

COLUMBUS INCLUSIVE LIVING PROJECT PROSPECTUS

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1. Introduction

In Columbus and across the United States, individuals with autism and other disabilities face a genuine crisis. The supply of affordable, accessible housing is increasingly inadequate as an expanding population of young adults with disabilities transition into adulthood.

We have an innovative solution.

Autism Living (AL) was formally established in 2015 with the goal helping people with autism navigate the challenges of housing and other transition-age issues so they can live full, meaningful lives. After several years of exploration and study, AL has arrived at a critical juncture in its work.

We have developed a concept, explained in the pages of this document, that provides an innovative, community-based living option for people with and without disabilities. The concept is based on a proven model of intentional, intergenerational community in which neighbors provide one another with reciprocal social support. Their neighborly efforts can augment the contributions of professional support providers who are engaged as needed.

This initiative, known as Columbus Inclusive Living (CIL) will be a mixed income housing development that will serve people of all ages and abilities. To launch such an innovative project, a range of committed partners with a diverse set of skills and resources are required. This document is intended for such partners, including:

- **Prospective developers or development teams** with the capacity to develop and/or own and operate an innovative supportive housing project.
- **City, County and State** officials whose support will be needed to facilitate an appropriate site and other resources for the project.
- **Visionary philanthropists** with the ability to support the planning and pre-development activities necessary to advance the project to the development stage.

This document outlines the concept to be developed and demonstrates its programmatic and financial feasibility. A program plan is put forward that explains core elements, including proposed objectives, staffing, resident participation expectations, and a project logic model. The market potential of the initiative is assessed, and preliminary pro forma development and operational budgets are projected. Finally, the philosophy driving the planning and design process is articulated and hypothetical site design concepts are provided

We are pleased to share this prospectus and look forward to exploring the role you can play in this important endeavor.

Sincerely,

Autism Living Board of Directors

Alan Homewood, Founder/Bootstrap Holdings, *Chairman*

Bob Apel, Founder/M+A Architects

Erika Braun, Consultant/Product Designer, Design Researcher & Strategist

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2. Executive Summary

The challenge is real. And so is the opportunity.

Across the U.S., over 850,000 people with intellectual and developmental disabilities live at home with a caregiver who is 60-years old or older. + As more than a million such caregivers age, the paucity of options for their adult children with autism and other disabilities to be housed in stable, supportive housing outside of their family home drives anxiety and a search for new solutions.

Meanwhile, a “silver tsunami” of baby-boomers is transforming outdated expectations of retirement and creating demand for new and expanded housing options. In Columbus, the number of people over the age of 65 will double in the next 20 years. ++ Where will they live and what kind of life – and purpose – will they desire?

New housing options are needed for adults with disabilities, older adults, and people of all ages that move beyond the notion of housing segregated by ability and age. A new kind of community is possible: one that addresses the unique needs of adults with disabilities while drawing on the potential of neighbors of all ages and abilities to give to and support one another.

(Sources: + National Residential Systems Information Project, Status and Trends Through 2016, ++ Age-Friendly Columbus Strategic Plan)

A new kind of community is possible: one that addresses the unique needs of adults with disabilities while drawing on the potential of neighbors of all ages and abilities to give to and support one another

The Concept

Columbus Inclusive Living (CIL) is being developed to address these challenges and realize this opportunity by creating stable, affordable housing and supportive community for people with and without disabilities. It will accomplish this by adapting an acclaimed intergenerational housing model in which individuals and families of all ages, capabilities and strengths live in small, intentional communities of mutual support.

In communities based on the model, known as *intentional neighboring*, residents commit to being actively involved in helping their neighbors, in a manner appropriate to their abilities and interests, as an expectation of living in the community. Examples can be found in communities like [Bridge Meadows](#) in Portland, OR, and [Bastion](#) in New Orleans, which serve child welfare-involved families and wounded warrior veterans respectively.

In Columbus, CIL is being planned to ensure financial ROI (return on investment) for its developer as well as demonstrable social outcomes for the community.



The award-winning Bridge Meadows community in Portland, OR, supports families providing permanent homes for youth formerly in foster care. It is based on the same housing model being adapted by Columbus Inclusive Living.

Key Social Outcomes

Increased social connectedness through relationship-building and reciprocal sharing of social support by neighbors

Enhanced community inclusion and maximization of individual potential for people of all ages, abilities and incomes

A viable solution to the housing crisis facing adults with disabilities that will be replicable in Ohio and throughout the United States

To generate these tangible results, AL has developed a preliminary concept for an 80-unit mixed-income, intergenerational community that will serve three primary resident groups: (1) Adults with Disabilities, (2) Older Adults, and (3) Families and Younger Adults.

The community will be designed to include 7,700 square feet of common areas for community activities and programming for both residents and non-residents. It will be located close to public transportation, shopping, and educational and vocational opportunities with a set aside of 25% of the housing units for adults with disabilities and the balance for older adults, families and younger adults.

The following assumptions have been made for unit types and square footage:

Unit Size	Total Units	Affordable	Market	Net Square Feet per Unit
1 BR	48	28	20	650
2 BR	23	14	9	850
3 BR	9	6	3	1200
Total	80	48	32	

Breakdown of estimated housing space requirements by population group:

Resident Profile	Number of Bedrooms	Unit Count	Affordable / Market
Adult/Family	3	9	6/3
Adult/Family	2	9	5/4
Adult/Family	1	7	4/3
Older Adults	2	8	3/5
Older Adults	1	27	13/14
Adults w/ Disabilities	2	6	6/0
Adults w/ Disabilities	1	14	11/3
Totals		80	48/32

Neighbor Engagement

Community members will commit to regular social interactions with their neighbors as an expectation of living in the community. This could mean checking in regularly with a neighbor with limited mobility, offering a neighbor a ride to a job interview or social activity, or inviting a neighbor over for an occasional cup of coffee.

Social connectedness and community participation will also be facilitated by a small program staff that will assist by assessing community/resident needs and resources, and, in general, helping support, but not direct, neighbor-to-neighbor interactions. The staff will also work closely with residents and community leaders to establish expectations for community participation. They will be

responsible for actively listening and responding to the ideas and opinions of residents and planning and facilitating regular events and opportunities (e.g. weekly “happiness hour”) for them to engage with one another throughout everyday life.

As a single project, CIL represents a relatively modest solution to the much larger, national housing crisis facing adults with disabilities. Rather than treating the project as a “one-off,” however, AL is committed to seeing it emerge as a replicable model with broad impact. A preliminary logic model for CIL, provided later in this document, captures core project objectives and desired outcomes and provides a good foundation upon which to develop a comprehensive evaluation strategy.

Intentional Design

Alongside a developed program concept, AL is committed to ensuring that the planning and design process for CIL is optimized to create living environments where people with and without disabilities can thrive.

With this goal in mind, AL board members and faculty and students from The Ohio State University Knowlton School of Architecture spent more than a year collaborating on a ground-breaking initiative. Their objective: develop a planning and design framework, backed up by research, to equip planning and design professionals committed to improving the built environment for adults with autism and other disabilities through CIL and similar projects.

The product of their efforts, ***“Autism Planning and Design Guidelines 1.0”*** recently received the prestigious American Institute of Certified Planners 2019 Student Project Award from the American Planning Association. While CIL will not only serve people with autism, the guidelines demonstrate that planning through the lens of autism can benefit everyone. Central to the guidelines is a planning and design strategy known as *The Six Feelings Framework* that promotes a sense of “feeling included.” The guidelines and the framework will help planners in Columbus and beyond “create spaces and infrastructure that are more usable, comfortable, and beneficial to all constituents (but particularly adults with autism) who feel more connected, free, clear, safe, private (when needed), calm, and ultimately, included.”

Informed by the CIL concept and the Autism Planning and Design Guidelines and with the assistance of a local architecture firm, M+A Architects, two preliminary site concepts have been developed that demonstrate how the CIL program could be successfully implemented on an urban site of 1.2 acres and a suburban site of five acres. Both site concepts are provided in Appendix 1.

AUTISM PLANNING AND DESIGN GUIDELINES 1.0

THE OHIO STATE UNIVERSITY CITY AND REGIONAL PLANNING STUDENTS

AL helped catalyze and develop ***Autism Planning and Design Guidelines 1.0***, which recently won the 2019 AICP Student Project Award from the American Planning Association.



Second floor layout of 1.2-acre urban site concept developed by M+A Architects for Columbus Inclusive Living

Working with AL board members and stakeholders, M+A also assembled several “inspirational images” that reflect potential building types and interior and exterior space designs that could be employed to bring the CIL concept to life.



Design images of prospective building types and spaces for an urban development based on the CIL concept are included in Appendix 1

Market and Financial Feasibility

To assess the market viability of the CIL initiative, a preliminary assessment of market conditions has been undertaken by Urban Decision Group. Assuming CIL is developed as proposed and within or very near an existing city within Franklin County, it should attract its intended market.

Another key step toward assessing project feasibility, a sample pro forma project budget, has also been developed, utilizing market data and assumptions, project information, and input from development-related professionals advising on the project. Construction costs were calculated using 2019 maximum construction costs allowable by the Ohio Housing Finance Agency for tax-credit funded projects.

