

Legislative Priorities 2012

MENTAL HEALTH INVESTMENTS PAY DIVIDENDS

The National Alliance on Mental Illness of Connecticut (NAMI-CT) is a statewide, grassroots, member organization founded in 1984.

Our mission is to provide:

- Support and education for individuals with serious and persistent mental illnesses, their families, friends, and other community stakeholders
- Advocacy for improved services, more humane treatment, and an end to stigma and economic and social discrimination

MENTAL HEALTH IS INTEGRAL TO HEALTH AND HEALTH CARE REFORM AND SAVES MONEY

Integrating medical and mental health care results in lower cost and longer lives. Serious mental illnesses like bipolar disorder and schizophrenia can steal 25 years from a person's normal life span. Most early deaths are due to treatable chronic conditions, e.g. heart disease and diabetes.

Access to quality medical and mental health services should be part of health care reform efforts as it saves money and improves the quality of life for those impacted. Access to prescriptions and medical services are crucial components to include in reforms to the health care system, especially as it relates to health insurance mandates such as mental health parity. Options with the most effective coverage for people with mental health conditions need to be considered; one option being a Basic Health Program potentially modeled on Medicaid.

Preserving community mental health services, for children, youth and adults, serves people and the state. Investing in comprehensive community mental health systems shifts funds from costly institutional settings (e.g. nursing facilities, prisons, emergency rooms) to cost-effective and least-restrictive options in the community.



Bridge House clubhouse members

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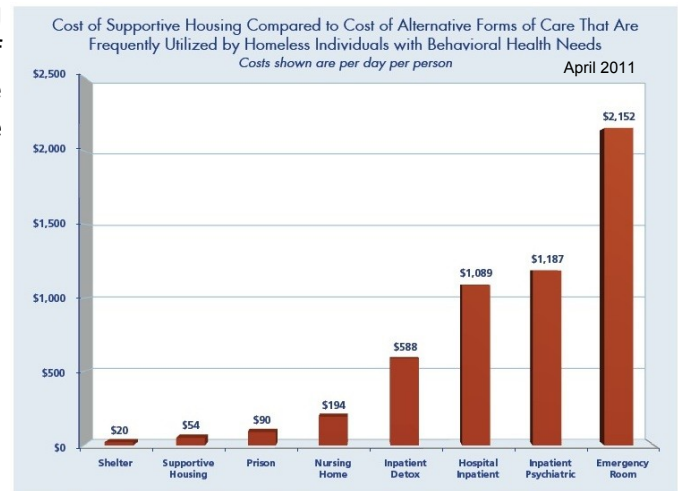
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SUPPORTIVE HOUSING IS CRITICAL TO MENTAL HEALTH AND COMMUNITY INTEGRATION AND SAVES MONEY

Funding for additional state-funded Rental Assistance Program (RAP) certificates is necessary to reduce chronic homelessness and saves the state money on more costly alternatives. Supportive Housing, including rental assistance and supportive services for tenants, saves Medicaid dollars, increases tenants' participation in education and employment activities and benefits communities by contributing to improved property values and successfully supporting people in recovery. With a rise in homeless families of fifteen percent over the last year, the need for supportive housing is great and the investment already made by the state needs to be preserved and continued.



Supportive Housing Units, Center Street, Manchester CT



Sources: Shelter - CT Coalition to End Homelessness; Supportive Housing - Corporation for Supportive Housing; Prison - CT Dept. of Corrections; Nursing Home - CT Dept. of Social Services (DSS); Inpatient Detox - CT Dept. of Mental Health and Addiction Services (DMHAS); Hospital Inpatient - Yale-New Haven Hospital; Inpatient Psychiatric - CT Dept of Mental Health and Addiction Services (DMHAS); Emergency Room - St. Francis Hospital, Hartford

PROMOTING YOUTH ACCESS TO QUALITY MENTAL HEALTH SERVICES IS CRITICAL FOR SUCCESSFUL YOUTH DEVELOPMENT AND SAVES MONEY

Access to school-based mental health services for children with behavioral health needs ensures early identification and intervention, resulting in better development and academic outcomes. About twenty percent of children need mental health services. Currently, only a fourth of these children receive these services with the majority doing so in their school communities. Enhancing and expanding school-based mental health services will address mental health needs and decrease the likelihood of suspension, arrests and long-term state expenses.

Improved accountability, monitoring and reporting of restraint and seclusion practices in schools will provide better learning environments for all children. Frequent use of seclusion in schools for children with special needs suggests that behavioral health needs of children are not adequately addressed within the school setting. By requiring improved accountability, we can ensure that such practices are used solely in emergency situations.



Paul Pernerewski and parents at October 2010 Gubernatorial Candidate Forum

NAMI-CT opposes arbitrary restrictions on DCF Voluntary Services. Reasonable measures to ensure that the state is the payer of last resort for providing mental health services to children and youth is distinct from measures establishing a cap on services or any other measure that would unreasonably restrict access to care and ultimately cost the state more money.

Funding DMHAS Young Adult Services (YAS) has demonstrated positive outcomes. Additionally, NAMI-CT will continue to support greater accountability between DMHAS and DCF when transitioning the care of those aging out of DCF and entering DMHAS services. Both practices save money in the long run.