

CHAIRPERSON: Representative Toni Walker

REPRESENTATIVES: Lavielle, Abercrombie,
Baker, Candelaria, Dathan,
Dillon, Horn, McCarty,
Ryan, Tercyak, Zupkus

REP. WALKER (93RD): Good afternoon, everybody.
Good afternoon. [Laughter] Good afternoon. I'd
like to call the Appropriations Public Hearing to
order for the 21st. Today we'll be hearing on the
public health budget -- subcommittee budget and we
will be asking everybody when they come up to the
microphone -- okay, I'm gonna hope everybody's gonna
listen to this because this is important, these are
important instructions.

When you come up to the microphone, it is important
that you state your name because we have to put it
into the record and it's very important that we have
that documentation.

I'm also going to say that everybody here has three
minutes to present their -- their testimony. When
you hear this buzzer -- buzzer, buzzer, buzzer,
thank you -- we'll have to try and make it a little
louder than that but -- everybody said that when the
students came. I'm sorry. So I just want to make
sure that everybody knows that when the buzzer is --
it's three minutes.

I may try and do this, if you can't hear the buzzer,
just so that you understand it's important that we
honor that because we have -- we have over 150
people that are testifying tonight. So therefore,
it is important that we allow everybody to be heard

but also to make sure that everybody gets home in a reasonable hour so that we're not jeopardizing anybody on that.

So with that in mind, we will start with William Acosta. William Acosta followed by Chloe Kelly. Is Chloe Kelly here? Okay. Good afternoon. It's not evening yet, please, I'll let you know when evening comes. [Laughter]

Oh, I forgot the other key factor, yes. Press that button in front and turn the -- that red -- the mic on, it should go red. No, the other one, the one in front of you. Is it red?

WILLIAM ACOSTA: Yes, it is.

REP. WALKER (93RD): Okay, there we go. Okay so go right ahead and introduce yourself, sir, please.

WILLIAM ACOSTA: Thank you. Good evening, Representative Walker and members of the Appropriations Committee, my name is William Acosta and I am a registered voter in the city of Bridgeport. I'm here to testify regarding House Bill number 5005, AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021.

I'm a staff member at Bridge House in Bridgeport. My title there is Housing and Advocacy Coordinator. Bridge House is a psychiatric rehabilitation day club house program founded in 1986 for adults 18 and over who are experiencing chronic lifelong mental health conditions.

Bridge House empowers its consumers or members, as our community is addressing the club house world, to improve their lives and realize their potential.

Since its inception, Bridge House has served thousands of members and we continue to provide a critical and safe haven for adults in the greater Bridgeport area in Fairfield County.

But I'm not here to detail those particular kinds of specifics because the data is captured really by others, not me. We're accountable for ensuring that the success of these vital programs are properly captured and reported.

I'm actually here to reflect on the amazing transformation that I have personally seen in the lives of its members. I've shared in the past before this very committee that two of my own children are living with mental health conditions. One of them is a member at Bridge House.

I can tell you with no embarrassment and no shame that the critical role that this program has played in improving the life of my son has been indescribable. He is no longer homeless. He has worked, he has gone to school, he's not in a hospital. And although they we continue to work with him to help him improve the quality of his life, how far he has come has been heartwarming beyond description.

I'm impassioned all the more to give as much as I humanly can to be a part of the improvement of the lives of all the members of Bridge House because I believe wholeheartedly in its mission and purpose.

Thank you, committee, for recognizing that mental health outpatient services which includes the life-changing contributions of daily rehabilitation clubhouse programs. The partnership between consumers and providers at catchment area councils

constitute in the regional behavioral health action organizations and so much more.

Thank you for your service to the citizens of Connecticut and for your openness to listen to all of our stories. Thank you.

REP. WALKER (93RD): Thank you sir and thank you for your testimony. I'm just gonna ask a couple quick questions because we -- I know we have other people but this -- this fund was in whose budget? Bridge House, whose budget was it in?

WILLIAM ACOSTA: It was the Department of Mental Health and Addiction Services.

REP. WALKER (93RD): Department of mental -- and it is being shut down?

WILLIAM ACOSTA: No, no, it's not being shut down. It's being continued so [crosstalk].

REP. WALKER (93RD): Is it being cut down in cost, has money been taken away?

WILLIAM ACOSTA: As far as we know, no.

REP. WALKER (93RD): Oh, so you're just saying --

WILLIAM ACOSTA: We're just saying thank you.
[Laughter]

REP. WALKER (93RD): Okay, thank you. So -- so how's the family? [Laughter]

WILLIAM ACOSTA: Everyone is well, thank you.

REP. WALKER (93RD): Okay, thank you. And thank you for your testimony.

WILLIAM ACOSTA: You're very welcome. [Crosstalk]

REP. WALKER (93RD): Have a good afternoon.

WILLIAM ACOSTA: Thank you.

REP. WALKER (93RD): Yeah, that was nice. Chloe -- Chloe Kelly and Kaven Healy. Kaven Healy? Is that Karen? Oh, that's an R, okay. Karen Healy? Yep, great. Come on over. You can come on over, go ahead. Oop, you've gotta turn that microphone on. There you go.

CHLOE KELLY: Hello Representative Walker. I'm a voter in the city of Bridgeport. I'm here to testify regarding House Bill No. 5005. I've been a member of Bridge House and a Catchment Area Council member attendee for going on five years now.

My borderline personality disorder is extremely treatment resistant. In plain English, that means I would kill myself about once a year. It's a fact of my life. You just can't work a stable job when you're hospitalized once a year. It's like clockwork.

Bridge House not only gives me somewhere to go but there's work to do when you get there. It's not just a day program where they have meetings. There's a newsletter for me to type. There's work for me to do.

So often I get treated as a child because of my mental illness but not at Bridge House. They respect my intellect and my personhood. Do you know how it feels to have 120 IQ and to have someone talk to you like you're a child? It's horrible.

Bridge House is helping me go back to school for public health. I hope to eventually get my masters' degree. The system needs more consumer voices and that -- you can't just say that and not do anything about it.

I am truly grateful for Bridge House to be continued to be funded by DMHAS. For me it's literally a life and death situation. I -- I would be dead if Bridge House hadn't come along when it had.

So the Catchment Area Council meetings have also played a huge role in my recovery. It's so empowering to have a seat at the table with your providers. I get to show them where their treatment gaps are because I experienced most of them.

If the Catchment Area Council meetings didn't exist, providers wouldn't know how they're failing people because it's the only time I ever see them meet with their consumers as equals instead of as consumers. It's -- it's absolutely essential that they continue.

REP. WALKER (93RD): Thank you for your testimony and I -- I don't see -- what do you -- they give you a hard time in -- in communication?

CHLOE KELLY: There was a whole kerfuffle with the Catchment Area Council meetings [Inaudible 00:09:25].

REP. WALKER (93RD): We'll just chalk that up to experience. So thank you so much.

CHLOE KELLY: Thank you so much.

REP. WALKER (93RD): Thank you for your testimony, have a good day. [Applause] Next, Karen Healy and after Karen, Barbara Albert. Come on over. Go right ahead.

KAREN HEALY: Ready?

REP. WALKER (93RD): Yes, go right ahead.

KAREN HEALY: Okay, good evening Senator Osten and Representative Walker and members of the Appropriations Committee.

My name is Karen Healy, I live and vote in Hartford and I'm here to share my personal testimony regarding the Governor's budget.

I would like to say thank you to the Governor and the legislators for maintaining the budget this year and not adding more devastating cuts to the mental health services.

I was institutionalized between Poughkeepsie, New York and Hartford, Connecticut. I spent most of my time in state hospitals for self-injurious behavior from 1989 until December of 2014. I was put into psychiatric hospitals on and off since about the age of 16 up until December 4th of 2014.

State-funded services are important to me because I'm able to live in the community setting successfully since December of 2014 which I believe is less expensive than if I were in a psychiatric hospital.

My current level of support from Goodwill Incorporated Residential Support program allows me to live in the community which is less costly than a state psychiatric hospital bed.

I'm able to live in the community and contribute to my day-to-day living expenses which I cannot do if I lived in a state psychiatric hospital.

I want to continue to live in the community and not return to a state psychiatric hospital that would cause the state to pay for my day-to-day needs. I feel like a successful person when I'm able to make

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my own contributions. Perhaps someday I won't require state financial help. I'm working hard every day to make my dream come true -- that is to be able to meet my day-to-day needs completely independently.

When I moved to the community my current level of support, people doubted me. They felt I would always be a screw-up and institutionalized. However, there was a number of staff who did believe in me. It was through their efforts as well as my family that I was able to be discharged from CVH December 4th of 2014.

During the final case conference, CVH, my mother, who at the time was my conservative person in the state, was told to never let me have my hip surgery because they believed that I cannot handle the surgery. They expected me to be back at CVH in one to two weeks following December 4th, 2014, my discharge.

It's been five years since I was discharged from CVH. I have had my hip surgery, I'm not longer needing a wheelchair or a walker. I now have a part-time job and I also lawn care at my church.

I've gone through many weeks of withdrawal from high doses of narcotics was given while at CVH. People should not be judged because they have a long-term psychiatric illness. Everyone deserves a chance to be treated well and have a normal life as possible.

Thanks for listening to my testimony today.

REP. WALKER (93RD): Thank you, you did a fabulous job and thank you for showing them that they were wrong. [Applause]

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KAREN HEALY: Thank you. And I was 16-1/2 when I left Poughkeepsie, I was institutionalized basically in state for 24-1/2 years of my life. So I'm 48 now. So I was told I would never succeed because of my history of self-injurious behavior.

REP. WALKER (93RD): You are amazing and thank you and we also love your sister so have a great day.

KAREN HEALY: Thank you.

REP. WALKER (93RD): Oh wait, one second, one second. This is not a trend. [Laughter] You get one, go ahead.

REP. MCCARTY (38TH): I did ask permission for everyone but I just want to thank the people coming up from Bridge House and particularly they showed the courage and to lend hope to everyone. So I wanted to just thank you very much.

REP. WALKER (93RD): Thank you and enjoy your day. [Applause] Next we have Barbara Albert. And after Barbara Albert, Mike Doyle. Is Mike Doyle here?

BARBARA ALBERT: I'm scared more now, I think, than --

REP. WALKER (93RD): Wait, wait, wait, is your microphone on, Babe? There it is bring it down, thank you.

BARBARA ALBERT: Oh, I'm scared today.

REP. WALKER (93RD): Oh, don't be scared. Deep breaths. Deep breath. Deep breath. No wait a minute, that was a shallow one. I want a deep breath. Come on, you can -- you can get it through. Very good. Okay?

BARBARA ALBERT: Hello, everyone.

REP. WALKER (93RD): Okay you can talk to me. Talk to me.

BARBARA ALBERT: My name is Barbara Albert. I'm a Hartford renter, member of Keep the Promise Coalition and a registered voter.

I'm here today scared as a deer in the headlights to speak about what I saw on the news the other day and [sigh] --

REP. WALKER (93RD): Take your time.

BARBARA ALBERT: First off I wanna say thank you very much for not making major budget cuts to DMHAS because people like me, we don't -- I need to show you something, a visual.

REP. WALKER (93RD): Okay.

BARBARA ALBERT: It's just not fun to do it without -- will you stop asking people -- I'll come drop my drawers. Please stop asking people like me to do without -- make do without. I don't know what else to make do without. I don't know.

REP. WALKER (93RD): Okay, you have to come back to -- you have to come back to the microphone, babe.

BARBARA ALBERT: I'm not talking about just food. I'm talking about economic everything. Feeling-wise for me personally, this has been for years. Taking up somebody else's space, breathing someone else's air, eating poverty carbohydrate food because that's all I have access to. This is two-and-a-half sizes at least bigger than me.

Our brains need glucose. The most important organ in our body and if nobody else can put food in their mouth to find out if I'm allergic or intolerant or

sensitive to whatever is put in their mouth. I have to do it myself. This has been going on since -- I've been getting lists of food since 1997 from doctors -- 1997, I've been losing weight for like up to 15 years. It was not even noticeable for a long time.

We're talking about bigger than McMansion, disgusting repulsive and it's disgusting repulsive now. [Panting]

REP. WALKER (93RD): Take a deep breath.

BARBARA ALBERT: I've been -- I've been going through a lot of anniversaries of things. One of them birthday. My mother's first anniversary of her death yesterday. She abused the crud out of me. And I'm thinking that somewhere way deep down inside that part of me loved her despite that because little kids are little kids and goodness no love even being abused.

REP. WALKER (93RD): I'm sorry.

BARBARA ALBERT: These kids represent me, I'm losing my body. A third of my bone is missing. I got diagnosed just recently with osteoporosis in my spine and my hip. But I'm not drinking, I'm not illegal drugging, I'm here to be with other people thankfully. Thankfully to speak in front of everyone here. Thank you, everyone here, to be here, too as well.

And thank you everyone on the cameras, I'm just trying to ignore. [Laughter]

REP. WALKER (93RD): They're not there. Just pretend they're not even there. Okay.

BARBARA ALBERT: Carry on.

REP. WALKER (93RD): There you go.

BARBARA ALBERT: Thank you very much for your time.

REP. WALKER (93RD): Thank you for coming up here.
[Applause] Wait, wait, wait, wait, wait, wait,
wait. You know you wanna get out of here. But you
have no idea how important it is for you to come and
tell your story. We have to have people understand
the difficulties. We're never gonna be able to
understand all your difficulties because we don't
walk in your -- in your shoes.

But your story and your delivery let us know the
pain is there. And you have come so far so thank
you so much for coming here and thank you for your
sobriety and thank you for your commitment to
yourself.

BARBARA ALBERT: I'm so glad I'm not sitting here
hung over and [Laughter].

REP. WALKER (93RD): So am I. [Laughter] Thank you.
Have a good afternoon. Thank you, honey.
[Applause]

BARBARA ALBERT: Thank you.

REP. WALKER (93RD): Mike Doyle. How you follow
that, I don't know. After Mike, Kevin Vary? Kevin
Vary? Kevin Vary? Kevin is here? Oh, come on
down.

MIKE DOYLE: Good afternoon, Representative Walker,
members of the Appropriations Committee.

My name is Mike Doyle, I'm a registered voter in
Norwich. I'm here to testify regarding House Bill
5005, AN ACT ADJUSTING THE STATE BUDGET FOR THE
BIENNIUM ENDING JUNE 30, 2021.

I'm here today to support the Governor's proposed budget to preserve the funds earmarked for the Department of Mental Health and Addiction Services, specifically funds allocated for nonprofit agencies.

I'm also here today to ask that you consider allocating more funds for the valuable and necessary services nonprofit agencies provide.

As the Director of the Penobscot Place Recovery Center and the Recovery Coach Program at Reliance Health, a Norwich based nonprofit agency which serves eastern Connecticut, I see how these programs and services directly impact the lives of the people I work with.

And as a person in long-term recovery myself, I have also personally experienced the effects similar services had on my own life.

I'm relatively certain I was an alcoholic before I took my first drink. I clearly remember thinking halfway through that first drink -- boy, I can't wait to have another one of these. And now I'm in no way an expert in child development but I'm fairly certain that that wouldn't be considered normal for an 11-year-old but this and other thoughts like this most certainly inhabited my brain. And it's fair to say that despite taking a few years for my disease to really kick in, I was off and running at that point.

My drinking progressed as I entered my teens and by my sophomore year of high school, I was drinking to excess most every weekend, the sober weekends existing only because I was probably grounded and by my freshman year of college I was drunk every weekend and most weekdays.

It was around that time when I also began struggling with depression although I didn't know that's what it was. My dad just thought I was lazy. And oftentimes my depression manifested itself as anger towards others, mostly because I was angry at myself but hurting someone else was just easier to do.

Even the structure of the United States Air Force only helped for a short time and I continued to struggle with addiction and mental health until it had cost me nearly everything in my life -- relationships, jobs, trust, dignity, respect, my freedom, credibility and with an absolutely the leading factor in a premature end of what was once a promising military career.

Thankfully I had people around me that not only understood my struggles but wanted to help. People who cared about me before I actually possessed the ability to care about myself.

It's because of these people that I received that help that I needed at that time and because of these people I celebrated 20 years of sobriety last summer.

And today I'm blessed to be able to bestow upon others the help, care and compassion that I received when I needed it most.

The people that I speak of, those who care about others that struggle to care for themselves are the lifeblood of Reliance Health and nonprofit organizations throughout the state.

I'm surrounded by some of the most talented, caring, loving people you'll ever meet. It really is the culture of our agency, in fact, one of our main tenants mirrors that of our now retired CEO Dave

Burnette which is simply that love is a medical necessity.

Unfortunately, it's becoming more difficult to retain these loving, highly-qualified people as it is difficult to make ends meet with the wages that are currently available.

In fact, many of our direct care staff quality for some of the same benefits for the people that they serve. Let that one sink in for a sec.

Since 2014 or roughly when the opioid epidemic began ramping up in Connecticut, nonprofit agencies in the human services sector have undergone a 17 percent reduction in allocated funds. At a time when more than 4,000 Connecticut residents have perished by drug overdose, funds to care for those that struggle to care for themselves actually went down.

It is simply impossible to ask nonprofits to continue to do more with less and the amazing people who work for nonprofits, the lifeblood that I mentioned before, cannot be expected to continue to work for what is barely a living wage.

Please consider allocating more funds for nonprofit organizations. I am aware that it is not the task of this committee to generate revenue and I'm also aware that the state is no longer operating at a budget deficit. I urge you to consider allocating more funds so that nonprofits can continue to offer the valuable services they provide to communities statewide.

Thank you for your time today and letting me share my story. [Applause]

REP. WALKER (93RD): Thank you, sir. Thank you for sharing your story with us and giving us your history. And I hope you carry your message throughout the building. Thank you.

MIKE DOYLE: Thank you.

REP. WALKER (93RD): Have a good day. Kevin Vary and Autumn Couchard? [Background speaking] Okay, I'll put it to the side. Rita Allard? Okay, come on down, hon. Good -- good afternoon, sir.

KEVIN VARY: Good afternoon, my name is Kevin Vary. Good evening, Senator Austin, Representative Walker and the members of the Appropriations Committee, my name is Kevin Vary and I am a registered voter in Norwich.

I am here to offer testimony regarding House Bill number 5005, AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021.

I'm here to support -- I'm here to support the proposed budget for the Department of Mental Health and Addiction Services. I am one of the many faces of mental health and addiction in this state, in Connecticut as I have struggled with both my whole life.

I'm also here to express my strong support for nonprofit organizations such as Reliance Health. These organizations give me and those like me the choices of programs and services that are very important to my life and my recovery.

I am 59 years old and I have been a member of Reliance Health since 1983. After I graduated high school, I began working as a busboy cleaning tables and then worked as a custodian at a church. And

then at a school. I worked for six years fulltime at this job but had to leave because of my mental health condition and substance abuse issues.

I have tried other jobs since then but had to leave -- had to leave them all for the same reasons. I would like to work part-time at this age of my life and I don't wanna be a quitter or anything but you know. But I also know arthritis in my knee would make it difficult to work.

Over the years I have been given a lot of help by Reliance Health to get back on my feet and be a productive member of society. Today, because of the help I received through these programs, I live on my own and have been sober for 21 years.

REP. WALKER (93RD): Wow.

KEVIN VARY: I am -- I am sure -- I'm not sure what my life would look like without these services provided at Reliance Health or at Penobscot Place and I -- I'm not sure where I would be. I will tell you that it would definitely be not better.

Thank you for this opportunity to speak and share my experience with you.

REP. WALKER (93RD): Thank you so much and I'm so -- congratulations for 21 years, sir. [Applause]

That is fantastic and thank you. And take care of that arthritis in the knee, that's rough.

KEVIN VARY: Yeah.

REP. WALKER (93RD): Yeah, have a good afternoon. Okay, Rita Allard. Did I say it right?

RITA ALLARD: Yes.

REP. WALKER (93RD): Oh good, okay. After Rita, Jennifer Brownlee. Jennifer Brownlee? She's here? Yeah, there we go. Okay, go right ahead.

RITA ALLARD: All right. Good evening, Senator Osten, Representative Walker and esteemed members of the Appropriations Committee.

My name is Rita Allard, I am a long-time resident of Southeastern Connecticut and a person in recovery since October of 2015.

I am here to offer testimony regarding House Bill number 5005, AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30TH, 2021.

I stand before you today in support and to prefer -- preserve -- the proposed DMHAS funding for substance abuse and mental health services--especially those allocated for nonprofit organizations.

Four and a half years ago, I lost everything including my freedom and nearly my life due to a crippling opioid addiction spanning over a decade. Upon reentering society, I faced many challenges. Programs like Perception Programs, CCAR, ABH, and Reliance Health were my saving grace and DMHAS funding for substance abuse and mental health services--especially those allocated for nonprofit organizations.

Four and a half years ago, I lost everything including my freedom and nearly my life due to a crippling opioid addiction spanning over a decade. Upon reentering society, I faced many challenges. Perception Programs, CCAR, ABH, and Reliance Health were my saving grace and helped me get my life back.

In October of 2019, I was honored to become a part of the Reliance Health family as the Recovery Coordinator for Penobscot Place, a recovery-based program serving individuals with co-occurring substance use disorders and mental illness.

I am now able to see firsthand how vital state funded services for non-profits are and the impact they have on not only the individuals utilizing the services but the community as well. I firmly believe that any previous and/or future funding reductions would be detrimental to the level-of-care we are able to provide to our members.

Since 2014, nonprofits have endured a 17% reduction in fund allocation during a very difficult time in the state. This reduction has dramatically impacted our state which has been rocked by the opioid epidemic.

I believe that by taking into consideration the impact of previous reductions in funding, and reviewing the proposals prepared by the Alliance regarding the level of investment needed to not only restore funding from previous cuts but also restore and improve the services so desperately needed in our community and statewide, we will be able to sustain, maintain, and improve the services offered by nonprofits. Without the services and support I received I wouldn't be standing before you today... I would have been another statistic—not a success story.

Thank you Senator Osten, Representative Walker and members of the Appropriations Committee for your time today and allowing me to express my support for H.B No. 5005.

REP. WALKER (93RD): Thank you. [Applause]

Thank you, Rita, thank you for your testimony and thank you for taking this as your profession now. Thank you very much.

Next we have Jennifer Brownlee. Then after Jennifer, Tina Marie? Okay, come on down. I just wanna let everybody know that the Commissioner of Department of Mental Health and Addiction Services, she is sitting in the audience with us today. She's listening. And I think that's important for you to understand. That, to me, lets me know -- and the Commissioner from Department of Development Services, he was -- he was here, I think he's wandering around but both of them -- not wandering around, I didn't mean it that way.

[Laughter]

I don't want to be that lady but he is here so it lets you know that our commissioners really are listening and they really are trying to do the best they can with what they've been dealt. So thank you very much, both of them, for what you do.

Go right ahead, ma'am.

JENNIFER BROWNLEE: Hello. Good evening Senator Osten, Representative Walker and members of the Appropriations Committee. My name is Jen Brownlee, I am a registered voter in Norwich. I am here to testify regarding H.B. number 5005, AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30TH, 2020 (sic).

I am here to support and preserve the proposed DHMAS funding for substance abuse and mental health services to nonprofit organizations. I have a co-

occurring diagnosis and have realized later in life that I had an addiction issue on top of mental health issues.

Here at Reliance Health, I have received a lot of necessary support. Reliance Health, Teamworks, Penobscot Place and TLC2 Program are key to my recovery. Without programs like these, I would be dead, homeless or institutionalized.

Penobscot Place the various proposed to managing various addictions and essential. It has taught me a lot of necessary skills needed to manage my addiction. Teamworks has taught me a lot of mental health coping skills as well as provided emotional support as I mentally and emotionally got better.

TLC2 has helped me by providing me time, limited transitional housing as a woman with an addiction issue. It has also provided me much emotional support as I learned to manage my addiction behaviors.

I cannot thank you enough for not proposing additional cuts to these much-needed services and social service safety nets. Cuts to organizations like Reliance Health would have such a long lasting effect on so many people, including me. If it were not for places like TLC2, I would be homeless.

Thank you for letting me share my story.

REP. WALKER (93RD): Thank you so much and thank you for coming and sharing your story. Thank you so much. Have a wonderful afternoon. Thank you.
[Applause]

JENNIFER BROWNLEE: You, too. Thank you.

