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To: **Public Health Committee**

From: **Susan Walkama, LCSW  
President and Chief Executive Officer  
Wheeler Clinic, Inc.**

Re **Testimony on Raised Bill 417 An Act Concerning the  
Provision of Mental Health and Substance Abuse Services**

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My name is Susan Walkama. I am the President and Chief Executive Officer of Wheeler Clinic, Inc. Wheeler Clinic is a large primary care, behavioral health, special education and prevention services provider serving over 30,000 individuals each year. We are committed to reducing health disparities and have recently opened two health and wellness centers that provide integrated primary and behavioral healthcare to adults and families that have historically been seriously underserved in the traditional healthcare system.

I am here today to support Raised Bill 417, An Act Concerning the Provision of Mental Health and Substance Abuse Services. This bill would facilitate primary care and behavioral health integration, and improve access and outcomes for adult healthcare consumers. This bill would change DPH regulation and allow adult providers like Wheeler who are licensed by the Department of Public Health to extend their existing mental health and substance abuse licenses to “off site” locations such as primary care physicians’ offices to provide co-located and integrated behavioral healthcare services. The current DPH adult licensing regulation requires each location be licensed and reviewed under a separate DPH process. Providers must go through redundant and duplicative licensing reviews and processes. A new license may take many months to fully process for approval. This makes it practically impossible for free standing clinics to co-locate adult behavioral health services within adult primary care settings.

Under our outpatient clinic licenses for children, which are regulated by DCF, we are permitted to establish our services in the offices of pediatricians and offer behavioral health screening, consultation and treatment to children and their families. Wheeler has co-located behavioral health clinicians in the offices of Bristol Pediatric Associates for a number of years. In a study of the project in 2007, and subsequent publication in the “Journal of American Psychological Association” in 2012, Wheeler has demonstrated that this type of co-location model improves access to services, generates positive clinical outcomes, and advances practice and systems changes in the primary care setting.<sup>1 2</sup>

There is a need for new approaches to reach the significant number of adults with unmet behavioral health needs. Best practice in healthcare integration is to co-locate and integrate behavioral healthcare within the primary care setting. The promotion of collaborative care is consistent with Connecticut’s focus on healthcare reform, the proposed State Innovation Model and should not be delayed by outdated regulation that is slow to change.

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<sup>1</sup> Sutcliffe, M. (2007) *A program evaluation of the pediatric behavioral health project: A co-location model of integrated behavioral healthcare.* (Unpublished doctoral dissertation) University of Hartford, Hartford, CT.

<sup>2</sup> Ward-Zimmerman, B and Cannata, E. (2012) Partnering with pediatric primary care: lessons learned through collaborative colocation: *Professional Psychology: Research and Practice* Vol.43. No.6 596-605 American Psychological Association DOI:10.1037/a0028967