



Residential Alternatives Pilot Planning Grant, Quarterly Progress Report

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Submitted To:

The State of Vermont, Department of Disabilities, Aging, and Independent Living, Division of Adult Services

Submitted By:

Champlain Housing Trust

The following report provides an update on the progress made by Champlain Housing Trust and its partners on the Residential Alternatives Pilot Planning project. Grant partners are as follows: the parents of the Developmental Disability Housing Initiative (DDHI), The Howard Center, Champlain Community Services (CCS), Duncan Wisniewski Architecture, ShiftAbility, LLC, and Harte Consulting.

Identification and Assessment of Potential Housing Location

Duncan Wisniewski Architecture continues to plan and design the building at 322 St. Paul Street. CHT owns the building and is ideally located in Burlington, accessible to public transportation, parks, employment, and other amenities. Since January, they have developed three different iterations of design drawings. The team has weighed in on the design during our January and February meetings and provided written feedback in response to design questions in March. In addition, a group of self-advocates with Champlain Community Services provided direct feedback on the design plans via a 2.5-hour focus group and online survey (described in more detail below).

In February, a new zoning category was proposed by Burlington City Council that would allow for more density in the downtown corridor. This proposal (which ultimately passed) allowed Duncan Wisniewski to submit a plan for 322 St. Paul that included a large addition to the property.

With a large addition, and renovations to the existing building, the site will accommodate up to ten residents. The drawing for the addition includes a full-size, two-story elevator and a new, more accessible entrance on the side of the building.

The iterative, collaborative process with the architects is invaluable to the development of the project as every design consideration accounts for tenants' sensory and accessibility needs, as well as their service, transportation, recreational, and social needs. The written description of this process, the feedback, and the resulting design plans will be included in the implementation plan and will be an important contribution to the housing community and future adopters of this housing model. Some of the items we have discussed and documented include:

- Apartment size: studios, one-bedrooms, bedrooms for live-in aides
- Kitchens in dwelling unit: size, layout, height of cabinetry and appliances
- Bathrooms: Size, shower design, changing tables, placement (private for tenant)
- Laundry rooms: number and location
- Common area: size, location, and overall navigability, possible uses
- Staff areas: space to meet with tenants, space for privacy
- Outdoor space: possible uses include a small area outside for service animal relief that does not require residents to leave the property, a shared vegetable garden, a sensory garden, and gathering spaces protected from sun, wind, and/or inclement weather.

Please see the attached draft designs updated 2/21/24.

Update on staffing, and support services, in consultation with the Howard Center

As the team considers the space, we are also working to understand the potential support needs of tenants, staffing, and technology. At the February meeting, the Howard Center explained the Vermont System of Care plan and described how Howard typically plans services for a new residential program/housing project. Howard usually creates a set of services that will be offered and then drafts a hiring plan with the positions necessary to implement and oversee the services. Howard typically identifies residents during the planning phase which allows them to customize the model to each resident's assessed needs and budget.

Given this typical planning sequence, it was challenging to discuss services and staffing without actual tenants for our model. The architects and the technology consultants were also struggling to ground their planning process without tenants. To combat this issue, the team determined that we should create potential resident/tenant profiles that describe the medical, communication, and accessibility needs of adults who might choose to live in our model.

The tenant profiles describe tenants with a range of support needs, from tenants who only need moderate support with transportation and budgeting, to others who require live-in support and assistance with all activities of daily living. The profiles are still being modified to ensure they match the vision for the project.

Please see the draft profiles of seven fictional tenants and a description of how they were developed attached.

Services and staffing next steps:

A smaller group met with Howard to talk about the needs of tenants and how they would be met by a mix of individual and on-site staff, as well as by technology. These discussions are still underway, and the next step is to develop a staffing plan and a corresponding budget. In April and May, we will get into the details of how the design, support services, and technology will work together in the context of the potential

needs of tenants.

Update on technology

LADD Consulting is working with our team to identify technological supports that are appropriate for the building, the dwelling units, and the individual tenants. In April, LADD will be meeting with Duncan Wisnieski to ensure the infrastructure needed for technology is built into the design of the building.

Update on planning in collaboration with adults with I/DD

A focus group was held on February 12 at Champlain Community Services with 6 adults with I/DD. The group was made up of people of various ages and support needs. Throughout the session, the group answered questions specific to the design of the space including the size of dwelling units, shared space, parking, and storage. The group also answered questions about “community” and the features of a community that make them feel comfortable and supported. Their design feedback went directly to the architects and their advice was incorporated into a new version. There was not enough time to get to all the questions, so a survey was sent following the meeting. CCS went through the survey questions with the group and filled in the answers for most of the participants, two filled out the survey on their own.

The survey proved to be an effective way of obtaining more feedback from the group, as some seemed more comfortable communicating in writing rather than words. It also gave participants more time to consider the questions and share their insights. We will use the survey again after we meet with a focus group of adults with I/DD being served by the Howard Center on April 26, 2024.

Please see the design feedback from the focus group attached.

Update on collaboration with parents from DDHI:

Parents provide feedback on all aspects of the design and development of the housing model. They represent the needs of their adult children during our meeting discussions and last month, helped develop the tenant profiles.

Update on CCS

CCS helped set up the focus group we held in February by connecting our team to a group of self-advocates they support.

There has been a transition at CCS and Elizabeth Sightler will no longer serve as the representative on our grant team. Meghan McCormick has taken her place on the grant team and will participate in her first meeting in April.

Learning Opportunity for Planning Grantees

CHT has coordinated a meeting with all three of the planning grantees to share lessons learned, strategies, and insights from their work. The meeting is voluntary and will be held on May 6 from 3-5 on Zoom.

Attachments:

Draft tenant profiles

Draft design plans for 322 St. Paul Street

Focus group design feedback