REP. WALKER (93RD): Thank you. Tina Marie? And then after Tina Marie, David -- say that again? Thank you, sir. And after him, Matthew Rowe. Is Matthew Rowe -- oh, good. And is Joseph with you?

MATTHEW ROWE: Yep.

REP. WALKER (93RD): Oh good, we can have all three of you guys. Come on. Where's Joseph? Come on down, Joseph. You can have a seat right in front. All righty. Go right ahead.

TINA MARIE SLAVIC: Good evening, Representative Walker and members of the community. My name is Tina Marie Slavic and I am a residential voter in Norwich.

I'd like to thank Government -- Governor --

REP. WALKER (93RD): Lamont.

TINA MARIE SLAVIC: Lamont, thank you. Lamont for not making budget to the service I -- I and so many others need. Need. I am -- I am member of Reliance Health and have been for five years. I have been attending groups at Penobscot Place for a year.

The groups help me to stay clean. If it -- it wasn't for the program, I don't think I'd be clean today. They help me with my needs and medical -- mental state. I love the program, I love the staff. They are there to help you. They give you food when you need it once a week. They are there to talk to you. They are there to help you with whatever you need help with.

My psychiatrist counselor helps me with my mental and medication. I have -- and issues I had. If it wasn't for Reliance Health, I don't think I'll be anywhere right now. Probably in a ditch or on the

street. Thank you very much for listening to me speak. Thank you, Senator Osten for the -- for this chance to be heard.

REP. WALKER (93RD): But baby, don't go anywhere, you did a great job. So -- so just tell me -- Reliance House is awesome, right?

TINA MARIE SLAVIC: Yes, ma'am.

REP. WALKER (93RD): It's given you all the support that you need, correct?

TINA MARIE SLAVIC: Yes, ma'am. I was clean for 14 years and I was homeless on the streets for 25 years in Florida doing no good and then my sister found me in 2011 so I've been in Connecticut off and on and I've been clean and I'm doing good. This is my recovery coach.

REP. WALKER (93RD): That's your recovery? Well, she's doing a great job for you. But you're doing all the work so thank you very much and have a good afternoon. [Applause]

TINA MARIE SLAVIC: Thank you.

REP. WALKER (93RD): Thank you. Okay, David, Matthew and Joseph. The wise men. [Laughter]

You can come up to a microphone. There's another one over here. And Matthew, David and Joseph -- Joseph -- I'm sorry? [Background talking] Okay, wait your turn, okay. Go right ahead, sir.

DAVID GEDRAITIS: Hello, I'm David Gedraitis, I'm a voter from Waterbury. I'm here for House Budget -- House Bill number 5005.

Hello everyone. I'm grateful that the Governor has not cut anymore human services. The previous

constantly under minded a lot of help needed in the community. I would like to restore some of the services that were cut.

I've benefitted from the psychiatric care medication management [Inaudible 00:38:11]. Case management really has been an asset. MHC residential counselors helped me live a better and more independent life. Connecticut's independent service helped me with my social skills. I've had a hard time dealing with anger and tolerance. Yet I've had some chances, other opportunities to help our socialization. They stopped those from the budget cuts. And I miss those.

I vote to participate in [Inaudible 00:38:47] activities. Actually through CVH, being a CVH Alcoholics Anonymous and Narcotics Anonymous, I have 35 years abstinence from substance addictions.

The Independence Center was open Saturdays and later we all had a place to go. I really do not have any other similar outlets for socializing. I learned a lot about myself and others from being around recovering people in a safe environment like Independence Center. I wish we had more activities and resources that would help us all develop. We really do not have much else.

We need the programs that must change and grow.
Thank you for listening.

REP. WALKER (93RD): Thank you. Thank you for your testimony, sir. Don't go anywhere. Don't go anywhere. Go ahead, Matthew.

MATTHEW ROWE: My name's Matthew --

REP. WALKER (93RD): Wait a minute, Matthew, you've gotta press the button right in front.

MATTHEW ROWE: Sorry.

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

MATTHEW ROWE: Can you hear me now?

REP. WALKER (93RD): Yep, we can.

MATTHEW ROWE: Good evening, Senator Osten, Representative Walker and members of the Appropriations Committee. Thank you for hearing my testimony this evening. I would also like to thank Governor Lamont for not composing any cuts to our needed services or programs.

I have been a member of Mental Health Connecticut's Independence Center in Waterbury for approximately ten years. The Independence Center has helped me by providing many programs such as WRAP, Wellness Recovery Action Plan which helped address my many mental health symptoms and a plan of action to stay out of the hospital.

They also helped me with groups and workshops pertaining to overall health and wellbeing. The advocacy voice heard on the state level so that legislators know that these programs exist.

I also help in the kitchen and enjoy food preparation and cooking. I manage skills that are utilized at the Independence Center. I make use of the food bank as I may get low on food some months. They offer free breakfast and low-cost meals as well.

Once a month they have a free outreach meal and others for holidays and special occasions. One of

these occasions is for Mental Health Awareness Month in May where I have written and read poetry for our local event. Writing helps me to get my feelings out on paper rather than act out. I can write about my depression and the voices and a good coping skill for my recovery.

I have also been clean and sober for nine years and I attend local 12-step support meetings. I attend church and help a friend who is disabled. I utilize Waterbury hospital for my medication. With these community services in place, I have been able to stay out of the hospital for four years. Prior to that I had ten hospitalizations in six years.

I've come close a few times to going back to the hospital but have leaned heavily on my supports. I've been diagnosed with schizoaffective disorder which causes one to have auditory hallucinations. Currently with medications, I have not heard voices regularly for almost a year.

Please know that I have maintained my apartment for 11 years. Prior to that I was a couch surfer, not taking meds regularly and spent two years in and out of the shelter. My goal for the future is to go back to school and get a job as a companion or nurse's aide.

Without these programs I might be homeless, still actively using or hearing voices or all at once or just another statistic who falls through the cracks.

REP. WALKER (93RD): Thank you and thank you for your testimony and thank you for your nine years of sobriety. Congratulations. Thank you. [Applause]

Okay, thank you.

MATTHEW ROWE: That's it?

REP. WALKER (93RD): Yes, that's it. That's it.
Good afternoon, Joseph.

JOSEPH CINTIA: Good afternoon, Representative Walker and members of the Appropriations Committee. I'm here to testify regarding H.B. number 5005 like everyone else has.

I'd like to first thank the Governor Ned Lamont for not proposing any additional cuts to the human services and social safety net. The previous decade saw many cuts to program funding that led to closures and limitations of services.

I, myself, get services from Mental Health Connecticut through the Independence Center, a recovery resource nonprofit center and Choices, a vocational support center.

These give me support and a safe place to go to prevent my previous behavior that has led to bad thoughts, suicidal ideations, suicide attempts and decompensation in the past.

Having these supports is essential to my mental health and provide me with outlets to recovery such as the Mending Arts Program and the Independent Center's social setting. The Mending Art Programs has encouraged my drawing and painting which I find both rewarding and relaxing. The Independence Center is a safe place without drugs or alcohol that members can use as a resource to maintaining stability and being out in the community.

Choices has helped me with my resume and job search and is instrumental in supporting me with the actual search and maintaining an upbeat attitude towards

looking. The people there keep my spirit up and keep me going when I, myself, might otherwise become demoralized or discouraged.

Mental Health Connecticut, through the Independence Center, also gets me involved in the community such as being here today to advocate for funds for the mental health community and getting involved politically and socially with the government and community at large.

I think it's essential for me and others to come here and put a human face on what is normally just bland statistics and even negative stereotypes. I would like to commend you for funding these essential programs and remind you that the cuts in the past have probably not been made up.

We need to keep the promise made when the state hospitals were closed to fully fund the needs of patients and providers to provide -- to prevent needless suffering to the all but forgotten people in the mental health system and see to it that they can function and have a safe place to be outside of clinical hospital settings. The prevention of hospitalization doesn't just help people, it saves funds in the long run. Nonprofit agencies provide a safety net to provide needless hospitalization and assist in daily functioning for the most at-risk citizens.

Thank you for letting me speak to you today.

REP. WALKER (93RD): Thank you, sir, and thank you for your testimony today, thank you and have a good day. [Applause]

Next, Carol Gilbert. Carol. Is Carol here? Oh, there you go, okay, Carol. And Michael Wim --

Wimbish. Mike's not here, okay. Wait, wait, wait, wait, I have a list, I've gotta go through the list, okay? The Administrator will come -- oh, Carlos, you're next, okay. Carlos? I'm sorry? Okay, come on down to the front. Thank you, Carlos.

CAROL GILBERT: Good evening, everyone.

REP. WALKER (93RD): Good evening.

CAROL GILBERT: Glad to be here. I know you, Representative Walker, I've seen you lots of times. I've been going in to InterCommunity for 23 years. I had very bad depression -- not from the drugs and not from drinking, I told them it was natural.
[Laughing]

And I've gotta say I go to club house, Common Ground, it's a learning center. And I look over the 23 years when I usually don't have to go but I love it. I see other people that suffers and I'm there to help and show them if you really want it, you can get well.

And I -- I thank Governor for not deducting any more of the money. We need to keep these places going -- nonprofit InterCommunity. I go -- and I go to primary care there. I have all my stuff with them. It is the best thing in my life. Thank you.

REP. WALKER (93RD): Thank you. Thank you for your testimony. [Applause] I just have a quick question before you go.

CAROL GILBERT: What.

REP. WALKER (93RD): Where is InterCommunity Common Ground, where is it?

CAROL GILBERT: Oh, I'm sorry, East Hartford.

REP. WALKER (93RD): East Hartford, okay.

CAROL GILBERT: That's where I live and I love it.

REP. WALKER (93RD): Okay. All right, Carlos. You can -- you don't have to go anywhere, you can stay right there.

CAROL GILBERT: Okay.

REP. WALKER (93RD): Go ahead, Carlos.

CARLOS MARTINEZ: I really would like to thank Governor Lamont for not cutting any mental health budget this year.

I'm a registered voter in East Hartford and I go to Common Ground, like Carol, and I help people every single day. I've been a Recovery Support Specialist for three years already. I went to the RSS program with Dr. K and Paul. And I get up in the morning and it feels good to like help and give advice to people that have mental health.

We have different groups there like wellness management, OTA, Healthy Neuron, it's like a computer program to teach you like brain activities and different stuff like math, numbers, letterings and different ways of conquering stuff.

I just wanted to say don't cut any more money and help the programs because they're beneficial. They're very beneficial. The state might think -- oh, if we cut this, it's more benefit the state more but there's gonna be a lot of people left without any programs, without any case managers, without staff that really care about them and love 'em.

Thank you.

[Applause]

REP. WALKER (93RD): Thank you and -- thank you, Carlos and I hope both of you have a great afternoon and thank you for testifying. Have a good afternoon.

Next is a panel from Marrekech, Christina, Deborah and Jennifer. Are they here? Christina, Deborah and Jennifer? [Background conversation]

Girls? Over here. Girls. Chris, Chris. Okay. So we have Christina Gagnon, Deborah Swetz --? Okay and Jennifer Gracy? Awesome. Okay, who wants to start, Christina? Able to start?

CHRISTINA GAGNON: Yeah.

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

CHRISTINA GAGNON: [Inaudible 00:50:05]

REP. WALKER (93RD): Maybe I can help?

CHRISTINA GAGNON: [Inaudible 00:50:39]

REP. WALKER (93RD): Christina. Christina? I'm over here. Over here, Christina. I wanna thank you for coming up to testify. You like your facility that you work in?

CHRISTINA GAGNON: I do.

REP. WALKER (93RD): Yeah? How long have you been there?

CHRISTINA GAGNON: Oh, at early year.

HEATHER LATORA: Six years.

REP. WALKER (93RD): Six years. So they've provided you with stability so you feel comfortable at the facility and are you learning? You're learning things?

HEATHER LATORA: You're learning things there?

CHRISTINA GAGNON: Every year.

REP. WALKER (93RD): Yeah. I've come to Marrekech, too, so I like the program. I know your program very well and it's very important that it stay in that community, correct?

CHRISTINA GAGNON: It is.

REP. WALKER (93RD): It is, that's important. Thank you for coming to testify because we are so proud of you coming up and so appreciative for your service so thank you. [Applause]

So turn off that microphone for me, thank you. And turn on the other microphone. Yep, you can get back and slide over. There you can slide over to it? Try, it doesn't slide? No. Okay, go right ahead.

Is your name Deborah?

DEBORAH SWETZ: Yeah.

REP. WALKER (93RD): What's your last name? Can you tell me -- Deborah, can you tell me your last name?

DEBORAH SWETZ: Oh yeah, it's S-W-E-T-Z.

REP. WALKER (93RD): Yeah. How do you pronounce that?

DEBORAH SWETZ: Um, Swetz.

REP. WALKER (93RD): Swetz?

DEBORAH SWETZ: Yeah.

REP. WALKER (93RD): How long have you been with Marrekech?

DEBORAH SWETZ: Um.

REP. WALKER (93RD): How long have you been with the organization that you're with now, how long? With those two young ladies that are taking care of you, how long have you been working with them?

DEBORAH SWETZ: A long time.

REP. WALKER (93RD): A long time? [Laughter] They don't look old enough to be there for a long time.

HEATHER LATORA: They actually wanted to say that they lived in nursing homes before. These young ladies lived in nursing homes and she lived in an ICF facility.

REP. WALKER (93RD): There's a microphone, too, and tell me who you are.

HEATHER LATORA: Hi, I'm Heather Latora from Marrekech.

REP. WALKER (93RD): Okay.

HEATHER LATORA: We were happy to find the New Haven room, thank you. And these young ladies wanted to tell their story and they were all living without choices -- without choices of roommates and choices of friends and through MFP they got together. They introduced each other, they picked each other to live with and for the past six years they rent a home in Woodbridge, the landlord made it accessible for them and they do all wonderful things and I think Jennifer might wanna tell you what she does at work.

REP. WALKER (93RD): Okay, Jennifer, tell me. What do you do?

JENNIFER GRACY: Go to east --

REP. WALKER (93RD): Okay but speak in the microphone. Can you -- there you go. Tell me.

JENNIFER GRACY: Go to East Street -- East Street.

REP. WALKER (93RD): Oh really!

JENNIFER GRACY: And we make products to sell. And if it -- if you sell something you make a paycheck.

[Laughter]

REP. WALKER (93RD): That's always a good thing, isn't it? Yes, paychecks are always good. Very good.

Well, thank you for coming to testify and thank you all for coming up and sharing with us your -- your journey to -- to Marrekech and how it has helped you it's gonna help us because then we can think about these things. We've got a lot.

So thank you so much for coming to testify with us.

JENNIFER GRACY: You're welcome.

REP. WALKER (93RD): Thank you. Have a great day, lady. [Applause]

Joanna Federico? Joanna Federico? Okay. Margaret -- oh wow -- Osiecki? Margaret Osiecki? Okay. Charlie Sherman? Oh, are you there? I'm sorry.

[Inaudible background speaking]

No, what is your name? Oh, I didn't realize it's you. So Margaret Osiecki, okay? And you've got your two sons with you? Oh sure, that's okay. You can take her hand. There's a chair. There's a chair right there for him. There's a chair.

Okay. Wait a minute, you've got to press the red button, the button -- there you go. Now go ahead.

MARGARET OSIECKI: Good afternoon, Representative Walker and the distinguished members of the Appropriation Committee.

I'm here to testify on that House Bill 5005, AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021.

My name is Margaret Osiecki and I live in Avon, Connecticut and I am a parent to two wonderful young men with Downs Syndrome. Matthew is 24 years old and Michael is 18 years old. And I just want to thank you for not cutting any more services this year but I wanna just talk about the -- and oppose the Governor recommended \$1 million dollar cut to the Community Residential Services for people with intellectual and developmental disabilities.

And any funds saved when the individual chooses to move from a higher cost setting to a lower cost setting should be used to serve people who are on the waiting lists for residential supports.

I also oppose the Governor's recommended \$2 million cut to Behavioral Services Program which provides support to families and individuals age 8 to 21 with intellectual disability with a serious and persistent mental disorder that substantially interferes with their functioning in family or community activities.

I support the Connecticut Community Nonprofit Alliances request that the legislature appropriate \$461 million over five years for the community nonprofits. Since 2007, community nonprofits have lost at least that amount in the state fundings that

has not kept pace with inflation or adequately covered increased cost and demand for services over the last thirteen years.

This has resulted in that program closures, waiting lists and staffing shortages that impact on the lives of people with IDD and the support they rely on to live in the community.

The cuts that affected our family three years ago were very difficult to deal with. My son Matthew, after finishing high school, did not have a program to go to and for eight months we struggled between our work schedule and watching over him and we were getting to the point between choosing between having a job or staying home with our son.

Thankfully, thank you to all of you, the day program was restored and our lives stabilized. And Matthew right now attends day program at Favarrh where he enjoys working, doing different volunteer work, going to meals on wheels, working at the Red cross, Avon Senior Center and other job sites.

It is where he meets his new friends and enjoys the social aspect of his life. These programs are the life line for Matthew and kids like him and this type of funding provides support which goes far beyond the dollar value. They save lives and families.

The moral test of any institution whether marriage or government is how that institution treats those that are the least of its members so please don't take anything away from the most vulnerable populations. And thank you for your time.

REP. WALKER (93RD): Thank you so much for your testimony. [Applause] Can I ask, what town is this from?

MARGARET OSIECKI: Avon

REP. WALKER (93RD): Avon, okay. Thank you Matthew and --

MARGARET OSIECKI: Michael.

REP. WALKER (93RD): Michael. Thank you so much for coming. Thank you.

Next, Charlie Sherman. And after Charlie Sherman, Varian Salters. Varian Salters? Yep, okay. And after Varian Salters, Chris Blake. And after Chris Blake, Autumn Bouchard.

CHARLIE SHERMAN: Hi, my name is Charles Sherman. Members of the Congress here tonight, I'd like to speak on the account of my health.

I wrote I mean, excuse me. Let's see, I've gotta get a breath. I'm starting from Norwalk. My name is Charlie Sherman, I am -- I'm in -- I'm on the Board of Directors at the STAR. I also am [Inaudible 01:01:01] self-advocacy meetings in Norwalk. I have been -- I've been -- I also [Inaudible 01:01:29].

I am in -- I'm sorry, I'm legally blind, I'm sorry.

REP. WALKER (93RD): That's quite all right.

CHARLIE SHERMAN: I also live in my own apartment. I take the bus -- I mean I take the train. I have staff that bring me to get my tickets. I have staff to help me clean my house. I have staff to help me do my meds. I have staff to help me do shopping. And I also go to a girlfriend's, I also take the

train and I also have staff to help me get tickets for the train.

And I also -- I also make \$15.60 an hour but my staff is making less than that and it was starting to hurt them because they've done a lot for me and [Inaudible 01:02:35] and that's about all I've got to say. Thank you.

REP. WALKER (93RD): Thank you. Thank you, Charlie. [Applause] Charlie, wait Charlie, Charlie, Charlie, Charlie. So what -- what program are you -- are you here from what program are you in?

CHARLIE SHERMAN: STAR Residential Inc. in Norwalk.

REP. WALKER (93RD): STAR Residential Inc., in Norwalk?

CHARLIE SHERMAN: Yep, mm-hmm.

REP. WALKER (93RD): Thank you, so much.

CHARLIE SHERMAN: You're welcome.

REP. WALKER (93RD): Oh, wait, wait, wait, wait, don't go anywhere.

CHARLIE SHERMAN: I'm not. She gets [Inaudible 01:03:07].

REP. LAVIELLE (143RD): Charles, I'm right here. I'm right here, hello.

You work at the Whole Foods in Westport?

CHARLIE SHERMAN: No, I work at the Whole Foods in Darian.

REP. LAVIELLE (143RD): In Darian.

CHARLIE SHERMAN: Yep.

REP. LAVIELLE (143RD): All right, well I thought I'd seen you somewhere.

CHARLIE SHERMAN: Yeah, everybody knows me.

REP. LAVIELLE (143RD): Oh yeah. Oh yeah. I do go in there more often than to the one in Westport. So thank you for your work and thank you for helping all of us.

CHARLIE SHERMAN: I also plan [Inaudible 01:03:35].

REP. LAVIELLE (143RD): That's really remarkable. Oh yeah.

CHARLIE SHERMAN: You guys have a pleasant and nice evening, thank you.

REP. WALKER (93RD): Thank you. Thank you so much.

REP. LAVIELLE (143RD): Thank you. [Applause}

REP. WALKER (93RD): Valerian? And Chris Blake? Is Chris Blake here? No. Okay.

THE CLERK: He is here.

REP. WALKER (93RD): Okay, Chris Blake and then Autumn. Go right ahead.

VALERIAN SALTERS: Hi, my name is Valerian Salters. Good afternoon, Senator Osten, Representative Walker. Senator Formica and Representative Lavielle and distinguished members of the Appropriation Committee.

My name is Valerian Salters and I live in Willimantic, Connecticut. I'm an individual with an intellectual disability and I'd like to thank you for the opportunity to testify on bill H.B. 5005, AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021.

I oppose the Governor's recommendation of \$1 million cuts to the community residential services for people with intellectual developmental disabilities. Any funds saved when an individual chooses to move from a higher class setting to a lower class setting should be used to serve people who are on the waiting list for residential support.

I also oppose the Governor's recommendation of \$2 million cuts to behavioral health services which provides support to families and individuals age eight to 21 with intellectual disabilities and serious mental disorder.

I support the Community Nonprofit Alliance request that legislator approve \$461 million over five years support Community Nonprofit.

I live in my own apartment and I am a social butterfly. [Laughter] I like going to things like Best Buddies, see a few hockey games and hanging out with my friends Angela Lowe, Elizabeth Allen and I like going to Special Olympics track and field and soccer and I like going to Friday night dances and dancing.

I hire my own staff who help me with banking and grocery shopping and exercises and doctors' appointments and bills and cleaning my apartment and reading mail I don't understand. And they help me fill out paperwork for SSI and DSS and they help me cook. And in the past I used to get 20 hours of home support and now I only get ten hours of home support and it's like real hard for me these days to find staff to hire. I've been without home support staff for a few months now.

Please use the rainy day fund to fund private providers and self-determination and the waiting list and community residential support and behavioral support, behavior service programs and rent subsidies so people can transfer to less intense settings and some of my friends can live on their own and have a great life like me in the future.

Thank you for taking your time to listen to me speak and please use the surplus.

REP. WALKER (93RD): Thank you. Thank you for your testimony. [Applause]

VARIAN SALTERS: You're welcome.

REP. WALKER (93RD): And thank you for that guidance on where we can find \$472 million dollars. We were looking for that, okay? [Laughing] I think they're celebrating Chinese New Year if you're wondering what's going on. Those aren't legislators fighting each other, okay.

Chris Blake? That's the Senate. [Laughter] See, we have no Senators here so that's okay, I can talk about 'em. [Laughter]

Go right ahead, sir.

CHRIS BLAKE: Hi everyone, Chris Blake. Thank you for giving me the time, the opportunity to speak about the bill, the -- what him talked about right before.

So my disability is I can't read so I'm gonna play on my phone. "Carry on HB5005 AN ACT ADJUSTING STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30TH, 2021.

Good afternoon, Senator Osten, Representative Walker."

REP. WALKER (93RD): Can you hold that up closer because we can't hear it.

CHRIS BLAKE: "Lavielle and distinguished members of the Appropriations Committee.

My name is Chris Blake. I live in Wallingford Court (sic). I am a person with IDD. I work in an ad"

REP. WALKER (93RD): So Chris, you live in Wallingford?

CHRIS BLAKE: Yes.

REP. WALKER (93RD): Where do you -- like what organization do you work with?

CHRIS BLAKE: I work with many.

REP. WALKER (93RD): With many?

CHRIS BLAKE: With many different advocacy groups and different boards I'm on for -- for disability issues.

REP. WALKER (93RD): Okay, how long have you been working with them?

CHRIS BLAKE: For about ten -- about like 11 or ten years.

REP. WALKER (93RD): Eleven to ten years? And you found that they've been giving you a lot of services that are very important to help you to live day-to-day?

CHRIS BLAKE: I have a service provider only I work for other advocacy groups that help solve problems

for other people with disabilities and people like me.

REP. WALKER (93RD): Okay, do you work there?

