



National AIDS Housing Coalition, Inc.
727 15th St., NW, 6th Floor
Washington, DC 20005

Phone: 202.347.0333
Fax: 202.347.3411
www.nationalaidshousing.org

OFFICERS

Joe Carleo, President
*AIDS Housing Corporation
Boston, MA*
Shawn M. Lang, First Vice President
*Connecticut AIDS Resource Coalition
Hartford, CT*
Aaron Riley, Second Vice President
Columbus Coalition for the Homeless • Columbus, OH
Linda Glassman, Secretary
CARES, Inc. • Albany, NY
Kathie Hiers, Treasurer
AIDS Alabama • Birmingham, AL

BOARD OF DIRECTORS

Cassandra Ackerman
Columbus, OH
Mark Anderson
SAVE, Inc. • Kansas City, MO
Arturo Bendixen
AIDS Foundation of Chicago • Chicago, IL
Jon Bertliner
Gregory House • Honolulu, HI
Christine Campbell
Housing Works • Washington, DC
Malcolm Coley
Baltimore, MD
Dr. Gene Copello
The AIDS Institute • Tampa, FL
Debra Fleming
Chicago, IL
David Harre
Beaufort, NC
Larry Haynes
Mercy House • Santa Ana, CA
Ernest Hopkins
SF AIDS Foundation • San Francisco, CA
Lee Lewis
Care Housing • Minneapolis, MN
Marvin Kelly
Del Norte • Denver, CO
Charles King
Housing Works • New York, NY
Don Maison
AIDS Services of Dallas • Dallas, TX
Gloria Manamela
Brothers Uplifting Brothers • Merrillville, IN
Gina Quattrochi, Esq.
Bailey House • New York, NY
Nan Roman
*National Alliance to End Homelessness
Washington, DC*

STAFF

Nancy Bernstine
Executive Director

Testimony of Linda Glassman

Secretary, Board of Directors, National AIDS Housing Coalition

presented to

Senate Banking, Housing and Urban Affairs Committee

United States Senate

S. 1518, the Community Partnership to End Homelessness Act

June 21, 2007

Thank you, Chairman Dodd, Ranking Member Shelby and Senator Reed for allowing us to give testimony on this very important legislation. My name is Linda Glassman. I am here today representing the National AIDS Housing Coalition, a 13-year old national not-for-profit housing organization working to expand resources for housing persons with HIV/AIDS in communities nationwide. I also am the Executive Director of CARES, Inc., a not-for-profit agency based in Albany, New York, which not only provides housing for persons with HIV/AIDS but also coordinates the McKinney-Vento Act-funded Continuum of Care process in four counties of northeastern New York and provides support in understanding the Continuum of Care process to a variety of communities, both urban and rural, throughout upstate New York.

Consolidating and streamlining the federal low-income housing programs that respond to homelessness is very important to the National



NAHC works to advance the creation, development, management, and growth of housing for persons living with HIV/AIDS in our communities.

AIDS Housing Coalition because of the tremendous impact that homelessness has on the health and longevity of persons living with HIV/AIDS. A number of research studies have now demonstrated that homelessness is a major risk factor for AIDS, and HIV is a major risk factor for homelessness.ⁱ

The National AIDS Housing Coalition's Research Summit initiative provides a regular forum for researchers, housing and homeless policy experts, residents of AIDS housing programs and their advocates to explore the role that stable housing plays in HIV prevention, care and treatment.ⁱⁱ One of the Research Summit's most important documented findings is that up to 60% of persons with HIV/AIDS have had an experience of homelessness or unstable housing at some time during their illness.ⁱⁱⁱ As a result of this and other compelling research findings, NAHC has adopted a policy imperative making housing homeless persons with HIV/AIDS a top prevention priority.

Because of the documented importance of providing adequate, affordable housing for persons living with HIV/AIDS, the National AIDS Housing Coalition has strongly supported the Housing for Persons with AIDS (HOPWA) program. However, we estimate that the HOPWA program currently falls \$168 million short of meeting the national need for housing for people with HIV/AIDS and their families. In many communities, such as my own in upstate New York, many more

homeless persons with HIV/AIDS are assisted in acquiring and maintaining stable housing with McKinney-Vento Act funding than assisted are with HOPWA dollars. Therefore, reauthorization of the McKinney-Vento Act has a direct impact on the provision of transitional and permanent supportive housing for homeless persons with HIV/AIDS, along with homeless persons with other disabilities.

The National AIDS Housing Coalition strongly supports the Community Partnership to End Homelessness Act of 2007. The bill's sponsors have given careful consideration to what has worked well in the existing legislation and have been able to retain it, while making needed changes to parts of the legislation in order to better facilitate local efforts to end homelessness. The National AIDS Housing Coalition is supportive of the Community Partnership to End Homelessness Act's focus on community collaboration, its flexibility in the types of entities that can serve as a Collaborative Applicant, and its creation of a standard matching requirement.

There are three particularly positive aspects of the legislation that we would like to highlight. The first of these is the increased emphasis on prevention and rehousing activities. It makes absolute sense to intervene before people become homeless, providing them with the temporary support needed to make a rent payment or cover the cost of utility bills, rather than to wait until they become homeless to serve them. It also

makes sense to offer rehousing assistance to individuals and families who have already become homeless but who are not in need of ongoing supportive services. The provision of short- and medium-term rental assistance would enable these individuals and families to be stably housed while awaiting permanent housing provided by local housing authorities, Section 8 programs, and other mainstream housing assistance programs.