The pro forma, provided in Appendix 2, demonstrates a financially viable, mixed income project:

Market Analysis

Assuming this project is developed within or very near an existing city within Franklin County, it should be successful in attracting its intended market.

USES OF FUNDS	AMOUNT
Construction Costs	\$17,540,375
Fees Related to Construction Costs	\$1,034,475
Financing Fees and Charges	\$1,959,010
Tax-Exempt Bonds (ST)	\$2,830,294
Developer's Fees	\$1,865,200
Syndication Related Costs	\$180,000
Guarantees and Reserves	\$662,312
TOTAL	\$26,071,666

The project “pencils out” with an assumed mix of financial sources necessary to generate equity, including a Low-Income Housing Tax Credit and a Capital Campaign.

SOURCES OF FUNDS	AMOUNT
Equity sources (Low-income housing tax credit, bonds, etc)	\$7,955,239
Debt financing	\$7,200,000
Capital Campaign	\$3,500,000
Deferred Developer's Fee (<i>30% of fee</i>)	\$559,657
Financing Gap	\$0
TOTAL	\$19,214,896

Based on property income projections and modest grant and annual fundraising, the project achieves operational sustainability and generates a small but positive cash flow.

OPERATING BUDGET	AMOUNT
Net Operating Income	\$490,550
Debt Service	\$412,487
NET CASH FLOW	\$78,063

A Kairos Moment in Columbus

The Greeks called it *kairos*: the “right time.” A time when conditions are right for the accomplishment of a crucial action. The opportune and decisive moment.

AL and its partners have spent the last several years exploring potential solutions to the growing housing crisis facing people with disabilities in Columbus. The information put forward in this prospectus demonstrates that the time has arrived to transform their diligent efforts into tangible progress.

A rare combination of external forces and public-private resources are aligning to generate synergies and opportunity that must be seized:

- The burgeoning population of transition-age youth with autism and other disabilities is escalating the need for more affordable, accessible housing and a desperate search for new housing solutions at the local and national level.
- A growing Columbus, expanding with new energy, people and resources, faces an overheated housing market that shows no sign of abating, compounding the lack of affordable housing options for people with disabilities, families and older adults.
- City leaders are responding with an unprecedented commitment of financial resources—more than \$100 million in anticipated funding – to preserve and generate new affordable housing.
- Academic partners from The Ohio State University, such as the Knowlton School of Architecture and the School of Social Work, recognize the unique potential of the CIL initiative and are ready to partner to help develop, evaluate and advance this unique concept.

Kairos

A time when
conditions are right
for the
accomplishment of a
crucial action

The need is growing. The resources and partners are waiting. The moment for action has arrived. Columbus needs Columbus Inclusive Living.



3. The Opportunity

The housing crisis facing adults with autism and other disabilities across the nation is growing, creating an opportunity for positive, disruptive change.

In 2016, there was no single housing market in the United States where a person with a disability whose sole source of income was Supplemental Security Income (SSI) could afford a safe, decent market-rate rental unit. Nationally, more than 4.8 million people with disabilities rely solely on SSI as their source of income. SSI monthly payments average \$763. The average monthly rent for a one-bedroom apartment is \$861. +



Of this group:

- 1.127 million (23%) receive publicly funded residential supports; 3.775 million receive no funded supports. ++
- Over 850,000 live with family caregivers that are over the age of 60. ++
- Of those receiving supports, 631,000 (56%) live with family; 496,000 (44%) live in non-family settings. ++

There are approximately 3 million individuals in the US with an autism diagnosis. Of the adults (21 and over) in this group, 87% live with their parents but only 22% state they want to live there. +++ And many (35%) require 24-hour support. ++

On the home front:



- 218,165 people with disabilities in Ohio rely solely on SSI, which amounts to \$733 per month for state residents. +
- Average monthly rent for a basic one-bedroom apartment in Ohio is \$602; the Franklin County average is even higher: \$689. +
- What this means: an SSI-dependent person with a disability renting an apartment in Franklin County must spend 94% of their monthly income simply for housing, leaving only \$44 a month for food, transportation, clothing, or other necessities. +

Through the Section 811 Supportive Housing for Persons with Disabilities program, the federal government provides funding to develop and subsidize rental for very low-income adults with disabilities. But the wait for a Section 811 unit is steep: hundreds of Franklin County residents are on the waiting list for such a unit, many for years. Meanwhile, the influx of young adults with disabilities transitioning out of Franklin County schools continues to grow, creating expanded demand for suitable housing.

(Sources: + Technical Assistance Collaborative 2016 Report, *Priced Out in Ohio*, ++ Centers for Disease Control and Prevention, +++ Autism Housing Network)

Getting Connected

Safe, stable housing is key to ensuring wellbeing but shelter alone does not give people what they need to flourish and live healthy lives. This is particularly the case for individuals with disabilities who report high levels of social isolation and depression. According to the Autism Housing Network:

The challenge is greater than simply an inadequate supply of affordable housing: it is also a lack of social connectedness and supportive community

39% of adults with autism over the age of 21 report no longer seeing any friends after high school

48% report feeling lonely and 57% report feeling depressed.

And according to the AARP, about one-third of U.S. adults age 45 and older report feeling lonely — and, due to an increased number of aging adults, the number is growing.

This data points to similar, near-epidemic levels of social isolation and disconnection.

The message is clear: people of all ages and abilities are finding it increasingly challenging to get and stay socially

connected. Which means the challenge is greater than simply an inadequate supply of affordable housing: *it is also a lack of social connectedness and supportive community.*

At least in theory, there are a broad range of housing and neighborhood options available to adults with disabilities. These include group homes, independent apartments, residences in gated communities, farmsteads, and provider-controlled settings offering intense, 24/7 levels of care. The reality, particularly in Columbus, is that there are relatively few such housing options currently available for transition-age adults with disabilities that are genuinely affordable. And there are even fewer viable opportunities for such individuals to find housing in intentionally integrated, inclusive communities where they are best positioned to access expanded social networks.

Similarly older adults also have a variety of housing options from aging in their own homes to moving to a senior retirement community or assisted living facility. But these options also rarely provide

residents with the opportunity to engage life with purpose in a diverse community that supports independence, normality, and that ongoing intergenerational social interaction.

The CIL concept is being developed in response to dynamic trends in both the housing and human services sectors. One relevant trend is that an increasing number of “Boomers,” in retirement, do not see themselves living age-segregated lives, and wish to avoid assisted-living facilities. On the other end of the generational spectrum, millennials are increasingly utilizing community-minded, cause-driven criteria as they make major decisions about their lives, including housing. And in the public sector, there is increasing reluctance to fund traditional segregated and institutional housing for vulnerable populations that do not achieve genuine community integration.

In addition, there is now a substantial corpus of research showing that social connectedness and community involvement are two of the most powerful determinants of well-being. In sum, ***social relationships matter***.

Trends

Increasing social disconnection and isolation has demonstrable impact on health and wellbeing

Baby boomers are seeking new retirement options as millennials embrace community-focused approaches

Public policy around disability housing is moving away from segregated environments in favor of community-based living

The convergence of these social, economic and demographic trends creates an opportunity to think differently and create a new place, where people with and without disabilities can thrive.



4. The Concept

Building on two decades of research and reflection, a new paradigm of “**intentional neighboring**” has been established that leverages inclusive, supportive community to enhance personal and collective wellbeing. Successfully pioneered by Generations of Hope, the model is currently operating in communities across the country. Particularly well-suited to serve the needs of people with and without disabilities, this approach is defined as:

“the coming together of people from all walks of life to live intentionally as caring neighbors, embracing those among us who are most vulnerable, and surrounding each other with a culture of friendliness, kindness, helpfulness, and consideration.”

Eight core components serve as the key underpinnings of the intentional neighboring paradigm. Each represents a critical difference from conventional intervention perspectives and practices, and each denotes a very different approach to vulnerability than is provided by the safety net we have in place for people facing specific vulnerabilities (e.g. foster care, intellectual/developmental disabilities, racial and age biases, the growing income gap, veterans with life-long rehabilitative needs) Characteristics of the conventional safety net designed to address these challenges include a primary focus on providing assistance with the acquisition of food, housing, income, and health care; vulnerability being defined by needs; and services provided by agencies and often relying on professional guidance.

The characteristics of intentional neighboring are different. Here assistance is *community-driven* with the primary focus being on the universal need for caring relationships and neighboring; people facing serious social challenges become assets to the community; and there is a reliance on ordinary people of all ages and their capacity to care about and for one another.

Core components of Intentional Neighboring

Foundational Values

- Utilizing the power of relationships
- Reframing vulnerability
- Embracing diversity

Essential Design Patterns

- Key focus on vulnerability
- Three or more generations
- Engagement of older adults
- Architectural design facilitates relationships
- Transformational leadership

The contrasts between the characteristics of a traditional safety net and of intentional neighboring are not incompatible. *The effective implementation of both* has the potential to provide a much fuller response to vulnerability by:

- broadening our perception of “vulnerability” to include the whole person, not just the circumstances or factors that make someone vulnerable, providing a fuller, more complete response to basic human needs, (i.e., adding caring relationships and neighboring to the categories of food, shelter, services, etc.),
- utilizing the talents and experiences of, not only professionals, but of all of us, including those most vulnerable, and
- being more encompassing, providing both targeted services and the daily care and support of family, friends, and neighbors.

