

CHAIRPERSON: Senator Catherine Osten

SENATORS: Formica, Lesser, Somers

REPRESENTATIVES: Betts, Gilchrest, Horn,
Tercyak

SENATOR OSTEN (19TH): I don't know if anybody's here because I have 80 people on the list, and I don't see 80 people in here. [Laughing]. So, let's go. The first one up is Skyler Rivera. Is Skyler Rivera here? Oh, all right. Go ahead. Right there. Do we have a chair there? We don't even have chairs set up, guys. No chairs. Okay. Go ahead, and just push that button there so that you can speak, and it will be recorded, and identify yourself by name.

SKYLER RIVERA: I'm Skyler Rivera. Senator Osten and esteemed members of the Appropriations Committee, I'm from -- I live and vote in West Hartford, Connecticut, and I am in support of the DMHAS budget. I've spent nine years in the mental health system -- the past nine years, and it's been a difficult road, very difficult for both me and my mother. I was lucky enough to find a place in Hartford, the Institute of Living, where groups -- group settings were very common, and encouraged, and learning in those settings drew me a lot and is peer support, people would challenge me. People I just didn't know, I'd meet a day before, and they would tell me, you know, so what's wrong with that, you know, and push me, and I really appreciated it. And, that actually lies in one of the problems is the support that young adults need tend to be in

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bigger cities like Hartford, Bridgeport, New Haven. In West Hartford, there's nothing there, for example, so it took me a long time to even find the Institute of Living, which is well-known, and there's nothing in my own community, and that is upsetting, you know. West Hartford is known for bringing people in to trying to be a mini city, but we're not taking care of our own people, and our young adults, and I think that needs to change. I think we need more resources out there, and I'm talking about young adults because we're just left there, and we're the future, and it upsets me to see so many people that are my age struggling and they're not getting the opportunities I have just because my mom knew people, to be honest.

And, currently, I work at Join Rise Be, part of Advocacy Unlimited, and I'm a warm line operator, and we have a caller that's 26 that we're all the support she has, and it's upsetting. We wish we could do more, but we just can't, and just to be able to do that is so grat -- is gratifying -- yeah.

SENATOR OSTEN (19TH): Mm-hmm.

SKYLER RIVERA: And, I just think there needs to be more availability in different places, you know, not naming Hartford and Bridgeport and things like that. And, you know, another big thing is also health insurance. I'm on my mother's right now. I'm 25. I'm gonna age out. What is there for me after, you know? I go to a therapist. I see a psychiatrist, but what -- what happens later this year? And, I think that is also part of the peer services that can be focused.

And, I mean to sum it up, peer services, peer support is nothing like having a clinician, you

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know, all technical, but peer support is like it's just so common. It's people that get you. It's people that have been through the same things that can say, I'm on -- I'm on the right path. I'm on the other side of the path. I know you're in pain, but just look at me, use me as an example, and I think we need more of that.

SENATOR OSTEN (19TH): Thank you very much. Are there any comments or questions? Yes.
Representative Gilchrest.

REP. GILCHREST (18TH): Hi. Sorry. I'm late. I am the State Representative for West Hartford --

SKYLER RIVERA: Oh!

REP. GILCHREST (18TH): And, so I just want to thank you for being here, and I'll take a look at your testimony, and I appreciate you taking the time.

SKYLER RIVERA: Thank you very much.

SENATOR OSTEN (19TH): Any other comments or questions? I'm seeing none. Thank you so much. Next up is Leslie Bridges-Parent, will be followed by Luz Feliz. Go ahead. Yep.

LESLIE BRIDGES-PARENT: [Speaking off mic]

SENATOR OSTEN (19TH): Oh, they're saying your mic's not on. I can hear you, but your mic is not on. Right in front of you. Yeah. There you go.

LESLIE BRIDGES-PARENT: As well as -- so, I'm asking for the State, you know when they consider their budget to fund DDS appropriately, and especially for those it's our vulnerable population, as well as providing funding for those who care for our loved

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ones in -- in the public and private sector. So, thank you.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? I'm seeing none. Thank you so much. Next up is Luz Feliz. And, just identify yourself.

LUZ FELIZ: Good afternoon. My name is Luz Feliz, and I live in New Britain, Connecticut. I am the Young Adult Peer Leadership Coordinator for Join Rise Be, which is a statewide peer-run initiative run through Advocacy Unlimited. Our mission is to share our experiences to influence change at the local, regional, and state levels, connect with our peers and community partners to reduce discrimination against young people, and to help cultivate the belief that recovery is possible and we all have the capacity to achieve success.

As someone who identifies as being in recovery, I am here today to testify in support of the Governor's proposed budget. Specifically, I will be speaking to the DMHAS budget. Although, I am now in a position to help others, this has not always been the case as I was once in a position where my mind was more powerful than my will to help myself, and I was constantly being told that I wouldn't be able to live outside of an institutional psychiatric setting. As a teenager, I was hospitalized from month on end, received multiple diagnoses, and spent an absurd amount of time on one-to-one safety precaution care. All the while, I still believe that what lied ahead of me was never ending medication changes, constant sedation in the four-point restraints due to my self-harm behavior. I did not know what I was going to do, but I knew that

there has to be options out there that I wasn't seeing.

In the year 2015, my life was accidentally, yet positively altered. I decided to accompany my friend to a group at a local holistic healing center called Toivo, and after going the first time, I've been affiliated with Advocacy Unlimited ever since. Within this organization, I was able to find neutral support from peers who connected with me on a deep empathic level because they've been through similar situations before. I was able to find my true self and started learning to be okay with being genuinely me. Little-by-little, I was able to seek healthy alternatives to my self-harm behaviors, appropriately process past traumas, and get help in a way that was right for my healing. Through this community connection, I was able to become a warm-line operator, warm-line coordinator, and now a young adult peer leadership coordinator. Connection to a community and peer support is so much more than being able to relate to someone who has been there, although it entails this as well. One of the additional benefits include being able to create programs such as a state young -- such as a state young adult warm-line, a form based peer support line people can call to feel heard and validated or vent if they've had a rough day.

Through our peer advocacy, we also developed the Rise Leadership Training, and are in the planning process of the Lotus Project. Both trainings have been designed to help create leaders and leadership pathways within DMHAS Young Adult Services and promote the idea of a growth mindset rather than a fixed mindset. Along with my fellow colleagues here today, I ask that you protect funding for peer

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recovery services within the DMHAS budget, and we ask that you encourage DMHAS to expand funding for supports beyond clinical intervention. I feel it is essential that all young adults are made aware of and given the chance to experience alternative ways to deal with the issues they're bombarded with on an everyday basis. They need and deserve access to alternatives supported through this proposed bill. Connections to a community definitely saved my life, and I hope you will help me to continuing helping saving others. Thank you for your time.

SENATOR OSTEN (19TH): Thank you. [Applause]. So, -- so we're gonna do the clapping like this because we're really not supposed to do clapping just because. Don't ask me why. Just because, but we can still honor the speakers for what they do, so if you want to try it like this, you got it. All right. Thanks, guys. Are there are any comments or questions? Don't go anywhere. I'm seeing none. Thank you so much. Appreciate it. Up next is Kristie Scott, and she will be followed by Cat Parker.

KRISTIE SCOTT: Is it on or do I -- okay. I'm super nervous. I don't know why. Normally, I'd come up here with clients, and they testify and not me, so.

SENATOR OSTEN (19TH): [Laughing]

KRISTIE SCOTT: Thank you for being here tonight and hearing our testimony. I'm Kristie Scott. I'm the CEO of Perception Programs, which is a behavioral health company in Willimantic. I'm also a resident of Salem, Connecticut. I'm here to say that we need additional funding for nonprofit agencies. We're asking for \$461 million dollars to help right size the whole system of care. I hope you've heard this

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before. If not, I hope you hear it again. This money is really owed to our whole system to help support all of our clients. We have not received a cost-of-living increase since 2007, so all of our agencies, all of our clients have been working on a budget pretty much with no increase since 2007. So, the way that that affects people is that we cannot continue to provide the same level of care to individuals that need it -- that's individuals with substance use, mental health disorders. If you saw in the Hartford Courant -- I forgot what day it was -- Sunday or Monday or over the weekend, we're at number (inaudible - 00:14:30) of people dying of overdoses; 1200 people died last year, and I can tell you it's because we need more funding to help these individuals. It's a crisis. I know there's a rainy day fund that says, you know, we can't touch that, but it's pouring. It's pouring with people suffering with mental health and substance use, and people are dying. Obviously, I'm not reading off this, so you know, at Perception Programs, they have lots of very dedicated staff. I have residential staff working every day, assisting people to get to treatment, helping them go to bed at night as they're suffering trauma. I have case workers and outreach workers going into woods helping people come into the community and help get treatment, and they're making \$14 dollars an hour. They could go work at Cumberland Farms in Willimantic and make \$15 dollars an hour and get tuition reimbursement, so at some point, we're gonna have a hard time recruiting people to do this. This is very, very hard work. I would say the same for our clinical staff. A clinician goes through a Bachelor's degree, a Master's degree, and lots of other practicums to be able to serve people with mental health and

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addiction needs, and they live through some vicarious traumas, hearing people's stories, helping people, hearing that someone they're helping has died because they couldn't provide enough service. Often times, we have trouble hiring clinicians because we cannot pay them what they're due. Again, we haven't had a raise or cost-of-living adjustment since 2007. We can't get this money out of anywhere. You know, we hire -- we were able to get a grant to get a fundraiser, and we've increased our funds by like \$5000 dollars. Unfortunately, people don't want to give to agencies that are supporting people with mental health and addiction services. Sadly, I think if I put a sign and said I'm giving puppies away people would come more, and that's really sad.

So, I think my main message is that I hope you hear us. I hope you hear every single one of us tonight, and you support this ask of ours 'cause that's what we should be valuing. Nursing homes goes support, hospitals got support, and I think we need to walk away and say we supported the most vulnerable population we have in Connecticut, and if we don't, then I don't know what we're here to say about our citizens of Connecticut. That's it. Thanks.

SENATOR OSTEN (19TH): Thank you very much. Wait, wait, wait, wait, wait, wait. Let me just ask [laughing] is there any comments or questions? I'm seeing none. Now you can go.

KRISTIE SCOTT: Now I can go.

SENATOR OSTEN (19TH): Thank you. [Laughing]. Up next is Cat Parker, followed by Alyssa -- thank you Alyssa [laughing]. Go ahead, Cat.

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CATHERINE PARKER: Hi. Good evening, Senator Osten, Representative Walker, and the members of the Appropriations Committee. I also want to -- my name is Catherine Parker, and I'm a registered voter in the city of Bridgeport, and I want to take a second to thank our Governor for not proposing cuts to the DMHAs budget. I'm an active voter. I did vote for him. I believe in him and he has not let me down so far.

Okay. I first became homeless at the age of 15, and was diagnosed with mental illness when I was 15 years old. I have been chronically homeless throughout my life. When I came to Bridge House 12 years ago, I was homeless and living in my car. That is when I was first introduced to Advocacy, Keep the Promise, and the National Alliance for the Mentally Ill. I lived in my car in the parking lot on the side of the building and attended Bridge House six days a week, so essentially, that was my home besides living in my car. I received three hot meals a day. We had an evening program twice a week, and we were even open every Saturday where I got a hot, hot breakfast, and even though the budget is not cut this year, unfortunately, over the past five years, our budget has been cut 17 percent. And, because of that, we no longer offer dinner, we no longer offer evening programs, and we no longer offer Saturday programs, and now, we are on portion control, and my issue with portion control in dealing with meals is no person should leave the clubhouse hungry -- ever. Okay.

And, so while I was at Bridgeport at that time, I became employed part-time. I do receive disability for my -- my illnesses. I also, through going to Bridge House, received a newly created space in the

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Areyto Supportive Housing Apartments, which is a daughter program of Cosa Hostos, a recovery program directed under Asher Delerme. Through my own choice, however, I stopped attending Bridge House. I began to isolate and began drinking. I spent the last ten years alone and at the bottom of a bottle. I ended up inpatient for the first time in 24 years. After 14 days of inpatient, I spent two months in intensive outpatient therapy. All of which could have been avoided had I stayed involved in Bridge House because community solutions really work and it really worked for me. However, it is not uncommon when having a mental illness to have lingering symptoms that cannot be taken care of through the medications no matter how many you take, no matter what the dosage, and it is these lingering symptoms that end up turning a lot of us to substance abuse to combat those symptoms, and so therefore, it's not uncommon for someone with mental illness to be dually diagnosed and to also self-medicate and have a drug and alcohol problem.

Okay. I have recently returned back to Bridge House, and I was immediately welcomed back, and it was as if I had never left, and I have -- I am now celebrating six months of sobriety, and I've wanted to add one other thing that if I -- oh, thank you. Okay. Okay. I just have one final note. It's a pressing issue. We have to somehow, somehow find a community solution to the medication crisis. I take a lot of medication. It is not okay for me because I have a mental illness to hurt someone or to hurt myself, so I have to take those meds. It's not an option, but I also have high blood pressure and diabetes, and those meds have become optional. If I drop dead of a heart attack, however, tragic, it

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would be acceptable, but for me to take my own life, my children would never be able to live with that. You see what I'm saying? So, what I have to do is I have to balance what meds can I take. I ratchet my medications -- which heart meds can I go without today? Can I skip my diabetes meds for two or three days? What can I do? I need these medications, and they're -- we need some kind of solution to this issue because I have to take my meds to be whole and to be healthy. I thank you for listening to me today. [Crosstalk]

SENATOR OSTEN (19TH): Thank you very much. Wait a minute. Let's see if anybody has any questions. Any questions or comments? Senator Lesser.

SENATOR LESSER (9TH): Yes. Thank you, Madam Chairman. Thank you for your testimony. I just wanted to let you know that that issue of the cost and affordability of prescription drugs is something that we're very focused on in this building. The committee that I chair -- co-chair, the Insurance and Real Estate Committee, will be looking at what we can do to cap the cost, so people affording all kinds of prescription drugs this year because you're right. There are all sorts of drugs that people rely on to be healthy and to stay alive, and we want to make sure that you can afford those.

CATHERINE PARKER: Thank you very much, Senator.

SENATOR OSTEN (19TH): Thank you very much. Next up is Alyssa. Okay, Alyssa. Tell me how -- how do you say your last name?

ALYSSA GODUTI: Goduti.

SENATOR OSTEN (19TH): Goduti.

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ALYSSA GODUTI: Yes.

SENATOR OSTEN (19TH): Okay. And, following her will be Gina Bernardi.

ALYSSA GODUTI: Good afternoon, Senator Osten, Senator Lesser, honorable members of the Appropriations Committee. I'm Alyssa Goduti. I'm the President and CEO of Adelbrook Behavior and Developmental Services. Adelbrook is a 120-year-old nonprofit organization that provides services to children, young adults, and their families with behavioral and developmental challenges, specifically and -- and most frequently children and young adults struggling with Autism spectrum disorders. We contract through Department of Children and Families, Department of Developmental Services, almost every local school district throughout Connecticut, and as well as DSS through our Medicaid funding. We have 20 locations. We're headquartered in Cromwell, but we have 20 different locations throughout the state, and that includes residential programs and five special education school programs. We support approximately 350 young people.

As you may know, the prevalence of Autism and a need for services that we provide is on the rise. Currently, 1 in 59 children born are going to be diagnosed with an Autism spectrum disorder, so the need for our services is prevalent and growing; yet, our funding is not, and that's been an ongoing challenge. This is my 19 year testifying in front of the Appropriations Committee asking for support of Human Services. We have 675 incredibly talented employees. They take care of people that their life, their well-being, they help them with every

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aspect of their life, and it is incredibly challenging -- rewarding, yes, but incredibly challenging work, and we ask them to do this at \$14.75 an hour. So, we're competing with box stores. We're competing with grocery stores. We're competing with Amazon, and it is heartbreaking to me to see the incredible kindness, compassion, caring of our employees and the challenge of their jobs and to them be giving them \$14.75 an hour. Their work should be honored, it should be respected. On the top of the testimony I turned in today, I included a quote from Gandhi, which says, "The true measure of any society can be found in how it treats its most vulnerable members." I know we're better than this as a state, and I know that there are -- have been fiscal challenges, but the budget is a priority setting process in a document, and I really feel strongly that this issue needs to be taken up as a priority this session. We are asking for -- and I'll echo Kristie's request -- we're asking for \$461 million dollars over the next five years, but that takes into account that a large portion of that ask is gonna come from the federal government. We get 50 cents on the dollar in our Medicaid reimbursement, and we're leaving money on the table by not taking advantage of that reimbursement, so for this year, we're asking for \$128 million dollars. That's a net of \$67 million after the federal reimbursement. I really urge you all -- and I -- and I look at you and I know that many of you have been our champions over the years, and you've been with us through difficult budget times and you're connected with your local provider organizations, and many of you have said, we're the choir, you're preaching to the choir, so I ask the choir to please this is the year we would like to

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hear you sing and lead the rest of the legislature in singing for support of the work that we do of our clients and of our incredibly talented staff. And, I -- and I will leave you at that. I provided written testimony, but we're just we're really asking for -- for your help this year to be our champions.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? I'm seeing none. Thank you so much. Appreciate it. Oh, wait a minute. Oh, I'm sorry. Senator Lesser.

SENATOR LESSER (9TH): Thank you, again, Madam Chair. And, thank you for your testimony and thank you for the great work that you do with the communities that I represent. Just specifically, I had a question of some small amount of money that was in the OPM budget, about \$6 million dollars that was supposed to be allocated to private providers, and I had a question of OPM about a week ago when we were trying to understand whether or not that actually has made it to the providers in route, and I just didn't know if you knew about that -- that funding, and if that was something that you were elected to receive to help. It -- it was intended to help provide at least some support for -- for providers working with the minimum wage increase.

ALYSSA GODUTI: So, this is related to the minimum wage? Yeah. So, not -- not that I've -- I've seen yet, and I don't know what the plan is for that allocation, but that is a -- a drop in the bucket across the provider system. We did get the \$14.75 increase, which we're incredibly grateful to all of you for doing that, but as the minimum wage increases over the next several years, we're just

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gonna continue to lose ground if we don't do something systemically, and something long-term, not just one time, but we need to really make sure this is a long-term solution.

SENATOR LESSER (9TH): I understand. Thank you very much.

ALYSSA GODUTI: Thank you, Senator.

SENATOR OSTEN (19TH): Thank you very much. Any other comments or questions? I'm seeing none. Gina Bernardi, followed by Rick Sebastian.

GINA BERNARDI: Good evening, Senator Osten, Senator Lesser, and members of the Appropriations Committee. Thank you for having me this evening. My name is Gina Bernardi, and I am a registered voter of Bridgeport, though I have not voted recently. I am here to testify regarding the HB No. 505. [Sigh] First, I would like to say thank you to the Appropriations Committee for taking the time to listen to my testimony. I am happy to say thank you for not cutting the funding for our mental health programs. I would like to go ahead and share my story, but please be advised that there is graphic nature of what has been done to me.

I currently suffer from PTSD. I am -- I am currently in recovery, just celebrated three years January 30. Two and a half years ago, I was attacked in my home, which has caused me to live in a constant state of fear. I am in continuous fear for my life when I walk down the street. I'm in fear of somebody looking behind me or lurking behind me to grab me and hurt me. The attacker came from behind. I was then beaten, raped, and strangled. Strangled to unconsciousness. When I came to, I was

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in a pool of blood. I later regained consciousness in the hospital where I was told I had a broken jaw and a broken eye socket. [Crying] Sorry.

SENATOR OSTEN (19TH): Nope, keep going. You're doing great.

GINA BERNARDI: I started attending Bridge House in March 2019. Bridge House program is for adults with mental illness conditions, and Bridge House is currently helping me with coming out of my hardened heart. I am getting help with working on being a better me in my everyday life so that I don't have to live in fear. If Bridge House weren't around, I would isolate and relapse due to the nightmares I suffer from every night, and the flashbacks that I deal with on a daily basis, whether it be just a little one, I start to cry.

Again, I would like to thank the Appropriations Committee and everyone here for taking the time to listen to my deepest, deepest heartfelt testimony. Thank you so much.

SENATOR OSTEN (19TH): Thanks, Gina. You did a wonderful job. Very good job. Very brave young woman. That's what you are. You should take a lot of pride in how you stood up today and told a -- a story that's hard for everybody to hear, and I think you did great. Are there any comments or questions? No. Gina, you did wonderful. You should be very proud. I think we should all clap for Gina.

[Applause]

GINA BERNARDI: Thank you. Thank you very much.

SENATOR OSTEN (19TH): So, thank you. You're welcome. Up next is Rick Sebastian, followed by

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David Olsen. Please state your name, and thank you for coming.

RICK SEBASTIAN: Good evening, Senator Osten and Senator Formica, and distinguished members of the Appropriations Committee. My name is Rick Sebastian, and I'm a relative newcomer, registered voter, and taxpayer in the State of Connecticut, having moved here on December 29, 2017. I'm the dad of a 40-year-old daughter who has multiple significant disabilities. I spent my entire personal and professional career creating opportunities for people with disabilities so that they may thrive in their communities. I'm a practical idealist, and I must say that I'm dismayed that our public policy financing decisions, which seem to be focused on creating learned hopelessness in our human services system and promoting a tin cup culture of year after year hoping the state will respond to our request.

I'm speaking tonight as the President and CEO of the Kennedy Center, a 501(c)(3) tax exempt organization, a state contractor, and a provider of essential state-funded services. We're a jobs creator. We're social entrepreneurs who bring innovative solutions to complex challenges in our communities. We employ approximately 750 people and support more than 2400 individuals and their families in 109 communities throughout the state. The Kennedy Center also employs nearly 300 people who have disabilities in addition to the 750 people who support them. The Kennedy Center and providers like us are assets to the State of Connecticut. After more than a decade of being left behind with no or minimal funding, we have a system shortfall of at least \$461 million dollars in state reimbursement, while the demand for

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services, our operator costs, and regulatory mandates have risen. I ask that you financially recognize the work and impact we make on your behalf and commit to fully reimbursing us for services rendered just as you fully reimburse all other state contractors for their services rendered. The Kennedy Center concurs with our colleagues who are asking that you appropriate a 7 percent increase in new funding this fiscal year, indexing future increases to inflation, and increasing funding by the full \$461 million dollars by fiscal year 2025.

I further ask you to support community providers in ways that may not include additional funding. The Kennedy Center for the last several years have averaged per year more than 280 in-person quality service review audits conducted by DDS employees covering more than 2700 indicators. And, what was the outcome? An average compliance rating of 96 percent -- above 96 percent with no critical value add to the individual, the Kennedy Center, or to the State. Multiply this across all contractors, and this process -- in my practical opinion -- is an absurd waste of valuable resources that could be used to increase rates in the system. I also ask that you fully implement and expand Senate Bill 945, AN act CONCERNING THE INNOVATION INCENTIVE PROGRAM FOR NONPROFIT PROVIDERS OF HUMAN SERVICES. Expand this pilot program immediately so that contractors like the Kennedy Center can retain and invest 100 percent of our savings back into operations where they're so desperately needed. I know of no other state that operates with a cost recovery model that essentially punishes highly effective, efficient service providers who are conscientious stewards of taxpayer dollars. Thank you for the opportunity to

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provide comment, and thank you for your time and listening.

SENATOR OSTEN (19TH): Thank you very much. Are there any comments or questions? Thank you. You talked about regulatory funding and regulatory action. Do you have some recommendations? My understanding is that even a well-run system gets repeated visits from regulatory agencies. Do you have any recommendations in regards to that?

RICK SEBASTIAN: Yes, ma'am. I -- that's a great question. In -- in 2020, we are a state that is not technology oriented. We spend a significant amount of resources on a monthly basis simply filling out paper documents to then do a line-by-line billing to the state in antiquated system. Invest in the technological infrastructure overhaul could be one way to do that. Those 280 annual visits are -- are -- annual visits -- excuse me -- are done face-to-face. Again, invest in electronic infrastructure, do desk audits, create an opportunity to look at a record that's an electronic record that could be centralized across the state. We could be saving tens of millions of dollars by being more efficient in using technology. One of the innovative solutions that the nonprofit community brings to our entire system is the use of assistive technology with people who have the abil -- or inability to communicate, have mobility issues. Let's use some of that innovation that exists in our system, and let's use that together with -- with the State to create a -- a pathway forward.

SENATOR OSTEN (19TH): So, if -- if you have time and if you wouldn't mind, sending those couple of ideas in bullet-point form. I don't need a whole

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lot. That just says what you're facing and what the impacts would be to you if we change those two or three things. How would that allow you to have more resources, financial resources at your hand in order to do the things that you really want to do and not do the things that we're imposing on you to do? If you -- if you have time.

RICK SEBASTIAN: Yes, ma'am. I'll -- I'll absolutely do that. We've quantified -- it's an estimated quantification based on the amount of travel time and the amount of face-to-face time by a state employee and the face-to-face time by two or three Kennedy Center employees. I'll -- I'll get that to your office in short order.

