



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.
APPROPRIATIONS COMMITTEE PUBLIC HEARING
FEBRUARY 19, 2020

REGARDING HB 5055, AN ACT ADJUSTING THE STATE BUDGET FOR
THE BIENNIUM ENDING JUNE 30, 2021. **Focused on: Funding for
Department of Aging & Disability Services, DCF, and DSS**

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

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Good afternoon. My name is Kathy Flaherty and I am the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. CLRP was established in 1990 pursuant to a Consent Order that mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community. I'm also the Co-Chair of the Keep the Promise Coalition (KTP). KTP is a coalition of advocates (people living with mental health conditions, family members, mental health professionals and interested community members) with a vision of a state in which people with mental health conditions are able to live successfully in the community because they have access to housing and other community-based supports and services that are recovery oriented, person-driven and holistic in their approach to wellness. Lastly, I am a member of the steering committee of the Connecticut Cross Disability Lifespan Alliance, an alliance of people of all ages with all disabilities who pursue a unified agenda.

I want to express my thanks to the Governor and OPM for maintaining level funding for most, if not all, of the human services and social services programs in various line items of the budget. However, while grateful that additional cuts to the social services safety net have not been included in this budget proposal, what this budget does is keep that safety net in its frayed condition, when there is more demand than ever for already strained programs.

ADS: Nearly 350,000 Connecticut residents have a disability and are therefore eligible for services from the state's Independent Living Centers. However, repeated years of budget cuts have resulted in a reduction of services (along with increased costs to the state) because of limited access to ILC's. Connecticut has 169 cities and towns; however, ILC's are currently only able to offer services to residents of 25 cities and towns. People are on a wait list for services, and must wait up to a year for services that would help them develop independent living skills, find and maintain housing, develop job skills, transition from school to work, and transition out of nursing homes and into the community through the Money Follows the Person and other ILC programs. Disabled people are stuck in institutions, in violation of their civil right to community integration, because of a lack of services and affordable housing in the community. **I support the call of the Independent Living Centers for funding at \$1.3 million** in FY 21 which would allow for expansion of services to individuals who are deaf or hard of hearing, and support additional staffing to provide services to people currently stuck on wait lists.

DCF: While it is appreciated that the line items have been increased to reflect the impact of the minimum wage on private non-profit providers, I must encourage this committee to examine carefully the impact that years of budget cuts have had on services. Our colleagues at the Alliance have prepared a white paper that outlines their proposal for the level of funding needed to restore the cuts that have been imposed privately operated system of care.

DSS: The governor's budget proposal includes additional funding to reflect projected caseload growth under current eligibility requirements for safety net programs. As you are well aware, the state has tightened eligibility requirements for HUSKY, which means that people in this state are going without needed medical care because they cannot afford it. This committee will need to look at

what the appropriate level of funding is needed to restore previous Medicaid cuts and/or expand Medicaid to cover other vulnerable populations. I urge you to do so.

I am pleased to see that this budget reflects a desire to ensure that people covered by Medicaid have access to care in the least restrictive, most integrated community settings. We must be mindful, however, that these transitions are made with consent of the individual being served, and not only made because of an incentive to save the state money.

Thank you for your consideration of these comments as you make your decisions about the budget.