**Testimony before the State of Connecticut Public Health Committee**

**Public Hearing, February 29, 2008**

**Support for SB 40 and SB 422**

Good evening, Senator Handley, Representative Sayers, and esteemed members of the Public Health Committee.

My name is Thomas Burr, and I live in Glastonbury, Connecticut. I am the President of the Manchester Affiliate of the National Alliance on Mental Illness of Connecticut, aka NAMI—CT. I am also the Parent of an Adult Child who is in Recovery from Bipolar Disorder, after 8 years worth of repeated Hospitalizations, Incarcerations, and Homelessness. Currently he is living on his own; he is working, and doing very well. Of course, I have to tell you he was a little down when I talked with him the other day, as he just had finished doing his taxes, and realized he wasn't getting as much money refunded to him as he had hoped!

And on that note, please be aware that I am speaking today not as a member of any group, but simply as a Tax Payer in the great state of CT.

I am here to advocate for Supportive Housing for people living with Mental Illnesses, specifically S.B. 422 "AN ACT CONCERNING SUPPORTIVE HOUSING FOR INDIVIDUALS WITH MENTAL ILLNESS." I would also like to add that I support Governor Rell's S.B. 40, "AN ACT CONCERNING SUPPORTIVE HOUSING". This bill maintains the state's commitment to investing in supportive housing by annualizing $3M in debt service to be used to finance 150 new units of supportive housing, and fulfill the commitment made in last year's budget to the creation of new supportive housing units through the Next Step Initiative. I am grateful to the Governor for her continued support and I believe it is very important that this bill get passed. However, I believe it is even MORE important to fund an additional 650 new units of supportive housing this year.

Recent studies in New York, Tennessee and here in Connecticut have shown that the providing of Crisis Services and/or Incarceration cost 2-3 times more than the cost of providing Supportive Housing. Significant money savings have been realized by the lower utilization of Nursing Homes, Emergency Rooms, and Jails and Prisons. In Connecticut, the average Medicaid reimbursement per Supportive Housing Tenant who previously used high-cost medical inpatient services decreased by 71%! In other words, rather than have people who are leaving our Hospitals, Nursing Homes, Jails & Prisons left to fend for themselves out on the streets, they instead enter Supportive Housing, which includes services such as medication monitoring, and job & life counseling. This scenario eliminates the "revolving door" of repeated trips to the Emergency Room and/or Connecticut's Jails & Prisons and/or Nursing Homes.

I can tell you from my own personal experience that there were many times my own son was stuck in a Connecticut Mental Health Hospital; he was well enough to be discharged, but unable to leave because he literally had no place to go!

On the other hand, people with a Mental Illness who have a stable home environment through Supportive Housing will sooner be able to enter Recovery, eventually getting jobs in their community, and therefore

providing tax revenue to the State. They transform themselves from being an expensive burden under the current system, and become instead an asset to the State and to their community.

IN SUMMARY: "Keep the Promise," and enable people with Mental Illness to become productive members of society. Keep them OUT of our Jails & Prisons, Nursing Homes and Emergency Rooms; increase their chances for Recovery, and ultimately SAVE our Taxpayers Money. As you may be aware, The Partnership for Strong Communities' "Reaching Home Campaign" is also advocating for 650 new units of Supportive Housing to be included in this year's budget; frankly, it is clear that it would be fiscally irresponsible for the State of Connecticut to not fund this additional Supportive Housing.

Before I take any questions, I would like to clarify something. By definition, "Mental Illness" is a diagnosable Brain Disorder: e.g. schizophrenia, bi-polar disorder, or depression, and is treated via medication and therapy, often leading to a full recovery. My son is a living, breathing example of this fact. Thank you. I will now gladly answer any questions you have.

Respectfully Submitted,
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