

# TOWN OF BROOKLINE

## *Five Year Consolidated Plan FY 2011-2015*



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Department of Planning & Community Development  
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# FY 2011-2015 CONSOLIDATED PLAN

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# ***TOWN OF BROOKLINE, MA***



## ***Five Year Consolidated Plan FY 2011-2015***

## FIVE YEAR CONSOLIDATED PLAN

**NAME OF JURISDICTION:** Town of Brookline, Massachusetts

**Consolidated Plan Time Period:** FYs 2011-2015

### EXECUTIVE SUMMARY

The Town of Brookline's Consolidated Plan was developed in accordance with 24CFR Part 91, which requires that the Plan be submitted to the U.S. Department of Housing and Urban Development (HUD) as a prerequisite to receiving funds under the Community Development Block Grant (CDBG) formula grant program. The plan examines the need for federal funds in the Town of Brookline and presents a series of recommendations, both short- and long-term, to address the need. The Executive Summary briefly outlines the contents of the Consolidated Plan, with brief insight of housing and non-housing community development needs and potential strategies.

The overall goal of the Town's CDBG program is to enhance the community through the provision of decent housing, a suitable living environment and economic opportunity for low- and moderate-income persons. The Provision of Decent Housing includes actions such as assisting public and non-profit housing providers with capital projects that will result in a better living situation for residents; maintaining the Town's affordable housing stock; increasing the availability of permanently affordable housing, and; increasing the supply of supportive housing that provides services for people with special needs. A Suitable Living Environment includes actions such as increasing access to quality public facilities and public services, and; improving safety and livability of neighborhoods. Lastly, providing Expanded Economic Opportunities consists of actions such as creating and retaining jobs for low- and moderate-income people; providing job search and job skills services to low- and moderate-income residents, and; providing technical assistance and resources for capital investment for small businesses owned by low- and moderate-income residents.

This Consolidated Plan builds on the previous Consolidated Plan for Fiscal Years 2006-2010 and provides an overall strategy for the Town's use of Community Development Block Grant and HOME funds for the years 2011-2015, beginning in July 2010. And, much like the previous Consolidated Plan, this plan builds on a public processes and planning efforts undertaken elsewhere, notably the *Brookline Comprehensive Plan 2005-2015*. The goals and objectives herein help to set the direction for housing and community development activities so that they are effective, coordinated, and adequately address the needs of low- and moderate-income persons living in the community. It is intended that the Con Plan will help to advise decision makers with funding recommendations and will inform interested public and private stakeholders regarding the goals and strategies for meeting community needs over the next five years.

## **Town Profile**

Brookline is an urban community located in Norfolk County, Massachusetts. The Town borders the Cities of Boston and Newton. Established in 1705, Brookline has a rich history and includes a variety of neighborhoods and a very diverse population. The latest American Community Survey 3-Year estimates for 2006-2008 state that Brookline has approximately 60,326 residents in 26,401 households. Brookline also has a small but significant commercial base, concentrated in business districts in northern Brookline and along Route 9 (Boylston Street).

Despite the perception of Brookline as an affluent Town, there remains a significant low- and moderate-income population concentrated in the most densely populated neighborhoods in the northern part of town. This area also has the highest concentration of minority residents. Most of the Town's use of CDBG entitlement funds is concentrated in these areas.

Given the diverse population and the disparity of incomes across the population, the Town's CDBG and HOME funds are needed now, more than ever to provide housing options, vital public services, and economic opportunities and for low- and moderate-income residents.

## **Planning Efforts**

The Town has always had a strong tradition of planning for the future, and continues its efforts to better integrate CDBG and HOME funds into its overall planning program. As noted, the Town's Comprehensive Plan serves as a framework for many of the planning decisions recommended herein. The Comprehensive Plan emphasizes neighborhood planning, the creation of affordable housing, continued investment in infrastructure and public facilities, and the expansion of tax base and jobs. Likewise, the strategies included in the Consolidated Plan emphasize many of the same issues.

## **Housing Needs and Strategies**

Brookline's diversity is reflective of its mix of housing type, tenure and cost. Because of its location and proximity to Boston, the excellent reputation of the Town's school system, and the high caliber of services provided by the Town, Brookline is seen as a very desirable place to live. As a result, there is a critical need for affordable housing at all income levels in Brookline as both rents and sales prices for all types of housing are high.

The preservation and expansion of the Town's supply of permanently affordable housing is critical to maintaining the Town's traditional diversity. Brookline's affordable housing policies strive to serve a range of incomes and household sizes earning up to 110% of the area median income. The Town will continue to spend its federal affordable housing funds on households

earning below 80% of median income, including households with elderly, small and large families, and single persons with disabilities.

In terms of specific strategies, Brookline's Housing Division will work with for-and nonprofit developers as well as with individual homebuyers to identify opportunities for the creation or preservation of affordable rental and homeownership opportunities. It will assist by underwriting the costs of acquisition, renovation, and development of properties, as appropriate. In addition, the Town will continue to work with developers of market-rate projects to provide affordable units in accordance with the Affordable Housing Requirements of the Town's Zoning By-law.

### **Non-Housing Community Development Needs and Strategies**

Since the last Consolidated Plan was completed in 2004-2005, Brookline has made effective use of Community Development Block Grant (CDBG) funds for a variety of non-housing projects. These projects range from park and playground improvements to capital improvements to public facilities. The use of CDBG funds by many different grantees has undoubtedly improved the quality of life for many low- and moderate-income Brookline residents.

There is a continued need for CDBG funds in the Town of Brookline and the needs assessment that was conducted as part of this Consolidated Plan has identified an unmet need for a variety of programs and services:

#### **Public Facilities**

The Town of Brookline has a variety of public facilities in need of upgrade, and to the extent that these projects are found to be eligible over the next five years, CDBG funds will be used to bring these facilities up to compliance with today's standards.

Some public facilities are housed in buildings that pre-date current health and safety code and do not meet Americans with Disabilities (ADA) standards. There are also many streets and sidewalks that require improvement to bring them up to compliance with ADA requirements. The Town has traditionally funded these types of projects and will continue to do so, drawing on information from the Town's Capital Improvement Plan and Department of Public Works Pavement Management System to help prioritize projects for CDBG funding as they move forward and are found to be eligible.

As well, since the last Consolidated Plan in 2005, the Town has moved forward with a number of park improvements in eligible areas. The town used its Comprehensive Plan and Parks and Open Space Plan and Strategy to identify a comprehensive set of upgrades that were needed across the Town's park system. The recent needs assessment revealed that there are many parks and playgrounds that are still in need of upgrade, particularly to

meet the accessibility needs of the disabled. To the extent they are eligible, the Town has made funding these improvements a priority.

Finally, providing funds for capital improvements to the physical plant for social service providers continues to be a need in Brookline. Social services are much needed in Brookline, and the need continues to increase. As a result, there is a shortage of space to house these services. The combination of aging building stock and limited funding for building improvements has resulted in significant deferred maintenance in the buildings in which these programs are housed. The Town will continue to prioritize capital projects for agencies that provide much needed services for residents of the Town.

### **Economic Development**

Over the course of the previous consolidated planning process, the Town explored strategies to better serve local businesses, some of which are owned and operated by low- and moderate-income (LMI) residents. In the past two CDBG fiscal years ('10-'11), the Town has funded a business incubator program to aid small business owners with their future expansion efforts, including technical assistance from the Town's Economic Development staff in the areas of marketing and business planning. The business incubator concept is geared toward helping start-up, home-based and established small business take the necessary steps to grow to expand, creating jobs and maintaining the Town's reputation as a community where local business can thrive.

The most recent needs assessment done for the current Consolidated Plan reveals that in addition to the services provided by the business incubator, there is a need for capital assistance, including funds for signs and façades, business equipment, and other items necessary for business expansion. The Town will continue to explore strategies over the next five years to assist small business owners with moving their "good ideas" and business models from concept to reality.

### **Public Services**

The needs assessment undertaken as part of the consolidated planning process reveals that there continues to be a vast need for services in Brookline for elders; for those needing job skills and language immersion/ESOL classes, and; for vulnerable populations, including battered women and the homeless. Those participating in public outreach and needs assessment processes note that daycare, both for adults and for children, is a service in great demand, along with in-home services for the elderly to help them retain their independence. Others noted that grouping of services, such as job search services and daycare, would greatly benefit many different populations. The Town will continue to work with public service providers over the course of the next five years in order to refine its strategies to best meet the needs of many different populations.

## **CONSOLIDATED PLAN PROCESS AND ADMINISTRATION**

### **Lead Agency**

The Department of Planning & Community Development acted as the lead agency for implementation of the Consolidated Plan. The Department, established in 1999, created and implemented previous Consolidated Plans and serves as the primary planning body for the Town. By including the CDBG and HOME programs in the Department, the Town is better able to integrate these functions with its overall planning and development efforts. Since only certain parts of the Town are eligible areas for many CDBG and HOME programs, and since the Town funds both housing and community development efforts in non-eligible areas with local resources, it is particularly important that these federal and local programs be coordinated in the same agency.

The Town participates in the West Metro HOME Consortium with several other towns and cities, and also participates in a Continuum of Care for the homeless with the Cities of Newton and Waltham and the Town of Watertown. In addition, the Department of Planning & Community Development works closely with a number of Town commissions, committees and boards in implementing the Consolidated Plan. This includes regular coordination and activities with public and assisted housing providers, private and governmental health, mental health and service agencies. This is all undertaken with the aim enhancing coordination efforts.

### **Consultation and Coordination with Others**

Preparation for the Consolidated Plan began in summer of 2009. As part of the needs analysis, Housing Division staff conducted an on-line survey of the Town's listserv containing persons looking for affordable housing opportunities in Brookline. The response was outstanding, with over 32% of those on the listserv responding or 413 total households. Out of these, 153 were currently living in Brookline while another 75 responded that they were previously a resident of the Town. In addition, two public meetings were held in July and August, 2009 to solicit feedback on housing and service needs from the general public, Town Meeting members, human service providers, and other key Town Departments.

The information gleaned from these public hearings informed the Town's housing needs assessment and was necessary for the creation of the Town's Consolidated and One Year Action Plans, as well as for the City of Newton's planning efforts as the lead community in the WestMetro HOME Consortium.

Throughout winter 2009-2010, Town Staff continued to gather data and for the completion of the Consolidated Plan. In January, 2010, the Town hosted another public meeting to determine priorities for non-housing community development needs. Outreach included extensive notification to Town departments, local businesses, and social service providers. The comments

received at the meeting helped to inform some of the goals and objectives included in this plan.

In February 2010, the Planning and Community Development Department issued a Request for Proposals for the Town's Fiscal Year 2011 CDBG funding. The Town's CDBG Advisory Committee held three public meetings over the course of two weeks in March 2010, during which potential grantees were asked to make a presentation regarding their program and to state the need for CDBG funding. At its final meeting on March 18, 2010, the Committee finalized its recommendations to the Brookline Board of Selectmen related to requests for CDBG Fiscal Year 2011 funding.

A draft of the Consolidated and One Year Action Plans were made available as of March 26, 2010. In keeping with the requirement for a 30-day comment period, the Town placed an advertisement in the *Brookline Tab* notifying the public of the availability of the plans for review and comment. The ad noted that a public hearing would be held at a regular meeting of the Brookline Board of Selectmen on April 27<sup>th</sup> in anticipation of submitting both plans to the U.S. Department of Housing and Urban Development no later than 45 days of the close of Fiscal Year 2010.

Prior to the conclusion of the 30-day comment period, Staff presented copies of the Con Plan and One Year Action Plan to the Brookline Board of Selectmen. At a meeting on April 27, 2010, the Selectmen held a public hearing and invited comments from the public. At the conclusion of the hearing, the Selectmen voted to recommend submittal of the Consolidated and One Year Action Plans to HUD.

### **Comments from the Public**

Prior to the CDBG Advisory Committee meetings and during the 30-day comment period, the Town received two written comments. One was anonymous, while the other was from the Brookline Bicycle Advisory Committee. A summary of the comments was to advocate for ongoing accessibility improvements and for maintenance of existing facilities that are heavily used by bicyclists and pedestrians in the area of Route 9 in Brookline Village. There were two applications for CDBG funding in FY 11 for projects in that area, and both will benefit residents by creating a safer crossing at Route 9 as well as better accessibility for residents. The written comments advocated for the CDBG Advisory Committee to give consideration to the use of CDBG funds to meet the needs of the community with regard to the Muddy River Path and preliminary design for a safe bicycle/pedestrian crossing at Route 9/Pond Avenue. The Committee gave consideration to the comments.

## **Participating Groups**

Brookline Housing Advisory Board (HAB): The HAB, established by Town by-law in 1987, is responsible for advising the Board of Selectmen with regard to the use of federal, state, and local resources and recommending policies and programs related to the preservation and creation of housing which is affordable to low and moderate income households, including for use of CDBG and HOME funds. The HAB consists of seven members, five of whom are appointed by the Board of Selectmen, one from the Planning Board, and one from the Brookline Housing Authority. The HAB is staffed by the Department of Planning & Community Development.

Brookline Housing Authority (BHA): The BHA is a five member authority elected directly by the public. The BHA's mission is to own and operate Brookline's public housing stock. The largest owner of affordable housing in Brookline, the BHA also administers the Section 8 voucher program.

Brookline Health Department: The Health Department is responsible for the enforcement of standards for safe and sanitary housing in the Town. In this capacity it is responsible for all lead paint assessments, inspections, screening programs, and the enforcement of required lead paint abatement. It is also the reporting and monitoring agency for any HIV/AIDS cases in the Town. Health Department staff also monitor the activities of any homeless or potentially homeless people in Town. The Health Department generally serves as the initial contact for any homeless person requesting services.

Brookline Council on Aging: The Council on Aging operates five multi-service centers, three in elderly housing development and two at local schools. All five offer counseling, information and referral services, and some offer hot lunches on weekdays. Transportation for the elderly is provided by and Elderbus and a taxi discount program that has been funded by CDBG utilizing the services of local cab companies. A regional elder service agency, West Suburban Elder Services, administers state and federally funded services to elders and provides home health care. The Council on Aging also assists the elderly with limited home health care services, and cooperates with the Town's Recreation and Health Departments and the Town library to provide access to other services to the elderly.

Brookline Community Mental Health Center (Brookline Center): The Brookline Center works in partnership with the Massachusetts Departments of Public Health (DPH) and Mental Health (DMH) to provide help to Brookline residents at high risk of hospitalization. The Brookline Center provides counseling and prescription medications, and operates a supervised community residence to enable its clients to function in the community. In addition, the Brookline Center is the lead agency for the Town's Homelessness Prevention and Rapid Re-housing Program (HPRP).

Brookline Improvement Coalition, Inc. (BIC): BIC is a local non-profit housing development corporation that serves as the Town's Community Housing Development Organization (CHDO). BIC's mission is to further housing opportunities in Brookline, particularly for low- and moderate-income households. BIC works closely with Town housing planners to ensure that opportunities to develop or retain affordable units are not missed.

Brookline Department of Public Works: The DPW is responsible for the design and construction of many of the Town's CDBG funded non-housing community development programs, such as making improvements to public facilities to meet the requirements of the Americans with Disabilities Act, and renovation and reconstruction of parks and streets and sidewalks in eligible areas.

Brookline Preservation Commission: The Preservation Commission is responsible for preserving the Town's historic structures and landscapes, through the Local Historic District By-laws, the Demolition Delay By-law, and state funded research and improvement projects. The Preservation Commission is staffed by the Department of Planning & Community Development.

Community Development Block Grant Advisory Committee: The Community Development Block Grant Advisory Committee works with the Department of Planning & Community Development in reviewing competitive applications for CDBG funds and making recommendations for programming to the Brookline Board of Selectmen.

### **Citizen Participation Plan**

The Town originally adopted a Citizen Participation Plan as part of the Consolidated Plan for Fiscal Years 1995 through 2000. The Citizen Participation Plan has given been very successful in ensuring that public input into decisions made for these programs, and no changes are proposed at this time. More discussion is provided at length at the end of this document in section 10.A.

## **1.A HOUSING**

### **1.a.1 Overview of Housing Assistance Needs**

This section describes the housing assistance needs for family and non-family households that both own and rent their homes in Brookline by income group. The Housing Problems Output table on the following page is based on the Comprehensive Housing Affordability Strategy (CHAS) databook published by the U.S. Department of Housing and Urban Development, based on the 2000 U.S. Census Data. While census data is the most accurate and detailed, in some cases it may also be outdated. When available, data from the American Community Survey 2006-2008 3-Year Estimates (ACS) has been inserted in the narrative.

In addition to this information, the Housing Division staff carried out an on-line survey of persons who have subscribed to the Town's affordable housing listserv seeking affordable housing opportunities in Brookline. The response was outstanding, with over 32 percent of the 1200+ subscribers -- 413 households -- responding. Of these, 153 were currently living in Brookline while another 75 were previous residents of the Town. Finally, two public meetings were held to solicit feedback on housing and service needs from the general public, Town Meeting members, human service providers, and other key Town Departments.

### **1.a.2 Housing Problems**

According to the 2000 CHAS data, 34.1 percent of all Brookline households had some type of housing problem, including 31.7 percent of all households who had a housing cost burden of over 30 percent of gross income and 15.5 percent of all households who had a cost burden of over 50 percent of gross income. ACS data from 2006-2008 suggests that this cost burden may have risen over the past decade with 36 percent of households reporting that they pay more than 30 percent of income towards rent.

While the high cost of housing affects households at all income levels, the cost burden for households below 80 percent of Median Family Income (MFI) is significantly higher than for households earning above 80 percent of MFI. Of these, more than 60 percent of all households earning 80 percent or less of MFI paid 30 percent or more of income towards housing costs.

Renter households were disproportionately affected: in 2000, 38.9 percent of renter households paid more than 30 percent of household income towards housing costs, while only 23 percent of all owners paid more than 30 percent of incomes towards housing. ACS data reflects that this trend continued through the decade with 45% of all renters paying more than 30 percent of household income on housing costs by 2008, and almost half of these, or 24% of renters, paying more than 50% of income on housing. In contrast,

28 percent of homeowners paid more than 30 percent of income towards housing costs in 2008.

The challenge of low- and moderate-income populations in the private market is underscored by the fact that approximately one out of every four households may already be served by subsidized housing.

### Housing Problems Output for All Households - Brookline

Household by Type, Income, & Housing Problem	Renters					Owners					Total Households
	Elderly 1 & 2 member households	Small Related 2 to 4 member households	Large Related 5 or more member households	All Others	Total Renter	Elderly 1 & 2 member households	Small Related 2 to 4 member households	Large Related 5 or more member households	All Others	Total Owner	
<b>Household Income &lt;=50% MFI</b>	<b>1,337</b>	<b>928</b>	<b>67</b>	<b>2,088</b>	<b>4,420</b>	<b>435</b>	<b>212</b>	<b>4</b>	<b>252</b>	<b>903</b>	<b>5,323</b>
<b>Household Income &lt;=30% MFI</b>	<b>813</b>	<b>537</b>	<b>18</b>	<b>1,461</b>	<b>2,829</b>	<b>217</b>	<b>94</b>	<b>0</b>	<b>154</b>	<b>465</b>	<b>3,294</b>
% with any housing problems*	60.8	72.3	100	62.8	64.2	93.1	57.4	N/A	70.8	78.5	66.2
% Cost Burden >30%	57.1	61.1	77.8	61.5	60.2	93.1	53.2	N/A	70.8	77.6	62.7
% Cost Burden >50%	33.1	54.7	0	55.4	48.5	83.9	53.2	N/A	48.1	65.8	50.9
<b>Household Income &gt;30% to &lt;=50% MFI</b>	<b>524</b>	<b>391</b>	<b>49</b>	<b>627</b>	<b>1,591</b>	<b>218</b>	<b>118</b>	<b>4</b>	<b>98</b>	<b>438</b>	<b>2,029</b>
% with any housing problems	66.6	73.7	69.4	89	77.2	72.9	91.5	100	59.2	75.1	76.8
% Cost Burden >30%	66.6	68.5	8.2	89	74.1	72.9	83.1	100	49	70.5	73.3
% Cost Burden >50%	46.8	56	8.2	66.2	55.5	63.8	74.6	100	38.8	61.4	56.8
<b>Household Income &gt;50 to &lt;=80% MFI</b>	<b>329</b>	<b>518</b>	<b>24</b>	<b>848</b>	<b>1,719</b>	<b>265</b>	<b>260</b>	<b>67</b>	<b>200</b>	<b>792</b>	<b>2,511</b>
% with any housing problems	54.7	68.1	58.3	74.2	68.4	52.1	89.2	70.1	53.5	66.2	67.7
% Cost Burden >30%	54.7	67.4	41.7	73	67.4	52.1	89.2	64.2	48.5	64.4	66.4
% Cost Burden >50%	27.4	24.9	0	36.4	30.7	20.4	59.2	29.9	13.5	32.2	31.2
<b>Household Income &gt;80% MFI</b>	<b>673</b>	<b>2,453</b>	<b>202</b>	<b>4,597</b>	<b>7,925</b>	<b>1,946</b>	<b>4,966</b>	<b>650</b>	<b>2,298</b>	<b>9,860</b>	<b>17,785</b>
% with any housing problems	25.3	20.9	58.4	19.4	21.4	14.5	16.4	16.6	17.3	16.3	18.5
% Cost Burden >30%	25.3	15.8	19.3	18.1	18	14.5	15	13.8	15.8	15	16.4
% Cost Burden >50%	4.5	0.2	0	1.3	1.2	3.5	2.7	0	3	2.8	2.1
<b>Total Households</b>	<b>2,339</b>	<b>3,899</b>	<b>293</b>	<b>7,533</b>	<b>14,064</b>	<b>2,646</b>	<b>5,438</b>	<b>721</b>	<b>2,750</b>	<b>11,555</b>	<b>25,619</b>
% with any housing problems	51	39.5	62.8	39.8	42.1	29.5	22.3	22.1	24.4	24.4	34.1
% Cost Burden >30	49.7	34.2	22.9	38.6	38.9	29.5	20.7	19	22.5	23	31.7
% Cost Burden >50	27.1	16.6	1.4	21.1	20.5	16.7	7.9	3.3	7.6	9.5	15.5

\* housing cost burden being greater than 30% of household income, overcrowding, and/or without complete kitchen or plumbing facilities.

### 1.a.3 Needs of Extremely Low-Income Households (Household Income 0 to 30% of Median Family Income)

There were a total of 3,294 extremely low-income households in Brookline according to the CHAS 2000 data. Even with a significant portion of this group presumably served by the Town's affordable housing stock, 66.2

percent reported having housing problems, with 62.7 percent paying 30 percent or more of income for housing, and 50.9% paying 50% or more of income for housing.

Of these 3,294 households, only 465 were owners, of which 217 owners were elderly. In this income category, a total of 48.5% of renters paid more than 50% of their incomes towards rent and 65.8% of all homeowners paid more than 50% of their incomes towards housing costs.

Two smaller segments of the extremely-low income population were particularly in need. 93.1% of elderly homeowners reported housing problems, and among these, nearly all (83.1%) had a cost burden greater than 50%. At the same time, large related household renters, of whom 100 percent reported some sort of housing problem, either paying more than 30 percent of income towards rent and, most often, overcrowding. The relatively small numbers of these two population categories in Brookline may suggest that both groups are largely precluded from the Brookline housing market.

#### **1.a.4 Needs of Low Income Households (Household Income Between 30% and 50% of Median Family Income)**

There were 2029 low-income households in Brookline according to the CHAS 2000 data. As a group, 76.8% were identified as having housing problems, 73.3% were paying 30% or more of their income for housing, and 56.8% are under the severe cost burden of paying 50% or more of their income for housing. Of these 2029 households, 438 are owners, and of these, 218 are elderly.

Overall, this category of low-income households experienced the highest cost burden of any income category. 74.1% of all renters in this income category pay over 30% of their incomes towards rent, with 55% of all renters paying more than 50% of their incomes towards rent. Cost burdens were even slightly higher for low-income owner households, but the aggregate number of households was significantly smaller.

#### **1.a.5 Needs of Moderate Income Households (Household Income Between 50% and 80% of Median Family Income)**

There were 2511 moderate income households in Brookline according to the CHAS 2000 data. As a group, 67.7% were identified as having housing problems, 66.4% are paying 30% or more of their income for housing, and 31.2% are under the severe cost burden of paying 50% or more of their income for housing. Of these 2511 households, 792 are owners, and of these, 265 are elderly.

Again, both renters and owners in this category carry significant cost burdens for housing with more than 67% of all renters paying more than 30% of their

incomes towards rent, while over 64% of all owners are paying more than 30%. Over 30% of both renter and owner households pay more than 50% of their incomes towards rent.

#### **1.a.6 Needs of Middle Income Households (Household Income Above 80% of Median Family Income)**

There were 17,785 households earning above 80% of Median Family Income in Brookline according to the CHAS 2000 data. As a group, 18.5% were identified as having housing problems, 16.4% are paying 30% or more of their income for housing, and 2.1% are under the severe cost burden of paying 50% or more of their income for housing. Of these 17,785 households, 9,860 are owners, and of these, 1,946 are elderly.

