

JANUARY 2021

**INCREASE  
FUNDING  
BY \$461  
MILLION FOR  
COMMUNITY  
NONPROFITS**

NONPROFITS SUPPORT  
COMMUNITIES  
HIT HARD BY COVID-19

**The Alliance**  
Voice of Community Nonprofits

# 02

## ABOUT THE ALLIANCE

The CT Community Nonprofit Alliance (The Alliance) is the statewide association of community nonprofits in Connecticut. Our mission is to advance excellence in community-based nonprofits through advocacy and capacity building. We share the passion and purpose behind each and every nonprofit's mission and channel that purpose into a powerful, collective voice. We advance strategies and public policies that make it possible for nonprofits to thrive as they continue to fulfill their missions.

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# 03

## EXECUTIVE SUMMARY

**Community nonprofits are on the front lines of the Coronavirus pandemic.** They provide essential services in every city and town in Connecticut, serving people in need. They are a vital part of Connecticut's economy, providing services that make our state safe, healthy and vibrant. Community nonprofits serve more than 500,000 people every year. They:

- Employ 117,000 people, 12% of Connecticut's workforce;
- Treat people with addiction and those suffering from the opioid crisis
- Help people return to their communities from prison;
- Support people with developmental disabilities;
- Shelter and feed families in need;
- Enrich communities with cultural and artistic programs; and more.

Since 2007, community nonprofits have lost at least \$461 million in state funding that has not kept pace with inflation, and then they were hit with COVID-19 and its costs and revenue losses. At the same time, demand for community services continues to increase. For example:

- The opioid crisis has increased the need for substance abuse treatment, yet grant funding has decreased;
- More than 2,000 people with Intellectual/Developmental Disabilities languish on a waiting list for services.

**The legislature should increase funds to nonprofit services by \$461 million,** to keep pace with increased costs and demand over the last thirteen years. The legislature should:

- Commit to increasing funding by the full \$461 million, or 28%, by Fiscal Year 2026;
- Appropriate \$128 million (a state net of \$67 million after federal reimbursement) in new funding for community nonprofits in Fiscal Year 2022, a 7% increase;
- Index increases to inflation, to ensure that state funding will keep pace with increased costs in the future.

# 04

## SECTION I: NEED FOR FUNDING

### **The Proposal**

The legislature should restore \$461 million to nonprofit services in Connecticut. This represents the erosion of funding that has occurred since the Great Recession. Of the \$461 million in funding, it is estimated that \$217 million will come from the federal government through Medicaid reimbursement and \$243 million will come from state resources (based on the current ratio of federal to state funds in Medicaid, 59% comes from the federal resources and 41% comes from state resources).

In the first year of the program (FY22) the net state cost would be \$67 million (\$128.2 million gross). The proposal calls for a 7% rate increase for FY22, 5% for FY23 and FY24 and 3% for FY25 and FY26.

### **Price Increases: 2007 - 2019**

Community-based programs have not seen a substantial funding increase since 2007, except for \$50 million added in 2018, primarily for wages in one sector.

To determine the erosion of funding that the nonprofit community has faced, we calculated the difference in costs between 2007 and 2019. Using the Bureau of Economic Analysis's (BEA) gross domestic product implicit price deflator index for state and local government services and businesses, we calculated the change for this period.

The index grew from 88.1 to 112.7, a 28 percent increase over the 13-year period. This factor was applied to the accounts that fund community providers (and the \$50 million was deducted). This shows an erosion of \$461 million over the period.

# 05

Private Provider Funding Add for the Next Five Years						
FY21	FY22	FY23	FY24	FY25	FY26	Cumulative
\$1,831,326,911	\$1,959,519,795	\$2,057,495,785	\$2,160,370,574	\$2,225,181,692	\$2,291,937,142	
<b>Funds Added:</b>	\$128,192,884	\$97,975,990	\$102,874,789	\$64,811,117	\$66,755,451	\$460,610,231
<b>Percentage Increase</b>	7.0%	5.0%	5.0%	3.0%	3.0%	
<b>Federal Funds</b>	\$60,412,432	\$46,172,359	\$48,480,977	\$30,543,015	\$31,459,306	\$217,068,089
<b>State Funds</b>	\$67,780,452	\$51,803,631	\$54,393,812	\$34,268,102	\$35,296,145	\$243,542,141

