COMMUNITY LETTERS

From: Steve Dunn
Sent: Thursday, May 30, 2019 8:01 AM
To: Town Council Members <towncouncil@amherstma.gov>
Subject: CDC's Northampton Road project

I am writing in support of moving this effort forward. Amherst needs housing of this kind and locating it within walking distance of downtown makes so much sense. No project is perfect, and there will always be opposition, but this plan is a good one and has my support.

Steve Dunn
Amherst

Dear Town Council,

I strongly support the SRO project proposed for the parcel of land near the Amherst College playing fields.

Amherst desperately needs more affordable housing for low and moderate income people and in particular we need SRO housing such as is being proposed. This is an ideal location for this kind of housing as it is within easy walking distance of both downtown and the University Drive stores and medical facilities giving the SRO residents access to both services and potential jobs at two locations.

Its access to transportation options is excellent. It is within easy walking distance to many bus routes and to Zip-cars. It is also near the Norwottuck rail trail for those who bike.

While I am not an abutter to the property, I live nearby off of Snell St. and I walk by the property almost every day. I am confident that this proposed development will be an asset to the community and I am not afraid to have it in my neighborhood.

Valley Community Development Corporation is an experienced developer and manager of affordable housing and I know that they will provide high quality housing and ongoing quality management of the property.

I urge you to vote in favor of this project and to help it though the permitting process in whatever way is appropriate.

Sincerely,

Fran VanTreese
17 Moody Field Road
Amherst, MA

Dear Town Council Members,

I have been meaning to write since I read the recent article regarding the proposed SRO to be located on Route 9. I am in support of the project as it would provide much needed affordable housing for community members and the location is good.

I have to say that I was surprised to read that area residents were raising the alarm about this project. It is not close to any residences, other than the bed and breakfast next door, and would be located in a section of route 9 that is already predominantly dorms and college rental properties that house many people. I myself lived close by with my family (including young children) on Woodside Avenue for 8 years, and if I still lived there, I could not imagine opposing this project when affordable housing is so desperately needed, and the project is being proposed for such a sensible location.

I hope that you will move to approve this project, despite the outcry.

Thank you all for your service to our town!

Sincerely,
Meg Robertson
560 Station Road

Dear Town Council,

You may already be aware of my support for this project because of my association with CPAC and Interfaith Housing, but I wanted to write also as a resident of District 4. I support the decision to hold a meeting of the residents, given the level of concern among some neighbors. That said, once the concerns are aired and addressed, I hope that you will subsequently vote in support of CPAC's recommendation to provide a construction grant. The studio apartment project will provide housing for people with a range of incomes - some of the eventual tenants may be men and women already working in and contributing to Amherst while others may be desperate to leave a life on the street, in shelters, or couch-surfing. Valley CDC has an lengthy track record of successfully developing affordable housing and has found an excellent site on which to develop modest housing for an underserved population. As you know, the specific design of the building will be worked out during permitting. Please lead the way and give your wholehearted support to a project that will show that Amherst's progressive values are more than just talk.

Best regards,

Sarah Marshall

Thank you! I wanted at some point to speak about cbdg and ACC as well as issues a sober sane voucher holder faces trying to avoid substandard apt as well as issue of agencies funneling people that are not independant and eother alcoholics drug users or mentally ill in your face tenants as well as mgmt that lets anyone in as well as conditions substandard. I believe that not only are people pushed to the worst deal apts in amherst but to specific units that i feel are kept trashed and shown to voucher holders because so many holders of them are hard on apts and many dont care as they are glad to have any place. Even if its like a rehab center and not to code yet passes.

On Mon, Jun 17, 2019, 4:42 PM Griesemer, Lynn <GriesemerL@amherstma.gov wrote:

> Here is the final agenda and the schedule of the upcoming meetings.
>
> Lynn
>
> **From:** Js K
> **Sent:** Monday, June 17, 2019 4:37 PM
> **To:** Town Council Members <towncouncil@amherstma.gov>
> **Subject:**
>
> What is meeting tonite on. I cannot dnload agenda. I wish there was a read option. Also what is tues meeting about? Thanks

Dear Amherst Town Councilors,

Valley Community Development has reached out to me as a neighbor of their small studio apartment building at 96 King Street, Northampton. I understand there has been quite a bit of concern from immediate neighbors in Amherst regarding how "neighborly" lower income and homeless individuals might be for a proposed development there.

I am a clinical social worker in private practice and my office is next door to 96 King Street. I have clients visiting during day time and evening hours during the business week. We share our driveway with the 96 King Street building and my office looks out of that building. My clients are often in a vulnerable or fragile state and no one has ever complained about any issues in the parking lot or entering the building. My guess is that none of them even realize the house next door is run by Valley CDC.

Half of the homes in the building are set aside for individuals coming out of homelessness and some are for lower income people. Initially I had some concerns about what this change might be like for our building but I can say that there have not been any issues in the many years that they have been in that space. And I feel happy that our community can support individuals who are coming out of homelessness and need support as they make that transition. It is essential that we provide these services and Valley CDC does an amazing job of supporting these individuals.

The one issue that has come up with the building is that a few months ago a very loud, engine like sound started coming out of the building. As soon as I reached out to Valley CDC, I was put in touch with the building manager and slowly we were able to identify the sound (an issue with a new heating system) and they were able to get the contractors out to fix the situation. I felt that having an organization as a neighbor actually made that situation a bit easier because they were very motivated to make their neighbors satisfied. That is not always the case with an individual home owner.

I have only had pleasant interactions with any residents of the building but I must say I hardly see them. The curse of our busy lives.

Please feel free to be in touch with any questions.

Sincerely,

Ellen Goldsmith, LICSW

Dear Amherst Town Councilors,
Valley Community Development has contacted me because I am a neighbor of their studio apartment building at 96 King Street, Northampton. My understanding is that a proposed development for lower income and homeless individuals in Amherst is causing some concern among its immediate neighbors about the suitability of this population as neighbors. I thought it might be helpful to hear from someone who actually has had the experience of living next door to a similar building with a similar population.

I work as a psychotherapist in the building next door, 100 King Street. I am there most weekdays, sometimes in the evening, and occasionally stop by on the weekend to do paperwork. I have had very little interaction with the residents at 96 King Street except to say hello in passing if someone is sitting outside on a bench. My clients have never reported any uncomfortable interaction and few seem to have an awareness of anything particular about the building next door, just as nobody has ever mentioned the building on the other side which is a lawyer's office. Actually, although I knew the building served low income individuals, I just learned through this contact that half of the homes at 96 King Street are set aside for individuals coming out of homelessness. The building is well kept up and very attractive.

I hope this is helpful.
Sincerely,
Ann Cleaveland, M.S.W.

Dear Councilors

As a resident of the Town of Amherst I want to express my support for the Supportive Housing project proposed for 132 Northampton Road. This is a sound and thoughtfully prepared proposal for a much needed affordable housing project for our community. Valley CDC has a solid track record of successful affordable housing projects for low income individuals who have the potential to become positive contributors to society through opportunities such as this to transition out of homelessness to a more stable living situation. Providing individuals, such as the proposed tenants for this project, with affordable housing within walking distance of work opportunities, shopping and medical services is essential for giving them a real chance to make a successful transition. I urge you to support CPA funding of this project.
Thank you

Amy Springer
1491 South East St

Dear Town Councilors,
I'm attaching a diagram I've created about the proposed Studio Apartment Supportive Housing at 132 Northampton Road.
Right now parties involved in this process have rim emotions- critical, running away, feeling scared and vulnerable, wanting to rescue.
I believe that the by acknowledging and validating each others concerns, being discerning, setting limits, showing compassion and nurturance
we can move toward a middle ground of trust- a negotiating place.
I appreciate your leadership in this difficult process.
Best Regards,
Kate Troast
99 Dana Street

DIAGRAM OF PROCESS

132 NORTHAMPTON RD HOUSING

KATE TROAST
6/13/19

- where we are
- where we're trying to go

CRITICAL

Valley CDC / Developer
Amherst Housing Advocates
- critical of residents who don't understand housing needs
- shaming / blaming

Discerning
- high risk population
- specific site concerns matter

TRUST

Town of Amherst
Town Councilors
- new form of gov.'t
- try to be responsible

RESCUE

Nurturance
- acknowledge the struggle

- Set Limits / Abutting neighbor

Amherst College
- doesn't want negative publicity
- running away

ESCAPE

Compassion
- for neighborhood
- for residents in need

Neighborhood Residents
- feeling victimized, vulnerable
- didn't know about project until end of March
- many faculty families with young children

VULNERABLE

Dear Amherst Town Council,

We were recently made aware of a grant awarded to the Valley Community Development Corporation (Valley) to help the town of Amherst provide housing to accommodate 28 small unit apartments for individuals who have found themselves in the predicament of homelessness.

It was brought to our attention as we are the current business owners of the Freckled Fox Cafe on 1 N. Main Street, Florence, MA which is a building owned by the Valley.
We have been in business since September 2017. While we may be a young business our cafe is a bustling spot for the Florence community to meet for breakfast and lunch.
We offer quiet window seating overlooking Main street, a separate children's play space for families ,and free WIFI with good comfortable space for holding business meetings.
Our customer base is from all walks of life, including all stages and ages.

As you may or may not be aware, the building our cafe is in also houses 17 small studio apartments above the cafe, much like the housing that is being proposed for Amherst.
As business owners we were aware that the apartments were occupied when we started our lease. Since our purchase of the cafe we have had a good many encounters with the residents living in the upstairs apartments.
As with any new tenants getting to know your neighbors takes time. Many of the residents have become customers of our cafe. We believe we have a good rapport with the residents who live upstairs form the cafe and the Valley staff working with the them as well. At times the residents are outside enjoying the nice weather, often many use a driving service due to some disabilities, others walk to work or to the library which is across the street. At this time we have not had any issues or complaints from our customers regarding the residents and their actions. Any minor items that have come up regarding the tenants and our business space have been promptly taken care of through communication with the office staff at Valley. At this time we are very happy sharing this building space with the residents.

We believe that as new business owners we were able to make the purchase of our business with the help of a reasonable and affordable lease option with the Valley. We looked at many other business spaces for rent at the time we decided to go into business and found most in Northampton, MA were incredibly more expensive for the same square foot. We have appreciated the opportunity to work with the Valley in helping to support those in need while also working hard to support our community as a small business with affordable commercial space available to us.

It is our hope that the Amherst Town Council appreciates our point of view and approves the proposal for the Valley to build housing to help end homelessness in downtown Amherst on Rte 9 for occupancy in late 2021.

Thank you for your service to the community,

Kitty Johndrow, Owner

Dear Town Council members,

Thanks for your hard work on our new town government. I am writing to urge you to support CPA funds for the proposed affordable housing development at 132 Northampton Road, Amherst, MA. From what I have read, the ***Valley CDC does excellent work***. After extensive consideration, the site at 132 Northampton Road was chosen to provide housing to those in need in Amherst. I trust the CDC's process and hope that you do too. We have ***homeless neighbors*** whose lives are severely disrupted by lack of shelter and stability. This proposed housing is the solution to homelessness.
Please vote to appropriate CPA funds to support this worthy project.
Sincerely,
Brian Yellen
13 Norwottock Circle
Amherst, MA

Dear Amherst Town Council:

I am writing on behalf of the Western Massachusetts Network to End Homelessness ("Network") in support of the Valley CDC's proposal to develop 28 supportive studio apartment units at 132 Northampton Road.

The Network, which includes hundreds of partners from every sector across the four Western Counties, creates collaborative solutions to prevent and end homelessness through a Housing First approach. Our Leadership Council reflects the broad-based support of the Network's mission (see list attached).

As I'm sure you are aware, Massachusetts faces a significant affordable housing crisis, and Amherst is no exception. Based on a recently released report by the Federal Reserve Bank of Boston, we know that for every 100 extremely low income households in Massachusetts there are only 48.6 units available. **In Amherst the gap is even larger, with only 42 units available for every 100 extremely low income individuals.**

We are extremely fortunate to have Valley CDC in our community, leading the way in the local response to this affordable housing crisis. This particular proposal is extremely sound, reflecting evidence-based best practices: well-designed housing units with available support services in a location that is accessible to public transportation and employment. It also provides affordable housing for those individuals earning between approximately $25,000-$49,000/year, providing homes for those with a mix of incomes and experiences.

What an exciting opportunity! Data from across the region and the country tells us these developments work. While we can have compassion for the fear of change, even for the fear of difference, it is our collective duty to push forward with housing policy that brings us closer to the healthy communities we all seek and reflects the values of inclusivity and opportunity that are true to the Amherst community.

The Network and its many partners stand at the ready to assist in making this development a success for residents and neighbors alike. Please let me know how we can help.

Thanks so much for your leadership and commitment.

Best,
Pamela
Pamela Schwartz, Director
Western Massachusetts Network to End Homelessness
413-219-5658
http://westernmasshousingfirst.org

Dear Chair and Council members:

I turned on the TV tonight and heard the chair announce a June 24th meeting about the SRO project. (I don't have the exact words from the Agenda flashed on the screen.)

I beg each one of you to rethink how you label and frame this meeting so as not to enflame the issues or appear to take sides. The project you will discuss is named "Amherst Studio Apartment Supportive Housing" in the initial CPAC proposal. And here is the language from the CPAC: "Valley Community Development Corporation Studio Apartments." The Amherst Affordable Housing Trust website wisely refers to this proposal merely as the "Northampton Road Project."

But the abutters & neighbors label this mixed-middle and low-income housing an SRO and this negative reframe is echoed by the Council's announcement to "Establish an Open Meeting of the Residents ...for the purpose of hearing presentations and discussing ...the proposed SRO project at 132 Northampton Road." The Council further suggests that there will be "discussion, motion and vote."

First of all, I trust there will be discussion only, but not a motion and not a vote. Those residents who are able to turn up for the June 24th discussion (and many of us saved June 18th but are not available on the 24th) do not constitute an authorized or representative body. The suggestion that that such a discussion group can make motions & vote suggests that one side of this contested issue already has the support of the Council. The decision not to maintain the announced June 18th date but move it to June 24th, at the convenience of the abutters & neighbors, further suggests a one-sided approach. Many of us who support this mixed-income project feel every bit as strongly as do the abutters & so-called neighbors. I trust there will be neither a motion nor a vote.

Second: I am distressed by the implications of the Council's linking the misleading label "SRO" to the idea that a discussion will lead to a motion & vote. Words not only convey meanings, they evoke emotions. The abutters & neighbors object to a SRO, I assume. But this project is not an SRO. These will be Suite Apartments that are single rooms with kitchenette & bathrooms, much like the small rental spaces that have become fashionable and high end in San Francisco, Chicago or New York. The term "SRO" unfortunately evokes negative projections about low income, homelessness, high crime, and other ugly attributes that, while largely incorrect about the populations they stereotype, are completely untrue about this project and fuel the flames of misrepresentation about the 16 workforce units and 10 low income units proposed by Valley CD for Amherst.

Please do not further mislead your constituents by using the term SRO in your agenda for the June 24th meeting. Please take care not to seem to side with the abutter & neighbor misapprehensions about this project. The perception of your agenda to discuss, move a motion, & vote about the SRO suggests that you are endorsing the abutter & neighbor point of view. I trust this is not the case.

Respectfully,

Maurianne Adams

Dear Town Councilors,

The neighbors of 132 Northampton Road would like to invite you on a walking tour of the neighborhood abutting 132 Northampton Road. We are hoping to show you a few spots in our neighborhood and help you see where our community lives. We especially hope our District 3 & 4 Council members and members-at-large will attend. That said, we welcome a chance to meet the Councilors from other districts. This will be a walking tour with light refreshments at the end—we don't anticipate any sort of sit-down formal meeting. We would like to give you a chance to see the location of the proposed property and get a feel for our neighborhood. Please meet at 30 Orchard Street on Sunday, June 9th at 4:00pm. Please let me know if you can attend. If the time does not work for you, I would be happy to arrange another time to show you around.

Warmly,

Hallie Hughes,

on behalf of the neighbors of 132 Northampton Road.

June 4, 2019

Town of Amherst Town Council
Town Hall
4 Boltwood Avenue
Amherst, MA 01002

Dear Council members:

I hope this finds you well. I felt compelled to share my thoughts and ideas for the future of your town. I lived at the Jeffrey Amherst Manor for 42.5 months, was a registered voter, and our daughter graduated from Amherst High with a Humanitarian Award.

