

Joint Committee on Housing

October 15, 2021

RE: Written testimony in support of H.1385, H.1428/S.898, H.1436, and H.1372

Chairman Keenan, Chairman Arciero, and distinguished members of the Joint Committee on Housing:

Thank you for the opportunity to submit testimony on behalf of Children's HealthWatch, in support of *An Act providing upstream homelessness prevention assistance to families, youth, and adults* (H.1385), *An Act codifying the Massachusetts Rental Voucher Program / An Act Relative to the Massachusetts Rental Voucher program* (H.1428/S.898), *An Act promoting housing stability and homelessness prevention in Massachusetts* (H.1436), and *An Act promoting housing stability for families by strengthening the HomeBASE program* (H.1372).

The mission of Children's HealthWatch is to improve the health and development of young children by informing policies that address and alleviate economic hardships. We accomplish this mission by interviewing caregivers of young children on the frontlines of pediatric care, in urban emergency departments and primary care clinics in five cities: Boston, Minneapolis, Little Rock, Baltimore, and Philadelphia. Our headquarters are located at Boston Medical Center in Boston, Massachusetts. Since 1998, we have interviewed over 75,000 caregivers of children under four years of age and analyzed the data to determine the impact of public policies on the health and development of young children.

As a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts committed to improving children's health in America, we witness daily the harmful health and economic consequences of housing instability, eviction, and homelessness. Our research and the research of others demonstrate that children and their families need access to safe, stable homes throughout their lifetime in order to thrive.^{1,2,3} We have found that children living in stable homes have better physical and mental health outcomes and educational achievement, are at a lower risk of hospitalization, and are less likely to experience other economic hardships.⁴ Furthermore, research has shown that stable housing reduces overall health care expenditures, including reduced emergency department costs and general inpatient hospitalizations.⁵

Across the Commonwealth, the combination of increasing housing costs, inadequate supply of affordable housing, and stagnant wages mean many families are unable to afford a stable home. This reality is most deeply felt in households with the fewest resources, as housing costs routinely consume an outsized portion of household income among low-income families.⁶ Access to stable, affordable housing enables low-income families to devote more of their limited resources to other basic needs, such as food, utilities, health care, and child care. For example, our research has found that families with low incomes that live in affordable housing experience greater food security and their children are 52 percent less likely to be seriously underweight compared to those who are housing cost-burdened.⁷ In addition, research shows that children in households with low incomes that live in affordable housing score better on cognitive development tests than those in households with unaffordable housing, partly

because parents with affordable housing can invest in more activities and materials that support their children's development.⁸

Conversely, we know from our data that housing instability – including being behind on rent, multiple moves, and past or present experience of homelessness – harms the health of children and families, is associated with increased risk of other hardships, including food and energy insecurity.¹ Both of these hardships (food insecurity and energy insecurity) are independently associated with poor child and adult health, children's risk for developmental delays, and increased health care utilization.^{9,10} Our research shows that families who experience housing instability are also more likely to forgo medical care and prescriptions or sacrifice other basic needs in order to afford necessary medical care. Young children who live in unstable housing are 20 percent more likely to be hospitalized, and those in families who move frequently are at increased risk of poor child health, developmental delays, and being underweight for their age – an indicator of undernutrition and stress.¹¹ We have found that caregivers in households behind on rent were also more likely than those not behind on rent to be in fair/poor health and report maternal depressive symptoms.¹ These households also had an increased odds of experiencing other household material hardships.¹ Families that fall behind on rent are also at increased risk of eviction and homelessness, both of which further jeopardize health.^{2,12}

