

## 2018 LEGISLATIVE PRIORITIES — *in Stories*

**Mental health is an integral part of our overall health**

**Mental health touches US ALL:**

Mothers, Fathers, Brothers, Sisters, Daughters, Sons, Aunts, Neighbors, Coworkers,  
Bosses

**NAMI Connecticut STANDS FOR:**



- *Supporting* individuals with mental health conditions *in living independent and meaningful lives, with their basic needs met*, such as housing and economic security;
- *Protecting civil rights*; and
- *Promoting human connections* to peers, family, friends, and the larger community.

### [Support and Protect Community Services and Improve Quality and Equity](#)

- Karen was confined to a mental health institution for over 20 years, until 2014. After many years of very expensive high-end care, legal efforts, and personal advocacy, Karen capably lives in her own apartment, located in a community where she can participate in family events whenever she wants. She works at a part-time job, volunteers, and has become an outspoken advocate for herself and others. She now has her own life—a life of purpose and recovery.
- Karen's success story is only possible due to *investments in person-centered community services and legal services* that focused on Karen finding her voice again and exercising her self-determination. These *actions not only improved Karen's quality of life but also save the state money*, by avoiding continued institutional services. But this is not the reality for many other people.

### [Preserve Critical Housing Supports & Services to help End Homelessness](#)

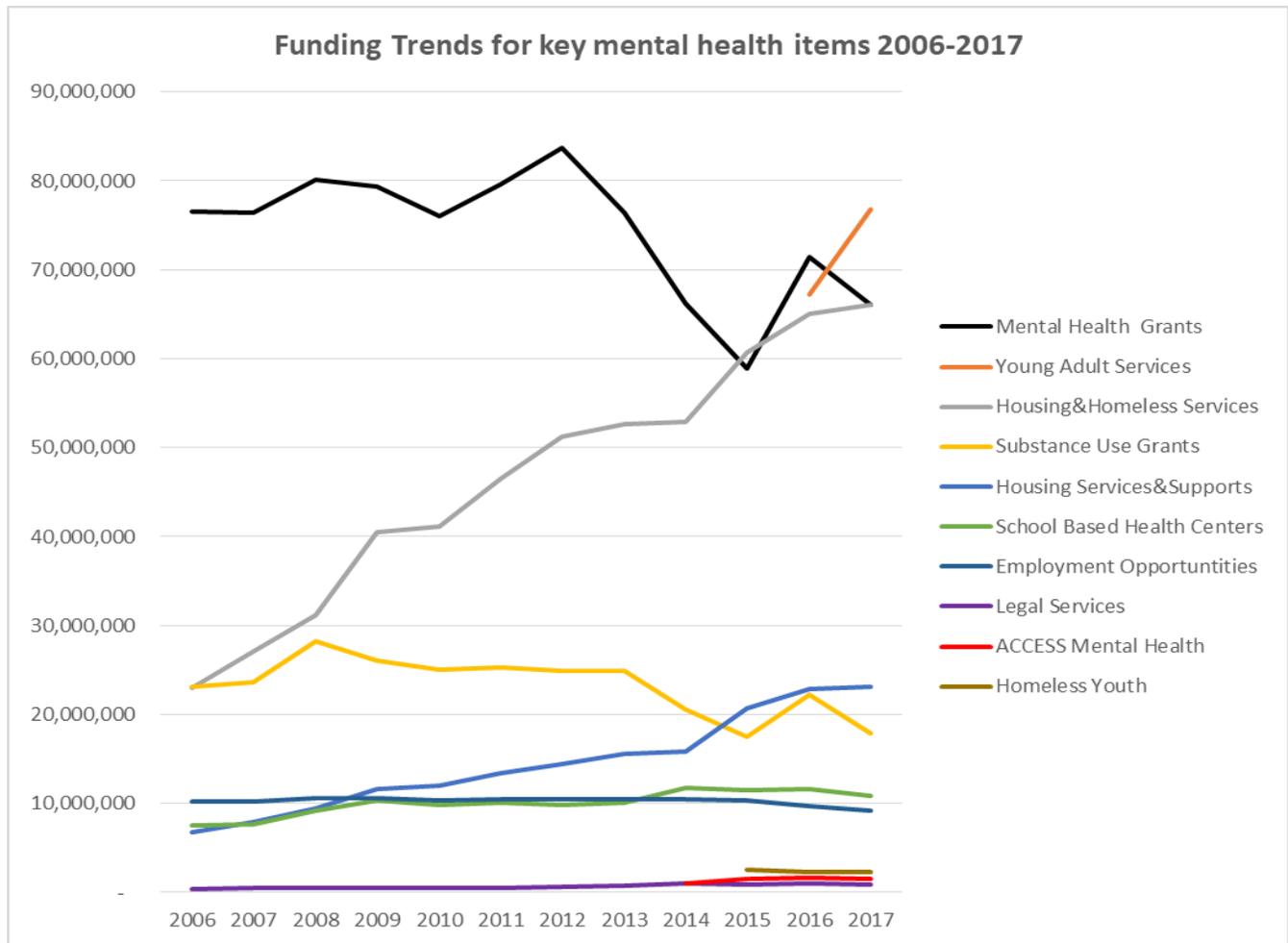
- Ed "lived outside" for 25 years dealing with his mental health issue in his own unique way. He is now living in a safe home, rides around town on his bike, goes to church and is engaged in his sister's family life.
- Ed's success story is possible through the *state's investments in supportive and affordable housing, individual housing rights, and person-centered community supports and services* which have extended and improved his life. It also saves the state costs in crisis systems such as ERs.

