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To: Members of the Appropriations Committee  
From: Alison Cunningham, Executive Director  
Re: Dept of Mental Health and Addiction Services budget  
Date: February 9, 2016

Thank you to the members of the Appropriation Committee for your time today. My name is Alison Cunningham. I'm the Executive Director of Columbus House, an agency that provides services and housing for people who are homeless in our state. Our primary areas of service are in the New Haven region and the Middlesex, Meriden, Wallingford region.

This past summer, the Governor announced that Connecticut had ended chronic homelessness for Veterans, and we are the first state in the country to have done so. Earlier today, he announced that the state had ended homelessness for all veterans, meaning that when a veteran does become homeless, our system will react quickly so that the homeless episode is short-lived. These are significant milestones for our state, indicating that we are on the right track with the right tools in place to reach our goals.

Monday night, at the Governor's Town Hall meeting in Middletown, when asked about our efforts to end chronic homelessness for all people in CT, the Governor confirmed his commitment to funding the very programs that will help us reach this goal.

A person is verified as chronically homeless if he/she has been homeless for 12 months and lives with a disability, i.e. mental illness, substance use, chronic medical conditions. We know that people who fit this definition make inappropriate use of emergency systems and institutions, such as hospital emergency rooms, jails/prisons, mental health institutions. Cycling through these systems is not only costly to the institutions and to the state, but does not resolve a person's homelessness.

We know from our experience that permanent supportive housing is a proven solution to this crisis of chronic homelessness. Columbus House supports some 350 people across the state in this type of housing...permanent housing with case management support that helps people stay housed and enhance their quality of life. Not only are they out of the shelters and off the streets, but when housed, people's use of emergency and institutional care is radically reduced.

Supportive services for those who enter permanent supportive housing are funded through the Department of Mental Health and Addiction Services. These services are a critical component of keeping these high-need individuals housed and stable. **While we understand that substantial cuts to DMHAS programming are under consideration, we ask that you maintain the critical support services for permanent supportive housing. Cuts to these services would**

**risk reversing the substantial progress we have made to end chronic homelessness. Cuts to these critically important services could mean increases in unsheltered, high-need homelessness – taking us the wrong direction, and imposing new costs on our communities.**

Last summer, we joined the movement of **ZERO: 2016**, a national campaign intent on reaching that goal of ending chronic homelessness by the end of this calendar year. We know we can accomplish this, as evidenced by the fact that we have done so for chronically homeless veterans. Now, we will continue on with our success, striving to reach the end of chronic homelessness for individuals and families by the end of this calendar year.

We can show success toward this goal in the 2015 the Point in Time Count, the annual count of all homeless people, which showed the number of chronically homeless was down by 21% from the prior year. Our success thus far is, in large part, due to the great commitment to this effort by the Governor, the legislature and both the Dept of Housing and the Dept of Mental Health and Addiction Services. New funding for systems changes and for targeted interventions have been the keys to our achievements in the past year.

**Further, to reach this audacious and doable goal of ending chronic homelessness by the end of 2016, we need new funding to expand permanent supportive housing for this population as well as those who are on the cusp of becoming chronic. We are asking for \$1.5m for rental subsidies and \$1.125m for services to support people who are housed.**

This is a difficult budget year, as we all know. We all also know that continued investment in upfront strategies will help reduce costs in the long run. When people are housed, their use of costly emergency and institutional care is greatly reduced. But the critical issue here is the fact that we are saving lives of the most disenfranchised, chronically homeless folks in our communities. That in itself is worth the investment.

Thank you for your thoughtful consideration.

A handwritten signature in black ink, appearing to read "Alison Cunningham". The signature is fluid and cursive, with a large loop at the end.

Alison Cunningham  
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