CHRIS BLAKE: I don't 'cuz of people -- simply put is people -- this bill reacts as not being proactive is like funding transportation for people with disabilities to have a source of life or have a job or looking over how benefits work, it prevents people from getting a job and maintaining a job because of all the strengths of rules and regulations.

REP. WALKER (93RD): Okay.

CHRIS BLAKE: So it's need to focus on the future, not what is the standard quo right now. People with disabilities can actually contribute to society and pay taxes.

REP. WALKER (93RD): I like that idea. I like that idea and I thank you for --

CHRIS BLAKE: It's not doing one or the other, funding or not funding.

REP. WALKER (93RD): First we fund you and then -- then you help us.

CHRIS BLAKE: Yeah.

REP. WALKER (93RD): I like that idea. It's a shared process, right?

CHRIS BLAKE: Yeah but we're partners not just --

REP. WALKER (93RD): Oh, I like that, too. Okay, well thank you. Thank you for your testimony, Chris.

CHRIS BLAKE: Yeah, thank you for your time.

REP. WALKER (93RD): Autumn? Bad traffic, huh?
That's what they said. Press the button in front of
you.

AUTUMN BOUCHARD: Can you hear me?

REP. WALKER (93RD): Yes, I can.

AUTUMN BOUCHARD: Okay, I'm just gonna read from the
paper to start with because this is a little more
nerve wracking than I expected it to be. And yes, I
was the one stuck in traffic. I apologize but in
all fairness, I have a newborn and a toddler.

So good evening Senator, Representative and members
of the Appropriations Committee. My name's Autumn
Bouchard, and I am here to testify regarding House
Bill No. 5005 AN ACT ADJUSTING THE STATE BUDGET FOR
THE BIENNUM ENDING JUNE 30, 2021.

I too am here to support and preserve the DHMAS
grant funding for substance abuse and mental health
services. This is a topic I find myself very
passionate about, as Substance Abuse and Mental
Health Services had played a huge role in my life.

I am a young, single mother who works full time to
provide the best I can for my family. I am a friend,
a homeowner, and a productive member in my
community. I am familiar with hardship. I work full
time as a Service Coordinator in the Community
Support Program at Reliance Health -- that's in
Norwich, Connecticut -- connecting members with
services needed to help them remain independent in
the community.

But most importantly, I am an addict in recovery. I
say most importantly, because in order to know how

far I have come, you would have to know how far I fell beforehand.

Excuse me, I'm losing my voice.

So I grew up with a father who was an addict and experienced significant trauma and abuse. I was 12 when I began drinking and experimenting with drugs. I thought I found my answer because alcohol made me feel "normal". I say that in quotes. What is "normal". It took everything away, and that numb feeling was the closest I had felt to joy in a long time.

My addiction just progressed from there and I was 14 the first time I attempted suicide. I began what felt a lifetime of mental health treatment. I continued to be angry, depressed, and confused, never feeling good enough and never understanding what was really wrong with me.

At 16, I was in a really bad car accident and was introduced to pain killers -- opioids -- for the first time in my life. Back then I didn't know how addictive they were. I didn't know withdrawal, I didn't know any of that. It wasn't really -- either I wasn't listening because I was 16 or it wasn't really explained to me. It was a little bit of both.

But it didn't take long for me to build a tolerance and to be introduced to heroin after that. And I was 19 when I went to my first treatment program. It was CVH, Connecticut Valley Hospital's DAR program which is an amazing program for young women and I learned a lot there and I did stay clean and sober for two years when I left there but that was just the beginning.

And I remember waking up that first morning after I slept there for the first time thinking, just kind of forgetting where I was when I woke up for a few seconds. And then when I realized, I thought to myself -- How did I get here? I'm 19 and I'm in rehab. How did I get here?

And I can't count how many times I woke up thinking that same thing, how did I get here. And it took me many relapses, a lot of bottoms, and countless, countless substance abuse and mental health services to accept that I was an addict and that I struggled with PTSD.

But it was within my first talk therapy sessions that I began the long process of healing. It was because of my state insurance that I was able to attend those sessions. It was because of the nonprofit organizations like Reliance Health that I was able to understand my Post Traumatic Stress Disorder. I was able to begin living, and that was so much better than just existing.

So our community and our members at Reliance Health have been devastated by the opioid epidemic. I am all too familiar with it myself. December 10th, 2018 I received a call from the Coroner's Office in California. They had found my brother overdosed in a hotel room. He was 33 years old and had been in recovery for longer than I have. He was struggling with his mental health.

March 9th, 2018, just 3 months later, I came home to find my roommate overdosed on my bathroom floor. I turned her over to try to perform CPR, but it was already too late. She was also in recovery and struggling. You see, my job is not just a job to me.

It's a passion and a privilege. I am grateful for the opportunities to help as someone once helped me.

And I listen to my members. I relate to them and I don't judge them. Instead I use my past and all this pain to try and help. And try to share some hope.

I try to advocate for the individuals who no longer have a voice like my brother and my roommate. This April, God willing, I will celebrate six years in recovery. I cannot put into words how important the funding is and additional funding would be. These services are necessary and lifesaving. They saved my life.

Thank you for letting me share my story. [Applause]

REP. WALKER (93RD): Thank you. Thank you for sharing your story and obviously there is something out there for you because you have been protected, so --

AUTUMN BOUCHARD: Thank you.

REP. WALKER (93RD): -- keep that in mind, okay? Thank you, have a good day.

Okay so now we go to the other list. I just want to let everybody know and I'm not trying to scare anybody but we have 67 more people to go.

So just -- just pointing that out.

Okay, Kylie Gosselin. After Kylie, Gian-Carl. [Side conversation] I know where he is, he's right over there. Go right ahead.

KYLIE GOSSELIN: Well, that was an amazing bunch of stories so I'm really -- I just want to say thank you, I'm really glad I had the privilege of hearing

all of those humbling and awe-inspiring stores tonight.

And if all of those folks didn't convince you the value of these dollars and these services, I certainly be able to but I'll hear -- be here to tell you where we are as an organization with DMHAS funding.

My name is Kiley Gosselin, I'm the Executive Director at the Partnership for Strong Communities. For those of you that don't know, we're a nonprofit policy and advocacy organization dedicated to ending homelessness and expanding housing opportunity in the state. We oversee and manage the Reaching Home Campaign which is a state-wide campaign of 120 organizations dedicated to ending homelessness.

So we put together one legislative budget every year. These are the items that are relevant for the conversation tonight. So like the others that have spoke, I wanted to say thank you to the administration as well as our friends at OPM for maintaining the enacted budget for DHMAS Housing and Support Services line item for \$23 million dollars.

Since 2016, we've seen a 66 percent reduction in chronic homelessness in this state which is amazing. And just this month there were approximately 178 adults experiencing chronic homelessness in the state. So through this unprecedented collaboration and strategic state and Federal investments like the ones that we've made and you all are continuing to make, we've figured out how to dramatically reduce this problem and we feel like we can finish the job.

In addition, we want to say thank you for the additional expansion of the \$3 million dollars the

Governor's included in funding for community placements or individuals at Connecticut Valley Hospital to support those who are ready for discharge back into their communities.

We're asking for an additional new targeted investment of \$1 million dollars at the DHMAS' Housing and Homeless and Support line item this year to pair support services with additional funding for rental assistance and improving housing stability income and employment for folks that are most vulnerable.

And then finally I wanna highlight and ask for \$375,000 at the DHMAS Housing and Supports and Services line to specifically fund homeless outreach. This is an area where we've come up short, I think, as a state. I don't think it's any new approach that we've seen a lot of folks out on the street and in parks.

And in order to get to those folks and attach -- match them on housing and services both what they need, we need folks to go out and identify them. And we're doing a lot with librarians, police officers, food pantries by we really have a few part-time people across the state that are engaged in this work. And so an additional -- additional investment in this area would go a long way.

Thank you.

REP. WALKER (93RD): Thank you and thank you for your testimony. Thank you. [Applause]

KYLIE GOSSELIN: You don't have to clap for me. [Laughing]

REP. WALKER (93RD): Okay, thank you. Gian-Carl? Marcia DuFore? Go right ahead, sir. Gotta turn on the microphone.

GIAN-CARL CASA: Thank you, Madam Chairman, members of the Committee. My name is Gian-Carl Casa, I am President and CEO of the Connecticut Community Nonprofit Alliance. You have our written testimony, I don't need to go through it and I could not tell better stories than the folks here today but I do want to take a minute to talk about -- talk over the drumming.

REP. WALKER (93RD): I'm sorry. If we could close the doors and lock them but we wouldn't have -- go right ahead.

GIAN-CARL CASA: To talk about the request we're making to you to support our request for \$461 million dollars over a five-year period.

And I wanna -- you know, it's not a wild shot at the moon. This is not a crazy number that we took lightly and we don't think it's easy. But simply if funding had kept up with inflation since 2007, community nonprofits would have \$461 million dollars more in funding than they do in the current budget.

[Clears throat] Excuse me. And we're here because we need you. We need the Appropriations Committee to be the champions for the people served by nonprofits. The people here who are suffering from opioid addiction, met a crisis, those on a waiting list for DDS services, people coming back to communities after incarceration and people who need shelter. They need you to help find a way to fund this.

We believe the said budget picture can support this kind of proposal. According to OPM's fiscal accountability report back in November, Connecticut's budget surplus, including the Rainy Day Fund, will grow to \$5.1 billion dollars by 2024. We know that this year there's roughly \$300 million dollars over the threshold for the volatility cap which is essentially surplus.

And the state's budget reserve fund will be filled to its statutory capacity, 15 percent, by the year 2021.

You know, we know that you're challenged by budget and revenue controls that have been passed and we know that those make some appropriations more difficult than others. But the committee, this committee in particular, knows the needs of the people of Connecticut more than many others. You hear the testimony year after year for people who need help from the state of Connecticut.

You've risen to the occasions in the past, you've been able to find funding for every important needs and we ask that you do it again for nonprofits.

Flat funding as proposed by the Governor in the context of rising costs and increasing demands has the same impact as cuts. Costs go up. That means access will be reduced.

We're asking for a five-year increase in funding, \$128 million dollars in appropriations the first year which is \$67 million dollars net after federal reimbursement and indexing those funds to inflation.

We know that this is a challenge but it's a crisis in access to services by people who need it. The folks here today need you.

So thank you for your consideration.

REP. WALKER (93RD): Thank you. Thank you Gian-Carl. Thank you very much for your -- your testimony. [Applause]

And I guess I think it's important that we make sure that people understand that we once asked the nonprofits to take on that delivery of services and now it's up to us to pay them appropriately.

So thank you very much.

GIAN-CARL CASA: Thank you. [Applause]

REP. WALKER (93RD): Marcia? After Marcia, Heather Gates. I saw her. Heather? Oh, there you are, okay. After Heather, Anne Ruwet. I saw Anne right over there. There we go, okay. Good afternoon, go ahead.

MARIA DUFORE: Hi, distinguished members of the Appropriations Committee, and hopefully Senators are watching on TV or something, right?

REP. WALKER (93RD): Oh, they're in the other room.

MARIA DUFORE: Oh good, okay. My name is Marcia DuFore and this is my first year as testifying as the Executive Director of Amplify. We are the Regional Behavioral Health Action Organization or the RBHAO charged by the DEHMAS their community partner for planning, education, and advocacy for behavioral health needs and services for children and adults in North Central Connecticut.

Our members include people in recovery including many who you've just heard from. Including Barbara who faces her fears every year coming before this body. But also families, providers of behavioral

health services and members of coalitions that are concerned about mental wellness and preventing and treating and responding to substance misuse in our communities.

We chose the name Amplify because for one thing it's much less of a mouthful than RBHAO. But also because we wanted it to mean something. Amplify wants to ensure that the people most impacted by their issues are heard by you and influence the decisions that you make.

It's important for us to say that we are somewhat thankful. This is the first year in a while that I can remember the Governor's proposed budget hasn't actually contained more cuts for the Human and Social Services that are important to the folks that we serve. And so we hope you'll support and protect those line items.

Every year our organization carries out a regional assessment in order to capture priority needs and trends. Information gathered is used to inform the DHMAS budget and the block grant as well as the planning process for our region.

In my written testimony, I've highlighted some of the priority issues and our recommendations so I won't go through those again but I would like to highlight just a few of those line items and also items that are missing from the DHMAS budget.

First we must continue our efforts to address overdose deaths and related behavioral health concerns that lead to addiction. This does require an investment in the services of community nonprofits who have fallen behind the cost of services.

But this is really only a start. Oh, you know what? Those two -- [laughter]. It is only a start. The Governor's budget doesn't include funding for the Regional Behavioral Health Action Organizations. I do need to say that.

And as you continue to seek revenue for online gambling and recreational marijuana, a percentage of these revenues have to be invested in research, prevention, treatment and recovery for the adverse impacts that will be felt by some individuals in our communities. And the RBHAOs are well-positioned to help with that.

And then lastly, one of the people that spoke before talked about the fact that the Catchment Area Councils were kind of befuddled. And so there really is no state funding that supports the Catchment Area Councils and the roles that the RBHAOs have to support them.

There is Federal funding that DHMAS has found but our state legislature is not supporting that role. And then housing concerns continue to impact folks and I think the partnerships spoke well to that and my written testimony speaks as well to that.

So I thank you for all that you do and for the opportunity to talk with you tonight.

REP. WALKER (93RD): Thank you, Marcia, thank you so much for your testimony. Thank you. [Applause]

Heather? Anne and then there's a group from Oak Hill -- Stan, David and Shanna. Are they here? Yep, okay great.

HEATHER GATES: Oh, this one's easier to reach. Good evening, members of the Appropriations Committee. Happy to be here.

I'm Heather Gates and I'm the President and CEO of Community Health Resources. CHR is one of the most comprehensive providers of mental health and substance use treatment in the state. We are Connecticut's first certified community behavioral health clinic and we served over 27,000 children, families and adults last year. That is an increase of 42 percent over a five-year period.

During this same period of time, our funding by DHMAS was cut more than 12 percent. Our outpatient Medicaid rates have not increased for over a decade. So we've got 42 percent increase in demand for service, decrease in funding and flat Medicaid rates.

Yet 18 percent more died from overdoses just last year. In a single year compared to the previous year. We cannot afford to add medical staff to help prevent deaths in our communities. I can't tell you what that's like as a provider of service to not -- to know what to do but we can't afford to add staff.

In Hartford, New Britain, Bristol, East Hartford, East Haven, New Haven, Norwich -- 100 people died. New Haven alone lost 26. We lost people in Enfield, Cheshire, East Windsor, Griswold, Groton, Killingly, Manchester, Middletown, Plainville, Putnam, Stafford, Suffield, Vernon, Windham and Windsor among other communities that we serve.

These are not statistics, these are people who have lost their lives because we are not stepping up and providing the services that they deserve and that

can keep them alive and help them enter into treatment and recovery.

We're being asked as a provider to tackle a public health crisis with no help from the state of Connecticut. We need to help prevent more deaths. You've heard the request of the \$461 million dollars, which I'm also here to request. Appropriate \$128 million dollars in this year.

Half of that would be a Federal match so the net for the state is \$67 million dollars. That is just a beginning to make up for the lost years of cuts and inadequate funding to help us do the job of meeting the needs of people who are gonna die or have no other options.

We really need the legislature to try and help us in this crisis. We have closed programs, we've reduced access, we've delayed hiring, we reduced staffing. Our financial margin is just not sustainable.

So we're here to please ask you to support increase funding for behavioral health services in this budget. No cuts is not adequate and I'm not as grateful as some of the other who sat here tonight because we've been trying to make ends meet with cuts and with no increases for too many years. So please help us out.

Thank you.

REP. WALKER (93RD): Heather, did you submit a testimony? [Applause]

Okay, I didn't -- maybe it's in the other pile. And my other question is your organization is -- the organization?

HEATHER GATES: Oh, Community Health Resources. We serve about three-quarters of the state of Connecticut throughout central and eastern Connecticut.

REP. WALKER (93RD): Thank you. Thank you so much for your testimony.

HEATHER GATES: Thank you.

REP. WALKER (93RD): Thank you, bye-bye. Anne.
[Applause]

ANNE RUWET: Hi.

REP. WALKER (93RD): Hi.

ANNE RUWET: So I've changed my entire testimony. I was really quite inspired as I'm sure you are but I first introduce myself. I'm Anne Ruwet. I actually have served over 25 years with CCARC which is an organization that serves people with intellectual disabilities in New Britain.

REP. WALKER (93RD): You served over here, too.

ANNE RUWET: I did, six years.

REP. WALKER (93RD): Yeah, how many years was that?

ANNE RUWET: Six years.

REP. WALKER (93RD): There you go.

ANNE RUWET: Many years ago but -- and I still stay connected and I'm an advocate, you know, certainly for the population of people that we serve.

But I've been inspired for a few reasons tonight. Now one is the individuals here receiving services has been polite and kind and appreciative of the services that they receive.

So I wanted you to just imagine if those services were not there. And I have to tell you, after 25 years of testifying and advocating, the system is corroding. It is in a drastic state and people will tell you about the stories of services closing. But agencies like CCARC who have been around since 1952, we are going to be there for people no matter what.

But I have over -- almost 300 people that work for me and I know you tried last year with the increase to \$14.75. We're competing with an Aldi's that offers \$17.00 an hour and the state who is now hiring about 100 people who are starting their wages at \$23.00 an hour and doing the same work. The same functions.

So the \$461 million dollars, I know, sounds like where is that gonna come from? It's been since 2007 so think about, you know, where we've missed out in the opportunities in terms of any kind of rate increase. We are behind. So the \$461 million over five years, think about you could do an amazing contribution investment in the services around the state and all of the people receiving those services are in need of you to act now.

So we've been saying -- if not now, when? And so I'm saying to you -- listen, I'm tired. It's been 25 years, I'm not going away. If anything, I would be one of those providers and one of those advocates that would say -- you know what? It's time. DMHAS sued the state, maybe it's our time to sue the state. We cannot continue to erode.

So I do thank you for your public service. I know how hard it is but it is the time to make the change. So I thank you.

REP. WALKER (93RD): Thank you, Anne. [Applause]

Thank you for your testimony and -- I'm not gonna say anything, I'm just gonna say I think you're right. Have a good day.

ANNE RUWET: Thank you.

REP. WALKER (93RD): Stan, David and Shanna. From Oak Hill.

STAN SOBY: Good afternoon, Representative Walker, Representative Lavielle, distinguished members of the Appropriations Committee.

I'm Stan Soby from Oak Hill. Just quickly, Oak Hill is one of the largest and longest established providers of services to people with disabilities in Connecticut.

We are here to speak to House Bill 5005. With me are Shanna York, who's one of our incredible Direct Support Professionals and David Hadden, who is our board chair, a parent and an inspiration to us all.

SHANNA YORK: Good evening, Representative Walker, Representative Lavielle, distinguished members of the committee.

My name is Shanna York and I am a Residential Program Worker, also known as a Direct Support Professional, for Oak Hill.

Recently I came across testimonies from 1992 pertaining to budgets and nonprofit pleas for increased funding. These testimonies are all still applicable today and I can sit here and read any one of them to you and the information would still, for the most part, be relevant now in 2020.

I was 12 years old in 1992. I am going to be 40 this year. This legislature and every single legislature that was comprised prior to this one has miserably failed community nonprofits for the past 28 years. If that is not a clear testament as an example of completely disgusting, I do not know what is.

The fact that I have to sit here right now fighting for the same exact thing that my predecessors fought for almost 30 years in the making is ridiculous. I have been a Residential Program Worker with Oak Hill for almost 19 years. I love my job. There is nothing else I would rather be doing. But I would be lying if I said that these 19 years have not taken their toll on me.

We are chronically underfunded. Program participants are losing the places that they call their homes. Services are being cut all the time despite the fact that there is a greater need for them.

We are chronically understaffed. Community nonprofits simply cannot compete with it comes to wages. Week after week the effects of short staffing wear on us. We are getting tired. We are getting burned out and to be perfectly honest and blunt, we are sick and tired of hearing placating praise for the work that we do and empty sentiments of agreement with our pleas.

Furthermore, it makes me incredibly angry that after all these years and after all the people who came before me, that I have to take time off from my job, leaving my shift to be covered by someone else, to come down here and sit before you to fight for

something that you should be so willing to do in the first place.

People are what is at stake when programs close. Programs close because you do not fund them. People are what is at stake when services are cut. Services are cut because you do not fund them. Staffing shortages create unsafe and stressful work environments. We are short staffed because you do not fund for competitive wages.

So when a parent stares me down asking why Oak Hill's services are diminishing or why their child's home is closing or why I look so exhausted, I will blame you.

The time has come for you to start rectifying the wrongs that you have so willingly perpetrated on community nonprofits for years, helping in part to create this enormous budget surplus that the state now has. Do not tell us that the work that we do is noble. Do not tell us that you appreciate us for the work that we do.

Fund us. [Applause]

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

DAVID HADDEN: I'm David Hadden and I am incredibly proud to be sitting here in the company of these two representatives from Oak Hill who are emblematic of the passion and commitment of our 1700 professionals in 73 towns, the vast majority of which are hardworking union members.

I also have the honor of being the father of Jamie Hadden and Sam Hadden, each of whom were born with pervasive intellectual and physical disabilities. My wife and I attended to their direct care for over

30 years, with the essential help of Oak Hill and HARC.

You know this, in the lottery of life, Jamie and Sam could be your brothers, your sons, your grandsons. And you all have acknowledged, and Representative Walker, you did just a few minutes ago. And the General Assembly has for years, the state's essential contract to take care of people who are too vulnerable to take care of themselves.

We in the private sector are your essential partners. We can do it more efficiently and effectively than the state can do itself. And here's the problem. We're not getting paid for the cost of the services that we do provide.

We haven't had a general funding increase in 13 years. The domestic pricing index has grown over that period by 28 percent. Gian-Carl pointed out the effect of that. The actual loss to providers has been \$460 million dollars.

So here's the fix. Please appropriate \$67 million new dollars this year in 2021 for community nonprofits and adopt a plan to fully fund services with \$334 million over the next five years. This would get us back on our feet to do the job that you want us to do and that we are very eager to do.

We in Connecticut can be a leader, a national leader, in crafting a sustainable modern efficient delivery system. Please help us do it and help us to pay our employees the wage they deserve and to give our families the services they deserve.

And thanks so much for your work and support.

REP. WALKER (93RD): Thank you. Thank you, all three of you for your testimony. [Applause]

And I understand and I hear -- I hear you Shanna, I hear you. I think we all hear you and I don't think that you've got people that have dear ears. It's -- it's a Herculean task to do what you guys do and there's no question. We also have a hard task, too, to try and balance the state budget. And that's part of the problem. But you're right, we do have resources that maybe we need to reallocate.

I don't know if you've been watching us through the years but I'd say for the last maybe seven to eight years, we always seem to put more money back in and then it gets taken out.

So we'll keep trying at it but you guys have to keep trying, too.

SHANNA YORK: Thank you.

REP. WALKER (93RD): Thank you. Thank you for your testimony. [Applause]

Heather LaTorra? Heather LaTorra? Oh God, I thought we had lost you to the Chinese New Year.

HEATHER LATORRA: I'm back. Good afternoon, honorable members of the Appropriations Committee and thank you for the opportunity to testify.

I'm Heather LaTorra, the President and CEO of Marrakech, it's a statewide nonprofit organization supporting over a thousand people of all abilities and employ 750 Connecticut residents. We've been providing quality services for the past 49 years and Marrakech is a long-term and dedicated contractor for the state through DDS, DMHAS, DCS, DSS, helping to support people and increasing their self-

sufficiency and quality of life and you know nonprofits in Connecticut provide services to more than 500,000 people every year. We employ 117,000 people. That's 12 percent of Connecticut's workforce.

I'm here advocating for people with disabilities, people with socioeconomic disadvantages as well as people who dedicate their careers to supporting them. And I've been doing this at Marrakech for 34 years.

With many of you tonight I feel like I'm preaching to the choir and I even debated whether to testify because you already know what I'm going to say and ask for. But then I thought of you spending all your time listening to every one of us and you keep coming back and you make sure you hear us so I also know -- but I also know we're reaching a crucial point in time.

We have people in Connecticut in need yet a contracting and rate system which leaves us cutting corners so much there are no more corners to cut.

