

JAMES A. GRAASKAMP COLLECTION OF TEACHING MATERIALS

V. INDUSTRY SEMINARS AND SPEECHES - SHORT TERM

E. Realtor Associations

2. "Providing Housing for Special Groups",
Speech to the Wisconsin Realtors Conference,
April 17, 1982. Place unknown

WISCONSIN REAL ESTATE

UPDATE

CONFERENCE



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WISCONSIN REAL ESTATE UPDATE CONFERENCE

April 17, 1982
Holiday Inn Southeast—
Madison
Fee: \$60.00

SCHEDULE

8:30
Orientation
Garfield R. Stock, Administrator,
Real Estate Programs, UW-
Extension.
Welcome
Robert H. Bock, Dean, Graduate
School of Business, UW-Madison



Don
Hovde

Housing Now and the Future
Don Hovde, Under Secretary, De-
partment of Housing and Urban
Development, Washington, D.C.

Managing Housing Profitably
Carmen Porco, Assistant Vice Pres-
ident—Region National Housing
Ministries, Milwaukee, WI
President, Consulting, Planning,
Development Service

Housing for the Elderly
Sheldon Goldberg, Executive Direc-
tor, WAHA (Wisconsin Association
of Homes for the Aging)

12:00
Lunch

1:00
The New Regulations
Ann J. Haney, Secretary, State of
Wisconsin, Department of Regula-
tion & Licensing



Ann
Haney



James
Graaskamp

**Real Estate Update—Statutes, Rules
and Contractual Forms**
Clete Hansen, Director, Wisconsin
Real Estate Bureau

**Providing Housing for Special
Groups**
James Graaskamp, Chair, Depart-
ment of Real Estate, UW-Madison

3:25
Evaluation

Providing Housing For Special Groups

Wisconsin Real Estate Conference
April 17, 1982

- I. Initial government efforts to assist housing following World War II were directed at assisting the special needs of certain groups, such as veterans, college students, and the elderly. For the next couple of years it appears that federal policy has returned to this relatively narrow focus for housing assistance.
 - A. Indeed, special groups will generally be restricted to group housing for the physically, mentally, or emotionally disabled.
 - B. Group housing is an economic compromise falling somewhere on the political scale between the undesirable institutionalization of disabled and the practical limitations on finding and providing services to individual foster homes.
 - C. Many of you have already tangled with the State Building Code relative to accessibility on renovated buildings but if not, I call your attention to Section 52.04: "(a) Buildings having area 20,000 square feet or less. If the total gross area of the building, including all floors, is 20,000 square feet or less, interior circulation is required to a primary floor and throughout at least 2/3 of that floor area. Access is not required to a mezzanine if duplicate facilities to those provided on the mezzanine are located on an accessible floor. Access is required to any raised or depressed area of the primary floor containing the only facility of its kind. Access is required to employe facilities (i.e. lunch rooms, change rooms and locker rooms) required by section Ind 54.13. (b) Buildings having area greater than 20,000 square feet. If the total gross area of the building, including all floors, is greater than 20,000 square feet, interior circulation is required to all floors, including mezzanines, and to at least 2/3 of the total area of each floor. Access is required to any floor level containing the only facility of its kind."
 - D. Apartment projects only for the physically disabled tend to ghettoize the disabled and maintain barriers against natural assimilation. Ideally we would like to see units sprinkled in typical apartment buildings with all doors wide enough for wheelchairs with bathroom and kitchen spaces expanded to permit wheelchair mobility.
- II. At the federal level, community federal block grants, (CDBG funds) may be utilized by the disable population. See attachment #3.
- III. The State of Wisconsin initiated a year ago a housing task force which represented an inter-agency group to work on problems for housing the chronically disabled. (See attachment #2)

- A. As a result of that 20.435 and on in the State of Wisconsin has been resolved by Assembly Bill 1005 has been passed authorizing the Department of Community Services to administer \$100,000,000 to a bonding authority. (See attachment #2)

- B. The following charts show a summary of the estimated programs and the numbers served. The data is incomplete because apartment programs are not required to be licensed and there is no listing of residents and programs.