Second, we would like to convey the National AIDS Housing Coalition's support for the proposed Rural Housing Stability Program. The National AIDS Housing Coalition includes members from rural communities that, while not having the same sort of visible homelessness that the big cities have, have very high levels of poverty and homelessness, especially family homelessness. I work with a number of these rural communities in Upstate New York, and know first-hand how difficult it has become to make meaningful use of McKinney Act funding, particularly given the many restrictions that have been added in recent years.

I know that, for many, the name "New York" does not conjure up images of rural farmland and craggy mountain peaks, but that is exactly the topography of much of upstate New York. Many of the communities in which I work are located in the Adirondack Park in which there is much poverty, insufficient and poor-quality housing stock, little

governmental infrastructure and only a smattering of not-for-profit agencies. These communities, which can span several counties and one hundred or more miles, do not have the capacity to meet all of the requirements of Continuum of Care process, including holding monthly meetings of all providers, conducting point-in-time counts of homeless individuals and families (especially since these are mandated to be held in late January, when weather conditions can be prohibitive), and paying for costly data collection software. Because they have few major streets, these communities do not have any “street” homelessness; rather, homeless persons remain hidden from view in encampments, unheated barns, and other places not suitable for habitation. Because there are no emergency shelters, homeless individuals and families are housed by friends, their extended families, and by compassionate members of local religious congregations and other local residents, thereby disqualifying them from being considered “homeless” under the provisions of the McKinney Vento-Act. My own experience is echoed by that of other National AIDS Housing Coalition Board members who serve rural communities in Alabama, Missouri, Ohio, and even Hawaii. It is clear to us that these rural communities have different, not lesser, needs than their urban/suburban neighbors. The National AIDS Housing Coalition strongly supports the creation of the proposed Rural Housing Stability Program, which will provide rural communities with the latitude and flexibility needed to address their unique challenges.

The third aspect of the Community Partnership to End Homelessness Act of which we are particularly supportive is the shifting of renewal funding for permanent supportive housing programs to the Section 8 account. These programs are indeed meant to house people permanently and it makes sense to renew their funding out of an account that is set-aside for permanent housing. Even more importantly, this would free up McKinney-Vento money to be used to serve additional homeless individuals and families, rather than having most of taken up with funding renewals. Certainly, the extent of the need for additional homeless housing resources more than justifies this shift.

Having established our strong support for the Community Partnership to End Homelessness Act of 2007, and having focused on three particularly positive components of the legislation, we would like to offer just one suggestion, which is to consider making a modification of the definition of “homelessness” used in the legislation. We understand the need to use this funding to serve those individuals and families who are in most need, but members of our Coalition have encountered a small percentage of truly homeless persons who have not been eligible for permanent housing under the Mc-Kinney-Vento Act because they are unable to access emergency shelters, one of the only two means of qualifying as “homeless” for the purposes of accessing permanent supportive housing according to the existing McKinney-Vento Act. The National AIDS Housing Coalition respectfully requests that the bill’s sponsors consider

as homeless the following: 1) people who are temporarily staying with friends and family who have stayed in at least three different households in the last year because they did not have the resources to rent a housing unit consistent with federal housing quality standards; and/or 2) homeless people who are temporarily staying with family or friends whose presence in household in which they are staying causes the leaseholder to be in violation of the lease, such as in public housing or in Section 8 program.

We ask for this consideration because, in areas in which there are no emergency shelters, these are the two emergency housing options most often available to homeless individuals and families. We want to be clear that we are not asking for a wide expansion of the definition of homelessness, but just for geographic parity for those communities in which emergency shelter is not obtainable.

Having made that small request, the National AIDS Housing Coalition would like to reiterate our strong support for the Community Partnership to End Homelessness Act of 2007 and urge its passage. Thank you very much for giving the National AIDS Housing Coalition the opportunity to express our opinion on this very important legislation, legislation which would greatly benefit homeless individuals and families in communities across the entire United States.

ⁱ Aidala, A. Inequality and HIV: The role of housing. *Psychology and AIDS Exchange*, American Psychological Association, in press. Culhane, D.P., Gollub, E., Kuhn, R., and Shpaner, M. (2001). The co-occurrence of AIDS and homelessness: Results from the integration of administrative data for AIDS surveillance and public shelter utilization in Philadelphia. *Journal of Epidemiology and Community Health*, 55(7): 515-520.

ⁱⁱ The National AIDS Housing Coalition convened the Research Summit Series in 2005 and 2006 in collaboration with the Bloomberg School of Public Health of Johns Hopkins University. The Summit series provides an unprecedented format for the exchange of research findings and public policy strategies on topics related to housing and HIV prevention and care, among participants from different disciplines, different parts of the country, and different socioeconomic perspectives. Participants examine empirical data on the relation of housing, HIV, and community health; discuss the policy implications of research findings; and work collaboratively on the development of collective strategies for ensuring a sound, evidence-based and data-driven public health response to the housing needs of persons living with HIV and at heightened risk of infection.

ⁱⁱⁱ Aidala, A., Cross, J.E., Stall, R., Harre, D., and Sumartojo, E. (2005). Housing status and HIV risk behaviors: Implications for prevention and policy. *AIDS and Behavior*, 9(3): 251-265.