Senator Catherine Osten

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Walker, Lavielle, Abercrombie, Betts, Dathan, Dillon, Gilchrest, Horn, McCarty, Petit, Ryan

SENATOR OSTEN (19TH): [audio begins here]
Commissioner, you’re up. And you can just summarize your written testimony. You don’t have to read it all.

COMMISSIONER SCHEFF: Good morning.

SENATOR OSTEN (19TH): Good morning.

COMMISSIONER SCHEFF: So I’ll just, I have the whole speech but I'm just going to say good morning Representative Dillon and Senator Osten and all the other members of the Appropriations Committee. I'm Jordan Scheff, Commissioner of the Department of Developmental Services.

Thank you for the opportunity to come before you today to testify in support of House Bill 5005, AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIAUM ENDING JUNE 30, 2021.

The mission of the Department is to partner with individuals we support and their families to support lifelong planning and to join with others to create and promote meaningful opportunities for individuals to participate in their communities.
By working collaboratively with the Departments many stakeholders, DDS has had great success and expanding our continuum of services while continuing to find efficiencies in the way the Department operates.

We'd like to take this opportunity to thank the individuals with intellectual disability, their families, our advocates, private providers and DDS employees for engaging with me and the Department in continuing to inform our priorities. Together we work to make the system better for everyone.

Just a few highlights from 20, Fiscal Year 2020 before talk about the Governors adjustment to this year’s portion of the budget. In March of 2019, DDS opened a five bed step down unit to support individuals in crisis in need of behavioral stabilization.

We have since supported 12 individuals in that unit who were previously stuck mostly in emergency rooms around the state. Successfully transitioning seven of them back into the community in community based living opportunities.

Based on the success, DDS is reviewing opportunities to develop similar services and expand the supports already provided.

DDS also continues to address housing needs with innovative approaches that focus on independence, integration and community based settings within the state. Currently projects in Canton, Bloomfield and Hartford are underway for a combined total of 27 units serving approximately 48 individuals upon their completion.
The program focuses on residences that are public transit accessible and close to local work opportunities and which are built to foster independence by utilizing smart home technology and other assistive technology.

Governor Lamont’s proposed 2021 budget adjustments allow DDS to continue to think creatively about how we can offer some individuals more appropriate and less intensive residential settings that focus on helping individuals to live and thrive in their community.

As a reminder, our community residential services money, our residential support money is housed within the DSS budget. That account was transferred to DSS in Fiscal Year 2017. DDS residential services are still contracted and operated under the purview of DDS.

The Governor's proposed adjustments this year transfer approximately $800,000 from the DSS community residential services line item to the recent subsidy program at DDS with the intent of transitioning interested individuals into integrated and independent residential options that utilize more cost effective services including continuous residential supports and individualized home supports combined with potential assistive technology solutions.

DDS projects this initiative to result in a net savings of just over a million dollars. Under the DSS community residential services line item, the Governor’s adjustments propose an incentive payment option for DDS qualified providers.
Specifically the option allows providers to be reimbursed 80 percent of their payment for individuals that they have transitioned to a lower level of care. These payments will not be subject to cost settlement. DDS projects savings of 1.75 million through this initiative.

Additionally, other adjustments include a $2 million dollar reduction to the behavioral services program. We currently have no wait list; we anticipate being able to fully meet the needs of all the individuals in that program within the proposed appropriation.

The Governors adjustment allows DDS to hire approximately 100 new part time direct care staff to fill vacancies currently being covered by full time staff who are being paid overtime wages. DDS estimates this change will save just over a million dollars.

Additionally, a reallocation of about two and a half million dollars is proposed in the DDS personal services line to reflect the human resources centralization efforts outlined in Governor Lamont’s Executive Order Number 2.

Before I close, I want to mention that many of the initiatives mentioned today may seem to focus on individuals with lower levels of need. While what was highlighted today may speak to that, the Department is engaged in many ways to try and address the needs of everyone we serve including those with more complex needs.

However, by examining our continuum of services by increasing our flexibility, by being effective and efficient, we create room within the system for
increased opportunity for all. As they say, a rising tide lifts all boats.

The Department would like to express our deepest thanks to all of our partners including the legislature for their ongoing commitment to individuals with intellectual disability.

I thank you for the opportunity to provide this testimony and I'm available for any questions you may have.

SENATOR Osten (19TH): Thank you very much, Commissioner. So I want to start with the budget worksheets that we have, I don’t know if you have the. But on the budget worksheets it talks, let's talk about the centralized human resources and labor relations function.

How many people are you transferring, physically transferring of these, of this number, the 30 positions? Do you know how many are going to say in those, in your building and how many are going to go to either OPM, Core CT, DAS?

COMMISSIONER SCHEFF: So I can tell you that there is 30 impacted human resources staff in total. 24 of those are transiting to DAS. I'm not certain in -- they’re within the HR unit there.

SENATOR Osten (19TH): Yes.

COMMISSIONER SCHEFF: I'm not sure whether it’s dedicated to Core CT or other HR functions including recruitment. And six staff will be transferred to OPM or OLR, Office of Labor Relations.
We expect that 11 staff including some of those that are technically transferred by account will remain housed within DDS offices around the state.

SENATOR OSTEN (19TH): So the Department of Transportation and the Department of Social Services and I believe the Department of Children and Families have all indicated to us that federal funds that they receive are impacted by moving people out from the umbrella of the commissioner. And so we would like to you to check and see if the federal funds that you’re receiving are going to be impacted by moving human resources out of the auspices of the commissioner’s office.

COMMISSIONER SCHEFF: So we reviewed that when the concept was raised initially. There was a barrier unrelated to funding.

SENATOR OSTEN (19TH): Yes.

COMMISSIONER SCHEFF: That we have remedied by realigning the way to do background checks within a different office. And so we don’t anticipate any issues for us, federal funding or an ability to function or operate with regards to any federal requires.

SENATOR OSTEN (19TH): Okay. That would and if you could just --

COMMISSIONER SCHEFF: We will --

SENATOR OSTEN (19TH): -- give us something in the subcommittee on how that happened on where the background checks are being done now. How that’s going on.

COMMISSIONER SCHEFF: We would be happy to.
SENATOR OSTEN (19TH): You reflect overtime savings due to hiring part time staff. Do you have an agreement with the unions to do this?

COMMISSIONER SCHEFF: We don’t, no. We don’t have an agreement specifically to -- that wasn’t -- I'm not sure what the question is. We -- they --

SENATOR OSTEN (19TH): The question is is do you have, have you negotiated your collective bargaining environment within DDS to make sure that we’re not running afoul, we're still resolving the Rollin v. Sebach (phonetic) costing us millions and millions of dollars. We would prefer to deal with these right up front rather than deal with them in the back end and have it cost us money.

COMMISSIONER SCHEFF: Thank you, Senator. We -- there -- we do have an existing stipulated agreement with the union as to how those staff are hired and brought into services. We do job fairs. We have a very active and functional labor management group that meets routinely both 1199 and then the other bargaining units within the agency.

SENATOR OSTEN (19TH): Yes.

