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Governor's Proposed Budget FY2021-23
Appropriations Hearing
HB 6439 AAC the State Budget for the Biennium Ending June 30th, 2023
Department of Mental Health and Addiction Services
Tuesday, March 2nd, 2021

Senator Osten, Representative Walker, Representative Gibson, Senator Hartley, Representative Kennedy, Senator Somers, and distinguished members of the Appropriations Committee, thank you for allowing to testify. My name is Sarah Fox and I am the Director of Policy at the Connecticut Coalition to End Homelessness. I speak today representing a broad coalition of more than 100 organizations across Connecticut who are all committed to a common goal of achieving an end to homelessness in Connecticut. Our coalition includes non-profit providers of homeless services, as well as housing agencies, private sector businesses, and concerned citizens.

Thank you for the opportunity to testify on **H.B. 6439 An Act Concerning the State Budget for the Biennium Ending June Thirtieth, 2023 And Making Appropriations Therefore**. I am here to discuss the important investments through the Department of Mental Health and Addiction Services to support efforts to make Connecticut the first state to make homelessness rare, brief, and a one-time occurrence.

Homelessness is one of our state's most tragic, urgent, and solvable crises. COVID has laid bare the stark realities of homelessness experienced by so many. When the "stay at home" order was issued, the public saw what we all knew to be true: thousands of people across Connecticut have no permanent home. They lack the most basic human protection. People experiencing homelessness are at a greater risk of infection due to a variety of factors like the inability to socially isolate, being unsheltered, and having increased underlying health conditions. The pandemic also makes it hard to ignore the astounding disparities that fall upon those who are impoverished, people of color, and others who have been systematically disenfranchised. Considering this devastation, we must recognize that housing is healthcare, and access to housing must be an undeniable human right[1].

I would like to focus my testimony on three areas of the DMHAS budget that are critical for our statewide work to stabilize our communities and end homelessness once and for all—outreach to our state's unsheltered population, investments in permanent supportive housing, and adequate funding for front-line providers and staff.

Street Outreach

Over the past several years, the State of Connecticut has made significant progress in reducing homelessness by creating a coordinated statewide homelessness response system (the CAN system) that is able to identify people experiencing or on the verge of homelessness

[1] Homeless in the Time of COVID: https://vimeo.com/462390917

and either preventing homelessness or quickly resolving it through rapid connection to stable housing. With the creation of this system, Connecticut has achieved a 57% decrease in sheltered homelessness since 2012.

While this success is to be celebrated, there continues to be a significant population the CAN system is less effective in reaching, namely, people experiencing unsheltered ("street") homelessness. These are some of our state's most vulnerable people, as simply being without a home is a dangerous health condition, and they are at heightened risk of contracting, spreading and dying from the virus[2]. These people often avoid homeless shelters, instead sleeping outside, in tents, in abandoned buildings, or other places not meant for human habitation—and tend to avoid seeking help from formal systems of care, including the state's 2-1-1 Infoline. And because of their health conditions, they are twice as likely to need to be hospitalized and two to three times likely to die from COVID[3].

Research and data indicate that, while they do not often seek help, these individuals have complex health and behavioral health conditions (serious mental illness, substance use disorders, chronic medical conditions), higher rates of premature mortality, and frequently come into contact with multiple crisis service systems (e.g., hospitals, law enforcement and criminal justice). A recent data match conducted by CCEH and state criminal justice agencies identified over 8,000 individuals who had contact with the homeless service system that had recent stays in jails or prisons, many of whom were released from courts after a pretrial detention or served sentences shorter than two years. Conversations with law enforcement leaders, hospital executives, and municipal leaders indicate that these individuals are repeatedly encountered and tend to over- burden and tie-up their resources. Thus, while they remain a small subset of Connecticut's homeless population, they remain a significant cause for concern.

