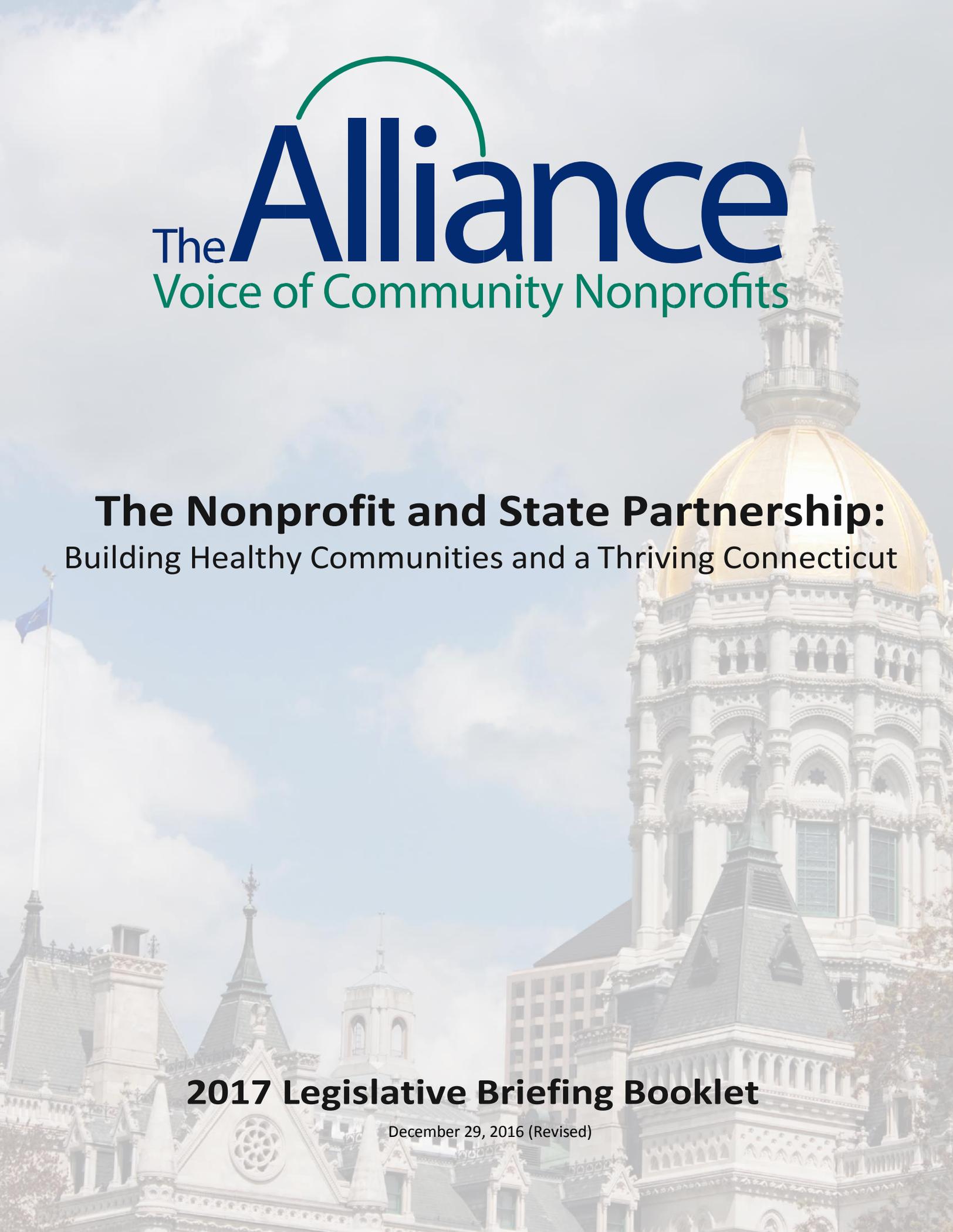




The **Alliance**
Voice of Community Nonprofits



The Nonprofit and State Partnership:
Building Healthy Communities and a Thriving Connecticut

2017 Legislative Briefing Booklet

December 29, 2016 (Revised)

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Partners in Serving People: State Government And Connecticut's Community Nonprofits

Community nonprofit providers are partners with the State and municipalities in serving the people and businesses of Connecticut.

They take care of the developmentally disabled, feed the hungry, provide behavioral health and substance abuse treatment, and help prisoners make a transition to the community. Nonprofits also enrich the state with art and culture -- operating art galleries, giving public performances and more.

Community nonprofits are in trouble

The years since the Great Recession of 2008 have taken their toll and nonprofits are stretched thin. Programs have been eliminated, jobs have been cut and entire agencies have shut down. They are now at the breaking point.

Connecticut's nonprofits simply can't absorb more cuts from the state and federal governments. If nonprofits stop providing services, the people they serve will be knocking on government's doors -- and some will be left outside.

Community nonprofits can help the State solve its budget problems

Nonprofit human service providers deliver high-quality care at significantly less cost than when the State provides the services directly. Nonprofit arts and cultural organizations help keep Connecticut an attractive place to live and work -- they're our aces in the hole when competing for economic development.

The State is in fiscal crisis, and officials must decide: either keep the expensive status quo and serve fewer people or change the system and serve more people in need. It's that simple.

