



*Creating solutions, **One** person at a time*

PBH Housing Committee
2006 Housing Plan for Individuals with
Serious and Persistent Mental Illness (SPMI)

The PBH Housing Committee was formed in early June 2006 with the recognition that many PBH consumers with SPMI have housing needs that play an integral part in their treatment and/or service plan. The charge of this committee is to determine the housing needs of PBH consumers with SPMI, to create a Plan for affordable housing for individuals with SPMI and to present formal recommendations to the PBH Management Team. The Housing Committee identified a continuum of possible housing options ranging from homeless shelters, group homes, supervised living, transitional housing, to permanent housing.

Historical Context:

For the past 10 years PBH has partnered with local service provider organizations and other advocacy groups to operate supervised living homes for people with serious psychiatric disabilities. In 2002 The N.C. Division of Mental Health released its "Blueprint for Change" listing the components of Mental Health System Reform. The blueprint instructed Area Mental Health Authorities to develop strategies for becoming Local Management Entities to manage mental health resources in N.C. In 2003 PBH began the Local Business Planning process, which involved conducting focus groups in the 5 county catchment area to hear feedback from stakeholders about service needs, gaps, and opportunities. Significant interest was expressed by consumers, family members, and stakeholders in having PBH develop affordable housing for its consumers. PBH developed its Local Business Plan and submitted it to the Division of Mental Health for approval. The plan included some bold initiatives designed to create affordable housing in the PBH catchment area.

In 2004 PBH enlisted the aid of a Housing Development Consultant to develop strategies to increase affordable housing options in the catchment area. One of the strong recommendations from the consultant was to hire a full time Housing Development Specialist. This position was created and Jim Curtin was hired to fill the position. Other recommendations included: developing collaborative relationships with local public housing authorities to learn about the availability of Section 8 housing for consumers; identifying local housing developers interested in partnering with PBH in the development of affordable housing; pursuing HUD funding for the

expansion of 811 and Shelter Plus Care housing; developing a Regional Continuum of Care comprised of community service organizations, service agencies, advocacy groups and faith-based groups to exchange information and resources in the development of affordable housing and services for those who are homeless.

PBH developed the Piedmont Regional Continuum of Care (PR CoC) for homeless services and housing in 2005 and submitted a successful HUD Grant application. PR CoC was subsequently awarded \$672,612 for the development of affordable housing and supportive services. PBH also partnered with the Mental Health Association of North Carolina and the Mental Health Association of Central Carolinas in pursuing a HUD grant for the development of HUD 811 housing units for people with disabilities. PBH engaged the assistance of a qualified housing development consultant who was knowledgeable about North Carolina affordable housing opportunities to help identify funding sources to create more affordable housing.

The growth of PBH in the affordable housing arena continued in 2006 with the establishment of a Housing Committee comprised of LME staff, Providers, our housing development specialist, and Judy Chaet of Imago Development, the housing development consultant. PBH conducted several feasibility studies designed to identify ways in which existing PBH owned properties could be used to increase the existing inventory of affordable housing units. Additionally the committee worked to develop a broad understanding of consumers with the most urgent housing needs and to define solutions to meet those needs. This Plan represents the findings and recommendations of the Housing Committee.

Consumer Survey:

In December 2005, Bonnie Schell, PBH Director of Consumer Affairs, identified the chief consumer housing concerns of individuals with serious and persistent mental illness. In June 2006 she reported on her findings in a report on Consumer Housing Concerns based on (1) informal interviews with consumers and family members, and (2) priorities listed about housing at NC consumer conferences and listening sessions. Those leading groups at clubhouses asked members (16 people) for their experience and ideas about housing for persons with disabilities. Clubhouse consumers either lived in the family home, in assisted living, in MHA apartments, or in supervised living situations. Consumer Affairs also made notes from queries about satisfaction with residential placement to primary consumers who called Consumer Affairs with complaints about services (nine consumers had strong opinions, including one who had been kicked out of two homeless shelters). In addition to these efforts, Consumer Affairs discussed housing needs with family members at two NAMI meetings and made three visits to tenants' quarters at assisted living facilities.

The chief housing consumers concerns and needs were:

- ❖ **Having choice in housing that went along with stages of recovery,**
- ❖ **Having more education for consumers and their community support workers on knowing the housing market.**
- ❖ **Having monetary support for up front expenses and to subsidize apartments.**
- ❖ **Having more in place supports to learn the skills for living independently.**

Prevalence of Need for Affordable Housing for those with SPMI:

The North Carolina Interim Plan for Serving Persons with Disabilities in Appropriate Setting, (December 28, 2000) reported “About 10 percent of people with severe and persistent mental illness (SPMI), or **9,900 adults** (statewide), **are in need of stable and affordable housing. Yet, there are only 992 adults** (statewide) **with severe and persistent mental illness in NC who receive subsidized housing** through HUD mental health funded units. **This is just slightly more than 10% of those in need of housing.** The existing housing resources are woefully inadequate to address the housing needs of people with severe and persistent mental illness.

