative Gilchrest.

REP. GILCHREST (18TH): Thank you. Hi Commissioner.
MIRIAM DELPHIN-RITTMON: Hi.

REP. GILCHREST (18TH): In the Block Grant there is a concerning chart, which we all know about because of what's been in the news and probably many of us have had conversations in our community about the increase of youth using e-cigarettes. And so I'm interested to know, you know there have been many conversations on how do we prevent this -- this increase, but is there anything being done about treatment? Because when I was at a round table discussion in my community, it was alarming to find out -- I mean we should know that but now that these youth have been using e-cigarettes they've become addicted to nicotine so are there any plans to use any of the dollars for the treatment to help these youth stop using e-cigarettes?

MIRIAM DELPHIN-RITTMON: Yeah, yeah. So your -- you know certainly there -- you know we were -- we were just conferencing real quick. I mean so young people do have an access to the range of services and supports that -- that we offer. If somebody reports that they're struggling with nicotine addiction then we can do targeted treatment and give them sort of targeted support there. So that is a component of what -- what's imbedded in the current treatment system, so.

REP. GILCHREST (18TH): Thank you.

MIRIAM DELPHIN-RITTMON: You're welcome.

SENATOR OSTEN (19TH): Are there any further questions? Seeing none, okay Commissioner you can stay there cause we'll go on to the next Block
Grant. And also we'll bring up -- don't we have two agencies that are --

MIRIAM DELPHIN-RITTMON: Yes. So DSF.

SENATOR OSTEN (19TH): So come on up too so both of you can talk at the same time.

MIRIAM DELPHIN-RITTMON: Okay.

SENATOR OSTEN (19TH): I think we're on to Community Mental Health Services.

MIRIAM DELPHIN-RITTMON: Yeah, okay.

SENATOR OSTEN (19TH): I know, you've got to rearrange yourselves now. [Laughing] I think we have testimony from both of you?

MIRIAM DELPHIN-RITTMON: Yes.

SENATOR OSTEN (19TH): If you could both plow into it?

MIRIAM DELPHIN-RITTMON: So the CMHS Block Grant is intended to fund mental health services for children and adults. As a result, as you know DMHAS historically shared 30 percent of its CMHS funding with the DCF. And then I'll -- you know I'll certainly speak on the adult portion and then we have a team from DCF, Commissioner Williams and his team will speak about the DCF portion.

The allocation plan for FFY20 is based on the CMHS block grant funding level allocated in the President’s proposed budget of $6.7 million, which is $70,000 more than last year’s actual award. Last year’s allocation plan was based on the President’s proposed budget in the amount of $5.2 million. The final CMHS FFY19 block grant awarded to the state by
Congress, however, was $6.6 million, nearly $1.5 million more than what had been proposed. As funding levels for block grants are not final until Congress acts on the federal budget, DMHAS uses its best estimate to develop the allocation plans and includes contingency strategies some of which we talked about earlier, in case more or less funding is awarded than has been estimated.

The CMHS block grant funds to supplement state funds allocated to the various levels of care, including emergency/crisis services, outpatient clinical services, residential, employment, case management, just to name a few of the services that we fund.

The larger than anticipated proposed award this year permitted DMHAS to enhance services in three areas and I'll go through those three. Specifically we added $480,000 which was directed toward a re-design and enhancement of Emergency Crisis services; $525,000 supported discharges from inpatient settings; and $32,000 supported engagement tools for young adults entering treatment.

Last year’s allocation plan included one-time for the Regional Mental Health Boards and Regional Action Councils to assist with their restructure process. As this structure has now been operationalized, the 2020 plan does not include this one-time funding. While funding from the CMHS block grant represents less than 1 percent of overall DMHAS budget, it nevertheless provides an opportunity to incorporate priorities based on data from local, state and federal sources and to fund a range DMHAS’ initiatives.
Thank you for the opportunity to testify and we're happy to answer any questions about the adult portion.

SENATOR OSTEN (19TH): Thank you. You're next.

MICHAEL WILLIAMS: Good Morning distinguished members of the Appropriations, Public Health and Human Services Committees. My name is Michael Williams. I am the Deputy Commissioner for Department of Children and Families and I am joined this morning with Tim Marshall who's our Director of Community Mental Health Services. Thank you for the opportunity to present the Department’s proposed Federal Fiscal Year 2020 Allocation Plan for the children’s portion of the Community Mental Health Services Block Grant. The Department proposes to use the funds from this Block Grant to further our vision for a comprehensive community-based mental health service system for children and their families. These federal dollars play a critical role in meeting the Department’s mental health mandate and for strengthening the mental health system in Connecticut, resulting in positive child-centered outcomes and allowing children to realize their fullest potential.

The services and supports provided with Block Grant funding are important components of the foundational elements that DCF has embraced through the System of Care Model, which aims to maintain children with mental health issues or challenges in their homes and communities through both the efforts of local consortia and the Connecticut Behavioral Health Partnership. In collaboration with community providers, state agencies and families, the
Department is working to ensure that children and their families receive the care and services that they need.

Similar to years past, the Community Mental Health Services Block Grant continues to provide supports and resources that are not funded by Medicaid or other sources, including access to local, community-based family supports and resources to enhance the quality of existing community-based services that are out there. In this way Block Grant dollars are blended with other state and federal resources to increase their impact and improve outcomes for children and families.

DCF proposes to dedicate a little more than $2 million from the FFY 2020 Block Grant, supplemented by prior year carryover funds, to the following prioritized services in response to the President’s proposed budget. The following multi-year initiatives are proposed to be funded at the same or slightly reduced level as approved in last year’s allocation plan. The bullets below represent those initiatives and programs that have already received funding, respite care and KidCare, Extended Day Treatment, outpatient care, Best Practice and Promotion and outcomes that we fund through the Performance Improvement and Data Dashboard Development. Also Workforce Development initiatives.

The following agencies are a part of our service system that receive support and funding through the Block Grant dollars. FAVOR, the program Youth Suicide Prevention, Serious Mental Health and First Episode Psychosis. Other Connecticut Community
KidCare Organizations and our emergency crisis services.

In closing congruent with the federal mandate to transform the state’s mental health system and create a comprehensive system of care, these funds are incorporated into the department’s overarching strategy and vision for a broad array of quality, accountable, family-centered, culturally competent, and trauma-informed services for children with complex behavioral health needs. The services and activities funded through the Community Mental Health Services Block Grant are integral to DCF’s ongoing efforts to reduce reliance on congregate care and enhance the continuum of services available to children and their families.

We thank the General Assembly for its vision for behavioral health care in Connecticut, you're your continued support to DCF in implementing its mental health mandate for all of Connecticut's children.

REP. WALKER (93RD): Thank you, thank you both for your testimony. I didn't have a chance very quickly Commissioner, to ask you do you have a waiting list in any of the programs that are funded through the - - the first grant that we talked about. The mental health grant; do you have a waiting list for any of those categories that are funded through that?

MIRIAM DELPHIN-RITTMON: So there -- I mean we don't --

REP. WALKER (93RD): Could you speak closer to the mic?

MIRIAM DELPHIN-RITTMON: Yeah. So we don't run traditional waiting lists.
REP. WALKER (93RD): Okay.

MIRIAM DELPHIN-RITTMON: Typically what we'll do is if somebody needs the services or particular support and that program, maybe in that capacity we'll work to connect people to other services and supports. And that has been -- it's been an approach to allow there to be in many ways sort of no wrong door into treatment and people can connect on different levels.

REP. WALKER (93RD): Okay.

MIRIAM DELPHIN-RITTMON: So you know while they're waiting for particular services for support, they'll still be connected to other services.

REP. WALKER (93RD): Okay.

MIRIAM DELPHIN-RITTMON: So that they're getting some -- you know, their needs met on some level.

REP. WALKER (93RD): All right. Well I know that many of my colleagues have been asking, are there waiting lists so I just want to make sure that we're very clear and Mr. Williams with DCF; are the agencies that you have that you are funding, are there waiting lists for services that are pending right now for them?

MICHAEL WILLIAMS: We wouldn't classify them as waiting lists but the demand for services for several services that are here have really increased quite significantly and trying to keep up with that demand has been challenging. I'll let Tim share with you those two particular programs that we are struggling with demand.

REP. WALKER (93RD): Thank you.
TIM MARSHALL: So one is --

REP. WALKER (93RD): And who are you young man?

TIM MARSHALL: I'm sorry. My name is Tim Marshall. I'm the Director of Community Health from DCF. So one of the two programs is FAVOR and part of this allocation is attempting to kind of alleviate that demand. But the way they function is that every family -- so it's -- it's a need for peer support of a caregiver of a child with behavioral health needs. So the children are not on waiting lists. Their needs are being met. The families, the parents, the need is very, very great and this allocation proposes to add staffing to that so that that could be reduced. But in the -- while that occurs each family caregiver waiting has a connection to a person who connects with them weekly to make sure they've not gone into any crisis. So they are kind of engaged if you will, while they're waiting for fuller support.

And the second program is the First Episode Psychosis Program and we only have two programs in the state that does that specific model and that would be Yale, and they serve 11 towns surrounding -- New Haven and 11 surrounding towns. And Institute of Living and there at the Institute of Living they'll take anybody from across the state, however, most people won't drive that far who are far away. So part of the allocation in our best practice is to create a learning community for all the providers around the state so they start become more comfortable to deliver that service specifically for that population.
REP. WALKER (93RD): So in your estimation, what you have right now would you say that you're able to do at least a third of the requests; can you give me an idea of how -- how much under are we in being able to address as many of the needs?

TIM MARSHALL: I think that's very difficult to project because when you don't have available services you don't see as many people who are actually in need and so it's a very difficult number to project. But I will say that both the New Haven program out of Yale and Institute of Living, both have availability and capacity so they will continue to see people. It's really a question about how many people are not able to drive and so it's a very difficult question to answer.