In the late Nineties, I was homeless and remember all too well what challenges I encountered. It took time to recover from the stigmas. Fortunately, I had good outside help with kind people assist me and show me a better way of life. Now, I have a beautiful full life, earned two more degrees, remarried a decorated Marine, and live in a good townhome.

I understand from reading the Town of Amherst *Zoning Bylaw* May 10, 2019 Draft (UNK) that you are ready to build a housing development for the community. I can appreciate the choice as there is a need for it. The population has grown and there are many homeless people about town.

I read the Dec. 27, 2018 application by Real Estate Project Manager Laura Baker for the Valley Community Development Center (Baker) and the Dec. 12, 2018 support letter from Amherst Housing Authority Board of Commission's Chair Michael Burkart (Burkart). Both were very impressive, solid letters with quality facts and points. Ms. Baker should be commended for her due diligence and commitment to helping the citizens of Amherst. Mr. Burkart was kind when he wrote, "They are a diverse group of people who need a place to live." I cannot nor will not dispute their findings.

Next, I read the Jan. 16, 2019 article in the *Daily Hampshire Gazette* by Scott Merzbach "Valley CDC moving ahead with housing in Amherst for extremely low-income." (Merzbach) His last sentences of the article said, "Work is also underway to get memorandums of agreements with social service providers so when it opens, a residential services coordinator will be on site." It is very true, homeless and/or mental health clients need supervision.

I also read Mr. Merzbach's May 21, 2019 *Gazette* article, "Residents air concerns about low-income housing project in Amherst." (Merzbach) I understand from it that you'll need to decide by the first of July which is less than a month away. It's important you don't make hasty decisions for future generations and the voters will remember.

I discovered the 15-page-pdf "Dept. of Housing and Community Development Notice of Funding Availability, Winter 2019, Affordable Housing Competition for Rental Properties." It specifies in Attachment A that you'll need to comply with ten *MA Fair Housing Mission Statement and Principles*. The two principles that I'm concerned that Amherst residents won't

attain are number nine, "Measure Outcomes" and number ten, "Rigorously enforce all Fair-Housing and Anti-Discriminations Laws and Policies." Are you prepared to succeed in all ten?

I understand the SRO building at 132 Northampton Road won't be built and habitable until July 2022. My four concerns are: (1) you will need to hire enough trained, qualified house managers for 24-hour supervision. Homeless people can unruly without knowing their behaviors are unacceptable. This new place won't succeed with a skeleton crew. (2) You will need to CORI and SORI the applicants. Thereby, you will need to include by-laws about Level I, II, & III Sex Offenders. They are homeless too and might want to live in an SRO. However, this property is next to Amherst College's Pratt Field at Lehrman Stadium where innocents are busy on the field. (3) You will need to make the building ADA compliant. (4) Find a way for the neighbors to feel secure as their taxes contribute to the town. *Anybody* can become homeless. The NIMBY attitude cannot dominate the meetings.

Please take the time to hear everyone. This is a big effort to improve lives. Thank you for your time.

Sincerely,

Faith "Ella" Alkiewicz, MFA

Dear Councilors,

I am writing in support of the VCDC project proposed for Northampton Road. It is an excellent opportunity to follow through on our community's often expressed desire to provide more affordable housing for Amherst residents.

Of course, a project like this will always be met with some trepidation from neighbors, so I appreciate that the Council has delayed the vote until after an information forum is held to clear up mis-information. I hope that community members and councilors will trust our town's experts who have researched this project carefully and have the expertise to evaluate its merits. It is important for all to understand that this vote is about the funding for the project, and that the details of the project will be addressed at a later stage when it's time to look at zoning permits, etc. Issues like the level of staffing at the site can be discussed at that time.

Thank you for representing the best interests of our whole community, including our most vulnerable citizens.

Best, Claudia Canale-Parola, District 5

Sent from Mail for Windows 10

Good Day to the Honorable Town Council Members:

Thank you for serving our Town especially as a new form here for policy and practice. Sending you the best of luck as you develop functionality !

I wanted to write in support of the Valley CDC plan currently in review. My belief is there are real unmet needs concerning housing across the spectrum within our town (and 5 or 6 immediate towns). My hope is that further efforts begin to show resolve as soon as possible. For me those in most stress need the most immediate attention. Our homeless and those with extremely low income are the most vulnerable. Last summer one a month died. Earlier this year the town had another death. These folks should be accommodated first to prevent further catastrophe.

I commend Valley CDC for the speed with which they were able to secure a possible spot showing compassion to this need. Competition for properties is high here (one of the issues w/affordability through out the affordability span) funding precarious and varied for the needy. They have located a great area for such a project. I hope you can support this effort as nothing exists (beyond a singular & distant facsimile, "the Perry") and as designed - appropriate. It will have a community room, staff area and local 'housing first' familiar staff will serve the portion of residents in need. Other residents will serve as models for stability. It all looks like a project we can finally point to with pride as our Town's response to a problem we have not addressed within our borders otherwise.

Thank you for your time, and attention to this matter.

Cordially
Charles Fuller 3rd
22 Chestnut Ct
Amherst, MA

To The Town Council, Town Manager and Dr. Hornik,

Thank you all for taking the time to read my (long) prior emails, and in some cases to respond directly. Dr. Hornik, PhD and I have exchanged a few emails and I've read the responses from the Valley CDC on the town website. After reviewing these, I was ready to acknowledge that Valley CDC has a long history of work with affordable housing and to accept many of the points they laid out in their response. I was very surprised then by the emergency services call data provided by Tim Atteridge and analyzed by Dr. David Huber, PhD last week for the other properties that Valley CDC runs in Northampton. These logs suggest that tenants at other Valley CDC properties are using emergency services at a greater rate than the general population, including a significant number of medical emergency calls in all locations.

To me, this re-emphasized the underlying drive for this whole endeavor: we as a community have identified a need to provide greater access to affordable housing and to support specific populations (the homeless, those from the Department of Mental Health, and the working poor). That is the specific point of this project. However, the call records are a reminder that **the needs of these populations do not stop with housing**. These calls highlight the needs for ongoing social services support, which I do not feel will be met by part time staff being on site 20 hours per week. Though the timing of calls is not noted in the available logs, I suspect many of the calls are made at night when the proposed staff will not be there.

I also continue to have concerns about access to transportation for residents. In response to concerns re: transportation, access to bus stops and shopping, Valley CDC offered the following:

> Winter in New England presents challenges to us all, most especially to those who have no home. These persons are often walking miles each day throughout the year carrying all of their possessions with them. If they leave their belongings somewhere, they are often lost or stolen. The suggestion that a 1/2 mile walk with groceries is an undue hardship demonstrates a lack of understanding of the true situation these persons face.
>
> At the proposed development, some tenants will have vehicles. It is our experience that there is frequently ride sharing that occurs within a multi-unit building. In addition, there will be regular on-site hours by a Resident Services Coordinator. The Coordinator can help arrange transportation for a group of tenants, or may provide rides. As we all do, people may choose to stay indoors in severe weather. Being housed, they will now have that choice. Tenants with physical disabilities and seniors can access low cost van services available to all Amherst residents in these population groups.
>
> Neighbors have stated that crossing Northampton Road is extremely dangerous and would be too hazardous for our adult tenants. At the same time, we hear from residents who live on Dana Street that they, and their minor children, routinely access the Pratt Field, located

> on the opposite side of Northampton Road. We understand that plans are advancing for MA DOT to improve sidewalks on both sides of Northampton Road, to install multi-use travel lanes, and to install two cross walks in close proximity to 132 Northampton Road which will enhance accessibility on foot or by bike and improve crossing safety for all.

To paraphrase these: winter in New England is hard and being in a home is better than not being in a home; it is possible that residents may be able to get a ride with people who have cars; and other people cross route 9 so it should be fine for these residents. These responses do not offer solutions to any of the raised concerns directly to make accessing bus stops or shopping easier or safer. In reconciling the fact that bus routes were changed to accommodate the Amherst Survival Center that at the time was a similar distance to the nearest stop, Dr. Hornik wrote:

> You asked about why the survival Center needs to be closer to a bus stop. They serve 100-150 people each day and over one-thousand each year. It's a varied population, including parents with children.
>
> I'm confident that if there are mobility issues at 132 Northampton road they will be addressed in a timely way. It would only affect a very small number of people.

He notes correctly that the distance from 132 Northampton Rd to the nearest bus stop and shopping only affects a small number of people, but **these are the very people this project is designed to help**. Regarding addressing mobility issues in a timely way, again, Valley CDC has offered no specific solutions to the fact that the majority of the proposed residents at 132 Northampton Rd will not have cars, the distances already noted or that the area is slated for construction that will disrupt foot traffic shortly after the SRO is supposed to open.

I applaud the efforts of Valley CDC to increase affordable housing in the Pioneer Valley and the Town of Amherst for advancing this project. I think Valley CDC has done a good job in Northampton. But we are not Northampton, we are Amherst, and we have an opportunity to do it better. If the Finance Committee votes to approve borrowing for this project as it currently stands, the Town significantly undermines its capacity to negotiate with Valley CDC to ensure better outcomes for the proposed residents of this property. If you agree that there are remaining areas of concern that need to be addressed, I urge you to delay voting on this project until they are completed to Town's satisfaction.

Sincerely,
David Robertson, MD/MPH

Compromise. Compromising of values. Compromising of character. I expected better. A Council with a backbone. Councilors that act out of moral courage not cowardice. Councilors that believed in something instead of saying it during campaigns. Councilors that act with conviction.

Another President phrased it differently saying, "blame on both sides." We are just as copiable here in Amherst of normalizing bigotry by lending legitimacy to the words spoken in CRC and Finance Committee Meetings.

Having votes that were not on the agenda makes it rather hard to organize working people to come speak for a 1PM meeting on a Tuesday.

I am disgusted by the level of hypocrisy. Such blatant housing discrimination is not only moral abhorrent it is illegal. I grew up in a trailer park. I understand that in this world part of your *worth* is based on your *wealth*. I know that as a country and a state we have a statutory and societal tendency to segregate people by income. In vain, I thought our community was better than that.

When I was 16, I have the privilege of attending a Rotary Youth Leadership Conference at Springfield College. Upon completion of the program, we received coins inscribed with the Four Way Test: Of the things we think, say, or do

- Is it the TRUTH?
- Is it FAIR for all concerned?
- Will it build GOODWILL and BETTER FRIENDSHIP?
- Will it be BENEFICIAL for all concerned?

I challenge my neighbors and the Town Councilor to consider this test as they deliberate on the CPAC funding for Northampton Road SRO project. I encourage them to stand up for what they believe and do what is right, not what is easy.

--
Best,

John Page

John Page
Amherst Resident & Member of the Affordable Housing Advocacy Coalition

Finance Committee et al.,

As you consider your recommendation on bonding for the 132 Northampton Road affordable housing project, I hope you heed the unanimous recommendations of the Community Preservation Act Committee (CPAC) and Amherst Municipal Affordable Housing Trust (AMAHT), as well as the endorsements of the Amherst Survival Center, Craig's Door Homeless Shelter, Inter-Faith Housing Corporation, Amherst Housing Authority, Elliot Homeless Services, the Amherst League of Women voters, and many Amherst residents.

I trust your prudent and objective consideration of the financial implications of this project. However, the responses of some Councilors to recent public comment has left me concerned in this body's ability to remove the substantive (and often inaccurate) grumblings of neighbors from your criteria: conformity with Town's goals and the Master Plan and the financial impacts, in the Community Resources Committee and Finance Committee, respectively.

This project aligns with our community values, positively contributes to housing goals in accordance with the Master Plan, and contributes positively to local tax revenues. I relay the figures presented by Laura Baker in conversation with Town Planners and Assessors:

- The current assessed value of this property is $249,300, which is estimated to increase to $963,000 following development. ·
- This property will pay real estate taxes following development, as it does now. Real estate taxes are projected to increase almost four-fold, from the current annual tax of $5,435 to an estimated annual tax of $21,000 in the first year of operations.
- Over the first 10 years, this amounts to increased tax revenue of $178,435 over the present use; over 20 years the increased revenue is $418,238.

The cost of your ambivalence and any delay is significant. Not unlike the schools, the cost of construction and borrowing will become increasingly expensive with each delay. With each passing Town Council meeting where a vote to fund this project is delayed the feasibility of this much needed housing quickly withers. Moreover, lack of support from the Town Council (despite overwhelming support from all other relevant Town committees and departments) will impair other funding sources. Much like the schools where the MSBA is unlikely to grant the town funding without a clear show of support from the Town Council, the state DHCD is unlikely to grant the project necessary funds if it believes the Town Council doesn't support it. The Town Council once again needs to step up and show its clear support.

Additionally there are intangible assets and other costs as well, those that do not depreciate over time: the cost of human life as Craig's Doors see more people each winter than they have the capacity to serve; and the loss of diversity, economic vitality, and quality of life as Amherst increasingly becomes a place where only a certain social-strata can live. As you evaluate impact, I hope you consider those costs as well. I will leave you with this: when studying accounting I learned a rule that served me well in life as well as balancing books: *Goodwill is never amortized!*

--
Best,

John Page

John Page
Amherst Resident & Member of the Affordable Housing Advocacy Coalition

Amherst Affordable Housing Coalition

I support affordable housing.

Dear members of the town council,

I'm writing to let you know that I urge you to support the slate of CPAC projects before you, including the Valley Community Development studio apartment project.

After attending the town council meeting last week and listening to the presentation of the CPAC projects, I feel even more strongly that the CPA committee has done thoughtful work on the conservation and affordable housing projects they are recommending to the council.

The housing project is fiscally responsible and provides much-needed housing for some of the most housing-insecure members of our community with support on site. There are few opportunities to pursue solutions at scale and this project provides a remarkable opportunities for our community to put our values to work in a real way.

I urge you to agree with the recommendation of Community Preservation Act Committee (CPAC) and Amherst Municipal Affordable Housing Trust and support the Valley Community Development studio apartment project.

Thank you for your consideration,
Johanna.

--

Johanna E. Neumann
137 Stanley Street
Amherst, MA 01002
(413) 367-4794

Dear Amherst Town Councilors,

Your constituents from Districts 3 and 4 write to request that you vote against funding the Valley CDC 132 Northampton Road proposal in its current form, or, at a minimum, that you delay any vote of the finance committee on this proposal to allow further review and revisions to the plan.

We attach a letter regarding this proposal. Analysis of the Northampton Police call logs (raw data and a summary analysis are attached) shows that there are serious concerns with the unmanaged SRO housing model of Valley CDC. These data indicate that this proposal will not effectively serve the residents of the SRO and will negatively impact the surrounding community. This should be factored into the vote of the finance committee on this proposal because if the proposal needs to change, this will impact Valley CDC's business model.

This letter was circulated by e-mail over the last 21 hours and in that short time, 56 residents from Districts 3 and 4 endorsed the letter, of whom 48 have put their names to the letter. Below we list in full these names and most have been blind copied on this e-mail. In contacting residents, we gave the choice to endorse with signature, endorse anonymously, or not endorse. We did not receive a single non-endorsement. It is likely that others are away for Memorial Day and will respond in the near future.

We note that residents were not uniform in their opinions. Some who signed, and some who endorsed anonymously, indicated that they are opposed to any SRO plan at this address, but they nonetheless agreed with the concerns outlined in the letter. For some, they do not find SRO projects to be an effective means of serving this vulnerable population regardless of where the SRO is located. For others, they do not think an SRO is sensible at this location because it is almost entirely surrounded by family residences (see attached map). These residents may write to you themselves to express these opinions.

Thank you for your service to the community and for reading the attached letter and its supporting documents.

