

The Testimony of

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Before the Committee on Financial Services,

Subcommittee on Housing and Community Opportunity

United States House of Representatives

Reauthorization of the McKinney-Vento Homeless Assistance Act

October 16, 2007

Thank you, Chairwoman Waters and Ranking Member Capito for devoting the time and attention of the subcommittee to this important matter. Thank you for your willingness to take into consideration the views of those of us who work directly with mothers and fathers, children and youth, and single men and women towards the ultimate goal of achieving permanent housing stability. I wish to express my appreciation to Chairman Frank for inviting me to share my experience in serving homeless families and single adults in his district. We are proud of the Chairman's tireless efforts to expand affordable housing opportunities both at home in Massachusetts and now, as Committee Chair, nationwide. Representatives Carson and Davis deserve our deep gratitude as well for introducing the HEARTH Act – a thoughtful, balanced approach to preventing and ending homelessness for all Americans. We wish Rep. Carson a speedy recovery – she is in our thoughts and prayers.

My name is Arlene McNamee. I have attached my resume to my testimony per the Committee's request. I am the Executive Director of Catholic Social Services, Inc. of the Diocese of Fall River, MA and I serve on the Board of Directors of Catholic Charities USA. I am a licensed clinical social worker with over 30 years' experience in social services in the areas of income support, family preservation and reunification, prisoner re-entry, case management, and affordable housing development for families; the elderly; persons re-entering society from prison; and single, disabled adults.

Catholic Social Services, Inc (CSS) of the Diocese of Fall River, MA is the largest provider of services and shelter for the homeless outside of the Greater Boston region. CSS serves all of Bristol and Barnstable counties. This encompasses Cape Cod as well as the urban centers of New Bedford and Fall River. The balance of our service area is rural – and in these areas, one can find all the splendor and beauty that autumn in New England can offer. But these rural areas also present the recognizable patterns of abject poverty, isolation, and disenfranchisement that one can find in rural communities nationwide.

Accordingly, we work very hard to ensure that our services are nimble enough to deal with the diverse manifestations of poverty in urban, suburban *and* rural communities alike. We expect that federal policy makers will recognize the complexity of our work and enact policy that takes this community diversity into consideration.

Last year we served a total of 42,523 individuals with a range of services including food, medicine, financial assistance, housing, case management, counseling and advocacy – services that often function as a means of preventing homelessness among some of our most vulnerable neighbors.

As the largest provider of housing and services designed specifically to combat homelessness in the Massachusetts Southcoast region, we have gone to great lengths to build a continuum of housing options designed to prevent homelessness, shorten its duration, and help households achieve permanent housing stability. CSS operates two transitional housing programs for women leaving prison; a transitional housing program for homeless women and

children; 68 affordable single room occupancy units for women and men; an emergency shelter for single women and men, and 70 permanent housing units. Each night, CSS provides services and shelter for more than 348 homeless families and individuals.

My testimony will reinforce the following three points: 1) HUD is not keeping its commitment to provide affordable housing for extremely low-income households and the McKinney-Vento Homeless Assistance Programs are not the appropriate place to make up for this shortfall; 2) Reauthorization of the McKinney-Vento Act must expand HUD's definition of homelessness and restore the ability of local communities to act on all they've learned since the last reauthorization about ending homelessness; 3) The HEARTH Act is the approach to reauthorization that will best enable communities to put into practice on a local level all that we know about preventing and ending homelessness among all households – urban, suburban, and rural.

1) HUD'S OBLIGATION TO PROVIDE AFFORDABLE HOUSING FOR THE POOR

HUD must re-establish a commitment to produce, subsidize, and preserve affordable housing for the poor must be reversed – and the McKinney Vento Programs are the least appropriate place to accomplish this goal.

Catholic Charities agencies nationwide rely on our partners in government, public housing authorities, private business, and community groups to leverage enough resources to provide over a half million housing services nationally each year.