The unprecedented economic disruption caused by COVID-19 has exacerbated the reality of unaffordable and inaccessible housing, particularly for low incomes and communities of color. Recent data from National Equity Atlas found that 103,000 Massachusetts households – 13 percent of all households in the state – are currently behind on rent.¹³ These families behind on rent are overwhelmingly those with low and moderate incomes, and 64% are people of color. Even prior to the pandemic, national data reveal that Black individuals make up 40 percent of the homeless population and more than 50 percent of homeless families with children.¹⁴ Furthermore, as a result of government-sanctioned segregation, disinvestment, and oppression, Black and Latinx families are significantly more likely to live in neighborhoods of concentrated poverty¹⁵ – which hinders health, educational achievement, and upward income mobility^{–16}, compared to white families, and the majority of Black and Latinx children live in low-opportunity neighborhoods compared to white children who often live in high-opportunity neighborhoods.¹⁷ This is significant, as research shows that when children live in stable, affordable homes located in neighborhoods with opportunity – including high-performing schools, safe outdoor spaces, and access to transportation and jobs – they are better able to thrive and become healthy adults.¹⁸ However, wide opportunity disparities exist between neighborhoods across the country.

Currently, the state has an opportunity to prevent housing instability and promote health equity among young children and their families by passing four bills that respond to the realities of inaccessible and unaffordable housing in Massachusetts, and support housing stability and family well-being. Based on our extensive research outlined above, we understand the harms of housing instability that families face, and thus write today in strong support of the below bills that would address and mitigate circumstances that may threaten families' ability to maintain stable homes.

H.1385: An Act providing upstream homelessness prevention assistance to families, youth, and adults

Residential Assistance for Families in Transition (RAFT) is an effective, evidence-based program that prevents homelessness in Massachusetts by providing short-term financial assistance to families with low incomes, at or below 50 percent of the area median income. This legislation would:

- **Put RAFT into state statute**, protecting it from threats in the budget and executive processes.
- **Make Upstream RAFT permanent**, ensuring that benefits are available to households earlier in a housing or utility crisis prior to housing loss and utility shut-off. This would prevent the wave of health consequences generated by eviction, utility shut off, and foreclosure.
- **Improve coordination between agencies to simplify the RAFT application process and provide additional support to applicants.** This would streamline access, improve cross-agency collaboration, and allow households to access the critical resources.

RAFT is an essential homeless prevention program that should be strengthened in order to promote housing stability in Massachusetts, particularly as families continue to fall behind on rent and utilities.¹⁴ Strengthening RAFT is key to promoting housing equity, as Black, Latinx, and other households of color all across the Commonwealth are disproportionately impacted by housing instability and COVID-19.

H.1428/S.898: An Act codifying the Massachusetts Rental Voucher Program / An Act Relative to the Massachusetts Rental Voucher program

The Massachusetts Rental Voucher Program (MRVP) offers both tenant- and project-based rental subsidies to families with low incomes, enabling better access to safe, stable, and affordable housing. Research shows that housing subsidies are effective in not only ensuring families live in stable homes, but also putting children on a trajectory of healthy growth and development.¹² This legislation would:

- **Codify the MRVP**, which will make the program more stable and reliable for current and future participants by removing the program's authorizing language from the annual budget process, which is subject to changes each year.
- **Direct DHCD to spend entire appropriation** to help ensure that the maximum number of vouchers available to help families with low incomes access safe, affordable homes.
- **Target vouchers to families with extremely low incomes**, to ensure those with the greatest need are prioritized for rental subsidies.
- **Increase program flexibility and improve administrative efficiency** by allowing vouchers to be used on homes with higher rents, enabling families with low incomes to move to neighborhoods of their choice.
- **Lower tenant rent share from 40 percent to 30 percent**, immediately lowering the cost burden for families with low incomes, and allowing them to use already limited resources to afford other basic needs.
- **Implement inspection requirements to ensure homes are safe and sanitary.** This is critical for the health and development of young children.
- **Implement a voucher management and data collection system** to help improve program administration and allow MRVP to better serve and respond to the needs of participants.

H.1436: An Act promoting housing stability and homelessness prevention in Massachusetts

Between January 2020 and August 2021, 93% of tenants who faced eviction went to court without a lawyer, while the majority of landlords were represented by counsel.¹⁹ Without a lawyer present, many tenants become vulnerable due to a lack of knowledge about their rights and how to protect themselves both before court and in court. This puts them at a significant disadvantage, often results in an unbalanced and unfair legal process, and places families at risk for further housing instability and economic and health hardships, as many without representation will lose their court cases and be evicted from their home.