REP. WALKER (93RD): So the location -- okay so you -- you have two an that's not even really dividing the state up; it's just two that are -- that happen to fulfill that -- that, okay.

TIM MARSHALL: Correct.

REP. WALKER (93RD): And the -- the one with FAVOR is that similar to sort of a respite type of support? It's not respite in a sense.

TIM MARSHALL: No, it's not respite. It's just support and understanding --

REP. WALKER (93RD): Okay.

TIM MARSHALL: -- how to navigate the system and when issues come up when their children are in treatment or issues with the school district, or just support to have somebody next to them as they navigate the behavioral health system and the
challenges of being a caregiver who have a -- with a child with behavioral health needs.

REP. WALKER (93RD): And how many locations does FAVOR have this type of program?

TIM MARSHALL: That's a home-based program, so they have 9 FTEs, I'm sorry 7 FTEs over 9 individuals and so they spread those folks out all over the state. As you can imagine the high population cities have a great need and then there's a lot of need in the rural, and that's more transportation. So it's -- again, they're all over the state.

REP. WALKER (93RD): Okay. Thank you very much. Thank you for your -- for your -- your testimony. Senator Formica.

SENATOR FORMICA (20TH): Thank you, Madam Chair. Good morning. Thank you both, all, and not both. Question with regard to emergency services implementation of statewide call center. This is an improvement to the call center process and I'm wondering if it's tied into the conversations we heard earlier in the year with regard to the new DAS Commissioner and the work that he's doing to try to standardize or create more efficiencies within -- within all of this. Is this going to be something that fits into that or part of that overall plan?

MIRIAM DELPHIN-RITTMON: It certainly is a -- is a system efficiency and so from that perspective I think it does align with some of what DAS has been talking about in terms of creating efficiencies across -- across agencies and systems within the state. For us this will be a real efficiency. I mean currently there are 15 different numbers that
people will call associated with their local mental health authority and so what we're looking at is essentially having a single call line that will then you know triage or connect people as appropriate within their regions. So it will be an efficiency in terms of the overall mobile crisis design, absolutely.

SENATOR FORMICA (20TH): Yeah, hopeful that that's the case. I'm just wondering if we have two separate initiatives moving forward on this, or is it one as I understood DAS to -- to be proposing in the beginning when -- when he first came and talked to us about what was going on, so.

MIRIAM DELPHIN-RITTMON: Yeah. So it's really just one initiative in terms of you know the DMHAS system and creating an efficiency related to emergency crisis centers.

SENATOR FORMICA (20TH): Okay. Thank you very much.

MIRIAM DELPHIN-RITTMON: Yeah. You're welcome.

SENATOR FORMICA (20TH): And then Madam Chair, my second question has to do with funding increased to support the call volume to the National Suicide Prevention. That -- that number is the 375 in your testimony, sir? Does that correlate with that or is that a different number? I'm sorry I asked both of you the questions, but.

MICHAEL WILLIAMS: For us it's a different number. It's 225.

MIRIAM DELPHIN-RITTMON: Yeah, and then for -- for us that is part of the 480 that we would be putting some resources into -- into that line as well as
part of the overall centralization of our crisis services.

SENATOR FORMICA (20TH): Thank you. And who -- who manages that?

MIRIAM DELPHIN-RITTMON: That call center, that crisis center; is that goes up to National and we just support with -- with support dollars or is there actual oversight from either of your departments?

MIRIAM DELPHIN-RITTMON: So for the -- the National -- the National Suicide Line, that's run -- SAMSHA has a contractor at the federal level that manages that, but at the local level we have contractors that we work with as well to manage the calls at the local level. So it's a triage model. A call will come into the National line and then from the National line they'll -- they'll send a call to the various states that -- that -- where the call is coming from and then that's where the states then will then have contracts with people to manage the calls that are coming for their state.

SENATOR FORMICA (20TH): Thank you very much.

MIRIAM DELPHIN-RITTMON: You're welcome.

TIM MARSHALL: Yes, on the -- on the children's side and I believe they're the same call centers, the National call centers are Wheeler Clinic and United Way 211 and Connecticut callers who get routed through the National line get directed back to us through those two entities.

SENATOR FORMICA (20TH): Great, thank you very much. Thank you, Madam Chair
REP. WALKER (93RD): Thank you. Are there any other -- Representative McCarty.

REP. MCCARTY (38TH): Thank you, Madam Chair and welcome. Just a brief question. So you know you began by saying that 30 percent of the funds are allocated to -- to DCF. Could you just explain, so if you find as we go through a greater need with the children's mental health services, is there room to negotiate that percentage; and what kind of interaction is there between DMHAS and DCF to determine the greatest need? And then if I may continue, just with the -- so these are all services that are not Medicaid reimbursable? Are there others that are not on this list that we might be aware of going forward? And then just finally with the Block Grant itself I know that we had looked in the past for -- perhaps for conversation on the federal side, is if you find a greater need in one of the allocations, is there going to be any room since some of them overlap the services between mental health service and say, substance use disorder service? So I know it's a lot there but if you could comment first on the 30 percent allocation, please.

MIRIAM DELPHIN-RITTMON: Yeah. So the 30 percent allocation is a federal requirement and so that's one of the requirements of the Block Grant itself. We are in constant conversation and collaboration across a number of a different initiatives and so certainly you know, we would be open to those conversations but it generally is a requirement of -- of the Block Grant to do the 30 percent and so that's what we have historically done.
REP. MCCARTY (38TH): If I may, so -- but I thought I had read somewhere that -- are we unique in the state by separating those funds with DCF? I thought I read somewhere that it's -- it's kind of unique to the state of Connecticut in that regard.

MICHAEL WILLIAMS: Perhaps the uniqueness is the way in which the consolidated child welfare system is created in the state of Connecticut where children's mental health is statutorily the responsibility of the child welfare system as compared to the mental health system. Some states, children's mental health is a part of the overall mental health system and therefore there isn't this kind of split of separation between agencies but because uniqueness may be the word but I would say the foresight and wisdom of Connecticut, we decided to give special attention to children's mental health, as it should. And therefore that's how the allocation plan occurs.

REP. MCCARTY (38TH): Thank you. So it would seem that that would be more effective plan to -- to look at just what the needs are if it -- within DCF looking. But is there a gap between the 16-year-olds that may drop out of DCF and the 18-year-olds before you know, I'm just curious about whether there's any gap in the services in that arena.

MIRIAM DELPHIN-RITTMON: This is an area where we collaborate quite a bit across DMHAS and DCF so typically for a 16-year-old that we anticipate will be moving into the adult system we'll begin InReach and begin doing some work with -- in collaboration with DCF at that point. Even though for you know our legislative sort of charges that we work with individuals 18 and older. But in terms of our
collaboration with DCF for people that are 16 and we anticipate they'll end up in our system, we begin working together and collaborating at that point. Cause we don't want there to be a drop off or people to not be able to connect to services.

We have a fairly robust young adult service program that we often present on nationally in terms of some of the best practices that we're implementing there. And so it is an opportunity to connect some of those -- those young people to the services and support as appropriate, offered through our Young Adult Service Program and so that's been an ongoing collaboration that we've had.

MICHAEL WILLIAMS: Absolutely.

REP. MCCARTY (38TH): And then the other case that I had with the Medicaid reimbursable -- if there's any other services out there that are not highlighted here if you could just let us know, that would be great.

MIRIAM DELPHIN-RITTMON: Okay.

REP. MCCARTY (38TH): Okay?

MIRIAM DELPHIN-RITTMON: So any other services that are currently Medicaid reimbursable that aren't listed here?

REP. MCCARTY (38TH): Right.

MIRIAM DELPHIN-RITTMON: Yeah, we -- we can -- we can send some of those along.

REP. MCCARTY (38TH): Okay.

MIRIAM DELPHIN-RITTMON: I mean we typically -- you know a goal of the Block Grant typically is to fund
services and supports that are not Medicaid reimbursed to be able to sort of create greater -- greater coverage really across the state. And so most of the services that are listed here in our Block Grant application are not services -- you know many of them are not Medicaid reimbursed.

REP. MCCARTY (38TH): Right. And I think just to clarify, that -- that is my question. Are there any lacking on this allocation plan that we may not be aware of, that was the question. That are not Medicaid reimbursable.

MICHAEL WILLIAMS: Well --

REP. MCCARTY (38TH): Yes?

MICHAEL WILLIAMS: I was going to say for DCF our total service system that pays for children behavioral health services is about $120 million in community-based care and about an additional $46 million for the institutional based care hospitals and psychiatric residential treatment facilities. So combined it's about $171 million that funds the entire children's behavioral health system. And for us, we just want to make sure that people remember that when we talk about our responsibility it's not just for children in the care of DCF or on an open caseload in DCF. But we have the responsibility for behavioral health services for all children in the state of Connecticut, whether they're involved in DCF care or not, or DCF service system or not.

REP. MCCARTY (38TH): Thank you very much.

REP. WALKER (93RD): Thank you. Thank you both. Senator Anwar, Senator Logan and Representative Kokoruda.
SENATOR ANWAR (3RD): Thank you, Madam Chair. Thank you, Commissioners for your testimony. I wanted to touch on the crisis services and I think there is a -- in a couple of models there's a success story and there's not so success story. I think I'll draw attention of everyone and also my colleagues on one of the testimony that a community member, a mother in the community has provided to us.

I think one of the success stories has been that if somebody's involved with substance abuse and they're in the situation of a crisis we have a system in place for the most part which would allow that individual to have crisis intervention and go through rehab rather than go through the judicial system, go into a prison. And that has worked well and has allowed individuals to be in a better place. But in some of the other aspects, whether it's developmental or mental issues that is an area where, if there is a crisis at times the kneejerk reflex is to actually have them go through crisis intervention into the judicial system and go into a prison and that's not the best place for the management of the individuals because frankly they are different skillsets that are needed in both places.