State of Wisconsin \ DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF COMMUNITY SERVICES

1 WEST WILSON STREET
P.O. BOX 7851
MADISON WISCONSIN 53707

Creative Use of Community Development Block Grant Funds

Typically Community Development Block Grant (CDBG) Funds focus on improvements to localities which will most directly impact the greatest number of low and moderate income people. Projects such as the elimination of urban blight, sewer systems, land management, acquisition of public housing sites, housing rehabilitation, public civic and recreation centers are common and are indeed very worthwhile and visible projects.

However, there is another group of low income citizens, for the most part not an extremely visible group, who have only recently begun to capture a share of CDBG funds. This group consists of the mentally and physically disabled, and those persons who for reasons of dependency on some form of social or economic assistance are unable to meet all their needs.

These needs are not always addressed by the CDBG process because until recently, there has been only limited coordination and cooperation between human service agencies and agencies which prepare CDBG applications. Where such coordination has occurred, the results have been encouraging.

Out of the many possible CDBG activities that may be undertaken four categories of projects for handicapped persons are typical:

- Architectural barrier removal;
- Facilities or center serving handicapped persons;
- Public services for handicapped persons;
- "Leveraging" other funds with federal, state, local or private funding sources to provide services or programs for handicapped individuals

The following narrative illustrates some of the potential uses fo CDBG funds. The list consists entirely of local Wisconsin examples. It is not all-inclusive but does set forth some ideas for meeting the needs of handicapped citizens.

The Juneau County Association for Retarded Citizens (ARC) received preliminary approval to purchase and rehabilitate a group home structure through the HUD 202 program in 1978. However, the loan authority was not sufficient to cover the necessary costs involved in the project. The ARC approached the mayor of Mauston and requested \$10,000 in CDBG funds to apply to the purchase price of the house. Since this is an eligible activity under the CDBG program and a locally approved priority, the transfer of \$10,000 from the CDBG program to the 202 project was approved.

The city of Stoughton responded to a request for assistance in developing independent housing units for developmentally disabled residents. Stoughton's Own, a private non-profit advocacy group approached the Stoughton Housing Authority

in 1978 and the SHA helped to sell the concept to the city council who enthusiastically endorsed the idea and included a request for \$80,000 per year from the three year comprehensive CDBG application. Two duplexes have been purchased and rehabilitated and are occupied by disabled people from the community and are the third will be purchased in the spring. In addition to the development of the independent living units, Stoughton has also utilized CDBG funds to make City Hall and the Senior Citizens Center accessible and has provided curb cuts in the downtown area and in the proximity of the Senior Citizen housing.

A number of applicants for 1981 Small Cities CDBG funds have addressed the needs of the handicapped on an economic as well as social basis. Chilton and Ladysmith have both proposed the development of employment projects which would employ disabled persons and also enhance economic development in those communities. Sparta, Camp Douglas, and Oconto proposed the use of CDBG funds for removal of architectural barriers and to provide access to public facilities.

These examples are presented to stimulate rather than limit your thinking on potential uses of CDBG funds. We encourage you to contact your local department of social services, 51.42/.437 or unified services board, or county agency on aging to assist you in identifying needs in your community.

If you need assistance in locating the above social service agencies or would like additional information or ideas contact:

Judith Wilcox
Housing Task Force Coordinator
Division of Community Services
1 West Wilson Street, Room 540
P.O. Box 7851
Madison WI 53707

Division of Community Services

April 1, 1982

To: Mr. Doug Nelson
From: Judy Wilcox
Re: HOUSING TASK FORCE WORK PLAN---APRIL-JUNE

The Inter-Agency Task Force on Housing for the Chronically Disabled will phase down and there will be a final meeting of the full Task Force in May.