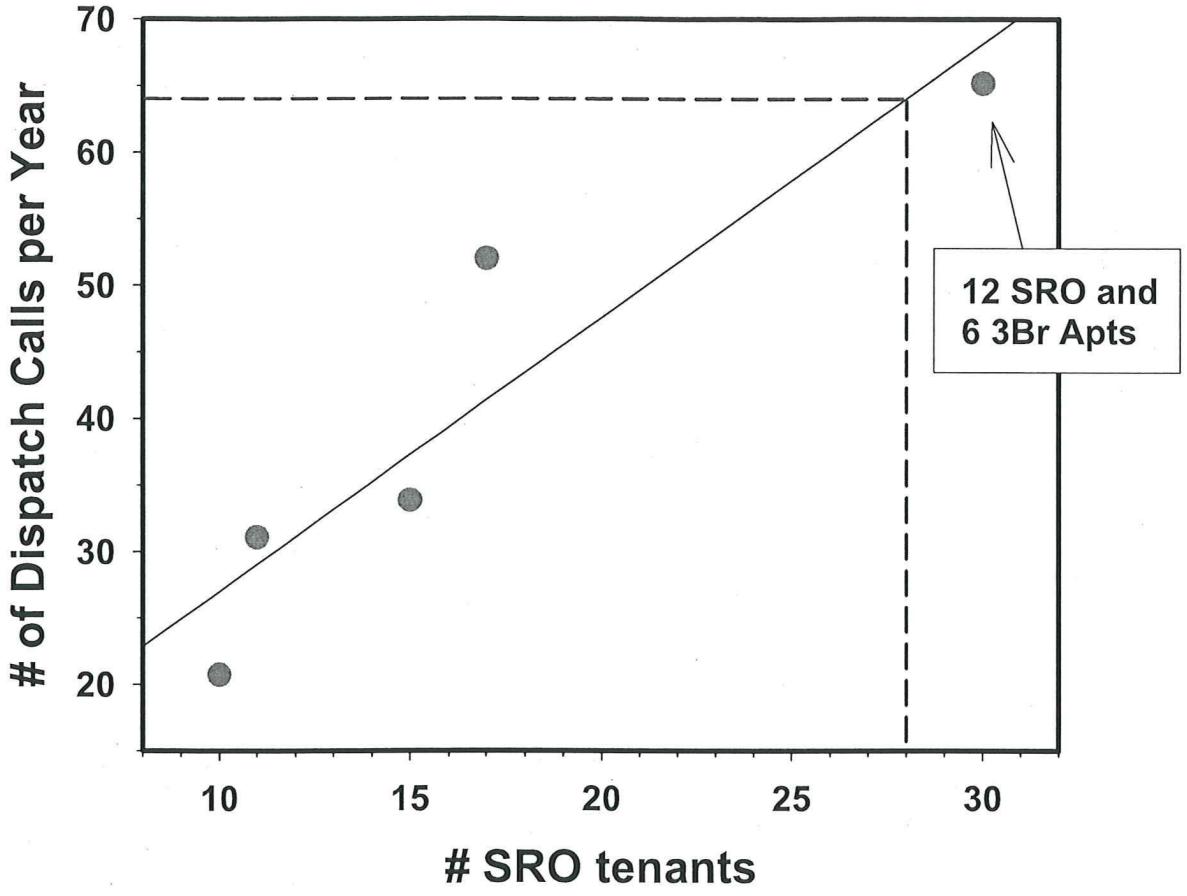
Concerned Residents of Districts 3 and 4

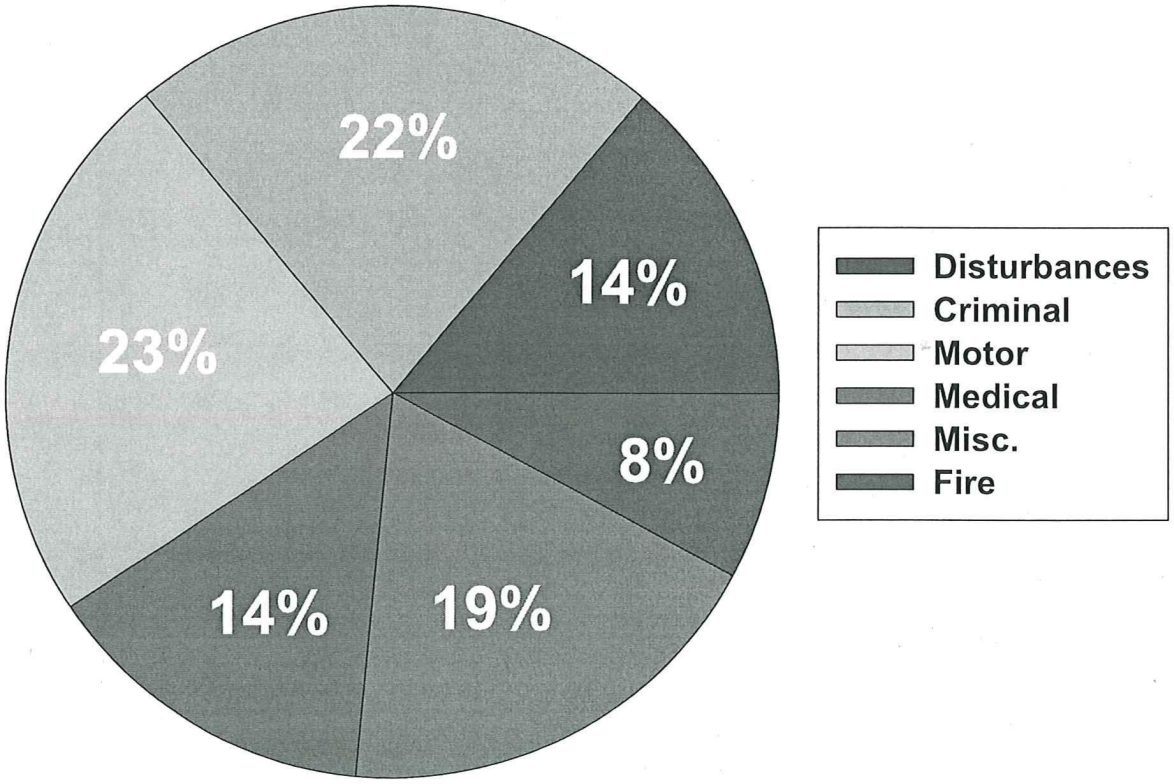
****

Signatories to the attached pdf "Letter from Residents of Districts 3 and 4":

Alfred Wilbur
Amanda Rivera Lopez
Amanda Robertson

Anne N. Morse
Anne Ye
Audrey Smith
Barbara Wilbur
Bonnie Kasal
Burd Schlessinger
Caren Rotello
Carolyn Samonds
Chris Diamond
Csaba Andras Moritz
Dale Sinos
Dave Huber
Eddy Augustin
Edgar Lindsey
Gaye Pistel
George Katsaros
Georgina Augustin
Gregg Anderson
Hallie Hughes
Jeeyon Jeong
Jim Schlessinger
Jiuming Ye
John Willoughby
Joohyun Lee
Kate Troast
Kathleen George
Ken Samonds
Laure Katsaros
Melissa Porter
Mike Rossen
Nick Nichols
Peter Siegelman
Rebecca Lindsey
Rebecca Sinos
Rick Lopez
Rosie Cowell
Samuel C. Morse
Sean Redding
Stephen George
Sylvia Moritz
Theresa Atteridge
Tim Atteridge
Vince Rotello
William Loinaz
Yanick Nichols


70
60
50
40
30
20
# of Dispatch Calls per Year
10
15
20
25
30
SRO tenants
12 SRO and
6 3Br Apts


22%
14%
23%
8%
14%
19%
Disturbances
Criminal
Motor
Medical
Misc.
Fire

96-98 King St. 07/01/10-12/31/14

Call Reason Breakdown

Call Reason	Self	Disp	Total	%	Avg. Arrive	Avg. Time @ Scene
Serve Restraining Order	2	0	2	2.2	0	12.50
Motor Vehicle Stop	9	0	9	9.8	0	14.50
911 Hang up	0	1	1	1.1	1.00	7.00
FIRE ALARM	0	2	2	2.2	0.50	3.00
Assault*	0	1	1	1.1	5.00	37.00
Assist/ Service Calls	1	5	6	6.5	3.50	5.25
ASSIST OTHER AGENCY	2	3	5	5.4	3.08	13.48
Civil Problem	0	1	1	1.1	3.00	41.00
Disturbance	0	3	3	3.3	2.17	9.00
Investigation	4	1	5	5.4	7.00	7.70
Medical Emergency	0	33	33	35.9	1.86	22.00
Medical - Mental Health	0	1	1	1.1	2.00	12.00
Noise Complaint	0	1	1	1.1	2.00	24.00
OUTSIDE FIRE (BRUSH/GRASS)	0	1	1	1.1	3.00	4.00
Public Service, Check Welfare	0	3	3	3.3	6.67	20.33
Serve Summons	2	0	2	2.2	0	4.00
Suspicious/Wanted	1	3	4	4.3	7.50	62.88
Theft/ Larceny	1	1	2	2.2	0	45.00
Trespassing/ Unwanted Guest	0	7	7	7.6	3.14	11.43
Warrant Service	3	0	3	3.3	0.50	10.50
TOTAL	**25**	**67**	**92**	**100**	**3.27**	**17.84**

96-98 King St 01/01/2015 - 05/19/2019

Call Reason Breakdown

Call Reason	Self	Disp	Total	%	Avg. Arrive	Avg. Time @ Scene
Serve Restraining Order	1	0	1	1.1	0	8.00
Motor Vehicle Stop	9	0	9	9.9	0	7.22
911 Hang up	0	2	2	2.2	2.50	5.00
FIRE ALARM	0	2	2	2.2	0	0
Building/ Property Check	1	0	1	1.1	0	8.00
Breaking & Entering- Residence	0	1	1	1.1	2.50	6.50
Disturbance	0	2	2	2.2	3.25	9.50
Disturbance, Domestic	0	1	1	1.1	7.33	114.50
Drunk/ Incapacitated	0	1	1	1.1	1.00	11.00
Drugs	0	1	1	1.1	10.00	10.00
Investigation	2	0	2	2.2	0.50	24.00
Medical Emergency	0	30	30	33.0	4.83	10.08
Medical - Overdose	0	2	2	2.2	2.00	57.75
Miscellaneous	1	0	1	1.1	0	4.00
Noise Complaint	0	4	4	4.4	7.00	12.33
City Ordinance Violation	0	1	1	1.1	27.00	0.00
Property, Lost/Found	0	1	1	1.1	3.00	4.00
Public Service	0	1	1	1.1	0	0
Public Service, Check Welfare	0	6	6	6.6	4.30	15.90
Serve Summons	3	0	3	3.3	0	14.67
Supplemental	1	0	1	1.1	0	113.50
Suspicious/Wanted	3	2	5	5.5	2.83	7.33
Traffic Accident	0	1	1	1.1	1.00	14.00
Traffic Enforcement/ Radar	2	0	2	2.2	2.00	15.50
Traffic, Complaint/Hazard	1	1	2	2.2	6.00	2.25
Trespassing/ Unwanted Guest	1	0	1	1.1	0	9.33
Warrant Service	7	0	7	7.7	0.50	17.36
TOTAL	**32**	**59**	**91**	**100**	**4.65**	**15.73**

192

183 total

1-3 N. Main St 11/1/05-12/31/14

Call Reason Breakdown

Call Reason	Self	Disp	Total	%	Avg. Arrive	Avg. Time @ Scene
Serve Restraining Order	1	0	1	< 1	0	25.00
Motor Vehicle Stop	32	0	32	5.9	6.80	15.52
911 Hang up	0	10	10	1.8	5.75	8.13
FIRE ALARM	0	15	15	2.8	3.50	24.50
Animal	0	5	5	< 1	7.67	10.67
Assault*	0	2	2	< 1	7.75	17.00
Assist/ Service Calls	0	13	13	2.4	5.22	23.94
ASSIST OTHER AGENCY	1	6	7	1.3	2.75	22.93
Building/ Property Check	2	0	2	< 1	0	0.00
Civil Problem	0	1	1	< 1	0.50	29.00
Damage/ Vandalism	1	7	8	1.5	11.58	13.69
Disturbance	0	61	61	11.2	4.82	17.69
DISABLED MV	1	1	2	< 1	9.00	1.50
Disturbance, Domestic	0	2	2	< 1	2.00	31.75
Drunk/ Incapacitated	0	8	8	1.5	4.44	26.71
Drugs	0	3	3	< 1	9.50	7.00
ELECTRICAL HAZARD	0	1	1	< 1	0	0
ELEVATOR/ ESCALATOR RESCUE	0	108	108	19.9	7.00	6.00
Harassment / Stalking	1	4	5	< 1	10.63	6.80
Indecency/Lewdness	0	1	1	< 1	0.50	2.00
Investigation	7	3	10	1.8	0.50	14.50
Juvenile Problem	0	2	2	< 1	5.25	6.50
Medical Emergency	1	50	51	9.4	3.58	11.84
Medical - Mental Health	0	2	2	< 1	8.00	12.00
Medical - Suicide / Attempt	0	1	1	< 1	2.50	16.50
Miscellaneous	2	1	3	< 1	40.00	19.25
Missing/Found Person	0	1	1	< 1	6.00	80.00
Noise Complaint	2	34	36	6.6	5.72	9.94
ODORS (STRANGE/UNKNOWN)	0	1	1	< 1	0	0
City Ordinance Violation	0	1	1	< 1	8.00	2.00
Park and Walk	1	0	1	< 1	0	25.00
Parking Violation	0	1	1	< 1	2.00	1.00
Property, Lost/Found	0	2	2	< 1	4.00	21.00
Public Service	1	4	5	< 1	16.67	16.00
Public Service, Check Welfare	1	20	21	3.9	7.61	16.30
STRUCTURE FIRE	0	4	4	< 1	2.17	17.58
Serve Summons	25	0	25	4.6	3.25	7.62
Suspicious/Wanted	6	30	36	6.6	4.22	12.51
Theft/ Larceny	0	10	10	1.8	8.70	25.20
Traffic Accident	0	5	5	< 1	6.20	33.60
Traffic Enforcement/ Radar	1	0	1	< 1	0	29.00
Traffic, Complaint/Hazard	1	1	2	< 1	18.00	17.50
Trouble Alarm, Fire	0	1	1	< 1	0	0
Trespassing/ Unwanted Guest	1	17	18	3.3	7.35	13.18
Unknown/3rd Party	0	1	1	< 1	2.00	32.00
VEHICLE FIRE	0	1	1	< 1	2.50	22.00
Warrant Service	14	1	15	2.8	16.00	18.41
TOTAL	**102**	**442**	**544**	**100**	**5.87**	**15.15**

+ 158

702 total

1-3 N. Main St

01/01/2015 - 05/19/2019

Call Reason Breakdown

Call Reason	Self	Disp	Total	%	Avg. Arrive	Avg. Time @ Scene
Motor Vehicle Stop	3	0	3	1.9	0	8.00
911 Hang up	0	2	2	1.3	5.00	3.00
Alarm/ Burglar/ Holdup Panic	0	1	1	< 1	3.00	14.50
FIRE ALARM	0	2	2	1.3	0	0
Assault*	0	1	1	< 1	4.00	7.00
Assist/ Service Calls	0	2	2	1.3	0	0
ASSIST OTHER AGENCY	0	1	1	< 1	2.00	2.00
Breaking & Entering- Residence	0	1	1	< 1	4.00	16.00
Dispatch Documentation Of Call	0	2	2	1.3	0	0
Civil Problem	0	1	1	< 1	6.00	15.00
Damage/ Vandalism	0	1	1	< 1	11.00	34.00
Disturbance	0	8	8	5.1	3.38	20.69
DISABLED MV	0	2	2	1.3	2.00	13.00
Drunk/ Incapacitated	0	3	3	1.9	6.17	13.17
ELEVATOR/ ESCALATOR RESCUE	0	36	36	22.8	3.50	12.00
Harassment / Stalking	0	2	2	1.3	3.00	8.25
Medical Emergency	0	36	36	22.8	4.29	6.28
Medical - Mental Health	0	2	2	1.3	7.00	10.25
Miscellaneous	3	0	3	1.9	0	11.33
Noise Complaint	0	14	14	8.9	6.68	18.86
ODORS (STRANGE/UNKNOWN)	0	1	1	< 1	0	0
City Ordinance Violation	0	1	1	< 1	4.00	5.00
Property, Lost/Found	0	1	1	< 1	9.00	6.00
Public Service, Check Welfare	0	9	9	5.7	6.44	34.19
STRUCTURE FIRE	0	1	1	< 1	6.50	38.50
Suspicious/Wanted	1	5	6	3.8	5.00	11.14
Theft/ Larceny	0	3	3	1.9	11.00	12.00
Traffic Accident	0	4	4	2.5	6.00	16.00
Trouble Alarm, Fire	1	0	1	< 1	0	0
Trespassing/ Unwanted Guest	0	2	2	1.3	2.50	40.75
Unknown/3rd Party	0	1	1	< 1	2.00	9.00
Warrant Service	5	0	5	3.2	0.75	19.70
TOTAL	**13**	**145**	**158**	**100**	**5.33**	**16.41**