The US Census Bureau gives the estimated 2005 population of the PBH catchment area as 661,859. A US Surgeon General 2000 report states that 2.8% of the population has a severe and persistent mental illness. This means that in the PBH catchment area there are an estimated 18,532 individuals with SPMI. Using the above calculation of 10% of those with SPMI needing stable and affordable housing the PBH region has 1,853 individuals with SPMI with inadequate, inappropriate, or unsafe housing. The September 2006 Point in Time Study conducted by the Housing Committee identified 649 individuals (receiving PBH services) with SPMI and 243 persons who have inadequate, inappropriate, or unsafe housing. Clearly there are many other individuals within the catchment area in need of assistance who are not currently receiving services.

Homelessness and Mental Illness:

The May 2005 HUD report, *Strategies for Preventing Homelessness* (Martha R. Burt, the Urban Institute, Carol L. Pearson and Ann Elizabeth Montgomery, Walter R. McDonald & Associates, Inc.) tells us that “For people with serious mental illness, with or without co-occurring substance abuse, permanent supportive housing works to prevent initial homelessness, to re-house people quickly if they become homeless, and to help chronically homeless people leave the streets (Burt et al., 2004; Shern et al., 1997; Tsemberis and Eisenberg, 2000). Evidence collected in Massachusetts for the HUD study indicates declining rates of homelessness among people with serious mental illness admitted to state psychiatric hospitals over the 10-year period during which the Department of Mental Health was expanding housing with supportive services.

According to a 2000 U.S. Surgeon General’s report on mental health, roughly one in every four Americans (28% of the U.S. population) suffers from a diagnosable mental disorder. The same study states that 2.8 percent of the adult population suffers from a severe and persistent mental illness. This proportionally small percentage accounts for the majority of mental health treatment costs. The National Alliance for the Homeless estimates (based on studies by SAMHSA) that 20-25% of the homeless population has a mental illness. The chronically homeless population contains a larger percentage- nearly twice- of those with SPMI than the general population. Most studies estimate 4-5% of the chronically homeless population has SPMI.

The HUD report, *Strategies for Preventing Homelessness*, identified two overall strategies, critical for shortening or preventing homelessness—short-term assistance and long-term support. The first strategy, most commonly applied to families threatened with housing loss, screens for short-term problems that nonetheless constitute crises for particular families, and applies short-term solutions. The latter seeks people whose disabilities or other circumstances indicate chronic problems, and applies the long-term solutions of housing with supportive services. **When these**

solutions are made available before homelessness occurs, they have a stabilizing and preventive effect.

People with disabilities leaving psychiatric and correctional institutions have a very high risk of homelessness if they do not receive assistance to find and keep stable housing. Their risk level for homelessness makes them an ideal target population for prevention activities. Having or developing community-based housing and supportive services for people with serious and persistent mental illness exiting these facilities, coupled with discharge planning that links people in need with the housing and services, can be both effective and efficient, preventing both homelessness and a return to costly institutional settings.

Consumer Housing Need Data:

The Housing Committee identified the following consumers with the most urgent housing needs:

- Consumers who are institutionalized and who could leave the institution if housing were available
- Consumers in danger of being institutionalized and who could be stabilized if housing were available
- Frequent users of services (i.e. hospitalizations and emergency services)
- Those who are homeless and disabled (especially those who are SPMI and/or have multiple diagnoses)

This list of consumers reflects the widely recognized national trend that those with the highest housing needs are those who are utilizing the highest amount of service dollars. They are also the most likely to become homeless without supported housing interventions. This group also has the potential to benefit greatly from a stable housing environment.

The Housing Committee determined the extent of the needs of those who are institutionalized (primarily at Broughton) but who could leave the institution if housing were available. Based on the needs of this population the committee decided that this group would be the primary focus in expanding the provision of housing.

This group falls under the federal Olmstead mandate. The Olmstead Act (1999) mandates that “States place qualified individuals with mental disabilities in community settings, rather than in institutions, whenever treatment professionals determine that such placement is appropriate, the affected persons do not oppose such placement, and the state can reasonably accommodate the placement, taking into account the resources available to the state and the needs of others with disabilities.” The Olmstead Act requires public entities to administer their services, programs, and activities in the most integrated setting appropriate to meet the needs of qualified individuals with disabilities”. Housing is not specifically mentioned under the Act, however, the need for housing is implicit in helping the individuals with SPMI who fall under the Olmstead Act to attain and maintain stability in the community.