SENATOR OSTEN (19TH): Thank you very much.

RICK SEBASTIAN: Thank you.

SENATOR OSTEN (19TH): I really appreciate it. Thank you very much, have a nice day.

RICK SEBASTIAN: Thank you very much.

SENATOR OSTEN (19TH): Up next is David Olsen, followed by Michele Vargas.

DAVID OLSEN: [Speaking off mic]

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Thank you so much. Nice job. Up next is Michele Vargas, followed by Thomas Hope.

MICHELE VARGAS: [Speaking off mic]

SENATOR OSTEN (19TH): [Laughing] Just push that button in front of you too. There you go.

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MICHELE VARGAS: All right. Hello, everybody. Well, good afternoon ladies and gentlemen. My name is Michele Vargas, and I'm a woman in long-term recovery, and I'm here to testify how recovery has made an impact in my life, and my community. I come to you today with five years clean from IV crystal methamphetamine. This is something I could not accomplish on my own. This ladies and gentlemen has taken a village for me to achieve. There is absolutely no way I could have done this on my own. My recovery comes in many different pathways, which includes 12-step fellowship, dialectical behavioral therapy groups, strong network support group, and the valuable resources of CCAR here in Connecticut, directed by Mike Askew over there, and these are the foundations of my main objective, which for me is to live the best life I was truly meant and deserved to have. There was a time where I was living under a bridge. I've eaten from garbage, I was estranged from my children and my family because of my dependence to crystal meth. Where I stand today as a responsible stable mother, a daughter with a driver's license. I'm involved with the PTA at my daughter's school today -- my daughter, Eden, and I'm showing others with a colorful past that like myself that they can too can have a beautiful life after meth. I've been empowered by my past experienced I lived through, and I speak to those who feel defeated and disenfranchised and in a rut because of their addictions. Let my story be a testament to how the many different pathways can bring a once invisible street addict to the woman who speaks in front of you today who is dependable, responsible, honest, patient, and courteous, and colorful. [Laughter]

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Thank you for the opportunity to speak to you and to my village, which has become CCAR. These are amazing people. We are no longer dope dealers today. We are hope dealers. We lost our once center in Derby. We no longer have that center. From Waterbury on down, it's a dire need. We have beautiful faces of recovery. We have people volunteering who are running these centers today, getting jobs, recovery coaches, going into the jails, going into the hospitals. I am so humbled today that I have this opportunity, that I have a voice, that I'm no longer invisible. I don't eat out of garbage cans anymore. So, just I am a voting member. I'm the authen -- I've risen up out of my rut. I've become the authentic mother, daughter, and voting community member today. Recovery works, and I am hard facts, and I appreciate the opportunity. Thank you very much.

SENATOR OSTEN (19TH): Very good. Are any comments or questions? Yep. Representative.

REP. BETTS (78TH): Thank you, Madam Chair, and -- and thank you very much for your testimony, but it's even better to hear how you've really turned your life around, and -- and congratulations for that. I know money is a -- obviously an issue and always will be for -- for mental illness and substance abuse, but you were saying, I think, it was Derby that you'd had the meeting but you didn't have the money to keep the center open. Have you or any of your friends or do you know of anybody that has approached foundations for trying to get seed money to be able to open a center?

MICHELE VARGAS: Mike Askew is somebody who would be able to answer those answers -- questions better.

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REP. BETTS (78TH): Okay. We can wait. I assume he's speaking, so we can wait --

MICHELE VARGAS: Yes.

REP. BETTS (78TH): Until that happens.

MICHELE VARGAS: Great. Thank you very much. Thank you.

SENATOR OSTEN (19TH): Thank you. Up next is Thomas Hope, followed by Kelly Scorpino.

THOMAS HOPE: [Speaking off mic]

SENATOR OSTEN (19TH): So, I'm -- I'm just -- I'm sorry to interrupt you. You just need to push that button right in front of you, so --

THOMAS HOPE: I thought I did.

SENATOR OSTEN (19TH): Nope. There -- there you go.

THOMAS HOPE: Okay. I'll start over.

SENATOR OSTEN (19TH): Thank you.

THOMAS HOPE: Thank you. Good evening to the Appropriations Committee. My name is Thomas Hope, and I'm a voter in the town of Windham. I will be sharing with you the things that help in my life, my experiences, the strength and hope I have found because of the programs that I'm affiliated -- affiliated through the United Services. As a member of the Lighthouse Program, my life and -- and -- excuse me. As a member of the Lighthouse Program offered by USI, this has been part of my net -- support network for over 30 years. These two programs saved my life, and that I am internally grateful. As committed as I have been to those specific programs, they too have been very committed

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to my health and well-being. For many years, I have suffered with -- from isolation and I'm on psychiatric medication to keep stable my personhood. My diagnosis caused paranoid anxiety, and when there is much stress -- and when there is much stress in my life. Often times, -- often times, I get suspicious of people and triggered by jealousy.

Today, my mental health is under control because the help I receive from USI and the teams that I have the pleasure of working with. My focus and attention today on the Northeastern corner of Connecticut. They are being called the "forgotten ones." It has been proven that the Northeast forgotten ones had been receiving -- receiving far less money -- well monies per person in comparison from more prominent areas of Connecticut. This did not seem conductive or fair for those that have mental -- mental health problems. Constituents of Connecticut are equally important regardless of which end -- from the north to the south. I am an advocate of the Northeast and active member of KTP.

USI offers programming, which includes wellness programs, in particular the Healthy Habits is a group that focuses on the physical and mental well-being and is just many of opportunities that provide some support to me. I personally lost 60 pounds during my time with the wellness coach. More importantly, is the things I learn from the coach and other staff concerning diet, exercises, stretching. Importantly, is the things that I've learned -- coping skills and so forth. The wellness group is a big hit with members of the Light -- Lighthouse, another program that offers more opportunities to focus on positive life affirmations.

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The Catchment Area Council, SERAC, when it took place of ERMHB, unfortunately, was met with waves of conflict that generated many people with disgruntled attitudes concerning mental illness and how important it is that the needs of those who have mental illness get met. I believe that it was in part -- in part due to those people complaining that improvements were made.

Thank you for listening. During legislative training, I learned that stigmas are attached to people who have MHS issues. Different types of stigmas associated with violent crimes are society's way of labeling -- labeling a population. Well, while statistics prove that the crimes associated with violence in MI is less than 2-4 percent, and the guns associated with MI is less than 2 percent with violent behaviors. The homeless is losing its shelter in the town -- Windham area. They are currently looking for a new place to home this population of people, many of which are community members who suffer from MH issues. We need more appropriations for this area. We need your help and we need your voice.

In closing, I'd like to thank Keep the Promise Coalition for the support and training to our legislature, which has helped me with -- with others to learned about the rights of mental ill person. Thank you for letting me share and for the opportunity to participate in KTP for the past 5 years. Sincerely yours, Thomas Hope.

SENATOR OSTEN (19TH): Thank you very much. Are there any comments or questions? Thank you so much. Up next is Kelly Scopino, followed by Brenda Kingsley. Okay. Nice to see you.

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KELLY JULESON-SCOPINO: It's nice to see you too, Senator. Good evening, Senator Osten, Senator Formica, and esteemed members of the Appropriations Committee. We are the interim co-leaders of the Governor's Prevention Partnership. I am Kelly Juleson, and this is my colleague, Roland Harmon.

We are here tonight to highlight DMHAS' savvy investment and prevention in our organization and the impact it has had on Connecticut's youth, and their team ability to connect, convene, and collaborate with both franchise and resources. For 30 years, we have provided prevention resources across the state to support our youth so they can thrive in their adult lives. We focus our efforts on preventing underage drinking and substance abuse, preventing bullying and school violence, and promote youth mentoring.

ROLAND HARMON: And, all our work is collaborative as a partnership. We work to enhance what's already taking place in your local communities through the supporting and standing by the RBHAOs, the local prevention councils, youth development organizations. We build local and regional communities of practice. We facilitate diverse conversations in communities, working with schools to apply mentoring programs, specifically to address chronic absenteeism, and we also amplify the powerful youth voice through the statewide Youth Advisory Board that is facilitated by DMHAS, so we do a lot with a little, and there are so many ways that we seek to leverage the prevention investment, and last year alone, we secured close to \$1 million dollars to enhance the state's prevention investment, and we were awarded just last year a federal grant in New Haven to address to reduce the

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use of opioids with our young people in New Haven with a project that will be launching at Hillhouse High School where we will pair adults to be mentors for students.

KELLY JULESON-SCOPINO: We work to connect the dots to create these partnerships. We are working right now to create a partnership with Yale Medical School to bring a gaming app to youth to prevent substance abuse and vaping. We want to couple this with our Connecting for Prevention work that reaches parents in their places of employment to train them on how to prevent opioid abuse with their children in their lives. We give adults the tools that they need to have these important conversations. It is actually estimated that you can reduce the risk by 50 percent of young people using drugs or alcohol if you have regular conversations with them, and with that, I've actually found the change to be very personally helpful. I have a five-year-old daughter, and one day last spring, she was going to take gummy snacks, and she told me she was taking her "pills". I said, Zoey, what are you doing? What do you mean you're taking your pills? And, she told me, well, I see Mimi taking her pills every day, and so it presented an opportunity for us to have a real live prevention conversation about the dangers of putting things in your body that have not been prescribed for you -- and again, this is my five-year-old daughter -- but it was through this training that I felt like I had the skills to be able to have that conversation with her.

ROLAND HARMON: And, as you consider the many programs around prevention here in our state and investments that are being made, an investment in prevention makes a big impact, and is one of the

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things that has a low cost -- \$1 dollar for every \$18 dollars that is spent for opioid or substance use disorders.

KELLY JULESON-SCOPINO: So, that's \$1 dollar invested now can generate \$18 dollars in savings. I know as a former legislator this is really powerful. If you could save \$12 million dollars now in future costs, wouldn't you? Thank you very much.

SENATOR OSTEN (19TH): Are there any comments or questions? Thank you so much. Tell Zoey we all said hi. [Laughing]

KELLY JULESON-SCOPINO: Thank you. Will do.

SENATOR OSTEN (19TH): Up next is Brenda Kingsley, followed by Gretchen Raffa. Oh -- that -- hit -- hit the button.

BRENDA KINGSLEY: [Speaking off mic]

SENATOR OSTEN (19TH): Brenda. Brenda, I'm sorry. You just have to hit that button again. It went off.

BRENDA KINGSLEY: Oh, okay. I'm a registered voter for the town of Putnam. I'm here to testify about our voices. It is time to let you the legislators know how much the Social Program of the United Services does for all our members. It has changed from what it used to be. We have no set clubhouse building to go to. We are a health, wellness, and social program out in community, talking today to keep funding for our Social Program. Our program grew with more members, over 40 new members and Janet, our boss, said growing into almost 45 -- today, she said that. The YMCA is a very popular program. Activity calendar members pick out three

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days in a week to sign up for. Usually, we only have two staff, sometimes one when the other's out. We need an update on our vehicles. One's a van, is an older van. We need to hire another staff. We have one staff and one peer staff. We the members are grateful of what they can do with no increased funding. So many new members, short on staff, and a need of newer vehicles. A lot different. It is not based on a daily hot lunch. Sometimes, the staff will do a prepared lunch.

The staff just saying to us not really a lot of shopping trips. The staff feels it's not so much for the health, wellness, and social program. People on the shop trips buy other things. Once a month, we have a board meeting, the staff of about five members. We meet, talk about how our social program could run, issues, concerns, rules. The staff sends out a monthly letter to all the members. We do not have a house meeting with members. It is like this for our social program because the areas are so far in all different directions -- Plainfield, Mooseup, Danielson, Brooklyn, Woodstock, North Grovenordale, Thompson, and Putnam. On our calendars, the YMCA is usually on Mondays and Fridays. The Killingly Library is usually a coloring group, another the book club and movie. A health group we might find a chair Yoga, a bowling group, out to movies, a get-to-together for coming up holidays. They're trying out a paint class. The staff will do going out for breakfast sometimes.

Sometimes in life, we need motivation to get our inner feelings going, getting our brains and heart pumping, enable us to physically move. That motivation comes not from our clubhouse building, which we do not have anymore. It comes from our

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boss, Janet, our two newer staff, Judy and Jill, and it comes from our members making up our social programs. Individuals having feelings unique to their own character.

Laura feels this about the social program that we no have -- it gets her out of her house. Laura not being left home feeling lonely and depressed. Laura is able to be with members out to socialize and meet new people out in the community.

Kathy appreciates the program a lot. If not for the program, Kathy does not know what she would do. Kathy does not have transportation of her own to go anywhere. Kathy finds her mood improved. She is better able to handle everyday situations that come up, giving Kathy a break from her house.

Mary likes the program to socialize with people giving Mary the incentive to do more for herself. At this time, Mary is taking a break from the program, but she hopefully intends to be back to the social program.

Bill, the program helps him keep busy, to be in touch with people, not just a homebody.

Ernie feels good about the program. The program helps Ernie remain stable with other things going on in his life.

Roberly lives in a housing program. Participating in the social program he is able to practice communication skills. The program gets Roberly out of his living quarters to a structured program exercise, socialize, and being out in community.

John feels about the program of the United Services some bumps in the road because John said we used to

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have our own clubhouse building. Now, we've -- we meet different areas when convenient. John has for many years been a member of the clubhouse, being responsible. John was a backup volunteer. He was handling the money, bringing the money to staff, and signing off on it. John did maintenance work besides being backup volunteer. John says he misses all of that, the good quality, the in shape. John says he has come a long way building up his upper body. The social program as it is now, John, says he enjoys getting to go out and do fun things -- the bowling, the movies, going to the beach, going different places and shopping. John enjoys the coloring at the library. John says the program gets him out of his house. It keeps him from being down. He lives alone, and with the program, he is out a lot more. John enjoys the staff -- friendly, he says. He asks any questions, and staff answers to the best of their knowledge.

Betsy, a member because of her mental health issues, has not been able to participate. She misses the social program, the socialization, the going out in the community, getting out of the house. Since now -- since then, Betsy is back with our social program, but Betsy misses the clubhouse and the building, the movies in the winter months. Betsy would make lunch and enjoy playing cards. Betsy likes our social program as is now because it's based out in community.

Dave misses the clubhouse building -- more people involved, more input about the members. Dave is an advocate for In-Shape and Mental Health.

We lost our building. We don't want to lose what we have. What would -- what would happen? Costing

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more money, people falling through the cracks, people going outpatient in the Psych unit in hospital and day treatment program. Keeping our programs to help our members with their physical and mental health, which in the long run costs less money to keep people healthy. I feel we had nothing. That is why the social program does so much for all of us. How we feel, how we do, handle everyday situations that come up, how we are able to feel better after going to the program, giving us good feelings about ourselves, making it our day at home after program, that we are not left alone. Someone cares about us. Makes a big difference to all of us that are members of the social club, to keep our program in the Northeast, a program of United Services funded. Thank you for listening.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Thank you very much. Up next is Gretchen Raffa, followed by John Greene.

GRETCHEN RAFFA: Good evening, Senator Osten, Senator Formica, and honorable members of the Appropriations Committee. My name is Gretchen Raffa, Director of Public Policy and Advocacy with Planned Parenthood of Southern New England. We are testifying in strong support of the family planning funding that has been allocated in the Department of Public Health in HB 5005. As the state's largest provider of sexual and reproductive healthcare, Planned Parenthood believes that all people should have access to quality, affordable healthcare. We are very grateful for Governor Lamont and the administration, and our elected leaders for their commitment to support Planned Parenthood of Southern New England patients by allocating \$1.2 million dollars for family planning. It's a fund with

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continued access to preventative reproductive healthcare for our residents with low income.

Last August, Planned Parenthood of Southern New England, along with every Planned Parenthood affiliated across the US was forced out of the federal Title X Family Planning Program after we have served as the Connecticut grand chief since the program's inception nearly 50 years ago. PPSNE -- PPSNE received \$2.1 million dollars a year in federal Title X funding before we had to end participation in July of this past year. Last August, -- I'm sorry. Title X is the only federal program that is dedicated to affordable family planning and preventative healthcare. It provides us healthcare to people with low incomes who would otherwise not have access to care through a sliding fee scale. Services such as breast and cervical cancer screening, affordable birth control, sexually transmitted infection treatment -- testing and treatment, and HIV testing. The program serves individuals at 100 percent of the federal poverty level, so that's about \$12,499 dollars at no fee, and an individual at 250 percent of the federal poverty level at \$31,225 dollars for a single person for reduced fees. Title X -- the Title X program since its inception has received bipartisan support from Congress up until this point. Last year, the Trump/Pence administration implemented the gag rule on Title X providers, which would have prohibited Planned Parenthood of Southern New England from providing high-quality medically accurate care to our patients. It -- the gag rule is harmful. It's unethical. It prohibits Title X providers from talking with patients about or referral for abortion, and it also eliminates the guarantee that

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was part of Title X that patients receive factual and nondirected counseling on all of their healthcare options.

Planned Parenthood of Southern New England plans an indispensable role in family planning care in Connecticut. We were serving 88 percent of the Title X patients in the state. That's about 41,000 people. The gag rule doesn't solely impact us, though. The rule impacts any provider who was participating in Title X, so community health centers like Fair Haven Community Health Center who was a subgrantee of ours also had to withdraw because of the Title X program. Major medical associations, which I've included in my testimony, oppose the gag rule because it destroys patient/providers relationships, it intrudes on providers practices, and undermines the quality patient care that people deserve.

In the short-term, we want you to know that we're not closing any of our centers and we haven't made any significant changes to our fee scale. However, we need -- we need to fully replace this funding that we lost in order to maintain the services that our patients need who are uninsured. Therefore, we encourage the committee to enhance the funding level to \$2.1 million dollars, which will fill the gap that we lost in Title X funds, and we're committed to working with the administration and the General Assembly to put patient over politics and protect access to care, and we thank the administration for prioritizing preventative healthcare for our residents. Thank you for your time and attention.

REP. HORN (64TH): Thank you, Gretchen.

GRETCHEN RAFFA: Thank you.

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REP. HORN (64TH): Any comments or questions?
Senator Formica.

SENATOR FORMICA (20TH): Thank you. Thank you,
Gretchen.

GRETCHEN RAFFA: Thank you, Senator Formica.

SENATOR FORMICA (20TH): You've come a long way
since I first met you those many years ago, and I
appreciate your passion and your desire to move
forward with people who need these services, so
thank you very much for coming and testifying today.

GRETCHEN RAFFA: Thank you.

SENATOR FORMICA (20TH): It's nice to see a couple
east lying people, and --

GRETCHEN RAFFA: Thank you.

SENATOR FORMICA (20TH): Thanks.

GRETCHEN RAFFA: Thanks, Senator.

SENATOR FORMICA (20TH): And, my best to your mom.

GRETCHEN RAFFA: Thank you.

REP. HORN (64TH): Thank you. Any further comments
or questions? Thank you, Gretchen. Next up, we
have John Greene, and after that Delon Wright. Is
John Greene here? Just make sure to turn your
microphone on so the red light shows.

JOHN GREENE: Good evening. I'm here today to
support the proposed DMHAS budget and grant fund for
substance abuse and mental health services for
nonprofit organizations around Connecticut. I am
one of many faces affected by mental health and
addiction issues in the state, and I have struggled
most of my life. I am also here to voice my strong

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support for organizations, like I said, everywhere that are helping mental illness. Reliance Health is who I represent today. It provides me with a lot of programs and services and critical to my life and my recovery. Today, I'm here to tell you how important being a member of Reliance Health is to me. At Reliance Health, I am in a program called Penobscot Place, which has helped me work on my recovery. This program has helped me develop coping skills, build my support network, attend AA meetings, and has been instrumental for me to come back from being an addict to being myself again. Penobscot Place also has helped me become a person in the world again and engage in life around -- around me rather than just isolating myself. My groups at Penobscot Place are the best part of my day. This is how I start every day out, and if it was seven days a week, I'd be there seven days a week. It helps me stay sober and focus on my recovery.

Reliance Health also helps me in other ways such as seeing a Nurse Practitioner for my medical needs and to help me deal with cravings and puts purpose back into my life. My life now that has been on a positive recovery track for four years. It has made it possible for me to work again, move to better housing situations, and the main thing is manage my life effectively. And, what I wanted to say about that, by making me a stronger person again. I am now going through a lot of heart problems, and most likely back when I was using, I would say the hell with it and just use. All right, but they taught me how to be strong and how to get my stuff together, so now I take life as life comes to me, and I handle it as it comes to me, only when it comes to me, and I don't project things out too strongly because I am

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not gonna fail at whatever I do. This is what it's gave me. This is what's it's built me. All right. I didn't have this back -- back in the day. I didn't care about anything. I do care today, and I care about a lot of people, and I do help people out. I mean no matter what it is. I don't care. If I see someone of course beating his hand I help him or vice versa. I mean it's -- this is life. We're supposed to work together. Okay.

And, without the budget and without the money going to these places, there's so many millions of people out there that need help. I mean I would like to see them get help. Of course, you can't help everybody in the world, but it'd be nice. God put us here for a reason, that's to better ourselves. I want to thank you very much for letting me talk.

REP. HORN (64TH): Thank you, Mr. Greene. Are there any comments or questions? Thank you very much for being here today.

JOHN GREENE: Thank you.

REP. HORN (64TH): Next, we have Delon Wright, and -- and please correct my pronunciation of your name. Okay. Thank you. And, then after that we have Sean Craven.

DELON WRIGHT: Good afternoon. My name is Delon Wright. I'm from the Urban Community Alliance, formerly New Haven Family Alliance (inaudible - 01:10:13). I'm the case manager of a male involvement network, which is one of the ten state certified father initiative program. Our biggest issue right now is been staffing 'cause what we do is we help fathers become better dads and better men. Our association with family court and child

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support court is our -- our biggest asset. Child support court was a terrifying place to be at one time. Through the help of child support Chief Magistrate Ferguson, he's a guide along to his people to listen to the situations going on with fathers. We deal with a lot of fathers coming out of incarceration, drug abuse, alcohol abuse. Some just trying to get back with their kids by some way, shape, or form, and we get a lot of DCF referrals. We get a lot of state organization referrals, but our funding is from DSS. Our budget is very small, and right now, I'm running the program in -- our New Haven program by myself. I can't be in four places at one time. Just on Wednesday, I had four fathers in court at one time. Last Friday, I had a father who was in family court and child support court -- same building, I just can't be in two rooms at the same time, but I had to go let them know he's in family court, he'll be over, so I stayed in child support court, but I had to testify for him in family court.

There's a lot of time involved in this. There's case management, home visit, court visit, event planning. Here almost there it's very hard to pull this off. It's been very overwhelming the last six months. I get a lot of support from my office, but like I said, it's very hard to be in four places at one time. To the best of our ability, we've talked to our funders, and they're very much engaged with us because this program's been going on for, I think, over 20 years now at this particular location. I think we might have been one of the first ones, if not, the first one to start in the state, and I feel to be bigger, stronger, and better funding is the key because I've noticed even when it

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was two of us it has worked where someone could be one place and we -- I could be in another place handling something else, but right now, the staffing and funding is the key to keep these fathers ahead of the game. Thank you.

SENATOR OSTEN (19TH): Are there any comments or questions? I'm seeing none. Thank you very much.

DELON WRIGHT: Thank you very much.

SENATOR OSTEN (19TH): Thank you. Up next is Sean Craven. And, just so everybody knows, if you are expecting to get food downstairs, they close at six o'clock, so you have between now and six. Go ahead, Sean.

SEAN CRAVEN: Hello. I'm just gonna read this paper that I wrote. I would like to say thanks for not making budget cuts. The reason why I appreciate the Penobscot Place program is that it provides a safe place and group where you can share and talk about what's going on in your life. The recovery part of Penobscot Place is also really helpful, and the staff care a lot and really want to be there for everybody. What I'm trying to say is that it -- since I've been in the Penobscot Place, it's been very helpful with an amazing experience not just for me but for a lot of others. That's why I am thankful that the funds were not cut because me and a lot of people enjoy the program, cutting it would do more harm than good. Thank you.

SENATOR OSTEN (19TH): Thank you. Is there any -- are there any comments or questions? Thank you very much. Next up is Dan Osborne, followed by John Williams.

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DAN OSBORNE: Good afternoon, Senator Osten, Senator Formica, and distinguished members of the Appropriations Committee. My name is Dan Osborne. I'm the CEO of Gilead Community Services in Middletown, Connecticut. Gilead provides a full continuum of mental health services through 19 programs that are spread throughout Middlesex county and now New Britain. Thank you for the opportunity to testify on House Bill 5005. So, I'm -- I'm here tonight on behalf of 300 staff, almost 2000 clients, and thousands of community members who actively support and benefit from the work that we do in the community, and I'm here to urge you to protect and fully fund the essential services that organizations like Gilead provides the community. More specifically, I'm here to support the proposal that the Connecticut Nonprofit Alliance has outlined, which would appropriate \$461 million dollars over the next five years for community nonprofits. As you know, we have lost at least that much over the last 13 years through funding cuts and a lack of funding adjustments to address inflation and our growing cost.