Private Provider Funding Adjusted for GDP Price Deflator Since 2007			
Funding Agency	FY20	GDP Price Inflator Adjustment - 2007	Difference
DOH	\$13,723,476	\$17,566,049	\$3,842,573
DPH	\$9,831,138	\$12,583,857	\$2,752,719
DMHAS	\$190,088,565	\$243,313,363	\$53,224,798
DSS	\$697,686,114	\$893,038,226	\$195,352,112
DADS	\$10,058,691	\$12,875,124	\$2,816,433
OEC	\$33,033,767	\$42,283,222	\$9,249,455
DOC	\$22,247,270	\$28,476,506	\$6,229,236
DCF	\$152,823,302	\$195,613,827	\$42,790,525
JUD	\$76,656,273	\$98,120,029	\$21,463,756
DDS	\$317,793,889	\$406,776,178	\$88,982,289
Tourism	\$13,144,988	\$16,825,585	\$3,680,597
<b>Subtotal</b>	<b>\$1,537,087,473</b>	<b>\$1,967,471,965</b>	<b>\$430,384,492</b>
<b>Medicaid</b>			
Medicaid Behavioral Health	\$251,219,376	\$321,560,802	\$70,341,425
DDS Medicaid Only	\$43,020,062	\$55,065,679	\$12,045,617
<b>Medicaid Subtotal</b>	<b>\$294,239,438</b>	<b>\$376,626,481</b>	<b>\$82,387,043</b>
<b>Total Private Provider Funding</b>	<b>\$1,831,326,911</b>	<b>\$2,344,098,447</b>	<b>\$512,771,535</b>
<b>FY19 Rate Add</b>			<b>\$50,000,000</b>
<b>Net Loss Since 2007 Using GDP Price Deflator</b>			<b>\$462,771,535</b>
<b>GDP Price Inflator for Services = 1.28</b>			

# 06

## Defining the “gross domestic product price index”

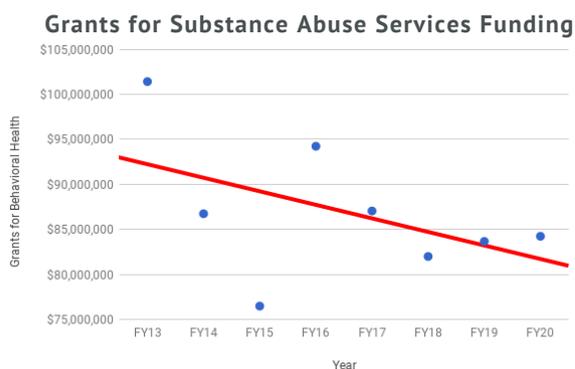
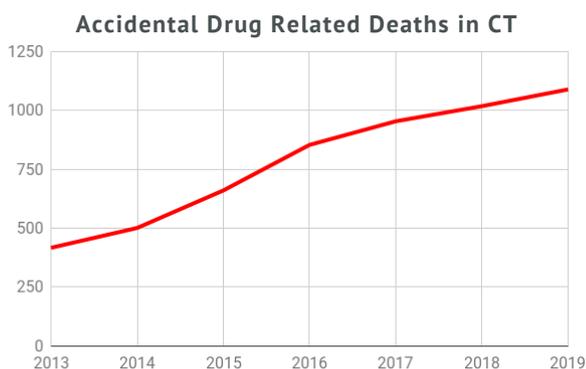
The gross domestic product price index measures changes in prices paid for goods and services produced in the United States, including those exported to other countries. The gross domestic purchases price index is BEA's featured measure of inflation for the U.S. economy overall. It measures changes in prices paid by consumers, businesses, and governments in the US, including the prices of the imports they buy.

## Community provider accounts

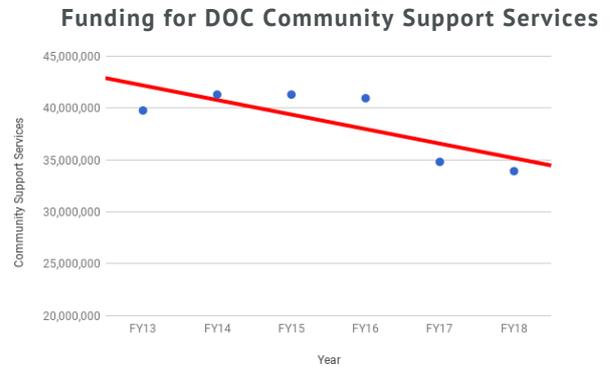
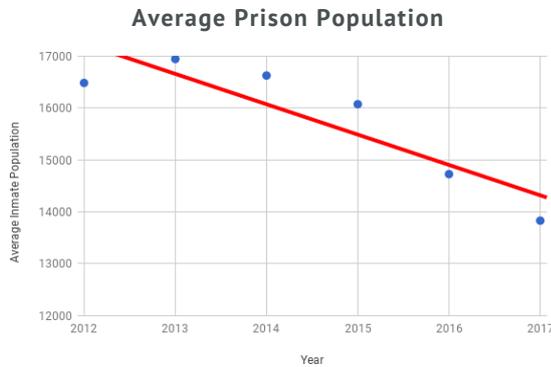
Community providers are funded by many line items found in the state budget and the Medicaid account. The accounts used were those most recently funded by the Office of Policy and Management when a 1% cost of living adjustment was appropriated in 2018. Medicaid was also used by allocating portions that relate to the DDS clients and behavioral health clients. On the behavioral health side of Medicaid, 28% of the subcategory related to clinic services was attributed to behavioral health, based upon DSS’s 2018 Medicaid Expenditure Report.

