

REPORT ON CONVERSATION WITH LEGISLATORS

AROUND ALLOCATION OF RESOURCES TO FAIRFIELD COUNTY

Held February 12, 2018 at 1 Park Street, Norwalk, CT

Legislators participating: Rep. Cristin McCarthy-Vahey, Rep. Chris Perone, Rep. Jonathan Steinberg, Rep. Fred Wilms. *Unable to attend /asked to be kept informed:* Rep. Fred Camillo, Sen. Bob Duff, Rep. Libby Floren, Sen. Scott Frantz, Rep. Brenda Kupchick, Rep. Terrie Wood. **Community provider leaders participating:** Marie Allen (SW CT Agency on Aging), Lisa Bahadosingh (Supportive Housing WORKS), Adam Bovilsky (City of Norwalk), Vered Brandman (SWRMHB Board, consumer rep), Karen Brown (Fairfield County's Community Foundation), Ginger Katz (Courage to Speak), Pam Ralston (CT Coalition to End Homelessness), Denise Qualey (Kids in Crisis), Shari Shapiro (Kids in Crisis), Margaret Watt (SW Regional Mental Health Board).

1. PURPOSE OF MEETING:

- a. ODFC and SWRMHB came together to plan this meeting as a conversation / brainstorming opportunity with legislators around **how to ensure that the limited available resources for the social services sector are allocated equitably to Fairfield County**. We highlighted a few specific issues and possible solutions.

2. ALLOCATION OF DCF RESOURCES FOR EMERGENCY BEDS FOR HOMELESS YOUTH:

- a. 2 years ago, DCF stopped funding¹ emergency shelter beds for children and teens at Kids in Crisis (serving SW CT). **There are now no state-funded beds for homeless children anywhere south of New Haven.** However, DCF is funding similar beds in other parts of the state, some of which are often times unoccupied.
- b. **DCF is still strongly recommending to the parents of DCF-involved children and teens to contact Kids in Crisis (KIC), just not officially placing them there.**² **In fact, oftentimes 80% of KIC beds are occupied by young people who are involved with DCF.** KIC has had to find local / philanthropic funds to help cover the costs for all services provided, but cannot adequately make up the lost state funding for clients who should be covered by the state. There are now 8 licensed beds at KIC (out of 20) that can no longer be filled because the agency can't pay for the staffing to attend those clients.
- c. DCF's rationale is that they don't want to fund congregate care. However, emergency care is different (*feds recognize this need, even though state does not*). In a crisis, these beds provide respite, safety, stabilization for newborns to 17 year olds who may be homeless, unstably housed, needing emergency housing for mental health /substance use. "One of the most invisible populations we see."
 - i. Example: Mom calling because she's sleeping in a car with 3 month old and 3 year old. Has a couch to sleep on but not for her kids. Needs place for kids to stay so can go to work to earn money to turn things around. Moms in this situation visit their kids at KIC every day. Short length of stay.
- d. DCF is not aware of the homeless youth numbers. They don't ask for data to be submitted. HUD gets reports but HUD also doesn't ask about unmet need or individuals who had to be turned away.
- e. **Easy solution: Reallocate to Kids in Crisis 4 of the Short Term Family Integrated Program beds from throughout the remainder of the state where there is more than sufficient capacity.**

¹ In 2016, DCF provided \$750K to Kids in Crisis; in 2014, another \$714K for kids under age 12.

² When DCF has to remove a child from a home in Fairfield County and do an emergency placement, because they don't fund KIC, they have to send the child out of the county away from school / relatives / siblings.

- f. For consideration: KIC was funded at 35% by the state, whereas other shelters were primarily funded by DCF. On a side note DCF doesn't require agencies to have a match. Maybe the state should consider requiring agencies to put in 5-10%.
- g. Larger issue: There is no state department with direct responsibility for homeless children and teens, whereas DMHAS, DCF and DOH collaborate on programs for homeless young adults.

