Senator Osten, Senator Formica, Representative Walker, Representative Lavielle, and distinguished members of the Committee,

My name is Marcia DuFore and I am a registered voter in the town of Suffield, Connecticut. I am testifying as a private citizen, Executive Director on behalf of the North Central Regional Mental Health Board (NCRMHB) and member of the Connecticut Prevention Coalition (CPN) and Keep the Promise Coalition (KTP).

I am testifying today in support of the Medicaid Supportive Housing Benefit through the Department of Social Services to assist high need high cost Medicaid beneficiaries who are experiencing homelessness in accessing and retaining stable housing and meaningfully engaging with their health goals.

Our Board’s responsibility, established by Connecticut statute over 40 years ago, is to study the mental health and addiction needs of people in our region and assist the Department of Mental Health and Addiction Services (DMHAS) with setting priorities with local providers, and government officials for new, improved or expanded services.

I am including below some observations and recommendations from our 2018 Region IV Priorities and Recommendations Report submitted to DMHAS.

Stable housing is central to recovery and the growing lack of affordable housing is a significant barrier. Despite Connecticut’s successful efforts to end of chronic homelessness, most respondents to our surveys and focus groups expressed frustration about the lack of options for shelter, transitional housing, and permanent housing for people who do not meet the HUD definition of “chronically homeless.” These are the people coming from hospitals or to agencies or town social services who, if not able to be diverted from homelessness without additional resources, have nowhere else to turn. Unfortunately, this is the largest group of homeless individuals encountered by our community members, and as a result, a tremendous source of frustration. One provider commented that 80% of people who walk through their doors are seeking housing. Outreach workers through CHR’s PATH Program spend much of their time finding people just to verify that they are indeed homeless.

People with bad credit and criminal histories encounter additional barriers. Wait times for the appointment to be assessed for housing options have been significantly reduced for Greater Hartford (average of 1-2 days), but still high for Central CT (New Britain/Bristol/ Berlin (6-9 days).

CT’s strategy for ending chronic homelessness has not addressed homelessness for many of the people in Region IV served by DMHAS. In fact, the number of active DMHAS clients in Region IV who are homeless has increased (from 1079 in 2015 to 1147 in 2017). Prioritization for housing assistance is determined
using a vulnerability index triage tool (VISPDAT). The tool is designed to help determine the level of support individuals need to secure and maintain housing. Unfortunately, people with high scores are given priority for housing subsidies, but due to lack of supportive housing resources, may be offered housing with less support (Rapid Re-housing) instead of level that matches their assessed need. Per providers, this often results in failure – a disheartening result for the person, the staff who are trying to help them, and the landlords who are taking a chance on them.

Respite is lacking across the region with a growing proportion of respite beds used for long-term “respite” due to the lack of shelter and supportive housing options.

Frustration is expressed by nonprofit providers with lack of residential options at appropriate levels of care for people being discharged from inpatient hospitalization (including CVH) and with people discharged without benefits or income for housing. In 2017 DMHAS completed an inpatient services study with recommendations “aimed at improving use of appropriate and efficient utilization and bed flow at higher levels of care (including respite),” however, there has been no development of options since the report, and gridlock remains.

Over reliance on Department of Social Services licensed Residential Care Homes (also called Board-and-Care) due to lack of lack of residential options for people who need more support than supportive housing. Staff lack training for dealing with behavioral health issues.

Federal funding for transitional housing has been eliminated, leading to the impending closure of a transitional housing program for 30 people in Region IV. With this closure comes the need to find alternate arrangements for displaced individuals in an already overtaxed system. As well, this is a level of care that is now lost to our system.

I believe this situation might be helped by the Medicaid Supportive Housing Benefit through the Department of Social Services. Under this proposal, a 1915(i) state plan home and community-based services benefit would be developed to provide supportive housing to up to 850 individuals who experience homelessness and whose average Medicaid costs exceed $40,000 per year. It is a cost-effective strategy that has been shown to lower public costs associated with the use of crisis services such as shelters, hospitals, jails, and prisons.

We must reduce gridlock and over reliance on inpatient or emergency room care by protecting (and developing) housing options and related support services across the full continuum of care.

Homelessness is a costly problem, in the toll it takes on human lives, and the toll it takes on public resources. We know what works to end homelessness – through coordinated efforts to secure the right housing and supports, we can resolve homelessness – one person, one family at a time. The net gain to those we serve, to our communities, and to our state is clear: it costs more to allow homelessness to persist than it does to resolve it.

We urge you to support the Medicaid Supportive Housing Benefit through the Department of Social Services to assist individuals served by Medicaid in accessing the supportive housing needed to maintain stable housing and improve their overall health outcomes and well-being.