So we need to have a better strategy on that end. I think there's a -- the testimony about somebody's child moving from the appropriate level of care going into the prison just changed the trajectory of their life. Is there a policy in place? Is there an opportunity for better training of the -- the police force around that for emergency and then crisis management of this capacity?
MIRIAM DELPHIN-RITTMON: Yeah. So we -- we actually offer quite a bit of that training to police departments, it's our CIC Training. It's a critical intervention training that we do with police officers. We also have forensic teams within each of our local mental health authorities that intercept and work with the courts as part of our jail diversion programs. We're implementing -- we call it a Sequential Intercept Model where we're able to intercept and intervene at all points, as many different points as we're able to along the justice continuum to help divert people away from prison and in fact to connect them -- or jail, and connect them to the services and supports that are appropriate both within the -- within -- in terms of mental health connections, but also on the addition side as well. So that's been a fairly robust program that we've had in place for -- for quite a while.

SENATOR ANWAR (3RD): So when I speak to the prison staff they feel that the number of people with mental health issues in the prison is quite high and many of the people don't belong there because they belong for an appropriate level of treatment. So maybe if you could help me later, maybe I'll -- at a later time, can you show me the data, show me what you have because I believe that the current system is not working as well as it could. And that's why the resource allocation I wish we had more resources on the crisis management and have a strategy and try to prevent that from happening because we want people to be in the best place for the best treatment. And rather than be in the wrong place
and then take the resources and the cost of care in our state go up.

MIRIAM DELPHIN-RITTMON: Yeah, we'd be happy to talk more about that because that's been a goal of ours as well because -- I mean I think we see that across the country that people will sometimes end up in -- not connected to treatment when they need it and sometimes end up in prison. And so that's been one of the goals of the Jail Diversion Program and Initiative, to help to prevent that.

SENATOR ANWAR (3RD): Okay. Thank you so much. Thank you.

REP. WALKER (93RD): Thank you. Senator Logan.

SENATOR LOGAN (17TH): Great, thank you. And I want to thank you all for certainly doing the good work that you're doing. When you take a look at our state and other issues that are being addressed through this Block Grants, many of them are so intertwined with each other whether you're looking at mental health, addiction services, many issues throughout our community. I've enjoyed working with you in terms of bringing this information to the public. Could you talk more about how you're going to go about that effort in terms of bringing this information out to the public, making sure that one, the services that are available are known to the populations. Not the -- not just those specifically in need but also their families. Your work in the community -- I know we have done an opioid forum in Hamden, Connecticut and we're looking at doing others in Naugatuck Valley for example. But I would imagine that you're looking at doing this type of outreach throughout the state and how will these
funds use allocation to utilize -- to move that initiative forward?

MIRIAM DELPHIN-rittmon: Yeah, absolutely. So you know certainly one thing that we do, as you know we have been doing opioid forums all over the state and even though we're talking about the Mental Health Block Grant, within those forums I think it's been a goal to also mention the services and supports that are available across the mental health spectrum. Because we know many -- you know some individuals are struggling with both. It's not just a pure substance issue that they're challenged with. But there may be -- there may be mental health issues that are driving some of you know what's pushing the substance use. So in all of those forums we'll often mention that you know, in fact there is an array of services and supports across both the mental health and addiction spectrum that DMHAS -- that we offer as well as you know, DCF. And so that has been you know certainly one piece that we you know that -- that we work to get out.

I think the other piece is you know we have their Regional Behavioral Health Action Organizations. And so those are the new combined racks and boards. And they're doing really good work at the community level to help raise awareness about not only again addiction, but the mental health spectrum as well. So suicide awareness related work or work in schools related to sort of managing emotions or managing stress. They still do some of the mental health first aid training and that's really at the community level. And they're trained to train their components to the mental first aid work as well, so that helps to build up community capacity for
increasing skills around recognizing mental health challenges within schools and other community settings.

So there are a range of things that we have in place. I mean other -- other things, there's also our local prevention counselors and so they're quite active at the community level as well working to raise awareness around you know mental health and addiction issues. So those are just a few of the things. And then we'll you know -- our Facebook has actually been one of the areas where we've gotten tremendous reach and we love it because it's like -- it's not -- it's free. You know you just post something and some of the awareness pieces that we posted on Facebook have been shared multiple times. And so that's been a nice way to get information out and connect to young people, but just to other community members as well. So we've -- we've been really active on trying to share things through social media and accounts like that, so. Thank you.

SENATOR LOGAN (17TH): Great, thank you.

REP. WALKER (93RD): Representative Kokoruda.

REP. KOKORUDA (101ST): Thank you, Madam Chair. Thank you and good morning. And it's really good to hear all the things that you -- both of your departments are working on. I just want to -- I just have a broad question and actually it comes as part of what Senator Logan was speaking about, is access. You know for those of us who were here in 2012 when we went through Sandy Hook and we talked about what we could do to make our state safer and obviously put legislation through, and part of that legislation was mental and behavioral health. And
my question to both of you now that I've got you both here is, is our state safer today in the seven years that we've made hopefully mental health and behavioral health -- especially with our children, more of a priority?

MICHAEL WILLIAMS: So I would say as a result of that tragedy we were tasked with creating you know a comprehensive behavioral health system for all children in the state of Connecticut and that DCF's responsibility. And from there until now I -- I would say that's what we have done. By way of promotion you can go to planforchildren.org and you can see the plan itself, which includes you know a comprehensive strategy around access to make sure all children in the state of Connecticut regardless of who pays for their healthcare has access meaningful and timely access to behavioral health services that includes quality of care, evidence based services, case management and care management programs throughout the state. Also includes intervention programs within our school systems where our emergency mobile psychiatric service system for children has MOUs with about 95 percent of every school district in the state of Connecticut to where if they see signs or symptoms that they feel are in need of immediate response, they can call and get a mobile response rather than calling and getting kids involved in the Juvenile Justice System.

We also have the Access Program where in three hubs across the state at Wheeler and Yale and I think Hartford Hospital. Primary care physicians are able to call and get on-time consultations by a child psychiatrist about things they may be seeing. And
so there's a tremendous amount of work that has occurred as a result of the creation of that plan. There's an oversight body that looks at it on a continuous basis. Gaps and needs assessment is ongoing. What family members continue to tell us, what you see in your packet in our testimony are direct results from talking to families and children across the state about what else is needed. What works and what do they need and continuing to fund strategically in that direction, those things have occurred.

So I would say -- I mean I don't want to use the term safer but I will say that we have a much better system today for detecting early childhood mental health issues and emotional disturbances in children and treating them, than we had back then.

REP. KOKORUDA (101ST): I don't know if you wanted to add anything.

MIRIAM DELPHIN-RITTMON: Yes. And we also has a function of the legislation and some of the funding that -- that emerged around that time and that we still have, so we have implemented at teens and so those are sort of community -- sort of community treatment teams that will help to engage people in services and supports and so I think that that is an important piece around helping to identify individuals who are struggling and who may not be connecting to services and doing additional engagement work to try to connect people to services.

And then we also have a program we call Pure Bridger. It's a similar program that works to engage people that may have justice involvement but
other people as well who may be struggling with connecting to services and support. It's essentially people in recovery reaching out to other people that are struggling to -- to let them know that you know recovery is real, it's possible. That services and support can make a difference. And the peer team they share their own stories to help give people hope as a part of trying to engage them in services and support. So that program is a function of some of the legislation and came out -- and funding that -- that we were given around that time.

REP. KOKORUDA (101ST): And I want to thank you. And that all sounds so hopeful. I represent two small towns and the lack of accessibility back then for help -- I spent some time visiting Clifford Beers and I was so impressed. But -- but no one with insurance could go there. So I mean I would have grandmothers calling me asking me for a name, just a clear roadmap that didn't exist back then. So it sounds like you have started to establish that and I think that's definitely a step in the right direction because it's all about accessibility. Families want to reach out and they had no place to go back then. That was the problem.

MICHAEL WILLIAMS: Absolutely. Thank you.

REP. KOKORUDA (101ST): Thank you.

MIRIAM DELPHIN-RITTMON: Thank you.

REP. WALKER (93RD): Representative Comey.

REP. COMEY (102ND): Hi, thank you. Thank you, Madam Chair. A few -- I just want to just bounce back to the suicide prevention dollars. You said they were $225 from DCF and another $480 from TMS.
The -- we -- I was in a meeting a month and a half or so ago and there was a study that they were talking about through Yukon Health that they were saying that you -- they were mapping out the suicide risk in Connecticut and there were some definite hot spots as far as what the different pockets of communities that were more -- more -- at more risk. And one of the things that they really spoke about is that 83 percent of the folks that had attempted suicide through the Yukon Health Hospital Report had had previous experience -- previous hospitalizations in the past 90 days. Are -- is there any plans to -- are you working with the hospitals in that manner to we have to do a better job of identifying and sort of mapping where these issues are coming, and if that is any of the -- the funding -- the increase in funding that we could all be working together on that for? Thank you.

TIM MARSHALL: On the children's side the answer is yes, the answer is yes on a number of fronts. One is that that data that identified some of the hot spots in Connecticut is in fact what is guiding all of the Garrett Lee Smith dollars and so that's a separate federal fund for states for suicide prevention, so that's specific to that.

Our allocations here are for general suicide prevention activities and we do target specific populations. Number one, this grant requires us to target all those who have SMI and SED, Serious Emotional Disturbance for Children and Serious Mental Illness on the Adult Side. And so that is what our primary dollars are directed to.
In addition to that we blend dollars, our suicide prevention are blended with Garrett Lee Smith and other funds in order to do suicide prevention outreach activities across all of the behavioral health provider networks that includes hospitals also.