COMMISSIONER SCHEFF: So we have hired previously in the last couple of years, we continue to hire to try and battle the attrition that we face and still having to supply ongoing services to those we serve.

SENATOR OSTEN (19TH): Correct. But I would just like to make sure that we are not going to have a problem as we move forward.

How many, this is for a 100 part time staff. How many part time staff does DDS have under their employment now?
COMMISSIONER SCHEFF: Specifically part item?

SENATOR OSTEN (19TH): Yes.

COMMISSIONER SCHEFF: Do you want to come up? Scott McWilliams, our CFO.

SENATOR OSTEN (19TH): Okay. Just identify yourself and --

MR. SCOTT MCWILLIAMS: I'm Scott McWilliams. So as of our last payroll, we had 466 direct support staff working for the agency.

SENATOR OSTEN (19TH): And are they -- are those direct support staff that are, are those a direct support staff that are part time?

MR. SCOTT MCWILLIAMS: Yes.

SENATOR OSTEN (19TH): Okay. So you have about 2,000 more than are full time according to your --

MR. SCOTT MCWILLIAMS: Well not -- so the -- yeah. We have about 2,000 position count but not all of those will be direct support staff.

SENATOR OSTEN (19TH): Okay.

MR. SCOTT MCWILLIAMS: You know, there will be case managers and administrative staff.

SENATOR OSTEN (19TH): All right. So of the 466, what hours do they work? Do they work 10 hours a week, 30 hours a week, what do they work?

MR. SCOTT MCWILLIAMS: So most of them are hired at, you know, by contract. The full time for these employees is 35 hours a week.

SENATOR OSTEN (19TH): For the part time staff.
MR. SCOTT MCWILLIAMS: No, no, no, for full time.

SENATOR Osten (19TH): Okay.

MR. SCOTT MCWILLIAMS: The part timers are hired at 17 and a half hours.

SENATOR Osten (19TH): 17 and a half?

MR. SCOTT MCWILLIAMS: Right. And they work, you know, from as long as 17 and a half, you know, all the way up to, you know, 40 hours and more.

SENATOR Osten (19TH): The part timers?

MR. SCOTT MCWILLIAMS: Yes, that's correct.

SENATOR Osten (19TH): If somebody is working 40 hours do they transition into a full time position?

MR. SCOTT MCWILLIAMS: No.

SENATOR Osten (19TH): And so at, somebody could theoretically work for the DDS at 40 hours a week and not get benefits?

MR. SCOTT MCWILLIAMS: I believe we are just checking on this this morning. I believe that once you are at half time you receive some level of benefits. So we could check to see exactly what that is.

But as far as I know, I don’t think that you, you know, other than, you know, better pension benefits from, you know, receiving more pay, I don’t think there is additional benefits by working the, you know, up to 40 hours necessarily.

SENATOR Osten (19TH): But if somebody is 40 hours shouldn’t we consider them a full time equivalent?
MR. SCOTT MCWILLIAMS: We could, I mean, it’s just, you know, in terms of, you know, how they’re categorized in the roster would change and also probably how we schedule them would change.

Because right now what happens is they get scheduled for their 17 and a half hours and then they pick up additional hours in either the house that they’re based in or other settings.

SENATOR OSTEN (19TH): So to the subcommittee if you could bring that with us and what is the pay for a part time employee in the -- what does it start at?

MR. SCOTT MCWILLIAMS: I don’t recall what it starts out but the, you know, mid-point of the range is around $24 an hour.

SENATOR OSTEN (19TH): So if we could get the start pay of those particular folks that would be great. I’d like to understand what we are doing with the number of part time staff that we have, in particular if they're working 40 hours a week. The next is behavioral services program requirements of which you say there are no wait lists, Commissioner?

COMMISSIONER SCHEFF: Correct.

SENATOR OSTEN (19TH): And so why is that? Why are we seeing -- when we are seeing our schools tell us that they're seeing a significant increase in behavioral services, how are you able -- how -- what is then the way that we’ve been able to decrease the number of, obviously the number of people receiving behavioral services?

COMMISSIONER SCHEFF: So I believe there is two major components to this. One is the state plan amendment for under Medicaid for coverage for
behavioral health that’s administered now through Beacon under DSS.

So a lot of things that we may have provided previously to Beacon providing those services were funded through us and now there is an opportunity for those services to be paid for through Beacon.

The other aspect of this is we have worked really hard consistent with best practices for children to work very hard not to outplace children into very costly residential and school based programs and to work instead to offer solutions that staff individuals in their home, use of assistive technology and those are much more cost effective.

As we have continued to do that -- we still do place children out of the home but the rate at which we are placing children out of the home is, has been reduced and that reduced our overall costs.

SENATOR OSTEN (19TH): So the dollars that you're talking about here does not necessarily reflect a lower need. It just reflects a lower pay out by DDS.

Beacon takes up some of them and you had figured out other ways to support some children that downsizes the amount that they may need in specialized services or behavioral services.

But this does not mean that -- it would not be appropriate to sort of equate it to less children having behavioral health issues.

COMMISSIONER SCHEFF: That's correct.

SENATOR OSTEN (19TH): Okay, thank you.
REP. WALKER (93RD): Then I'm confused if -- how do you make the $2 million reduction if it’s not reduction in the number of people that you’re serving?

COMMISSIONER SCHEFF: We will, I believe that our CFSR reported that we will be lapsing money in that account and this will essentially annualize a portion of that lapse because we don’t have a wait list and we are funding everybody that's there. This won’t disrupt anybody currently in services.

Part of this is also a result of children aging out who will move into our adult services and that's recognized in our community res line or day services line in the age out category in the case load gross that you have graciously recognized for many years now.

REP. WALKER (93RD): So there is no wait list, no -- there is not a loss of services that are being covered by this transition? All the services they got before Beacon, are still being covered by Beacon? So there are no reduction in services or access?

COMMISSIONER SCHEFF: There is no reduction in services. They would access, instead of accessing some of the services through us, they're referred to Beacon that uses a clinical assessment to determine their needs and provide services through the state plan amendment instead of --

REP. WALKER (93RD): Okay.

COMMISSIONER SCHEFF: -- through our wait --

REP. WALKER (93RD): Let me try to rephrase it just one more time.
COMMISSIONER SCHEFF: Sure.

REP. WALKER (93RD): So right now, the current services that they're getting will be covered under Beacon so there will be no loss of any services. If I'm getting these services now, when you make that transition, I will still get the same services?

COMMISSIONER SCHEFF: Correct.

REP. WALKER (93RD): And I am I going to get a flood of letters by tonight?

COMMISSIONER SCHEFF: I do not believe so. I do know that there is a, as there is a direct support worker shortage that you hear about from providers, I know that some of the types of positions that Beacon has to fill, they're having ongoing issues with just trying to keep up with the volume.

But I believe that with their management currently they've begun to really address those so there may be some waiting time but that's been consistent over a number of years now until Beacon can identify the appropriate staff to provide that service.

But to be clear, no one currently getting services today from DDS will be adversely impacted by this reduction in our budget come July 1.

