

2018 TNHC Hometown Series - Kingsport

Summarized Post-session input from participants

Have special housing needs conversations been held in your community?

Almost all respondents indicated that local communities have engaged, at some level, in this conversation. Specific examples were given from every major metropolitan area of the state. One comment was made that there had not been much discussion focused on “active seniors” and that perhaps such a discussion in areas that offer bus transportation would be important (this group also pointed to Roane County, which has a group of volunteers to transport to medical appointments, etc¹). Conversations with non-housing groups in some areas are starting and need to happen. It was also pointed out that these conversations are happening much less in rural areas and that there is a real struggle in rural areas to recognize these and other community development needs.

Do you have a significant population of veterans needing services?

Most tables indicated that the answer was yes, in part because of the VA medical center in Johnson City. One table indicated that, while there are homeless, it is sometimes hard to determine what “group” of homeless they belong to (Veterans, chronic homelessness, family homeless, etc.). One table stated that they do not really have a particular problem with veterans homelessness, citing a number of 37 out of 360 total homeless were veterans.

Do you have existing services in your area? Are they overwhelmed by demand?

*Many specific service providers in urban areas were mentioned in comments. One comment was made that the challenge was **connecting** people with the existing services – we need a better way to do that. There was also a comment that demand was there, financing was insufficient. Also a comment that case workers are overburdened and some services are not culturally sensitive or appropriate, while others are “just up to par”.*

What did you learn that could be implemented locally?

¹ According to TCAD, this is called Roundabout Roane. Blount County has a similar service called Smiles; Knox County has Knox County VAT (Volunteer Assisted Transport).

Data sharing on housing special needs populations, similar to the Chattanooga homeless initiative. Several mentioned that the presentations highlighted the importance of having the mayor being invested in the initiative. Possibly co-locating housing for youth with the elderly. Section 811, and other funding sources mentioned. Solar panels, furniture donations and the great work of the Home Depot Foundation. Also the availability of FHLB funds – why are we leaving this money on the table?? And other partnerships with banks. The TennCare model has a lot of potential (referring to the United Housing MFP pilot).

What organizations could be encouraged to assist – financially and through services?

Several responses coincided with responses above. Also SSVF (for Veterans), Fraternal, Sorority and other civic groups, banks needing CRA credit, legal services, MCO's and S.O.A.R. Several groups mentioned that the VA needs to play an increased role. City officials (and funding – CDBG), housing authorities and faith organizations. Need for home buying training was mentioned.

What barriers are created through local practices? Are there zoning other local regulatory barriers that impede adding services to housing?

Too much NIMBY – even from local officials – especially regarding the homeless, but also just for affordable housing (mentioned multiple times). Local officials and leaders do not have enough awareness of successes. Land costs are just too high; appraisal values in low income neighborhoods, VA red tape. HIPPA makes serving special needs folks much more difficult. HOME funds for rental eliminated - made things more difficult. Continuum of Care guidelines challenging. HUD money is only put out for their special projects. Local codes and TDEC regulations were mentioned. Service areas for rural Tennessee are too big. Limited broadband availability. FHEO's guidelines against congregate care make it more difficult to provide housing. Difficulty transporting people to needed services, especially in rural areas.

What was missing from this discussion?

We need more service providers with experience serving people with special needs. The VA and TennCare need to be in the discussion!! (both of these were mentioned repeatedly) One table mentioned that they would like to hear more speakers from the region (East TN). People are now aging with HIV – AIDS-related dementia is going to become more prominent and we will need group housing for their

particular needs. Also, there are still way too many homeless women with male children who have no options for shelter at all.

Extra notes:

Hi,

I recently found about the conference series that is scheduled for next week in Kingsport, regarding housing for Veterans. I work with Veterans who are visually impaired. It would be great if some of the housing that was available to Veterans could address some of the issues that an individual who has a visual impairment (i.e. glaucoma, macular degeneration) may need. These would include better lighting, hand rails, reduce visual clutter, good contrast, and level walkways.

I was curious, is a Universal Plan being implemented for the housing? For instance some research has shown that lighting standards may be for persons under 50 yrs. old and do not address the needs for those with low vision. Some of the newer homes or apartment buildings only have minimum lighting standards which may make it unsafe for those with low vision needs. Some lighting may cast shadows or may be placed in a corner which may be difficult for a persons with disabilities hard to manage. The majority of the population my benefit from the Universal Design just as those with low vision needs.

Thank you,

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