

Comments and Responses to the BHA FY 2014 Annual Plan Amendment 1.

The following document contains the comments and responses received on the BHA's FY 2014 Annual Plan Amendment 1. The Plan was put out for public comment on February 18, 2014 and the comment period closed on April 3, 2014 with a public hearing held March 19 2014 in the training room at 125 Amory Street in Roxbury at 11:00 am and a second hearing held later that same day at 6 pm at Boston Public Library Copley Square Branch Commonwealth Salon.

The BHA took several steps to notify the public of the FY 2014 Annual Plan Amendment 1 and the opportunity to comment. The BHA placed an advertisement in the Boston Globe and mailed out flyers to public housing resident organizations notifying them of the Public Hearing and the proposed Plan Amendment. The BHA also sent letters to many local officials and advocacy groups. The Plan was made available for review at task force offices, BHA's headquarters at 52 Chauncy St., and on its website [www.bostonhousing.org](http://www.bostonhousing.org).

Proposed Changes to Public Housing Admissions and Continued Occupancy Policy:

Comment: GBLS Talking Points On BHA's Proposed Changes to Public Housing Admissions and Continued Occupancy Policy (ACOP) Regarding Domestic Violence -for PHA Plan Amendment Public Hearings on March 19, 2014

We very much appreciate BHA's long history of including victims/survivors of domestic violence in the top priority category (Priority 1) for public housing and rental assistance (Section 8 and MRVP) programs, as well as in the expedited transfer category.

Response: We thank you for your comment.

Comment: BHA also did the right thing a few years ago when it added a Section 8 "super-priority" for existing BHA public housing tenants and those with project-based Section 8 (non-mobile) who needed to relocate due to domestic violence and whose relocation needs couldn't be addressed within the BHA public housing or Section 8 project-based portfolio. (Unfortunately, federal cutbacks have practically eliminated this as an option until there are additional Section 8 tenant-based vouchers. We strongly support advocacy efforts to expand the supply.)

Response: Fortunately, the budget compromise for fiscal

year 2014 and 2015 has restored some of the funding for the Housing Choice Voucher program which will result in new vouchers being made available. This will permit the BHA to once again process domestic violence transfers as Section 8 "super priority" transfers. As in the past, however, this is a limited resource.

Comment: We agree that the current Emergency Transfer priority does not adequately address the needs of domestic violence victims for expedited relief, and the Administrative Transfer priority is better suited for these cases.

Response: We welcome your assessment of the utility of elevating domestic violence transfers from the emergency transfer category to the administrative transfer category. Nonetheless, we remain concerned that this may have a significant impact on the ability of the BHA to process all high priority transfers.

Comment: It is appropriate to seek verification that there is an emergency safety risk if a tenant remains in existing housing. It is unclear if the system of BHA Public Safety assessments will work in all cases, particularly in sites that don't have Public Safety staff, and particularly to avoid delays in review.

Response: The BHA been successfully utilizing this process which was implemented several years ago for all its public housing properties including for HOPE VI residents with rights to transfer within the BHA public housing programs.

Comment: The Administrative Transfer priority should also be accorded to victims/witnesses to crime who have cooperated with law enforcement authorities where such authorities recommend relocation for safety reasons. For example, it may be that someone is due to be released from incarceration and has threatened a witness (who may or may not have also been a domestic violence victim), and there is a life-threatening situation.

Response: The proposed ACOP amendment is intended to be limited to elevating the transfer priority category for victims of domestic violence. There presently exists a HUD program which permits law enforcement authorities to seek vouchers for the relocation of victims and witnesses who cooperate in ongoing criminal investigations.

Comment: At this point, we do not wish to weigh in on a general super-priority for admissions for domestic

violence victims, as there are other applicants who also have dire and immediate needs for housing (homeless families and individuals, those displaced by fire or natural disaster, those evicted through no fault, those whose current housing is not accessible to them due to disability or cannot be safely discharged home). We are grateful that BHA and the City of Boston have prioritized their housing for those with severe needs, and recognize that the demand far exceeds the supply and there are limits to what BHA can realistically provide. More providers (including housing authorities and providers outside of Boston, who may not consider priority needs at all) need to prioritize housing for those with the greatest need, including survivors of domestic violence.

Response: We thank you for your comment and appreciate the difficulty in assessing the merit of a "super priority" category for admissions for victims of domestic violence. BHA will give appropriate weight in deciding whether creating a "super priority" category for admissions for victims of domestic violence would unduly impact the availability of housing for other families in dire and immediate need for housing.

Comment: A limited public housing admissions domestic

violence super-priority, however, does make sense for those who are already in BHA's portfolio, but whose safety needs cannot be addressed in those programs. This would include: (a) those in BHA "Mixed Finance" public housing, who are considered to have "public housing" units but which have not been previously screened by BHA (but only by the private owner); and (b) those with project-based Section 8 or MRVP who do not have immediate mobility options. By granting them super-priority, BHA can more them to the top of any screening queue for necessary public housing screening before assigning them units within the BHA public housing portfolio.

Response: See above response.

