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Commissioner

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“B” Proud; but Strive for “A”

In last week's message, I told you that the National Alliance on Mental Illness (NAMI) released its report, *Grading the States 2009*, and that Connecticut was among six states to earn a “B,” the highest grade awarded in this rigorous assessment. The nation's overall grade was a “D.”

Although we look pretty good in comparison with other states, we can do better. People with mental illness, their families, and our communities deserve the best that a healthcare system can give. We must continue to build on our solid cornerstones in close collaboration with our many partners.

NAMI concluded that we need to improve in three areas: 1) More community services “to end gridlock,” 2) More housing, and 3) Remove people “warehoused” in nursing homes. We have already made good progress in each of those areas since the last NAMI Report Card was issued in 2006. (To view the NAMI Report go to www.nami.org/grades2009)

Increase community-based services:

- ✓ **\$410.2M funding for non-hospital care** in 2008, an increase of 17% since 2005.
- ✓ **\$39.4M funding for Young Adult Services** provided care to **800 young people** compared to \$1M in 1998 to serve 50 people. FY06-\$25.9M; FY07-\$26M; FY08-\$32.6M; FY09-\$39.4M.
- ✓ **\$3M in Flexible Discharge Funds** helps move people from hospitals to the community by providing more recovery support services. FY06-\$1.6M; FY07-\$1.8M; FY08-\$3M; FY09-\$3M. (Go to [Discretionary Discharge Fund frees up beds](#) for more information.)
- ✓ **Alternative to Hospitalization Program diverts 49%** of the people served saving the state \$1.3M in inpatient care costs in FY08. These savings were re-invested in needed co-occurring psychiatric/substance use residential rehabilitation programming. [Reducing Use of Emergency Rooms](#)
- ✓ **\$3.1M increase for jail diversion, transitional housing, bridge funding for permanent housing, and housing support** started in FY07 for people with serious mental illness who are involved in the justice system. FY07-\$2.4M; FY08-\$3.8M; FY09-\$6.3M
- ✓ **61% reduction in acute admissions** (e.g. inpatient mental health hospitalization) for 2,100 individuals receiving General Assistance Case Management saving \$1.5M in FY08. [ICM Lowers Costs & Improves Outcomes](#)

Housing:

- ✓ **402 units of permanent scattered site supportive housing funded** since 2006. [Supportive Housing](#)
- ✓ **287 units of affordable housing** funded since 2006 with **172 units dedicated to supportive housing**.
- ✓ **\$35M federal McKinney-Vento funding** over a 4 year period (2006 through 2009) of which **\$10M goes for rental vouchers for 48 new housing units**, and **\$25M in renewal funds for 874 units** previously funded.

Nursing Homes:

- ✓ Created new **DMHAS Older Adult Services Division** and hired and trained all unit staff.
- ✓ Established **six RN positions** in mental health centers to focus on nursing home issues and **placed, to date, more than 60 nursing home residents** in alternative community settings.
- ✓ Collaborated with Department of Social Services and obtained **Medicaid Home and Community Based Services Waiver (HCB)**, one of 4 or 5 in the nation, to divert and discharge people from nursing homes.
- ✓ The HCB waiver, in tandem with DSS' Money Follows the Person, will: 1) Help reduce the number of people with serious mental illness in nursing homes; 2) Create a new funding stream for community-based service providers; and 3) Increase federal revenue to Connecticut.

We did well; we got a “B.” But let's not settle for that. We are headed in the right direction and we have a solid foundation from which to work. We must strive for excellence as we continue to assist people to improve their health and live better lives. *Healthy People, Healthy Communities; Let's Make It Happen!*

Comments are welcome at Thomas.Kirk@po.state.ct.us