

February 26, 2009

Honorable M. Jodi Rell
GOVERNOR, STATE OF CONNECTICUT
State Capitol
210 Capitol Avenue
Hartford, CT 06106

We write in support of the DCF High Meadows facility. In your budget proposal, you stated that the High Meadows facility should be closed. As you would likely understand, we respectfully disagree. We would like to provide more information to you.

High Meadows is the 43-bed facility for male youth with significant emotional and behavioral problems, complex medical issues, and in some cases developmental disabilities. High Meadows is the only residential treatment facility in the state that provides 24-hour nursing/medical coverage. High Meadows only accepts referrals that have been rejected by other facilities. When private providers need help to support treatment, and when those private providers have failed to meet the needs of the clients, High Meadows has immediately ensured a seamless transition to their program.

We firmly understand the need for High Meadows – we must maintain in-state capacity in order to help clients, families, and prevent huge gaps in services – consider for example the scrambling to find placements when private programs like Haddam Hills and Lake Grove School closed.

Please know that we would like to give you information about the effective work and flexible operation of this facility. High Meadows staff and families have together participated in Family Nights, which greatly enrich and increase community strength in the program.

We would now extend this invitation to you – we will schedule such a Family Night to accommodate your schedule as soon as possible.

We think that if you arrange to come to a Family Night, talk with and ask questions of families and staff, see the current strengths, professionalism and flexibility of the program, evaluate the possibilities for the facility (shovel ready projects for economic stimulus), you might consider revising your budget proposal.

Likely questions that might come up at this Family Night:

- Why was this decision made without family, client, or former client, or staff input?
- Was this decision driven by budget or quality programming considerations?

- If driven by quality program considerations, what new programs will be developed to transition these kids to programs or community settings?
- When will those programs be made available? How much will they cost?
- Since no infrastructure currently exists to transition these kids, where do you propose that care and treatment will be provided?
- If there are savings, how much would they truly be?
- If there are such savings, would those be reinvested in psychiatric care for kids?

Sincerely,

Joanna I. James

Union Representative, CSEA SEIU Local 2001

CC: Dan Strahinich, NEHCEU District 1199 SEIU
Commissioner Susan Hamilton, CT Department of Children and Families
Superintendent Gary Zera, CT Department of Children and Families

JJJ/dmo