### [Invest in Early Intervention Services for Children and Youth](#)

- Sam, a 4th grader, has benefited from early intervention efforts at his local elementary school. He has severe anxiety and often gets overwhelmed with class activities. School officials suggested an alternative school setting but Sam wanted to remain at the school with his friends. His mother advocated for and got an appropriate IEP (Individual Education Plan).
- Sam now goes to *weekly therapy sessions and has check-ins with his school counselor*. With support, he is learning how to recognize and respond more positively to his stress, allowing him to increase his classroom time and thrive in school activities that used to overwhelm him, such as giving an oral book report. Unfortunately, not every child has access to the right interventions.

### [Promote Education, Employment and Wellness](#)

- Kurt, a 26-year-old reliable food service worker in a family-run business, lives with a mental health condition. He is able to work because he has the support of his boss who gives him time off when his condition requires him to take time to care for himself, and preserves Kurt's job until he can return to work. Most employees do not have this support. Most employers cannot afford this option without structural support. *Paid Family Medical Leave* would create such a support.



**Mental Health Grants:** Provides mostly outpatient, but also residential and inpatient mental health services and served over 57,000 people in FY2017.

**Young Adult Services:** provides specialized, age and developmentally appropriate supports to about 1350 young people annually, many of whom are transitioning from DCF, dealing with a major mental health condition, neurocognitive disabilities and/or significant trauma. Services include clinical, residential, educational/vocational supports, life skills training and young adults who are pregnant or parenting.

**Housing & Homeless Services:** provides adults with shelter, transitional housing services, homeless diversion, housing vouchers for permanent supportive housing etc. Over 10,000 people were served in FY2016, which includes funds from other sources, e.g., federal.

**Substance Use Grants:** Provides mostly outpatient, but also residential and inpatient substance use services and served over 56,000 people in FY2017.

**Housing Services & Supports:** provides case management service, including adult daily living skills, benefit assistance, employment services— anything helpful to keep individuals housed, and serves about 4000 individuals annually.

**School Based Health Centers:** provide students in grades pre-K through 12th grade with health services to meet medical, behavioral health, and dental needs, and serve approximately 44,000 students annually.

**Employment Opportunities:** program services include assessment, rapid job search, employer relationship development, on the job coaching and follow up supports, following the evidence-based model called Individual Placement & Support (IPS), and served close to 4000 individuals in FY2017.

**Legal Services:** Services include advocating for and representing clients receiving inpatient services and representing clients having challenges with housing. Over 900 individuals were represented with state funds.

**ACCESS Mental Health:** program that offers free, timely consultation to primary care providers (PCPs) seeking assistance in treating youth with behavioral health concerns through age 18, regardless of insurance. In FY2017, it served almost 1,300 children and youth.

**Homeless Youth:** provides outreach services, crisis housing for youth, and permanent housing options for youth under age 18, and served 250 youth in FY2016, with just state funds. More youth were served using other funds, e.g., federal.