I understand that tonight's request -- the largest request I've ever made to you -- seems impossible to grant and appears to be pie-in-the-sky but it's not. It's 13 years in the making and if you look at it in that perspective, it makes perfect sense.

You are all aware that our state contracts did not receive any COLAs since 2007. However, every year since fiscal year 2008, we've been here requesting COLAs only to experience flat years and years with cuts.

Thirteen years of advocacy yielded 13 years of cutting positions, laying people off, ending

programs, long waiting lists, people in crisis, people stuck in emergency rooms, staffing shortages and so on.

I know you're aware that inflation was not flat for 13 years and the cost for almost every product and service we purchase including medical insurance, gas and software systems have increased which leaves us in a precarious position.

I know from the testimony presented by the people we support, our direct staff are our main ingredient to their successes, independence and quality of life. In the DDS world, their minimum wage was raised to \$14.75 last fiscal year and thank you for that. You made sure that the role of a direct support professional is seen as value in Connecticut.

The Connecticut state increase of minimum wage is taking place and planned each year and no COLA found in the proposed budget will end up bringing them dangerous close to minimum wage and ultimately below minimum wage if not addressed. You all agreed that they were worth -- over 46 percent over minimum wage and they're already, by September, will be down to 23 percent. So the promise that you made just less than two years ago is not happening.

After working within 13 flat or cut years, I support the Alliance's request that the legislature approve the \$461 million over five years for community nonprofits.

Thank you so much. [Applause]

REP. WALKER (93RD): Thank you so much for your testimony and I know you've been here for many, many years so thank you and I just wanted everybody to

know that we have testimony -- approximately 250 testimonies tonight for this also. Thank you.

HEATHER LATORRA: That's great.

REP. WALKER (93RD): Kim Pita? Yep. And Rob Baril? Is Rob Baril? Rob -- okay.

KIM PITA: Good afternoon, Representative Walker and distinguished members of the Appropriations Committee. My name is Kim Sirois Pita and I am Board Chair of Mental health Connecticut and I also serve on the Board of Directors of the Copper Beach Institute which is a mindfulness center in West Hartford.

I am here today to share my story to help you understand how critical it is to increase funding for mental health services in the state. We are witnessing a surge in preteens, teens and young adults struggling to just get by because of their mental health. This is a crisis.

Veterans are dying by suicide at an alarming rates. The opioid crisis is impacting every single community in Connecticut. Mental health conditions affect one in every four people. Look around you. That's one in every four people in this room is affected by mental health conditions.

But a significant impediment here in the state of Connecticut is access to care. Maintaining a flat budget will force nonprofit service providers like Mental Health Connecticut to reduce staffing and programs, which will only further compromise access to care. And I have to refer to what Heather said, 13 years with no COLA increase is ridiculous because costs go up.

Across our 169 towns and cities, mental health can no longer be marginalized. Lives are depending on it. We need to be there for our children, our families, our neighbors and ourselves.

My only sister Kelly was diagnosed with PTSD after a near fatal car accident on prom night many years ago. A few years later she was diagnosed with bipolar disorder. To this day, I remember how scared I was when my mother first told me about the diagnosis in our East Hartford living room. The beautiful girl I envied, my sister, who was the star softball player and prom queen in high school, became clouded by delusions and paranoia. It was hard to comprehend and honestly watch. I wondered if I, too, was going to become just like my sister. We are only 14 months apart...Irish twins.

Suffering from chronic back and neck pain, my sister loaded up on prescription drugs and -- prescription and street drugs. In search of peace, she moved herself out of East Hartford to Arizona, where she eventually died of a drug overdose. Unfortunately, the peace she found was eternal.

I wish Kelly didn't run away to Arizona. Maybe things would have ended up differently. Mental health is as important as physical health, and we can't sweep it under the rug. We need to continue to invest in our residents because recovery is possible. You saw it, you heard it, you listened to it but the right treatment has to be in place.

As a Connecticut resident I used to be proud of our state which ranked number one in mental health services. We are now down to number 10.

We have a problem in Connecticut with our rankings. Perhaps mental health is an area where we should soar to first place again because our residents deserve it and no one should end up like my sister -- alone, tormented and in search of care.

We have a big issue in Connecticut. We need to do the right thing. One in four people are counting on you, including me. And recovery is possible. Thank you so much. [Applause]

REP. WALKER (93RD): Thank you. And thank you for your testimony. Next, Rob. Then Valerie Williams and then -- is Valerie Williams here? Okay and after Valerie, Stephanie Boyce. Stephanie? Okay.

ROB BARIL: Hey, good evening.

REP. WALKER (93RD): Good evening.

ROB BARIL: Good evening Senator Osten, Representative Walker and members of the Appropriations Committee. My name is Rob Baril and I am President of District 1199, the Health Care Employees Union. We represent about 26,000 health care workers across the state, including approximately 4,000 workers a mix of both public and private sector workers that are funded through DHMAS and by behavioral health care to folks both in public and private sector settings.

Our members help residents cope with histories of trauma and abuse, getting their lives back together after suffering from addiction and mental illness. They do that work with love and care to achieve the most positive outcomes possible for their clients.

I want to thank you, last year we were here and we were trying to defend our members and the vital

programs in DHMAS when there were attempts to cut young adult services and members of this committee really led the way to make sure that that did not happen. So we certainly appreciate your work.

But I wanna say that in both the public and private sector we are facing, you know, crises. Many folks from the provider community talked about the challenges in the private sector side and I would certainly agree with everything they say although I would say that there's absolutely an important role and a robust role that needs to be played by the public sector DHMAS and DDS workers in caring for clients that in many cases are -- have the most challenging conditions.

Today I wanna focus, actually on -- on DHMAS and public sector DHMAS workers. Where we're hearing from our members really every day that they are doing more with less and that they are facing a crisis level in terms of both the working conditions but also their ability to provide care for the residents that they dedicate their lives to serving.

The short staffing that is taking place is absolutely unworkable. I was at a meeting yesterday with some of our members. One of them was talking about he had been mandated for double shifts on nine consecutive days. The tenth day he just couldn't do that -- that double shift -- he wound up getting disciplines. Our social workers are talking about the changes in terms of funding for vital services that they provide to folks that have mental health and addiction issues.

At this point in time, unless a client has been literally living on the street for six months, they cannot get client into single-room occupancy

programs. In the past, you were able to get vouchers to get people into SROs much earlier in their path to recovery. A six month period. If at any point you've been staying with a friend during that six months, you're not seen as being homeless and they can't get admitted.

We have members who, in terms of psychiatrists, are talking about the fact because of the chronic short staffing in some places, 23 percent -- 25 percent of the psychiatry positions are open. Are waking up every day wondering if one of their clients is gonna be on the front page of the newspaper as the next Newtown shooter. I mean these are things that members are telling me in terms of the crises that they're dealing with on a day-to-day basis.

So we're asking all of you to work with us and our members to provide funding. We have to remember that the funding crisis in Connecticut is one that only exists on paper. We are broke on purpose in many ways. We are the wealthiest state in the wealthiest country in the world and we have to remember that budgets are political documents in terms of where we place the priorities and who gets seen and who gets heard. And the populations that we're talking about, folks with mental health and addiction issues are not seen and not heard because of the conditions that they have.

It is up to our members, who you're gonna be hearing from tonight, to speak out and speak up for those members.

Thank you. [Applause]

REP. WALKER (93RD): Thank you. Thank you for your testimony. When did you become head of global 91?

[Inaudible reply] Okay, thanks. Valerie Williams. Stephanie Boyce right after her. Stephanie. Stephanie. Oh okay, come on down.

After Stephanie, Louis Nitch. Is Louis Nitch here? It's Lois. Okay. And then Laura Noe?

LAURA NOE: Yep.

REP. WALKER (93RD): Okay, good. Go right ahead.

VALERIE WILLIAMS: Good evening, Senator -- Representative Walker, Representative Lavielle and distinguished members of the Appropriations Committee.

My name is Valerie Williams, I live and vote in Stratford, I am the Executive Director for Keystone House in Norwalk and I am a member of NAMI. Keystone House has two 24/7 Group Homes, providing a safe rehab oriented home for over 25 individual a year. We have a 24/7 staff supervised housing program that provides a safe and supportive living environment for over 6 individuals a year.

We have a 32-plus person Community Support Program, a 20-plus person Supportive Housing Program. We operate a Social Rehab program providing services to over 100 people each year. We believe that adults facing the many challenges of a mental illness can live a happy and safe life.

We provide these services that are essential. We have waiting lists. I just spoke at a NAMI meeting in Stamford and I had to listen to all the frustrations of parents, the siblings and the caregivers who struggle every day to find safe affordable housing with supports for their loved ones.

Like most all nonprofits in Connecticut, we are funded by state contracts. We participate in the Medicaid Rehab Option, we apply for and receive many grants from area churches and foundations, we have hundreds of individual donors. We sell tickets to fundraisers, we sell oranges, we sell chocolates, we have used office furniture and we take donations of sheets and blankets for our clients. Every penny a nonprofit receives is tightly watched by our internal leadership, our Board of Directors, DMHAS & OPM, HUD, and our annual independent audit.

Community nonprofits, like Keystone, provide essential services in every city and town in Connecticut. We provide safe and needed services to thousands and thousands of Connecticut citizens. Connecticut nonprofits are also a work site. We are employers. As a group, we employ tens of thousands of people, we should not be so ignored and placed on the back burner.

I don't think I can actually say it better than those that came before me -- Gian-Carl, Heather and Rick Motill [phonetic], everybody. We are in a real jam at this point. I've been out working in the field for over 35 years. We're getting to that point -- I'm getting to that point, I'm the Executive Director of the agency, I've been there since 2006 and every year it's harder and harder. And every year our costs go up, utilities go up, our contracts don't go up. They're flat-funded and as you hear, that really is a decrease for us. It is taking money from us.

I echo the request and that you do make the commitment of funding the full \$460 million dollars in the next five years. I ask that you don't

restrict the use to new programs. We need this for our existing programs. I also think that I would like to stop groveling for money every year. That perhaps we can index our contractual increases to inflation.

Make a commitment to the citizens of Connecticut, tell the voters that you wanna provide good services to those citizens struggling with serious and persistent mental illness. Tell those struggling that you care. Tell families that they have the support for their adult children who they watch struggle just to make it through the day.

I suggest you index our contract to inflation. This will help ensure that state funding will keep pace with the increased cost of doing business.
[Applause]

REP. WALKER (93RD): Thank you. And thank you for your -- one by. Nope.

REP. DATHAN (142ND): I just wanted to say thank you to Keith Stone for all you do in Norwalk and Lucy Dayson [phonetic] over here. You do great work in our community and thank for and I'm looking forward to the gala. I know I really enjoyed visiting you and talking to your residents and you can really see the impact in their lives. So thank you.

REP. WALKER (93RD): Thank you and have a good evening. Stephanie Boyce.

STEPHANIE BOYCE: Good evening Representative Walker and distinguished members on the Appropriations Committee. Thank you for hearing my testimony today on important investments to the Department of Mental Health and Addiction Services to support efforts to

end homeless in Connecticut, specifically the \$375,000 dollars for enhanced outreach services.

My name is Stephanie Boyce and I am the Program Leader/Navigator for Hands on Hartford's Community Meals Day Program. We are located in the heart of downtown Hartford. We are open Monday through Thursday and on average serve 175 individuals each day.

Over the past six months I have seen an increase in individuals who are reporting that they are experiencing homelessness. For many of these individuals, it can be hard to trust and engage with providers. Many times, untreated mental health illness, incarceration and other illnesses add to the difficulty of engagement.

Due to a need for outreach, I am able to squeeze in two hours a week to provide outreach to the most vulnerable individuals.

Last spring I began to connect with a gentleman in his 50s with a number of complex medical issues as well as untreated mental health. This man was known to many as an individual who was difficult to engage with. Every week I would meet with him, offer him assistance and welcome him to our meal program. Each time he entered our meal program, I would converse with him and ensure that he had everything he needed to survive outside.

He had been sleeping outside in various city parks for a number of years. Every time he came in I would ask if he wanted to seek shelter and he would say that he was not ready. As the leaves changed colors, so did his mind. One afternoon as he finished eating lunch, he told me that earlier in

the day he was at Bushnell Park. He noticed that many people were walking their dogs and thought to himself that if all those dogs have a safe and warm place to lay their heads at night, then he deserved that as well.

I asked him again if he was ready to into shelter and he said yes. Due to his mental health and other medical needs, I was able to secure a shelter bed for him within a short amount of time. He is still at that shelter and is close to getting housed.

There are many more individuals just like this man. We need more outreach workers to begin and to continue making this vital human connection.

Homelessness is costly in the toll it takes on human lives and in consuming substantial public resources. We know what works to end homelessness -- through coordinated efforts to secure the right to housing and supports, we can resolve homelessness, one person, one family at a time.

The net gain to those we serve, to our communities and to our state is clear. It costs more to allow homelessness to persist than it does to resolve it.

Thank you.

REP. WALKER (93RD): Thank you. And thank you for your testimony. [Applause]

Louise? Would that be Lois? [Laughter] I called you Lewis, I called you Louise.

LOIS NITCH: You know, I belong to a Lois club and it happens all the time. There's a Lois Club in every state of the -- in every state.

REP. WALKER (93RD): Okay.

LOIS NITCH: We're all Loises. Anyway, thank you, Representative Walker. We've met before, that's for sure. And everybody on the Appropriation Committee.

I'm not gonna read from my testimony because I don't have to read it, I know it by heart.

I'm here different this time. And I'm usually here telling you the success story of my son Andrew Boglisee [phonetic] who is living in Southbury in an Oak Hill run group home. He had been with Oak Hill for 33 years.

In July of 2017, I was told this house was closing. I had no forewarning on this. I was asked if I wanted to go to another agency, I said, "Of course not, I'll stay with Oak Hill, I've been with them for 33 years." I was offered one bed for him to go to and I went that day to see the house. There was somebody else there for that bed. I was scared to death Andy was not gonna have a bed. I moved him to that house.

Andy spiraled out of control. He was crying. He talked a lot about his dad dying which would have been 13 years earlier. However, Andy's mourning was that of losing the three men he had lived with for 18 years.

"Eighteen years with my brothers, mom. How are they?" He hasn't seen them in two-and-a-half years. Eighteen years of working with staff he hasn't seen. Eighteen years' worth of doctors that got to know him.

So I had to move Andy because Andy's behavior now had gotten out of control. I almost didn't recognize him anymore, he had no behavioral issues

for 15 years. He would even tell you that. He was scared. "I'm scared, mom. I'm so scared."

I moved him to another facility under Oak Hill. That, too, was not appropriate for Andy but I thought -- well, we'll give it a try. And it was closer to my home. Andy's behavior escalated even worse to the point where he was acting out pretty badly and he hurt himself. And he ended up in the emergency room. And then he ended up in the Institute of Living for seven weeks to which they over drugged him.

And when he was at the Institute, there was no place for Andy to move to because nobody wanted him anymore because now his behavior was out of control. My precious son was out of control.

So I went to the Commissioner and I said to him, "I need to talk to you and I need you to help save my son's life." And he listened. And he listened. And he promised me one thing. He said, "The only thing I can give you, Lois, is some hope."

Andy's now in a state-run facility. He left the Institute of Living, not only on his seizure medication because he has seizures. He has cerebral palsy, he has cortical blindness. He's on psychiatric medication. He left the Institute of Living on 21 milligrams of valium a day. He was drooling, he couldn't sit up and my precious son was deteriorating.

Since he has moved to the state run facility and with the help of doctors that are working with him and with me and reducing the valium day-by-day-by-day-by-day, my Andy is coming back. He's coming back.

But I wanna tell you some of the things Andy said to me which I found very interesting. He said to me, "I feel like such a failure, mom." I said, "Andy, you're not a failure." "I am." He had a home for 18 years. He had a day program for 18 years. He doesn't have a day program anymore. He had a job which was taken away because of this minimum wage that people are making. They wouldn't subsidize his little job that he thought was very, very important.

His whole life has fallen apart. I give him a lot of credit that he's still walking around and talking and trying to have a happy life.

I never thought I would see this happen. I really thought, when I came up here and spoke with all of you and the money was working, the programs were working -- I was fighting for more programs. To see the programs that were in place to fall apart.

This is disgusting. I'm sorry, it really is disgusting. And to see my son cry like this, I've never seen him mourn like this. Cry. And he went to a day program, CCARC. That organization is wonderful. They're overcrowded. We're warehousing our children. We're not following all the money we spent on their education to get them to the highest potential of their life.

We've spent all this money to get them to a potential that every parent wants to reach their potential and leave school -- there's nothing. And there were programs. There were good programs out there. Oak Hill had wonderful programs and for Oak Hill to have to be closing their day programs, where are people going to go?

And I don't know the money. I don't know the dollars amount. I don't even care. All I know is there's money in the state of Connecticut and somebody like my son Andy deserves to have a wonderful life. And so do these other young people that are coming up.

And a lot of them -- Andy's 54, he's gonna be 55 -- he's aging. So not only do you have cerebral palsy and cortical blindness, you have the aging process in there. And we've got to take that into consideration for these people. They need care.

And I know you've listened to me telling you before, I can't believe everything has fallen apart like this. I'm heartbroken. I really am heartbroken. And we've gotta do something as society for these precious, precious people. We really do.

And thank you for listening to me, I really appreciate it.

REP. WALKER (93RD): Thank you so much for sharing your story. [Applause]

And coming back and telling us where we need to really go. Thank you so much.

LOIS NITCH: Yeah, we shouldn't have to keep doing this year after year after year like beggars used to be with a handout, you know, and a little pot and give us some money and -- and throw us crumbs or something like this.

This just should be a priority. We really should up our priorities. But thank you -- all of you -- for listening and I hope that you can pass that onto other ears. We've got to have good listening ears.

REP. WALKER (93RD): Let me ask you to pass it on for yourself.

LOIS NITCH: Yeah.

REP. WALKER (93RD): Okay.

LOIS NITCH: Thank you.

REP. WALKER (93RD): Thank you. Have a good evening. That was Lois, I got it right the final. Laura Noe? After Laura is Robert Malison. Robert? Yes, okay. Good evening.

LAURA NOE: Good evening, how are you?

REP. WALKER (93RD): Pretty good.

LAURA NOE: Good evening, Representative Walker and distinguished members of the Appropriation Committee. Thank you for hearing my testimony today on the important investments through the Department of Mental health and Addiction Services to support efforts to end homelessness in Connecticut.

My name is Laura Noe and I'm a registered voter from Branford. As you know, Connecticut continues to be a leader in the nation in efforts to address the important and expensive problem of homelessness.

Investment in proven solutions are necessary, and those investments are working. Numbers of those experiencing homelessness are going down year after year. Connecticut has seen a 66 percent reduction in chronic homelessness since 2016.

Two-thousand and sixteen was the year my brother Ed was housed after 25 years of homelessness. Like many homeless people, Ed's transition into homelessness began with a series of traumas, starting in the late 80s. As Ed's older sister and

co-conservator, I've witnessed firsthand the positive impact housing supports have had on my little brother.

After 25 years of homelessness, my brother spent seven months in two hospitals. He was diagnosed with schizophrenia. After a short stay in Danbury Hospital, Ed was moved to Connecticut Valley Hospital.

For the three and a half months he lived at CVH, I witnessed the biggest transformations in my brother. Offered to participate in programs, Ed starting saying yes to everything. Yes to yoga, yes to meditation, yes to on-campus movie night and yes to frequent day passes with me. We'd use our time together to hike into the woods, reconnecting to each other and to nature.

My brother has a special relationship with trees. While homeless, his street name was Tree Man, as he was often seen caring, tending and talking with trees.

Because I witnessed the positive impact the staff and programs at CVH were for my brother, I support the expansion of \$3 million dollars in funding for community placements for individuals at CVH to support those who are ready for discharge back into their communities.

It was while Ed was at CVH that we were introduced to a representative from DHMAS. She was instrumental in finding Ed a group home in downtown Danbury. That amazing connection is why I support the enacted budget for DMHAS Housing Supports and Services line at \$23 million dollars. I support a new investment of \$1 million dollars at DMHAS Housing Supports and

Services to pair support services with the rental assistance and improve housing stability, income and employment.

CVH and DMHAS staff and programs played a critical role in my brother's recovery and healing. Once prescribed medications, they worked to help him build social muscle for re-entering the community.

Ed is now reconnected to family and friends, has learned how to kayak with me and my son, has got his passport so he can travel to visit his nephew, my son, at school in Montreal. And for the past two-and-a-half, Ed has worked full-time at a popular Danbury restaurant. Ed's life is full, healthy, balanced, and robust, just like my brother.

Providing enhanced outreach services at \$375,000 at DMHAS Housing Supports and Services line would enable us -- and I say "us" because this is a complex issue that requires the whole village to take part. It's a heavy lift and all hands, hearts and brains are needed.

This would enable us to better identify individuals experiencing unsheltered homelessness. This is extremely limited at present, leaving people outside and vulnerable to severe and unsafe conditions.

Housing is a human right. And housing, stability and hope are what saved my brother Ed and helped him to continue to flourish.

I urge you to support the proposed investments in frontline homelessness services, supportive housing, and support services that save public resources and help families like mine and my brother, Ed.

Thank you for listening to my testimony.

REP. WALKER (93RD): Thank you. And thank you for your testimony. [Applause]

Robert Malison? And after Robert, Tom Fiorentino. Fiorentino? Is he here? Yeah, okay. I butchered that, I know that. Adrienne Benjamin? Adrienne Benjamin? Great. Okay, go right ahead.

ROBERT MALISON: Good evening. Representative Walker and honorable members of the Appropriation Committee.

My name is Bob Malison. I am here on behalf of the Yale Department of Psychiatry and the Connecticut Mental Health Center where I serve as Director of the Clinical Neuroscience Research Unit. I'm also here tonight to thank you for your continued dedication to the needs of the people of Connecticut who suffer from mental illness and addiction.

For those of you who don't know me, I'm originally from Idaho. I first came here in 1983 to attend medical school and to become a doctor. When I came to Connecticut, I wasn't sure what medical specialty I would ultimately pursue but if there was one thing about it I was absolutely sure about it wasn't psychiatry.

Thankfully my thinking was permanently changed on my rotation on the Clinical Neuroscience Research Unit at the Connecticut Mental Health Center. It was there that I witnessed for the first time the tremendous suffering endured by those who suffer from serious mental illness and addictive disorders.

And I witnessed firsthand incredible expert care, compassion and commitment of the mental health providers who took care of them.

Nearly 40 years later -- scary to think -- I consider myself truly fortunate to be one of the stewards of what has been an invaluable partnership, I think, between the state and Yale. And I'd like to highlight three areas where I think this partnership continues to have major impact today.

The first is in patient care. CMHC is the primary provider of treatment for patients with chronic disabling mental illnesses and addictions in the New Haven area. But beyond our local community CMHC is a statewide resource. Our patients come from 101 of Connecticut's 169 municipalities. Be it the STEP program for young persons with first break psychosis, be it La Clinica Hispana, for Spanish-speaking patients, be it in our Forensic Programs that work at the interface of the mental health and legal systems or be it on the CNRU or individuals who have refractory illnesses can have access to the latest medical breakthroughs, our patients know they can find help at CMHC.

The second is educating Connecticut's next generation of psychiatrists. We are fortunate to attract the very best and brightest from across the state, the country and, in fact, the world, many of whom -- myself included -- now call Connecticut home.

This past year we had 1200 applications for 16 physicians and these young professionals, let me tell you, they're amazing. I can safely say that if I were applying to the program today, I wouldn't stand a chance.

Finally, the State/Yale Partnership is an economic win/win for Connecticut. The state's \$1.2 million dollar investment in research infrastructures at CMHC is a cost multiplier covering critical expenses

that are specifically disallowed by Federal grants and contracts and last year generating awards that totaled \$38.8 million dollars including a new five-year \$4 million dollar contract from the National Institute on Drug Abuse which will enable us to develop and test the new treatment for opioid use disorder.

These grants will return over \$1 million dollars in overhead cost recoveries to the state general fund this year covering the lion's share of state investment.

Finally, the research at CMHC has been a magnet for investment. In a recently released report commissioned by the city of New Haven and reported on in the New Haven Register, Ninigret Partners cited neuroscience as a key driver of the city's future economy and it specifically singled out CMHC as an important resource.

