



**Testimony of Carol Walter
Executive Director
In Support of Senate Bill 405
Before the Public Health Committee
March 12, 2010**

Senator Harris, Representative Ritter and members of the committee, I am here to testify in support of SB 405, **AAC the Development of Cost Effective Supportive Housing for Frequent Users of Costly State Services.**

Permanent supportive housing is one of the most effective ways to end homelessness in Connecticut. Because of the economic downturn:

- Average bed usage among most Connecticut homeless shelters exceeded 107% for January. That means that beyond being full, many many shelters exceeded their maximum capacity in order to keep up with increased demand. These numbers do not capture the many more who were turned away when they requested shelter.
- United Way/2-1-1 reported a 27% increase in calls for emergency shelter during 2009.

As the data partner for Connecticut's Frequent Users Service Enhancement, the Connecticut Coalition to End Homelessness (CCEH) merged Homeless Management Information System and the Department of Corrections databases and identified more than 600 individuals with multiple episodes of both homelessness and incarceration over the past three years. *Thirty of those individuals will be provided with Supportive Housing through this important pilot program, saving the state thousands per person.*

- Of the 3,600 people who used Connecticut's emergency shelters during the last quarter of 2009 (October 1, 2009-December 31, 2009), more than one-third self-reported suffering from a disability of long duration, representing more than 1,100 individuals.
- The number of individuals who have left incarceration to enter shelters, only to cycle back into prison, is stunning.

And the health costs associated with homelessness are astronomical. Let me tell you about some people that have touched me over the years: There's *Larry*. When I met him he was a homeless alcoholic with major depression and most likely acquired brain injury. We were doing some research and he allowed us to access his emergency room records for that past year. In ambulance and ER costs alone, Larry had run up an unpaid bill of \$50,000 at his local hospital.

There's *Patrick* --a man who cycled from incarceration to shelter for years, and then from shelter to hospitals and nursing homes when he was debilitated by AIDS. One time he came to the shelter after 6 months in prison. He looked great, he wanted to stay clean and sober, he wanted to go to church. And he was back in shelter. I hoped for the best but knew if we didn't find him housing quick it would turn out the same for him as the others who returned to shelter from prison.

Billy, he was so special. I'm sad to say that he died of cancer several years ago. He was a mentally ill man who had lived with his mother and became homeless after her death. When he died he had been in supportive housing for several years. He was well cared for in the end, he was stable.

And then there is the man I will call *Rob*. I knew him when he was just a young man, staying at McKinney Shelter. We didn't know he was mentally ill then. We did know that he had been arrested several times and was only 21. I saw him in January, when I returned to the shelter to survey clients for the point in time count. It was great to see him, I have often thought of him. But it was tragic. For 15 years we have been sheltering Rob, incarcerating him, hospitalizing him, and medicating him. He has never lived in supportive housing. How many hundred thousand will we spend on Rob before we figure out that it is cheaper to house him?

We applaud the Public Health Committee for providing leadership to advance cost-effective housing services in the current economic climate. Your foresight will pay off for Connecticut families and taxpayers.

On behalf of Larry, Patrick, Billy and Rob, and all those who need supportive housing, we urge you to support SB 405.

Thank You.