82 Bridge St 7/1/00 - 3/31/19

Call Reason Breakdown

Call Reason	Self	Disp	Total	%	Avg. Arrive	Avg. Time @ Scene
Serve Restraining Order	9	0	9	2.1	0.50	7.78
Violation of 209A	0	3	3	< 1	4.67	25.50
Motor Vehicle Stop	16	0	16	3.8	2.00	11.47
911 Hang up	0	2	2	< 1	3.00	13.75
Alarm/ Healthwatch/ Help	0	4	4	< 1	3.00	9.13
Alarm/ Burglar/ Holdup Panic	0	2	2	< 1	3.50	4.00
FIRE ALARM	0	55	55	13.0	1.25	4.00
Assault*	0	3	3	< 1	11.67	8.00
Assist/ Service Calls	0	10	10	2.4	4.50	27.29
ASSIST OTHER AGENCY	1	2	3	< 1	4.00	19.67
Auto Crime, Theft of Auto	0	3	3	< 1	4.50	40.00
Breaking & Entering- Residence	0	1	1	< 1	2.50	31.50
Dispatch Documentation Of Call	0	1	1	< 1	0	0
Civil Problem	0	1	1	< 1	5.00	8.00
Damage/ Vandalism	0	1	1	< 1	4.00	76.00
Drug Addiction Response	1	0	1	< 1	0	17.00
Disturbance	0	40	40	9.4	3.24	19.92
Disturbance, Domestic	0	8	8	1.9	2.98	46.93
Drunk/ Incapacitated	1	11	12	2.8	3.38	11.42
ELECTRICAL HAZARD	0	1	1	< 1	2.00	7.00
Harassment / Stalking	0	14	14	3.3	5.29	15.41
Investigation	8	4	12	2.8	6.88	27.10
Juvenile Problem	0	1	1	< 1	5.00	6.00
Medical Emergency	0	77	77	18.2	3.96	10.33
Medical - Mental Health	1	6	7	1.7	4.88	26.27
Medical - Overdose	0	3	3	< 1	2.63	62.56
Miscellaneous	2	1	3	< 1	2.33	26.61
Noise Complaint	0	5	5	1.2	4.30	9.90
ODORS (STRANGE/UNKNOWN)	0	1	1	< 1	0	0
Property, Lost/Found	1	0	1	< 1	0	0.00
Public Service	0	5	5	1.2	13.00	25.60
Public Service, Check Welfare	1	27	28	6.6	4.96	12.24
Serve Summons	25	0	25	5.9	5.25	5.20
Suspicious/Wanted	1	20	21	5.0	2.70	25.83
Theft/ Larceny	1	7	8	1.9	9.93	22.63
Traffic Accident	0	4	4	< 1	4.13	24.38
Traffic, Complaint/Hazard	0	1	1	< 1	0.50	19.00
Trouble Alarm, Fire	0	3	3	< 1	0	0
Trespassing/ Unwanted Guest	1	10	11	2.6	2.90	21.03
Unknown/3rd Party	0	1	1	< 1	2.50	13.00
Warrant Service	15	2	17	4.0	2.06	20.42
TOTAL	**84**	**340**	**424**	**100**	**4.18**	**17.33**

14 N Maple St 1/1/10-5/19/19

Call Reason Breakdown

Call Reason	Self	Disp	Total	%	Avg. Arrive	Avg. Time @ Scene
Serve Restraining Order	1	0	1	< 1	0	6.00
Motor Vehicle Stop	2	0	2	< 1	0	10.00
911 Hang up	0	9	9	3.1	3.06	15.06
Alarm/ Healthwatch/ Help	0	1	1	< 1	7.00	14.00
FIRE ALARM	0	67	67	23.1	0	0
Assault*	0	7	7	2.4	11.07	63.36
Assist/ Service Calls	1	4	5	1.7	5.00	5.00
Building/ Property Check	12	0	12	4.1	0	3.58
Damage/ Vandalism	0	2	2	< 1	15.00	4.00
Disturbance	0	14	14	4.8	5.23	17.30
Disturbance, Domestic	0	5	5	1.7	5.85	86.12
Drunk/ Incapacitated	0	5	5	1.7	6.25	10.75
Drugs	0	1	1	< 1	3.33	7.50
GAS LEAKS (GASES)	0	1	1	< 1	1.50	12.50
Harassment / Stalking	0	3	3	1.0	3.50	32.33
Investigation	8	3	11	3.8	8.00	21.00
Medical Emergency	0	52	52	17.9	3.83	18.34
Medical - Mental Health	0	3	3	1.0	7.75	16.00
Medical - Overdose	0	2	2	< 1	4.00	72.75
Noise Complaint	0	21	21	7.2	4.42	13.28
Park and Walk	2	0	2	< 1	0	5.00
Property, Lost/Found	0	1	1	< 1	8.50	16.00
Public Service	0	3	3	1.0	7.33	12.33
Public Service, Check Welfare	1	15	16	5.5	7.13	11.63
Serve Summons	7	0	7	2.4	0	4.71
Suspicious/Wanted	3	5	8	2.8	16.29	12.38
Theft/ Larceny	0	12	12	4.1	11.88	13.67
Traffic, Complaint/Hazard	1	0	1	< 1	0	1.00
Trouble Alarm, Fire	0	2	2	< 1	0	0
Trespassing/ Unwanted Guest	0	8	8	2.8	5.31	14.81
Unknown/3rd Party	0	1	1	< 1	3.00	9.00
Warrant Service	3	0	3	1.0	11.00	28.00
Weapons/Firearms*	0	2	2	< 1	5.50	16.75
TOTAL	**41**	**249**	**290**	**100**	**6.51**	**18.40**

22-34 New South St 7/1/97-12/31/13

Call Reason Breakdown

Call Reason	Self	Disp	Total	%	Avg. Arrive	Avg. Time @ Scene
Serve Restraining Order	2	0	2	< 1	0	13.25
Violation of 209A	0	3	3	< 1	18.00	64.83
Motor Vehicle Stop	452	1	453	42.3	1.61	8.97
911 Hang up	0	10	10	< 1	4.15	6.92
Alarm/ Burglar/ Holdup Panic	0	2	2	< 1	2.75	9.00
FIRE ALARM	0	46	46	4.3	6.30	0.60
Animal	0	6	6	< 1	6.50	13.25
Assault*	0	2	2	< 1	7.25	35.50
Assist/ Service Calls	7	10	17	1.6	5.71	25.46
ASSIST OTHER AGENCY	2	9	11	1.0	6.19	17.36
Auto Crime, Theft of Auto	0	3	3	< 1	5.83	13.11
Building/ Property Check	1	0	1	< 1	0	0.00
Civil Problem	0	1	1	< 1	25.00	0.00
Damage/ Vandalism	2	11	13	1.2	5.80	14.92
Disturbance	3	66	69	6.4	3.99	23.06
DISABLED MV	8	4	12	1.1	4.40	16.88
Disturbance, Domestic	0	3	3	< 1	2.08	82.58
Drunk/ Incapacitated	0	4	4	< 1	2.25	7.88
Drugs	1	0	1	< 1	0	26.00
ELECTRICAL HAZARD	0	6	6	< 1	5.00	9.00
GAS LEAKS (GASES)	0	1	1	< 1	0	0
Harassment / Stalking	1	18	19	1.8	4.92	21.83
Indecency/Lewdness	0	1	1	< 1	2.00	3.00
Investigation	12	2	14	1.3	4.75	69.97
Juvenile Problem	0	12	12	1.1	3.88	26.32
Medical Emergency	1	71	72	6.7	3.29	15.63
Miscellaneous	5	1	6	< 1	0	14.50
Missing/Found Person	1	3	4	< 1	2.75	33.42
Noise Complaint	0	33	33	3.1	6.85	14.36
ODORS (STRANGE/UNKNOWN)	0	1	1	< 1	7.00	40.00
City Ordinance Violation	1	6	7	< 1	8.92	6.67
Parking Violation	7	2	9	< 1	4.50	5.56
Property, Lost/Found	3	8	11	1.0	4.90	3.22
Private/Trespass/ Parking Tow	0	4	4	< 1	0	0
Public Service	1	12	13	1.2	5.11	21.13
Public Service, Check Welfare	0	10	10	< 1	5.06	30.04
Snow Tow	0	2	2	< 1	0	2.00
STRUCTURE FIRE	0	4	4	< 1	1.67	10.00
Serve Summons	45	1	46	4.3	9.00	7.55
Suspicious/Wanted	13	36	49	4.6	3.12	16.90
Theft/ Larceny	3	14	17	1.6	5.81	13.29
Traffic Accident	3	17	20	1.9	3.18	22.83
Traffic Enforcement/ Radar	11	0	11	1.0	0.50	37.68
Traffic, Complaint/Hazard	0	13	13	1.2	6.52	12.78
Trespassing/ Unwanted Guest	0	10	10	< 1	4.65	18.47
Unknown/3rd Party	0	1	1	< 1	3.00	6.00
VEHICLE FIRE	0	1	1	< 1	1.00	12.33
Warrant Service	13	1	14	1.3	6.17	31.57
TOTAL	**598**	**472**	**1070**	**100**	**4.50**	**14.48**

We are a group of 56 Amherst residents from Districts 3 and 4. One month ago we learned that the Amherst Community Preservation Act Committee (CPAC) recommended that the Town borrow $500,000 to aid the development of a 28 Single Room Occupancy (SRO) project, with the proposed building immediately adjacent to the Amherst College athletic fields (Pratt Field). We applaud our elected town officials for moving forward in support of affordable housing for Amherst's most needy individuals, including those who are homeless (7 of the 28 units will be available to Amherst area homeless individuals, with 3 offered to homeless individuals from elsewhere). However, we have serious concerns over the project as currently proposed. Moreover, the Pratt Field complex is currently open to the public for recreation when not in use for college events, and our research has identified that the project will mostly likely result in the closing of this recreational area to public access. Given that one role of the CPAC is to preserve open space for town residents (e.g., the recent expenditure of $550,000 to improve Groff Park), this outcome seems incompatible with the stated goals of CPA funding and activity.

Our group includes individuals with a diverse set of expertise relevant for the assessment of this proposal. We are medical doctors, psychiatrists, small business owners, neuroscientists, psychologists, and one of us has decades of professional experience specifically with placing individuals in SROs, including mitigation of the impact of SROs for the neighborhood in which they reside. Most importantly, *because this is our backyard, we are highly motivated to make sure that this project will effectively serve this vulnerable population*. We are not saying "not in our backyard". We are saying "please get this right, because it's our backyard". The future tenants of this project deserve a housing plan with sufficient support for them to successfully integrate into the neighborhood.

Several of us are scientists who value the rigorous use of data. To employ an evidence-based approach we started collecting data in regard to this proposal. A few of us are Amherst College professors and we contacted college officials to determine what might happen if there are problematic incidents between the SRO and Amherst College students. The college responded that they would shut down the athletic fields to public access. This concern was not previously identified either by the CPAC or Valley CDC.

Some members of our neighborhood have written letters, others have put together fact sheets outlining concerns over the current version of the proposal. The fact sheets in part drew on the scientific literature regarding relapse rates among individuals who are currently in recovery from substance use disorders, and the potential consequences of housing individuals recovering from drug addiction without adequate support. Rather than post the concerns of Amherst residents, the town website now simply lists a response to our stated concerns put together by Valley CDC, with none of the data that led to those concerns. The town website is currently hosting multiple documents that seem to advocate pushing this proposal through as is, without adequately representing the concerns of Amherst residents. To quote Chairman John Hornik of the Affordable Housing Trust on the subject of neighbors' concerns: "There is no answering all of these speculations, particularly since for any one that is responded to, two more are likely to spring up in its place."

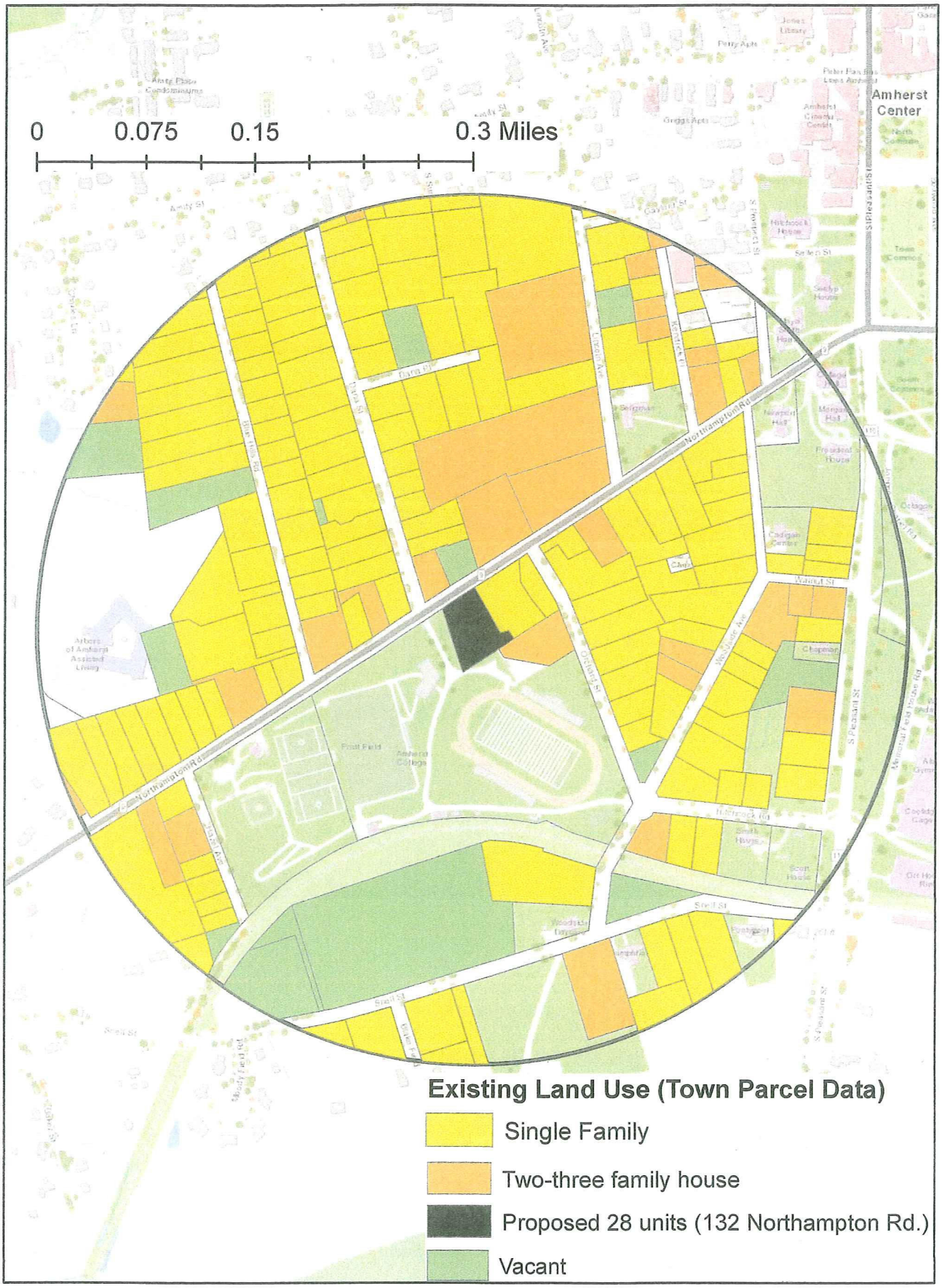
The most troubling aspect of Valley CDC's response to our concerns was the accusation that we engaged in "profiling". This term has a negative connotation, such as when used to describe a law enforcement officer pulling over a vehicle simply because the driver is of a certain race. This kind of profiling is abhorrent. It appears that Valley CDC used the term in exactly this disparaging sense in reference to us, hoping to silence the expression of our concerns by shaming us. This is a wholly inaccurate description of the situation. What neighbors have done is provide information from surveys and scientific research detailing the expected rates of history of substance use disorders, the rates of relapse, and the statistics regarding social/behavioral outcomes given substance use (i.e., given relapse). No neighbor used these statistics to form and promulgate negative opinions of specific individuals, nor ever would we. Instead we have used available data, along with expert testimony, to reach the conclusion that Valley CDC's plan is inadequate, failing to provide around the clock support for this vulnerable population. Providing statistical information does not equate to holding an irrational fear of the prospective tenants. When gathering statistics, the key question is *what you do with* those statistics – whether you use them to justify

prejudicial actions aimed at specific individuals or whether you use them to guide policy decisions that improve the lives of individuals. For example, urban planners may propose more bus stops for a low income area based on the statistically supported assumption that residents of that area are less likely to own cars, but this is not profiling. Members of our group provided data and expert testimony designed to inform policy decisions, outlining why Valley CDC's plan for this project is inadequate. Simply put, the data suggest that this very vulnerable population *needs more help than is included in Valley CDC's plan*.