Successful demonstrations of this model can be found in communities such as Portland, Oregon’s Bridge Meadows, a small, robust “pocket neighborhood” that is fully integrated into the fabric of the surrounding community. Bridge Meadows has demonstrated efficacy in supporting its primary population of child welfare-involved families and older adults by increasing their housing stability and social connectedness. Its success has spawned two additional communities in Oregon with others planned for 2020 and 2021.

In New Orleans, the Bastion community, applies a similar approach by leveraging the social capital of supportive neighbors to address the unique challenges faced by disabled veterans with life-long rehabilitative needs. Since its launch in 2017, Bastion has earned major recognition and awards from organizations as diverse as the Aspen Institute, the George W. Bush Institute, HUD, and the Affordability Tax Credit Coalition.



Veteran Malik Scott and his children Khali, 6, and Laila, 5, says “Bastion is like a second family to us.”

CIL will be one of the first initiatives in the country to adapt the model found at Bridge Meadows and Bastion to support the unique needs of people with disabilities. By leveraging the intentional neighboring paradigm and a commitment to asset-based community development, AL has arrived at a concept that will help meet their needs, respond to their preferences, and position them to live and flourish.

Residents

Three primary groups of people will live and participate in the CIL community:

- **Adults with Disabilities**

Adults with disabilities above the age of 21 provide much of the impetus for the community. Depending on their needs and desires, they will have the option to live in an independent living unit by themselves, with family members or with roommates. Those with autism will likely occupy varying places on the spectrum and demonstrate a continuum of needs. Some will require live-in caregivers; others will need much less in the way of professional supports. All or nearly all of the housing for adults with disabilities will be affordable.

- **Older Adults**

Older adults (age 60 and above) will enter the community expecting to lend social support to their neighbors and be supported in return. They could be parents or non-parental relatives of adults with disabilities who will also live in the community, or they could be unrelated. Regardless, they will need to meet two key requirements: a desire to live in a mutually supportive community where they will be active, supportive neighbors, and the ability to income qualify for affordable housing or market-rate rental units. Older adults who are relatives, likely parents and siblings, of adults with disabilities may choose to live with their relatives or by themselves with their relative living close by.

- **Families and Younger Adults**

Families living in the community will add valuable diversity (e.g., age, socioeconomic status, life experience, perspective) to the environment. Some may have sons or daughters with disabilities living in the community and be seeking an understanding, supportive environment in which to raise their child. Others may simply be seeking affordable housing and the opportunity to live alone or with their family among neighbors who share their values.

The expectation is that all residents of the community will be actively involved in supporting their neighbors as a condition of living in the community. The older adult, family and younger adult residents will find ways appropriate to their interests to contribute to the well-being of individuals with disabilities. The adults with disabilities will be provided opportunities appropriate to their needs and capabilities to develop relationships and give back to the community.

Inclusive Community as Intervention

Intervention is defined as “the act of intervening, interfering or interceding with the intent of modifying an outcome.” In a social service as opposed to medical context, intervention typically refers to actions taken by social workers to directly provide service or support to individuals with specific needs.

An extended social network has the potential to strengthen the community’s greatest asset: the human capital of its residents

In conventional services for adults with disabilities, trained professionals provide the primary interventions and supports. In CIL, which will adapt the principles of intentional neighboring, the role of professionals will be different; the operating expectation is that the community itself will also be a means of supportive intervention. The human capital of its residents will be the community’s greatest asset. The extended social network that CIL will create has the potential to further strengthen those assets, enhancing wellbeing and increasing resilience.

Given the service needs of many adults with disabilities, a range of professional services will be present in the community. These services will be provided in a manner that doesn’t interfere with normal neighborhood activities

Community Composition and Housing Types

The community will house a diverse group of residents across the ability and age span with no more than 25% of the units set aside for people with disabilities. This will ensure requisite diversity, a reduction in stigma sometimes associated with supportive housing, and ongoing programmatic and financial sustainability.

The unit mix of the development will incorporate a combination of affordable and market rate rental units. This will increase the complexity of the project financing but ensure that residents of diverse income levels will be served by the community. It is assumed that the project will be funded with mix of public-private funds, possibly including Section 811 vouchers and a Low-income Housing Tax Credit (LIHTC). Therefore, the development will need to align with any Ohio Housing Finance Agency per unit cost caps and other guidelines.

A sample breakdown been formulated to evaluate a workable scenario for the community. It is assumed that flexible unit types would be available that would provide choice based upon the resident population, needs, and preferences. Draft housing unit breakdown by number, size and affordability is as follows:

Unit Size	Total Units	Affordable	Market	Net Sq. Feet per Unit
1 BR	48	28	20	650
2 BR	23	14	9	850
3 BR	9	6	3	1200
Total	80	48	32	

Draft housing unit breakdown by population group:

Resident Profile	Number of Bedrooms	Unit Count	Affordable / Market
Adult/Family	3	9	6/3
Adult/Family	2	9	5/4
Adult/Family	1	7	4/3
Older Adults	2	8	3/5
Older Adults	1	27	13/14
Adults w/ Disabilities	2	6	6/0
Adults w/ Disabilities	1	14	11/3
Totals		80	48/32

Community Meeting, Support and Service Spaces

For an 80-unit community, an estimate of 7,700 total square feet would be provided for community spaces. This would include a common house (2,500 sq. ft.) with a large meeting space, kitchen facilities and accessible bathrooms. A library/media room, activity rooms and smaller gathering spaces will be dispersed throughout the community for residents to meet in groups for planned and

impromptu socialization and volunteer opportunities. The common spaces will also be used to host meetings and events not only for residents, but for non-resident members of the larger community. Offices for on-site staff will be included. Service spaces required would include housekeeping closets, supply and general storage, data and mechanical closets, and elevators/elevator machine room.

A preliminary breakdown of community spaces:

Space Description	Unit Count	Total Area (Net Square Feet)
Community Room w/ Kitchen	1	2,500
Bathrooms	2	200
Library/media room	1	500
Small Gathering Spaces	4	1,600
Office Suite	1	800
Maintenance	1	600
Service Spaces	1	1,500
Total		7,700

All buildings will meet universal design standards for a 100% accessible community. The outdoor and indoor spaces will be designed to provide the opportunity for interaction among all residents including carefully planned green spaces, sidewalks, and places for residents and non-residents to gather. Buildings will be designed to demonstrate best practices in sustainability and energy efficiency. The proposed density will be consistent with the surrounding area.



5. Neighbor Engagement

(Note: for purposes of this document, community “participation,” “service” and “engagement” are used largely interchangeably to define the range of social interactions that neighbors typically experience when being positively engaged with their neighbors and in their community.)

The concept for this initiative calls for social engagement by adult residents in regular activities, both formal (e.g. tutoring, leading story time, bingo night, serving on the community welcome committee) and informal (e.g. inviting neighbors in for refreshments, providing impromptu transportation as requested) in a manner appropriate to their abilities and interests. While the CIL initiative will be one of the first communities of its kind to adapt this model to specifically serve individuals with and without disabilities, the planning of its program is being directly informed by learnings generated by intentional, intergenerational communities already in operation that are serving child welfare and wounded warrior veteran populations.

Engagement is facilitated by establishing clear policies, assessing community/resident needs and resources, and staff that are specially trained and equipped to help facilitate interpersonal connections among neighbors.

Neighbor engagement is one particular area where CIL will benefit from lessons learned and the collective experience of such communities. Engagement is facilitated, in part, by establishing clear policies, assessing community/resident needs and resources, and staff that are specially trained and equipped to help facilitate interpersonal connections among residents. In most communities based on this model, a participation requirement is established based on hours that can be fulfilled through service or engagement with neighbors of practically any kind. For this community, a less quantitative approach is envisioned, whereby residents could fulfil their community participation commitment

through agreed-upon actions or services that are customized to their interests and capabilities rather than in response to an hourly requirement. Staff will assist residents in identifying their assets and needs and assessing how and when they can best fulfil their commitment to be a supportive neighbor. They are also expected to participate in reasonable program evaluation activities (e.g. quarterly interviews, surveys, etc.) to provide data for use in outcomes measures that will help assess the impact of engagement upon individual and community wellbeing and, in so doing, generate learnings that could be key as this model is considered for future replication.

While neighbors of all ages and abilities will be actively engaged in the community, the role of older adults will be particularly important.

In the application, residents are asked to select from a list of typical community participation activities and services they could envision themselves performing. They can also identify others not listed. This generates insights into interests and motivations that are instructive to both the applicant and project leadership.

While neighbors of all ages and abilities will be actively engaged in the community, the role of older adults will be particularly important. It's reasonable to expect that some – though certainly not all – older adults will have more available time to share than other adult residents who may be heading households

and/or holding full-time jobs. It's also likely they will possess capabilities and experience that will equip them to be involved in a wider range of community and neighbor-supportive activities than some other residents.