As such, we are deeply troubled by the diminishing federal commitment to serve

the poorest of the poor through desperately needed housing programs. In the face of a growing affordable housing crisis, one which displaces over three million of our brothers and sisters into homelessness each year, HUD has backed away from its responsibility to ensure an adequate supply of affordable housing for the extremely low income households.

Last week, for example, the Commonwealth of Massachusetts reported that about 1,800 families were in homeless shelters - up from 1,400 in June 2006 and 1,200 in June 2005. In fact, according to the Massachusetts Coalition for the Homeless, more families are in shelters now *than at any time since the inception of the state's family shelter program in 1983*. This is not a function of an overabundance of shelter beds as some might argue – this is a result of a dwindling supply of affordable housing options for the very poor. Any ordinary citizen armed with nothing more than a calculator could get to the bottom of this problem.

HUD's budget is roughly 65% of what it was 30 years ago. Not a single new Section 8 voucher has been issued in nearly seven years. The impact of HUD cuts to affordable housing programs has been drastic. In 1976 for example, HUD maintained nearly 214,000 existing housing units and built an additional 203,000 to keep pace with growing need. In 2002, HUD maintained only 26,000 units of housing and built only 7,600 new units. According to the Interagency Council on Homelessness, the number of single adults suffering from disabilities who experience long-term homelessness has remained around 150,000 for the past six years and yet the Section 811, "Supportive Housing for Persons with

Disabilities” program designed specifically to provide subsidized permanent housing for single, disabled adults has been offered up by HUD for a cut of almost 50% each year for six years. And finally, each year over the past six years, Congress has appropriated money to HUD for new Section 8 vouchers for the Family Unification Program which is intended to keep homeless children out of the foster care system – and to help ease the transition to adulthood for youth aging out of the system. Instead of issuing these desperately needed, cost-effective vouchers, HUD has opted to use this allotment ranging from \$18 million to \$170 million from 2001 to 2007 to cover other expenditures. This year, in order to prevent HUD from neglecting the Family Unification Program once again, Congressional Appropriators have directed HUD to spend not less than \$30 million on the program. HUD has indeed retreated from its responsibilities.

In order to begin to reverse the growing problem of homelessness, the federal government must be an active partner in the creation of affordable housing.

HUD must turn its attention back to the successful federal housing policies which already exist in this country in order to create housing options for extremely low-income families such as Section 8, CDBG, HOME, HOPE VI, 811, and 202.

Moreover, we MUST enact a National Housing Trust Fund to bring these solutions to scale. Without a national, dedicated source of funding to construct, rehabilitate, and preserve housing affordability, we will never reach the reasonable goals established in the National Housing Act of 1949 of “eliminating housing shortages through housing production and related community

development,” and providing the opportunity of “a decent home and suitable living environment for every American family.”

Instead HUD has set out to achieve the more modest, if elusive goal of ending homelessness for single disabled adults, only when these adults have endured homelessness continuously for one year or four times in three years. HUD has labeled these Americans “chronically homeless.”

Through the regulatory and appropriations process HUD has tinkered with the relatively small HUD line-item of the McKinney-Vento Homeless Assistance Programs to re-direct hundreds of millions of dollars previously available to meet the diverse needs of a broad range communities and households, toward the goal of ending chronic homelessness in all communities across the United States. The chronic homelessness 30% set-aside carved out of the McKinney-Vento Programs is applied without regard to the number of chronically homeless individuals in each community. HUD has transformed from an agency that encourages and rewards community-level planning, innovation and partnership to an agency that prescribes ill-fitting, urban-centric solutions and penalizes those who are unable or unwilling to use them. Furthermore, the eligibility criteria associated with the set-aside is exclusionary and burdensome.