This Briefing Book

This briefing booklet shows policymakers ways that community nonprofits can help the State in a time of budget distress. It includes ideas about how the State can help nonprofits serve more people at less cost -- how they are partners that can help each other. The booklet also contains explanations about how nonprofits can provide quality services at lower costs than when the State provides them. It provides examples of ways the State can help relieve the cost burdens on nonprofits so they can serve the most people with what they have available.

We hope you find it helpful. If you would like more information, please contact me, Jeff Shaw (jshaw@ctnonprofitalliance.org) or the Alliance staff listed at the bottom of each of the briefing papers.

Thank you for caring about your communities and the people in them.

Gian-Carl Casa
President and CEO
The Alliance
gcasa@ctnonprofitalliance.org

Nonprofits Provide Exceptional Services

Mission-driven quality of care

- *“We partner with people with disabilities to provide services and solutions promoting independence, education, health and dignity.”*
- *“We believe all agency services will be cost effective.”*
- *“We believe that people with disabilities have the right and capability to be contributing, productive members of their communities.”*

Community nonprofits are mission driven and highly committed to serving the neediest populations. They provide high quality services to more than 500,000 people in Connecticut each year. Nonprofits are dedicated to improving the quality of life for the individuals they serve and are less costly than state-provided services.

A 2012 study by the General Assembly’s Program Review and Investigations (PRI) Committee looked at the experience of 17 group homes for people with intellectual and developmental disabilities that had been converted from state to nonprofit operation. The study found that Department of Developmental Services (DDS) group homes that were converted from public to private settings had fewer deficiencies after the conversion than before, a finding that **quality – as measured by DDS inspection outcomes – does not deteriorate in private settings and may even improve.**

The study found:

- Nonprofit-run homes received nearly 40 percent fewer deficiencies when inspected than when the same homes were run by state government, and that only 13 percent of the private homes were cited for “plan of correction” deficiencies, while 38 percent of state-run homes were cited.
- The report goes on to state that, “in all categories there were fewer deficiencies after the conversion to private homes,” and “the average percentage drop in the total number of deficiencies was 44 percent.”
- To date, The Alliance is not aware of anyone asking to be returned to the state system after being moved into a community setting.

Providing services in the community also has financial benefits. On average, **it costs 2.5 times more to take care of someone in a public group home than a private one.** Because the individual costs per year differ so much between the two settings, the current provision of care makes for a very costly system. With adequate support from the State, community programs can provide high quality care to more individuals and families, while saving state dollars.

What do families have to say?

Families and the people served by nonprofits across the state have filled the Legislative Office Building and Capitol hallways every year to ask lawmakers to reject proposed spending cuts that would significantly reduce or eliminate community services. One of the clearest measurements of the quality of care offered by nonprofit providers in the communities of Connecticut is the quality of life and level of satisfaction for the individuals served and their families. Family members and self-advocates consistently report that both the level of care and quality of staff continue to provide an enhanced quality of life for the individuals served.

The following excerpts from family testimonials are a small sample of the overwhelmingly positive feedback received in support of services provided by the nonprofit provider community:

- **“...we moved Francis to a community-based Oak Hill group home... Although it was a difficult decision to move him from his ‘forever home,’ we have never looked back. Francis now lives in a real home in a real neighborhood where he gets all the attention he needs and loving supportive care from a wonderful staff. He is content, happy, and calm.** We could not be more pleased with his excellent personal and medical care. We know he is safer in his current home than he ever was before. His safety gives us great peace of mind. We encourage eligible families to visit and see for themselves the best practices and quality of care in nonprofit community based group homes.” – Patrick and Marjorie Johnson, family members
- **“I am writing to let you know how pleased I am with Mosaic. Mosaic was able to provide [my daughter] Christine with an amazing support system in a short amount of time. She has grown and blossomed into a more independent person since she has moved.** She is happy and very well cared for. The staff support has been wonderful. I knew that someday Christine would move out of our home as we both grew older. I now have peace of mind that Christine is happy and well taken care of by Mosaic. Thank you for everything that you do for my daughter. I highly recommend the services that you provide at Mosaic.” – Parent
- **“I am the mother of a severely disabled son who is 45 years old. He was placed at Ella Grasso state facility in 1982, when he was 10. My son transitioned to a Kennedy Center group home April 2014. My son is visibly happier** with this small, homey environment which expects him to behave to the best of his ability. He goes out frequently with staff and made a remarkably rapid adjustment to this more intimate setting. **I celebrate all the positive things that the group home has afforded my son;** I applaud the concept of the group home as it allows each resident to be treated individually, with deep dignity and respect. This is possible because of the small, intimate setting that is inherent in the group home atmosphere.” – Jane Rimer, Parent
- **“My daughter is cared for by the Jewish Association for Community Living (JCL.) They are caring, responsible and well-trained people.** I literally trust them with my daughter’s life. Why JCL and not a state-run group home? It was my connection to the employees.... JCL and all agencies contracted by the state follow strict standards set and monitored by the State. That fact alone was not enough for me to trust them with my girl... It’s the staff. No one can fake that job... Their employees **are hard-working, skilled and sensitive people.**” – Ann Levie, Parent
- Please see the appendix for more testimonials about great care in nonprofit residences.

Recommendations

- The State should acknowledge that nonprofits provide exceptional services that improve the quality of life for individuals receiving care.
- By preserving and expanding the use of community programs today, the state can more effectively use limited dollars in the years ahead to provide quality care to all people in need.

For more information contact: Brunilda Ferraj, Senior Public Policy Specialist, at bferraj@ctnonprofitalliance.org

Nonprofit Community Services Save the State Money: Here's How

Background:

Community nonprofits save the State money.

