



The Child and Family Guidance Center

February 22, 2013

Testimony to the Appropriations Committee on the Proposed DCF Budget

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My name is Dr. Philip Guzmán. I am the President and CEO of the Child and Family Guidance Center located in Bridgeport. We have been in existence since 1925; we are one of the oldest mental health agencies in the State. The agency provides services to over 2500 children and families each year.

Our programs cover a wide range of services from prevention to intensive in-home treatment. We, like many child guidance clinics throughout the State, are the primary behavioral health provider in the community. Our agency offers over 18 different services to families, whether they can pay or not. We receive referrals from DCF, schools, hospitals, and other community agencies. Our Emergency Mobile Crisis program has been a life saver for many children. We prevent needless hospitalization and inpatient care by treating children and families in their school, home and community.

Our principal office is located in the heart of Bridgeport, one of the poorest and culturally diversified populations in the State. The families that we serve are generally low-income. Approximately 98% of our families are on public assistance and have an income below \$20,000; 74% self-identify as African-American, Hispanic or multiracial; 14% self-identify as monolingual Spanish and 11% bilingual. We recognize the importance of providing culturally competent services. As a result, we employ staff that represents our community. 58% of our staff are either Hispanic or African American which is significantly higher than the overall minority composition of Bridgeport which is 42% of the population.

One of the things we are most proud of is that 95 cents of each dollar we receive goes to direct services. Our administrative overhead is just 5%. That is a good thing but it also means that we exist on a very tight budget. There is not much fat in my budget. We have managed to offer services in our community for the past 5 years without a significant COLA, but we can't any longer. My staff, although highly dedicated and caring, is not highly paid compared to State, hospital or schools employees. A COLA means a great deal to them. Also, we just can't afford to have a COLA on personnel, but we need a COLA on our entire contract—the non-personnel items. The cost of insurance, heating and gasoline are slowing strangling us. We are literally withering on the vine as an agency.

When it comes to children's mental health, CT is in a very fortunate position in that there is a statewide infrastructure of children's mental health services. We have approximately 25 child guidance clinics located throughout all of Connecticut. This is a wonderful organizational structure that the legislature put in place back in the 1950's. You should build on this infrastructure to promote mental health services within the schools, particularly in light of what has happened in Newtown.

Please also don't spend the limited State resources creating a Department of Early Childhood. We don't need more governmental bureaucracy or money paying for administrative State positions but rather the limited funds should be used to pay for services. If you want to address Early Childhood issues, invest in actual programs that provide services in the community.

Finally, there is too much duplicative oversight in human services. As an Outpatient Licensed Clinic, we get inspected by DPH, DCF, DSS, Behavioral Health Partnership and Medicaid. If you streamline the State licensing system, you can save money.

Thank you for the opportunity to share my perspective with you.

Services

DISABILITIES
Services

Services

Safety net services keeping Connecticut healthy and productive.

500,000+ 192,134 509

People Nonprofit Community-based providers serve each year

Employees in Nonprofit sector in CT

Human Service Nonprofits in CT provide government services¹

CURRENT AVERAGE WAGES

Average hourly wages at private nonprofit providers⁹

Employment/Day Services Worker	\$14.67
Voc Rehab Counselor	\$18.83
Employment Specialist	\$16.73
Job Coach	\$14.60
Direct Care Staff (at 24-hour site)	\$14.50
Direct Care Staff (not 24-hour site)	\$14.79
Sleeping Staff (3rd Shift)	\$12.98
Awake Staff (3rd Shift)	\$14.21

Hourly wage needed to support Basic Economic Security for workers³

With employment-based benefits



- 1 Worker with no dependents **must earn** \$17.61
- 1 Worker with 1 infant **must earn** \$27.19
- 2 Workers with 1 pre-schooler and 1 school-age child **each must earn** \$19.61

HUSKY

22 Nonprofit employers with the highest HUSKY A enrollment among their employees and employees' kids:⁸

1,566 employees on HUSKY⁶

2,790 employee kids on HUSKY⁶

4,355 TOTAL employees⁶

\$7,848,133

Costs to the State¹⁰

THE INFLUX

50,000+

People who will become Medicaid-eligible January 1, 2014

33%

Uninsured, non-elderly adults w/Chronic Conditions⁷

THE INFLUX

COSTS TO THE STATE

STATE-RUN

PRIVATE

50% of DDS funding going to state & state settings

50% of DDS funding going to privately funded settings

25% of DDS clients served in state settings

75% of DDS clients served in privately funded settings⁴

\$313,533 Annual per client cost for FY 2010 at public CLA⁴

\$124,443 Annual per client cost for FY 2010 at private CLA⁴

50% Costs at Private DD facilities compared to Public DD facilities⁵

17% Increase in funding for DDS public settings from FY 2007 to FY 2010

STRESS POINT

Consumer Price Index Increase FY 2009 through FY 2012 = 7.3%
Provider Cost-of-Living Increase FY 2009 through FY 2012 = 0%

CSIS

77% Reporting that payments on government

66.27% Providers

1 = Urban Institute
2 = Governor's Nonprofit Cabinet Report 2012

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