Housing Master Plan Meeting July 1, 2010
Martha Boyer
Outline: **Special Needs and Homeless Housing Panel**

Intellectual disability is a disability characterized by significant limitations both in cognitive functioning and in adaptive behavior. Some individuals are born with an intellectual disability and some individuals become intellectually disabled from a childhood illness or trauma. Sometimes it easy to visually recognize if a person has an intellectual disability, but sometimes it is not known just by looking at the person. Persons with intellectual disabilities can miss social cues, sometimes they have poor reading skills and some persons need help with daily living skills.

Case Management (Service Coordination):

- Alexandria Community Services Board, ID Services provides case management services to individuals diagnosed with an intellectual disability. Case managers' help individuals navigate and obtain Federal and State entitled benefits. The also link individuals to community services to improve and maintain their quality of life. Community services can include transportation, housing, employment, or a structured day program.
- Individuals with an intellectual disability access case management services through the ACSB central intake process.
- Housing options for individuals receiving ID case management services include Alexandria CSB Residential Services (group home, supervised apartment or supportive living services), assistance applying for Section 8, and referrals for in-home supports.

Alexandria CSB, Extended Care ID Services

- Provides case management to191 adults and children diagnosed with an intellectual disability.
- Out of the 191 individuals receiving case management service:
    - 43 individuals live in a CSB operated group home or supervised apartment.
    - 13 adults reside in private provider group homes funded by Medicaid MR Waiver.
    - 5 children (individuals younger than 22 years) reside in private provider group homes also funded by Medicaid MR Waiver.
    - 10 adults diagnosed with an ID live alone; 4 individuals receive CSB operated supportive living services in their homes.
    - 97 individuals (adults + children) diagnosed with an ID live with family members.
    - 23 individuals served by ID Adult Case Management live in Training Centers
- Among the adults and children who live with family members, 19 are known to receive some type of in-home support through HBCS Waivers.

Needs currently seen among individuals with an intellectual disability living alone or with family members in Alexandria (among individuals currently receiving services from ACSB, Extended Care ID Services)

- Affordable housing in communities that are close to public transportation.
- Accessible housing, including rental units on the first floor or with reliable access to elevators. Some need wide doorways, low reaching appliances, light switches, and door handles.
- Homes large enough for a care giver to live with them.
- Housing that is accessible and welcoming to care givers as well.

How will a *Housing Plan* assist individuals with an intellectual disability?

- Maintain connections with family and community members by remaining in Alexandria.
- Individuals want to live in a community where they feel safe. They want to visit family and friends in an environment that is welcoming and accessible.
- They want choices about where to live and not only in certain sections in the City.
- A housing plan will allow individuals diagnosed with an ID to respectfully age in place close to family members and a familiar environment.
- Individuals want supports to remain living as independent as possible in Alexandria. Many will need more supports as they age.
- Opportunities for choices can be accomplished by offering more subsidized housing.

Housing Master Plan Advisory Group and Community Meeting
Topic: Homeless and Special Needs Housing
Thursday, July 1, 2010 7-9 p.m.
TC Williams High School Cafeteria
3330 King Street, Alexandria VA 22302

Jeannie Cummins

- Perceptions of Housing Needs for Persons with Physical, Mental & Developmental Disabilities
    - Affordability (need much better data on numbers at different ami levels and unit sizes) in rental and ownership
    - Accessibility (also need better data on numbers at different unit sizes) in rental and ownership
    - Accessibility AND Affordability, intersected
    - Proximity to Accessible Public Transportation
    - Availability of Supportive Services (paid and natural) that are separately funded from, but provided in, a person's housing
    - Sufficient funding and ability to make customized accessibility modifications in rental and owned housing.
    - Start-up housing costs for those transitioning from nursing homes, training centers, psychiatric facilities (e.g., security deposits, furniture, application fees)
    - Modifications in typical rental policies (date rent is due, credit/criminal background, etc.)

- What Is Not Working to Meet These Needs?
    - Scattershot production of accessible, affordable units without performing market study or needs assessment – results in accessible units at sizes and ami levels that are not readily occupied and frustrates renters and developers/property managers.
    - Pressure for increased density makes it harder to build accessible units which require more sf per unit.
    - Increased costs associated with site planning/building permit fees drive up per unit/sf costs, and make it harder to preserve these units as affordable and accessible, esp. when funding sources are drying up.
    - Lack of communication between entity with rental subsidies (e.g., ARHA) and agencies that receive services funding (e.g., CSB, DHS) makes it difficult to "time" rental and services subsidies together to help people obtain and keep housing.
    - Lack of project based rental subsidies limits the number of deeply subsidized, fully accessible units. ARHA claims it is unable to project base its vouchers, but this has been done in most surrounding jurisdictions.
    - For rehabs or alterations, current state building code requires up to 20% of the cost of the alteration be spent to improve accessibility. In this piecemeal approach, an old garden-style building could take 50

years to become accessible! Need to look at alternatives that might enable a "transfer" of this requirement to a building where the improvement would actually result in a readily accessible environment or a "contribution" to an accessibility fund that produces actual fully accessible units, instead of units with a few features that people can't get in.
    - Restrictive zoning rules that prevent adaptive re-use of motels/hotels and the like for affordable efficiency projects.