So, as I'm sure as many of other people have or will ask of you today, please commit to fully fund \$461 million dollars, which is a 28 percent increase by fiscal year 2025, appropriate \$128 million dollars in new funding for community nonprofits in fiscal year 2021, which would be a 7 percent increase, and index future increases to inflation to ensure that future funding keeps pace with increased costs. It's important that we clearly communicate what it will take and what it will cost for our services to be adequately funded after years of cuts and flat funding.

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But, I'm actually here tonight to talk about what it will cost our state if we do not adequately fund Connecticut's nonprofit providers now while we have the opportunity to act. I have worked at Gilead for over 18 years, and in that time, we've decreased program staffing, we've reduced client capacity, and we've reduced client capacity in the programs like the ACT Team, CSP, and Soc Rehab Center that serve hundreds of people at serious risk from their mental health conditions, including the risk of suicide and other -- other harm. So, what will it cost if we don't act now and address our chronic underfunding of nonprofit human service providers in Connecticut? I have four examples, and there's many more.

The first, staffing levels and client capacity will continue to decrease. In other words, less people will be served through these essential programs.

Second, utilization of expense of emergency services will continue to rise due to insufficient community resources that can prevent or provide early intervention to support the onset of symptoms that will otherwise develop into more complicated and difficult to treat outcomes.

Third, and this has -- has already happened and will continue to happen. Agencies across the state will close. Last year, I shared with you that 150-year-old Middletown agency was forced to close its doors because of their inability to survive the chronic underfunding that had -- that they had endured for years. You've heard tonight stories already of programs and agencies that have been forced to close.

And, the fourth and final outcome, and I'm -- I'm not being dramatic when I say people will die, and

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people have died. I understand that we will never be able to reach everyone, but we can do so much better than we are doing. There are just not enough services to reach even some of the most high-risk people in our community.

Since fiscal year 2013, grant funding for substance abuse services has been cut by 29 percent, funding for behavioral health services has been cut even as demand has increased. From 2013 to 2017, opioid-related overdose deaths increased from 417 to a record high of 12,219. This is simply unacceptable. Please partner with us and advocate for the funding increases that we so desperately need to fulfil our missions. Thank you.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Thanks so much. Up next is John Williams, followed by Sara Lemaster.

JOHN WILLIAMS: Good evening, Senator Osten, Representative Walker, and members of the Appropriations Committee. My name is John Williams, and I am a registered voter in Norwich. I am here to offer testimony regarding HB No. 505, AN ACT ADJUSTING THE STATE BUDGET FOR -- FOR THE BIENNUM ENDING JUNE 30, 2021. I am 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 as I have struggled with both throughout my life. I am also here to express my strong support for nonprofit organizations, such as Reliance Health, that receive the state -- state funds, which you have cut in the past. These organizations give me and those like me the choices for programs and services that are very important to my life and my recovery.

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Before I received services from Reliance Health, I was homeless for six years. I have spent several years in and out of homeless and hospitality shelters, and I had never had a place of my own. Even when I did have a home, I have always lived with someone. Now, because of the services I receive from Reliance Health through the Supportive Housing Program, Outpatient Mental Health Services, and help with my recovery from drugs and alcohol at Penobscot Place, I live by myself and have maintained my own apartment for two years now. I have also continued to maintain my sobriety. In fact, on March 1st, I will celebrate 22 years of sobriety, and it's programs like Penobscot Place at Reliance Health that have helped me in so many ways. I have also completed -- I have also completed training to be a recovery coach and hope one day to be able to help others with their recovery too. Without Reliance Health, I don't know where I would be, but it was -- it was certain -- it wouldn't be in my own place, and I doubt I would still be sober. Please preserve the funds for non-profits like Reliance Health. They -- they have helped to change my life. Thank you for allowing me to share my story.

SENATOR OSTEN (19TH): Thank you. Nice job. Is there any comments or questions? Senator Formica.

JOHN WILLIAMS: Yes, sir.

SENATOR FORMICA (20TH): I just want to say thank you. Congratulations on your 22 years, and I'm sure you'd make a great coach if you get to do it, so keep -- keep doing it, keep working the program, and thank you very much for your testimony today.

JOHN WILLIAMS: Thank you.

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SENATOR FORMICA (20TH): Yeah.

SENATOR OSTEN (19TH): Thank you. Next up is Sara Lemaster, followed by Chantel Wrighten.

SARA LEMASTER: Good afternoon, my name is Sara -- good afternoon, distinguished members of the Appropriations Committee. My name is Sara Lemaster, and I'm the manager of Government Relations and Public Policy for the Community Health Center Association of Connecticut. Right -- today, I respectfully ask you that you appropriate \$500,000 dollars to the Department of Public Health budget to reinstate the state loan repayment program. This program was administered for many years under the Department of Public Health, but it was discontinued in 2011. Currently, New York, Rhode Island, and Massachusetts all have state loan repayment programs in addition to 37 other states. The federal health resources and services administration will match state funds invested in this program up to \$1 million dollars a year. So, the state loan repayment program help people who work in federally qualified health centers repay their student loans. The average medical student graduates with \$190,000 dollars in debt, and 25 percent of medical school graduates -- medical students graduate with over \$200,000 dollars in debt. The state loan repayment program can provide up to \$25,000 dollars a year in debt relief for people who work in our federally qualified health centers. These people provide vital medical, dental, and behavioral health to Connecticut's residents. A small investment of \$500,000 dollars would mean that Connecticut can forgive up to \$1 million dollars a year in student debt to doctors, nurses, pediatricians, and

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behavioral health professionals while they help our communities stay healthy.

In 2018, Connecticut's health centers provided care to nearly 400,000 state residents. That's more than 10 percent of our population. We also -- among these people, were over 15,000 residents who are considered to be homeless and 40 percent of our patients have income at or below 100 percent of the federal poverty level. These patients, like I said, they receive behavioral health care, primary care, and dental health care on the same day when they walk into a community health center. This program will help health centers maintain a robust workforce and consider -- continue serving our most vulnerable populations. Right now, our primary care workforce is on the decline, and we've seen numbers declining since at least 2014, if not earlier. This program will drastically help us to improve our workforce and recruit people to work in our community health centers.

As part of my testimony, I will be submitting proposed legislative language. I'm here to entertain any questions.

SENATOR OSTEN (19TH): Thank you very much. Are there any comments or questions? I'm seeing none. Thank you so much.

SARA LEMASTER: Thank you.

SENATOR OSTEN (19TH): Appreciate it. Up next is Chantel WRIGHTEN, followed by Jill Brown. Is Chantel here? Brenda Williams. Brenda Williams here? Is Carol Gee here? You can come on up. Oh, there you go.

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CAROL GEE: Good evening. Good evening, members of the Appropriations Committee. My name is Carol Gee, and I'm a registered voter in Waterbury, Connecticut. I am here to testify regarding HB No. 5005, AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021. I'm an advocate for mental health. I am also a graduate of Community College with a mental health certificate. I'm a published author, and I have a diploma for writing for children and teenagers. I also am currently writing a script for a movie. These achievements would not be possible without medication. Before I was on medication, I was consistently walking the streets of Waterbury, sometimes five miles at a time, angry at the world, letting out my frustration by verbal speech and waving my arms around as I talked. I could not sit in one place without moving to another. Each thought took me in another direction. I went from a restless person who had racing thoughts and could not sit down for too long without moving from one place to another to a caring, stable person who uses discernment before speaking and has discipline and respect for others. With these accomplishments, I hope to pass on to others how medication and the services are received from the Independent Center, a nonprofit organization I go to, helped my recovery and has given me a full life.

The Community Mental Health Club helps keep people off drugs and alcohol and helps keep them stable in their community, and community -- and keeps them community -- helps keep them community conscience, and most importantly, they help them live a full life. That's all I have to say.

SENATOR OSTEN (19TH): Thank you.

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CAROL GEE: You're welcome.

SENATOR OSTEN (19TH): Thank you very much. Are there any comments or questions? Thank you very much, Carol.

CAROL GEE: You're welcome.

SENATOR OSTEN (19TH): Up next is Jill Brown, followed by Annette Bombaci.

ANNETTE BOMBACI: Bombaci.

SENATOR OSTEN (19TH): Bombaci. Thank you.

ANNETTGE BOMBACI: You're welcome.

JILL HOLMES BROWN: Good evening. Thank you, Senators Osten, Formica, Somers. Thank you for this opportunity to share my thoughts. I'm here today to thank you and the leadership of the Appropriations Committee, the DPH Commissioner, and the Governor for continued support of school-based health centers. My name is Jill Holmes Brown. I'm the Chief Operating Officer of Integrated Health Services, and I am also the Government Affairs liaison for the Connecticut Association of School-Based Health Centers. I have also been honored to work as a social worker in a school-based health center, and as such have been associated with them for over 20 years.

For those of you who don't know, school-based health centers have been at the forefront of serving children at greatest risk and in greatest need for preventative healthcare for years. School-based health centers integrate primary medical care with behavioral health services, and in many cases dental as well. School-based health centers are located within or on school grounds and serve students in

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pre-K through 12th grade. Services are provided by licensed nurse practitioners, physicians, physician's assistants, licensed clinical social workers, dental hygienists, and dentists. School-based health center staff are our resources for the school and the community as well. There are currently 96 Department of Public Health state-funded centers in 25 different Connecticut communities and about 44,000 students are seen annually equally almost 150,000 visits. School-based health centers are sponsored by health departments, federally qualified health centers, community centers, hospitals, and nonprofit organizations. School-based health centers keep students healthy by providing physicals, required immunizations, prescriptions, asthma treatments, breathing programs, mental health therapy for trauma, family violence, depression, anxiety, school phobia, grief and loss, substance use, and more. We work closely with school nurses and administrators to identify student's chronically absent or at risk for this. Providing on-site dental services minimizes absences and decreases the amount of time students spend out of the seat and have access to treat things like tooth pain, abscess, and infections. The benefits to school-based health center are numerous. They provide access to healthcare at no cost to schools. Students are served regardless of their insurance status, and school-based health centers being on premises reduce the number of emergency room visits. They intervene early with chronic absenteeism, and when students use the school-based health center, 90 percent return to class. Studies show a significant increase in attendance for those medical users versus non. Thank you so much for this opportunity.

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SENATOR OSTEN (19TH): Thank you very much.

JILL HOLMES BROWN: Thank you.

SENATOR OSTEN (19TH): Any comments or questions?
I'm seeing none. Thanks so much.

JILL HOLMES BROWN: Thank you.

SENATOR OSTEN (19TH): Up next is Annette Bombaci.

ANNETTE BOMBACI: You got it!

SENATOR OSTEN (19TH): Woo hoo! Followed by Carrie
Dyer.

ANNETTE BOMBACI: Good evening, Senators Osten,
Walker, and members of the Appropriations Committee.
My name's Annette Bombaci, and I entered the mental
health system when I was 18, straight out of DCF
custody. I was pretty wild. I didn't get arrested
or anything, but I was pretty wild. I've been
getting my services from Mental Health Connecticut
Independent Center since I was 18, and now I just
turned 42. They taught me how to cook. They taught
me how to clean my apartment. I've been in my own
apartment since I was 19, on my own, never got
evicted, and the Independent Center taught me a lot
of things about doing job applications and coming up
here to Hartford to testify.

But, what I'm worried about we used to have a lot
more things at our social club as far as trips and
hours were longer and we were open on the weekends,
but we got cut a lot, and what I want you guys to do
is to be in our corner like I'm in your corner when
I vote for you, so I just want to say that I've been
through a lot in my life. I got raped. I got
molested. I got beat up. I got lived in
residential where the people would steal my stuff,

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but I never let that stop me from believing in myself. I'm almost done with college. I'm going back in the Fall. I need 18 credits to graduate. I worked all my life, and I have bipolar, manic depression, and PTSD and anxiety, and those are debilitating diseases, but they don't define me. I can do whatever I put my mind to it, and I am grateful to the Independent Center because when I make a mistake and lose a job, they don't nag me about it. They tell me what I could do to keep the next job. What did you do to mess up on the last job? Don't do that the next time.

And, I go to Wheeler Clinic, which is for my APRN, my medication, and I have a great one-to-one therapist, and I was going to Grandview Behavior Health for like 17 years, and they just weren't taking care of me, so I got in my boat and paddled away, so I don't want my Independent Center to shut down or close because a lot of people they have nowhere to go. If they didn't go there, they'd be on the street, on drugs, drinking, and it's a very safe place. There's computers. There's free breakfast. There's lunch. There's workshops. There's a lot of things that people can actually benefit from. Some people don't know they're diabetic, they can go to a diabetes workshop. Some people have heart trouble, they can go to a heart workshop. It's all about what you put into your recovery and the help you need, and it's about you taking it and not taking it for granted, and not saying, oh, I'm mentally ill so I can do this and I can do this and I can do this and get away with. You can't do anything bad because you will go to jail, and I'm asking all of you to be in our corner

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like we're in your corner when it comes to voting and supporting your causes. Thanks.

SENATOR OSTEN (19TH): Thank you very much. Any questions? Thank you. Up next is Carrie Dyer, followed by Karen Wilke.

CARRIE DYER: Good evening.

SENATOR OSTEN (19TH): Hi. How are you?

CARRIE DYER: I'm fine. Thanks. How are you?

SENATOR OSTEN (19TH): Good.

CARRIE DYER: Good. Good evening, Senator Osten and members of the Appropriations Committee. I'm Carrie Dyer. I'm here as the CEO of Reliance Health, a nonprofit community mental health organization serving Eastern Connecticut. I will be echoing the sentiments of Perceptions Program Gilead with regards to flat funding that is in the state's budget this term. We serve over 1000 individuals a year who live at or below poverty level and who are challenged by mental health and substance use diagnoses. We employ over 250 individuals to accomplish our mission to enhance health through mental wellness. Throughout my 25 years at the agency, state budget announcements have been received with disappointment, defeat, and frustration as logic and fiscal realities are repeatedly ignored. We are a business, stuck in a bizarre funding model. We provide services that are in high demand; yet, we cannot expand to accommodate those needs. We are not committed to modify our existing contracts to account for increased cost and mandates. We compete with our funders on an uneven playing field for programs and employees. We provide activities and data to generate revenue;

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yet, we do not receive any funds in return. We are instructed by Governor Lamont to seek philanthropic sources to bolster our budget while state issued cost standards explicitly disallow fundraising activities.

It is in our nature to be cooperative and compassionate. We are nimble. We're creative. We love our work. But, this is simple math. Over the past 10 years, our electronic medical record saw a 45 percent increase in cost that was roughly \$100,000 dollars. Employee benefits increased 67 percent, roughly \$800,000 dollars. Gas, electricity, food, equipment, insurance, trainings, legal fees, materials -- all expenses increase over time. Yet, we are expected to squeeze those costs from a stagnant budget without complaint.

You know we do good work. You've presented us with official Citations and honor our contributions to the community. You attend our events and activities. You meet the people we partner with our recovery -- in their recovery, and they're here. You see us get voted year after year as a Top Workplace by our employees. You follow our successes on social media and in the news. Yet, when we ask for the support to keep up with the cost of doing business, you turn a deaf ear. Now is the time to make things right. We are worth it. Thank you for your attention.

SENATOR OSTEN (19TH): [Unknown speaker off mic] Any comments or questions? [Unknown speaker off mic] I'm not supposed to. I'm sorry. What are you trying to say? [Unknown speaker off mic] Okay. Well, are -- are you on the list? [Unknown speaker off mic] Oh, one minute. Carrie, thank you very

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much. You're right. We know that you do great work. Absolutely, and I'll see you on first Friday again. [Laughing]

CARRIE DYER: Yes. You will. [Laughing]

SENATOR OSTEN (19TH): So, you know, we're -- we're looking at a couple of options. Our options are limited by -- by a couple of things that we passed in the bipartisan budget, in particular the spending cap, and so Gian-Carl Casa who is the Executive Director of the Alliances looking at a couple of options too, so we'll see.

CARRIE DYER: I appreciate that.

SENATOR OSTEN (19TH): All right.

CARRIE DYER: Yeah.

SENATOR OSTEN (19TH): Thank you.

CARRIE DYER: Thanks.

SENATOR OSTEN (19TH): Is the gentleman there on the list? Do you know?

UNKNOWN SPEAKER: No. He is not.

SENATOR OSTEN (19TH): Does he want to speak for a minute?

CHARLIE RICCARDO: Yeah. Please.

SENATOR OSTEN (19TH): Right up there. You gotta give your name.

CHARLIE RICCARDO: Thank you very much. I address the committee, Senator, all you people. My name is Charlie Riccardo. I'm a college student with mental health issues. I wanted to make sure we got a new mental hospital, something based on the Institute of

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Living. I wanted to use the (inaudible - 01:38:45) State Hospital, but I believe they tore it down to take a facility and remodel it for a brand new mental hospital based on the Institute of Living, something that we can live with and to use prisoners and (inaudible - 01:38:59) as relief workers in the third and fourth ward. Charlie Riccardo. Thank you.

SENATOR OSTEN (19TH): Thank you very much, Charlie Riccardo. Up next is Karen Wilke, followed by Rushnee Bereen. Is Karen Wilke here? I'm seeing not. Is Bryan Leyh here? L-e-y-h. John Porter. Okay.

JOHN PORTER: Hello. Good evening. My name is John Porter. I'm a resident of Bristol, Connecticut, registered voter, former Charter Commissioner for the town of Plymouth, and currently a case manager at Intercommunity in East Hartford. Although we are still hurting from the cuts over the last decade, I'd like to thank Governor Lamont for not cutting funding this year. I would like to suggest that the Appropriations Committee take a look at the impact of the cuts that they've had over the last decade. One suggestion would be to sit down with our workers out in the field and get a sense of how challenging this job can be. We simply cannot be kicking the can down the road and hope for the best. I have been working in mental health for the last decade and seen how these cuts by the state have directly impacted those in the community.

The current system we have takes a very long time to navigate to accomplish anything. If we had more funding, then we could hire more staff and help more people. This is not rocket science. These people

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that are served from this money are the least able to advocate for themselves and are often the most forgotten. How many of you have heard stories of people falling through the cracks in our system? I can guarantee everyone in this room knows of at least one story where people have fallen through the cracks in our system.

We need to strengthen our system with additional funding. Additional funds will help all of us to be able to catch those people who fall through the cracks, and just maybe make our society a better place. Thank you very much.

SENATOR OSTEN (19TH): Are there any comments or questions? Thank you very much. Up next is Rushnee Bereen, followed by Dyana Hagen. Is Rushnee here? [Background speaker] Okay. Dyana Hagen.

DYANA HAGEN: Hi. My name is Dyana Hagen. Just so you know. And, I just wanted to thank Senators Osten, Somers, Representative Horn and Gilcrest, and of course, all of -- everyone on this committee. I -- I am here to put in my support for House Bill 5005 to increase funding for the DMHAS funding. I have been in -- I have a written testimony that has been submitted, but I'd like to share a little bit of my own personal story because when I was five I -- I had a social worker father and a teacher mother, and life was perfect, and I fell through the cracks because my father died at the age of five. He was a social worker and he pushed himself so hard he had a heart attack -- six months after passing, the California bar exam. That was fun. My mom followed with a mental breakdown, and I was left caring for her and for me and my sister, and so my experience with mental health was that thank God I had a social

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worker in the third grade because I fell into a deep depression as a child. I found resilience and now I'm a social worker myself. I've got one year of law school in me, but I am blessed to be in a position to be a manager of the Common Ground Social Rehabilitation Club, and every day I see miracles happen, transformed lives, people getting jobs, people getting GEDs, people learning about nutrition and taking advantage of the -- the health options that were -- we have for people. We're getting them good food. We're teaching them how to stop eating junk food. We have a cognitive remediation lab, and they're seeing results, and they -- they show us so much about how they begin to care for each other. This is about building healthy relationships because if we have healthy relationships, we're going to have healthy communities. So, it all starts with the social club because they are all in their homes isolated because 90 percent have been bullied, and they learn how -- they learn the social skills on how to not just get a job but keep a job, and they learned from each other and support each other, walking each other across the street for those that are unstable or going through a bad day.

I'm blessed to have this position. I can absolutely repeat all of the information that the CEO of Gilead and Reliance Healthcare and Independent Center and all those. I just want to say -- add to all that -- but I know that state workers have about -- they get about a 3 percent raise every year, and if we -- in the past 10 years, we've had cuts. If you say 10 years, 3 percent, that's a 30 percent increase on their wages, and we are losing so many good people, people that care about our members, people that care about their outcomes and see them through, and these

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are the trusted relationships, and I welcome any of you to come see our amazing center. It's a small little place, but it really is a very special feeling. They come in and they feel like they are at home and they're with their families, and unless you see that, you couldn't hear it, and I don't need to run the numbers in front of you because I'm sure each of you know what they are because each of you are here listening to our testimony, which is so important to hear that kind of support. I'm an independent voter in Tolland, but I work in East Hartford for the Common Ground Learning Center, and I thank you very much for listening. And, if you want to hear more, please read my testimony. Thank you.

SENATOR OSTEN (19TH): [Laughing] Thank you very much. Are there any comments or questions? Thank you. Up next is Emily Abrahamian. Is Emily here? Followed by Denzel Closs.

EMILY ABRAHAMIAN: Good evening. Thank you for having me. My name is Emily, and I am from North Haven. I am a recovering drug addict and alcoholic. Last year, I was part of DMHAS' LiveLoud campaign to share my story and inspire hope in others. Tonight, I encourage you to support maximum funding for programs like the Governor's Prevention Partnership that help young people. With more prevention programs like theirs, maybe other kids would have understood the impact of their words before they bullied me. Maybe I would have made better choices. My issues started back as far as I can remember. I was made fun of in elementary school for the way I looked. I hated myself from such a young age, and I believed all the hateful cruel words that were said to me. I suffered from bulimia, and this was just

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the beginning of my addiction. I was diagnosed with depression at the age of 15, and sent inpatient a year later. I never felt worthy enough and every time I would get clean, I still deep down did not believe in myself. Heroin was my drug of choice since the age of 18 and before that, it started with pills. Around the age of 23, I became very addicted to crack cocaine, which led me down the darkest roads of my life. When I was truly desperate for my next hit, I would sleep with my dealer just for one hit of crack, and it never was just one hit. I believed this would be my life until I finally died. Whew.

In January 2018, I left my parents' home on foot with just the clothes that I had on my back. After many time of disappearing, this time was very different. [Crying] I'm sorry. Whew. I get emotional. My family put out a missing person's report on me, and I'm so thankful that they did because I was being held by a man who was trying to brainwash me, and he said he was going to sell me. Something came over me though, and is started to pray. I had gotten on my hands and my knees. I wanted to change and I wanted help. I was ready to do the work. The guy I was with had seen the alert, but he ended up letting me go. God had answered my prayers. The minute I saw my mom and dad, I was so relieved, but I was so broken, but I knew I was going to make it. My clean date is January 23, 2018, and I just celebrated two years, which I never thought was possible.

I'm currently working as a CNA, and I work with the elderly. I am also on the Board of Directors with TriCircle Inc. We are an organization who provides resources for those struggling with addiction and

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mental health. I always thought I was different and no one would ever be able to help me. It has not been an easy road, but with the love and support of my family and friends, I put in the work, and I had the resources to help get me through.

We need to do more for these young people, though. We need to make sure that they have places to feel safe, and that they have support to stop the addiction before it starts. I am here speaking to you today, a very fortunate human being. Unfortunately, many do not make it, but with more programs like the Governor's Prevention Partnership, maybe then they would never end up in the situation to begin with. Thank you.

SENATOR OSTEN (19TH): Does anybody have any comments or questions? Representative Gilchrest.

REP. GILCHREST (18TH): I want to thank you so much.

SENATOR OSTEN (19TH): She's got a question for you.

REP. GILCHREST (18TH): Just more of a -- more of a comment. I want to thank you for sharing what is a very hard story experience, and I've done a bit of work in the state with regards to human trafficking and some of the experiences you described is what we would describe as human trafficking, and there often is an overlap with addiction, and so I really thank you for sharing your story because more of us need to hear these stories so we know what it looks like. Thank you.

EMILY ABRAHAMIAM: Absolutely. Thank you.

SENATOR OSTEN (19TH): Any other comments or questions? Thank you. Good job. Up next is

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Stanley Guilbert; here? To be followed by Alex Perfetto.

STANLEY GUILBERT: Good evening, Senator Osten and members of the Appropriations Committee. Hi, my name is Stanely. I am a member of the Chrysalis Center in her Hartford. I don't know how to say this, but years ago I was in trouble with the law for many years. On my last release from prison, I went to the shelter -- I went to a shelter and tried to start a new life over. Upon my staying at the shelter, we had to hit the streets during the day. Being out on the streets all day having nothing to do was a bad thing, especially when you have an addiction problem or a mental health problem. It can be very dangerous for that person. One day, I met a person at the shelter, and he told me about the Chrysalis Center and how they can help me get started on a new life, so I went down there and met someone, and was welcomed. Since that very day, I had -- since that very day, I had no -- I had no -- oh, excuse me. Since that very day, I had no -- I'm kind of very nervous.