Take, for example, the “Donaldson” family. After Mr. Donaldson lost his job and fell behind on his rent, the landlord placed in him what amounts to servitude requiring him to work as a janitor in order to maintain housing for his wife and four children. This, of course interfered with his plan to find a new job, further

driving the family into poverty. After the landlord began to verbally abuse him in front of his wife and children, Mr. Donaldson went to the local shelter for help – but the emergency shelter was full. And without an eviction notice and the necessary documentation proving that they were homeless enough, the Donaldson’s didn’t qualify for our HUD-funded permanent supportive housing program. For two weeks this family lived in their car until they could complete the necessary paperwork to qualify under the current HUD definition and enter our housing program, while they met one part of the current homeless definition of living in a car they did not have the documentation for a disability. They are now stably housed but this does not excuse the fact the Donaldson children were needlessly exposed to the horror of calling a parked car home for any amount of time.”

Their story begins to illuminate the need to expand HUD’s definition of homelessness and restore local flexibility.

2) EXPANDING HUD’S DEFINITION OF HOMELESSNESS AND RESTORING LOCAL CONTROL

In the twenty years since passage of McKinney, we have learned how to prevent and end homelessness. We are grateful for all that we have learned from the data and research of distinguished academicians such as Drs. Burt and Culhane. On the front-lines, we review their recommendations and apply their theories to continuously advance our work to improve the lives of children, youth, parents, and single individuals in communities across the United States. Research

coupled with practice wisdom teaches us that families are best served in their own homes – that to prevent homelessness whenever possible is the best option. But we have learned that it is not always possible to prevent homelessness and as a result, we must always be at the ready with emergency shelters and services when folks fall on hard times brought upon by a variety of circumstances.

Perhaps, the most important thing that we have learned over the years is that the unique experience and the untidy details of real life are such that each family and individual does not neatly into HUD's rigid categories. HUD must expand its definition of homelessness to include families who are doubled-up and living in motels for lack of other options. HUD's narrow definition of homelessness is limiting our ability to alleviate unimaginable suffering – even as we sit here today.

I will share with you a heart-breaking story of “Michelle” and her children. Over the summer, we received a call from the clerk of a local motel about a single mother with two children who was unable to pay “rent.” The clerk was very concerned and wanted to help the family so we sent a social worker over. When she arrived, she found the mother with her two children aged four and 11. The 11 year old daughter is severely disabled, suffering from advanced cerebral palsy – as such, she was lying motionless on a mattress on the floor when the social worker arrived. (Placing a mattress on the floor is a common means of protecting a child with CP from falling off the bed. A parent's number one concern with a child affected with CP is to protect them from any type of injury). Without money for a wheel chair, the mother had to carry the child wherever they

went, including up and down the stairs at the motel. This and her fear of being located by her abuser prevented her from leaving the motel room.

Sadly, according to HUD's misguided policies, this family did not qualify for our permanent supportive housing program because even though a family member has a severe disability, they do not qualify under HUD's definition of chronic homelessness. This family would clearly benefit from permanent supportive housing, but this is not a priority for HUD. In fact, because they are living in a motel, they are not considered homeless by HUD and not entitled to McKinney-Vento services at all.

The remarkable story of how cancer affected the lives of the Anderson Family provides additional insight into why HUD's definition must change. My agency received a call about Mr. Anderson and his two children who were in the process of being evicted for non-payment of rent. Mr. Anderson had been under extreme stress that had begun to take its toll nearly two years earlier due to the loss of his mother to cancer. Not more than a year later, his wife was diagnosed with cancer and died within 9 months of the diagnosis. Shortly after his wife's death his son who was 5 was diagnosed with Lukemia. In his struggle to attend to his son's chronic illness and cope with this crushing grief, he loss his job.

As you know, this family did not meet the HUD's definition of homelessness because they were not literally homeless – even though the die had been caste. In order to meet HUD's arbitrary criteria, we separated the family. And to this day, I regret it. Mr. Anderson entered the shelter with his other child. The child with leukemia was unable to enter the shelter, due to obvious medical concerns,

so this child went to stay with family friends. After losing grandmother and mother just months before, this child believed he would never see his father again. The additional suffering caused to this child by the separation from his family should put us all on notice that HUD's definition must change.