MIRIAM DELPHIN-RITTMON: Yeah and we work closely with the hospitals as well around connecting people to services and supports who may be being discharged from hospitals. We work closely with the hospital community care teams. Those are teams at the community level that help people sort of navigate and connect with other services and supports and so that's one piece that we have in place. We also through our behavioral health homes will connect with hospitals around again, individuals that are discharging that may be needing to be connected at the community level to one of our local community behavioral health homes with our local mental health authorities. So there's often ongoing work with hospitals. We'll also connect with them around utilization management so if there are individuals that they're working with that they need more assistance with or want to move to you know one of our state sites, CVH or elsewhere we're in ongoing sort of discussion with the hospitals.

REP. COMEY (102ND): Thank you.

REP. WALKER (93RD): Thank you. Are there any other questions? If not, thank you very much. Thank you both for your testimony.

MIRIAM DELPHIN-RITTMON: Thank you.
REP. WALKER (93RD): I just want to let -- remind my Committee, the Committees that we have two more Block Grants to be heard. Next will be Kathleen Brennan from the Department of Social Services for the Social Services Block Grant. I stand corrected, I'm sorry. There are three more Block Grants. There's another one. Besides the Social Services, there's the Maternal and Child Health Services and the Preventive Health and Health Services Block Grant. Forgot that one, so just to clarify that. Good -- good after -- morning.

KATHLEEN BRENNAN: Yes, it's still morning. Good morning.

REP. WALKER (93RD): Yes, good morning.

KATHLEEN BRENNAN: So good morning Senators Osten, Moore, Formica and Logan, and Representatives Walker, Abercrombie, Lavielle and Case and distinguished members of the Appropriations and Human Services Committees. My name is Kathleen Brennan and I am a Deputy Commissioner at the Department of Social Services. I am here before you today with Senator Norfleet Johnson, a manager within our Office of Community Services to seek your approval of the Governor’s Federal Fiscal Year 2020 Allocation Plan for the Social Services Block Grant.

The SSBG Block Grant is a flexible funding source that allows states and territories to tailor social service programming to their population’s needs. Through the SSBG, Connecticut provides essential social services that help achieve a myriad of goals to reduce dependency and promote self-sufficiency; to protect children and adults from neglect, abuse and exploitation; and to help individuals who are
unable to take care of themselves to stay in their homes or to find the best alternative living arrangements.

Connecticut’s federal fiscal year 2019 allocation in regular SSBG funds was about $17.5 million. The federal funding level for FFY 2020 has not yet been determined and while the President’s budget proposes to eliminate SSBG, we have proceeded with the development of this allocation plan assuming a level-funded state allocation of $17.5 million. If the block grant funding is less than estimated, an equally proportionate share of the reduction will be applied to each category. But if there are any transfers for any specific allocation over $50,000 or 10 percent of a specific allocation we'd come back to these Committees of cognizant.

So pending the federal budget action, the total SSBG funding projected to be available for FFY 2020 is estimated at $22 million. This reflects projected block grant funding of $17.5 and carry-forward funding of $4.6 million. The carry-forward funding from 2019 would be used first for 2020 expenditures before we utilize the anticipated FFY 2020 block grant funding.

The SSBG allocation plan provides funding for services in 12 of the 29 defined service categories. This includes case management, counseling services, family planning, home-based services, independent and transitional living services, employment services, legal services, protective services for adults, substance abuse services, home delivered meals, special services for persons with
developmental or physical disabilities, and other services.

We allocate funds to other state agencies including the Department of Mental Health and Addiction Services, Department of Housing and the Department of Rehabilitative Services. And we also provide SSBG funds to direct contracts for subcontractor arrangements to approximately 36 nonprofit providers. The 12 categories identified in this allocation are based upon our best efforts to address barriers in gaps and services for our most vulnerable populations that meet the criteria identified on page 5, under the heading The Target Population. Based upon need these categories can change from year to year.

Based on the federal fiscal year 2020, this allocation plan includes the following proposed allocation changes from last year. In Employment Services the 2019 estimated expenditures of $154,217 reflected programmatic start up functions, which included but are not limited to activities such as securing service delivery location, staff training and development of program materials for pilot to help support the TFA Program. This service has not yet become fully operational but we expect it to be fully operational in 20, which is why the amount has been allocated about $308,433.

In Home-Based Services what we looked at when we looked at that line item and evaluated it, we realized that really would need to two positions so we as we had mentioned earlier, Representative Walker had mentioned earlier, although right night we currently -- the SSGB fund -- block grant does
not support any staff in DSS. We are proposing to utilize some funds to hire two staff to help support the home-based services area in order for us to fully expend our allocation of about $3.8 million. We're hoping that this additional staff will increase the number of persons being served and decrease the number of persons on the existing waiting list which is right now 30. Also, staff will provide training and technical assistance to providers to ensure that invoices and supporting documentation are submitted in a timely manner.

Finally, Protective Services for Adults. Proposed expenditures for this line item are about $800,000, conforms with the enacted state biennial budget. Our funding levels for all other line items are not anticipated to result in an expansion or reduction of services, and are identical to the funding levels proposed and adopted in the federal fiscal year 2019 plan. In closing, we join the Governor and the Office of Policy and Management in recommending the approval of the Social Services Block Grant Allocation Plan for federal fiscal year 2020. Thank you for your review and attention in this matter and we're ready to answer any questions you may have.

REP. WALKER (93RD): Thank you. Thank you for your -- your testimony today. I don't know if you were in here but when -- when I -- when I -- when I started talking I read off the SSBG Fact Sheet --

KATHLEEN BRENNAN: Yes.

REP. WALKER (93RD): And the SSBG Fact Sheet says that there are no staffing from DSS DMHAS Department of Housing and only from the -- from the -- there's one -- there's a half -- or one FTE from ADS.
KATHLEEN BRENNAN: Correct.

REP. WALKER (93RD): Okay. So is that -- that's just for the Social Services Block Grant?

KATHLEEN BRENNAN: That is correct.

REP. WALKER (93RD): Okay. I just wanted to -- cause I -- I did not understand that and I said the specifications. So I wanted to clarify that that was only for this -- this Block Grant.

KATHLEEN BRENNAN: That's correct.

REP. WALKER (93RD): And on this -- in this Block Grant are there any waiting lists that you know of in any of the line items that -- that you are funding?

KATHLEEN BRENNAN: Yes. So in that -- in the Home-Based Services we do have a current wait list of 30. So right now that's why we're proposing to allocate funds to hire staff to assist in getting people on that program.

REP. WALKER (93RD): And is that housing or is that just wrap around services?

KATHLEEN BRENNAN: What that is -- it's operated through our Social Work Services Division and so what this provides is nonmedical home care services. This would capture the group of 18 to 64 so these are individuals that are not old enough yet to be on the connective home care program for elders. They could be individuals that are waiting to have their waiver application approved to -- or even to get into CFC. So it provides -- it funds a number of services, adult daycare and things of that nature. Yeah, I think that's it. And right now the -- right
now the program is closed to intake. There is a 30 percent wait list but we're hopeful that by getting the staff in, we'll be able to get folks onto that program.

REP. WALKER (93RD): So the -- the money that is allocated for the Department of Housing, that -- those are wrap around services that are used for -- for case management, etc.; is that correct?

KATHLEEN BRENNAN: So the Department of Housing they do independent transitional living and they use these funds to support their emergency shelter system.

REP. WALKER (93RD): Okay. And the -- and with emergency shelter funding we are able to accommodate the agents -- the shelters that we have already currently in existence?

KATHLEEN BRENNAN: That's correct, yes.

REP. WALKER (93RD): So we -- we're not shut -- none are shut down or anything like that; is that correct?

KATHLEEN BRENNAN: That is my understanding, yes.


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

KATHLEEN BRENNAN: Good morning.

SENATOR FORMICA (20TH): How are you?

KATHLEEN BRENNAN: I'm good, how are you?
SENATOR FORMICA (20TH): Good, thanks. We, talking about the conversation that the good Chairwoman had with regard to home-based services. This increase of the two staff members is just for that population between 18 and 64 or does -- cause there are other service providers on Main Street where younger children go to get services from those providers that seem to be having difficulty with regard to billing and invoicing and supporting documentation as required by the Department and I'm wondering if you have intentions of using these two fundings for that at all, or whether there are separate people that do that kind of work.

KATHLEEN BRENNAN: The two -- the -- I'm sorry, the two staff that we're looking to hire with those funds? Yeah, I think they would do a whole myriad of services. They'd help get more people onto the program as well as assist our contractors in getting the billings in.

SENATOR FORMICA (20TH): And that was just for the home-based age 18 to 64 or is that through the whole system of even younger children that are working through service providers that happen on Main Street, their parents have to bring their children to go visit.

KATHLEEN BRENNAN: If it's okay, I might ask Dorian Long to come up. She is our Manager of Social Work Services who would be in a better place to give you a more precise answer.

SENATOR FORMICA (20TH): Okay. While she's making her way there, would you speak to the $4.5 million carry-forward? Was there just -- we didn't spend it or?
CASSANDRA NORFLEET-JOHNSON: Good morning. My name is Cassandra Norfleet-Johnson and to your question of we really did not spend all of the $4 million. It assists the department to continue to provide services with that if you need cushion if indeed there are any reductions or eliminations, we can ensure that the system of service delivery continues while we come back to this -- this Committee to figure out what we're doing. As you know there are requirements that we cannot make changes between categories within a certain level. So that carry-forward allows us to continue services.

And the other part about the carry-forward is that if indeed we don't have a budget if you will, we will still have resources to be able to get out to the nonprofits. For example, for this fiscal year for the 4th quarter, we've not received our 4th quarter allotment from the federal government until two weeks ago, but we still have services that needed to be provided, nonprofits to be paid and those kinds of things so this $4 million if you will allows us to be fluid without negatively impacting services.

SENATOR FORMICA (20TH): Thank you very much for that answer. And the $4.5 million is made up of a combination of federal and state funds or is it?

CASSANDRA NORFLEET-JOHNSON: That number is solely federal dollars. This Block Grant does not include any state dollars at all.