Meaningful relationships are important at any age but they enable older people to have significance in large part as a function of their age, allowing them to occupy roles and engage in activities that amplify their standing as elders. Engagement, viewed this way, becomes a way of life. It also constitutes much of the specific appeal that CIL could have to older adults who are seeking alternatives to living in an age-segregated community where opportunities for regular, intergenerational engagement may not be readily available.

Other factors that will impact community participation include:

- Regular activities and events (e.g. monthly birthday parties, weekly “happiness hour”) provide residents of all ages with ongoing opportunities to engage with one another throughout everyday life. This will be particularly important in the early stages of the community when residents are just beginning to get to know one another but also later once they’ve “settled in” and may feel less inclined to make the effort to socially interact with their neighbors.
- The community participation commitment is not a goal unto itself but a means of fostering accountability among neighbors to each other and to their community. It should be an

expectation but not so rigid that it can't be adjusted to the specific situation and changing realities and needs of residents.

- The neighborly interactions facilitated through the community participation commitment need not take place only within the physical confines of the community itself. In fact, in the case of the AL initiative community participation can be a tool for supporting the fuller integration of neighbors with disabilities into the larger Columbus community. Residents can help further this goal by providing transportation, companionship and other supports that will allow all of their neighbors with or without disabilities to experience life outside of their immediate community.

Residents who choose to live in CIL will also have to meet certain criteria established in the project's resident selection plan (RSP). The RSP is a standard document that establishes specific guidelines, in accordance with HUD regulations and community rules established by the owner/operator of the project, for community residency.



6. Staffing and Care Coordination

In conventional service delivery models for people with disabilities, the focus is frequently on individual vulnerabilities rather than assets. In these scenarios, it is easy to see the directionality and structure of the services being provided – professionals with expertise and specialized training are hired to offer services that frequently treat people as a “diagnosis” versus tailoring services to individuals with defined needs.

At CIL, the role of professional service providers will be different, as will be the role of residents who will provide the community with its purpose and form its culture. In this instance, adults with disabilities and older adults will not be relegated to a narrow role as “recipients” of service but have regular opportunities to support their neighbors as “givers” of service in a manner appropriate to their individual situations. Rather than being viewed as disabled, elderly, dysfunctional or dependent, the focus will be on each community resident as a friend, neighbor, and family member who is caring, capable, and who can make contributions to their community. Professional supports, while integral, will not be the foundation upon which the community stands as it will be intentionally resident-driven.

The asset-based approach will focus on each community resident as a friend, neighbor, and family member capable of making contributions to their community.

For some residents with particular behaviors and high levels of need, their daily interactions may primarily remain with their professional caregivers. For others, their ability to interface with their neighbors will come more naturally. In either event, seamlessly integrating conventional professional supports into the community will require careful planning, execution and a degree of ongoing experimentation. The resulting network of relationships, produced through everyday practices of informal neighboring and small acts of care and support, will over time create a culture of mutual concern and commitment that will envelop both professionals and neighbors.

Key staff positions will include:

The **Program Director** will provide strong, on-site leadership to ensure the overall coordination and success of the community, working closely with residents to facilitate building of relationships and exchanging of social capital. They'll represent the program with external audiences and support fundraising and other development activities as needed and be responsible for tracking program outcomes against identified goals and overseeing all training and orientation for staff and residents on issues of relevance to the community.

The **Community Support Specialist** will work under the direction of the Program Director and interact with residents to support the meeting of community participation objectives. They will be responsible for scheduling and execution of all community events and activities, with the goal of helping facilitate social interactions and interpersonal connections among neighbors.

The **Administrative Assistant** will provide on-site administrative support in all aspects of the program and community. **Service Providers** will serve residents when independently contracted. Their contributions may include skills development, vocational training, supported living and personal care services, nursing and medical assistance, and behavioral intervention. **Property Management** will provide on-site management, including on-going maintenance of the property, landscape and rental housing units, and responsibility for accounts receivable and collection of rents.

Community staff will not provide direct services to residents. Adults with disabilities and other residents requiring supports will use individually planned and coordinated services.

The program staff will be charged with the responsibility to empower all residents to become active partners in community life. Their job will be to work together with residents to turn this new community into a place where kindness, helpfulness, consideration, and generosity is pervasive. They will build and maintain trusting and caring relationships with all residents. Staff will also possess a shared passion for the community's purpose, be risk takers willing to disrupt "business-as-usual", and bring creativity and innovation to all leadership tasks. Other necessary abilities include:

- recognize that a leader's most important job is to build relationships that are collaborative, reciprocal, trusting, and friendly
- remain open and flexible to the needs of the community as it evolves
- provide leadership *with* the community not *to* the community
- continually encourage diverse opinions and suggestions from all residents of the community
- tap the abundance of special talents of all community members.

7. Logic Model

In a guide for its grantees, the W.K. Kellogg Foundation describes the purpose of a logic model thusly:

“The purpose of a logic model is to provide stakeholders with a road map describing the sequence of related events connecting the need for the planned program with the program’s desired results. Mapping a proposed program helps you visualize and understand how human and financial investments can contribute to achieving your intended program goals and can lead to program improvements.”

Logic models are an increasingly used and useful tool for development of programmatic initiatives like the CIL initiative that operate at the nexus of housing and social supports. As a starting point for considering program evaluation and outcomes measurement for CIL, the draft logic on the following page has been customized to represent current thinking about the initiative.

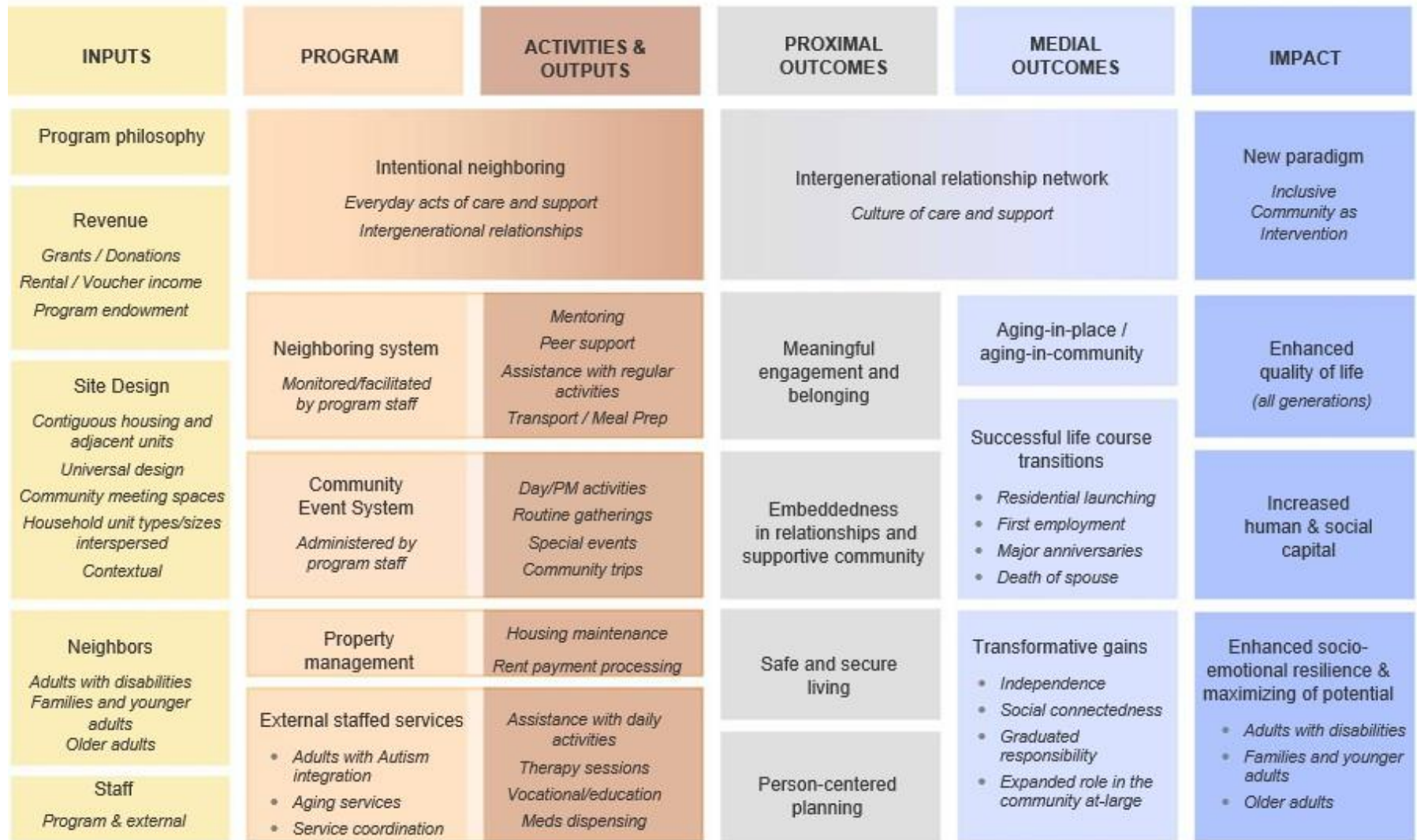
A logic model is essentially a snapshot of what a program or organization does – or envisions doing – and the theory and assumptions on which it is based. It’s an effective, visual way to collectively present and share an understanding of the relationships between the resources to be used to operate a program, the activities planned, and the changes or results it is meant to achieve. Logic models are “read” sequentially from left to right, following the trajectory of an initiative over a 7-10 year period from planning through results. Think of each column as a building block that provides the foundation and impetus for what comes next. The formatting of logic models can differ but the one adapted for CIL employs a generally accepted template of six columns, positioned at the bottom of the diagram, and defined as follows:

INPUTS	Inputs are the human, financial, organizational, and community resources that will be invested in this initiative and utilized to achieve its mission.
PROGRAM	Program represents what is done with the resources: the services, tools, events, technology, and actions that will be deployed to bring about desired results
ACTIVITIES & OUTPUTS	Activities and outputs are the direct products of program and may include the specific types, levels and targets of services to be delivered to and by residents
PROXIMAL OUTCOMES	Proximal Outcomes are the specific short-term (1-3 years) changes resident’s behavior, knowledge, skills, status and level of functioning.
MEDIAL OUTCOMES	Medial outcomes are the changes that should be achievable within a 4 to 6-year timeframe.
IMPACT	Impact is the core intended or unintended change – at individual, community and system levels – that will occur as a result of the initiative within 7-10 years.

As is the case with CIL, logic models are products of iterative processes that play out over periods of time and will be updated as the project develops.



COLUMBUS INCLUSIVE LIVING LOGIC MODEL





8. Market Analysis

Urban Decision Group (UDG) is a Columbus-based urban planning firm that specializes in leveraging technology to derive timely, high quality information for planners and decision makers. UDG has completed a preliminary market analysis to assess market demand for the CIL concept.

This project as proposed, will contain a mix of market-rate, affordable, and age-restricted units. In addition, it does not current have a site; therefore, this market assessment and capture rate analysis will utilize the entirety of Franklin County, Ohio, as the de facto market area. While a market area that encompasses an entire county is not ideal, we believe it is appropriate for the following reasons.

- First, there are a limited number of market-rate units (29) and demand throughout the County has been exceptionally strong for the last 10+ years.
- Second, the age-restricted component is unique and will inherently have the power to draw potential residents from the entire central Ohio region and beyond.
- Lastly, the units allocated for people with disabilities are in short supply, not just within the region, but within the entire country - these units have an elasticity of demand that exceeds “standard” metrics used in a typical housing analysis.

The proposed concept and target populations to be served, along with the net demand for housing in Franklin County, signal a project that will have strong market appeal.

Household eligibility for the Low-Income Housing Tax Credit (LIHTC) program, which the project’s developer will likely pursue, is based on each household’s income and size. This income cannot exceed the maximum income limit for the area median household income (AMHI). This project will be serving households earning up to 60% of the AMHI. This project will also have a market-rate component which

will be using the 80% AMHI income limits as a guide. The following table shows the income limits for Franklin County.

Franklin County		
LIHTC Income Limits	80.0%	60.0%
1 Person	\$43,680	\$32,760
2 Person	\$49,920	\$37,440
3 Person	\$56,160	\$42,120
4 Person	\$62,400	\$46,800
5 Person	\$67,440	\$50,580

Industry standards typically allow households to have a maximum rent-to- income ratios of 35% for family units and 40% for senior units. The annual rent is divided by these ratios providing a minimum annual household income requirement for each unit. The following table illustrates the LIHTC maximum rents for each unit type by AMHI level. For the purpose of this preliminary capture rate all rents are assumed to be at maximum.

Franklin County		
LIHTC Rent Limits	80.0%	60.0%
Bedrooms (People)		
1 Bedroom (1.5)	\$1,170	\$877
2 Bedrooms (3.0)	\$1,404	\$1,053
3 Bedrooms (4.5)	\$1,623	\$1,217

Once the minimum and maximum income for each unit are determined the total demand for each unit can be determined. The number of units for the site are divided by the total demand for each type to calculate a capture rate. Based on this methodology capture rates should be no higher than 30% to ensure a sufficient base of support. The qualified income bands as well at the demand numbers are illustrated in the following table.

Type	Rent	Qualified Income Band	Total Demand	Units	Capture Rates
Adult/Family 1-BR - Affordable	\$877	\$30,069 - \$37,440	11,003	4	0.0%
Adult/Family 1-BR - Market	\$1,170	\$40,114 - \$200,000	28,929	3	0.0%
Adult/Family 2-BR - Affordable	\$1,053	\$36,103 - \$42,120	3,304	5	0.2%
Adult/Family 2-BR - Market	\$1,404	\$48,137 - \$200,000	25,152	4	0.0%
Adult/Family 3-BR - Affordable	\$1,217	\$41,726 - \$50,580	4,779	6	0.1%
Adult/Family 3-BR - Market	\$1,623	\$55,646 - \$200,000	22,087	3	0.0%
Older Adults 1-BR - Affordable	\$877	\$26,310 - \$37,440	3,704	13	0.4%
Older Adults 1-BR - Market	\$1,170	\$35,100 - \$200,000	5,049	14	0.3%
Older Adults 2-BR - Affordable	\$1,053	\$31,590 - \$42,120	1,971	3	0.2%
Older Adults 2-BR - Market	\$1,404	\$42,120 - \$200,000	4,428	5	0.1%
Disabled 1 BR & 2 BR- Affordable	N/A	N/A	82,461	20	0.0%

The resulting capture rates are exceptionally low which is due in part to the use of the entire county as the market area. This could potentially skew the market-rate component, but because the proposed rents are 80 percent of AMHI, demand is expected to be high. The age-restricted and disabled components also have very low capture rates, but this speaks more to the uniqueness of the project and the proportional demand across the region, regardless of location. In other words, the age qualified and disabled population throughout Ohio and the entire country, is consistently proportional to the total population in any given area.

In summary, assuming this project is developed within or very near an existing city within Franklin County, it should have no difficulty attracting its target populations. The proposed concept and target populations to be served, along with the net demand for housing in Franklin County, signal a project that will have strong market appeal



9. Design and Planning

When developing a community based on the intentional neighboring paradigm, there are primary drivers for site selection and community and building design that should be applied regardless of the specific geographic location or population to be served. These factors include:

- The community should be walkable; both internally and connected to the community at-large supporting positive interactions between people in and outside of the intentional neighboring development.
- It should include ease of access to public transportation from housing and community spaces.
- The housing and community space should be universally designed, which supports resident choice of unit type and participation in community events.
- The site should be reasonably safe and conducive to resident safety and security.
- The housing and related social spaces should create an atmosphere of a home that is non-institutional and welcoming for both residents and visitors.
- Placing the community in an area that includes access to meaningful work opportunities, such as retail locations, is important.
- Wayfinding, including landmark and cueing, to be addressed in early stages of site and building programming and planning to address needs of all resident populations.
- The layout and design of the community shall provide different scaled spaces; both internally and externally to support different types of interactions between residents, encouraging opportunities to socialize, volunteer together, and foster neighboring.
- Site selection, planning and programming, and design shall be driven by a person-centered philosophy – understanding that each resident's needs are unique – and not staff driven.

The AL board has been actively committed to further adapting and customizing the above guidelines, which are not disability-specific, to the unique needs of the residents that CIL will serve. Working with faculty and students from The Ohio State University Knowlton School of Architecture they developed the “**Autism Planning and Design Guidelines 1.0**” which explores ways planners, architects and landscape architects can create communities where people with autism, people with other disabilities, and people without disabilities, can thrive.

The one-and-a-half-year process to develop the guidelines included three undergraduate studios and one graduate workshop where students and AL representatives engaged with adults with autism, parents of adults with autism, professionals from planning and urban design-related fields, and experts on autism. **The Six Feelings Framework** provides the central approach around which



AL board members and stakeholders participated with Knowlton School of Architecture students and faculty in a series of facilitated discussions and sessions to help develop the **Autism Planning and Design Guidelines 1.0**.

THE SIX FEELINGS FRAMEWORK

Our research culminated in the creation of a planning and design strategy: The Six Feelings Framework. These six feelings combine to promote feelings of being included. When considering their needs, planning and design implementations in the public realm (in a public space or when using infrastructure) should make adults with autism:

1. **Feel connected** - because they are easily reached, entered, and/or lead to destinations.
2. **Feel free** - because they offer relative autonomy and the desired spectrum of independence.
3. **Feel clear** - because they make sense and do not confuse.
4. **Feel private** - because they offer boundaries and provides retreat.
5. **Feel safe** - because they diminish the risk of being injured.
6. **Feel calm** - because they mitigate physical sensory issues associated with autism.

Although these feelings are also desirable for neurotypical people they are especially crucial for people with autism.

Understanding that it may not seem useful to plan for one group of people, planning through the lens of autism can benefit everyone. The Six Feelings Framework helps planners create spaces and infrastructure that are more usable, comfortable, and beneficial to all constituents (but particularly adults with autism) who feel more connected, free, clear safe, private (when needed), calm, and ultimately, included.

the guidelines were developed. While broadly useful beyond CIL, the guidelines will provide a strong foundation for a robust planning process through which CIL will engage adults with disabilities, and other key stakeholders as collaborative partners in community design as the project advances toward development.

