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CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
2010

VOL.53
PART 16
4949 – 5314

On page 25, Calendar 490, substitute for Senate Bill Number 316, AN ACT ESTABLISHING A COMMISSION ON NONPROFIT HEALTH AND HUMAN SERVICES, favorable report of the Committee on Public Health.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie, of the "Silver City," you have the floor, madam.

REP. ABERCROMBIE (83rd):

Good afternoon, Mr. Speaker. Thank you, Mr. Speaker.

Mr. Speaker, I move for the acceptance of the joint committee's favorable report and passage of the bill, in concurrence with the Senate.

DEPUTY SPEAKER ALTOBELLO:

Question before the Chamber is acceptance and passage, in concurrence with the Senate.

Please proceed, madam.

REP. ABERCROMBIE (83rd):

Thank you, Mr. Speaker.

Mr. Speaker, this establishes a commission to examine the adequacy of funding provided to state purchase of service contracts for nonprofit health and human services providers. These providers have not received a cost-of-living rate increase for the past

20 years. The proposed legislation provides a vehicle for identifying and resolving funding issues of community providers.

Mr. Speaker, the Clerk has an amendment, LCO 4981. I would ask the Clerk to please call the amendment and that I be granted a leave of the chamber to summarize.

DEPUTY SPEAKER ALTOBELLO:

I believe the Clerk is in possession of LCO 4981. Mr. Clerk, would you please call.

THE CLERK:

LCO Number 4981, Senate "A," offered by Senator Doyle and Representative Walker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie seeks leave of the chamber for summarization. Seeing no objection, please proceed, madam.

REP. ABERCROMBIE (83rd):

Thank you, Mr. Speaker.

Mr. Speaker, this amendment just makes some technical changes to the underlying bill.

I move adoption.

DEPUTY SPEAKER ALTOBELLO:

Question before the Chamber is adoption.

Further on Senate "A?"

Representative Gibbons.

Further on Senate "A," Representative Abercrombie?

If not, I'll try your minds. All those in favor, please signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ALTOBELLO:

Opposed?

Amendment is adopted.

Further on the bill as amended?

Representative Gibbons, on the bill as amended.

REP. GIBBONS (150th):

Thank you, Mr. Speaker.

I'd like to talk a couple minutes on this bill and then I've got a couple of questions for the proponent of the amended bill, if I may, please?

DEPUTY SPEAKER ALTOBELLO:

Please proceed, madam.

REP. GIBBONS (150th):

Our nonprofits do yeomen's work in the State of Connecticut. They take care of all of our people who are -- have medical problems, who are low-income, who

are needed of -- needing social services when we don't have enough state agencies to care for these people. They do this on limited budgets. They do it on falling-down buildings that have great need of capital improvements, and they really are the underpinning to many of our social service issues in the state.

Certainly, I think we all want to take care of them. We want to give them both the capital and money that they need to fix to up their building. We want to make sure that they have the salaries so that they can keep on working. We want to give them the assets so that they can take care of their clients.

However, given that the state's fiscal problems just seem to multiply each year, it's been very hard to give them the increases that they need. However, we passed a similar bill to this a couple of years ago when it was vetoed by the Governor.

Through you, if I may, Mr. Speaker, ask the proponent of the bill what are the changes between this bill today and the one that we passed two years ago? Through you, Mr. Speaker.

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, I'm not familiar with what the changes are between the previous bill.

DEPUTY SPEAKER ALTOBELLO:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker.

I think I know a couple of the changes. I believe that two years ago the bill had a large fiscal note because I believe we added a sum of money that was going to be bonded, that the nonprofits could use for capital improvements.

Through you, Mr. Speaker, do you recall that this was so?

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, I thank the good woman for bringing that to my attention. Yes, I do remember.

REP. GIBBONS (150th):

Thank you.

DEPUTY SPEAKER ALTOBELLO:

Representative Gibbons.

REP. GIBBONS (150th):

In this bill today, we do not have this sum of money for capital improvements, not -- that's not to say that the nonprofits don't need it. But, once again, given the fiscal climate of the state, we cannot afford to increase our bonding to go and do this at this time.

Another question for the Representative who -- proponent of the bill, please. Have the nonprofits received a cost-of-living increase or an increase to their salaries over the past 10 to 15 years, through you, Mr. Speaker?

DEPUTY SPEAKER ALTOBELLO:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, not to the best of my knowledge.

DEPUTY SPEAKER ALTOBELLO:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker.

Once again, I think that this bill is a needed bill. It is one that is really just going to establish a committee to look in what the nonprofits are saying and how much they are receiving, how much

good they do in the state, what they pay their workers, what the clients receive in return.

There is not a fiscal note attached. I think that the problems are that we're going to take staff time away to figure out all of this data, but I do believe that OPM has a lot of the data already, and it's a matter of collating it.

I do urge support of it. I am sure that the committee is going to come back to us, probably next year, requesting increases, both in funding for the capital improvements to these establishments and for operating costs, but I think we can -- we'll have to discuss that at the time comes. We can't even begin to seriously debate that issue until we get the data this time.

I urge support of the bill.

Thank you, Mr. Speaker.

(Deputy Speaker O'Rourke in the Chair.)

DEPUTY SPEAKER O'ROURKE:

Thank you, Representative Gibbons.

Will you remark on the bill as amended? Will you remark?

Representative Miner.

REP. MINER (66th):

Thank you, Mr. Speaker.

Briefly, I too support the bill. I think it's high time we had this conversation. Annually, we talk about budgets, how we spend our money. More often than not, we don't even review large employee agreements, which we have the right to do. And as those things become law, as we continue to increase the wages for state employees and other expenditures, all too often the nonprofits that provide tremendous service for the state go unbenefited in terms of any increases. So I'm happy to have the conversation. I'm happy we're going to take a look at it, and I hope the Legislature has the will to fund it when it's done.

Thank you.

DEPUTY SPEAKER O'ROURKE:

Very good. Thank you.

Will you remark?

Representative Coutu.

REP. COUTU (47th):

Thank you, Mr. Speaker.

Mr. Speaker, I think this is a great idea. I

know many people who work for these nonprofits, and year after year they basically don't get an increase in their paycheck. And I know all too often in this legislative body it seems many people feel as if a pay increase is just something that is a right. And for all these people who do a heck of a job, they never get that increase. So I think this is the right thing to do.

Through you, to the proponent of the bill, Mr. Speaker?

DEPUTY SPEAKER O'ROURKE:

Please proceed.

REP. COUTU (47th):

Has there been any other studies with any other organizations relating to some of these areas in the past few years?

DEPUTY SPEAKER O'ROURKE:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, not to my knowledge.

DEPUTY SPEAKER O'ROURKE:

Representative Coutu.

REP. COUTU (47th):

I think most people do know that these nonprofits

do a great job within our communities. They're people within our communities who work for these nonprofits, and we know that they provide many services at a rate 30, 40, 50 percent of what it costs the state to provide these services.

Through you, Mr. Speaker, to the proponent of the bill, is there a focus in this for potential consolidations, I guess empowering these community providers to take up some of the services at a lower cost; is that part of the research of this?

DEPUTY SPEAKER O'ROURKE:

Representative Abercrombie.

REP. ABERCROMBIE (83rd):

Through you, Mr. Speaker, I think all conversations are still on the table. That's why I think it's important to put this working group together.

DEPUTY SPEAKER O'ROURKE:

Representative Coutu.

REP. COUTU (47th):

Sounds good with me, Mr. Speaker. I think it's a great idea, once again. I support the gentlelady for taking this imitative and supporting this effort.

Thank you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Very good. Thank you, Representative.

Representative Rowe.

REP. ROWE (123rd):

Thank you. Good afternoon, Mr. Speaker.

I arise in support and appreciate the gentlelady for bringing this out. It's a small step but an important step so that statewide we start to recognize the wonderful things these nonprofits do and how much money they save us.

we need to look seriously and deliberately at how we can help nonprofits help us in this state. They do tremendous work. They do it almost always at less expensive cost to the state. The services are wonderfully provided.

The Kennedy Center, for example, in the Fairfield County region, does marvelous things, has marvelous employees, and has impacted so many lives. And the state, in general, will benefit financially if we move forward with this, but the clients and the families of those with special needs will benefit tremendously as well. So I'm very enthusiastic in my support.

Thank you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Thank you, Representative Rowe.

Will you remark?

If not, staff and guests to the well of the House. Members take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting by a roll call. Members to the chamber.

DEPUTY SPEAKER O'ROURKE:

Have all members voted? Have all members voted?

Check the board; ensure your vote is properly recorded. If all members have voted, the machine will be locked. Clerk will take a tally. Mr. Clerk, please announce the tally.

THE CLERK:

Senate Bill Number 316 as amended by Senate "A," concurrence with the Senate.

Total Number Voting	148
Necessary for Passage	75
Those voting Yea	148
Those voting Nay	0
Those absent and not voting	3

DEPUTY SPEAKER O'ROURKE:

Bill as amended is passed.

Mr. Clerk, please call Calendar 45.

THE CLERK:

On page 32, Calendar 45, Substitute for House Bill Number 5229, AN ACT REQUIRING LAW ENFORCEMENT REPORTING OF THE SERVICE OF ALCOHOL TO MINORS, favorable report of the Committee on Public Safety and Security.

DEPUTY SPEAKER O'ROURKE:

The honorable Chairman of General Law Committee, Representative Shapiro.

REP. SHAPIRO (144th):

Thank you, Mr. Speaker.

Mr. Speaker, I move acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER O'ROURKE:

Motion is on acceptance and passage.

Will you remark?

REP. SHAPIRO (144th):

Thank you, Mr. Speaker.

And, Mr. Speaker, I believe we all owe a debt of gratitude to Representative Gail Hamm who proposed this bill and has been a tireless advocate on behalf of children and minors who are in trouble with

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Thank you very much, Commissioner.

