

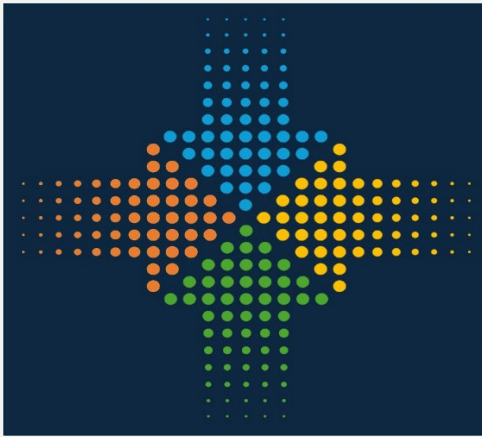


INCREASING ACCESS TO AFFORDABLE HOUSING IN MASSACHUSETTS FOR PEOPLE LIVING WITH MENTAL HEALTH CONDITIONS: NEEDS, STRATEGIES, AND RECOMMENDATIONS

EXECUTIVE SUMMARY

Introduction

For more than 50 years, the Massachusetts Association for Mental Health (MAMH) has joined with a coalition of affordable housing and shelter providers and residents, public interest attorneys, health care consumers and providers, and others to advocate for better housing and support services for people who live with behavioral health conditions.



MAMH and partners play a pivotal role

- Raising awareness of conditions affecting people experiencing homelessness
- Successfully advocating for legislation and funding to house, treat, and support recovery for persons with behavioral health conditions
- Litigating for the rights of people improperly confined to psychiatric institutions, nursing homes, or carceral facilities

Following the Beacon Chamber Hotel fire in Boston in 1980, MAMH worked with city and state government leaders to rehouse and support scores of single men struggling with behavioral health conditions who were left homeless. In 1985, MAMH published its landmark report titled *Homelessness: An Integrated Approach*, offering feasible housing and support solutions to meet the complex needs of people experiencing homelessness with behavioral health conditions.

MAMH followed with successive reports titled *People are Waiting*, which highlighted the plight of people stuck in institutions – including emergency rooms, acute inpatient hospitals, residential treatment centers, jails, and long-term care facilities – simply because there was no place for them to live in the community. The *People Are Waiting* reports catalyzed advocacy, inspired demonstrations, and persuaded legislators, governors, secretaries, and commissioners heading government entities to prioritize alternatives such as the Program for Assertive Community Treatment, Community Support Program for People Experiencing Chronic Homelessness (CSPECH), Adult Community Clinical Services (ACCS), and increased rental subsidies.

While effective for those able to gain access, these programs have not fully solved the problem – and since 2016, MAMH has been raising the alarm about worsening conditions and growing disparities. The COVID-19

pandemic further deepened the risks of housing instability, homelessness, people stuck in the behavioral health system, and higher levels of unmet needs.

Homelessness Drivers

Staggering growth in Homelessness in Massachusetts is driven by social, economic, housing, and workforce conditions that disproportionately affect people living with behavioral health conditions.

Drivers are:

- National economic crisis and job losses
- Housing and food insecurity
- MA affordable housing crisis
- Workforce crisis and public health requirements created service disruption and displacement during pandemic
- Social isolation and disruption of natural supports

Fast Facts

Among those affected are children and adults, many struggling with disabling conditions, and without a place to live.

- More than **19,000** Massachusetts residents experienced homelessness in 2023
- This represents a **19%** increase since 2022
- Of that number:
 - Close to **3,000** were living with a serious mental health condition
 - More than **2,000** had a substance use disorder

Source: HUD 2023 Continuum of Care Homeless Assistance Programs, Homeless Populations and Subpopulations. Available from: https://files.hudexchange.info/reports/published/CoC_PopSub_State_MA_2023.pdf, accessed May 5, 2024.

Our new Issue Brief, *People Are Still Waiting: Recommendations for Increasing Access to and Supply of Affordable Housing for People with Serious Mental Health Conditions in Massachusetts*, provides context to understand the current crisis in affordable housing, along with recommendations for increasing availability of affordable housing for people with behavioral health conditions.

Everyone has an important role to play in solving the crisis. MAMH is especially counting on action from:

- Affordable housing developers and service providers
- Housing and disability advocacy organizations
- Leaders of Massachusetts government agencies
- Legislators
- Local government entities

We invite you to review the recommendations below; identify those on which you can take action; study the corresponding sections within the full Issue Brief, available for download at :

<https://www.mamh.org/assets/files/Housing-Working-Issue-Brief.pdf>; and act in accordance with your knowledge, commitments, and authority.

Together, we can end chronic homelessness for people living with behavioral health conditions.

Recommendations

Outlined below are Recommendations detailing the Policy Goal, the Rationale for change, and the Recommendation for action to advance development of affordable housing in Massachusetts.

