

Keep the Promise Coalition

*... advocating for a comprehensive, community
mental health system in CT*

Who We Are: 1999-present

- **Keep the Promise** is a statewide, grassroots, advocacy Coalition formed in **September 1999** after the closure of two of CT's large state psychiatric hospitals, Norwich Hospital and Fairfield Hills.
- It also came on the heels of the **Olmstead decision (L.C. v. Olmstead)**, a landmark Supreme Court decision which stated that “**unjustified institutional isolation of people with disabilities is in violation of the Americans with Disabilities Act...**”

Norwich State Hospital



The Promise...

- When the hospitals were closed, it was promised that funds sustaining the hospitals would be used to create and sustain the community mental health system in CT. **That promise has not been kept!**
- People living with mental illness, family members, professionals and advocates came together to discuss the ensuing community mental health crisis in CT.

The Hartford Courant

A Broken Promise To The State's Mentally Ill

JAN VANTASSEL

Psychediatric hospitals have been shut down, but care on the community level has not measured up to promises."

This statement, from a recent Hartford Courant editorial, recognizes that the state of Connecticut has not fulfilled its obligation to serve and protect people with psychiatric disabilities as well as the public.

Instead, Connecticut's mental health system is regarded by many as fundamentally inadequate: unable to meet the diverse needs of the population it is responsible for serving with the funds provided to it.

There is abundant evidence to support this conclusion.

The budget for community service has been level-funded since the closures of Franklin Hills and Norwich state hospitals, while both the number and complexity of client cases have increased.

Savings derived from hospital closures were not fully transferred to community services; instead, \$16 million was transferred to the state's general fund. Furthermore, since the hospital closures, the budget of the Department of Mental Health and Addiction Services for community services has received only minimal inflationary increases, while the budget for institutional care has risen.

At the same time, a higher proportion of the community clients require more extensive, individualized services that are staff and resource-intensive. These include special populations, such as youth in transition from the Department of Children and Families, and trauma victims.

As a result, the system is stretched beyond its capacity. The effect of these case-load trends was specifically identified by a state committee — which reviewed a New London tragedy last fall, in which a mentally ill young man killed a community mental health worker — as contributing to stress on the mental health care system in southeastern Connecticut.

Connecticut's mental health system is in gridlock and unable to treat clients in the most appropriate, least restrictive setting. Census data from Connecticut Valley Hospital and Cedarcrest Hospital confirm that admissions to these state facilities can only be made when someone is discharged.

Meanwhile, clients who have been identified as appropriate for treatment at a less restrictive level have their hospital discharges delayed indefinitely because appropriate community services are not available. This is because programs intended to serve clients transitioning from the hospital are routinely used by long-term clients who are unable to obtain other housing.

There is a significant reliance on homeless shelters by persons with psychiatric disabilities, indicating a lack of affordable housing and/or essential support services.

DMHAS estimates that at least 6,000 persons with psychiatric disabilities reside in shelters. Despite department policies that prohibit discharge to a shelter, a study conducted by the Region II Mental Health Board reported clients were being sent to homeless shelters or motels as a discharge plan.

One provider actually cited the lack of a homeless shelter in its region as a barrier to discharging clients.

The number of persons with psychiatric disabilities in Connecticut's prisons and jails is significant and exceeds the national average. The Hartford Courant reported that the number of Connecticut inmates with a history of mental illness had risen from 24 percent in 1991 to 40 percent in 1999, 10 points greater than the national average (30.2 percent) identified in a recent Department of Justice report.

in the month before arrest ran high among inmates with mental illness.

DMHAS has proposed measures to address these trends. However, they have not been supported by the governor or the majority of legislators. Consequently, rather than operate a comprehensive range of programs, the department is being forced into a mode of crisis management.

The state must keep the promise that it made to clients and the public when state hospitals were closed. In theory, those closures represented a milestone in the state's treatment of persons with psychiatric disabilities, marking an end of dependence on long-term institutional care, and a new focus on a system of client-centered community care.

In reality, the evidence indicates that the treatment of a growing number of persons is being shifted to other institutional settings, such as prisons, nursing homes, shelters and repetitive use of short-term hospitalizations.

The state action needed to meet its responsibilities does not require fundamental alteration in the state's service delivery system. For the most part, it requires an investment in a range of programs already developed by the state, but inadequately funded to meet clients' needs.

It is both unconscionable and dishonest for the state to claim that it lacks the resources to meet its legal and moral obligation to fund these services. The state has funds available from the tobacco settlement and a budget surplus. This is not a question of money; it is a question of will.

Jan Vantassel is executive director of the Connecticut Legal Rights Project.



