

**Testimony before the Appropriations Committee
Department of Mental Health and Addiction Services Budget
February 20, 2009**

Good evening, distinguished chairs and members of the Appropriations Committee. My name is Kathleen Flaherty. I am from Newington and I am speaking today in opposition to the proposal in the Governor's budget to use the money saved from closing Cedarcrest Hospital to open a new unit at Connecticut Valley Hospital and two new 15 unit "mini-hospitals." I am an attorney, a homeowner, a taxpayer, and a Connecticut native. I went to Wellesley College and Harvard Law School, but returned after graduation from law school because I didn't have a job – legal services wasn't hiring at that time either – so I couldn't afford to live on my own. I needed the support of my family. I stayed because I like Connecticut. I want to help this community be better for all of its residents, especially its most vulnerable residents, because I am one of those too. I am a person living with bipolar disorder.

I am here as the chair of Farmington Valley Supportive Housing, a coalition that includes representatives of several groups, including NAMI Farmington Valley, an affiliate of NAMI-Connecticut, of which I am a board member; faith communities, non-profit provider agencies; and city and town government. This group was formed in December of 2006 with the purpose of educating the community about the need for supportive housing in the Farmington Valley.

You might be thinking to yourselves – why Farmington Valley? We don't need supportive housing there. You could not be more wrong. Let me share with you just three of the stories we heard after a recent presentation we made at a faith community in the Farmington Valley. One leader of that faith community shared the story of how every night from 11 p.m. to 5 a.m. the following morning the same luxury car was parked outside in the lot. It turned out that a local resident who became homeless was living in that luxury car. A second story: a family with two luxury cars by that same foreign automaker spent last winter heating their home by burning their furniture because the parents had both lost their jobs and they had no other way to pay for fuel. The last story shared on that particular evening was from someone who asked how to find supportive housing for a family member with mental illness who was soon going to be released from the correctional system and returning home to the Farmington Valley.

We need funds to be spent in the community for supportive housing. Funds had already been appropriated and committed for 150 units around the state of permanent supportive housing in

the next round of Next Steps Funding, but the Governor has now backed away from funding this initiative.

This is beyond distressing not only for Farmington Valley Supportive Housing, but should be for every taxpayer in the State of Connecticut. Without this funding, no new units of supportive housing will be built. It was a requirement for funding applications that the projects be "shovel-ready." We need jobs. These are units of permanent housing. These units provide supportive services to keep residents in place. We have people with disabilities, veterans, and people who are homeless and need this support. Seventy percent of the residents who live in supportive housing are able to maintain their housing and stay well.

In addition, supportive housing saves money, which is the reason the governor claims that the funds need to be withheld. Right now, people with severe mental illness who seek emergency treatment in emergency rooms or inpatient treatment in general or psychiatric hospitals cost the state far more money than people in recovery who maintain their wellness in a supportive housing environment. Homelessness costs money.

The Governor's budget also proposes to close Cedarcrest Hospital, expand 64 beds at CVH and open two 15-bed facilities. I have to tell you in all honesty that I have not made up my mind how I feel about the closure of Cedarcrest, but I do know that if it is going to close, this is not the way to do it. Promises were made when Norwich State Hospital and Fairfield State Hospital were closed in the mid to late 1990's that the money saved was going to be spent on community services. We are still waiting for that promise to be kept. A United States Supreme Court case, *Olmstead v. LC*, 527 US 581 (1999), was decided in the years after that promise was first made. That case requires the state to keep that promise and says it's a violation of the law if the state doesn't keep it. It's 10 years later and we are still waiting for that promise to be kept. This plan spits in the face of that promise. Expanding CVH, and opening two mini-hospitals is not integrating people into the community in the least restrictive environment possible. As a lawyer, I'm not entirely surprised. As a person with a psychiatric disability, I'm incredibly angry. As a voter, I'm watching to see what happens next.



What is Supportive Housing?

