

HOUSE OF REPRESENTATIVES
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2009

COMMITTEE ON HOUSING
Rep. Rida T.R. Cabanilla, Chair
Rep. Kyle T. Yamashita, Vice Chair

Rep. Jerry L. Chang	Rep. Chris Lee
Rep. Pono Chong	Rep. Sylvia Luke
Rep. Denny Coffman	Rep. Hermina M. Morita
Rep. Sharon E. Har	Rep. Roland D. Sagum, III
Rep. Robert N. Herkes	Rep. Corinne W.L. Ching
Rep. Ken Ito	Rep. Cynthia Thielen

COMMITTEE ON HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Tom Brower, Vice Chair

Rep. Della Au Belatti	Rep. Maile S. L. Shimabukuro
Rep. Joe Bertram, III	Rep. Ryan I. Yamane
Rep. Mele Carroll	Rep. Gene Ward, Ph.D.
Rep. Scott Y. Nishimoto	

NOTICE OF INFORMATIONAL BRIEFING

DATE: Monday, January 5, 2009
TIME: 9:00 a.m.
PLACE: Conference Room 309
State Capitol
415 South Beretania Street

A G E N D A

The purpose of this joint informational briefing is to review and receive information and initiatives being undertaken by providers to address the homelessness issue in the state of Hawaii. The Committees will be looking at obstacles to housing for the homeless, capacity, waitlist, and admission policies.

The conclusion of the briefing should provide the Committees on Housing and Human Services with a possible framework to better address the homelessness issue as well as recognizing policies that have been successful in addressing this issue.

The Committee will also review and discuss funding for programs under Housing and Human Services.

The following organizations and Department Director have been invited to participate in this briefing:

State Department of Human Services Director Lillian Koller or her designee; and
Rental Housing and low-income Housing Programs, Agencies, and Faith Based Organizations, which receive state funding to

RECEIVED

2009 DEC -5 P 1:02

SERGEANT-AT-ARMS
HOUSE OF
REPRESENTATIVES



Families Homelessness

Over 14,000 people will experience homelessness in Hawai'i this year.

Families with young children are the fastest growing segment of the homeless population – they account for 40% of all those who are homeless.

Family Promise of Hawai'i coordinates a network of local churches, synagogues, mosques and temples to provide accommodations in their buildings for families that are homeless.

Due to our innovative model, all of this is accomplished at one third the cost of traditional homeless shelters because much of the work is done by volunteers and the use of overnight facilities is donated by the members of the network.

Family Promise of Hawai'i is closely affiliated with a proven national organization, Family Promise Inc., which has a 20-year history of successfully helping tens of thousands of homeless families.

“Over 80% of our guests transition from homelessness to sustainable housing, usually in 3 - 4 months.”

WELCOME TO

Family Promise of Hawai'i



We deeply appreciate our 1,500+ volunteers who have created a stronger Ohana — providing a brighter future for all our families.

Over 80% of our guests have transitioned from homelessness to sustainable housing, usually in 3 - 4 months.

We encourage you to join our mission to end homelessness in Hawai'i.

Together, we can ensure that every child enjoys a home!

— KENT ANDERSON
EXECUTIVE DIRECTOR

OUR MISSION

THE MISSION OF FAMILY PROMISE OF HAWAII IS TO MOBILIZE EXISTING COMMUNITY RESOURCES TO AID FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS AND HELP THEM TRANSITION TO SUSTAINABLE INDEPENDENCE.

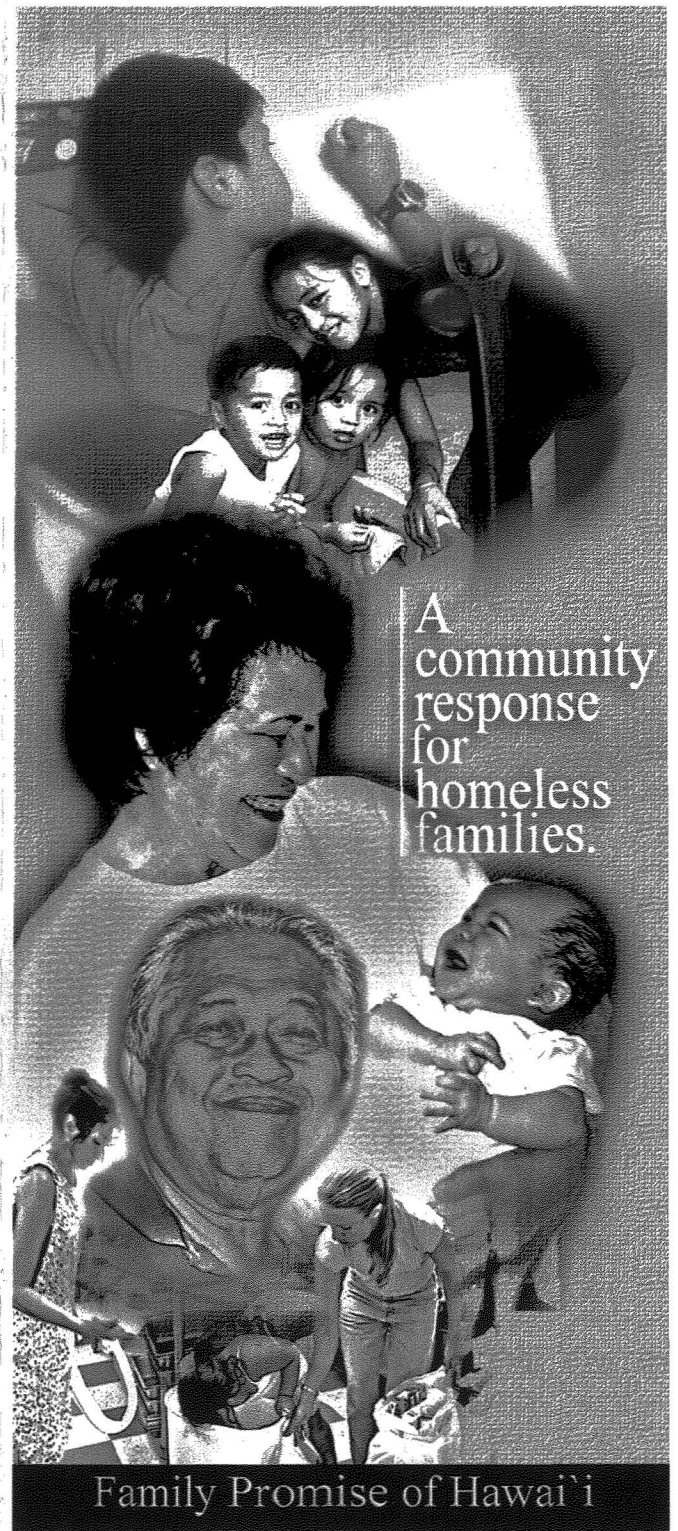


Family Promise of Hawai'i

69 North Kainalu Drive
Kailua, Hawaii 96734
808.261.7478

eMail : kent@familypromisehawaii.org
www.familypromiseshawaii.org

Aloha United Way
AUW.org
Select Donor # 75620



A community response for homeless families.