SENATOR FORMICA (20TH): Thank you very much. Thank you.
REP. WALKER (93RD): Representative Abercrombie. Oh, I'm sorry.

SENATOR FORMICA (20TH): She's going to answer my question.

DORIAN LONG: Hi, I'm Dorian Long from Social Services.

REP. WALKER (93RD): Please speak closer to the mic for me, please.

DORIAN LONG: Am I close enough to the mic?

REP. WALKER (93RD): Yeah, just a little louder, a little louder.

DORIAN LONG: Usually you have to keep me quiet. So Senator, would you mind repeating your question?

SENATOR FORMICA (20TH): Thank you, no I don't mind at all. The -- the explanation that I thought I heard was that this -- these two additional staff members would provide technical assistance to ensure invoices and supporting documentations are submitted timely. It was asked about whether that's the home-based services, or I think the answer came was that that was for home-based services and the numbers I heard were for a population age 18 to 64.

DORIAN LONG: Right.

SENATOR FORMICA (20TH): My question was, there seems to be service providers on Main Street that parents bring their younger children to for a myriad of services that are having difficulty in this -- in this realm of invoicing and supporting documentation or having difficulty navigating the department. So the question is two-fold. Do either of these two
proposed staff members are planned to help in that regard or they're sticking in that one population for home-based services; and if not, is there a group of people that are supporting those support providers -- service providers on Main Street for a different population than just 18 to 64?

DORIAN LONG: All right. So my understanding in this allocation is that it's specifically for supporting individuals that are in SSBG funded programs that -- such as the home-based services. It could potentially be used within our protective services program as well because it's the same funding screen and supported within the same unit. So that would be not folks that are under the age of 18, but folks between -- that are over the age of 18 that are supported with programs that are funded through SSBG within the department.

SENATOR FORMICA (20TH): So that leads me then if I may, Madam Chair to the second part of my question. Is there a group that does the 18 and under, 17 and under for those services -- service providers that are Main Street that people bring that to help with billing and invoice questions?

KATHLEEN BRENNAN: It would not be SSBG dollars but I -- I'm just a little confused as to the type of provider that you're talking about and what the services are. I'm getting the feeling that you've got organizations out there who feel that they're not being supported in the agency with this division of invoices?

SENATOR FORMICA (20TH): Excuse me, I'm sorry. All that stuff talking to you about microphones and I forgot to turn mine on. There are a number of
service providers that are having difficulty in understanding invoicing and billing requirements with regard to the services they provide DSS and the payments that DSS gets to them. So I'm just wondering if -- if it's not in this block grant through this -- and I understand your answer and thank you for that, and we can talk offline about it if you like. But I'm wondering if there's a group that does the same thing as these two people are proposed to be doing for the home-based service; do they do that for service providers on Main Street?

KATHLEEN BRENNAN: So I mean I know like in the Department of Social Services, in the Office of Community Service where these ladies do a great job administering all our grants that our program managers would be the people that if our contractors had an issue with, gee I don't know how to submit my invoice or I did it improperly or what kind of documentation, we provide technical assistance on that basis and site visits, etc. to assist our contractors with to do it properly.

SENATOR FORMICA (20TH): Okay. And they provide the audits and all that stuff to make sure that everybody is complicit? A group of good people that you've --

CASSANDRA NORFLEET-JOHNSON: So Senator I think we're talking about different kinds of things. We need to first figure out what are those services tied to the reimbursement. Is it cost reimbursement or is it tied to direct client services? And then when you're talking about the audits if you will, is that monitoring audits, is it the state audit or is it the federal audits? So there are multiple little
things that we can definitely have an offline conversation, but the last thing the department would want is that persons are not being served because of their inability to understand how to submit a bill and get reimbursed for it. So if indeed there are nonprofits out there that are having that challenge that are unaware of how to submit a bill to reimbursed for services that they provided, the department would like to know that information so we can make sure that we address that and get services out to people.

SENATOR FORMICA (20TH): And these service providers are very clear as to who to contact within your organization to get those answers?

CASSANDRA NORFLEET-JOHNSON: That would be a yes in most instances. On our website we have the host of services that we provide and if indeed there's an application or a form there is all of that level of information, yes.

SENATOR FORMICA (20TH): Thank you.

CASSANDRA NORFLEET-JOHNSON: But if indeed -- again, if indeed you find a nonprofit who is doing work with DSS who are unaware of what to do tied to that reimbursement, then please circle back and we will make sure we address it.

SENATOR FORMICA (20TH): Limited to nonprofits?

CASSANDRA NORFLEET-JOHNSON: Well if -- again, my role --

SENATOR FORMICA (20TH): That's okay. We can followup. Thank you very much.
CASSANDRA NORFLEET-JOHNSON: Yes, my world is nonprofit but if indeed it's a billable kind of thing then it's a billable kind of thing.

SENATOR FORMICA (20TH): Thank you very much. Thank you for the latitude Madam Chair.

REP. WALKER (93RD): Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Good morning and thank you for being here. So to continue the conversation that the good Senator was talking about; if you look at the definition under home-based services part of what you're looking for is two positions to assist with oversight, which is a little different than your describing these two positions. So I would like to see a clear definition of what those two positions will be doing. I'm not clear, you know when you say adding support that's a little different than doing oversight. So I'm a little confused about that.

The second part of that is also -- and this can all -- any info -- followup information we need just for clarification goes through our Madam Administration Sue Keene so that everybody has the same information. I want to make that clear. It's not just about Kathy Abercrombie. Well it is, but you know how that goes. [Laughing]

KATHLEEN BRENNAN: I think Dorian -- Dorian might be able --

REP. ABERCROMBIE (83RD): [Laughing] I knew I'd get a chuckle out of Representative Case over there.
KATHLEEN BRENNAN: Dorian can give a little bit better detail right now if you'd like and we can certainly follow it up with you as well.

REP. ABERCROMBIE (83RD): That'd be great.

DORIAN LONG: Well I hope I can satisfy you. If not, we'll get back to you. But the main role of the staffers is to ensure really it should say within the program. We know that you know Social Service Block Grant and other funding can be very challenged and we're not sure where allocations are going to come from. So we want to make sure that we are using funds as efficiently and as timely as possible. So many times when our billing happens sometimes there's confusion on the part of the providers and there needs to be some communication with them how to appropriately bill, how to bill timely, but the other piece is supporting enrollment of folks that are interested in receiving the service. And so part of the process in enrolling in our program necessitates medical documentation. Sometimes our -- our clients who are making application for the program are struggling in getting appropriate documentation and need support in facilitating that. And although there are assigned case workers to that, their activities related to other programs do not allow them the opportunity to provide that really focused effort in making sure that we have appropriate supported documentation to enter eligibility.

And then beyond that, once our program is up and running making sure that we are -- or making sure that services are actually provided and delivered appropriately. And also supporting our audit
activities related to the funds that are utilized. So really just trying to be with an infrastructure that's going to make sure that we have solid efficiencies and program operation.

REP. ABERCROMBIE (83RD): And how will these providers know to reach out to these two positions as they go forward? Because -- so it sounds like you're doing a little bit of case management also, which I think is great. But we also contract with providers that do that, right? That do some of the case management under this grant. So -- so my -- so -- okay, go ahead. She's shaking her head. [Laughing]

DORIAN LONG: So we don't actually have case managers under these specific programs that are contracted. So our internal staff serve as the care managers if you will for this program, and do the care plans and services for the clients that are served on the program. So they would be in direct communication with the vendor at onset. So you know listening to you know, Sally Johnson reports to the department that she you know has significant challenges with ambulation and walking and needs some assistance in her household so that she can do you know like needed tasks like laundry, etc. We would be able to develop a plan that we would share with our provider to do that and then it's incumbent upon them to make sure that they're a) delivering the service in the way that the client needs. And that b) that they're providing you know appropriate billing, etc.

And in that process the Social Worker would be able to communicate that if there are any billing
challenges or support needs or issues that they would be able to reach out to these staff persons and in terms we are finding that those bills are not coming in or that we are concerned about service provision then internally through our department we can connect with those staff persons to ensure that we're doing a quality job of facilitating you know, program integrity.

REP. ABERCROMBIE (83RD): So what makes this -- these two positions different than what we contract with CAPCA to do? Cause it sounds a little bit like this is part of the role that they do. So why would we internally add two positions at DSS versus perhaps putting more money into those organizations that are already doing this work?

CASSANDRA NORFLEET-JOHNSON: So to that point, the current CAPCA Grant was identified through a competitive procurement. We have not asked them to collect or work through any of this protected health information or this level of activity at this point as we look through and you look out tied to other work maybe under community health workers or something else. That might be something that can be considered at this point. But right now the department wants to make sure that the work that we're doing with home-based services we're doing it well; we're doing it efficiently and we know what we're doing. Before you can go out and buy something you have to know what you're buying and what that result is. And that's the level of work we're doing right here.

We've done this level of review we believe in order to do -- do that well, we only need two persons to
do this level of work statewide. That's a lot more efficient than hiring through a statewide competitive process, two people. It's not cost efficient to hire two people to do a statewide process when you can have two people internally statewide deployed to do this level of work and do other activities including leveraging services within the Department of Social Services.

REP. ABERCROMBIE (83RD): So what I would like to ask is that you keep the data on how many are being served, what the outcome has been because I'll be honest with you, I'm still not clear on this position or why we actually need it so I would like to monitor it very closely and at the end of the day see if it's more efficient for us to do this through a contract with our providers that are already out there doing it or to keep it internally. And I think, and I'm going to follow with the good Senator's comments; I think that we're going to find that there's some challenges within DSS currently with the level of support that they're giving our providers when it comes to the payment system. And I'm hoping that with these two positions that it's also going to red flag that we have some serious issues going on. And that you know when you start an audit process and you don't close it out and then there's ramifications from that, you know, we -- we have some serious issues going on. So thank you and I look forward to seeing how this works. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. Are there any other questions? Yes.
REP. WILSON PHEANIOUS (53RD): Yes, I do have a general question. I'm Pat Wilson Pheanious. I'm very concerned about the fact that we are hoping for $17 million. The President has zeroed out this line item in the budget. I'm wondering if you can tell me a little bit about the history of that kind of an action on the federal government's part. Is this something we deal with every year? Is this an unusual thing, cause I'm very worried about what will happen if this $17 million I not forthcoming. It seems to me that it will devastate our Social Services system and I'd like your comments on that.