The next speaker, and the last -- I'm going to go to the first member of the public. So we're going to -- we have one more person, a government official, but since it's after 11:00, we'll start going through the public.

And again, just for the ground rules for the public, we have a list of names we've chosen earlier, but each person has to speak. The maximum is three minutes and there will be a bell at three minutes, so I would ask you to please summarize when you hear the bell. The idea is so we can keep moving along so everyone can get an opportunity to speak in a timely basis. That being said, the next speaker and the first member of the public will be Leslie Simoes, and after Leslie will be Julia Evans Starr.

Good morning.

LESLIE SIMOES: (Inaudible.)

For the record, my name is Leslie Simoes. I am the Assistant Executive Director for the ARC of Connecticut. The ARC is a 58 year old advocacy organization for individuals with intellectual disabilities and their families. We also have 23 local chapters that provide direct supports and services to these individuals and their families. I am here this morning to testify in favor of three bills. The first, House Bill 5437, AN ACT CONCERNING THE TRANSFER OF CHILDREN AND YOUTH FROM OUT-OF-STATE RESIDENTIAL FACILITIES TO THERAPEUTIC GROUP HOMES IN THE STATE.

HB5430 SB219 SB316

Obviously this will bring the children back to Connecticut and we are in favor of this bill.

Recently I listened to testimony by DDS saying that they were looking into bringing back these children into the system so that they could capture Medicaid dollars since Connecticut can only bill Medicaid for services provided in this state. So the ARC finds that the focus should be on bringing back the children closer to their families, rather than focusing on the dollars they can generate for the state. However, we are happy that a process is in motion for these children to return home. It is the right thing, cost aside, to support these children closer to their families as long as the appropriate resources are developed in Connecticut.

Senate Bill 219, AN ACT CONCERNING STATE CONTRACT REDUCTIONS, would allow private providers to adjust their budget expenditures without approval when a state agency reduces the provider's funding. So the ARC of Connecticut is in favor of this bill and any initiative that offers flexibility in their state contracts.

And the final Bill, Senate Bill 316, AN ACT ESTABLISHING A COMMISSION ON NON-PROFIT HEALTH AND HUMAN SERVICES IS LONG AWAITED. A similar bill was vetoed by Governor Rell in 2008 and the ARC is again in favor of this Commission. The state has got to take a better and deeper look at the private provider's system and how it's chronic underfunding has worn away the structural foundation. I recently heard the Commissioner say that there is no crisis and while private providers, it's true, have not started handed in their keys and closing their doors, I can assure you there still is a crisis. Services are being cut internally or eliminated completely to the people who need them the most.

So this Legislature had better hope that private providers do not start handing in their keys because there will a crisis of insurmountable levels in Connecticut. Hope will not fix that. So the ARC of Connecticut strongly urges the Legislature to do more than hope, but rather vote favorably to seat this Commission.

I thank you for the opportunity to testify in front of you today.

SENATOR DOYLE: Thank you very much.

Any questions from the Committee members?

Representative Lyddy.

REP. LYDDY: Thank you, Mr. Chair.

Thank you for being here today.

I have a quick question about Senate Bill 219 and its impact on providers. Can you give us an example of a situation where your budget or one of your provider's budgets has been cut and your hands have been tied as to how to manage that money?

LESLIE SIMOES: I specifically cannot, unfortunately. However, I do see a few providers and other trade organizations in the room today and perhaps they'll be able to better answer that question.

REP. LYDDY: Thank you.

LESLIE SIMOES: I just don't have that example off the top of my head.

REP. LYDDY: Thank you.

Could you tell us where to find that report that you were just discussing from the UCONN Medical Center?

JULIA EVANS STARR: Yes, can I e-mail it to you? It's on our website, on the Commission on Aging website, and I can also e-mail it to you.

REP. COOK: Do you want to e-mail it to the Committee?

SENATOR DOYLE: Yeah, to the Committee would be good.

Thank you again.

Any other questions from Committee members? Seeing none.

Thank you very much.

JULIA EVANS STARR: Thank you.

SENATOR DOYLE: Okay, we're going to go to the members of the public and now we're going to go with it looks like Maureen Price Boreland, then Melissa Foster, then Margaret Nareff.

Maureen -- thank you.

MAUREEN PRICE BORELAND: Good morning. I'm here to support Senate Bill 316, Senate Bill 219 and House Bill 5356.

Senator Doyle, Representative Walker and members of the Human Services Committee, thank you for having me this morning. I am Maureen Price Boreland, the Executive Director of Community Partners in Action and I am the Board Vice President for the Connecticut Association of Nonprofits.

On behalf of nonprofit providers of health and human services programs throughout the state of Connecticut, our clients, their families and our thousands of dedicated employees, thank you to the Human Services Committee for raising Senate Bill 316, AN ACT ESTABLISHING A COMMISSION ON NONPROFIT HEALTH AND HUMAN SERVICES.

It is all of our hope that this legislation will signify a positive game changing approach so the long term strategies so badly needed to strength the foundation of our service delivery system. Community Partners in Action is an old, historic nonprofit that has been providing services for the criminal justice population for 135 years. We operate a myriad of services for both the adult and juveniles population statewide with several locations in the greater Hartford and Hamden area. As an organization that is predominantly funded by several state agencies, we see the value of a consistent coordinated approach so that oversight of human services programming.

Early this year, the Human Services Committee formed the task force on Community Based Human Services and conducted two public hearings. This subsequent legislation represents the outcome of this initiative. As you may remember for the past two years, this Committee has initiated or heard similar legislation and acted favorably. Two years ago comparable legislation was passed unanimously in both the House and Senate, but ended with a gubernatorial veto.

Wrapping up, there are more than 650 distinct organizations that hold a Purchase to Service Contract with the state of Health and Human Services through one or more of six state departments and the Judicial Branch Court

Support Services. We think that this bill will provide the necessary focus to both the Executive and Legislative Branch of the government to review and outline future steps for addressing the long-term physical challenges facing nonprofit health and human services.

We would, once again, appreciate the Human Services Committee's efforts to launch us down the road towards a successful outcome.

SENATOR DOYLE: Thank you very much.

Any questions from the Committee?

Representative Walker.

REP. WALKER: Good morning, ma'am. How are you?

MAUREEN PRICE BORELAND: I'm good thanks. How are you?

REP. WALKER: Great to see you.

MAUREEN PRICE BORELAND: Good to see you too.

REP. WALKER: You only testified on three bills. There were several others that I was hoping you'd testify on.

MAUREEN PRICE BORELAND: You know I left the others so you could probably read them. I figure with my three minutes I've been warned -- don't overstay my welcome.

REP. WALKER: Okay. All right. Can you just tell me on AN ACT CONCERNING STATE CONTRACT REDUCTIONS, you heard the opposition, can you talk to that?

SB219

student loan and he found out that when he went to get a student loan he had a long credit history.

MELISSA FOSTER: That's one of the ways I found out also.

REP. WALKER: You found out also. So a lot of the children are finding -- it's not just in Connecticut. I reached out to many different programs and organizations and a lot of people have been talking to us. Once they heard that we were doing it, a lot of other states have been starting to do it; California, Colorado, Washington, a variety of others.

I hope that we will sit down with the Commissioner and we will come out with language that will protect all of you who are trying to have a healthy and normal life and a wonderful little child.

So, thank you so much.

MELISSA FOSTER: Thank you.

SENATOR DOYLE: Thank you.

Any other questions? Seeing none.

REP. WALKER: Thank you.

SENATOR DOYLE: The next speaker is Margaret Nareff and then Jan Van Tassel and then Stan Soby.

MARGARET NAREFF: Talk about a tough act to follow. Good morning to the chairs, members of the Committee. My name is Margaret Nareff. I am here to testify on Bills 5430, 219 and 316, respectively.

I am the Executive Director of the Shelter for Women in Hartford which provides congregate care for girls in state custody. I am also a Co-Chair of Connecticut's nonprofit's EJIS Children's sector.

We ask your support for Bill 5430 so that providers like us can continue to work with the Department of Children and Families to bring the children in need who are currently out of state in a planful way back home to receive care in state where they need it to be closer to their families. However, we won't be able to continue to do that if providers like my organization and others face program closing or service reductions due to funding shortfalls. Therefore, I am also asking for your support for State Contract Adjustments, Bill 219, and for the establishment of the previously presented Human Services Commission and Bill 316.

Like any good business, we would like to be able to continue our good business practices. If cuts are inevitable to make the decisions about where those cuts can best be made without further bureaucratic red tape, which would also save precious state dollars, we're the ones who know our business is best and where cuts can most reasonably be made. But we cannot be held to a standard of maintaining services uninterrupted if there are fewer dollars in our contracts. We also believe that Bill 316 will bring all of the parties necessary together to solve these enormous challenges facing our state in both the public and private nonprofit sectors.

Each of the bills represents a watershed moment in the role of nonprofits in Connecticut. If funding is cut, the services of so many of our citizens who need them now and in the future

will evaporate, placing an even greater burden on state coffers. We believe the Commission can address these issues and we look forward to working in cooperation with the Legislature, Governor's office and state agency on the solutions to have everyone at the table together working to find them.

Thank you.

REP. WALKER: Thank you, and thank you for your testimony.

Any questions from the Committee?

Thank you.

Next is Jan Van Tassel, and behind Jan is Stan Soby.

Good afternoon -- good morning still.

JAN VAN TASSEL: Good morning. My name is Jan Van Tassel. I'm the Executive Director of the Connecticut Legal Rights Project, a statewide, nonprofit agency that provides free legal services to adults with psychiatric disabilities. I have a very simple testimony.

I am here today to speak in support of Senate Bill 251, which would add an individual with expertise on mental health issues to the Long-Term Care Advisory Council.