Comment: Similarly, BHA should set up collaborative relationships with other housing authorities where domestic violence survivors who cannot safely remain in either housing authority's public housing portfolio, but who cannot transfer with a Section 8 voucher (due to inadequate funding) can do transfers between the housing authorities in a "swap" arrangement that can move survivors to safe locations.

Response: BHA thanks you for your comment and will explore the feasibility of setting up

collaborative arrangements with other housing authorities to address the needs of victims of domestic violence. Because such collaborative efforts will require discussions and negotiations with third parties this change for the moment will be regarded as aspirational and will be implemented as agreements are put in place.

Comment: Moreover, BHA should also have each of its Mixed Finance public housing providers to make units available within Mixed Finance sites for BHA public housing transfers (subject to such internal screening as each Mixed Finance property has, but with appropriate “super-priority” status). This way there will be a two-way street.

Response: Thank you for your comment. BHA will consider implementing these changes but must precede with the modification or development of agreement with Mixed Finance sites which will permit the implementation of the these changes. As stated above these changes are aspirational.

Comment: Finally, there is a tricky issue about whether survivors of domestic violence need to remain in their BHA apartments to qualify to be reassigned to a new apartment that will place them at less risk. In a number of cases, the

survivor has fled the unit (possessions may or may not still be in the unit). BHA’s practice has been that the survivor must pay rent for the apartment even if the survivor has vacated. There should be more flexibility on this, on a case-by-case basis. BHA may want to waive rent for this period where it can be documented that the household has vacated. (See also G.L. c. 186, secs. 23-29.) Alternatively, BHA may want to allow for reassignment of the vacated unit to the waiting list (if all possessions are out), but include such individuals in the admissions super-priority (along with BHA Mixed Finance public housing or project-based Section 8 units) where the tenant hasn’t otherwise found permanent replacement housing and keep the option to waive much of the screening process if BHA has sufficient data showing suitability.

Response: Thank you for the comment. The domestic violence survivor does not have to remain in their BHA apartment to qualify to be reassigned to a new apartment that will place them at less risk. The principle here is for the domestic violence survivor to be in contact with the Development Manager about their situation and to provide the appropriate documentation. The survivor has to abide by the lease terms

but the BHA can exercise discretion with respect to allowing rent credits. If the domestic violence survivor has not been in touch with the Development Manager the resident might be considered to have vacated the unit and therefore to lose their status as a resident. It is possible that the domestic violence survivor could be considered for an administrative transfer based on the supporting documentation. However, due to the limited resources, the BHA may not guarantee immediate administrative transfer assignments. The BHA will continue placing transfers for domestic violence survivors on all possible waiting lists to ensure they may be provided with the fastest relocation options. An individual may choose to end their tenancy at any time and reapply as a priority applicant, but it is unlikely that this will guarantee a quick assignment to a new unit.

Comment: I am a resident of Boston. I work very closely with the homeless population, specifically the elderly disabled population. I believe the proposed changes are great and going to help the communities of people suffering from domestic violence, stalking and dating violence. However the need of housing in Boston and in general is very big within those communities is very large and there are other needs.

Specifically I want to think of people who are requesting transfers due to a medical condition or people that have specific medical conditions that just might be elderly or elderly/disabled, homeless living in shelters, doubled up and others that may be at risk of homelessness; all of these people who need housing as well. And I am not downplaying of the need or the severity of the issues of domestic violence, however they are already a priority and many housing authorities besides Boston already give a priority to victims of domestic violence. And usually housing authorities around Boston only give few priorities usually for domestic violence and imminent landlord displacement and displacement due to fire or flood or natural disaster. Some give veterans a priority. This is something that is already addressed in many housing authorities around Boston which is great, however one of the good things about BHA is that BHA gives a variety of priorities to help people in different situations that some other housing authorities don't. I believe that the list of the priorities should stay the way it is because it has been working. I just would hate to see people who need housing who are not in this position have to wait much longer than they actually have to wait. I have seen people wait over a year for transfers that are not linked to domestic violence. And these

are people who really need the transfers. They wouldn't be requesting the transfers if they didn't need it. So I would feel uneasy about those people having to wait longer just because the wait list is already long. Thank you.

Response: We thank you for your comment and recognize that a change in the priority category for victims of domestic violence can or may have an adverse impact on applicants and transfer applicants and other priority categories. Your comment will be given full consideration in determining whether the changes in priority categories will be implemented and the manner in which they will be implemented.

Comment: I live in public housing and I am affiliated with several tenant organizations. I am very happy that BHA has decided to give victims of domestic violence priority. I was just going through some talking points from an organization and two of them are resonating with me so I just decided I would put them out there because I support them. BHA should set up collaborative relationships with other housing authorities where domestic violence survivors who cannot safely remain in either housing authority's public housing portfolio, but who cannot transfer with a Section 8 voucher (due to inadequate

funding) so they can do transfers between the housing authorities in a "swap" arrangement that can move survivors to safe locations and this resonates with me very much. I am not a victim of domestic violence myself but I do know people who are victims of domestic violence and if BHA due to their inability of units cannot house these people it could have an arrangement with Cambridge where you could send someone over there. One other point is BHA should also have each of its Mixed Finance public housing providers such as Beacon or Trinity to make units available within Mixed Finance sites for BHA public housing transfers (and of course subject to such internal screening as each Mixed Finance property has whatever their list entails with appropriate "super-priority" status). This way there will be a two-way street going back and forth. Thank you.

