



DATE: March 5, 2019
TO: Appropriations Committee
FROM: Brunilda Ferraj, Director of Policy Research and Organizational Initiatives
RE: H.B. 7148 An Act Concerning the State Budget for the Biennium Ending June Thirtieth, 2021, and Making Appropriations Therefor

Good afternoon Senator Osten, Representative Walker, Senator Formica, Representative Lavielle and distinguished members of the Appropriations Committee:

My name is Brunilda Ferraj, Director of Policy Research and Organizational Initiatives at the CT Community Nonprofit Alliance (The Alliance). The Alliance is the statewide advocacy organization representing nonprofits, with a membership of more than 300 community organizations and associations. Nonprofits deliver essential services to more than half a million people each year.

I appreciate the opportunity to comment on H.B. 7148 An Act Concerning the State Budget for the Biennium Ending June Thirtieth, 2021, and Making Appropriations Therefor.

DEPARTMENT OF CHILDREN AND FAMILIES (DCF)

We thank the Governor for providing \$9.1 million for DCF and urge the Committee to support this proposal to fulfill requirements for compliance under the Juan F. Consent Decree.

Year-after-year of state budget difficulties have put increasing pressure on community nonprofits, leaving them and the children and families that depend on services to face an uncertain future. Nonprofits working with the Department of Children and Families in the delivery of children's services have experienced their own set of challenges, as the Department of Children and Families has been under federal oversight for more than three decades now. The six unmet measures or "outcome goals" of the Juan F. settlement, including "children's needs met," are some of the most serious outcome measures of the settlement. While we acknowledge the Department has a long way to go to ensure that all children are healthy and safe, we believe this funding will set the Department on a path to addressing deficiencies.

We also thank the Governor and urge the legislature to support his proposal for \$4.1 million for community services that were formerly funded under the Juvenile Justice Outreach Services account.

Over the last few years, the juvenile justice and related systems (education, children's mental health, child welfare, prevention and diversion) have faced deep cuts. When the Connecticut Juvenile Training School downsized and then closed, the funding saved from the closure was not fully reinvested to ensure youth were well and effectively served through alternative community-based services.

In 2017, funding for Juvenile Justice services was transferred from DCF to CSSD. The transfer included a cut in funding to both CSSD and DCF, leaving both departments with inadequate resources needed to maintain essential services for youth. For DCF, this transfer of funding in the JJ Outreach line item stripped the Department of its ability to maintain essential community services designed to prevent

youth from entering the juvenile justice system. For example, below are just some of the effective programs previously included in the JJ Outreach line item. If funding for the line item is not maintained, the Department may be forced to choose between going into deficit again or discontinuing the services altogether.

- *Multi-Dimensional Family Therapy (MDFT)*: An innovative and **evidence-based** intensive in-home program for youth with substance abuse issues, oppositional behaviors and family conflict. This is a highly effective program. For example, one provider **notes how 74% of youth had no new arrests during their time with the MDFT program; 94% remained at home at time of discharge; and 89% of youth were in school at time of discharge.**
- *Adolescent Community Reinforcement Approach/Assertive Continuing Care*: Provides evidence-based outpatient substance abuse treatment services with a focus on the unique needs of youth and families served.
- *Juvenile Review Boards*: diversionary and prevention community-based programs that **provide juvenile offenders with an alternative to Juvenile Court**; an integral part of the diversion system, providing less costly and more effective means for addressing youth misbehavior.

It's also important to note that services within this line item are available to all children through DCF, not just those youth involved in the JJ system. If they were not maintained, or if funding was shifted to another Department, we risk eliminating access to prevention and other programs for children not currently in JJ system. The mandate of the Court Support Services Division of the Judicial Branch is to serve children who are JJ-involved, not children who have not entered the JJ system. In other words, these services and programs are essential in preventing youth from entering the JJ system to begin with.

Protecting the funding of one set of services should not result in fiscal harm to programs that serve other needs. Such an approach to balancing the state budget would harm children and families, as programs of the social service delivery system are inexorably linked.

We support the Governor's proposal to convert case management for the DCF voluntary services program. This program is only for families who are not found to be abusive or neglectful. It provides families to maintain custody or guardianship while also providing youth with the opportunity to receive any service provided by DCF due to emotional or behavioral challenges. Within this program, DCF provides on a voluntary basis services such as casework, community referrals, and treatment services for children who are not committed to the Department.