I just wanted to clarify one of the reasons it's very important that we add an individual with this background. The Long-term Care Advisory Council has really evolved from a group that focused on elders to one that is now, when you look at that long-term care plan, is intended to serve people with all disabilities regardless of age. It is an

appropriate evolution, but in fact, when I looked at the first draft of the plan for this year, it inadvertently excluded people being discharged from psychiatric hospitals. This is particularly problematic since the long-term care plan is supposed to service the state's Olmstead Plan. Olmstead, as you know, is the state that upheld the community integration mandate of the ADA. The two plaintiffs in that suit were people in psychiatric hospitals and yet we rarely consider the needs of people in psychiatric hospitals when we think about community integration and long-term care planning. So, I actually spent an inordinate amount of time trying to tweak the language in the long-term care plan just to assure that people with psychiatric disabilities who are in psychiatric hospitals or other institutions weren't excluded from that plan.

Inadvertently, as it may have been, my conversations with OPM, DHMAS, Julia Evans Starr, and other members of the Long-term Care Advisory Council made it very clear to me that that perspective really does need to be included on the Council. So I would just urge you to support Senate Bill 251.

Thank you.

REP. WALKER: Thank you.

Any questions from the Committee?

Thank you. Thank you for your testimony.

Stan Soby, and behind Stan, Rose Alma Senatore.

STAN SOBY: Good morning, Representative Walker, members of the Human Services Committee. I am Stan Soby, Vice President for Community Programs at Oak Hill, a non-profit community

SB316

provider of services to over 550 people of all ages, with developmental and other disabilities located here in Hartford and in over 90 locations in 58 Connecticut towns.

Thank you for the opportunity to speak in support of Senate Bill 316, AN ACT ESTABLISHING A COMMISSION ON NONPROFIT HEALTH AND HUMAN SERVICES. My comments will be directed towards the charge of the Commission as detailed in Section 1.G.

For over the past 20 years, the average rate of increased per year to private providers has been less than one percent per year. At the same time, the cost of living as measured by the consumer price index has increased by over 90 percent. In good budget years, increases to private providers were limited by the budget's proximity to the budget cap. In years like the last few, there have been no rate increases and, in fact, there have been rate caps instituted in rate calculations made by the Department of Social Services. Those rate caps are de facto rate cuts.

A cut of two percent to ICFMR rates has been proposed but only for private providers, not for the state operated ICF's. Oak Hill operates 16 ICF's across the state for people who have significant medical and other needs and this rate cut to us will be a $300,000 cut in funding.

A two percent cut has been implemented for day services on a sliding scale based on previous years' attendance. Providers receive contract amendments to this effect late in the day with instructions to return by noon the next day, not enough time to review new contract language that was inserted. If providers took longer to

review the amendment, service authorizations needed to bill for services were withheld.

We regularly face double digit increases to our health insurance costs. We have increased co-pays, changed plan designs and changed insurance carriers to get an almost 20 percent annual increase to just under ten, but that was a one-time savings. At the same time, the state plan contract has capped to an eight percent maximum increase in any one year, with several recent years reflecting no increase, just one of the reasons we supported Speaker Donovan's Health Care Partnership Bill.

All of this has had a cumulative effect on providers, our employees and most importantly the people we serve. Passage of Senate Bill 316 could put mechanisms in place to begin to reverse the deterioration that has occurred. We are the safety net. We have been stretched mightily over the past 20 years. We are frayed in many places and if that safety net tears, people will get hurt.

Thank you.

REP. WALKER: Thank you for your testimony.

Any questions from the Committee?

Thank you, and we hear you.

STAN SOBY: Thank you.

REP. WALKER: Next we have Rose Alma Senatore.

Good afternoon -- good morning.

ROSE ALMA SENATORE: Good morning, Representative Walker.

SB 219

Next we have Deborah Ullman, and behind Deborah will be John Merz, and behind John Merz, Erika Tindill.

DEBORAH ULLMAN: I think I am still right on the cusp of morning. Good morning, Representative Walker and Committee members.

My name is Deborah Ullman and I am CEO of the YWCA Hartford Region and member of the Board of Directors of Connecticut Association of Nonprofits.

I am here this morning to enlist your support of Senate Bill 316, AN ACT CONCERNING A COMMISSION ON NONPROFIT HEALTH AND HUMAN SERVICES. At the YWCA we are dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all. We achieve this lofty mission by provided services that create opportunities to change people's lives and make them stronger. Homeless women live in our shelter for up to 90 days, start on a path to employment or deal with their addiction. Young children get care and early education in an accredited childcare facility while their mom's work to support the family.

Families at Risk get support services and childcare that helps keep the family together through tough times. Each year the YWCA Hartford Region partners with the state of Connecticut to provide these services on its behalf. The financial struggle to provide quality life changing services has become very difficult.

Over the last several years, we have taken many actions that have reduced our expenses. This includes joining (inaudible) for utilities and

workers compensation, renegotiating all of our facilities contracts, revamping our phone systems and even penny pinching for office supplies. Our employees have not gotten salary increases for the last two years. We cut our contributions to their retirement plans by 25 percent and they have had to absorb increases in their contributions to the health insurance plan. These workers whose jobs require post secondary education up to and including a Bachelor's Degree are living on the edge themselves.

We cannot be viable long-term if we can't adequately pay the professionals that work for us. Historically, non-profits, corporations and private foundations help fill the gaps between state funding and the cost of quality services. The gap is getting bigger and these sources are shrinking. Unfortunately the need for services is not shrinking. By not adequately funding nonprofits, we are mortgaging our future. The challenges faced by our most vulnerable citizens don't disappear, they will just get worse and cost more.

The homeless woman ends up in an emergency room, the three year old is a drop out, and the child ends up in foster care. The solution to meeting the funding crisis will not be simple, but we can't let that stand in our way.

Thank you for your time today and thank you for what we hope will be a transformation approach to strengthening the foundation of the nonprofit delivery system.

REP. WALKER: Thank you for your testimony.

Three year old is a third grade drop out?

DEBORAH ULLMAN: Well, the three year old will become a third grade and then become a drop out. And I think it's shown that those who can't read by three often become drop outs and higher rate of incarceration as well.

REP. WALKER: How long ago do you think that we started seeing the reduction in funding for nonprofits?

DEBORAH ULLMAN: I think in the last ten years we've gotten maybe three or four cost of living adjustments. I know in my five years at the YWCA, we've had two years, I believe, where we have had cost of living adjustments and most of them have been pretty small, the two or three percent range and people know what's happening to salaries, cost of utilities and those kinds of things.

REP. WALKER: Thank you.

Any questions from the Committee?

Thank you and thank you for your testimony.

John Merz, followed by Erika Tindill, and then Carolyn Goodridge.

JOHN MERZ: So I can officially say good afternoon, Representative Walker and friends on the Committee.

My name is John Merz. I am the Executive Director of the Connecticut Aides Resource Coalition, also home to Oscar night. You'll see pictures on Java this morning. But when I'm not doing that, I'm also on the Steering Committee of the Cabinet and the Cabinet supports Senate Bills 219, 316 and House Bill 5356.

Like many of my friends before me, I'm here to speak specifically about Senate Bill 316. This bill will establish a Commission on nonprofit health and human services to address long-term funding solutions for private non-profit providers.

Those of us who are providers are critical partners with the state in the vision of health and human services. We do see ourselves as partners and we provide essential quality services to hundreds of thousands of Connecticut residents at a great savings to taxpayers. And I think you'll all agree that the state looks to us as partners to do the work, and to help the people most in need.

Unfortunately, as you've heard, our state funding has grown more and more tenuous over the years. The average cost of living adjustment at one percent over the past 20 years, and you've heard specifically how this being off pace with inflation really effects how we do service, where we try to cut our costs, how poorly we pay our workers. We tell them if you don't love what you're doing, you've come to the wrong place because you're not going to get rich working with us. But meanwhile the demand for services grows. You know, we're in a depression and our doors are being beaten down with people who really need our services. Many of those who look just like you and I, from the middle class who have never needed social services before, they need our help and yet we're struggling under the burden of not seeing any additional cost.

We want to not always come to you every year and say give us some money, give us some money. We believe that if we work together under the form of a Commission that we may be able to

find some long term solutions and so we're asking that Commission be formed.

Thank you very much for your time.

REP. WALKER: Thank you for your testimony.

Any questions from the Committee?

Thank you. Thank you for your testimony.

Next we have Erika Tindill from the Connecticut Coalition against Domestic Violence.

ERIKA TINDILL: Good afternoon, Representative Walker and members of the Human Services Committee. My name is Erika Tindill. I am the Executive Director of the Connecticut Coalition Against Domestic Violence.

Thank you for the opportunity to testify regarding Raised Bill 5432, AN ACT CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES. Advocates at each of CCADV's 18-member programs serve thousands of parents impacted by domestic violence who are also parties to proceedings with the Department of Children and Families.

These advocates work closely with attorneys appointed to represent these parents and are often witness to the impossible task of demonstrating to the DCF worker that the parent who is a victim of domestic violence should keep children because it is in their, the children's, best interest. Having been an attorney representing indigent victims of domestic violence, I have firsthand knowledge of the struggle these parents face when embroiled in DCF proceedings. Despite the Department's efforts to train its workers on dynamics and complexities of family violence and to follow protocol that views the behavior

and there is no reason to be sending them out-of-state and the response has really not been what we think that it would be. So I'll continue down that road, but it sounds -- that's an example of where there could be a collaborate effort and they're very interested in being involved and it's just not happening.

SENATOR DOYLE: Thank you.

Any other questions from Committee members? Seeing none.

Thank you very much.

MARK KOVITCH: Thank you.

SENATOR DOYLE: Next speaker is Beth Dempster, then Jennifer Charbonnier, and then Jane Grossman.

Ms. Dempster.