The State's dual role as both a provider and regulator of services is costly, inefficient and redundant, distracting it from its core oversight functions. The State should expand the role of nonprofits to deliver the highest quality community services, which are significantly less costly than state-run programs.

If community services are cut, people in need will be forced to turn to more costly alternatives. For example, without treatment:

- People living with mental health and substance use disorders are more likely to visit the Emergency Room or be hospitalized. The average cost of a one week stay in a hospital in Connecticut is more than \$16,000 and the average cost of one emergency room visit is more than \$2,000.

A Smart Investment:

Nonprofits have the expertise and capacity to provide high quality community services at lower costs than the State, for example:

- According to the Program Review & Investigations (PRI) Committee, the average annual cost to serve an individual with intellectual/developmental disabilities living in a state-operated group home is \$265,000. The cost for a community nonprofit to provide the same service is just \$113,000.
- **The State can save \$152,000 per individual per year** by providing group home services for people with intellectual/developmental disabilities in the community.
- **The per-patient cost of state-operated Local Mental Health Authorities (LMHAs) could be more than five times higher than comparable community nonprofit agencies.** There are fourteen LMHAs in Connecticut. Seven of them are community nonprofits and seven are state-operated. Shifting all LMHA services into the community will result in significant cost savings for the State. Many community nonprofit providers deliver the same services as state facilities, contrary to some claims, and have demonstrated their capacity to provide high-quality care.

Recommendation:

The State faces a deficit of as much as \$1.3 billion for FY 18. In today's budget context the State's choice is clear. It can (a) keep the expensive status quo method of providing direct services and serve fewer people, or (b) use the nonprofit sector to serve more people at lower cost.

- Connecticut should protect funding in the budget for community nonprofits. If funding is cut further, nonprofits will be faced with dramatically reducing services to people in need across the state. Cuts to community programs will force them to turn to more costly methods of care.

For more information contact: Ben Shaiken Public Policy Specialist, at bshaiken@ctnonprofitalliance.org

How Deemed Status in Lieu Of State Licensing Can Save the State Money

Background

Connecticut's community nonprofits providing mental health, substance use, and developmental disability services can be required to maintain as many as 24 separate licenses from state agencies to operate their programs.

Complying with multiple and redundant licensing requirements is costly and poses an enormous administrative burden on the State and community providers. Each license requires periodic renewal every two to three years and a series of compliance visits to the provider. It is common for a provider to undergo as many as eight separate licensing reviews every year. These compliance visits, which have numerous overlapping requirements and can take one to three days to complete, divert limited time and resources away from direct service provision to at-risk families and adults.

What is Deemed Status?

Deemed Status regulations would allow nonprofits to forgo duplicative and burdensome state licensing requirements if they can demonstrate accreditation from an accepted national accrediting body such as the Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), or the Joint Commission. The requirements of these nationally recognized accrediting organizations meet and often exceed state licensing requirements, as they demand extremely rigorous service standards and performance elements. Nationally, Alabama, Arizona, Iowa, Maryland, North Carolina and Ohio have all successfully adopted Deemed Status regulations.

Connecticut's Department of Public Health already uses Deemed Status to reduce costs – but only for hospitals and other related healthcare services. In light of Connecticut's fiscal challenges, the State should adopt deemed status regulations for nonprofit providers, too. It would save money and enhance administrative and operational efficiencies for both the state and providers.

- **Lower costs to the state:** Deemed Status for services where the national accreditation requirements meet or exceed state standards would reduce staffing costs for state licensing agencies, as the number duplicative site visits and administrative efforts required by state licensing agencies would be reduced.
- **Lower costs to nonprofits:** Currently, community nonprofits obtaining national accreditation undergo state agency licensing processes that duplicate what they do for accreditation. For community providers, Deemed Status would reduce the time and effort required by provider organization staff to complete administrative requirements for state licensure, allowing providers to devote more time and resources to serving individuals in need.

Recommendation

Currently, the Connecticut Department of Public Health (DPH) allows for Deemed Status for certain hospitals and healthcare services. Connecticut should expand Deemed Status to the following programs and facilities:

Department of Children and Families

- Child placing agencies
- Group homes
- Residential education
- Safe homes
- Extended day treatment
- Outpatient psychiatric clinics for children
- Residential treatment
- Temporary shelter

Department of Public Health

- Substance Abuse facilities
- Mental Health Day Treatment
- Mental Health Residential Living
- Mental Health Community Residence
- Mental Health Intermediate Treatment
- Psychiatric Outpatient Clinic for Adults

Department of Developmental Services

- Residential Services
- Community Supports
- Employment Services

For more information contact: Brunilda Ferraj, Senior Public Policy Specialist, at bferraj@ctnonprofitalliance.org

Foster Care Funding and Service Delivery: How Structural Change Can Save the State Money

Background

The State has made great progress over the last few years toward meeting the needs of children and families in Connecticut. In 2011, the Department of Children and Families changed its approach to serving abused or neglected children who are removed from their parents' care by prioritizing placement with other relatives. Today, Connecticut has the lowest rate in state history of foster children living apart from family members.

Like the delivery of other health and human services in Connecticut, foster care services are provided by both the State and community nonprofits, making the delivery of services costly and inefficient.

