Testimony before the
Senate Committee on Health, Education, Labor, and Pensions

Terry Allebaugh
Executive Director, Housing for New Hope
Durham, North Carolina

"Transforming Mental Health and Substance Abuse Systems of Care: Community Integration and Recovery"

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My name is Terry Allebaugh and I am the founding director of Housing for New Hope, a 15 year-old nonprofit organization rendering services and building housing for the homeless in Durham, North Carolina. At Housing for New Hope, we work to prevent and end homelessness one valuable person at a time.

Two years ago, we began outreaching to two such valuable men through our P.A.T.H. program (Projects for Assistance in Transition from Homelessness, administered by SAMHSA). The men were living in a makeshift tent in a narrow strip of woods between Main Street and the railroad tracks near a thriving area of Durham, called 9th Street. Being also near Duke University, the area provided a fertile ground for the duo's panhandling endeavors. We suspected immediately, and it was later confirmed by psychological testing that "Concrete", so named because of his seeming resilience to the harshness of year-round street living, suffered from schizophrenia, and "White Mike", so named for obvious reasons, was clinically depressed. Neither man was receiving treatment and both were self-medicating with alcohol. Both men had given up hope that there could be something different in their lives.

For over a year we visited and talked with them at their tent or on 9th Street. They always thanked us for visiting and graciously received our periodic gifts of sleeping bags, blankets, toiletries, and food. They also repeatedly declined our offers to connect them to services, housing, and hope for tomorrow. The business owners and their patrons begrudgingly accepted them, with a few exceptions, and most everybody seemed resigned to the fact that well, "some folks just choose to be homeless."

Then “White Mike’s” health status grew worse as his exposure to all the elements continued, and twice he was transported via rescue squad to the emergency room, and then hospitalized for internal bleeding. Soon, “Concrete” moved out of the tent and was found sleeping at night behind the bicycle racks outside Kinko’s on 9th Street.

Unfortunately, the stories of Mike and Concrete are not unique.

They are only two of the 744,313 homeless people in the country on any given night who are looking to us, here in this room, for real change by ensuring access to mental health services and affordable housing. They are two of the 11,165 on a given night in North Carolina, and two of the 539 counted in Durham. Both the despairing homeless and the confused citizenry are looking to us for leadership, commitment, and increased funding leading to improved services.

Through our work, Housing for New Hope has come to believe that nobody chooses to be homeless. Some people settle for homelessness because they have given up hope that anything else is possible. Piecemeal services, congregate shelters, and spare change do not lead to transformative systems of care. Homeless people, especially those with disabling conditions such as mental illness, substance addiction, and poor physical health need real services that are comprehensive. They need real homes where they are leaseholders with rights and responsibilities. They need real change, not spare change handed out by those more privileged who themselves are looking for a temporary fix for their guilty feelings.

Data collected nationwide reveals that 23 percent of the homeless population are chronically homeless, meaning they have been living on the streets with disabling conditions for long periods of time. They are there because they are poor and lack access to needed health care systems and affordable housing. The longer they remain homeless, the more chronic and debilitating their health conditions become and the more expensive our piecemeal, temporary, and spare change services cost us. Many of the chronically homeless receive their primary health care in the emergency rooms and are transported there by a rescue squad. They are housed periodically in jails and prisons, transported by law enforcement officers, and adjudicated by the

courts and court-appointed attorneys. They are frequent, short-term visitors to primary and mental health hospitals with high per diem rates for the doctors, nurses, and tests.

We can no longer fool ourselves that we are being frugal and prudent with our tax dollars by only giving minimal attention to the chronically homeless population.

Housing and Urban Development (HUD) has been stepping up to the plate in the area of permanent housing and chronic homelessness by requiring that at least 30 percent of all funds awarded nationwide through the Supportive Housing Program be for the creation and provision of permanent housing. Additionally, HUD makes a bonus award available for each community that targets permanent housing projects for the chronically homeless. My own organization, Housing for New Hope, has 40 units of permanent housing partially funded by three HUD grants, and we have just been awarded a capital grant for the construction of another 10 unit apartment building to house the chronically homeless.

However, HUD has made clear they intend to fund what they do best, namely housing, and that we cannot look to them for the provision of service dollars. We need SAMSHA to step up to the plate and provide the core service dollars that will make the housing dollars more effective in our communities.

In a report produced by the U.S. Department of Health and Human Services entitled, "*Ending Chronic Homelessness: Strategies for Action,"* the authors concluded that no mainstream program is comprehensive enough to adequately serve chronically homeless people. Therefore, agency budgets need to target dollars to this population. In a bill called Services for Ending Long-term Homelessness Act (SELHA) that was introduced and championed by our North Carolina Senator Richard Burr, and was co-sponsored by Senator Jack Reed and others, there is a detailed plan for needed services for this population that can be coordinated with other systems that are delivering housing, jobs, and primary health. The bill provides mental health and substance abuse treatment as well as health education and recovery activities. I strongly encourage you to increase funding within the current homeless programs by $80 million and include the goals and funding for SELHA in the reauthorization of SAMHSA.

It's easy to remember: put SELHA in SAMHSA.

I can tell you unequivocally that the main ingredient currently missing in our work to end and prevent homelessness in Durham for the chronically homeless is mental health and substance abuse services. Our P.A.T.H. program is doing remarkably well to outreach and engage, and is making some incredible things happen. With the help of HUD and our City and State governments, we are putting housing on the ground. However, without the presence of clinical teams who are trained, committed, and dedicated to the issues confronted by the chronically homeless, we, like many others around the country, are part of the piecemeal, spare change system of care.

Our Local Management Entity, The Durham Center, and our State level Department of Health and Human Services are working hard in a tough environment to squeeze out a few dollars to target resources in this area. However, they need SAMHSA's help in order to make real and substantial change that will create the necessary infrastructure and coordination of social services.

There is an amazing thing happening in our country right now. Business leaders and folks from congregations, people in nonprofit and government agencies are working together like never before to implement strategies that will end homelessness as a statistical reality in our country. Major cities are reporting significant decreases in the number of homeless people living on the street. But there are many miles to travel before we reach our goal.

Along the way, we will keep reaching for our goal one valuable person at a time.

Our team visited Mike while he was hospitalized, and he decided to seek substance abuse treatment. Then, he decided to come into one of our transitional housing programs. Then he moved into one of our efficiency apartments where he pays his rent, works his job, and has started working on our P.A.T.H. outreach team as a peer specialist. What a distance he has traveled —from living in the woods with no access to the mental health care that he needed, to

living in his own place, helping others access the services they need to regain their hope for a better life.

Concrete recently committed himself to mental health hospitalization. He was there for a few weeks, given a 7-day supply of medication, an outpatient referral slip to a mental health provider, and released. He disappeared, but recently reappeared on 9th Street. He has run out of medication, has never seen the provider, is back to being mistrustful of help, and is sleeping behind the bike rack.

I don't think you, or I, are comfortable leaving him out there.

We know what it will take to bring "Concrete" and others like him into housing and services. We know what it will take to prevent Mike and Concrete from being out there all those years. I urge you to include SELHA within the SAMSHA reauthorization to allow us to provide the services that will give hope, opportunity and stability to our citizens who have so little.

Thank you.