The segment within the middle-income population with the most glaring needs is elderly renters, with over 25% of these households paying more than 30% of their income towards rent.

As the Brookline housing market becomes increasingly polarized between those low- and moderate-income residents supported by housing subsidies and upper-income households who can afford market prices, there is an increasing concern regarding middle-income households who are served by few state and no federal sources of housing assistance other than certain mortgage programs offering favorable rates. The Town has included middle-income households (up to 100% of AMI) within its inclusionary zoning by-law and housing trust policies, and expects to target to this group, building over time a modest but increasing inventory of affordable units.

#### **1.a.7 Housing Needs of the Elderly**

According to the 2000 Census, the number of seniors between the ages of 65 and 84 has decreased by over 5,000 in the past three decades, indicating that many elders have chosen to retire outside of Brookline. At the same time, the 85+ population has increased by 60%, indicating that a large segment of the elder population was aging in place. The 2006-2008 American Community Survey 3-Year Estimates suggest that the proportion of households headed by seniors have not changed significantly since 2000, with almost 21% of all Brookline households contain at least one member age 65 and above and nearly 12% of the population is age 65 and older.

The Brookline Senior Center staff identified several housing needs for elderly housing, primarily focused on affordability. One issue noted is the length of time required for seniors to access public housing – often over a year. While certainly a shorter wait than that for family households, often seniors must access affordable housing more quickly due to a rapid drop in income, deterioration in health, or other circumstances. Service providers also noted that many seniors are unwilling to live in public housing. A related issue identified is the need for seniors with Section 8 certificates to receive

assistance in searching for housing on the private market, as they are often unable to navigate the process without support.

Waiting lists for privately-owned subsidized senior housing are often many years long. Providers believe that more privately-owned affordable senior housing would be a great benefit to Town residents.

The cost of maintenance and property taxes continues to place an enormous strain on elderly homeowners living on low, fixed incomes. Efforts at co-housing have met with little success and an effort to encourage accessory units was narrowly defeated in Town Meeting in 2009. However the Town provides tax deferrals as well as a work program aimed at waiving taxes for low-income elders. According to the Town Assessor, the Town currently has 15 taxpayers in the senior tax deferral program and 18 taxpayers in the senior tax abatement work-off program.

Overall, service providers noted that the number of low-income seniors not living in subsidized housing has dropped precipitously since the end of rent control in the mid-1990's and recent dramatic increases in rents charged by private landlords.

Several residents and providers also noted that, while Brookline seniors have access to a wide array of support services, the need for affordable assisted or service-oriented housing is growing as seniors age in place, particularly in public housing. In terms of the survey of those seeking affordable housing in Brookline, 3% of those currently living in Brookline and 7% of the total respondents noted that they were interested in identifying affordable housing for seniors and 3% of both groups noted they would require services for seniors.

Brookline has a total of 916 units of affordable rental housing that specifically serve the low- or moderate-income elderly population. At the same time, according to the CHAS data, 1291 low and moderate elderly renter households pay more than 30% of their incomes towards rent, leaving a gap of more than 375 affordable elderly units needed to serve the needs of elderly with incomes of less than 80% of median income. This number would be multiplied if we take into account the 498 low-income elderly households who own their units, but also pay more than 30% of their incomes towards housing costs, many of whom may be interested in affordable rental opportunities as well. Since a number of the existing units serve non-elderly disabled individuals, the need for affordable units serving Brookline's elderly population is understated.

The following table shows the number of affordable housing units available for elderly households by property. Note, rentals to disabled individuals are also allowed within these units.

**ELDER HOUSING UNITS IN BROOKLINE**

<b>Name of Development</b>	<b>Number of units</b>	<b>Owner</b>
Village at Brookline	154	Investor Owned
Walnut Apartments	24	Brookline Housing Authority
O'Shea House	100	Brookline Housing Authority
Sussman House	100	Brookline Housing Authority
Morse Apartments	99	Brookline Housing Authority
Trustman Apartments	34	Brookline Housing Authority
Kickham Apartments	39	Brookline Housing Authority
Scattered Condominiums	2	Brookline Housing Authority
100 Centre Street	127	Hebrew Senior Life
1550 Beacon Street	107	Hebrew Senior Life
112 Centre Street	104	Hebrew Senior Life
Goddard at Brookline	17	Goddard House
Ruth Cowan House	9	HEARTH
<b>Total</b>	<b>916</b>	

*Sources: Local Affordable Housing Inventory*

**1.a.8 Housing Needs of Persons with Disabilities**

According to the 2000 census, 11% of all Brookline residents, or a total of 4,275 individuals, aged 21 to 64 years have a disability and 36.9% of all residents, or a total of 2,422 individuals, aged 65 and over are disabled. Disability status is broadly defined by the current census to include blindness, deafness, or a severe vision or hearing impairment; a substantial limitation in the ability to perform basic physical activities; learning disabilities; difficulty in getting around inside the home or leaving the home; and difficulty working at a job or business.

In 2009, 10% of all Brookline residents and 5% of non-residents responding to the on-line housing needs survey noted above stated that they were seeking accessible housing for persons with disabilities. At the same time, service providers state that there continues to be a need for more affordable, supportive housing for persons with mental disabilities. 5% of Brookline residents responding to the on-line survey noted that persons within their household require supportive services for persons with mental disabilities.

The CHAS data more specifically focuses on households with mobility and self care limitations, which better defines the Town's need for specialized housing to serve the disabled population. In Brookline there are a total of 2,525 households with mobility and self care limitations. Of these, there are 1,029 renter households and 312 owner households that earn below 80% of area median income. Out of these, 572 (56%) low and moderate renter households and 195 (62.5%) low and moderate owner households experience some type of housing problem. In terms of low-income elder households with mobility and self-care limitations, 53% of both renter and owner households from this subset report some type of housing problem.

In the Housing Market Analysis section of this document, group homes for mentally and physically disabled residents are discussed in greater detail. Overall, there are a number of group homes for physically and mentally disabled people in the Town serving 127 individuals according to the Massachusetts Departments of Mental Health and Department of Developmental Services. In addition, there are four privately-owned and operated condominium associations that serve residents with special needs. These properties contain a total of 57 units. In addition, there are three BHA developments that specifically serve special needs as well as a number of units that are wheelchair accessible within both public and privately-subsidized family and senior housing developments. Formerly homeless individuals are housed in service-rich environments in three Brookline residences owned or managed by several local non-profit agencies. The total number of units in this category is 57 units. There are also a number of wheelchair accessible units available in larger buildings scattered throughout Brookline.

### **1.a.9 Housing Needs of Persons with HIV/AIDS (HOPWA)**

According to the Massachusetts Department of Public Health, as of 2009 there were 105 persons living with AIDS on the Town of Brookline. The Town of Brookline itself does not engage in case management on the issue of HIV/AIDS, and with its proximity to Boston's world-class resources, most individuals with HIV/AIDS who live in Brookline choose to receive care outside of the Town or through their families. The Brookline Public Health Department provides referrals to people who possess HIV/AIDS, in particular to Boston's Fenway Health Community Center. Given this situation, the Town's various departments and service providers are in agreement that there is not a critical need for supportive housing for people with HIV/AIDS in Brookline.

### **1.a.10 Housing Needs of Single Persons and Large Families – Household Composition and Familial Status**

The table below shows several significant trends in the population and types of households found in Brookline. According to the 2000 Census, the total population of the Town decreased slightly over the several decades between 1970 and 2000. At the same time, the 2006-2008 American Community Survey 3-Year Estimates indicates that this trend may be reversing, as the total current population is estimated at over 62,000.

In the period between 1970 and 2000, the most constant and significant increases were in the number of non-family households (54.9% increase) and the number of householders living alone (13.6% increase). This data indicated an increasing number of single-person households. More current ACS data shows that this trend may be reversing as both categories decreased and particularly in the case of single person households, perhaps reflecting the economic necessity of apartment sharing.

Family households with married couples showed a decline over the 30-year period between 1970 and 2000, by a total of 13%, while the ACS data shows that this group is on the increase. The number of single-parent, female-headed households remained fairly constant from 1970 to 1980, but their numbers declined in the following two decades. The ACS data suggests that the number of female-headed households has continued to decline into this decade reflecting the high cost of housing.

**Trends in Household by Type 1970 – 2008**

*(Source: U.S. Census and 2006-2008 ACS 3-Year Estimates)*

	<u>1970</u>	<u>1980</u>	<u>1990</u>	<u>2000</u>	<u>2006-2008</u> <u>3-Year</u> <u>Estimates:</u>
Total Population	58,689	55,062	54,718	57,107	62,255
Total Households	22,810	23,601	24,357	25,594	26,401
Family Households	14,183	12,148	11,691	12,227	14,348
Married Couples	11,304	9,266	9,064	9,833	11,680
Female Headed Households	2,256	2,319	2,030	1,829	1,146
Non Family Households	8,627	11,453	12,666	13,367	12,053
Householder Living Alone	8,267	8,383	9,421	9,395	8,349

Affordability is the most pressing issue in the housing market for most low and moderate income households – both family and single. The market analysis section of this plan contains a more detailed description of how affordability impacts families as well as single households. 46% of Town residents who responded to the recent on-line survey noted that they were paying more than they could afford. 30% of Brookline residents who responded to the on-line survey stated that they were currently living in overcrowded conditions in a home that was too small for their household.

Service providers also identified young adults as a key constituency needing decent, affordable housing and support services. Often unable to remain at home, but also unable to obtain stable employment, these individuals may be precariously housed in overcrowded, ill-maintained rental housing.

**1.a.11 Housing Needs for Victims of Domestic Violence**

The Town’s Director of Human Services noted that while there is a need for transitional housing for victims of domestic violence, these households tend to seek housing outside of the community to avoid their perpetrators. Three percent (3%) of persons responding to the recent on-line survey noted that they were seeking housing as victims of domestic violence.

### **1.a.12 Housing Needs of Public Housing Residents**

*These issues are discussed under sections of this Consolidated Plan related specifically to Public Housing needs and priorities.*

### **1.a.13 Substandard conditions being experienced by extremely low-income, low-income, moderate-income, and middle-income renters and owners**

It is difficult to judge the level of substandard conditions within the Brookline housing stock. According to the 2006-2008 ACS data estimates, no units lacked complete plumbing facilities, while only 58 units lacked complete kitchen facilities. Similarly, the ACS data showed a decline in persons living in overcrowded conditions since the 2000 Census was taken.

At the same time overcrowding is an issue within households where young, single women are having children but are unable to afford to rent an apartment. Many times these households are doubling up with other family members according to local service providers. Additionally, overcrowding is happening within the younger population, where students and low-wage earners share rental apartments.

Health Department officials respond to complaints about substandard housing and have also noted the existence of illegal apartments, often in basements or attic spaces.

### **1.a.14 Race and Ethnicity**

To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must provide an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.

Brookline continued to become more racially diverse over the past several decades, with a nonwhite population of nearly 20 percent in 2000. The fastest growing minority population was Asian, at nearly 12.8% of the total population – a much higher percentage than Boston proper or any other surrounding community.

Brookline continued to remain an ethnically diverse community, with over 26.6 percent of its residents in 2000 foreign born, more than half of whom entered the U.S. during the previous 10 years. In fact, 29 percent of all Brookline residents aged 5+ lived in a home where a language other than English was spoken.

At the same time, according to the CHAS data Blacks, Asians, and Native-American non-Hispanics reported disproportionately more housing problems than the population as a whole. Disproportionately greater need is defined when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole. The CHAS data shows that Whites and Hispanics are the only racial groups that have no income segments of their population with a need of at least 10% points over the Brookline population as a whole. Not surprisingly, members of minority groups who have a disproportionately higher percentage of housing problems belong to the lower end of the income spectrum (<=30% AMI).

**Housing Problems by Race**

(Source: CHAS Data)

Race:	Total Population within Category:	Percent with Housing Problems:
Total Households	25,619	34.1%
White Non-Hispanic	20,917	31.8%
Asian Non-Hispanic	3,001	46.3%
Black Non-Hispanic	415	46%
Hispanic Households	712	37.2%
Native American Non-Hispanic	30	100%
Pacific Islander Non-Hispanic	14	28.6%

**1.a.15 Housing Opportunities for People with AIDS (HOPWA)**

Most Brookline residents living with HIV/AIDS receive treatment and referrals through Boston’s world-class health care institutions and Boston has several organizations dedicated specifically to the development of housing for persons with HIV/AIDS. Given Brookline’s proximity to Boston, the Town’s various departments and service providers are in agreement that there is not a critical need for supportive housing for this population specifically within Brookline at this time. For these reasons, the Town has not pursued HOPWA grants to date.

**1.B PRIORITY HOUSING OBJECTIVES**

Priority Housing Needs outlined in Table 2A (Pg. 20) clearly indicate that there is a critical need for affordable housing at all income levels in Brookline. As such, Brookline’s affordable housing policies strive to serve a diverse range of incomes and households sizes up to 110% of area median income. In order to remain a diverse community, the Town will continue to spend its federal affordable housing funds on households earning below 80% of median income, including households with elderly, small and large families, and single persons with disabilities. In addition, because there are so few affordable 3+ bedroom units available for larger families, the Town

will also encourage the creation of such units to serve larger low- and moderate- income households.

**Table 2.A.: - PRIORITY NEEDS SUMMARY**

PRIORITY HOUSING NEEDS (households)		Priority Need Level High, Medium, Low		Unmet Need	Goals
Renter	Small Related	0-30%	High	389	2
		31-50%	High	289	4
		51-80%	High	353	2
	Large Related	0-30%	High	18	2
		31-50%	High	34	4
		51-80%	High	14	2
	Elderly	0-30%	Medium	495	
		31-50%	Medium	349	
		51-80%	Medium	180	
	All Other	0-30%	Medium	918	8
		31-50%	Medium	558	8
		51-80%	High	630	
	Owner	0-30%	Medium	367	
		31-50%	Medium	330	
		51-80%	High	525	35
Special Needs		0-80%	Medium	767	
<b>Total Goals</b>					<b>67</b>
<b>Total 215 Goals*</b>					<b>67</b>
<b>Total 215 Renter Goals</b>					<b>32</b>
<b>Total 215 Owner Goals</b>					<b>35</b>

\* Title 42 of the US Code, Ch. 130, Sub Ch. II, Part A, Section 215 (Qualification as Affordable Housing)

Despite the significant need, the cost of creating affordable housing in Brookline, either through new development or subsidizing existing housing, is great. As a result, the Town's five-year goals can only be as ambitious as its most optimistic projection of resources, with regard to both available properties and subsidies available on the local, state, and federal level.

Federal funds will primarily be used to create new opportunities for low- to moderate-income renters, either to continue renting or to purchase their first homes. The Town also has a housing policy that uses federal funds to offer rehab assistance as an emergency measure to prevent homelessness for existing homeowners. Because the creation of affordable housing is so expensive, Federal funds will also be used to help preserve the valuable resource that Brookline already has in its publicly and privately-owned, subsidized housing stock.

### **1.b.1 Use of Federal, State, and Local Public and Private Sector Resources**

Brookline's Housing Division will work with for- and nonprofit developers as well as with individual homebuyers to identify opportunities for the creation or preservation of affordable rental and homeownership opportunities. It will assist by underwriting the costs of acquisition (of land, units or buildings), and/or of renovation or of redevelopment, as appropriate. In addition, the Town will continue to work with developers of market-rate projects to provide affordable units in accordance with the Affordable Housing Requirements of the Town's Zoning By-law.

Depending upon the nature of the project (characteristics of the property, tenure and income of the target population), the Town will apply CDBG, HOME and/or Town-controlled Housing Trust funds, while seeking to leverage State sources (e.g., HOME, Housing Stabilization, Affordable Housing Trust, Community-Based Housing, Soft-Second Program), and private sources (e.g., Federal Home Loan Bank Affordable Housing Program, tax credit investment) in order to provide quality affordable housing at the lowest cost to the public sector. Developer returns will be limited, and affordability will be restricted for the longest period appropriate to the nature of the project.

Brookline's Housing Trust is capitalized from payments in lieu of units from private developers of small projects subject to the Town's inclusionary zoning by-law (see below), as well as through contributions from the Town's general funds when there is an excess of six million dollars in free cash. To date, the Housing Trust has generated over \$10 million for use in combination with CDBG, HOME and State sources for the preservation and development of affordable housing in multi-unit projects. One such project will be the 24-unit Olmsted Hill project, which will also be Town-subsidized through the write-down of the sales price for its Town-owned site.

Individual homebuyer assistance will continue to be subsidized by CDBG and HOME funds.

The Town will also seek to collaborate with the Brookline Housing Authority, as appropriate, where project-based Section 8 might deepen affordability.

In addition publicly subsidizing affordable units, the Town will continue to work with the private sector to create affordable housing through the market generated cross-subsidies achieved through the Affordable Housing Requirements of the Town's Zoning By-law ("inclusionary zoning"). Developers of projects of six or more units have an obligation to provide affordable housing, though developers of fewer than 16 units may choose to make a payment to the Housing Trust in lieu of providing on-site units. There are currently three permitted projects under various stages of development which will yield seven units.

The following chart outlines local, state and federal resources that the Town expects to receive in each of the upcoming five years to support its work in the area of affordable housing.

Brookline receives over \$6.5 million annually in federal funding which provides over 600 Section 8 certificates for low-income residents of Brookline. The Town also receives approximately \$160,000 from the Massachusetts Rental Voucher Program, which funds approximately 44 rental vouchers for very low-income tenants. Funding for this state program has declined significantly over the past several years.

**Summary of Anticipated Federal, State and Local Resources  
Expected for Affordable Housing Activities FY11- FY15**

<b>Resource</b>	<b>FY2011</b>	<b>FY2012</b>	<b>FY2013</b>	<b>FY2014</b>	<b>FY2015</b>	<b>Total</b>
CDBG	\$350,000	\$350,000	\$350,000	\$350,000	\$350,000	\$1,750,000
HOME	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$2,500,000
Hsg Trst*	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$2,500,000
Section 8	\$6,600,000	\$6,600,000	\$6,600,000	\$6,600,000	\$6,600,000	\$33,000,000
MRVP**	\$160,000	\$160,000	\$160,000	\$160,000	\$160,000	\$800,000
<b>Total</b>	<b>\$8,110,000</b>	<b>\$8,110,000</b>	<b>\$8,110,000</b>	<b>\$8,110,000</b>	<b>\$8,110,000</b>	<b>\$40,550,000</b>

\* Housing Trust funds utilized

\*\* Massachusetts Rental Voucher Program

Because of the very high cost of property and the limited availability and turnover of land and multifamily buildings in Brookline (most market rate development is accomplished through teardowns), affordable housing creation in Brookline will continue to be opportunity-driven and require deep subsidies.

The strong market, for example, has meant a steady increase in the amount of assistance required on a per unit basis. The fact that HUD has not increased the income limit for federal assistance for five years, resulting in a de facto 73 percent when inflation is controlled, increases the affordability gap even further. By way of example, the maximum subsidy provided for first time homebuyers who search out modest market-rate units has increased from \$25,000 in 1991 to \$175,000 in 2009.

Because Brookline is such a built up community, the Town will continue to seek, to the extent possible, to use the existing housing stock as a source for affordable housing. Town staff will continue to actively seek and nurture

opportunities, seeking willing property owners and working with private nonprofits to propose feasible multi-unit projects.

The strong market also has encouraged the Town to use property under its control, where possible, in the service of affordable housing, as shown by the proposed Olmsted Hill project. The Town will be working with New Atlantic Development Corporation to complete a project with 24 affordable ownership units, including selling the Town-owned property at below market cost and providing federal and Town subsidies.

On the flip side, the strong market has provided the Town with an opportunity to develop affordable housing through inclusionary zoning, which through cross subsidy by buyers of new market rate units, has produced 92 units generally without the need for outside subsidy. It has also provided \$6.4 million to the Town's Housing Trust. However, other than a potential intensification of land use by the owner of the large rental complex at Hancock Village, these opportunities appear to be diminishing, due not only to the currently weaker market and decreased access to credit, but also because potential sites with relatively less expensive teardowns are being depleted.

## **1.C HOUSING MARKET ANALYSIS**

### **1.c.1 Overview of Local Housing Market**

Brookline's diversity is reflective of its mix of housing type, tenure and cost. Because of its location and proximity to Boston, the excellent reputation of the Town's school system, and the high caliber of services provided by the Town, Brookline is seen as a very desirable place to live. As a result, the community currently has no vacant or abandoned properties; vacancy rates in both the sales and rental markets are very low, reflecting normal turnover; and both market rents and sales prices for all types of housing are high. The preservation and expansion of the Town's supply of permanently affordable housing is critical to maintaining the Town's transitional diversity.

#### *Components of Supply and Demand*

##### ***Vacancy Rate by Tenure***

*(Source: U.S. Census)*

	<u>1980</u>	<u>1990</u>	<u>2000</u>
Owner Vacancy Rate	1.85%	1.7%	0.5%
Renter Vacancy Rate	2.5%	2.7%	2.0%

Brookline has an older housing stock; according to the American Community Survey 2006-2008 (below), the number of new units increased during the past 28 years by only 3057 or 12.5 percent. Also shown in the table is the

diversity of the Town's housing stock, which ranges from small studio apartments in high-rise apartments to large single-family estates.

**Housing Units by Type of Building**

(Source: U.S. Census and American Community Survey 2006-2008 3-Year Estimates)

	<u>1980</u>	<u>1990</u>	<u>2000</u>	<u>2008</u>	<u>distribution</u>	<u>% Chg 1980 – 2008</u>
1 unit detached	4,446	4,389	4,552	5,737	21%	+29%
1 unit attached	807	1,037	1,040	1,108	4%	+37%
2 units	2,473	2,520	2,726	2,473	9%	0%
3 or 4 units	3,656	3,793	3,926	4,175	15%	+14%
5 or more units	12,987	13,237	14,136	13,933	51%	+ 7%
Other	0	379	8	0		
<b>TOTAL UNITS</b>	<b>24,369</b>	<b>25,355</b>	<b>26,388</b>	<b>27,426</b>	<b>100%</b>	<b>+12.5%</b>

Perhaps no single phenomenon has had a more significant an impact on Brookline's housing stock and the Town's historically diverse population than the explosive conversion of rental units to condominium ownership, going from a negligible number in the 1970's to 9,552, or 34 percent of the housing stock in 2008. While there were some new condominium properties built during this period, the vast majority of existing condominium units were created through the conversion of rental units, mostly in the 1970's and 1980's. The persistence of this trend in recent years is shown below.

**Condominium Conversions**

Source: Brookline Assessing Department

	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
No. of Units	180	57	606	75	26

Two large complexes accounted for over 450 of the converted units in 2006. The immediate result of conversion is displacement of existing renters, with State law providing some short term protections for low income and elderly tenants. The longer term result is increasing market pressures on the remaining rental stock, driving market rents higher. This impact, however, is somewhat mitigated by the fact that a good proportion of these -- approximately 36% -- are investor-owned and occupied by renters.

While Brookline has for many decades been a majority renter community, according to projections by the American Community Survey, 2006 – 2008 (below), the number of renter-occupied units had decreased from 57% in 1990 to 47% of occupied housing units by 2008, through both the construction of condominium and single family homes as well as the conversion of existing rental housing to condominiums.

### **Housing Units by Tenure**

(Source: U.S. Census and ACS 3-Year Estimates)

Units	<u>1990</u>	<u>2000</u>	<u>2008</u>	Change	Percent Change 1990-2008
Owner Occupied	10,500	11,583	13,952	+3,452	+32.9%
Renter Occupied	<u>13,857</u>	<u>14,011</u>	<u>12,449</u>	- 1,408	-10.2%
<b>Total Occupied</b>	24,357	25,594	26,40	+2,044	+ 8.4%

### Housing Costs

The most salient characteristic of Brookline’s housing market is its cost; it is an expensive community which stands out in an already expensive metropolitan area. The need for more affordable housing is evident: except for the eight percent of Brookline’s households who are currently served by existing affordable housing, the price of entry into Brookline’s housing market precludes all but the most economically secure.