- What Is Working to Meet These Needs?
    - Coordinated planning between housing & human services: Arlington Co. undertook a supportive housing assessment to identify the specific housing needs of individuals with disabilities on its existing waiting lists, perform outreach to discover previously unknown needs, and triangulate 3rd party data to project future need. Then it developed a step by step plan to address this need, in conjunction with its Housing Department, utilizing local and federal pass-thru resources, and its network of private non-profit housing providers. The County created a supportive housing coordinator position to act as the liaison with the CSB, the housing office and the private housing providers to develop this housing.
    - Deeply subsidized units: accessible units that receive a capital subsidy to help reduce the cost of construction and a rental subsidy that ***stays with the unit*** result in long term affordable, accessible units. If several units are located in the same building, this can potentially help leverage service provision and reduce the cost of supportive services. Also can be done in a group home model.
    - Sponsored residential placements: VHDA has a mortgage loan product for families that want to become "foster families" for adults with intellectual disabilities. Families get a low interest loan to purchase a home that they and the adult with ID live in, and the adult receives services paid for by the MR Waiver.
    - Affordable efficiency projects: old hotels/motels have been converted to affordable efficiencies for adults with disabilities using various HUD funding sources, including kitchenettes with microwaves, mini-fridges, sinks and cooktops. Supportive services are available on-site on a drop-in basis.

- Future Plans/Initiatives
    - Long term leases of market rate affordable units to set them aside for adults with disabilities (including an upfront subsidy for specific accessibility renovations)
    - Relax restrictions on accessory dwelling units to enable families who have an adult with a disability to leverage their housing for supports – they can rent the accessory unit at a very reduced rent to a person

who can provide support to their family member living "upstairs," or vice versa. The family member can stay in the accessory unit, and the family can rent the main house out to someone who will provide support to him/her.

- Requirements for **accessible,** affordable units in developer contributions - if for sale, enable purchase by a nonprofit and pair with a project based rental subsidy.

- How Alexandria Housing Master Plan Can Help
  - Establish a process for coordinating a thorough needs assessment of disability housing needs based on type of housing, unit size, accessibility, etc.
  - Develop a database of accessible housing throughout the City so we know where we are and what we need to focus on developing (where are units, what sizes, rents, ami levels, proximity to accessible public transportation, unit features, etc.)
  - Create a disability housing "czar" to oversee coordination with public and private resources
  - Review zoning ordinance and relax restrictions for accessory dwelling units; create simplified use permit applications for affordable efficiencies
  - Review site plan and building permit processes/fees to determine whether there are processes that can be "greenlighted" or fees that can be reduced for projects that are providing accessible, affordable units (esp. if funding sources to offset the costs of building these units are not available)
  - Facilitate discussion with ARHA about creating project-based rental subsidies for accessible units.
  - Facilitate discussion with ARHA about creating a plan to ensure regular communication about people with disabilities' status on the Section 8 waitlist, so when a person's name comes up for a rental subsidy, they also have the service funding they need to stay in rental housing. This may mean people cannot be chosen in exactly "first come first serve" order (e.g., the second person in line on the Sec 8 waitlist may be first to get services funding), which could require an amendment to the Section 8 waiting list plan priorities.
  - Push for modifications to the developer contribution requirements to include accessible units.

HOUSING MASTER PLAN MEETING, July 1, 2010

Submitted by Abbie Moore

The need for accessible and affordable housing in the city of Alexandria is great. Many of those requiring special needs housing and their families have been greatly impacted by the loss of both accessible and affordable housing units in the city. The current lack of funding and the economic slowdown have largely contributed. Some have had to leave the city to seek housing on their own elsewhere while others have had to seek housing outside of the city utilizing Housing Choice Vouchers; the availability of which has suffered due to inadequate funding by HUD.

Any new design, construction, acquisition, or rehabilitation of existing housing should and must include both accessible and affordable housing, set asides, market affordable rental units, as well as affordable home ownership programs and more mixed income development should be included.

Tenant based subsidies and housing choice vouchers must be more readily available to help meet the needs. Funding on the Federal, State, and local levels must be addressed in an urgent manner.