CASSANDRA NORFLEET-JOHNSON: To your first question, does this happen every year? It's happened for the past almost seven or eight years that the resources has been identified as being zeroed out. The various federal branches of government have put the money back in at different levels but we have never been drastically reduced. I will also tell you that after our previous hearing for CSVG we went back and checked with our state partners and also sister agencies about that factor. What is your plan A, plan B tied to that level of reduction, and we're working on a document to be able to provide you all that they're mindful thoughts. But we would definitely be able to come back here and present that information because we can't make random reductions based upon the state act.

KATHLEEN BRENNAN: If I may, that's one of the reasons why we have a carry-forward. Just like explained during our CSBG Block Grant hearing too. At least if you know the worst happened, we'd at least have some carry-forward still available to at least put some things into place.
REP. WILSON PHEANIOUS (53RD): Less than a third of what you need though.

KATHLEEN BRENNAN: Absolutely, yep.

REP. WILSON PHEANIOUS (53RD): It would just decimate our system hard I can determine.

KATHLEEN BRENNAN: Yes, it would.

REP. WILSON PHEANIOUS (53RD): I've very concerned about that. All right, thank you.

REP. WALKER (93RD): Are there any other questions? And if not -- if not, thank you very much. Thank you for your testimony.

KATHLEEN BRENNAN: Thank you.

REP. WALKER (93RD): Next we have -- next we have Commissioner from Department of Public Health to do the Maternal and Child Health Services and the Preventive Health and Health Services Block Grants. Good afternoon.

RENÉE COLEMAN-MITCHELL: Is it that time already?

REP. WALKER (93RD): Yes, it is. [Laughing] Three minutes.

RENÉE COLEMAN-MITCHELL: All right.

REP. WALKER (93RD): Good afternoon. Go ahead.

RENÉE COLEMAN-MITCHELL: Good afternoon, good afternoon Senators Osten, Formica, Abrams and Somers and Representatives Walker, Lavielle, Steinberg and Petit and distinguished members of the Appropriations and Public Health Committees. My name is Renée D. Coleman-Mitchell and I am the Commissioner of the Department of Public Health. I
am here to present the Department’s proposed Federal Fiscal Year 2020 Allocation Plan for the Preventive Health and Health Services Block Grant and the Maternal and Child Health Services Block Grant. You have my testimony in front of you, so in the interest of lunchtime I will be brief and provide you with highlights of the two grants.

The proposed Public Health and Health Services Block Grant for fiscal year 2020 estimate for Connecticut is based on the federal fiscal year 2019 funding level of $2,266,431. The estimated federal fiscal year 2020 allocation will include a base award of $2,186,51 in addition to a mandated Sex Offense Set-Aside of $79,914 intended to provide rape crisis services to rape victims.

The Public Health Services Block Grant Fund supports work in the following areas: Asthma, cancer, cardiovascular disease, childhood lead poisoning, diabetes, smoking cessation, injury prevention, suicide prevention, rape crisis programs, support for the state emergency medical services, Connecticut's Public Health Surveillance and Evaluation and efforts and national and local public health accreditation initiative. Health priorities and program categories for federal fiscal year 2020 remain the same as those approved -- those approved in federal fiscal year 2019.

The Maternal and Child Health Block Grant -- plan is based upon a proposed federal fiscal year 2020 budget of $4,671,480 and was put in place to promote the development of service systems in state to meet critical challenges in the following areas: To reduce infant mortality, to provide and ensure
access to comprehensive care for women, to promote the health of children by providing preventive and primary care services, to increase the number of children who receive health assessment and treatment services, and provide family centered and community based and coordinated services for children and youth with special healthcare needs. And case management services for pregnant women, maternal and child health information and referral services, 211 info line, reproductive health services, oral health, school-based primary and behavioral health, infant health and well-being, newborn screening and medical homes for children and youth with special healthcare needs.

Funding for Medical Home Community Based -- excuse me. Funding for Medical Home Community Based Care Coordination Services is proposed to decrease as compared to the federal fiscal year 2019 estimated level by $14,999, however, this will not impact services as an initiative to develop and implement protocols to refer clients between agencies has been completed and has become standard practice. The proposed plan will increase support for the Children and Youth of Special Needs program by reallocating 0.5 FTE position from the MCH program and adding that 0.5 FTE position needed to facilitate the procurement of three components of the Connecticut Medical Home Initiative. Finally, $30,000 is proposed to support other MCH and Children and Youth Special Healthcare Need activities in FFY 2020. This will support the development of a five year needs assessment, which is a requirement of the Maternal and Child Health Block Grant.
Thank you and I appreciate your consideration of these Block Grant allocation plans. If you have any questions, agency staff and I will be happy to answer them. That's who we have here joining me, flanking me here as well as others in the audience.

REP. WALKER (93RD): [Laughing] Thank you, thank you Commissioner and thank you for your testimony. Representative Wilson Pheanious.

REP. WILSON PHEANIOUS (53RD): Yes, good afternoon.

RENÉE COLEMAN-MITCHELL: Good afternoon.

REP. WILSON PHEANIOUS (53RD): My question may be philosophical but -- but this grant is a Maternal and Child Health Services, I'm wondering to what extent this Block Grant or any of these funds can be used by fathers when they are primary caretakers for children, when they are involved with children's health and how are we incorporating an ever-increasing number of male lead households with young children?

ANN GIONET: Good afternoon. Hi, my nae is Ann Gionet and I'm the Children Special Healthcare Needs Director for the state of Connecticut, and yes, we have a Eye on Fathers. We have several activities that are going on in regards to that. A fatherhood initiative that the Department of Public Health takes part in that other state agencies are involved in as well. There's an annual meeting and conference where they bring dads together. We do go out into the community to take a look at consumers in general when it comes to children with special healthcare needs and parents in general and we do have again, take a look at dads -- important to have
dads be a part of that activity and information going on.

I'll give a good example. We have a pretty strong relationship with Ken Harris in the New Haven area. He leads a fatherhood initiative activity. That was one of our updates at one of our most recent Medical Home Advisory Council Meetings to bring that concept forward. And it goes all the way to the top of our federal programs within our Association of Maternal and Child Health Programs. We have had national conference where fathers were identified and there was a special large presentation put on to make sure that people are understanding that you know, they are a critical part of what's going on.

REP. WILSON PHEANIOUS (53RD): Well my -- I -- I appreciate that and I do understand the importance of involving fathers in the equation. My question really relates to the expenditure of funds and are they eligible to receive the same types of funding under the Maternal and Child Health Grant that women and children are, and if not what's being done to recognize the large number of fathers who are currently managing households and raising young children?

ANN GIONET: I think I can take an initial start at this, but there might be others too who would like to add to it. Dads are absolutely able to apply for the same funds. We actually -- one other activity that took part in that group was to go through all the forms that are at the Public of Public Health to make sure they're dad friendly. And that is you know, not just within our family health area but within all of DPH, because there can be you know,
the thought that possibly dads are not focused on when it comes to -- to applying for services or for accessing services.

REP. WILSON PHEANIOUS (53RD): That's particularly good to hear because I've run to many men in the community who have actually been turned away or well, this isn't for you; it's maternal and child health. And they have -- so I hope that that information has disseminated through your department. It sounds like it has. That's particularly important to hear and I appreciate that. Thank you.

RENÉE COLEMAN-MITCHELL: I have a comment that I just want to add to that. With the appointment early on in April when I had the opportunity to think about what the priorities at that time were going to be from my perspective at Commissioner, knowing that there would be some priorities that would rise to the top due to the needs, right? But some of them that would be my pet project and one of the was to initiate a men's health unit within the department. I will tell you that with my experience back in the 80s until now we've done a great job with Maternal and Child Health. The staff do a great job, and at the same time I always said, why don't we have something for our men?

And I took the liberty to really kind of research it on a nationwide basis to see what other state health departments have a very specific men's health unit and there were only three that came to -- you know, and I went to the CDC website. So that's something that I'm hoping if time ever presents itself to be
able to initiate and create an established men's health unit, which encompasses all of this.

REP. WILSON PHEANIOUS (53RD): Thank you very much. It's extremely important and as you recognized, under attended to across the country. But the numbers of men who are raising children or actively involved in families and needs these services is ever increasing so I certainly appreciate your recognition and attention to the issue. Thank you very much.

REP. WALKER (93RD): Thank you. Senator Flexer.

SENATOR FLEXER (29TH): Thank you, Madam Chair. Good afternoon and thank you for your testimony here today. I just have a couple of questions and -- and I just want to highlight some concerns I have in reading the information that you've put in front of us and I hope my colleagues will pay special attention to the data that's on page 17. When you look at the various indicators that are listed here, infant mortality rates, low birth weight, very low birth weight, lack of access to prenatal care in the first trimester; it's very concerning to me that when you look at this the outcomes for black and brown women in our state are more than double and some of these indicators triple the rates.

And I think it's important for us to take a moment and look at that and be really concerned about that and all of us should question ourselves as to whether or not we're putting enough resources into these programs to provide support to all mothers in our state because these rates are outrageous for black and brown mothers and it's not okay, and we need to do something about it. And I don't want to
put you on the spot because I know that you guys are doing the best that you can with the resources that are in front of you. And so I guess my question is, are there more state resources that need to be put into this? And also why is there a reduction -- it is slight, but there is a 4 percent reduction in this grant in the Maternal and Child Health Programs; why would we be doing that when we see these outcomes?