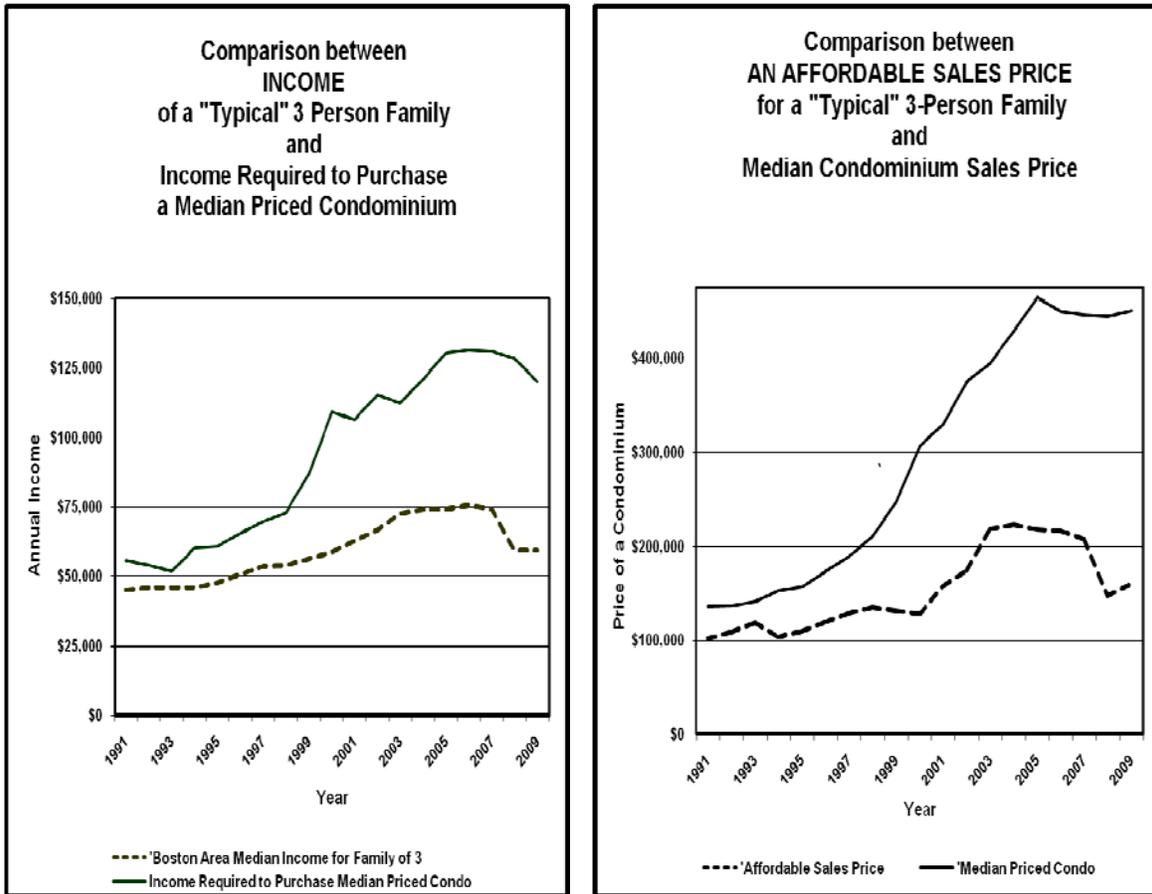
Detailed and current data on rent levels in Brookline is not readily available. The Brookline Housing Authority recently completed a survey of property owners, with responses disproportionately from operators of larger properties and high-rise buildings. Rents averaged \$1,650 for one bedroom units, \$2,025 for two-bedroom units and \$2,400 for three-bedroom units. Thus, a family seeking to rent a typical two-bedroom unit would need an income of at least \$81,000, and two to three month’s rent in cash -- between \$4,050 and \$6,075 – to cover security and related deposits.

Perhaps the best indicator of the strength of the market is found in residential sales prices. During the 18-year period between 1991 and 2009, the median price of a condominium, the entry point for homeownership in Brookline, more than more than tripled, from \$136,000 to \$451,000.

In contrast, the Boston area median income for a family of three increased from \$45,180 in 1991 to \$81,180 in 2009, an increase of 80 percent. To purchase a median-priced condominium in Brookline in 1991 required an income of about \$55,800 – or 125 percent of the metropolitan area median income for a three-person family; by 2009, the purchase of a median-priced condominium required approximately \$120,200 or 148 percent of the then metropolitan area median for a family of three.

Viewed from a different perspective, in 1991, a family of three with the median income could afford to purchase a unit costing 75 percent of the median condominium sales price; by 2009, even with significantly lower interest rates – the average 30 year fixed mortgage interest had fallen from 9.25 percent in 1991 to 5.04 percent - such a family could afford a purchase costing only 59 percent of the median condominium sales price. The affordability gap for homeownership in Brookline had grown to \$186,000.

The situation is was even more difficult for low and moderate income families; the affordability gap for a three person household with income at the 80 percent ceiling was \$290,100.



The situation for first-time homebuyers in Brookline has not been affected by more global changes in the housing market. In fact, between 2007 and 2009, the price of a median-priced condominium increased by one percent. While the buying power of home seekers is being buoyed by historically low interest rates, the absence of increases in HUD's 80 percent limit for several years -- despite increases in incomes and in the cost of living in the Boston area -- means that buyers who are income eligible in fact have *relatively* less income, and typically less savings and more difficulty qualifying for loans, even for units that have been written down by deep subsidies. (By 2009, the 80 percent limit applied to Brookline had not been changed for five years and had become effectively 73 percent of the SMSA area median income, all during a period in which the consumer price index for Northeast Urban Consumers had increased more than 15 percent.) The Town's response has been an increase in its downpayment assistance limit for first-time homebuyers who seek their own units from \$125,000 to \$175,000.

*Foreclosures*

Despite the continued strong housing market, Brookline has experienced a more modest version of the problem of foreclosures affecting the rest of the country. The number increased from 33 properties in 2007, to 49 in 2008; by the end of 2009, there were 17 foreclosures and 21 foreclosure auctions scheduled. Properties in foreclosure tend to be primarily individual condominiums, with a few single family homes. Prices range from several hundred thousand dollars for small one-bedroom condominiums to over \$2 million dollars for larger condominiums and single-family homes. During this period of 2007 through 2009, only twelve foreclosed properties were multi-family buildings: eight two-family properties, two three-family properties, one property with four or more units, and one lodging house.

To date, all properties that completed the foreclosure process were either transferred back to the lender via sale or foreclosure deed or were sold on the market. It is assumed that lenders are able to resell these properties at market prices, recapturing outstanding loans. Given the continued strength of the housing market in Brookline, it is also likely that many homeowners at risk of foreclosure are selling before the process begins and moving to less expensive units in or outside of Brookline. In any case, the presence of the foreclosed units does not appear to have dampened the market. The Town's greater concern has been for those low and moderate income owners who are facing losing long term homes, often without the resources to continue to live in Brookline.

*Housing Condition*

The Town of Brookline does not maintain a master list of housing that is substandard or does not pass Housing Quality Standards, nor does it do an annual survey for substandard housing, but is responsive to identified concerns. The Health Department, responsible for enforcement of the State Sanitary Code and health codes, carried out an average of 643 inspections a year over the past two years (in addition to permitting inspections for lead paint and asbestos removal and for lodging house license renewals). Inspections were principally in response to tenant complaints, and represent a 21 percent decrease since 2000. According to the Town's chief inspector, while investor owners have tended to improve their properties in recent years in response to stronger market conditions and the resulting higher expectations that accompany high rents, there is still a significant portion of the rental inventory, often targeted to Brookline's large college student population, which is seriously under-maintained.

As for the traditional indicators of housing standards, the 2006-2008 ACS 3-Year Estimates project that out of 27,426 housing units, 58 lack complete kitchen facilities and none lack complete plumbing facilities, and that 2.2 percent of all renter households in Brookline live in overcrowded conditions, defined by HUD as having more than 1.01 persons per room.

### **1.c.2 Housing for Persons with Disabilities**

There are a number of non-profit owned or sponsored group homes for persons with a range of developmental, mental and physical disabilities. This includes a variety of models, including housing owned by the Brookline Housing Authority and operated by a nonprofit; six large single family residences, with bedrooms owned as condominiums by individuals or their families, and operated by a nonprofit as supportive congregate housing; a collective of renters in private apartments located in the same building or in close proximity of a private independent living facilitator. While for confidentiality purposes the Town is not formally notified each time a group home is licensed, the Housing Division is aware of at least 14 group homes serving 127 persons.

In addition to the above, the Town has supported the development of three service-enriched lodging houses by nonprofits with a total of 57 units, most of which serve the formerly homeless, with one dedicated specifically to formerly homeless or at risk seniors. Among the 20 newly completed low income rental units at 150 Pleasant Street are three units supported by the State's new Community-Based Housing Program, which seeks to assist those disabled with very low income who do not fit into traditional categories to live independently.

Finally, there are wheelchair accessible units available in larger buildings scattered throughout Brookline, including at most of Brookline's public or privately-owned subsidized housing developments. During the past 10 years, the Brookline Housing Authority added 15 wheelchair accessible units for larger families at two low-rise State-supported family housing sites.

### **1.c.3 Housing for People with HIV/AIDS and Their Families**

Brookline does not have housing specifically targeted to people with HIV/AIDS and their families. While the Brookline Health Department provides information and referrals to persons with HIV/AIDS, the Town's various departments and service providers have not identified a need for supportive housing dedicated specifically to this population.

### **1.c.4 Vacant/Abandoned Properties**

There are no vacant or abandoned buildings in Brookline. However, there are buildings which require repair and modernization, and the Town has worked successfully with nonprofit developers to purchase and rehabilitate partially occupied buildings for long term affordable housing as well as to undertake rehabilitation to preserve existing properties that already serve low and moderate income tenants.

## **1.D PUBLIC AND ASSISTED HOUSING NEEDS**

### **1.d.1 Number of Public Housing Units**

The Brookline Housing Authority (BHA) is separate and independent from the Town of Brookline. It is governed by a five-member Board of Commissioners, four of whom are elected at large and one of whom is appointed by the Governor. Because of the number of units it owns and mobile vouchers that it administers, the BHA will continue to play a critical role in the Town's long-term affordable housing policy, and the Town will continue cooperate with and support the BHA's efforts to preserve, upgrade, and increase public housing.

The BHA owns and manages a total of 922 units of affordable rental housing in eleven developments ranging in size from 2 units to 177 units, and in three smaller SRO properties that serve specific special needs populations. Approximately half of these units were developed under federal programs, and the remainder under State programs. The properties contain a total of 451 family units, 440 elderly/disabled units, and 31 special needs units. The BHA also administers its Capital Fund Program, the Massachusetts Rental Voucher Program, and the CDBG-funded BHA Public Housing Improvement Program. Finally, the BHA administers the federally-subsidized Section 8 voucher program, which provides financial assistance to lower income households to rent in the private market.

BHA housing is a critical resource for many low-income elderly, disabled, and minority residents of Brookline. Federally-subsidized BHA developments serve a total of 439 households with approximately 820 residents; 58.6 percent of the units are targeted to an elderly population. State-subsidized BHA developments serve an additional 483 households with approximately 1,626 residents; of these 26 percent are specifically targeted to an elderly population. There is at least one disabled member present in 40 percent of federal-subsidized units and in 19 percent of State-subsidized units.

As of November, 2009, the BHA managed a total of 619 HUD-funded Section 8 certificates and approximately 38 Massachusetts Rental Voucher Program (MRVP) vouchers. The BHA actively cooperates with other jurisdictions to promote mobility of BHA voucher holders, actively assisting holders of vouchers from other jurisdictions. However, the high market prices in Brookline reduce the effectiveness of this resource for the Town. At present, most successful voucher holders are applying their vouchers either to lease units in Brookline's privately-owned, subsidized developments or to live outside of Brookline.

### **1.d.2 Physical Condition of Public Housing Units**

According to the BHA, all developments meet or exceed state sanitary code requirements

**BHA SANITARY CODE COMPLIANCE**

Financing Source	Type	No. Of Units	Condition
STATE	Family	375	Meet or exceed code
	Elderly/Disabled	77	Meet or exceed code
	Special Needs	31	Meet or exceed code
	Voucher	38	Meet or exceed code
	<b>Total</b>	521	
FEDERAL	Family	76	Meet or exceed code
	Elderly/Disabled	363	Meet or exceed code
	Special Needs	0	NA
	Section 8 Voucher	619	Meet or exceed code
	<b>Total</b>	1,058	

Source: Brookline Housing Authority

**1.d.3 Restoration and Revitalization Needs of Public Housing**

The Brookline Housing Authority’s five federal developments are in relatively good condition and are satisfactorily maintained, with no overall life safety



Morse Apartments, 90 Longwood Avenue

concerns and no substandard units. While many buildings’ components have reached or in some cases surpassed their expected useful life, the BHA has been able to extend the useful life of various components through sound maintenance practices.

In addition, the BHA has taken proactive approaches to keep facilities updated, such as modernizing kitchens, appliances, and bathroom facilities. The Brookline Housing Authority receives roughly \$600,000 of federal money from the Capital Fund Program to use for capital improvements.

**Table 4: Priority Public Housing Needs- Local Jurisdiction**

<b>Public Housing Need Category</b>	<b>PHA Priority Need Level High, Medium, Low, No Such Need</b>	<b>Estimated Dollars To Address</b>
<b>Restoration and Revitalization</b>		
Capital Improvements	High	\$250,000
Modernization	High	\$10,000,000
Rehabilitation	High	\$10,000,000
Other (Specify)		
<b>Management and Operations</b>		
	High	\$100,000
<b>Improved Living Environment</b>		
Neighborhood Revitalization (non-capital)		
Capital Improvements		
Safety/Crime Prevention/Drug Elimination	Medium	\$50,000
Other (Specify) – Elder Services	High	\$40,000
<b>Economic Opportunity</b>		
Resident Services/ Family Self Sufficiency	High	\$100,000
Other (Specify)		
<b>Total</b>		<b>\$20,540,000</b>

**1.d.4 Waiting Lists for Public Housing and Section 8**

The BHA's tenant selection policies depend upon the source of funding. All eligible applicants are assigned to the appropriate waiting list according to date and time of application and preference status.

Preferences for federally-funded public housing are as follows: 1. victims of disaster (fire, flood, etc.) or victims fleeing domestic violence; 2. all other applicants – half of whom have household incomes of less than 40 percent of the Area Median Income (AMI) and half of whom may have household incomes of greater than 40 percent of AMI. Within these two preference categories, an additional preference will be granted to applicants who qualify for a Brookline preference by either living or working within the Town.

Preferences for State-funded public housing are as follows: 1. displacement due to natural disaster; 2. displacement due to public action; 3. displacement due to code enforcement; 4. displacement due to no fault eviction; 5. displacement due to fleeing domestic violence; 6. displacement due to severe medical emergency; 7. alternative housing voucher participant; 8. internal transfer (at a ratio of one to five); and 9. standard applicant. The BHA

applies the following preferences in descending order within each of the priority categories in determining the order of tenant selection: a. veteran and families of deceased veterans whose death was service-connected and b. persons who currently reside or work within the Town of Brookline.

The BHA maintains four separate waiting lists, depending upon the source of funding and the type of project. Many applicants apply to both State and federal lists for either family or elderly/disabled housing, and thus there is significant overlap. Currently, there are roughly 2400 people on the waiting list for federally-funded BHA family housing, and 2800 for state funded BHA family housing. There exists a separate list for elderly/disabled, with roughly 1000 people on federal and 1000 people on state funded elderly/disabled BHA housing.

**Waiting Lists 2009**

	Type	Number
STATE	Family	1,750
	Elderly/Disabled	1,049
	Special Needs	Through DMH
	MRVP Voucher	No waiting list – only existing tenants in program
	Total	2,799
FEDERAL	Family	2,008
	Elderly/Disabled	879
	Special Needs	NA
	Section 8 Voucher	129 Brookline waiting list 94,678 centralized waiting list
	Total	97,694
TOTAL		

Source: Brookline Housing Authority

Results of the Section 504 Needs Assessment

The BHA has undertaken an aggressive capital improvements campaign and has met most of the goals of the 504 needs assessment, which identified the need for accessibility adaptations of common areas and units within the BHA developments.

A comprehensive 504 Needs Assessment was last undertaken in 1993 and the BHA continues to hire consultants to review its properties for compliance every several years. The Housing Authority has made continuous progress in providing compliant and functional access in all buildings to individuals with disabilities. At this point, the entire BHA federal portfolio is compliant in terms of entrances, offices and common areas. A minimum of five percent of all units are wheelchair accessible in each federal property except Sussman

House, which is one accessible unit shy of compliance. Funding has recently been secured for the conversion of one additional unit at Sussman House. The BHA is also working to bring all State-funded developments into compliance with the five percent minimum. Egmont Street Veterans Apartments and High Street Veterans Apartments have met this threshold, and modernization plans are in place to bring Trustman Apartments into compliance.

Number of public housing units expected to be lost from the inventory.

No units are expected to be lost from the public housing inventory.

**1.d.5 Other Local, Federal, and State Assisted Housing Inventory**

Other than public housing, there are 1,044 units of affordable housing in Brookline, as the table labeled Affordable Housing Development/Units indicates. Many of the projects are subsidized by a combination of federal, State and/or private sources. The List of affordable units and targeted income groups are summarized below:

No units are expected to be lost from the assisted housing inventory during the next five years. Historically, the Town has made preservation of existing affordable units a top priority.

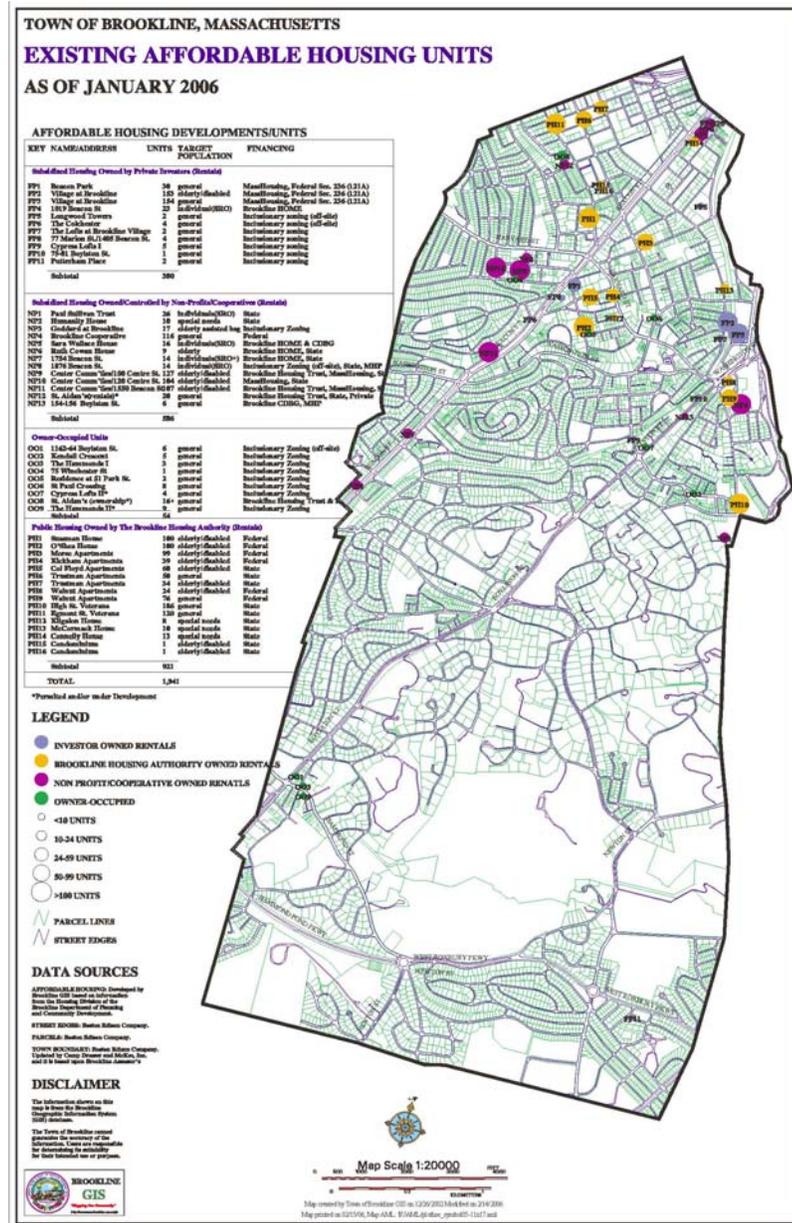
Programs of the Department of Housing and Urban Development (HUD) and/or Massachusetts Housing Finance Agency (MHFA) were used to build and operate six subsidized housing developments in Brookline containing 1019 units. The first project was a 116-unit limited-equity cooperative, built in 1965 as part of an Urban Renewal project. The remaining five developments were investor-owned properties: three elderly housing developments, a combination family and elderly project, and a non-targeted project, all built by for-profit developers between 1970 and 1977.

In the late 1990's, a re-syndication by the owners of the 307-unit Village at Brookline significantly extended the affordable housing obligations at that project.

In 2001, the non-profit Hebrew Rehabilitation Center for Aged requested Town assistance for its proposed acquisition and rehabilitation of the three of these buildings at 100 and 112 Centre Street and 1550 Beacon Street which provided affordable senior housing. These were initially financed by the Massachusetts Housing Finance Agency, two under the Section 236 program and one with a Section 8 contract. The Section 236 "expiring use" buildings – had been refinanced in the late 1990's and were losing affordable units through attrition. A commitment of \$1 million in Housing Trust funds and an agreement to terminate the projects' 121A tax agreements (initially favorable agreements under which the developments had been, in recent years, paying taxes in excess of what would have been paid under normal conditions)

resulted in an increase in both the level and length of affordability. Under the terms of the Town's commitment, at least 60 percent of the 516 units will be provided at below-market rents for a minimum of 40 years.

In 2004, the Town completed negotiations with the owners of the 80-unit Beacon Park property. In return for an amendment to the project's 121A tax agreement reducing annual taxes, the owners agreed to certain tenant protections, including extending the affordability of 20 low income units (serving households with incomes of up to 50 percent of area median income) and 10 moderate income units (serving households with income up to 80 percent area median income) until 2028, at least 10 years beyond current restrictions.



Finally, in 2006, the 40-year HUD regulatory agreement for the 116-unit Brookline Cooperative, originally built under the HUD's 221(d)3 Program, expired. The Town had no additional use restrictions on the property but, because of its origin in Urban Renewal, did retain the right of approval of any transfer of the project's assets. In anticipation of the expiration of restrictions, the Town initiated negotiations with the Cooperative's Board of Directors with a goal of maintaining as many of the units as possible affordable. After three years, the Town and Board completed an agreement permitting the Cooperative's conversion to a mixed-income condominium in

return for preservation of at least 25 percent of the units as permanently affordable to households with incomes up to 80 percent of area median income. When the conversion took place in December of 2006, 32 members -- representing 28 percent of the units -- signed permanent affordable deed restrictions.

The Town seeks to assure that all affordable housing subsidized or created through inclusionary zoning be restricted in order to achieve affordability for the longest appropriate period.

## **1.E. PUBLIC HOUSING STRATEGIES**

The Brookline Housing Authority (BHA) partners with other agencies that provide its residents and Section 8 Housing Voucher holders living in Brookline with services that help the elderly and disabled continue to live in their apartments, advance the educational boundaries of children and parents, provide skills and experience for employment, and other programs. A partial listing of those agencies include: Springwell (formerly West Suburban Elder Services), the Brookline Mental Health Center, Steps to Success, Family Learning Centers, the Brookline Learning Project ESL Program, and the Brookline Council on Aging.

### **1.e.1 Revitalization/Restoration Needs and Improving Management of Public Housing**

The first priority of the BHA will be to continue its ongoing preventive maintenance programs, including monitoring and maintaining all building systems. The BHA will continue its policy of engaging the services of professional architects and engineers to provide appropriate technical assistance when required. Improvements will be executed in a professional manner, adhering to all applicable laws, codes, and regulations. Other than emergency replacement requirements, which understandably require immediate attention, the following priorities will be followed when considering upgrading or replacement:

1. Remediation of any identified building code and regulatory compliance issues, especially those that affect the health and life safety of residents and the public;
2. Improvements to the building envelope – upgrading of the roof, windows, doors and exterior wall materials and finishes;
3. Upgrading of building systems – domestic hot water and other plumbing related systems, HVAC, electrical, elevator, fire and life safety systems; and
4. Interior building components that have surpassed, reached, or are approaching the end of their life expectancy – including replacement of flooring, ceiling and wall finishes, kitchen appliances, etc.

The following proposed objectives are based on the BHA's in-house 5 year capital needs plan. In addition, the BHA will hire a consultant to survey the developments and create a master plan.

#### *Exterior Common Areas*

The grounds at BHA developments are generally in good physical condition. Maintenance staff devotes considerable effort to curb appeal, with spring and autumn flower bed planting and upkeep and replacement, as needed, of decorative shrubs and trees. Shade trees are pruned annually. Walkways and parking lots are routinely resurfaced within their life cycle to prevent hazards. Wheelchair accessibility improvements to exterior sites are also planned.

#### *Building Exteriors*

Appropriate and reasonable measures have been taken to maintain the integrity of the building envelope at each of the developments. Roofing will be replaced this year at the O'Shea House, and is planned for the following year at Morse Apartments. The decorative wood façade at Sussman House has weathered. A vertical seam metal siding over the existing wood is planned to preserve the appearance and reduce maintenance. Repairs to the concrete and re-grouting of railings on balconies will be performed this year at O'Shea and Morse. Window replacement work will be conducted at the Col. Floyd Apartments as well as the Brown Street condominiums and 1057 Beacon Street.

#### *Interior Public Areas*

The BHA has plans to improve the wheelchair accessibility of offices and public areas in three developments of housing for the elderly and disabled. This work will include automatic door openers, widening doorways and improving ramps. Rear stair renovations/repairs are planned at Trustman Apartments.