ELIZABETH DEMPSTER: Senator Doyle and committee members, thank you for having me here today. I appreciate the opportunity to be here and submit testimony on behalf of H.B. 5430, AN ACT CONCERNING THE TRANSFER OF CHILDREN AND YOUTH FROM OUT-OF-STATE RESIDENTIAL FACILITIES TO THERAPEUTIC GROUP HOMES IN THE STATE. SB316

My name is Elizabeth Dempster. I am a registered nurse and I work for Key Human Services. I work in group homes in Bolton and Hebron. While I'm new to these group homes, I'm not at all new to the range of mental health services and their clients here in the state of Connecticut. I've been a nurse in mental health in-patient settings, forensics at Whiting, and in the community and I have seen a range of ages and health status.

I'd like just for a minute for you to imagine that your child who started life with every disadvantage you can possibly think of and were behaviorally not safe to be managed at home. You have been moved out of your home state of Connecticut to a place four hours away because there is no place here available to take you in. Your only living relatives are now four hours away and you have no contact. Two years later at the age of 15 you're now over 300 pounds, you're diabetic with hypothyroidism and blood pressure problems and you have to use a breathing machine to be able to sleep through the night without stopping breathing.

Over the last two years you haven't been taught anything about your medical conditions or how to handle them, you haven't been given any guidance, so when you feel bad or sad or depressed you tell the staff at this facility that you're now at that your blood sugar feels low, so they give you a Snickers bar. And that feels great until you have to step on the scale again to be weighed and told that you've gained yet again.

You feel angry after being weighed and because you haven't been taught how to handle your anger, anyone who looks at you funny or is whispering behind your back, you think they're talking about you, because your self-identity is tied to all of these issues. You bite yourself, you break your breathing machine so now that compounds the problems of you not sleeping through the night. This young lady moved to our house three weeks ago. In that three weeks, she has begun to learn things health wise, but also from a therapeutic standpoint that will help her and effect the rest of her life forever. She has learned to be responsible for her own health, to relate to others and use coping skills other than food.

Her success will be determined by the support that she receives today.

To close, I'd like to restate my support for House Bill 5430 and S.B. 316.

I thank you very much for your time today.

SENATOR DOYLE: Thank you.

Any questions from the Committee members? Seeing none.

Thank you very much.

Next speaker is Jennifer Charbonnier, then Jane Grossman and then Jeff Casey.

Ms. Charbonnier.

JENNIFER CHARBONNIER: Good afternoon, Senator Doyle, distinguished members of the Human Services Committee. Thank you for having me today.

My name is Jennifer Charbonnier. I am a licensed Marital and Family Therapist. For the past 26 years I have worked with children and their families with DCF involvement; the last four of which I have worked with Key Human Services, specifically developing and supervising therapeutic group homes for adolescent girls with developmental delays and significant psychiatric issues.

Each of our homes is in a neighborhood and is indistinguishable from the other homes. The focus of daily living is the development of social, communication, vocational and work skills. We provide individual, family and group psychotherapy and support the young women interacting with staff and peers in socially

else in my office can maybe familiar with (inaudible) is also willing to keep up with that.

SENATOR DOYLE: Well, we have a tight timeframe too. So what could happen if the Committee decided to send the bill out, and you're busy, we're dealing with our deadline, but maybe after our deadline, if the Committee decides to keep the bill alive, we could have some kind of consultations with you and DCF to try to maybe hash out language before there is any vote in the Chamber, or something.

JANE GROSSMAN: We would be absolutely willing to do that. And in fact, we have the materials prepared to go forward.

SENATOR DOYLE: Okay, so maybe -- I'm not sure -- that's if the Committee wants to send it out. I don't know if they want to do it. That's a possibility. So if it were to go out more or less in the same form, it doesn't necessarily mean that's the way it would be totally.

JANE GROSSMAN: I sincerely hope that.

SENATOR DOYLE: Thank you.

Any other questions or comments?

Thank you very much.

JANE GROSSMAN: Thank you.

SENATOR DOYLE: Next speaker is Terry Edelstein, then Paul Rosen, then Heather Salvatore.

TERRY EDELSTEIN: Good afternoon, members of the Committee. I am Terry Edelstein, the Director of the Connecticut Community Providers Association. I am speaking today about Senate

SB316
HB5356
SB219
HB5430

Bill 316, AN ACT ESTABLISHING A COMMISSION ON NONPROFIT HEALTH AND HUMAN SERVICES and then at the end of my remarks I'll just tell you about our support for several other pieces of legislation.

We've worked collaboratively with members of the nonprofit Human Services Cabinet in developing the concept for this bill and we're extremely pleased that the Committee has raised this bill for public hearing. Your Committee took a leadership role in convening public hearings earlier this year through a legislative task force on community based human services.

At these hearings you heard from parents, consumers, and community providers about our long struggle to provide community-based services and support. There have been challenges to community based funding from its early days. In 1991 the Legislature created a Blue Ribbon Commission on fair wages and no sooner were these recommendations completed then we faced a budget crisis and provider accounts were cut by four percent. The funding crisis didn't go away and other initiatives followed.

A proposal to index community based human services, a proposal for community provider rescue fund, legislation initiated by this Committee in 2008 and 2009 to create a community based services Commission and legislation in 2008 that was vetoed by the Governor to create a Community Based Services Commission. Community based providers have experienced over 25 years of limited cost of living increases and are falling farther and farther behind. This proposed legislation (inaudible) a vehicle for identifying and resolving funding issues of community providers

and we very much appreciate your support in developing a long-term solution.

And I will just quickly tell you that we have submitted written comments on 5356, AN ACT CONCERNING PURCHASE OF SERVICE CONTRACTS WITH RECOMMENDATIONS. We have also submitted written testimony on S.B. 219, AN ACT CONCERNING CONTRACT REDUCTIONS and we've submitted written testimony on H.B. 5430, CONCERNING THE TRANSFER OF CHILDREN FROM OUT-OF-STATE TO IN STATE RESIDENTIAL SERVICES.

SENATOR DOYLE: Thank you.

Any questions from the Commission?

Representative Walker.

REP. WALKER: Thank you for your testimony, Terry.

You know that we've been talking about this for a long time.

TERRY EDELSTEIN: We have.

REP. WALKER: And one of the things that I'd asked the Department was to work with the providers to come up with some understanding of where we go and what our capacity is and what our needs are. So, somehow we've got to get this conversation to go and everybody has to be around the table. So I look forward to work with you on it.

Thanks.

TERRY EDELSTEIN: And I appreciate that your bill expands the membership and participation on this Commission, it includes Executive Branch agencies, it includes nonprofit human service providers, as well as input from other parties

such as economists, labor officials, so that we can make sure that we're really crafting a solution rather than just developing a white paper. We want a solution.

SENATOR DOYLE: Thank you.

Could you just -- we talked earlier about Senate Bill 219, AN ACT CONCERNING STATE CONTRACT REDUCTIONs, I don't know if you wanted to add something in terms of -- generally we were trying to figure out how it works, and then in your experience, is it five percent and they let you do it or is it a collaborate decision?

TERRY EDELSTEIN: Well, just a little bit of backdrop on this, we appreciate the concept of the bill which talks about giving some flexibility to private providers but we were quite dismayed to see a figure of five percent as any kind of benchmark for a reduction, even though that is what some providers are receiving right now.

For example those funded through the Children's Trust Fund and some of the DSS contractors, the concept of the bill was meant to give providers flexibility because after all the state is contracting with administrators to manage state dollars and you really have to rely on your contractor's to manage their budgets, to meet their budget, to come in with budget, to operate programs according to what the contract terms are; but the situation we're in right now is that the private providers have pretty much eliminated most of their management structure. They're running very lean in terms of administrative costs, may have certain allowable expenses in terms of their cost reporting. There isn't much place to make reductions when you're starting to talk about

Any other questions from the Committee members? Seeing none.

Thank you, Terry.

The next speaker is Paul Rosen, then Heather Salvatore and Cheryl Martone.

Paul Rosen.

PAUL ROSEN: Good afternoon, Senator Doyle, Representative Walker, members of the Committee. Thank you for the opportunity to speak this afternoon.

I am here to talk in support of Senate Bill 219, AN ACT CONCERNING STATE CONTRACT REDUCTIONS; Senate Bill 316, AN ACT ESTABLISHING A COMMISSION NONPROFIT HEALTH AND HUMAN SERVICES; 5356, CONCERNING PURCHASE SERVICES CONTRACTS; and 5430, CONCERNING TRANSFER CHILDREN AND YOUTH FROM OUT-OF-STATE RESIDENTIAL FACILITIES TO THERAPEUTIC GROUP HOMES.

What I would like to just spend my time here just talking a little about 5430. I think that -- I had the privilege in the mid-eighties of being involved with helping to move 1,500 people out of Mansfield Training School. Those of you around remember Mansfield which was a state institution that was run for people with disabilities that through a consent decree that was signed by the state in 1985, there was a decision to basically move 1,500, 1,600 people out of Mansfield into the community. That was done; the majority of those placements were done by private, non-profit agencies, developed residences, developed group homes and moved those people into the community.

TESTIMONY TO THE CONNECTICUT GENERAL ASSEMBLY
HUMAN SERVCIES COMMITTEE

Public Hearing Date: March 9, 2010

Senator Doyle, Representative Walker, members of the Human Services Sub-Committee, thank you for the opportunity to provide testimony. My Name is Paul M. Rosin and I am the Executive Director of Community Residences Inc. a not-for-profit multi-service provider of day, residential, and family support to children and adults with special needs. I am also a member of the Public Policy Council of the Connecticut Association of Nonprofits (CT Nonprofits.)

