



Lamont-Bysiewicz Transition Policy Committee Reporting Template

Committee Name: Human Services Co-Chairs: Luis B. Perez and Andrea Barton Reeves

1. How do you propose the Lamont Administration should prioritize the policy goals in this area, and on what timeframe?

Human Services policies must immediately prioritize seamless supports for Connecticut's residents throughout their lifespan. The Human Services industry is a powerful economic driver, with the nonprofit sector alone employing over 14 percent of the state's workforce.

We offer policy recommendations in eight areas. Further details and reference materials are included in the appendix.

Barriers to Access to Services:(a) Support DSS to improve its functionality and meet its obligations to determine eligibility in a timely manner; (b) Maximize federal reimbursement under the Medicaid program; (c) fix the Nonemergency Medical Transportation (NEMT) system; (c) Develop a Business Plan for the pending retirements of State employees which will begin June 30, 2021 and culminate June 30, 2022;

Children's' Supports and Services: (a) Implement a "two-generation" framework into existing State efforts for children; (b) Establish a framework for collecting and publishing critical performance and outcome data for publicly funded services and facilities that support vulnerable children and families;

Criminal Justice: (a) Reinstate voting rights to people on parole; (b) establish a committee to review and revise regulations pertinent to limits on parolee activities that engage the community such as use of public spaces and transportation;

Human Services Workforce: (a) Develop a plan for a skilled, trauma-informed workforce prepared to meet the evolving needs of individuals with age-related, physical, intellectual, developmental or behavioral disabilities, people of all gender identifications and sexual orientations and their families; (b) develop and maintain a continuum of disability services across public and private sectors;

Intellectual and Developmental Disabilities:(a) execute an MOU between DOL, DORS, DDS and SDE to align policies, service delivery practices and funding during a person's transition from school to adult services;(b)Make Connecticut the second "Technology First" state in the nation;

Mental Health and Addiction Services: (a) increase access to naloxone for immediate opioid dependency treatment; (b) Fortify the continuum of mental health care options for individuals with mental health conditions and substance abuse disorders with a priority to opioid treatment (c)protect and defend mental health and substance use parity laws;

Social Determinants of health and supports: (a) Establish a working body to evaluate the needs of Connecticut's citizens at each developmental stage of life, using the CDC's broad areas of focus for social determinants; (b) Continue the Governor's Nonprofit Health and Human Services Cabinet initiated by Governor Malloy in 2011; (c) replicate New York state's effective approach to lowering

HIV-infection by establishing a PrEP campaign (pre exposure prophylaxis, a pill that lowers the risk of getting HIV by over 90%.)

Veterans' Affairs: Remove barriers to housing, employment, higher education, and entrepreneurship for all veterans. Support the dignified treatment of veterans by coordinating excellent healthcare at VA centers and ending predatory banking practices, sham charities and predatory for-profit educators that prey on our state's veterans.

2. Which goals are achievable in the first 100 days of the Administration? A complaint process with a neutral person to address DSS service challenges; two-generation mandates on current early childhood & family engagement; a framework for collecting and publishing critical performance and outcome data for publicly funded services and facilities that support vulnerable children and families; a committee to review and revise community Correction regulations pertinent to limits on parolee activities that engage the community, such as use of public spaces and transportation; a roadmap for universal accreditation of direct care workers; an MOU between DORS, DDS, DOL and SDE; a prevention and community education campaign to address the opioid epidemic; increase access to naloxone; enforce existing health parity laws; a working body to evaluate the needs of Connecticut's citizens at each developmental stage of life; a task force to evaluate Veterans' needs, including housing, employment, entrepreneurship, education, healthcare and predatory banking and lending practices.

3. Which goals will require legislation to move forward? Which items can be advanced through the actions of the Administration alone? What is the fiscal impact of these legislative or executive actions?

Legislative: Maximize federal reimbursement under the Medicaid program; reinstate voting rights to individuals on parole; create a private right of action for those aggrieved by poor NEMT service; provide sustainable funding mechanisms for human services agencies; implement a two-generation framework in DCF; re-examine and revamp the scope of responsibilities and charges of DCF; Fortify the continuum of mental health care options for individuals with mental health conditions and substance abuse disorders, with a priority to opiate treatment; protect and defend mental health and substance use parity laws; increase access to naloxone for immediate opioid dependency treatment. **Administrative:** support DSS in improving access to benefits; create and execute an interagency MOU for people with I/DD; implement the Technology First initiative; create a prevention and community education campaign to address the opioid epidemic; maximize Medicaid matching dollars; create a universal training program and standard certification for direct support professionals, possibly through community college system; Establish task forces to study social determinants and Veteran's affairs; implement the PrEp campaign; review and revise regulations on limits to parolees; develop a plan for a skilled and trauma-informed workforce; continue the Governor's Nonprofit Health and Human Services Cabinet (by Executive Order).