REP. WALKER (93RD): Okay. The operative word is adversely because I, my adversely impacted may be different than theirs. So that's why I asked are we having the same services.

And my concern is that Beacon doesn't have comparable, all comparable services to what we are offering right now. And that doesn't mean that they're denying them, that's a play on words.
COMMISSIONER SCHEFF: Yes.

REP. WALKER (93RD): But what they’re doing is they just don’t have them. So that still makes it a little hard or me to embrace.

COMMISSIONER SCHEFF: So let me see if I can clarify that, Representative Walker. There are services that we continue to provide to those families outside of what’s included in the state plan amendment.

So Beacon doesn’t have access to the whole array of services we have. But an individual child in our behavioral services program, can get state plan amendment services through Beacon and still get additional services through us. And I can provide how that’s delineated at the --

REP. WALKER (93RD): At the work group.

COMMISSIONER SCHEFF: -- subcommittee.

REP. WALKER (93RD): Okay.

COMMISSIONER SCHEFF: So but they can be eligible for both at the same time. So perhaps respite is not a service office -- offered by Beacon. That’s still a service that we could offer and they could be enrolled in our waiver and get a state plan amendment at the same time.

REP. WALKER (93RD): Okay. I just want to make sure -- do you have some more information for me?

COMMISSIONER SCHEFF: No. That, we can provide more detailed breakout at the --

REP. WALKER (93RD): At the group, okay.

COMMISSIONER SCHEFF: -- subcommittee.
REP. WALKER (93RD): Thank you. Representative Dillon followed by Representative Lavielle and Representative -- yeah, Abercrombie, I know. Abercrombie and then I'm just looking, I know Representative Betts too. Okay.

REP. DILLON (92ND): Good morning, Commissioner, thank you very much. And thank you for the hard work you do. I know it's a challenge for the 24/7 agency. What that means is that your agency like others that are 24/7 historically had a problem with overtime as with workers comp. And so workers comp is handled now by DAS, is that true?

COMMISSIONER SCHEFF: Yes, I believe that is correct.

REP. DILLON (92ND): And but is the injury -- who does the injury prevention? Would that happen at your level or do they make -- issue directives to if they see a pattern that's troubling?

COMMISSIONER SCHEFF: There's a shared responsibility there. There is a, there are things that DAS will perform for us like ergonomic assessments to ensure that we are doing things with safe body hand, safe body positions.

But we identify our won incidents as well. So for instance, replacing situations where staff were required to lift and transfer somebody, we went about and updated the way the lifts, mechanical lifts are used in places like South Perry to reduce the back related injuries.

And so I think that that's a shared responsibility. We can see specific incidents and they can see larger trends.
REP. DILLON (92ND): Okay. Thank you very much. And any other information you can provide on trend lines in the injury category would be really helpful.

I'm still confused about this part time because you have a challenge. We are trying to reduce overtime. That's important. Continuity of care is important.

And your agency works with people, not with numbers or institutions or just -- so a 40 hour person could be part time and not get benefits or get different benefits?

COMMISSIONER SCHEFF: So they would get access to certain benefits at part item, at 17 and a half or greater.

We currently, when we submit our overtime reports routinely and we are doing our best to manage them, it's, you're darned if you do and darned if you don't.

You can either bring in new staff and grow your overtime -- you can either bring in new staff in an attempt to reduce your overtime or you can work with who you have.

There are several -- and just around higher overtime. By bringing in new staff at tier 4, new staff that are as we continue to downsize our public footprint, who are not covered by the non-lay off clause, they have a different tier of benefits at tier 4 then they would at 2 and 2A and 3 where a number of our employees currently reside.
And also at a lower rate of pay you reduce your overall costs on an hourly basis and you reduce your overtime premiums as well.

There is a benefit cost but a lot of those benefits are being reaped by even our full time employees who are having to work 50 and 60 hours a week or more.

It -- there is also an impact when you have to utilize staff at excessive overtime in terms of the direct service. If staff are exhausted on their feet all the time, we're requiring them to work doubles multiple days, that that doesn't provide necessarily the best outcomes for individuals with intellectual disability.

So this has been a balancing act for the state and for the Department for a number of years. Our overtime has been better over the last few years. Our overall salary costs have been better over the last few years and we think this is the best approach to both provide a safer quality outcomes for people we support, reduce overall costs and reduce overtime costs.

REP. DILLON (92ND): The salary costs were better you mean lower because people are being compensated less?

COMMISSIONER SCHEFF: Well, there is raises built in and historically when we have employees who have been here 20 years, the starting rate is lower than people who have been here for a number of years.

So if you bring in new people just, now before you get to overtime, just on a straight hourly cost, we reduce the costs. When you go in, right. So I'm
paying somebody I'm going to use a ballpark figure, we will bring the exact figure, to the subcommittee.

If I'm paying somebody $20 an hour brand new off the street, and I'm paying existing staff who have been her a few years 25 or 28, when you multiply that by time and a half, that really starts to accelerate your costs. So bringing people in at the first rung helps for that.

In terms of continuity of care, we are going to see retirements continue and probably accelerate as we head into 2022. Having new staff who are in, who are trained, familiar with the people we support will allow for better continuity of care as we continue to do that.

The reason that we recruit for part time is the way the collectively bargaining agreement is structured. We anticipate that when we do that people who are currently been working for us part time when we do these job fairs in conjunction with the union, some of our existing part timers will move to full time jobs for, they'll have opportunity for that for the first time maybe in a number of years and then the new people will fill the part time jobs behind them.

REP. DILLON (92ND): Thanks. And you’re in a tough spot because, you know, obviously if your overtime is up we are going to give you a hard time too.

And so I don’t really want to be unkind but I, are we going to have a class of workers like 466 people carrying for vulnerable people who don’t have the same status as other people in the Department in terms of benefits and job security? Is that accurate?
COMMISSIONER SCHEFF: They, well -- they will have access to benefits. The fact that we now have fourth tier will change -- it isn’t their part time status necessarily. We have tier 4 employees that was negotiated under the last CBAC (phonetic).

What they're benefits are are different in that tier than the prior tiers. And anybody we hire part time or full time is going to have access to a different level of benefit then they did prior to the most rennet CBAC agreement.

But yes, they will have access to those. They will for the Department. They are covered differently but it won’t change the quality of staff. They’ll have the same training requirements, they’ll have the same level of supervision, they’ll have the same responsibilities.

And depending on how bargaining goes forward, they’ll have opportunities in front of them to earn differently and see different positions and different opportunities like other state employees would.

REP. DILLON (92ND): Okay. Well, I know there are other people waiting and the behavioral has already been touched on but I am still concerned about continuity of care, workers comp, and this kind of new workforce, you know, the stateless people or whatever they are and see how it fits into how the quality of care that we provide to our families.

Thank you.

COMMISSIONER SCHEFF: Thank you, Representative Dillon.
REP. WALKER (93RD): Thank you. Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Good morning, Commissioner it’s so nice to see you again.

I think you’re going to hear a common theme around the $2 million in the behavioral services. So what I would like to see is a side by side of what Beacon offers for services and what other services you’ll pick up that they don’t.