I am here today to testify regarding:

S. B. No. 219: AN ACT CONCERNING STATE CONTRACT REDUCTIONS

S. B. No. 316: AN ACT ESTABLISHING A COMMISSION ON NONPROFIT HEALTH AND HUMAN SERVICES.

H. B. No. 5356: AN ACT CONCERNING PURCHASE OF SERVICE CONTRACTS.

H.B. 5430: AN ACT CONCERNING THE TRANSFER OF CHILDREN AND YOUTH FROM OUT OF STATE RESIDENTIAL FACILITIES TO THERAPEUTIC GROUP HOMES IN THE STATE

In its efforts to provide high quality human services to citizens of our State in an efficient and cost effective manner, the Connecticut Legislature since the 1980s has made a conscious decision to partner with not-for-profit human services agencies to be their provider of choice. This has led to a triple win situation:

- Adults and children with needs for housing, rehabilitation, job training, family preservation, out of home care, literacy, and hundreds of other basic human needs receive the supports they require in every town and city in Connecticut.
- Not-for-Profit Agencies have the opportunity and all or a portion of the funding necessary to provide the services to their constituents and operationalize their mission.
- The State and its tax payers are ensured that the highest quality human services are being provided in the most cost efficient manner.

The four bills that I am here today to testify on have a common purpose which is to ensure that not-for-profit agencies from an administrative and fiscal perspective are provided with adequate resources, maximum consistency between contracting State Agencies, and flexibility during these times of budget freezes and rescissions.

Connecticut Nonprofit Human Services Cabinet

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Children's League of Connecticut

Connecticut AIDS Resource Coalition

Connecticut Association for Community Action

Connecticut Association for Human Services

Connecticut Association of Area Agencies on Aging

Connecticut Association of Nonprofits

Connecticut Coalition Against Domestic Violence

Connecticut Coalition to End Homelessness

Connecticut Community Providers Association

Connecticut Consortium of Legal Services

Connecticut Council of Family Service Agencies

Connecticut Sexual Assault Crisis Services

Connecticut Women's Consortium

End Hunger Connecticut!

Mental Health Association of Connecticut

Oak Hill

Planned Parenthood of Southern New England

The Connection, Inc.

Wheeler Clinic

Testimony before the Human Services Committee
March 9, 2010

In support of:
SB 219, AAC State Contract Reductions
SB 316, AA Establishing a Commission on Nonprofit Health and Human Services
HB 5356, AAC Purchase of Service Contracts

My name is John Merz and I am the Executive Director of CT AIDS Resource Coalition (CARC) and on the steering committee of the Connecticut Nonprofit Human Services Cabinet (Cabinet). The Cabinet is a statewide coalition comprised of 20 nonprofit human service associations and organizations representing approximately 800 providers. Its mission is to advance a strong and unified nonprofit human services system to effectively meet community needs. The Cabinet has worked with state agencies on critical contracting issues and business practices that impact over 2,000 Purchase of Services (POS) Contracts valued at approximately $1.4 billion annually. Members play a vital role in addressing the critical health and human services needs that face so many Connecticut residents – we provide the safety net that *anyone* can find themselves in need of when least expected.

SB 219

The Cabinet supports SB 219, which will allow private providers to reduce their expenditures without agency approval when a contract is reduced by five percent or more during any fiscal year. While we would certainly prefer that contracts not be reduced mid-year, budget rescissions and mid-year cuts are a reality we have had to face over the past two years. Nonprofit human services providers continue to be asked to do more with less as state-funding for our services is cut, yet demand continues to rise. Private providers have met every challenge presented by the current fiscal climate with vision and leadership to ensure that the most possible Connecticut residents continue to receive essential health and human services.

Unfortunately, there is an expectation from the state that when funding is reduced, the level of service will not be reduced. While there are instances where a provider can make this work, it is mostly an unrealistic expectation that a private provider can continue a level of service at a fraction of the original contract amount. I am confident that you all realize that funding for nonprofit human services has not kept pace with inflation; therefore, even prior to any budget cuts providers are already expending more on a service than the state is paying. This bill will allow providers to reduce their expenditures in an amount equal to the funding reduction to help ensure their financial stability and allow them to remain in business to serve as many Connecticut residents as possible.

SB 316

We also support SB 316, which will establish a Commission on Nonprofit Health and Human Services to address long-term funding solutions for private nonprofit providers. Nonprofit human services providers are critical partners with the state in the provision of health and human services. We provide essential, quality services to hundreds of thousands of Connecticut residents at a great savings to taxpayers.

Unfortunately, our state funding has grown more and more tenuous over the years. The average cost-of-living adjustment for nonprofit human services providers stands at approximately 1%

over the past twenty years. This is far off pace with inflation and the actual cost of service. Meanwhile, the demand for our services has risen dramatically, especially in the current fiscal climate. It is crucial for the state to address these issues to ensure the ability of the nonprofit human services delivery system to meet the growing needs of its residents.

This bill will establish a commission that includes key stakeholders from both the private provider community, as well as all three branches of government that fund our vital services. It will allow the state to shape a solution to the long-term funding challenges facing nonprofit human services providers that incorporates all views and concerns. This concept passed the House unanimously last year and both chambers unanimously in 2008 only to be vetoed by the Governor. Its passage this year will be critical to the continued viability of the nonprofit human services delivery system to meet the needs of Connecticut.

HB 5356

The Cabinet also supports HB 5356, which will require the Office of Policy and Management (OPM) to submit a report outlining recommendations for improving uniformity of the policies and procedures of state agencies relating to purchase of service (POS) contracts, as well as a timeline for implementation. In 2008, OPM released *Principles and Practices for the Competitive Procurement of Human Services* and in 2009 they released a revised version titled *Procurement Standards for Personal Service Agreements and Purchase of Service Contracts*. Both documents were in response to clean contracting legislation that required rebidding of all POS contracts. The Cabinet worked closely with legislators on that legislation and subsequently with OPM on the implementation of the rebidding process.

Rebidding has been difficult for both nonprofit human services providers and the state. It requires a great deal of administrative work by all parties. However, it can be even more burdensome to providers that have to deal with six different state agencies that each have six different methods of contracting. OPM's Procurement Standards were supposed to set uniform methods for contracting, including the RFP process, negotiations, and the execution of a contract. Unfortunately, these standards have not necessarily been adhered to uniformly. This bill will require OPM to both recommend and implement uniform policies among all state agencies. While we understand the hesitation of OPM to be involved in the daily operations of the state's health and human services agencies, there needs to be oversight to ensure that all contracting agencies adhere to the state's POS Standards.

Thank you for the opportunity to testify.

Testimony of Planned Parenthood of Southern New England, Inc. (submitted)
Susan Lloyd Yolen, Vice President, Public Affairs & Communication
On SB 316 An Act Concerning the Establishment of a
Commission on Nonprofit Health and Human Services.

Thank you Senator Doyle, Representative Walker and members of the Human Services Committee for this opportunity to address *Senate Bill 316, An Act Concerning the Establishment of a Commission on Nonprofit Health and Human Services*. Planned Parenthood of Southern New England is the largest provider of reproductive health care and family planning services in Connecticut and Rhode Island. We serve around 70,000 patients each year, primarily young women and men, at 19 health centers. We are one of twenty statewide members of the Nonprofit Human Services Cabinet, the voice of Connecticut's nonprofit sector.

For years, the Cabinet and its individual members have testified before this committee to the corrosive effect the long term lack of adequate funding has had on our agencies, our budgets, and our ability to continue to serve the clients in our care. No doubt throughout this session you have heard from clients whose heartbreaking stories—and subsequent successes--- were attributed to the connection they or their family made with a nonprofit provider whose mission was to met their service needs, regardless of ability to pay.

That is Planned Parenthood's mission: to offer the services that will empower our clients to control their own fertility and sexual health. We rely on a balance of resources to do this: our patients pay on a sliding fee scale what they can afford; we have generous private donors who support our work; we bill insurers for those who are covered. And we accept several state and federal grants, including a grant from the State Department of Public Health, to subsidize our fee scale, and permit us to slide it to zero whenever a client lacks the funds to pay even a modest amount toward her care. It is a well-respected fact that every public dollar spent on family planning saves over four dollars within a year on the public costs of pregnancy averted.

Like our colleagues in the Cabinet, we have seen the cost of doing business increase over recent years. We are a licensed medical provider and must remain competitive as an employer of skilled medical staff, while also offering services in modern medical facilities, with equipment that is up to the current standard of medical care. We have managed to do this through careful fiscal management, despite not having seen any significant increase in our level of state support in years. As you may well know, however, even that current level funding is threatened: a recent state budget package projects a 30% cut in DPH community health services... which will mean *a reduction of about $300,000 for our patients' care.*

As we look ahead to the massive state budget deficit that looms, unresolved, before us, it's clear that government agencies, configured as we know them today, will be at risk. More will be expected of well-managed nonprofits. And in large part, because we are mission driven, we are eager to answer the call. But, as a sector, our ability to respond is

already stretched to the breaking point. The future of many nonprofits is in jeopardy: We know of colleagues tempted to close their doors---just at the moment when they may be needed most.

That is why it's time this General Assembly took a serious look at the ways in which you rely upon the wide array of contracting nonprofit agencies to offer services and solace to those in need, and to prevent a long list of unintended health and mental health outcomes that would be far more costly to cover in our already stressed hospitals, emergency departments and prisons.

We are the safety net, stretching across the state, ready to serve in good times...eager to serve in bad times. But potentially *unable to serve* because our own budgets are in crisis at the very moment when you need us most.

That is why PPSNE joins those supporting *Raised Bill 316, An Act Establishing a Commission on Nonprofit Health and Human Services.* Such a broadly representative working group would examine the challenges that threaten the nonprofit sector, the anticipated costs of doing without a nonprofit safety net, and the funding streams necessary to make certain that the nonprofit sector is able to accept the service challenges of our immediate and longer term future.

To be perfectly frank, it is starting to look as though elected officials take the nonprofits in their communities for granted. Quietly and without a lot of puffery, we serve hundreds or even thousands of your constituents each year, averting costs to Medicaid that the state would otherwise bear. Last year, nearly 2300 young women and men came to Planned Parenthood in the small town of Danielson, Connecticut for health checkups and the information they need to prevent pregnancy and disease. Where else would a young person living in Danielson without health insurance go, for basic information and health care? For that young person, we are a lifeline, often in a time of crisis...a crisis that could very likely lead to enrollment on Medicaid and far greater cost to the state.