Family Promise of Hawai'i

WHAT WE ARE

Family Promise of Hawai'i is an innovative community-based program designed to help high potential families with children escape homelessness.

Our mission is to mobilize existing community resources to help families experiencing homelessness transition to sustainable independence.

We do this by developing, training, and supporting a network of interfaith congregations whom host families quarterly. Each host site provides a safe place to sleep, good food and generous hospitality. Guests stay at a host site for a week, then move on to another host site.

A Family Center provides access to internet, phones, mail, fax, copier, showers and laundry facilities. The program also provides transportation to and from host sites and the Family Centers.

During the day, guests work; seek employment, attend school or enroll in job training.

Three to five families (up to 14 people) can be accommodated by each network at any given time.

Our first Network and Family Center opened in Kailua in March 2006. Our second Network and Family Center opened in Honolulu, July 2007.

HOW WE HELP

We provide professional staff and a network of volunteers who create a compassionate, enabling environment that maintains the dignity and privacy of each individual family unit.

Each family is given its own private space at night. A communal lounge area is provided within the host site so that families can socialize and relax.

Caring volunteers prepare meals and offer assistance with homework and mentoring for parents and children.

While in the program, guests work with a case manager who assists in the search for a more permanent housing. Each family has a Case Plan and Goals which are reviewed weekly. Life skills training, money management, vocational and parenting classes are offered.

Participation in the program gives guests the opportunity to move ahead in their lives and provide stability for their children. While seeking housing and improved employment, guests can better manage their resources and reenergize their spirits.

Family Promise of Hawai'i helps families rebuild their lives for a more productive future.

WHO WE HELP

- Families of at least one parent and one child.
- Individuals highly motivated to make positive changes in their lives.
- Applicants who are flexible, since they will move to a new host site every week.
- Individuals who do not have current psychological or domestic violence issues.
- Adult family members who are working, in school or actively seeking employment. Children are enrolled in day care or school.
- Family members are not allowed to use illegal drugs or alcohol while in the program.

Family Promise of Hawai'i

Building communities, strengthening lives.

State of Hawai'i and The Homeless Challenge

January 5, 2009 Update

Homeless Efforts Achieving Results Together

- Ala Moana beach closure created challenges for churches and non-profits in accommodating the needs of displaced homeless persons
- Governor's Emergency Proclamation was necessary to create a homeless shelter to accommodate needs
- Increase in homeless on the Leeward Coast and City

HEART Projects

- Leeward Homeless Projects
 - Onelau'ena (Kalaeloa)
 - Pai'olu Ka'iāulu (Waianae Civic Center)
 - Kahikolu Ohana Hale 'O Wai'anae
 - Kumuhonua (Building 36 Kalaeloa)
 - Ulu Ke Kukui (Villages of Ma'ili)
- Other Projects
 - Ka Uapo Bridging Facility, Kauai

Ongoing Requirements

The Shelters And Transitional Housing Provided Under The Governor's Emergency Proclamations Have Ongoing Requirements

- Continuation of services to operational shelters/transitional housing
 - Residents must be served and when they exit they must have somewhere to go

Next Step Shelter

- Established as shelter under emergency proclamation by Governor
- Planned from start to be temporary
- Is on a month to month revocable lease
 - Lease from the Hawaii Community Development Authority

Next Step Shelter Replacement

- Search began in 2007
- 43 potential sites identified in September 2007
- Determination made that solution would require interim and long term arrangements
- Interim arrangements were to be done before 6/30/08
 - Included 14 units at Puahala Homes

Effect of Legislative Actions

- HEART Team requested \$20 million CIP appropriations for Next Step Replacement
- House finance proposed \$5 million, Senate ways and means proposed \$10 million
- Conference committee agreed on \$000
- Legislative elimination of appropriations:
 - Requires solution(s) with no out of pocket costs for the state

Mid Term Requirements

- Additional shelters/Transitional Housing
- Public Housing
- Transitional/special needs housing
 - Alcohol and drug addiction
 - Mental illness
- Affordable Rental Units

Hawai'i Public Housing Authority State Homeless Programs

Mission: Provide homeless and at-risk homeless families and individuals opportunities to stabilize their housing, health, employment and social issues to achieve long term stability and economic independence.

Long Term Solution

The long term solution for homelessness is to make available more affordable housing. The question is how to do it.

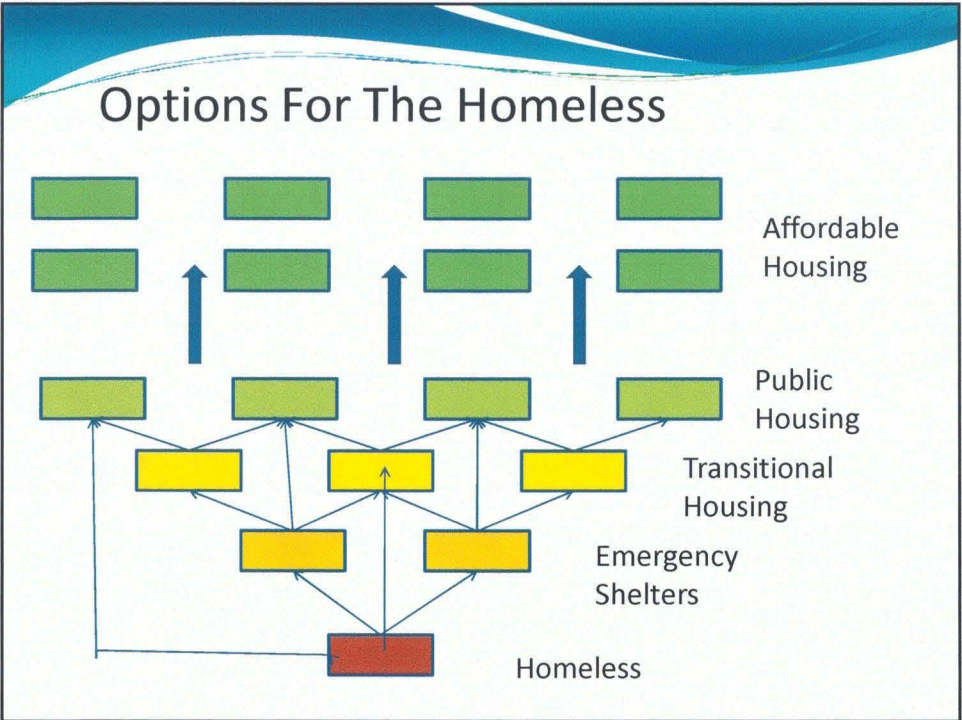
- Build more affordable rental units
- Reduce rents /provide rental assistance
- "Boarding" (families, friends, boarding houses)
- Zoning /financing /partnering