## State grant funding

State grants pay for services delivered by community providers for which Medicaid does not reimburse, and for services for people who are uninsured or under-insured. Grant funding is part of dozens of line items across multiple state agencies and funds community nonprofit providers through the state’s Purchase of Services (POS) system.



## 07



Grants have been the target of repeated budget cuts, holdbacks and rescissions. For example, in the adult behavioral health system, all Department of Mental Health and Addiction Services' contracts were cut 5% in Fiscal Year 2017. Grant funding has been cut by more than 17% since Fiscal Year 2013; substance abuse funding has been cut by almost 30%. This period of grant funding cuts is important to put into context: During the same time period, Connecticut has been ravaged by an opioid crisis.

Since Fiscal Year 2013, Connecticut's drug overdose deaths have increased 253%. Community providers are on the front lines of this crisis, providing lifesaving addiction treatment. They have faced a significant increase in demand all while grant funding for those programs has been cut.

Another example is services community nonprofits provide to people who are re-entering society after serving time in prison. Community providers are serving approximately 4,000 people in community supervision programs – a greater than 30% increase from 2014. Thousands more receive services through providers that contract with the Judicial Branch. Over the past five years, while the prison population has fallen dramatically, demand for community services for people involved in the justice system has increased, but funding has been cut by nearly 15%, or \$5.8 million.

Because of the lack of funding, every day there are hundreds of people sitting in Connecticut's prisons who could be transferred to a residential setting that works to reintegrate them in society, but who cannot be moved due to lack of space in halfway houses.

# 08

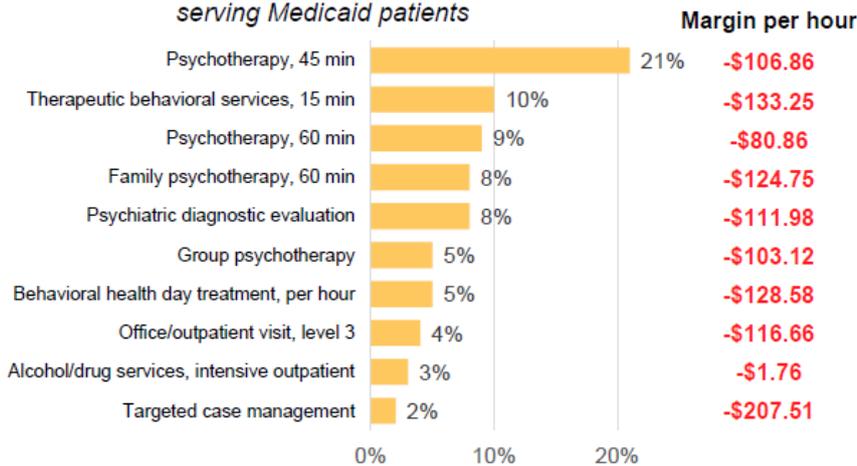
## Medicaid rates do not cover the cost of care

Medicaid pays for services for more than 700,000 Connecticut residents. But community nonprofits operate at a loss for almost every Medicaid service. According to a study published in 2015, the annual loss for the top ten behavioral health procedures by volume was more than \$27 million for approximately 250,000 service hours. With inadequate reimbursement rates, the State not only fails to maximize its federal matching funds, it risks the provision of some of the most highly utilized, critical behavioral health services.

### Medicaid reimbursement rates for behavioral health services by community providers are low

#### CONNECTICUT 2014

**Top 10 procedures by volume**  
*selection of CT community providers serving Medicaid patients*



*The 10 most utilized behavioral health services account for 75% of total service hours by community providers.*

*The service delivery cost for these procedures is higher than the revenue under Medicaid rates, resulting in **negative margins** and providers operating at a loss.*

*The **annual loss** for these procedures is more than \$27 million for approximately 250,000 service hours.*

Source: *Prioritizing Community Based Services in CT*, CT Community Providers Association, February 2015

## 09

## SECTION II: WHY NOW?

**The COVID-19 pandemic exacerbated the impact of inadequate funding for nonprofit services and brought unanticipated and unbudgeted costs and operational challenges for many community nonprofits, such as:**

- Providing hazard pay for essential workers on the front lines with a higher risk of exposure;
- Procuring expensive and hard to find Personal Protective Equipment (PPE) and cleaning supplies;
- Creating telehealth services seemingly overnight, and purchasing necessary computers, cybersecurity, online meeting platforms and training for both staff and people receiving services. In most cases, the State did not provide funding for this capital investments.