SENATOR OSTEN (19TH): That's all right. Keep going. You're doing good.

STANLEY GUILBERT: Since that very day, that -- that changed my life. It changed my life, and I -- from that day on, I had no desire to ever go back to the streets again. I now have a nice apartment and the keys to it and learned to budget my money better than I ever did in my life, and learned to think positive, make right choices, and to look at life at a positive way. The Center has helped me in so, so much ways, it's just been a blessing in my life. Without the Chrysalis Center in my life, I would

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probably not be alive or in prison forever. It is an honor to be a member of the Chrysalis Center.

SENATOR OSTEN (19TH): Thank you very much, and you did a good job. You did a really good job. You should be proud of yourself.

STANLEY GUILBERT: Thank you.

SENATOR OSTEN (19TH): Are there any comments or questions? Thank you. Alex Perfetto, followed by Darius Burke.

ALEX PERFETTO: Senator Osten, Representative Toni Walker, and respective members of the Appropriations Committee. My name is Alex Perfetto. I vote and live in Middletown, Connecticut. I am here today in support of the Governor's proposed budget. I will specifically be speaking about the DMHAS budget. I am a partner of River Valley Services, which is a young adult services program for DMHAS. I have received significant support from RVS over seven years that has led to an improbable recovery story.

To briefly explain the background, I was diagnosed with bipolar at the age of 10 and Asperger's Syndrome at the age of 13. I spent a majority of my childhood in and out of different hospitals, schools, and living situations. I went into DCF at the age of 15. At 18, I ended up in River Valley Services. Their YAS program has extensive amounts of supports. Their biggest asset for young adults is what they offer to those living in the community. The elected officials and politicians are not aware of these supports and how much impact they have. The \$3-million dollar budget increase is benevolent. I am thankful I have the opportunity to educate you all. The staff that work for RVS help with

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transportation, which is always a huge thumb in general. I work a split shift five days a week, see my therapist once a week, and have a monthly doctor's appointment. They have been able to accommodate transportation for years while doing the same for other young adults in the program on a daily basis. I have had the same therapist for seven years, and our relationship has been able to be continued because of consistency, which is what I lack in my life. This couldn't be more crucial from an overall standpoint having mental health disabilities. I have a case manager who helped with benefits that I needed for a period of time. He helped -- he was able to help obtain those and has 14 other clients he assists as well. I was able to see a clinical psychologist that was provided by Young Adult Services. She started the process of the psych evaluation. The results were me being misdiagnosed with Asperger's Syndrome, and they found out I had PTSD. Once PTSD became my main diagnosis, I received PTSD related treatment provided by RVS and YAS. This turned out to be a huge focal point in my continuous recovery story, and now has been over three years since I've been hospitalized.

Being a part of DMHAS, I was able to get involved with Advocacy Unlimited Join Rise Be, statewide advisory boards, and asked to sit on the Governor's board, and the Keep the Promise Coalition which has given me the opportunity to be here today and voice my story. I now use the bus to get to work, make enough money to no longer need benefits, to be financially stable, and have lived in my own apartment since I was 19. I turn 26 this year. The Young Adult Services have -- have helped immensely

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in the wide range of care I was provided has helped me get to where I am today. It is a struggle about to go lifelong on a daily basis in the world today. This testimony is not just for me. This is for the other young adults, adolescents transitioning out of DCF, and the future generation who may not have a voice yet. I'm not going to give up fighting for my services and the help I receive when they have not given up fighting for me. Thank you.

SENATOR OSTEN (19TH): Very nice job. Any questions or comments? Thank you very much. Good work. Up - - up next is Darius Burke, followed by Candice Carlson.

DARIUS BURKE: My name is Darius Burke. I'm 25 years old. I have bipolar disorder. I work at Gilead Community Services in Middletown as a recovery assistant. I also work with a human being who has similar difficulties. To be honest, the lack of funding, which has happened for a decade, is irresponsible. Nonprofits such as where I work rely on that funding to continue to operate, but most importantly, this amazing human being I work with has shown tremendous improvement in his mental health. Imagine a -- imagine a scenario where funding is completely gone. All the work our great staff has done would be lost. This incredible human being I work with wouldn't have the support that he has. That would be hurtful and absolutely catastrophic. I remember when I felt alone and traumatized because of my mental illness. I absolutely do not want that to happen to anyone who suffers with a mental health condition. Our agency and others do amazing work. Going to my job makes me feel empowered every day. Empowered because I am helping someone who is on his way to becoming

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anything he wants to be. This is the job that gives me purpose. The job where I'm making a difference in the life of another. The client relationship is so strong and cannot be broken. It is a connection that empowers the client. It is a connection that gives hope to people who feel there isn't any.

In conclusion, please do not cut funding to Gilead and these amazing and life-changing services we provide. Do the right thing, and keep the promise. Thank you.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Thank you very much. Up next is Candice Carlson, followed by David Woodworth.

CANDICE CARLSON: Good evening, Senator Osten, Senator Formica, and members of the committee. My name is Candice Carlson, and I have been employed by DDS as a case worker in the Individual Home's Support Program for over 26 years. I am testifying and advocating today on behalf of our voiceless individuals statewide that do not have the ability and/or the means to advocate for themselves. I also advocate directly for the hundreds of individuals who are being discarded and devalued with the elimination of their public DDS, IHS programs statewide.

First, I'd like to speak to the need of increased supports for our most needy throughout the state. DDS and DMHAS are consistently underfunded and understaffed. When the governor tasks his commissioners to find savings or efficiencies, it should not be at the expense of the individuals or the programs that they're relying on for their services. Unfortunately, that is what appears to be

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happening. A systematic pattern of neglecting to provide staffing and quality resources have created an outrageous imbalance in care. 1199 members are mandated to stay at work over and over again, and frequently work below the already unsafe minimum staffing levels. This creates grossly distorted overtime levels and an unequal distribution of services statewide. This is not only concerning as a caseworker. This is concerning as a Connecticut taxpayer and simply as a woman with a moral compass. Our Connecticut residents who have intellectual disabilities, physical disabilities, and mental illnesses and their families deserve better. This insatiable cycle has to change, and each one of you can help.

Second, I'd like to speak to the public/private partnership as this is not a one-size-fits-all model and should be approached respectfully and should always be person centered. Meaning that something that should be chosen by an individual if wanted and never forced on them or their families. The public IHS DDS program is a community-based federally funded program supporting individuals that are choosing to live the most independent lifestyles within our communities. Their services are essential in order for them to continue to maintain living independently within our community safely. This program is an essential resource, which is budget friendly. Since it is budget friendly and it is federally funded with thousands of individuals on the list for services in Connecticut, this program should be growing, not ceasing operations. Closing the public IHS programs will disrupt hundreds of individuals and essentially force them to receive services from a private provider or receive no

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services at all. It will also sever relationships that a majority of these individuals have had with their caseworkers of upwards of 20-30 or more years. ceasing operations and eliminating these relationships is life altering and devastating to say the least. I respectfully ask this committee to support and fund our Connecticut state agencies that are designed to help our most needy statewide. Agencies also must be held accountable for their actions to ensure that the quality of care and level of needs are being met with the appropriate amount of resources. With that, I thank you for all that you do, and I thank you for your consideration.

SENATOR OSTEN (19TH): Thank you. Senator Formica.

SENATOR FORMICA (20TH): Thank you, Madam Chair. Good afternoon. Thank you for your patience this evening and for waiting the few hours to come and share your testimony, and more importantly, thank you for the 26 years you provided our community. You talked about accountability in your last sentence. Is there -- I'd be interested to hear at some point -- and we could certainly do it offline -- your opinion on how we can obtain more accountability within these agencies because it's sometimes you need to have the experiences that you have in order to really understand what we need to be doing better and how we can be doing better instead of sitting up here with a piece of paper trying to develop dollars, so.

CANDICE CARLSON: Thank you for that. I will take you up on that offer.

SENATOR FORMICA (20TH): All right. Good.

CANDICE CARLSON: Thank you very much.

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SENATOR FORMICA (20TH): Thank you, and thank you for your great daughter for waiting the whole time too. [Laughter]

CANDICE CARLSON: [Laughing] I'm raising a leader.

SENATOR FORMICA (20TH): All right.

CANDICE CARLSON: I wanted to bring her with me today.

SENATOR FORMICA (20TH): All right.

CANDICE CARLSON: Thank you very much.

SENATOR FORMICA (20TH): I look forward to talking to you soon.

CANDICE CARLSON: Thanks.

SENATOR FORMICA (20TH): Thank you.

SENATOR OSTEN (19TH): Thank you. Are there any other comments or questions? I'm seeing none. Thanks. Next up is David Woodworth, followed by Michael Askew.

DAVID WOODWORTH: May I stand?

SENATOR OSTEN (19TH): You may.

DAVID WOODWORTH: Yeah. I'd like to stand for those who cannot stand for themselves. Good evening, Senator Osten, Senator Formica, and Representative Horn, and the respected members of the Appropriations Committee. My name is David Woodworth, and I live and vote in Winsted, Connecticut. Thank you for maintaining funding in - in most areas of the DMHAS budget. I am in support of the budget as it now stands. However, I'd like to take this time to advocate for change that might be considered in future budgets.

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As a person in long-term recovery, I've utilized mental health services since 1999. As I have navigated my personal recovery experience, I hope to soon transition away from DMHAS services when I get a full-time job. The Torrington office of Western Connecticut Mental Health Network is unique in its offering of recovery and wellness classes. These group phase classes empower individuals to take recovery into their own hands through the help of DMHAS, other nonprofits such as McCall Center. I am now eight years clean and sober, attend 12-step meetings almost every day. I volunteer at Prime Time Clubhouse. I also volunteer for a presidential campaign, attend church, work part-time as a personal care assistant for Companions and Homemakers, and recently returned to college to earn an Associate's in Human Services.

I advocate for DMHAS to expand the recovery and wellness program beyond just the Torrington office. I guarantee you there will be more success stories like me. People in recovery must be considered people first rather than just clients that need to be treated based on various predetermined pathologies so that they feel less broken. Our current system is too often bias toward antiquated institutional care models. Also, based on Resolution 3453 or the Torture Declaration, the UN, the United Nations considers forced injections and forcibly restraining people in chairs and beds to be torture. In the United States, we consider this to be standard psychiatric treatment. It is time we fully respect the bodily integrity and dignity of the people we serve, and stop traumatizing them with involuntary commitment and forced injections. As a certified Recovery Support Specialist, RSS, I speak

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from personal lived experience when I say that there should be at least one RSS peer support on every wing of every floor of every hospital department or agency. Additional peer support reach out by RSSs to follow through post treatment would also be really helpful.

Furthermore, while I have your eyes and ears, I'd also like to call attention to the increased rates of death due to opiate overdoses. My 24 year -- 25-year-old niece, Heather, is a heroin addict, and I know from her repeated attempts to get clean and -- clean and sober and even self-admission to treatment has a slim rate of success. Court-ordered treatment is most certainly even less successful. Large amounts of money invested in the war on drugs has been a complete and utter failure in its attempt to eradicate the use and proliferation of drugs. I strongly advocate for the creation of safe injection sites where measures of harm reduction are taken effectively with interventions offered where appropriate. When people addicted to drugs are registered and their substances of -- of choice are regulated and safely administered by professionals, we will most certainly see a reduction in lives lost due to overdoses, as well as reduced overall drug use.

Lastly, it is critical that we address the greed and corruption of the private health insurance and pharmaceutical industries. There's too much disparity between levels of care available to the wealthy and the working poor. If we had a Medicare for all single payer system, it would remove the profit motives and insatiable greed behind our current flawed mental health and addiction services systems. Thank you.

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SENATOR OSTEN (19TH): Thank you. Very good. Any questions? Yep. Representative Horn.

REP. HORN (64TH): I just -- I just want to thank you for being here today, David. You have mentioned many institutions in Northwest corner, which do incredible work for so many people, and -- and I just want to acknowledge you for standing up for them and for paying the -- that -- that forward to so many people, and I know because I volunteer at Prime Time House that's very important to my people, so thank you, again, for your work.

SENATOR OSTEN (19TH): Any other comments or questions? Thank you. Up next is Michael Askew, followed by Harold Howard.

MICHAEL ASKEW: Good evening, Senator Osten and committee. I -- I -- I've been hearing some great stories. I have one myself that I sent testimony, but I'd like to waive that and if I can approach I have something for your all.

SENATOR OSTEN (19TH): So, Michael is handing out a copy of the CCAR annual report, and he's having us go to two pages. I have to have it on the record.

MICHAEL ASKEW: [Speaking off mic] So, if you open up the book to the middle of the -- of the book and turn two pages towards the end, you'll see services, and you'll see Recovery Community Centers as the focal point of what we do at CCAR. This is a place where people reclaim their lives like myself. I woke up in a cold, dark, isolated jail cell to the smell of stale body odor, wondering how did I get here again? That was over 30 years ago, and I found a way to refrain from using in prison after the sixth time I did a term of more than three years.

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Here I am today telling you recovery is possible. I don't have to sleep behind the shelter anymore. I support recovery community centers because I seen for 12 years as the manager of the Bridgeport Recovery Center we saved lives. We encouraged people to be empower to believe in themselves, and they transform others to believe in themselves. What a miracle that I watched for 13 years almost come in and out those doors. Last year - we had five centers -- over 30,000 people visited our centers, and Bridgeport alone in 2019, 16,000 plus people came in that door. We train people to become recovery coaches at CCAR. We're a global leader. When I say glob, that means worldwide, not use U.S., and we train -- if you look two more pages to the back in training, 46,000 people we trained since 2009. Last year, we trained 14,000 people globally. That's in other countries along with the U.S. to become recovery coaches.

We have now the Emergency Department Recovery Coach Program. This program started March 2017. Three years from -- til next month, we will have 17 full-time employees going into 20 emergency room hospitals. Want to hear a good number? 5585 people accepted the invitation to meet a coach, 50 percent went straight to a detox after they were released from the emergency department. Tell me that's not saving lives. If it was me in my addiction, if that coach wasn't there, I was going back to Home Depot to steal some more circular saws, and I would have died, and that's what we're seeing now -- people dying, but I'm living proof that recovery works, and if you look at the back page of what the finances is, that little bit of money that we get -- well, I ain't gonna say a little, but in comparison, I say

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little because in Massachusetts, right -- and I'll end with this -- they have 27 recovery community centers in the state of Massachusetts. We got five. Imagine the work we could do with some more money.

SENATOR OSTEN (19TH): Thank you very much. Any comments or questions? Yes, Representative.

REP. BETTS (78TH): Thank you very much. Thank you for your testimony. I -- I think someone had referred you or suggested I ask you the question I asked earlier on about --

MICHAEL ASKEW: They did.

REP. BETTS (78TH): Finding other revenue sources through foundations. Have you ever explored or approached or attempted to do that, and if so, what was the reaction?

MICHAEL ASKEW: We -- we lost some of the programming that we had. We had a recovery community center in New London, and we also had the family -- Young Adults and Family Program that we took offline due to funding. We had received some federal funding that we reapplied for and was unable to get. We do get foundation grants. We get State Opioid Response Grants. We get support from DMHAS and other fundraising events that we do. One of the pieces that we've done is with our Recovery Coach Academy where we invite people to come to a 30-hour curriculum for a week, we have copyrights to the manuals, and those manuals on average now we -- because we have it worldwide, they have to come through us to purchase those manuals at \$45 dollars a manual. We -- we on average sell about 1700 manuals monthly. That's part of reinvesting in our

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recovery communities based on that training curriculum that we sell.

REP. BETTS (78TH): Are you a 501(c)(3) and -- and do you have a Board of Directors?

MICHAEL ASKEW: We do. We have a strong Board of Directors. We have been in existence since 1997. We are 501(c)(3) since '98, and we have 42 employees now with a Board of Directors of nine Board of Directors.

REP. BETTS (78TH): Just in closing, I understand \$3 million dollars is a lot of money.

MICHAEL ASKEW: Yeah.

REP. BETTS (78TH): But, not only is it not scratching the surface, but you need significantly more, and it's just not money, you need volunteers and coaches. To try and address the issue of substance abuse, is not a one-year deal. It's a lifelong deal, and I think what you have done with the coaches, for example, I know many hospitals are very grateful that you are now in the emergency rooms to try and help these patients turn their lives around, so I think you've done a remarkably good job with doing it, and it should not be looked at in terms of dollars.

MICHAEL ASKEW: That's right.

REP. BETTS (78TH): Because we all know it would be a heck of a lot more than that, but with what you have, you have done a lot and you should feel very good about that, so thank you very much.

MICHAEL ASKEW: Thank you. You can't put a lot -- you can't put money on a life. We don't -- also, let me just mention -- have started a pilot program

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in the Department of Corrections with recovery coaching. We've hired three coaches, one going to the women's York Correction Institution, and two in the Osborn and Carl Robinson, and certainly, we know that issue with the fatal overdose with opioids with the Department of Corrections issue is we've seen 22 percent of people that had overdosed last year, those 1200 people, came out of a prison or halfway house or some setting from DOC within three to six months, so we know that. We feel really honored to be able to go back into these facilities and institutions with recovery coaches and support people walking back out.

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

MICHAEL ASKEW: Thank you.

SENATOR OSTEN (19TH): Any other comments or questions? I'm seeing none. Thank you very much. Next up is Harold Howard, followed by Orlando Moore.

HAROLD HOWARD: My heart was broken, and given out to the panel. I appreciate your -- your ear. My heart was broken when I came in one day, found out that the person that had a profound impact on me, the budget was cut, and they lost a position. Think of somebody who was in your life who had a profound affect on you. For some reason, they're not there now, and now you're stuck with all these emotions and you're like, well, how am I gonna make it through now because the budget was cut. Now, they had to move. What about -- what about the employment specialists that's helping people get jobs? In the mental health facility, their budget is cut. That position is gone now, and all these people he or she helped, and the budget was cut. I

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can't receive another debranch, you know. If it hadn't been for -- for -- excuse me. I'm just [crying] -- I'm just emotional right now. I'm experiencing some anxiety, but it's -- it's ridiculous how people can just go ahead and cut the budget and think lives is not being affected and think people commit suicide because people have abandoned -- they have abandonment issues -- abandonment issues that go to these clubs to get free food, but guess what? One day, they're gonna come to the club and they can't get free food because guess what? Their budget has been cut, and now they can't get any more free food. They don't have no job. They sleeping on the street, and the budget's been cut. It's a serious issue for people like us [crying]. It's a serious issue, and I'm -- I'm -- you know, I'm pursuing my dreams in a mental health facility. I make stuff. I found my passion in life in a mental health facility, but now the budget's gonna be cut. I can't get no sewing machine. I can't do fashion shows anymore. I'm -- I'm helping people. Their self-esteem is being through the roof. I'm making clothes for them to walk down the runway. They feel good about themselves, but guess what? Can't do it no more because the budget is gonna be cut. Can't get no sewing machine, can't get no fabric. I go to the Board of Directors, and I said, can you please get me a sewing machine and some fabric so I can continue these -- these -- these fashion shows for the people? And, they be like -- they throw their hands up and they be like we don't have any money. We wish we could help you, Harold, but we don't have any money! How -- how -- how can you say that you care about people, but when it comes down to making that decision to put the money where it is, then

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you be like, it is not there. You are affecting people. I come from the homeless -- people under the bridge. I never did drugs 'cause I saw -- I saw what it did to my mom and dad. They're out all over the place. They just -- I can't even get into it, so I don't go down that road. I don't do meth. I never did alcohol or anything, but I suffer from PTSD from a childhood trauma, and I go to a mental health facility -- my time is up.

SENATOR OSTEN (19TH): No, it isn't, Harold. You're all set. Keep going. You're all right. [Applause]. You're all right.

HAROLD HOWARD: So -- so I'm -- I'm just saying think -- think what you're doing when people are affected. You're hurting -- [crying] you're hurting people. You're hurting people.

SENATOR OSTEN (19TH): It's okay, Harold.

HAROLD HOWARD: You're hurting people because they go into places where they get the help, get the free food, and just come to socialize with social -- with social disorder. They go to the staff that has encouraged their life. They go to the staff that really helped them to stop them from committing suicide, and guess what? They're not working there anymore because the budget's been cut [crying]. It has -- and it's very serious. It's very serious [crying]. It's very serious. What do you say to a mother whose -- who goes to work for eight hours and drops her son, her daughter to -- to a facility that helps them mentally? The budget's been cut. She's got to -- she's got to get another job or quit her job to take care of her son or daughter 'cause that position has been eliminated, so now she's stuck trying to figure out what am I gonna do now because

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my son and my daughter -- the position has been eliminated 'cause the budget's been cut. A struggling mom, struggling dad can't support their baby no more [crying], can't [gasping] -- so I just -- I just want to say, you know, 'cause I'm personally affected by staff members who have really touched my life and -- and -- and helped me pursue my goals, but guess what, when the budget is cut, I'm in -- I'm in disarray now.

I'm like what am I gonna do now? How am I gonna encourage the -- the -- the clients there who are looking forward to my fashion shows? What they gonna say? Harold, are we gonna do a fashion show? Are we gonna do a fashion show? I'm ready! I'm ready! And, I've got to say, baby, we can't do it 'cause the budget's been cut. I can't buy fabric. My machine I had is broken. They won't buy me another one, and they're devastated 'cause that was the one thing they was looking forward to was that fashion show that I do [crying]. I don't mind crying 'cause I'm hurt. Things are going on at CRMHC and 'cause of the budget has been cut, they can't -- I can't -- I can't flow. I can't flow like I want to flow. They don't have me space at CRMHC for people like me now to go and pursue their dreams and goals because they -- they need -- I need space to work, but they -- you know, and it's like they need to build a space, but they don't have the budget to make the space for me to do what I do. I got to do it on the computer room or -- or, you know, and so [sigh], it -- it's really serious because these things trigger anxiety in me and other people. It trickles down because when they not -- when the fashion show is no more -- when the fashion show is no more, they're like, well, why am I coming

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here now? I look forward to the fashion shows,
Harold. I mean --

SENATOR OSTEN (19TH): So, Harold, I have a question
for you. Representative Betts.

REP. BETTS (78TH): Thank you. And, thank you very
much, Harold.

HAROLD HOWARD: Thank you.

REP. BETTS (78TH): There are other ways of -- of
being able to help other than just doing the money,
but I hear you very loud and clear, and if you -- if
you -- I'll give you a piece of paper. If you leave
me your name and number, I'll see that some people
can do it. There are people who are very generous
but they don't know about problems, and they like to
give things like e-con gifts like a sewing machine
and fabric. All they need to do is be made aware of
it, so it doesn't necessarily have to be government
that provides it to you. It can be your neighbors,
friends, and people within the community. So, I'll
-- after I finish, you can give me your name and --

HAROLD HOWARD: I mean I can give you my number now.

REP. BETTS (78TH): Well, I'd rather have you --
[laughter].

HAROLD HOWARD: Okay.

REP. BETTS (78TH): I can't read my own handwriting.
[Laughter].

HAROLD HOWARD: I understand.

REP. BETTS (78TH): But -- but I thank you very
much. You know, I think we're all very well aware
of how much it means to you and everybody in this
room, but I'll give you that, and remember there are

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people in communities that are very generous, that do do things where they may have an excess sewing machine or fabric and just not aware of it.

HAROLD HOWARD: See, that's the thing. You all -- you guys know a lot of things. I never knew this information. A wealth of information is right there on the panel. I mean a wealth of knowledge and --

SENATOR OSTEN (19TH): Hold on one minute.

HAROLD HOWARD: You should be -- you should be -- I want to be clear. I'm not the one who's providing the sewing machine -- [laughter].

SENATOR OSTEN (19TH): Senator Somers. Wait a minute, Harold. Senator Somers.

HAROLD HOWARD: Yes, sir. Yes, ma'am.

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

HAROLD HOWARD: Yes, ma'am. Yes, ma'am.

SENATOR SOMERS (18TH): Yes. Thank you for your testimony, but I -- I didn't get exactly where you're located. Where are you located now?

HAROLD HOWARD: I'm in Hartford, Connecticut. I'm at CRMHC.

SENATOR SOMERS (18TH): Okay. And, I want nothing more than for you to have your fashion show, and I wanted to say that I found your testimony extremely emotional and very powerful, and I think that one of the ways to heal is through creativity and art and music and fashion, and I'm glad that you got to speak to Representative Betts because I think that there's things that we can do outside of -- of here in government, providing extra help. When things get tight, there are other ways to help those who

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are in need, and -- and continue the recovery that you have. One of the most difficult things we have is understanding what those needs are, and that's why these forums and these public hearings are the way that we can ask questions, and I don't think -- we may be a wealth of knowledge on some things, but you all are the ones that have the knowledge and the intimate relationships and the knowledge of what you need to be successful going forward, so we learn as much from you as you think you may learn from us, but -- and I would love to go to one of your fashion shows, actually. [Laughter]. You're rocking it in that outfit. [Laughter]. You are. So, I am really glad you came here tonight.