Hawai'i Housing Finance & Development Corporation

Mission: To increase the supply of workforce and affordable housing by providing tools and resources to facilitate housing development

The Homeless Challenge

Unsheltered Homeless	12,600
Sheltered Homeless:	4,400
Hidden Homeless: (Living with others and unable to rent on their own)	96,650
At Risk of Homelessness: (Would become homeless in less	262,000



1/5/2009

Mahalo

Russ K. Saito

State Comptroller & HEART Team Leader

russ.k.saito@hawaii.gov Phone 586-0400

Partners In Care - 2009 Housing and Homeless Information

WE BELIEVE THE STATE OF HAWAII NEEDS TO:

Ensure Adequate Public, Low-Income and Affordable Housing

- Reinststate the Rental Housing Trust Fund by to 50% of the Conveyance Tax and make funding permanent.
- Provide a one-time allocation to the Rental Housing Trust Fund of at least \$20 million.
- Fund the repair and renovation of state public housing (minimum of \$10 million a year for each of the next two years).

Ensure Funding for Services to the Homeless

- Maintain current continual operational funds for outreach and supportive services to individuals and families who are homeless.
- Maintain current operational funds for emergency and transitional shelters to maintain services for individuals and families living in homeless shelters.
- Provide \$500,000 a year for the next two years to maintain operational funds that provide matching for Shelter Plus Care grants.

Facility Needs

- \$350,000 to make immediate repairs to state owned transitional shelters. Shelters needing repair are Weinberg Village Waimanalo needs a new roof; Nakolea has a crack in the building due to last year's earthquake and Paiolu Kaiaulu Transitional shelter has water damage.

**Testimony for Housing Committee RE: Homeless Services at IHS and in General
Connie Mitchell, Executive Director; IHS, the Institute for Human Services, Inc.
Monday, January 5, 2009**

Thank you Rep. Cabanilla, Housing Committee for the opportunity to share with you the challenges we have been facing at IHS. But before I get into that, I want to thank many of you who 2 years ago authorized some emergency funds for addressing homelessness, which allowed us to expand capacity and program infrastructure .

Since then, we have increased our daily shelter capacity at our Kaaahi Shelter from 60 to 100 single women and increased family units from 20 to 25 by replacing mats with bunk beds. We also opened a new program for serving families who have come to us for assistance who were not yet homeless so as to prevent homelessness. In FY2007, we served at least 1/3 of all emergency shelter program participants in the City and County of Honolulu. In FY2008, we have provided emergency shelter services to 383 unduplicated single women, 962 men and 99 families (representing XXX persons) in FY2008.

In FY2008, we renovated the Men's Shelter bathrooms and completed some badly needed maintenance of that facility on Sumner St. We also added case management to deliver more focused support for targeted populations like homeless women who have been victims of trauma, families with children and expanded healthcare access to improve overall health of our guests. We have instituted health screening upon admission for all shelter guests to include TB, hepatitis when at risk, Hansen's Disease when at risk and general assessment of healthcare access.

Our Community Re-entry program has also been successful in assisting recently released offenders access employment and housing, mainly in clean and sober housing. Our Shelter Plus Care Program provides stable housing to those guests we serve who have significant disabilities, most of whom are chronically physically or mentally ill.

In the process of serving those who come to us, we've identified a couple of issues that we want you to be aware of:

As a system, we need to ascertain how many individuals are entering the homeless service system as recent arrivals from out of State and find ways to curtail the inflow.

Many vagabond visitors arrive with notions of establishing themselves in Hawaii through the State's welfare system. At IHS, while we provide them with emergency food and shelter for a few days, we have begun to actively encourage them to return to their area of meaningful tie if they simply don't have the resources to survive in Hawaii. Every person who slips into our health and human service system here looking to become a resident of Hawaii costs the State many extra dollars that we don't have right now. Since implementing more screening questions up front, we have been able to more efficiently and effectively direct guests into more appropriate services. Many have chosen to leave Hawaii.

health care earlier in a person's disease process and have managed to reduce emergency room calls, acute infections and need for general clinic appointments.

For you all, who have responsibility for the issue of affordable housing for our workforce, I have two more issues that I think deserve your attention:

Micronesians covered under the COFA or Compacts of Free Association will continue to come to Hawaii, seeking a better life for themselves and their families.

I'm sure many of you have noticed a growing Micronesian presence in certain communities like Waipahu, Kalihi (particularly at Kuhio Park Terrace, Kalihi Valley Homes and Mayor Wright) and even Wahiawa. They are overrepresented in homeless shelter utilization statistics and have many needs. We believe it is important to determine how many of the units in public housing are currently occupied by Micronesian families as the result of the homeless preference policy. It would seem unfair for a huge preponderance of public housing be occupied by COFA families when so many of our local residents are also in need as indicated by the very long waitlist to enter into public housing. The State must push for dialogue between the U.S. government and the Micronesian governments to address this out migration of their citizens into Hawaii who clearly have "no sufficient means of support". The Compacts clearly state that "those who cannot show sufficient means of support in the United States are deportable". I am not advocating deportation of those who have already arrived, but I believe that the intent of the compact which was to promote access to employment, educational and healthcare should be clearly communicated to those considering migration to Hawaii and a date established where deportation might very well take place if individuals are found to have insufficient means of support. This would not preclude those who come to Hawaii seeking health care, education, or work. But it would essentially mean that immigrants should have either accumulated sufficient resources to seek employment or have employment waiting for them as many have arranged in the past, either with employers or relatives. Many of our Micronesian guests have been very eager to work and further themselves once they understand what is necessary to survive in Hawaii.