Many community nonprofits never closed their doors even as the pandemic worsened. These organizations provided food, emergency housing, behavioral health supports and other essential services. However, with many in-person services temporarily suspended and capacity for those that are open reduced by social distancing requirements, community nonprofits experienced a drop in revenue.

The Alliance, in partnership with Fio Partners, the New Canaan Community Foundation, and the Community Foundation for Greater New Haven conducted a survey of 258 nonprofit organizations in June/July 2020 to measure the state of nonprofits in Connecticut as they face COVID-19 operational and financial challenges.

A wide range of organizations representing a variety of services, geographic location and service area and size provided valuable insights into common COVID-19 challenges and highlighted the pandemic's impact on the nonprofit community. Overall, while organizations have scrambled to identify financial and other resources to meet unprecedented needs, the pandemic threatens their long-term ability to remain in business, without significant funding commitments from the state and federal government.

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As nonprofits work to meet demand for these essential services, they are facing unprecedented organizational challenges during this extraordinary time, and 64% said their biggest challenge is financial.

In July, one in five nonprofits (21%) believed that they were somewhat or very unlikely to be able to fully fund payroll for the next quarter, and more than one in four (28%) worried about being able to fully provide services.

Findings highlight the need for adequate funding for nonprofits facing unexpected and unbudgeted costs of doing business during a global pandemic. Financial challenges included diminished revenue generation, cancelled fundraisers, and holdbacks from the State.

## **Demand continues to increase as funding is cut**

Nonprofits faced daunting fiscal challenges even before the pandemic. In 2019, The Alliance surveyed its members to determine how funding had changed over the last five years and its effect on communities, families and organizations. The results showed funding for nonprofits was already down in most areas, which reduced access to community services and the capacity of community nonprofits.

This left some of the state's most vulnerable children, families, seniors and people with disabilities without support while pushing the State's health and human services delivery system closer towards destabilization. When the safety net fails, people may wind up in more expensive care, such as emergency rooms, nursing homes, or even the prison system.

Over 95% of respondents reported that demand for services has increased over the last five years, with 40% of nonprofits stating that demand has increased by more than 15%. The trend of increasing demand for services runs opposite to the funding of community nonprofits by the State.

*“We cannot hire enough staff to meet the demand for outpatient services and medication assisted treatment.”*

# 11

One community provider noted how, "Parents call our agency and weep about the desperation they feel at not knowing how their child will fare after they die."

Speaking about staff, another stated, "It's more difficult to recruit and retain good employees due to stagnant wages and benefits and low unemployment. This leads to less engaged employees, less continuity of care and fewer opportunities for quality of life activities and choices due to chronic staffing shortages and over worked staff."

“*Parents call our agency and weep about the desperation they feel at not knowing how their child will fare after they die.*”

”

## **Connecticut has the money: Revenue estimates continue to show improvement**

While the pandemic has certainly affected the state's economy, high-income producing sectors have largely been spared. That means revenue projections continue to improve. Estimates at the beginning of the pandemic were based on the Great Recession, which had a significant negative impact on state revenue. But as Governor Lamont has said, Connecticut is facing a “unique paradigm” in how the pandemic is impacting the state's economy and state budget revenue.

# 12

OFA's January Budget Letter indicates a \$179 million surplus for FY21, the current year and a revenue transfer of \$355 million into the Budget Reserve Fund, which now has a record balance of \$3.5 billion. **The total actual estimated surplus for FY21 is \$534 million.**

**Current FY21 Forecast:** OFA's January Budget Letter indicates a \$179.3 million surplus for FY21 and a revenue transfer of \$355.1 million into the Budget Reserve Fund. The total actual estimated surplus for FY21 is **\$534.4 million**. OFA is also projecting a lapse over what was originally appropriated of \$631 million. The largest portion of the lapse, **\$425 million** is from Medicaid services.