The Housing Task Force has recognized a number of accomplishments over the past nine months.

1. Legislation authorizing the Department to administer \$100 million in bonding authority for community facilities will soon be a reality. This involvement by the Department grew from the activities of Work Group II and received the support of the full Task Force.
2. A housing policy statement has been proposed by Work Group I and should receive final approval by the Task Force at the next meeting.
3. One of the most important accomplishments of the Task Force is the development relationships between housing agencies and service providers.
4. The Memorandum of Understanding which formalizes those relationships has been presented to the Task Force and also should be approved at the next Task Force meeting.
5. And last, but not least, the Department has realized political benefit through the existence and the activity of the Housing Task Force.

Although we are recommending a phase out of the Task Force as a whole, we would like some of the work group activities to continue.

Work Group I Goals

This group could function as a review committee for the community facility program policy. This policy and accompanying procedure will be developed over the next six months by DCS staff.

Work Group I should also be involved in the development of a survey tool for use in a pilot county. This survey would identify the housing needs of individuals served by DHSS and would serve as the data base for any pilot project developed in cooperation with WHFA. This survey tool could also provide a method for determining a county by county inventory for future use by the Department in the administration of the community facilities program.

Work Group II HFA Bonding

There is no need for further activity by this group.

Work Group III Access to State and Federal Programs

Tom Frazier has drafted an Inter-agency agreement and also letters (attached) to Keith Kreul (FmHA) and Chan McKelvey (DOD) for review. He recommends that we send these communications in conjunction with the final Task Force meeting. This will not require further action by the work group.

Work Group IV Service Funding

Staff to this work group will complete service formats for each disability group. These will be distributed to members of the group for review and comment. These service formats will serve as the basis for the service component of the housing program and should be completed by mid-April.

Work Group V Innovative Financing

I will explore the possibility of a combined meeting between this work group and the financing work group of the DOD Housing Task Force to address short range solutions to fiscal problems. This group should meet once again, perhaps a meeting in May or June chaired by the Secretary, independent of the rest of the Task Force to review and pass on recommendations which may be implemented by the Department, i.e., legislative changes affecting DOR and DILHR.

This is a sketchy work plan, but I feel that the majority of my time over the next three months will be spent in the development of the housing program and I must direct my attention to that priority.

Supervised Apartment Programs
Target Group, Number of Programs, Residents Served (Avg. Mo. Pop)

<u>Target Group</u>	<u>Number of Programs</u>	<u>Individuals</u>
Edlerly	1	4
Mentally Ill (MI)	2	114
Developmentally Disabled (DD)	6	120
Alcohol, Drug Abusers (AODA)	0	0
Physically Handicapped	2	138
	11	376

Most of these are in the Milwaukee area

- C. The new bill encourages development of small scattered site categorized housing.
- D. This bill follows an initial pilot project in January of 1979 when Wisconsin was chosen to participate in a joint demonstration program for deinstitutionalization of the chronically ill. While HUD provided financing of the structure, it required participation by the State and local service agencies to provide ongoing services for the residents. Components for the program included:
1. Support services for residents are mandated by HUD/HHS and there are specific service criteria in the program guidelines.
 2. Assurances of state and local commitment to providing long-term service availability to residents of the proposed housing are required. For this demonstration program, the Wisconsin Department of Health and Social Services guaranteed the on-going availability of service funds in the amount of \$300,000 for residents of the housing to be developed through this program.
 3. Coordination of housing and service resources is required at the state level between the appropriate agencies responsible for housing and services. This includes joint responsibility for the initial review of applications. Prior to occupancy, the housing sponsor makes final application for their reserved service funds which are awarded to and administered by their county's Mental Health Board. These service funds are then "folded into" the county's yearly allocation from the Department of Health and Social Services.
- E. The newest legislation has modified the power granted the health facilities authority to issue \$100,000,000 in revenue bonds to finance residential facilities only if the Department of Health and Social Services approve the units.