Public Housing policies should be re-examined and geared to promote progressive self-sufficiency and community responsibility among families and individuals. Many current residents are deserving of the support provided by the government for the meeting their basic housing needs. But the degree to which reasonable rent is expected of residents is questionable. Furthermore, no policy currently exists for maintaining employment by able bodied individuals to promote sufficient revenue to help make public housing viable. Again this would not jeopardize housing for those who have legitimate disabilities. But it would minimize occurrences of people feeling no pressure to find work because their rent is currently 30% of their income. 30% of 0 = 0. Proposed change to minimum rent of \$50 is less than the \$400+ families pay in transitional shelter and even less than the \$90 they pay at IHS.

At IHS we have been encouraged by the results of our work with our guests. As we have been

**Informational Briefing
January 5, 2009**

**Hawaii Public Housing Authority
DEPARTMENT OF HUMAN SERVICES**

Chairpersons Representative Rida Cabanilla and John Mizuno;
Vice Chairpersons Kyle Yamashita and Tom Brower; and
Members of the Committees on Housing and Human Services

Program I.D. and Title: Homeless Programs - HMS 224

Attached is a summary of the objectives; program descriptions; and FY 2008 accomplishments of the State's Homeless Programs. This testimony will focus on the obstacles for the homeless and capacity, waitlist and admission policies of the shelter program.

a. Obstacles for the Homeless.

The primary obstacle for the homeless is access to affordable housing. Hawaii's affordable housing stock is well beneath the need as evidenced by the wait lists for public housing and Section-8 rent subsidies in every county in the State of Hawaii. In 2007, an SMS study on housing policy revealed that 96,648 people were among the hidden homeless, which is living doubled up in overcrowded housing without the ability to rent on their own. Additionally 262,021 people considered themselves homeless-at-risk, which means that they would be homeless within three paychecks, if they lost their jobs.

Many people with special needs also fall into homelessness which merely exacerbates their situation. Those with chronic medical conditions, the mentally

this group, winning their trust, and inspiring them to hope for something better takes months, and even years, and repeated effort from the homeless outreach workers.

b. Capacity of Emergency and Transitional Shelters

Oahu: 968 units and 235 emergency beds

Hawaii: 82 units and 79 emergency beds

Maui: 120 units and 127 emergency beds

Kauai: 44 units and 10 emergency beds

Statewide total: 1214 units and 451 emergency shelter beds

c. Wait List:

Most emergency and special needs shelters do not maintain a wait list.

The special needs shelters take in homeless clients through their own outreach efforts to special needs populations such as the homeless mentally ill and homeless veterans.

Each shelter maintains its own wait list which can be viewed on the internet web site: www.homeless.hpha.hawaii.gov. Shelter wait lists can range from 20 to 60 families. However, it is extremely difficult to contact a wait listed homeless family about a pending vacancy when they are constantly moving to avoid police citations for illegal camping or when they are living out of their cars in random locations.

d) Admission Policies:

Tuberculosis Test (TB): Shelter staff and outreach workers assist in getting clients to a health center for their TB test prior to or in the first few

Drug Testing: Most of the shelters do a pre-entry drug test on adult family members. It is crucial that the case managers have a firm grasp on the issues, such as drug abuse, that families bring to the shelter. Some family shelters will not accept those who have drug abuse issues in order to protect the children residing at the shelter. Other shelters will accept residents who have drug abuse issues only if they immediately consent to substance abuse treatment and continued random testing.

Program Participation: All residents of a homeless shelter are given rules to which they must adhere during their tenancy. They must also work out a program agreement with the case managers which addresses those things that hinder their self sufficiency. The program agreement often requires classes in budgeting, parenting, GED preparation, skill building to improve employability, etc. The program agreement is a contract between the resident and the shelter provider to pursue self sufficiency through program participation.

Program Fee: Most of the transitional shelters also have program fees which the residents must pay monthly. Most shelters make concessions for those who do not have income, but the resident must be working toward employment. Timeliness and prioritization of budget needs are key to be able to maintain future rental units when the client leaves the shelter.

Verification of Homelessness: Every shelter applicant must provide the shelter with verification of homelessness.

For the unsheltered homeless – Homeless outreach providers, contracted

Homeless in Hawai`i

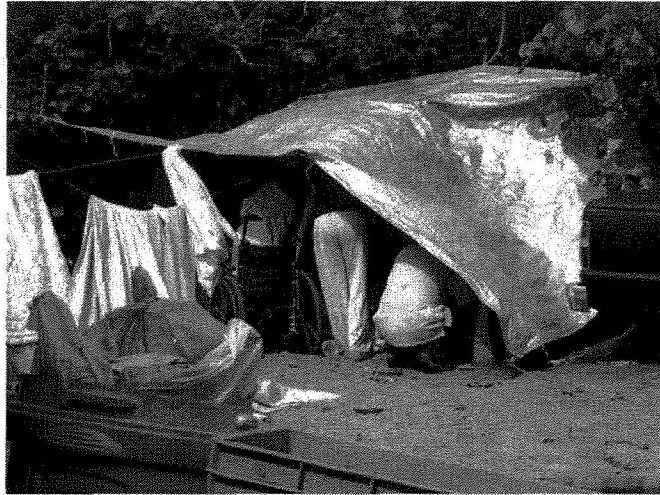
Presented by
State Homeless Programs
January 5, 2009

Priced out of Housing



Beach Parks

A Haven for the Homeless



3

Outreach Worker Locates Her Client

Finding Shelter Under a Trailer



State Homeless Programs

The State Homeless Programs is a part of the Hawaii Public Housing Authority, administratively attached to the Department of Human Services

Mission: Provide homeless and at-risk homeless families and individuals opportunities to stabilize their housing, health, employment and social issues to achieve long term stability and economic independence.

Function: Maximize State, Federal and other resources for programs that target the homeless and at-risk homeless, utilizing national best practices to develop programs in collaboration with community-driven strategies.