For example, CMHC research programs have spun off companies like Neurogen, PsychoGenics, Spring Healthcare and Biohaven Pharmaceuticals which debuted in 2017 and as of today is currently worth \$2.6 billion dollars.

In closing, CMHC remains a vital community and state resource, a national model for clinical innovation and an engine for the Connecticut economy.

I thank you all for recognizing its importance to the citizens of the state and for your ongoing support of CMHC and DHMAS funding.

REP. WALKER (93RD): Thank you. Thank you for your testimony. [Applause]

Wait, wait, don't run away. We get one more bye.

REP. DILLON (92ND): Thank you for coming and I want to thank you for the work you do and also express my condolences to the CMHC Research Community on the loss of Dr. Ron Gillman [phonetic] who actually came here [crosstalk].

ROBERT MALISON: He'd come up with me every year, yeah.

REP. DILLON (92ND): That's right and when I was in public health, he's the one that pitched to me on the importance of the CMHC model. I think it was [Inaudible 02:21:57] that introduced him, I -- it's deeply shocking and very -- just reminded me how important the people in your community are.

ROBERT MALISON: Thank you so much.

REP. WALKER (93RD): Thank you. Thank you very much. Next, Tom [laughing], Adrienne Benjamin after that. Adrienne Benjamin. And I'm gonna remind everybody, we're really slipping off, when we hear that buzzer, that doesn't mean continue on, it means sum up.

[Laughter]

I'm trying to be -- because we're talking about very sensitive issues, I don't wanna be rude but we do want to leave here before midnight, so -- thank you.

TOM FIORENTINO: I'm sure. Hi, good evening, everyone. My name is Tom Fiorentino, I live in West Hartford with my wife Shelagh and my son Dan who is 29 and has an intellectual disability. I appreciate the opportunity to speak to express some of my consternation about the cuts to the some DDS programs and the proposed budget.

And as you've heard tonight, to take the opportunity to say I think this is the time not to make cuts around the edges but to expand the pool of resources so desperately needed.

I've come up here for years. I did have a plaque here at the beginning but I've been coming up here for years and I've heard two things. One's very heartening and very bipartisan and that is the recognition that services for people with disabilities as a core government function.

But the other thing that I've heard is that the financial straits we're in makes it impossible to really do what we need to do.

And so as a result, as you've heard tonight from people who were actually on the front lines, there are holes blown in this safety net. There are.

And maybe it could've been put to you a little less bluntly but the holes were blown in that -- in this because of budgets that didn't provide what's needed. That's just a fact.

Many of our people with their most desperate needs -- behavioral, medical, these complex needs -- they just can't find services because the state won't pay providers what they need to be paid. That's a fact. So where are they left?

You know, there were other things I was gonna say but I want to focus on this because I don't wanna hear the buzzer go off before I say it. And that's that I know your job is thankless in many ways. But your job also gives you an opportunity that most of us don't have.

You -- you can actually alleviate some of the suffering -- and I'm not gonna say it's the suffering that's going on in Syria but to parents who have aging children living their homes with their sleeping, wake up right awake, thinking what's gonna happen when I'm not here to fight these battles day in and day out. You're in a position to do something about it and most of us in the audience aren't.

It's like when you watch the heard it -- when you -- when you hear -- when I watch cable news, I can't watch it with anybody else because I -- like "Here's what I'd do", you know. But I would.

I can't do anything about what's going on in Washington or in -- pick your capitol. But you all can do something about this. This is -- this is you and think -- think -- think how rare it is to be able to improve the lives in a really meaningful way of so many.

That's the opportunity that you have. Take it, please.

REP. WALKER (93RD): Thank you, sir. Thank you. [Applause] Adrienne. After Adrienne, Had -- Haddiggah Ali. Haddiggah? From the Governor's Partnership. Okay, right over there and after her, Annette Hargrove. Annette Hargrove? Okay. We've got them from both ends.

ADRIENNE BENJAMIN: Hello, thank you so much. My name is Adrienne Benjamin, I live in New Britain with my husband and our 23-year-old daughter who has severe autism and intellectual disability and receives services from DDS.

Thank you all, you are very good listeners, I've been watching you and you are paying such close attention to everyone, it's very impressive.

The quickest way to describe my daughter, I guess, would be to show you one of her toys. A 23-year-old who listens to toddler toys. I could play Old MacDonald for you if you would like.

So she's a toddler with all the joy and fun that can bring and also temper tantrums. I am grateful for the funding for she's able to -- sorry, she's able to attend HARC's wonderful Day Program which is fabulous and also the wonderful respite services that DDS offers.

My topic is the crisis that's coming because of kids with autism growing up and my kid is one of those kids. And ironically, the Atlantic Monthly newspaper's yesterday cover story was called "The Coming Care Crisis as Kids with Autism Grow Up". It's not just in Connecticut.

And to amplify this point, The American Academy of Pediatrics' December report said that of those with Autism, 40 percent have an intellectual disability as well and 30 percent are non-verbal. So we're going to have a lot of very serious people coming through with very serious needs.

I believe we need to expand our residential options and let me explain why. Life with severe autism is very loud. Very unpredictable. Very disruptive and sometimes very violent.

The National Council on Severe Autism has stories every week of families in tremendous chaos and crisis. And the behaviors they describe are very similar to my daughter's. And just an example of

what happened yesterday. Her tantrum was triggered by her favorite earbuds not working.

Now I know my daughter so we have about four extras sitting around at all times for when something breaks. But it was the wrong color, the wrong color earbuds, so the tantrum ensued. Everything's upside down and sideways. Had to give her extra medication and it took 20 minutes to calm her down.

So I'm hoping we can rethink how we utilize DDS Residential Resources. So now I'm going to start swimming against the stream, just a little warning. Oh, no.

I think the pendulum has gone too far in closing all the congregate settings. We have regional centers in the state but most of them have been closed. There's three remaining and they're not taking -- they're not open to new admissions.

Their campus-like facility's fairly secluded where there's smallish homes, not at traditional neighborhood and I think for my daughter that would be perfect. It would be an advantage because there'd be much less traffic, no strangers, no neighbors to stare at her or call the cops when there's mayhem and loud behavior.

It would be its own little neighborhood for people full of similar issues and, of course, lots of staff. And each center could possibly build a sensory room because I know you all are aware of the extreme sensory needs people with autism have.

Now I'm not proposing this for everybody and I'm certainly not proposing that we go back to the old bad terrible days of institutions with neglect and abuse. We do have regional centers that exist now

but are closed. Perhaps with some updating -- I'm sure they need updating -- they could be reopened and people like my daughter could utilize them.

I'm skipping through some parts.

REP. WALKER (93RD): Quickly.

ADRIENNE BENJAMIN: So I think what I'm asking for is a person-centered choice for her because currently that person-centered choice has been eliminated. What would work for her and for many people on the severe autism spectrum is not a group home in a neighborhood and not a little CCH and not -- you know, she needs -- these folks need much more intensive services.

And thank you. Sorry to go over.

REP. WALKER (93RD): Thank you. That's okay. Thank you, good job.

ADRIENNE BENJAMIN: Thank you so much.

REP. WALKER (93RD): Thank you. Thank you for your testimony. [Applause]

After Ms. Ali, Annette Hargrove and after Annette Hargrove, Betsy Eakins. Eakins, Eakins? Come on -- come on over.

HADDIGGAH ALI: Good evening.

REP. WALKER (93RD): Good evening. The reason I'm asking people to come down is because it helps to keep the timeframes going. So I'm gonna just stand up for the heck of it, okay. Thanks. Go ahead.

HADDIGGAH ALI: My name is Haddiggah Ali and I --

REP. WALKER (93RD): Could you get closer to that microphone, please?

HADDIGGAH ALI: Oh sorry, is that better?

REP. WALKER (93RD): Yeah.

HADDIGGAH ALI: My name is Haddiggah Ali and I'm here today in support of maximum funding for The Governor's Prevention Partnership. I live in Bloomfield in Representative Gibson's district.

Last year, I testified about the impact I had on sixth graders at Fred D. Wish Museum School as a mentor in The Partnership's EdCorpsCT program which is a program designed to reduce chronic absenteeism in schools. Today, I return as the Program Coordinator of Resource Development and External Affairs.

My time at The Partnership has been rewarding in more ways than I could imagine. I have had the privilege of working for an organization that invests in my future as a young person in Connecticut. During my service as a mentor, we received weekly trainings designed to help us build skills for the workforce including resume building with the Urban League, becoming certified trainers for Mothers Against Drunk Driving, and learning about the ways that our many different identities shape our experiences in the world.

Since completing service and returning to The Partnership in a different capacity, my mentors in the office have continued to help me build new skills, take on challenging tasks, and showcase my work. On any given day, I can expand my portfolio as a writer through blog posts, speeches, or mass communication, expand my professional network of leaders dedicated to youth development or develop technical skills through training and practice.

The Partnership has taught me that prevention requires a profound investment in the values and lives of youth and their families and their communities. It has given me the opportunity to work from that place of a renewed perspective of investment and placed me as a helping hand on the path to success for some of the lives that we touch in the work that we do.

It was my time spent as an in-house mentor that helped me decide that I wanted to attend law school and pursue a future in policy where I can continue to be of service to the communities that need it most. It was through profound discussions led by our organization and its partners that provided me with the necessary lens to understand how policies that lend themselves to prevention work are essential to youth development.

As a current law student at Yale University and aspiring policy maker, these experiences will never leave me. They guide my work and remind me that one of the most important tenets of public service is humanity.

I am incredibly thankful to The Governor's Prevention Partnership for their vision, the dedication to my personal growth and workforce development. I hope that you all will continue support of me and thousands of Connecticut's youth through your investment in The Partnership.

Thank you. [Applause]

REP. WALKER (93RD): Thank you. And great job, thank you for your testimony. Annette? And after Annette, Betsy and after Betsy, Shirley. Okay, go ahead.

ANNETTE HARGROVE: Good evening, Representatives and the Appropriations Committee. Good -- I want to thank you for the opportunity to testify on new H.B. 5005. I am in support of appropriations in additional \$461 million dollars over five years of the community services.

I am Annette Hargrove, I am the Interim President/CEO for Harc Inc. Our organization is a DDS provider in the Greater Hartford area who supports individuals with intellectual disabilities.

We work towards dignity and inclusion for all that come to see us from birth to three to our retirement program which is LEP.

Why now? To empower you to be the hero in the eyes of the individuals who are asking for inclusion and dignity and just to have the best of their own lives. For you today, I ask you to be the difference in their lives.

Why do I pose this to you? The right to a dignified employment opportunity that includes a gamut of employment services. Despite all the progress we've made over 68 years, one area that defies real progress is finding dignified, fulfilling work and predictable hours and competitive wages for individuals that have intellectual disabilities.

According to the Bureau of Labor Statistics, over 65 percent of the people with intellectual disabilities who want a job cannot obtain one. State and Federal trends are moving to competitive employment for individuals with intellectual disabilities.

In order to build a sustainable workforce, we must have enough resources to attract, hire and retain

staff well-versed in job creation and for people with disabilities.

Create meaningful training opportunities to teach real job skills and obtain real jobs. Hire and retain staff and we support people with competitive employment in our communities.

Purchase and maintain state and art (sic) equipment, technology, transportation and materials to obtain, to maintain meaningful employment.

Why HARC? HARC is the voice, the one who advocates for inclusion, the one who shouts the loudest at all that listen. The one who hands David and John and Alice their pay checks on Friday. The one who lives the difference every day, the one who is empowering you to make the difference.

I leave you in closing, why you? You have met challenges within the budget before and we're empowering you to rise up again. I live -- I leave you today with a quote from one amazing man who has been employed in a program that -- for HARC. "At HARC I have blossomed."

Thank you. [Applause]

REP. WALKER (93RD): Thank you. And thank you for your testimony. Betsy? And Shirley West after that. And after Shirley, Lynn Arezzini. Arezzini? Yay, okay. Good, good. Betsy, go right ahead.

BETSY EAKINS: Good evening, members of the Committee. My name is Betsy Eakins, I'm a Licensed Clinical Social Worker and I've worked for the state of Connecticut for about 31 years.

Currently I work at Capitol Region Mental Health Center, I'm here to express my continued concerns

regarding mental health and addiction services in the state of Connecticut and the need to fund these services adequately and effectively.

As a state employee of 31 years, I am well aware of the diminishing funds allocated for continuous state services through DHMAS and the expectation of many that these should continue to be cut and slashed to alleviate financial strain.

State employees today are in many ways the scapegoats of the errors from many years ago and continue to be, I believe, unjustly regarded by many citizens as the Fat Cats of Connecticut.

Having worked as a psychiatric social worker on a mobile crisis team for many years with DHMAS, I can only say that we continue to strive for excellence and to provide a safety net for the most profoundly impaired persons with severe and prolonged mental illness often complicated by the sooner relief of illicit drugs.

Asserted outreach and crisis services are not what people would call money-making endeavors and do not seem to be adequately addressed alone through our private nonprofit partners. I enjoyed partnering my relationship and partnership with the private nonprofits, they're wonderful. The police, all the public services -- wonderful partnership but it's not adequate. None of us stand alone.

We also end up oftentimes robbing Peter to pay Paul which isn't effective. Private nonprofits strive to duplicate our work but are not adequately funded either and oftentimes result in worse conditions for workers and eventually refer their higher acuity

clients back to DHMAS because they are quite a challenge at times.

We offer hope -- or we try to offer hope -- to those most in need but in order to do this work to the best of our abilities, we need expansion and reinstatement of crisis services as well as expansion of assertive teams. Research has shown that these are effective in managing situations in the community better than just putting people in the hospital.

In order to reach these -- those who remain in the shadows struggling to make sense of it all, we need to continue striving toward this goal, having not only continued their own struggles alone, many times these clients often bring their great distress to their families as well who have to sit by and watch them suffer.

So thank you for your time. [Applause]

REP. WALKER (93RD): Thank you and thank you for your testimony. Thank you for staying.

Shirley and then Lynn and then Tara Maxwell. Is Tara Maxwell here?

TARA MAXWELL: Yes.

SHIRLEY WEST: Madam Chair, I have two -- three other members of my staff with me.

REP. WALKER (93RD): You only get three minutes, you can all come up.

SHIRLEY WEST: So we can come but so --

REP. WALKER (93RD): It's only -- you only get three minutes.

SHIRLEY WEST: Can we talk fast? All right. Thank you. All right.

REP. WALKER (93RD): There's another chair right over there, got it? Okay. Okay.

SHIRLEY WEST: Thank you. So good evening, Senator Walker -- I mean Representative Walker and Representative Dillon and Honorable members of the Appropriations Committee.

So my name is Shirley Ellis West, I am the Interim Executive Director for the New Haven Family Alliance which will soon to be known as Urban Community Alliance and so you will hear me refer to Urban Community Alliance in some part of our testimony. We thank you.

So I'm here representing nonprofits and supported services to children, youth and families state-wide. I want to first say that. The New Haven Family Alliance, which has been operating 29 years in the city of New Haven and the Vets Mentoring Program for the past five years have -- have in the past two years, the New Haven Board of Directors, the Vets Board of Directors and CM Management, have engaged in a process to determine the most prudent sets for the agency with a goal of sustainability.

In August, 2018 the New Haven Family Alliance entered into a management service agreement with Veterans Empowering Teams Through Support, which I will refer to as VETTS. As VETTS.

The MSA was an initial step in the merger between the New Haven Family Alliance and VETTS organization. The merger was finalized on January 30th, 2020 and the new organization, Urban Community

Alliance, will continue to operate current programs related to both nonprofits.

The merger will be publicly announced on February 28th, 2020. In addition, New Haven Family Alliance will be under -- will undergo a rebranded vision and strategy which will be rebuilt on the same day.

The merging of the two nonprofits will build a stronger brand and expand the outreach and capacity for providing supported case management to children, youth, fathers and family.

Currently Urban Community Alliance still operates a Mobile Home and Network that provides supported -- supported case management to low-income, noncustodial, nonresidential fathers. This year, 59 fathers were served during the period of 2018/19. Fathers continue to be able to access services through men's comprehensive intervention approach. Men have identified nine areas of intervention for the men and fathers served.

These areas include outreach and case management, health, housing, legal advocacy, relationship building, employment, education and mediation access and visitation and family and child support.

One of the key values of Men's comprehensive approach is to working with fathers is developing a relationship with them where other needs can be met through our extensive network of service providers focusing on nine core areas of the fatherhood engagement strategy.

Fathers served have demonstrated increased time spent with their children, 40 percent, increased compliance of child support orders. Increased employee ability, fathers completing the 24/7 dad's

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curriculum, parenting skills and fathers completing the 24/7 dad's curriculum has -- and it has been reflected in pre and post surveys.

The Urban Community Alliance operate a juvenile review board. In 2018 juvenile review boards across the state were put in jeopardy when the General Assembly moved juvenile justice process from the Department of Children and Family to the judicial branch but didn't move the funding for juvenile review boards along with it and New Haven's JRB was one of the state's -- which is one of the state's largest programs was significantly impacted by the change.

Late in 2018, the funding was restored and returned back to the Department of Children and Families Oversight and on behalf of the 159 unduplicated youth who we served 2018/19, the New Haven JRB be diverted -- that the New Haven JRB diverted from the criminal justice system and provided alternatives to suspension, expulsion and supported in connecting to school -- a school that included attendance and graduation outcomes, we say thank you because we -- we know the support and advocacy that this -- this -- that this group gave.

REP. WALKER (93RD): Can you sum -- can you sum it up a little, Shirley?

SHIRLEY WEST: Yes, I can. All right, I'm -- thank you. Thank you for your support.

Urban Community Reliance, JRB is committing to impacting racial inequities in education and the criminal justice system for juveniles in New Haven and Hamden by serving African-Americans and Latin students in schools.

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Intensive family preservation and reunification which is that -- we operate -- served 32 families in 2019, approximately a total of 50 people. The youth -- the youth are the main -- the children and youth are the main beneficiaries of this program and the goal is that once we close the case, the hope is that the family and DCS worker will continue to -- will continue to support the recommendations for the parents and children --

REP. WALKER (93RD): Shirley.

SHIRLEY WEST: Yes.

REP. WALKER (93RD): You need to sum up.

SHIRLEY WEST: -- around engag -- around engagement. And so -- so the -- nice program that the -- that that community --

REP. WALKER (93RD): Thank you, Shirley. You can't keep going. You've got to sum up.

SHIRLEY WEST: Okay. Okay, I'll sum up right now. So thank you for your opportunity. Thank you for your opportunity to testify on behalf of the Urban Nonprofit Service and support of Case Management so the 730 children, youth and families, fathers and families served through the support and advocacy from the recommendations of this Connecticut Appropriations Committee.

REP. WALKER (93RD): Okay. Would you like to just state your names, please, for the record?

ZORAIDE MARTINEZ: Zoraide --

REP. WALKER (93RD): Wait, you have to speak to the microphone.

ZORAIDE MARTINEZ: Zoraide Martinez.

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REP. WALKER (93RD): Okay, thank you. And your name sir?

ANTHONY STANLEY: Mr. Anthony Stanley, United States Navy Veteran.

REP. WALKER (93RD): Oh, thank you. Thank you all for your testimony. Thank you. [Applause] Lynn?

LYNN AREZZINI: I'm here. My name is Lynn Arezzini. Good evening, Representatives. Many of you know my son, Karl, who has autism. My family and I have advocated here and all over the state for many years now.

I looked over all my former testimonies and read over and over again about the huge budget cuts DDS incurred every budget cycle. Private providers had to cut their services and continue to find ways to serve people like Karl with less. We kept hearing from elected officials that when the economy improves, DDS would be allotted more funds.

The economy has taken a turn for the better and there have been some improvements for people with IDD and the staff who care for them. We are so grateful that Karl finally received residential funding from DDS. Now his life in the community is much more secure and the financial burden on my husband and I as retired public school teachers has lessened.

Non-profits received a much needed pay increase and grads with IDD can now be assured to have their day programs when they turn 21.

I am here today to thank legislators, Senators and the Governor for the funding that helped our son and others with IDD in the state. However, this is just

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a beginning for what needs to be done. The budget needs to be restored for a department that had its funding decimated over the many years.

The non-profit rate increase to \$14.75 per hour it is not enough to retain experienced and knowledgeable staff. Although my son has many abilities, as you -- many know -- in arts and athletics, he also has serious behaviors.

In public school he had trained special education staff and therapists who intimately knew about behavior intervention. Now when Karl is lucky enough to have staff with a degree and experience working with his kind of complexities, they usually don't stay long because the pay and the benefits is the same amount as fast food employees get. It's no wonder they don't stay.

Working with Karl can be very rewarding but it is also difficult and requires training, skills and experience that are worth more than \$14.75 per hour.

Underpaid staff have many transportation problems because they can't afford good cars. Because employee pay is low they often work more than one job, which can cause scheduling conflicts and extreme fatigue.

We now live nearer to Karl so we can provide back up. He just called, that's why I left. My husband had to go and give him his keys because we were locked out of his apartment.

So, what happens when we're not around? We can't provide those keys. Assisted living technically -- excuse me -- assisted technology can be the answer for part of this but when batteries die and the

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devices fail, it's no good. Competent and capable staff are always the best way to keep Karl safe.

Another area to consider in terms of funding is how the process of aging affects the IDD population. Although Karl now lives an integrated life in the New Haven community thanks to DDS funding and support from E-Street Arts, Marrakech, Chapel Haven and Family Care, his behaviors concerning schedule changes and his desire to "stop" children from crying increases the older he gets.

I'm almost done. He may need more supports or need to live in a setting where he receives 24/7 care in the future. People with IDD change over time and DDS needs to have the funding necessary to meet those changing needs.

I thank you for all you've done to help people like Karl. I also implore you to restore all the budget cuts DDS has had to endure in the past. We need to treat the most vulnerable in Connecticut better now that our state is experiencing better economic times.

REP. ABERCROMBIE (83RD): Thank you, Lynn, and thank you for always coming up. Tell Karl I said hello.
[Applause]

LYNN AREZZINI: Oh yeah, I was here three times this year.

REP. ABERCROMBIE (83RD): I know you were. Thank you. Tell Karl hello. Tara? Tara Maxwell? Yes? Followed by Darlene.

TARA MAXWELL: Hi, my name is Tara Maxwell. Good evening, Senator Osten, Representative Walker and members of the committee.

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I have been with Direct Service Support for the last three years. I also have been my mom's primary caregiver for the past 25 years.

I got into this work when I was looking for caregiving jobs at a job fair. I was hired by Mosaic which is the current company I work for.

Since I spent so much time caring for my mother, I wanted to be able to continue this work in the kind of an environment that I'm doing. Working at a group home allows me to do that.

I love working with the individuals I work with because it is very meaningful for me. I have the opportunity to give them a good life. I love the individuals that I serve at the group home every day. We laugh, we joke together. And when they're not there with me, I miss them.

I love seeing them happy and enjoying themselves when I take them out into the community. They feel safe when they're with me and my coworkers. And when they enjoy the activities.

I try to be there for them with compassion when they are going through a hard time. I am there for them above all. My manager tells me that when I'm gone, the individuals at the group home ask for me and when will I be back and say that they miss me. That's a great feeling to have. It means I am doing my job.

The services I provide are very underfunded. I had one raise in the last twelve years. I see our clients suffer because of lack of funding, and it hurts.

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Increased funding is needed so that the individuals we serve can be the best quality -- can have the best quality of care possible and so that the staff caring for them can have a decent standard way of living.

Workers like me often don't make enough to adequately take care of ourselves and our families, but we're expected to be able to adequately take care of others. We don't do this work to get rich, but we shouldn't have to work multiple jobs to feed our families also.

Increased funding will allow us to not be short-staffed, also to avoid the snowball effect that short-staff causes. We care about the individuals we serve and that is why we don't do -- we don't want to continue doing what we've been doing for less.

We need better staffing, better pay, and more resources to give the highest quality possible to these individuals.

REP. ABERCROMBIE (83RD): Thank you, Tara. Thank you very much for your testimony, we appreciate it.

TARA MAXWELL: Thank you. [Applause]

REP. ABERCROMBIE (83RD): Darlene followed by -- and I don't think I see her in here -- Reverend Halloway? Hi, Darlene.

DARLENE Borre: Hi, good evening. My name is Darlene Borre. I am a Vocational Innovator and an Attorney. My son, Ben, is nonverbal -- he has severe autism plus an intellectual disability. As is typical for someone with severe autism, he also has seizures, GI issues, sensory processing issues, communication problems, sleepers sometimes.

