



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

Pamela Ralston
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Supportive Housing Works, Inc.

Senator Osten, Representative Walker, Representative Gibson, Senator Hartley, Representative Kennedy, Senator Somers, and distinguished members of the Appropriations Committee, thank you for hearing my testimony today on House Bill 6439 (AAC the State Budget for the Biennium Ending June 30th, 2023). I am here to discuss the important investments through the Department of Mental Health and Addiction Services to support efforts to end homelessness in Connecticut.

My name is **Pamela Ralston**. I work in **Bridgeport** and am a resident of **Milford**, CT.

I am a member of the statewide Reaching Home Campaign to prevent and end homelessness in Connecticut and am Director of Opening Doors Fairfield County (ODFC) /CT 503, one of two CT HUD designated jurisdictions known as Continuum of Care (CoC). The CoCs are designed to promote communitywide commitment to the goal of ending homelessness, provide funding for efforts by nonprofit providers, State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness, promote access to and effect utilization of mainstream programs by homeless individuals and families and optimize self-sufficiency among individuals and families experiencing homelessness or housing instability. ODFC represents all of Fairfield County.

ODFC, alongside many partners in the state, recognizes safe, affordable, and permanent housing as the only solution to homelessness. When our state's residents have stable housing, their economic and health outcomes improve. During COVID-19, the need for permanent housing for all of Connecticut's residents has become even more important.

ODFC and the Fairfield County Coordinated Access Network respectfully request that the committee support the following proposals and expansions from the Governor's budget for the Department of Mental Health and Addiction Services (DMHAS):

- 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.
 - Typically, an average of 60% of those who experience homelessness and housing instability also suffer from tri morbidity, including serious physical health issues, mental illness and related substance use disorders.
 - Living without stable housing can drastically worsen health. Homelessness can exacerbate mental illness, make ending substance abuse difficult, and prevent chronic physical health conditions from being addressed
- 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.
 - **Scattered Site Permanent Supportive Housing**, a critical element in any community's fight against homelessness, places homeless individuals in private market

apartments **scattered** throughout a city or county. Rents are paid through government-issued rental assistance vouchers.

- Permanent supportive housing and income assistance interventions are effective in reducing homelessness and in assisting individuals to achieve housing stability
 - Permanent housing coupled with services is targeted uniquely to meet the needs of individuals and families with chronic illnesses, disabilities, mental health issues, or substance use disorders who have experienced long-term or repeated homelessness. Providing support through long-term rental assistance and supportive services is an evidence-based intervention that works!
- We request \$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.
 - Engaging unhoused vulnerable populations through outreach is critical to connect with those without shelter considering that people who live without stable housing have significantly higher levels of early mortality (especially from suicide and unintentional injuries), physical and mental health and substance misuse issues than experienced by the general population
 - High prevalence rates of non-communicable diseases have also been shown alongside evidence of accelerated aging. Even being homeless for a short period of time increases the risk of long-term health issues
 - Investing in enhanced outreach to connect with vulnerable individuals not only saves lives, but also saves in public resources that are otherwise directed to emergency health services as well as supplemental care for those whose basic needs are not met consistently
 - Homeless people, if not supported with appropriate access to healthcare services, can be one of the costliest populations reflected in expenditures of public resources (8 times that of the housed population), with homelessness being an independent risk factor for chronic use of hospital emergency departments and high usage status reflected in inpatient admissions
 - 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.
 - For those who require ongoing personal care assistance, home health care, home modifications for safety and accessibility, adult day care, respite care for informal caregivers, and personal emergency response systems, "Money Follows the Person" program participants have the option to self-direct care which saves resources when programming is limited to self-identified needs.
 - 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.
 - We support the CT Community Nonprofit Alliance proposal to restore \$461 million over five years to community nonprofits. Funding for nonprofits, including those working to end homelessness, does not adequately cover increased costs and demands for services.

Since 2012, the number of people utilizing Connecticut's shelter system has decreased by 57%. Investing in proven solutions to homelessness is necessary in continuing our progress and ensuring that every youth, family, and individual has a safe, stable place to call home. Housing provides the stability that people need to address unemployment, addiction, mental illness, and physical health. ... Ending homelessness is not only beneficial to the people who have moved into housing. It is beneficial to the community and to the healthcare system as well.

Evidenced-based programs provided by DMHAS housing and services are part of CT's infrastructure to end homelessness, and such programs have improved the quality of life for those who need support, as well as for communities at large. CT's CoCs and its coordinated access networks have made steady progress in our ability to quickly and appropriately respond to housing crises, get people back into housing and connect them with the community-based services they need. **We need your support to ensure this collective progress and related momentum continues!**

Thank you for the opportunity to present this testimony, and for your hard work in 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,

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