Restructuring Foster Care Service Delivery

Nonprofits have the ability and capacity to provide high quality services for all of the 4,000 children currently in the foster care system. They:

- Employ experts to coordinate services for children to provide nurturing homes and structured environments.
- Support children and foster families throughout the placement process in a variety of ways, assigning a team of professionals to each child and family to meet their unique needs, providing 24 hour-a-day on-call support services, and ongoing support groups and training.
- Successfully administer a wide range of foster care programs in Connecticut, including therapeutic foster care, family and community ties programs, respite foster care, and foster care services for children with medically complex conditions. With proper funding, nonprofits can serve every child in Connecticut's foster care system.

The State's conflicting roles as both provider and regulator of foster care services has created an unproductive environment in which nonprofits must compete with the State to recruit and retain foster families.

- These parallel systems maintain two separate silos in which information for children in the foster care system exists, making it difficult to meet the needs of children. Shifting the delivery of foster care services into the community and creating one unified system for all children would provide nonprofits and the State with the opportunity to better assess and address children's needs.

A single nonprofit foster care system would save the State time and money while allowing it to focus on oversight and investigations.

- A recent report by the Office of the Child Advocate brought to light widespread systemic concerns with the foster care system. The Child Advocate identified a number of incidents highlighting how the Department of Children and Families experienced a collapse of safeguards ensuring the safety and well-being of a child in foster care. While the Child Advocate's report focuses on just one incident, Connecticut can take steps to prevent future harm and protect children by channeling its resources to strengthen its investigative and oversight capacity over the service delivery system.

Recommendation

High quality, cost-effective foster care services provided by community nonprofits can be part of the solution to Connecticut's budget problems. The State should expand the role of nonprofits, allowing them to effectively and efficiently provide foster care services at lower costs. With adequate support, nonprofits can serve more children and families, while saving State money.

For more information contact Brunilda Ferraj, Senior Public Policy Specialist, at bferraj@ctnonprofitalliance.org

Why State-Funded Grants for Mental Health and Substance Abuse Services Still Matter

Background:

Nonprofit providers of mental health and substance abuse services provide care to all who walk through their doors, whether or not they are able to pay. In addition to programs for which the State receives partial federal reimbursement, Connecticut provides its own grant funding to nonprofits to fill in gaps where the federally reimbursed programs don't reach. Those unreimbursed grants are often the first on the chopping block because they are 100% state funded.

- Grant funding from the Department of Mental Health and Addiction Services (DMHAS) helps cover the costs of care for the state's most vulnerable individuals who are uninsured or underinsured.
- **Since Fiscal Year 2013, grant funding for these DMHAS programs has been cut by almost 18%.**
- The Affordable Care Act (ACA) has had a significant impact on healthcare in Connecticut. More than 700,000 people have become insured and tens of thousands of residents have enrolled in Connecticut's Medicaid program following the State's Medicaid expansion, but a pool of uninsured individuals remains and many people still experience gaps in coverage.
- Within this context, **grant funding for mental health and substance abuse services is more important than ever.**

Grants Fill Gaps:

- Grants help pay for the care of the most seriously mentally ill, who are more likely to be uninsured or under-insured or to experience gaps in coverage. In addition, many individuals are now enrolled in High Deductible Health Plans and are responsible to pay out-of-pocket for care until their deductible is met. Community nonprofit providers treat individuals regardless of their ability to pay, and grant funding from DMHAS is essential to cover the costs incurred by providers.
- As of February 16, 2016, 748,009 people were enrolled in Medicaid. Tens of thousands of them are new enrollees since the Medicaid expansion and enrollment is on the rise. But Medicaid rates do not cover the cost of care, leaving nonprofit community providers to operate at a loss for nearly every service-type delivered to Medicaid recipients. While DMHAS grants are not supplements for inadequate Medicaid reimbursement rates, without adequate grant funding from DMHAS, community nonprofit providers would be forced out of business and the people they serve would turn to more costly and less effective options for care.
- While it is still too early to know what changes the new Administration in Washington, D.C. will make to our healthcare system, some of the priorities that have been discussed during the transition underline the importance of maintaining state grant funding for mental health and

substance abuse services. For example, a repeal of the Affordable Care Act resulting in more people without health insurance and/or any reduction to the federal match percentage of Connecticut's Medicaid program would mean that grant funding would become even more important for mental health and substance abuse services in Connecticut.

Recommendation:

Don't cut grants. State funded Grants for Mental Health Services and Grants for Substance Abuse Services have been cut by more than \$13 million over the original appropriation in Fiscal Year 2017. These cuts should not be annualized in the Fiscal Year 2018/2019 Biennium Budget.

For more information contact: Ben Shaiken, Public Policy Specialist, at bshaiken@ctnonprofitalliance.org

Community Justice Services in Connecticut: Creating a Second Chance Society

Background

Nonprofit Community Justice providers have long supported the expansion of treatment programs and alternatives to incarceration. Community Justice providers in Connecticut are primarily funded by the Department of Correction (DOC), and/or the Court Support Services Division (CSSD) of the Judicial Branch.

Community Reentry Programs have historically served as a cost-saving measure that increases public safety and strengthens the fabric of our communities. As the State continues to address its ongoing budget crisis, it is important to view the support of community-based reentry services as an investment in social justice, public safety, and the overall welfare of our state. The “Second Chance Society” should be more than an initiative; to succeed it should be a total and ongoing shift in philosophy from traditional notions about criminal justice.