5

Planning Partners

- HEART (Hawaii Efforts Achieving Results Together) Team – Governor’s task force on homelessness.
- County Continua of Care – Community based planning groups that develop strategies for mitigating homelessness in each county
 - Kauai Continuum of Care
 - Maui Homeless Alliance
 - Partners in Care (Oahu)
 - Community Alliance Partners (Hawaii)

Homeless Annual Funding

- State Government - \$14 million annually
- TANF - \$4.5 million annually
- Federal Housing and Urban Development (HUD) – Approximately \$10 million combined for the City and County of Honolulu and the State on behalf of the three rural counties. State share: \$1 million

7

State-Funded Homeless Programs

(Programs Available Statewide)

- Shelter Program – Provides emergency and transitional shelter & services
- Outreach Program – Care-a-Vans outreach to unsheltered homeless at beaches, parks, and other locales to deal with issues of public health and safety
- Grant Program – Provides homeless prevention through grants and loans

TANF-Funded Housing Program

- Housing Placement Program – Agencies cultivate landlords to make affordable rental units available to credit-risky homeless and homeless at-risk persons/families who are case managed to be responsible renters. The program also provides initial rental and/or deposit assistance with ongoing client visitation and mentoring

**677 families (2,630 people) were placed in permanent housing in FY 2008, through this program

- Some TANF funds are also used to supplement funding for the Homeless Shelter Programs

9

Federal HUD-Funded Programs

- Emergency Shelter Grant – Annual appropriation providing supplementary operations funds for emergency shelters
- Housing Opportunities for Persons with AIDS – Annual appropriation to assist with housing needs of the target population
- Shelter Plus Care – Rental assistance plus services program for homeless persons with disabilities

FY 2007-08 Number of Homeless Persons Served Statewide



- Hawaii's shelters served 9,165 people at 36 shelter program sites
- Hawaii's eight outreach agencies served 11,736 unsheltered homeless persons
- Hawaii's grant program provided homeless prevention funds for 668 people

11

Size of Hawai'i's Homeless Population



*February 2007 SMS Research
Hawaii Homeless Study*

- **Hidden homeless - 96,648 persons or 18,623 households**
- **Homeless-at risk -**

Most Needy Priced Out of Homes

Elderly, Disabled & Mentally Ill

- A disabled person living on Supplemental Security Income, (SSI - \$556/mo) and renting in Hawaii would have to spend:
 - Honolulu: **130.4%** of benefits
 - Hawai'i County: **110.6%** of benefits
 - Maui County: **169.8%** of benefits
 - Kaua'i County: **161.7%** of benefits
- Average US rent for 1 BR in 2002 = 105% of SSI benefits

Technical Assistance Collaborative, Inc. Priced Out in 2002, 2003

13

There is a Solution

Provide the "Housing First" in Permanent Supportive Housing

- **Housing First** is a shift in philosophy from a person needing to CHANGE to merit a home
TO "everyone deserves a place to live"
- Permanent Supportive Housing (PSH) is

Permanent Supportive Housing Makes “Cents”

- Solves the chronic homeless problem which poses the greatest health risk to individuals
- Regular home visits by case managers help to ensure appropriate behavior and long-term residency
- Cost effective

15

Affordable Permanent Housing

- Affordable Permanent Housing units are desperately needed to end chronic homelessness and to prevent future homelessness

We Need YOUR Help



17

End

Five (5) Needed Legislative Initiatives
Michael Ullman, Homeless Services Consultant and Advocate
mdarrenu@yahoo.com, 808-391-7963

1. Uniform Data Collection Initiative

To require all departments and state-funded human service contractors to collect a uniform set of demographic data with uniform value responses on all clients served by state programs.

Improve evaluation, planning and measuring of health inequalities. This is of particular importance in understanding trends in human service program utilization by Pacific Islander populations and other non-resident populations.

2. Homeless Discharge Policy Planning Act

To require the four key public institutions/programs (Criminal Justice, Health, Mental Health, and Foster Care) to implement written discharge plans that provide mechanisms to prevent discharge into homelessness by Jan 1, 2010.

Requirement for continued Federal McKinney-Vento homeless assistance funding.

3. Safety Net Sunshine and Public Accountability Act

Mandate that all required reports, contract monitoring, RFP scoring need to be posted on the internet for public information within 60 days of completion.

Hold both the state and its providers more accountability to the taxpayers for performance and ensures public watchdogs have access to this information

4. Eliminate the 5% contract withholding for Stipend contracts

To either eliminate the contract withholding, or to reduce the amount of contract withholding from 5% of the entire contract (as with stipend contracts) to 5% or a maximum of \$25,000 for contracts over \$500,000.

Reduce cash flow burden on non-profits provider who often have to wait six to nine months to receive final disbursements.



GREGORY HOUSE PROGRAMS

Hawaii's Statewide HIV/AIDS Housing Program

JONATHON BERLINER

Executive Director

770 Kapiolani Blvd., Suite 503

Honolulu, HI 96813

E-mail: jonb@gregoryhouse.org

Phone: 808-592-9022

Facsimile: 808-592-9049

eFax: 808-628-6937

Background And History

Gregory House Programs is a 501(c)3 nonprofit Hawaii corporation, established in 1988 under the name Ho'omana'olana.

To provide decent, safe, and sanitary low- to moderate-cost housing to displaced persons with HIV/AIDS on a permanent, temporary, or respite basis.

Mission

Stable, permanent housing for persons living with HIV/AIDS; Provide the best opportunity for persons living with HIV/AIDS to maintain health and dignity.

Goals

Housing is important to everyone, but it is essential to persons living with HIV/AIDS. Without stable housing, it is difficult to access proper medical care and community services. Therefore, housing enables persons living with HIV/AIDS to maintain a positive quality of life and sense of well being.

The Importance of Housing

These programs are made possible through the generous donations of time and money by individuals, businesses, churches, and community groups. People living with HIV/AIDS throughout Hawaii are grateful for your support.

Name _____

Address _____

City _____

State _____

Zip Code _____

- I would like to make a donation to Gregory House Programs.
 - I enclose a contribution of \$ _____
 - I am interested in being a volunteer.
 - I may be able to support Gregory House Programs in other ways:
- _____
- _____
- _____

For further information please contact:



GREGORY HOUSE PROGRAMS

770 Kapiolani Boulevard, Suite 503, Honolulu, Hawaii 96813
(808) 592 9022 www.gregoryhouse.org



GREGORY HOUSE PROGRAMS



Hawaii's
Statewide
AIDS
Housing
Program

770 Kapiolani Boulevard, Suite 503
Honolulu, Hawaii 96813

Programs

Rental Assistance Programs

Gregory House Programs administers several rental assistance programs. Clients participating in these programs are able to live independently in apartments and houses throughout the state with monthly rental subsidies and supportive services.