In recognition of its unique contributions to the planning, design and human service sectors, the project was recently awarded the American Institute of Certified Planners 2019 AICP Student Project Award from the American Planning Association.



Knowlton students in the City, Regional and Planning Program who participated in development of the award-winning ***Autism Planning and Design Guidelines 1.0***.

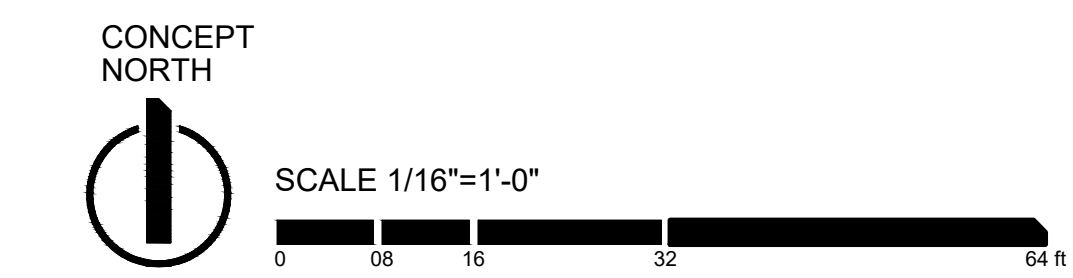
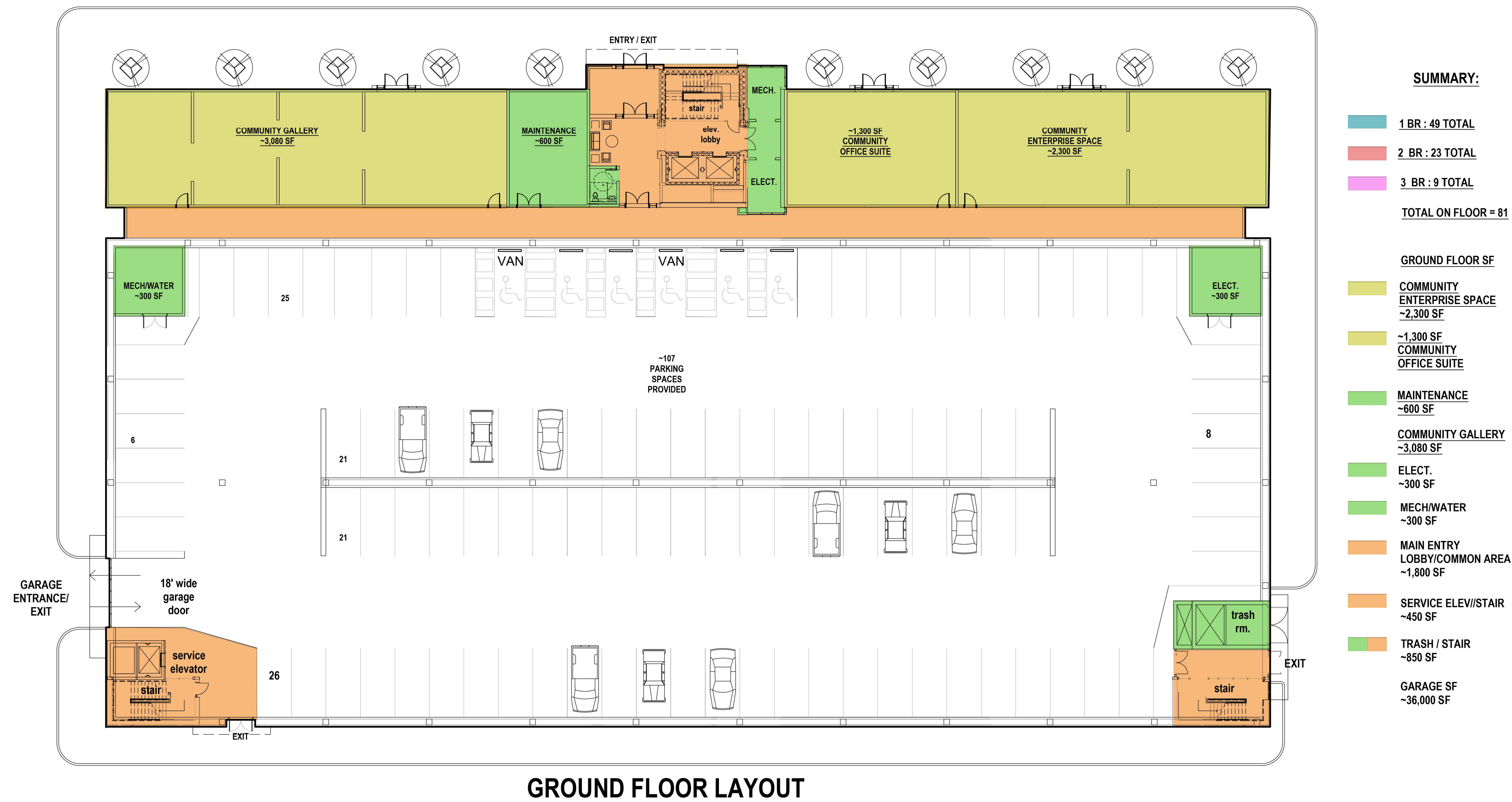
Site Concepts

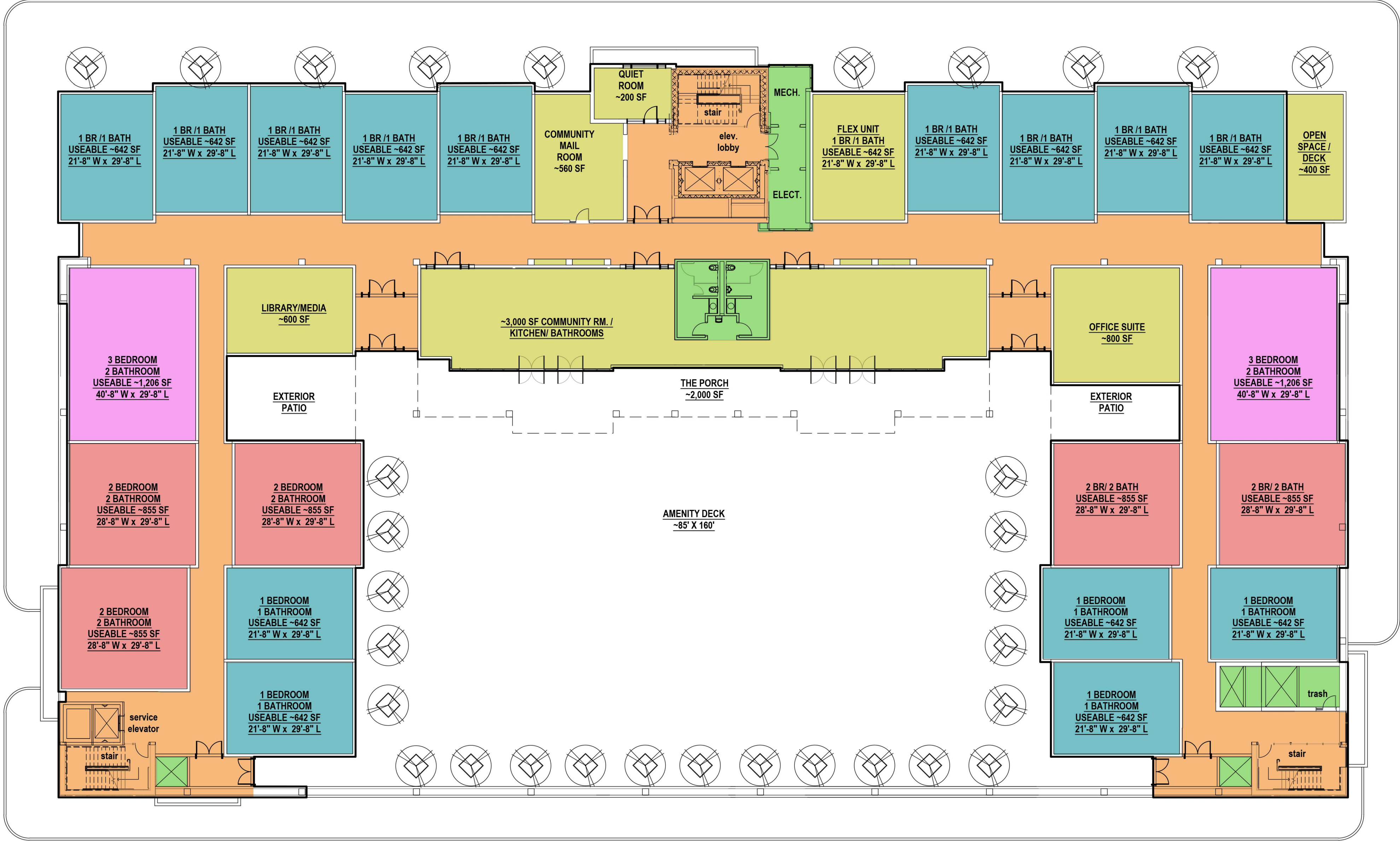
In Appendix 1, preliminary site concepts prepared by M+A Architects convey how the CIL concept program requirements could be met on both a 1.2 acre urban site and a five acre suburban site.

