



**SEIU**Healthcare.  
United for Quality Care

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District 1199NE

Before the Appropriations Committee

Good afternoon Senator Osten, Representative Walker, and members of the committee. My name is Rob Baril and I am President of SEIU 1199 New England. We represent 26,000 health care workers in Connecticut who provide Healthcare and long term care in a number of settings throughout the state. Today I am here to talk to you about 1199's healthcare agenda and our demands to Connecticut's Governor and Legislature.

At 1199 we are uniquely positioned to speak about the issues facing DDS and DMHAS because we represent workers in both the public and private sector. 10,000 of our members provide care through the Department of Developmental Services as public employees, private agency workers and home care workers, and 3,000 of our members provide care through the Department of Mental Health and Addiction Services.

Like their clients, the majority of those who deliver these vital services are black and brown. Doubly disadvantaged by racial and class discrimination, they have been tasked with rectifying complex health problems that are exacerbated by these same forces. The crises that *do not* occur because of their labor are too often taken for granted. There is more at stake here than just a budgetary line item. Reducing DMHAS services is not merely a form of social neglect. It is discriminatory and counterproductive. We need a budget that funds these essential services and respects those who take the risks to provide them.

Because of this, 1199 is promoting a healthcare agenda that involves funding the private non-profit sector by \$360 million dollars – half of which would be reimbursed by the federal government, - and funding mental health and addiction services in the public sector. 1199 knows too well the cost of the Covid pandemic. To date, we have lost 22 members and countless family members. Let me reiterate, the answer to this pandemic is not to cut funding, but to invest it in the services and programs that our residents need.

To start, I can tell you that the savings from transferring care from public to private are made by spending less money on the workforce. There is no magic formula the private sector has been able to figure out that the state hasn't. The reason for the lower cost is clear.

In the public sector, a worker who provides direct care to a person with disabilities can earn a middle-class salary; have some expendable income to spend in their communities or save enough money to send their kids to college. That same worker in the private sector caring for a person with disabilities is making \$14 - sometimes \$12 an hour. It is not uncommon to see a private agency caregiver work 80 to a 100 hours a week. They

live paycheck to paycheck and are forced to make the tough choices of paying their electric bill or buying vital medication.

**Yet 100% of the money for both the public and private services is paid for by the State, which puts the power in your hands.** If we are serious about providing quality care to people with disabilities then you have to be serious about providing the proper funding to pay a living wage to these workers. I urge you to invest in this workforce and properly fund the private sector – to the tune of \$360 million dollars - so these caregivers can receive the wages, training and benefits they deserve. For once and for all let's reject these false binaries and acknowledge we are one of the richest states in the country and we can take care of both our public and private workers while providing quality care to clients.

While most of our public sectors are facing massive staffing and funding crisis, 1199 is demanding more services within the Department of Mental Health and Addiction Services because of the rise in needs we have seen throughout the pandemic. For example, in Bridgeport we have seen calls for mobile crisis services increase by at least 5X. And within Addiction services, we know that there is a waiting list of hundreds of people who need help. How do we sit with ourselves knowing that we are slashing services as the need for them is increasing quickly?

Our state has experienced an explosion in opioid overdose deaths in recent years—a 33% increase from 2018 to 2020. But there's no mystery about why this is happening. The DMHAS budget has been cut over the past five years and because of that, DMHAS has served thousands fewer people in Addiction Services. The pandemic has caused a massive rise in mental illness and despair as people have lost their jobs and seen their loved ones die. Yet somehow Governor Lamont proposes over \$16 million in cuts to the DMHAS budget next fiscal year.

District 1199 believes that Mobile Crisis Services provide the most effective strategy for responding to mental health emergencies, preventing suicides and overdose deaths, and reducing psychiatric hospital bed use, and we have seen the need for them skyrocket during the COVID-19 pandemic. Twenty percent of people diagnosed with COVID develop mental illness within ninety days. Meanwhile, the number of drug overdose deaths, already astronomical pre-pandemic, is skyrocketing.

Even though mobile crisis services are clearly needed now more than ever, chronic underfunding has cut them to the bone—leaving huge gaps in coverage on nights and weekends statewide. In addition, DMHAS's mobile crisis units operate only when they receive calls from the 211 service that is designated to receive these calls, not 911.

Instead of continuing to commit resources to police departments to respond to these calls, District 1199 is recommending that the State commit \$6 million dollars or the equivalent

of 74 positions to the DMHAS run mobile crisis units. We are recommending that these units run 24/7 with coverage across the state in all 5 regions, and that mobile crisis intervention services be the default response to 911 mental health calls, dispatched directly through 911. Several municipalities, including NYC, have adopted this approach. **CT has opportunity to have the first comprehensive, statewide system if we do this right. We must expand Mobile Crisis Services—because it's the difference between life and death for CT residents experiencing mental health emergencies.**

Expanding the safety net that we have is critical right now. As the wealthiest state in the country, we HAVE the resources. What we need is the courage to direct these resources towards expanding the services that our communities, our kids, and our families need. We need a budget that funds these essential services and respects those who take the risks to provide them.