#### *Mechanical/Electrical Systems*

Renovations to elevator systems were recently completed in all federal buildings. Upgrading of security surveillance systems is planned. A needs assessment is underway for upgrading electrical systems in federal buildings. The BHA is planning for heating boiler replacement at 22 High Street, replacement of trash compactors in all high rise buildings and maintenance overhauls of emergency generators. A new fire alarm system will be installed at the Morse Apartments. Replacement of the HVAC system is planned for 11 Harris Street. Heating system and hot water system replacement is planned for Trustman Apartments.

#### *Dwelling Units*

The BHA is considering the upgrade of kitchens at O'Shea House and Morse Apartments. Kitchens at the Walnut Street Apartments are also nearing the end of their useful life. Planned modernization work at Trustman Apartments includes: kitchen upgrades; and conversion of two

existing two-level units into four single-level units; and other unit modifications.

#### *Accessible Dwelling Units*

One apartment at Sussman House will soon be renovated into an additional wheelchair accessible unit. As a result, five percent of dwelling units in all federally-subsidized developments will be wheelchair accessible. The BHA is also planning to replace conventional bathtubs with walk-in tubs in selected apartments in all federally-subsidized developments. Renovations for four accessible units are planned for Trustman Apartments, including associated ramping and site work. The BHA will continue to make modifications to components of accessibility in all units as recommended and as required by residents with disabilities.

#### *Other*

The BHA will continue capital improvement initiatives at all developments in accordance with established policies. The BHA will incorporate into its capital plan future priorities that are identified by staff, residents or consultants, and will look to the Town for assistance where possible through the CDBG program.

### **1.e.2 Public Housing Strategy for Improving the Living Environment of Families Residing in Public Housing**

The BHA maintains detailed and up-to-date capital improvement plans for all developments, and lobbies state and federal funding agencies as well as the Town of Brookline for sufficient grants to preserve and to improve all buildings and grounds.

In addition, the BHA works to develop service components for residents in need to promote self-sufficiency, so they may maintain their apartments independently.

### **1.e.3 Strategies to encourage public housing residents to become more involved in management and participate in homeownership**

The Town has a longstanding relationship with the Brookline Housing Authority, including annual allocations for capital improvement projects and services to tenants. Many developments have their own tenant association, with an executive board elected by and consisting solely of residents. The residents meet to discuss such issues as management policy, individual resident concerns and strategies to address such concerns. The tenant associations also plan social functions for the resident community. A Town Wide Resident Council represents all of the developments and Section 8 voucher holders living in Brookline and deals with management at the executive level.

## **1.F. LEAD-BASED PAINT HAZARDS**

### **1.f.1 Extent of Problem**

In Brookline, like all municipalities in the Greater Boston area, lead paint was selectively used in many homes built before 1978, on both the inside and outside of the property. The Childhood Lead Poisoning Prevention Program of the Massachusetts Department of Public Health identifies homes built prior to 1950 as the universe of greatest concern, both because these may show the greatest deterioration, and because after 1950, the lead paint industry voluntarily reduced or stopped using lead in residential paint. According to American Community Survey 2006-2008 3-Year Estimates, 72% of Brookline's housing units – nearly 20,000 - were created before 1950. It is assumed that a relatively small portion of these have been deleaded.

According to the 2000 CHAS Data Book Census there were a total of 7,834 households with incomes under 80 % of AMI, approximately 1900 of whom can be assumed to occupy the public and assisted housing that serve households with incomes at or below 80 % of AMI (where the presence of lead paint can be assumed to be absent or abated). Therefore, if estimating, approximately 6,000 low and moderate-income households could be living in units with at least some traces of lead paint. According to updated CHAS Data from the 2005-2007 American Community Survey approximately 11.5% of all Brookline units built before 1980 – approximately 2,725 units- currently house families with young children.

### **1.f.2. Reduction of Lead-based Paint Hazards**

Children with lead paint poisoning are rare in Brookline. State law requires that prior to enrolling in public schools, all children under the age of six be screened for lead poisoning. Positive findings must be reported to the State, which in turn reports to the local health department. During the past two years, there have been no Brookline cases reported to the State by pediatricians despite, according to the State's Department of Public Health's Childhood Lead Poisoning Prevention Program, a total of 1508 screenings of children aged six to 72 months which were carried out during the year ending 2008 alone. Despite the age of its housing stock, Brookline is not considered, by the State's Department of Public Health as a high risk community for childhood lead poisoning.

While more than half of the Town's households were renters in 2000, according to the Town's Health Department which carries out property inspections for enforcement of the State Sanitary and other health codes, it is very rare to receive a call from a family concerned about the possibility of lead paint. This may reflect increased flexibility in lead abatement, if a property is in good condition, as long as the owner is not seeking a letter of compliance, he/she may now use a trained and certified employee or contractor to do interim control. However, the Town will continue to work to

reduce the risks of lead paint poisoning. As required by Massachusetts State law, whenever a tenant files a complaint or if any inspection is required by the State Sanitary Code and the unit is occupied by children under the age of six years, the municipality's health inspector performs a lead determination, including the testing of 21 surfaces, even if intact. Of a total 1285 housing inspections during the past two years, 15 were in units which housed a child under six, and fewer than half of these resulted in orders for abatement. In addition, the Town received 40 notices of lead paint removal during this two-year period, reflecting the number of units in which the property owner sought a compliance letter for the removal/abatement of lead.

Furthermore, the Town will continue to require lead paint abatement as part of renovation undertaken by private developers using public funds when such housing is to serve families with children.

Finally, the Brookline will continue to refer owners to and collaborate with the MassHousing "Get the Lead Out" low-cost loan program for lead removal, for which it acts as the program's locally authorized processing agency. The program provides zero to five percent financing to owners of buildings with one to four units, including owner occupants whose incomes fall under certain low and upper moderate income limits, and investor/nonprofit owners who serve income eligible tenants. Housing Division staff does initial eligibility determination, assists the borrower to complete the loan package, and assists the borrower in the lead abatement process required under Massachusetts State law. The usefulness of this program in Brookline is limited, however, by the ineligibility of condominiums and of larger rental properties, which collectively would house a high proportion of the eligible units.

## **1.G. BARRIERS TO AFFORDABLE HOUSING**

### **1.g.1 Extent of Problem**

The very features that make Brookline a desirable place to live, including the Town's financial commitment to strong schools and other public services, increase the challenge of developing and preserving affordable housing. Furthermore, the Town's location, surrounded by several major universities with thousands of students seeking off-campus housing, continues to challenge the Town's rental market. Nevertheless, despite these additional upward pressures on rents, rental buildings usually turn over quickly at prices that can be justified only by condominium conversion. The continued strength of Brookline's housing market, in light of global economic challenges, and Brookline's limited supply of buildable land and available buildings are pervasive barriers to the development of affordable housing.

There are several barriers to the development of more affordable housing within Brookline's Zoning By-law. Because of the cost of land in Brookline, affordable housing is only feasible in multifamily development. However, 75

percent of the Town's residential land is zoned for single family residences, even though single family homes account for only 21 percent of all housing units. Limits on floor area ratios and heights limit potential residential development in multifamily residential and commercial districts,

Perhaps most difficult for residential development in general and affordable housing in particular are the Town's policies forbidding overnight street parking, and the Zoning By-law's high on-site parking requirements for new development -- which inevitably must be met through expensive structured underground parking -- even in locations well served by mass transit.

Brookline's relatively high property taxes are another barrier. They reflect both high property values and the lack of a counterbalancing commercial base, and are accepted as the cost of maintaining quality schools and other public services.

Finally, Massachusetts' strong building codes contribute to the cost of developing new housing.

### **1.g.2 Strategies to Remove or ameliorate negative effects of public policies that serve as barriers to affordable housing**

While Brookline's multifamily zoning reinforces the concentration of affordable housing in certain neighborhoods, the Town not only has articulated a clear policy favoring affordable housing in all parts of Brookline, but has taken concrete actions to achieve that end. For example, the Town successfully worked within the framework of the State's Comprehensive Permit, which overrides local zoning in communities with less than 10 percent of dwelling units dedicated to affordable housing, in order to collaborate with the nonprofit Planning Office for Urban Affairs, Inc. as it developed its 59-unit St. Aidan's project on a single-family zoned parcel in north Brookline. The project resulted in 20 low income rental and 16 affordable homeownership units. More recently, Brookline's Town Meeting voted unanimously to rezone and to convey, at a reduced value, Town-owned land in the single-family Fisher Hill neighborhood. The result will be 24 affordable homeownership units at the 34-unit Olmsted Hill development. The Town will be working closely with New Atlantic Development Corporation during the next three to four years on the funding and implementation of this project.

Brookline's Zoning By-law proactively seeks to encourage affordable housing as part of market-rate developments through the Affordable Housing Requirements of Section 4.08. These require an affordable housing benefit from all developments of six or more units. While developments of 16 or more units must provide 15 percent of all units as affordable, developers of six to 15 units may choose to make a contribution to the Housing Trust in lieu of such units. This "inclusionary zoning" provision has resulted in 92 affordable units and contributions of \$6.4 million since 1995. Three projects with seven units are currently underway.

Furthermore, in partial mitigation of zoning restrictions, the parking provisions in Section 6.02 of the Zoning By-law allow for reduced parking requirements for affordable units, reflecting lower car ownership related to income and/or age. The Public Benefits Incentives under Section 5.21 allow a limited density bonus for developers who are providing affordable units in excess of what is required under Section 4.08. Finally, the Town just revised its Zoning By-law to permit the parking in residential zones of vehicles owned by car-sharing organizations. An economic alternative to car ownership for infrequent drivers, "Zipcar" has 3300 members in Brookline. This is an important acknowledgement that not all residents in Brookline need to own cars.

Indirectly, the Zoning By-law also protects the rental market from the inflationary impact of student overcrowding by limiting the number of unrelated individuals in a unit to four.

The impact of high taxes on the cost of owning property in Brookline is partially mitigated for owner occupants by a residential exemption, which now totals \$162,904 of the property's value – equal to \$1787 in tax savings. When affordable housing is deed restricted, the property is assessed at the permitted resale price, further reducing property tax burden for low-income households. The Town has also adopted several State-authorized measures to provide tax relief for homeowners who are low-income seniors, low-income surviving spouses or minors, veterans, and/or blind persons. Low-income, senior homeowners (70+) are entitled to an annual property tax exemption of \$500. In addition, seniors (70+) or surviving spouses or minors with low assets are entitled to a \$175 exemption per year. At the same time, seniors aged 65+ who have lived within Massachusetts for over 10 years and who have gross receipts of less than \$40,000 annually may defer taxes owed until sale of the property or death of the homeowner, with some exceptions for surviving spouses and/or minors. Tax exemptions for disabled veterans range from \$400 to total amount of property tax. Exemptions are only for veterans who have a war service connected disability of at least 10%. In addition, blind persons who are homeowners receive a residential tax exemption of \$500 annually.

While the Town cannot control the sales price of housing, it uses HOME, CDBG and its Housing Trust to help write-down the cost, This includes the HOME-CDBG funding homebuyer assistance program which has slowly raised its maximum assistance from \$25,000 in 1991 to \$175,000 last year. It also includes the St. Aidan's project to which the Town dedicated \$6.1million. Furthermore, the Town uses its Housing Trust to assist nonprofits to be nimble in the marketplace. The ability of the Town to quickly commit such monies allowed the Brookline Improvement Corporation (BIC), the Town's CHODO, to get control of 1754 Beacon Street, eventually funded through the HOME program and resulting in a renovated 14-room lodging house, and 154-156 Boylston Street, eventually funded through CDBG and resulting in six affordable family units. Because of the high cost of any particular project

and the need for timely financing, the Town will also consider adding to its existing funding strategies the use of Section 108 loans against future CDBG entitlements. In all cases of Town assistance, Brookline seeks to use the least necessary funding; to leverage private and State funding; and to achieve affordability for the longest term appropriate to the form of housing through deed restrictions.

Finally, Brookline's Housing Division does outreach to connect owners of appropriate properties with nonprofit developers, and to lenders to familiarize them with Brookline programs, all in an effort to bypass the highly competitive marketplace and achieve a transition of property that will benefit affordable housing.

## **2.A HOMELESSNESS**

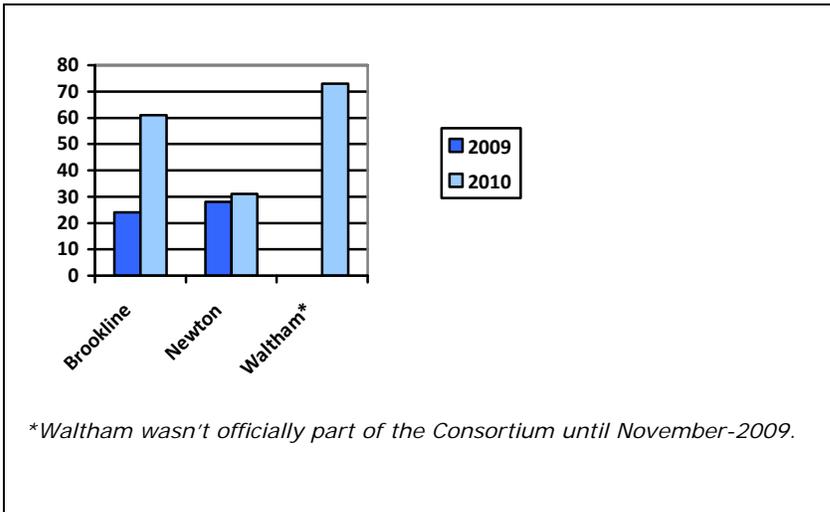
Although many equate homelessness with poverty, people are homeless due to many reasons including mental illness, alcohol or other drug abuse, limited housing options, diminished financial resources, and lack of coordinated community support systems. Homelessness for many is a short-term event, whereas for those defined as "chronic", it is pervasive or reoccurring.

The Town of Brookline, in collaboration with the cities of Newton, Watertown, and Waltham, is part of a small Continuum of Care developed to help prevent homelessness, to allay any immediate crises the homeless may experience, and to assist homeless people to maintain a sense of stability in their lives. The Continuum consists of a network of local governments, non-profits, financial institutions, state agencies, and service providers. Its members endeavor to act with compassion and flexibility, and above all to act collaboratively in order to ensure that resources best reach those who need them. As issues emerge within member communities, new planning processes were undertaken, specifically to address gaps in the Continuum.

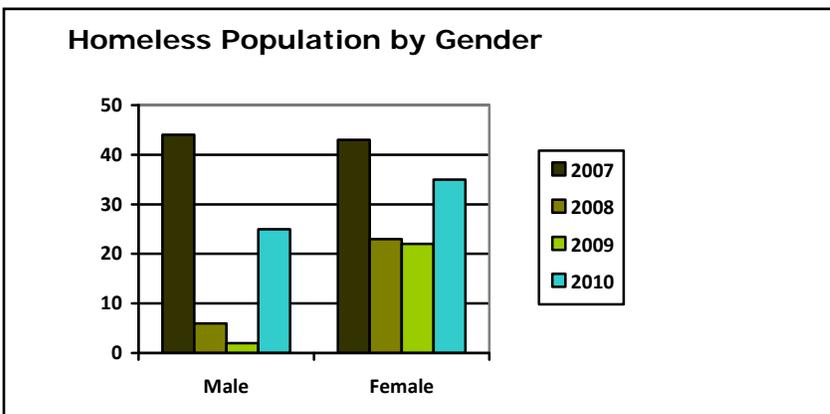
### **2.a.1 Homeless Inventory**

The Brookline-Newton-Waltham-Watertown Continuum of Care conducts an annual update to identify housing needs, services, and gaps. On January 27, 2010 a Point-in-Time (PIT) survey was sent to all housing and service providers within the Continuum, and to individuals identified as homeless. PIT responses came from 7 different facilities within Brookline from 61 individuals who were using those facilities. Below are the findings:

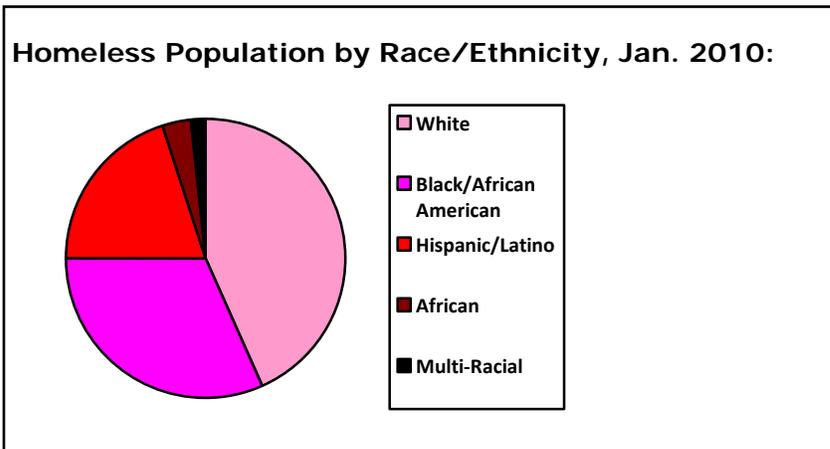
### Number of Homeless Individuals Participating in the Continuum



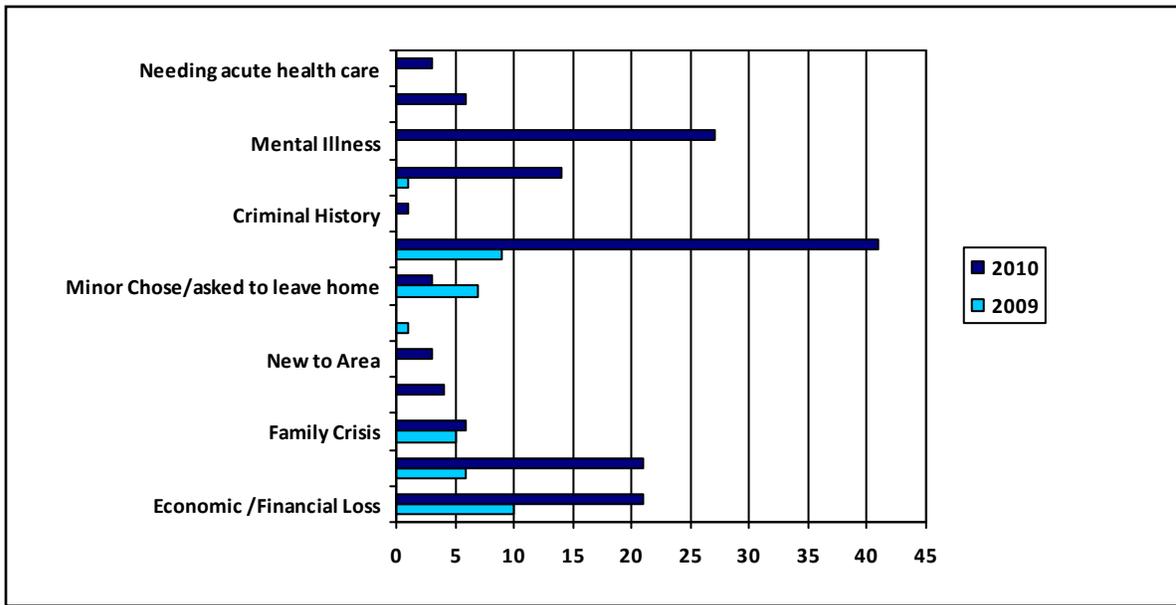
### Homelessness by Gender



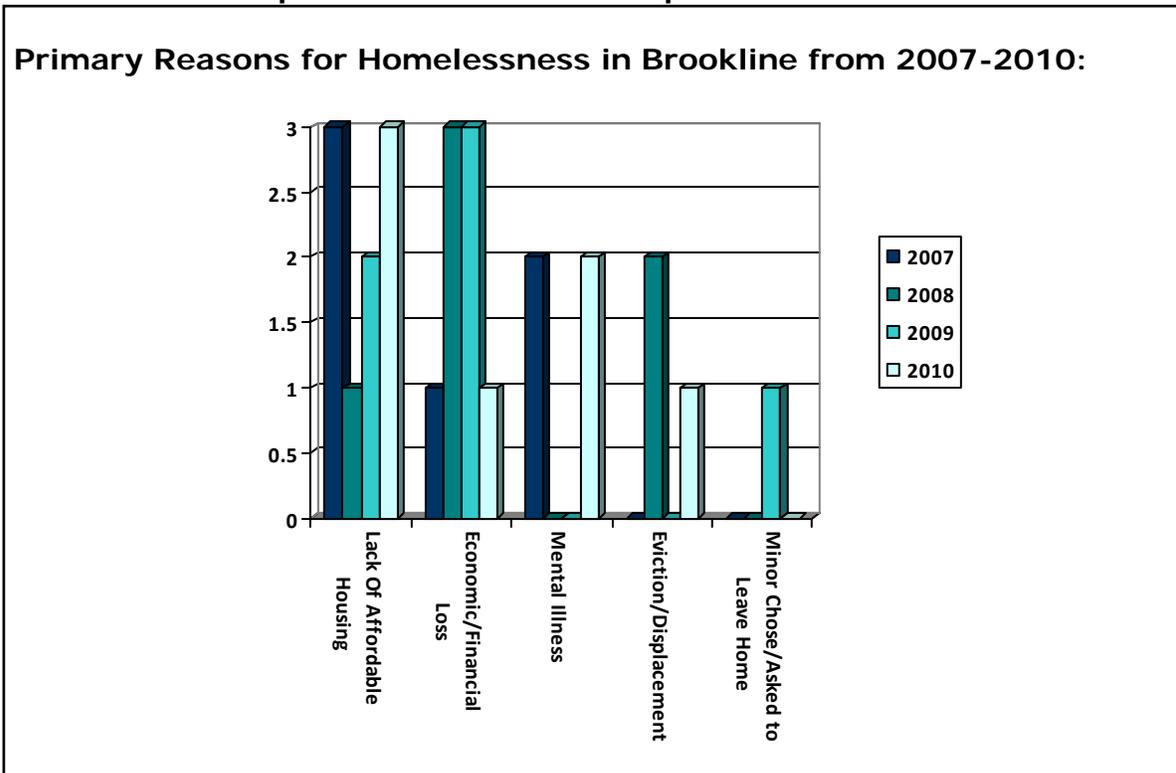
### Homelessness by Race/Ethnicity



### Primary Reasons for Homelessness



### Homelessness Specific to Brookline Respondents



Of responding survey participants, ages ranged from: 19-30 years old (34%); 31-42 (4.9%); 43-54 (18%), and; and 55+ (31%).

Of the respondents, 4 individuals have served in the military and only 1 of those persons receives veteran's services. Almost 50% of the individuals

were high schools graduates; others have a variety of higher education. Educational attainment of respondents includes: less than high school, some high school, a GED, some college, technical college, a college degree, and 1 respondent attained a master's degree.

Some of the participants suffer from different disabilities or ailments that contribute to their homelessness: Chronic physical/medical illness: 16.4%; Mental Illness: 52.4%; and Diagnosed Substance abuse disorder: 18%.

For 41% of participants, this is their first time being homeless, and those who have been homeless before, have been homeless up to four times or more. Some of these individuals have been homeless since the late seventies and eighties.

Of the respondents, 36% are living with other family members. Some respondents have children; there are 31 children living with their homeless parents, all under the age of 8 years old. Only 1 respondent reported to be living with their spouse.

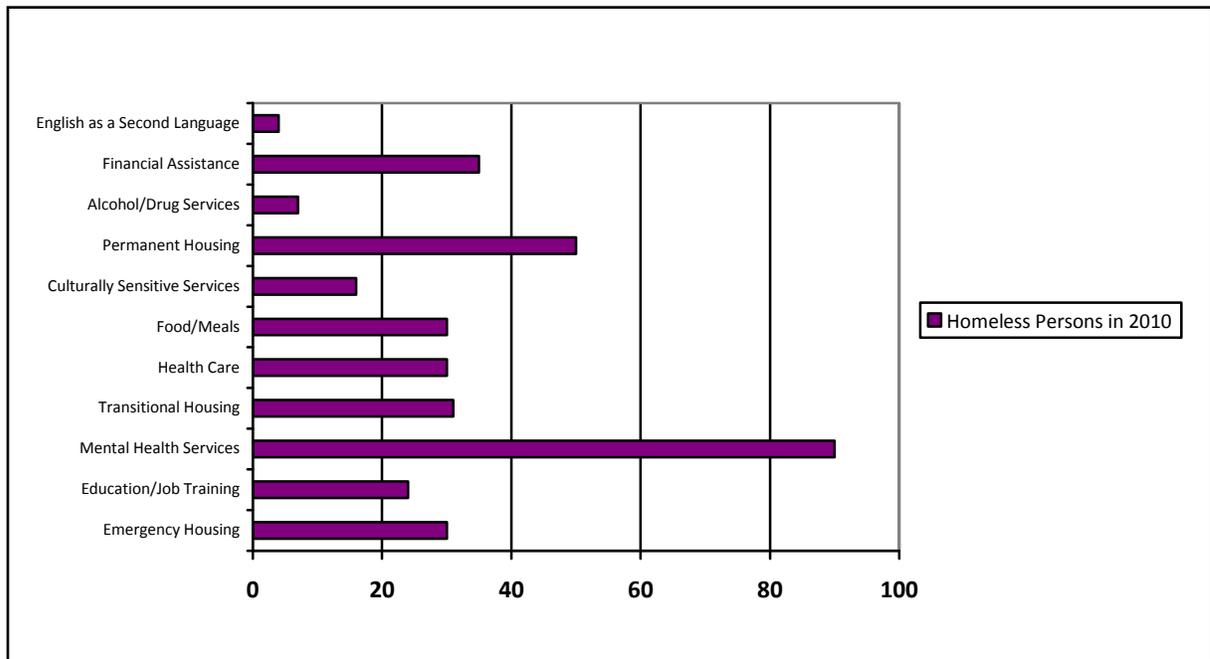
Of the respondents, 16 individuals are currently employed while 42 are not. Of those unemployed, 19 are seeking work and 23 are not. These individuals receive a variety of financial services from: TAFDC/TANF (32.8%); Social Security/SSDI (39%); Food Stamps (44%); and EADAC (6.5%). The total family income for participants of the PIT range from \$0-\$9,000 (25 individuals noted), \$9,001-\$17,000 (9 individuals noted), and two stated that their income was between \$17,001 and \$25,000.