Connecticut has long been considered a national model

Connecticut is at the forefront of criminal justice reform, both for the innovative approach the State has adopted - including the Second Chance Society Initiative - and in real results. For example:

- Connecticut’s reduction in violent crime rates is ranked #1 in the nation according to the FBI’s “Crime in the United States” report.
- Connecticut’s violent crime rate (reported violent crimes per 100,000 residents) has dropped more than any other state since 2012, falling 23%. The national violent crime rate fell by 4% during the same time period.

Connecticut’s Prison Population is at Historic Lows

Connecticut has cut its prison population and its crime rate:

- As of January 2016, the number of people incarcerated in Connecticut correctional facilities was the lowest it’s been in 21 years, with the sentenced population dropping to 11,706.
- At the same time, crime rates have fallen, according to recent data from the Bureau of Justice Statistics.

These numbers align with a trend that has been happening in the state for years:

- From January 2010 to January 2016, the Connecticut prison population decreased more than 14.1%, the second largest decline in any state during that time, trailing only California.
- The overall crime rate in the state dropped 12.7% from 2010 to 2014 (the latest data available).

Connecticut's progress has been attributed to many factors, which include several aspects of effective, quality programs within the community – including those that focus upon prevention and reentry.

Most criminal justice research focuses on the effectiveness of programs that seek to reduce recidivism by changing offender attitudes and behavior. Reductions in recidivism rates translate to breaking the cycle of crime and poverty that plagues so many communities across the nation.

The positive outcomes achieved by the justice system in Connecticut are illustrated by a 2012 Study, published in the 2015 DOC Annual Report "Recidivism Rates in Connecticut," which is based on 16,286 sentenced offenders for a two-year period after their release in 2008:

- 46% of those released at the end of their sentence from a facility were reconvicted;
- 22% of those completing their sentence on Transitional Supervision were reconvicted;
- 7% of those who completed their sentence while on Parole were reconvicted; and,
- The total overall reconviction rate of those in the study group was 39%

The "Second Chance Society Initiative"

Governor Malloy's Second Chance Society Initiative focuses on expanding services affecting those involved in the juvenile justice system. These changes are focused on young offenders and also include bail reforms. These initiatives are designed to continue the progress being made in reducing the state's dropping crime rate, and ensure that nonviolent offenders are successfully reintegrated into society so they can become productive members of their communities who contribute to Connecticut's economy.

With the anticipated decrease in offender population within DOC facilities, there will be a corresponding need for additional supervised placements within the community justice provider network of services. It is essential that the State recalibrate the necessary funding and infrastructure to accommodate this shift and ensure continued success.

Recommendations

- Support the "Second Chance Society Initiative." Continued success of this effort is directly related to the strength and viability of the nonprofit provider network of Community Justice Services.
- Implement Nationally Recognized "Justice Reinvestment" Practices: As the crime rate and incarceration numbers drop and prisons close, it is critical to reinvest the cost savings in programs which will ensure future and sustainable progress.
- Provide adequate funding that reflects the true cost of services and addresses the chronic under-funding of the nonprofit provider network. Current Cost of Living Adjustments average less than .05% over the past twenty-five years.

For more information contact: Julia Wilcox, Senior Public Policy Specialist, at JWilcox@ctnonprofitalliance.org

Establishing an Innovation Incentive Program: Maintaining Fiscally Healthy Community Nonprofits

Background

The State's current contracting policies mandate that savings realized by nonprofits at the end of a contract period must be returned to the State. Because this policy is counterproductive and discourages innovation and efficiency in service delivery, The Alliance's proposes an Innovation Incentive Program to strengthen nonprofits that care for the State's most vulnerable citizens.

The Innovation Incentive Program aligns with recommendations by the Governor's Cabinet on Nonprofit Health and Human Services. The Cabinet has recommended that nonprofits that comply with contractual and other service delivery requirements be allowed to retain savings realized at the end of contract terms and apply the savings towards innovations for improving the health and human service delivery system and capitalization of the nonprofit sector.

- ***The Innovation Incentive Program would promote efficiency.*** The current State contracting process encourages "spending to the line," or spending all allocated funds, rather than encouraging efforts to realize efficiencies or economies of practice. An efficient or innovative agency that succeeds in meeting every contractual expectation experiences no net benefit, compared to a less efficient agency that spends all allocated funds. Nonprofits provide data to demonstrate the effectiveness of programs and report on our outcomes. Yet purchase of service contracts have built in disincentives for efficiency, as savings generated by a nonprofit must be returned to the State rather than reinvested in community programs and services.
- ***The Innovation Incentive Program would be a creative way to support nonprofits in light of the State's fiscal challenges.*** For years, nonprofits have struggled to maintain service levels amid budget cuts and rescissions. If nonprofits were able to retain savings while still meeting contractual obligations, they could work towards being properly capitalized and more able to adjust to turbulence in the State budget. Nonprofits would be able to invest savings to recruit and retain qualified staff, invest in capital improvements and expand services and programs.

Recommendation

To strengthen the fiscal health and stability of nonprofits, the State should create an Innovation Incentive Program to allow nonprofits that are in compliance with state contractual provisions and regulatory standards to retain savings realized at the end of a contract term.

For more information contact: Brunilda Ferraj, Senior Public Policy Specialist, at bferraj@ctnonprofitalliance.org

The Nonprofit Grant Program: Enhancing Service Delivery, Efficiency and Effectiveness

Background

The Alliance appreciates the leadership of Governor Malloy and the legislature in establishing the Nonprofit Grant Program (NGP), which provides bond-funded grants-in-aid to community health and human services providers to enhance service delivery and address health, safety and accessibility issues.