Valley CDC claims to have run this kind of SRO for decades with success. However, no metrics of success are provided, only anecdotal evidence (e.g., video testimony) from case studies. Chairman Hornik said "The implication that Valley cannot manage a larger program would stand on much stronger ground if [concerned resident X] or his neighbors could demonstrate that there are problems with Valley's existing Northampton facilities, which have been in operation for several years. I would assume that [concerned resident X] has done some investigation and drawn a blank." This assumption was incorrect: we had not done any investigations because we had only learned of this project less than a month earlier. However, we now have preliminary data. Chairman Hornik further said, "By all means query the Northampton Police Department and emergency services for the numbers of calls to these locations. While I am interested in seeing the evidence, from my limited knowledge I will be surprised if you find many calls". We did query the Northampton Police, and we found 2,669 calls over a period of several years, as listed in full in the supporting document. We were advised by an Amherst area police officer in a managerial role that this likely represents an underestimate of the total relevant calls, because incidents associated with the residences that occurred a few yards away (not tied to the address) would not be included. **The unmanaged SRO model proposed by Valley CDC clearly has problems.**

The analysis covers police dispatch calls associated with the addresses of residential buildings in Northampton, currently or formerly owned and operated by Valley CDC. Four of the 5 buildings follow the SRO model; one was a mixture of single-room studios and 3-bed apartments. Call logs cover a period of between 9 and 19 years (average ~13 years) and for the one building that is no longer owned by Valley CDC we included only dates when the building was owned by Valley CDC. There is a very systematic relationship between building size (# of residents) and number of dispatch calls per year. The number of 'calls per resident per year' ranges from 2.07 to 3.06 across the five buildings. **With a proposed building size of 28 residents, this analysis predicts a total of 64 calls per year, equivalent to 5.3 calls/month or ~1.25 calls/week.** We broke down call types into 5 categories: Disturbances (14%), Criminal (22%), Motor (23%), Medical (14%), Miscellaneous (19%) and Fire (8%). Examples of each category are: Disturbances - Noise Complaints, Drunk & Incapacitated; Criminal - Stalking, Theft, Warrants; Motor - Motor Vehicle Stops, Accidents; Medical - Emergencies, Mental Health, Overdose; Miscellaneous - Welfare Assistance, Stuck Elevators; Fire - Fire Alarms, Structure Fires.

This record of police activity at Valley CDC properties indicates that despite the screening processes employed by Valley CDC, many problems remain. We reiterate that an Amherst area police manager advised that this log likely provides an underestimate of the total calls. In addition, we have been unable to obtain call logs from the Fire Dept and it is not clear whether those logs would reveal additional calls not reported by the police. **We suggest that the model proposed by Valley CDC provides inadequate support to the tenants that will live at 132 Northampton Road.** Although Valley CDC are proposing a 20hr/week caseworker for 132 Northampton Road, which may not be provided at their other buildings, this proposed residence is far larger than any other fully-SRO building they operate. (The 4 fully-SRO buildings Valley CDC operate range from 10 to 17 units. The fifth building we analyzed has an estimated 30 residents but is not entirely SRO, including six 3-bedroom units which may be occupied by individuals with fewer support needs. It is no longer owned by Valley CDC). A caseworker onsite for 4 hours a day, only on weekdays, would clearly be unable to mitigate the problems witnessed in this call log. **We call upon the Town Council to ask Valley CDC to revisit this plan, proposing a reduction in size and a meaningful increase in the level of onsite support, including overnight management.**


0
0.075
0.15
0.3 Miles
Amherst Center
Northampton Rd
Fort Field
Amherst College
Existing Land Use (Town Parcel Data)
Single Family
Two-three family house
Proposed 28 units (132 Northampton Rd.)
Vacant

Dear Town Councilors,

We write to request that the Finance Committee delay the vote to approve funding towards the 132 Northampton Road project until the neighborhood has been consulted in a meaningful way and until concerns raised by neighbors have been convincingly addressed. We were first informed of the details of the plans for the 132 Northampton Road site only a month ago. Since then we have only slowly learned more details of the project, and our only communication with Valley CDC (and other stakeholders) has been through comments offered at Finance Committee meetings and postings on the Town Council website.

We are concerned that the important parts of Valley CDC's response to neighbors posted on the Town Council website mischaracterize key facts and positions. We focus only on a few:

Proposed Development is Consistent with Neighborhood Character

Valley CDC writes: "We describe the primary neighborhood for this proposed development as the Northampton Road corridor between University Drive and Town Center" and argues that the project is consistent with the character of this corridor. This definition of the neighborhood is convenient for their argument but has little to do with the actual neighborhood as residents live it. A reasonable functional definition would contain Blue Hills Road, Dana Street, Orchard Street, Lincoln Ave on the south side of Amity, Woodside Avenue, Hitchcock Rd., and the part of Northampton Road near Amherst College, with the athletic fields at the center and serving as a neighborhood connector. This neighborhood consists primarily of single-family homes. It does have rentals, but they are mostly family rentals in properties owned by Amherst College. There are some student rentals managed by local property management companies, but there is nothing in the neighborhood like the planned SRO project.

Safety Concerns

Valley CDC accuses neighbors of profiling and classism to delegitimize their concerns in the eyes of the rest of the town. But neighbors have largely echoed statistics presented in the Valley CDC proposal to the CDBG in acknowledging the co-morbidities to homelessness. Valley CDC assures neighbors that we can depend on their rigorous screening process to ensure that all of the residents of the project will be "good neighbors". But analysis of Northampton police logs from Valley CDC properties indicates a high level of 911 call activity, which casts doubt on the Valley CDC's rosy portrayal.

Proximity to Pratt Field

Valley CDC dismisses neighbor concerns that negative interactions between students and residents would prompt Amherst College to close the field to the public because (1) they insist there will be no problems and (2) Amherst College might close the field for other reasons unrelated to their project (such as unsupervised children or dog waste). However, the analysis of police logs noted above suggests that neighbors have valid concerns. And Amherst College has been clear that it is concern for the safety and comfort of its students that would trigger a closing, not other factors. Valley CDC's implied comparison to an SRO near Smith College is not apt. Smith closed its stables at that location several years ago, and there is no student activity in the immediate area. In contrast, the Amherst College athletic fields are actively used by students well into the evenings throughout the week.

The Finance Committee has recognized that approval of the $500,000 funding signals approval of the project to the state, so in this case the financial matters are intertwined with an expression of broader town support for the project. With this in mind, we ask that the Finance Committee to delay support for funding of the project until concerns raised by neighbors have been addressed.

Sincerely,

William Loinaz and Aimee Gilbert Loinaz
14 Orchard St

Dear Town Council and Finance subcommittee members:

I write to urge that there be no delay in your approving the bond request from Valley CD to demonstrate the Town's support for their mixed income (middle and low AMI) Studio Apartment proposal to be developed on Northampton Road. I understand that the sole question currently before the Finance subcommittee and Council is whether to affirm bond-funding for the project. Inaction, delay, or deferral will adversely affect Valley CD's capacity to leverage at least four million in funding from highly competitive state funding sources, a point Valley CD makes in their CPA proposal, their letter to the Council of May 21st, and their explanation of the reason for urgency to you on May 23rd. Delay or inaction will also contradict our Town's claims of good intentions to provide low and middle income housing as well as undermine the several town bodies that have worked so hard, during the past 3 years, to encourage Valley CD to develop this mixed-income middle and low income affordable housing for an income-diverse Amherst population.

Because your attention at this stage must focus on funding, expenses and revenue, I turn to those issues while also noting that the wide-spread misinformation about this project, erroneously accepted by some neighbors and presented in their letter of concerns and statements at your May 21 and 23 Council meetings, involves substantive issues. These issues involve what it means for Amherst to create affordable housing and what "affordable" means in our high-rent, upper-income Amherst neighborhoods.

I urge that the Council approve the bonding issue without delay. I also urge the Council to upload to its Website the Valley CD's CPAC proposal along with Laura Baker's detailed response to the allegations of the neighbors (sent to the Council on May 21st). This will foster discussions on the merits of the project that are based on fact and not on misconceived profiling or surmise.

Funding, Revenues, and Operating Budget:
Valley CD's qualifications and readiness to succeed in Amherst with this mixed-income Studio Apartment project is clear in their submission to CPAC as well as their track record in Northampton. The CPA recommended bond and the CDBG grant will together signal Amherst's support for this project and thereby leverage bank, Housing Innovation, Mass Housing and Affordable Housing and Facilities Coordination Trusts, and Housing Stabilization Funds, at $4,813,407.

The Council is aware that 132 Northampton Rd will increase in value and provide a four-fold increase in tax revenue, up from $5,435 to $21,000, with a projected 20 year increased revenue of $418,238. The estimated cost of $26,786 per studio apartment unit is considerably below the Town median of $42,000 per unit. Operating costs will be covered by rental income or state sources. Valley CD even factored in the projected road and cross-walk work planned for Rt 9 to counter traffic and safety concerns raised by neighbors.

Valley CD has provided 5-year budget showing their $25,000 annual support of a part-time Resident Services Coordinator, something they did not do in their Northampton studio apartments. Their proposal offers more information with greater reassurance than I have seen the Town get from many a landlord or developer. If any of us express undue and unproven concern about the costs to the town of housing a low and middle income population, we should in fairness also consider the proven costs of housing an undergraduate population in town and on campus. In this regard, clearly Valley has done its part to anticipate and pay for exigencies.

Population to be served:
It is of considerable financial interest to the Council that 16 of the 26 affordable units will serve "workforce housing" with income caps of $31,050 & 49,700. Valley CD points out in their CPAC proposal and May 21 letter to the Council that these income caps serve a wide range of workforce in Amherst: service workers, maintenance staff, teachers, aides, social workers, adjunct faculty. Amherst's collective bargaining agreements document in detail the workforce-housing need based on the Amherst *entry-level* (2018) salaries for firefighters ($40-47,000 range), department of public

works level 1 ($43,000 into the mid 50's), clerical salaries step 1 in our schools (2016: $23,294 into mid 40's). The 16 Valley CD studio apartments will become available to mid-income workforce who have been squeezed out of Amherst's high-end rental market: 8 units for people earning 50% AMI ($28, 250) and 8 at 80% AMI ($45,200). Amherst school workforce will be served by these studio apartments as will entry-level women and men employed at Amherst College, UMA, at dentist's offices, coffee shops and service positions in town.

As a letter from Amherst Forward Leadership Team points out, "Please remember that these [Studio Apartment tenants] are already part of our community ... employed locally, though their wages aren't sufficient to pay market rent near their jobs." These are not the people that the local residents speak or write in concern about. They are the women and men we rub shoulders with and to whom we owe a decent and independent living space if their needs are for mid- or low-income affordable solo housing. And the same must be said of the formerly homeless and special needs individuals to be served in the remaining 10 units. Valley CD has thoughtfully and with experience considered their needs and made the necessary arrangements for part-time in-place residential support along with firm commitments for service from reliable local providers.

This Valley CD proposal envisions an intentionally income-mixed mid- and low income population, a design that the Town some years ago had encouraged Valley CD to prepare. This dimension of the Valley CD project is of considerable financial as well as moral interest to the Council. Soon enough, I hope, the East Street School will serve the needs of middle or low income families.

What do we mean by "affordable"?
The term "affordable" has been misused in discussion of the Valley CD apartment suites, since it covers a wider income range and is not in keeping with the profiling of homeless, special needs persons as if all were dangerous, addicted, potentially violent men. These are gender & income-based stereotypes.

"Affordability" is defined by household (number of individuals) as a percentage of Area Median Income and it differs by funding source. For CPA funds, it can be 100% AMI; for CDBG less than 80%; the state is at 80% and Town AMI percentages vary. Two aspects of affordability in Valley CD's proposal are truly remarkable: (1) Their "self pay" rent levels are directed to 50% and 80% AMI and their rental subsidies support persons at 30%. Their monthly rental rates are $650, $675, or $702 if subsidized, all significantly below Amherst market rents. (2) Valley does not use high-end market rate rentals in the same project to cover the costs of low-mid-income affordable rates, as do for-profit developers in Amherst.

The incorrect profiling and misinformation about anticipated Apartment Suite tenants I observed at the May 21 and 23 Finance & Council meetings from abutters or neighbors, and read in their letter of concern, are fully answered, I believe, in the thoughtful, comprehensive presentation made by Valley CD to CPAC some months ago and reiterated in their May 21st letter. Since the Council has these materials I do not quote them here, but urge, as the Council moves to approve the bond issue in the next few days, that it also upload these documents so that concerned residents can become better informed.

I urge you to move forward at your Finance and Council meetings with prompt and unanimous approval of the bonding issue. It is wise and in the town's interest to do so, consistent with multiple housing studies, town-wide forums, and the Master Plan. With the bonding underway, it will then become timely to conduct abutter/Valley CD/Council discussions, informed by an accurate assessment of what Valley CD has actually planned and not what rumor may imagine. The substantive concerns that emerge from such neighborly discussions will more properly come under ZBA jurisdiction. Since there are many steps to take before Valley CD is ready for ZBA to take up this matter, there will be ample time to correct misinformation, address issues directly, and encourage abutters to read both the CPAC proposal and the Valley CD response to their concerns. At that time, it may be useful to suggest to abutters and neighbors that they join with Valley CD to create a liaison committee, perhaps with the part-time residential staff person as coordinator, to meet regularly, to vet and to resolve whatever anticipated or unanticipated challenges emerge.

Written with respect and deep concern,

Maurianne Adams
Town Resident
District 3

May 25, 2019
To the Members of Amherst Town Council

I write requesting that you vote both to approve the proposed 28 studio apartment project on Northampton Rd and to fund it at $500,000 level requested. The reasons for my support are laid out clearly in the thorough, well researched information presented in Valley CDC's May 21 letter to the Finance Committee, which I support without qualification.

Highlights for me include:

- Estimated increase of $21,000 per year in RE tax revenue with negligible increase in maintenance costs and no evidence that there will be adverse impact on surrounding property values.
- Project is culmination of 3 years of work, all in conjunction with Town objectives, and coming to you with the support from Amherst Housing Trust, CDBG Advisory Committee, Community Preservation Act Committee, Amherst League of Women Voters, and Amherst Forward among others.
- The project will be consistent with the neighborhood, where there already are residences with from 17 - 78 residents and in a walkable, bikeable location to well serve it's residents
- Of personal importance to me, it will be a mixed income project. 16 of 28 units will be for people who will most likely come from folks in the Amherst workforce who are in need of an affordable way to live here,10 will be for for homeless people and 2 for people referred by DMH. I lived for some years in Pomeroy Lane Coop, a mixed income and mixed ability project and can personally attest to community building across difference that such a mixed experience provides. What I learned about living in community and the connections I made are with me today. We need more such opportunities in Amherst,
  -

I strongly urge you to act and to act NOW to recommend this project. This local commitment will allow Valley CDC to submit the requests necessary to secure state financing, which can only be applied for once annually. The cost to the town for this project --$26,786/affordable unit – will be the lowest per unit cost for any town assisted affordable housing that Amherst has developed to date.

There is nothing to be gained and much to be lost (more carrying casts for Valley CDC, stress on Craig's Doors for more years, to name just two) by delaying this project. I request that this project be accepted and budgeted for NOW.

Thank you
Sincerely,

Carol Lewis

Dear Counselors,

I am writing to express my support for the Valley Community Development Corporation studio apartment affordable housing project proposed for 132 Northampton Road. I hope that the council will support this much needed opportunity and not delay funding.

Despite the disheartening, inflammatory, fear-based, and discriminatory rhetoric I have heard from opponents to the project I like to think of Amherst, and our local government in particular, as progressive and valuing inclusive communities that support our most vulnerable populations.