Finally, we know that children living in families who are doubled-up or living in motels for lack of other options suffer in unimaginable ways and are at risk of similarly poor outcomes to those of homeless children. Congress MUST expand HUD's definition of homelessness to include persons who are sharing the housing of others due to loss of housing, economic hardship, or similar reasons, and those who are staying in motels because of a lack of adequate alternative accommodations.

While, S. 1518 attempts to address the well-founded concerns of homeless service providers nationwide that HUD's definition must expand to include doubled-up families, it includes flawed language that would require a doubled-up household to meet arbitrary requirements such as having lived in at least three different homes in a year or two homes in 21 days. We are less concerned about the potential incentive this provides for families to move just in order to meet this artificial standard of "homelessness" - this is unlikely to happen. Instead, we find troubling the safety concerns of the domestic violence victim attempting to verify a stay with her abuser or the homeless youth who has been sexually exploited in order to share a couch or a bed for the night being made to provide proof of such horrors.

Finally, Congress must restore local flexibility and return HUD to its award-winning role of evaluating the extent to which a CoC application fills the gaps revealed in the community gaps analysis. In 1999, *prior to the addition of targeting, bonus points and the permanent housing set-aside*, the CoC earned HUD the Harvard Kennedy School of Government' Innovation in Government Award. Despite the obvious lack of housing as a similarity among all homeless households, the journey to the brink of homelessness begins differently for every person. The causes are unique to the experience - unemployment, the disappearance of affordable housing, questionable choices, a flight from exploitation or abuse, or falling apart under the crushing weight of severe mental illness. For many, it was the accumulation of these challenges.

Given this complexity, our response must be agile, thoughtful, and above all, tailored to meet the needs of each of our neighbors who experience this tragedy. We ask that the Committee weigh heavily the findings of practice wisdom and research and reject HUD's overly prescriptive federal policy which aims to standardize the response to homelessness. Any reauthorization of the McKinney- Vento Act must reflect this complex interplay of social issues and arm communities with the tools necessary to create a wide array of housing options designed to return our neighbors to safe, decent, affordable housing as quickly as possible.

3) HEARTH IS THE IDEAL APPROACH TO REAUTHORIZATION.

After much thought and consideration, we believe that HEARTH best reflects what we have learned about preventing and ending homelessness for ALL Americans.

First, HEARTH it consolidates the separate HUD programs, relieving both HUD and local communities of the overly complex application process. Second, it codifies the Continuum of Care (CoC) and restores the local flexibility necessary for it to operate properly. Third, HEARTH expands HUD's definition to include persons who are sharing the housing of others due to loss of housing, economic hardship, or similar reasons, and those who are staying in motels because of a lack of adequate alternative accommodations. We appreciate the efforts of the Senate Committee on Banking, Housing, and Urban Affairs to include an expansion of HUD's definition of homelessness in S. 1518. This moves CPEHA closer to the more robust House bill. While it is true that many families and individuals who doubled-up, move frequently, it is not always possible for a case manager to verify this or for a family or individual to provide proof. As you can imagine, it is nearly impossible for a social worker to verify the extent to which a family or individual is homeless. Simply put, being doubled-up for lack of other options is homeless enough for HUD to intervene.

Lastly, HEARTH would serve rural needs by allowing for local flexibility and priority-setting. HEARTH rejects HUD's current practice of prescribing solutions aimed at big cities like New York and San Francisco and directing dollars away from small towns and rural areas. Most Americans live in cities such as mine with a population of 90,000 to 250,000. HEARTH does not create an optional

separate application process for rural communities that could potentially further slow down HUD's lengthy approval process. Instead, HEARTH makes the entire continuum of care approach responsive to rural communities by restoring local flexibility, streamlining the application process, adding doubled-up and motel families to HUD's definition and allowing more money to be used for prevention. HEARTH is the optimum approach, we urge this committee to support HEARTH and thank the 79 co-sponsors of the bill. We thank Senators Jack Reed and Wayne Allard for their commitment to affordable housing and for championing the need for a long-overdue reauthorization of the McKinney-Vento Homeless Assistance Programs and hope that CPEHA will continue to improve to match the balanced, thoughtful approach of HEARTH.

