



KEEP THE PROMISE

Legislative Priorities 2012

MENTAL HEALTH INVESTMENTS PAY DIVIDENDS

The **KEEP THE PROMISE (KTP) Coalition** was founded in 1999 when several consumers, family members, providers and advocates convened to discuss the mental health crisis in Connecticut. KTP is dedicated to advocating for the “Blue Ribbon Solutions” necessary to maintain and expand critical mental health services for adults and children and housing options to meet their needs.

COMMUNITY SOLUTIONS, NOT INSTITUTIONS!

The **Children's Committee of KTP** is Connecticut's largest group of stakeholders in children's mental health, including families, advocates and physicians as well as school-based and community-based mental health service providers.

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

Access to quality 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. Of those, only a fourth actually receive these services and the majority of children and youth do so in their school communities. Enhancing and expanding school-based services will address mental health needs and decrease the likelihood of suspension, arrests and long-term state expenses.

Better accountability, monitoring and reporting of restraint and seclusion practices in schools will improve the learning environment for all children. The frequent seclusion of children with special needs in schools suggests that the behavioral health needs of these children are not being adequately addressed. Monitoring is needed to assure that such practices are used solely in emergency situations.



Panel discussion at 2012 CT School Based Mental Health Summit

Arbitrary restrictions on DCF Voluntary Services can harm children and families. KTP recognizes that the State should be the payer of last resort, but KTP opposes measures that establish an arbitrary cap or unreasonable fees that would restrict access to vital services for families in need.

Specialized interventions provided by DMHAS Young Adult Services (YAS) have demonstrated positive outcomes for youth transitioning from DCF. Funding must keep pace with the caseload increases, and the transition of youth between these agencies must be documented and monitored to promote successful transitions, which save money in the long run.

To view “Keep the Promise: Community Solutions” go to:

www.ctkeepthepromise.org

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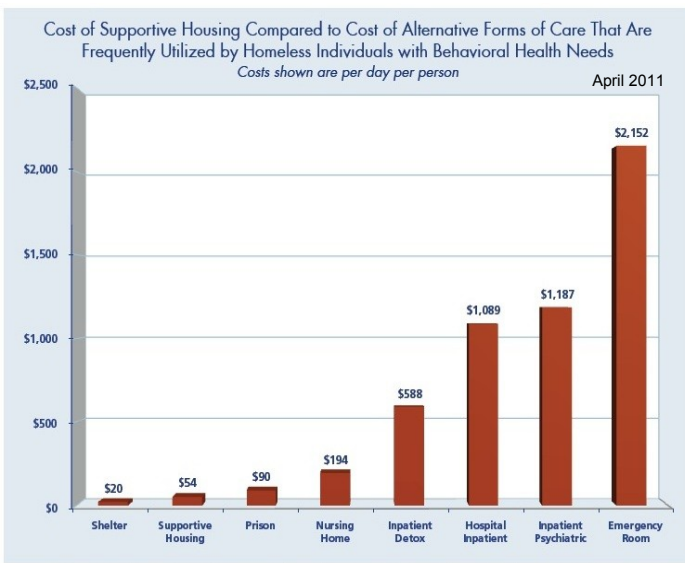
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SUPPORTIVE HOUSING PROMOTES STABILITY AND SAVES MONEY

Supportive housing—a combination of subsidized housing and flexible support services for tenants—is a proven and cost-effective investment. Supportive housing allows the state to save Medicaid expenses for hospital care, increases the participation of tenants in education and employment activities and contributes to improved property values in neighborhoods where it is located. However, the demand for this housing and the capacity to create it, far exceeds the current supply. More state rental assistance certificates and services dollars are required to increase the supply of supportive housing and reduce the state's reliance on more expensive settings such as prisons, hospitals, nursing homes and residential placements.



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



Supportive Housing Units, Center Street, Manchester

RESTRICTING ACCESS TO SERVICES CAN INCREASE EXPENSES

Studies consistently show that restricting access to prescriptions and medical or mental health services does not save money. Rather it significantly increases the likelihood that people will forgo medications and/or treatments resulting in cost shifting to higher-cost interventions and treatments i.e. hospitalization. Connecticut must avoid short-sighted measures, such as imposing co-payments or limiting health plan coverage under Medicaid or health care reform, that will undermine the health of vulnerable citizens and increase state expenses.

Integrating medical and mental health care reduces state expenditures. People with serious mental health issues, including bipolar disorder and schizophrenia, have, on average, a 25 year lower life expectancy than the general population with the majority of premature deaths being due to chronic medical conditions such as diabetes and heart disease. Integrating medical and mental health treatment is a cost effective approach that promotes prevention and early intervention of medical conditions and coordination of care, improving health and reducing state expenditures.

Maintaining a strong community mental health system avoids more costly services. By building a comprehensive range of community services for adults, youth, children and families, the state can reduce payments for more expensive institutional settings, including hospitalizations, emergency room visits, and criminal justice interventions.



Bridge House clubhouse members