HAROLD HOWARD: Thank you.

SENATOR SOMERS (18TH): Thank you.

SENATOR OSTEN (19TH): Thank you. Thank you, Harold, for coming tonight. Appreciate it. [Applause]. Wait a minute. Harold, wait one minute. One more person. Senator Formica.

SENATOR FORMICA (20TH): I'll -- I'll help with your sewing machine too.

SENATOR OSTEN (19TH): There you go. You're all set. Thank you.

HAROLD HOWARD: Do I give this back to you, or?

SENATOR OSTEN (19TH): Orlando Moore, followed by Ashley Westcott.

ORLANDO MOORE: Good evening, distinguished and honorable Representatives, guardians of the great constitution of the State of Connecticut, my name is Orlando Moore. I'm a 59-year-old man who resides in Bridgeport, Connecticut. Actually, my beautiful

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wife, Christine, together we've raised three beautiful children, Brysen, Tiara, and Shakirah. I have two lovely grandchildren, Jordan and Payton, who I absolutely adore. Currently, I'm a home owner and a law abiding citizen here in the state of Connecticut. It hasn't always been like that though. There was a time not long ago when I was struggling, folding under the weight of pain, misery, and suffering. Always believing that I was better than that, believing that I could triumph over the darkness that ruled my small world, not wanting to be totally consumed by all the negativity in my life, I reached out for help. I prayed wholeheartedly for the courage to take the first step. I was a bum! Heroin and cocaine had me in the grips, and alone there was no way of escape.

I could spend quite some time talking about my drug use and abuse, and it would be just like the thousands of other stories you've already heard. Countless stories, you know, I've been shot right between the eyes, and sometimes I wonder why God spared my life, and it's days like today I know why. So, I would like to share my little short time on the blessings I've received after my battle with drugs, and it started with my introduction to CCAR. Michael just elaborated on CCAR, and after losing everything we owned in a fire in New Jersey, me and my wife were new to Bridgeport, and we stumbled across CCAR, and we noticed it had computers, so we just went in there just to get online, just to use computers, and after I had a few knee surgeries, I got addicted to pain medication, which led me back to my street drugs, which I had used years ago. I started attending NA meetings at that same CCAR center. At first, when I went there, I didn't know

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they had them, and then I decided to go to the noon day all recovery meetings that they also had there. Shortly after, me and my wife, we both became volunteers, which we are currently volunteers today, and today, I choose not to evacuate the turf that has allowed me to be a vehicle for change, not only in my life but in the countless life of others who visit the center daily and reach out to me for resources. Nobody wants to rob a bag lady because she didn't have anything, nothing of value to take. Even in the depths of my addiction, I knew that there was something deep down inside of me that could bless others, and CCAR has helped me to bring that out.

Every Thursday morning, I run a music therapy group, and March 9th I'll be attending the Recovery Coach Academy, and soon I'll be attending Gateway Community College to become a licensed drug counselor in the near future -- drug and alcohol counselor. I'd like to thank you for listening and knowing that the war is not over yet, there's still a long way to go. The monkey's off my back, but the circus is still in town. Thank you.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? I'm seeing none. Thank you very much for waiting all this time. Appreciate it. Up next is Ashley Wescott, followed by Carey Jaffee.

ASHLEY WESCOTT: Good evening Appropriations Committee, my name is Ashley Wescott. I would like to recommend a change in the current mental health paradigm to incorporate Eastern wellness practice as an option for mental health treatments. When I was 21, I was diagnosed with an undefinable illness, and when I say undefinable, I mean there is no

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definitive way to test for it like there is a rare blood disease, an autoimmune disease, or diabetes. Since I was 21, I have been held against my will, abused, seeing other people abused. I've been injected with harmful medications against my will, even once during my pregnancy. Not only was Eastern medicine not an option, but it was even sometimes punishable by force. Organizations such as Advocacy Unlimited, Toivo, and Gilead Community Services support ayurvedic practice and holistic health, and I recommend extending their budgets because not only do they not judge me for what I believe, but I believe that these organizations are progressing into a new paradigm of mental health. I work -- I plan to work with Advocacy Unlimited in the future in order to obtain my recovery support specialist certificate in order to further support my peers as a paid professional, and I also plan to attend the Kripalu Center for Yoga and holistic health in order to incorporate Eastern wellness techniques with the peers that I work to support. I would like to work to break down the stigma of mental illness and see the mental health system start treating people as individuals and respecting their virtue, and I would like to reiterate the Eastern philosophy and Eastern medicine to be brought into hospitals to ensue a new more inclusive mental health paradigm.

SENATOR OSTEN (19TH): Are there any comments or questions? Thank you. Very nice job. Carey Jaffee, followed by Desiree Smith.

CAREY JAFFEE: Thank you. I work seven days a week, and besides multiple private contracts as a behavior specialist, I work full time as the clinical manager with a nonprofit agency for the past 27 years. I'm here tonight to speak about the DDS budget and HB

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5005. The agency I work for provides services to adults with developmental disabilities. I have two master's degrees. I also have advanced training in applied behavior analysis. I have dedicated 42 years of my life serving in this field. Over the past 11 years, I have had only one raise, a one time, one percent increase. This is due to a decade-long wage freeze for all managerial staff with my agency. My annual salary is approximately \$35,000 dollars less than that of a DDS case manager working a similar number of years. This is not just about me. I don't tell you this to talk about me. I tell you because this is what exists in the field among nonprofit agencies.

And, let's go to the direct-care staff -- even more important. The most recent referrals to fill a residential opening in my agency described individuals with severe physical aggression, property destruction, self-injurious behavior, seizure disorder, bipolar disorder, schizophrenia, toileting and hygiene issues, and a host of other issues. So, what do we offer our staff? The same a high school student gets in their first job. When approximately 30 to 40 percent of individuals served are on some form of psychotropic medication, in most cases with multiple psychiatric diagnoses, funding to support qualified staff, clinicians, and administrators becomes critical. Often, we are working with staff at a poorly trained supervised, and most of all, not supported, in the difficult work required of them. Many agencies, in fact, probably all, struggle to fill positions and function chronically understaffed despite the risks. Clinical plans are recycled year after year with the same goals and objectives unfulfilled.

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Additionally, as direct-care staff are unable to be adequately supported, compassion, fatigue, and apathy results in the frequent need for investigations for abuse and neglect that are often substantiated. The eminent crisis before us will likely be more costly over time versus and investment toward addressing these needs now. At my agency and other agencies, managers have multiple roles. I serve as the intake manager, the clinical manager, the behavior specialist, and the senior abuse and neglect investigator. Most direct care staff have two jobs or work additional hours of overtime, often double shifts of 16 hours in order to approach a livable wage. Legislators, please understand that we need direct care staff to be well trained with many skills to face significant challenges. Yet, we can only offer a salary at the lowest range of what society provides. My agency has not received a cost-of-living increase in over ten years, so we just had to absorb a 20 percent increase in health insurance costs during the past five years. The lack of funding increases to nonprofit agencies over a ten-year period, and the ever-widening gap between the needs of individuals within the DDS population and the wages and educational levels of staff has critically compromised the division of services.

Finally, 'cause I didn't want to leave them out, the waiting list of families with a disabled adult still living at home with aging parents unable to provide care, some of them in their 70s, some of them approaching 80, some of them in their 80s are in desperate need of residential placement. That waiting list continues to grow. This is a crisis. I'm 65. I'll be out of the system in a couple of

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years, but I'm scared, and I suggest you should be scared too. Thank you.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Thank you very much. Appreciate it. Desiree Smith, followed by Lucy Nolan. Oh, you gotta put -- there you go. Yep.

DESIREE SMITH: I left my cane over there, but it's okay. [Sigh] Good evening, Senator Osten, Representative Walker, and the Representatives of Appropriation Committee. I'm a little nervous, but it's okay. I just want to say, first of all, you're looking at a miracle. My name is Desiree Smith, and I am a volunteer at CCAR, and I've been set free from being by -- bound by addiction for over 30 years. I'm also an ally, and I just wanted to tell my story.

My story begins from a generation ago due to a family member, my father, who was addicted to drugs and alcohol. In the midst of abuse and many other detriments that me and my siblings were subjected to, we all became addicted to drugs. For many years, I suffered from abusing drugs, alienating all relationships that were important to me until I found God. Once God saved me and my husband, we began anew. We relocated to Millsboro, Delaware, and from New Jersey, we moved to Delaware. I figured I would add a little. I didn't write that, but I figured I would add some details because I feel like you have to be transparent in life when you've gone through so many things because addiction makes you wear so many masks [crying], so we had a brand new start, but after three years, our daughter, Tamara Elise Smith, was murdered. Oh, God, help me. We both suffered extensively from

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losing Tamara. Then tragedy struck again when our son, Darryl was murdered. Once again, our life was shattered for we then had to deal with the horror of losing two children.

For over 25 years, we both suffered a life of addiction. Even though we received spiritual help, therapeutically and psychologically we were lacking. Since moving to Bridgeport, the last 11 -- 11 years of my life -- of our lives, we both have begun to receive a great amount of therapeutic, as well as psychological help. As for me, the struggle has been tremendously great, but today, I know that I can do all things through Christ which strengthens me. Three years ago in 2015, I was a teacher, I worked in a shelter, I worked for ABCD, I was doing exercises, and I sustained an injury. I had been off drugs for about four or five years of my life, and I began taking tramadol and because I was still dealing with PTSD and a lot of issues from my past, it was like I said I had begun to receive help from coming to Bridgeport, but I also had found a place to go to called CCAR, and due to twelve o'clock meetings, that opened the door for me to begin to see myself and I began to receive extra help, and I -- I relapsed because of the injury that I sustained, and my life took a downhill toll, and I woke up finally. I surrendered the surrounding circumstances of my daughter's death. Today, I can say that I'm a volunteer at CCAR. I'm also an ally because a lot of times in addiction you don't think about all the people you hurt, and I do.

I want to just thank you guys for hearing my testimony. Every time I walk through CCARs doors, it's just a blessing for me because I can give back to society and to my community, and I don't feel

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like I'm a stigma anymore. I'm a blessing, and many people wouldn't have survived what I -- what I survived. In closing, my prayer is that our -- you our legislators will please give us more support financially so that the road to recovery for me as well as for allies and ex-drug addicts can recover too. I would like to thank you for hearing me and consider increasing the DMHAS budget for providing more recovery to community centers like CCAR, especially CCAR. I have a love for CCAR. It gave me a foundation, and in doing so, more people would be able to connect to recovery -- more addicts that want to come out. Thank you.

SENATOR OSTEN (19TH): Thank you very much. Are there any comments or questions? Thank you so much. Nice job.

DESIREE SMITH: You're welcome. Thank you.

SENATOR OSTEN (19TH): Lucy Nolan, followed by Suzi Craig.

LUCY NOLAN: Good evening, Senator Osten, Representative Horn, and Representative Gilchrest. My name is Lucy Nolan, and I am the Director of Policy and Public Relations at the Connecticut Alliance to End Sexual Violence. We're a statewide coalition of Connecticut's nine sexual community-based sexual crisis centers. Where our mission is to create communities free of sexual violence and provide culturally affirming trauma informed advocacy prevention and intervention. We receive funding from BCH through the Rape Crisis Intervention and Prevention line -- \$548,128 dollars for -- divided between our nine member centers, and we use that money. We've seen a lot more because of me too, I think, because of some of publicity we've

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heard tonight, there's a lot more sexual assault people coming forward and -- and feeling that they can come forward, and our sexual assault crisis centers are there for them. We have a 24-hour hotline in English, one in Spanish. We have people who -- advocates and people that have been trained will go to the hospital when people are getting rape kits done, go to the police, go with them to the police, go with them to court. What they do is they're there. They are their advocates. They don't -- they -- it's confidential, and they -- they are only there to help these people who have been sexually assaulted regain their power, and we've heard a lot tonight, and I can't say how impressed I am by everyone who has regained their power tonight. This has been one of the best Appropriation hearings I've ever been to. It has been so uplifting, and -- and so I just -- I -- I wanted -- one of the things -- some of the things we use this money for as well is we do short-term counseling. We do prevention, teaching consent, and teaching about bodily autonomy to kids in elementary school so that they can learn, you know, in a way to learn not to sexually assault and not to feel that they have to be assaulted. We have college advocates, LBTGQI+ advocates, child advocates, adult advocates for men and women, justice impact advocates, so we have a whole slew of our people -- someone to help anyone who has -- has an issue with sexual assault, and we -- they're really trained. These advocates are trained for trauma, and again, as I said, to help people regain their power of when they've been assaulted.

And, I just wanted also to do a shoutout to Planned Parenthood from the Alliance because so many of the people that we work with also, I think, use Planned

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Parenthood as a place to go to get good solid medical care, and I think what the Title X -- the loss of that Title X funding is really important to -- to get it back and applaud the state for trying to work on that, so thank you.

SENATOR OSTEN (19TH): Thank you very much. Thanks so much for coming, Lucy.

LUCY NOLAN: Thank you.

SENATOR OSTEN (19TH): Are there any comments or questions? No. Thank you. Suzi Craig, followed by Lisa Winjum.

SUZI CRAIG: Senator Osten, honorary members of the Appropriations Committee, my Rep from West Hartford, thank you for the opportunity to speak this evening. My name is Suzi Craig. I represent Mental Health Connecticut. We're a 112-year-old nonprofit. We've been around for a long time. You've heard many amazing stories of challenge and resilience, and I am so grateful to be in the room to have heard them in this room, and [crying] -- excuse me. I apologize.

SENATOR OSTEN (19TH): Nope. Just go ahead. Give yourself a couple seconds. Count to ten.

SUZI CRAIG: Including five members from our independent center in Waterbury who come up every year and share their story, and I know you see familiar faces coming up every year. It's both a blessing and also it really says something that we have to keep coming back. I'm here to ask for more money. I stand with the Alliance in asking for \$461 million dollars over the course of the next five years.

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And, I'd like to share that before I was working at Mental Health Connecticut -- this is my first job in the mental health field. I've been here for four and a half years. Six years ago, I was working for the startup industry in Connecticut, and in that world it's all about investment and it is all about the return on that investment, and it is all about finding the ideas and the people that are worthy of investing in, and it's a no-brainer in that industry to think about the return of the investment and what is worthy of investing. I would like the state to understand that you have designed a system -- we have designed a system of care that was designed to be invested in, and over the past 13 years, we have not invested in that system, and the result of that is that you're not getting the return on your investment. So, this week at Mental Health Connecticut, we were able to help exit people from our programs because they were ready to move on. That means you're saving money because people are now moving on. We experience people displaying their artwork at public art shows, sharing their recovery story for the first time. We have a storytelling program. People also sharing their story for the first time, people meeting their goals in their recovery in their mental health goals. People that we work with that we partner with -- we consider the folks in our programs our partners, and we're their partners in recovery -- they are our investments and they are your investments, and by not funding this system, you're not getting the contributions and the amazing things that they bring to this state, so we are falling down on investment. I would really like you to consider flipping the perspective of what we're at today. You know, we're using this flat funding term, and it's a misnomer

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because it looks like we're keeping the status quo, and we're not cutting. On paper it looks like that, but for 13 years, we've been missing the investment that we have in our people, so thank you for that.

SENATOR OSTEN (19TH): Thank you. Any comments or questions? Thank you very much. You did a good job. Lisa Winjum, followed by Dawn Smyth.

LISA WINJUM: Good evening, Senator Osten and members of the Judiciary -- Judiciary -- Appropriations Committee. It's been a long day.

SENATOR OSTEN (19TH): [Laughing] We're not doing Judiciary. [Laughter]

LISA WINJUM: [Laughing] It's been a long time.

SENATOR OSTEN (19TH): We've got enough problems. [Laughter]

LISA WINJUM: It's been a long time. I'm Lisa Winjum, and I'm the Executive Director of the Connecticut State Office of the National Alliance on Mental Illness. For 35 years, NAMI Connecticut has been providing support groups, education programs, and advocacy for people including children affected by mental illness. Together with our nine affiliates and more than 200 volunteers, in fiscal year 2019, we provided help and hope to more than 10,000 people through 71 family and peer support groups including 13 support groups for people 18 to 29 years old, 380 In Our Own Voice and Ending the Silence presentations, 29 family-to-family basic and home front education classes, and we connected 540 callers to our NAMI Connecticut helpline to resources and support including information about housing and legal services. DMHAS funding provides us with the support for this work and much more.

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They provide us with funding for our opioid support groups and provider education program. It also funds the crisis intervention teamwork we do in collaboration with the Connecticut Alliance to Benefit Law Enforcement. With DMHAS support, we have developed the Young Adult Connection community, a robust mental health program for our emergency -- emerging adults, and with the help of state and federal funding, we've imbedded suicide gatekeeper training into our Young Adult Connection facilitator training.

Every one of the people we've reached last year, has a story to share, and some of them are here tonight in this room or other rooms, and some of them have submitted written testimony, and I've heard so many other stories. All of these while sitting here waiting to testify, and all of these stories mattered deeply. I understand the state's continuing fiscal challenges and the difficult decisions legislators are facing. I do appreciate that the governor has not cut anything in the budget. At the same time, it's time to increase funding for state service and support and these things must be prioritized because the human cost is so great, so I really urge you to consider increasing the funding for DMHAS behavioral health services, for related housing supports, and for serves for high-need individuals. And, I'm happy to answer any questions.

SENATOR OSTEN (19TH): Are there any comments or questions? I'm seeing none. Thank you.

LISA WINJUM: Thanks.

SENATOR OSTEN (19TH): Appreciate it. Dawn Smyth, followed by Mike Van Vlaenderen.

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DAWN SMYTH: Good evening. Good evening, Senator Osten, Republican Walker, and members of the Appropriation Committee. My name is Dawn Smyth, and I am a recovering addict. My journey started April 22, 2015. I'm here in support of the DMHAS budget. Before entering the world of recovery, I was a mess. People labeled me as a menace to society. I lost my family, friends, and associates, but most importantly, I lost who I was. I lost myself. I became homeless. I slept in abandoned houses, cars, bus stops, outside in the park under trees, and walked around in all types of weather because I had nowhere to go. I had to find ways and means to eat. I found myself doing despicable and disgraceful things just to get my next high. I was first introduced to the Connecticut Community for Addiction Recovery, which is CCAR on April 22, 2015, when my IOP, which was my Intensive Outpatient Program, had been taken on a fieldtrip. Upon entering the center, we were required to sign in at the reception desk. While signing in, I was greeted with, "How can I help you with your recovery today?" [Crying] Then this beautiful young lady volunteer walked around the desk and greeting me with a hug, and that was one I so desperately needed. That was the most impressive and heartfelt greeting I had ever had. I felt if one person had that much interest in my recovery I wanted more. I was especially touched when I heard Michael Askew's testimony and how he got his health and grow in his recovery and started -- and stated how long he had been in recovery. I thought to myself if CCAR can do that for him I want more, and I want that for me.

I have been in and out of recovery since 2015, and if it wasn't for CCAR, I know I wouldn't be alive

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today, and their doors are always open for me no matter how many times I come and go. I have been afforded many opportunities through CCAR and their resources. I am a volunteer recovery coach. I received many other certificates relating to recovery and have had opportunities to tell my testimony to other recovering addicts, but most importantly I know who I really am. I would like to have the Appropriations Committee consider increasing the DMHAS budget for providing more recovery community centers. Please allow more people to connect to recovery. Thank you for your time and your commitment and your cooperation.

SENATOR OSTEN (19TH): Good job. Very nice. Any comments or questions? Senator Formica.

SENATOR FORMICA (20TH): I just want to personally thank you for coming tonight and sharing your story and showing the great strength that you have inside you, so thank you and keep it up. Good luck now.

DAWN SMYTH: Thank you.

SENATOR OSTEN (19TH): Very good. Mike. I'm not saying it twice. [Laughing]

MIKE VAN VLAENDEREN: [Laughing] [Speaking off mic]

SENATOR OSTEN (19TH): I thought I did pretty good at it, but I'm not testing my --

MIKE VAN VLAENDEREN: It was good. No. That was good.

UNKNOWN SPEAKER: Mike V.

MIKE VAN VLAENDEREN: Mike V. All of your stories are amazing tonight, by the way. It was -- it was -- it really was a pleasure to be here. I kinda wish

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I was speaking in the room. Senator Osten, members of the Appropriations Committee, I am here to continue to bang the drum about the current budget and supporting the budget, but also thinking about increased funding for DMHAS dollars. My name is Mike Van Vlaenderen. I'm the Chief Operating Officer at Reliance Health Inc. Our CEO spoke earlier about our mission and the folks that we serve. I'm also a lifelong resident of Norwich. I appreciate the opportunity to speak before the troop today and I'd like to sort of focus on -- and somebody's mentioned it earlier -- is to focus on the sort of economic impact that nonprofits have in our communities across the state and that not properly funding them has a detrimental effect to all -- all of us as individuals and all of our communities in total. Connecticut's nonprofits serve over half a million Connecticut residents every year. That's about 14 percent of the state's population. The nonprofit sector employs over 200,000 staff. That's about 14 percent of the state's workforce. That's 14 percent of the state's workforce that we have not properly funded for the past 13 years. At the same time, the demand for community services continues to increase exponentially. When we talk about level or flat funding, we should just call it what it is. It's a cut. We know it is. We should call it that. We haven't kept up with inflation.

Recent comments in the news suggest a lack of understanding as to what nonprofits are as well as how they are funded for the services they provide. Nonprofit organizations are not charities. They're businesses. Together, they provide essential services in every city and town of Connecticut.

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They're organizations with varied missions from providing a safety net for us during the difficult times, to offering arts and cultural opportunities that revitalize our communities and rich -- enrich our collective experience. They're a vital part of our Connecticut's economy. I wish Harold was still here.

We all understand that working for non -- a nonprofit is not a get-rich-quick scheme, and that love of the mission and compassion for others is often what drives individuals to work for nonprofits, so when you provide financial compensation to staff in the form of moderate to low-income wages, guess what they spend their money on? Rent, food, utilities, healthcare, clothes for their kids, auto repairs. In other words, the basic needs that circulate their paychecks back into the communities across Connecticut that keep the economic -- economic engine running for all -- for all the state and throughout the state. When you starve the sector of the economy, it has a ripple effect across the state. To ask you the same ask that has been put before you by others that have spoke before me, and it's what's been developed by the Trade Organization -- the Alliance, and that's \$461 million dollars over the next five years, a 7 percent increase this year, and indexing future -- future funding to keep up with inflation for the nonprofit sector. Connecticut's budget is as strong as it's been since I've lived here. I fully appreciate the complexity of the task before you. budgets are a statement of priorities. Let's prioritize sound, cost effective solutions that make this state a great place to live for all of us. Thank you.

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SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? I just have to tell you one thing Jay Burnett [phonetic] said to me on one of the First Fridays that I was at. He said, I thought I was doing a good thing when years ago people told me I should do more for less, and I bought into that, I would do more for less and more for less, and he said, until I found -- woke up one day and I realized my workers were on food stamps, heating assistance, and HUSKY A did I realize that I had put all of them in a bad place, and I just, you know, every day I carry that thought with me as we try to figure out a way through this complicated system, but I just wanted to tell me what -- I wanted to tell you what he had said to me, and that -- that was a couple of years ago, maybe a little bit more than a couple of years ago, and when I see him driving by on his bicycle, I -- I -- I remember that, and I just wanted you to know that we do think about the things that you all say.

MIKE VAN VLAENDEREN: I know you do, and I know it's very difficult decisions that you have to make, so I appreciate your time.

SENATOR OSTEN (19TH): Thank you. Thank you for coming. Appreciate it. When you're now -- you're up now. I was going to yell at you and people were coming in saying when are you up? When are you up? [Laughter. I saw you all over there. Janice Chamberlin is after you.

WIN EVARTS: Hello, Senator Osten, Senator Formica, and other esteemed members of the Appropriations Committee. My name is Win Evarts. I'm the Executive Director of the ARC Connecticut. I live in New Canaan with my wife and my 29-year-old son

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who has IDD. I'm here to speak about HB 5005, particularly the portion of the proposed bill that deals with the budget lines that impact individuals with IDD. There are two initiatives in the proposed legislation that I urge you to change. The first one is the Governor's proposal to reduce funding in the community residential services line of the Department of Social Services budget by \$1.135 million dollars, and increase the rent subsidy line of the DDS budget by \$778,560 dollars. While we are highly supportive of creating residential settings that are least restricted to meet each person's individual needs, this "moving" must be done voluntarily and the system savings that result must stay in the system and be used to support people who are waiting for services. Without these two conditions being met, this initiative dressed up in progressive language is effectively a budget cut, which hurts individuals with IDD, especially those waiting for services, and this is coming in an era of both current and projected fiscal health in the state. The bottom line is I don't think there's an excuse for doing it this way.