Although my testimony suggests otherwise, I am in favor of a one-size-fits all approach to ending homelessness - and it is a prescription that I borrow from Catholic Social Thought and the National Association of Social Workers - that every person is entitled to be treated with dignity and respect. Catholic Social Teaching emphasizes the dignity of the human person and the value of the family. The home is the very foundation for raising children, for seeking comfort, and for preparing oneself to participate in broader society through work, education and civic engagement. The teaching of the Church informs Catholic Charities' century-old commitment to safe, decent, affordable housing. We take very seriously our commitment to building, rehabilitating and preserving affordable housing. But we are equally motivated by our commitment to ensure

that all Americans have access to the social and emotional support necessary to escape homelessness and to be successful in permanent housing.

As much as we would like to boil the plan for ending homelessness down to a tag-line suitable for printing t-shirts or bumper stickers, the reality for each family and individual who experiences homelessness is complex, painful, and unique for them. That calls on to take a sophisticated approach that is not always quantifiable or measurable – and might not always cost us less money – to ending homelessness for them. And again, the problems of homelessness we now face are in no small part due to HUD's inattention to America's affordable housing crisis. Indeed, HUD has failed in numerous ways, improving its homelessness policies will be a small but vital contribution to our nation's housing struggles.

On behalf of Catholic Social Services of the Diocese of Fall River, I thank the Committee for this opportunity to testify. We urge the committee to support HEARTH and to see to it that the Senate bill adequately addresses the complexities of homelessness across our diverse nation. We look forward to working with the Committee to pass the HEARTH Act. Thank you again for your leadership to prevent and end homelessness in America.

ARLENE A. MCNAMEE

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EDUCATION:

Stonehill College
B.A. Sociology 1968

*SENIOR EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM
NATIONAL CHILD WELFARE AND THE UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL-
1987*

Executive Management and Leadership Program
Child Welfare League of America and John F Kennedy School of Government
1993

Licensed Certified Social Worker

EXPERIENCE

Catholic Social Services Diocese of Fall River

EXECUTIVE DIRECTOR - 1994 to present

Overall responsibility for the agency including financial, planning, programming and advocacy. Accomplishments have included the development of: 2 transitional housing programs for woman leaving prison, a transitional housing for homeless women and children, 72 HUD supported permanent housing for homeless families. Also, extensive services for immigrants including legal services, ESL, Advocacy, health initiatives and elder groups. Other responsibilities include serving as the Victims coordinator and overall director of the Office of Child Protection.

COMMUNITY ACTION FOR BETTER HOUSING

Executive Director – 1995 – present

Founding Director - responsibilities include: overall responsibility, including financial, planning, negotiations with various funding sources including HUD, and the various cities that this housing corporation serves. Accomplishments include the rehabilitation and selling of 8 homes to first time homebuyers, developing a 26 room SRO for persons in recovery. Recent dedication of a new 18 room SRO and currently, a 202 for affordable, supportive housing for elderly is nearing its final phase prior to construction.

MASSACHUSETTS SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

Regional Administrator Southeast region

Development and implementation of new programs that increased the agency budget from 600,000 to 2.9M in ten months. Program expansion of Mental Health Services to include Employee Assistance, Sexual Assault Assessment Teams, Prevention Services, and Adoption Services .

Richards & Davis Co.

President 1988-1992

Family owned business which wholesaled lumber.
Financial management and general operation of the business

St Vincent's Home

Consultant 1989 – 1990

Provided consultation in the reorganizing of the program that provided residential services to children. The program was under serious scrutiny from its funding sources due to an allegation of sexual abuse at the facility that was not reported.