So for example, my understanding is Beacon doesn’t offer respite but you do. So I would like to know how many are getting the respite, what the cost of that is, to make sure that we are at a very good level with that.

And then going along with that 2 million, I’d also like to see under our waiver program all the different waivers that we have and what the wait list is on those waivers and also the per cost, because I know every waiver has a different amount, what the per cost is because I would love to take this 2 million and put that back into the system so that we can take some individuals off the wait list. So if you could give us that tat the work group that would be great.

COMMISSIONER SCHEFF: Yeah, we will provide what we can. The last, we will have the last full fiscal year of data to do that with. Examining that now in the midst of the current year is a little more challenging because we don’t have a full years of experience with the minimum wage bill that you had passed so the costs will be reflected higher next year because we raised wages. But we will give you
last years for sure and we can try and take a stab at this years.

REP. ABERCROMBIE (83RD): Yeah, and that could be close enough, right, for us to figure out how much we are going to need with the minimum wage increase to cover some individuals off the wait list so thank you very much. Thank you, Madam Chair.

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

REP. LAVIELLE (143RD): Thank you very much, Madam Chair. Good morning, and my apologies for not being here during your testimony, I had another meeting but we will catch up in the work session.

Just a couple of questions. We only have, you know, two big items here that are really catching our attention. And just again on the overtime savings, how does that work with the CBAC contract? Is there, what’s the fringe deal with the part time staff? Does that improve under part time?

COMMISSIONER SCHEFF: So our costs will be, we will spend less by hiring new staff if that’s what your question is. They will at 17 and a half hours or greater have access to benefits. Our overall costs including that will still be lower.

REP. LAVIELLE (143RD): So it’s, do -- just so I'm clear on I, I'm probably being dense but I’ll ask anyway. Is it actually -- does it work out to a cut in staff or is it a change in configuration, you know?

Like for example if you were to have four full timers and suddenly you had -- two full timers and suddenly you had four part timers.
COMMISSIONER SCHEFF: So we are not -- we have a number of positions that are vacant. So our staff, our existing staff work in defined positions and then we ask them and at times require them to pull additional shifts.

By bringing in new staff, one it reduces our costs, two it provides relief to existing staff who are stretched thin working lots of overtime. So it doesn’t reconfigure -- it won’t reduce the level of services, it won’t reduce the quality of services.

We anticipate that we will actually increase services provided because there we will be more staff and increased quality because the staff who are working may be less tired from having to pull all the overtime that they do.

So it’s not a reduction in services, it’s not a reduction in quality, it’s a reduction in costs and it helps us prepare for the ongoing retirements that we see now and we will continue to see for the foreseeable future to pass on the continuity of knowledge from existing staff to new staff in these homes, in our regional centers and at Southbury.

REP. LAVIELLE (143RD): Okay, thank you. The other, another question on the items. Just regarding the behavioral services, what is actually accounting for the attrition in the caseload?

COMMISSIONER SCHEFF: There are, I mentioned two factors directly earlier. There is --

REP. LAVIELLE (143RD): I'm sorry.

COMMISSIONER SCHEFF: No, that’s okay. There is actually three. So one is the state plan amendment that became effective a couple of years ago where
Beacon works as a broker for services available through that state plan.

A lot of the children are eligible because of a, because of diagnostics for behavior modification and behavior tax services in addition to other services offered at Beacon. So part of this is the ongoing transition of kids for certain clinical services through, to BCBA's and others through Beacon.

We continue to support those families for services Beacon doesn’t cover. We have also changed our -- changed our approach consistent with federal best practices that children should be as often as possible supported in their home instead of outplaced.

By really working towards that goal, it reduces our overall cost per person and we see less children outplaced. The result is our overall costs are diminished.

We don’t have a wait list for that program currently and we are able to what -- with what Beacon offers round out those services, you can be -- get state plan services at the same time you get waiver services as long as they're not duplicated.

So things are -- Representative Abercrombie asked about respite. If that’s not a service that Beacon offers, that’s a service we can still offer to a family getting some services at Beacon.

REP. LAVIELLE (143RD): Right. Okay. Thank you. Just one final question which is not your budget but we were speaking last week with the Office of Early Childhood about a number of changes that are occurring in the birth to three program. The
providers are changing and there are providers covering larger --

COMMISSIONER SCHEFF: I watched the testimony.

REP. LAVIELLE (143RD): Okay. So I just wondered if is that going to, I'm assuming that most of those people are sort of -- afterwards they come to you very often and are your -- are you feeling adequately prepared for the transition from the new bunch of providers, is that going to be smooth?

COMMISSIONER SCHEFF: So there was a time when birth to three was housed at DDS but it really was more of a self-contained unit than it was integrated into our overall system structure.

I don’t anticipate that the changes made through the RFP process that Commissioner Bye led to the number of providers around the state is going to impact our interfacing with those families in any way.

I don’t think there is -- they very often although we are available to them, most of those supports and services after birth to three are picked up by the early childhood and then later the schools.

We interface with them a little bit later, not that we don’t have very young children involved with the Department, but that isn’t really -- the process she went through isn’t part of our connective tissue with them if you will.

REP. LAVIELLE (143RD): Okay. Good to hear. Thank you. I have just one last remark. I continue to hear very favorable things from my providers about their indications with you and your agency and just wanted to compliment you don’t that.
COMMISSIONER SCHEFF: Thank you, Representative Lavielle.

REP. LAVIELLE (143RD): Thank you very much.

REP. WALKER (93RD): Thank you. Thank you. Are there any other questions or from any of the members? No. Thank you very much.

We look forward to seeing you in the work group and I really know that you’ll drill down into the behavioral health issues because, I mean, you still have $20 million in there so we need to know what it is your still going to be doing and how we make sure that no parent families fall between the cracks.

COMMISSIONER SCHEFF: Thank you, Representative Walker.

REP. WALKER (93RD): We need -- thank you. Thank you. And have a good day.

COMMISSIONER SCHEFF: I’ll see you very soon.

REP. WALKER (93RD): Yeah. So the next group would be Department of Mental Health and Addictions Service but they are here. Okay. All right. Good morning.

COMMISSIONER DELPHIN-RITTMON: Good morning.

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

COMMISSIONER DELPHIN-RITTMON: Good morning. Good morning, Senator Osten, Representative Walker and distinguished members of the Appropriations Committee. I am Miriam Delpin-Rittmon and -- Commissioner of the Department of Mental Health and Addictions Services and I have with me Nancy Navarreta
(phonetic), the Deputy Commissioner of the Department. We are pleased to offer testimony on House Bill number 5005.

As you know, DMHAS is a health care agency whose mission is to promote the overall health and wellness of persons with behavioral health needs with a focus on prevention, treatment and a promotion of recovery.

We are an essential partner ensuring the safety of our communities through the identification and risk management related to mental illness and addictions.

The DMHAS system of care is a public private partnership delivering mental health and substance disorders inpatient outpatient services through our state operated facilities in contracts with over 165 community private and nonprofit providers.