Every year since the program was established in 2013, applications to the NGP have been overwhelming, highlighting the need to support a struggling nonprofit industry during one of the State's most challenging fiscal times.

Nonprofits are a vital part of Connecticut's cities and towns, providing supports that allow individuals and families to live productive lives in the community. NGP funds allow nonprofits to invest in projects that help to continue to providing quality programs and services to more individuals, while saving the State General Fund money.

A Successful Fiscal Investment

The NGP is a smart fiscal investment, ensuring that nonprofits continue to meet demand for services in an efficient, cost-effective way. Since 2013, funds from the program have made a positive impact in communities across the state, including these examples:

- The installment of a Voice Over Internet Protocol (VOIP) telephone platform that has helped more than 30,000 patients, professionals and community members served each year. The VOIP system has reduced service interruptions due to equipment failures, increased patient and staff safety and reduced operating costs.
- The repair of an emergency shelter for female victims of domestic violence and their children. The shelter has operated at more than capacity for each of the past five years and a lack of funding has prevented much needed renovations necessary for making the space a safe and welcoming environment.
- The development of a new training and conference center to train individuals and families struggling with mental illness, substance abuse, HIV/AIDS, release from incarceration and homelessness with job trainings and preparation for careers in the trades and other highly employable fields.

Recommendation

The State should continue investing in the NGP to help meet the needs of community nonprofits. In a time of limited budgetary relief, support from the NGP is vital to maintaining community services for the neediest families and adults in need.

For more information contact: Brunilda Ferraj, Senior Public Policy Specialist, at bferraj@ctnonprofitalliance.org

Arts & Culture: Strengthening the Economic and Cultural Fabric of Connecticut

Background

The nonprofit arts and culture sector enhances the quality of life and cultural fabric of our State. In addition, the sector is a significant industry in Connecticut, one that generates \$653 million in total economic activity -- \$455.5 million by nonprofit arts and culture organizations and an additional \$197.5 million in event-related spending by their audiences. That spending supports 18,314 full-time equivalent jobs, generates \$462.5 million in household income to local residents, and delivers \$59.1 million in local and state government revenue.

The Arts Are Big Business in CT

- There are nearly 11,000 arts-related business in Connecticut (for profit and nonprofit)
- The arts employ more than 36,000 people across the state, making the arts industry the second largest employer in the state

The Arts Are Popular – Affecting Every Community in the State

- 72 percent of Connecticut-based adults attend visual or performing arts;
- 42 percent of adults attend live music, theater or dance performances;
- Almost 30 percent attend art exhibits;
- Almost 57 percent of Connecticut adults personally perform or create artworks.

Cutting Arts and Culture Programs is Not a Cost Saving Solution

Given current Arts funding levels, budget reductions to the Arts and Culture sector will have little impact on the State's Budget gap. The Arts comprise an extremely small portion of state spending -- less than one tenth of one percent -- but cuts those programs would damage the ability of the Arts and Culture sector to provide jobs and programs to communities, to attract tourists, and drive commerce.

Recommendations

- Preserve funding for the Arts and the Office of the Arts within DECD which develops, invests in, and strengthens the Arts in Connecticut and makes artistic experiences widely available to residents and visitors.
- Protect the Connecticut Arts Endowment Fund, which distributes funds from its interest to stimulate the development of private sector funding and helps stabilize arts institutions. Allocate the previously authorized investments into the fund, and return to annually investing at least \$500,000. The last allocation to increase the Fund was in 2003 (\$1 million).
- Also, change (a) the statutory definition of interest and (b) the Fund's distribution formula so that the fund can be more effective.

For more information contact: Julia Wilcox, Senior Public Policy Specialist, at JWilcox@ctnonprofitalliance.org

The Nonprofit and State Partnership: Building Healthy Communities and a Thriving Connecticut

2017 Public Policy Agenda

Connecticut's fiscal challenges threaten the health and well-being of the half a million individuals that depend on life-sustaining services provided by community nonprofits. If community programs are cut or continue to remain underfunded, our state's most at-risk citizens will have nowhere to turn and communities will experience lower quality of life in the absence of cultural programs. The Alliance's Public Policy Agenda includes proposals that save the state money while allowing individuals and families to live productively in the community and contribute to making Connecticut a great place to live and work.

ADDRESS THE STATE BUDGET CRISIS

- **Protect funding for community services.**
- **Realize long-term budget savings for the state by using community services.** Community services are of the highest quality and are significantly less costly than state-run programs. These programs keep people out of expensive emergency rooms, nursing homes, the streets, and the criminal justice system.
- **Enhance administrative and operational efficiencies** by (1) authorizing deemed status with national accreditation in lieu of (less stringent) state licensing and (2) creating uniform state licensing protocols to streamline, standardize and automate the contract procurement process.

INVEST IN COMMUNITIES

- **Authorize \$25 million in bond funding** each year of the biennium for the Nonprofit Grant Program to more adequately meet the needs of nonprofits.
- **Protect the new annual cap of \$10 million for the Neighborhood Assistance Act.**
- **Enhance life-enriching arts and culture programs** that improve the quality of life, preserve our history and cultural heritage and generate important economic activity in Connecticut.
- **Adopt an Innovation Incentive Program across purchase-of-service contracts.** If a State agency determines that a provider has complied with contractual and other service delivery requirements, then the provider may retain any savings to continue providing needed services.