In the urban site concept, 80 units of housing and common spaces are distributed across four floors with 120 units of enclosed platform parking and a courtyard terrace. The larger suburban site accommodates the same program but with surface parking and additional ground level green spaces.

Also provided are “inspirational images” of other building design elements, spaces and styles that could be employed in the CIL development.

APPENDIX 1



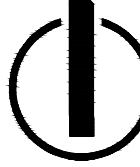


SUMMARY:

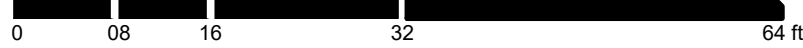
- 1 BR : 15 TOTAL
- 2 BR : 5 TOTAL
- 3 BR : 2 TOTAL
- TOTAL ON FLOOR = 21
- LIBRARY/ MEDIA ~600 SF
- OFFICE SUITE ~800 SF
- COMMUNITY RM. / KITCHEN/ BATHROOMS ~3,000 SF
- AMENITY DECK ~92'X160'
- OPEN SPACE /DECK ~400 SF
- (2) EXTERIOR PATIO SPACES
- SERVICE SPACES
- STAIRS & CIRCULATION

2ND FLOOR LAYOUT / AMENITY DECK

CONCEPT NORTH

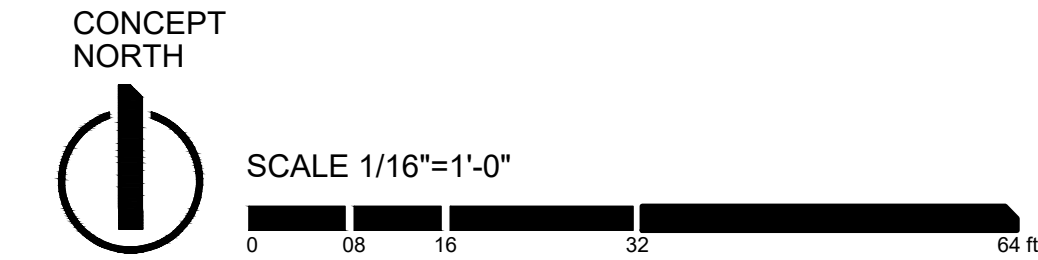


SCALE 1/16"=1'-0"





3RD FLOOR LAYOUT



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COLUMBUS INCLUSIVE LIVING : BY AUTISM LIVING

URBAN CONCEPT ~1.2 AC -3RD FLOOR LAYOUT

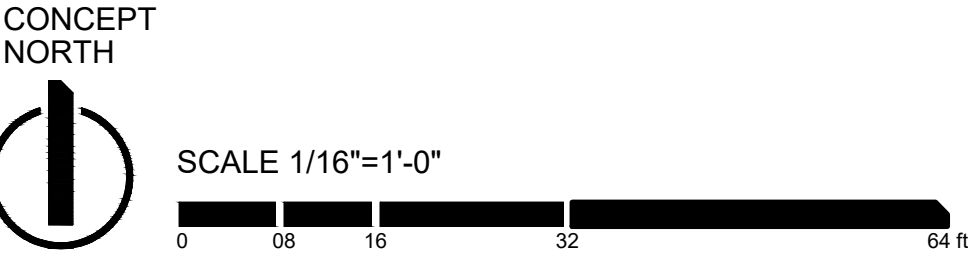
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SUMMARY:

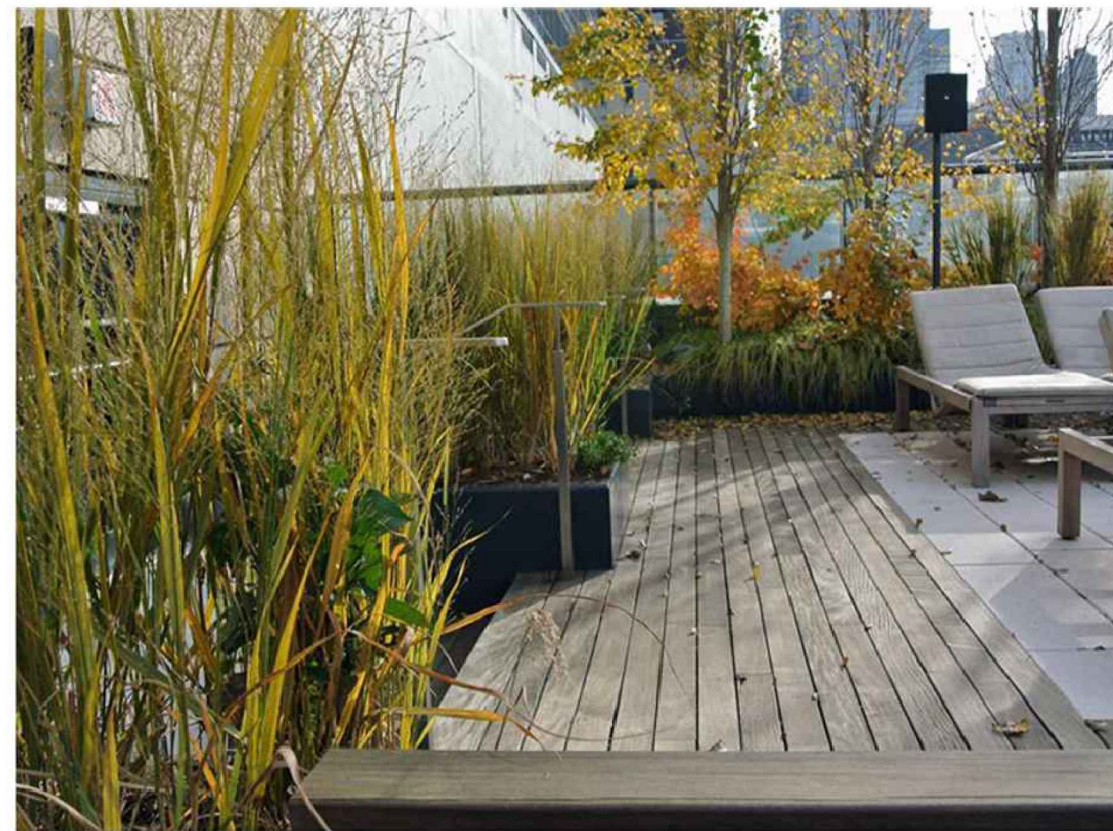
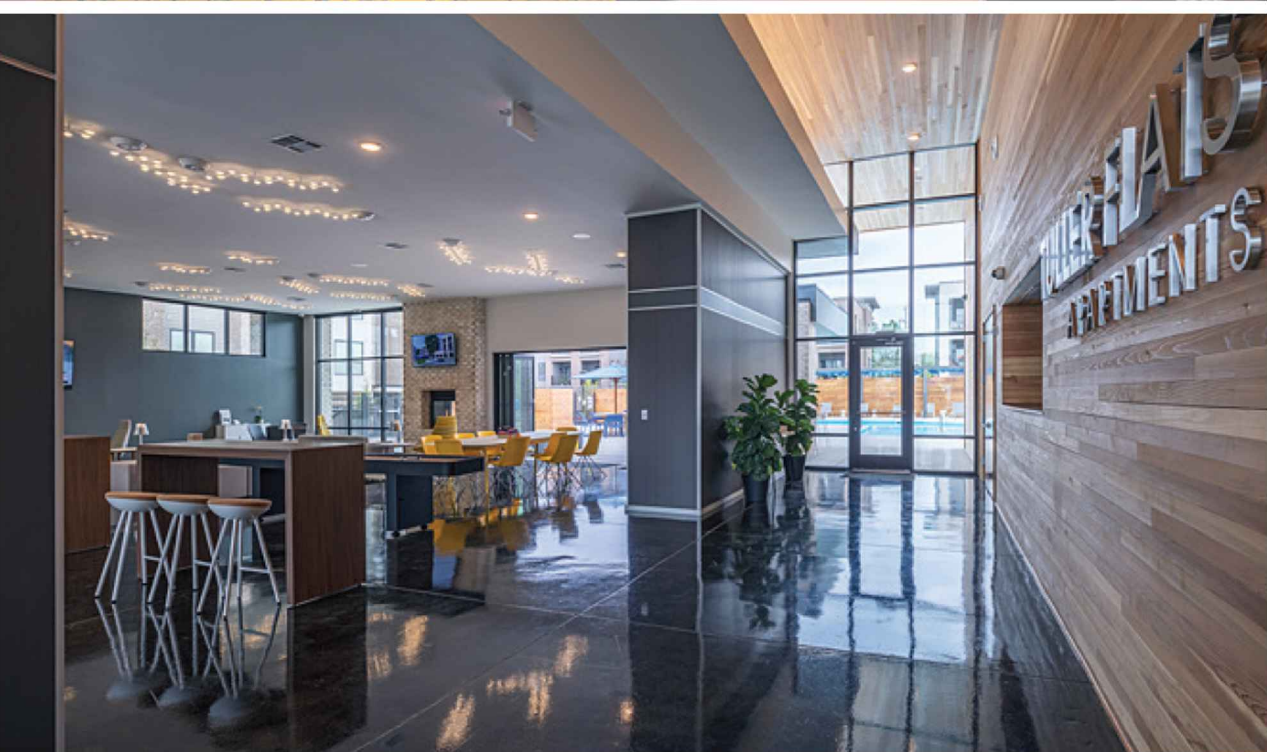
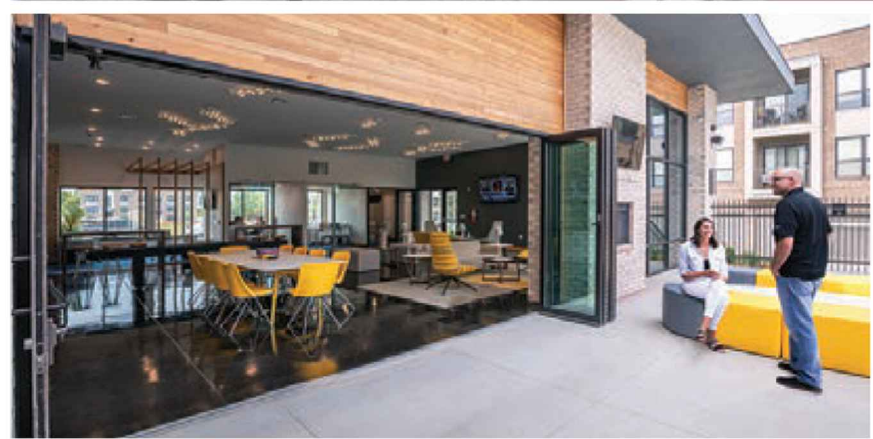
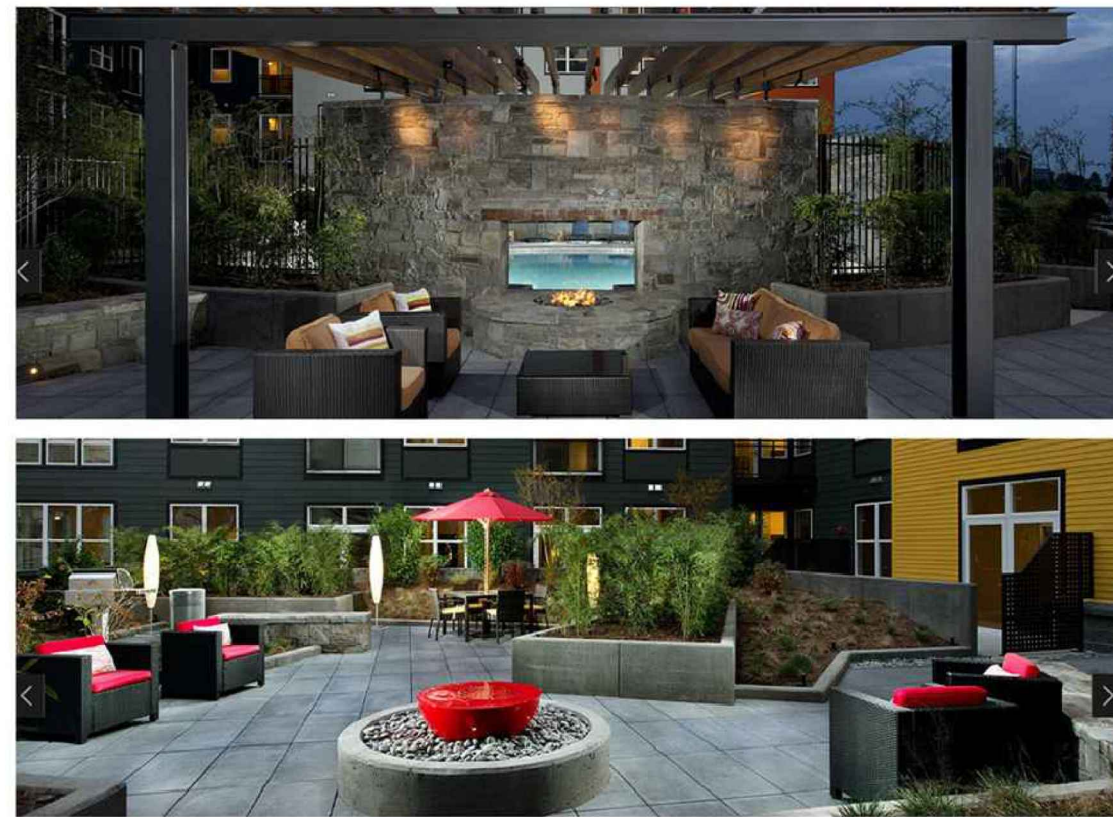
- 1 BR : 17 TOTAL
- 2 BR : 8 TOTAL
- 3 BR : 4 TOTAL
- TOTAL ON FLOOR = 29
- STAIRS /CIRCULATION
- SERVICE SPACES
- PROGRAM SPACES

