



**Connecticut Conference
United Church of Christ**

125 Sherman Street
Hartford, CT 06105-6004

**Testimony in Support of House Bill 6756:
An Act Establishing a Pilot Program to Provide Medical Respite for the Homeless
Submitted by, Michele Mudrick, Legislative Advocate
Connecticut Conference, United Church of Christ
February 17, 2015**

Representative Butler, Senator Holder-Winfield, and distinguished members of the Housing Committee:

I am Michele Mudrick, Legislative Advocate for the Connecticut Conference, United Church of Christ, and I am writing today in support of House Bill 6756: An Act Establishing a Pilot Program to Provide Medical Respite for the Homeless. We support requiring the Commissioner of Housing to establish a pilot program to provide temporary housing to homeless persons suffering from illness or injury.

I am writing on behalf of the 240 congregations and more than 75,000 people in our state's churches. In fact, the United Church of Christ (UCC) is the largest Protestant denomination in Connecticut. Nationally, the UCC has more than 5,700 congregations with nearly 1 million members.

According to the National Health Care for the Homeless, medical respite care is defined as "acute and post acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital." Many people who are homeless are discharged from the hospital and released to the streets. If they still need to recuperate after a surgery or illness, they have an increased likelihood of infection and readmission to the hospital, which is bad for patients and costly to the health care system. Medical respite centers provide a place for those without a permanent home to live and receive health services outside the hospital. These centers are a crucial link in the homeless continuum of care.

Housing and medical care are human rights. It is not moral when patients who still need to recover are discharged "home" from the hospital without a home to go to. Medical respite programs have shown to reduce hospital readmissions among homeless patients.

A colleague of mine has personal experience seeing unhoused individuals discharged from the hospital, often at 1:00 am on a night when it is below 10 degrees. He has also witnessed individuals being taken to the hospital for intoxication and subsequently being discharged after sobering up. These individuals would have benefited from admission to a detoxification program. Instead, they were discharged straight to the streets because no beds were available. Medical respite could have given them a place to stay for a few days until a detoxification program opened up.

Those of us blessed with stable housing can be safely discharged to our homes to continue recuperation. But unhoused people often are left to lobby their homeless shelter (if they are staying in one) after discharge. These shelters lack medical equipment and put homeless individuals at significant risk of complications and poor outcomes.



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All of God's people deserve adequate housing and medical care. We therefore urge the Committee to support House Bill 6756, which if adopted would establish a pilot program to provide medical respite for the homeless.

Thank you for your work and the opportunity to supply written testimony in support of Senate Bill 6756.

Blessings,
Michele Mudrick
(860) 796-3822
Michelem@ctucc.org



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