3. HUD YOUTH DEMONSTRATION GRANT:

- a. Annually there is a Youth Count of homeless and unstably housed youth, focused particularly on unaccompanied minors and young adults ages 18-24.³ In 2017, 763 homeless and unstably housed youth were identified in Fairfield County, of whom 259 were on the street or in shelter. This year more may be identified since more people were surveyed. Youth Count Data are sent to DOH and DHHS, not DCF or DMHAS.
 - i. Numbers are probably an underestimation because youth are bouncing from place to place, leading to survival sex, human trafficking.
 - ii. 1 out of 25 identified youth have a connection to the juvenile justice system. 43% have DCF involvement and are aging out at age 18. They sign themselves out of DCF care and there is no accountability from the system afterwards.
- b. HUD issued an RFP for a Demonstration Grant to fund programming to end youth homelessness by 2020. Fairfield County is prepared with the infrastructure, partners, etc. However, the grant would only be issued to one "Continuum of Care" (COC) in the state, and CT has 2 COCs: the Fairfield County COC, known as "Opening Doors Fairfield County" (ODFC), and the "Balance of State" COC, known as "BOS." In order not to compete with each other, the 2 COCs agreed that Balance of State would bid on the project and would later allocate \$2.4M to Fairfield County. BOS was awarded \$6.5M from the Youth Demonstration Grant, but it is no longer clear that Fairfield County COC is going to receive its share.

- c. **Request: Legislative oversight to ensure that the Balance of State COC (which is chaired by leaders from DOH & CT AIDS –DMHAS acts as collaborative applicant) allocates a fair share to Fairfield County.** Share should be 24%, since we have 24% of the homeless population of the state. (Note: This funding will not solve the Kids in Crisis problem, because the Youth Demonstration grant is aimed at older youth.)
- d. The \$6.5M grant to the BOS COC will be folded in as renewable funding in the future. **Request: Reallocation of a fair share of this renewable funding to Fairfield County.**

4. COST OF LIVING IN FAIRFIELD COUNTY:

- a. Fairfield County's Community Foundation (FCCF) [wellbeing index](#) provides valuable data on burden of housing, low-wage jobs, etc. in the county. Can also look at regional data from the CT Data Collaborative.
- b. Providers report that their wages are so low for jobs such as workers in group homes that they are competing with McDonald's.
- c. SW CT Agency on Aging provided a [2012 OLR Research Report on Nursing Home Rate Setting](#) that identified higher DSSS rates to nursing homes in Fairfield County.⁴ This sets a precedent for adjusting allocations to reflect local cost of living.
- d. NAMI Fairfield is holding a legislative forum on February 28th at 7pm; SWRMHB is one of the co-sponsors. A recommendation they are making and have been discussing with Rep. Kupchick is setting rates in Fairfield County based on rates in Westchester.

³ The 2018 Youth Count just ended January 30th, so data aren't yet available. However, this year 4000 youth were surveyed compared with 2200 last year.

⁴ At that time each skilled nursing facility would report its expenses and rates would be based on those. Currently there's just a cost of living increase.

e. Federal banks and federal agencies see Fairfield County as part of NYC, rather than New England.

f. **Recommendation:** Investigate possibility of adjusting funding levels in Fairfield County to reflect cost-of-living or to match Westchester rates. See precedent of 2012 OLR nursing home report.

5. DISCUSSION:

a. Legislators agreed that it's important to get away from the Governor's office providing big block grants. Line itemization increases transparency.

b. Valuable for nonprofits and community foundations to gather data on changes in philanthropy as a way to help fight the funding disparity battle such as no DCF support of respite beds in SW CT only. If state is assuming that local philanthropy will pick up the costs, show if that's not happening. Especially watch the \$1000-\$2500/year donors who aren't going to get the tax deductions any more.

c. In an environment with such limited resources, one of the most critical services in any social services sector is case management. **Request: Protect funding for case management.**

d. Opiate epidemic is worsening the housing and mental health crisis. Problem is getting worse, not better.

e. FCCF in conjunction with Hartford, New Haven, and New London Community Foundations are funding 2 reporting series in the [CT Mirror](#):

i. Wealth disparity series (beginning in early March) with Keith Phaneuf

ii. Impact of state budget on nonprofits in CT

6. NEXT STEPS - LEGISLATORS:

a. Advocate with DOH to allocate the \$2.3M in state funding to SW CT and the HUD Demonstration Grant of the \$6.5M supports the BOS

b. Advocate with DCF about reallocating unused beds from throughout CT

c. Plan to attend Opening Doors Fairfield County COC March 8th forum at the LOB, 1pm.

7. NEXT STEPS - COMMUNITY:

a. Increase awareness of legislators from Fairfield County around funding disparities. "People labor under the delusion that money is flying off the walls in Fairfield County. Hit them with data and stories."

b. May 31st – Fairfield County advocacy training day at Grace Farms

c. Plan for Fairfield County Lobbying Day – not just by town or topic.