Currently, sixty-one (61) PBH consumers fall under the tracking criteria as Olmstead clients. Of that population 25 are currently in Broughton Hospital and 36 are placed in the community. Twelve of those who are at Broughton are in need of housing in order to be discharged. There is no appropriate housing available. Of those in the community (36), fifteen are placed in an

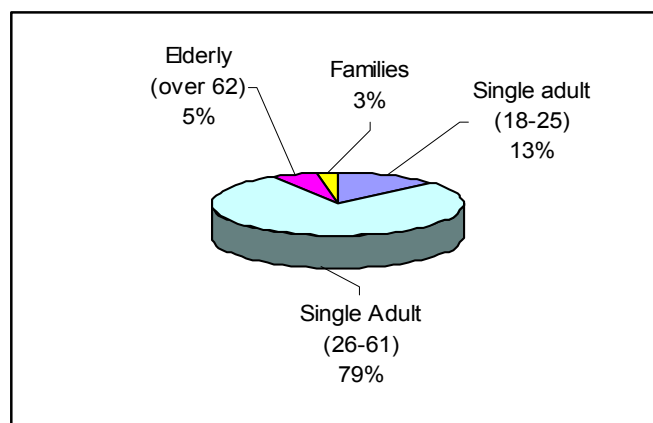
inappropriate setting, (i.e. in the home of a family member where it is reported to be a stressful environment) that is not conducive to their achieving stability, or in assisted living settings that have not been designed to accommodate those with mental illness. As of October 2006 there were 27 people with SPMI who fall under the Olmstead mandate in dire need of immediate housing placement.

PBH Point in Time Study:

On September 18, 2006 the PBH Housing Committee conducted a Point in Time Study of consumers with SPMI who are receiving services from PBH contracted service providers. The Point in Time Study asked providers to answer questions about the number of consumers with SPMI who are receiving services from their organization and the number of consumers who have inadequate, inappropriate, or unsafe housing. Providers were also asked to identify recommended housing types for their consumers and to identify barriers to obtaining and maintaining housing. Surveys were distributed to providers accompanied by an explanatory letter and definitions. Calls were made to providers prior to the September date. Additionally follow up calls were made after the date passed. Thirteen providers responded to the survey.

Within the PBH catchment area, as of September 2006, there were 649 consumers with SPMI (September 18, 2006 Point in Time Study completed by PBH contracted service providers) who were receiving services from PBH contracted providers. Of the 649 individuals, 245 (38%) were considered to have inadequate, inappropriate, or unsafe housing. This number included the 61 consumers identified above. This is a significantly higher percentage than the 10 percent of those with SPMI reported to have housing needs by the North Carolina Interim Plan for Serving Person with Disabilities in Appropriate Setting in December 2000.

By far the largest demographic group of those with SPMI living in inappropriate, inadequate, or unsafe housing was single adults between the ages of 26-61 - 191 individuals (79%). Thirteen percent (32 individuals) were single adults between the ages of 18-25. The remaining 8% were either elderly (over 62) – 13 individuals; or individuals who are part of a family (7 individuals).

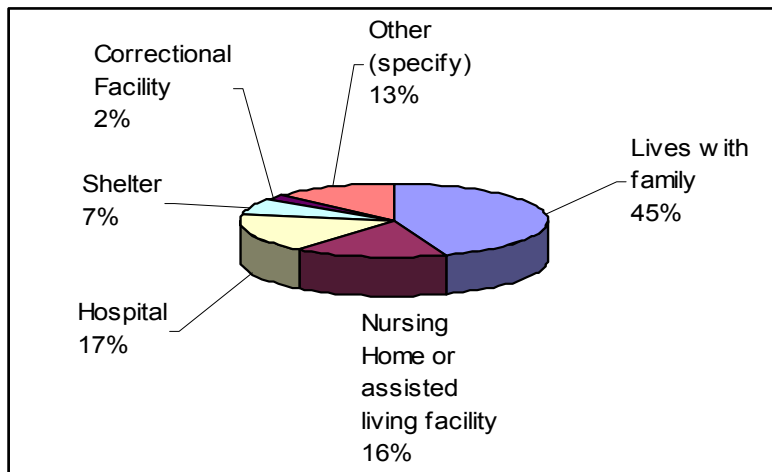


Those with SPMI in the PBH Catchment Area with inadequate, inappropriate, or unsafe Housing

Almost half of those with housing issues, 45% (108 individuals), live with family members. One provider commented on this as follows “Due to the nature of the illness in the people we serve

they may live with family members/loved ones who allow them to live with them, but take their money. To encourage and support the ones we work with to progress on their personal recovery journey it may be in their best interest to live elsewhere. If you were to ask the individual they may say they want to live with family because the family has influenced them to not think for themselves and depend on them. In essence the family members enable them to become/remain crippled.”

Twenty percent (49 individuals) of those receiving services were either in a shelter or other living arrangements (doubled up with friends or on the street). A provider identified the housing of 4 of their consumers in this way; “We currently have 4 consumers who are inadequately housed. Two of them reside alone in sub-standard housing that does not meet city/county codes. One of these is in the process of being condemned and vacated. The other home needs to be condemned. Both homes are without running water and electricity and are a health hazard. The third consumer lives in a camper without heat or air conditioning. The fourth consumer is homeless”. Sixteen percent (39 individuals) were in nursing homes or assisted living facilities.



Current Place of Residence for people with SPMI with inadequate, inappropriate, or unsafe housing

Current Housing Capacity Data:

The PBH Housing Committee conducted a study of housing capacity and identified the following housing resources within the PBH region. The study focused on housing specifically targeted to consumers with SPMI.