I have been looking back at all of the councilor's campaign webpages that are still available along with the responses to the Affordable Housing Amherst survey that most candidates replied to back in late August 2018 and many if not all of you, expressed in some way, support for affordable housing and this type of project in particular. I am sincerely hoping to witness you staying true to those sentiments and commitments since this project essentially checks all the boxes in terms of an appropriate site with onsite services.

Thank you,
Nicola

Nicola Usher
37 Harris Street, District 1

Dear Town Councilors and Town Manager,

Here is an electronic copy (in two different formats) of the fact sheet that we put together about the Valley CDC 132 Northampton Road development project.
Thank you for considering our concerns.

Best Regards,
Kate Troast
99 Dana St

Concerns about Valley CDC development at 132 Northampton Road

Please ask your elected Town Councilors to delay funding for this project until there has been a full discussion of project rationale, concerns, and alternatives.

Stated purpose of the project

Valley CDC plans to build 28 Single Resident Occupancy units on .88 acre adjacent to fields on Rt. 9 @ Dana St.
10 units for 30% AMI homeless persons (with project-based rental vouchers)
2 units for 30% AMI tenants who are clients of the Department of Mental Health (w/ vouchers)
16 units for 50-80% AMI persons (self-pay)
Supposed to respond to affordable housing needs of Town of Amherst

Project poses irreconcilable issues for the town

Safety concerns regarding substance abuse, exacerbated by project size

Expert service providers consulted about project estimate that as many as 8-14 residents will have a history of Substance Use Disorders. Entry criterion is 6 months sobriety. National statistics predict that approximately *66% of those individuals will suffer relapse*. Relapsing tenants increase risk of relapse in other tenants (via contact with drug-related cues), therefore large project size increases the risk. Valley CDC appear to have *no plans for ongoing toxicology screening* of tenants once they are resident. *No live-in management, no screening at building entry for contraband*.

Experts have predicted this will lead to *drug use in and around the grounds of the SRO building* and on Amherst College Pratt Field. Frequent emergency services callouts. Serious safety implications for both SRO tenants and local neighbors.

Valley CDC appear to be *outsourcing the screening and ongoing property management*, and could not answer specific questions in detail (e.g., about toxicology screening, about whether specific criminal convictions would be disqualifying, about the number of emergency callouts per week/month to existing SRO buildings in the valley).

Lack of comparable local project to provide a reference for impacts on neighborhood and tenants

Project is *~twice the size of any SRO building currently operated by Valley CDC* (largest is 17 units). There are no comparable SRO projects in the area and its impact on the community is unknown – 65% more tenants and in a more residential neighborhood than any existing Valley CDC project.

Development is in a family-oriented and undergraduate-oriented neighborhood

SRO occupancy will be ~70% male. From 7am to 10pm, 17-22 year-old undergraduate students walk and park next to the development. High proportion of families with kids in surrounding neighborhoods; use by Woodside Children's center. Safety concerns will fall disproportionately on women in the neighborhood.

Loss of key open space for surrounding neighborhoods and all town residents

Adjacent track and field area owned by Amherst College is currently used by neighbors and town residents for walking, running, biking with kids, attending events, etc. Due to safety concerns, Amherst College has confirmed that they will likely make their track and field area open only to college ID holders if this development goes forward. Large numbers of town residents will permanently lose access to a vibrant neighborhood open space.

Project is poorly designed

Isolating and unsuitable environment for residents

Residents in 240 sq ft. units (~15 x 16 ft) without pets, family, or dedicated outdoor space.

10 min walk from nearest bus stop, down a road with few street lights (Lincoln Ave). Bus ~40 min. 15-20 min steep uphill from nearest grocery store. Sidewalks often unplowed in winter.

Adjacent to Amherst College athletic complex: Heavy traffic and high alcohol presence every other weekend during fall and spring sports seasons, frequent loud music and other noise from fields.

Housing model is high risk for tenants: target demographics indicate many tenants with history of Substance Use Disorders (SUDs); significant risk factor for relapse is contact with other drug users.

High cost and inappropriate use of Community Preservation Act funding

Project total cost = $4.8 million or $172,000 per person.

$500,000 CPA funds requested for this project would be *borrowed*, increasing the town's debt and potentially taking precedence over other capital projects.

Cost of **$716/sq ft** vs. median list price in Amherst of **$210/sq ft**

Building is 4/5^{ths} new construction; CPA funds supposed to give preference to reuse existing buildings

Project will provide inadequate supportive services and do little to solve homelessness *in Amherst specifically*

Project requires no contractual obligation to house people from Craig's Doors shelter or who were formerly living in Amherst. Residents may come from anywhere in MA.

Budget allocates only $25,000/year to a resident services coordinator. With 30% benefits and a $20 per hour salary, that's 17 hours per week or 36 minutes per resident per week. Many residents will have very high needs. Also not clear if this operating cost is guaranteed to be met in the long term.

New construction means units not available for 2-3 years (2021-2022): no immediate alleviation of local homelessness.

Project has not received due process

SRO development is primarily supported by an outside developer

The 2015 Amherst Housing Market Study contains no mention of SROs as a solution; the 2016 Amherst Housing Production Plan contains only two paragraphs on SROs out of 184 pages. Key finding from these studies is that high demand for student housing has crowded out options for middle and lower income families. Affordable housing for **families** is an equally important town need.

No input by neighbors until after CPAC committee vote

Details of Valley CDC's proposal were presented to neighbors on April 24th. Only abutters were invited. CPAC voted this through on April 23, before neighbors knew these details. One (example) consequence: *CPAC was unaware of the fact that this would likely result in the closing of a large de facto public park when it voted.*

No consideration of meaningful financial and cost issues for the town

Development will result in need for additional lighting, traffic controls and first responder time. No estimates of these costs have been provided.

Viable alternatives exist

$500,000 could provide rental housing immediately for 10 formerly homeless people for almost 5 years.

Smaller units close to town are available for purchase and renovation. Residents would be integrated into neighborhoods and could be visited by mobile service providers.

Hi Amherst Town Council,

Let me begin by pointing out that I am not a resident of Amherst (I live just across the town line in Leverett), so I may not be qualified, in your view, to address the particulars of the current issue, CPAC funding for the Valley CDC project on Rte. 9 in Amherst.

But I will immediately add that the lack of affordable housing of all kinds in Amherst is impacting the entire region, including a substantial portion of Franklin County. People who can't afford to live in Amherst are living from Holyoke to Greenfield, Ware to Southhampton. People who work in Greenfield are being pushed up to Brattleboro. It really is imperative that Amherst begin to address this problem (or else tell UMass to relocate.)

With respect to some of the issues raised by opponents of this project:

1) There is plenty of open space in Amherst, and a residential lot on Rte 9 adjacent to a College playing field is no loss to the town's open space present or potential inventory.

2) There is hardly an urban center in Amherst. There is no option for this type of housing that is not near a (very nice) residential neighborhood, and certainly not near downtown, which is surrounded by the most expensive real estate in town. Options may open up in the future in North or South Amherst, but I have no doubt they will be met by the same neighborhood pushback, citing the same issues, from crime to open space. Even apartment complexes elicit these reactions, which is why Greenfield workers are living in Brattleboro.

3) It is unreasonable to expect anyone to succeed in getting off drugs when they don't have housing. Many communities, such as Salt Lake City where my daughter currently lives, have recognized that "housing first" is the correct priority. I do think that more staffing would be desirable at the proposed project, but this can and should be provided by other, operational (not capital) funding.

I hope that Council will listen closely to Valley CDC's extensive experience with these types of projects. They have experience, and you could not ask for a better sponsor for Amherst's first SRO project.

Thanks for reading this far,

Kathy Campbell
(member of the League of Women Voters of Amherst)

Katherine Campbell

Hi,

I am a resident of Amherst and recently learned of the proposed Valley CDC development for affordable housing. The cost of living in Amherst is astronomical for low wage earners, and it is essential that the vote on this issue not be delayed. As a renter and graduate student, I have first-hand experience navigating an incredibly expensive rental market in Amherst. Amherst should be a town hospitable to all people of every background and delaying this vote signals that creating accessibility and diversity in Amherst is not a priority for you. Please do not let stereotypes and stigma determine the fate of this important vote!

Sincerely,
Kelsey Wentling

Finance Committee et al.,

As you consider your recommendation on bonding for the 132 Northampton Road affordable housing project, I hope you heed the unanimous recommendations of the Community Preservation Act Committee (CPAC) and Amherst Municipal Affordable Housing Trust (AMAHT), as well as the endorsements of the Amherst Survival Center, Craig's Door Homeless Shelter, Inter-Faith Housing Corporation, Amherst Housing Authority, Elliot Homeless Services, the Amherst League of Women voters, and many Amherst residents.

I trust your prudent and objective consideration of the financial implications of this project. However, the responses of some Councilors to recent public comment has left me concerned in this body's ability to remove the substantive (and often inaccurate) grumblings of neighbors from your criteria: conformity with Town's goals and the Master Plan and the financial impacts, in the Community Resources Committee and Finance Committee, respectively.

This project aligns with our community values, positively contributes to housing goals in accordance with the Master Plan, and contributes positively to local tax revenues. I relay the figures presented by Laura Baker in conversation with Town Planners and Assessors:

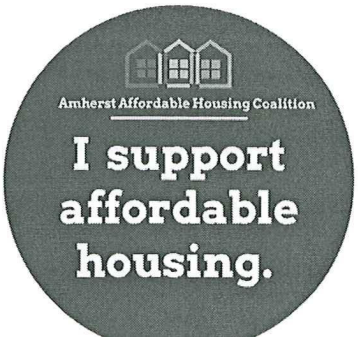
- The current assessed value of this property is $249,300, which is estimated to increase to $963,000 following development. ·
- This property will pay real estate taxes following development, as it does now. Real estate taxes are projected to increase almost four-fold, from the current annual tax of $5,435 to an estimated annual tax of $21,000 in the first year of operations.
- Over the first 10 years, this amounts to increased tax revenue of $178,435 over the present use; over 20 years the increased revenue is $418,238.

The cost of your ambivalence and any delay is significant. Not unlike the schools, the cost of construction and borrowing will become increasingly expensive with each delay. With each passing Town Council meeting where a vote to fund this project is delayed the feasibility of this much needed housing quickly withers. Moreover, lack of support from the Town Council (despite overwhelming support from all other relevant Town committees and departments) will impair other funding sources. Much like the schools where the MSBA is unlikely to grant the town funding without a clear show of support from the Town Council, the state DHCD is unlikely to grant the project necessary funds if it believes the Town Council doesn't support it. The Town Council once again needs to step up and show its clear support.

Additionally there are intangible assets and other costs as well, those that do not depreciate over time: the cost of human life as Craig's Doors see more people each winter than they have the capacity to serve; and the loss of diversity, economic vitality, and quality of life as Amherst increasingly becomes a place where only a certain social-strata can live. As you evaluate impact, I hope you consider those costs as well. I will leave you with this: when studying accounting I learned a rule that served me well in life as well as balancing books: *Goodwill is never amortized!*

John Page

John Page
Amherst Resident & Member of the Affordable Housing Advocacy Coalition



Dear Town Councilors:

I write in support of CPA funding for the Valley CDC project proposed for Northampton Road. The need for such housing is evident, the location is reasonable and CDC has a proven track record for successful projects.

I am a 'near-neighbor' of the project. From my home on Blue Hills Road, I frequently walk, bike or drive past the proposed project site. I expect that, once the CDC project is built, our new neighbors there will occasionally travel down my street in the course of their daily lives.

I know that some of my neighbors are requesting a delay of CPA funding to provide more time for the neighborhood to learn about this project. I have gone ahead and done my research and am satisfied that the CPA funding is appropriate. Any specific concerns I may have can be brought to the ZBA at the appropriate time. I have learned that CDC has a rigorous screening process for selecting tenants. I have learned that CDC has several similar projects in Northampton that have generated no discernible problems for their neighborhoods. I have learned that the likely tenants of this project will include minimum-wage workers, retired folks and disabled folks.

This project will fill an important need in the Town. I look forward to welcoming our new neighbors.

Sincerely,

David Ahlfeld

59 Blue Hills Rd

Amherst

--
David Ahlfeld
Amherst, Massachusetts

Dear Councilors,

On Tuesday evening, May 21, I attended a meeting of the Amherst Affordable Housing Coalition at the Bangs Center. At the meeting, attended by twelve people, representatives of Valley CDC presented a detailed account of the proposed 28 unit building of studio apartments proposed for Northampton Road. Their presentation included the plans for the building and its siting on the rear part of the existing lot. They summarized who would be eligible to live in the building (8 low income up to $49,000income per year, 8 with an income cap of $31,050, 10 formerly homeless people, and 2 referred from the Dept of Mental Health). All residents would be chosen through interviews with Valley CDC and would be capable of independent living. Valley CDC has several decades of operationalizing and running projects such as this. And Amherst has been woefully inadequate in creating affordable housing. New developments under the inclusionary zoning bylaw need only to have 10 per cent affordable units. With Olympia Oaks, North Square, Presidential and the new building on University Drive, there are only 74 new units in recent years.

I was excited to see the plans from Valley CDC. The project seemed well thought out and well placed on a major street with access to sidewalks, bus transportation and shopping. However, I later learned that while this informative meeting was occurring downstairs at the Bangs Center, the public forum on the operating budget had turned into an argument against the project by people living in the neighborhood. The youtube of the actual meeting is not yet posted, what I heard is secondhand, but I think the council probably heard only one side of the issue. Many supporters were present in the building, but had no idea the topic would come up at the Operating budget meeting.

This project is supported by many in town: League of Women Voters, Amherst Forward, former members of Town Meeting. and several other people active in housing matters in town. I urge the Council to not delay in voting to allocate the $500,000 of CPA funds to allow this project to proceed. Please consider the plan in the context of the town as a whole and not be swayed by arguments of overcrowding or dangerous people associated with this project. Valley CDC has not seen these problems with their other projects. Please study this project and its location to see that it is appropriate and necessary. Most of the signees of the seven page letter objecting to the project live across route 9, even up to Amity street. This is not next door to them.

Please vote to allocate the money for the coming year's budget. Amherst desperately needs affordable housing, and this is an excellent way to obtain housing for 28 needy people.

Thank you for your consideration
Maura Keene
25 Dennis Drive

Thanks, John. There also now appear to be several documents on the Town website from Valley CDC that address many of the specific concerns I outlined.

https://www.amherstma.gov/3489/Northampton-Road-Project?fbclid=IwAR1RpMCW8nyhabON7JS3iMJln-Ghk-LF2nG1QQr9K0s1-RrVSb8DVefgxMA

I'm not sure when these were uploaded, but they do seem to be a response to my and other community member's stated concerns. I still feel transportation and access to services have not been fully addressed, but they essentially argue it's not that far, it's better than being homeless, residents may share rides and crossing Rt 9 isn't that big of deal. I also didn't see that they specifically address support for female residents, but their track record with other developments seems strong.

It might be helpful to disseminate or advertise the information on the Town website, perhaps with a link on the front page like the Town Budget.

Best,
David

On May 23, 2019, at 8:06 AM, John Hornik wrote:

To: Town Council Members and Dr. David Robertson

I appreciate Dr. Robertson's response to my note. I can't directly respond to his or others' questions right now, but I can point to a resource that should answer some. In November, 2017, the Housing Trust sponsored a Housing Forum that included a panel on Valley's plan to establish studio apartments in Amherst. That panel was recorded by Amherst Media, and it is still available (thanks Amherst Media!). The link is below.

https://amherstmedia.org/content/amherst-municipal-affordable-housing-trust-10-25-17
About 18 minutes in the panel begins with Joanne Campbell. About 40 minutes in there are presentations by Danielle McColgan and Kate Shapiro speaking about social work supports to residents of the Northampton Valley programs, as well as barriers to housing for persons they work with.

As I suggested in my note to Rosie Cowell, this is not the level of support that the neighbors have been expecting; it does not provide the care and surveillance provided in a residential drug treatment program. It is the appropriate level of care for persons who are living independently, even if some have a recent history of homelessness. Danielle's presentation, in particular, provides a reasonable description of what those supports should be.

Thank you for your attention.