The second initiative is the proposed \$2 million dollar cut to the Behavioral Services Program. This program provides support to individuals age 8 to 21 with IDD and a cooccurring mental health disorder that substantially interferes with their functioning in family and community activities. While the case load in this program may be declining, the programmatic assets used in BSP could and should be used to do things like train community-based provider staff in behavioral health, which is a weakness in the system, or provide direct support to families that have been unable to find a day-in

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employment program that will take their behaviorally challenged loved one or to expand the pilot for integrated supports that enables access to a wider variety of supports during a calendar day.

I'll conclude by asserting that Connecticut is in a different place in 2020 as compared to the last 15 years when the state's fiscal situation weighed heavily on the nonprofit sector, which currently serves 94 percent of the people with IDD in the state. We support the proposal sponsored by the Alliance to make a \$461 million dollar investment over five years in community-based services. This investment is critical to the survival of the agencies that enable people with IDD to live, work, and participate in the full lives of their communities. Thank you very much for your consideration. Thanks for listening, and thank you for your service to the people of Connecticut.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Thank you very much. Janice Chamberlain, followed by Terrie Lee Waller.

JANICE CHAMBERLAIN: Good evening. My name is Janice Chamberlain. Thank you for letting us come and speak tonight, Senator Osten and Senator Formica and distinguished members of the Appropriations Committee. I'm the Director of Human Resources at Horizons in South Windham, Connecticut, and we are a non-for-profit organization that supports people with developmental disabilities where they live, learn, work, and play. I first have to just comment that I have heard some incredible stories tonight, and I have been of strength and -- and resilience, and it gives me a great deal of hope, so thank you for that. It makes me feel that there is -- there

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is -- there is a light, so I appreciate that. My comments tonight are about House Bill 505 -- 5005.

I started my career as Director of -- a direct support professional in the late 70's working out of the Mansfield Training School. I understanding the work and training required of direct support professionals to be able to do an extraordinary job with compassion and skill. Now, as the Director of Human Resources, I continue to be passionate about the quality of the supports that we provide for Connecticut's constituents. I'm passionate about finding quality job applicates for these -- for our direct support positions. I'm also passionate about paying our employees an adequate living wage that keeps up with inflation as they begin on a career path with our company. Working for a quality non-for-profit agency has been my chosen career path and should be a viable option for young professionals who are graduating in 2020, '21, and in the future.

Thirty years ago when I started at Horizons -- and this is a picture of my old self [laughing], I had visited the LOB [laughing] [laughter] on many occasions to advocate for dollars for salaries and to improve our -- our budgets, and so from 1987 to 2001, you know, our salary and budgeting increases lagged behind the -- the CPI for that period. The CPI increased about 64 and 79 percent and over that 14-year period, our operating budgets and our salaries grew only about 20.51 percent, so there was quite a discrepancy there, and that trend, as you've heard tonight, has continued for community nonprofits. The gap has grown larger from 2007 to 2019, this 13-year period, state funding shortfalls really being community nonprofits have fallen below \$461 million of their costs of providing services.

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The underfunding really has continued for over three decades.

I also want to just say though that thank -- I do appreciate the legislative body that has approved the DDS budget -- for the DDS budget in 2018, the dollars that gave our agency the opportunity to increase our starting wages January 2019 to \$14.75. We were also able to pass on a five percent increase for other direct support professionals. For me, that was a glimmer of hope. I thought things could get better. There's a shrinking pool of applicants out there. There's a lot more competition for jobs, both in the for-profit and not-for-profit sector. Younger folks, older folks have a lot more choices in terms of those jobs out there. So, this commitment was greatly appreciated by this legislative body. However, without having any sort of indexing put into the system as well, our -- for 2020 and future budgets, we've already experienced a slide backward, and it now we are finding it, again, more difficult to fill our openings in our positions for the entry, level positions. Our turnover rate is about 24.5 percent, so I think it's important, again, one more time to say not-for-profit community-based providers are essential partners with our state of Connecticut. You all know that. you probably know that too well, and you have a really hard job ahead of you in making some really tough decisions. I do appreciate that fact, and I appreciate the work that you all do, but I think it's time to increase our funding by the \$461 million for community nonprofits over the next five years. I thank you for your time.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Representative Betts.

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REP. BETTS (78TH): Thank you. I know you had the money from the state to pay for the increase in salaries. What I don't know is what you've done to try and compensate for the subsequent fringe benefit to go along with that or -- or 401ks or other matters that are impacted by the increase in the salary. Have you been able to handle that, not handle it? What -- how have you responded to it?

JANICE CHAMBERLAIN: Well, one of the ways that we have tried to help our employees is by when we had an increase in our benefits this past year, our agency and our COO really worked hard for having -- we absorbed the increase and we did not pass that on to our direct support -- to our employees, so that's one way that we've handled it. It does mean that possibly there could be shortfalls in other areas, but it is day-to-day we try to manage those budgets, and I can provide some more, you know, detailed information if that would be helpful?

REP. BETTS (78TH): Yeah. I would appreciate it. The -- you know, it's interesting when you say we're able to absorb it, and yet I hear many -- not just you -- but from many other people say, well, we really don't have any money. We need more than what we have right now, but then I hear you say you absorb it, and I don't know if it's because it's not that much money or that you have enough money planned because this isn't a one-year increase. I mean the salary's going to be going up --

JANICE CHAMBERLAIN: Right.

REP. BETTS (78TH): Again.

JANICE CHAMBERLAIN: Right.

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REP. BETTS (78TH): I'm just trying to understand the magnitude.

JANICE CHAMBERLAIN: Well, I think when we look at our --

REP. BETTS (78TH): And, what your reactions would be to finding sources to pay for it.

JANICE CHAMBERLAIN: Yeah. Yeah. Well, I think when we look at our overall budget, we try to make a -- we make some conscious decisions about we -- we would prefer to fund or at least to cover that increased cost on our -- on our benefits, and then we look to say, okay, so say we have 50 people who are in full-time positions and we have 100 people who are in part-time positions, we just say, well, we'll hire more part-time people and we won't be able to provide them the benefits, and so we have 50 people who can have benefits, but 100 or more that will not, and so we make those kind of decision in terms of managing the budget, so we try to manage the amount of full time packages that we have, and -- does that help?

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

JANICE CHAMBERLAIN: Okay.

REP. BETTS (78TH): I think that would be helpful, but if you could share with the committee or just give it to the clerk the amount of money we're talking about, I think that will be helpful for us to understand the ramifications of not only now but what's going to be going forward 'cause we certainly don't want people to get hurt by losing benefits or becoming so expansive --

JANICE CHAMBERLAIN: Sure.

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REP. BETTS (78TH): That people have to be laid off, maybe they don't.

JANICE CHAMBERLAIN: Yeah.

REP. BETTS (78TH): I think we just want some clarification as to whether it's a problem or not.

JANICE CHAMBERLAIN: Yep. We can do that. You know, again, you know doing it off the cup it's hard to 'cause I don't have the numbers in front of me, and that's hard to -- to give you exact figure, so.

REP. BETTS (78TH): Thank you, ma'am.

JANICE CHAMBERLAIN: Okay.

SENATOR OSTEN (19TH): Thank you. Any other comments or questions? Thank you very much. Terrie Lee Waller, followed by Diane Manning.

TERRIE LEE WALLER: Good evening, Chair Osten and members of the committee. My name is Terrie Lee Waller. I'm a licensed clinical social worker, and I've been a DMHAS employee since 1988. I currently work at Connecticut Mental Health Center in New Haven, and I'm concerned with the way we fund and deliver mental health services in Connecticut. Too often we look to save a buck instead of understanding bad investment in program services and the workers that care for Connecticut's mentally ill population translates into savings in the long run. I'm deeply disturbed by CMHCs expectations of how many very ill clients one single clinician can be assigned to for a 35-hour work week. I'm blessed to do the type of work I feel called to do and to stress to have a job, which makes providing good clinical care impossible. We are so short-staffed that clients greet me with a list of their previous

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clinicians, while stating their reluctance to start over again with someone who's going to leave soon anyway.

Just recently, a nurse Just recently a new nurse was hired but we still have a social worker vacancy. Healthcare professionals make more in the private sector and our benefits aren't good enough to attract and retain them anymore. It is likely more staff will leave before a new person is hired since the staff turnover in this setting is very high. The numbers of clients assigned to stays between 50 and 60 and has gone even higher. Group therapy does not capture our very high risk and unstable clients. Many clients have been and should be on ACT and CSP teams which have a fixed, low client-to-staff ratio. Once those teams are full, then I'm expected to manage my own mini ACT team complete with mobile crisis visits, probate hearings, and care coordination meeting at various programs around the state. In addition to -- in addition, in any given week, I'm obligated to attend at least four administrative and educational hour-long meetings.

The expectations placed upon primary clinicians are limitless. Our team has no case manager on our team, so those tasks become social work tasks. I'm expected to do outreach and engagement for high risk clients and provide case management for clients who cannot meet fidelity criteria for the skills builders on the CSP teams. Many open treatment cases have charts that have lengthy gaps in documents so it's clear that my predecessors face the same dilemma of providing the clinical services or proper documentation and billing when there is never time to do both. My work is frequently limited to the highest priority and the biggest

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crisis while knowing I'll still held accountable for incredible amounts of paperwork. Instead of being able to treat clients proactively, I have to spend my time prioritizing which crisis needs my time the most urgently. It is shameful how we care for our mental health population in Connecticut. Imagine what we would be able to do with more funding? Thank you for your time.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Representative Betts.

REP. BETTS (78TH): Thank you and thank you for your testimony, and I feel for you 'cause it sounds overwhelming, but did I hear you correctly that your caseload is 50 to 60 patients?

TERRIE LEE WALLER: Yes. And, it's gone as high as 70.

REP. BETTS (78TH): Is there -- are you under any guidelines or requirements, like for example with DCF, they ended up falling under a court order because they were not able to do a good enough job in the minds of the courts to take care of the children. Are you under any kind of similar review or monitoring?

TERRIE LEE WALLER: No. This is a document started under -- working under protest. There is no limit on the -- on the number of clients that can be assigned.

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

SENATOR OSTEN (19TH): Are there any other comments or questions? Thank you.

TERRIE LEE WALLER: Thank you.

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SENATOR OSTEN (19TH): Diane Manning. I don't see her. But, is she here? Next up is Beth Fisher.

BETH FISHER: Good evening, Senator Osten and Senator Formica, and distinguished members of the Appropriations Committee. My name is Beth Fisher. I'm the Executive Director of Kuhn Employment Opportunities. We provide day and employment services to individuals throughout Central Connecticut. We serve about 400 individuals a year. Kuhn contracts with both DDS and DMHAS, and so we have seen an impact over the years with -- with the flat funding in both of those areas. In fact, we've seen cuts, not just flat funding. I'd like to add my voice to the plea for the \$461 million dollars that the Alliance has presented to all of you. I would also ask you to keep in mind that that is a federal match, so it's really only about 50 percent of that that the state would need to fund itself.

So, just a little bit of what's kind of happened to our agency. So, in the DMHAS world, our employment program sustained some very significant cuts in fiscal '17, and I know some of you have probably heard me say this again, and my hope would be that I'm not back here next year saying the same thing, but we run two DMHAS supported employment programs. One is in Middletown and in fiscal '17, that took a 20 percent hit, and our Meriden based one took a 15 percent hit. What that meant is 70 individuals lost their supported employment services. It's hard for me to understand why a program that helps people to get back to work and become productive in taxpaying members of the community would be cut. It seems like that would be a short-sided decision. After that, we followed up fiscal '17 with fiscal '18 where we sustained a five percent cut, and while

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we've worked with our local mental health authority to restore some of those slots for individuals and we had a one percent restoration, it's really a far cry from the need, and we do continue to have waiting lists for those services.

In our DDS funded programs, we continue to face unfunded mandates every day and we struggle to make ends meet. We very much appreciate what you all did last year with the \$14.75 minimum wage, and you know, we do feel the pressure of the compression with -- with some of our other staff, but we have job coaches and employment specialists who are out doing job development, placing individuals with disabilities in competitive jobs, and it's really hard when you have staff who are earning \$14.75 an hour, and they're placing the individuals into jobs making \$15 dollars an hour at Amazon or more.

So, again, as others have said here tonight, I think we really need to invest in these services with a \$461 million dollars over the next five years. I'm not gonna repeat a lot of what you've heard tonight. I know that there are other people waiting to talk, but in closing, I would ask that you keep in mind that nonprofit providers deliver quality services with dedicated staff. We receive high marks from state reviews of our services, and we have lots of reviews at our services. We're cost effective when we're compared to state delivered services. In fact, we compete with the state to hire individuals to deliver those services. We're mission driven. We're committed to the individuals we serve. We're deeply connected to our communities, and we really can be part of the solution for some of the budget challenges, so thank you for your time, and I know

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that I'm talking to the choir in many respects here, so thank you.

SENATOR OSTEN (19TH): Are there any comments or questions. I'm seeing none. Thank you so much.

BETH FISHER: Thank you.

SENATOR OSTEN (19TH): Up next is Kim Michalsky, followed by Libby Antonelli. Is Kim here?

KIM MICHALSKY: Good evening.

SENATOR OSTEN (19TH): Go ahead.

KIM MICHALSKY: Good evening, Senator Osten, Representative Walker, and members of the committee. My name is Kim Michalsky. I'm a registered nurse. I work at Connecticut Valley Hospital. I've been a state employee since July 1981. I started in direct care at Mansfield Training School, and in 1988, I've transferred to Connecticut Valley Hospital, and I've been working with DMHAS ever since. I'm not a stranger to working with the mentally ill. My grandmother was a nurse at CVH. My mother was a nurse at Connecticut Valley Hospital as well.

Tonight, I'm a little rattled because I should be with my mother. She was just discharged from Middlesex Hospital, and both she and I felt it's more important for me to be here speaking out on behalf of the patients that we've served for so many years. Our patients are more important than even my other mother's needs. I'm here because I know people in our care do get well. They can get better, and when DMHAS is properly funded, direct-care staff get properly trained, our patients get better, they're capable of going outside in the community and leading productive lives, and they're

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also capable of contributing. I've seen one of the patients that I cared for started -- the first time I cared for her was in, I believe, '99. She is currently up in Vermont, and she is pursuing a doctorate.

One of the most important pieces of patients getting better and the state of Connecticut serves the most disabled patients, is the training of the RN and the direct care worker. Therapeutic relationships get established and continue on throughout the patient's hospitalization. Our direct care staff need training for people to get better. They need communication skills. They need coping skills, and properly trained dedicated workers can give them these skills and tools. It's more than a pill. It's more than just taking pills and following a therapist. There's a lot involved.

DMHAS used to have hands-on training for direct care staff. They used to encourage people to go out and get more skills and today, our staff are signing off on memos, on computerized training. They don't get a chance to develop new skills, and the trainings that we have don't actually cover what happens on the unit. It's not hands-on. There's no form to ask questions or grow as a professional, and the current environment, staff don't develop new skills that can be utilized by our -- while they're caring for our patients. Evidenced-based practice shows that properly trained staff produce better patient outcomes. Direct care workers work under a registered nurse's license. We definitely need more registered nurses, and we need to be able to retain them at Connecticut Valley Hospital. To do that, we need a better working environment where people are trained, and nurses will stay because they don't

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feel they're putting their patients and their licenses at risk with poorly trained staff.

The people we take care of are no different from you and me. We have people who are in our care who are -- who have been scientists, doctors. People who have been mentally ill are -- they have discovered cures. Growing up with my grandmother, I used to hear her say, there but for the grace of God, go I. Please don't forget that. If you or a loved one or a family member someday needed services, it would be a tragedy if you were unable to have the services that you need to get better. Please fund DMHAS the way we should be funding mental health in Connecticut. Please give the workers, like me, the resources to provide care for the patients that so desperately need our help. Thank you for listening to me.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? I'm seeing none. Thank you so much. Appreciate it. Libby Antonelli, followed by Jeffrey Santos.

LIBBY ANTONELLI: Good evening, distinguished members of the committee. My name is Libby Antonelli, and I'm a junior in high school living in Killingworth. I am here to ask for support of the HB No. 5005, AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021, which supports the Governor's Prevention -- Prevention Partnership throughout the Department of Mental Health and Addiction Services. I work through the Healthy Communities-Healthy Kids Coalition with my youth action group, Ignite. Being a part of Ignite has opened so many doors for my community and for me. I am able to be a leader in my school and through

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participating in the statewide Youth Advisory Board, I have also been able to participate in the regional Youth 2 Youth prevention conference housed at Bryant University every year.

An important part of my group is that it is a second chance group. This means that we will accept anyone with open arms regardless of their past drug or alcohol misuse. Our big challenge right now is fighting the epidemic that has sadly spread to my small town -- vaping. Nicotine addictions have plagued children as little as fourth graders here and our goal is to stop it from spreading to anyone even younger. Along with vaping, we also tackle problems like opioids and underage drinking. We address these issues with events such as -- events and activities such as health fairs, information campaigns, mental health support, by engaging with the youth of my community. Because of this group, I am immersed in so many more diverse and vibrant groups of people. People I never would have gotten the joy to talk to otherwise. My life would have been very different right now if it weren't for Ignite, and I hope more and more youth are allowed to experience what I am experiencing right now. Thank you for your support regarding issues that impact the young people of Connecticut, and I hope that you will choose to continue funding and supporting the Governor's Prevention Partnership so that we will -- that we have -- so that we have the opportunity to share our work with other youth action groups to positively influence our peers through the prevention of substance misuse.

SENATOR OSTEN (19TH): Very nice job. Good to see you. It's always good to see young people involved. Any comments or questions? I'm seeing none.

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You're all set. Jeffrey Santos. Is Jeffrey Santos here? Kelly Fitzgerald. Kelly Fitzgerald here? Paul Acker, followed by Napali Bridgelall.

PAUL ACKER: Good evening, Senator Osten, distinguished members. My name is Paul Acker. I am the Senior Policy Advisor for Advocacy Unlimited. We are a peer-run organization that covers the state. We're based in New Britain. I'm a registered voter of the town of Portland, and I'm also a member of the Keep the Promise Coalition. I believe you have my written testimony in front of you, or have access to it, and so I wanted to speak a little more freeform tonight because I've heard some powerful stuff here. We're hearing from the providers that the bucket that we've created for this safety net is being strained. It's not right sized, it's not strong enough. We're hearing from the people who have lived experience in both addiction and mental health and even developmental disabilities about the power of connection, the power of community, right, the strength of hope, and these things are part of a total package of that bucket, but at no time have I heard us take a look at what's coming from the spicket. We've seen in the past 20 years increases of people ended up on disability because of mental health issues. We've seen increases in suicide. We've seen increased in opioid deaths. We've seen more people turning to drugs, and we're saying, but let's prevent this, but we're doing our preventions too late in the stage, I believe. I believe we need to find ways to reengage our communities to strengthen the very fabric because our communities are both the prevention, the intervention, and the postvention that people are gonna need to get through this.

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To think and -- to sit here and think that everything is within the individual when we know that we have income disparity and other things going on in our society, a society that feels split to a lot of people, connection and community are so important, you know. We find hope within each other because we all have this experience. We know what it's like to be on the outside looking in, feeling alone, feeling isolated, wondering where the hope is and wondering what the next step is. For myself, I have been there. I spent 15 years on disability because they -- because a doctor told me I couldn't handle the stress of working anymore. They didn't tell me it would be 15 years of a life in poverty and the effects that that had, you know.

In 2006, I went to Inner Community in East Hartford and finally, after many years of being in the mental health system, someone finally asked me what my goals were, what I wanted. I was 40, and that was the first time the mental health system ever asked me that question, and so since 2006, I've been working full time. I've been helping and training people to learn about peer support, to learn about different ways of doing. We tend to have this idea that if people take their meds, if people follow you know treatment that they're gonna get better, and that is such a tiny part of what is going on. You know, I keep on hearing, you know, evidenced based practices, but yet, there's no diagnosis that has evidence behind it. There's no scientific validity to any diagnosis, but what we do know and what we hear from my friends at CCAR and from people in the mental health world is that connection and feeling that power of community is transformative, so I hope you will take a look at the whole package here, so

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that we can have a system that supports the -- the residents of Connecticut because when people get the right support, they're gonna be champions. Thank you.

SENATOR OSTEN (19TH): Thank you very much for coming up. Are there any comments or questions? Thank you. Napali Bridgelall, followed by Jay Patel.

NAPALI BRIDGELALL: Good evening Senator Osten, Senator Formica, and distinguished members of the Appropriations Committee. My name is Napali Bridgelall, and I work in the Quality Assurance Department at Gilead Community Services. I support Gilead in providing services to over 600 clients in Middlesex County each year. Thank you for the opportunity to testify on HB 5005. I would like to provide an administrative perspective on the nonprofit condition tonight. I'm here to respectfully request that the legislature appropriate the full \$461 million dollars over five years for community nonprofits. Since 2007, I'm sure as you know the community nonprofits have lost at least \$461 million dollars in state funding that has not kept pace with inflation or adequately covered increased costs and demand for services over the last thirteen years. On behalf of those affected by those budgets, I request: One, a commitment to increasing funding by the full \$461 million dollars by fiscal year 2025. Two, the appropriation of \$128 million dollars, a state net of \$67 million dollars after federal reimbursement, in new funding for community nonprofits by fiscal year 2021; and three, an index increases to inflation to ensure that state funding will keep pace with increased costs in the future.

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Every person in the state of Connecticut is affected by the availability of essential services provided by community nonprofits. These organizations help citizens in every city and town in Connecticut, and whether it's a loved one, a friend, or ourselves, we all know someone whose livelihood relies on being able to access these essential services. For tens of thousands of people in the state, these nonprofits are also a place to work and provide for them and their families. In my two years as an administrator at Gilead, I've seen the many negative effects of intense budget constraints due to lack of public funding. A history of budget cuts and chronic underfunding has resulted in a severe human capital deficiency within nonprofits. Agencies are forced to chase dollars through private or public grants and donations, which not only limit the ability of agencies to adapt, but are also accompanied by demanding reporting requirements that divert nonprofit employees from being able to focus on day-to-day duties. Employees at nonprofit agencies are often forced to take on responsibilities for multiple positions, which prevents us from growing the agency or focusing on new initiatives. It's often demoralizing and frustrating, and low agency budgets mean that our salaries do not compare to what we can make in a for-profit environment. This leads to high staff turnover, further forcing those who remain at the agency to take on more than they can handle. I respectfully request that the legislature appropriate \$461 million dollars over five years for community nonprofits, including increasing funding for behavioral health services and supporting Medicaid reimbursement rates that actually cover the cost of providing the service so that nonprofit

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agencies can focus on providing care that is consistent, effective, and actually addresses the needs of those in our state. Thank you.

SENATOR OSTEN (19TH): Thank you very much. Are there any comments or questions? Thank you. Jay Patel, followed by Elizabeth Weiblen --.

JAY PATEL: Good Evening Senator Osten, Representative Walker, and the members of the Committee, my name is Jay Patel and I work as a Pharmacist for Whiting Forensic Hospital, also known as WFH, a DMHAS run forensic mental health hospital in Middletown. The clients -- clientele at WFH represents a population within the state that requires critical medical -- medical attention and acute care -- many of whom are receiving carefully planned medicated -- planned medication treatment. I help to ensure that the clients receive their medications in collaboration with the other medical professionals on this hospital's campus.

I'm here because I would like to testify on behalf of Whiting Forensics Hospital and its clientele to ask for more funds for the Department of Mental Health and Addiction Services. DMHAS provides many support programs essential to patients for -- from a broad demographics. It is important that we are funding mental health services in Connecticut. Here at WFH, I can attest to the effects that budget cuts have had on services over the years. Reductions in our operating budgets have resulted in reduced staffing levels, decreased the time to perform essential job functions, and stress on an already tight drug budget, and an inability to recruit and retain highly skilled staff. Within -- with reduced staffing levels, people are rushing to complete

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tasks in allotted hours, and this causes increased error rates as well as decreased attention to detail in other aspects. Reduced staffing increases the time it takes to address issues on wards such as delivering urgent medication or fixing medication dispensing machines. This means that the burden of having to attend to issues normally handled by support staff is now pushed onto pharmacists which pull us away from providing clinical services.

Pressure to find efficiencies has also impacted the medications that we are using to treat patients. Prescribers are often forced to choose between newer drugs with lower side effects or using older medications with harsher side effect to save money. Moreover, DMHAS funding does not consider drug cost due to inflation which has averages five to eight percent per year in the past couple years, nor does it take into account patients with higher drug cost regiments such as Hepatitis C. Factoring in just these costs pushes us over budget because we are already inadequately funded. This exemplifies how one or two complicated patients can increase the cost, distracting our focus providing excellent patient care.

