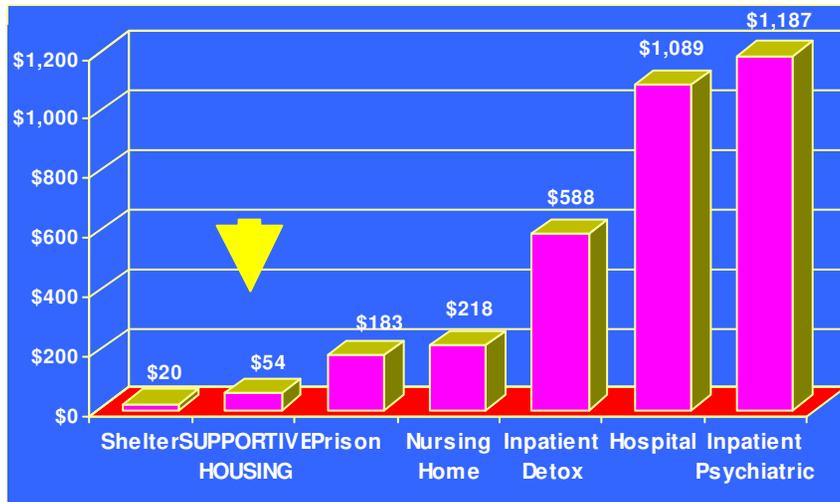


Cost to the State of Supportive Housing compared to cost of alternative forms of care frequently used by people who are homeless with mental health needs (per day)

(Courtesy of the Corporation for Supportive Housing, 2008)



There are 85 towns with Supportive Housing in Connecticut.

Treatment works, if accessible!

People with serious mental illnesses live in every town and community in Connecticut



Treatment efficacy rates for the most severe mental illnesses exceed those for heart disease and diabetes.

For more information, please contact Alicia Woodsby or Amy O'Connor at NAMI-CT.

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Legislative Priorities for 2010

Policymaker's Briefing Booklet

Saving Money, Saving Lives

The National Alliance on Mental Illness, CT (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

Prepared by NAMI-CT

January 2010

Preserve Medicaid and Access to Medications

Medications are a first-line, evidence-based treatment for most serious mental illnesses. The state must preserve open access to mental health medications by eliminating prior authorization and restrictive formularies, and eliminating co-pays for those on Medicare and Medicaid or ConnPACE. Studies show that restricting access to psychiatric medications leads to more costly emergency care and hospitalization. Studies also show that Medicaid co-pays lead to **people not getting their medications.**

Medicaid is the primary payer of public mental health services and health care for low-income individuals with psychiatric and other chronic illnesses, and our seniors. **Over 400,000 children, youth and adults rely on Medicaid in CT.** The state must monitor changes to the Medicaid program and ensure there are no reductions in covered benefits, eligibility, or provider networks.

"I have lived with severe mental illness all of my life with several diagnoses. My life was a nightmare until I was 51 and only because of effective medication management, availability of medication and adherence has there been any relief. I need to be protected from barriers to obtaining my psychiatric medications including co-pays and prior authorizations."

"I personally believe this form of a cut-back for persons with psychiatric illnesses is dangerous." - Jenna Rai Miller, Norwalk



Ensure Access to Community Mental Health Services

The lack of housing and community-based services contributes to unfulfilled lives and wasted dollars by forcing people with serious mental illnesses into inappropriate and expensive settings. Community mental health services allow for community integration and shift funds from nursing facilities, hospitals, emergency rooms, and the criminal justice system – *to less restrictive, cost-effective options.* The state must:

- ⇒ **Stop the chronic underfunding of community nonprofit providers** resulting in high staff turnover rates, heavy caseloads, waiting lists, program elimination and deterioration of quality care. Any cuts to community mental health services or providers will increase costs to hospitals, prisons and nursing facilities while harming those in need.
- ⇒ **Utilize available federal Medicaid funding** to expand critically needed community mental health services and supports, and to maintain the state's inpatient capacity through intermediate care at private hospitals combined with discharge planning and housing options.

"Our family received in-home, community-based services for three years, which enabled my daughter to remain at home in a loving and supportive environment. We received respite care, intensive in-home behavioral management, therapeutic mentoring, and parent training.



This allowed my daughter to remain connected to her family, friends, school, church and other local support networks. These services build on the child's strengths and lead to improved quality of care and better outcomes for children and their families."

"My daughter has received both community-based and institutionalized mental health care. When I compared the cost of both, I was astounded. Community-based mental health services offered a cost savings to our family and the state of Connecticut of \$191,580 over two years."

- Ann Nelson, Madison

Invest in Supportive Housing

Supportive housing is permanent, independent and affordable housing combined with on-site or visiting case management and support and employment services. Access to housing is central to successful stability, health and community integration, and relieves multiple state systems burdened by the lack of treatment access and relapse.

In 2009, the average federal **Social Security payment was \$805/month**, but the fair market **rent for a 1-bedroom apartment in CT was \$927/month.** CT residents receiving Social Security as their only income must use **116% of their income toward rent.** In addition to service dollars, access to state rental assistance vouchers is needed to sustain stability and self-sufficiency. **Supportive housing costs \$54/day-hospitalization and inpatient psychiatric care are more than 20 times more costly.**

Assure individualized, age-appropriate, and timely transition services and housing for young adults

Many young adults with mental illnesses are falling through the cracks into homelessness and the criminal justice system. DCF & DMHAS must be accountable for collaborative transition planning and programming. We need timely, individualized, age-appropriate mental health and support services for young adults, including those transitioning from DCF to DMHAS, and training for staff to work with this specialized population.

"Maintaining my recovery is only possible with the support of my peers. We need age-appropriate supports when we're still new to the system, so we can get a driver's license or a GED, and graduate high school or college. We don't want to find ourselves in the same place 10 or 20 years from now."



- Vered Brandman, Norwalk