PBH has 8 properties that are either PBH owned or leased from county government. Two properties do not have housing structures on them. The properties are as follows:

Patterson Group Home, 1304 Griffith Road, Monroe

Historical Usage: This home was purchased by PBH on July 17, 1985. The original home burned down in approximately 1990 and a state of the art replacement facility was built in approximately 1991. A youth program operated from this location until about 2004 when PBH divested itself of that service.

Physical Structure: There are six bedrooms with office space, a shared kitchen, living room, and study area. The home includes sprinklers, built in furniture in the bedrooms; fire rated sheet

rock, reinforced walls, and tempered glass in the windows. The lot is approximately 2 acres. The home is in good condition. It could be used with a minimal amount of restoration.

Usage Issues: Jim Curtin, PBH Housing Specialist, spoke to Susan Osborne, Monroe City Planner, regarding the possibility of our putting this facility back into service. She conferred with Wayne Herron, Monroe's Director of Planning and Community Development, and reported that since it had been vacant over six months and was within ½ mile of other group homes it could not be reopened as a group home. There is a Licensed Residential Treatment facility, Agape-Jeff's Place, located at 1109 Griffith Road that is approximately .22 miles from the Patterson Home.

Tax Valuation: \$265,150

Albemarle House, 242 Second Street, Albemarle

Historical Usage: The Albemarle House is owned by PBH. It was formerly used as a substance abuse halfway house. It was built in 1920.

Physical Structure: The Albemarle House has a living area of 3336 sq. ft., and sits on a 1-acre lot. A complete renovation/restoration of the property was done in 2002, at a cost of \$ 130,500. It is furnished and in relatively good condition. There are 3 bedrooms upstairs with 8 beds and another bedroom on the main floor that was utilized by overnight staff. There is office space with a shared kitchen, dining, and living room area. There is an unfinished basement. This home is located in downtown Albemarle, and within walking distance of many desirable destinations.

Usage Issues: Bob Sasser, Albemarle Director of Planning and Community Development stated that this location was still classified as group home and could be operated as such.

Tax Valuation: \$193,493

Hillcrest Street, Albemarle

Historical Usage: This is a PBH owned lot that is located behind the PDS office in Albemarle. It is a wooded lot on a hill that is fronted by a gravel road on the Hillcrest Street side. Accessibility to this lot is an issue for this property. It was originally purchased with the idea of expanding the PDS office on West Main Street.

Physical Structure: None

Usage Issues: Accessibility to this lot is an issue for this property

Tax valuation: \$10,104

Turning Point Group Home, 6205 Mooresville Road, Salisbury

Historical Usage: This property is located in a rural part of Rowan County. This property was developed as a group home by the Tri-County Area Mental Health Program, and was transferred to PBH when Rowan County became a member of the PBH authority. It was most recently operated by the Alexander's Children Center as a home for children and youth with mental illness. Their sub-lease with PBH expired in December of 2003 and the home has been vacant since that time. The Turning Point Home is leased from Rowan County; the lease for this property expired 6/30/2006.

Physical Structure: There is a two-level house here with an office, shared living and kitchen areas, and 4 bedrooms. It sits on 6.9 acres and is in relatively good condition.

Usage Issues: Lloyd Pace, Rowan County Ordinance Enforcement Officer, indicated that Rowan County would need a letter from the State indicating the target population the home would be used for and the county could then issue a zoning permit. This property is rural. It would be

suitable for residential populations that are high risk for negative interactions with neighbors. PBH has invested \$49,542 in capital improvements and repairs since 2000.

Tax Valuation: \$199,216

Lot at 0 Cottage Street (Between Hedge, Cottage, and Cotton Streets), Salisbury

Historical Usage: This lot was purchased by PBH on 12/6/2000. It is located within a ½ block of South Main Street just south of Jake Alexander Blvd. It is a primarily cleared lot with a small number of trees and bushes.

Physical Structure: None

Usage Issues: According to Ron Paxton, Salisbury Zoning and Code Enforcement Officer, the lot is located in a B-7 Zoned Limited Business District. The Salisbury Zoning ordinance indicates the following as permitted uses in a B-7 district: Adult day care home, Family care homes, and Supervised living facility. Checking this location against the list of group homes on the Division of Facility Services website did not reveal any other group homes within a ½ mile radius. This lot was inspected by Mr. Lane Sarver, Housing Developer, who indicated it might be a good site for a possible HUD 811 project.

Tax valuation: \$58,212

Rowan Halfway House, 1127 S Main Street, Salisbury

Historical Usage: This property was developed as a group home by the Tri-County Area Mental Health Program, and was transferred to PBH when Rowan County became a member of the PBH authority. This property is owned by Rowan County and leased to PBH for \$1 a year. The current lease expires 1/1/2009. Path of Hope operated a halfway house at this location for PBH until June 4, 2006.

Physical Structure: There are six small bedrooms in addition to the common areas. The building is in relatively good condition. Since 1998 PBH has expended \$37,200 for repair & maintenance of this building.

