Governor’s Proposed Budget FY20-FY21
Appropriations Hearing
Department of Mental Health and Addiction Services
Friday, March 1st, 2019

Good evening Senator Osten, Representative Walker, Senator Formica, Representative Lavielle, and distinguished members of the Committee. Thank you for hearing my testimony today on the important investments to the Department of Mental Health and Addiction Services budget that will support our statewide effort to end homelessness in Connecticut.

My name is Richard Cho and I am the Chief Executive Officer of the Connecticut Coalition to End Homelessness. I speak before you today, representing more than 100 member agencies across our state who are working to end homelessness.

As you know, even in what has been an ongoing challenging budget climate, Connecticut has made continued progress in reducing homelessness. We have reduced homelessness overall by 34 percent since 2012, have housed 2,579 people with disabilities experiencing long-term homelessness (chronic homelessness), and have achieved an end to Veteran homelessness, meaning that if any Veteran falls into homelessness, we have the system and resources to re-house that Veteran within 90 days. However, the fact that we are able to achieve success without significant new resources does not mean that we can make further progress—or even maintain the progress we have made—with fewer resources. I am here to urge you to preserve the Department of Mental Health and Addiction Services line item (Supportive Housing Services) at $23 million in each year.

Homelessness for any person is an absolute tragedy, but arguably one of the most tragic aspects of homelessness is how often it is experienced by people with disabilities, whether people with serious mental illness, development disabilities, or a combination of addiction and chronic medical conditions.

For people with disabilities, homelessness is not simply about the lack of employment or the gap between wages and the cost of housing. Their behavioral health disorders serve as a barrier to employment. They may have difficulty with activities of daily living, managing money, or taking medications. Despite their higher rates of co-morbid chronic medical conditions, including diabetes, hypertension, cardiovascular disease, liver and kidney disease, HIV, cancer, and more, they often have inconsistent access to health care.1 And research shows that they are aging as a cohort, with more and more exceeding the age of 55.2 For this group, homelessness is, quite frankly, a life or death matter. Research shows that homeless people with serious mental illness and/or substance use disorders have mortality rates 3 to 4 times the general population, with average life expectancy nearly 30 years shorter than the average non-homeless adult in the United States.3 4


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In addition to being a human tragedy, homelessness among people with disabilities is also a public policy failure. Data analyses have shown that, by allowing these individuals to remain homeless, the State of Connecticut spends a significant amount of taxpayer funds, specifically through emergency room visits and hospitalizations, incarceration, ambulance transports, detox services, and failed attempts at treatment. In fact, a recent analysis identified 850 homeless individuals who cost the state nearly $67 million in Medicaid-funded health services every year. This does not even include the costs associated with their involvement in prisons, state-funded psychiatric or substance use services, and municipal-funded EMS, fire, and police services.

Fortunately, Connecticut has been a national leader in the financing and provision of permanent supportive housing, a model that combines rental assistance with wrap-around supportive services. Supportive housing has been proven through study after study to not only help people remain stably housed, but also reduce their use of hospitals, prisons, and other crisis services. In fact, several studies have shown that supportive housing can pay for itself—the cost offsets to crisis services covers most, if not all of the cost of the rental assistance and wrap-around supportive services.

Critical to the effectiveness of permanent supportive housing are the wrap-around case management services that help people with disabilities remain housed, connect with primary and behavioral health care, assist with activities of daily living, medication management, promote recovery, manage money, obtain employment, and more.

Imagine what might happen if we were to suddenly take away the very thing that has helped these vulnerable individuals remain housed, off the streets, and out of hospitals and prisons. Cuts to these critically important services could result in having individuals with chronic behavioral and medical conditions, who are now aging, back on the streets. It could mean spending more in Medicaid costs either from more hospitalizations and emergency room visits or from skilled nursing facilities. And it could also mean more people dying on the streets.

Supportive services for those who enter permanent supportive housing are provided under the Department of Mental Health and Addiction Services. These services are a critical component of keeping these high-need individuals housed and stable. These services are funded from the Housing Supports and Services line item, which is maintained at $23 million in the Governor’s proposed budget.

Homelessness is an unacceptable condition for any Connecticut resident, especially those with disabilities, and an expensive public policy problem. The last thing we should do is go backwards on what successes we have achieved.

Thank you for hearing my testimony and thank you for your support to efforts to end homelessness in Connecticut.

Sincerely,

Richard Cho
Chief Executive Officer
CT Coalition to End Homelessness