Appendix

In Their Own Words: Family Testimonials on the Quality of Services Provided by Nonprofits

One of the clearest measurements of the quality of care offered by nonprofit providers in the communities of Connecticut is the quality of life and level of satisfaction for the individuals served and their families. Family members and self-advocates consistently report that both the level of care and quality of staff continue to provide an enhanced quality of life for the individuals served. The following testimonials are small sample of the overwhelmingly positive feedback received from families and self-advocates:

1. “Margie and I are guardians for her two brothers who have disabilities. Her brother Francis is now 66 years old. He is severely disabled. He is totally blind, autistic and profoundly developmentally disabled. He needs 24-hour care and line of sight supervision. He is ambulatory but has no language ability and requires help with all aspects of personal care. Francis spent 43 years in Southbury Training School. With the encouragement and support of Southbury staff, we moved Francis to a community based Oak Hill group home in Mansfield CT, in 1998, which he shares with two other individuals. Although it was a difficult decision to move him from his “forever home,” we have never looked back. There was no further need for the protective head gear and his behaviors improved dramatically.

“Our biggest concern was for his safety and that he be treated with dignity and respect. Francis now lives in a real home in a real neighborhood where he gets all the attention he needs and loving supportive care from a wonderful staff. He is content, happy, and calm. We could not be more pleased with his excellent personal and medical care. We know he is safer in his current home than he ever was before. His safety gives us great peace of mind. We encourage eligible families to visit and see for themselves the best practices and quality of care in nonprofit community based group homes and would be willing to meet with families considering making a change.” – Patrick and Marjorie Johnson, family members

2. “I am writing to let you know how pleased I am with Mosaic. I cared for my daughter, Christine in our home for 50 years. I experienced some serious health issues and I could no longer care for her as I had been. Mosaic was able to provide her with an amazing support system in a short amount of time... She has grown and blossomed into a more independent person since she has moved. She will call me at least twice weekly and often talks about her friends that she now lives with. She is happy and very well cared for. She has a new day support program that she attends on a weekly basis, where before she only had part time family supports. She has been introduced to a new world full of choices and opportunities... Christine has become much more active and uses her walker so much more now. She hardly ever uses her wheelchair, which is a huge accomplishment!

“The staff support has been wonderful. I am informed of the outcome of all medical appointments and the communication with the house manager and staff has been very consistent overall. I knew that someday Christine would move out of our home as we both grew older. I now have peace of mind that Christine is happy and well taken care of by Mosaic. The stories that I am hearing are comforting and when Christine comes to my home to visit on weekends she is happy and content.

Thank you for everything that you do for my daughter. I highly recommend the services that you provide at Mosaic.” – Parent

3. “I am the mother of a severely disabled son who is 45 years old; he has excellent receptive skills but cannot talk and needs strong behavioral support to act as appropriately as is possible. He was placed at Ella Grasso state facility in 1982, when he was 10. The care he was given at the state facility was good; however, some of the residents were poorly behaved and this impacted on my son in a negative way. He'd imitate those poor behaviors and staff was inconsistent with the ways in which behavior modification was applied. I felt there had to be a better situation for him. My son transitioned to a Kennedy Center group home April 2014. He is one of 4 residents and has his own bedroom. The staff are trained and apply consistent behavior modification skills. My son is visibly happier with this small, homey environment which expects him to behave to the best of his ability. He goes out frequently with staff and made a remarkably rapid adjustment to this more intimate setting. I celebrate all the positive things that the group home has afforded my son; I applaud the concept of the group home as it allows each resident to be treated individually, with deep dignity and respect. This is possible because of the small, intimate setting that is inherent in the group home atmosphere. It's also possible because each staff person work in sync with one another.” – Jane Rimer, Parent
4. “My daughter’s all grown up. She has an intellectual disability... I live in South Florida, she lives in West Hartford... Her staff are employed by a private nonprofit agency, Jewish Association for Community Living (JCL.) They are caring, responsible and well-trained people. I literally trust them with my daughter’s life... It took me 12 years to get my daughter into a JCL supported apartment. Why JCL and not a state run group home? It was my connection to the employees.... JCL and all agencies contracted by the state follow strict standards set and monitored by the CT State Department of Developmental Services (DDS). That fact alone was not enough for me to trust them with my girl... It’s the staff. No one can fake that job. For the most part employees of JCL are long-timers that develop strong personal relationships with the residents and parents. They are hard-working, skilled and sensitive people.” – Ann Levie, Parent
5. “Our son, Jamie, moved to an Oak Hill group home because of the complex nature of his needs. At the time of his move, Jamie was approximately 28 years old, blind, non-ambulatory, non-verbal and needed help with all aspects of daily living. In addition to his daily care needs, he had complex medical needs. He required regular consultations from specialists in the fields of neurology, endocrinology, orthopedics, psychiatry, urology, dentistry and infectious disease. For one or more reasons related to his medical needs, he required hospitalization or emergency room attention on average four to six times each year. Early in 2015, it became apparent that his chronic infectious disease was no longer subject to treatment by antibiotics. He began receiving palliative care to manage his comfort. Ultimately, he received hospice care up to the date that he died peacefully in his home, accompanied by his parents, in October 2015. Oak Hill managed and provided Jamie’s care expertly over the past eight years. At doctors’ visits we were routinely congratulated for the quality of his care. This was, of course, due to the expert hands on care, supervision and back-up of the Oak Hill staff. As parents, we were kept informed promptly of the slightest scratch Jamie incurred, and certainly anything else more serious. We were welcomed and included in all aspects of his care and participation in his life. Jamie maintained an active schedule at Oak Hill’s day program and in its various recreational and community outings. He lived in a beautiful home