Usage Issues: Ron Paxton indicated that this property was still classified as group home and could be operated as such.

Tax Valuation: \$91,541

“Old” Carter House, 421 N Main Street, Salisbury

Historical Usage: This property was originally donated by the Carter family for use as a residence for adults with mental illness. The Tri-County Area Mental Health Program later developed the property as a site for a psychosocial day program; this program was transferred to PBH when Rowan County became a member of the PBH authority. The Rowan Advocates for the Mentally Ill, Inc deeded this property to PBH on March 20, 2000. The building appears to be just on the outskirts of ½ mile from a couple of other group homes.

Physical Structure: The building is located centrally in Salisbury’s Historic District. It has not been used for several years and the interior is in serious need of rehabilitation. The ceiling has fallen due to water damage in several areas. On September 12, 2006 Jim Curtin inspected the building with Lane Sarver. Lane Sarver has a long history of developing supportive housing and has worked with the Mental Health Association in the development of successful joint MHA-PBH HUD 811 projects. Mr. Sarver’s opinion is that the external building structure is sound, but the building requires a new roof, windows, and internal rehabilitation.

Usage Issues: The deed does not indicate any restrictions on its use or sale. However, Rowan Advocates for the Mentally Ill and the Rowan NAMI have requested that the property be developed as a residence for the mentally ill or that it be sold and the proceeds be used for same. Ron Paxton indicated that if we wanted to use this location as a group home it might require a variance of the ½ mile rule and approval of the Historic Commission. Mr. Sarver believes that the Carter House has potential to qualify for rehabilitation funding under the Housing 400 Initiative as residential apartments, possibly with 8 units. Residential apartments would not fall under the ½ mile restriction, but may still require approval from the Salisbury Historic Commission.

Tax Valuation: \$318,059

Stepping Stone Group Home, 418 S Carolina Ave., Spencer

Historical Usage: This property was developed as a group home by the Tri-County Area Mental Health Program, and was transferred to PBH when Rowan County became a member of the PBH authority. PBH operated a residential program for children, and subsequently contracted with The Alexander Children's Center to operate a residential program at this location until November 2004. Since that time it has been vacant.

Physical Structure: This building contains 4 bedrooms, a study, a living room, dining room, kitchen, and office area. PBH has spent \$114,000 on capital improvements and renovations to this property since the year 2000.

Usage Issues: The lease PBH had with Rowan County for this property expired 6/30/2006.

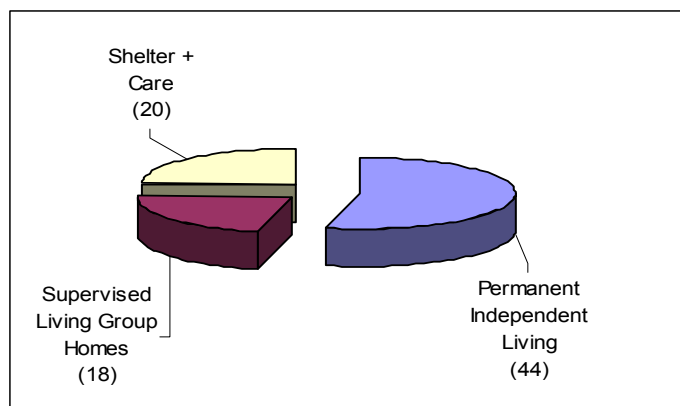
Tax Valuation: \$131,044

Additional Housing Units Identified

The following resources were also identified within the PBH catchment area:

- For Adult consumers with SPMI there are currently 44 apartments funded through Federal and private grants.
- There are 18 beds in Supervised Living Group Homes for individuals with Mental Illness
- PBH's Shelter Plus Care Tenant Based Voucher program can presently provide affordable housing for approximately 20 individuals and/or families with adult members who are homeless and disabled. Fifteen Vouchers are being utilized and the remaining five are in the process of being filled.

Currently 77 of these 82 units are fully occupied with waiting lists maintained should units become vacant in the future.



Current Housing Inventory for people with SPMI

Cost Benefit Analysis of Developing Affordable Housing:

The cost for maintaining an individual in Broughton is \$580 a day, \$17,400 a month, or \$208,800 per annum. The mean (average) length of stay is 41 days (\$23,780) (NC DHHS Annual Statistical Report Fiscal Year 2004). There are currently 25 PBH consumers with SPMI in Broughton.

The average cost to run a group home for 6 adults with SPMI is \$180,000 per year. The provision of group home transitional living services would cost an average of \$30,000 per person for a year to operate. This is less than the cost of 2 months of institutional care at Broughton (which would be \$34,800). The cost for the 25 individuals at Broughton is \$14,500 per day. The average length of stay for these individuals is 635 days (based on Broughton Hospital Utilization reports compiled by Cynthia Ellis, Hospital Liaison - ACCESS). **The cost for each individual's hospitalization is \$368,300—roughly the cost of providing one year of group home living and support services for 16 individuals. The annual cost for all 25 at Broughton would be \$5,292,500.** It would cost \$750,000 to provide group housing and support for a year to these same individuals, who are capable of group home living and remain at Broughton for lack of community based housing,

The benefits of community based housing extend well beyond the cost savings and comparisons. Comprehensive programs implemented in California for people with serious mental illness have decreased the number of days of hospitalization by 66 percent, decreased days of incarceration by 82 percent, and reduced days of homelessness by 80 percent (The President's New Freedom Commission on Mental Health, May 2003).

