



LONG HOUSE

PROPOSED USE BRIEF

20 May 2013

Anchorage Community



Mental Health
Services, Inc.

Long House Proposed Use Brief

Purpose

The purpose of this brief is to provide information to the Municipality of Anchorage, Department of Community Development, Planning Division about the proposed development plan for the Long House Alaskan Hotel. This project is in the pre-development stages and Anchorage Community Mental Health Services is seeking preliminary zoning input from the Planning Division.

The Long House property is located at 4335 Wisconsin Street in the Spenard Community Council area and borders the Turnagain Community Council area. The Long House is currently a hotel located in the RO zoning district. ACMHS is considering acquiring and rehabilitating the buildings to support permanent supportive housing for persons who are disabled.

Proposed Use

ACMHS intends to use the property as permanent supportive housing for persons who are disabled with a severe mental illness and who have a history of homelessness and institutional living due to lack of affordable and/or supportive housing in Anchorage. The property, as envisioned, will consist of 54 units. The current number of units/rooms within the building is 59+. Two units are planned to be used for property management staff and two will be for Resident Assistants. Fifty units will be for tenants who need supportive housing.

Supportive housing is a combination of affordable housing and supports that help people with disabilities live more stable, independent, and productive lives. It is a proven cost-effective strategy to end homelessness. Supportive housing supports less restrictive living situations than those that individuals may currently be residing in (such as assisted living homes) for persons with mental illness.

The housing is proposed to include the following elements:

- The tenants will pay rent which is based on their income.
- The tenants will hold a lease which is in compliance with the Alaska Landlord Tenant Act.
- The housing units will be managed by an on-site 24 hours a day property management team.
- The primary service brought on-site will be case management, similar to how ACMHS serves individuals in existing scattered site housing programs. Services are available and voluntary and not required to maintain housing. Services will not include meals or any meal services, hygiene/bathing assistance, on-site medication management, or laundry service.

There are currently several common areas within the building that contain space for offices, communal eating areas, and self service laundry areas. These will generally be kept as common areas with building rehabilitation specifically intended to create additional common space.

Staffing

ACMHS is providing an outline of the staffing levels to determine parking requirements. The outline below considers the staff that will be working onsite. Outlined after the onsite staff are other staff, such as maintenance employees, and supportive services staffers who will have their primary location in other facilities or work mobile/cyber.

Property Management Team:

- Facility Manager/Lead Supportive Services Manager (1 FTE) - One property manager onsite who will oversee processing of applications, manage the waiting list, coordinate maintenance, manage unit turnover, process evictions, compile compliance reporting, and track rent payments. This position will work standard business hours of Monday-Friday 8:00 a.m. to 5:00 p.m.
- Administrative Housing Liaison (1 FTE) – Supports the Facility/Property manager. Hours same described as above.
- Residential Specialists/front desk monitors (8.0 FTE): There will be 8 FTEs that will work onsite during days, swing shifts, nights, and weekends. They will address tenant issues, regulate guest access, and monitor all people who seek access into the property. These staff, as described, will be onsite 24/7.
- On-site Residential Assistants (2 individuals): Two individuals will live onsite. These individuals will generally be eyes and ears to convey and access support of any needs residents may have. They may be University students, entry level field employees, or peer specialist who are in recovery from their own mental illness.

The property will be staffed 24 hour a day, seven days a week. There will be a minimum of 2 people from the property management team onsite. At peak activity times there will be as many as six providing property management and support as needed.

Supportive Service Team:

These staff members provide outreach services to the Long House residents in the community. Services will include assessing and developing readiness for housing at the Long House, pre move in, as well as follow up to residents who move on to other living arrangements following their residency at the Long House. The expectation is that many individuals, who reside at the Long House for a period of time, will be interested in moving into even more independent and affordable housing situation. Historically, ACMHS has assisted many individuals in pursuing specialized loan program funding in purchasing individual condominiums and homes.

- Directing Clinician: (1 FTE): Supervises clinical services outreach staff who serve the residents of the facility.
- Case Manager: (2 FTE's) These positions assist via outreach in making sure people have adequate transportation to medical appointments, connecting people to community resources such as food banks, and assist with benefit issues and payee services. These positions will work 40 hours per week generally during normal business hours.
- Facility Maintenance: (.5 FTE) Manages facility's upkeep, snow removal and landscaping.

Funding

Anchorage Community Mental Health Services will be looking at various capital and operating grants for this project. At this time no funding has been committed or secured.

Capital Funding: Sources may include Alaska Mental Health Trust Authority, State of Alaska, Federal Home Loan Bank, US Department of Housing and Urban Development and Alaska Housing Finance Corporation (AHFC).

Operating Funding: Sources may include tenant rents, Medicaid and Special Needs Housing Grant Program funding from AHFC.

Rehabilitation

ACHMS is proposing to change the footprint of the building by adding an additional office on the Wisconsin Street side of the complex to address feedback and concerns from community input about monitored egress. This addition was in the original architectural plans for the facility submitted to the Municipality Of Anchorage in 1995. Other minor rehabilitation to the property is proposed. Some of the renovations are as follows:

Floors and Doors: Floors and doors will be upgraded to assure appropriate proper security and durability. All carpeting is planned to be removed and replaced with more durable and maintainable floor products.

