



February 18, 2010
Testimony to the Committee on Appropriations

TO: Members of the Appropriations Committee

Good evening Senator Harp, and Members of the Committee, and thank you for this opportunity to testify. My name is Francesca Martin, and I am Associate Director of the Corporation for Supportive Housing's Connecticut Program. CSH is a national nonprofit and, for the past almost 20 years, has partnered with government, nonprofit providers, private philanthropy and advocates, to create affordable housing linked with services as a cost-effective and permanent solution to long term homelessness.

And yes, I am using the word "solution". In an editorial on February 6th, the Danbury News-Times cited supportive housing as central to the region's apparent decrease in homelessness—referring to the recent opening of Samuel's Court, a 28-unit development for individuals and families who have experienced homelessness and who live with chronic health conditions. And there are more than 4,000 other supportive housing apartments—in 85 communities throughout the state—with more than half of them receiving funding from the Department of Mental Health and Addiction Services.

I am here tonight to ask that you continue your support of this proven approach. Supportive housing can be an essential part of controlling the public sector costs that government is concerned about. As an effective alternative to the high cost of homelessness, numerous studies have shown that people who had been living in emergency shelters or on the streets **do** stabilize in supportive housing—tenants are much less likely to cycle through expensive public sector systems—including emergency rooms, hospital inpatient units, and jails—and are able to

return to work, and to make better use of preventive health care services. A multi-year evaluation in Connecticut showed a 70% reduction in use of expensive inpatient hospital resources, as well as consistent increases in tenants' income.

Even as our publicly administered housing subsidy programs are carrying wait lists of a year or more—so, too are our healthcare systems experiencing “gridlock” due to the growing and unmet demand for permanent, housing-based options. People who are waiting for service-enriched housing are in hospitals, they are backed up in residential treatment programs, and they are at risk of “timing out” of short term programs and winding up on the streets. Now is not the time to reduce investment in supportive housing.

The Department of Mental Health and Addiction Services has been a longstanding leader of Connecticut's supportive housing efforts, providing direct financing support to nonprofit providers delivering services to thousands of formerly homeless individuals and families around the state. This supportive housing “service infrastructure” can play an even more important role in the state's efforts to expand its community-based recovery-oriented system of care.

Supportive housing works. It costs less than hospitalization—a one day hospital stay is more than \$1,000, versus less than \$100 for supportive housing. Individuals and families living in supportive housing show improved quality of life, better social ties, and more stable financial situation—all the ingredients for sustained independence and self-sufficiency. Now is the right time to continue to invest in supportive housing—as a much more effective use of the state's resources. Thank you for your time and your attention.

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