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President and CEO

Ambassador (ret.) Barry B. White  
Chairperson of MAMH Board of Directors

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June 30, 2023

The Honorable James Arciero  
Chair, Joint Committee on Housing  
24 Beacon Street, Room 146  
Boston, MA 02133

The Honorable Lydia Edwards  
Chair, Joint Committee on Housing  
24 Beacon Street, Room 413-C  
Boston, MA 02133

**RE: Please support H.1354/S.855, *An Act to create and implement a Massachusetts Flexible Supportive Housing Subsidy Pool Program* (Rep. Meschino/Sen. Crighton), and H.1328/S.873, *An Act to transform the Commonwealth's emergency response system and create housing strategies to end the homelessness of unaccompanied adults* (Rep. Higgins/Sen. Feeney)**

Dear Chair Arciero, Chair Edwards, and Honorable Members of the Joint Committee on Housing:

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for your ongoing leadership in prioritizing the needs of people with behavioral health conditions and their families. I am writing to respectfully submit this testimony in support of H.1354/S.855, *An Act to create and implement a Massachusetts Flexible Supportive Housing Subsidy Pool Program* (Rep. Meschino/Sen. Crighton), and H.1328/S.873, *An Act to transform the Commonwealth's emergency response system and create housing strategies to end the homelessness of unaccompanied adults* (Rep. Higgins/Sen. Feeney).

Formed over a century ago, MAMH is dedicated to promoting mental health and well-being, while preventing behavioral health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methodologies.

**H.1354/S.855, *An Act to create and implement a Massachusetts Flexible Supportive Housing Subsidy Pool Program* (Rep. Meschino/Sen. Crighton)**

The bill will leverage public and private funding streams to provide flexible, responsive funding for housing subsidies as well as tenancy stabilization and supports when there is no other alternative payer (i.e., MassHealth). The Massachusetts Flexible Supportive Housing Subsidy Pool (MFSHP) focuses on bundling and delivering these resources in a new way that improves the efficiency of housing placement, centralizes the coordination of housing and services, and ultimately reduces the time to achieve long-term stabilization.

The Massachusetts Association for Mental Health (MAMH) cares so deeply about this bill, and dedicates such a large portion of our work to housing, because housing is key to engaging in treatment and achieving recovery. We

know that permanent supportive housing makes the difference, time and time again, for individuals and families.

There is a strong body of evidence demonstrating the effectiveness of permanent supportive housing. A 2020 BCBSMA Foundation study, for instance, compared health care expenditures of MassHealth members receiving housing and supportive services with health care expenditures of chronically homeless MassHealth members. People receiving permanent, supportive housing through a Housing First approach had lower inpatient and emergency department (ED) utilization and lower overall health care costs, roughly \$5,000 per person per year less. Likewise, we know that individuals who receive permanent supportive housing have high retention rates. According to the Massachusetts Pay For Success Initiative, 85% of individuals experiencing chronic homelessness who receive supportive services and a housing voucher remain housed a year later.

In addition to the data, there are personal stories. Ashley describes permanent supportive housing as a turning point in her life: “Wow, I have my own apartment. This is my home. Maybe I could get my license and have a car. Maybe I could go back to work. I would say that having the apartment and being successful with it was the first step where I realized I could actually do these things, and these things seemed real for me.” Optimism and empowerment are both evident in her words. Ashley now works as a peer specialist at Advocates Inc. In her own words, she supports “other people who think they won’t be able to do this and says, ‘Actually, you can.’”

We believe that the details of H.1354/S.855, *An Act to create and implement a Massachusetts Flexible Supportive Housing Subsidy Pool Program*, are extremely thoughtful and well-crafted for people with severe and disabling behavioral health conditions. Two examples include:

- The bill allows for funds from the Massachusetts Flexible Supportive Housing Subsidy Pool (MFSHP) to be used flexibly to help people secure housing. People with severe and disabling behavioral health conditions really need this flexibility. We hear from Housing Coordinators at community behavioral health centers that it is challenging to secure placements. People with disabling conditions are less likely to have resources for security deposits, fees, etc. and are less likely to have built credit history. Sadly, stigma associated with behavioral health conditions also persists. People with severe and disabling behavioral health conditions are also more likely to face housing discrimination.

The good news is that the pool can be used flexibly to pay rents above fair market rates, for security deposits, and for holding fees. These flexibilities can provide big incentives to landlords and can make all the difference for this population that experiences some of the greatest barriers.

- In addition to helping people secure housing, the bill also includes important provisions to help people maintain housing. This includes the emphasis on supportive services such as housing stability and tenancy supports, clinical services and treatment, and social supports (e.g., assistance in securing nutrition, financial, employment, and transportation benefits and services). The bill also emphasizes trauma informed care service delivery. So many individuals experiencing chronic homelessness have experienced trauma, and sometimes multiple traumas, and this bill offers a culturally responsive approach.

Stepping back from the details, the bill will also have significant and positive implications for the larger behavioral health system and other systems. H.1354/S.855 will absolutely help 2,338 homeless individuals living with severe and disabling mental health conditions on the streets and in shelters across our Commonwealth (HUD Continuum of Care). However, they are not the only people with severe and disabling behavioral health conditions that have been failed by our housing and behavioral health systems.

There are others in our hospitals. As of May 2023, over 10% of all patients in Department of Mental Health (DMH) continuing care inpatient facilities had been approved for discharge but “stuck” because of lack of appropriate community-based placements. This, of course, also contributes to the emergency department (ED) boarding crisis,

as people waiting for inpatient placements but there is a shortage of available beds.

There are still others that our in our jails and prisons. This is an equity issue. Black and Brown individuals are overrepresented at every stage in our criminal legal system, as well as individuals with behavioral health conditions, as well as Black and Brown individuals with behavioral health conditions. Often they are picked up by police for crimes of poverty, such as public urination due to lack of access to bathroom facilities or loitering. Jails and prisons certainly are not therapeutic and do not address the root causes of problems. Instead, people need Housing First with supportive services to meet their basic needs and promote health and recovery.

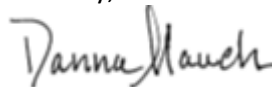
In other words, passage of this bill not only address the needs for people who are currently homeless – in shelter and on the streets – but will have ripple effects on other systems, like health care and the criminal justice system. Passage of H.1354/S.855 is so critical because we need a stronger, more coordinated, and more effective housing system to help people efficiently secure and maintain stable, affordable housing with supports in community.

**H.1328/S.873, *An Act to transform the Commonwealth's emergency response system and create housing strategies to end the homelessness of unaccompanied adults* (Rep. Higgins/Sen. Feeney)**

MAMH also strongly supports passage of H.1328/S.873 to establish a 5-year goal to build permanent supportive housing and non-congregate shelters in the Commonwealth, to establish a plan to meet the housing needs of unaccompanied adult persons and vulnerable populations experiencing homelessness, and to calculate the shelter and housing needs of every municipality in the Commonwealth. During the COVID-19 pandemic, several cities shifted from shelters to non-congregate housing to curb the spread of the virus. This also increased residents' sense of stability and rates of successfully transitioning to permanent housing. This bill will result in a data-driven, strategic plan with benchmarks to continue this trend and help prioritize housing resources.

Should you have any questions or if MAMH can be a resource to your work, please do not hesitate to be in contact. Thank you very much for your consideration.

Sincerely,



Danna Mauch, PhD  
President and CEO



Jessica Larochelle, MPH  
Co-Director for Public Policy and Government Relations

cc: The Honorable Joan Meschino, The Honorable Natalie Higgins, The Honorable Brendan Crighton, The Honorable Paul Feeney