

**Testimony before the Joint Committee on Commerce  
February 21, 2012  
Support for HB 5105**

**(AAC the Job Expansion Tax Credit Program and Individuals Receiving Certain Services from the  
Departments of Mental Health and Addictions Services and Developmental Services)**

Good morning, Senator LeBeau, Representative Berger and members of the Commerce Committee. My name is Alicia Woodsby, and I am the Deputy Executive Director for the Partnership for Strong Communities, a statewide housing policy and advocacy organization dedicated to: ending chronic homelessness through the creation of permanent supportive housing; encouraging the creation of affordable housing to promote economic growth and healthy communities; and fostering best practices in community development.

I am here today to testify in support of HB 5105, AAC the Job Expansion Tax Credit Program and Individuals Receiving Certain Services from the Departments of Mental Health and Addictions Services and Developmental Services. HB 5105 will open access to the Job Expansion Tax Credit Program to certain individuals being served by our mental health and addictions and developmental services systems. Employers will receive tax credits for providing employment opportunities to individuals participating in employment services delivered by these two agencies. Currently, the incentives are only available for those receiving services through the Bureau of Rehabilitative Services (BRS).

This change will increase employment opportunities for those with mental health and substance use disorders and developmental disabilities, thereby improving their chances at stable income and housing. It is also consistent with the growing level of collaboration between these same agencies to improve employment opportunities and outcomes for individuals with disabilities regardless of the system or door they enter into services. The HomeWORK project is an example of such a partnership between DMHAS, BRS, and the Corporation for Supportive Housing to help supportive housing tenants pursue their education and employment goals. Individuals with disabilities who were once homeless or at risk at homelessness are found homes in supportive housing. With a safe, affordable home as the foundation on which to build a life, they are supported by case managers trained in best practices to enter and advance in the workforce and provided access to education resources and employment opportunities.

Those who are chronically homeless are the most intense users of emergency shelters and services and often have chronic conditions that make it difficult to stay housed or maintain employment. In general, those with substance abuse issues or mental illness are overrepresented in this long-term homeless population and are more likely to be linked to the DMHAS service system.

A well-established body of research indicates the negative effects of unemployment on health outcomes, and the connections between poverty, housing instability and poor health. There is an increasing understanding of the importance of linking workforce system resources with the housing assistance system to create effective pathways to employment for vulnerable populations.

A recent report in the American Journal of Public Health supports a causal relationship between returning to work and health benefits.<sup>1</sup> The report cites multiple studies showing significant reductions in depression and other psychiatric symptoms among individuals who are newly employed/reemployed. Clients with severe mental illness who worked in competitive employment for an extended period showed greater rates of improvement in several non-vocational

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<sup>1</sup> Rueda et al. Association of Returning to Work With Better Health in Working-Aged Adults: A Systematic Review. *American Journal of Public Health*. 2012; Vol 102, No. 3.

outcomes than their peers in minimal or nonworking groups. An overutilization of health services was found among those unemployed.<sup>2</sup> Currently, DMHAS funds 35 agencies across Connecticut to provide a broad menu of employment and education services to approximately 3000 persons per year who are assisted in finding and keeping employment ~~through the DMHAS system. We need to afford these individuals every opportunity to enter the workforce, which will~~ contribute to greater housing stability, improved health, and less reliance on costly crisis health care services in our state.

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

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<sup>2</sup> Studnicka et al. Psychological health, self-reported physical health and health service use. Risk differential observed after one year of unemployment. *Soc Psychiatry Psychiatr Epidemiol.* 1991; 26 (2): 86-91.