

Connecticut Nonprofit Human Services Cabinet

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Appropriations Committee Hearing on the Health & Hospitals Budget February 18, 2010

Good evening Senator Harp, Representative Geragosian and members of the committee. My name is Shawn Lang and I am the Director of Public Policy at CT AIDS Resource Coalition (CARC) and a member of the CT Nonprofit Human Services 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. 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.

The Governor's proposed FY11 budget adjustments neither provided a COLA for private providers that contract with the state, nor did it recommend any across-the-board funding cuts to nonprofit human services providers. Nonprofit human services providers have not received an increase since July 2007, with the 20 year average COLA standing at about 1%. Additionally, we have been subjected to several budget rescissions and deficit mitigation plans that have resulted in less funding as the demand for our services dramatically increases. This unfortunately has left the system in a tenuous position. The Cabinet strongly urges all legislators to support a Commission on Nonprofit Health & Human Services to address a long-term funding solution for nonprofit human services providers. We are critical partners with the state in the delivery of human services and the state must work with us to ensure our ability to meet the needs of Connecticut's families.

While you will hear from several Cabinet members today about specific areas of the budget, the Cabinet would like to caution the Committee against making any further budget cuts to nonprofit human services providers. Our services save the state money in the long term and help ensure that many taxpaying residents can stay at work. For example, private nonprofit services for individuals with developmental disabilities or mental illness often allow parents and caregivers to remain at work, instead of having to stay home to provide around the clock care. Cuts to these services will mean more expensive care in institutional settings or the emergency room and more caregivers staying home from work.

And more specifically, I'm here to urge you NOT to accept the deep cuts that the governor has proposed to the SEPs and AIDS Services (prevention). We've said all along that we are willing to shoulder our share of the burden of the state's fiscal crisis, but not to the tune of 30%. The last round of rescissions has forced the Stamford SEP to shut down its operations at the end of June, leaving us with just 4 remaining programs. These programs are the foundational frontline of HIV prevention and losing any ground at all is a poor decision and simply bad public health policy.

We've done such a great job that the number of new cases of HIV/AIDS among injecting drugs users has **declined by 30%** over the past ten years. And, overall, we've seen a reduction in newly reported HIV/AIDS cases.

(OVER)

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

The syringe exchange programs provide a vast array of services to their clients. Since 1996:

Nearly **2,000 new clients** have come into the programs;

Nearly, **30,000 units of risk reduction interventions** have been provided;

6,880 people entered treatment; and

1.5 million syringes were collected.

Proposing these cuts this deep at a time when the numbers of people living with HIV/AIDS continues to grow is counter intuitive and is an insult to all that we've accomplished thus far. These programs are scientifically proven to work and be cost effective. CT's syringe exchange programs were once viewed as a national model. They would not just symbolize the erosion of access, but perhaps more simply put, these proposed cuts will result in the decimation of any semblance of good public health policy on HIV in this state.

The Cabinet firmly believes that our state's budget cannot be balanced solely on cuts. Further cuts will only accelerate job loss and leave more Connecticut families without essential health and human services. We need a balanced approach to the budget that addresses the state's structural revenue problem with a revenue solution. We urge support of several revenue options, such as closing corporate tax loopholes, increasing income taxes on households most able to pay, and maximizing federal revenue, among others. We must all keep in mind what we want our state to look like when we come out of these difficult financial times. Eliminating vital health and human services to achieve short-term savings will only dismantle our state's safety net and further damage our economy.

Thank you for the opportunity to testify today.

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