Finally, in the last few years, we've witnessed the departure of our fellow pharmacists due to disparate pay when compared others. With low wages, it becomes even more difficult to recruit and retain the best talent to perform vital -- a vital role in our healthcare system. The only way to serve our patients is to increase DMHAS funding and not cut it. Such fiscal pressure to constantly cut expenditure compromises the quality of healthcare that we deliver and puts those mentally ill patients at risk. Please fund DMHAS the way we should be

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funded -- should be funded -- we should be funding mental health in Connecticut. Please give workers like me the resources to provide care the way I know how to. Thank you for your time and consideration.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Senator Somers.

SENATOR SOMERS (18TH): Good evening. Thank you for being here. One of the things that you said was that because your short-staffed the pharmacists is -- does support services rather than being able to provide --

JAY PATEL: There are times we get pulled away from doing --

SENATOR SOMERS (18TH): What -- what would you be pulled away to do?

JAY PATEL: So, maybe going up to a unit to fill medication that the support staff would be doing.

SENATOR SOMERS (18TH): Rather than them having you come to the pharmacy to get it. Is that --

JAY PATEL: Right, right, right.

SENATOR SOMERS (18TH): And, could you speak to the use of older maybe less effective medications --

JAY PATEL: So --

SENATOR SOMERS (18TH): Versus newer ones that are more costly?

JAY PATEL: So, for example, like we might choose an older formulation of a drug that -- like Haldol versus say you know Latuda or something as a first choice drug, you know.

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SENATOR SOMERS (18TH): Just quickly 'cause I don't remember. I've been and I've seen your pharmacy, but how -- how do you purchase your drugs? Is that through the state?

JAY PATEL: It's a state contract. Yeah.

SENATOR SOMERS (18TH): Got it. Okay. Thank you for your testimony.

SENATOR OSTEN (19TH): Any further questions. Thank you. Thank you very much. Elizabeth Weiblen, followed by Emmanuel Silva De Souza. Did I say your name anywhere near right?

ELIZABETH WEIBLEN: Pretty good. I answer to a lot of things. [Laughing].

SENATOR OSTEN (19TH): I do too. [Laughing]

ELIZABETH WEIBLEN: Weiblen, but it's pretty close. [Crosstalk]

SENATOR OSTEN (19TH): I do too. All night. [Laughing]. Go ahead.

ELIZABETH WEIBLEN: Good evening. My name is Elizabeth Weiblen, and I'm the CEO of Key Human Services. For thirty years, Key has been providing services to those with intellectual and developmental disabilities within the state of Connecticut. We provide services in 20 town and 14 Senate Districts and 21 State Representative Districts. For the last 13 years, the state of Connecticut has made the choice not to fund the nonprofits at a level that would keep pace with inflation. As a result, Key Human Services and our sister agencies have been severely underfunded. With an unprecedented amount of savings in the state's coffers and surpluses projected into the

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future, I fail to understand how the legislature can continue to justify the policy choices that keep nonprofits funded at a level that had not kept pace with inflation since 2007. We were told that for the last decade that you could not increase our funding because the state was in a financial crisis. Now that the state is seeing record surpluses and you're again saying to us that you cannot increase our funding. Today, there are more than 2000 people with intellectual and developmental disabilities languishing on waiting lists for services, and these economic times can the legislature continue to tell families, your constituents, that you cannot meet their needs? Distinguished members of the Appropriations Committee, I join my sister agencies in asking you tonight if not now during this time of surplus, when? When can we receive adequate funding? I've cut my statement down significantly from what I submitted to you in writing because so many of my sister agencies have already spoken eloquently to all of the points I wanted to make to you. People have come up tonight and testified about the impact we've had on their families and the services that we provide to their loved ones, so I don't want to rehash that for you. I'm also really impressed with how well all of you understand these -- the circumstances that we're operating under.

You all have eloquently stated how much you value the services we provide, how much we help your constituents, and yet I still hear that because of the spending cap nothing can be done, and I don't feel that there's anything else for me to do at this point other -- that -- that my sister agencies haven't already asked you for other than to just beg and plead, implore, and demand that you work across

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party lines to do whatever it is you need to do as a legislative body. We do what we do. We provide the services. We don't ask you to tell us how to do that. We know how to do that and we do it well, and I'm asking you to do your job well and help us to provide the services that we provide. One of you had brought up about retirement accounts and one thing that shocked me when I came on board as the CEO of Key Human Services is how little people are able to invest in their retirement. Not funding these agencies, not allowing us to keep up with inflation over the last 13 years, is going to have a ripple effect on the state and on the federal government because if people aren't able to save for their futures, if our current employees are dependent on state and federal subsidies to maintain themselves and their families, there is a cost to that. I would prefer to see us fully funded so that we can have our employees funding their retirement accounts, not being dependent on food services, SNAP programs and other federally funded and state funded programs, but that's not where we are. Thank you.

SENATOR OSTEN (19TH): Are there any comments or questions? Thank you very much for staying tonight. I really appreciate it.

ELIZABETH WEIBLEN: Thank you.

SENATOR OSTEN (19TH): And, know that even -- that we are in both rooms and people look at everybody's testimony from both sides.

ELIZABETH WEIBLEN: I appreciate that. Thank you.

SENATOR OSTEN (19TH): Thanks. Emmanuel Silva De Souza. Emmanuel Silva De Souza. No. Denise Henry. Denise -- yep. Okay.

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DENISE HENRY: Good evening distinguished members of the Appropriations Committee. Thank you for taking the time to listen to my testimony supporting HB 5005, the bill you've been hearing so much tonight about -- \$461 million dollars of funding over the next five years. I am Denise Henry, the Executive Director of SARAH Inc. Our agency delivers Birth to Three services and supports for adults with intellectual disabilities to more than 1400 people annually in 31 towns across 4 counties. We are able to do this work thanks to our 120 employees that live and work in your communities. Our organization has been in existence for over 60 years, but our ability to deliver vital services is threatened by years of underfunding. As a result, we have eliminated positions and closed program locations. The work didn't go away with the positions. Instead, we had to give our dedicated employees.

Closing program sites meant leaving towns where the people we support and our employees were valued members of the community. At some point even a business as well run as SARAH Inc. has nowhere else to streamline expenses, and I can't emphasize this enough, we are a very well run business, delivering quality supports while always looking for operational efficiencies. We really appreciate the tax dollars we get, and we want to make sure we do everything we can with them. However, continually rising costs without rate increases for more than a decade has negatively impacted our ability to deliver these services. It has meant we are unable to support adults with the most complex needs or those living in sparsely populated rural areas. This includes individuals living with their very elderly parents. Parents I am sure you can

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understand that are overwhelmed by the changing needs of their aging son or daughter. This also meant that the challenge to recruit and retain the staff that a SARAH Inc. must have to exist. These are not minimum wage jobs; yet with the rising minimum wage in Connecticut, they soon will be.

Our staff are highly trained and are working with people that have a wide range of support needs. And, how does this play out in the day-to-day basis? Staff supports for a new graduate to get and keep a competitive job, or to help someone find a volunteer opportunity that increases their self-esteem and confidence. It can even be a matter of life and death such as staff recognizing the person they are supporting has a severe allergic reaction and administers an epi-pen. This last example recently happened at one of our employment sites. Thanks to our staff's training and quick thinking the person is fine. Without an increase in funding, how can we find and keep the employees we so desperately need?

That is why I am here to wholeheartedly ask you -- and like my colleagues, please with you to appropriate \$461 million dollars over the next five years for community nonprofits. Over the past 13 years, we have lost at least that much in state funding because service rates have not kept pace with inflation, covered increase in costs, or a demand for services. Please commit to that \$461 million dollars. It involves appropriating \$128 million dollars for FY 2021, which is a state net of \$67 million dollars because we can't forget the federal reimbursement. It is a 50/50 split, and to truly address the nonprofit business funding crisis, please look at index increases to inflation, to ensure that state funding will keep pace with

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increased costs in the future. I know you all value the work of community providers. We support your family, friends, neighbors, and constituents. We do this work in partnership with state government for and with the people of Connecticut. But, this partnership is beyond strained. Please be a strong partner, support this bill, so we can continue our work together for the people in this great State. And, thank you for listening. I know it's been a very long day for you all.

SENATOR OSTEN (19TH): Thank you very much. Are there any comments or questions? Representative Betts.

REP. BETTS (78TH): Thank you, Madam Chair. And, thank you for your testimony, and maybe I should be asking this of Gian-Carl, but let's just say for the sake of discussion you had the \$461 million dollars over the next five years. Have you planned as to where that money's gonna go -- allocated among the nonprofits?

DENISE HENRY: Among the nonprofits in general?

REP. BETTS (78TH): Yeah.

DENISE HENRY: I can certainly speak to what would happen at SARAH, Inc.

REP. BETTS (78TH): No. But, I'm saying if we had \$461 million dollars, you could say what you need at SARAH, Inc., but as you're asking, it's over a period of five years. I'm assuming that the group has reached some kind of understanding or consensus as to how that money would be allocated.

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DENISE HENRY: I would assume it would be to the agencies for wages and for infrastructure, and -- and operational costs.

REP. BETTS (78TH): I guess I'm not making it very clear.

DENISE HENRY: No. I'm sorry.

REP. BETTS (78TH): When I gave \$50 million dollars to your organization, \$50 million dollars for residential housing for the developmentally disabled. I mean how would you --

DENISE HENRY: I'm sorry. I don't know that. I don't know that -- the details on that.

REP. BETTS (78TH): Well, that's why I think Gian-Carl, but it's interesting to sit here and think about it. Let's say the state gave it to you, who would know or who would make the decisions to what would go where?

DENISE HENRY: I would say given the years of underfunding and how we desperately need it, and our collective talent and skill, I don't think that would be a -- a difficulty for us to determine.

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

DENISE HENRY: All right.

SENATOR OSTEN (19TH): Thank you. Any other comments or questions? I'm seeing none. Thanks. Pat Johnson here? Pat Johnson. Okay. Followed by Felder Jean-Baptise.

PAT JOHNSON: Esteemed members of the Legislature, my name is Patrick Johnson. I live and vote in West Hartford, and I'm here this evening to speak on behalf of my two brothers-in-law, Frances and Joseph

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are both totally blind and have other disabilities as well. Both will soon be 70 years of age. My wife, Margie, and I are their legal guardians. Joseph lives at St. Mary Home in West Hartford, and Frances lives in a group home owned and managed by Oak Hill in Mansfield, Connecticut. Both of these men could never live by themselves. Frances spent the first 40 years of his life at Southbury Training School, and the remainder now in his Mansfield group home. Frances is blind, Autistic, nonverbal, cannot toilet nor feed himself, and is profoundly developmentally disabled. Margie and I are haunted by concerns about what will become of Joseph and Frances if anything happens to us and if the state of Connecticut does not address the chronic underfunding, now resulting in program closures, rapid staff turnover, neglect of infrastructure, increase safety risk, and increasing dependence on charity.

Charity is declining since it usually no longer meets tax deductibility standards. The nonprofit organizations have been working miracles for the past two decades of declining state revenue, and they are now competing with fast food chains for staff. The waiting list of families in need continues to grow and our Governor, a few months ago, said that charitable donors should cover the cost. Really? That is an outrageous 18th Century idea. Please do not tell parents, guardians, donors, and nonprofit organizations that they are doing God's work. It makes me angry to hear this every year for the decades that I've been coming here to testify. Society has a responsibility to care for the most vulnerable. Government and all of us have a responsibility in this regard. It must be

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the work of all of us to do God's work. I don't believe that it is hyperbolic to say that we are not far from putting people with disabilities on the street to beg. We see some of it already.

In fact, nonprofits have become surrogate beggars here every year, usually leaving with little or nothing. Thus, I am bringing a symbol of our role, the handcrafted begging mug that was used in the 19th and early 20th Century. It's indeed symbolic of what we are being reduced to. No other organizations contracting with the state are treated like this. Over two decades of flat -- flat funding is unconscionable. We've had several speaker this evening use the word begging or pleading for additional funding. The Community Nonprofit Human Service Alliance has an excellent paper that they've circulated which presents the facts and history of the vital role played by nonprofits in partnership with state government, delivering the vast majority of human services to the most ill, vulnerable, and marginalized people in the state at about 50 percent of what it would cost the state. Please demonstrate that you really do care by providing a desperately needed increase in funding or tell my brothers-in-law and the thousands like them again that no one will help despite the budget surpluses. I invite any one of you to come and visit my family members, and for those of you legislators who have been our advocates and supporters, please accept my heartfelt gratitude. Thank you very much.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Thank you so much. Thank you for coming and staying all night. Felda Jean-Baptise. Felder Jean-Baptise. Marina Derman.

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Marina Derman. Cathy Zeiner, followed by Kevin Zingler.

CATHERINE ZEINER: Good evening, Senator Osten, Senator Formica, and members of the Appropriations Committee, and thank you for this opportunity to testify on the important investments to end homelessness in Connecticut through the Department of Mental Health and Addiction Services. I'm Cathy Zeiner, a constituent of Senator Osten's, as well as Chief Strategy and Operations Officer of YWCA Hartford Region, where it's part of our work to eliminate racism and empower women, we operate an emergency shelter serving more than 80 women per year and a 48 unit supportive and affordable housing complex in Hartford.

As you know, the investments that Connecticut has made at ending homelessness are working. The numbers of those experiencing homelessness have been decreasing. So, we support continuing those investments in the housing support services line of the budget for DMHAS. However, we still have far too many people in crisis and becoming homeless daily, and we need your leadership to address the challenges created by the fact that funding of nonprofit contracts have not kept pace with inflation or adequately covered increased cost or demand for services. Even though homelessness in Connecticut has been decreasing, on any given night, there are still between 50 and 100 unsheltered women on the streets in the Hartford area. We work to address this issue by patching together funding from private sources to supplement our contract to put more shelter beds in service, but increasingly, we've had to use those private funds just to keep our shelter operations from deteriorating. We used

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to have a full-time program manager to cover both our emergency shelter and permanent supportive housing programs. Now, that person only works two days a week in our programs because she has four additional housing programs to cover for our collaborating agency. To make matters worse, that same program manager has had to cover for loss of staff that she's had because of the high turnover with the increased size and complexity of caseloads, and although I am thrilled that you all solved Harold's problem of the no sewing machine and fabric, we still didn't solve his problem that his valued counselor is no longer there.

Our shelter has no overnight case manager and only eight hours of coverage on Saturday. There's a residential aide on duty, but that aide must cover the entire building. These conditions plus the diminished community-based resources for substance abuse treatment have put our participants at risk. Before Thanksgiving, we lost one long-time permanent supportive housing resident to an overdose. Then, before Christmas, we had another resident collapse in the lobby. With only that one aide on duty for the building, it was a shelter participant with her own Narcan that was there to -- to revive him. The frequency of these types of crises are new for us. overall, the system is succeeding in housing more people, but those remaining in our programs are increasingly complex. We need additional resources to meet the demands of our communities. Therefore, we also respectfully request that the legislature appropriate the expanded funding requested by the Alliance. Homelessness and addiction are an unacceptable condition for any Connecticut resident. We thank you for our partnership, and we look

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forward to your leadership to end homelessness in Connecticut.

SENATOR OSTEN (19TH): Thank you very much for waiting all night with us. Appreciate it. Are there any comments or questions? Thank you.

CATHERINE ZEINER: Thank you.

SENATOR OSTEN (19TH): Kevin -- Kevin Zingler, followed by Thomas Burr, and I think you're -- what -- what's your name? Okay. Thanks. Yep. You'll be up next.

KEVIN ZINGLER: Good evening, Senator Osten, Representative Walker, Senator Formica, Representative Lavelle, and members of the Appropriations Committee. I am Kevin Zingler. I'm the President and CEO of MARC, Inc. of Manchester. We're a nonprofit organization in Manchester, Connecticut that supports people with intellectual disabilities in residential day, respite, personal supports, program employment, and transportation services. I'm here to testify on -- on House Bill 5005, AN ACT ADJUSTING THE SET BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2021. As a partner with the development -- Department of Developmental Disabilities -- sorry. As a partner with the Department of Developmental Services, DDS, for the past 68 years, I'm here to respectfully request that the legislature appropriate additional funds to the DDS budget, which will enable the department's revised rates, which have not kept pace with inflation or adequately covered increased cost for services for the past 13 years and longer. In addition, the private provider community is separate through budget cuts, as you well know.

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In 2018, the legislature clearly articulated via the passage of Special Act No. 18-5 that a wage differential between the minimum wage and rates earned by direct support professionals or DSPs is not only warranted and earned, but essential to ensure the highest quality of care is provided. Our DSPs every day go through extensive training including CPR, first aid, medical certification, and psychological and physical management training, plus countless hours of orientation and training including medical awareness, dysphagia, and other topics in order to provide the best possible care for our people with intellectual disabilities and their families.

I ask you tonight as the clock is ticking and the wage differential is set to be reduced by another dollar this September and a erode away completely by 2023, to develop a plan, one that starts today with adequate and incremental funding increases in the DDS budget to enable a rate revision. Thank you for your time and consideration. If you have any additional questions, please do not hesitate to contact me. Thank you for your service.

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

KEVIN ZINGLER: Thank you.

SENATOR OSTEN (19TH): And, thanks for waiting all night. Marina Derman, followed by Thomas Burr.

MARINA DERMAN: Good evening, my name is Marina Derman, and I live in Westport. My husband and I are parents of two sons, both with Autism and IDD. Preparing my testimony today, I looked back at mine from last year and the year before and the year

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before that, and found that I've been testifying about DDS budget cuts since 2015, and others for far longer than that. I am sad and frustrated that every year an agency that supports a population that cannot take care of itself has its resources reduced. Specifically, I would like to talk about the recommended \$2 million dollar cut to the behavioral services program or DSP, which as you know provides support to individuals with both intellectual disability and a comorbid mental health condition. I'll share that my young son, Clay, who is now 24 started having tantrums and meltdowns at age 5. As Clay got older, his tantrums became more serious and violent to others. He would attack in a frenzy where he truly appeared out of his mind. As he grew to 6 feet 2 inches, a full foot taller than I am, it became harder and harder to manage this as he also was scary strong. It was harder to defend ourselves and his self-injurious behavior became more serious at the same time with bloody hand bites, with bruises up and down his arms from biting himself, from hard pinches to his torso that left constant bruises. Scar tissue formed on his hands because he never ever let those heal, same with the bruises -- never ever completely went away. Imagine as a parent seeing that every day. I also had frequent bite marks on my arms from the violent attacks that he would go into during these tantrums.

One memorable day as our family was at the beach, a kind bystander saw these bruises on my arms and flipped me a card for a women's shelter mistakenly believing that I was a victim of domestic abuse. It was heart wrenching to have to tell her that no actually this was not something being done by my husband. Thank you so much. It was being done by

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my son. Our house also suffered damage. Clay would roll around in his bed in a frenzy, kick holes in the walls. We replaced and fixed holes multiple times. Our marriage suffered as you can imagine from the stress of the situation. In 2012, Clay was accepted into the DDS VSP, then called the Voluntary Services Program. This was lifechanging for Clay and for our family. [Coughing] Excuse me. It's still emotional even all these years later. With the substantial budget that included by respite and behavioral components and an excellent caseworker, we were able to reduce his negative behaviors dramatically. He spent more time engaged and happy and the time he spent in activities also gave us breaks, so we had the energy to be better parents to this high-needs young man.

Clay has aged out of VSP, but I cannot stress enough what a lifeline that program was during years of crisis. Before we received the VSP supports, we were a family in a freefall. With those supports, we had a greater capacity to take care of our two special needs children. VSP is vital to a particular group of families whose children are among the most challenging of the challenging. VSP dollars are a wise investment that help avoid calls to the police to get help with our own children, children being put into psychiatric placements, the heartbreak of families leaving their children at the emergency rooms and emergency residential placements. I hope people reverse the proposed \$2 million dollar cut. Thank you very much.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? Thank you. Thanks for coming in. Thomas Burr, followed by Martin McDonald.

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THOMAS BURR: Yes. Good evening, Senator Osten, Senator Formica, and the rest of the Appropriations Committee. My name is Thomas Burr. I'm the community -- an affiliate relations manager for NAMI Connecticut. Now, you already have my testimony. You've already heard the testimony previously from our Executive Director, Lisa Winjum, so I'm not gonna regurgitate all of that. What I would like to do is take my time and just impress upon you the importance of the programming that we run at NAMI Connecticut, and I'll use my own family as an example, and in order to tell this story, we go back in time to when my son, John, was entering his senior year in high school. Now, up until that point, John was like the all-American kid. He was on the honor roll on a regular basis, a member of the school's wrestling team, a good looking kid with a great circle of friends, and his life looked like it was on a trajectory to finish high school, go off to college, graduate, get a good job, and live the American dream. However, the wheels started to fall off all of that in his senior year. He started not going to classes, not turning in his work, and the next thing his mother and I find out is from the school is that he's in danger of not graduating. We're like how can he not graduate? He's an honor student. What's going on? Well, as you probably have already guessed, he was developing a serious mental illness, in this case, bipolar disorder, and that began what I would like to describe as an eight-year-long rollercoaster ride of every parent's nightmare. John was cycling in and out of the emergency room and inpatient psychiatric hospitalization. He was drinking and drugging, self-medicating with drugs and alcohol. He was homeless in various stretches during that eight

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years, and he was also getting involved in the criminal justice system much to our consternation. He was also, because of the illness, suicidal at times. In fact, he tried to kill himself I can't even tell ya how many times 'cause frankly I lost track, but two of those attempts were at home. The second of those attempts were in front of his two sisters who were three and five years old at the time, and it was that point his mother and I had to make a decision that no parent should ever have to make, and that was John, we love you but you can't live here. It's just way too much chaos and drama. Now, thankfully when our lives looked like it couldn't get any darker, my wife discovered NAMI, and she dragged me kicking and screaming to my first NAMI support group because I'm a proud guy and I didn't need any help, and I certainly didn't want to talk about my poor screwed up family in front of a bunch of strangers, but thank God she insisted that I go because it was just lifechanging for us. It absolutely helped us understanding what we were dealing with. The people that were facilitating this group were not only trained support group facilitators but they were people with lived experience, volunteers who really cared and really wanted to help us understand what we were going through. Not long after that, we were taking the NAMI family to family class, which again, was life changing. It not only taught us about the different types of mental health, conditions, and their symptoms and behaviors, not only talked about medications and what they do and side effects, but most importantly to a family that was in crisis, talked about coping skills. How do you maintain your own mental health when your world has been

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turned upside down, and how do you help your loved one without enabling them?

Now, I can tell you fast forward through that eight-year stretch, John is doing fantastic. He is clean and sober. He's been working steadily all this time. He bought a house with his own money several years ago. He's married, has a daughter, my first grandchild. I'll show you pictures later if you want to see them [laughter], and his life has regained the trajectory it had been on before he got sick. This organization is lifechanging, not just to my family but families all throughout the state, but we can't do what we do without the funding, and the funding's been cut, and we've had to curtail things, and it's just not right. So, please do whatever you can do to help all the families in Connecticut that so desperately need these services. Thank you for your time. I appreciate you listening to my rant, and I'll be happy to answer any questions you might have.

SENATOR OSTEN (19TH): Does anybody have any questions or comments? Thank you very much.

THOMAS BURR: Thank you.

SENATOR OSTEN (19TH): Thanks for staying tonight with us. Martin McDonald. Martin McDonald here? Dana Kras. Is Dana here? Okay. Followed by Marian Leist.

DANA KRAS: Good evening, distinguished members of the Appropriations Committee. My name is Dana Kras. I am currently a community organizing and public policy student studying at UCONN School of Social Work. About two years ago, I graduated with my bachelor's in social work, and during that time, I

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worked for a Catholic charity agency in Springfield, Massachusetts as a case manager. Specifically, my job included helping those experiencing homelessness by providing rapid rehousing, diversion, and prevention case management services. I -- through -- through these supports, I was actually able to help stably house a woman who had been sleeping in a tent for over a year. Through that experience, I ultimately decided to pursue my masters in community organizing because of how limited I was in my work, and when I found out I was going to be interning at Connecticut Coalition to End Homelessness this year, it felt I had come full circle.

Not only have I had the privilege of working in the Advocacy Department, but I've also been able to work closely with our outreach and Unsheltered Homelessness Department. Throughout this year, the outreach department and I have conducted meetings with outreach specialists across the state. These outreach support specialists are crucial to our homelessness response efforts because they are able to identify those experiencing homelessness that we would otherwise not be aware of.

We know our investments are working as numbers show. Those experiencing homelessness are going down year after year. Connecticut to date has seen a 66 percent reduction on chronic homelessness since 2016. This couldn't have been made possible without our outreach support specialists who are able to canvas areas where it is most likely people who are experiencing homelessness who do not want to seek shelter due to past trauma, mental health, substance abuse, or other issues today. They are able to be found and identified and receive housing support and other case management services that otherwise

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wouldn't be brought to them without out outreach support. Homelessness is an unacceptable condition for any Connecticut resident, and an expensive public policy problem. At CCEH, we are working with 211 and other state partners to build a statewide framework to identify, engage, and offer supports to those who face additional barriers to access, but now, we're here urging you to support, enhance outreach services by investing \$375,000 dollars to the Department of Mental Health and Addiction Services Housing Supports and Services line. This would enable us to better identify individuals experiencing unsheltered homelessness. Investments in frontline homeless services, supportive housing, and supportive services will save public resources and help families and individuals transition to housing, stability, and hope. Thank you for hearing my testimony, and thank you for your continuous support efforts in ending homelessness.

