

Testimony before the Public Health Committee
March 12, 2010
Support for SB 405

Good afternoon Senator Harris and Rep. Ritter. My name is Alicia Woodsby and I am the Public Policy Director for the National Alliance on Mental Illness, or NAMI-CT. We are the largest member organization in the state of people living with mental illness and their families.

NAMI-CT supports SB 405, An Act Concerning the Development of Cost Effective Supportive Housing for Frequent Users of Costly State Services. This bill requires the Department of Mental Health and Addiction Services (DMHAS) to develop new permanent supportive housing units for low-income individuals and families with chronic illnesses and disabilities. Permanent supportive housing is defined as permanent, independent and affordable housing combined with on-site or visiting case management, support and employment services. This bill will focus on addressing the housing needs of people who frequently use emergency health care services, as well as those who are currently in institutional settings.

Research indicates that individuals and families who are homeless are disproportionately impacted by serious mental illnesses, such as schizophrenia or bi-polar disorder. While serious mental illnesses affect one in 17 Americans, the rate of homeless individuals living with severe mental illnesses is four times that, at 26%.¹ Statistics from Connecticut are even more staggering. A survey of the state's homeless population in January of 2009 shows that almost 40% of Connecticut's single adults and nearly 20% of adults of families experiencing homelessness reported a history of mental health hospitalizations.² When individuals with serious mental illnesses cannot access adequate treatment or services, they often end up on the street, causing them to cycle among hospitals, shelters, the streets or jails at very high costs to the state.

The good news is that mental illnesses are very treatable. Between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with treatment and supports. Stable housing is an essential component of recovery from any serious medical condition, including mental illnesses. Supportive housing provides housing first, allowing tenants the opportunity to focus on recovery next.

For individuals experiencing homelessness or who are unnecessarily institutionalized, supportive housing facilitates full integration into the community, an opportunity which is a person's right under the Olmstead Decision of the Americans with Disabilities Act. Supportive housing tenants have access to a comprehensive array of flexible, individualized services and supports, which are provided as needed to ensure successful tenancy and to support recovery and engagement in community life.

In addition to these benefits, supportive housing is less costly than other forms of government-financed housing for people with disabilities. Even for clients with the greatest challenges, quality supportive housing compares favorably with the cost of traditional mental health housing and

1. *The High Costs of Cutting Mental Health Care*, National Alliance on Mental Illness (2010)

2. January 2009 Connecticut Statewide Point-in-Time Count



services. The cost of serving a person in supportive housing is half the cost of a shelter, a quarter of the cost of being in prison and a tenth of the cost of a state psychiatric hospital bed.

It is imperative that all the funds saved by the closure of Cedar Ridge Hospital be dedicated to community-based services and supportive housing for people with mental illnesses. Let's not repeat mistakes made when the state closed institutions in the past. A long-term investment is needed to serve not only the 40 individuals transitioning from Cedar Ridge now, but for those who would have been served there in the future. With only \$1 million of these savings, DMHAS can provide supportive housing for 54 people, at \$18,500 per person. In the midst of our state's fiscal crisis, supportive housing just makes sense.

NAMI-CT recommends the bill be clarified to ensure that people in institutions who are not necessarily frequent users of other state services such as jails/prisons, shelters, or chronic emergency care, would also be able to utilize this particular supportive housing. Supportive housing could prevent use of other costly services if available to people upon discharge from an institution. This change is accomplished by substituting "or" for "and" in the aforementioned part of SB 405.

The Bazelon Center for Mental Health Law concludes that supportive housing should be the primary housing option available through mental disability service systems.³ It is the most clinically effective, cost-effective, and integrated housing available for people with mental disabilities. I urge you to support SB 405 with the recommended language change as a long-term solution to ending homelessness, improving lives, and reducing costs.

Thank you for your time. I am happy to answer any questions.

3. *SUPPORTIVE HOUSING: The Most Effective and Integrated Housing for People with Mental Disabilities*, Bazelon Center for Mental Health Law (2009)