With our support of Bill 316, nonprofits are begging you to stop assuming we'll always be there, able to serve your district. Connecticut needs a commission to help evaluate the stresses and opportunities facing nonprofits, and to help us share the challenge of providing service to the most vulnerable citizens of our state, during increasingly tough times. Please support Raised Bill 316. Thank you.

March 9, 2010

CCPA Testimony – Human Services Committee

S. B. No. 316 (RAISED) AN ACT ESTABLISHING A COMMISSION ON NONPROFIT HEALTH AND HUMAN SERVICES

We are pleased to speak in support of SB 316, An Act Establishing a Commission on Nonprofit Health And Human Services.

I am Terry Edelstein, President/CEO of the Connecticut Community Providers Association. CCPA represents organizations that provide services and supports for adults and children with disabilities and other significant challenges including children and adults with mental illness, substance use disorders, developmental and physical disabilities. Community providers serve more than 500,000 of the state's most vulnerable residents.

We worked collaboratively with members of the Nonprofit Human Services Cabinet in developing the concept for this bill and we are extremely pleased that the Human Services Committee has raised this bill for public hearing.

Your Committee took a leadership role in convening public hearings earlier this year through a Legislative Task Force on Community-Based Human Services At these hearings you heard from parents, consumers and community providers about our long struggle to provide community based services and supports.

There were challenges to community based funding from its early days. In 1991, the Legislature created a Blue Ribbon Commission on Fair Wages, the first effort by the Legislature to resolve funding issues for private providers. Even after the Commission completed its work, in those difficult fiscal times community providers lost 4% of their contract funding.

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The funding crisis didn't go away and other initiatives followed:

- A proposal to index community based human services in relation to state employee wages
- A proposal for a Community Provider Rescue Fund
- Legislation initiated by the Human Services Committee in both the 2008 and 2009 sessions to create a Community Based Services Commission
- Legislation developed by the GAE Committee in 2008 to support a Community Based Services Commission that was passed by the Legislature but vetoed by the Governor

Community providers have experienced over twenty five years with limited cost of living increases and they are falling farther and farther behind the Medical Consumer Price Index. If the state has the intent of continuing to contract for community-based human services to address the vital health and human service needs of Connecticut residents, it should make a commitment to developing a long term solution.

This proposed legislation provides a vehicle for identifying and resolving funding issues of community providers and we very much appreciate your support in developing a long term solution to the provision of community-based services.

Testimony Before the Human Services Committee
Regarding S. B. No. 316 (Raised)
An Act Establishing a Commission on Nonprofit Health and Human Services

Good morning, Senator Doyle, Representative Walker and members of the Human Services Committee. I am Stan Soby, Vice President for Community Programs at Oak Hill, a non-profit community provider of services to over 550 people of all ages with developmental and other disabilities, located here in Hartford and in over 90 locations in 58 Connecticut towns.

Thank you for the opportunity to speak in support of S. B. No. 316 (Raised), An Act Establishing a Commission on Nonprofit Health and Human Services. My comments will be directed toward the 'charge' of the Commission as detailed in Section 1(g).

For over the past twenty years, the average rate increase per year to private providers has been less that 1% per year. At the same time, the cost of living, as measured by the Consumer Price Index has increased by over 90%.

In good budget years, increases to private providers were limited by the budget's proximity to the budget cap. In years like the last few, there have been no rate increases and, in fact, there have been rate caps instituted in rate calculations made by the Department of Social Services. Those rate caps are *de facto* rate cuts.

A cut of 2% to ICF/MR rates has been proposed, but only for private providers, not for the State-operated ICFs/MR. A 2% cut has been implemented for day services, on a sliding scale based on the previous year's attendance. Providers received contract amendments to this effect late in the day with instructions to return by noon the next, not enough time to review new contract language that was inserted. If providers took longer to review the amendments, service authorizations needed to bill for services were withheld.

We have regularly faced double digit increases in our health insurance costs. We have increased co-pays, changed plan designs and changed insurance carriers to get an almost 20% annual increase to just under 10%, but that's a one time savings. At the same time, the state plan contract is capped at an 8% maximum increase in any one year, with several recent years reflecting no rate increase.

Meanwhile, a number of private provider employees get their health benefits through the HUSKY plan, as they do not work enough hours to qualify for benefits through their employer or cannot afford the cost of employer-based health care. And, that cost for health care to the State is never calculated into rate analyses.

This next comment is not meant to create any animus between public and private sector employees and we understand the value proposition of contracting to the private sector. A staff person came to me during the last year and said he had been working full time at Oak Hill for 22 years and was making about $18 per hour. He had been working part time for the State, doing the same work, for the past 11 years and was making $27 per hour. Some fifteen years ago, the hourly rates between Oak Hill employees and their State counterparts were pennies apart.

All of this has a cumulative effect on providers, our employees and, most importantly, the people we serve. Passage of S.B. 316 could put mechanisms in place to begin to reverse the deterioration that has occurred.

We are the safety net. We have been stretched mightily over the past twenty years. We are frayed in many places. If the net tears, people will get hurt.

Thank you.

Testimony Submitted to the Human Services Committee:

S.B. No. 316: AN ACT ESTABLISHING A COMMISSION ON NONPROFIT HEALTH AND HUMAN SERVICES. (Support)

Presented By: Deborah Ullman, CEO, YWCA Hartford Region

Public Hearing Date: March 9, 2010

Good Morning Senator Doyle and Representative Walker. My name is Deborah Ullman. I am CEO of the YWCA Hartford Region and a member of the Board of Directors of Connecticut Association of Nonprofits. I am here to enlist your support for **SB 316: An Act Establishing A Commission on Nonprofit Health and Human Services.**

At the YWCA we are dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all. We achieve this lofty sounding mission by providing services that create opportunities to change people's lives and make them stronger. Homeless women live in our shelter for up to 90 days to start on the path to employment or deal with their addiction. Young children get care and early education in an accredited child care facility while their moms work to support the family. Families at risk get support services and child care that help keep the family together through tough times.

Each year, the YWCA Hartford Region partners with the State of Connecticut to provide these services on its behalf. The financial struggle to provide quality, life changing services has become very difficult.

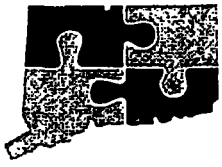
Over the last several years, we have taken many actions that have reduced our expenses. This includes joining buying cooperatives for utilities and worker's compensation, renegotiating all of our facilities contracts, revamping our phone systems and even penny pinching on the office supplies. Our employees have not gotten salary increases for the last two years. We cut our contribution to their retirement plan by 25% and they have had to absorb increases in their contributions to the health insurance plan. These workers, whose jobs require post secondary education up to and including a bachelor's degree, are living on the edge themselves. We cannot be viable long term if we can't adequately pay the professionals who work for us.

Historically, nonprofits have relied on individuals, corporations and private foundations to help fill the gaps between state funding and the cost of quality services. The gap is getting bigger and these sources are shrinking.

Unfortunately the need for services is not shrinking. By not adequately funding nonprofits, we are mortgaging our future. The challenges faced by our most vulnerable citizens won't disappear, they will just get worse and cost more. The homeless woman ends up in an emergency room in a diabetic coma. The three year old girl is soon a third grader who can't read and then a high school dropout. The family splits up and the child ends up in foster care. We need a funding approach that provides the best return for our taxpayers, while meeting the needs of our most vulnerable populations.

The solution to the funding crisis will not be simple but we can't let that stand in our way. Thank you for your time today and thank you for what we hope will be a transformational approach to strengthen the foundation of our service delivery system.

Please do not hesitate to contact me with any questions, or for additional information:
Email: deborahu@ywcahartford.org Phone: (860)-525 1163 x 256 Website: www.ywcahartford.org



CONNECTICUT ASSOCIATION of NONPROFITS | ...to serve, strengthen and support Connecticut's nonprofit community.

HUMAN SERVICES COMMITTEE
March 9, 2010

Senate Bill 316: An Act Establishing A Commission on Nonprofit Health & Human Services
Senate Bill 219: An Act Concerning State Contract Reductions
House Bill 5356: An Act Concerning Purchase of Service Contracts

Senator Doyle, Representative Walker, I am Maureen Price-Boreland, Executive Director of Community Partners In Action and Board Vice-President of the Connecticut Association of Nonprofits.

On behalf of nonprofit providers of health and human services programs throughout the State of Connecticut, our clients, their families and our thousands of dedicated employees, thank you to the Human Services Committee for raising **SB 316 An Act Establishing A Commission on Nonprofit Health and Human Services**. It is all of our hope that this legislation will signify a positive, game-changing approach to the long term strategies so badly needed to strengthen the foundation of our service delivery system.

Community Partners in Action is an old historic non-profit that has been providing services for the criminal justice population for 135 years. We operate a myriad of services for both the adult and juvenile population statewide with several locations in the Greater Hartford and Hamden area. As an organization that is predominantly funded by several state agencies, we see the value of a consistent coordinated approach to the oversight of Human Services programming.

Earlier this year, the Human Services Committee formed the Task Force on Community Based Human Services and conducted two public hearings. This subsequent proposed legislation represents the outcome of this initiative. As you may remember, for the past two years this Committee has initiated or heard similar legislation and acted favorably. Two years ago, comparable legislation was passed unanimously in both House and Senate but ended with a gubernatorial veto.

For a long time we have been advocating for a long-term solution to the funding situation, facing provider organizations helping the State of Connecticut accomplish its mission in serving the citizens of our State. The current reality promises no funding increases in three consecutive years to confront increasing operating costs. All this at a time when the demands on our capacity to deliver

90 Brainard Road ♦ Hartford, CT 06114 ♦ Tel: 860.525.5080 ♦ Fax: 860.525.5088 ♦ www.ctnonprofits.org

services is greater and under intensified stress. In addition, in the case of some state departments, we are receiving less money and failing to have contracts executed in a timely fashion costing us further expense by having to utilize a line of credit. The State gets a bargain depending on the largesse of the nonprofit sector.