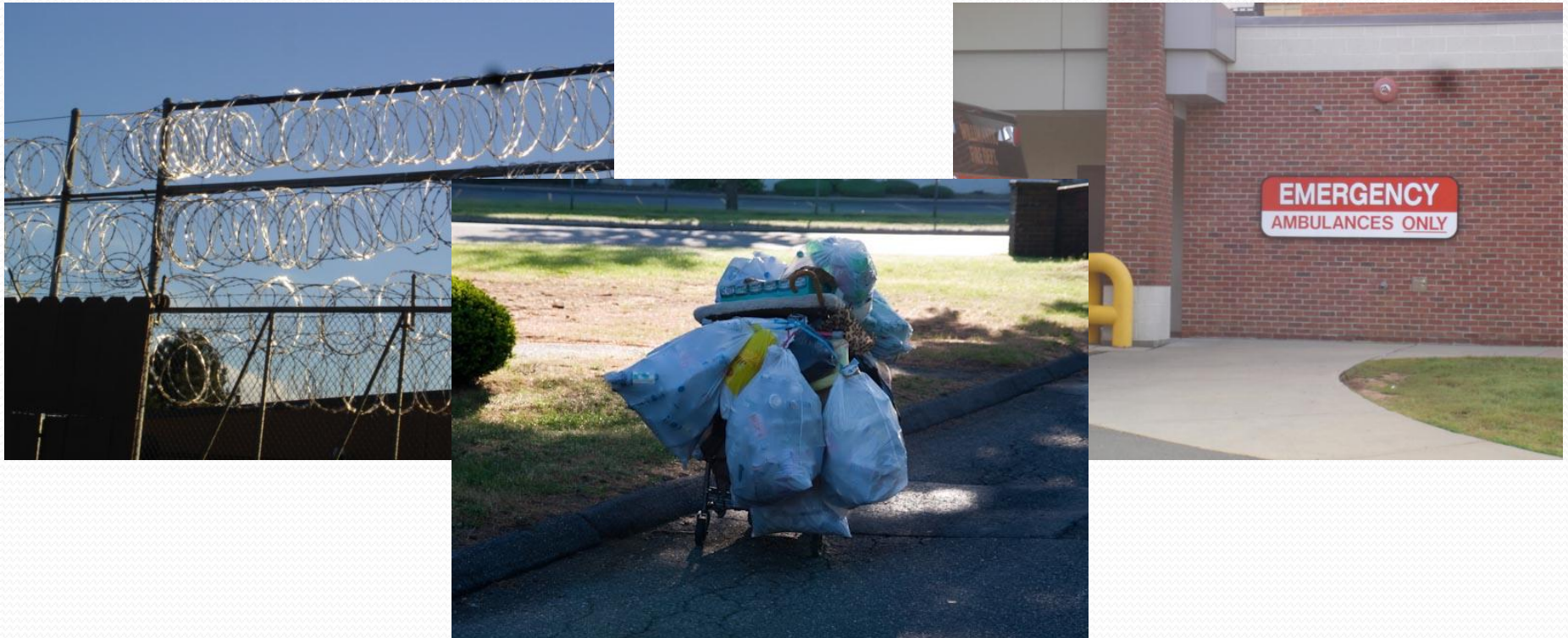
This is consistent with a 1992 study cited by The Courant as ranking Connecticut third in the nation in the percentage of severely mentally ill prisoners. It is noteworthy that the DOJ report also noted a correlation between inadequate community services and the criminalization of persons with mental illness.

It specifically found that homelessness prior to incarceration was more prevalent among offenders with mental illness than other offenders — and that unemployment

HP 10/10/99

Community Mental Health

A \$mart Inve\$tment for CT



Supportive Housing costs \$54/day – hospitalization and inpatient psychiatric care are more than 20 times more costly.

Blue Ribbon Solutions

- In July 2000, the Governor's “**Blue Ribbon Commission on Mental Health**” published a report detailing solutions necessary to create and sustain a comprehensive, community mental health system for youth, adults, and families in CT.
- The KTP “Blue Ribbon” was born!



“Blue Ribbon” Solutions



Monthly KTP Advocacy Meetings:

- The Adult Committee meets the 3rd Wednesday each month, **10AM-12Noon** @ CVH, Page Hall, Room 217
- The Children's Committee meets the 3rd Thursday each month, 1pm-3pm @ CCPA
- please RSVP for all the meetings, - **and all advocates are welcome!**



Opportunities to Participate:

- **Annual Legislative trainings @ the Legislative Office Building in Hartford :**

Essentials of Legislative Advocacy

- *(Mid-Fall 2012, date TBD)*

Legislative Leadership

- *(Late Fall 2012, date TBD)*

KTP Trainings:

**Increase your
knowledge
and advocacy
skills!**



Opportunities to Participate:

- **Support during the legislative process in Hartford:**
 - **Testifying** in front of the legislature
 - **Visiting** your legislators/advocating in Hartford
 - Press **conferences/rallies**
- **Support for local advocacy activities:**
 - **Candidate Forums & Legislative Breakfasts/events**
 - **Local meetings** with legislators; **email/call-in campaigns**
 - **Local media** (events/articles/tv/radio)

KTP supports your advocacy efforts locally and at the Capitol



Advocating when the House is in session...



Advocacy works!



**Celebrating
10+ years of
Advocacy!**

KTP Annual
Awards Ceremony

Sept. 30th, 2010

@

St. Thomas
Seminary
Bloomfield, CT



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