

A struggle with addiction leads to homelessness

Dave sits across the table with a friendly smile, adorned in a Yankees cap and orange polo shirt. He's happy, but it's taken a lot of work - "When you're addicted, it's not easy to get out of it."

"It's normal in a rough neighborhood for lots of people to be addicted - there are lots of troubles, so everyone is trying to cope."

Born in 1958, Dave grew up in Brooklyn, NY, where his parents settled after they left Puerto Rico. Growing up, Dave was shy and stayed away from drugs and alcohol until he was 18, unlike many peers. Unfortunately, Dave's two older brothers struggled with addictions to alcohol and heroin. Of his family, Dave observes "all the male children were alcohol abusers and had addictive personalities, while my sisters could drink casually."

Dave remembers the night his addiction began. At a party, a friend noticed Dave's shyness and convinced him, "if you drink this beer and smoke this marijuana, you won't be shy anymore."

He immediately took to it and began a 30-year cycle of addiction, recovery, and relapse. Despite his addiction, he married, had children, and held down a job with the NYPD; but after numerous bridges burned, he wound up living on the streets, in shelters, and with friends.

A new place but the same results

In 2001, after a few years of being homeless, a friend offered him a place to stay in Waterbury. Realizing he needed to leave New York City if he was to recover, Dave jumped at the offer.



His new life started well and he managed to stay clean for 6 months, but it was short-lived. He relapsed at a New Year's Eve party after convincing himself that one beer wouldn't hurt.

The morning after his relapse, he awoke in a hospital room. As he tried to leave, a police officer stopped him. Confused, Dave asked if he had committed a crime. The response was shocking: he had tried to commit suicide.

Supportive housing, changing lives

Dave soon learned that bipolar disorder was preventing his recovery. He spent the next year in programs designed to help him overcome his addiction, and upon exiting these programs he found employment as a security guard and bounced around for a few years between housing programs.

Dave has finally found what works. After staying at a transitional program in Westport for 10 months, Dave was connected to the PILOTS Supportive Housing Program at Family & Children's Agency in Norwalk. Supportive housing has enabled Dave to live independently, while simultaneously offering him supportive services when he needs them. Through the 12 step group he heads up, Dave visits shelters to help others through their recovery from addiction. He currently does paralegal work and aims to obtain a paralegal license.

Supportive housing "has helped me to empower myself and lead a life I am proud of."

"The support of Family & Children's Agency," Dave says, "has helped me to empower myself and lead a life I am proud of."

The high cost of Dave's homelessness

During the last year of Dave's homelessness, he sought help to stabilize himself and utilized many institutional services: 199 days of in-patient treatment for substance abuse, 28 days at Connecticut Valley Hospital, 14 days of detox, 2 emergency room visits and 2 rides in an ambulance. These services cost \$283,642.

Cost of Dave's Last Year in Homelessness		
Total Cost: \$283,642		
Emergency Room	- 2 times	= \$4,303
Ambulance	- 2 times	= \$1,028
Substance Abuse In-Patient	- 199 days	= \$236,213
Detox	- 14 days	= \$8,232
Mental Health In-Patient	- 28 days	= \$33,236
Police Involvement	- 15 days	= \$630

Supportive housing: lower costs, better outcomes

Cost of Dave's Most Recent Year in Supportive Housing		
Total Cost: \$26,266		
Emergency Room	- 2 times	= \$4,303
Hospital In-Patient	- 2 times	= \$2,178
Substance Abuse Out-Patient	- 50 times (weekly support group)	= \$285
Supportive Housing	- 365 days	= \$19,500

Supportive housing costs far less – approximately \$19,500 – and the outcomes are better.

Supportive housing provides Dave with a safe and affordable home, where he can utilize the support systems he needs to stay healthy and lead a productive life.

The cost-effectiveness of supportive housing: how it works

Ending homelessness isn't just an ethical imperative, it's an economic imperative. The lack of a stable home damages a person's health and safety. For society, the costs are also high: treating homeless individuals in emergency systems that cannot address the root causes of their homelessness is expensive and merely continues the cycle.

Often, chronically homeless individuals access a wide array of high-cost systems – mental health, substance abuse treatment, prison, and health care – with little to no insurance. The costs of these systems are substantial: detox, \$588/day; hospital in-patient, \$1,089/day; psychiatric in-patient, \$1,187/day; emergency room visit, \$2,152/trip; ambulance, \$514/trip; prison, \$92/day. Worse, even after these services are utilized, homeless individuals still do not have a place to call home and often continue to suffer from illnesses that go untreated.

Supportive housing costs much less and is more effective.

For roughly \$54/day, or \$19,500 a year - \$10,000 for the rental subsidy that provides housing and \$9,500 for the case management services that provide support to the tenant – supportive housing can help an individual end his/her homelessness.

What is Supportive Housing?

Supportive housing combines affordable apartments with on-site or visiting support and employment services.

A cost-effective solution for people with disabilities, mental illness, addiction and other issues, supportive housing provides its tenants with the support they need to stay housed and out of shelters, prisons, hospitals and other institutions.