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He's 18 so we're working on transitional skills and so we wanna know when he transitions to adulthood at 21, what will he be transitioning to? For families sitting here listening to testimony about -- from Oak Hill, Marrakech and other nonprofits begging for funds to care for Connecticut's most vulnerable -- it is frightening.

I've talked with several families in the same boat as my family but has a child has graduated at 21 and they looked for programs for their kids. Agencies have closed or are closing their day and vocational programs that serve people who need one-to-one care and who have behavior challenges. They just can't find the staff to work at these wages with these types of behavior challenges.

While the person may have a wonderful behavior plan that has worked to get their needs met and allowed them to be a part of their community prior to turning 21, the reality is at 21 the staff who is willing to work at the DDS rates often do not have a college degree, do not have English as a primary language and have difficulty understanding and applying these behavior plans, rendering them worthless.

This leads to an increase in behaviors and also results in staff turnover rates going thru the roof. As consistency in routine is so important to people with autism, a snowball effect occurs until the families are told "You're just not a good fit for our program".

Sheltered workshops that were the safety net for people who needed one-to-one care are closing or closed in Connecticut with nothing to replace them. So now not only is the person sitting at home, but a

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parent quits their job because their adult child cannot be left alone. So two people unemployed in Connecticut.

That's what we are transitioning to? Surely we can do better. Connecticut needs to invest in innovation and vision. We can change that trajectory and save money in the long run. After all, when the unemployed parent dies, where will people like my son go? With no planning, a long-term hospital stay is inevitable. And you better believe that it will be expensive.

There is a trend to develop small businesses for people with severe needs. My son currently has a business and a website. So what happens when he turns 21?

I am developing a Makers Space with a great innovative agency called Futures Inc. but we need Connecticut to invest in new ideas like this. At this Makers Space, my son and others can take their businesses so they are not isolated at home.

We work on products with the community needs in mind. Our guys will be in the community doing free deliveries, hosting pop-up shops, buying raw materials.

But we need funds. Investing now in innovative programs, rate increases for staff working with behaviorally challenged individuals and autism training will result in cost savings in the future.

Thank you.

REP. ABERCROMBIE (83RD): Thank you, Darlene and thank you for all you do. We appreciate it.

[Applause]

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REP. ABERCROMBIE (83RD): Reverend Halloway? I don't see her in here. Okay, Anthony Stanley?

REP. WALKER (93RD): He's already -- he's already testified.

REP. ABERCROMBIE (83RD): Okay. Vickiana? Vickiana? Oh, hi. And Leah. Is Leah here? You can step right down there. No Leah?

REP. WALKER (93RD): Wait, wait, wait.

REP. ABERCROMBIE (83RD): Oh, Leah? Come on down, honey and just sit in the front there. Go ahead.

VICKIANA ALONSO: Good evening. My name is Vickiana Alonso and I'm a Licensed Clinical Social Worker at the Connecticut Mental Health Center Hispanic Clinic in New Haven. I worked at this location for about two years and I love that I'm able to give my patients a voice.

The Hispanic Clinic of the Connecticut Mental Health Center is a collaborative endeavor between the Yale University Department of Psychiatry and the Connecticut Department of Mental Health and Addiction Services.

It was established in 1973 and serves the mental health and addiction needs of monolingual Latino community of the greater New Haven area.

Staff like me are bilingual and bicultural and representative of the population we serve. We provide services that patients would otherwise not have access to due to language barriers in the community. We provide services to the following treatment programs, triage, outpatient services, the ambulatory-specific adjunctive program which is

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basically an intensive outpatient that is now provided to Latinos in the community.

And specific specialty groups such as alcohol, domestic violence and co-occurring disorder groups. Clinicians also facilitate referrals to community resources including vocational agencies, healthcare providers, consumer initiatives, educational rehabilitation and prevention programs.

The services we provide are important because providing services to Latinos is important. And brings a sense of pride to my job. I enjoy seeing our clients thrive in a familiar and safe environment when they are seen and treated as a whole person and not simply a non-English-speaking person seeking services.

Unfortunately, these days we are completely short-staffed and our patients don't have access to the same services as their English-speaking counterparts. There aren't enough case managers so I end up being -- I end up not being able to get my clinical work done because I have so much case management to do. Eventually everything catches up with us.

Without additional support, being understaffed and managing a disproportionately large case load drastically decreases the quality of care for each client we serve. It also takes a major toll on service providers which eventually leads to burnout, low morale and increased absences.

Latinos make up more than a third of the population and need access to services. In order to give the care we need, we need more Spanish-speaking and more

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staff that are bilingual. Without this, we are creating a language access barrier.

Please support funding to the Department of Mental Health and Addiction Services. We need more staffing and resources to be able to give the care we so desperately need for the populations we care for.

Thank you.

REP. WALKER (93RD): Thank you. Thank you for your testimony. [Applause]

Leah. Michaela. Michaela? Michaela Fissel? Come on down. After Michaela, Diane Corley. Okay, come on down. Thank you. Please, so that we can keep moving. Go ahead.

LEAH MCGENNIS: Good Evening Senator Osten, Representative Walker and members of the Committee, my name is Leah McGennis. I am a Clinician that has worked for United Services for seven years. I help clients who have mental illness and who have substance abuse issues.

I got into this work because I have witnessed firsthand how helpful therapy has been for the people in my life. I wanted to make sure -- to make -- to have an impact and offer help to others that I have firsthand knowledge to be beneficial.

I love the work that I do, but our programs are terribly short staffed. Some programs have closed due to the inability to fill positions. This is because we do not offer competitive wages at our agency because we don't have the funding to do so.

Clients have left the program because they have not been able to see me often enough. We cannot waitlist

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people. When new clients come in that qualify for our services, we have to see them. But because we are short staffed, there are very few clinicians to meet their needs. That causes us to see our clients less often, resulting in many them leaving our agency to try to find treatment elsewhere.

Treatment plan renewals have to be done once every three months. They take up a large portion of the therapy session. It consists of me focusing on my computer and typing while the client is there which shortens the face-to-face counseling time and leaves us less time to work on the actual treatment.

The less often I see clients, the greater the portion of their sessions that become sacrificed to reviewing treatment plans. If I'm able to see a client every other week, every six sessions is a treatment plan review. If I can only see them monthly, which is often the case, one every three sessions is just reviewing your treatment plan instead of actually doing therapy.

I'm being asked to do more and more with less compensation. Often times, I am not able to meet deadlines for required paperwork. The high case load means more high risk clients which means more paper work and collateral contact that I have to do in addition to more stress.

There have been many times I have had to stay late without pay to finish paperwork. My stress levels have risen. The amount of work I have to do on the day to day basis have taken a toll on me. I have developed chronic pain and digestive issues due to the stress. I am not as emotionally available for my friends and family as I used to be. I need help.

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Please support mental health funding in Connecticut. We are at a crisis point in Connecticut. If we don't invest in mental health in Connecticut, we'll never recover as a State.

REP. WALKER (93RD): Thank you and thank you for your testimony. [Applause]

Michaela? Then Diane Corley. Diane? Yep, okay. And then Michael Awad? Michael? Okay, come on over. Go ahead.

MICHAELA FISSEL: My name is Michaela, I'm from Windsor, Connecticut. Before I begin my testimony, I wanna say that my testimony is not about the people who work in the system, it's about the system itself.

I am here to testify in support of the DMHAS budget, particularly the slight increase in DHMAS young adult services and the allocation of funds to offer transitional supports to 20 people within CVH specifically Whiting Forensic Hospital.

I hope that as I share my experiences as a person in long term recovery from what has been labeled a "serious mental illness," I will provide a meaningful example that encourages you to both -- to reframe your expectations of individuals who receive a psychiatric label.

Looking back over the last 34 years of my life, I have overcome a myriad of challenges that are too often associated with a mental illness diagnosis, such as homelessness, addiction, an unplanned pregnancy, involvement with the criminal justice system, and suicide attempts.

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However, what is also common for the vast majority of people who receive a psychiatric diagnosis is the experience of trauma. For me, I am a survivor of childhood sexual trauma. I trust that you have called to mind images or thoughts of what these experiences must have been like for me, so I'll not belabor you with the details of my personal story.

However, I am not alone and I am a member of the silent majority. It is commonly reported that one out of five Connecticut residents experience a mental health crisis in any given year. Given this fact, we collectively have a responsibility to establish pathways and opportunities in which individuals have the opportunity to actively heal and live a life of personal wellness beyond psychiatric care.

As I sit with this knowing, I am also left with the question -- are these pathways available through the currently funded DMHAS system of care? My observation over the past 12-and-a-half years working within the system is no.

I ask that you continue to work within the assumption that public dollars will remain flat for the foreseeable future. I also ask that you begin to get to know the publicly funded mental health and addiction service system. Check out the reported outcomes and ask yourself -- are people being provided the supportive resources to actively heal and live a life of personal wellness beyond psychiatric care?

Or -- can I -- am I all right? Thank you.

Or are we funding an institutional care model that was shifted into the community in the 70s, and that

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we now call person centered, wrap around, and recovery oriented? What do these words really mean?

I would ask that you create funding opportunities that reallocate dollars towards investments in community based peer recovery support and work opportunities that promote the inclusion of people who have lived experience in the planning, evaluation and implementation of programming.

I need to share with you where I'm at today because it's important that I -- because I shared with you where I was. I currently am the mother of three, a homeowner and a taxpayer. I served on my Board of Education for six years which was three terms. I'm also the Executive Director of Advocacy Unlimited, a peer-run nonprofit. We provide education advocacy and support using our direct lived experience to inform how we create space for people to be seen, heard and valued.

It is an honor to sit before you today. This is my 12th year testifying in front of the Appropriations Committee and I appreciate every opportunity you make available for everyone here to be able to speak their truth and be seen. Thank you.

REP. WALKER (93RD): Thank you. And thank you for your testimony. [Applause]

Diane Corley. And after Diane, Michael Awad. And then Susan Brousseau. Okay, okay. Go right ahead.

DIANE CORLEY: Dear Honorable Members of the Appropriations Committee, thank you for this opportunity to testify on H.B. 5005. [Clears throat] I am Diane Corley, Vice President of Supported Living Services at Marrakech, Inc.

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I have been working at Marrakech for the past 21 years when group homes were the predominant choice of living for people with intellectual disabilities.

When I started at Marrakech, I was a Direct Support Staff person at one of our group homes. Although I loved my job and the people I worked with, I've always had to maintain a second full-time job to make ends meet.

As a Direct Support Staff, I encourage growth in people. For example, I helped a young man who lived in a group home, who thought throwing his regular dishes after use after use was the thing to do. He just didn't wanna wash them.

If you try to stop them, it would be a major problem. We worked together and he was able to learn to wash his dishes instead of throwing them away along with other responsibilities and has successfully moved into an apartment setting in which he's able to spend time on his own. He is proud of his apartment, of his job and has a happy life.

I felt that my direct care job had a positive impact on many lives of the people we support and their families and it was valued -- it was a valued job in society.

I love building relationships with the people we support as well as assisting them to learn new skills and live their best life as they choose in their communities.

Early in my Marrakech career, almost eight years in a row, we received cost of living adjustments passed down in our state contract to increase our hourly rates, help pay for our insurance and help

strengthen the organization so that we can proudly support everyone referred to us no matter what their needs were with quality outcomes. Key word -- quality outcomes.

As you know, we have not received one of those COLAs since 2007. That's a pretty strong message to us. I never wanted to change my role, however, I had to take on a management position although I did so kicking and screaming. Just in that order.

I continued to grow because I had to. I needed a salary increase and I was getting tired of working two jobs. Nonprofits are able to meet the needs of our communities of people. We are essential. We keep our commitment to people in our community who are un or underserved.

Last year you heard from a mother who was so worried about her son aging out of American School for the Deaf. Needless to say, we've successfully opened that program, we fully staffed it and now the individuals in that home are able to communicate efficiently with both staff and team members which is huge.

I'm here respectfully to request the legislature appropriate \$461 million dollars over five years for community nonprofit.

REP. WALKER (93RD): Thank you. Thank you for your testimony. [Applause] Michael.

MICHAEL AWAD: I would be remiss if I didn't use this as an opportunity for the civic engagement of our youth. So I'm joined today by two fantastic New Haven Public High School students who have taken time out of their winter break to come learn about

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government and to come advocate and express the highest level of social justice before you.

So we are here advocating on behalf of funding alcohol and substance abuse prevention programs for youth in Connecticut. This is included in H.B. 5005 which supports the Governor's Prevention Partnership through the Department of Mental health and Addiction Services.

I'm a Clinical Psychologist, I'm a School Counselor, I'm a Professional Counselor with nearly 10 years of experience on the other side of prevention which is addiction treatment.

And I can say with the utmost confidence that more resources are needed at the state and community levels to prevent early onset of substance abuse among our youth.

A community's most valuable and precious resource are their youth. And without their youth, you can no longer have a thriving community with a future.

So having worked on the treatment side for many years, I can personally attest to the devastating and base of consequences of substance abuse on families, individuals, communities and quite literally, it is a door that, once opened, cannot be shut. So we must be proactive to make sure that is always a door that remains locked.

For young people who get catapulted in to the abyss of addiction, the most heartbreaking part is not losing their lives due to drugs and alcohol, but the long-term sequelae of criminal behavior, aggression, violence, high school dropout, employment problems, and lower satisfaction of life they will eventually face into adulthood.

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I am currently the chair of the New Haven Prevention Council and I work with these fantastic youth across the city of New Haven on an initiative called OneStep. It's a social marketing program that promotes healthy living, positive youth developments through prosocial activities, community and school events, mentoring, and wraparound services.

Our program is grounded in both research and evidence-based practices, which all indicate that in order for youth to remain drug-free, they need ample opportunities to develop their talents and passions, they need caring and supportive adults in their lives, and they need education on how to be healthy. Our formula has been successful for the last few years, with rates of substance abuse among teenagers in New Haven remaining relatively stable, but we're faced with new threats brought on by vaping and more and more teens believe that it is a harmless alternative to smoking.

It's been my pleasure working in this area for the last several years and we're truly changing the lives of young people by building their health literacy, by providing them with opportunities in their schools and their community for positive development, but most importantly, we're putting them on a trajectory where they can learn adaptive skills for dealing with the intergenerational trauma that has plagued their towns, their neighborhoods and their communities for many years.

Please vote on behalf of funding these prevention programs for our youth.

REP. WALKER (93RD): Thank you and thank you for your testimony. Could they introduce themselves, please?

MICHAEL AWAD: Please.

REP. WALKER (93RD): Press the button if it's on.
Is it on? Is the red light on?

JAYDON THOMAS: Yeah, I'm Jaydon [phonetic].

REP. WALKER (93RD): I'm sorry?

JAYDON THOMAS: Jaydon. Jaydon Thomas.

REP. WALKER (93RD): Okay, thanks, you have a whole
name. And what school do you go to?

JAYDON THOMAS: Wilbur Cross Comprehensive High
School in New Haven.

REP. WALKER (93RD): Okay. And your name?

TASHA HERNANDEZ: My name is Tasha Lee Hernandez.

REP. WALKER (93RD): And where do you go to school?

TASHA HERNANDEZ: Wilbur Cross.

REP. WALKER (93RD): Wilbur Cross, okay. Thank you.
Thank you guys for coming.

MICHAEL AWAD: Thank you for having us.

REP. WALKER (93RD): Susan and then after Susan,
John Schwartz. Good Irish name.

SUSAN BROUSSEAU: Good evening Representative Walker
and distinguished members of the Appropriations
Committee.

My name is Susan Brosseau and I live and vote in
Hebron. I am the Chief Financial Officer of
Adelbrook Behavioral and Developmental Services. At
Adelbrook, we provide schools and residential
services for individuals with Autism Spectrum
Disorder and other intellectual and developmental

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disabilities, among other services. We are based in Cromwell and serve individuals from throughout Connecticut.

Thank you for the opportunity to testify on H.B. 5005. In my role as the CFO of Adelbrook, it is my responsibility to promote the financial stability of my organization so that we may meet our financial obligations when due, grow our programs when appropriate, and retain our valued staff.

As CFO, I serve our mission first, but in my role I must focus on our financial health to fully support the mission. So my discussion today reflects my perspective as CFO and also as a CPA.

Adelbrook, like the other organizations you've heard from today, is a private sector organization. We are tax exempt because of the mission of our organization, but we are a private sector employer supporting 675 employees and voters.

This distinction gets lost sometimes when we refer to ourselves as community nonprofits, as if the nonprofit label somehow indicates that there's a difference in how we pay our staff, maintain our buildings, and plan for our future, as compared to other businesses.

As a private sector employer, we are subject to all of the influences and pressures that exist in the modern private sector economy. Our health care costs go up each year. Qualified staff leave for higher paying jobs in other industries or for similar but higher paying jobs with public sector programs.

And technology requires frequent updates. That's reality. However, in spite of these and other

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financial challenges, we continue to serve the most at risk and vulnerable individuals in our state and we do it with efficiency and flexibility. But flat funding is a funding cut. That is just how the math works.

The reason I am emphasizing our private sector status tonight is that our payments from the state do not reflect this reality. When we use the word "funding" to describe our payments from the state, it implies that the exchange transaction which simply means the payments we receive from the state in exchange for services that Adelbrook provides -- that this exchange transaction is somehow not the same type of payment arrangement that the state gives other providers of services.

Quite frankly -- I'm done already? Oh. Okay and I just, in summary, please -- with everything that's been said tonight, in addition to the funding over the next several years, an index increase to inflation, an index would solve a lot of problems and prevent us from having to come here each year because it would reflect financial reality.

Thank you.

REP. WALKER (93RD): Thank you and thank you for your testimony. [Applause]

John Schwartz. After John Schwartz is Adria -- Andrea Mesquita. Andrea Mesquita? Okay, come on down, please. And after Andrea is Zanetah Sasser from CHR. Zanetah? Zanetah? Oh, okay, come on down, go ahead. Go right ahead, sir.

JOHN SCHWARTZ: Good evening, Representative Walker, members of the Appropriations Committee. I'm here

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to speak about the DMHAS funding, DHMAS budget that's H.B. 5005.

Thank you for this opportunity to testify regarding the -- I should also say that I am also a man in long-term recovery from substance use disorder. Which means to me I haven't put any mind altering substances in my body since December 7, 2009. Whatever that's worth.

The Connecticut Department of Mental Health and Addiction Services provides support and resources to some of the state's most vulnerable citizens. The agency does a remarkable job in supporting a wide variety of services and organizations in order to support Connecticut residents in their job -- in their quest for living self-directed lives.

With the current influx of highly potent synthetic opioids in our state and the increased risk of fatal overdose which accompanies this influx, it is increasingly important that DMHAS not continue, but expand their efforts to offer access to support for those in or seeking recovery from substance use disorder.

And I lost my place. While much is discussed regarding treatment and evidence-based practices when the subject of addiction and recovery comes up, the often-missed piece of this puzzle is sustainable long-term recovery.

Recovery support services in the form of Recovery Community Centers, programs such as Telephone Recovery Support, which is funded by DHMAS, at-risk reduction and connection to the wider recovery community offer not only hope, but a practical means of building and transforming lives.

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In my personal experience, the gift of perspective, the lack of blame or judgement, the level of compassion and useful information that RC's offer continue to be the brightest shining light in my own recovery.

My journey, like many others has so much more to do with maintaining a realistic worldview and feeling comfortable enough in my own skin than merely remaining abstinent at all costs.

Recovery Community Centers have the power to encourage, support, inform and genuinely care for individuals who may not have the capacity to believe that a life in recovery is even a possibility for them, making those centers an invaluable asset to the communities which they serve. DHMAS funding for RCOs is critical for their survival and growth.

As a person in early recovery, I was subjected to shame, judgement and bias -- both external and internal -- which fed into my nearly overwhelming feelings of hopelessness and despair. Recovery Community Organizations work tirelessly to transform public opinion and to say to people like me: "This is an illness, not a moral failing." My addiction doesn't define me.

The experience, generosity and patience of others made it possible for me to recover. The combined strength of the recovery community supported me until I was capable of developing enough self-worth to be able to set and maintain the boundaries necessary to recover. My experience in managing the Windham Recovery Community for CCAR in Willimantic has only reaffirmed my belief that recovery support services are a critical bridge between treatment and a life in long-term recovery and I'm grateful for

every moment that I spend in the company of the WRCC community, supporting others as I was once supported.

Please support continued and expanded funding for DMHAS and for recovery support services in our state.

Thank you for hearing my testimony.

REP. WALKER (93RD): Thank you and thank you for your testimony. And you're right, if it was a toothache or a broken leg it would be a lot easier for us to face.

JOHN SCHWARTZ: Well, we continue to treat this chronic illness of addiction as if it were a broken arm. And that's why we have the paltry success rates that we have.

REP. WALKER (93RD): Exactly. Thank you, sir. Thank you for your testimony. [Applause]

Andrea? Is Kyle Majewski here? Kyle? Kyle? Yep. Come on down. Go right ahead.

ANDREA MESQUITA: Good evening distinguishing members, I thank you for being here and all others who have come out tonight.

I'm here in support of H.B. number 5005, AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021.

I'm here to talk as it pertains to community services.

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

ANDREA MESQUITA: Andrea Mesquita.

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REP. WALKER (93RD): Okay, thank you.

ANDREA MESQUITA: I'm here to speak specifically in regards to homelessness and how it intersects with mental illness. I am a social service provider and I've worked in the social service scene for over 15 years.

On December -- not December but November of last year -- I came across a family that I -- I'd worked with about five years prior. She was a mother of five, she'd lost her job due to being injured at work. That subsequently led to her taking time off and then being laid off. That led to other things. It led to her losing her apartment and going to a shelter.

I worked with this individual five years ago. I came across her in November and she was still facing issues of homelessness. She had faced nine years of homelessness after being unemployed at a job that she was in and committed to for years and years.

She had a son who was at the time about seven years old. After her time of being homeless, she went to a shelter. She stayed at the shelter for one year. After which time she then moved into an apartment that was roach infected.

She had a child -- she had a baby at that time also. That baby also developed asthma and other respiratory failures.

In November when I met her, she had been to different sects of homelessness, what we called doubling up. Sleeping on someone else's couch. She had gone, she'd lost her job again. She -- she had gone and she took certificate course which she was in for about six months.

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On the last week when she was to graduate, her daughter was ill and she had to go to the hospital day after day after day so she never had the chance to graduate.

So meeting her five years again, she was still in that position of being homeless. I had left the job that I was in when I initially met her. And so we talked over the phone. I said, "I'm sorry you're going through what you're going through. This should not happen. I'm sorry that there's so many systems that failed you."

There were social workers involved. There were schools involved. There were psychiatrists involved. There was the Department of Children and Families that were involved. And so I made a pledge to her. I, myself, a mother of three, knew what it meant to be on the fringe, that gray area where you were working -- the people who work in social service industry, we don't do it for money. We do it for love. We do it because we love doing what we do.

And so I made a pledge to her. I said, "I don't know why there are so many entities involved and why you and your family still remain homeless to this day. But I will do everything I possibly can to help."

It took the love of God for her to pull through. And a month after I met with her, I called DCS, I called different social service agencies. I called different housing programs. And I think it was literally God because time after time we were being referred to the same systems that did not work.

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And so I got down on my knees and I prayed. And I called my children to help. And I said -- I presented her before them -- and I said this is a mother with children. Children like you. Who -- children, good children -- children who once had great grades. Children who played instruments. Children who played sports after school. But in PPT meetings after PPT meetings.

In meetings after meetings with DCS, it got nowhere. So I said to them, "The same way you come home to hot cocoa at night. The same way you want me to make shepherd's pie with mashed potato and butter. The same way you want me to mince the turkey a certain way. The same way you wanted a certain amount of time. These are children like you. No different." And I said, "Pray with me."

It took God because I started searching on the computer. I came across a housing manager with DCS and we spoke numeral (sic) times, we did the paperwork for the release of information. And together we formulated a plan.

I'm here to support this bill because money is needed. But what is also necessary is a systematic approach where the people involved in solving the situations are people who have been there and know what it is to be homeless.

REP. WALKER (93RD): I need you to sum up a little.