“Supportive Housing” is another way of saying “home” for people who have been homeless, especially people with disabilities. While a house is just a roof over your head, home is where people care about you and where you get support. And that’s what supportive housing is: permanent, high-quality, affordable housing combined with “supports” – people who work with tenants to get counseling, health care, medication, training in basic life skills, and jobs – whatever is needed to help them put their lives back on track.

What Supportive Housing Is

- **It looks like any other apartment building.** Each unit has a private bath and kitchen. Tenants hold their own leases and pay their own rents.
- **It’s for a mix of people.** The tenancy is a mix of formerly homeless, working people and people with disabilities to provide positive role models and to prevent stigmatization.
- **It’s designed for people who can live independently.** As in all buildings, tenants must be responsible to their neighbors and are subject to eviction for disruptive or dangerous behavior.
- **It provides independence, peer support and a sense of community,** which are often lacking in the lives of the formerly homeless and people with disabilities.
- **It has on-site support staff** to provide crisis intervention, case management, help in basic living skills, and help in obtaining needed health care and job training.
- **It’s cost effective.** Supportive housing costs less than most alternative approaches to care and saves dollars otherwise spent on crisis treatment.
- **It has a proven track record of success.** A recent government study found that more than 85% of supportive housing residents stay housed and become good neighbors.

What It Is Not

- **Supportive housing is not a group home or any type of treatment program.** It is permanent housing in which services are provided on an as-needed basis.
- **Supportive housing is neither a welfare hotel nor a government run housing project.** The housing will be privately owned and managed by a non-profit organization with a proven track record that will be accountable to its neighbors.
- **Supportive housing is not for everyone.** Tenants will be screened to ensure that they want to be good neighbors and are able to live independently.
- **Supportive housing is not a shelter.** Supportive housing is permanent (not emergency) housing. Tenants hold leases and pay rent while having access to services that will help them live independently.
- **Supportive housing does not hurt the neighborhood.** Instead, it helps solve local homelessness and provides much-needed affordable housing units, it will upgrade and enhance the property on which it is built or rehabilitated, and it will be well run and well managed. The property will be well maintained, and security enhancements will ensure the safety of tenants and neighbors. Recent studies of communities where supportive housing has been developed found that *not one* experienced a drop in property values, increased crime or a change in the neighborhood’s character.

From the CSH Pilots Housing Development Guide

Farmington Valley Supportive Housing Chronology

2004

The Phoenix Club, a local social group for people overcoming mental illness, did a survey to determine what housing choices their members wish to have. Seven out of 28 were living in their parents' home, one in a shelter. A majority of the 28 indicated that they would need help in a variety of ways to live as they wish to live. Through the North Central Regional Mental Health Board a planning process had already taken place that brought into strong focus the housing needs of adults with chronic mental illness and/or addiction who live with their parents. The sudden death of a parent can create a crisis. But even before that time, the choice to live on one's own is often desirable.

North Central CT Regional Mental Health Board created a proposal called Stolman Housing as part of efforts to seek solutions to the problem of adult children with chronic mental health issues and/or addiction living with parents. Complex issues about how to provide long-term housing while maintaining access to essential benefits presented obstacles.

2006

The Corporation for Supportive Housing, with support from the Hartford Foundation for Public Giving, committed resources to a two-site pilot project to help small towns to take action to meet their needs for supportive housing. This pilot project has the additional goal of increasing the knowledge of how to work most effectively in small towns to end homelessness. The Farmington Valley and Manchester were chosen. A consultant gathered information and met with key people and groups. Under the leadership of Attorney Kathleen Flaherty, a State Board Member of NAMI, the first meeting of Farmington Valley Supportive Housing was held in December, 2006. Participants included people from churches, the Farmington Valley Chapter of the National Alliance on Mental Illness, mental health and social service professionals. UConn Law School and the Office of Legislative Research completed work on community land trusts as one option for meeting supportive housing needs in small towns.