1. The legislation expands the populations to be served from the elderly, developmentally disabled, and chronically mentally ill to include persons who are physically disabled and chemical dependent.
2. The legislation increases the proportion of the authorized bonding allowed for the chronically disabled because the target populations have been expanded.
3. The legislation retains the original facility size limit of 50 persons for projects for the elderly but decreases the facility size for the chronically disabled to a maximum of 15 persons.
4. And finally, the legislation modifies the phrase "not physically connected to other facilities" to allow common service units for laundry, kitchen and utility purposes. This permits sharing of the most costly components of the facility but preserves the Department's intent to prevent programmatic mixing of populations.

STATE OF WISCONSIN

1981 Assembly Bill 1005

Date published*:

CHAPTER , LAWS OF 1981

AN ACT to amend 20.435 (2) (jm), 231.01 (2) and (3), 231.03 (5), (7) and (8) and 231.05 (2); to repeal and recreate 231.03 (6m); and to create 46.28, 150.02 (7) and 231.01 (2) (a) 4 and (3) (b) of the statutes, relating to allowing the department of health and social services to authorize bonding by the health facilities authority for the financing of residential facilities for the elderly and the chronically disabled and affecting an appropriation.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 20.435 (2) (jm) of the statutes, as affected by chapter 20, laws of 1981, is amended to read:

20.435 (2) (jm) *Licensing fees, inspection fees and computer run charges.* The amounts in the schedule for the inspection of approved treatment facilities for prevention and control of alcoholism under s. 51.45 (8), for licensing community-based residential facilities under s. 140.85, for administrative expenses related to approving residential facilities under s. 46.28, for interpreter services for hearing impaired persons and for printed material and computer runs of the department's information systems. All moneys received from fees for inspection of approved treatment facilities for prevention and control of alcoholism under s. 51.45 (8), plus all moneys received as licensing fees charged to community-based residential facilities under s. 140.85, all moneys received as fees charged for approving residential facilities under s. 46.28 and all moneys received as fees charged for the provision of printed material, computer runs of the department's information systems and interpreter services for hearing impaired persons shall be credited to this appropriation.

SECTION 2. 46.28 of the statutes is created to read:

46.28 Revenue bonding for residential facilities. (1) In this section:

- (a) "Authority" means the Wisconsin health facilities authority created under ch. 231.
- (b) "Chronically disabled" means any person who is alcoholic, developmentally disabled, drug dependent or mentally ill, as defined in s. 51.01 (5), (8) and (13) or 51.45 (2) (a), or any person who is physically disabled.
- (c) "Elderly" means a person 60 years of age or older.
- (d) "Residential facility" means a living unit for the elderly or chronically disabled that is developed by a sponsor and that is not connected to a nursing home or hospital except by common service units for laundry, kitchen or utility purposes.
- (e) "Sponsor" means a participating health institution, as defined in s. 231.01 (3), a nonprofit agency or corporation, the department, any board created under s. 46.21, 46.22 (2), 46.23, 51.42 or 51.437, a county commission on aging created under s. 59.07 (93) or any housing authority created under s. 59.075, 66.395, 66.40 or 66.4325.

(2) The department may approve any residential facility for financing by the authority if it determines that the residential facility will help meet the housing needs of the elderly and the chronically disabled, based on factors that include:

- (a) The geographic location of the residential facility.
- (b) The population served by the residential facility.
- (c) The services offered by the residential facility.

(3) The department may authorize the authority to issue revenue bonds under s. 231.03 (6m) to finance any residential facility it approves under sub. (2).

* Section 990.05, 1979 WISCONSIN STATUTES: **Laws and acts; time of going into force.** "Every law or act which does not expressly prescribe the time when it takes effect shall take effect on the day after its publication."

(4) The department may charge sponsors for administrative costs and expenses it incurs in exercising its powers and duties under this section and under s. 231.03 (6m).