Many individuals with mental illness rely on SSI or Social Security disability as their income (DHHS, NC Interim Plan for Serving Persons with Disabilities in Appropriate Settings 2000). Fair Market Rental (FMR) rates, set annually by HUD, range from \$438/month to \$637/month for a one-bedroom apartment in the 5 county catchment area. Fair Market rents should represent an affordable rent- defined by HUD as not exceeding thirty percent of one's income. The average FMR for a one-bedroom unit in the region is \$547. The current SSI payment is \$603 a month for a single individual. Clearly, this rent is not affordable for an individual who relies on SSI for support.

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Housing Committee Recommendations:

The information from the Point in Time Study shows a current documented need for 245 additional units of housing. Included in this total are recommendations for the current Olmstead consumer population of 27.

Group Homes are the recommended type of housing for Olmstead consumers. Group Homes provide the support, structure, and daily living skill education necessary to achieve and maintain non-institutional living.

An issue that affects the usage of many of the PBH properties is the question of whether NC State Ordinance 168-22 that allows political subdivisions to prohibit family care homes from being located within a ½ mile radius of an existing family care home is in violation of the Federal Fair Housing Act. Although the ordinance is not mandatory for local governments, many local counties and municipalities have incorporated the ordinance into their local zoning restrictions. The definition in the Ordinance states “Family care home means a home with support and supervisory personnel that provides room and board, personal care and habilitation services in a family environment for not more than six resident persons with disabilities”. Stephanie Alexandria at the Division of Facility Services has told Jim Curtin, PBH Housing Development Manager, that this ordinance applies to both adult and child family care homes. Research indicates that the State Ordinance may be in violation of the Federal Fair Housing Act, but that there have been no clear precedents on this issue. Vicki Ray at HUD told Jim Curtin that the State Ordinance does not on its face appear to be discriminatory, but the real question about whether it is discriminatory depends upon how it is applied.

If several consumers reside together in a building and share in payment of the rent the requirement for licensing and classification as a group home would be precluded and the ½ mile restriction would not apply. This could be an alternative if we are unable to obtain a reasonable accommodation variance.

The Housing Committee recommendations for establishing group residential homes for persons with SPMI under the Olmstead mandate are listed below. The strategy recommended is to begin with the properties least encumbered by regulatory barriers. Since PBH owns the Albemarle House and there appear to be no barriers to its use, it should be the first property to be adapted for use as a Group Home. The next property free of regulatory challenges is Turning Point. PBH should renew the lease for Turning Point with Rowan County. PBH should also renew the lease for the Stepping Stone and seek reasonable accommodation variances for Stepping Stone, Rowan Halfway House, and the Patterson House.

Five of the current PBH owned or leased properties can be adapted to meet the needs of 24 of the current Olmstead consumers. This first step will alleviate the pressing need for affordable, supportive, and safe housing for 89% of this population. The Housing Committee recommends that the funds and support necessary to achieve this important goal be allocated for the following housing development:

Property	Type of Housing	Number of beds
Albemarle House	Group Home	4
Turning Point	Group Home	4
Stepping Stone	Group Home	4
Rowan Halfway House	Group Home	6
Patterson House	Group Home	6
Total:		24

Recommendations for PBH Owned or Leased Property Utilization:

Albemarle House:

- The Housing Committee recommends operation of a group home program at this location.

Turning Point Group Home:

- PBH should request a renewal of the lease or seek transfer of ownership from Rowan County and then establish a group home at this location.
- Since this is a large parcel of land it is possible that additional development might be feasible in the future. If this direction is chosen, the committee recommends that a discussion be held with the county to offer purchase of the property.

Stepping Stone Group Home:

- The Housing Committee recommends the operation of a group home at this location.
- Send a letter to Rowan County requesting a renewal of the lease.

Rowan Halfway House:

- The Housing Committee recommends the operation of a group home at this site.

Patterson Group Home:

- Request a reasonable accommodation variance from the city of Monroe to use this property despite the ½ mile limitation regulation and once approved operate a group home at Patterson House.