RENÉE COLEMAN-MITCHELL: Hi. I'm going to first attempt to respond to your inquiry concern. I have the exact same concern. This has been going on for years. This is nothing new in regards to black and brown babies having three and four times more in terms of infant mortality rates. When you break data down, that's when you really see what's going on in the state and you see different pockets and different populations being impacted. This is a special interest of mine, and just as I said with men's health I'm looking at maternal mortality which also impacts infant mortality and this is something that we've been talking about in health. That how do we go about this a little differently to make a difference because these numbers are unacceptable, they really are.

And I have seen and heard this for years and the numbers continue to happen, again in special pockets in the state. I know that we have special efforts in targeted areas but we need to home in on that. And we've been starting to have that dialogue, just certain towns and cities in Connecticut that really do have very high teenage pregnancy rates as well as the ongoing infant mortality rate. It's unfortunate, but we -- we're going to dive into
that. I cannot answer specifically about the state funding. I'm going to look to one of my team members to be able to speak specifically about that cause I do know we do have monies towards that. But your question was, do we need to put more.

MARC CAMARDO: Hello, my name is Marc Camardo and I am the Title Five Director at the Connecticut Department of Public Health. So I would like to comment on some interventions that the department is pursuing to address infant mortality. For example we received federal funds in April for the Family Wellness Healthy Start program and it works to eliminate disparities in infant mortality and adverse prenatal health outcomes and with the target population of African American women and Hispanic women in the cities of Hartford and New Britain where we see significant disparities when we look at the data. So with this program we -- we'll be looking to provide services that will improve women's health, promote quality services, strengthen family resilience, achieve collective impact, increase accountability through quality improvement, performance, monitoring and evaluation.

Another thing that I would like to know is while we recognize there are significant disparities in the state overall the infant mortality rates across all races and ethnicities have steadily decreased since 2005, however, we are looking at having these interventions to -- to really focus on the Hispanic and black African American populations.

ANN GIONET: If I may, one more comment. Within the Department of Public Health we are about to start our second round of our state health assessment and
state health improvement plan and looking at health disparities I couldn't agree with you more and as Commissioner Coleman-Mitchell said, it's disturbing. It's numbers everybody should look at and everybody should look at it and be up in arms about it.

In regards to addressing this, I think we would entertain any ideas that people would have in regards to additional funding. It's something that we have focused on with our first round of our state health improvement and something we're continuing to focus on in our second round of our state health improvement. We'll have a -- a large Committee meeting and a statewide meeting this Friday. This is work that we all have to do together though. Within the Department of Public Health we are good at collecting numbers. We have rooms full of epidemiologists who help keep track of this data but we need to share it and we need community people to help us with this. We need everyone to be a part of this and we do invite other state agencies and can be providers. There will be several hundred people at the meeting this Friday.

And I just also want to speak to there has been and within this Maternal and Child Health Block Grant, we do divvy up whose in Maternal and Child Health and whose in Children and Youth Special Healthcare Needs. But we are really talking about staff that work hand in hand together. Myself as the Title Five Children and Youth of Special Healthcare Needs and Director and Marc Camardo as the Title Five Maternal and Child Health Director, these are really intricate and so woven together. When we're talking about moving a position from one area to the other it is not to say we're not supporting that
other area. Everything within Maternal and Child Health is the critical starting point. We can only find children with special healthcare needs if we look and search within pediatric practices and family care practices. We need to find them in those communities.

But how these two compliment each other is that programs that are put in place for Children and Youth with Special Healthcare Needs and we've been working at this within the Departments of Public Health now for over two decades, put together pieces that anyone would want in healthcare. You want a community based system. You want to be able to reach your provider morning, noon or night. You want something that's culturally appropriate and family driven. These components that children with special healthcare needs need to have when they're accessing services cause they just have a lot more services than other people do, are just quality components that if you were to inverse them, would be services that all of us would want to have when accessing healthcare. So please know that we do identify that change within the report that we're giving you. It is a requirement for our report that 30 percent of the funding be used for children with healthcare needs, and that's also designed from when our system was originally created, the Title Five System in 1935 because as a public health system, we are to serve everyone but children with special healthcare needs are a special population and they tend to be higher users of service.

SENATOR FLEXER (29TH): Thank you.
RENEE COLEMAN-MITCHELL: Senator Flexer, I just would like to add something else and I -- you know with all the information I just -- it just came to my memory again. Early on I had some conversations in house about the infant mortality rate and then there was a reach that we had with Senator Moore. Is she here, Senator Moore? Okay. Of course that would happen to me. Okay. All right. So Senator Moore and I had conversations and they were very good conversations about doula and I extrapolated from when I was at Hartford Health Department as a Deputy Director of Health. I saw the impact of the Maternal Infant Outreach Project and the doula. It's was huge. This was high risk population and it made all the difference in the world. And I was sharing with her what I saw was the important component to -- again, components, not all, a component of making a difference. And we talked about community health workers and then we got very specific about the role of doula. And we still have continued that conversation. Does doula fit under a community health worker or are they something separate? And they are looking to be separate in terms of even reimbursement in their definition. But that's one of the key components that I saw because a doula is everything to that pregnant mom, or can become everything to that pregnant mom to ensure a good outcome in terms of the birth.

SENATOR FLEXER (29TH): Thank you very much for -- for pointing that out. And again I would -- I just can't emphasize enough how much I really need to look at these numbers and your point about doula services is really important. And this legislature and its infinite wisdom chose not to move forward
with legislation to expand access to doula
unfortunately and maybe that made the difference on
these charts in the very near future.

I just have one additional question. The statewide
meeting that's happening on Friday, can you tell me
what -- who -- who is invited to that? What is it?

ANN GIONET: It is our -- it's taking place from
8:30 to 2:00 at the Chrysalis Center and I would e
happy to send a link out. I think technically
you're supposed to register by the 13th since food
is involved but I would assume that we would be able
to extend a further invite so I would be happy to
send you that link. And it's a full day meeting and
we will be looking at many -- these data points
along with other data points and starting to plan
how we're going to implement the state health
improvement plan. So it will be a plan for five
years with our other community partners. Possibly
maybe some people have already signed up. It's
possible that they received -- oh, here we go.

LAURIE ANN WAGNER: Hello, my name is Laurie Ann
Wagner and I work in the Public Health Systems
Improvement Office at the Department of Public
Health and my office is responsible for just the
logistics and the coordination. We are not
responsible for the input of material and the output
that will come from that meeting because that
involves everybody who is in attendance. We do have
three people I believe from the legislature that
will be joining us, which I'm very excited to hear.
And we have right now about 150 that are expected
from across the state. We have state agencies,
leadership from state agencies and frontline program
staff. We also have members of the community and we have members of community based organizations, nonprofits. We invited our State Health Improvement Plan Coalition which numbers at about 600 and represents over 300 organizations from across the state.

It begins at 8:30 with registration, 9:00 a.m. begins our program and it closes at 2:00. We are really not anticipating to do very much lecturing at all. There will be very little sharing from us, and much more soliciting from participants. Because the goal is this is our statewide health improvement plan so we're going to share some of the preliminary findings of the health assessment and then we will be soliciting how might we pursue or move forward on the priorities identified across the state?

There are going to be multiple ways to participate in this planning so let me be clear. Friday is not the one and only. This is just step in a lengthy process to determine how we move forward in our improvement activity. And there's going to be a lot of work done to do community engagement and a lot of opportunity for all of you to feed that plan.

SENATOR FLEXER (29TH): Thank you. Thank you very much.

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

SENATOR OSTEN (19TH): Thank you very much. I just -- I have one question and maybe trying to figure out what we're doing. But you have $79,000 for rape crisis. Are you doing the data on where most of the victims are coming from? So what I'm really looking
for are military victims of rape whether male or female, have been in the news for a number of years now and I don't see any data anywhere that shows if you're seeing treatment or seeing an increase in the number of people stepping forward on -- on rape that have served in the military whether through the National Guard or through the regular services of the military. Are you tracking those numbers anyway?

DONNETTE WRIGHT: My name is Donnette Wright and I am the Coordinator of the Preventive Health and Health Services Block Grant. No, we do not have that data. The data that we receive is from the Connecticut Alliance to End Sexual Violence and that's the only data that I'm aware of and it doesn't differentiate if it's coming from the military or not.

SENATOR OSTEN (19TH): So is that part of the contract with your organization or is there not a way to ask for the data on where this is coming from. Is it from colleges, is it from military, where -- where are -- are the rates most prevalent? There must be some way. I mean $79,000 is not a lot of money but there must be a way for us to track where its coming from. And most recently there's been a book by a young woman who served in the military and I was in the Army; and I think that we really need to sort of start getting into the details of this and I'm concerned that we don't have any information here in a state that considers itself robust on data. And this is one area I think we really need to have more data, so is there a way to add that to the contract?
RENÉE COLEMAN-MITCHELL: Senator Osten, yes. We're going to definitely add that. We will add that and we will work with the Connecticut Alliance to get that information and if it's not being broken out as Donnette has said then we will work with her to do that. Do you want to share what data that we do -- do get from them?

DONNETTE WRIGHT: The data that we are required to report to the CDC in these -- in our annual report which is attempted rapes that have come there; it's mostly accompaniment. The rape tends to get services. Data in terms of where the rapes are coming from, no, we're not required to report that so we -- I don't know if they collect that information.

SENATOR OSTEN (19TH): And I just want to be clear. I think that if we say where are the locations where the rape victims are coming from people won't put their address. What I'd like to know is it job related, did it happen in the past, is it an issue that -- I think that we need to broaden what we're asking for because I -- I'm not interested whether someone lived in New Haven or Sprague. I'm interested in were -- was this an action that happened when they were in the military, was this an action that happened while they were at college? What -- you know, are they seeking services a decade later or a month later, I'd like to have some understanding on -- on what we're looking at that.