2007

Outreach was done to town social service officials, the homeless outreach staff of the Veterans Administration and consumer councils of the regional mental health board. Meetings were held with representatives of the Housing Authority of the Town of Farmington, Gifts of Love, the Canton Food Bank and the St. Ann's Food Pantry. Data was obtained from United Way and the Soldiers', Sailors' and Marines' Fund. A report was created about homelessness in the Farmington Valley. It was presented in June to an informal group of town officials for their information. A forum was held on June 28 about homelessness in the Farmington Valley and supportive housing options. In the fall tours of supportive housing and a community land trust were sponsored. Ideas were gathered about where to focus community education efforts about supportive housing. Outreach was done to veterans organizations and churches. A variety of community education efforts are beginning in order to increase understanding of supportive housing. Options for creating such housing are being actively explored.

2008

Faith communities were invited to hold an educational event this year for their own members. A Resource Kit was created. A Supportive Housing Basics Workshop was held. Outreach was done to veterans' groups. Outreach was done at fall public events in Avon and Canton. Monthly meetings are held at the Farmington or Avon Libraries on the third Tuesday of the month to plan community education and to devise strategies for creation of supportive housing.

Fact Sheet

**Homelessness and Risk of Homelessness in the Farmington Valley
United Way of Connecticut Data**

United Way tracks calls from each city or town, and the kinds of information that the callers request. The following table shows the number of service requests that had to do with homelessness (note: battered women's shelter requests are counted in Table 2).

Table 1

Town	2006			1/1/07-5/31/07		
	Shelter	Transitional Housing/Shelter/SRO Supportive Housing	Drop-in Center	Shelter	Transitional Housing/Shelter/SRO Supportive Housing	Drop-In Center
Avon	3			2		
Canton	4			3		
Farmington	18	5		10	2	
Granby	3			1		
Simsbury	9	2	2	1		2
Totals	37	7	2	17	2	2

The following table shows the number of service requests that had to do with housing assistance including mortgage assistance and utility payment aid, but not including homelessness.

Table 2

Town	2006	1/1/07-5/31/07
Avon	66	31
Canton	82	20
Farmington	153	56
Granby	35	6
Simsbury	57	28
Totals	393	141

The following table shows the number of service requests that had to do with mental health or addiction.

Table 3

Town	2006	1/1/07-5/31/07
Avon	202	91
Canton	107	25
Farmington	236	115
Granby	130	46
Simsbury	92	53
Totals	767	330

The following table shows the number of service requests that had to do with economic stress other than rent or utility assistance.

Table 4

Town	2006	1/1/07-5/31/07
Avon	97	31
Canton	99	25
Farmington	234	68
Granby	72	10
Simsbury	112	73
Totals	614	207

¹ I have aggregated United Way 211 Call Center service requests into pertinent categories. Callers can request more than one thing per call.

Other Connecticut Data
State of Connecticut
Soldiers', Sailors' and Marines' Fund
Assistance Expenditures, April 2006 through March 2007

Town	Shelter and Utilities	Number of Cases
Avon/Canton	\$750	2
Farmington	\$2,116	9
Granby	\$1,137	5
Simsbury	\$125	1
Totals	\$4,128	17

Housing in the Farmington Valley

	Owner-Occupied Dwellings (2000)	As % of Total	Subsidized Units (2001)	% Single Unit
Avon	5311	82%	115	82.6%
Canton	2838	78%	168	79.5
Granby	3354	86%	141	92.1
Farmington	7150	73%	479	73.5
Simsbury	7149	82%	255	84.9

Source: CERC Town Profiles 2007

Poverty Among School-Age Children
Number of Students Receiving Free and Reduced Price Lunches
06-07 School Year

	Number	%
Avon	82	2.34
Canton	55	3.18
Farmington	208	4.89
Granby	77	3.38
Simsbury	190	3.81

Source: State Board of Education

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