The Department maintains its core mission of promoting wellness, preventing illness and strengthening the recovery oriented system of care for people with serious behavioral health conditions.

This budget maintains services to individuals who rely on the Department and supports the minimum wage increase for DMHAS funded providers as the state moves to a minimum wage increase of $15 per hour by 2023.

The budget also aligns with the Department’s mission and vision by continuing a focus for funding on community services as we advance our recovery oriented system of care.

To that end, the budget adds $3 million to the DMHAS budget to support 20 individuals for placements in
the community and those individuals are currently at CVH and other DMHAS inpatient facilities.

House Bill 5005 includes the Governor’s initiative to streamline state government operations by centralizing human resources and labor relations staff to the Department of Administrative Services and Office on Policy and Management.

This initiative modernizes the human resources and labor relations functions across state agencies and ensures the uniform administrations of processes, systems and functions.

The Department’s core service will be maintained and will continue to promote the overall health and wellness of the individuals that we serve.

We will continue to evaluate our services and response to behavioral health trends as they emerge through enhanced data analysis to help inform our decision making.

Again, thank you for the opportunity to testify and we are happy to answer any questions that you might have at this time.

REP. WALKER (93RD): Thank you, Commissioner, and thank you for your testimony. I just have one quick question. The human resources and labor relations reduction --

COMMISSIONER DELPHIN-RITTMON: Yes.

REP. WALKER (93RD): The 45 individuals that are being removed from DMHAS --

COMMISSIONER DELPHIN-RITTMON: Yes.
REP. WALKER (93RD): -- are those 45 individuals currently in DMHAS right now or are they, some of them empty positions that have not been filled?

COMMISSIONER DELPHIN-RITTMON: So most of the individuals are still with DMHAS. There are some individuals that are, you know, beginning to do -- to begin to connect with DAS related to their, what their new functions will be.

REP. WALKER (93RD): Oh, so they’ve already started doing their job as -- at Department of Administrative Services?

COMMISSIONER DELPHIN-RITTMON: So, many individuals -- there are a few individuals that are in transition so it hasn’t fully started yet. They still have offices with our, with DMHAS but they're beginning to connect with the DAS staff around what the trend, what their role will be through the end of the transition. So some people have --

REP. WALKER (93RD): Have already made their transition.

COMMISSIONER DELPHIN-RITTMON: Yes.

REP. WALKER (93RD): That’s presumptuous. Sorry. Okay. So the 45 individuals that you have on here are all your positions in your Department, in your agency that are human services?

COMMISSIONER DELPHIN-RITTMON: Yes, that’s correct.

REP. WALKER (93RD): Okay. We have been told that some are going to say in your agency. How many are going to stay in your agency, do you know?

COMMISSIONER DELPHIN-RITTMON: I believe three or four will stay.
REP. WALKER (93RD): Okay.

COMMISSIONER DELPHIN-RITTMON: So there will be a primary person on site that will manage many of the questions or issues as they come up.

And then there might be an additional person related to some of the labor relations related work but we will have contents or connections in communications through various content pods with the staff assigned to us through DAS.

REP. WALKER (93RD): So the three or four individuals will be reporting to you or will be reporting to Commissioner Geval (phonetic)?

COMMISSIONER DELPHIN-RITTMON: So they’ll ultimately be reporting to Commissioner Geval.

REP. WALKER (93RD): Geval.

COMMISSIONER DELPHIN-RITTMON: But also they’ll have --

REP. WALKER (93RD): A dotted line to you.

COMMISSIONER DELPHIN-RITTMON: Yeah, a dotted line to me and so certainly it will be a collaboration around recruitment or around other HR needs as they come up.

REP. WALKER (93RD): Okay. All right. Rep -- Senator Osten.

SENATOR OSTEN (19TH): Thank you very much. Commissioner, I'm looking at the community placement for individuals at Connecticut Valley Hospital. And this $3 million that is to provide community supports or support community placements, what does
that exactly mean? Is that paying for housing, is that paying for staff to visit them? What is that?

COMMISSIONER DELPHIN-RITTMON: So it’s a range of possibilities depending upon what the person's specific needs are.

For some individuals, it might PAY for a life coach for them in the community as they are transition into community living.

For other individuals, it may actually pay for help to pay for the residential site that they’re saying in so it could pay for residential services.

It might also pay for staffing support. So it’s a broad range of possibilities based on what the individual’s specific needs are.

SENATOR OSTEN (19TH): So do you have a plan in mind for this? Do you have a written plan in mind already for this?

COMMISSIONER DELPHIN-RITTMON: We do. We do have a written plan in place for the 20 individuals that we're looking to transfer to community living.

Again, for many of the individuals it, the specifics of where they will be placed is based on their, where they are in their recovery and what their specific needs are.

There is some sites that have been identified and other sites that we will still be working to identify but there is ongoing planning relating, related to individuals who are ready for discharge or ready to move into the community.

SENATOR OSTEN (19TH): And would these be individual placements or would they be group home placements?
COMMISSIONER DELPHIN-RITTMON: It, a combination. So again, for some individuals it would be community living residences where there would be other individuals that are there living with them as well and a staff that assists with daily living and other needs.

And then for some individuals, it may be an apartment, depending upon again where they are in their recovery and their specific interests and desires for what they want their community living and life to be.

SENATOR OSTEN (19TH): Yeah.

COMMISSIONER DELPHIN-RITTMON: So it's a range of possibilities. Again, developed collaboratively with the treatment team but also with the individual based on their wishes.

SENATOR OSTEN (19TH): Okay. Are you working with the communities where you would do a group home kind of environment to apprise them of what your intent is?

COMMISSIONER DELPHIN-RITTMON: So many of our community providers that we, that would be standing up the facility or the residences in the community often do that work and we often encourage that work.

We have unfortunately in the past had situations of nimby where people in the community have said that they don’t want the home or the residence on their street or in their neighborhood.

And you might remember in the recent past there was even a community forum related to that. So we do encourage our providers to do the work with the
neighbors and to let, you know, to have conversations around the site that they’re opening.

SENATOR OSTEN (19TH): So the individual that you’re moving out is going into a private provider concept. It’s not the state is not purchasing the group homes and the state is not paying for the rents directly. You're working with a community provider, private nonprofit to handle this concept.

COMMISSIONER DELPHIN-RITTMON: Yeah, absolutely.

SENATOR OSTEN (19TH): All right.

COMMISSIONER DELPHIN-RITTMON: So many of our community providers run residential facilities or do residential community based work for individuals that we serve and work with.

SENATOR OSTEN (19TH): Okay.

COMMISSIONER DELPHIN-RITTMON: So often it’s the community providers that will implement this level of care and we will support them through the resources so these discharge dollars or other state dollars.

So, you know, we are continually discharging people and moving people from inpatient services and settings to community based settings with these discharge dollars as well as other state funds that we have.

SENATOR OSTEN (19TH): I have never seen $3 million put aside for people moving out of Connecticut Valley Hospital. Have you done this before?