The state's current approach to engaging unsheltered people is inadequate and fragmented. On the one hand, homeless services providers deploy their small workforce of homeless outreach workers across various areas of the state to make offers of help to individuals. However, this approach to outreach is far from systematic: canvassing efforts are becoming increasingly coordinated but are not scaled or staffed appropriately. Moreover, any time spent by these workers canvassing to identify new clients is time not spent engaging and building trust and rapport with known unsheltered individuals. Data on individuals identified by outreach similarly reflects the inadequacy of current outreach approaches as only a fraction of the individuals encountered by outreach are ever entered into HMIS.

Recently, communities have begun to form local collaborations that bring together municipal services (municipal government leaders, 911, police/law enforcement, fire departments, emergency medical services, libraries, hospitals, schools, human services departments, etc.)

[2] https://endhomelessness.org/resource/estimated-emergency-and-observational-quarantine-bed-need-for-the-us-homeless-population-related-to-covid-19-exposure-by-county-projected-hospitalizations-intensive-care-units-and-mortality/

[3] https://endhomelessness.org/wp-content/uploads/2020/03/COVID-paper_clean-636pm.pdf

with homeless services providers to coordinate on outreach and engagement of people experiencing unsheltered homelessness. These local collaborations are demonstrating how collaborative approaches can reduce rates of arrest and hospitalizations and improved connection to housing among unsheltered persons and provide a prototype for effective crisis response systems that emphasize connections to care over arrest and institutionalization.

To support this critical work, CCEH stands alongside our partners at the Reaching Home Campaign, and respectfully requests **$375,000 in new funding in the DMHAS' Housing Supports and Services line for enhanced outreach services that would enable us to better identify individuals experiencing unsheltered homelessness and help move them into permanent, stable housing.**

Permanent Housing

Housing is healthcare. Without a safe place to call home, it is nearly impossible to focus on basic health and medical needs. Every day individuals experiencing chronic homelessness (who are long term homeless and disabled) die from preventable and manageable diseases. Now, the connection between housing and healthcare is even more evident when one of the keys to staying healthy is staying at home. Individuals who are homeless are particularly likely to acquire COVID-19 because of their age, vulnerability, exposure to many people while living in dormitory-style shelter, and/or inability to keep clean while living outside.

People with complex needs who might end up chronically homeless or require sustained assistance need access to permanent subsidies and supports to stay stably housed. 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 high 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[4]. And research shows that they are aging as a cohort, with more and more exceeding the age of 55. For this group, homelessness is, quite frankly, a life-or-death matter[5]. 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[6].

[4] Baggett, T. P., O'Connell, J. J., Singer, D. E., & Rigotti, N. A. (2010). The unmet health care needs of homeless adults: a national study. *American journal of public health*, 100(7), 1326-33.

[5] Culhane, D.P., Treglia, D., Byrne, T., Metraux, S., Kuhn, R., Doran, K., Johns, E., and Schretzman, M. (2019). " The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs? Philadelphia: University of Pennsylvania. https://www.aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf

[6] Henwood, B. F., Byrne, T., & Scriber, B. (2015). Examining mortality among formerly homeless adults enrolled in Housing First: An observational study. *BMC public health*, 15, 1209. doi:10.1186/s12889-015-2552-

In addition to being a human tragedy, homelessness among people with disabilities is also a public policy failure. 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. Other substantial costs include the costs associated with their involvement in prisons, state-funded psychiatric or substance use services, and municipal-funded EMS, fire, and police services.

We know what works to end chronic homelessness: permanent supportive housing, which combines housing subsidy with case management services. Hundreds of research studies have demonstrated that this is not only the right thing to do to help a fellow citizen in need, but it is cost effective to the communities. **Ending chronic homelessness by providing these supports is proven to save communities up to 70% of the costs they will otherwise incur when chronic homelessness persists.**

We join the **Reaching Home Campaign** in calling for vital investments in permanent housing and support to protecting our states most vulnerable individuals:

- We support the proposed budget for the **Department of Mental Health and Addiction Services' Housing Supports and Services line at $23.4 million in each year of the biennium.**
- We request a new targeted investment of **$2.25 million in the DMHAS' Housing Supports and Services line to provide supportive services to 300 households in scattered-site and development units**.
- We support the Governor's proposal to provide an additional **$4 million in FY22 and $7.2 million in FY23 in DMHAS for continued discharges from Connecticut Valley Hospital, including 30 new Money Follows the Person placements.**
- We request the addition of **$352,500 in each year of the biennium for wrap-around services for 47 individuals anticipated to receive federal HUD Mainstream vouchers during FY22.**

Adequate Funding for Front-line Homeless Providers and Staff

The Connecticut homeless response system which is overseen by the CT Department of Housing and the Coordinated Access Networks (CANs), a system which is traditionally underfunded by state government, has served alongside the Department of Mental Health and Addiction Services, the CT Divisionof Emergency Management and Homeland Security (DEMHS) and DEMHS regions, the CT Department of Public Health and Local Health Departments, and the CT Department of Social Services to save lives, mitigate the public health crisis, and protect our most vulnerable neighbors from COVID-19.

Beyond a massive shelter decompression effort and the swift work to provide safe and stable housing, CT's homeless response system and CANs continued to provide an impressive amount of assistance to the many households in our state facing a housing crisis. From October 2019 to October 2020, 2-1-1, the state's human service information and referral helpline, received 74,852 calls related to temporary shelter. 2-1-1 referred 16,452 households seeking housing services and supports to one of seven Coordinated Access Networks (CANs) which serve all individuals and families experiencing literal homelessness across the state [7].

Together, we have proven that your investments in the Connecticut homeless response network matter and result in positive outcomes, especially in times of crisis. Correspondingly, non-profit homeless services organizations, and the people who work for them, have played a critical role in protecting and assisting Connecticut's most vulnerable populations. During the COVID-19 pandemic emergency, homeless services has been an important part of the state's critical infrastructure and emergency response system. Regardless of their essential role homeless services organizations continue to be funded by state agencies at levels far below the actual cost of delivering homeless and housing assistance services. These services include shelter operations and case management, homeless outreach, shelter diversion and housing problem-solving, rapid re-housing case management and housing navigation, supportive housing program operations, and supportive housing case management.

Adequate funding is paramount to safeguarding the health and economic security of frontline staff. The net effect of asking providers to maintain or in some cases do more with flat funding has been lower wages, lower morale, higher turnover, and higher vacancy rates among front-line staff. The arrival of the COVID-19 pandemic saw these effects most acutely as homeless services organizations found themselves unable to fill staffing vacancies at a time when staffing needs were most urgent. We also know that front-line staff, and those fulfilling essential roles throughout the pandemic are disproportionally people of color. More must be done to protect these workers and their families. We must prioritize funding to homeless service organizations so that every employer is able to provide their staff with a safe working environment and a living wage. Adequate funding and ensuring livable wages would go a long way towards eliminating the racial and economic inequities that have become so glaring during this pandemic.

To address these concerns, CCEH stands in support of proposed **S.B. 340, An Act Concerning Funding for Housing Services**, which will come before the Appropriations Committee. This bill would require DMHAS and DOH to review and adjust funding levels for existing contracts, as well as adopt standardized services costs for new contracts, such that non-profit homeless services providers can:

[7] Emergency Shelter Dashboard - ctcandata.org

- pay living wages, overtime, hazard pay, and benefits for front-line staff;
- maintain client caseload sizes to meet industry standards;
- and adequately fund other-than-personnel costs such as supplies/PPE, staff training and professional development, technology, etc.

In closing, I respectfully request that the legislature **appropriate $461 million over five years for community nonprofits.** Please help to ensure that our front-line homeless service providers can continue to provide essential services through this public health crisis and beyond.

Thank you to the committee for the opportunity to present this testimony, and for your hard work making important and life-saving decisions during this public health crisis — it is with your support that we can help make sure Connecticut's residents are healthy and stably housed.

Sincerely,

Sarah Fox
Director of Policy
CT Coalition to End Homelessness