State of Maine

Consultant 4/1990 - 6/1990

Reviewed and made recommendations regarding service practices of the Child Welfare system after the death of a child

New Bedford Child and Family Service

Executive Director 1978- 1988

Responsible to develop and implement budgets, write and negotiate proposals, meet regularly with the Board of Directors, represent the agency at the local, state and national level.

Accomplishments included the establishment of non-traditional apartment living for young mothers; the creation of a coalition for young mothers with the local school and other providers, the development of the Mariner's Assistance program with the United Way, City of New Bedford and the Snug Harbor Foundation to provide referrals and group services to fishermen and their families in such areas as substance abuse, financial counseling etc

New Bedford Child and Family Service

Assistant Director 1974- 1978

Responsible for the day to day management of the agency negotiated with funding sources, developed and implemented new programs as well as providing supervision to program directors.

New Bedford Child and Family Service

Program Manager for Youth 1993 –1974

Developed and managed the Proctor Program which provided one-to one 24 hour supervision to youth who were under the jurisdiction of the courts and who the system was not able to contain in a conventional setting. This program was cited by the Federal government as an "exemplary program" and has served as a model for this type of care. Supervised all staff who provided services to youth (Big Brother/Sister, Young Parents, Adoption Services and Group Services)

New Bedford Child and Family Service

Caseworker 1971 - 1973
provided case management services to youth

Camp Chappa Challa

Co-founder and Director

A temporary shelter for emotionally disturbed youth responsibilities included overall management of the budget, staff and program. The development of a volunteer staff of 50 and the development of a foster care network for aftercare.

Project Lighthouse

Co-founder and Director

A temporary shelter for adolescents who suffered from abuse and or had runaway the program operated after our "regular job" usually around 5:30. There were 6 live in adolescents as well as a "lounge" which was staffed and opened to youth provided that they were "clean". It was staffed totally by volunteers and had a roster of 38 who provided coverage. The project survived on donations there was no public funding.

Project Follow Through

Social Worker 1969-1971

Caseload consisted of primarily children from immigrant Portuguese families

Department of Public Welfare Rhode Island

Social Worker 9/1968- 12/1968

Caseload consisted of adolescent girls who were involved in prostitution, drugs and unplanned pregnancies

Community Organizations:

Catholic Charities USA – Board of Directors 2006- present

Leadership SouthCoast - Board of Directors 2004 - present

SouthCoast Hospital Group , Board of Directors 1996- present

Sovereign Bank Massachusetts Advisory Board – 2007

Sovereign Bank Southeast Advisory Board – 2005-07

Homeless Services Provider Network – City of New Bedford - Chairperson 2005
- present

Chairperson SouthCoast Hospitals Group, Board of Directors 1996 –1999

Board of Directors St. Luke’s Hospital , Chairwomen, 1995-1996

Board of Directors St. Luke’s Healthcare System, 1995-96

Board of Directors, Bay Bank Inc. 1990 – 1995

Board of Directors Acushnet Savings Bank 1979 - 1983

Board of Directors Hunger Commission Southeastern Massachusetts (FEMA)

Homeless Provider Network the city of New Bedford (Chairperson 2004-2005)

Homeless Provider Network Attleboro/Taunton

Mayor’s task force to End Homelessness (City of New Bedford)

Mayor’s task force to End Homelessness (City of Fall River)

Mayor’s task force for Emergency Homeless Services (City of Taunton)

National Committees:

Social Policy Committee, Catholic Charities USA

Housing Committee, Catholic Charities USA

Child Welfare League of America -National Committee for staff retention (2004
–2005)

Child Welfare League of America , National Committee for Adoption Standards
(1985 – 1986)

State Committees:

Children’s League of Massachusetts 1978 –2005

Massachusetts Human Service Providers 1978 –2005

New England Conference of Social Ministry - 1994 – 2005

Massachusetts Catholic Council of Bishops – Board Member 1998 - present

Awards: SouthCoast Woman of the Year 1998

Sr. Rose Galloghy award - 2006