ANDREA MESQUITA: You've seen it in recovery where there are people called para mentor. With homelessness it's the same thing. People who have lived experience and who have been there. It spans the radius. It's not a black or white thing. You

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have people who are black. You have people who are Hispanic. You have people Muslims. Christians.

It's takes a village but it also takes us using people with live experience. It also takes some people who do not look like the status quo. I have to say there are people who are nonprofits who do what they do because they love it. But it takes a village and it should look like a village.

REP. WALKER (93RD): Thank you.

ANDREA MESQUITA: Thank you.

REP. WALKER (93RD): Thank you. Thank you for your testimony. [Applause]

Zanetah. And after Kyle -- and after Kyle, Peter Wickham. Is Peter Wickham here? No Peter Wickham. Katie Banzhaf, is Katie -- okay. Go right ahead.

ZANETAH SASSER: Good evening, Representative Walker and distinguished members of the Appropriation Committee. Thank you for hearing my testimony today on the important investments to the Department of Mental health and Addiction Services to support efforts to end homelessness in Connecticut.

My name is Zanetah Sasser and I join you today as a Program Director of various housing programs with Community Health Resources, a nonprofit agency that has long been focused on the needs of our most vulnerable citizens.

One population especially important to me is our homeless individuals and families. Connecticut has invested in solutions to end homelessness and as providers we have worked towards being successful in implementing these.

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We have expanded homeless diversions, supports, rapid rehousing, housing options for youth as well as opportunities for permanent supportive housing.

At CHR and the services we provide, we are seeing the benefits that stable housing can bring -- increase access to treatment, medical care as reduced arrests and incarceration and reduced emergency room visits to name a few.

Despite the availability of these programs and resources, however, it is not enough. We continue to have full shelters, wait lists to enter shelter, warming centers at capacity and people living on the streets.

Homeless outreach services, especially, are extremely limited. Currently in greater Hartford there are only three homeless outreach staff to serve a 30-town area. It is the work of these staff to canvass, to find -- to outreach these unsheltered individuals, engage, connect to treatment and other services, shelter and eventually house them.

While our long-term goal is to help these individuals obtain housing, our short-term goal is to do our best to ensure that they don't die on the streets in the meantime.

Despite the gains, families and individuals are becoming homeless for the first time each and every day. Our work is not done. There is a critical need for the providing enhanced outreach services. Please support the Department of Mental Health and Addiction Services' 375,000 housing supports and service line for outreach services.

In addition, there's a critical need for a new targeted investment of \$1 million dollars at the

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Department of Mental Health and Addiction Services Housing Supports and Services line to pay our support services with rental assistance and improve housing stability, incoming employment, health and wellness issues and enhance connections to the community resources.

Thank you for allowing me to be here today, I appreciate everyone's time.

REP. WALKER (93RD): Thank you and thank you for your testimony. You're at CHR?

ZANETAH SASSER: Yes.

REP. WALKER (93RD): Okay, great. Thank you. Kyle? [Applause]

After Kyle, Katie Banzhaf and after Katie, David Porteus --? Come on down. Thank you.

KYLE MAJEWSKI: Good evening members of the Appropriations Committee. I'm -- my name's Kyle Majewski and I'm Professional Development Director at Reliance Health based out of Norwich. I'm responsible for the training of 270 employees and I'm also the person that posts all of the jobs. I've just noticed a lot of turnover going on lately because we have a hard time with retaining staff and thus we spend a lot of money also training our staff.

Over the last six years, I have gone from being a Per Diem, worked in Residential. I was Employment Specialist for the two years prior to my current position so I've got to see a lot of what our agency can do and experienced a lot of things including helping one of our Veterans that was unemployed for five years get -- obtain competitive employment five

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years to the day from when he lost his last job. He didn't think he was able to actually get a job but he's still working to this day and that's been one of my biggest successes.

But I'm here on behalf of all of the other people -- the ones that work for the wages that I used to work every day which is slightly above minimum wage.

It's really hard to support a family on those kind of wages. I can't imagine trying to bring a child into this world, really, with what they're given. But they come to work because they really feel needed and it's hard when you have a caseload of up to like 20 people that count on you to help them go to their job interview.

These are single mothers, grad students -- or people that just recently graduated and they're trying to pay off their student loans. And people who want to make a difference in their communities.

Reliance Health encourages education as well as like growth. Our company has helped me to grow my skill base and my education and also professionally because growth is one of our core values and I think it's time for us to see our funding grow, too.

Thank you very much for your time.

REP. WALKER (93RD): Thank you. And thank you for your testimony. [Applause]

KYLE MAJEWSKI: It's a pleasure to be here, thank you.

REP. WALKER (93RD): Thank you. Katie? Thank you.

KATIE BANZHAF: Good evening. My name is Katie Banzhaf, I'm the Executive Director of STAR, Inc.,

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Lighting the Way and we provide supports and services to nearly 600 individuals with intellectual and developmental disabilities in mid-Fairfield County. We're based in Norwalk.

I've served as the Executive Director for over 30 years and I've come before the Appropriations Committee many times -- more than I care to mention.

And the message has always been the same. We need adequate funding in order to recruit, train and retain the most qualified staff to do the work that needs to be done.

This past -- this year I really come to you with a greater sense of urgency than I've ever felt. We've noticed a big difference. Our system really is eroding.

Fairfield County -- our cost of living has always been difficult to recruit and retain the best staff but it's really becoming a crisis. Charlie Sherman testified earlier -- we're very proud of Charlie living independently, having a job. He works at Whole Foods, he takes the train, he makes \$15.80 an hour and the staff that support him make \$14.75.

This causes a high rate of turnover in our field and our agency, we're reaching the national numbers of 45 percent turnover in direct care staff. That's resulting in the staff not knowing the residents or the clients as well as we would like them to be known and we see, as a result of that, an increased need for behavioral interventions. We have increased recruitment and training costs.

We now have a lack of staff in our organization who are ready to move up and grow into middle management positions as senior staff retire. Without

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incremental increases and staff have gone for years without incremental increases and they don't see a future in this field.

And word is out on the streets. You take a direct care job to finish your schooling or till you get that other good job that's coming down the way because this is not an arena you want to go into.

We're experiencing increased burnout of our day and residential managers due to their need to cover the shifts and spend increasing amounts of time in scheduling and trying to find relief.

Almost all of my direct care staff as well as my managers hold two jobs. I see them borrowing against their 401ks in order to keep a car. To keep their job.

However, my most serious concern in impact is for the individuals and their families. For the first time that I can remember, Star is consistently turning away individuals for services simply because they cannot find the staff to support them.

We take each new referral and we say -- do we have staff that can keep them safe? And we ask families to wait or go to other agencies.

We're excited that in this state parents have choice but if all the agencies in the area don't have staff, what choice does the parent have?

So in conclusion, you know why I'm here. I want to urge you to support the \$461 million dollars over five years and to end exit so that we can say to staff, "Yes, there is a plan for increase and you can make this a career."

Thank you. [Applause]

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REP. WALKER (93RD): Thank you. And thank you very much for your testimony.

Dave. And is Lisa here? Lisa Williams? Is Lisa here? Lisa -- Lisa from Gilead. She's not here, was she?

DAVE PORTEUS: Not with me, no.

REP. WALKER (93RD): No? Because I have -- I have you and Lisa from Gilead.

DAVE PORTEUS: I actually don't know Lisa but I don't believe she's here.

REP. WALKER (93RD): There's no Lisa here anyhow. Okay, that's good. Go right ahead, sir.

DAVE PORTEUS: Okay, thank you. Good evening [background conversation]. Sorry?

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

DAVE PORTEUS: And thank you for spending your Friday evening with all of us. I appreciate that as well as the rest of the time you put in around the year.

My name is David Porteus, I'm from Portland, Connecticut. I'm here really in two capacities. I'm the parent of an autistic child that for a number of years has received services from DDS-sponsored agencies in the nonprofit world as well as I'm on the board of two different groups -- Gilead being one of them that provides services for mental health and addiction services with DHMAS funding and DDS funding through my cultural role.

My experience in the last 30 years that I've been dealing with these different issues is that nonprofit community provides a lot of services very

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well, very appropriately and economically and obviously the lesser cost than the state services, as you all know.

But the funding decisions over the last decade or so -- and Katie referred to some of this and so have others -- have really made a difference in terms of what I'm seeing in terms of what services are provided -- can be provided for people and the affordability of all of this.

The appropriations have not changed for a period of time. Many providers have not received any increases since 2007. The organizations, from the management perspective, they're very lean. They're running deficits in many cases and those deficits have to be covered by liquidating assets or raising funds through -- through donations and so on.

And as on the board of two agencies, I see that very clearly. I've seen that as a consumer with the agencies my son's been involved with.

The people that -- the individuals that actually are providing the services have been great, including state employees and the nonprofits. They are a source of hope for many of these clients ranging from addiction services to mental health issues. You've heard people here talk about that. And then the departmental disabilities world as well.

But I've seen those staff members, just as Katie was talking about, it sounded like she had written my speech but I've seen a number of people who had to leave because they simply can't make ends meet. They had no increase in ten years, they're working two, three -- in one case I think one person was working four jobs just to pay the rent and take care

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of her grandson who she was taking care of for other reasons.

And a situation very similar to what Katie mentioned, my son has a supported employment position once at the Coast Guard. He made more money than the people that drove him there and supported him in his group home. He made \$11.00 dollars -- \$12.00 dollars an hour, I think -- and they made \$11.00 dollars so not a very lucrative career.

And it's not something people do for fun. Oops, we're running out of time. Okay, quickly -- Medicare rates are inadequate. The -- for the DHMAS clients, we lose about \$27 million dollars, nonprofit groups do over the course of a year because of that huge deficit. We're covering it through the agencies.

Please look at the grant funding for behavioral health, it's been cut by 29 percent over the last six years. We've had a tripling of addiction for opioids and the funding's been cut.

The waiting list for parents is -- is an issue that needs to be looked at. Still, I had a friend I talked to today who's 68. Met with DDS, was told, we'll provide services for you, he definitely needs them. Wait two years, you're not 70 yet. When you're 70 we'll consider it.

That's not the kind of thing I didn't want to say that in front of the younger parents that were here.

REP. WALKER (93RD): Thank you.

DAVE PORTEUS: Okay and -- I think the -- I'll skip through this. It's important to index this to look

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long-term over what's done and have a long-term spending fund because this is not getting better, it's getting worse.

My wife made a comment to me before I left about if the community chooses to take care of its most vulnerable individuals, what does that say about the community? Too many decisions are making in appropriations that are determining the age 70 limit for DDS, what services we give to people.

And I appreciate your support. I know you all care about this and I thank you for your help and your effort to make this work for everybody.

REP. WALKER (93RD): Thank you, sir. Thank you very, very much. [Applause]

REP. WALKER (93RD): Susan Heise? Susan? And then Joseph Defosse. Defosse? Defosse? Joseph? Yeah? Okay, after Joseph, Ellen Carrolle. Is Ellen Carrolle here? Ellen Carrolle, okay.

SUSAN HEISE: Okay, and the microphone is -- okay.

REP. WALKER (93RD): Good evening.

SUSAN HEISE: Hello everybody. I know it's been a long evening. My name is Susan Heise. I live in Hebron, Connecticut and I have a special needs daughter. She has autism. So I'm her mother, her guardian and her mentor and I've been doing this job for 33 years. And this is the first time -- the last six months or so -- she is at an Oak Hill group home. I'm seeing the staff just fading away.

She was supposed to have a one-on-one, 24/7 mandated by the state of Connecticut and that has been taken away. The agency was able to help me because I became blind so I couldn't drive over to Katie's

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house anymore. But now they can't help me with it so I have a person caring for me and now I have to have another person to care for Katie because one person can't manage the both of us.

So the one word that I keep hearing over and over again, this whole day, is funding, funding, funding. And the bottom line is that all these different areas that the state is involved in need more funding.

I guess the best way that I can equate it to is there's a chocolate shop. And there are all these wonderful chocolates. Many, many people go there and then one day customers go in and all the chocolate's gone. And the people say, "Well, what happened?" And they said, "Well, you know, we couldn't get cocoa anymore so we have to go out of business."

And I feel that's been happening with Oak Hill in almost five years that my daughter Katie has been going there because I -- I've -- I see what's happening. They're closing group homes, they closed part of the day program at Oak Hill, if not the entire program.

There are just so many cuts and I've said this to upper staff at Oak Hill, that I was very worried about the future and what was gonna happen to the agency.

So on behalf of my daughter, Katie, and everybody else in a group home, I just am here because of them. There are special needs people, lots of them in the world, and it's not gonna stop. Special needs people have been around since the beginning of time and we need help.

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Thank you for listening.

REP. WALKER (93RD): Thank you so much for coming to testify. [Applause]

SUSAN HEISE: Sure.

REP. WALKER (93RD): Thank you. Joseph? And then Ellen and then Amy. Come on down. And after Amy, Carlos Vidal. Carlos? Is Carlos here? Is Carlos here? Carlos? No. Okay, go right ahead.

JOSEPH DEFOSSE: First, I would like to thank the committee for their time and the opportunity to speak.

My name is Joseph Defosse and I am a person in long term recovery, which means I have not used any mind-altering substances since June 5th of 2018. I am also a volunteer recovery coach and lead advocate at the Willimantic CCAR. I am an example of the strengths and weaknesses the system can have. Jail got me clean and I found my recovery at a CCAR recovery community center through my community service requirement.

That same system and the barriers it creates has made it so I have been unemployed while actively pursuing work for over a year, despite being a 4.0 student in a Master's program that checks all the boxes to be employable.

As a grad student in I/O psychology with a research background, I am a big fan of numbers and data. I imagine many of you are as well considering your membership on the Appropriations Committee. Because of this I am going to stop talking about me and focus on the numbers that show why DMHAS needs to be adequately funded.

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One in five adults aged 18 or older had a mental illness. Four percent of those are severe.

Twenty million Americans suffer from substance abuse disorder, costing \$740 billion collars to come out of the economy from crime, loss productivity and healthcare.

Eight point six percent (8.6) percent of working adults are suffering from substance abuse disorder costing \$74 billion dollars in lost productivity from alcohol use alone.

Roughly 50 percent of individuals with severe mental disorders are also affected by substance abuse. Of the estimated 20 million people age 12 or over that need treatment for substance abuse disorder, less than 19 percent of them get treatment.

Addiction is considered a highly treatable disease. Recovery is attainable. Ten percent of all Americans are in recovery.

In Connecticut, only 47.7 percent of adults with a mental illness receive treatment from 2011 to 2015 meaning less than half the people that needed services were able to see a provider at all.

Four percent of the Connecticut population had serious thoughts of suicide in the last year including ten percent of people 18 to 25.

Eight percent of the Connecticut population seeking treatment is not able to receive it including 16 percent of the people 18 to 25.

Sixty-five percent of the people in prison have substance abuse disorder which 75 percent of those 65 percent also having mental health problems.

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These inmates are provided with \$50,000 per year for the cost of keeping them in prison. There are 14,000 inmates in Connecticut with over 5,000 DOC employees. They have a budget of almost \$900 million dollars yet 32 percent of those inmates, once they're released, return to prison within a year. Frankly, I feel like DMHAS would be much better off with that money than the Department of Corrections.

Ladies and gentlemen of the committee, numbers do not lie and we clearly need to do better. DMHAS is our first line of defense against mental health and addiction in this state. Without proper funding, they cannot do the work the state desperately needs.

I humbly ask you to take this in consideration when you make your decisions on how to spend the state's money. Thank you.

REP. WALKER (93RD): Thank you. Great speech, thank you very much. Thank you for your testimony.

[Applause]

Ellen Carroll? I'm sorry. Joseph, did you submit testimony?

JOSEPH DEFOSSE: I -- no, I didn't.

REP. WALKER (93RD): Okay, you could. Okay, go right ahead.

ELLEN CARROLL: Hi there, thank you for your time this evening. My name is Ellen Carroll, I'm here today to represent the Connecticut Association of School Based Health Centers.

I am also a Provider and Program Director of the Dr. Robert E. Appleby School Based Health Centers in

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Norwalk, Connecticut. Oh, you know we're in Connecticut, sorry.

I'd like to first thank you all for your time here today and I'd like to thank the Governor for keeping the School Based Health Centers whole in the budget and then thank the Appropriations Committee for its continued strong support.

I have personally been involved in School Based Health since 1996 and have realized that providing students access to health care and health professionals during the school day has the power to transform the community for the better.

I'd like to share what I've found to be true about School Based Health with you. School Based Health Centers largely serve at-risk youth and provide a safety net for students with little or no health insurance. While our program has 49 percent of our enrollment with Medicaid, we still encounter another 40 percent uninsured, undocumented students whose cost of care will not be reimbursed.

By providing access to treatment and support, School Based Health Centers empower students so that they can establish and nurture healthy habits for years to come.

Twenty-four percent of our enrolled users are found at-risk for mental health or behavioral health issues and they are usually provided brief intervention or referred to a higher level of care within the same school day as that finding.

Ninety-three percent of the students who use our mental health services demonstrate improvement within three months.

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Another thing about the School Based Health is that health-seeking behaviors and preventions attitudes are developed with the support of the School Based Health Center team. Thirty percent of our overall population are found to be overweight and obese. Or obese. And are provided nutritional and activity counseling at the same visit.

Ninety-eight percent of our students report making, having made changes to improve their health and lifestyles since coming to the School Based Health Center.

School Based Health Centers eliminate disparities in care, assure care for vulnerable populations and keep all students healthy and safe.

This school Year in Norwalk we have appreciated an influx of high complexity, unaccompanied minor immigrant students. While it was a challenge that we have met favorably, it caused considerable strain to our limited resources. Continued funding is integral to our ability to serve the community.

School Based Health Centers allow students to be healthy and in the classroom, their parents at work, and their teachers focusing on their students' academic needs.

Please continue to support School Based Health Services in the budget and thank you very much for your time.

REP. WALKER (93RD): Thank you and we all love School Based Health Center. Thank you very much.

Next we have Amy Brown? And is -- is Steve Tracey here, too? Why don't you come on up because both of you are from the same one?

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AMY BROWN: Hi, good evening. I am Amy Brown. First of all, thank you for having us here, Representative Walker and the committee, I appreciate being here.

So my name is Amy Brown, I'm the Controller at Ability Beyond, which puts me in charge of the budget and as you've heard tonight, that's a struggling position to be in.

We serve 3,000 people funded by DDS, DSS and DMHAS and other funders also. And we're in the western part of the state.

The funding problem with the DDS has led us to losses in the neighborhood of \$1.5 million dollars annually and we can't sustain that. We just can't. It's -- we've looked at a little comparison.

Minimum wage has gone up 103 percent in this time period from 2007 to now and we're certainly not asking for 100 percent increase in funding. The 28 percent increase over five years and seven percent this coming year is really just a drop in the bucket to get us back to level par.

So we have to pay our staff more to have people to work. The people that we serve have needs that are just increasing and with level funding it's -- it's bringing us to the point where we have to consider potentially closing some programs and that's really not something we want to do.

Over time, you know, we've -- we and other providers in the state have all been really creative in finding ways to keep staff and -- and not have the funding to pay for them.

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In addition to that, in addition to the losses that we've experienced over time, we're also facing a new problem with implementation of electronic visit verification for some of the services that we provide that will start in January and we've had experience with that with other funding in the AVI waiver and it's a cost.

There's an increased administrative cost and a duplication of effort on the part of staff and it's just one more drop in the bucket to the staff that has to do more work for no more pay and the administrative burden that we're anticipating is in the neighborhood of \$150,000 dollars. So it's just one more problem that we're gonna have to overcome.

At this point, 75 percent of our life skill instructors make that mandated \$14.75 which is testament to the turnover and the fact that long-term people can't stay in the industry.

And Steve needs a few minutes but we certainly do support the \$461 million dollars.

REP. WALKER (93RD): Thank you.

AMY BROWN: I think that's obvious.

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

STEVE TRACY: Thanks, Representative Walker and Representative Lavielle and members of the Committee.

Steve Tracy, Goshen, Connecticut. You all were kind enough to hear me out on the DSS budget on behalf of my son, Christopher, and the Ability Beyond Group Home that has cared for him for 30 years.

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I don't need to repeat all that. Just two points. One is that at Ability Beyond, across all of the DDS programs that we run this year, we expect to lose about \$850,000 dollars. Just one year.

And that's following Herculean cost control efforts and a seemingly endless stream of fundraisers and capital campaigns. This is exhausting to Amy and to our staff but it's unsustainable long-term for our organization.

As I mentioned the other night, I've been at this long enough to see Connecticut's nonprofit organizations chronically underfunded under Democratic and Republican administrations as compared to the funding that the state provides to state-operated programs.

If you all do not do something to change this trajectory, if organizations like Ability Beyond and other nonprofits are slowly squeezed out of business, then you or the people who sit in your chairs in the future will face the terrible choice of either moving our loved ones onto costly state programs at taxpayer expense or just watching the [Inaudible 03:59:40].

So I'm asking you for two things. One, please be as generous as you can in funding for our disabled citizens both at DDS and DSS and also at least announce a goal and take a first step toward equalizing the funding support that you provide to your community nonprofits as compared to agencies run directly by the state for similar populations. At least that would give us some hope [crosstalk].

Thank you.

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REP. WALKER (93RD): Thank you. Thank you for your testimony.

STEVE TRACY: Two minutes.

REP. WALKER (93RD): Two minutes. Joyce Lewis? After Joyce, Heather Smith? Is Heather here? Heather Smith? Yes, okay. After Heather, Christina Emery. Christina Emery, are you here? Okay, great. Go right ahead.

JOYCE LEWIS: Good evening. Thank you for staying so long and paying attention to so many different people tonight. I really appreciate it.

My name is Joyce Lewis. I am the Executive Vice President of Key Human Services, a private nonprofit business supporting individuals with disabilities across the lifespan and across the state of Connecticut. Thank you for this opportunity to testify.

I'm here today to thank you for the funding last year, to raise our direct professionals' wages to \$14.75 an hour. This increase has changed the lives of so many of our employees. Thank you. This was an important step in recognizing the importance of the work that they do every day. Their work is not minimum wage work.

Today I ask you to take the next step to fund the differential wage increase as the minimum wage increases. The differential established last year recognizes the responsibility inherent in the work that they do.

At Key, our mission is to act as a change agent. Our Direct Support Professionals are called on to intentionally seek out opportunities to facilitate

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independents and connection to the community that fits the skills and interests of the individuals that they support.

Again, their work is not minimum wage work. Please don't let the minimum wage increases erode the commitment made last year to these crucial workers.

On another note, as the Department of Developmental Services implements electronic visit verification this year, I ask you to fund the infrastructure necessary for providers to undertake this additional mandate. Our agency currently uses EBV with our autism waiver work and knows firsthand the administrative time required for this process let alone the start-up costs of electronic devices, data entry and training.

Rate increases are necessary to support the ongoing costs of administrative review and resubmission. Again, when using this process with people living on their own, it's important to bring your own device as the person may not wish to share their device.

Each staff in our mobile workforce has an electronic device with cellular service in order to make that work.

For these reasons, a rate increase is necessary to support this additional requirement. It has been suggested that EVV will be a cost saving addition. However, if there are any cost savings, these would be realized at the state level based on a failure to have to pay for services rendered but with exception. The providers will be bearing that cost. There are no cost savings for providers -- just cost.

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Please increase the rates to support these underfunded programs that enhance the independent lives of the individuals that we support. I again will echo the statements of all of the agencies you've heard today to increase the funding by \$461 million dollars. Thank you very much for your time.

REP. WALKER (93RD): Thank you. Thank you very much. Thank you for your testimony. Go right ahead.

I'm sorry, before you go, Joyce, what town are you from?

JOYCE LEWIS: [Off mic]

REP. WALKER (93RD): Okay, thanks. Go right ahead.

HEATHER SMITH: Good Evening Senator Osten, Representative Walker and members of the Committee. My name is Heather Smith, I live in the southeast end of Waterbury, Connecticut and I am a P1 employee, a Safety Education Instructor. I work a non-standard shift which implies that I work all three shifts, any given hours.

With that working, I have been doing that for 16 years with the Department of Mental Health and Addiction Services. I have 36 years of experience in Healthcare and Human Services holding positions from administrative to clinical and line staff work.

I have worked both in private and public sector settings ranging from hospitals to community. I am here today to speak about mental health services in Connecticut and the need to adequately fund, staff and train the workers who deliver these services.