Policy Goal	Rationale	Recommendation
<p>Encourage affordable housing production for people with mental health conditions, including low-threshold housing and permanent supportive housing.</p> <p>Use, enforce, and improve zoning provisions to promote construction of affordable housing and to address discrimination against low-income persons, including those living with behavioral health conditions.</p> <p>Update and implement the Commonwealth's Olmstead Plan and end the unjustified segregation of people with disabilities in community living</p>	<p>Lack of affordable housing is the main driver of homelessness, including for people with behavioral health conditions.</p> <p>Zoning plays a key role in the creation of new affordable housing, and in addressing discrimination against inclusion of people of low-income and people with disabilities into the larger community.</p> <p>In 1999, the U.S. Supreme Court, interpreting the Americans with Disabilities Act (ADA), held in the <i>Olmstead v. L.C.</i> decision that unnecessary segregation of persons with disabilities is a form of discrimination prohibited by the ADA. Subsequent regulations, guidance and case law suggest that housing developments that cluster together large numbers of residents with disabilities, such as congregate settings, may constitute problematic segregation.</p> <p>The 2018 Massachusetts Olmstead Plan to support community integration includes benchmarks to expand access to affordable, accessible housing with supports for people with all types of disabilities, including people with serious mental health conditions.¹ Methods to expand access include capital assistance, rental assistance, policy initiatives, and interagency collaboration.²</p>	<ul style="list-style-type: none">• Set statewide goals for housing production, including affordable and low-threshold housing.• Reduce barriers to development of affordable housing, including permanent supportive housing.• Provide financial incentives for developers of affordable housing to create more units for individuals with behavioral health conditions.• Adopt zoning reforms contained in the proposed housing bond bill.• Use, enforce, and improve zoning laws to encourage affordable housing, including Chapter 40B of the General Laws, the Dover Amendment, and the Massachusetts Bay Transit Authority (MBTA) Communities Law.• Encourage multi-family zoning, waive parking mandates, facilitate the use of Accessory Dwelling Units, and ease the rule-making process for municipal inclusionary zoning ordinances.• Prohibit zoning and permitting practices that discriminate against people making under 80% of median income and people with disabilities.• Implement fully the goals of the 2018 Massachusetts Olmstead Plan, including through the accountability benchmark document.• Update and strengthen the 2018 Massachusetts Olmstead Plan, including through adding a goal to pursue funding for scattered-site housing.

Policy Goal

In the disposition of state, county, and municipal properties, set aside and incentivize affordable housing for people living with disabling mental health conditions

Provide more state funding for rental subsidies available to people with behavioral health conditions

Rationale

Properties owned by public and quasi-public entities, such as schools and hospitals that have ceased to function, historically have been and can continue to be redeveloped for a variety of uses, including housing.

Municipally owned properties provide another source of land for affordable housing. Municipalities could undertake a review of their properties and incentivize the use of such parcels for affordable housing.

Municipalities exercise considerable authority over housing development in their communities. Advocacy, technical assistance, and research can help municipalities exercise their authority in a way that will increase the supply of affordable housing for all, including persons with behavioral health conditions.

Some individuals with disabling behavioral health conditions have very low incomes and are unable to afford market housing, even in "affordable" units. Existing rental subsidy programs help to address this problem, but funding falls far short of the need across the Commonwealth.

Recommendation

- Require that all properties owned by the Commonwealth or by quasi-state agencies offered for reuse as housing contain a significant affordable housing component, and that a portion of that component be designated for people with serious mental health conditions.
- Pass any necessary state legislation that incentivizes the disposition of state-owned land for affordable housing, particularly for persons with mental health conditions.
- Direct EOHLC and the Division of Capital Asset Management and Maintenance (DCAMM) to evaluate all state-owned property for appropriateness for housing development in general and affordable housing in particular. Create lists of such properties and make the lists readily available to the public.
- Structure incentives for inclusion of affordable units and units for persons living with mental health conditions when DCAMM initiates the process to dispose of land that would be suitable for housing.
- Establish a website to make available statewide information on tax title properties and surplus municipal properties that are available to developers of affordable housing.
- Conduct audits of municipal public properties to determine which may be appropriate for affordable housing, identifying opportunities to incentivize inclusion in redevelopment plans of units for people living with disabling mental health conditions.
- Encourage EOHLC to create incentives in its Qualified Allocation Plan to use surplus municipal properties available to developers of affordable housing.
- Provide guidance on how municipal processes may be improved to expedite development of set-asides in affordable housing in appropriate public properties.
- Encourage municipalities to reform zoning bylaws and create model bylaw amendments to increase the maximum number of unrelated persons who may live together in a single residence under certain conditions.
- Examine whether municipal zoning laws hinder the potential for conversions of hotels and motels to affordable housing.
- Expand state funding for a range of rental subsidy programs supporting tenant-based, sponsor-based, and project-based housing for people with very low incomes, including those available to individuals with mental health conditions. These include the Department of Mental Health Rental Subsidy Program (DMH RSP), the Massachusetts Rental Voucher Program (MRVP), and other programs.