## **2.a.2 Priority Homeless Needs**

As noted, the Brookline, Newton, Waltham, and Watertown Continuum of Care (CoC) participates in an annual Point-In-Time (PIT) census that is taken at all of the facilities and shelters at all of the participating towns/cities involved with the CoC. The PIT was last conducted on January 27, 2010. The PIT has consistently been a guiding tool for how our Consortium needs to focus its energy, and how to better affect our homeless population and create resources and programs to provide shelter, permanent housing, and job training to our communities. A homeless person, as defined by HUD, is an individual who lacks fixed, regular, and adequate nighttime residence. Our findings of homeless individuals within the CoC relative to priority homeless needs are listed below.

According to the Continuum's annual Point-In-Time survey, the greatest needs of the homeless are:

## Homeless Needs



The annual PIT conducted by the Brookline-Newton-Waltham-Watertown Continuum of Care on one night, January 27, 2010 is a survey taken amongst all of the individuals partaking in the services provided from all of the shelters and facilities in each Town. PIT responses came from 7 different facilities within Brookline from 61 individuals who were using those facilities. Of those participants, about half (29), stayed the last night in permanent supportive housing; 16 of them stayed in a hotel/motel; 7 were in Transitional housing; and a few stayed either in emergency shelter, a car, park, street, or abandoned building, or with friends or family. The total family income for participants of the PIT range from \$0-\$9,000 (25 individuals noted), \$9,001-\$17,000 (9 individuals noted), and two reported their income as between \$17,001 and \$25,000.

Most of the survey participants (48) became homeless in Massachusetts; a significant number (37) reported that the current economic climate was not a factor in their homelessness. Over half (36) of the participants said a disability/ailment was a contributing factor to their homelessness. Of those reporting a disability/ailment, a significant number (32) said they suffer from mental illness. In addition to mental illness, others (11) reported to have also been diagnosed substance abuse disorder; still others (10) said they also had a chronic physical/medical illness.

Of the participants in the PIT survey, a number (22) reported that they were living with family members, Among that number, 31 children under the age of 8 years old were included as part of their immediate family situation. These participants, all of whom who are parents, noted that the most challenging part of being a homeless parent is the lack of childcare, transportation, and a stable living environment for their children.

The services that were NEEDED within the past 12 months are as follows:

<b>Service</b>	<b>Number of Participants</b>
Emergency Shelter	30
Education/Job Training	24
Mental Health Services	35
Transitional Housing	31
Health Care	30
Food/Meals	30
Culturally Sensitive Services	16
Permanent Housing	50
Alcohol/Drug Services	7
Financial Assistance	35
English as a Second Language	4

**Table 1.A.: Homeless Gap Analysis & Homeless Population/Subpopulation Individuals:**

**Continuum of Care: Housing Gap Analysis Chart**

		Current Inventory	Under Development	Unmet Need/ Gap
<b>Individuals</b>				
<b>Example</b>	<b>Emergency Shelter</b>	<b>100</b>	<b>40</b>	<b>26</b>
<b>Beds</b>	Emergency Shelter	57	0	0
	Transitional Housing	11	0	2
	Permanent Supportive Housing	125	0	5
	<b>Total</b>	<b>193</b>	<b>0</b>	<b>7</b>
<b>Persons in Families With Children</b>				
<b>Beds</b>	Emergency Shelter	262	0	0
	Transitional Housing	94	0	9
	Permanent Supportive Housing	12	0	28
	<b>Total</b>	<b>368</b>	<b>0</b>	<b>37</b>

**Continuum of Care: Homeless Population and Subpopulations Chart**

<b>Part 1: Homeless Population</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
	<b>Emergency</b>	<b>Transitional</b>		
Number of Families with Children (Family Households):				
1. Number of Persons in Families with Children	96	36		132
2. Number of Single Individuals and Persons in Households without children	57	11		68
<b>(Add Lines Numbered 1 &amp; 2 Total Persons)</b>	<b>153</b>	<b>47</b>		<b>200</b>
<b>Part 2: Homeless Subpopulations</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
a. Chronically Homeless	31			
b. Seriously Mentally Ill	32			
c. Chronic Substance Abuse	11			
d. Veterans	4			
e. Persons with HIV/AIDS	0			
f. Victims of Domestic Violence	4			
g. Unaccompanied Youth (Under 18)	0			

**2.B HOMELESS FACILITIES AND SERVICES**

Over the past several years, the Continuum has assisted several hundred persons through the provision of operating assistance for emergency shelters and transitional housing facilities. The provision of emergency shelter and transitional housing improves the accessibility and availability of decent housing and essential services to homeless individuals and families. Providing financial assistance to individuals and families at-risk of homelessness helps to make their housing more affordable and hopefully allows them to remain in their homes.

Additionally, the City of Newton, the lead agency in the Continuum of Care, will receive \$100,000 in ESG funding for FY 10, which will be used to support critical emergency shelter, transitional housing and homelessness prevention programs. These programs are: Bristol Lodge Men and Women’s Shelters, Bristol Lodge Soup Kitchen, Horace Cousens Industrial Fund Homelessness Prevention, Metropolitan Mediation Services, REACH Emergency Shelter, Riverside Community Care Adolescent Homelessness Prevention and The Second Step Transitional Residence. Funds will be used to provide operating assistance for emergency shelter and transitional housing programs, essential services for homeless people, and homelessness prevention assistance for people at-risk of becoming homeless.

**Current Continuum of Care Housing Inventory (as of FY 2010):**

<b>EMERGENCY SHELTER FACILITIES</b>					
<b>Provider Name</b>	<b>Facility Name</b>	<b>Beds for Households with Children</b>	<b>Units for Households with Children</b>	<b>Beds for Households without Children</b>	<b>Total Year-Round</b>
Crittenton	Beacon Street Family Assessment Center	45	25	0	45
Middlesex Human Services Agency	Bristol Lodge, Sandra’s Lodge, Hestia House, & Olivia’s Place	208	68	57	265
REACH	Reach Safe House	9	3	0	9
<b>TOTAL:</b>		262	96	57	319

<b>TRANSITIONAL HOUSING FACILITIES</b>					
<b>Provider Name</b>	<b>Facility Name</b>	<b>Beds for Households with Children</b>	<b>Units for Households with Children</b>	<b>Beds for Households without Children</b>	<b>Total Year-Round</b>
BCMHC	Transition to Independent Living Program	0	0	4	4
BHA	Rolling Stock	15	5	0	15
Catholic Charities	Genesis II	15	7	0	15
Citizens for Affordable Housing Development in Newton	Kayla’s House	15	5	0	15
The Second Step	Garfield House, The Second Step I & II	49	19	0	49
Advocates Inc.	CCRS Waltham & 222 River Street	0	0	7	7
<b>TOTAL:</b>		94	36	11	105

PERMANENT SUPPORTIVE HOUSING						
Provider Name	Facility Name	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	CH* Beds	Total Year-Round
Advocates	Newton SHP I & II	0	0	12	7	12
Advocates	Watertown SHP	0	0	3	1	3
Advocates	19 West Street	0	0	5	5	5
BHA	BREACH	0	0	4	4	4
HEARTH	Ruth Cowen House	0	0	9	3	9
Pine Street Inn	1017 Beacon Street, 1043-1045 Beacon Street, & 1754 Beacon Street	0	0	54	18	54
Vinfen	Dwight Street	0	0	7	6	7
WEDI	Crescent Street	12	4	0	0	12
West Suburban YMCA	Church Street	0	0	28	14	28
Advocates Inc.	Waltham SH	0	0	3	1	3
<b>TOTAL:</b>		12	4	125	59	137

\* Consortium Housing

Housing Inventory Chart: Unmet Need Totals					
All Year-Round Beds/Units				Seasonal Beds	Overflow Beds
Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds	Total Seasonal Beds	Overflow Beds
Emergency Shelter					
Transitional Housing					
9	3	2	11		
Safe Haven					
Permanent Supportive Housing					
28	9	5	33		

## **2.C HOMELESS STRATEGIES**

Efforts from community-based organizations, homeless advocacy groups, area financial institutions, housing authorities, and providers of emergency shelter, transitional, and permanent supportive housing are targeted to provide a range of housing and services to support homeless families and individuals through their transition to independent living using three fundamental components:

**1. Prevention** – using financial assistance, legal services, and housing counseling to help ensure that individuals maintain housing stability:

- *Eviction Mediation Program*
- *Specialized Services for At-Risk Populations*
- *Financial Housing and Other Emergency Assistance*
- *Home-Based Services for Individuals with Disabilities*
- *Neighborhood Based Access for All Populations*
- *Permanent Supportive Housing*
- *Targeted Services for Special Populations*

**Activities for other homeless persons:**

- *Increased training and information sharing to better connect people to mainstream resources*
- *Families and Single Women Fleeing Domestic Violence*
- *Homeless Individuals Staying in Shelters Outside the Continuum*

**2. Outreach** – activities for homeless persons living on the streets and their connection to services and housing:

- *Street Outreach with Focus on Chronically Mentally Ill and Substance Abusers*
- *Coordination with Treatment Systems*
- *Coordination with Police, Clergy, and community Businesses*
- *Improved Coordination with the Police Departments – Outreach and Access to Services for the Chronic Homeless*

**3. Supportive Services** – activities that make independent living a reality for people with long- term disabilities that require special needs, or for people experiencing immediate threats to maintaining household stability:

- *Case Management*
- *Life Skills*
- *Alcohol and Drug Abuse Treatment*
- *AIDS-related Treatment*
- *Education*
- *Access to Social Security Administration Benefits*
- *Employment Assistance*
- *Child Care*
- *Transportation*
- *Mental Health Treatment*
- *Rental Funds Move-in Assistance*

## **2.D CHRONIC HOMELESS**

### **2.d.1 Overview of Strategy**

A reorganized planning process has made it more effective for the Continuum of Care to forward its strategy to reduce and eliminate chronic homelessness. Efforts from community-based organizations, homeless advocacy groups, area financial institutes, housing authorities, and providers of emergency shelter, transitional, and permanent supportive housing are also aimed to provide a range of housing and service to support homeless people through their transition using three fundamental components: prevention, outreach, and supportive services. The Continuum's strategy to address and end chronic homelessness contains five parts, with maintaining and expanding the Continuum's strong prevention infrastructure and extensive stock of permanent supportive housing at the forefront. This strategy, when fully developed and accepted by all in the Continuum, will be incorporated into a regional ten-year plan. The Continuum anticipates that a discussion draft of this plan will be available in the next few months. Meanwhile, the critical features of an effective plan are in place.

The Continuum's strategy is intended to address chronic homelessness among a larger group of individuals beyond those identified from the census count. The larger population incorporated into the Continuum's strategy includes any unsheltered homeless person; persons with serious mental illness in DMH-funded transitional programs; and persons using the Middlesex Human Service Agency shelters in the Metro West Continuum. The strategy with the most recent updates is as follows:

1. Planning and Coordination- The Planning Committee, established in 2004, continues to goals and action steps to address chronic homelessness, and is assisted by the City of Newton in making sure this strategy moves forward. With the MetroWest and Brookline-Newton-Watertown-Waltham Continuum of Care communities adjacent to one another, effective planning to end chronic homelessness goes beyond the reach of the Continuum of Care and incorporates both Consortiums. The natural connection between the two is that chronically homeless individuals from this area primarily use shelters in the Metro West Continuum; meanwhile the permanent supportive housing in this Continuum helps meet the housing needs of homeless people using shelters in Metro West. An agreement has been reached by the two continua, that the WestMetro HOME Consortium, which both Newton and Brookline participate, will coordinate the development of the regional ten-year plan to end homelessness. As of the December 2007 meeting, the members were informed that a draft would be ready shortly for discussion. A draft was circulated shortly thereafter and the Consortium is in the process of further refining this document to truly reflect the Continuum's uniqueness and ability to promulgate

such a plan. This HOME Consortium covers all of the communities in the immediate metro-region and capitalizes on the collective expertise and capacity of their planning departments. The Consortium meets regularly with the goal of maintaining an effective regional network of service, shelter and housing providers and creating plans to use future funds efficiently

2. Data Collection-The Continuum conducts an annual PIT survey of sheltered and unsheltered homeless people that has been the first step towards data collection on chronic homelessness. In recent years, more nuanced categories continues to be critical in gathering information on subpopulations and length of homelessness in order to understand the changing needs of this population which enables the Continuum to better enumerate the chronic homeless. As the Continuum works to implement 100% HMIS participation, this will provide the means to achieve even better data collection on the characteristics of the chronically homeless and their needs. The data thus collected will be used to set housing and service goals as part of the Continuum's strategy.
3. Prevention- The network created from the WestMetro Consortium and the Continuum puts in place ensures to respond when individuals are in crisis and risk of losing their housing, including psychiatric crisis intervention, short-term respite care; case management; financial assistance with rent and utility arrearages and relocation; legal services; eviction prevention; and stabilization services for those transitioning to housing. The Homelessness Prevention and Rapid Re-Housing Program funds received in 2009 by both the Town of Brookline and the City of Newton will play an important role in providing the financial assistance necessary to prevent homelessness in these tough economic times. The prevention strategy is to maintain this base of resources and to continue to supplement it, as gaps are identified, so that low-income disabled persons can remain in housing – both those who were previously homeless and those who were not, but would be at risk for chronic homelessness.
4. Outreach, Assessment, and Access to Mainstream Resources- Outreach and assessment is an essential part of making sure services reach those that need them. The Consortium and the Continuum also facilitate the replication of successful methods and protocols. The strategy is to take successful methods and protocols being used by some providers and replicate them in all three of the continuum communities. For years, the Brookline Health Department and the Brookline Community Mental Health Center have conducted and are skilled in street outreach to the unsheltered homeless, especially to persons with serious psychiatric illness and/or substance abuse. They assess and engage individuals, and

assist them with accessing and obtaining shelter, services, mainstream benefits, and housing. As joint planning and coordination have improved, these protocols have been shared across the continuum. Goals for 2008 include continued learning and coordination among continuum representatives, and implementation of better outreach protocols. Further involvement of the police departments and faith communities. Additionally, last year fiscal year Newton successfully led an SSA outreach and screening initiative targeted at the chronically homeless which significantly advanced the Continuum's strategy of improved access to mainstream benefits for this population.

5. Permanent Supportive Housing- This Continuum's greatest asset in preventing and reducing chronic homelessness is its extensive stock of permanent supportive housing. Prior counts indicated that there are 429 permanent supportive housing units operated by nonprofits for people with disabilities, of which 134 are targeted to homeless people. A total of 61 tenants were documented as chronically homeless prior to entrance to housing.

#### **2.d.2 Point-in-Time Findings for Chronically Homeless**

Results of the 2010 point-in-time survey revealed that the Brookline, Newton, Waltham, Watertown Continuum has experienced an increase in the number of chronically homeless individuals being reported. Along with a significant increase in the number of older individuals (55 years or older) becoming homeless; with none reported in 2009 and 19 individuals reported in 2010. With the exception of a few individuals, a majority of the respondents required assistance. Typically this assistance took the form of mainstream resources available to them. There was a decrease in chronic homeless in 2008-2009, but it is up again in 2010. Within Massachusetts, the state has taken a key role in a Homeless Management Information System (HMIS) and coordinated systems and policies relative to the homeless. This will allow the 22 consortia in Massachusetts to better understand the needs of the homeless and chronically homeless, and more effectively target resources to address these needs based upon unduplicated data collection.

The 2010 survey shows that 27.8% individuals relate that their homelessness is due to the current economic crisis, and 40.9% are homeless for the first time. This year's survey revealed a sharp increase in the number of individuals suffering from disabling conditions that contributed to their homelessness, 63% in 2006, 49% in 2007, and 20.8% in 2008, 8.3% in 2009, and 59% in 2010.

Of the overall surveys submitted in 2010:

- 36% were homeless persons who were between 19 to 30 years of age
- 57.3% of the participants are female.

- 31.1% were 55 years and older.
- 80.3% were single; 1.6% married; and 14.7% separated.
- 36% are homeless with children
- 13.1% had some college; 49.2% had graduated from high school; 8.2% had acquired a GED; and 11.3% had less than a high school education.
- 78.6% acknowledged that their last permanent address was in Massachusetts; 16.4% with their last permanent address out of state.
- Reasons for homelessness: #1 lack of affordable housing; #2 mental illness; #3 & #4 eviction/displacement & economic/financial loss
- 40.9% had total incomes less than \$9,000.
- As sources of income, a majority of those surveyed relied on Food Stamps (44.2%); Social Security/SSDI (39.3%); TAFDC/TANF (32.7%); part-time employment (13.1%); in addition to those being employed full time (6.5%).

The PIT numbers for the Town of Brookline submitted from last year to this year have increased from 24 to 61 surveys. With no shelters or services dedicated solely to chronically homeless individuals, the Town provided what services it can to this population when they are in a crisis situation, request help, or ask for a referral to a shelter. The Brookline-Newton-Watertown-Waltham Continuum follows a five-part strategy for ending chronic homelessness that is focused on maintaining its two primary assets: a strong prevention infrastructure and an extensive stock of permanent supportive housing. Both of which the Continuum continues to work on improving for this population in need.

## **2.E HOMELESS PREVENTION**

There are countless combinations of factors that may contribute to one becoming homeless. Some factors identified are: economic/financial loss (lost benefits, lost work, no income); eviction/displacement; family crisis; domestic violence; new to area; emotional/physical abuse; alcohol & substance abuse; mental illness; physical disability; needing acute health care; needing acute respite care; HIV/AIDS; minor chose/asked to leave home; lack of affordable housing; criminal history; developmental disabilities, and; discharged from an institution (jail/prison, mental health facility, etc). According to the 2010 PIT survey for reasons for becoming homeless in Brookline, lack of affordable housing was rated the number one reason, along with (in rated order) mental illness, economic & financial loss, eviction/displacement, alcohol/substance abuse, domestic violence, and physical disability. (See chart, *Primary Reasons for Homelessness in Brookline from 2007-2010*, Pg. 44.)

Two factors are overwhelmingly responsible for homelessness in Massachusetts, particularly in the Greater Boston area: 1) the cost of housing has risen dramatically; 2) incomes have not kept pace. Coupled with the current economic crisis, where employment opportunities are increasingly difficult to find, some families and individuals have had difficulty finding or maintaining a stable home environment. In most metropolitan communities there are many services that are provided for those in need,

such as: emergency shelter; transitional housing; permanent housing; education/job training, health care; alcohol/drug services; mental health services; food/meals; financial assistance; culturally sensitive services, and; English for Speakers of Other Languages (ESOL). These services are usually within catchment areas which include numerous communities with well-coordinated services and minimal overlap. This is true in the case of the Town of Brookline -- there are many programs and services set out to help those in need.

## **2.F SOURCES OF FUNDS FOR CONTINUUM COMMUNITIES**

The Town of Brookline, in collaboration with the cities of Newton and Watertown, is part of a small Continuum of Care (CoC) developed to help prevent homelessness, allay any immediate crises the homeless may experience, and assist homeless people to live stable, full lives. The CoC works as a vehicle of the Brookline-Newton-Watertown Homelessness Consortium and has acted as the sponsor in a competitive application process for the Supportive Housing Program funds on behalf of area providers under the Stewart B. McKinney Homeless Assistance Program. The 2009 Continuum of Care competition was announced on December 28, 2009 by the Obama Administration. The U.S. Department of Housing and Urban Development (HUD) is renewing grant funding needed to keep thousands of local homeless assistance programs in operation. HUD Secretary Shaun Donovan stated that a total of nearly \$1.4 billion will help an unprecedented 6,400 programs to continue offering critically needed housing and services to homeless persons and families. For the first time ever, HUD is quickly providing renewal grants to local programs to prevent any interruption in federal assistance and will announce funding to new projects in early 2010. The Brookline/Newton CoC was awarded \$1,130,802 for twelve renewal projects. Four of the twelve projects located within the Town of Brookline received a total of \$256,850 to provide needed supportive services for homeless persons.

July 22<sup>nd</sup>, 2007 marked the 20<sup>th</sup> year of the signing of the McKinney Homeless Assistance Act into law. Yet in this twentieth year of existence, homelessness continues to persist, and continua like Newton/Brookline still strive to end homelessness. As such, priority needs of homeless individuals and families have been developed utilizing the results from a PIT homeless survey and housing inventory update conducted annually, through which the CoC determines the amount of unmet need for emergency shelter, transitional housing, and permanent supportive housing for the homeless. The Continuum's strategy is to maintain and continue to add to this housing stock, and prioritize projects that create housing for the chronically homeless when applying for the McKinney-Vento funding.

As part of the McKinney-Vento Competition, a gaps analysis is prepared to cover the Continuum communities. This analysis uses the given network of housing and services, local support, and efforts to actively end and eliminate

homelessness, to show what needs still exist. As part of its streamlined planning process, the Continuum has improved the coordination of information on vacancies in permanent supportive housing units, by facilitating better linkages between homeless services providers and owners of mainstream permanent supportive housing to improve access for the homeless. These on-going efforts at integrated planning to identify the needs of homeless persons, tracking the inventory of resources available, and identification of other resources serve as an effective tool for the Continuum.

In FY10, Brookline received a three-year grant of \$667,436 for the Homeless Prevention and Rapid Re-Housing program under the American Recovery and Reinvestment Act of 2009. The majority of funding was awarded to the Brookline Mental Health Center as the lead agency for implementing the program. The HPRP provides temporary financial assistance and housing relocation and stabilization services to individuals and families who are homeless or would be homeless but for the HPRP assistance. The funds target two populations: (1) those at risk of homelessness needing temporary assistance to prevent them from becoming homeless, and (2) those who are already experiencing homelessness and need temporary assistance in order to obtain and retain housing. The program provides case management supports and links program participants to community resources and mainstream benefits to prevent future housing instability. All households served through this program must earn less than 50 percent of area median income. Beyond case management, funds are used for rental assistance, rent arrearages, security deposits, utility deposits, utility payments, and moving costs. The Brookline Health Department also was awarded a small grant to support their case management work with vulnerable subpopulations. During its first three months, the program served about 60 households, a rate that is expected to continue through FY11.

## **2.G LOCAL COORDINATION AND TRAINING**

The City of Newton, along with two other towns in this Consortium, is committed to working with area providers to coordinate in appropriate discharge monitoring. As noted above, it has been decided that inappropriate discharges are to be brought to the attention of staff of the Housing and Community Development Division, who will present the issue to the Planning Committee for review of next steps, including being in touch with the state's liaison to the local continua at the Department of Transitional Assistance and/or with the relevant state agency.

Some of the unmet needs noted in the "sharing" portion of the January 27, 2010 Point-in-Time were:

- Permanent Supportive Housing
- Employment (continued or new)
- Health Care
- Mental Health Services

- Transportation
- Child Care (vouchers & affordable services)
- Sustaining Sobriety
- Pregnancy
- Services concerning abusive relationships

## **2.H SPECIAL NEEDS OTHER THAN HOMELESS**

### **2.h.1 Persons with HIV/AIDS**

Although HIV/AIDS is still a global epidemic that challenges the nation and world as a whole, public education and prevention efforts and new therapies have led to a decline in the number of persons suffering from this virus. *Healthy Brookline Volume VI* reported that as of October 2002, the Town of Brookline HIV/AIDS rate was 156 per 100,000. As of that date, there were only 44 cases of HIV infections and 45 cases of AIDS within the Town. In 2009, the Massachusetts Department of Public Health estimated the number of area cases at 105 with an area crude rate at about 186 per 100,000. For comparison, Boston's HIV/AIDS rate is 651 per 100,000, and the state of Massachusetts at 206 per 100,000.

Persons referred to, or identified by, the Brookline Health Department as being HIV positive are generally not homeless or in danger of being homeless. To date there has been no indication in the point-in-time surveys conducted on homelessness that indicates homelessness by Brookline residents due to being HIV positive. Additionally, there has been no other statistical identification that would lead the Town to commit more formula grant funds above its current level to track the progress of HIV/AIDS cases given the relatively small number throughout the Town and surrounding communities.