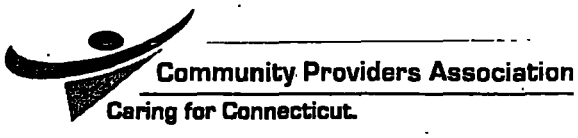
There are more than 650 distinct organizations that hold a Purchase of Service contract with the state for health & human services through one or more of six state departments and the Judicial Branch Court Support Services Division. SB 316 will bring together many great minds to collectively identify problems and consider solutions to the inconsistent funding of these contracts. It will provide the necessary focus to both Executive and Legislative branches of government to review and outline future steps for addressing the long term fiscal challenges facing nonprofit health and human services. We would once again appreciate the Human Services Committee's effort to launch us down the road towards a successful outcome.

SB 219 An Act Concerning State Contract Reductions

Permits state contracting nonprofits to reduce "budget expenditures" in accordance with a cut of 5% or above. Fairness would dictate that if the State were to reduce its funding, a nonprofit cannot continue to provide the same 100% of the services previously agreed to under contract. Treating nonprofits as real partners would allow for the ability to adjust expenditure but also to accordingly adjust level of program services with a reduction in funding amounts.

HB 5356 An Act Concerning Purchase of Service Contracts

Calls on the Office of Policy & Management to standardize policies and procedures for purchase of service contracts. Connecticut Nonprofits supports the concept of greater standardization which would still permit flexibility and encourage creative efficiency on the part of individual state departments. We believe there is something in between time & money wasting, duplicative policies, procedures, and reporting and "one size fits all" standardization.



March 9, 2010

To: Human Services Committee

From: Terry Edelstein, President/CEO

Re: Testimony: H. B. No. 5430 (RAISED) AN ACT CONCERNING THE TRANSFER OF CHILDREN AND YOUTH FROM OUT-OF-STATE RESIDENTIAL FACILITIES TO THERAPEUTIC GROUP HOMES IN THE STATE.

We support this legislation that requires DCF, DMHAS, DDS and DPH to develop a plan for moving children served in out of state residential treatment facilities to services in state.

The Connecticut Community Providers Association (CCPA) represents organizations that provide services and supports for adults and children with disabilities and other significant challenges including children and adults with mental illness, substance use disorders, developmental and physical disabilities. Community providers serve more than 500,000 of the state's most vulnerable residents.

We are in support of the provision of community-based services and supports. Ideally, residential services for children should be provided close to their families and close to their home communities with the goal of returning those children, as much as possible, to their family constellations. Therapeutic group homes are part of the array of services that support children with complex behavioral health needs in home-like settings in local communities.

SB316

CCPA

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provide support to children that have experienced abandonment and trauma in their past, in addition to other mental health and intellectual disabilities. Closing their home will have a serious negative effect on these children due to their abandonment and trauma issues.

3) As of October 1, 2008, DCF had 341 children in out-of-state residential treatment facilities. (see attached) These children need to return to Connecticut. They are the sons and daughters of the citizens of Connecticut. They should not grow up in another state where there is not the possibility of family involvement, no matter how small. Also, the state cannot get any federal reimbursement for children placed out of state.

4) The professionals that work with children that need the level of care of a therapeutic group home represent a workforce that provide well-paying jobs for Connecticut residents.

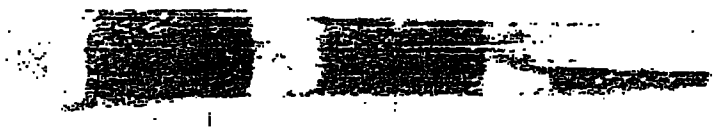
5) The Department of Children and Families created the therapeutic group home model to fulfill the standards established by the courts. Also, the model has worked. Children are gaining the confidence to transition to a lower level of support or return to their families. In many cases these children can become very productive members of society. Transferring this group home model to other state agencies will provide these children with the additional resources for intellectual disabilities (DDS) and mental health and addiction issues (DMHAS).

To close I would like to restate our support for H.B. No. 5430. Also, Key Human Services is in support of S.B. No. 316, An Act establishing a commission on nonprofit

Health and Human Services. I thank you for your time and consideration of these critically important issues. I would also encourage you to contact me to see our Therapeutic Group Homes in Bolton and Hebron.

Please do not hesitate to contact me with any questions, or for additional information:

(860) 409-7350 ext. 121 or e-mail at mkovitch@keystonehumanservices.org.



Representative Walker and Senator Doyle and distinguished members of the Human Services Committee; I appreciate the opportunity to submit testimony in support of these important legislative initiatives.

Good morning, my name is Elizabeth Dempster; I am a registered nurse for Key Human Services and work in group homes in Bolton and Hebron. While I am new to these group homes, I am not a stranger to the range of mental health services and their clients in Connecticut. I have been a nurse in mental health inpatient settings, forensics and in the community. I have seen a range of ages and health status.

HB5430
SB316

Imagine that you are a child who started life with a multitude of disadvantages, and behaviorally were not safe to be managed at home. You have been moved out of the state you are in because there is no place available to take you in. Your only living relatives are 4 hours away.

Two years later, at the age of 15, you are over 300 pounds, diabetic, with hypothyroidism and blood pressure problems and have to use a breathing machine regularly at night so that you don't stop breathing in your sleep. Over the last two years, you haven't been taught anything about your medical conditions or how to handle them. When you feel bad, sad or depressed you tell the staff where you live that you feel like your blood sugar is low so you are given a snickers bar. It feels great, until you have to step on the scale to be weighed and told you have gained yet again. You feel angry after being weighed, so the littlest things set you off. Someone looks at you or you hear a whisper and think people are saying things behind your back. Because your self-identity is tied to what others think and tell you to think,

you bite yourself and break your breathing machine. No one bothers to fix it, so you don't sleep so that doesn't help. It is a downward spiral.

This young lady moved three weeks ago to the group home where I work, and has begun to learn about things that will affect the rest of her life forever. She is learning to be responsible for her own health, relate to others and to use coping skills other than food. Her health and decisions are supported by the therapeutic care plan. Her success will be determined by the support she receives today.

To close I would like to restate our support for H.B. No. 5430. Also, Key Human Services is in support of S.B. No. 316, An Act establishing a commission on nonprofit Health and Human Services. I thank you for your time and consideration of these critically important issues. I would also encourage you to contact me to see our Therapeutic Group Homes in Bolton and Hebron.

Please do not hesitate to contact me with any questions, or for additional information:

(860) 878-9025 or e-mail at edempste@keystonehumanservices.org.

Representative Walker and Senator Doyle and distinguished members of the Human Services Committee; I appreciate the opportunity to submit testimony in support of these important legislative initiatives.

My name is Jennifer Charbonnier, Clinical Service Director of Key Human Services, a private non profit providing an array of services to individuals with intellectual disabilities or developmental delays since 1989. For the past 26 years I have worked with children and their families with DCF involvement. The last four years of which I have worked with Key Human Services specifically developing and supervising therapeutic group homes for adolescent girls with developmental delays and significant psychiatric issues.

Today, I am representing Key Human Services, Inc. and providing testimony in strong support of H.B. No. 5430, An Act Concerning the transfer of Children and Youth from out-of-state residential facilities to Therapeutic Group Homes in the State by telling you about Key's homes and one of the young ladies that live there.

Each of our homes is in a neighborhood and is indistinguishable from the other homes. The focus of daily living is the development of social, communication, vocational and work skills. We provide individual, family and group psychotherapy and support the young ladies interacting with staff and their peers in socially and community appropriate behaviors. Additionally we focus on healthy lifestyle, life skills, independent living skills, community safety, and developing an increased range of functional coping skills to support her in the real world.

The home in Hebron has been opened for four years and the one in Bolton has been opened for two; as a combined total we have served 18 young ladies who

have attended school vocational training and work opportunities in the local communities including RHAM High School, Bolton High school, assessors' office of the town of Hebron, and MCC.

The girls currently are and have been employed at CCMC, Noel's Bakery, Wal-Mart, and private catering opportunities through school. The girls have participated in the school band, chorus, sports teams and school social clubs. Recreational activities focus on community involvement including volunteering at domestic violence shelters, animal shelters, senior centers and farms.

I would like to share with you the story of one of the young ladies. She is from the Norwich area and is 18 years old. She has been with us for two years. Prior to coming to our home, she had been in residential treatment, had multiple psychiatric hospitalizations and has had numerous foster placements.

When first she came to us she was an accomplished runaway, and willing to climb out windows and head off into the night with no idea of a place to go. She would engage in self injurious behaviors or expressed thoughts of wanting to die when frustrated or having any strong feelings. She was adamant that she does not develop relationships and that she would not be changing anything about herself.

In the time that she has been with us she has formed significant relationships with staff, peers, co-workers, her instructors and her work supervisors. She is more tolerant of frustration, able to advocate for herself, perform routine activities of daily living including cooking, cleaning, laundry, paying bills and managing her own medication. She has pets for which she is entirely responsible and she takes the care

of them seriously. She is a role model to her peers and routinely offers them information about her reptiles.

In the not too distant future, this young lady will be able to live independently likely in her own apartment with one roommate where they will have minimal additional support. She will be able to be competitively employed within the state of CT.

Since she is gainfully employed in the Norwich area which will enable her to maintain contact with her family as well as be involved with her extended support network. Since her arrival she has lost 50 pounds and now has her own health related goals as a result of learning how to plan meals, assess nutritional values and the routine health benefits of exercise.

To close I would like to restate our support for H.B. No. 5430. Also, Key Human Services is in support of S.B. No. 316, An Act establishing a commission on nonprofit Health and Human Services. I thank you for your time and consideration of these critically important issues. I would also encourage you to contact me to see our Therapeutic Group Homes in Bolton and Hebron.

Please do not hesitate to contact me with any questions, or for additional information:

(860) 681-4886 or e-mail at jcharbon@keystonehumanservices.org.