On May 23, 2019, at 6:41 AM, David Robertsor wrote:

To Dr. John Hornik, Members of the Town Council and Town Manager,

Dr. Hornik's response to my prior email was forwarded to me this morning, and I wanted to take this opportunity to address his response and continue the conversation. To Dr. Hornik, I want to thank you for your thoughtful response. This is the type of dialogue and discussion that I think needs to take place around this issue. I also want to be clear that I am not against the proposed SRO, but feel that there needs to be more communication between Valley CDC, the community and the town before it moves forward and that there are specific issues that need to be addressed.

Dr. Hornik's response primarily seemed to focus on the article I attached to my email. I think it is a slight mischaracterization to say I "lead with" this article or even that it was a focal point of my email - it was cited 2/3 of the way through what was an admittedly a very long email, among many other points. I did forget to attach the article to the original email, so sent it separately by itself after the main email, which may have created confusion. My goal in including the article was not to stoke fear, to suggest that the proposed SRO would be a drug treatment center or to directly compare the homeless population of San Francisco with Amherst. With the article I was trying to highlight two points. First, that homeless women are a specific at-risk subpopulation with different needs that need to be addressed.

> Low-income and homeless women have higher lifetime and current rates of major depression and substance abuse when com-pared to women in the general population (Bassuk et al., 1998)

Second, that all "SROs" are not the same and the way they are implemented have a significant impact on residents.

> The degree to which SRO built environments were "trauma-sensitive" at the macro level significantly influenced women's mental health… Our findings support other research indicating that the type, availability, and the material conditions of housing environments play a significant role in mental health (Galea et al., 2005; O'Campo, Salmon, & Burke, 2009), especially for women (Epele, 2002; Evans, 2003).

Two of the factors associated with better outcomes were access to private bathrooms and kitchen spaces, which are actually part of the Valley CDCs current plan. This is excellent and encouraging. However, the Valley CDC has provided no information on the specific ways it will address the needs of women residents.

In fact, this point highlights what I feel is the underlying source of the majority of concern in the community regarding this project: the lack of information and communication from Valley CDC. Prior to buying the property, they attempted to contact two direct abutters: Amherst College and the Wilburs. On April 24th, there was one public meeting between Valley CDC and the community, that was originally only advertised to abutters within a certain distance of the property. At that meeting, the two representatives of Valley CDC were not able to answer or address many of the concerns raised by community members. A meeting between Valley CDC and a few members of the community was scheduled for this morning, but was cancelled yesterday by Valley CDC and has not been rescheduled.

This is a large project, that if implemented will have a significant fiscal and long term social impact on our community and the proposed residents. Before the Finance Committee commits to borrow $500,000 in support of the project or the Zoning Board approves variances or permits for the project, there are a number of issues that have not been adequately addressed to the satisfaction of the community. In my email, I highlighted eleven specific areas of concern re: resident safety and support, some of which are unique to this property (primarily transportation) and some are more generally related to SROs and their operation (listed at the end of this email). Other residents have voiced other equally valid concerns. Valley CDCs apparent track record in Northampton is encouraging, but simply saying "trust us" is likely not going to satisfy the concerns of the community. A more open and active dialogue between Valley CDC and the community is necessary to address community concerns and to reduce resistance to this project.

I do not have a contact email for Valley CDC. Please feel free to forward this email to them.

Best,
David Robertson, MD/MPH

Questions for Valley CDC and the Town Council (collated from a prior email):

1. If a 0.4 mile walk was too far for those using the Survival Center, why is it felt to acceptable for the at at-risk population the property at 132 Northampton Rd is supposed to serve, some of whom may be disabled? Are there plans to construct a new bus stop at this location? If not, why?
2. What plans does the Valley CDC and Town Council have to ensure the safety of residents at 132 Northampton Rd crossing the road to have access to shopping?
3. Is 1.2 miles a reasonable distance to expect residents to walk to get groceries during the New England winter, down and up a relatively steep section of Route 9? (Accounting for distance to nearest cross walk and lack of westbound side walk on the south side of Northampton Rd)
4. Is the Valley CDC willing to offer a shuttle service to residents to help them get to and from the shopping center?

5. How will the Valley CDC address transportation or access to services during Route 9 construction?
6. How will the 6 month sobriety requirement be assessed on application?
7. How will continued sobriety be assessed?
8. What on-site social supports will be in place at 132 Northampton Rd when relapses occur, both for the relapsing addict and for the rest of the community?
9. What on-site supports will be in place for residents struggling with active mental health issues?
10. What specific interventions or safeguards will be in place to ensure the safety and comfort of female residents in a predominantly male living environment?
11. What specific challenges has Valley CDC identified related to the large number of tenants and what steps have been taken to address these?

From: John Hornik <[illegible]>
Subject: Response to "Fact-based concerns re: SRO development at 132 Northampton Road
Date: May 21, 2019 at 1:00:53 PM EDT
To: Town Council Members <towncouncil@amherstma.gov>

To Members of Town Council and the Town Manager:

The purpose of this note is to respond to a few points made by Dr. David Robertson in his recent letter to Town Council. Dr. Robertson's letter leads with a citation from a qualitative study of 30 homeless women residing in Single Room Only (SRO) hotels in San Francisco. As described in the paper, the experiences of these women are certainly terrible.

The study sample is described, as follows: "we purposefully sampled (Coyne, 1997; Higginbottom, 2004) women illustrative of a set of issues (recent physical and/or sexual victimization, unprotected sex, and needle sharing) previously described in the epidemiological literature to be relevant to unstably housed women (Coughlin, 2011). [methods, p 557]

The environments in which the women were living are further described: "These built environments include both larger and smaller building stock, with some SRO hotels housing up to 200 persons and others with only 25–30 rooms." … "The physical layout of a typical SRO is a single, 8 × 10″ room with shared toilets and showers down the hallway. Newly built SROs were

often clean, well-lit, less chaotic, well-managed, and safer. Newer SROs included individual bathrooms and sometimes small kitchens to prepare food. In contrast, older and privately owned SROs often consisted of a double or single bed, a sink, a small chest of drawers, and a desk. The physical conditions which routinely affected women's mental health in our study included the presence of rats, mice, and bed bugs; graffitied walls and broken furniture; and, non-operating sinks, electricity, door locks, and TV sets. As demonstrated in the photos, the condition and functionality of the physical aspects of the built environment varied a great deal and this variation contributed in positive and negative ways to women's mental health outcomes." [results, p. 558]

Finally, in discussing their findings the authors conclude "In terms of housing policy for substance using urban populations, our research suggests that public fund investment in SRO built environments which secure the physical and emotional safety of comorbid women tenants should be a key priority to alleviate chronic homelessness and reduce further victimization. " [p.560] In other words, we should develop facilities that follow the proposed design of the studio apartments at 132 Northampton Road.

I invite you to read the study report for yourself and draw your own conclusions. My own reading indicates that the women interviewed in the study bear little resemblance to the persons who will be living in the studio apartments at 132 Northampton Road, and further that most of the San Francisco hotels in which they were living in bear almost no resemblance to the studio apartments proposed for 132 Northampton Road. This is one more attempt to mischaracterize the proposed residence in order to support efforts to block it.

Another fact cited is that "The proposed SRO at 132 Northampton Rd would be the largest SRO that Valley CDC has ever operated". This is true. The implication that Valley cannot manage a larger program would stand on much stronger ground if Dr. Robertson or his neighbors could demonstrate that there are problems with Valley's existing Northampton facilities, which have been in operation for several years. I would assume that Dr. Robertson has done some investigation and drawn a blank.

The facts that are cited in Dr. Robertson's letter are not generally in dispute. However, they serve as a springboard for unsupported speculations about what he and his neighbors fear might occur at 132 Northampton Road. There is no answering all of these speculations, particularly since for any one that is responded to, two more are likely to spring up in its place. The neighbors reinforce each other's worst fears, rather than seeking information that might provide contradictory evidence.

Thank you for your attention.

Craig's Doors - A Home Association, Inc.
434 North Pleasant St Amherst, MA 01002
P.O. Box 101, Amherst MA 01004
413-256-0704 www.craigsdoors.org admin@craigsdoors.org

May 21st, 2019

Dear Amherst Town Council:

We are representatives of Craig's Doors, the organization that runs the town's seasonal, behavior-based shelter. Additionally, we operate a year-round resource center, community breakfast, and a rapid rehousing program. Were more units of affordable housing available here and in the region, our programs would serve a much smaller population. Craig's Doors wholeheartedly supports work Valley CDC is doing to create affordable housing.

The shelter has been open since 2011 and each season we see approximately 200 unique individuals. We work tirelessly with our guests to connect them with employment opportunities, medical care, and various resources in hopes of guiding them as they improve their quality of life. Yet after much effort and progress, many guests are forced to remain in the shelter longer than necessary because finding an affordable unit in town is incredibly difficult. Often, folks will also transition from the shelter to housing through our rapid rehousing program, and the task of finding a unit is always the most time consuming and daunting part of the process. It is clear the need for affordable housing exists.

Without affordable housing in town, how are low income individuals and families supposed to exist in Amherst? The old adage of "move somewhere else" is not acceptable in a place that preaches inclusiveness, diversity, and progressive values. Numerous people experiencing homelessness here are originally from Amherst; many who are not consider this town their home because they feel safe and secure. They ultimately wish to contribute to the betterment of the community.

Moreover, providing affordable housing is proven to reduce many of the concerns or stigmas generally cited when speaking about people experiencing homelessness, including substance use, mental health issues, and criminal activity. Housing units will also drastically lower the financial burden placed on the town by decreasing the use of emergency services.

Valley CDC has successfully run multiple programs of this nature in the past, and continues to operate ethical, organized, safe programs today. Based on our knowledge of the individuals who may reside in this facility, as well as personal experiences living in neighborhoods with

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existing subsidized efficiencies, we feel the benefits of implementing such a program far outweigh potential deficits, particularly ones based on harmful stereotypes.

We urge the council to support this endeavor. Thank you for your consideration.

Yours sincerely,

Jade Lovett–Executive Director
Aidan Novo–Shelter and Case Manager
Kerry Brock–Shelter and Case Manager
Craig's Doors Board of Directors

Dear Town Council members,

We are writing to ask that you postpone voting on the Valley Community Development Corporation's request for $500,000 towards the proposed 28-unit SRO project at 132 Northampton Road.

There are serious issues that have not been considered or addressed by the VCDC, nor by the town. Please allow open public discussion on this matter before taking a vote.

Thank you,

Burd Schlessinger

Jim Schlessinger

Dear Town Council,

As Executive Director of the Amherst Survival Center, I am writing on behalf of myself and the Board of Directors* to express our strong support for the development of additional affordable housing in our community. We join the Amherst Affordable Housing Coalition and Valley Community Development Corporation to voice support of developing new affordable housing in Amherst.
Affordable housing is the foundation upon which a stable and thriving life can be built. At the Amherst Survival Center, we see on a daily basis the capacity for community contribution that people have when their basic needs are met. A man who is currently homeless sits with a woman of significant financial means welcoming visitors and answering phones. A regular guest at the Amherst Survival Center speaks over lunch about the active role she plays volunteering with her child's school. A participant using our copier and fax to submit housing applications talks about her hopes to simplify the process for others. Without stable and safe housing, people must focus all of their energy, intelligence, and emotional bandwidth on this most fundamental need. Once living in stable housing, people have the opportunity to focus on health, work, family, and community. This benefits us all. Affordable housing is a key factor in maintaining food security in addition to mitigating the current housing crisis in Amherst. As we support the use of public funds to assist our neighbors with the distribution of food, we also support its use to assist our neighbors to secure affordable housing in our community.

Thank you for your thoughtful consideration of the Amherst Supportive Housing proposal for Community Preservation Act funds.
Sincerely,
Lev Ben-Ezra, Executive Director of Amherst Survival Center

** Lynn Griesemer, President of the Board of Directors at Amherst Survival Center, recused herself from this discussion as the matter will be brought before the Amherst Town Council to which she is an elected District 2 Councilor and as President of the Council.*

Lev Ben-Ezra
Executive Director
Amherst Survival Center
P.O. Box 9629 * 138 Sunderland Road * North Amherst, MA 01059
413-549-3968 x107
www.amherstsurvival.org
www.facebook.com/amherstsurvival

My pronouns are: She/Her/Hers. *Don't know what that means? Ask! I'm happy to explain!*

Hello,

My name is Sara Duncan and I am an instructor and researcher in the Environmental Health Department at UMass Amherst. I am writing to show my support for the 132 Northampton Road studio project. Currently, I commute into Amherst 45 minutes by car from my parent's home in Warren, MA.

I would LOVE to live in Amherst so that I can eliminate my need to drive every day and can be more of a part of the Amherst community after work hours and on weekends. Unfortunately, due to the lack of affordable housing, I haven't been able to move to town. This project would provide several units that would be perfect for someone like me.

Thank you for your consideration,

Sara

--

Sara Duncan, Ph.D.
Instructor and Visiting Scholar in Environmental Health Sciences
University of Massachusetts, Amherst, MA

Dear Councillors:
I write to offer strong support for the proposal to renovate and expand the property at 132 Northampton Rd. for use as a stable residence for formerly homeless or housing-insecure persons. I take note of some of the objections of citizens concerning safety of pedestrians along Rt. 9, but against this and other concerns the advantages of this project seem to weigh much more heavily. As John Hornick, Professor Emeritus of Sociology (UMass), notes, the track record of facilities like this for clients like this is very good. Our town has long needed such a residential project, and I am very glad that the funding and a suitable site are available. I urge you to give your full support.
SIncerely,
Frank Couvares
Professor of History, Amherst College

May 22, 2019

Dear Amherst Town Council & Town Manager,

I am writing today to support the request from Valley CDC for funding from the town to develop apartments at 132 Northampton Road.

According to the Center for Disease Control, 16-18 per cent of Massachusetts' residents routinely binge on alcohol.

According to the 2016-2017 National Survey on Drug Use and Health (NSDUH), Illicit Drug Use in the Past Month among Individuals Aged 12 or Older in Massachusetts was between 14.29 and 20.91 percent.

According to the SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, in 2014, 4.2 per cent of Massachusetts adults aged 18 or older suffered from serious mental illness.

Allowing for some overlap and without digging too deep into the statistics, it is easy to confirm what most of us already know, that easily one fourth of our friends, neighbors and relatives suffer from mental illness, or abuse alcohol and/or drugs on a regular basis. It is quite likely that the 1,000 persons living in the neighborhood surrounding 132 Northampton Road includes no fewer than 250 individuals suffering from some form of substance abuse or mental illness. Simply because Valley CDC chooses to recognize this health emergency; to confront it honestly; and, with courage and caring spirit, try to actually help those in need; they should not become a target for those who can't or won't recognize a very real, very public problem.

Nor should any reasonable person expect that the addition of a handful of individuals, quietly and privately striving to improve their lives, will somehow add measurably to the routine nuisances one can expect in a college town. Given Valley CDC's well-known professional management and tenant selection, I would not be surprised if one saw a lower rate of nuisances at their property than at other rental properties in the neighborhood.

The proposed project will provide well-designed, badly-needed housing. I strongly encourage you to support it with every means available.

Thomas P. Kegelman

Dear Amherst Town Councilors,

I am writing to ask you to support the CPAC request to borrow $500,000 for a building containing single-room occupancy (SRO) apartments with supportive services for low-income adults.

Amherst has a homelessness problem, and SROs are a good way to solve that problem. Valley CDC, which would coordinate ongoing on-site services to the residents, has a track record of success with similar projects in Northampton and Florence. The town funded the search for an appropriate location in 2017 with CDBG funds, and now Valley CDC has found one: near downtown, on a bus route, next to playing fields and across a major thoroughfare (Route 9) from residential neighborhoods.

Other committees, most notably the Zoning Board of Appeals, will have jurisdiction over the exact scale and appropriateness of the project. For now, Valley CDC has done what the town asked them to do - find a location for an SRO to meet the needs of our lowest-income residents. Please approve the requested funding as part of the town budget and let this project move forward.

Sincerely,

Andy Churchill
59 Pine Street, Amherst

Dear Members of the Council,

I am writing in support of the Valley CDC's request for $500,000 towards building an SRO on Northampton Rd in Amherst..

I worked at the Amherst Housing Authority for 30 years and currently serve on the AHA Board of Commissioners. In my various positions at the Housing Authority I became aware of the people that the Authority does not serve: single individuals who need an apartment in town that they can afford. The AHA owns properties for families and elderly and disabled people, but nothing specifically for single individuals. The AHA's voucher programs are not that helpful either. The vouchers enable families to live in Amherst, but people with vouchers looking for a one bedroom apartment are historically priced out of Amherst. If single voucher holders want an apartment, they take their AHA voucher to a community with cheaper rental housing.