Additional Point in Time Housing Study Recommendations:

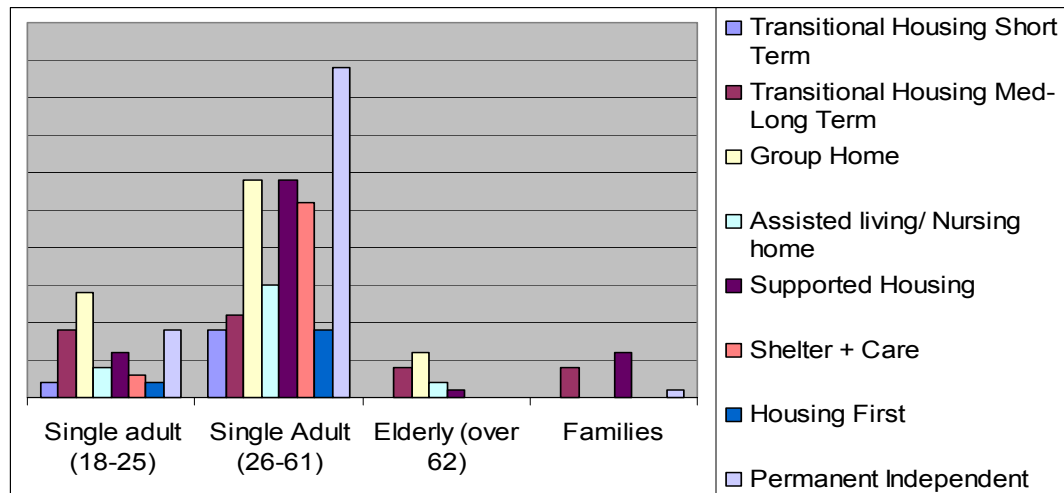
The information from the Point in Time survey shows a current documented need for 245 additional units of housing. Subtracting 24 of the current Olmstead consumers who potentially can be placed in current PBH properties and a current inventory of five available Shelter Plus Care Vouchers leaves a need for 216 units of housing for those with SPMI.

The most recommended type of housing is Permanent Independent Living- 54 units. Forty-four of those units should be designed to serve single adults age 26-61. The next largest concentration of recommended housing is for 42 units of supported housing. Although PBH provides 20 Shelter + Care beds there is a need for an additional 24 beds. A total of 39 transitional housing

beds are needed- 11 in short-term care and 28 in medium to long term. There is a need for an additional 25 beds of Group Home accommodations.

Type of Housing	# of People Needing Housing	Potential Satisfied Need with Available Inventory	Remaining # of People with Unmet Needs
Permanent Independent Living	54		54
Supported Housing	42		42
Shelter + Care	29	5	24
Transitional Housing Med-Long Term	28		28
Group Home	49	24	25
Assisted living/ Nursing home	21		21
Housing First	11		11
Transitional Housing Short Term	11		11
TOTALS	245	29	216

Types of Housing Recommended and Number of Persons with SPMI Needing Housing Identified in Point-in-Time Survey



Recommendations for types of housing by age group

Recommendations To Develop the Carter House

In July 2006, the North Carolina General Assembly created the ***Housing 400***

Initiative. According to the NC Housing Finance Agency (NCHFA) web site “This Initiative is designed to increase the supply of ‘independent and supportive living apartments for persons with disabilities’ that are affordable to persons with incomes at the level of Supplemental Security Income (SSI).” Funds under this Initiative will be allocated through two programs. The first program will provide loans of up to \$1.2 million for acquisition, acquisition/ rehabilitation or acquisition/new construction of supportive rental housing. The second program will provide loans of up to \$1 million for the rehabilitation of rental properties that already have some form of state or federal housing subsidy.

This Initiative will also provide operating subsidy/rental assistance funds. These funds will be available in conjunction with both of the above mentioned loan programs. Operating subsidy/rental assistance funds will also be available for residents of new apartments developed through NCHFA’s Low Income Housing Tax Credit (LIHTC) Program.

The Housing Committee believes that the “Old” Carter House would be a suitable property for development into 8 units of Permanent Independent Living utilizing this funding. Jim Curtin has met with Lane Sarver. Mr. Sarver is president of L. Lane Sarver, Inc., a planning and housing consulting firm in Chapel Hill, NC. Mr. Sarver has been involved in assisting community-based nonprofits to develop affordable housing for over 35 years, resulting in over 300 projects in Massachusetts, Florida, and North Carolina. The Housing Committee recommends that Mr. Sarver be enlisted to work with PBH in submitting a proposal to rehabilitate the “Old” Carter House.

Final Recommendations

The work of the Housing Committee revealed the depth of the need for housing for those with SPMI. It also presented a picture of gap between what exists in the PBH catchment area and what is needed to meet current and future housing demands. The need for housing also presents the need for required funding to build and maintain housing and services. The following chart delineates the type and amount of housing needed and identifies some potential sources to be explored for funding.

Type of Housing	# of People Needing Housing	Potential Funding Sources
Permanent Independent Living	54	HUD, VA, USDA, NCHFA, Habitat, CDC, Fannie Mae, FHLB, Housing 400 Initiative, tax credits, private foundations and corporations
Supported Housing	42	HUD, VA, USDA, NCHFA, Housing 400 Initiative, CDBG
Shelter + Care	24	HUD
Transitional Housing Med-Long Term	28	HUD, VA, NCHFA, CDBG, ESG, Private foundations and corporations
Group Home	25	HUD, Private foundations and corporations
Assisted living/ Nursing home	21	USDA, Medicaid, Medicare
Housing First	11	HUD, NCHFA, private foundations and corporations
Transitional Housing Short Term	11	HUD, VA, NCHFA, Private foundations and corporations, CDBG, ESG
TOTALS	216	

Types of Housing and Funding Sources:

Permanent Independent Living - Independent living with a supportive services plan in place to help participants be successful. The goal is to promote self-sufficiency and community integration to the point where disabled persons can acquire their own home. This could be achieved through a family trust or partnership with Habitat for Humanity, Community Development Corporations, Public Housing Authorities, or with other housing developers. Other possible funding sources could be: HUD, VA, USDA, NCHFA, Habitat, CDC, Fannie Mae, FHLB, Housing 400 Initiative, and tax credits.