SECTION 3. 150.02 (7) of the statutes is created to read:

150.02 (7) This subchapter does not apply to any residential facility, as defined in s. 46.28 (1) (d).

SECTION 4. 231.01 (2) of the statutes is amended to read:

231.01 (2) (a) "Health facility" means any:

1. Any nonprofit institution, place, building or agency required to be approved or licensed under either s. 50.02 or subch. II of ch. 50, and also means any such facility exempted from such approval or licensure when the secretary of health and social services attests that the exempted facility meets the statutory definition of a facility subject to approval or licensure. "Health facility" ~~also means any other~~

2. Any nonprofit health service institution, place, building or agency not ~~now~~ listed in subd. 1 and not subject to approval or licensure under state law which the secretary attests is subject to certification by the U.S. department of health, ~~education and welfare~~ and human services under the social security act, ~~as now or hereafter amended~~, or which the secretary attests is subject to standard-setting by a recognized public or voluntary accrediting or standard-setting agency. "Health facility" ~~also means any~~

3. Any nonprofit institution, place, building or agency engaged solely in providing one or more supporting services to a health facility.

(b) "Health facility" does not include any institution, place or building used or to be used primarily for sectarian instruction or study or as a place for devotional activities or religious worship.

SECTION 5. 231.01 (2) (a) 4 of the statutes is created to read:

231.01 (2) (a) 4. Any residential facility, as defined in s. 46.28 (1) (d).

SECTION 6. 231.01 (3) of the statutes is amended to read:

231.01 (3) "Participating health institution" means ~~a not-for-profit~~:

(a) A nonprofit corporation, agency or association authorized by the laws of this state law to provide or operate a health facility and which, ~~pursuant to this chapter~~, undertakes the financing and construction or acquisition of a project or undertakes the refunding or refinancing of obligations or of a mortgage or of advances as provided in this chapter.

SECTION 7. 231.01 (3) (b) of the statutes is created to read:

231.01 (3) (b) A sponsor of a residential facility, as defined in s. 46.28 (1) (e).

SECTION 8. 231.03 (5) of the statutes is amended to read:

231.03 (5) ~~Determine~~ Except as provided in sub. (6m), ~~determine~~ the location and character of any project to be financed under this chapter, and construct, reconstruct, remodel, maintain, enlarge, alter, add to, repair, lease as lessee or lessor and regulate the same, enter into contracts for any such purpose, enter into contracts for the management and operation of a project or other health facilities owned by the authority, and designate a participating health institution as its agent to determine the location and character of a project undertaken by the participating health institution under this chapter and as the agent of the authority, to construct, reconstruct, remodel, maintain, manage, enlarge, alter, add to, repair, operate, lease as lessee or lessor and regulate the same, and as the agent of the authority, to enter into contracts for any such purpose, including contracts for the management and operation of such project or other health facilities owned by the authority.

SECTION 9. 231.03 (6m) of the statutes, as created by chapter 20, laws of 1981, is repealed and recreated to read:

231.03 (6m) Upon the authorization of the department of health and social services, issue bonds for the financing of residential facilities that receive the approval of the department of health and social services under s. 46.28 (2). Authorization to issue bonds under this subsection is in addition to the authorization under sub. (6). The aggregate amount of outstanding bonds issued under this section may not exceed \$100,000,000. Of this amount, \$30,000,000 may be used only to finance residential facilities serving 15 or fewer persons who are chronically disabled, as defined in s. 46.28 (1) (b). The remaining amount may be used to finance residential facilities for 50 or fewer elderly persons, as defined in s. 46.28 (1) (c), or to finance additional residential facilities for 15 or fewer persons who are chronically disabled. The department of health and social services has the powers specified for the authority in subs. (5), (7) and (8) relating to projects involving residential facilities. The department of health and social services may, with the authority's consent, assume any part of the powers specified for the authority under subs. (9), (10), (11), (12) and (19) relating to these projects.