Response: Please see above responses.

Comment: On behalf of the Hearth, Inc. staff and Board, I would like to thank you for the opportunity to share our thoughts about the proposed change to Boston Housing Authority's Admissions and Continued Occupancy Policy. Hearth works very closely with the Boston Housing Authority in our joint quest to house the most vulnerable residents of

Boston, and we truly appreciate the opportunity to bring our comments and concerns to your attention.

Hearth is extremely sympathetic to the fact that domestic violence is a major cause of homelessness among families in Boston and we applaud efforts to address this issue by giving domestic violence victims super priority status for housing. Hearth is also committed to ending elder homelessness and we believe that the vulnerability of our population also calls for super priority status. Hearth's Outreach Program, works with a caseload of approximately 160 clients at all times, plus one hundred or more referrals who are waiting for a slot to open on any of our six case manager's caseloads. The need for permanent housing within the elderly community is devastating and growing.

Washington, D.C. based Wider Opportunities for Women released its 2013 update of their Elder Economic Security Index (EESI) in March of this year. The news for Massachusetts seniors remains alarming. MA once again ranked first in the nation as the most economically insecure state for elders. It is more unlikely that elders who live in MA will be able to achieve economic security than elders in any other state in the nation.

For example, according to the EESI 2013 data, a single senior renter age 65+ requires \$27,924 income each year to meet basic expenses. The median income of fully retired MA elders (excluding SSI and public assistance) is \$18,034. The gap between income needed and median income is \$9,809. This continues to be the largest gap faced by elders anywhere else in the U.S. Homelessness is a growing issue amongst Boston's older adults as the cost of living far exceeds their typical income and independence is difficult to hold on to as they age.

A homeless, elderly/disabled individual will wait at least seven weeks for their application to be processed, then about two months more for their priority to be processed. If an interview date is provided at the exact moment the priority is processed, and the average wait time for a screening is one week, our client would have waited four months just for an appointment.

In addition, if there is no CORI issue, unpaid debt, or other barriers to housing, screening will take at least seven to eight weeks; an offer for an apartment can take from a day to up to a year. At best, homeless elderly/disabled individuals will have to wait 5 ½ months to access housing.

If this super priority is enacted, every applicant that does not have the DV points will have to wait longer to access subsidized permanent housing, regardless of their priorities and their situation. As you

know, according to the Homeless Census of 2013 conducted by the Boston Public Health Commission, there are 4,948 homeless households and individuals in the city of Boston. Boston Housing Authority currently oversees approximately 14,000 units of public housing and 1,330 PVB households. At 98.5% occupancy, the number of available units is approximately 225, and the amount of ready-to-move-in units is much lower. If the ACOP is altered to reflect the proposed changes, the amount of available units will not be sufficient to properly house DV households without extending the waiting list time for other vulnerable populations.

New research by Dennis P. Culhane from the University of Pennsylvania reveals that looking to the future, the observed trends in the age composition of the homeless population have a number of important implications for the health care and social welfare systems. First, the aging of the single adult homeless population raises serious questions about the near future of those who are currently

homeless and the age cohort from which they come. With this population heavily concentrated in the 46 to 57 age range and evidence showing the average life expectancy of homeless single adults to be 64 years, (Metraux, Eng, Bainbridge, & Culhane, 2011) aging related health needs are likely to become a substantial problem among the single adult homeless population in the very near term. Indeed, a recent study found that, when compared to members of the general population aged 50 and above, homeless adults in the same age bracket had significantly higher rates of a number of geriatric symptoms including difficulty performing activities of daily living, mobility and cognitive impairment, frailty, and depression. (Brown, Kiely, Bharel, & Mitchell, 2012). Such findings highlight how the aging of the single adult homeless population is likely to be accompanied by complicated challenges associated with increased morbidity, disability and medical frailty among persons in this population.

Mr. Culhane goes on to say that the housing needs of this population undoubtedly merit close consideration as well. This may include the targeted provision of permanent supportive housing (PSH) defined broadly as subsidized housing matched with ongoing supportive health and

social services towards particularly high need individuals who may be likely to stay in hospitals for extended periods or require expensive nursing home care.

In summary, Hearth believes that a similar “super priority” status for homeless elders and homeless disabled individuals is required as part of the Admissions and Continued Occupancy Policy of the BHA. Thanks once again for the opportunity to share our concerns.

Response: We thank you for your comment and recommendations, and recognize that a change in the priority category for victims of domestic violence can or may have an adverse impact on applicants and transfer applicants and other priority categories. We have given careful consideration to your comments and recommendations in determining whether the changes in priority categories will be implemented and the manner in which they will be implemented. The BHA will not proceed with the proposed applicant “super priority” change for new admissions.