Supported Housing - typically provided in individual apartments, sometimes clustered in a small development, which may or may not have an apartment manager on site during regularly scheduled hours. These apartments are the individual's home and they are not licensed facilities. No mental health services are attached to the apartment but in limited cases, residents may receive an amount of rental assistance from the area program. This could be funded through HUD, VA, USDA, NCHFA, Housing 400 Initiative, and CDBG.

Shelter + Care - designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities, (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases) and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters. The program allows for a variety of housing choices, and a range of supportive services funded by other sources, in response to the needs of the hard-to-reach homeless population with disabilities. Participants are required to utilize supportive services to maintain housing. This funding is available for Public Housing Authorities and units of local government through HUD's Continuum of Care Homeless Assistance Programs.

Transitional Housing - Both of the transitional housing programs would provide services to help consumers gain the skills, stability, and resources they need to move to and succeed in permanent housing.

- Short Term- provide housing up to a maximum of 6 months, with the average stay being between 2-3 months, coupled with intensive supports.
- Med-Long-Term- Temporary housing that can be provided up to a maximum of 24 months.

Transitional Housing can be funded through HUD, VA, NCHFA, CDBG, ESG, private foundations and corporations.

Group Home - This includes homes that are licensed by the State Division of Facility Services (DFS) as well as group homes funded through HUD such as Section 811 Supportive Housing for Persons with Disabilities. Typically these are single family residential structures with site-based services that may combine multiple bedrooms with a kitchen, shared living areas, utility areas, and shared bathrooms. Unlike transitional housing there is no time limit on the length of stay and some residents may become long-term while others may cycle out to other housing options. Group Homes can be funded through the HUD 811 and 202 programs, private foundations, and corporations

Assisted Living/Nursing Home - Any group housing and services program for two or more adults, which makes available, at a minimum, one meal per day, housekeeping services, and provides personal care directly or through a formal written agreement with a licensed home care agency. A Nursing Home additionally provides skilled nursing care. It can be funded through USDA, Medicaid, and Medicare.

Housing First - provides housing first, not attached to participation in supportive services. The service population can be defined by the provider (i.e. homeless with SPMI, chronically homeless, dually diagnosed, etc. there is no universal population definition). Housing is provided in scattered site apartments. Participants pay 30% of their income for rent and agree to two visits per month- designed to make sure that there is some connection and that the person continues to be safe and to build a relationship with the participant to encourage participation in services. Housing First has been nationally identified by many practitioners as a best practice housing model for serving those with mental illness and/or substance abuse issues. Housing First provides permanent housing to those with housing needs and a disabling condition- such as mental illness and/or substance abuse issues. Supportive services, mental health assistance,

medication support, employment assistance and other identified needs are provided on a requested basis. The ability to remain in housing is not dependent on participation in services. Service providers maintain regular contact with Housing First participants through individual home visits and ACTT contacts. Only 11 units of Housing First beds were identified. This may be due to a lack of familiarity with the emerging best practice model of Housing First. Housing First may be funded through HUD, NCHFA, private foundations, and corporations.

Conclusion:

The findings from the Point in Time Study and other research conducted by the Housing Committee reveal the depth of need for affordable housing for those with SPMI in the PBH catchment area. Developing solutions to address the need will take time and concentrated attention. The Housing Committee recommends that the work of the committee be extended in order to develop well designed long-term solutions to the overall need for housing for PBH consumers with SPMI. However the properties currently owned or leased by PBH could be converted to usages that will have a significant impact upon the need for housing for those individuals who fall within the Olmstead Act guidelines.

Future Efforts

The Housing Committee will continue to meet on an ongoing basis in order to:

1. Conduct periodic point-in-time studies regarding housing and related consumer needs.
2. Research housing best practice models and funding resources.
3. Provide ongoing strategic planning for the LME in the development and maintenance of consumer residential options.
4. Oversee continuing housing plan development and implementation.
5. Identify problems and barriers to executing the housing plan and devise solutions to deliver successful outcomes.
6. Offer technical assistance to the PBH Housing Development Specialist.

Definitions:

SPMI - In these persons, mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relations, homemaking, self-care, employment, and recreation. Overall functioning is defined as having/having had a GAF score of 40 or less and a diagnostic range limited to 295-295.99, 296-296.99, or 298.9.

Family Member Housing - the person with SPMI is currently housed with a relative and the situation is inadequate for their set of circumstances.