1. Several of the projects successfully completed by the city include The Stations at Potomac Yards, which addresses affordable, and workforce housing, and Chatham Square which is a mixed income project. Also the Beauregard Corridor Plan, Braddock East Plan, Glebe Park Redevelopment, James Bland Redevelopment and Mark Center. Again, some of the failures are the lack of affordable workforce and public housing, and the decline in funding.
2. Besides the development of increased accessible and affordable housing for the disabled and the use of mixed income developments, the city of Alexandria is sorely in need of an assisted living facility which would accommodate the elderly, frail elderly, and disabled who are unable to live independently in our community. The high cost of health care and privately owned and operated assisted living

3. Ongoing public outreach, community education, Housing Fair's and participation by City Housing through the use of the print media, and/or cable programs and Town Hall meetings providing for dissemination and inclusion of up-to-date housing information should be encouraged.

   The appointment of a panel of disabled citizens and/or the usage of the Alexandria Commission on Persons with Disabilities could serve in an advisory capacity to the housing agencies of the city, to the developers, designers, and builders of new developments.

   An increased commitment by the city of Alexandria towards expanding opportunities to accessible and affordable housing for persons with disabilities is a must. The city, the planning commission, code enforcement, and housing agencies should all work together to establish the goal of having all housing and facilities meet Universal Design Standards. The implementation of ideas and plans that all environments and products be made usable by all people regardless of their age or ability so as to live and work independently for as long as possible without fearing an environment too difficult to navigate.

   The maintenance of community diversity and economic development is central to the growth of our city and most importantly, the preservation of the city of Alexandria's affordable housing must remain a top priority.

Affordable Housing Panel - Special Needs Populations
July 1, 2010

Comments by Mary Riley
(Past Chair, *Community Services Board*; Past Chair, Strategic Planning, *Homeless Services Coordinating Committee*; Past Chair, *ALIVE! House Shelter*; Founding Member, *Housing Action*; Founding Member, *Alexandria CSB Ethics Committee*)

I plan to limit my comments to how I believe *Alexandria's Housing Master Plan* can help to serve those persons with a range of disabilities, as well as those who are elderly or homeless.

First, I believe it would be worthwhile for the *Housing Master Plan* to incorporate some "ethical guidelines" to drive decisions about which populations will be served. I think many of us who have been affordable housing advocates for many years remember the days when we were told that "special needs populations" were already covered by existing public housing units or CSB supportive housing and that the City's affordable housing emphasis was on units for "workforce housing."

While affordable housing for non-disabled populations is important, in times of ever-increasing budget crises, we need a process to identify the highest-priority housing needs.

There is never enough funding to provide services to everyone who needs help and this is becoming more and more the case as budgets are slashed.

The *Community Services Board*'s Ethics Committee, in operation for almost ten years now, has developed guidelines that help the staff to make those difficult decisions about who receives services and who is denied, due to a lack of funds. The basic premise is that those persons with the greatest need are served first.

This same principle can be applied on the affordable housing front. In fact, earlier this year, Fairfax County's Board of Supervisors formally endorsed a comprehensive new affordable housing policy (the "Housing Blueprint") developed collaboratively by county agencies, advocates and non-profit organizations.

I would suggest that Alexandria look closely at the Fairfax model, which represents a shift in emphasis for the county's affordable housing policies. Per the Board of Supervisor's direction, the Fairfax plan now focuses on providing housing for those with the greatest need, including homeless families and individuals, persons with disabilities, and people with extremely low-incomes (earning 30 percent of the Area Median Income and below).

In my view, looking at the Housing Master Plan from a macro perspective, there needs to be significant discussion among all of the different constituencies on how the limited amount of future affordable housing spaces will be allocated. Using ethical principles is one way of making those difficult decisions.

On another topic, we've been talking about an SRO in Alexandria for years and it was incorporated into the City's 10-year plan to end chronic homelessness in 2004. We should also be seeking out nonprofit housing developers who would be interested in accessing funding through HUD's Section 811 program. The new *Supportive Housing Investment Act of 2009* – passed last year with strong bipartisan support in the House and now in a Senate Subcommittee - will reform the Section 811 program, which helps very low-income people with the most serious and long-term disabilities live independently in the community by providing integrated affordable rental housing linked with voluntary services and supports. This program is also designed to provide local housing agencies with the rental subsidy necessary to incorporate permanent supportive housing units within new mainstream affordable housing developments, which is definitely the direction we need to move.

Also, so as not to "reinvent the wheel," future plans and initiatives should require that developers incorporate the affordable housing design work that has been done to date by architects such as Sherry Ahrentzen at Arizona State University. The ASU Stardust Center for Affordable Housing has done groundbreaking research on housing design for persons with autism and other special needs population. They're also known for incorporating "green" principles into their designs.