Controlled Access: Increased controlled access through one central point of property entrance. All perimeter doors will have "buzz in" capability through the front desk area. The front yard will be enhanced by installing decorative fence screening that is amenable to the community. The screen fence will be incorporated around the immediate perimeter of the building to funnel people through one point of entry where they can be let in by staff.

Kitchenettes: All of the rooms need kitchenettes and appropriate places for food storage. All safety technology will be accounted for in the rehabilitation

Group Areas/Office Space: The program includes a conference room, office spaces, and additional common space areas in the facility for social activities.

Comprehensive Plan Goals

ACMHS believes that this project is in accordance with the *Comprehensive Plan: Anchorage 20/20* by encouraging an adequate supply of quality, affordable, and accommodating housing that meets the diverse needs of the Anchorage residents. This property provides residents with the use of public transportation. It also assists in diversifying services and affordable housing, as there is no similar housing within the immediate area. This project assists the Anchorage community in fulfilling the following Comprehensive Plan strategies:

- Encourage more affordable housing including homeownership opportunities for low-income residents; and
- Promote the ability of supportive housing opportunities for the homeless and decrease inappropriate housing for persons with special needs.

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Answers from John Sperbeck of ACMHC

1. As you screen potential residents for placement at the Long House, will alcohol dependency be one of the factors you would be screening for? If yes, would you be prioritizing people with alcohol dependency in your decision whether or not to offer them residency at the Long House? How would the knowledge of alcohol dependency be used in determining the individual's appropriateness for residency at the Long House?

ACMHS, Inc., as a behavioral health center, is mandated to do general substance abuse screenings for all participants. As far as service eligibility and prioritization, a mental health Axis I diagnosis is necessary for services. Substance abuse alone does not fall in that scope. It needs to be secondary to a MH health diagnosis or have secondary Mental Health diagnosis. ACMHS, Inc. would not be prioritizing substance use, and specifically alcohol dependence by itself, in the decision making process for residency. A substance abuse diagnosis will not by itself make or deny eligibility either way.

2. Have you had any communication with the State of Alaska regarding whether or not the Long House falls under the state's definition of "assisted living"? If yes, what is the state's take on this?

Yes, and their take was favorable that Long House definitely should not be classified as Assisted Living by their standard definition. I personally had a telephonic discussion in March/April 2013 with Craig Baxter, Residential Licensing Program Manager, Division of Health Care Services, Health & Social Services, State of Alaska. Craig can be reached at: # (907)334-2492. Having managed Behavioral Health Assisted Living placements for +20 years, I consider myself well versed on the specifics about what constitutes an assisted living and assisted living services. That stated, I wanted to not take anything for granted and did have the aforementioned conversation with Craig. We highlighted mainly what the Long House would be (50 individual units, each with own kitchenette and bathroom), that it would be Permanent housing (no capped duration of stay and will have individual leases), and that it would not be providing key assisted living functions with residents (such as meals, laundry, assistance with daily living, skills & hygiene).

3. Would you help clarify for me the exact nature of the support being offered, considering you label the Long House as "Supportive Housing"? Specifically:

a. The Proposed Use Brief states that "The primary service brought on-site will be case management..." What other (secondary) services will or could be brought on site?

"Supportive Housing" is a broad term for community based living for those with disabilities to help with successful tenancy. ACMHS, Inc. staff describe this as case management. Case management is the assistance with accessing and utilizing available resources and benefits of any type in the community, to meet one's needs. This will include clinic services the agency and others offer. Such services to individuals with behavioral health needs in the community are paramount to being equal in support to having hand rails for someone mobility challenged. They are also

optional and not a requirement, mandated, or prerequisite for housing. Beyond, staff provide individualized community services as assessed and needed. This may be inclusive of crisis management and skill development anywhere in the community to include individuals housing units, similar to current scattered site services in public housing, section 8/subsidized housing, and self rented or owned housing. In brief, it would be any additional services needed, that a person with a disability requires, to live in the least restrictive environment possible in the community. It will not be meal service provided by agency, laundry services, or hygiene/daily living skills as discussed in ALF question.

b. Would you provide more specificity regarding the roles of the On-Site Residential Assistants?

The on-site Residential Assistants would strictly be eyes and ears to the facility on a regular basis. They would simply triage any issues that they encountered, communicating them, but not patrol or do shift work.

Will they be monitoring residents' activities on the site?

As above, not ongoing. They may call for a response but are not expected to respond alone.

When they "convey and access support of any needs residents may have", what does that entail?

This would entail picking up the phone in most instances. It may include redirecting or basic encouragement.

4. The Brief mentions that two units will be occupied by Residential Assistants (who are described on page 2), and two units will be occupied by property management staff. Will the property management staff who live on site be drawn from the 8 FTE Residential Specialists?

The property management staff will not live on site but have property management office(s) at the Long House during M-F business hours to address administrative housing needs for residents. The 8 FTE specialists will be separate and will specifically manage building egress from front desk 24/7.