The rental assistance programs, funded by the state and federal governments, grants, and private donations, house approximately 200 households per month statewide.

Tenant based rental assistance programs have been extremely successful in Hawaii because it is a cost-effective way to serve the diverse population with HIV/AIDS. Households range from single individuals to families and include all ethnicities and cultures. One common thread in the multi-cultural make-up of Hawaii is the importance of ohana. Housing stability is enhanced when clients are able to maintain family unity, which may have been threatened by their disability and homelessness.

Each of the rental assistance programs is tailored to the needs of the diverse populations with HIV/AIDS in Hawaii. For example, one program serves the disabled and homeless population and collaborates extensively with community agencies to provide supportive services such as medical and home health care

Transitional Housing

On Oahu, Gregory House has been providing housing to homeless persons since December 1988. The facility was dedicated to the memory of Charles Gregory, a local artist who died due to complications of AIDS.

Eleven residents live in five 2-bedroom units and one newly built ADS compliant unit. All furnishings are donated by businesses and individuals. Gregory House is a community living situation; a peaceful facility with beautifully kept grounds in a quiet neighborhood.

Staff provides hands-on support and counseling. Life skills and relapse classes are offered to help prepare residents to live independently.

Emergency Housing

Oftentimes, persons with limited income have difficulty maintaining housing and homeless persons are not able to save enough money for deposit. Gregory House Programs provide emergency rent, deposit, and/or utility payment on behalf of persons with HIV/AIDS to help them secure housing or maintain their stability.

It is difficult for homeless persons to secure housing, access benefits and seek attention. Gregory House Programs also provide emergency shelter to homeless persons in a YMCA/YWCA or economy hotel on a temporary basis. This respite provides the client the opportunity to locate alternate housing and improve overall health.

Summary

Gregory House Programs is committed to the on-going assessment of need and development of programs that meet the housing needs of persons living with HIV/AIDS throughout Hawaii. Our deepest hope is for a cure for HIV and the day when Gregory House Programs will no longer be needed. Until then, Gregory House Programs will continue to do whatever is needed to ease the impact on those who have been infected and affected with HIV/AIDS.



www.gregoryhouse.org

Board of Directors

David Andreoli
President

Guy Merola
Treasurer

Akiko Hayashida
Secretary

Board Members

Joe Bock

Jaimie Kahale

Cecile Kendrick

Donald Munro

Joe O'Mealy

Gennitt Simons

Les Ueoka

Leighton Yuen

Mission

Gregory House Program's (GHP) purpose and mission is to increase and sustain housing and related services for people living with HIV/AIDS. GHP is dedicated to forging local and national partnerships (through funding and other means) with housing, health, and social service agencies, to help people living with HIV and AIDS in securing and or maintaining their housing and support service needs including:

GREGORY HOUSE PROGRAMS

Hawaii's Statewide HIV/AIDS Housing Agency

Gregory House Programs assists approximately 220 households (individuals and families) every month through the following programs and services.

1. Gregory House (since 1988): Serves homeless adults in a clean and sober setting with a maximum capacity of 11. A transitional housing program, clients may remain at Gregory House for up to two years. Funding sources: State funds –Hawaii Public Housing Authority, (HPHA); federal – a direct grant with the Department of Housing and Urban Development (HUD) – Housing Opportunities for Persons with AIDS (HOPWA) under the Special Project of National Significance (SPNS) Category, and private sources.
2. Temporary Shelter Program (since 1989): Provides emergency shelter for up to two weeks statewide at a YMCA, YWCA or economy hotel. The program provides an average of 5 shelters per month. Funding sources: State of Hawaii block-granted federal funds (Ryan White CARE Act, Title II), state funds- Purchase of Service contract with Department of Health, and private sources.
3. Emergency Assistance Program (since 1989): A statewide program providing a one-time per fiscal year emergency grant for rent, mortgage, deposit or utilities. There is an average of 5 emergency grants per month. Funding sources: State of Hawaii block-granted federal funds (Ryan White CARE Act, Title II), state funds- Purchase of Service contract with Department of Health, and private.
4. Rent Subsidy Program (since 1989): A statewide, temporary, Tenant-based Rental Assistance program that serves approximately 80 persons and families each month. Funding sources: State of Hawaii block-granted federal funds (Ryan White CARE Act, Title II), state funds- Purchase of Service contract with Department of Health, and private sources.
5. Shelter Plus Care Program (since 1994): A permanent, Tenant-based Rental Assistance program with coordinated supportive services that serves approximately 35 disabled households of formerly homeless individuals and families per month on Oahu. Funding source: federal: Shelter Plus Care, HUD, through the Hawaii Public Housing Authority (HPHA).
6. Housing Opportunities for People with AIDS (HOPWA) (since 1996): An Oahu Tenant-based Rental Assistance program that serves 35 persons and families monthly. Funding source: Federal: Housing Opportunities for Persons with AIDS- formula (HOPWA-formula) - HUD, through the City and County of Honolulu's Department of Community Services.
7. Scattered-Sites Program (since 1997): Provides permanent, Tenant-based Rental Assistance and supportive services on Oahu to approximately 35 persons and families per month. Gregory House and the Scattered-Site program have been designated as a Special Project of National Significance (SPNS), through a HOPWA-competitive grant that was recently renewed through 2006. Funding source: federal: Housing Opportunities for Persons with AIDS (HOPWA) direct HUD funding.
8. Community Housing Services (since 2002): Provides assistance with rental applications, helps locate housing, inspections for decent, safe, and sanitary housing (HQS), assistance with Section 8 applications. Also provides rental resource lists, follow up for clients who require higher levels of support and