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I work for the SETU, Safety Education Training Unit, which is not immune to the same staffing shortages that the whole of DMHAS is struggling with.

Currently, there are only seven trainers that assure agency compliance in totality, which doesn't include the non-profit state funded agencies who are in great need of training. Safety training.

SETU was at one time 12 people strong, then nine, then six, then four. Currently, we have seven Safety Education Instructors and one training program coordinator. There were five SEIs -- trainers -- that were hired last fall. We are now a division mostly with inexperienced new hires. However, we have one of the three that is a retired fire fighter with evident additional safety knowledge.

The SETU provides mandatory/contractual/experiential training for agency staff, who then provide direct care to our DMHAS clientele. Training includes: lifesaving techniques, physical skills for containment of violence for those who may pose immediate risk. Also de-escalation skills, both verbal and nonverbal communication for a person-centered trauma informed care and interaction with DMHAS clientele.

I am very proud of the work that our training group does. I would hope for more staffing for our trainers and as I said earlier, out of the seven that we now have, we are actually back down to five. One is out on worker's comp and one has already transferred out of our division.

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We've been operating with very few trainers even prior to 2014. We are the representatives of the Office of the Commissioner and the first of what new employees will spend a three-day training course with and there should be more consideration about how many trainers we have in the SETU.

This is very hard to do with what we have because we are traveling to all the state facilities within DMHAS and we may have within a two-week period one, perhaps two, office days and there's a huge turnover of equipment that requires maintenance.

I worry terribly regarding about our direct care staff for burnout and physical injury and how that affects the interaction and therapeutic needs with our clientele.

The state has a dual responsibility to both -- yes, the consumer but also the state worker to provide a safe and secure work environment that includes adequate human resources. All of our safety training is pinned on adequate human resources.

If we do have to look at funding, let's reassess the hierarchy but build a foundation. Build a strong foundation.

REP. WALKER (93RD): Thank you. And thank you so much for your testimony.

HEATHER SMITH: Thank you.

REP. WALKER (93RD): What town are you from?

HEATHER SMITH: I'm from Waterbury. The southeast end of Waterbury.

REP. WALKER (93RD): Okay, thank you.

HEATHER SMITH: Thank you very much for your time.

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REP. WALKER (93RD): Mm-hmm. Christina Emery and then Kathy Flaherty. Kathy Flaherty. Come on down. Oh, there's Kathy, yeah. Okay, go ahead.

CHRISTINA EMERY: Good evening. Thank you for having me today. My name is Christina Emery, Executive Director of Prime Time House. I'm here also in support of the \$461 million dollar request which is needed to replace the loss of funding that we have not received since 2007.

But I'd like to spend my time telling you a little bit about Prime Time House in Torrington, Connecticut. We offer pathways to independence and productivity to adults living with severe and persistent mental illness. Last year we supported over 400 adults that reside throughout Litchfield County.

Our Clubhouse is a psycho-social program that follows an evidence-based model. It's proven to be cost effective compared to other mental healthcare approaches. In fact, one year of holistic recovery services at Prime Time is delivered at an annual cost of just \$1,716 dollars per individual which really isn't enough to provide the services but that's what we're funded. And this is much less than the cost of a two-week psychiatric hospital stay.

Our contract with DMHAS is for 50 individuals per month in our social rehab program. Due to the tremendous need and the fact that we don't turn people away, we are actually supporting 100 each month. And that's done with a clubhouse staff of just six.

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The members we support come for friendship, meals, food pantry access, and to contribute to the running the clubhouse by participating in the work ordered day. Our members regain confidence and learn skills to return to the workforce and we're currently supporting 11 that are furthering their educational goals with college courses or vocational training.

We also support adults that are returning to the workplace and last year --

REP. WALKER (93RD): Excuse me for one second, does anybody belong to that? [off mic] Okay. I apologize. Somebody left the camera on. Okay.

CHRISTINA EMERY: It's not the drum, so.

REP. WALKER (93RD): Okay, go right ahead, I'm sorry.

CHRISTINA EMERY: Last year we had 37 members in our clubhouse work in the community and they collectively earned \$440,000 in wages. Proudly contributing to our community and the economy.

Our career services supported employment program helps adults find pathways through competitive employment and it gives someone -- a job gives someone struggling with mental illness a purpose and a reason to get out of bed.

It also puts people to work in the community. The employment rate among our program participants is 42 percent as opposed to just 15 percent of the general population for those with mental illness.

These goals of providing high-quality services do not come without challenges. Year after year of flat funding and budget cuts continue to put pressure. We have already eliminated a

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transportation program that provided over 300 rides over a three-month period throughout rural Litchfield County. It brought people to medical appointments and to other community services.

And with -- limited -- without public transportation this program was very much -- much needed.

As other providers reported, we are also having tremendous difficulties filling positions. We had a 35 percent staff turnover rate just last year and we simply can't compete with even the minimum wage, which that wage compression issue is making it very difficult to attract and retain employees.

So in closing, I just ask that you remember the community provider and remember that we can reduce state costs while providing much needed services to a vulnerable population. Thank you.

REP. WALKER (93RD): Thank you and thank you for your testimony and I'm sorry for the interruption. Have a good night.

Kathy Flaherty. And then Melody Davis. Is Melody Davis here? Melody Davis? Okay, is Diana Giordano? Okay, how about Brian Reignier? Brian? Great. Go ahead, Kathy.

KATHY FLAHERTY: All set?

REP. WALKER (93RD): Mm-hmm.

KATHY FLAHERTY: Good evening. My name is Kathy Flaherty, I'm the Executive Director of Connecticut Legal Rights Project, the co-chair of the Keep The Promise Coalition and a member of the Cross Disability Lifespan Alliance.

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You already have my written testimony so I'm really just gonna talk about some things that I heard earlier today when the subcommittee was talking to the Commissioner and some other points that I wanna make.

I join my colleagues from the community nonprofits saying we have to do something about the funding because even though our service -- our funding line -- has remained level, which I'm very grateful for, it -- our clients feel the impact of all those other cuts all the time.

And -- but the one thing in this budget, that \$3 million dollars for the community placements out of CVH, people should know that that number -- I don't know where it came from but it is not only consistent with the department's goals, it's consistent with the law. That money is being placed in the budget because CLRP has maintained a lawsuit against the state of Connecticut for the last two years which is still pending in Superior Court.

Saying that the state is violating people's civil rights by keeping them locked up in our state-operated facilities when they're clinicians have determined that they are ready for discharge to the community. But because we don't have adequately funded community supports because people have been unable to keep the promise for the last 20 years when you closed Fairfield State and Norwich State, people are stuck in the hospital.

So I don't know what the plan is and I look forward to hearing what the plan is about getting people out, but I put everybody in this building on notice several years ago that you were putting a bunch of

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angry disability rights lawyers back in the hospitals.

So what we have done is we have changed the way we do our work. We're focusing on bigger systemic problems. That is why we are litigating against the state of Connecticut right now. It is why we're taking on issues in probate court like appealing forced orders of electroshock and forced orders of medication. And we are winning those appeals which means we're protecting people's right to choice in their treatment.

We are getting money back from our clients from conservators who have spent their money inappropriately. And you people need to know, we have served a thousand people last year. I have a staff of 13 including me and I don't do cases.

Our folks are working themselves into the ground and I experienced the same problem as an executive director, as all my fellow people do, I have to offer really crappy benefits because we don't have the money to afford good healthcare.

I have people who are unable to address their own healthcare needs because we have a really bad health insurance plan but we can't afford to do better. So -- and that was something I was talking about with a couple of my colleagues before.

I just want people to realize we have been doing more with less for a really long period of time and I know especially all of you on this committee -- you know, all of -- actually all 187 of you, none of you went into this job to deny care or to deny services to the -- what you all label as the most vulnerable people in the state. You all want to do

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the right thing but there comes a time where you have to put cash on the table. And I don't know how you get it.

We will be at Finance Revenue and Bonding, too, but every time they cut a tax, every time they create another exemption, they're taking away money to serve people.

I told you all the -- I -- you were in the other room the other night. People like me used to die. People like me used to stay in hospitals for our life. We are out, we are living in the community, we wanna have lives but people need support.

And I'll answer any questions but I'm sure you don't have any tonight. [Laughter]

REP. WALKER (93RD): No. Thank you very much. Thank you, Kathy, have a good evening.

Okay, Diana Giordano and after Diane, Brian. Brian, come on down and after Brian, Deborah Carpenter? Great, come on down. Go right ahead.

DIANA GIORDANO: Good evening, Representative Walker, members of the Committee. My name is Diana Giordano, I'm a Crisis Clinician and a Licensed Professional Counselor with United Services in Mansfield.

I've been working in the mental health field since 2007 and have been with United Services for about a year-and-a-half now.

I have never worked at an agency like United Services that has this fast-paced of a revolving door when it comes to its employees. Simply put, a lack of funding for private nonprofits equals low pay which in turn means a lack of stability for all.

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We have no bonus incentives for our hard work or loyal years spent on the job and raises do not exist unless you earn a higher degree. This being said, I personally attained my license last year and I earned a twenty cent per hour increase. That equals eight extra dollars a week.

Clinicians are coming in green from school, earning their supervision hours and once they attain their license, they're back out that revolving door to find considerably higher paying jobs for equal or at this point even less responsibility.

Working for an agency that does not show -- or rather cannot show -- gratitude for its loyal employees creates an environment of low morale, low job satisfaction and high burnout.

But what about the clients? It isn't fair for them to not know if they're gonna walk into a new clinician every few months because their assigned clinician has left. It isn't therapeutic for our clients to have to start over every few months and break the progress of their treatment because their therapist can't afford to work for the agency anymore.

It isn't fair for our clinicians that do remain to take on larger and larger caseloads. One clinician cannot give the same therapeutic treatment to 85 clients as they would a smaller, more reasonable caseload.

We want to stay because we love working with each other. We love what we do. But when clinicians start breaking down -- and I mean literally crying in my office because they are overworked with no clinical support and given the responsibilities of

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another or two other clinicians -- we collectively become weak.

We are not working at our optimal best. Therefore we cannot give our optimal best. And this is not only not fair to our clinicians but it's unfair, non-supportive nor therapeutic for our clients.

This is not about greed and making the most money we can. This is about the real life struggle for the middle class employees to earn a living and to be able to support their families with incomes that are \$17,000 dollars less a year than the average salary in Windham County alone and \$7,000 dollars less a year than the national average for clinicians.

As you all know, minimum wage is increasing to \$15.00 dollars an hour in 2023. In order to be on the same level playing field, we need at least an \$8.00 dollar an hour raise for the next three years.

Please take this into consideration and fund our services. Thank you for your time.

REP. WALKER (93RD): Thank you. Did you submit testimony? Written testimony?

DIANA GIORDANO: Yeah. Yeah.

REP. WALKER (93RD): You did. Okay, thank you.

DIANA GIORDANO: Thank you.

REP. WALKER (93RD): Thank you, have a good night. Brian Reignier. And after Brian, Deborah Carpenter. And after Deborah Carpenter, Celina Kuemper. Celina Kuemper? Okay.

BRIAN REIGNIER: I wanna throw a shout out to my wife Lisa first who kicked me out of the house to come here tonight because she was in pain and she

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wrote all this up for me. So it was a real sacrifice for her.

I want to acknowledge first the compassion, the friendliness and the dedication of --

REP. WALKER (93RD): Could you just state -- state your name again?

BRIAN REIGNIER: Yes, I'm Brian Reignier, I'm sorry, I was gonna get to that. I'm sorry.

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

BRIAN REIGNIER: The compassion, friendliness, dedication and courage that fills the room. I noticed the faces and the words that came out of the -- up front here -- and I'm convinced that you're not the problem, I'm convinced that you heard a lot of desperate entreaties tonight and that maybe you -- we'd all be better served if the people who were making those entreaties somehow got together with a broader coalition, a network of advocacy, and went to the source of the problem where people are taking that money back that you would like to reinstate.

I'm gonna skip my bio if it's all right. I'm gonna be referencing some history and some concept. DMHAS, despite Connecticut laws, dismantled the independent grassroots structure known as the Regional Health Boards and Catchment Area Councils that complemented them.

The CACs were charged by legislative wisdom in 1975 to review, evaluate, and support DMHAS-funded mental health services. Supported by statute, the CACs were composed of persons in recovery, families, and representatives of the several towns in the five regions.

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Those committed grassroots volunteers would assess the health, safety and recovery potential of DMHAS-funded services. The volunteers would support those agencies by assisting them in enhancing the delivery of their programs for the benefit of the persons they serve and, by extension, their families.

As mentioned, DMHAS removed the CACs citizen oversight role. However, vigorous advocacy by persons and organizations from all reaches of the state resulted in DMHAS restoring the oversight responsibility to the CACs.

What remains then, is restore to health those CACs that were damaged and disheartened on DMHAS' watch over many years. If statewide system of Catchment Area Councils is restored, two things can occur as corollaries. First would be the statewide application of site visits, where grassroots review is actually conducted within agencies, as an integral component of CAC oversight across the state.

Second would be the provision of grassroots-based independent review of addiction services, as well as mental health services. The time has come for DMHAS to expand its recent conversion to reinstating responsible oversight of its public services -- both mental health and addiction services -- across Connecticut.

So Connecticut citizens need the leadership of DMHAS and your powerful influence to reach these essential and worthy goals.

Thank you.

REP. WALKER (93RD): Could you just tell me, what town are you from? I'm sorry.

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BRIAN REIGNIER: I'm from Millington right now.

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

BRIAN REIGNIER: Yes, thank you.

REP. WALKER (93RD): Thank you very much.

BRIAN REIGNIER: You're welcome.

REP. WALKER (93RD): Thank you for your testimony. Deborah? After Deborah, Celina. After Celina, Indra? Indra? I'm sorry. She already testified. Indra? Indra? Is there an Indra here? I'm not trying the last name.

Okay, Ellen, is there an Ellen here? No. Margaret. Margaret Watt. Is she here? Okay. All right, go right ahead.

DEBORAH CARPENTER: Good evening, Representative Walker and the rest of the Committee. My name is Debbie Carpenter and I work at Gilead Community Services at the Valor Home.

The Valor Home is a supervised apartment program which houses five men ages 36 to 69. Not only do we keep the men safe and cared for, we teach them how to keep themselves safe and others safe. And we teach them to make connections with the community.

Valor Home is a home and staff treat it as a home and we treat clients as family. At the Valor Home, we celebrate every holiday which includes Super Bowl Sunday, March Madness, the occasional Walking Dead marathon.

We celebrate everybody's birthday. In the summer we have weekly barbecues, we invite other Gilead clients over and have badminton matches. We have a

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large garden and we use our crops for healthy cooking classes.

One year we entered a talent show and made a paper mache car with working headlights and somehow I talked ten staff members and nine clients to dress in 50s garb and we danced and preformed Greased Lightning.

My coworker Joyce and I decided we should march in the Middletown Memorial Day parade for Gilead's 50th anniversary. This has now become a tradition.

For the past four years, we joined other Gilead supporters in the Harvard Pilgrim Healthcare Road Race. Two of the men in the Valor House and myself are on the race committee.

Last year I decided we needed a vacation so I booked a camping trip for the men. I overcame obstacles of staffing and food budgets and we booked four days at Camp Harkness. Staff volunteered to switch their times to avoid overtime and -- and we switched our schedules around. We had a relaxing four days at the beach. One of the men said, "This is the best vacation I ever had."

This went so well that I just booked another week for coming up in June.

Staff at the Valor House keep the men safe but more importantly, we show the men how to enjoy life. Year after year we come and we ask that our programs be fully funded so we can continue to serve the community members who suffer from mental illness. For 13 years we've been asked to do more with less. This is my specialty -- doing more with less.

We ask you please fully fund our services.

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REP. WALKER (93RD): Thank you. Thank you, Deborah, and where are you from, I'm sorry?

DEBORAH CARPENTER: I live in East Hartford but I work in Middletown at Gilead.

REP. WALKER (93RD): Okay, all right. Thank you so much. Celina. And then Margaret. Go right ahead.

CELINA KUEMPER: All right. Good afternoon, Representative Walker and distinguished members of the Appropriation Committee. I know you're -- you've probably already heard what I'm gonna say tonight so I'll try and keep it brief. You have the written testimony.

I am Celina Kuemper, I'm a Director at Journey Found. We are based out of Manchester, we serve people with disabilities throughout Connecticut and I live in Groton and oversee the southeastern region.

Obviously, we face the same difficulty as all the other agencies who have been up here. Finding staff is next to impossible. We're competing with the casino, we're competing with EB, we're competing with Pfizer. And basically they could go to any grocery store and make the same amount that we can pay them.

This is -- I mean it makes it difficult to work in the field but the worst part is the affect that it has on the people that are being supported. I can't imagine what it would feel like to wake up in the morning and not know the person who's coming into your room. That's an unbelievable thing for me to imagine.

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So along with everyone else, I'm here to request that the legislature appropriate \$461 million dollars over five years for community nonprofits -- 2007 is the last time there's been any sort of rate increase. The rates we're paid for some of these services, we've -- we stopped providing them because they don't even cover the cost of staffing.

We've been forced to turn away people in critical need for services because their funding just doesn't cover the cost of providing those services.

Every year that our rates are not increased to keep up inflation, we essentially lose funding because the costs of doing business are not stagnant. They go up every single year.

Journey Found opened in 2014 and since then the cost of providing benefits for our employees has gone up 11 percent. The cost of providing healthcare has gone up 35 percent and we're trying to make this work with the same amount of money that -- year after year after year and there's only so much you can cut.

There's only so many places you can take from until it starts affecting the people that are being supported until you start seeing, you know, increased incidents of abuse and neglect because we can't hire enough staff and we have to pull staff or the money just isn't there.

I would say at this point I know you hear it every year but it is reaching a crisis. And we can't -- we can't keep doing more with less every single year. These cuts that we have to make as agencies should never be acceptable solutions. We're reaching a tipping point, really, within the

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nonprofit sector where we just don't have anywhere else to cut from.

The nonprofit sector can no longer bear the burden of balancing the budget year after year. And thank you for listening, thank you for your support.

REP. WALKER (93RD): Thank you. Thank you for your testimony. Margaret? Edwin Aponte? Is Edwin here? Edwin Aponte? No. Is Shannon Hanson here? Shannon, come on down. Is Freda Vonguard here? Freda Vonguard?

Before you say anything, is there anybody in here that has -- that wants to testify that has -- has not been called. No, not you, Gian-Carl, you're not [laughing]. All right, go right ahead.

MARGARET WATT: Good evening, Rep Walker, Rep Lavielle, members of the committee.

I'm Margaret Watt, I'm a resident of Norwalk and I'm the co-director of The Hub, which is the Regional Behavioral Health Action Organization, RBHAO, serving southwest.

So I'm here like everyone else wearing my green, urging you to support funding to nonprofits. I think everything that the woman before me said is true. It's beyond the tipping point. Everyone is acting like they are the last man standing, finger, you know, hole in the dike. And it can't get worse than this, it just can't.

So I know you're hearing all these stories all night, you're hearing individual stories, I just heard some in the other room from parents with tremendously just affecting stories.

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My role is -- I'm a family member as well -- but my role is to help plan, coordinate and support mental health, substance use, suicide and problem gambling throughout the region.

So I'll just give a couple of examples of impacts that we see on that level. Just examples since funding has ceased to be increased. So the state-operated agencies serving most of our ten-plus have its staff. Can't hold onto a psychiatrist, didn't have bilingual clinician.

State-operated mental health system is the bottom of the safety net. So if they're referring -- if they're trying to refer Spanish-speaking clients out, there is nowhere for those people.

We lost two transitional residential programs a couple years ago. Those were not replaced. Entire level of care gone that's supposed to be a step-down from the hospital or diversion from homelessness.

Mobile crisis services are down to Monday to Friday, 8:00 to 4:30 p.m. and no Spanish-speaking clinician. Unfortunately when you need an adult mobile crisis, it's not always during working hours. And it's sometimes on weekends.

Residential Support Services which is a level of care funded by DMHAS, private nonprofits had these programs for people with severe mental illness. They were all transformed into a type of -- a model called community support program a few years ago, not because that's because what people needed always but higher caseloads, worse rations of staff to clients, different hours -- really diminished services.

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I was at a presentation last night by NAMI on the different types of housing options. The mental health group homes in our area have one-and-a-half year waiting lists. Again, it's just there's nowhere for people to go.

That's on the mental health side. I also want to talk on the prevention side because that's another area where we work.

And logically, if our system were investing money, if you guys were able to start from scratch and allocate money differently, you know, you start upstream. You build healthy communities and then you prevent the intensive and expensive treatments that are really the last thing that's being protected at this point.

I know my colleagues Pam Mautte and Marcia Dufore have already pointed out to you, the state doesn't fund prevention. All prevention money is federal money.

Jim Himes was down in our region today celebrating that we got, you know, three of our communities -- four of our communities actually -- got drug free community grants. And we're celebrating that, you know, communities are getting \$125,000 dollars a year to do prevention. So what, you hire someone and you pay some rent and you've got almost nothing left over. And that's -- but that's a win because we put like \$5,000 dollar increments into towns -- to volunteer coalitions -- to try to prevent everything.

It's -- it's not the way to fund a system. So you know, even the funding to us as BRB chairs, it doesn't cover my salary. We're in the hole. To do

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what we do and we're trying to do what four agencies did a year-and-a-half ago.

So just evidence, more grist to the mill and I know my time's up but I'm almost the last person. If I can just say think when you're making your allocations you have to just -- if you can take that step back from like all the different demands and go, "Which should the government fund? What is" -- decide based on priorities.

And government has to prevent the social ills and promote wellness and protect the vulnerable and -- and focus on things that keep people in their communities which is lower cost and healthier communities once again. Focus on that instead of the institutions and the other things.

REP. WALKER (93RD): Thank you.

MARGARET WATT: Thank you.

REP. WALKER (93RD): Thank you very much for your testimony.

MARGARET WATT: One sentence comment that I just wanna say because I know there's that possibility of funding of using marijuana.

REP. WALKER (93RD): Okay, go ahead. Go ahead.

MARGARET WATT: Using marijuana to raise revenue. I just want to say if you guys -- if the Committees do that, please lock in some of that revenue for treatment and not just prevention. Because I know there's advocacy around that but there's already increasing marijuana-induced psychosis being seen in the institution.

REP. WALKER (93RD): Thank you.

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MARGARET WATT: Thank you.

REP. WALKER (93RD): Thank you very much. I just -- I just want to make sure. Edwin Aponte? No. Okay. Shannon. And one more time, is there anybody in here who I didn't -- whose name I did not call?

Go right ahead.

SHANNON HANSON: Okay. Good evening, members of the Appropriations Committee. My name is Shannon Henson, I'm a Program Manager for School Based Health Services with the Community Health Center, Incorporated.

I'm here today to thank you and the Governor for your recognition of School Based Health Centers as a valued healthcare partner in the state.

Your decision to maintain the DPH allocation for School Based Services at the same level of funding will be a great support to the work we do.

CHC provides care in over 150 school locations and served close to 19,000 children during the last school year.

Every child deserves a chance to be healthy and to reach their full potential in life but many children have health issues and face barriers to care that make it difficult for them to learn and succeed.

School Based Health Centers help address these issues by providing medical, dental and mental health services to students across the state.

By bringing these services directly to students in schools, the School Based Health Centers break down the access barriers. When access to services can

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become the norm, children learn to advocate for their own health and wellbeing.

And when children are healthy, as we know, they're better equipped to learn -- be in school and to learn.

So today I ask that you please continue to maintain funding to School Based Health Centers in our state so that young people can continue to thrive and stay in school.

Thank you for your support.

REP. WALKER (93RD): Shannon, what town are you from?

SHANNON HANSON: So I work with our schools in Middletown and New London.

REP. WALKER (93RD): Middletown? Okay. Thank you.

SHANNON HANSON: Thank you.

REP. WALKER (93RD): Thank you for your testimony. So there's nobody else here that we didn't call.

Okay, I just want to thank Commissioner Delphin-Rittman and Commissioner Scheff for staying with us. I think that's a true testament to your commitment to your -- your agency. So I thank you and I didn't stick you out, I just said you're in the office -- audience -- so they had to find you.

[Laughter]

So everybody have a safe trip home and I think we have a lot to think about after all of the testimonies we had here today. So everybody have a good evening. Thank you.