The Shelter for Women
Hartford, CT

Testimony Re: Bills 5430, 219, 316
5430 - AN ACT CONCERNING THE TRANSFER OF CHILDREN AND YOUTH FROM OUT-OF-STATE RESIDENTIAL FACILITIES TO THERAPEUTIC GROUP HOMES IN THE STATE
219 - AN ACT CONCERNING STATE CONTRACT REDUCTIONS
316 - AN ACT ESTABLISHING A COMMISSION ON NONPROFIT HEALTH AND HUMAN SERVICES

To the Honorable Co-Chairs and Members of the Human Services Subcommittee of Appropriations

My name is Margaret W. Nareff, Executive Director of The Shelter for Women, a 121-year old organization that provides care for adolescent girls at a residential treatment center in Hartford and a therapeutic group home in Manchester. I appreciate the opportunity to present testimony to you regarding proposed bills that will affect the ability of providers like The Shelter for Women to serve clients.

As co-chair of AEGIS for CT Nonprofits, I represent scores of private providers across the state that care for children in state custody who support RB 5430. Currently children are being served out of state while group home beds remain available in Connecticut and we want to work with the Department of Children and Families to bring these children home to continue their care when they are able. We support this bill wholeheartedly and stand ready to work with the Department and the Legislature to treat children in need here in Connecticut.

However we risk not being able to do so if providers like my organization and others face closing or program and service reductions due to funding shortfalls. Therefore we urge your support for state contract adjustments and the establishment of a nonprofit commission (RB 219 and 316 respectively). RB 219 will permit private contractors like me to adjust our budgets accordingly

when cuts are inevitable. This is not only a good business practice but will eliminate bureaucratic red tape, further saving precious state dollars. We are the ones who know our businesses best and where cuts can most reasonably be made; we cannot be held to a standard of maintaining services uninterrupted with fewer dollars in our contracts. RB 316 will bring all the parties together to solve the enormous challenges facing our state in both the public and private non-profit sectors.

Each of these bills represents a watershed moment in the role of nonprofits in Connecticut. If funding is cut, the services so many of our citizens need now and in the future will evaporate, placing an even greater burden on state coffers. The commission can address this, and other challenging issues, in cooperation with the legislature, governor's office and state agencies. Solutions can be found if we agree to have everyone at the table together working to find them.

Thank you for your consideration.

Advocates for people with intellectual disabilities
and related developmental disabilities

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Lynn C. Warner

March 9, 2010

Testimony before The Human Services Committee

by

Leslie Simoes, Assistant Executive Director/The Arc of Connecticut

Good morning Senator Doyle, Representative Walker, and Members of the Human Services Committee. My name is Leslie Simoes and I am the Assistant Executive Director of The Arc of Connecticut, a 58-year-old statewide advocacy organization for individuals with intellectual disabilities and their families. We have 23 local chapters that provide supports, services, and advocacy for individuals with intellectual disabilities throughout Connecticut.

I am here this morning to testify in favor of three bills:

HB 5437 AN ACT CONCERNING THE TRANSFER OF CHILDREN AND YOUTH FROM OUT-OF-STATE RESIDENTIAL FACILITIES TO THERAPEUTIC GROUP HOMES IN THE STATE

SB 219 AN ACT CONCERNING STATE CONTRACT REDUCTIONS

SB 316 AN ACT ESTABLISHING A COMMISSION ON NONPROFIT HEALTH AND HUMAN SERVICES

HB 5437, will bring children previously being served out of state back home to Connecticut. Recently I listened to testimony by DDS saying that they were looking into bringing back the children in their system so they can capture the Medicaid dollars since Connecticut can only bill Medicaid for services provided in this state. The Arc finds the focus should be on bringing the children back closer to their families, rather then focusing on the dollars they can generate for the State, however, we are happy that a process is in motion for these children to come home. It is the right thing, cost aside, to support these children closer to their families.

The Arc/Connecticut, Inc. Member Chapters: Futures, Inc., Middletown / Greater Enfield Arc / Family Options, Watertown / The Arc of Farmington Valley / Friends of New Milford, Inc. / The Arc of Litchfield County / LOV-Arc, Westbrook / MARC, Inc., Manchester / MARC: Community Resources, Portland / The Arc of Meriden-Wallingford / The Arc of Greater New Haven / The Arc of New London County / Options, Unlimited / The Arc of Plainville / The Arc of Quinebaug Valley / SARAH Inc., Guilford / SARAH Seneca Residential Services / SARAH Tuxis Residential Services / STAR, Norwalk / The Arc of Southington / Tri County Arc, Columbia / Waterbury Arc / WeCAHR, Danbury

Affiliated with The Arc of the United States

SB 219, would allow private providers to adjust their budget expenditures without approval when a state agency reduces the providers' funding. The Arc of Connecticut is in favor of this bill and any initiative that offers flexibility in their state contracts.

SB 316, is long awaited. A similar bill was vetoed by Governor Rell and The Arc is again, in favor of this commission. The state has got to take a better and deeper look at the private provider system and how its chronic underfunding has worn away the structural foundation. I have recently heard the Commissioner say that there is no crisis and while private providers have not started handing in their keys and closing their doors, there IS a crisis. Services are being cut internally or eliminated completely to the people who need them the most. This legislature had better hope that private providers do not start handing in their keys because then there will be a crisis of insurmountable levels for Connecticut. Hope will not fix that. The Arc of Connecticut strongly urges the legislature could do more then hope, but rather voted favorably to seat this commission.

Thank you for the opportunity to testify today.

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CONNECTICUT
GENERAL ASSEMBLY
SENATE

PROCEEDINGS
2010

VOL. 53
PART 9
2597 – 2912

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 25, Calendar Number 125, File Number 171, Substitute for Senate Bill 316, AN ACT ESTABLISHING A COMMISSION ON NONPROFIT HEALTH AND HUMAN SERVICES, Favorably Reported, Committees on Health and Human Services, Government Administration and Elections, and Public Health. Clerk is in possession of amendments.

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Thank you, Mr. President. I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

On acceptance and passage, will you remark?

SENATOR DOYLE:

Yes, thank you, Mr. President. What this bill does is create a commission on nonprofit health and human services that will look into the

adequacy of the funding of our nonprofits and seek to find solutions to the money shortages over time.

Mr. President, the Clerk has an amendment, LCO 4981. May the clerk please call and I be allowed to summarize?

THE CHAIR:

Will the clerk please call the amendment?

THE CLERK:

LCO 4981, which will be designated Senate Amendment Schedule A. It's offered by Senator Doyle of the 9th District.

THE CHAIR:

Senator Doyle.

SENATOR DOYLE:

Thank you, Mr. President. I move adoption of the amendment.

THE CHAIR:

On adoption, will you remark?

SENATOR DOYLE:

Yes, thank you, Mr. President. This amendment simply adds a few members to it and actually extends out the report back dates from

the commission. So I urge the chamber to approve this amendment. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further on the amendment? Will you remark further on the amendment, Schedule A?

If not, try your minds. All those in favor of the amendment, pleas signify by saying Aye.

SENATORS:

Aye.

THE CHAIR:

All those opposed, nay.

The ayes have it. Senate Amendment A is adopted.

Will you remark further on the bill as amended? Senator Doyle.

SENATOR DOYLE:

I move this bill to the consent calendar, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President. I'm not rising in objection. I just wanted to get just an opportunity to speak on the bill real quick before we moved it to the consent calendar.

I do know that in committee, I did vote against it, but I know the language that you brought here today, Senator Doyle, fixes a lot of those questions that a number of us had, as well as the administration. So I will be voting in favor of the bill. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further on the bill as amended?

Senator Doyle.

SENATOR DOYLE:

Yes, Mr. President. I move this bill to the consent calendar.

THE CHAIR:

Is there objection to moving this bill as amended to the consent calendar?

Hearing and seeing no objection, so ordered.

Mr. Clerk -- oh, Mr. Majority Leader.

for Senate Bill 176.

Calendar page 5, Calendar Number 242, Substitute for Senate Bill 403.

Calendar page 14, Calendar Number 472, Substitute for House Bill 5539.

Calendar page 23, Calendar Number 63, Senate Bill 185.

Calendar 68, Substitute for Senate Bill 221.

Calendar page 24, Calendar 104, Substitute for Senate Bill 45.

Calendar page 25, Calendar 125, Substitute for Senate Bill 316.

Calendar 128, Substitute for Senate Bill 330.

Calendar page 26, Calendar 141, Substitute for Senate Bill 188.

Calendar page 29, Calendar 194, Substitute for Senate Bill 412.

Calendar page 30, Calendar Number 212, Substitute for Senate Bill 13.

Calendar page 31, Calendar 213, Substitute for Senate Bill 93.

Calendar 214, Substitute for Senate Bill

192.

Calendar 219, Substitute for Senate Bill 402.

Calendar 220, Substitute for Senate Bill 325.

Calendar page 32, Calendar 234, Substitute for Senate Bill 167.

Calendar page 35, Calendar Number 278, Senate Bill Number 400.

Mr. President, that completes the items placed on consent calendar number 2.

THE CHAIR:

Thank you, Mr. Clerk, the machine will be open.

THE CLERK:

Mr. President, there's one correction. Calendar page 2, Calendar 118 was not placed on consent, that was referred to Finance, Revenue and Bonding.

THE CHAIR:

Thank you, Mr. Clerk.

Senator Fasano.

Have all members voted? Have all members

voted?

Please check the board to make sure your votes are properly recorded? Have all members voted?

The clerk will announce the tally.

THE CLERK:

The motion is on adoption of the consent calendar number 2.

Total number Voting	32
Those voting Yea	32
Those voting Nay	0
Those absent and not voting	4

THE CHAIR:

The consent calendar passes

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, I believe the clerk is now in possession of Senate Agenda Number 5 for today's session.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Mr. President, Clerk is in possession of