



February 22, 2013

To: Members, Health and Hospitals Subcommittee  
Appropriations Committee of the General Assembly

From: Susan Walkama, LCSW President and CEO  
Wheeler Clinic, Inc.

Re: Governor's Proposed Biennium Budget- DCF

Good evening. My name is Susan Walkama and I am the President and Chief Executive Officer of Wheeler Clinic, Inc. and a member of the Connecticut Community Providers Association. Wheeler Clinic is a comprehensive behavioral health, special education and prevention/wellness services provider serving over 30,000 individuals each year in communities across Connecticut. We provide an integrated life span continuum of care for children, families and adults that diverts unnecessary stays in inpatient settings and residential care. We employ 825 clinical and support staff.

I am here to discuss the proposed DCF budget. While we are grateful that the children's behavioral health system has been spared from significant cuts in this proposed budget, I would like to draw your attention to several critical areas requiring further review. (Please note the budget does not outline how this year's rescissions will be addressed.)

Connecticut's system of children's behavioral healthcare is centered on its strong network of child guidance clinics, also known as outpatient psychiatric clinics for children. These clinics provide a wide range of efficient and effective community-based services to children and families in need. Child guidance clinics offer a vital continuum of care to individuals with mental health and/or addiction treatment needs including outpatient, intensive outpatient (IOP), extended day treatment programs (EDT), emergency mobile psychiatric services (EMPS), and an array of intensive, evidence-based in-home services. The recent tragedy in Newtown was and continues to be a painful reminder that there must be an adequately supported and resourced community behavioral health system so that those who need treatment can access it.

It is vital that proposed funding changes within the children's behavioral health system of care may be easily tracked in order to avoid an unintended impact on access. We are therefore concerned about the proposed

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elimination of two line items within the DCF budget which currently reflect funding for outpatient clinics and extended day treatment programs separately. These two separate line items allow for transparent fiscal oversight yet this budget consolidates them into the larger Community KidCare line item which contains funding for many other items. We oppose the consolidation of these two line items in the budget and we request that you continue to keep them separate. Outpatient and extended day treatment are part of the foundation of the children's behavioral health system; we must be able to account for proposed funding reductions in such areas quickly and easily in order to assess the consequences.

The proposed DCF budget also includes savings through enhanced regional service utilization. We have sought additional information about this proposal from the Department. Earlier discussions at DCF's stakeholder group, the Continuum of Care Partnership, seemed to indicate that this proposal related to DCF's recent policy initiative to reduce out of state and in state residential placements and instead serve more children in either biological, kinship, or foster home settings in the community. A critical component of this policy initiative, known as congregate care rightsizing, relies on the assumption that the savings achieved through reduction in more expensive, restrictive services are then reinvested into more cost effective community-based services. The children who were previously in residential settings must be able to easily access behavioral health services in and near their new homes. It is important to clarify from what areas these savings are expected to be made so that it is clear that children and their families will have the wrap around, community-based care they need.

Thank you for this opportunity to be heard. I am happy to answer any questions that you have.

Sincerely,



Susan Walkama, LCSW

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