

Good afternoon, Senator L'Italien and Representative Gregoire and members of the Joint Committee on Elder Affairs and thank you for considering our testimony on behalf of House Bill 2077/Senate Bill 2039, An Act Relative to Assisting Elders and People with Disabilities in the Commonwealth.

This Act has a particular importance to me, and I would briefly like to share with you why.

As you may know, homelessness remains a persistent, expensive and troubling problem in the Commonwealth. As a provider of services to people who frequently end up homeless, I have participated in many focus groups, collaborations, planning groups – all looking at how to address homelessness. We come up with creative plans, innovative housing models and clever schemes, but none of that is enough because we never address the most basic problem; people are too poor to afford the cost of housing.

In 1989, when I began working with people who are homeless, I had a formula for getting them off the street. I would assist them in applying for what used to be known as General Relief and Emergency Relief. Emergency Relief would provide just enough money to put down first week's and last week's rent and a security deposit; and monthly GR payments would be enough to pay the weekly rent of \$65 for a room in a rooming house. Leaving residents with about \$40 a month, unless the month had 5 Fridays when it wasn't enough, even in the 80's. But this was a temporary fix, and most people were able to get on SSI or SSDI after about 6 to 12 months. Once enrolled in SSI/SSDI, the Commonwealth was able to recoup the money paid to participants while they awaited their disability enrollment.

Fast forward to today. The maximum grant for a single person is \$303, the same as it was in 1989. Rooms now rent for \$125-\$140 a week. There is zero chance that a person who is on EAEDC can afford to rent even a room at the very lowest end of the rental market. With the asset limit set at \$250, it is impossible for them to save enough money for first, last and a security deposit. People who are homeless are also prohibited from accessing the full \$303 and are expected to save up their entire grant of \$93 a month to prepare for being housed, but between the asset limit and the utter impossibility of existing without any income at all, that never happens.

While it seems possible that subsidized housing could solve the lack of income problem, there are not nearly enough units, and waiting lists are long. The private market does offer some affordable options, like rooming houses, but even those are far out of reach.

I've talked with legislators to find out why there hasn't been an increase in benefits since the 80's. I have been told that there is not enough money in the state budget to afford an increase. I would like to argue that saving a small amount of money in the EAEDC budget leads to very expensive costs in other parts of the state budget. The Commissioner of DPH participated in a study analyzing the cost of homelessness to the Commonwealth and found that the average cost just for emergency room treatment (not including other health care, like inpatient stays) is \$2500 a year per homeless person.

There is also the human capital cost. The average life expectancy in Massachusetts is just over 80 years, for a homeless person in the Metro-Boston area, it is 47. Homelessness exacerbates existing health problems and causes new ones. Chronic diseases such as hypertension, asthma, diabetes, mental health problems are difficult to manage under stressful circumstances and may worsen. Acute problems such as infections, injuries, and pneumonia are difficult to heal when there is no place to rest and recuperate.

When people have stable housing, they no longer need to prioritize finding a place to sleep each night and can spend more time managing their health, making time for doctors' appointments, and adhering to medical advice and directions. Housing also decreases the risk associated with further disease and violence. In many ways, housing itself can be considered a form of health care because it prevents new conditions from developing and existing conditions from worsening.

But without adequate income, housing is impossible. A small investment in the EAEDC program would go a long way to making it possible for the very poorest residents of the Commonwealth to access the most basic free market affordable housing. If the EAEDC program had the same cost of living increases as TAFDC, people on EAEDC today would be able to afford rooming houses, shared housing and other affordable options.

Please consider the changes called for in this Act. Thank you.

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