SECTION 10. 231.03 (7) and (8) of the statutes are amended to read:

231.03 (7) ~~Fix~~ Except as provided in sub. (6m), ~~fix~~ and revise from time to time and charge and collect rates, rents, fees and charges for the use of and for the services furnished or to be furnished by a

project or other health facilities owned by the authority or any portion thereof, contract with any person in respect thereto and coordinate its policies and procedures and cooperate with recognized health facility rate setting mechanisms.

(8) ~~Establish~~ Except as provided in sub. (6m), adopt rules for the use of a project or other health facility or any portion of the project or facility owned, financed or refinanced in whole or in part by the authority, including any property used as security for a loan secured through, from or with the assistance of the authority. The authority may designate a participating health institution as its agent to establish rules for the use of a project or other health facilities undertaken for that participating health institution. The rules shall ensure that a project, health facility or property may not be used primarily for sectarian instruction or study or as a place for devotional activities or religious worship.

SECTION 11. 231.05 (2) of the statutes, as affected by chapter 20, laws of 1981, is amended to read:

231.05 (2) To support this intent, the authority may not make any loan or issue any bonds to finance a project unless the project is determined to be needed by the state health planning and development agency. This subsection does not apply to community-based residential facilities licensed under s. 50.02 but not subject to ch. 150 or to residential facilities, as defined in s. 46.28 (1) (d).

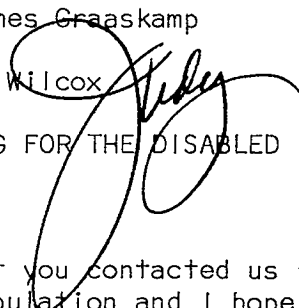
SECTION 12. **Appropriation changes; health and social services.** (1) BONDING FOR RESIDENTIAL FACILITIES. The appropriation to the department of health and social services under section 20.435 (2) (jm) of the statutes, as affected by the laws of 1981, is increased by \$-0- for fiscal year 1981-82 and by \$57,000 for fiscal year 1982-83 to provide funds for expenses incurred in approving residential facilities under sections 46.28 and 231.03 (6m) of the statutes.

SECTION 13. **Program responsibility changes.** In the sections of the statutes listed in Column A, the program responsibilities references shown in Column B are deleted and the program responsibilities references shown in Column C are inserted:

(1) BONDING FOR RESIDENTIAL FACILITIES.

A	B	C
Statute Sections	References Deleted	References Inserted
15.191 (intro.)	none	231.03 (6m)

April 13, 1982

To: Dr. James Graaskamp
From: Judith Wilcox 
Re: HOUSING FOR THE DISABLED

I'm pleased that you contacted us for an update on housing activities for the disabled population and I hope that you find the enclosed information helpful.

Although the Housing Task Force has not met recently, housing concerns on the state level have been progressing very positively. The legislation, Attachment 1, authorizing the DHSS to administer the \$100 million in HFA Bonding Authority for community facilities has passed both the Senate and Assembly and awaits the Governor's signature. As soon as AB 1005 is law we will begin to develop the program criteria and procedure using the housing policy developed and recommended by the Housing Task Force. We expect that the Task Force will be involved in reviewing the community facility program policy. See Attachment 2, Work Plan.

In addition we will, with the assistance of WHFA staff, design a survey tool to be used in one of the COP counties to identify the housing needs of the elderly and disabled population. The information provided by the needs assessment could also assist the private sector housing developers.

Community Development Block Grant funds remain as one of the few sources of Federal dollars for activities which address the needs of the disabled population. I have attached a piece of information on the use of these funds. Although CDBG funds go to municipalities they may in some cases be utilized by the disabled population. Private sector involvement in this program is generally restricted to the various rehab programs. However, it has kept a number of contracting firms in business over the past couple of years.

I would be more than happy to meet with you if you would like additional information on the bonding program and the future of the DHSS involvement in housing for the disabled.

Att