The Town of Brookline itself does not engage in case management on the issue of HIV/AIDS, and with its proximity to Boston's world-class resources, most individuals with HIV/AIDS who live in Brookline choose to receive care outside of the Town or through their families. The Brookline Public Health Department provides referrals to people who possess HIV/AIDS, in particular to Boston's Fenway Health Community Center. Given the situation, the Town's various departments and service providers are in agreement that there is not a critical need for supportive housing for people with HIV/AIDS in Brookline.

### **2.h.2 Veterans**

On an average the Town maintains three hundred case files, assisting veterans with outreach, education, medical treatment, VA claims, counseling, or financial assistance. Veterans are assisted whether homeless or in need of service with addressing these needs. There is no one specific type of veteran who has a need or seeks assistance. The Town has seen a mix of these

clients from those with alcohol and chemical dependency to those who because of age and financial status cannot make ends meet. All veterans who receive benefits are monitored day-to-day to ensure that they are on course with their treatment plans, be it drug or alcohol counseling, psychiatric/psychological visits, or medication. For both aging and recently discharged veterans with mental health problems, the Town works with the Brookline Mental Health Center, Council on Aging, and the VA Outpatient Program to assure the array of services needed are provided.

Other programs which are critical to addressing needs and maintaining the well being of veterans include:

- Approval of all Veterans' Benefits by filing precise claims to the Boston Veterans Services Department
- Financial assistance to Brookline Veterans and their families in times of need
- Coordination with VA Hospitals in getting proper medical treatment for Veterans in need of outreach counseling and mental health assessments
- Aid veterans with employment searches and help enroll them in technical training classes at the New England Shelter for Homeless Veterans
- Receive donations of clothing, furniture and medical equipment for disabled veterans that are forwarded to Pine Street Housing in Brookline and the VA Hospital
- File VA Claims for non-service and service connected disabilities, burial allowances, widow's pension, and educational benefits
- Help to veterans in accessing mainstream resources through Social Security, Medicaid, Public Housing, Food Stamps, etc.

Overall, the Town is proactive in its response to the needs of veterans living in the town to assure that they are adequately acknowledged and their problems addressed.

### **2.h.3 Victims of Domestic Violence or Serious Family Problems**

Domestic violence has been defined as a crime with many aspects that often forces battered women to choose between homelessness and staying in an abusive relationship. Homeless parents, specifically mothers, have repeatedly indicated that the reason for leaving their last place of residency was due to domestic violence. Victims of domestic violence also face other problems such as lack of permanent shelter, social isolation, poverty, diminished work opportunities, affordable health care and mental illness.

A review of dispatch calls received by the Brookline Police Department for domestic violence arrests and restraining orders issued have increased over the past few years. During the 2005-2007 the Police Department responded to an average of 125 incidents of domestic violence and as a result of the mandatory arrest policy an average of 85 arrests were made. In 2008 there were 140 incidents of domestic violence an increase from previous years and a slight increase in arrests. The Brookline Police department made 90 arrests in 2008. According to information obtained from the Brookline District Court,

restraining orders were in a steady increase from 2005-2006, then went down during 2007-2008, yet in 2009 they went up to 90 restraining orders. If an order to vacate is issued, the Brookline Police Department will supervise its execution. A majority of the time, the batterer will leave and the family remains at home. However, if a batterer has no place to go, he/she may be referred to a shelter. Although a batterer vacates, control of the victim still may take place. This control is often defined as intimidation, emotional abuse, control of finances, manipulation of children, isolation from support systems, or threats of physical harm.

The Brookline Community Mental Health Center, the Town's mental health facility, offers an array of comprehensive services that meet the needs of individuals and families suffering stress as a result of domestic violence, homelessness, parental neglect, mental illness, divorce or separation, or substance abuse. Within the last year they have expanded their consulting and educational services to focus additional emphasis on the issue of domestic violence and abusive relationships. A Domestic Violence Round Table was conceived, with the Center playing a key role. It is comprised of town and community agency staff, and private individuals concerned with the issues evolving around family violence. The Center also provides consultation to this group for referral, counseling, and/or mediation service where such are needed.

Another vital service provided by the Brookline Center is the New Pathways Emergency Shelter program. In collaboration with a host of Brookline homes, the Center is able to offer high risk teens short term temporary foster care. Last year the program served 40 teens with temporary housing placement and/or with referral and counseling services to Brookline agencies and groups. Through the Continuum of Care, the Brookline Center has used McKinney-Vento Homeless funding for the Center's transition to Independent Living Program. In occupancy for over two years, it provides housing and life skill training for four homeless young men ages 16 to 20. As of the beginning of the calendar year, nine young men had been housed in a four bedroom unit with accompanying housing subsidies that is provided to the Center by the Brookline Housing Authority specifically for this program.

Refuge, Education, Advocacy, Change (REACH), formerly the Support Committee for Battered Women, has been very involved in the Town of Brookline and throughout the state over the past several years. REACH was created in 1981 and began as a home-based hotline for domestic violence victims and grew to have a shelter facility providing a safe haven for victims in 1983. Recently, they have collaborated with the Police Department to assist with the supervision on Domestic violence cases as well as working in the schools on teen education on dating violence. REACH provides advocacy and shelter for many Brookline residents seeking consultation. The agency's goal is to reach out to victims of domestic violence and provide sensitive and appropriate services to assist them in establishing lives free of violence. Community advocacy is presently provided in Brookline through a variety of

community-based services: court advocacy, weekly support groups, and one-on-one advocacy services. The 24-hour hotline is at the core of REACH's work and provides a vital first-link to services for victims experiencing violence from a current or former domestic partner. It also serves as a resource for social services and community agencies who may be working with a victim of abuse, and need resource information and advocacy planning support.

#### **2.h.4 Elderly**

The Brookline Council on Aging and Springwell, the area agency on aging, continue to report that the three greatest needs of Brookline elders are transportation, home care, and affordable housing. Since individuals are living longer, they are drawing on fewer resources while requiring new service needs. To meet this ever growing need, independent senior housing facilities and the Brookline Housing Authority have incorporated both health care and other supportive social services, particularly for the low- and very low-income, into their developments because of the associated illnesses and impairments due to living longer.

Each year the Brookline Council on Aging works with a limited number of elderly persons who are or are at risk of becoming homeless. This may be due to limited income, overall health, disability, mental illness, visual impairment or frailty. Generally, these are elders who may require a range of specialized services. Census data indicates that there was an immediate need for at least 950 units of subsidized elderly housing in Brookline, especially elder housing with assisted living services for the special needs elderly population as reported by the Town's Council on Aging. Although Brookline has continued its efforts to meet the needs of its elderly population, the number of elderly residents continues to grow. The Town recognizes that creating affordable housing for elders is extremely important yet the need for other types of housing, such as family housing, is equally urgent and important. Therefore, closing the gap between need and availability for all populations is difficult.

Through the Brookline Council on Aging and the Massachusetts Association for the Blind, four distinctive programs are made available to low- and moderate-income elders. The Brookline Elder Taxi System (BETS) provides low and moderate-income elderly residents in the Town of Brookline with a 50% discount on cab fares; the Home Escort Linkage Program (HELP) provides elders, especially those who may be disabled or limited in mobility, with home care assistance in executing essential everyday tasks that many frail elders are no longer capable of performing; the Job Opportunities for Brookline Seniors (JOBS) program offers job training with employment opportunities to elders who would otherwise be ineligible due to advanced age, chronic disability and lack of computer skills; the Brookline Visually Impaired Elders project, overseen by the Massachusetts Association for the Blind (MAB), also make strides to eradicate many unmet need gaps. These

services are designed to help elders adjust to sight loss with dignity. Typically, over 800 elders participate in these programs yearly and are reliant on these services to maintain an independent lifestyle and their general well-being.

### **2.h.5 Prisoners**

Since taking office in January, 2009, one of the tenets of the Obama Administration is the provision of universal health care. Although debate was spirited and positions were split along party lines, universal health care is now enacted into law. Of the various subpopulations in need of healthcare, those leaving the penal system are included.

According to Prisoner Reentry information records (from Kane and Vishner, Health and Prisoner Reentry, February, 2008), 80% of men and 90% of women had health conditions requiring ongoing treatment or management. Of those requiring treatment, about 50% of men and 66% of women have chronic physical health conditions, such as asthma, diabetes, hepatitis, or HIV/AIDS. In a representative sample of returning prisoners, it is found that (a) nearly all had some type of physical problem, and (b) a sizable fraction had multiple types of health conditions. Among those reentering society from penal institutions, 15% percent of men and over 33% of women reported having been diagnosed with depression and mental illness. Most returning prisoners were without health insurance 8-10 months after being released. These multiple overlapping health issues were also found to greatly impact their housing and employment needs.

Basic human needs include shelter, food, and health care. Prisoners reentering society from penal institutions face an immediate challenge: finding a place to live (Kane and Vishner, Health and Prisoner Reentry, February, 2008, p.15). Following release, and during the period of reintegration to the world outside of prison, ex-prisoners turn to family and friends, faith based institutions and mental/health care providers, all depending on the needs of the individual. A large majority of this population also turn to family and friends for support and housing. Release and reintegration proves to be problematic, especially during the first three quarters of the calendar year. Gender and health issues can compound the issue, and approximately 14% of men and 27% of women about to be paroled face homelessness.

Correction facilities closest in location to the Town are Boston's Lemuel Shattuck Correctional Unit (Level 4 security) and Roslindale's Boston Pre-release Center (Level 3/2 security). Due to the proximity of these two correctional facilities, it is plausible that Brookline may have new or returning inmates from either of these facilities reentering into society and the community. To date, there has not been any concrete information affirming the number of parolees reentering life and locating in Brookline.

Nevertheless, one could assume, due to the close proximity of Brookline to these facilities, that Brookline could be a potential landing spot.

**Table 1B Special Needs (Non-Homeless) Populations**

Subpopulations	Priority Need, High, Medium, Low, No Such Need	Unmet Priority Units	Estimated Dollars to Address	Goals
Elderly	High	443	\$1,200,000	443
Frail Elderly	High	498	\$950,000	400
Severe Mental Illness	High	41	\$620,000	21
Developmentally Disabled	Medium	25	\$575,000	25
Physically Disabled	Medium	378	\$950,000	200
Persons W/Alcohol / Other Drug Addiction	Low	25	\$895,000	15
Persons w/HIV/AIDS	Low	89	\$275,000	25
Other:				
Youth	High	90	\$710,000	65
Victims of Domestic Violence	Medium	50	\$485,000	35
<b>TOTAL:</b>			\$6,660,000	

### **3.A COMMUNITY DEVELOPMENT NEEDS**

#### **3.a.1 Overview**

Since the last Consolidated Plan was completed in 2005, Brookline has made effective use of Community Development Block Grant (CDBG) funds for a variety of non-housing projects. These projects range from park improvements to street reconstruction to improvements to public facilities. All of these programs have improved the quality of life for low- and moderate-income Brookline residents.

Funding for such projects will still be needed over the next five years, as described below. However, the needs assessment that was conducted as part of this Consolidated Plan has also identified an unmet need for a variety of programs and services for eligible commercial districts in the Town. Town Planning and Economic Development staff will continue to work with the local business community in an attempt to provide small business with a competitive advantage, which is sorely needed in a community where more national chains than ever are competing for business, which has led to an increase in commercial space rents. Programs and projects such as commercial district physical improvements, microenterprise assistance, and façade improvement programs will be continue to be explored in the next five years to help address the needs of local business.

**Table 2B: Non-Housing Community Development Needs**

<b>PRIORITY COMMUNITY DEVELOPMENT NEEDS</b>	<b>Priority Need Level High, Medium, Low, No Such Need</b>	<b>Unmet Priority Need</b>	<b>Dollars to Address Unmet Priority Need</b>	<b>Goals</b>
<b>PUBLIC FACILITY NEEDS</b> (projects)				
Senior Centers				
Handicapped Centers	Medium	2	\$900,000	1
Homeless Facilities				
Youth Centers				
Child Care Centers	Medium	2	\$100,000	1
Health Facilities				
Neighborhood Facilities	Medium	5	\$255,000	1
Parks and/or Recreation Facilities	Medium	4	\$2,000,000	2
Parking Facilities				
Non-Residential Historic Preservation				
Other Public Facility Needs	Low	24	\$48,000,000	0
<b>INFRASTRUCTURE</b> (projects)				
Water/Sewer Improvements				
Street Improvements	Medium	5	\$4,100,000	2
Sidewalks	Medium	4	\$240,000	2
Solid Waste Disposal				
Flood Drain Improvements				
Other Infrastructure Needs				
<b>PUBLIC SERVICE NEEDS</b> (people)				
Senior Services	High	700	\$500,000	600
Handicapped Services	Medium	300	\$500,000	200
Youth Services	High	100	\$750,000	65
Child Care Services	High	1,000	\$250,000	100
Transportation Services	High	2,500	\$150,000	250
Substance Abuse Services	Low	25	\$100,000	15
Employment Training	High	500	\$200,000	100
Health Services	Medium	1,000	\$100,000	10
Lead Hazard Screening				
Crime Awareness				
Other Public Service Needs	Medium	1,000	\$300,000	195

<b>ECONOMIC DEVELOPMENT</b>				
ED Assistance to For Profits(businesses)	Medium	6	\$75,000	2
ED Technical Assistance (businesses)	Medium	6	\$75,000	2
Micro-Enterprise Assistance(businesses)	Medium	3	\$75,000	1
Rehab; Publicly- or Privately-Owned Commercial/Industrial (projects)	Medium	3	\$50,000	1
C/I* Infrastructure Development (projects)				
Other C/I* Improvements(projects)	High	3	\$530,000	1
<b>PLANNING</b>				
Planning	High	5	\$2,000,000	5
<b>TOTAL ESTIMATED DOLLARS NEEDED:</b>			\$61,250,000	

\* Commercial or Industrial Improvements by Grantee or Non-profit

### 3.a.2 Needs Assessment Process

The Town utilizes many different sources when assessing the needs of the community. In order to obtain feedback concerning the most pressing non-housing community development needs, the Town hosted a public meeting in January, 2010. A wide array of community representatives, service providers, Town staff and members of the public were invited to discuss overall community needs and to shape funding priorities for the next five years. The information gleaned from the meeting was very useful, and part of what we have consistently heard is that the amount of funding available merely scratches the surface for what the real need is.

In addition, the Town relies upon has its active Capital Improvements Program (CIP), which identifies and prioritizes the Town's needs for, among other things, public facilities, including streets and sidewalks, parks, open space and recreation. The information available in the CIP, along with information gleaned from the Town's Comprehensive Plan, which had its own extensive public planning process, is a thorough and effective way to prioritize the needs of the community.

Non-Housing Community Development needs that were identified as part of the citizen participation processes and that are part of the Town's CIP and Comprehensive Plan can be summarized as follows:

- Improvements to public facilities that serve low- and moderate-income populations
- Street and sidewalk improvements in eligible areas
- Improvements to park facilities in eligible areas
- Improvements to social services facilities for specific eligible clientele
- Continued support for the provision of social services, including those that serve the elderly, youth, victims of domestic abuse and homeless
- Targeted physical improvements in eligible commercial areas
- Business assistance

### **3.B SPECIFIC COMMUNITY DEVELOPMENT OBJECTIVES**

#### **3.b.1 Public Facilities**

The Town of Brookline has a variety of public facilities, most of which are housed in buildings that predate current health and safety codes and do not meet Americans with Disabilities (ADA) standards. In the past five years, capital improvements were made to the Brookline Community Mental Health Center, the Sara Wallace House, Humanity House, Juniper Street and Harry Downes playgrounds, many Brookline Housing Authority properties, the civic space surrounding the Brookline Village subway stop, Gateway East and a street and sidewalk reconstruction at Lancaster Terrace. All of these projects serve a majority of low- to moderate-income residents, some of whom are special needs.

It is anticipated that the costs of the various public facility projects scheduled to take place over the next five years, in order to bring them to current standards, will total and estimated \$48,000,000. Therefore, the Town will look to provide CDBG assistance for such improvements where practicable and allowable to increase availability and accessibility of public facilities for low- and moderate-income residents.

#### **3.b.2 Street and Sidewalk Improvements**

The Department of Public Works maintains a Pavement Management System that tracks the condition of public roads and determines when they require repairs or improvements to maintain a safe passage for residents and visitors. The CDBG program has been of great benefit in helping the Town maintain streets and sidewalks in eligible areas in the past, notably on Beacon Street, which was a very large project. The pavement management system has identified the need for approximately \$1,000,000 worth of improvements in eligible areas that may require CDBG assistance in the next five years, out of a total Town-wide need of \$4,340,000. In addition, there are many sidewalks that will require improvements to bring them up to compliance with ADA requirements. These will also require CDBG funds for timely completion. Approximately \$100,000 of such projects that are in located in eligible areas have been identified.

### 3.b.3 Parks and Recreation Facilities

Since the last Consolidated Plan in 2005, the Town has moved forward with a number of park improvements in eligible areas, and has also undergone two major planning processes to identify improvements that are needed to the park system.

The Parks and Space Division of the Department of Public Works completed an Open Space Plan in 2005 and a Parks, Open Space and Recreation Strategic Plan in 2006. These documents outline the needs in Town for parks and conservation areas, as well as an overall prioritization of these needs. In addition, the Town's Comprehensive Plan includes a detailed list of goals, policies and strategies for the next ten years in its Natural Resources, Parks, Open Space and Recreation element.



The recently refurbished Juniper Street Park

The following general needs have been identified for the next five years:

- Replacement of outdated playground structures
- Rehabilitation of Town parks in eligible areas
- CDBG assistance in regional park improvements
- Street tree replacement and planting of new street trees in eligible areas
- Repair and upgrading of structures used for refreshments, changing rooms, toilet facilities and other activities related to active use of parks

In the latest Capital Improvement Plan, the Town has identified the need for approximately \$3 million in improvements to parks and recreation facilities around the Town. While many of these projects will not be eligible for CDBG funding, a final determination will be made prior to funding these projects in a future One Year Action Plan. There is also a need for street tree replacement and for additional street trees in eligible areas.

Currently, there is a Master Plan for redevelopment of a Town-owned and State-owned reservoir properties in the Fisher Hill neighborhood, located between Route 9 and Beacon Street. The Master Plan calls for redevelopment of the site, in part for active open space and in part for housing, of which greater than 60% percent would be affordable housing. The total cost of the parks/open space portion of that project, including acquisition, design and construction, is \$4.6 million, while the total development cost of the housing project is expected to exceed \$15,000,000. At this time it is unclear whether

the project is eligible for CDBG or HOME funds, but there is no doubt federal funds would greatly aid these two projects and move them forward.

### **3.b.4 Social Service Facilities**

Funding for repairs and improvements to the physical plant for social service providers continues to be a need in Brookline. As the need for social services increase the need for more space also increases. The age and deterioration of the building stock in general, coupled with the limited funding for building improvements, has resulted in significant deferred maintenance in the buildings in which these programs are housed.

As part of the Capital Improvement Program (CIP) process, the Town has requested that any capital requests from such providers for CDBG funds be incorporated into the CIP. This permits the Town to understand the need for such improvements as part of its overall capital planning which over the next five years, and is currently estimated to be \$1.25 million.

### **3.b.5 Public Services**

Provision of public service funding is capped at 15 percent of total CDBG award. In previous years, social service providers have requested much more funding than is available, forcing the Town to make difficult decisions every year about determining the needs of funding recipients and the residents they serve. Based on an ever-increasing need for social services, particularly for an aging population, there is no reason to think that the funding sought will decrease over the next five years. At the public hearing on non-housing community development needs in January 2010, those present raised the issue of providing services to the elderly, particularly at risk of losing their independence but for the availability of in-home services, transit subsidies or adult day care. Others noted that daycare, job skills training and language programs needed, in some cases desperately so by victims of domestic abuse or the homeless.

Based on past trends and future expectations, the need for social services over the next five years is expected to continue at the rate of \$600,000 a year, or \$3,000,000 over the five year period covered by the Consolidated Plan. Of this, based on current regulations and funding levels, the Town will be able to fund less than \$300,000 a year, or approximately \$1,500,000.

As indicated above, the need for public service funds far outweighs the ability to fund them, due to the 15 percent cap for public services. However, the needs assessment process indicated that one of the primary community development needs in the Town is additional public services that might help a diverse population remain and work in the Town. Brookline would be very interested in exploring ways in which additional funding for public services could become available in the next five years.

### **3.b.6 Commercial Area Improvements**

A healthy community needs healthy commercial areas. Brookline's commercial areas provide a variety of goods and services to Town residents, as well as employment opportunities to a range of skill and income levels.

A need has been identified for physical improvements to the major commercial areas in Town over the next five years. The Town has completed a Commercial Areas Streetscape Master Plan that outlined conceptual improvements that are needed in various commercial areas to increase attractiveness, pedestrian safety, and accessibility to businesses in these areas. Brookline Village meets the upper quartile test for eligibility, as well as other local commercial areas. Additional physical improvements to Brookline Village and other eligible locations will be explored by the Town.

### **3.b.7 Business Assistance**

In addition to the physical improvements described in above, the need for business assistance programs in eligible areas has been identified. The types of assistance needed are similar to those used in other CDBG Entitlement Communities:

1. Assistance to Microenterprises: Microenterprises, or commercial enterprises with five or fewer employees of which one is the owner, are challenged by rents in Brookline and the need to compete with national chains. These microenterprises provide benefits to the community in terms of job opportunities, ownership opportunities, and involvement in the local community. The Town would like to continue its foray into providing aid to microenterprises that provide job opportunities and training for low- and moderate-income residents in the next five years.
2. Façade Improvement Programs: Many communities use CDBG funds for matching grants to property owners in eligible commercial areas that construct improvements to their storefronts that increase their attractiveness and, indirectly, the vitality of the commercial district. Businesses in JFK Crossing, in particular, have identified a need for physical improvements. The Town would like to initiate a pilot façade improvement program in the next five years.

Over the past year, the Town has programmed some of its CDBG and CDBG-R funding for business assistance programs with initial success, including technical assistance and capital needs. As needs are better identified and the business community becomes more aware of such opportunities through outreach efforts, the Town will continue to explore ways to assist small business owners in order to create jobs and expand the tax base.

## **4.A STRATEGIC PLAN**

### **4.a.1 General**

The completion of the Five Year Consolidated Plan assists the Town to lay the groundwork for where federal dollars should be allocated over the next five years. The information gathered for the creation of this plan helped to inform the Town's priorities and objectives and will assist future decision makers with choices about where best to distribute funds to maximize impact.

While the Town tries to strike a balance for the distribution of resources to serve as many constituencies as possible, the major obstacle to meeting underserved needs in the Town of Brookline is availability of funding. The Town will continue to forge partnerships with as many organizations as possible to achieve the objectives of stated herein, yet funding from the two formula grants the Town receives, CDBG and HOME Investment Partnership funds, does not begin to address community needs. The Town typically receives applications for these funds for an amount much higher than it receives in actual entitlement dollars. As such, the Town will continue to prioritize the use CDBG and HOME for programs that can successfully leverage dollars from other federal, state, local, and private sources. In this way, the Town can get the most for its investment and can best meet the community's social and economic development needs.

### **4.a.2 Relationship to Brookline's Comprehensive Plan 2005-2015**

The Town's Comprehensive Plan, based on a four year process, included over ten public forums and regular meetings of a representative Comprehensive Plan Committee. The Comprehensive Plan continues to provide valuable insight and data relative to the needs and priorities articulated over that long planning process by Brookline residents. The Town continually uses it as a guide to prioritize community planning objectives. While the Comprehensive Plan was designed to guide overall policy for the Town over the course of ten years, and as such it embraces a longer timeframe and a broader overall scope than is required of the Consolidated Plan, there are areas in both plans that overlap. Some if not all of these needs are relevant today and can be seamlessly applied to the development of specific objectives and benchmarks for the Five Year Consolidated Plan.