It's my understanding that the barriers to affordable housing, including NIMBYism, will be addressed at a future time, but I think it's important that the Master Plan clearly enumerate Fair Housing principles. A recent *Washington Post* article on group homes in D.C. for persons with mental illness noted that the Dept. of Mental Health there will not release the addresses of their group homes to protect the residents' privacy. Alexandria needs to be more proactive in this regard, and one way of doing that would be to incorporate Fair Housing principles as a foundational piece of the Housing Master Plan.

Not included (due to time constraints): We all know that there is a significant overlap between homeless persons and those with mental health disabilities. Statistics from a Point-in-Time count in the City earlier this year of homeless individuals indicate that 106 of the total of 391 homeless persons had severely disabling conditions, defined by HUD as a condition that limits an individual's ability to work or perform one or more activities of daily living. Using ethical principles, those 106 persons would most likely "rise to the top of the list" of those who would be housed.

Housing Master Plan Meeting July 1, 2010
Mary Anne Weber

Good evening. I am Mary Anne Weber, chair of the Alexandria Community Services Board. Before I talk about housing needs, I would like to explain what the Community Services Board is and who we serve.

Community Services Boards were created by the state of Virginia over 40 years ago to provide services in the community for people with mental health or substance abuse disorders, those with intellectual disabilities and those who have co-occuring disorders that is those who might have a mental illness along with substance abuse problems or an intellectual disability as well as mental illness. There are 40 such boards throughout the state, some representing one jurisdiction like the city of Alexandria, others representing several.

The Alexandria Community Services Board is a group of 16 volunteers appointed by the Alexandria City Council. They include a representative of the sheriff's office, a physician, citizen members and those who are clients or family members of a client including at least one who is currently receiving services.

Many of our clients are among the poorest citizens of the city. Statistically they are more likely to be unemployed or underemployed especially in tough times like these. The life expectancy of those with serious mental illness is 25 years less on average, 20 years less for those with intellectual disabilities. In addition to their disabilities, they often have serious chronic health problems. Forty-five percent of those who are adult have incomes of less than $5,000 a year.

One of the duties of the Board is to periodically create a housing plan to identify the board's highest priorities and gaps in services of those individuals with mental illness, intellectual disability and substance abuse disorders. The plan also includes how these needs can be met, what type of housing is needed and the preferred general locations.

Usually the plans are designed for a five-year period but the Board decided to do a two-year plan for Fiscal Year 2009-2010 to align ourselves with the city's five year housing plan. This two-year housing plan represented a major shift in board thinking. Essentially the board decided to move from directly operating group homes and other properties to providing services to individuals in affordable housing that they chose.

Priorities then became increasing access to affordable housing for board consumers who need it and then providing supportive services to board consumers within their own affordable housing.
In addition the board proposed adding one group home to serve individuals with a mental illness or co-occuring substance use disorder who require intensive supervision or who may be medically fragile and not eligible for nursing home placements.

Over the past two years the board increased its advocacy role urging more affordable housing for those with the lowest incomes in the city. Board members and staff took part in the City Council's strategic planning meetings and staff was appointed to participate on the City's affordable housing master planning task group. The Board did not explore funding an additional group home because of serious budget deficits at the state and city level. On the plus side Safe Haven (Riley Place) is completed and staffed. The housing facility provides three apartments with supportive services for 12 individuals. Earlier this year the board and staff began work on the board's Housing Plan for Fiscal Year 2011 to

2015 covering the same time frame as the city's housing plan. The plan, approved by the board in May, proposes to continue all current supportive residential services as long as they meet consumer needs. Housing will be uncoupled from treatment and supportive services. Clients will be able to exercise choice to the greatest extent possible.

This is in keeping with best practices which call for person-centered treatment and planning for recovery. Just as in medicine today where doctors treat patients as partners offering them choices and outlining the possible results and consequences so too CSB clients are and will be fully involved in their growth and recovery.

Unfortunately the most difficult problem is housing and it has a domino effect. There are clients in state hospitals who are ready to return to their community, the services are in place but there is no housing available. A resident of a group home, whether transitional or what is known as permanent housing, is ready to move to a less restrictive environment but again there is no housing he or she can afford.

We need more studio apartments designed for singles, we need housing like that available for seniors where a resident pays a percentage of their income as rent up to market value. We need to retain and rehabilitate the affordable housing stock we have instead of losing it year after year.

We will always need some group homes and or intermediate care facilities for those who need extensive support to remain in the community or those who are medically fragile But the majority of those we serve have a right to live in their home community and have some choice as to where they live and how they live.

Currently board-owned or controlled housing is located throughout the city and when the board starts to plan for the new group home mentioned, the board will look at the eight planning areas to determine which area has the least proportion of special needs housing.