4TH FLOOR LAYOUT


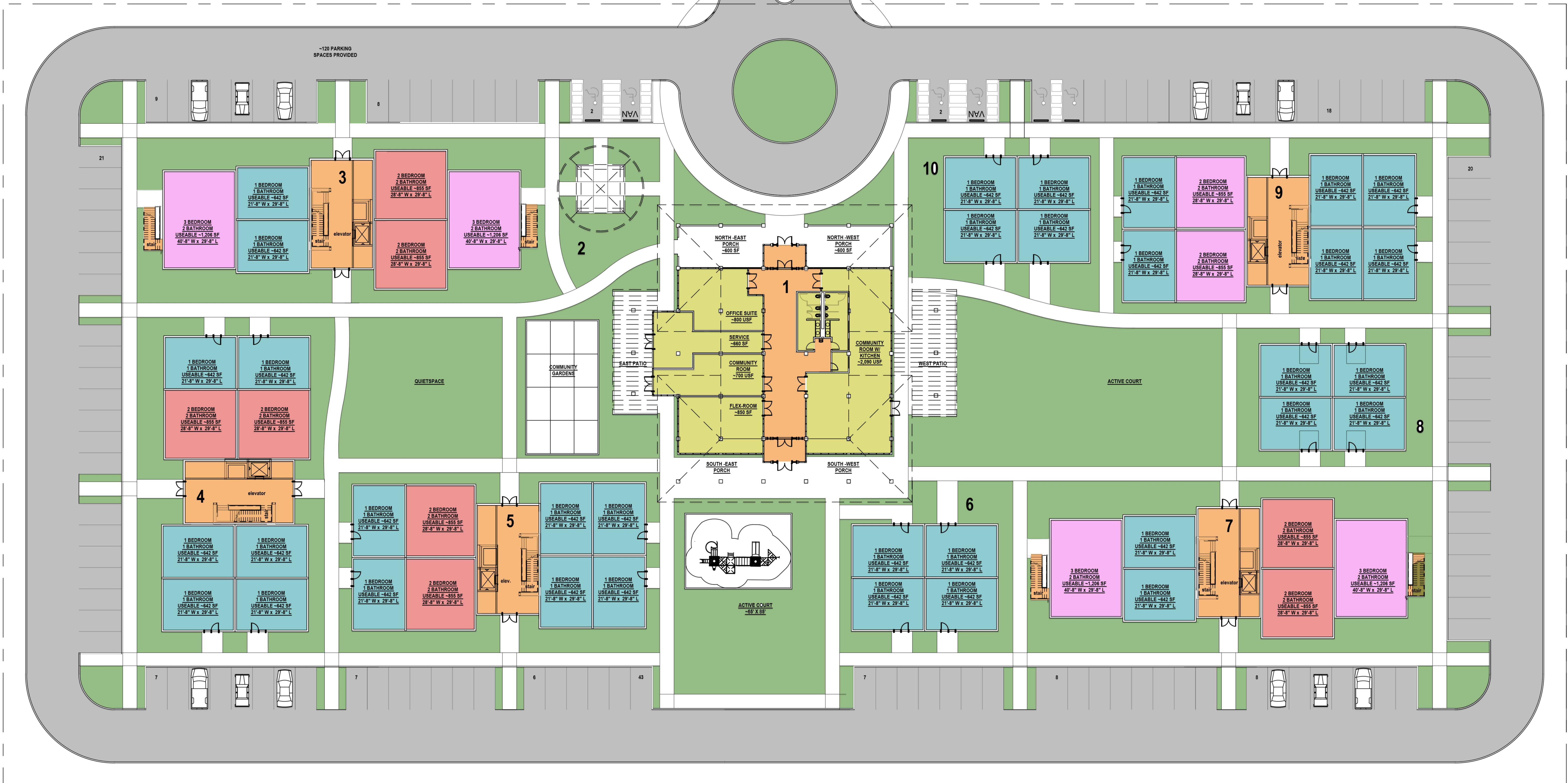


COLUMBUS INCLUSIVE LIVING : BY AUTISM LIVING

URBAN CONCEPT ~1.2 AC -4TH FLOOR LAYOUT



330' WIDTH



Response	Percentage
U.S. should take action	80
U.S. should not take action	19