And there was a bill that was passed that references Erin's Law that talks a little bit about teaching prevention of someone you may know on a -- on sexual assault and in the news -- again, in the news lately
there's been at least six or seven schools that have had actions of staff on students and I -- do you have any of that data? Is that data available? Are schools reporting in a robust fashion? Are they not? And so if the -- if you get someone that's reporting a rape or an attempted rape that is a student, did the school know about it? Did the school not report it? Is there another way for us to track this information so that we can see if these were anomalies or is there more of a practice as we've all seen on colleges on trying to ignore rape or attempted rape. Is that -- is that even true in our -- our grammar schools or high schools? Are we ignoring it because we don't want the bad press? I'd like to understand where we're going with that and so this $79,000 that you have, which is collecting data; I'd like to get a little bit more data than what we have here other than one straight line item which says you know rape services. I imagine you’re the person. [Laughing]

RENÉE COLEMAN-MITCHELL: She is. What I was going to say is something I would also work with our new Commissioner from the State Department of Education as well to find out what data that they collect. And I was also going to reference that we do have our Partners of Violence Program in health and let Amy speak about that.

AMY MIRIZZI: Hi, I'm Amy Mirizzi. I'm the Program Director for our Office of Injury and Violence Prevention. And we do have a sexual violence prevention program that receives funding not only from the Public Health Block Grant but also CDC dollars as well as state dollars and we do rely on data from the Alliance to End Sexual Violence. They
do provide their number of client served and some demographic information in terms of you know, the sex of victim -- of the person seeking services, each race ethnicity data along those lines that we report to the CDC. I want to go back and check to see if we collect circumstance data that you were describing in terms of the environment it took place, the number of years ago; I would have to check back through their contract reports to see if that level of detail has been reported.

Colleges around the state are required by statute to post sexual assault data on their website as part of campus crime related statistics. I don't know the reference for that but that is something that falls on Higher Ed.

SENATOR OSTEN (19TH): Okay. So if I could, I'm just curious if we're finding out from the Rape Crisis Centers if it is really being reported accurately on their websites. Because it's one thing to put a law in and say you're required to do this. We have laws that say that schools can't ignore and must report to DCF an action of a sexual nature with a student and it's clear that in a number of cases that did not happen. So you know I find it sometimes that we pass a law to make ourselves feel good but we don't see the followup on whether or not it's actually being implemented. And so I'd like to understand from the -- not the end users, not the victims, but the one group that we're counting on to report this data, if that environmental, as you put it, data is being recorded. And then are we checking back to make sure that it was reported when it happened and was reported back then. Now it may not have been
reported back then, but it may have been and ignored. And that's true very much in the military. That's true very much at our -- it was true very much at our college campuses and I'm sure that they'll all come running into the room and say, not here, but it has happened. And so I just would like to understand what we're doing with this data collection.

And you had a lot of data that Senator Flexer talked about but this is just one line item as if that covers it all. And the Bill that we passed a number of years that was requiring a K through 12 educational resource did not -- I don't know if it's been implemented because I've talked to people about it and it doesn't appear to be implemented at all in any of our school systems. So I'd like to understand why.

AMY MIRIZZI: I can speak to that work as well. So there is a requirement that all schools provide education on sexual violence prevention within their district to children K through 12. It doesn't specify a specific curriculum, but there is a Committee that the Department of Ed and the Alliance to End Sexual Violence have convened. This summer a survey was distributed to schools across the state through CAS, the Connecticut Association of Schools to try to assess how many schools have implemented some kind of curriculum and educational program to meet the requirements of that statute. And we're still working on getting an adequate response to that survey because we think it's really important to not only identify those schools in need of technical assistance, to bring that piece of education to their students, but also to identify
model schools that have implemented that requirement and to find out how they've been successful in bringing that information to their student body.

SENATOR OSTEN (19TH): So I would just say that I'm pretty sure that the State Department of Ed was developing the curriculum in concert with what used to be CONSACS and so my understanding was that curriculum was -- was the curriculum that was to be used and it was forwarded to all superintendents but that bill was more than four years ago. So it's -- you know it kind of shocks me that we're doing a survey four years later -- well it actually doesn't really shock me -- that we're doing a survey four years later and that we have not done anything about this. So I -- it's off the track on what we're talking about today so I'd like to talk to you about that more.

But on the data collection, the data that's here is nowhere near enough for us to find out if the laws are working and what we're doing. So I'd like to expand what data they're supposed to be giving us for this report so that next year's table will include did this -- did this action occur as a result of the job you were at? Did this action occur as a result of a school situation? What grade was it? You know, you know there needs to be some gender data here. There is no gender data. This is not something that just happens with women and children. It happens with men also, particularly in the military. So I think that we need to really sort of drill down into what that data is, so if we could ask for that data so that we have not just one line item that says, this is something for rape
crisis. Well I want -- I want to know more than that. So thank you. Thank you, Madam Chair.

REP. WALKER (93RD): Thank you. And you got that message, very well. Thank you.

RENÉE COLEMAN-MITCHELL: Yes, I did. I took notes.

REP. WALKER (93RD): Are there any other questions? Thank you very much. Thank you for your testimony. Yeah?

RENÉE COLEMAN-MITCHELL: Thank you.

REP. WALKER (93RD): Thank you, have a good day, thank you. This concludes the -- the state agency. Now we go into the public agency and there is one speaker -- one agency that is coming. Yeah, there's one more. One more. It's for the Public Agency. Deb Polum from CAFCA. Good morning -- good afternoon. Good -- good afternoon.

DEB PULUM: Good afternoon.

REP. WALKER (93RD): Would you like to go right ahead with your -- you have three minutes, ma'am, go right ahead.

DEB PULUM: No worries. Good afternoon Chairs and Ranking Members and all members who are here today listening in. For record, my name is Deb Polum. I am the Executive Director of the Connecticut Association for Community Action or CAFCA. We're the state association that works with the state's Community Action Agencies to serve about 280,000 people across the state every year. Today I'm joined by Katrina Bresnahan and she works with me at CAFCA and is our Social Services Block Grant Case Management expert. We are here today to provide
support for the Department of Social Services allocation plan for the Social Services Block Grant.

Our piece in Case Management in SSBG is just a very small portion of the SSBG in total. And what we do in our Community Action Agencies is we provide a very unique kind of case management. This is not a one off where a case manager works with a client just one time. This is first of all a very specific target population and this is long-term holistic case management where case managers sit with clients and assess their needs across a variety of areas of their life. Their educational desires, housing, jobs, family life and more.

And together the case manager and the client make a plan to try to reach a specific set of goals and then they work together over the course of weeks or months or sometimes even as long as a year or more to try to reach those goals together.

CASCA has been working with the State Department of Social Services for a number of years on this grant and our agencies serve about 4,300 people a year with this unique kind of case management.

As you can see with the data provided in our testimony this type of case management works. It really truly does help people to reach their goals and provide a higher quality of life for people and more interaction with their community as well. And so again I'd like to thank Commissioner Gifford, Deputy Commissioner Brennan and all of the department and all of you for your support of this program.
I have also attached a map to our testimony so if your clients -- or your constituents are needing this kind of case management you know exactly who to call to help them receive that. And I'm available for your questions.

REP. WALKER (93RD): Thank you and thank you for your testimony. And I'm sure you heard part of the discussion that Representative Abercrombie had about making sure that we utilize our agencies that we contract with to certain services. Did you have anything to say on that?

DEB POLUM: Sure, I'll just add on to what was indicated by the department that currently the contract that we have with the State Department of Social Services for Case Management doesn't serve the home and community based population. We serve individuals who come into the Community Actional Agencies. As indicated in our testimony they have to be below 150 percent of federal poverty level and meet residency requirements and also be part of a specific type of vulnerable population but it's not quite the same as the home and community based services. It's just a slightly different population. Does that help clarify matters?

REP. WALKER (93RD): I -- I think so.

DEB POLUM: Okay, great.

REP. WALKER (93RD): I that makes it a little bit better, so thank you.

DEB POLUM: Thank you.
REP. WALKER (93RD): Thank you for that clarification. Question from anybody? Representative McCarty. [Laughing]

REP. MCCARTY (38TH): Thank you. Just as we were going through today learning more information we saw a lot of health disparities between the different subsets that are being served and I'm wondering with this case management do you bring in with the case manager cultural competency or any of the training in that regard?

DEB POLUM: Yes, and I'll let Katrina expand on that a little bit.

KATRINA BRESNAHAN: Yeah, we -- every year we do a needs assessment and see what the -- the agencies are interested in for training needs and we do things like competency training, motivational interview, family development training, so just training to make sure that again our case managers are providing mindful case management services.

REP. WALKER (93RD): I'm sorry, did you state your name?

KATRINA BRESNAHAN: Oh, I'm sorry. My name is Katrina Bresnahan.

REP. WALKER (93RD): Could you say that a little louder please?

KATRINA BRESNAHAN: Katrina Bresnahan.

REP. WALKER (93RD): Thank you.

KATRINA BRESNAHAN: So yes, we are making sure that our agencies are providing things like cultural competency training.
DEB POLUM: And I'll just also add that we have trained about 106 staff members from Community Action Agencies across the state as community health workers. So they -- many of them have gone through the CHW training and they are poised to take on all the roles of community health workers once our state has really implemented certification or a licensing program for CHWs.

REP. MCCARTY (38TH): And thank you very much and thank you for all the good work that the Community Action Agency performs.

DEB POLUM: Thank you for your support.

REP. WALKER (93RD): Thank you. Are there any other questions? No? With that, I thank you. Thank you for your testimony, thank you.

DEB POLUM: Thank you so much.

REP. WALKER (93RD): So that concludes our testimonies and before the Committees. Right now we're going to take a five minute recess. We're going -- no? Oh, no. Oh, I'm going to -- oh, and that concludes this and I am adjourning the hearing. [Laughing] Okay now, okay. I adjourn the hearing.