



**Testimony in Support of *An Act Relative to Community Housing and Services*
House Bill 368 and Senate Bill 607**

Joint Committee on Housing

May 10, 2011

**Submitted by:
Sean Caron
Director of Public Policy
CHAPA**

Dear Chairman Honan, Chairman Eldridge and members of the Committee:

I am here today to testify in favor of *An Act Relative to Community Housing and Services*, House Bill 368 and Senate Bill 607, filed by Chairman Kevin Honan and Senator Pat Jehlen.

This legislation aims to produce a more coordinated and efficient process to produce supportive housing – affordable housing linked with supportive services designed to help tenants with modest incomes maintain housing stability and maximize their independence.

As you can deduce from the definition, supportive housing comes in different models depending on the population the housing provider aims to serve. Formerly homeless families and individuals, persons with disabilities, and seniors all can benefit from supportive housing. This testimony focuses on supportive housing for formerly homeless people¹.

I wanted to start by describing the state of homelessness in Massachusetts today.

There are approximately 3,367 families that are currently residing in the state's homeless shelters, 1,267 of which are in budget motels because shelter capacity is full. That means that over 7,000 Massachusetts children woke up this morning homeless. An additional 4,041 individuals are homeless according to the most recent HUD Continuum of Care point in time count taken in 2010. Within the total 7,407 Massachusetts households that are homeless, 1,181 are homeless veterans.

¹ We fully support *An Act Relative to Community Housing and Services* because it will expand sustainable affordable housing options for formerly homeless people, persons with disabilities, and seniors. This testimony focuses on homelessness due to today's Committee hearing subject.

Of the families in shelters, approximately 85% of households are headed by single mothers². The median head of household age is 29 years old³. The average household income is just \$751 per month and just over 1/4 of homeless families have wage income⁴. More than half of female head of households of homeless families have experienced domestic or sexual abuse, and many are products of our foster care system⁵. There are homeless families in every region of the state; families from over 200 Massachusetts municipalities reside in shelter today⁶.

The Commonwealth's Special Commission to End Homelessness called for a "Housing First" approach to ending homelessness, an approach embraced by the Governor, Legislature and advocates. The Housing First approach requires a sufficient supply of affordable housing and services available to make the housing sustainable for people that need them.

The Commission estimated that 75% of families that experience homelessness have significant social and economic challenges that require supportive services in order for the family to make progress towards self-sufficiency⁷.

Permanent Supportive Housing is a national best practice to reduce homelessness among families and individuals with significant social and economic challenges. Many families and individuals that face considerable social and economic challenges spend a significant amount of time in shelters at a great expense to the Commonwealth. The public health impacts of homelessness are also costly to the homeless person's quality of life and to the taxpayer. Supportive housing provides both housing and the services tenants need so they can live up to the terms of a lease, and avoid the costs of eviction, shelter, poorer health and related healthcare costs, and other government resources.

A 2009 Journal of the American Medical Association article explored the effectiveness of supportive housing in reducing healthcare utilization by homeless adults⁸. The findings of the study show conclusively that housing with case management for homeless adults, particularly those with mental health challenges, significantly reduces hospital days and emergency department visits and boosts overall quality of life for these homeless adults. More locally, the Home and Healthy for Good program has won national acclaim for its success securing supportive housing for chronically homeless adults, and the significant MassHealth, shelter, and law enforcement cost savings generated through that approach⁹.

For some families, homelessness is an episodic one-time event related to an unexpected job loss, health issue, or life change. However, many families have deeper challenges to housing stability that lead to longer shelter stays or returns to shelter. If the family is able to find housing, family

² Rapid Re-Housing of Motel-Sheltered Families: MBHP's Preliminary Assessment, November 2010. HomeFunders Facts on Family Homelessness: <http://www.homefunders.org/facts.html>

³ Ibid.

⁴ Ibid.

⁵ HomeFunders Facts on Family Homelessness; HUDs 2010 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations.

⁶ Source: DHCD Intake Data

⁷ Report of the Special Commission Relative to Ending Homelessness (under Chapter 2 of the Resolves of 2006 and Chapter 1 of the Resolves of 2007), December 28, 2007

⁸ Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults, a Randomized Trial, Sowski, Kee, VanderWeel and Buchanan, 2009. <http://jama.ama-assn.org/content/301/17/1771.abstract>

⁹ Home & Healthy for Good: A Statewide Housing First Program Progress Report December 2010, www.mhsa.net

members also need readily accessible services, including education or job training, employment assistance, childcare, and case management. They may also have services needs to address health, substance abuse, mental health and trauma. Supportive housing has also proven to be effective and necessary to increase self-sufficiency for these families¹⁰.

An Act Relative to Community Housing and Services aims to increase the state's focus on the development of permanent supportive housing. The legislation calls on the Administration to determine numeric benchmarks for the creation of supportive housing, charges them with creating an efficient and effective application process for creating supportive that eliminates government silos, and sets a modest goal of 1,000 units of new supportive housing over the next 36 months.

If an organization were to attempt to develop a new supportive housing site today, they would need to access funding for the housing development subsidies from the state's housing agencies. In a separate, uncoordinated process, they would need to access a litany of resources and service commitments depending on the population the developer wishes to serve. This disjointed process is too costly and too cumbersome to meet our state's needs. Increasing the development of supportive housing through a coordinated application process would replace the current band-aid approach to managing homelessness with a comprehensive approach to increase housing stability and self-sufficiency for formerly homeless families and individuals.

We respectfully request a favorable report for House Bill 368 and Senate Bill 607 as a necessary component to the Commonwealth's strategy to end homelessness. Thank you for considering these remarks and for your commitment to expanding sustainable housing options for families and individuals at-risk of homelessness.

¹⁰ Supportive Housing Research FAQs, Corporation for Supportive Housing, January 2007.