Policy Goal	Rationale	Recommendation
<p>Achieve full inclusion in planning and development of affordable housing.</p>	<p>Lack of affordable housing is the main driver of homelessness.³</p> <p>Engaging people with behavioral health conditions in the affordable housing planning process helps to produce well-designed permanent supportive housing that meets the needs of this important population in a dignified and respectful way.⁴</p> <p>This will enable effective treatment, recovery, and well being;⁵ prevent behavioral health emergencies;⁶ reduce hospitalization⁷ and incarcerations;⁸ reduce barriers to hospital discharge planning^{9,10} and reduce strain on the healthcare system, social services, public safety, and the economy, yielding a benefit-to-cost ratio of 1.8:1 on average.¹¹</p>	<ul style="list-style-type: none"> • Ensure representation of people with mental health and substance use conditions and people with lived experience of such conditions, and their advocates, on all existing and newly convened councils, commissions, and similar entities addressing the development of affordable housing in the Commonwealth. • Require representation of people with mental health and substance use conditions and people with lived experience of such conditions, and their advocates, on all Local Housing Authority boards and on the governing boards of MassHousing, the Massachusetts Housing Partnership, and MassDevelopment. • Support the efforts of the Massachusetts Housing Partnership to collect resources and facilitate collaborative discussions to help non-profit providers and developers promote community engagement in affordable housing projects.

Please refer to the full Issue Brief, available for download at: <https://www.mamh.org/assets/files/Housing-Working-Issue-Brief.pdf> for additional context and details to support decision-making and implementation.

Payers in Affordable Housing Development

Join MAMH in a team effort to engage key Payers in Affordable Housing Development. Together we can solve housing instability, unnecessary institutionalization, and homelessness for people who live with behavioral health conditions.

<p>Government Agencies</p>
<ul style="list-style-type: none"> • Executive Office of Housing and Economic Development (EOHLC) • Executive Office of Health and Human Services (EOHHS) • Executive Office of Elder Affairs (EOEA) • Department of Mental Health (DMH) • Department of Public Health (DPH) • Massachusetts Rehabilitation Commission (MRC)
<p>Housing and Services Developers</p>
<ul style="list-style-type: none"> • Community Economic Development Assistance Corporation (CEDAC) • Association for Behavioral Healthcare (ABH) • Massachusetts Housing and Shelter Alliance (MHSA) • Citizens' Housing and Planning Association (CHAPA)
<p>Advocacy Organizations</p>
<ul style="list-style-type: none"> • Massachusetts Association for Mental Health (MAMH) • Massachusetts Housing and Shelter Alliance (MHSA) • Statewide Housing Preservation Coalition (SPHC) • Greater Boston Legal Services (GBLS) • Massachusetts Organization for Addiction Recovery (MOAR) • Association for Behavioral Healthcare...and many others

¹ Olmstead Planning Committee, Committee on Housing and Services for People with Disabilities, Interagency Council on Housing and Homelessness, 2018 Massachusetts Olmstead Plan (2018), <https://www.mass.gov/files/documents/2018/09/20/olmstead-final-plan-2018.pdf>.

² *Id.*

³ Colburn, G. & Aldern, C.P. (2022). *Homelessness is a housing problem: How structure factors explain US patterns*. Univ. of California Press.

⁴ Cunningham, M., Gillespie, S., Hanson, D., Pergamit, M., Oneto, A. D., Rajasekaran, P., ... & Velez, C. (2019). Maintaining Housing Stability.

⁵ Rollings, K. A., & Bollo, C. S. (2021). Permanent supportive housing design characteristics associated with the mental health of formerly homeless adults in the US and Canada: An integrative review. *International journal of environmental research and public health*, 18(18), 9588.

⁶ Raven, M. C., Niedzwiecki, M. J., & Kushel, M. (2020). A randomized trial of permanent supportive housing for chronically homeless persons with high use of publicly funded services. *Health Services Research*, 55, 797-806.

⁷ Rog, D. J., Marshall, T., Dougherty, R. H., George, P., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Permanent supportive housing: assessing the evidence. *Psychiatric Services*, 65(3), 287-294.

⁸ Rog, D. J., Marshall, T., Dougherty, R. H., George, P., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2022). Housing and criminality: the effect of housing placement on arrests among chronically homeless adults. *Journal of Social Distress and Homelessness*, 31(2), 130-141.14). Permanent supportive housing: assessing the evidence. *Psychiatric Services*, 65(3), 287-294.

⁹ Backer, T. E., Howard, E. A., & Moran, G. E. (2007). The role of effective discharge planning in preventing homelessness. *The Journal of Primary Prevention*, 28, 229-243.

¹⁰ DMH, DMH Section 114 Report – March 2024, <https://www.mass.gov/doc/section-114-report-march-2024/download>.

¹¹ Jacob, V., Chattopadhyay, S. K., Attipoe-Dorcoo, S., Peng, Y., Hahn, R. A., Finnie, R., ... & Remington, P. L. (2022). Permanent supportive housing with housing first: findings from a community guide systematic economic review. *American journal of preventive medicine*, 62(3), e188-e201.