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My name is Andrea Cherry and I work for Community Health Resources which is a community mental health center. I am here in support of state bill no. 405. I never planned to get involved with supportive housing; never mind feel as strongly about it as I do now. I realize, how much I took my own housing for granted and that having a roof over one's head should not be a luxury, but a human right. I saw not only did the homeless benefit from being housed, but we as a society in general did.

The population I work with at CHR is primarily those with significant mental illness and who also may experience past or present substance abuse. Many of these folks also have multiple medical issues such as diabetes and high blood pressure. It is very hard to secure income, employment and health benefits if you don't know where you will be one day to the next especially if you are suffering from schizophrenia or bipolar disorder, the very nature of the illness can make one isolative, distrustful, and fearful or impair one's judgment. This being the case, health care amongst this population is primarily emergency room care (and not always voluntarily). They have no choice but to use the emergency room as you or I may use our primary care physician. Medical and psychiatric problems are then only exacerbated. As someone who has worked with individuals with significant mental health issues and whom are homeless, I have seen my clients suffering from frostbite and hypothermia because they are too afraid to sleep in a shelter, feeling like people are out to get them, want to hurt them or might poison their food. Many of these individuals end up on psychiatric units or in skilled nursing facilities only after their medical and/or psychiatric health has been severely compromised. This is very expensive treatment footed by the tax payer, when much could have been prevented.

Supportive housing addresses every one of these issues I just mentioned. Once people apply for the programs they can be accepted onto the waitlist (and there is always a long wait list -sometimes two years). The sad part is that once we have an opening and can accept a homeless individual after a 1-2 year wait, they are exactly where they were when they first applied... still living on the street or in a tent or in a shelter. They still have no medical treatment, no income and no sense of home or safety. When an individual comes into one of our supportive housing programs, it doesn't take long for change to occur. The case managers work quickly with our tenants to find them housing... It is amazing what can fall into place when you have an actual mailing address.

Two men I worked with typify this. The men were in their early to mid twenties and had spent much of their adult life homeless. One of the young men was in and out the hospital and the prison system. When he was out of an institution, most of his psychiatric treatment was in the emergency room trying to find respite from command hallucinations and thoughts of ending his life. He would go to one shelter and start treatment at a local mental health facility, only to end his time at that shelter and need to start over somewhere else. The other young man struggled with life threatening insulin dependent diabetes. Insulin needs to be refrigerated. Imagine how difficult it must be to do this when you don't even have a roof over your head. He did the best he could, at times carrying it around in a cooler. This would have been hard for the most conscientious individual, but he also suffered from significant depression and thoughts of suicide. He was in and out of the hospital, unable to manage his diabetes or his mental health. When these individuals were finally accepted into the PILOTS supportive housing program in Manchester, they were able to receive consistent medical and psychiatric treatment and were able to stay out/ or at least greatly reduce their utilization of hospitals, shelters and ERs.

I am a strong believer in supportive housing and that is why I came here today to support state bill no. 405.