COMMISSIONER DELPHIN-RITTMON: Yeah. Absolutely. In fact, so a number of years ago, as a function of
our work with DOJ, it was part of the, part of that process --

SENATOR OSTEN (19TH): Part of the justice.

COMMISSIONER DELPHIN-RITTMON: -- and that work, that yes. That we were --

SENATOR OSTEN (19TH): Federally?

COMMISSIONER DELPHIN-RITTMON: Federally. But, I mean, it was state dollars that we were given that was put into our budget, but the goal of those dollars have often been to, specifically the discharge dollars that is, has been to move people into community based settings.

Really to align with the federal law, (inaudible - 00:44:18) law that people need to be treated within the least restrictive settings, that is not appropriate to keep people within hospital based settings if that’s not where they are in their recovery.

SENATOR OSTEN (19TH): How many people are at CVH right now?

COMMISSIONER DELPHIN-RITTMON: So overall, it’s about 500, not including Whiting Forensic Hospitals.

SENATOR OSTEN (19TH): Correct.

COMMISSIONER DELPHIN-RITTMON: Yeah.

SENATOR OSTEN (19TH): So 500 at CVH. How many at Whiting?

COMMISSIONER DELPHIN-RITTMON: In Whiting is probably another 200 or yeah, 200.

SENATOR OSTEN (19TH): And --
COMMISSIONER DELPHIN-RITTMON: But that includes -- that does include sort of Whiting and Dutcher which is the step down.

SENATOR OSTEN (19TH): I'm sorry, I didn’t hear what you just said.

COMMISSIONER DELPHIN-RITTMON: So the 200 at Whiting Forensic Hospital includes the maximum security unit --

SENATOR OSTEN (19TH): Yes.

COMMISSIONER DELPHIN-RITTMON: -- as well as the step down Dutcher unit.

SENATOR OSTEN (19TH): Okay. And the people that are at CVH, are they put in there by judicial, by corrections, by a private placement? How does someone arrive to CVH?

COMMISSIONER DELPHIN-RITTMON: Yeah. I mean, it could be any one of those. So some individuals may be there based on a voluntary placement. Other individuals may be referred there from another community hospital or another hospital within the states.

We do quite a bit of work with hospitals around individual’s that they're working with and at times are taking on an individuals that they’re working with if they feel it’s beyond their capacity to work with the individual.

There might be some individuals that are there in terms of Whiting Forensic Hospital, so that we can restore them to competency so that they can then stand trial.

SENATOR OSTEN (19TH): Right.
COMMISSIONER DELPHIN-RITTMON: So there is a range of issues that --

SENATOR OSTEN (19TH): So I'm trying to separate CVH from Whiting Forensic --

COMMISSIONER DELPHIN-RITTMON: Okay.

SENATOR OSTEN (19TH): -- because I think they get flooded in together a lot and I'd like to keep the --

COMMISSIONER DELPHIN-RITTMON: Okay.

SENATOR OSTEN (19TH): -- two conversations separately because CVH is a, could be a general commitment or voluntary or otherwise straight from a hospital setting without an interaction with any sort of law enforcement or judicial system. Is that a fair statement?

COMMISSIONER DELPHIN-RITTMON: Yes, yes. That's generally the case, yes.

SENATOR OSTEN (19TH): So generally speaking, you don’t get a commitment from criminal action into CVH?

COMMISSIONER DELPHIN-RITTMON: Generally that’s the case, yes. So it more likely that individual would be connected with Whiting Forensic Hospital.

SENATOR OSTEN (19TH): So Whiting Forensic, because I think a lot of people think that if you go to, if you get arrested and convicted, you could go to Whiting Forensic but generally Whiting Forensic is those that may not be competent to stand trial. Is that true?
COMMISSIONER DELPHIN-RITTMON: Yes. So it’s for individuals that may not be competent to stand trial, so they may need to be resorted to competency or individual NGRI so that’s post-trial in many instances.

SENATOR OSTEN (19TH): Yes.

COMMISSIONER DELPHIN-RITTMON: But individuals that --

SENATOR OSTEN (19TH): If you could what does the acronym stand for?

COMMISSIONER DELPHIN-RITTMON: Yeah. So not guilty by reason of insanity.

SENATOR OSTEN (19TH): Yep.

COMMISSIONER DELPHIN-RITTMON: It’s an old, outdated term --

SENATOR OSTEN (19TH): I just want to, sometimes we talk --

COMMISSIONER DELPHIN-RITTMON: Yeah.

SENATOR OSTEN (19TH): -- acronyms and not everybody understands the acronyms so the, there are two completely separate missions in the, between CVH and Whiting?

COMMISSIONER DELPHIN-RITTMON: Absolutely, yes.

SENATOR OSTEN (19TH): Okay.

COMMISSIONER DELPHIN-RITTMON: yeah, yeah.

SENATOR OSTEN (19TH): I'm just trying to set a platform.

COMMISSIONER DELPHIN-RITTMON: Yeah.
SENATOR OSTEN (19TH): And so the, this is $150,000, this line item here for fund community placements for individuals at Connecticut Valley Hospital. So $150,000 per person. That’s what 3 million lays out to be.

Is it your intention -- so for the subcommittee, if you could bring that written plan so I could see that written plan because I'm curious what the overall intention is here and I’d like to sort of understand it a little bit more.

So for that and at the same time, if you could bring an update for us for Whiting Forensic and, you know, how many people are at Whiting Forensic, what are the changes that you’ve made to Whiting Forensic to handle some of the problems that have happened at Whiting Forensic.

COMMISSIONER DELPHIN-RITTMON: Okay.

SENATOR OSTEN (19TH): And what that step down unit means. So break up the people by maximum security and the step down until so that we can see what the difference are and we can understand if there is a rollback, you know, does someone come down to the step down until and then go back to the maximum security until. Is that a possibility of someone’s care continuum?

COMMISSIONER DELPHIN-RITTMON: That could happen, yes.

SENATOR OSTEN (19TH): Okay. Thank you on that. And so on the minimum wage funding, so you have several different line times. If we could get the number of people that equate to that minimum wage
per line item, housing supports, management service system.

We are this session have had a significant number of complaints from the people that fit into this minimum wage continuum on funding.

COMMISSIONER DELPHIN-RITTMON: Okay.

SENATOR OSTEN (19TH): And that is my concern when we shift people over to a private placement or private nonprofit that we are not actually finding the correct level of funding for personnel at those places.

And while minimum wage has helped out here, the compression that has happened with minimum wage has not been something we’ve addressed.

So I would like to know the number of people that we are talking, the number of hours they’re working at minimum wage so I can see what we’re talking about here.

And if any of these groups are talking about compression, you know, I'm sure you’ve seen the statements from the alliance that has said that we need $461 million appropriated over five years to deal with the issues of not funding the nonprofits at a level that’s be keeping them successful.

So if we are going to put 20 more people or actually more than 20 people with all of this, I'm just curious where, what is your intention as an agency to bring those private providers to a level that keeps them successful. So I’d like to understand that a little bit more.

COMMISSIONER DELPHIN-RITTMON: Okay.
SENATOR OSTEN (19TH): Okay. Thank you very much, Madam Chair.

