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2016 Legislative Priorities

Mental Health Connecticut (MHC) supports the hope and achievement of recovery for people with mental health conditions through access to services and supports that promote the four pillars of recovery: (1) home, (2) health, (3) purpose and (4) community.

MHC's top priority for 2016 is to increase access to supports and services that positively impact the four pillars of recovery.

*****INTRODUCE LEGISLATION under the "Mental Health Community Investment Fund."**

Amend CGS 12-743 of the general statutes, which allows tax payers to contribute a portion of their tax refund to (currently) seven charities, to include funding for evidence-based, community-focused services for people diagnosed with mental health conditions.

- **Oppose involuntary outpatient commitment.**
Oppose legislation that would force people with mental health conditions into involuntary treatments and revoke an individual's rights to make health care decisions based solely on a mental health diagnosis.
- **Minimize the coverage gap between private and public health insurance.**
Support the expansion of services and supports that private insurance will cover, minimizing the coverage gap between private and public health insurance and promoting access to services and supports for all Connecticut residents.
- **Expand evidence-based programs and services that engage consumers of mental health services and promote recovery.**
Evidence-based programs, such as peer supports, supported employment and supported education, are instrumental in engaging people with mental health conditions in services and promoting recovery.
- **Increase affordable housing options.**
Support an increase in safe, decent and affordable housing options for people with mental health conditions through vouchers, flexible funding, and continued investment in deeply affordable housing.
- **Provide funding to cover the true cost of services for health and human Purchase of Service (POS) Contracts and Medicaid fee-for-service accounts.**
Rates must cover the true cost of service delivery, including fair and equitable wages for direct service staff.