4. Are there specific challenges you can identify with regard to achieving the Lamont Administration's goals, and how would you suggest to address those?

We anticipate that the administration will encounter fragmentation of various state departments and their human services initiatives; challenges in ensuring consistent practices, policies and independent monitoring, meeting the cost of supporting reentry; inertia and the resistance to change or innovation; stigma of evidence-based treatment options and resistance from the medical community to these options (which can be addressed by collaborating with the medical community and careful, pervasive social marketing); resistance to sharing of resources across systems; finding funding for new initiatives arising from various task force work and protecting current funding for Veterans' services. We suggest that the administration remain steadfast in its commitment to innovation and especially the use of proven technology to overcome some of these challenges. We further recommend that the administration consider successful models in other states that have effectively used IT to lower costs and enhance service delivery.

5. How will implementation of policy in this area create jobs and spur economic growth?

Successful access to medical assistance, food assistance benefits and cash assistance programs will enable recipients and their families to more fully participate in the economy as consumers, employees and entrepreneurs. Career growth for direct care professionals can diminish reliance on social services and increased purchasing power. Creating better access to jobs for people with disabilities by streamlining supports and access to assistive technologies will expand the state tax base and decrease dependence on government funded programs. Maintaining and expanding access to mental health and substance use treatment options will require an expanded workforce, thus creating more jobs. People receiving treatment are able to work and contribute to the economy. More providers/drivers will be needed to improve the NEMT program. More trained direct care professionals will be needed to allow seniors to age in place and remain in their communities. Training for veterans where there is a critical employee shortage (machining, manufacturing), and supporting veterans' entrepreneurship will create jobs and spur growth.

6. Are there opportunities for cost savings for CT state government in the context of implementing this policy? Effective substance dependency treatment reduces the resource drain on first responders, law enforcement and related systems, allowing for significant cost savings. Centralizing training and administrative functions will create economies of scale; workforce development and career paths will reduce low wage workers' reliance on social services (SNAP, HUSKY); In the I/DD system, the state can save an estimated \$115 million per year and in the DMHAS system \$102 million per year, just to name two examples, through attrition and reassignment of state workers and moving some state-operated services into the private sector without requiring state employee layoffs; Allowing seniors the ability to live with appropriate community supports to age in place (including an effective NEMT system) will reduce the high costs of nursing home care, reducing Medicare and Medicaid costs.

7. What examples of success from other states, countries, or the private sector in this policy area should the Administration study?

Colorado - success with two-generation efforts; Tulsa, OK - Career Advance Program for families. Both Maine and Vermont allow people on parole the right to vote; Minnesota and Washington State have training and credentialing programs for direct support professionals; Colorado has proven employment outcomes for people with I/DD; Ohio is the first Technology First state; Rhode Island and Ohio have models to address opioid deaths and penalties for illicit fentanyl production; Village Movement of California is a successful model for supporting seniors: <https://homehealthcarenews.com/2018/09/more-seniors-age-in-place-thanks-to-growth-of-villages/>; NJ passed legislation to improve oversight of NEMT; Facilitating professional license transfers for military spouses: <https://military.com/spousebuzz/blog/2014/09/44-states-now-offer-military-spouse-license-help.html>

8. Are there any other issues/considerations you would like to highlight with regard to this policy area?

DSS must address long wait times to speak to case managers; reforms to the criminal justice system must acknowledge racial disparities facing citizens returning from prison; conduct a cost/benefit analysis when seeking to move services from the public to the private sector; review and consider policies outlined in section IV of the 2018 report of the Governor's Cabinet on Nonprofit Health and Human Services; consider safe injection sites/mobile vans; enhance penalties for drug traffickers who knowingly sell fentanyl (similar law passed in Ohio); Continue the Governor's Nonprofit Health and Human Services Cabinet initiated by Governor Malloy in 2011.