maintained by Oak Hill, and staffed by highly competent and compassionate caregivers. As Jamie's health deteriorated and became even more complex, we never thought for a moment that Oak Hill was not up to the task of providing him the full spectrum of care he needed. As it became more clear that he was dying, the Oak Hill staff doubled down on making sure Jamie had all that needed to assure his comfort and quality of life. Jamie started at Oak Hill with highly complex needs, and these only became more so as time progressed to the end of his life. Oak Hill supported and encouraged Jamie to live actively in community life for as long as his health permitted. As his health failed, Oak Hill supported Jamie and his entire family with grace and extraordinary competence at every turn." - J.C. David Hadden, Parent

6. "The following is a testimonial from me, Terry Troisi, who is the mother of Mikey. Mikey is a 17-year old disabled, autistic child who resides at home with me. I have had to advocate very strongly for him over the years to make sure we had adequate resources in place for him at home so he would remain safe in my care. As he got older, this presented quite a challenge for me because his aggression and frustration peaked, along with his growth. Mikey is non-verbal and incontinent. He requires constant 1:1 supervision as he is delayed in all areas of daily living. Most recently, DDS (with the support of very committed caseworkers), has helped immensely during this difficult time to help implement a program in conjunction with Ben Haven that is unmatched. Ben Haven was able to recruit professional, reliable mentors that Mikey has adapted to 100%. Mikey is safe, well cared for and can feel a sense of inclusion in his community. At the same time, I have been able to remain gainfully employed as I am a single parent. Both Mikey and I are very happy with the services provided through Ben Haven and DDS, and cannot imagine how we would get through the days without them. I do not have any experiences with state run facilities, and hopefully will not have to in the near future." – Terry Troisi, Parent
7. "As a parent of a client of Marrakech, I would be remiss if I would not recommend the group home to anyone who needed a place that shows care, concern and enormous amount of patience. My son Vincent (Vinnie) was placed in a lot of homes, but he has not felt at home in any of them UNTIL he came to Marrakech. Vinnie comes over to my house on the weekend and proceeds to eat all our leftovers. When he is through, and there is no more left, he says "I want to go home," Not "I WANT TO GO BACK TO THE GROUP HOME!" His Mother and I are very happy with this "group home." We have never felt good about Vinnie being away from us. But now we know he is taken care of as we would do in our house." – Joseph and Maureen Soares, Parents
8. "I am writing this correspondence on behalf of the family of Edward (EJ) Martin Jr. My name is Regina Martin and I am EJs mother. Our support staff, Richard Joseph and Corene Randall who are employees of Benhaven have been working with my son for almost 9 years and the support that they have provided to our family has been an invaluable resource. Since we have partnered with them, our son has received different levels of support which include but is not limited to, social interaction, community activities as well other behavioral issues. Our son has benefitted from this services and it is my hope that they will not be interrupted. Thank you for consideration to this matter." – Regina Martin, Parent

9. “My sister has been given full opportunity to live her life as she has chosen – pursuing and maintaining relationships, engaging in meaningful work, being a part of the community... doing things that have challenged her and have given her the chance to make meaningful and lasting impressions and contributions.” – Sibling, Jewish Association for Community Living (JCL)

10. “My name is Chris Foley. I am the father of Christopher Foley. Christopher is a 16 year old boy with severe autism. He has no language and no cognitive abilities and requires 24 hour care. When Christopher was diagnosed in 2002 it was extremely traumatic for my entire family. After accepting this horrible diagnosis we needed to move forward with our lives while at the same time taking care of Christopher. We were so fortunate to be referred to Marrakech, a wonderful agency that cares for children and adults with disabilities. The people at Marrakech are not only professional and extremely skilled at addressing all of our son’s needs, they genuinely care for him and it shows in the care he is provided. We have been with this agency since 2006 and we simply would not have been able to keep Christopher at home without the help of Marrakech. I just cannot say enough good things about this agency and how we simply could not have survived without them. If you have any further questions regarding Marrakech or their wonderful care providers, please contact me.” – Chris Foley, Parent

11. “My son, Andy has been with Oak Hill, a private provider, and has been for the past 30 years. He is proof that the private provider can and does provide excellent care and has helped Andy develop into the person he is today. I would hope that 30 years later it would be easier for parents to get the help they need for their child but instead of the system improving I see it as just as cumbersome as it was 30 years ago. I truly believe it is so important to help your child transition while you are alive and can oversee the programs than to be put in a situation where your child is now 40 years plus when the transition is so much harder on everyone. We have made so many strides in the past 30 years to give individuals with intellectual and developmental disability a better education but not a better quality of life. Sometimes I feel we are going backwards and not forwards with our thinking to offer the care they need and deserve. A group home setting, such as Andy’s home, gives him independence, a social life with his peers and the chance to live longer and healthier. Andy’s life is an example of what hard work and persistence can achieve. He is healthier and happier than I could ever imagine. I am deeply concerned that all the time, effort and cost it has taken to give Andy every opportunity possible, would have been in vain, should the current proposed budget go into effect and put his home and day program in jeopardy.” – Lois Nitch, Parent