The Comprehensive Plan places a high emphasis on the following Community Development issues:

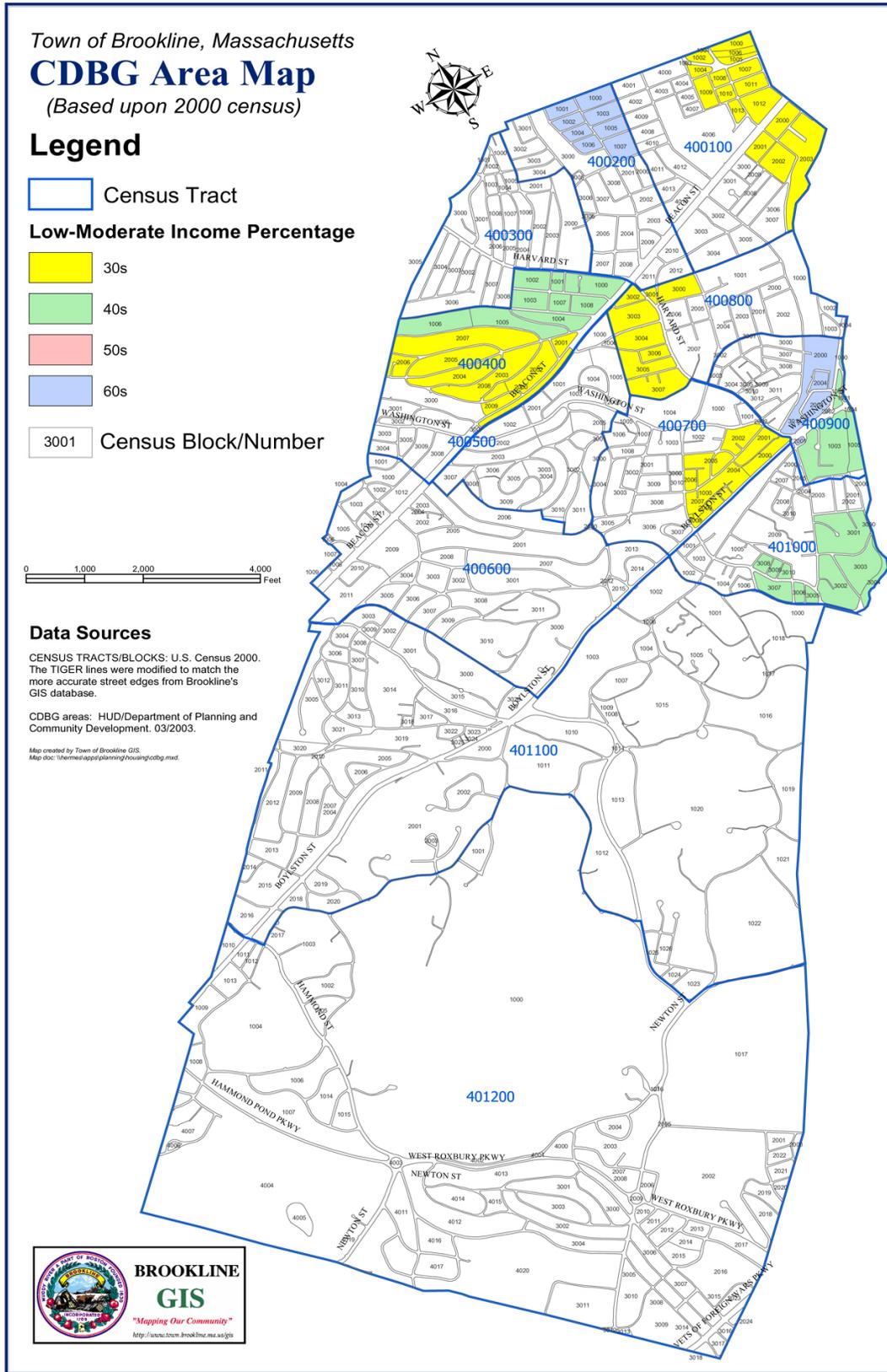
- *Development of Affordable Housing:* Recommends that the Town double its rate of affordable housing production, to an average of 25 affordable units per year.

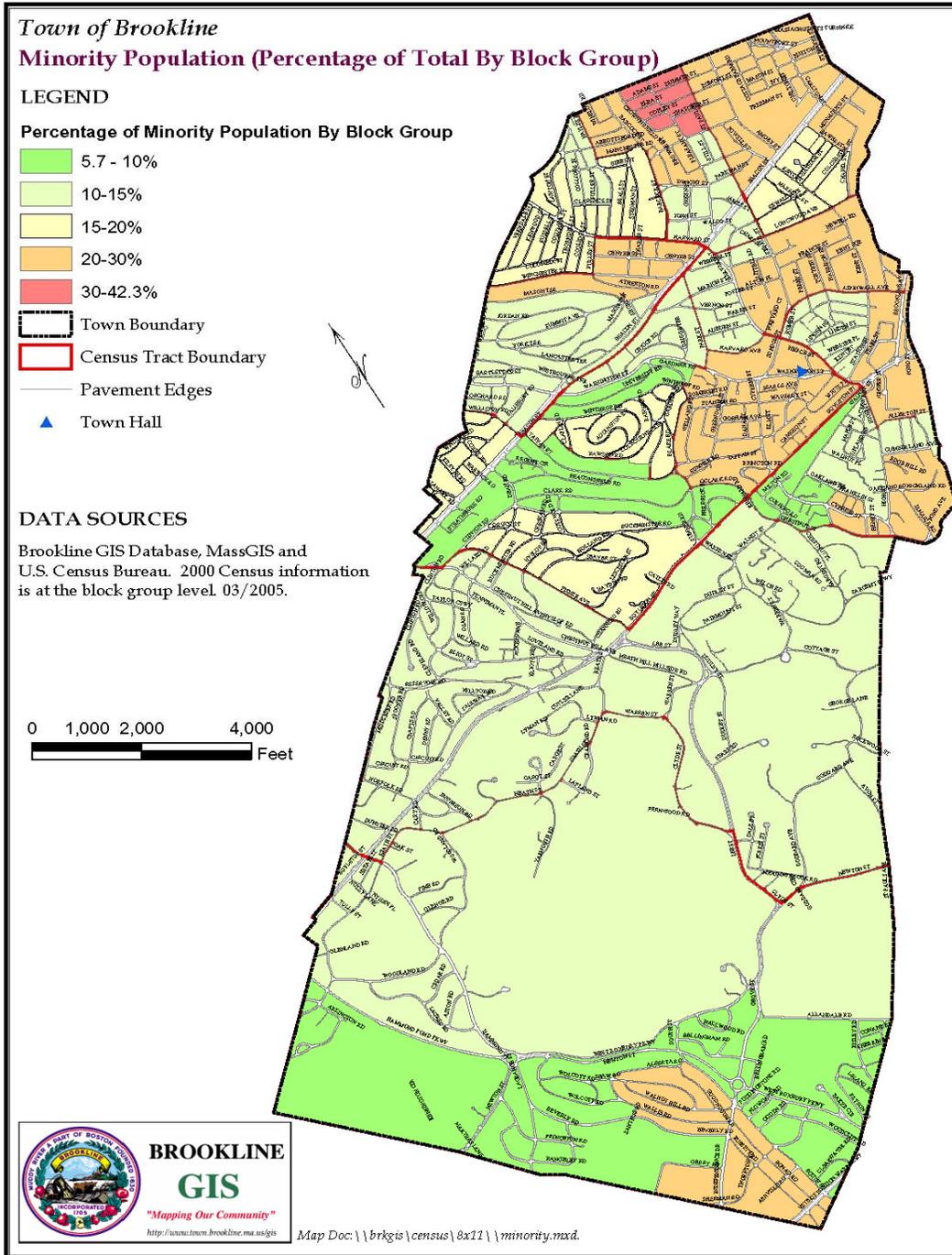
- *Neighborhood and District Planning:* Recommends a series of district, neighborhood and corridor plans including a Route Nine Plan, a Brookline Village District Plan and a Chestnut Hill District Plan.
- *Sound Economic Development:* Recommends that the Town promote economic development for neighborhoods that are contiguous or adjacent. This would embrace the promotion of existing commercial areas and subsequent new construction.
- *Open Space Protection and Enhancement:* Recommends that the Town take proactive steps to protect and preserve unprotected open space.
- *Investment in Public Facilities:* Recommends that the Town invest in improvements to public facilities to increase accessibility for mobility impaired, improve livability for residents, encourage alternative means of transit, and to create better civic spaces.

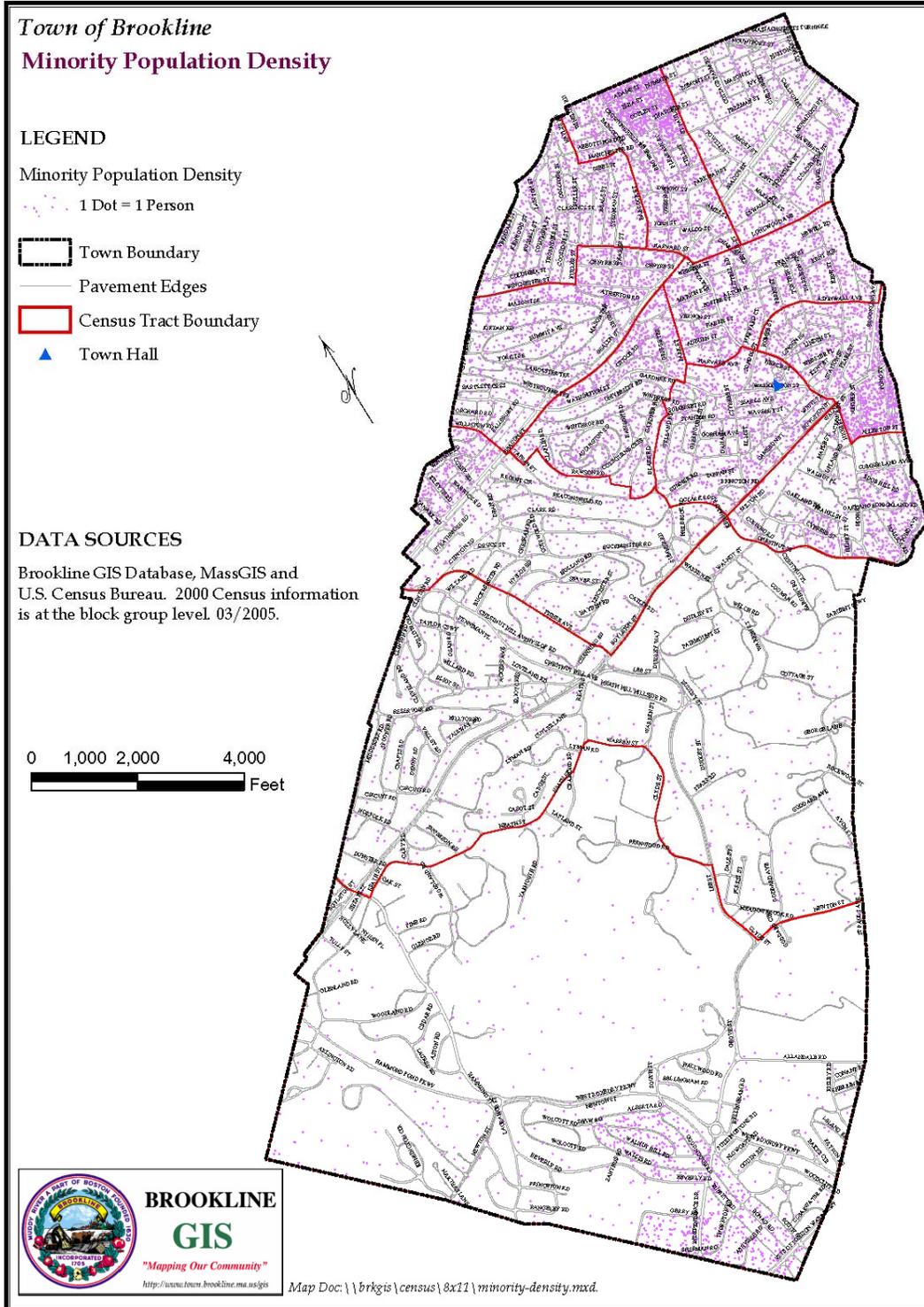
The Town will consider using CDBG dollars for many of these community development initiatives to the extent they are eligible.

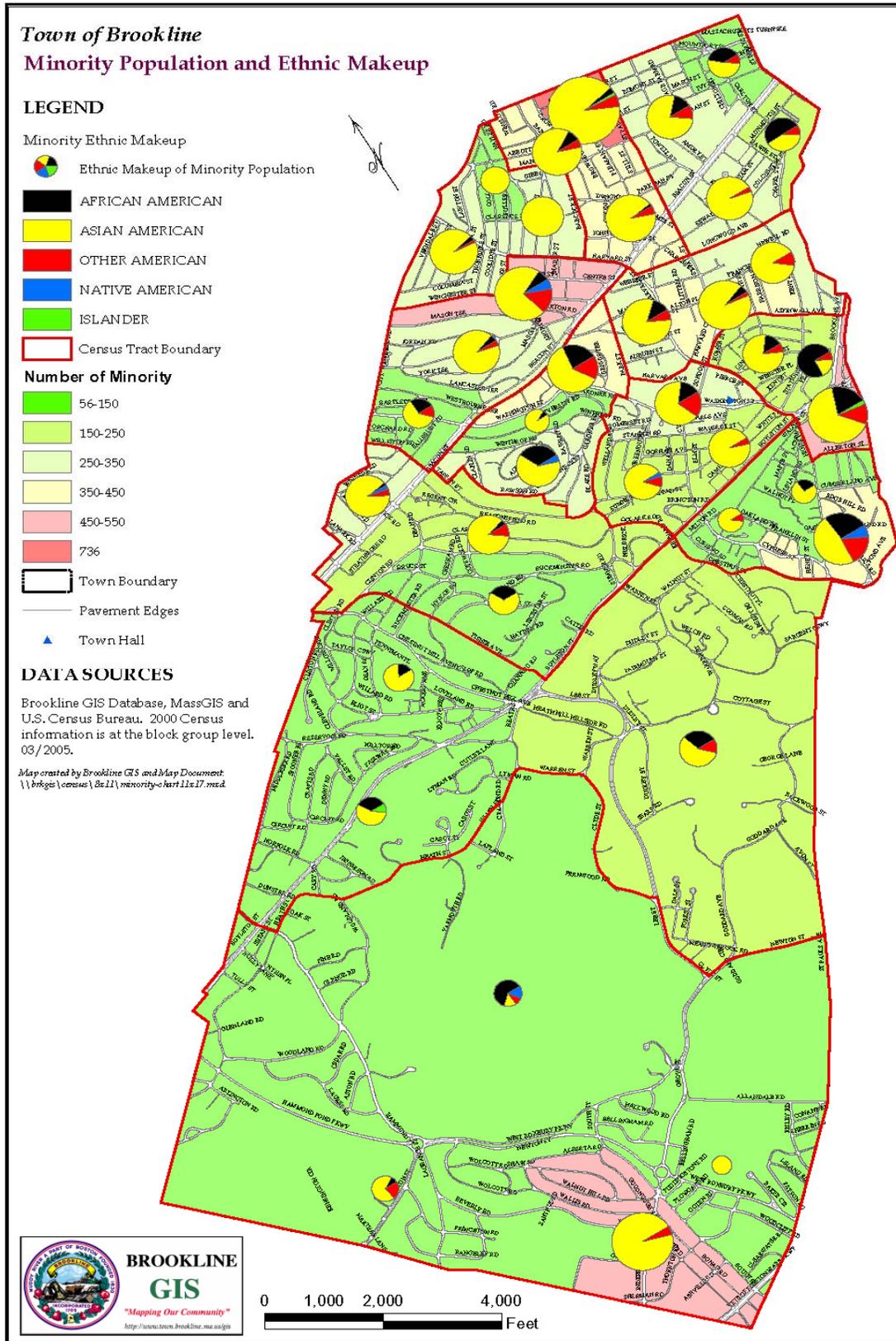
#### **4.a.3 Distribution of Resources**

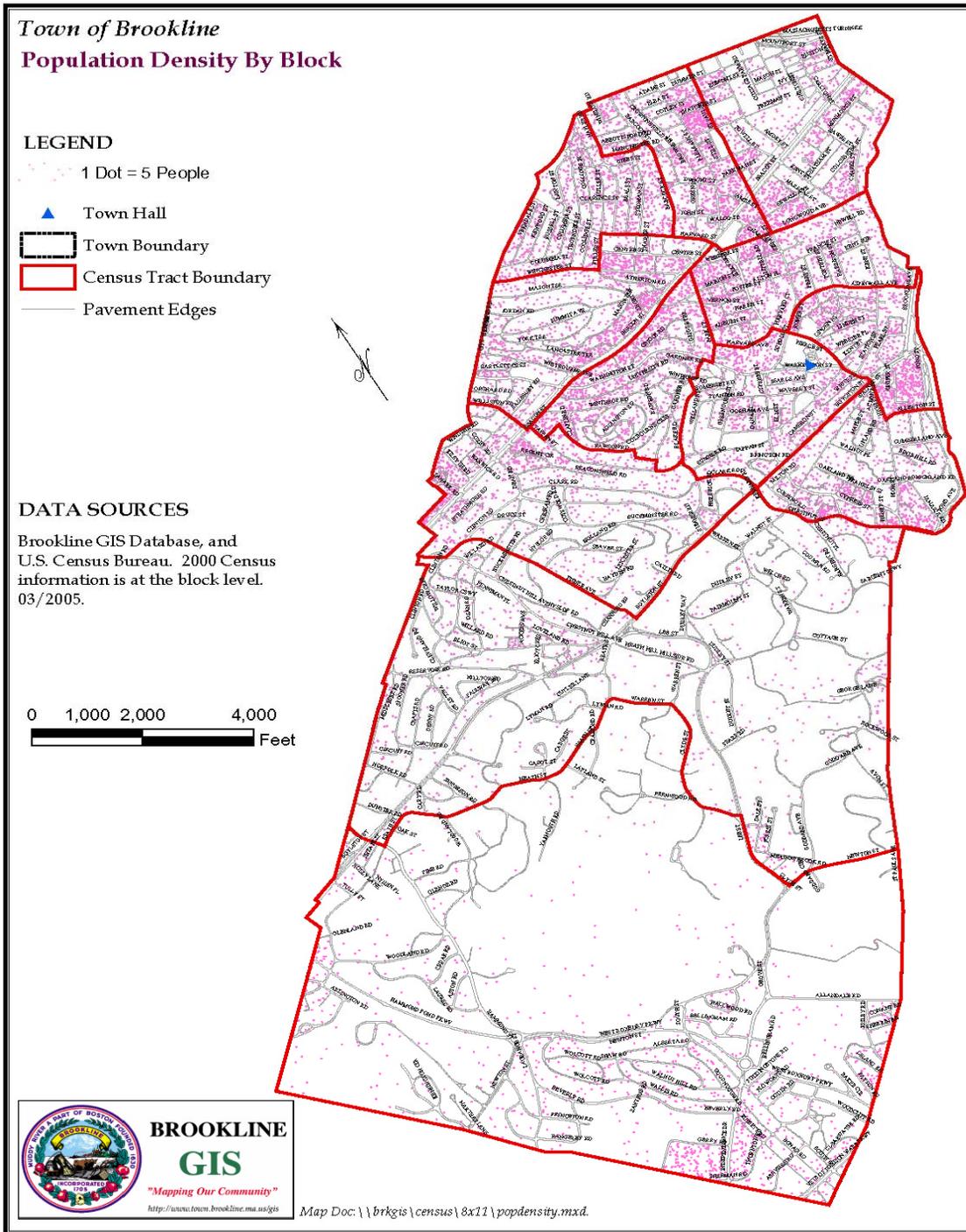
The following maps show areas with high levels of low- and moderate-income household concentration, population density, distribution by race and ethnicity and minority concentration, and the areas of Town that are CDBG-eligible based on the percentage of low- and moderate-income residents. Due to the relatively high level of higher-income residents, Brookline is an exception community to the rule requiring that over 50 percent of the residents of a block group be below the median income level of the metropolitan area. In Brookline, the requirement is that 34 percent of a block group be low- or moderate-income, based on the "upper quartile" rule. Due to the fact that the Town has a fairly dense development pattern, as seen in the maps below, even percentages below 50 percent can indicate a significant population of low- and moderate-income persons. This exception permits the Town to address the needs of the significant low- and moderate-income residents of the Town.











**4.a.4 Specific Objectives:**

<input type="checkbox"/>	<b>Objective Category Decent Housing</b>  Which includes:	<input type="checkbox"/>	<b>Objective Category: Expanded Economic Opportunities</b>  Which includes:
<input type="checkbox"/>	assisting homeless persons obtain affordable housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> job creation and retention
<input type="checkbox"/>	assisting persons at risk of becoming homeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> establishment, stabilization and expansion of small business (including micro-businesses)
<input checked="" type="checkbox"/>	retaining the affordable housing stock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> the provision of public services concerned with employment
<input checked="" type="checkbox"/>	increasing the availability of affordable permanent housing in standard condition to low-income and moderate-income families, particularly to members of disadvantaged minorities without discrimination on the basis of race, color, religion, sex, national origin, familial status, or disability	<input type="checkbox"/>	<input type="checkbox"/> the provision of jobs to low-income persons living in areas affected by those programs and activities under programs covered by the plan
+++++ + + <input type="checkbox"/>	increasing the supply of supportive housing which includes structural features and services to enable persons with special needs (including persons with HIV/AIDS) to live in dignity and independence	<input type="checkbox"/>	<input type="checkbox"/> availability of mortgage financing for low income persons at reasonable rates using non-discriminatory lending practices
<input type="checkbox"/>	providing affordable housing that is accessible to job opportunities	<input checked="" type="checkbox"/>	<input type="checkbox"/> access to capital and credit for development activities that promote the long-term economic social viability of the community

#### 4.a.5 Objectives, Outputs and Output Indicators

The Town of Brookline has outlined its goals for the next five years in the format developed by the *Joint HUD/OMB/Grantee Outcome Measurement Working Group*. This format defines each project or activity as fulfilling one of three objectives for the four formula block grant programs: CDBG, HOME, HOPWA, and ESG.

1. Suitable Living Environment;
2. Decent Affordable Housing; and
3. Creating Economic Opportunities

This format further defines each project or activity as meeting one of three outcomes:

1. Availability/Accessibility
2. Affordability
3. Sustainability: Promoting Livable or Viable Communities

#### **4.B Summary of Specific Housing and Community Development Goals (replaces Table 2c):**

##### **4.b.1 Housing Goals**

Goal 4.b.1.1: Use HOME and/or CDBG funds to underwrite the acquisition and/or rehabilitation of a single room occupancy and/or a small unit property to create or preserve rental housing affordable to very low-income and low-income single person households

Objective: *Improve/preserve availability of affordable rental housing*

Outcome: Affordability for the purpose of providing decent affordable housing.

Output Indicator: 20 rental units will be developed/preserved for very-low and low-income single-person households.

Goal 4.b.1.2: Use HOME and/or CDBG funds to underwrite the acquisition and/or rehabilitation of a property to create or preserve rental housing affordable to very low income, low and moderate income families.

Objective: *Improve/preserve availability of affordable rental housing*

Outcome: Affordability for the purpose of providing decent affordable housing.

Output Indicator: 12 units of affordable housing will be developed/preserved for very low, low and moderate income families.

Goal 4.b.1.3: Use HOME funds (and CDBG, as appropriate) to subsidize acquisition and development or rehabilitation of a property to create ownership housing affordable to families with moderate income, including a mixed-income development on Town-owned property which will contain a total of 24 affordable units.

Objective: *Improve availability of affordable owner housing*

*Outcome:* Affordability for the purpose of providing decent affordable housing.

*Output Indicator:* 10 owner occupied units developed for moderate-income small and large families.

Goal 4.b.1.4: Use CDBG and/or HOME funds to subsidize up to an estimated four eligible households per year either through the Town's Homebuyer Assistance Program or another program which uses town resources for downpayment assistance.

*Objective:* *Improve access to affordable owner housing*

*Outcome:* Affordability for the purpose of providing decent affordable housing.

*Output Indicator:* 15 units developed with HOME funds affordable to moderate-income small and large family and single person households.

Goal 4.b.1.5: Work with private developers to develop on-site affordable units in market-rate developments, as part of the Town's Inclusionary Zoning By-law.

*Objective:* *Improve availability of affordable owner housing*

*Outcome:* Sustainability for the purpose of providing decent affordable housing.

*Output Indicator:* 10 affordable owner units developed privately for moderate-income small and large family and single person households.

Goal 4.b.1.6: Work with the Brookline Housing Authority (BHA) to utilize CDBG funds in ways consistent with BHA planning and the needs of its target populations

*Objective:* *Improve/preserve availability of affordable rental housing*

*Outcome:* Sustainability for the purpose of providing decent affordable housing.

*Output Indicator:* 25 rental units created for very low-income, low- and moderate -income households.

Goal 4.b.1.7: Work with the Brookline Housing Authority (BHA) to utilize CDBG funds in ways consistent with its Capital Improvements Program

*Objective:* *Conserving energy resources and use of renewable energy sources*

*Outcome:* *Sustainability for the purpose of providing decent affordable housing*

*Output Indicator:* 5 affordable housing developments undergo energy efficiency improvements to benefit residents and the environment

Goal 4.b.1.8: Make capital improvements to Brookline Housing Authority properties that are consistent with BHA planning and the needs of its target population

*Objective:* *Decent Affordable Housing*

*Outcome:* *Accessibility to decent affordable housing*

*Output Indicator:* The BHA undertakes three capital improvement indentified in their Capital Planning documents for the purpose of providing decent affordable housing

#### **4.b.2 Homeless Goals**

Goal 4.b.2.1: Increase the stock of permanent supportive housing to reduce homelessness among individuals and families.

*Objective: Decent Affordable Housing*

*Outcome:* Accessibility for the purpose of providing decent affordable housing.

*Output Indicator:* 32 homeless households have access to permanent supportive housing for the purpose of providing decent housing.

Goal 4.b.2.2: Provide emergency and transitional shelter for homeless individuals and families.

*Objective: Decent Affordable Housing*

*Outcome:* Availability for the purpose of providing decent affordable housing.

*Output Indicator:* 75 homeless households have access to emergency and transitional shelter for the purpose of providing decent housing.

Goal 4.b.2.3: Provide outreach and supportive services to homeless individuals and families.

*Objective: Suitable Living Environment*

*Outcome:* Accessibility for the purpose of creating a suitable living environment.