SENATOR OSTEN (19TH): Thank you. Nice job.

DANA KRAS: Thank you.

SENATOR OSTEN (19TH): Any comments or questions? Thank you very much. Marian Leist, followed by Chelsea Ohannessian. I did try it. I don't know why. [Laughing] [Laughter]. Go ahead, Marian. Your turn.

MARIAN LEIST: Go evening, I'm Marian Leist. I am the Vice-President for Advocacy and Business Develoment at Harc. I've been with Harc for 21 years. We are a service provider that provides supports to close to 1000 people with intellectual disabilities and their families in the greater Hartford area. I am here to ask you to appropriate

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an additional \$461 million dollars over five years to community services.

So, some of you may have been aware that last Friday we had our Harc Advocacy day, Have a Harc Day. It's always on Valentine's Day. For those of you that missed it, we have highlights on Facebook, so you can check those out, but our families and individuals who attended they told their stories and they talked a lot about the chronic underfunding. They -- there was still a very hopeful air in the room, and so today, I'm asking you to be a champion to those individual and their families that we support on a daily basis by investing in community services.

So, over the last couple of months, our organization had to make a difficult decision of closing our individual day supports program, so this was a program that supported individuals who were in some cases living in nursing homes or they may have been for the most part homebound due to either medical -- medical or mental health issues that coincided with their intellectual disability diagnosis. But, due to the inadequate rate for providers, we were not able to maintain this program, so this program is very staff intense, 'cause obviously, it's a one-on-one program, so for every individual, who have to have a staff person. Ideally, you have to have a consistent staff person. So, right there, there's problem number one when you have high turnover and you have people that don't want to stay and -- and continue working. It's also a very documentation heavy program because it's a program that requires 15-minute documentation of what staff does with an individual and literally in 15-minute increments, and of course, the result of that because it's a

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Medicaid program, if you don't have the proper documentation, then when you're in a Medicaid audit, then you are -- are subject to all sorts of fines, which of course are extrapolated, but we won't talk about that right now.

Anyway, this particular program was a program that I personally started. We started with one individual who was in our day program for a number of years. She was an older adult who was in our Life Enrichment Program, and she wasn't able to come to the program every day because of her coinciding depression. We were able to work with her not only in her home when she needed it, but we could take her out when she needed it, and it gave her the flexibility to really enjoy her life in her retirement. Unfortunately, for her and 14 other people that were impacted by this program, the program is no longer, so they have had to either find alternative supports or some of them still have no supports, so unfortunately, -- really quickly. This is just not the only program that's been impacted. Our recreation programs are -- are virtually nonexistent. Our family supports are extinct. These are programs that are not state funded but because our fundraising dollars have to go to make up the gap, we're not able to provide all the services that we used to be able to. So, once again, I ask you to please support appropriating an additional \$461 million dollars over five years to community services.

SENATOR OSTEN (19TH): Thank you very much. Any comments or questions? I'm seeing none. Thank you. Chelsea. No. Julie Richards, followed by Bryte Johnson.

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JULIE RICHARDS: Good evening, Senator Osten, Senator Formica, and distinguished members of the Appropriations Committee. My name is Julie Richards, and I'm a community outreach specialist and program administrative assistant with Horizons. Horizons is a nonprofit organization in operation for 41 years providing individualized services with people with intellectual and developmental disabilities where they life, learn, work, and play. Thank you for the opportunity tonight to testify on HB 5001. Private providers like Horizons are major -- are the major workforce in delivering essential services for DDS.

Just under five years ago, I began working with Horizons as a direct support professional, coming from the for-profit arena. I quickly realized that what I was committing to would require me to invest much more of myself than I could have ever imagined. I was also quick to realize that there were more than 100 hours of training that myself and all other Horizon staff received, and that training was essential in the support that I would be providing. I was trained and certified in areas such as medical administration, CPR and first aid, abuse and neglect, and many others. I learned intimate details about the individuals I supported. We built our relationship, which led to an understanding that the work and training required of a direct support professional was critical to be able to do an extraordinary job with compassion and skill. Nonprofit community-based providers are essential partners with the state. Horizon staff are part of Connecticut's economic engine working to support the people that we serve in their jobs and volunteerism in the Eastern half of the state. We contribute to

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our communities daily in towns from Tolland to New London, working at places such as the Coast Guard Academy, UCONN, and Mystic Aquarium. We provide daily volunteer contributions at food pantries and animal sanctuaries to organizations such as Grow Windham, Groton Public Library. These are just a few of the many, many areas in which we invest valuable time and efforts to support in so many ways.

Our staff provide quality essential services to Connecticut constituents with intellectual and developmental disabilities, their families in Connecticut communities. We need to be included in the group of essential service providers that receive automatic COLA increases annually. There's a growing demand for these essential services. The state needs to compensate these essential nonprofit staff appropriately. I appreciate the hard decisions the Appropriations Committee and legislators will have to make in the next several months. Please continue to support and invest in community nonprofits like Horizons. Thank you.

SENATOR OSTEN (19TH): Thank you very much. Are there any comments or questions? I'm seeing none. Thanks so much.

JULIE RICHARDS: Thank you.

SENATOR OSTEN (19TH): Next up is Bryte Johnson. Bryte Johnson here? Susan Sarmiento. Susan Sarmiento here? Okay. Followed by LaShawne Houston Sowell.

SUSAN SARMIENTO: Good evening, Senator Osten and distinguished committee members. My name is Susan Sarmiento, and I am a parent of two children, and I

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live in Hartford as a proud neighbor from Behind the Rocks, Minnie Gonzales' district, and I am here today in support of the HB 5005, which supports the Governor's Prevention Partnership through the Department of Mental Health and Addiction Services.

Today, I come to you representing the many parents and families that struggle everyday with the results of drug and alcohol abuse in our city and to testify on the impact that The Partnership Program, Por Los Niños, had on me and other families as a community - - sorry. As a community, we must face the ugly reality of seeing victims of overdosing on the streets or being mindful that our children don't step on a needle or get too close to people smoking marijuana on the playground. Every day I take my 6-year-old to the bus and often see people buying drugs on the corner of Park Street.

Before becoming involved with The Partnership, I was so desensitized to these activities that I simply told my children "keep walking or walk fast". My understanding of drugs in my community would change forever after the Spring of 2018 when I participated in my first workshop on drug prevention and substance abuse hosted by the Program Por Los Niños from the Governor's Prevention Partnership. For the first time, someone was opening the conversation and making a culturally competent attempt to educate our families, my family, about the opioid epidemic, giving us tips on how to start the conversations with our children and what to do if drugs are offered at school. These workshops helped me build the skills necessary to have an informed conversation with my six-year-old about healthy choices, positive friendships, and the difference between help and harm. They also helped me

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understand my role as a parent in safe storage and disposal of medication in my home.

Over time, I continued to participate in drug prevention trainings, and then I started to volunteer helping other parents to learn about prevention. I now work full time at The Partnership as a program coordinator for parent and mentor engagement. Through managing Por Los Ninos, I am reaching my community and helping to guide and empower them through necessary conversations on youth prevention. The Latino community, my community, has unique cultural barriers surrounding issues such as drug and alcohol abuse, and programs like these are necessary to break -- to break down those barriers and facilitate growth. As program coordinator, I have expanded our -- our scope by training parents to host their own community cafes like -- like the ones I attended when I first became familiar with the partnership. So far, we have four that have been led exclusively by parents in their apartment buildings and their schools and family centers. Our parent leaders and volunteers are stressing the importance of creating safe space for their children to share and maintaining -- excuse me -- open and honest lines of communication between family members, and I always tell them that any time they aren't listening it's a missed opportunity for guidance. I know that the program like Por Los Niños make a great difference in the life of our community because it brings hope and more important, education to the communities that need it most. As parents, we have a unique responsibility to bring awareness to these issues, especially when our children are exposed to so much at a young age. I would like to thank you [crying] for your support

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regarding this issue, and I hope that you will choose to continue funding and support the Governor's Prevention Partnership.

SENATOR OSTEN (19TH): Nice job. Your children will be very proud of you.

SUSAN SARMIENTO: I am really moved because I am honored to be here with people that need support and honor. Thank you.

SENATOR OSTEN (19TH): Thank you very much. LaShawne Houston Sowell here? Followed by Sue Lagarde.

LASHAWNE HOUSTON SOWELL: Okay. I'll be very quick, actually. Good evening, Senator Osten, Senator Somers, and the other Representatives of the Appropriations Committee. My name is LaShawne Houston Sowell, and I'm also a member of the National Alliance of Mental Illness. I'm also a Board Director for the NAMI Board for Manchester, Connecticut. I'm not gonna reiterate what the Director already said regarding what NAMI is all about, but I will remind you that NAMI is one of the nation's largest grassroots organization, health organizations, and it's dedicated to building better lives for those affected by mental illness.

As -- as mental health awareness finally appears to be on the rise, it must be noted that funding to appropriate -- to appropriately increase and maintain a level of functioning for those living with mental illness should be appropriated for with care and compassion. Reports indicate that 1 in 4 people living with mental health conditions -- well, actually nationwide 1 in 4 people are living with mental health conditions, and this figure actually

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may be higher as those are the numbers that are reported when you go to a mental health facility and you actually report that you have a mental health condition, so I -- I'm pretty sure the number is higher is what I'm trying to say. Instead of retelling my family's story, which I've done before at a hearing in front of the Public Health Committee, and it's also now public information, I will just state that mental health services in the state of Connecticut need to be more cohesive, more comprehensive, and effective. Agencies need to talk to one another, and services need to be just coordinated. As our family has gone through the mental health and criminal justice system now, we've had firsthand experiences dealing with the trajectory that these services have taken us on, and I've noticed because we've had personal experience as DMHAS funds many agencies that are doing effective work but on the same token, some of the dollars that are allocated could be more effectively used elsewhere like supportive housing, diversion programs, and training services for staff. Just to name a few.

I -- like I said, I'm gonna be really, really short. I -- I do support the budget -- the Governor's budget proposal as it's stated already. The \$3 million dollars in new funding and to fund community placements for individuals at Connecticut Valley Hospital, Dutcher Hall. I kind of added that in. It only says Connecticut Valley Hospital. I'm saying we also need to think about Dutcher Hall and the Whiting Forensic Services because there are a lot of individuals that are there that are ready for discharge that aren't included in this proposal. And, I -- I think even more money needs to be

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allocated towards this effort because it's like I said there are a lot of people that aren't being considered from what I'm reading in the -- in the -- the budget proposal.

Also, the maintaining of the manage service system, grants for mental health services, line items that help fund NAMI, of course, as well as the Community Health Resource Agency, Advocacy Unlimited to name a few. Oh, I'm only naming those because those are the ones that have really helped my family, and I know that they do effective work. I guess that -- that's all I'm trying to say -- to fund the ones that are doing the work and maybe not fund the ones that aren't, so I guess there needs --

SENATOR OSTEN (19TH): [Laughing]

LASHAWNE HOUSTON SOWELL: That's what I'm trying to say.

SENATOR OSTEN (19TH): Thank you. Thanks. Any comments or questions? Senator Somers.

SENATOR SOMERS (18TH): Hello. I -- I love your, you know, simple way of describing things. I wish we could do that -- fund the things that work, don't fund the things that don't work. We would really shake up the budget I'm sure if we could do that. I -- I think it would be important. I know that you and I have spoken many, many times. If you could explain what you're talking about as far as the money that is allocated -- \$3 million dollars. Is it correct or not correct? That there has been people waiting to be put into or transition into supportive housing from Dutcher, from CVH, but there hasn't been funding for them, so they're stuck in our state mental hospitals waiting because there's

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no money to transition them, which I think is just horrific. If it's time and they're ready, they should be able to go and the funding should be there for them, and I know that you've had that experience yourself, and she also did not say -- she had such an interesting experience at the state of Connecticut's mental health system, she wrote a book. Yeah. That was -- yeah.

LASHAWNE HOUSTON SOWELL: Thank you, Senator.
[Laughing] Yeah. [Crosstalk]

SENATOR SOMERS (18TH): Pick it up at -- I'm not sure where you'd even have it, but it is pretty amazing that you've been a real inspiration, and I thank you for all the work that you've done, and --

LAWSHAWNE HOUSTON SOWELL: Thank you, Senator.

SENATOR SOMERS (18TH): You are truly empathetic 'cause you've been there and you've experienced what it's like, and I think that you have a lot to offer to us, so how -- to share with us -- I'm sorry. I've been in this hearing -- it's been a really long week for me. I -- I was in that marathon 22-hour hearing two days ago -- to share with us your experience so we can make it better. So, I thank you for being here, and --

LASHAWNE HOUSTON SOWELL: Thank you, and thank you for letting me --

SENATOR SOMERS (18TH): [Crosstalk]. Thanks.

LASHAWNE HOUSTON SOWELL: Thanks for letting me speak. The book is on Amazon. [Laughter]

SENATOR OSTEN (19TH): I was just gonna say it's gotta be on Amazon.

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LASHAWNE HOUSTON SOWELL: And, it tells our whole story. It tells our whole story. Thank you, Senator.

SENATOR SOMERS (18TH): Thank -- thank you. Any other comments or questions? Sue Lagarde. Careful. Patty Burke after that. Is Patty Burke here? Patty Burke here? No. And, Otis Clemens [phonetic] here? Michelle Gardner here? Okay. You'll be after Sue, and Joseph Drexler. All right. Go ahead. You're up.

SUE LAGARDE: Thank you, and thank you for being here. I know it's been a long day for all of us. So, Senator Osten, Senator Formica, members of the Appropriations Committee, I'm -- I'm here to talk about House Bill 5005. My name is Dr. Suzanne Lagarde. I'm the CEO of Fair Haven Community Healthcare in New Haven. I'm here to speak about the funding for health facilities like mine, which have lost Title X funding. Nearly 50 years ago, Fair Haven Community Health Clinic was founded as a family planning clinic. For these past 50 years, we have never wavered from our original mission to serve women and men primarily low income in minority who want to responsibly manage their reproductive health. For literally decades, we've enjoyed a wonderful partnership with Planned Parenthood of Southern New England. Planned Parenthood received funds directly through the Title X program, and we were a subgrantee of Planned Parenthood receiving on average close to \$200,000 dollars yearly to provide care to our patients. Then, 2017 arrived, and a new administration assumed power in Washington. In addition to threats of defunding Planned Parenthood, the current administration drastically cut funding overall. We saw our funding go down more than 60

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percent from roughly \$200,000 dollars annually to \$75,000. Despite this significant cut, we managed to continue to provide the same level of family planning services, which includes providing free contraceptives to all of our many uninsured patients. In 2019 alone, we purchased and provided free of charge both oral and injectable contraceptives, as well as IUDs to nearly 4000 low-income uninsured patients, but then things got even worse. In the Spring of this year, this past year, the current administration then instituted the so-called gag rule. Because we accepted Title X funds, our providers were now legally prevented from discussing abortion as one of several options available to women who might be struggling with the news of an unwanted pregnancy. This was a gamechanger. We felt that this intrusion into the doctor/patient relationship was unacceptable and was actually detrimental to our patients, so last summer, we sadly gave up all Title X funding. We didn't want to be gagged.

Currently, we have no funding to support our family planning efforts. Governor Lamont has put money into his proposed budget to provide some relief to agencies like mine. We're thrilled that this administration shares our commitment to low-income women in our community, especially women of color, and has stepped forward to help mitigate this problem. While I am most appreciative, the sad fact remains that the cost of the services we provide far exceeds the amount being proposed for our health center. The Governor is suggesting we receive \$80,000 dollars. However, our cost for this program for little -- literally decades has exceeded \$200,000 dollars annually, so we are respectfully

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requesting that serious consideration be given to increasing the amount of funding to our health center to prior funding levels of roughly \$180,000 to \$200,000 dollars. I timed that perfectly. [Laughter]. Thank you so much. I really do appreciate. I -- it's -- I can only -- I'm in awe of all of you. I -- I've been here one day. I know you've been here four days, so it -- it's been a -- I'm very appreciative for all the help you give us. Thank you.

SENATOR OSTEN (19TH): And, Senator Looney already pointed out that you are not getting your funding, so I think it will be changed. Just saying. [Laughing] [Laughter]

SUE LAGARDE: Thank you. When the President of the Senate says your funding is not there, I think you'll get something. Michelle -- does anybody have any comments or questions? Yes. Representative. I'm just letting you know the other side is all done.

REP. GILCHREST (18TH): Oh, man. All right. I'll be quick. I just wanted to thank you for the work you do and for being committed to giving women in this state quality healthcare. Thank you.

SUE LAGARDE: Thank you. Thank you all.

SENATOR OSTEN (19TH): Thank you. Michelle Gardner, followed by Joseph Drexler.

MICHELLE GARDNER: Good evening, Senator -- Senator Osten, Senator Somers, and the rest of the Appropriation Committee. My name's Michelle Gardner. I've been a Developmental Services Supported Living worker for 27 years with DDS Supported Living Program. I thank you for giving me

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the opportunity to speak on behalf of the intellectually disabled individuals that I work with. I'd like to speak to you today about the Supported Living Program, which is under the Department of Developmental Services. This is a wonderful program, which was started almost 40 years ago for individuals with intellectual disabilities. These individuals came from institutions and group homes and some also coming from living at home with their parents.

In this program, they have gone from needing 24-hour staff supports to now only needing a few hours each per week, as dedicated staff have worked together with them to make them as independent as possible so that they can now live on their own. When they entered the program, they and their families were promised "A lifetime of support". Up until now, that promise has been kept. I come here today to ask you to consider keeping this promise by continuing to support the Supported Living Program and to allow it to close on its own, organically. I am not here to ask for it to be funded indefinitely.

As our individuals are aging and needing more supports than this program can offer, we are meeting with the individuals and their case managers to find a more suitable residence for them. We've been finding more and more of these outside private provider residences for our individuals, and currently have five more that will be transitioning out in the next few months. We also have had several of our state employees that have left the program due to retirement with more scheduled to leave this year.

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I recommend that we continue to support these individuals and their parents -- most of whom are now in their 80s -- by honoring our commitment we made to them when we took their children into this incredibly successful and wonderfully supported living program. We can do this by allowing the Program to close itself organically through continued state employee retirements and also by state employees continuing to place these intellectually disabled individuals in private placements as they age out and begin to need more complex medical care. This is a fragile population. Please don't uproot their lives after 40 years. Please consider how this is impacting their lives. They are currently extremely scared and worried about their future with the possibility of this program not being there for them. I thank you for your consideration and urge you to continue funding this incredibly beneficial and cost-effective program, which these wonderful individuals have come to rely on.

SENATOR OSTEN (19TH): Thank you very much. Are there any comments or questions? I'm seeing none. Joe Drexler. And, you are last up unless anybody else wants to speak. [Laughing]

JOSEPH DREXLER: Good evening, Senator and distinguished members of the Appropriations Committee. I'm Joe Drexler, Executive Director of RMS, a nonprofit agency that supports 239 people with intellectual disabilities. I'm here to testify regarding HB Act 505, adjusting the -- 5005, adjusting the state budget.

Before I jump into my testimony. Let me tell you a couple things that happened to me today. I'm on a

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visit to one of my homes, and it supports people with challenging behaviors, and I was screamed at, sworn at, had stuff thrown at me, and received a soda shower. I'll tell ya I had a really tough day, but my staff would laugh at me. It wasn't a good day, but they've done -- they've experienced a lot worse.

The other thing that happened to me was nicer. One of my staff shared a picture of her beautiful two-year-old daughter. She's just a staff involved, came from Haiti, and is working hard to take care of her and her daughter and wants to finish becoming an American citizen. Unfortunately, she can't save the hundreds of dollars she needs to complete the process, so they're really why I'm here today.

RMS has 525 employees who support people with a wide range of needs. We support people with complex medical issues, require tube feedings, and obviously deal with some challenging behaviors. Our staff have a lot to go through a lot of training. They have to be flexible, hard-working, caring, and positive. Too many of our employees that were forced to choose between the work they love and a reasonable compensation. Too many employees work two or three jobs to -- so they can support themselves and their families. I have barbers, hairdressers, dental hygienist, wait staff, cooks, lots of retail workers, and lots of people who do home health aide work. They're hustling hard to try to put together a decent life by supplementing their nonprofit wages. I, like many of my veteran employees, worry about the future of the field we love so much. RMS has some great younger employees, but they don't see this work as -- they see this work as a stepping-stone. It's the pay levels make

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it hard or impossible for them to think of this work as a career. If the state can just address the obvious funding issues that hold down compensation, it would send a positive message to every employer in Connecticut about the importance of paying a living wage.

Do we really want the staff who do tube feedings, give medications, calm upset people, and when necessary restrain them in a safe manner to earn the same wages as a 16-year-old who works in retail or the person who cleans the floor at the local hospital? Because of the recent support of the legislature, at least our staff were no longer paid less than those people. I am grateful for that funding and my employees truly deserve that.

Unfortunately, self-serving abdication has left this legislature with a task of correcting consistent government neglect over the past three decades. You really have to go back to the O'Neal in the beginning of the Whiteford Administration to see a consistent effort to address wage issues in the private sector. It really falls to this legislature to use the money that is in fact available to right this wrong. The current funding system is wrong for the nonprofit employees, and it's wrong for the individuals we support. If you fail to act now while there's money, you'll squander the opportunity to fix the system before bad services become an accepted norm in Connecticut. I ask you to support the plan that everyone else supports and has been brought up before, and I just want to say that, you know, I think it's probably not even aggressive enough. If we're gonna pay \$15 dollars for people to handle packages, shouldn't we be paying at least \$20 dollars for people to care for other people? We

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have a lot of elderly individuals, and we have some really young individuals. I want the young individuals to have the kind of services our elderly individuals used to receive in Connecticut. Thank you very much for listening, and I'd be happy to answer any questions.

SENATOR OSTEN (19TH): Thank you. Are there any comments or questions? I'm seeing none. Have a nice night. Are there any -- is there anybody else who has not testified? [Laughing]. Would you like to say something, sir? You've been waiting all night. [Background conversation]. Oh, I'm sorry. Who are you?

JEFFREY SANTO: My name is Jeffrey Santo.

SENATOR OSTEN (19TH): Oh, okay. I read your testimony.

JEFFREY SANTO: Oh, thank you. As I said, my name is Jeffrey Santo, and I want to thank you all for taking the time to hear me, especially since this is literally the last, you know, we're into the night. I'm a state certified Recovery Support Specialist, and a lot of people who hold that title or have taken those classes are very passionate about mental health and addiction, and a lot of us always keep our ear to the ground to find out what's going on with DMHAS and budgets and things of that nature because it affects not only us, but it affects all of the people that we work with on a regular basis.

In my own experience, one of the things that has led to the downslide of my own mental state is stress and anxiety. To that end, I created a website called rockingrecovery.org, and on this website, there are links to over 930 services that provide

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1400 programs from everything from soup kitchens to affordable housing, medical needs, basic needs like toothpaste and soap, mental help and addiction treatment centers, and so on. You can search demographics if you're a Veteran, if you're a man, a women, if you're a member of the LGBTQ community, and the reason we created this resource is we want professionals to go to one place and have all of these services readily available to they can find this for their clients because time is money and money is something that we don't have a lot of.

When it comes to supporting mental health and the funding that's behind it, even if we don't cut the budget, we're still losing ground. In 2018, we lost more firefighters and police officers to suicide than we did in line-of-duty deaths, and these are people who look at the people that they work with like brothers and sisters, the members of a large community. They put their lives in each other's hands, but they can't go to them about what's on their mind, what's bothering them, and it's a disturbing trend. We lose 16 Veterans every single day. We lose four active-duty service personnel on average every single day, and for every secondary school we have in this country, it's estimated that two young adults will attempt suicide, and there are 3400 secondary schools in this country -- excuse me -- 34,000 secondary schools in this country, which means you can fill Yankee Stadium with the number of young adults that will attempt to take their life this year, and there will still be 10,000 in the parking lot waiting to get in 'cause they couldn't find a seat.

These are the problems that we are facing, and even though I'm continuously receiving training from

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Advocacy Unlimited, advocacy training through Keep the Promise, I still feel drastically outnumbered. So, I'm asking you any help that you can give through funding for these programs, it's essential that we bolster them and we get more people in the field who are willing to help solve these problems. Thank you.

SENATOR OSTEN (19TH): Thank you. What's the name of that website, again?

JEFFREY SANTO: Rockingrecovery.org.

SENATOR OSTEN (19TH): Thank you. Any -- anybody else have any comments or questions around the circle? Thank you very much.

JEFFREY SANTO: Thank you.

SENATOR OSTEN (19TH): Is there anybody else who hasn't testified that would like to testify? I'm seeing none. This hearing is now closed.