REP. WALKER (93RD): Thank you. Representative Dillon followed by Representative Lavielle followed by Representative Abercrombie followed by Representative Dathan.

REP. DILLON (92ND): Thank you very much and it’s great that you were here early.

COMMISSIONER DELPHIN-RITTMON: Yeah.

REP. DILLON (92ND): I guess I also have concerns about what I don’t know what to call this, the great transition. Most of the times I have heard the word transition used in other settings it was not good news so --

COMMISSIONER DELPHIN-RITTMON: I respect that.

REP. DILLON (92ND): The migration of activity and in some cases people, out of many agencies into another, may very well have the salutary effect. I haven’t got a clue because the case was never made to the General Assembly.

Some of it has already been done and there is a bill apparently that will kind of ratify what somebody already decided to do. That raises questions in my mind about what kind of partnerships are going on here.

And so at the work group level, I’d really like to hear you unpack a little bit more about how that works on the ground and what you see and I understand it affects a lot of agencies and it wasn’t the decision of individual commissioners but
we need to figure out at least for us what happened, when it happened and why it happened.

COMMISSIONER DELPHIN-RITTMON: Okay. Yeah, so I can bring some of that information to our subcommittee.

REP. DILLON (92ND): That sounds great.

COMMISSIONER DELPHIN-RITTMON: But yes, okay.

REP. DILLON (92ND): That sounds great. And I guess the second and there is a theme is the what’s happening with our workforce. And that is whether, you know, we have kind of part timers in one department who don’t have quite the same status as the other workers or whether we have private providers, many of which had reductions in force or dramatic reductions in hours during the Malloy years because of cuts in grant accounts because they had new caseloads too.

And I need to understand whether we did the right thing in terms of making the minimum wage work. And I don’t know that if it were my relative in care that being told that someone who is making minimum wage who may not have the same training as caring for my brother or my sister and whether or not that really even meets the standard of what we should be doing with vulnerable people.

And some of them, not all of them, but some of them came through criminal justice. And the reason they did was that we learned over a 10 or 15 year period of pulling hairs that there were a lot of people who were in prison for technical offenses.

That is they were people who were arrested on a minor charge, very minor, and they failed to appear in court because their lies were disordered. And
the reason their lives were disordered sometimes were because they had an underlying chronic mental illness and sometimes because they were substance abuses.

They didn’t belong in jail. It was expensive and it was inappropriate but that doesn’t mean they needed nothing. And we just went through a very dramatic reduction in beds in corrections and I don’t know where all of those people went.

And I'm concerned about the number of overdoses in that population or I'm concerned about how many of the people who had overseas in the past two years were people who were reentry people and I think that's worrisome.

So the bottom line is I want to make sure, I want to see how all this pay issue works out with the weights compression. Our language in the budget last year restricted very rigidly the use of new dollars only to minimum wage. I don’t know if that was a good idea.

It got it done but it may have created problems in terms of getting dollars out the door or managing the workforce, I don’t know that so if you could really come up with that, that would be great.

And I really want to understand the impact on the private providers. I mean, we had met with, some of us had met with some of the workers who were talking about caseloads of 60 and trying to care for very vulnerable people and I'm worry about it, Commissioner. I’m worried about it.

COMMISSIONER DELPHIN-RITTMON: Yeah, so we can certainly give, bring that information, the
different pieces that you talked about to our subcommittee meeting. Yeah.

REP. DILLON (92ND): Thank you. And the money too, the CVH piece but you’ve heard that. Thank you.

COMMISSIONER DELPHIN-RITTMON: You’re welcome.

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

REP. LAVIELLE (143RD): Thank you very much. Good morning, thank you for being here.

COMMISSIONER DELPHIN-RITTMON: Good morning.

REP. LAVIELLE (143RD): Just a couple of questions for you.

COMMISSIONER DELPHIN-RITTMON: Okay.

REP. LAVIELLE (143RD): On the, I understand that the community placements from Connecticut Valley Hospital are consistent with your goals of getting people out into the community and recovery based. But I do have a financial question which is we are adding $3 million here to take care of that and help them get back into the community. Does that in any way lead to a corresponding savings inside, in the hospital?

COMMISSIONER DELPHIN-RITTMON: You know, it --- we are not anticipating that it will because people are continually coming into the hospital. And so often as soon as somebody is discharged, we have other individuals that will take on those bed essentially.

REP. LAVIELLE (143RD): So are the 20 people who have been identified here, are those the only ones who are ready for discharge or is that the number
that, you know, seemed to fit the available resources?

COMMISSIONER DELPHIN-RITTMON: Yeah. So the individuals that are ready for discharge it’s a number that’s really fluid. It’s continually changing based on where people are in their recovery.

And so 20 is, was a, is a sort of snapshot in time. We anticipate that that number could increase over time as individuals improve in their recovery. But again, its fluid because sometimes people have setbacks as well and but we anticipate that there will be other individuals who come into the hospital and then ultimately will be ready for a discharge as well across our various sites so Connecticut Valley Hospital but our other sites that have inpatient beds as well.

REP. LAVIELLE (143RD): Well, would you be -- given that, are -- is it sort of a -- is it sort of something that we should be attune to that since it is a fluid number and this is kind of an estimate not, I mean, an educated one, for this year, that that would be a level that you would continue to need in your budget henceforth?

COMMISSIONER DELPHIN-RITTMON: So was the question is that an amount that we will continue to need?

REP. LAVIELLE (143RD): Yes.

COMMISSIONER DELPHIN-RITTMON: Yeah, I mean, in the past when we have consistently had discharge dollars, we consistently used them for individuals that need community placements.
And often the community placements, especially when we have 20 or so individuals, often we are not able to do that within our existing state dollars and so the additional dollars of discharge funds which is our state dollars as well but those dollars often help with these community placements.

And again, it might include things like recovery coaches or for some individuals paying for their placement within a residential site or an apartment. It depends based on the individuals, where there are on their recovery process.

REP. LAVIELLE (143RD): I guess the sense of my question is if we are not, and for reasons you’ve explained, we are not really seeing it here as though it were part of current services.

But is it, are we to understand that in effect, something in that vicinity sort of is part of current services because you will need it on a consistent basis?

COMMISSIONER DELPHIN-RITTMON: We will yes. We will need it on a consistent basis.

REP. LAVIELLE (143RD): Okay.

COMMISSIONER DELPHIN-RITTMON: As individuals become ready for discharge.

REP. LAVIELLE (143RD): That’s good to know. Thank you. And then my other question is, you can bring this to the work sessions, I, we don’t need to go into it now but --

COMMISSIONER DELPHIN-RITTMON: Okay.

REP. LAVIELLE (143RD): -- I don’t serve on the committees that deal with health and human services
so I'm not always familiar right up front with the other bills that are circulating around in those areas.

And so I wonder if you'd be kind enough to bring to us anything that is floating around that helps you do your job and the area of for example the opioid crisis and so on because I know here are a lot of those and it would be good to understand how all the pieces fit together as we are looking at the big picture.

