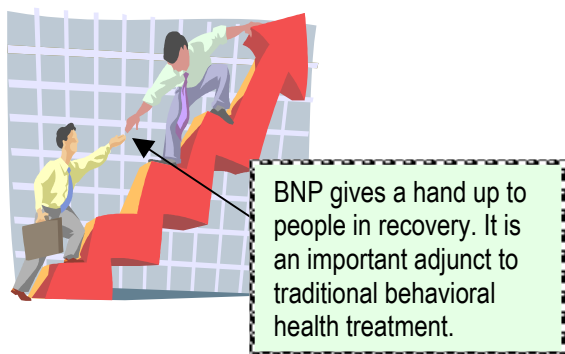


Basic Needs Program (BNP) – Improved Care and Good Return on Investment

DMHAS designed the **Basic Needs Program (BNP)** as a replacement, not as an entitlement, when the state welfare cash benefit was terminated for certain General Assistance recipients in 1998. The BNP provides basic supports, as long as the person is in treatment, that are consistent with the concept of recovery as articulated in the Commissioner’s Policy #83, “Promoting a Recovery-Oriented Service System.” The BNP is an easily accessible, person-centered approach with proven effectiveness in engaging and retaining people in care until they reach higher levels of independence and stability.

✘ In the BNP approach, case managers distribute support vouchers directly to applicants at one of 13 centers around the state. Applicants are notified of the outcome of their support requests on average within 1.5 days.



BNP receives an average of over **11,500 applications** from **5,200 unduplicated clients** annually. Applications can contain multiple requests for support.

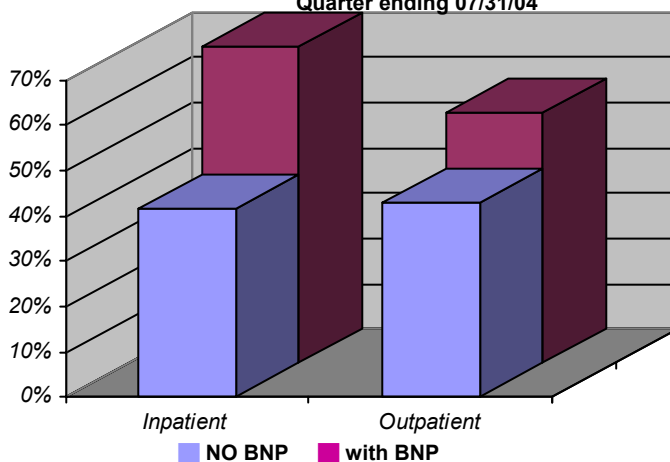
Of the requests received annually:

- 29% are for personal care
- 26% are for clothing
- 21% are for transportation
- 18% are for housing
- 6% are for food and other basic items

BNP provides direct payments or vouchers for:

- Independent housing
- Security deposit escrow
- Shelter payments
- Utilities
- Livery transportation from one treatment setting to another
- Bus transportation for job search
- Food
- Clothing
- Personal Care
- Other including phone cards, haircuts and other supports needed to return to work

People Who Successfully Connect to Lower Level of Care With BNP and without BNP
 Quarter ending 07/31/04



Research has repeatedly demonstrated that overall outcomes of treatment are better the longer one stays in some form of treatment. We do not want to encourage one to remain in acute, more costly levels of treatment beyond what the person needs. What we do wish is good “connect to care.” This refers to the person being linked within a short period of time after leaving acute care, e.g. detoxification or an inpatient psych stay, with a less intense, yet appropriate lower level of care. Good connect to care contributes to longer overall lengths of stay in treatment yet fewer readmissions back into the more costly acute levels of care. The BNP results in better connect to care. Contact Marlene.Jacques@po.state.ct.us for further info