Previous research from Children’s HealthWatch found that children in families with a history of evictions within the last five years were more likely to be in fair/poor health and at developmental risk compared those in families without an eviction history.²⁰ Their mothers were more likely to report depressive symptoms, and their families were more likely to endure multiple economic hardships, including struggle to afford enough nutritious food, utilities, and health care than families without an eviction history.²⁰ Alarmingly, our research found that these **families with a history of eviction are four times more likely to experience homelessness** and **two to three times more likely to experience other forms of housing instability as those without an eviction history.**²⁰ Additional research shows that eviction (and even the threat of eviction) while pregnant is also linked to poor birth outcomes including low birth weight and prematurity – both of which are associated with costly hospitalizations, avoidable health care costs over the long-term, and infant mortality.^{21,22,23} Eviction can also be a consequence of health challenges; families of infants born premature or with low birth weights are more likely to experience an eviction in the first five years of a child’s life, further compounding harm.²⁴ These findings are consistent with others’ research, which document the harmful effects eviction has on children, entire families, and communities.^{25,26,27,28,29}

Eviction is not just a health issue; it is a health equity issue. Black and Latina women as well as families with children are at the greatest risk of eviction, further perpetuating and deepening racial and gender inequities.³⁰ Black families represent just 13 percent of the general population, but one-third of tenants facing eviction.³¹ Moreover, the concentration of eviction within low-income neighborhoods of color contributes to intergenerational poverty and perpetuates inequities in health outcomes and future economic and educational opportunities.³²

Low-income families disproportionately face eviction, compared to middle and high-income families, and are significantly limited in their ability to afford a defense lawyer. Meanwhile, the majority of landlords have the resources to afford a lawyer in eviction cases. **S.874/H.1436 would addresses this disparity between tenants and landlords by funding free legal assistance to tenants and occupants facing an eviction who are at or below 80 percent AMI.**

Right to counsel is an equitable and evidence-based approach to help prevent unbalanced and unfair eviction results while also working toward housing stability. In New York, where right to counsel for low-income tenants fighting eviction was recently established, 84% of those with assigned attorneys were

able to remain in their home.³³ It is time to level the playing field in eviction cases and protect families from the harmful effects of eviction and subsequent housing instability.

H.1372: An Act promoting housing stability for families by strengthening the HomeBASE program

HomeBASE is a temporary transitional housing program that provides families that are eligible for Emergency Assistance shelter (EA) with case management and rehousing supports as well as financial resources to be used for monthly help with rent, initial move-in costs, and/or resources to purchase basic furnishings. This critical program allows families at risk of homelessness to transition away from and out of shelter by providing resources as a pathway to stable housing. To strengthen this important program, this bill would:

- **Put HomeBASE into state statute**, protecting it from threats in the budget and executive processes.
- **Authorizes DHCD to provide renewals of HomeBASE for those most at risk.** Specifically, DHCD would be allowed to provide assistance in 12-month increments to families and children who otherwise would be facing a return to homelessness, continue to meet basic eligibility guidelines, and are in good standing in the program.

These improvements will allow more families – specifically those at the greatest risk of homelessness – to remain or become stably housed.

Housing instability is a complex public health issue in Massachusetts, and requires a robust, coordinated, and multi-faceted approach. The combination of these four bills – *An Act providing upstream homelessness prevention assistance to families, youth, and adults* (H.1385), *An Act codifying the Massachusetts Rental Voucher Program / An Act Relative to the Massachusetts Rental Voucher program* (H.1428/S.898), *An Act promoting housing stability and homelessness prevention in Massachusetts* (H.1436), and *An Act promoting housing stability for families by strengthening the HomeBASE program* (H.1372) – are urgently needed to prevent housing instability, eviction, homelessness, and further hardship among families in our communities that already struggle to make ends meet. Supporting the health and development of children and families across our Commonwealth by enacting these pieces of legislation is essential to our state’s current and future prosperity and well-being. We strongly urge the Committee to swiftly and favorably move these bills out of committee.

Sincerely,

Children’s HealthWatch

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