COMMISSIONER DELPHIN-RITTMON: Okay. We can bring those bills to our session.

REP. LAVIELLE (143RD): Thank you very much, I appreciate it.

COMMISSIONER DELPHIN-RITTMON: You're welcome.

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

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

COMMISSIONER DELPHIN-RITTMON: Hi.

REP. ABERCROMBIE (83RD): So nice to see you here today.

COMMISSIONER DELPHIN-RITTMON: Yes, good morning.

REP. ABERCROMBIE (83RD): So quick question for you. I'm excited about your budget in the sense that it's, you know, there weren't any major cuts. I'm excited about the fact that, you know, the placement of 20 individuals coming out of CVH, amazing.

But I have to say that I'm a little taken aback that I don't see in this budget any increase for the
providers. You know, in 2018 under the Governor’s executive order, there was a five percent cut.

We have tried to put a little bit back through the years but this budget here doesn’t reflect that. And if we are asking our community providers to be able to provide these services, we need to pay for it and I don’t see it in this budget. So could you comment on that please?

COMMISSIONER DELPHIN-RITTMON: Yeah. So the, you know, and I, you know, certainly the -- I appreciate that out budget allows us to maintain a lot of the core services and supports that are part of our system.

And so that’s an important, you know, an important piece of the budget, the fact that, you know, there aren’t any significant reductions as we have seen in the past. And so it does allow us to continue to maintain our core services.

You know, the resources being what they are statewide, its, you know, certainly it’s difficult for me to comment on the full statewide budget but in terms of our budget and maintaining the services and supports that we have, you know, our work will be to work within our budget and so, you know, the resources we have are what we are working with.

REP. ABERCROMBIE (83RD): And with all due respect, I get that, you know. But I think that we also in the human services fields have a responsibility to fight for these dollars for the people that are doing the work for us in the community.
You know, this governor has done a lot around, you know, job creation and retaining that but I don’t see it in any of the human services fields.

And as we grow as a state and the need become more and more, it has to be the will of this body to put our money where our mouth is. And not one of the human services budgets reflects any kind of increase for these providers that we keep saying year after year are a priority but we are not putting the money there.

And I, and with all due respect, I don’t mean to take it out on you and I apologize if it sounds that way, but I'm just really frustrated because we find $3 million to bring people out of CVH which is wonderful, right. But you have to pay the people that are doing it and we're not doing it. So thank you for comments. I do appreciate it.

COMMISSIONER DELPHIN-RITTMON: Yeah, you're welcome. And the $3 million will pay the community providers to do that work. So.

REP. ABERCROMBIE (83RD): But not an increase to what they’re base already is, right. So were asking them to do more right, but we are not giving them, they haven’t gotten a raise in over 10 years, you know.

And it's getting harder for them to retain their workforce. You hear it, I hear it, you know, so that’s the part that gets me a little frustrated.

REP. WALKER (93RD): Are you still frustrated?

REP. ABERCROMBIE (83RD): (inaudible - 01:04:25) REP. WALKER (93RD): We haven’t even finished going
through all the agencies. (Laughter) Representative Dathan.

REP. DATHAN (142ND): Thank you, Madam Chair, and thank you, Commissioner, for your great presentation and all the work you do. I know it’s a challenge and our budgetary circumstances.

I'm just trying to get a little better understanding on how there are some big numbers here and trying to figure out within these numbers what is in there. You know, for example, I understand that, you know, some of these different line items contain housing services, other sort of medical services, recovery coaches.

What I was hoping to do is get kind of big picture understanding of, you know, within each of these line items like housing supports and services, general (inaudible - 01:05:23) manage care, young adult services, home ad community based services, the sort of grants for substance abuse, grants for mental health services.

What’s going into those numbers in terms of broken out by sort of housing but I also want to get a better understanding of how the providers are in each of these big line items and really understand, you know, how many, how much dollars are going to each of these organizations, how many people are being served by each of these organizations.

You know, and I’d like to see kind of a trend in the services over a few years. And if we have an idea of wait list for some of these providers. And what do we do to minimize our wait list, you know, do we try to -- sometimes it's hard geographically to move
someone let’s say from Keystone to Norwalk that’s on a waiting list to another location because they're familial support is local.

But I’d just like to hear what we’re doing as a state. Like we said also just kind of even if its anecdotally kind of hear what we are doing to ensure that once people get a downgrade in services, that their lives don’t fall apart.

And how are we ensuring that we are supporting people who may be graduating out from some of the more structured services? Because I think it's all great that we are, you know, looking at taking people out of the Connecticut Valley Hospital environment and putting them into a less restrictive environment but, you know, what are we doing in the long term to ensure that we don’t have to revisit them because it is such a long road for so many of these people and, you know, they’re finally getting their lives in order.

I visited Keystone House and I met somebody who, you know, had a very long road to get to where he was going in his life and he was looking forward to getting his own apartment and doing that. But, you know, all the work and all that investment you want to ensure that we are making a difference in the long term and that he is, this person or whoever we are talking about, is able to be successful in the long term. So anything you can provide for me on that would be super helpful. Thank you.

COMMISSIONER DELPHIN-RITTMON: Yeah, I can definitely bring some of that meeting or information to our subcommittee meeting.
REP. WALKER (93RD): I'm going to jump in real quick.

COMMISSIONER DELPHIN-RITTMON: But in many ways you've outlined --

REP. WALKER (93RD): Just -- can I just jump in? I hear you, what you’d like and things. I just, this is a short session so I think some of these things you’ll probably have to get over time. It’s going to take a while. We don’t have the updated system that --

REP. DILLON (92ND): And that's fine.

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

REP. DILLON (92ND): I just want to get an idea that, you know, not necessarily in the short term for this budget --

REP. WALKER (93RD): For next, um-hum.

REP. DILLON (92ND): But in terms of a longer term view. Are we going in the right direction and are our private providers or non-profits really being as effective as we want them to be and are our tax dollars going to the right things?

REP. WALKER (93RD): Okay. So we will, this will be a long project.

COMMISSIONER DELPHIN-RITTMON: Yeah.

REP. WALKER (93RD): Just because I know we’ve got, I think probably one week and then you get to come right back to us with the presentation so there is no way that you’re going to get all that together.

COMMISSIONER DELPHIN-RITTMON: Yeah, so we come back Tuesday and there are some ready --
REP. WALKER (93RD): So I'm not trying to stop my colleagues from getting all their information but at the same time, I'm not trying to strangle you into not having all the information.

So we just have to be honest about how much we can actually accomplish in a week. So we will, whatever you get, that will be great but we will probably continue these conversations over the next six months or so in a little bit more detail.

COMMISSIONER DELPHIN-RITTMON: Okay.

REP. DILLON (92ND): Okay, thank you.

REP. WALKER (93RD): Thank you.

REP. DILLON (92ND): Thank you.

REP. WALKER (93RD): Okay. Thank you. Are there any other questions or comments? With that, thank you very much. Thank you for your testimony and we look forward to seeing you next week.

COMMISSIONER DELPHIN-RITTMON: Thank you. See you Tuesday.

REP. WALKER (93RD): Bye.