*Output Indicator:* 300 homeless households have access to outreach and supportive services for the purpose of creating a suitable living environment.

#### **4.b.3 Non-Housing Special Needs Goals**

Goal 4.b.3.1: Provide victims of domestic violence with transitional housing, counseling, and other support

*Objective: Suitable Living Environment*

*Outcome:* Accessibility for the purpose of creating a suitable living environment.

*Output Indicator:* 100 victims of domestic violence have access to transitional housing, counseling, or other support for the purpose of creating a suitable living environment.

Goal 4.b.3.2: Provide the elderly with social services and transportation to enable them to remain living independently and staying active in their community

*Objective: Suitable Living Environment*

*Outcome:* Sustainability for the purpose of creating a suitable living environment.

*Output Indicator:* 1,000 elderly riders are provided transportation for the purpose of sustaining a suitable living environment.

*Output Indicator:* 100 elderly residents are provided home-based services for the purpose of creating a suitable living environment

#### **4.b.4 Community Development Goals**

Goal 4.b.4.1: Continue to bring public facilities into conformance with the Americans with Disabilities Act (ADA) and make other improvements to provide access to low- and moderate-income persons

*Objective: Suitable Living Environment*

*Outcome: Accessibility for the purpose of creating a suitable living environment.*

*Output Indicator: Four public facilities made accessible for the purpose of creating a suitable living environment.*

Goal 4.b.4.2: Continue to improve public infrastructure in eligible areas through streetscape improvements and ADA improvements

*Objective: Suitable Living Environment*

*Outcome: Accessibility for the purpose of creating suitable living environments.*

*Output Indicator:* Five public infrastructure improvements are made accessible for the purpose of creating suitable living environments.

Goal 4.b.4.3: Construct improvements to eligible park and recreation facilities to improve the quality of life for low- and moderate-income residents

*Objective: Suitable Living Environment*

*Outcome: Sustainability for the purpose of creating suitable living environments.*

*Output Indicator:* Four parks and recreation facilities will be improved for the purpose of creating a suitable living environment.

Goal 4.b.4.4: Improve and expand social service facilities to meet the needs of the community

*Objective: Suitable Living Environment*

*Outcome: Sustainability for the purpose of creating suitable living environments.*

*Output Indicator:* Three social service facilities sustain improvements for the purpose of creating suitable living environments.

Goal 4.b.4.5: Fund commercial area improvements to assist in the success of microenterprises and other businesses in eligible areas

*Objective: Creating Economic Opportunities*

*Outcome: Sustainability for the purpose of creating economic opportunities.*

*Output Indicator:* One eligible area sustains one commercial area improvement for the purpose of creating economic opportunities.

Goal 4.b.4.6: Explore ways to effectively assist businesses in Brookline

*Objective: Creating Economic Opportunities*

*Outcome: Sustainability for the purpose of creating economic opportunities.*

*Output Indicator:* One pilot program sustains five businesses for the purpose of creating economic opportunities.

**5.A ANTIPOVERTY STRATEGY**

Poverty is the condition of having insufficient resources, particularly a steady source of income. In its extreme form, poverty leads to a lack of access to resources required to meet basic human needs such as adequate food, clothing, housing, water and health services. The U.S. Census Bureau uses a set of income thresholds that vary by family size and composition to determine who is living at the poverty level. If the total family income is less than the threshold set by the bureau, then the family is considered poor.

There has been a growing sense of understanding that effective anti-poverty strategies must incorporate a multitude of initiatives to help people build assets, to increase access to housing, to build equity through homeownership, to encourage use of savings programs and individual “development” accounts, and to provide opportunities for microenterprise development. None of the aforementioned is a panacea, only a means for diminishing poverty. In reality, a combination of strategies is most effective.

Even though promoting homeownership has become a vital component of a nation’s urban strategy, to many individuals living in poverty, homeownership is not easily achievable and may seem – at their current economic status – impossible. Keeping a roof over one’s head, finding their next meal, and keeping warm are ever-present challenges and more paramount than owning a home. Therefore, rather than overemphasizing homeownership, it is critical to provide more assistance for rental housing. This is particularly important to overcome the spatial isolation that limits access to jobs and to relieve the distress caused by rent levels (housing that costs over half the family’s income) that contribute to poverty and rob families of the stability they need. The American Dream continues to be homeownership, but for some families who are not in position to purchase their own home, affordable rental housing and economic stability allows them to focus their attention on attaining a better standard of living.

The US Department of Health and Human Services Poverty Guidelines are:

<b>2009 Poverty Guidelines</b>	
<b>Persons in family</b>	<b>Poverty guideline</b>
1	\$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010

For families with more than 8 persons, add \$3,740 for each additional person.

**The 2007 Census, conducted as part of the American Community Survey Identifies:**

Residents with income below the poverty level:

- o Brookline 13.4%
- o Whole State 9.9%

Residents with income below 50% of the poverty level:

- o Brookline 9.3%
- o Whole State 4.4%

Given the critical need for affordable rental housing, the following table identifies in reality what it would take a household to access “market” rental housing. Given the current rental housing climate, such rent levels preclude many families/households from finding market rate rental housing.

**Rental Affordability for Minimum Wage Workers in Brookline, MA.**

The current minimum wage in Massachusetts is \$8.00 per hour as compared to the federal minimum wage: \$7.25 which went into effect July 24, 2009.

Unit Type	Monthly Rent	Recommended Monthly Wage to Afford Rent (at 30% of Income)	Hours Needed per Week to Afford Monthly Rent at 30% of Income	Number of Workers Needed at 40 Hours per Week
Studio	\$1,128	\$3,760	118	2.9
1 BR	\$1,708	\$5,693	178	4.4
2 BR	\$2,147	\$7,156	224	5.6
3 BR	\$2,857	\$9,523	298	7.4

Rental Data found: [data.myapartmentmap.com/ma/](http://data.myapartmentmap.com/ma/)

Brookline is one of the most expensive Towns in Massachusetts along with Boston/Roxbury/Dorchester, Newton, Belmont, and Cambridge. Brookline’s estimated median or condominium value in 2008 was \$651,700, and its estimated household income during this period was \$98,324.

Household Income (distribution in 2007)	Number of Persons
Less than \$10,000	2,163
\$10,000 to \$14,999	994
\$15,000 to \$19,999	862
\$20,000 to \$24,999	926
\$25,000 to \$29,999	943
\$30,000 to \$34,999	884
\$35,000 to \$39,999	951
\$40,000 to \$44,999	976
\$45,000 to \$49,999	757
\$50,000 to \$59,999	1,957
\$60,000 to \$74,999	2,597
\$75,000 to \$99,999	3,406
\$100,000 to \$124,999	2,395
\$125,000 to \$149,999	1,371
\$150,000 to \$199,999	1,667
\$200,000 or more	2,695

Information obtained from: <http://www.city-data.com/income/income-Brookline-Massachusetts.html>

The 2006-2008 American Community Survey noted:

- Average Household Size in Brookline is 2.28 (U.S. 2.61)
- Average Family Size in Brookline is 2.82 (U.S. 3.20)
- Median Household Income is \$94,476 (U.S. \$52,175)
- Median Family Income \$132,121 (U.S. \$63,211)

Poverty status has been ascertained for all people, except those institutionalized in mental, health and corrections facilities; those in military group quarters; people in college dormitories; and unrelated individuals under 15 years old. These groups have also been excluded from the numerator and denominator when calculating poverty rates. They are considered neither "poor" nor "nonpoor".

According to Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) it is required that employment and other economic opportunities generated by HOME and CDBG funding be directed to: (1) low-income persons, particularly those who are recipients of government assistance for housing, and (2) businesses which provide economic opportunities for low-and very low-income persons, and that recipients and contractors maintain appropriate documentation to establish that HUD financial assistance for housing and community development programs are directed towards these populations as well. The Section 3 regulations apply to any public and Indian Housing programs that receive: (1) development assistance pursuant to section 5 of the U.S. Housing Act of 1937; or (2) operating assistance pursuant to section 9 of the Housing Act of 1937; or (3) modernization grants pursuant to section 14 of the U.S. Housing Act of 1937 and to housing and community development assistance expended for: (1)

housing rehabilitation (including reduction and abatement of lead-based paint hazards); (2) housing construction; or (3) other public construction projects; and to contracts and subcontracts on such programs where the amount of any contract or subcontract awarded in connection with the covered activity exceeds \$100,000.

Since Brookline has a predominantly residential tax base, the most practical way that the Town can assist its residents below the poverty line is by providing avenues which increase their disposable income/net worth, or helping to build their job skills so that they lead to "livable" employment. The first facet, increasing disposable income, can be accomplished with rental subsidies that reduce the cost of housing to no more than 30% of gross income. To date, rental subsidies have been used to help those homeless or at threat of homelessness to secure a dwelling, receive case money, and access needed resources. This is only temporary due to its funding source being part of Stimulus package, which has a three year limit. A non-profit housing corporation could accomplish the second component, increasing net worth, through a first-time homebuyer program or the development of a limited equity cooperative or congregate housing project. Another method to be employed to raise family income could be achieved through increasing their participation in existing mainstream resource programs; i.e., food stamps, child care, or Earned Income Tax Credit.

Over the past couple of years the Brookline Housing Authority has provided rental subsidies to over 650 families. At the same time the Town has committed thousands of dollars in HOME funds to assist new homebuyers with down payment assistance, and made thousands more available in HOME and CDBG funding for non-profit housing developers to acquire and/or rehabilitate affordable housing.

## **6.A INSTITUTIONAL STRUCTURE**

### **6.a.1 Coordination**

***Efforts to enhance coordination between public and assisted housing providers and governmental health, mental health, and service agencies.***

Brookline's housing functions are carried out in the Planning Department, principally by members of the Housing Division. Under the policy direction of the Housing Advisory Board (HAB), staff works with other Town departments, public and private affordable housing developers, and local private agencies to both assess housing needs and to serve those who need housing services.

The Housing Advisory Board is made up of seven volunteers who either represent specific constituencies (the Brookline Housing Authority Board of Commissioners, the Planning Board, low/moderate income tenants) or are appointed by the Board of Selectmen. All are experienced in fields

associated with real estate development in general and affordable housing in particular, including housing finance, design, development and law.

The Division works with the Brookline Housing Authority, which houses many of the Town's most vulnerable households, both to assure the preservation of this critical resource through annual CDBG allocations for capital improvements, and also to access project based subsidies for projects under development. It works with the Brookline Improvement Coalition, Inc. (a Community Housing Development Organization) as well as other nonprofit developers of special needs, single room occupancy, senior and family housing (including but not limited to Pine Street Inn, HEARTH, Caritas Communities, Planning Office for Urban Affairs, Hebrew Senior Housing, Specialized Housing) and for-profit developers both to preserve existing affordable housing and assess new opportunities.

The Housing Division regularly consults with the following Town offices in order to share information and assess needs: the Town's Health Department, which enforces State sanitary and State and local health codes (including those related to asbestos and lead removal/abatement and lodging house licensing); the Council on Aging (from overall policy/programming issues to specific case management); Veteran's Affairs Office (case management); and the staff and boards for Human Relations, Fair Housing and Disabilities on fair housing issues and education.

It works with outside agencies, most particularly the Brookline Mental Health Center, which operates the Town's safety net for the Brookline Foundation and is coordinating the Town's Homelessness Prevention Program.

The Division contacts all of these, as well as critical School Department personnel at each school for help in outreach in the course of advertising new affordable housing opportunities.

In terms of housing, Brookline has been very successful in working with both homebuyers and project developers to leverage affordable housing resources on the State level. In recent years, Brookline has benefited from funding from the Housing Stabilization and the Low Income Housing Tax Credits programs administered by the Massachusetts Department of Housing and Community Development; the Affordable Housing Trust, administered by MassHousing; the Housing Innovations Fund and Community-Based Housing Program, administered by the Community Economic Development Assistance Corporation; and the Permanent Plus and Soft Second Loan mortgage programs, administered by the Massachusetts Housing Partnership.

The Town participates in the WestMetro HOME Consortium, in which 12 communities coordinate the use of HOME funds and share affordable housing experience. In addition, in collaboration with the cities of Newton and Watertown, Brookline is part of a small Continuum of Care organized to help prevent homelessness and to assist the homeless. The Continuum consists of

a network of local governments, non-profits, financial institutions, state agencies, and service providers. Member communities work on strategies to address service gaps and to address issues that arise.

### ***Public Transportation for Affordable Housing Residents***

A large portion of Brookline's housing stock is well served not only by public transportation in general, but by one of three mass transit lines. This is particularly true of north Brookline which is zoned for multi-family development and where most of Brookline's affordable housing is located. Where additional housing is being considered by a developer in less densely developed south Brookline, the developer is offering to supplement an existing bus route with the expansion of a private shuttle to mass transit. Finally, in order to complement the use of public transportation, the Town has recently amended its Zoning-Bylaw to permit the parking in residential zones of vehicles owned by car-sharing organizations. An economic alternative to car ownership for infrequent drivers, "Zipcar" has 3300 members in Brookline.

## **7.A MONITORING**

Grantees are monitored annually by the Town of Brookline beginning the third quarter of the fiscal year. All new recipients of the grant are automatically monitored. For all other grantees, particularly public service recipients, a risk analysis is performed to determine what projects will be monitored, the level of review, and the areas covered. Four risk factors are taken into consideration when selecting an activity for monitoring: program complexity, capacity of the organization, recent issues or problems, and past monitoring experience. Once this has been determined the following procedures are set forth:

- Risk factors are analyzed and monitoring schedule laid out.
- Letters are sent to subrecipients notifying them of the monitor.
- Initial interview with program director to review purpose of monitor and schedule of review.
- Meeting with program staff to discuss activity, issues, and performance.
- Review of materials provided by activity which details areas of monitor review set forth (including a sampling of case files).
- Exit review of monitoring results with program director to discuss findings/determinations or concerns.
- Letter is sent to program with review of conclusions and any follow up actions required.

Overall, the Town plans to insure compliance with all applicable program requirements, provide more efficient monitoring of recipients, particularly in the areas of meeting performance outcomes and timeliness of expenditures, through the incorporation of elements within the agreements between the

recipients and the Town. The elements included in subrecipient agreements, but not limited to the following are:

- Performance standards
- Reporting requirements
- Monthly status and client profile reports
- Conditions and clarifications required by HUD for contracts funded by the block grant
- Construction projects-Milestone Schedule/progress reports
- Funds projected/Funds drawn

These elements are reviewed monthly to help the Town to better focus in on a project, identify if and when delays may occur, reprogram funds, and identify activities that need to be modified or terminated.

### **Self-Evaluation**

Throughout the year the Town of Brookline maintains a self-evaluation policy to examine how well the community development program is working, if it is helping agencies fulfill their vision, and if the activities are being achieved in a timely fashion. Of those funded by the Town, grantees who do not understand and implement the performance measures outlined in their grant agreement will continue to receive assistance to ensure compliance. Linking payment with actual performance rather than efforts to perform provides a greater incentive to a majority of the grant recipients to be compliance with the program. Those activities at risk of not meeting contractual agreements will be subject to ongoing oversight and will receive more technical assistance to bring their programs into regulatory compliance. The Town will maintain oversight of all CDBG contracts and will identify technical assistance needs as they arise throughout the Five Year period of the Consolidated Plan.

On the grants management level, monitoring will be the responsibility of administrative staff throughout the year. This will ensure that staff has the ability to oversee regulatory compliance and track program performance simultaneously. In this way, issues involving the non-expenditure of funds can be better identified and alternative courses of action put in place to rectify the situation.

### **New Recipients**

For new recipients to the grant, particularly public service providers, there is an additional step in the monitoring process. Prior to the beginning of the new fiscal year for which they are being funded, new public service providers are sent a letter stating that they met one of the national objectives of the grant and were deemed an eligible activity. The activities they are providing must benefit a limited clientele, some 100% and others at least 51% of whom are of low- and moderate-income. As such, information is required on family size and income of each client/program participant to document

eligibility. This is considered phase one of the monitoring process. The providers are then required to submit, prior to their first draw down, the aforementioned income documentation specific to their activity. Documentation determining income eligibility for program applicants is reviewed and comments made accordingly. Once the program/activity is underway and performing, the aforementioned procedural steps take place.

### **Monitoring Affordable Housing**

All affordable housing projects are monitored on an on-going basis in one of several ways, depending on the project type. For affordable rental developments, an Owner's Performance Agreement is established at closing, outlining the period for which the property is to remain affordable and the specific household income levels that the rental project is expected to serve. At this point, all of Brookline's affordable rental developments which have utilized HOME and CDBG funding (except one lodging house project) have been developed by nonprofit sub-recipients and are structured to remain affordable in perpetuity to households earning less than 80% of MFI. The Town requires all sub-recipients who have received federal funding through either HOME and/or CDBG to develop low-income rental housing are required to provide annual income verifications on all tenants as well as information on rents charged, including the tenant portion in the case of Section 8. Annual inspections are also performed by the Town's Housing Division staff on all projects receiving federal funds to ensure that properties meet Section 8 housing quality standards.

HOME funds are also used to provide low-income residents with homebuyer assistance, through the Town's Homebuyer Assistance Program. These units are monitored annually for primary residence via certified letter, as well as checking in the Town's street listing and with the Town Assessor's office. If any unit is found to be not in compliance, Housing Division staff work with the Town's legal office to initiate foreclosure and recapture the unit.

## **8.A OTHER NARRATIVES AND ATTACHMENTS**

### **8.a.1 Section 108 Loan Guarantee**

Historically, the Town's Consolidated Planning efforts advocate for the preservation of existing affordable housing in addition to the creation of new units. The plan also calls for continued improvements and investment in public facilities. In order to move forward with housing and public facility projects, and in order to leverage other development sources, the Town will consider the use of a Section 108 Guaranteed Loan for future projects. The following represent possible uses for the Section 108 program in the next five years:

- It is envisioned that Section 108 funds would be used for the housing development to assist with acquisition, site prep and other project

costs, where eligible, and /or to write down the affordability of units for income-eligible homebuyers once project(s) are built out.

- Section 108 may be used to create a pool of funds available to the Brookline Housing Authority or other non-profit housing agencies that serve LMI clientele. The funds would be used for capital projects, preferably those that enhance energy efficiency and/or address safety or building code issues.
- Section 108 may be used as a source for future public facilities projects where funds would be used for design and construction, right-of-way acquisition, and as matching funds to leverage other public and private dollars.

Three potential projects are in the planning stages, and the Town will look to use Section 108 funds where eligible to move the process from planning to implementation.

### **Affordable Housing**

#### *Fisher Hill Town Reservoir*

More than five years ago, the Town was asked by the Commonwealth of Massachusetts if it would be interested in purchasing a State-owned, 10-acre Fisher Hill Reservoir site that had been declared surplus property. The reservoir site is located directly across Fisher Avenue from the Town-owned 4.8 acre site containing two discontinued underground reservoirs. In order to respond, the Town carried out a master planning process for both parcels. The result of the planning process was a proposal to purchase the State-owned parcel and develop it into a passive park and an athletic field; the Town site would be developed in a manner that would maintain the current predominantly single-family home residential character of the Fisher Hill neighborhood, yet would promote affordable housing opportunities by allowing for a significant number of units affordable to families making less than 80% of AMI.

### **Public Facilities**

#### *Gateway East*

The area identified as Gateway East area poses numerous challenges for the Town. The State Highway Route 9 bisects the project area. At Brookline Village, this roadway is very wide, reflecting the consequences of urban renewal. In spite of confusing circulation and heavy traffic, many pedestrians and bicycles cross Route 9 at unprotected locations daily. The major objective of this project is to improve the quality of the environment for pedestrians, bicyclists, residents and businesses in this

location as well as generate more stable economic viability. This will be accomplished in part by the removal of a structurally unsound pedestrian bridge that crosses Route 9 at 10 Brookline place. The bridge has been closed to pedestrians for many years. Removal of the pedestrian bridge will allow for the realignment of Walnut Street and the creation of a new intersection at Route 9. The new intersection will feature an at-grade, ADA compliant pedestrian crossing at the newly created intersection, providing a safe and convenient means for traversing Route 9 in an area with a significant low- and moderate income population.

### **Bike Sharing Facilities**

The Town may pursue a pilot program to promote regional bike sharing facilities to help residents lessen their dependency on auto-oriented travel and to provide better linkage between places where low- and moderate-income residents live and places of employment.

## **9.A REGIONAL CONNECTIONS**

On a regional level, The Town of Brookline maintains contact with municipalities within the region through its involvement in the WestMetro HOME Consortium, which consists of 12 member communities in the Boston suburban area. Through this forum, planning and housing staffs from many agencies are able to share in regional planning activities that relate to affordable housing development. In addition, Brookline Community Development staff attend meetings on an approximately bi-monthly basis held by the Consortium's lead community, the City of Newton. This offers members an opportunity to raise and resolve issues particular to their community, to discuss new programs and projects, and to focus on affordable housing development from both a local and a regional outlook.

The Town of Brookline is an active organizational member of the Citizens' Housing and Planning Association (CHAPA), a non-profit umbrella organization for affordable housing and community development activities throughout Massachusetts. CHAPA's mission is to encourage the production and preservation of housing that is affordable to low-income families and individuals. Membership in the organization includes non-profit and for-profit developers, advocates, bankers, property managers, architects, consultants, homeowners, tenants, local planners, foundation and government officials, and others throughout the Commonwealth who are interested in affordable housing development. CHAPA meetings and forums provide staff with an opportunity to gaining insight into both local and regional issues in the affordable housing arena.

The Town of Brookline, through its Director of Planning and Community Development, regularly attends meetings of Boston Metropolitan Planning Organization (MPO), which is composed of seven agencies, seven municipalities and a public advisory committee that collectively carry out the

federally mandated “continuing, comprehensive and cooperative transportation planning process for the region.” Through regular networking with members of the MPO, including the Massachusetts Department of Transportation, the Metropolitan Area Planning Council and cities and towns such as Boston, Framingham and Salem, Brookline actively participates in regional transportation dialogue and planning activities.

The Community Development division, including the CDBG administrator, who is a national board member, the Assistant Director and fiscal manager, regularly attend and contribute to the regional and local convocations of the National Community Development Association (NCDA). NCDA is a national nonprofit organization comprised of more than 550 local governments across the country, all of whom administer federally-supported community and economic development, housing and human service programs, including the CDBG and HOME programs. Division staff attends regional and national NCDA meetings where local government officials and policy makers can share information and resources.

In terms of the Brookline-Newton-Waltham-Watertown Homeless Consortium, which includes representatives from the four communities and shelter, housing and service providers throughout the region, division staff contribute to the annual planning process of the City of Newton, the development of the annual One Year Action Plan, and the point-in-time count of homeless people in the four communities. Brookline has also been working closely with City of Newton staff and other members for the past several months to draft a plan to end homelessness.

### **10.A Citizen Participation**

The Consolidated Plan regulations (24 CFR 91.105) state that each jurisdiction must adopt a citizen participation plan. Citizen participation is a priority of the Town of Brookline.

In terms of citizen participation, the Town of Brookline sought public comment through a number of forums during the development of the FY 11-15 Consolidated Plan. Town residents, nonprofit organizations and agencies, advisory committees and members of the business community were invited to attend public hearings and to review and comment on the housing and community development needs of the Town throughout the process.

#### **Citizen Participation Process**

As noted elsewhere in this document, the Department of Planning and Community Development worked closely with the CDBG Advisory Committee and Board of Selectmen in developing the FY 2011-2015 Consolidated Plan. Collaboration included consultation with the Brookline Housing Authority, Brookline Preservation Commission, Brookline Health Department, Brookline-Newton-Watertown-Waltham Continuum of Care, West Metro Home

Consortium, Housing Advisory Board, and other special needs and social service providers.

In addition to working with the aforementioned Town departments and agencies, the CDBG Advisory Committee held public hearings and published public notices about these hearings that were placed in the Brookline TAB, at the Town Clerk's and on the Town meeting website. Notices were also sent to Town officials and departments, neighborhood groups, and various non-profits. These hearings were held on March 11, March 16, and March 18, 2010 at Brookline Town Hall, 333 Washington Street. Notification of the 30 day comment on the One Year Action Plan was posted in the March 25th edition of the Brookline Tab. The comment period on the Consolidated Plan ended on April 25, 2010.

Public hearings are generally widely noticed to attract a diverse audience, particularly low- and moderate-income citizens and citizen groups located in low-income areas of the Town in which the entitlement grant program funds are directed. In an effort to broaden public participation, additional advertisements and public hearing notices were mailed to non-profit organizations, citizen advisory committee members, minority and non-English speaking citizen groups, and to groups representing people with special needs. The Brookline Housing Authority and other groups providing housing to low-income persons were encouraged to post notices at their developments.

The Town of Brookline has provided citizens, public agencies and other interested parties with reasonable and timely access to local meetings relating to the development of this plan. These meetings have been held at locations accessible to persons with disabilities. Provisions were made for persons with disabilities, and for those who do not speak English. Translators are provided upon request in advance of the hearing. No requests were made during any of the public participation process hearings by persons requiring translators or individuals with disabilities.

A summary of two written comments can be seen on Pg. 7 under the heading *Comments from the Public*.