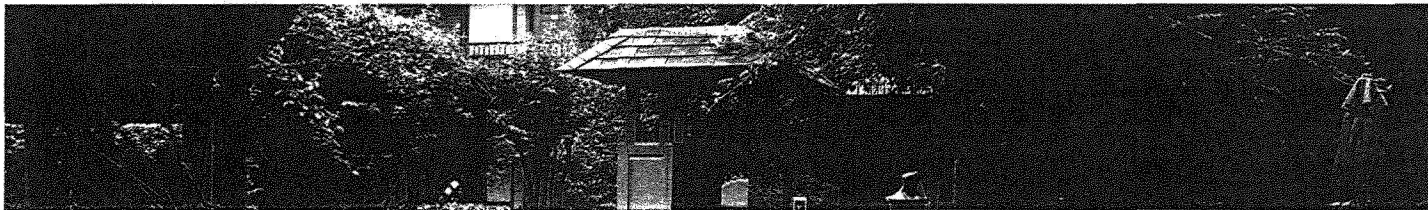
HOUSING IS The Greatest Unmet Need of Persons with HIV/AIDS

National research shows that 40% to 60% of all PLWHA report a lifetime experience of homelessness or housing instability.⁹

The CDC estimates that there are currently 1.2 million people living with HIV/AIDS in the United States, and an estimated 40,000 persons become newly infected each year. AIDS housing experts estimate that about half of those people—over 500,000 households—will need some form of housing assistance during the course of their illness.

At the FY2007 funding level of \$286 million, the federal Housing Opportunities for Persons with AIDS (HOPWA) program serves an estimated 67,000 households per year.

91% of these recipients of HOPWA housing assistance have incomes of less than \$1000 a month—roughly 60% less than what was needed to afford housing at Fair Market Rents in 2006.¹⁰



WHAT'S NEEDED A Data-Driven HIV/AIDS Housing Policy Agenda

RESEARCH FINDINGS SUPPORT FOUR KEY IMPERATIVES FOR A SOUND HIV/AIDS HOUSING POLICY

- ▶ Make affordable housing available to all persons with HIV.
- ▶ Make housing assistance a top HIV prevention priority.
- ▶ Incorporate housing as a critical element of HIV health care.
- ▶ Continue to collect the data needed to inform HIV housing policy.

1 Kidder, D.P., Wolitski, R.J., Campsmith, M.L., Nakamura, G.V. (2007). Health status, health care use, medication use, and medication adherence in homeless and housed people living with HIV/AIDS. *American Journal of Public Health* (in press).

2 Id.

3 Id.

Housing Need, Housing Assistance and Connection to Medical Care. Community Health Advisory and Information Network Report 2006-5. Columbia University: Mailman School of Public Health; Aidala, A., Columbia University. *Risky Persons vs. Risky Contexts—Housing as a Structural Factor Affecting HIV Prevention and HIV Care*. Paper presented at the Housing and

and structural correlates of effective HAART use among urban active injection drug users. *Journal of Acquired Immunodeficiency Diseases*. 41(4): 486-492.

8 Riley, E. D., Guzman, D., Perry, S., Bangsberg, D., and Moss, A. (2005). Antiretroviral therapy, Hepatitis C, and AIDS mortality among San Francisco's homeless

Care Stds. 19(5): 326-34.

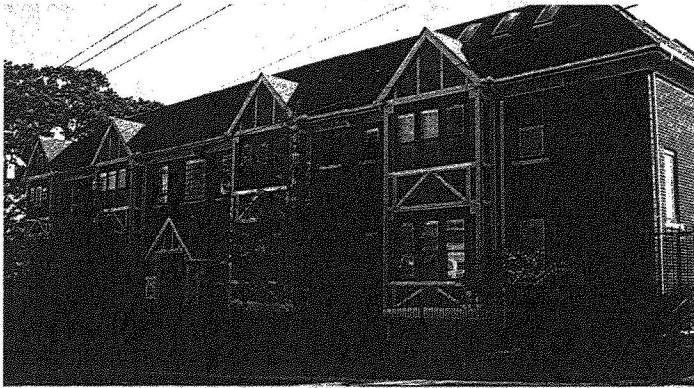
9 Aidala, A., Columbia University. *Homelessness, Housing Instability and Housing Problems among Persons Living with HIV/AIDS*. Paper presented at the Housing and HIV/AIDS Research Summit, June, 2005.

10 Based on a National Housing Wage (the amount a worker must earn to afford a 2

HIV/AIDS HOUSING Improving Health Outcomes

Incorporate housing interventions as a critical element of HIV health care.

– Policy Imperative from the NAHC National Housing and HIV/AIDS Research Summit Series



Stable housing enables people with HIV/AIDS to obtain and adhere to life-saving medical care and treatments. Research demonstrates a direct link between housing and health for people living with HIV/AIDS (PLWHA): lack of housing is a barrier to care, while improved housing status increases access to treatment and adherence to anti-retroviral therapy (ART).

HOUSING STATUS PREDICTS HIV TREATMENT SUCCESS OR FAILURE

A recent CDC study found that housing status is one of the strongest predictors of treatment access and health outcomes for PLWHA.¹

Compared to stably housed PLWHA, homeless persons experience worse overall physical and mental health, are more likely to be hospitalized and use emergency rooms, have lower CD4 counts and higher viral loads, and are less likely to receive and adhere to antiretroviral therapy.²

Stable housing remains significantly associated with treatment success after controlling for demographics, drug and alcohol use, and receipt of medical and social services, indicating that housing itself improves the health of PLWHA.³

ACCESS TO HOUSING ENABLES PLWHA TO GET INTO CARE AND STAY IN CARE

People with housing needs who receive any level of housing assistance are almost four times as likely to enter into medical care as those who do not receive assistance.⁴

Over time, homeless/unstably housed persons whose housing status improved were five times more likely to report a recent HIV outpatient visit than persons who did not change their housing status.⁵

STABLE HOUSING RESULTS IN BETTER HEALTH OUTCOMES AND REDUCED MORTALITY

Homeless/unstably housed PLWHA whose housing improved over time were six times more likely to be receiving ART as those who remained homeless or unstably housed.⁶

Stable housing improves continuity of HIV care as well as ART participation, adherence and success.⁷

The number of months on ART and level of adherence are directly related to lower viral loads, fewer opportunistic infections, and reduced mortality among extremely poor and homeless people living with HIV/AIDS.⁸



Housing and HIV/AIDS

National Research Summit Fact Sheet

In June 2005, the National AIDS Housing Coalition convened the first National Housing and HIV/AIDS Research Summit at the Emory University Center for AIDS Research. The Summit was an unprecedented forum for leading researchers in the field to discuss the connections between housing and HIV/AIDS and the effects of housing status on individual and community health.