Community providers possess the knowledge and expertise to serve children in the Voluntary Services program. They work closely with families and have deep community connections and familiarity of the service delivery system to effectively deliver and coordinate treatment for children and families.

The quality of services delivered by community nonprofits are unparalleled. Community providers are subject to rigorous data collection, licensing regulations, and quality management reviews by DCF. In addition to DCF licensing regulations, nonprofits must comply with detailed contractual obligations. Community providers have a track record of successfully delivering and maintaining a high quality of life for children and families. They work closely with DCF to ensure that children and families have appropriate supports and that outcome measures are being met.

DCF collects a tremendous amount of data from community providers, including data on outcomes, among other measures. We are confident an analysis of this data will demonstrate the exceptional quality of services delivered by community nonprofits.

For these reasons, **we urge the Committee to accept the Governor’s proposal to procure case management for the DCF voluntary services program.**

We urge you to **support the Governor’s proposal to add Intensive Care Coordination to the DCF Differential Response (DRS) System** (\$4.8 million in FY20 and \$7.5 million in FY21).

The DRS system matches families to the appropriate level of care, refers them to services and follows up to ensure those services are producing the desired outcomes. The inclusion of intensive care coordination in the DRS system will result in an increased level of stability and reduced risk for children and families, reducing the likelihood of future involvement with the department.

As we move forward, The Alliance and community nonprofits look forward to working in partnership with the Department to ensure that the remaining outcome measures of the Juan F. consent decree are met and that providers have the support and resources to successfully serve all children in need. Nonprofits possess knowledge and expertise in the delivery of services to children. They are a part of the solution.

DEPARTMENT OF SOCIAL SERVICES (DSS)

We thank the Governor and urge you to **support increased funding for the Children’s Health Insurance Program (CHIP)** of \$59.5 million in FY19 and \$100 million in FY21.

For two decades, CHIP has been an essential source of children’s healthcare coverage, ensuring access to high-quality, affordable, health care for children in working families whose parents earn too much to qualify for Medicaid but too little to afford private health insurance on their own. The children who depend on CHIP have no other affordable coverage option available to them. An increase in funding for CHIP would be a positive step forward in reducing the rate of uninsured children in Connecticut.

We thank the Governor and urge you to **support his proposal to fund caseload growth in Community Residential Services (CRS)** for 130 people in FY20 and 120 people in FY21.

The CRS line item funds the residential supports for people with Intellectual/Developmental Disabilities that community nonprofits provide. Nonprofits offer a wide array of residential supports, including Community Living Arrangements and Continuous Residential Supports—commonly known as group homes, individual home supports, Community Companion Homes, and more. Community nonprofits provide those supports, even to people with some of the most complicated medical and behavioral needs, and they have a track record of supporting people in the least restrictive environment their needs and preferences will allow.

We urge you to **build upon the Governor’s proposal to fight the opioid epidemic, including adequately funding treatment and recovery options** in addition to applying for a 1115 demonstration project waiver from CMS.

We question the proposal to spend \$750,000 for a consultant to write an Opioid Plan. Multiple groups have already made recommendations in the past several years and funds for treatment have been cut significantly over the past six years. There already exist groups of stakeholders working to find solutions to the opioid epidemic. The Alcohol and Drug Policy Council is coordinating efforts and information gathering and might be a good body to task with this work. We also draw your attention to the Connecticut Opioid Response (CORE) Initiative and their report, which [you can read here](#).

As with any other crisis, **failure to adequately fund solutions to stop opioid epidemic now assures that the state will undoubtedly incur additional costs, both human and financial**. In FY13, 406 people died in Connecticut of a drug overdose. In FY17, 1,011 Connecticut residents died, an increase of nearly 150%. Over that same time period, DMHAS grant funding for substance abuse services has been cut by 30%.

Despite increased demand for substance abuse treatment services, providers of substance abuse services that contract with DMHAS were cut by 5% across the board in the last Fiscal Year. Grant funding for DMHAS has been cut nearly every year since Fiscal Year 2013.

Success in overcoming the opioid epidemic is dependent on Connecticut's commitment to providing treatment and recovery on demand. We should expand access to timely medication-assisted treatment, outpatient treatment, residential treatment, and community-based recovery services such as peer support and housing and employment assistance.

Thank you for your consideration and I urge you to support full funding for nonprofit community services.

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