<b>General Fund</b>	<b>Budget*</b>	<b>January Estimate</b>	<b>Difference from Budget</b>
Revenues	20,252.5	19,761.7	(490.8)
Expenditures	20,086.3	19,582.4	(503.9)
<b>Surplus/(Deficit)</b>	<b>166.2</b>	<b>179.3</b>	<b>13.1</b>
<b>Budget Reserve Fund</b>			
Budget Reserve Deposit	467.7	534.4	66.7
<b>Budget Reserve Balance</b>	<b>3,480.7</b>	<b>3,547.4</b>	<b>66.7</b>

The Budget Reserve Fund stands at a record \$3.5 billion.

OFA is also projecting a projected lapse over what was originally appropriated of \$631 million. The largest portion of the lapse, \$425 million, is from Medicaid services like those provided by many community nonprofits.

For more than a decade, since the recession of 2008, state funding for community nonprofits has been cut or not kept up with increasing demand for services. Programs for some of the state's neediest have been cut back or eliminated, leaving people without services they need.

With an unprecedented amount of savings in the state's coffers and Connecticut's economy expected to recover, it is difficult to justify policy choices that would leave thousands of people across the state without services.

# 13

A strong “rainy day fund” is important –but we don’t have to choose between responsible budgeting and restoring what’s been lost over the last decade.

In the hospital agreement passed by the legislature in 2019, the State acknowledged the need for state payments to keep up with the cost of providing services and the need for funding commitments to meet needs over time. Investing in our future and growth should mean investing in all programs and services for every resident of Connecticut, including the ones served by community nonprofits.

**We have the money. It’s time.**

“

**"It is now time to restore funding and invest in the people** served by community nonprofits – adults struggling with addiction, people with disabilities languishing on waiting lists for services, children and families in need of mental health services.

"The need is acute – and state revenue is healthy. **Community nonprofits and the people they serve ask 'if not now, when?'**"

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Gian-Carl Casa  
President & CEO of The Alliance

# 14

## SECTION III: IMPROVING QUALITY OF LIFE

If the legislature commits to increasing investment in community nonprofits, it will have a direct and sustained positive impact on Connecticut. Nonprofits are major employers in the state, with 117,000 employees. That's about 12% of Connecticut's workforce. With the first significant investment in decades, Connecticut's nonprofits could:

- Innovate and expand, serving more people in new and better ways;
- Increase salaries and benefits for hardworking staff, after a decade of budget cuts requiring salary freezes and benefit cuts;
- Better meet the needs of Connecticut's residents, improving the quality of life and making it more competitive with other states.

On the other hand, failure to act would have dire consequences for Connecticut's most vulnerable people. There is a myth that nonprofits will continue to deliver services in the face of budget cuts. The truth is budget cuts and flat funding have resulted in harm to people who depend on nonprofit services, and without significant investment now, these cuts will continue.

The Alliance asked members to list examples of the impact of state budget cuts had on their organizations, their employees, and the people they serve. Community nonprofits report inadequate funding hurts services for people in need. They have already:

- Closed intensive residential program due to cuts from the Department of Mental Health and Addiction Services (DMHAS);
- Cut a program that housed women and children who were either formerly incarcerated or homeless;
- Eliminated employment services for 70 people living with severe and persistent mental illness;

# 15

- Stopped serving 10 people with I/DD in wheelchairs because of a lack of space. Planning infrastructure needs is impossible without being able to retain unspent funds;
- Stopped accepting new clients with intense service needs;
- Closed classrooms and laid-off staff of day programs.

They also report the negative impact that cuts to staff have on the delivery of services. Community nonprofits told us:

- Staff salaries are not adequate to fill all funded positions, which results in fewer services being delivered;
- They've reduced safety; eliminated overnight staff at a residential facility;
- They eliminated or reduce 1:1 staffing ratios in favor of large groups, leaving a much needier population with fewer resources and provider choices;
- Passed on significant increases in benefits costs to all employees, including health insurance;
- Eliminated staff positions: compliance manager, job developer, compliance specialist, team leaders.

“Our case management programs for adults were decimated, three jobs were lost in direct service, two support positions are gone. These folks would have served a few hundred clients. But we simply don't have the capacity any longer.”

## RECOMMENDATION

### RESTORE \$461 MILLION TO PEOPLE SERVED BY COMMUNITY NONPROFITS

To begin to address the challenges raised in this white paper, the legislature should commit to increasing funds to nonprofit services by \$461 million over five years, to keep pace with increased costs and demand over the last thirteen years. They should:

- Commit to increasing funding by the full \$461 million, or 28%, by Fiscal Year 2026;
- Appropriate a state net of \$67 million in new funding for community nonprofits in Fiscal Year 2022, a 7% increase;
- Index future increases to an inflationary index, to ensure that state funding will keep pace with increased costs in the future.
- Hold nonprofits financially harmless from the impact of COVID-19.





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