The presented studies have significant implications for current public policy relating to housing and HIV/AIDS care and prevention. These research findings provide the basis for a sound, data-driven public health response to housing needs of persons living with HIV/AIDS, and of persons whose homelessness places them at heightened risk of HIV infection.

Homelessness is a major risk factor for HIV, and HIV is a major risk factor for homelessness.

- The prevalence of HIV/AIDS is three to nine times higher among persons who are homeless or unstably housed compared with persons with stable and adequate housing.ⁱ
- Up to sixty percent of all persons living with HIV/AIDS report a lifetime experience of homelessness or housing instability.ⁱⁱ
- Housing is the greatest unmet service need among persons living with HIV/AIDS and while individual housing needs are typically resolved within six months, over time the rate of unmet housing needs remains constant.ⁱⁱⁱ
- The all-cause death rate among homeless HIV positive persons is five times the rate of death among housed persons with HIV/AIDS: 5.3 to 8 deaths per 100 persons years for HIV positive homeless persons,^{iv} compared to 1 to 2 deaths per 100 person years for HIV positive persons who are housed.^v

Housing is HIV prevention.

- Lack of stable housing is associated with high rates of drug and sex risk behaviors.^{vi} Most importantly, new research shows that change in housing status is strongly associated with risk behavior change, suggesting that housing is a structural factor that has an independent causal role in HIV infection.^{vii}

Housing is health care.

- Lack of housing has been found consistently to be associated with remaining outside of medical care and with lack of access to treatment options for persons living with HIV, while improved housing status has been shown to significantly impact access to health care, including Antiretroviral Treatment (ART).^{xii}
- Housing status also impacts continuity of medical care. Individuals who were unstably housed or had other housing problems and who received housing assistance were 2.5 times as likely to retain appropriate medical care as those who did not receive the assistance.^{xiii}
- Improved housing status improves not only access to ART, but adherence as well, and improved adherence is associated with improved health outcomes, including lowered viral load and reduced mortality.^{xiv}

NAHC and its member organizations call on federal, state and local policy makers to respond to our rapidly evolving understanding of housing and health with a re-visioned HIV/AIDS housing policy.

For more information on the Summit, please visit: www.nationalaidshousing.org.

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 Aidala, A., Cross, J.E., Stall, R., Harre, D., Sumartojo, E., Housing status and HIV risk behaviors: Implications for prevention and policy. *AIDS and Behavior*, in press.

ⁱⁱⁱ Aidala, A., "Homeless, Housing Instability and Housing Problems among Persons Living with HIV/AIDS," NAHC Research Summit Presentation, 2005.

^{iv} Riley, E. D., Guzman, D., Perry, S., Bangsberg, D., and Moss, A. (2005). Antiretroviral therapy, Hepatitis C, and AIDS mortality among San Francisco's homeless and marginally housed. *Journal of Acquired Immune Deficiency Syndromes: JAIDS*, 38(2): 191-5.

^v Ledergerber, B., Egger, M., Opravil, M., et al. (1999). Clinical progression and virological failure on highly active antiretroviral therapy in HIV-1 patients: a prospective cohort study. Swiss HIV Cohort Study. *Lancet*, 353(9156):863-868.

^{vi} Aidala, A., Cross, J.E., Stall, R., Harre, D., and Sumartojo, E. Housing as a Structural Intervention to Reduce Risk Behaviors Among HIV Positive People. Paper presented at the CDC Prevention 2003 Conference, Atlanta, GA. Sethi AK, Celentano DD, Gange SJ, Gallant JE, Vlahov D, Farzadegan H. High-risk behavior and potential transmission of drug-resistant HIV among injection drug users. *Journal of AIDS*, 2004.

^{vii} Aidala et al., 2005

^{viii} Holtgrave, D., "The Status and Future Directions of HIV Prevention Efforts in the U.S.: Guidance from the scientific literature," NAHC

Hawaii Habitat for Humanity Association

Good morning members of the House Committee on Housing. Habitat for Humanity wishes you the very best of years both legislatively and personally.

Habitat for Humanity is a world wide housing ministry which builds homes for people with very low incomes and great housing needs. Across the world Habitat has built more than 300,000 homes. In Hawaii we have built more than 200 homes on the islands of Oahu, Hawaii, Maui, Kauai and Molokai.

We build homes with low income families, who provide sweat equity through their work and with volunteers from all walks of life in the community. Here in Hawaii we are currently building 40 houses at an estimated cost of \$80,000 per house. At Habitat we hold our own mortgages and do not charge interest on the mortgage. Habitat homeowners average mortgages of about \$300 a month.

The mission of Habitat for Humanity is to eliminate poverty housing and homelessness.

I believe we are facing very hard times for homeowners and renters in Hawaii as our economy worsens and that many of them will be facing homelessness. Housing costs here are among the highest in the nation. For many families it takes the income of 3 jobs just to make the monthly payments. Since a large percentage of Hawaii's people work in the service industry or construction industry we are already beginning to see foreclosures triple over last year and renters becoming homeless.

In times like these it is imperative that we do everything we can to help people remain in housing. That is why I would like to propose that Hawaii adopt a **Shelter In Place** program. **Shelter In Place** would:

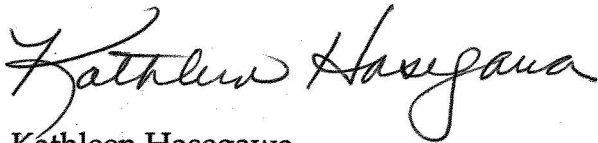
1. provide a rent or mortgage subsidy or loan to working households who lose part of their work income due to layoffs or reduced hours.

2. call upon the expertise of programs like Salvation Army, Catholic Charities that have provided rental assistance to households in need and the State of Hawaii which operates a small rent subsidy program.
3. reduce the numbers people becoming homeless and the numbers of shelters the State will need to open in the next few years.
4. reduce the amount of money the State would otherwise need to spend as a result of increasing homelessness.

Most importantly it would allow Hawaii's families, who are hit hard by the economy, to **Shelter In Place** and retain their dignity as well as their homes.

I am happy to discuss this idea further with any who might be interested in developing a **Shelter In Place** program.

Thank you for your consideration.



Kathleen Hasegawa
Executive Director
Hawaii Habitat for Humanity
1164 Bishop St. Suite 510
Honolulu, Hawaii 96813
Tel. 538-7676