Over the years at the Authority, I also experienced the fierce opposition that Amherst residents exerted when we planned to build low income family housing in their neighborhoods. For example, in the 1980's we proposed building 8 duplexes in 3 sites throughout town. We attended numerous meetings with neighborhoods and with town boards. Neighbors voiced their concerns about neighborhood safety, increased traffic, loss of open space and our management capacity. I'm happy to say that none of these problems materialized. In fact, the duplexes and their occupants fit right into the neighborhoods. Mostly the neighorhood concerns reflected the worst fears of the Amherst residents, not the possibilities that new housing brings.

The Valley CDC proposes housing 8 people whose annual incomes are in the 50% AMI (area median income) range of $28,000 and 8 people whose annual incomes are in the 80% AMI range of $45,000. These are individuals who work in our area's stores, restaurants, schools, and town services. Surely they deserve decent and affordable housing in town.

The CDC also proposed to house 2 people who are clients of the Department of Mental Health (DMH) and 10 people who have been homeless. My experience with DMH clients is that they are often family members of Amherst residents who need to live independently and who receive support services from DMH workers. In my work as Housing Manager at the AHA, I often wished that our families could receive the quality of service that DMH gave to individual tenants. And the 10 homeless people? I'm afraid that our collective visions of homeless people are the panhandlers who sit on the sidewalk with signs. In my experience in housing for the last 30 years, people who are without a place to stay are practically invisible to the general public. They are resourceful and independent and do not call attention to themselves. They stay with friends or relatives, rest in public buildings,camp in the woods, and sleep in their cars and in hallways.

Early one morning last week I drove out of the Hadley Mall and noticed an elderly woman getting out of her car, stretching, and rearranging her bedding. She, like most of the homeless people I have known, probably has a story of cascading misfortunes that has brought her to a mall parking lot. I'm confident that Amherst has the goodwill and resources to make room for people like her who struggle for a place to live.

Sincerely,

Nancy Schroeder

I have not written to the Town Council before this but this subject is far too important to ignore.

Please, please support the Valley CDC Apartment Project.

Amherst is a diverse town with strong opinions about inclusion and caring for neighbors. Please continue to demonstrate that philosophy with action.

Thank you,

Karla Rasche
District 2

<sent from my phone>

5/21/19

Interfaith Housing Corporation Board of Amherst

To: Amherst Town Council
5 Boltwood Ave
Amherst, MA 01002

Re: Amherst Supportive Housing Studio Apartments - Overview
Valley Community Development Corporation

Dear Town Council:

The Interfaith Housing Corporation Board supports the proposed Amherst Supportive Housing Studio Apartments project proposed by the Valley Community Development Corporation. Our organization has a long history in Amherst of supporting low-income and affordable housing projects. This project will provide the type of housing and support that is vital to provide housing for many individuals who are homeless or in transitional situations.

While our organization has not yet committed funds to this project, we will be discussing at our next Board meeting on June 26th, 2019 and we are eager to learn how we can help in our mutual goals of providing housing for low-income residents.

We look forward to continuing our work to provide housing for low-income residents in the Town of Amherst. Please contact me if you have any questions regarding the details of this decision.

Sincerely

Robert L. Ryan
Chair of the Board
Interfaith Housing Corporation Board
(413) 549-1297

To Members of Town Council and the Town Manager:

The purpose of this note is to respond to a few points made by Dr. David Robertson in his recent letter to Town Council. Dr. Robertson's letter leads with a citation from a qualitative study of 30 homeless women residing in Single Room Only (SRO) hotels in San Francisco. As described in the paper, the experiences of these women are certainly terrible.

The study sample is described, as follows: "we purposefully sampled (Coyne, 1997; Higginbottom, 2004) women illustrative of a set of issues (recent physical and/or sexual victimization, unprotected sex, and needle sharing) previously described in the epidemiological literature to be relevant to unstably housed women (Coughlin, 2011). [methods, p 557]

The environments in which the women were living are further described: "These built environments include both larger and smaller building stock, with some SRO hotels housing up to 200 persons and others with only 25–30 rooms." … "The physical layout of a typical SRO is a single, 8 × 10″ room with shared toilets and showers down the hallway. Newly built SROs were often clean, well-lit, less chaotic, well-managed, and safer. Newer SROs included individual bathrooms and sometimes small kitchens to prepare food. In contrast, older and privately owned SROs often consisted of a double or single bed, a sink, a small chest of drawers, and a desk. The physical conditions which routinely affected women's mental health in our study included the presence of rats, mice, and bed bugs; graffitied walls and broken furniture; and, non-operating sinks, electricity, door locks, and TV sets. As demonstrated in the photos, the condition and functionality of the physical aspects of the built environment varied a great deal and this variation contributed in positive and negative ways to women's mental health outcomes." [results, p. 558]

Finally, in discussing their findings the authors conclude "In terms of housing policy for substance using urban populations, our research suggests that public fund investment in SRO built environments which secure the physical and emotional safety of comorbid women tenants should be a key priority to alleviate chronic homelessness and reduce further victimization. " [p.560] In other words, we should develop facilities that follow the proposed design of the studio apartments at 132 Northampton Road.

I invite you to read the study report for yourself and draw your own conclusions. My own reading indicates that the women interviewed in the study bear little resemblance to the persons who will be living in the studio apartments at 132 Northampton Road, and further that most of the San Francisco hotels in which they were living in bear almost no resemblance to the studio apartments proposed for 132 Northampton Road. This is one more attempt to mischaracterize the proposed residence in order to support efforts to block it.

Another fact cited is that "The proposed SRO at 132 Northampton Rd would be the largest SRO that Valley CDC has ever operated". This is true. The implication that Valley cannot manage a larger program would stand on much stronger ground if Dr. Robertson or his neighbors could demonstrate that there are problems with

Valley's existing Northampton facilities, which have been in operation for several years. I would assume that Dr. Robertson has done some investigation and drawn a blank.

The facts that are cited in Dr. Robertson's letter are not generally in dispute. However, they serve as a springboard for unsupported speculations about what he and his neighbors fear might occur at 132 Northampton Road. There is no answering all of these speculations, particularly since for any one that is responded to, two more are likely to spring up in its place. The neighbors reinforce each other's worst fears, rather than seeking information that might provide contradictory evidence.

Thank you for your attention.

John Hornik

May 20, 2019

Dear Town Finance Committee and Town Councilors,

We are writing regarding the proposed 132 Northampton Road SRO development project. A vote on CPA funding for this project by the Town Finance Committee is currently scheduled for May 23rd.

We urge the town councilors who are members of the Finance Committee to vote to delay CPA funding for this project until there is a chance for due diligence on the full long-term costs of this project for the town and for meaningful input by the neighborhoods most affected by this development.

Unbudgeted costs must be considered

The project is likely to entail substantial extra costs for the town. These may include needs for better traffic management and lighting in the area, as well as additional resources devoted to social support. We believe it is the responsibility of the finance committee and all town councilors to make a full accounting of these costs before voting yes or no.

Meaningful input by neighbors is called for in the 2016 Town of Amherst Housing Production Plan but has not yet happened.

Project supporters cite the 2016 Town of Amherst Housing Production Plan as a rationale for this development. On p. 73, that plan states (bolding added):

> "**It will be important to** continue to be sensitive to community concerns and provide opportunities for residents to not only obtain accurate information on housing issues, whether they relate to zoning or new development, but **have genuine opportunities for input.**"

On page 93, that plan states:

> "**Efforts will need to be made to provide information to the community, abutters in particular**, on new developments to help bolster local support as discussed in strategy 5.1.1. Also, **it will be important for local leaders**, including members of the Select Board, Planning Board and Housing and Sheltering Committee to get behind affordable housing developments, **to help fine-tune development proposals to best meet local needs and address community concerns**, to advocate for their support, and to ultimately insure sufficient funding and necessary regulatory approvals."

We ask town councilors, as our elected officials, to delay this project until the "genuine opportunities for input" called for in the housing plan have happened. Regardless of whether you support this development project or not, we ask you to allow debate and discussion. Valley CDC has had several opportunities to present to the town councilors while neighbors have not.

Neighbors have raised multiple concerns about the project, including the lack of adequate space and supportive services for the development residents, the potential loss of access to key neighborhood open space, and the

possible substantial unbudgeted costs for the town. Neighbors have also floated several productive ideas for solutions, but there has been no forum to consider these.

Most neighbors did not hear any details of this project until Valley CDC's recent presentation to immediate abutters on April 24th. Notices have only been sent to immediate abutters and no notice has been given to broader neighborhoods. Crucially, the $500,000 in CPA funding was recommended by CPAC before Valley CDC held their meeting with abutters.
The Town Council is a new form of government for Amherst. We are putting our trust in you to do appropriate due diligence and listen to the community carefully before you make decisions. **Please delay CPA funding for 132 Northampton Rd. until a process is worked out that allows for meaningful neighborhood input.**

Thank you for your time and service to our town.
Katharine Sims
Christopher Sims
77 Dana St., Amherst MA 01002

Dear Finance Committee,

I am writing to voice my strong support for the construction of the 28-unit SRO development by Valley CDC. As a clinical social worker, clinical assistant professor of social work at Smith College, and a small business owner in downtown Amherst, I believe that a development such as this will strengthen the community and help make Amherst a more equitable, livable place for everyone.

It is my professional opinion that community concerns about such a development are largely misplaced, and based on a serious misunderstanding of people who are homeless, living with mental illness, or recovering from substance use disorders. Evidence from places as varied as Utah and New York City suggests that providing "Housing First" contributes to markedly more positive outcomes for both newly-housed individuals and the communities in which they were previously living on the street. In other words, it *lowers* risk for everyone rather than raising it.

It is also in the interest of my business and other small businesses in town to ensure that people who are homeless, struggling with mental health problems, and/or are dealing with substance abuse have a safe place to call home other than the streets of the town. Since I opened my business at 26 South Prospect Street in 2017 I have had consistent difficulties with homeless people sleeping at the entrances to my office--to be clear, I do not begrudge these people this, I am sure I would do the same were I in their position, but it is also not good for my business. I would be delighted for the town to permit SRO housing for these individuals or others like them just down the street from my office, and it would actually lead me and my clientele to feel *safer* than we otherwise would--to say nothing of how much safer the new tenants would be than they were before.

It is also the case that, as Amherst rental properties becomes more expensive, it is increasingly difficult for the kinds of low-wage workers the town needs to function to actually live here. Having low-income housing so close to town would be a boon to the economy, and would help alleviate concerns about parking that are crucial to my business.

In sum, it is clear that the Valley CDC development would be a terrific addition to the community, and as a local business owner and social work professional I support it unreservedly and hope the Council will as well.

Sincerely,
--
Carter J. Carter, LICSW
Psychotherapist
Senior Lecturer, Lesley University GSASS
Adjunct Assistant Professor, Smith College School for Social Work
CarterJCarter.com

29 Hitchcock Rd.
Amherst, MA 01002

May 20, 2019

Dear Members of the Amherst Town Council,

I write to ask that you delay your vote on, or vote to oppose at this time, funding the Valley CDC proposal for development of the house at 132 Northampton Road. My concern is the likelihood that this project will result in needles on the periphery of the Amherst College fields that on one side are very close to the house that the CDC wishes to develop. Mailmen report finding needles on the sidewalk by the existing shelter; the people the CDC proposes to house at 132 Northampton Road include those who acknowledge their use of drugs in the not very distant past. The optimism that holds that no residents of the CDC residence would resort to substance abuse seems to me ill-considered and altogether unpersuasive.

I am a member of a church in Holyoke and from time to time have assisted with the parish clean-up of the churchyard. Needles are part of the detritus there; the local residents who use drugs do not, I think, enter the church property for the purpose, but discard their needles by tossing them over the fence. As you can imagine this requires that we protect ourselves with strong leather gloves, etc., as we work in the yard. In the past the church used that yard for bake sales and such events. With the rise of opioid addiction, those no longer take place outdoors. It would be dangerous to the community members, of the church and the town, who might bring children with them.

Children come to the Amherst College fields regularly, sometimes from the childcare center that is just beyond the adjacent bike path, on Woodside, and sometimes just because people find these fields and their walkways a good place to push a stroller while another child toddles along. To ignore the risk of having children encounter a needle exposes to danger those who are truly our most vulnerable residents. Closing the gates to all but Amherst College community members won't solve the problem, to judge from my experience in Holyoke and given the juxtaposition of the proposed property and College fields. And even if the College closes the fields and restricts entry to those affiliated with Amherst College, the College athletic events themselves attract families with children who should not be exposed to this potential hazard. Is it fair to expect Amherst College groundsmen to deal with needles on the Amherst fields as a regular part of their job?

In view of this and the other concerns of those who use or live near to the Amherst College fields, I ask that you allow time to hear and carefully consider the concerns of residents about the Valley CDC proposal for this property. To approve such funding at this point seems premature, since many of us learned of the proposal only a few weeks ago. Such a change in the use of the property deserves to be more carefully considered than has been possible in this brief period.

Sincerely,
Rebecca Sinos

To the Amherst Town Council -

I am writing to express ongoing concerns regarding the proposed affordable housing development at 132 Northampton Rd. Again, as a physician with a background in public health, I have specific, evidence based concerns regarding logistic and social support for proposed residents of the property.

Last week the co-chairs of Amherst Forward sent out an email of support for the project, urging the town to "move forward with facts, not fear." I have cc'd them on this email. I agree with this sentiment, but would refine it further, and ask that we move forward with facts, not feelings. It feels good to try to help people. It feels good and right to move forward with affordable housing for Amherst. However, good intentions alone do not make good policy and I believe there are significant areas of concern for the safety of the proposed residents that have not been adequately addressed. I will offer facts below to illustrate this, along with specific questions for Valley CDC or the Town Council.

To summarize the project, I quote from the letter Nate Buddington, Chair of the Amherst CPA, recently submitted to the Town Council:

- Combined with other grants, Valley CDC will build an addition to an already purchased property to create 28 studio/single room occupancy apartments for low/moderate adults, people emerging from homelessness, clients of the Dept. of Mental Health, retirees and people with disabilities.

Facts:

- The proposed property at 132 Northampton Rd is noted to be 0.4mi from the nearest bus stop.
- Valley CDC has acknowledged that the majority of proposed tenants will not have their own vehicles and have asked for a reduced number of parking spots in their design.
- When the Amherst Survival Center opened, it was 0.4mi from the nearest bus stop, which was felt to be too far for community members to walk. The town and the Survival Center worked with Pioneer Valley Transit Authority to create and fund a new stop so that community members had access to the Survival Center.

If a 0.4 mile walk was too far for those using the Survival Center, why is it felt to acceptable for the at at-risk population the property at 132 Northampton Rd is supposed to serve, some of whom may be disabled? Are there plans to construct a new bus stop at this location? If not, why?

Facts:

- The proposed property at 132 Northampton Rd is noted to be 0.6mi from the shopping plaza at University Drive, where there is a grocery store.
- The west bound side walk on the south side of Northampton Road ends in front of 132 Northampton Rd. There is no existing path to get to the shopping plaza on the south side of the road.
- The nearest cross walk is 0.3mi in the opposite direction at the intersection of Pleasant St.
- Residents will be faced with a choice of crossing Northampton Rd (Route 9) illegally and unsafely and walking 0.6mi or crossing safely and legally and walking 1.2mi to the shopping plaza.

What plans does the Valley CDC and Town Council have to ensure the safety of residents at 132 Northampton Rd crossing the road to have access to shopping?
Is 1.2 miles a reasonable distance to expect residents to walk to get groceries during the New England winter, down and up a relatively steep section of Route 9?
Is the Valley CDC willing to offer a shuttle service to residents to help them get to and from the shopping center?

Facts:

- The segment of Northampton Rd (Route 9) from University Dr to Pleasant St is slated for reconstruction and improvements through the Mass DOT, including bike lanes, sidewalks on both sides of the street and a cross walk at Orchard St. This work is scheduled to likely be complete in 2023.
- This project will lessen or eliminate some of the issue with access to the shopping plaza at University Drive.
- During construction, sidewalks on both sides of the street will be removed and reconstructed, impacting both access to buses and shopping.

How will the Valley CDC address transportation or access to services during Route 9 construction?

Facts:

- 12 of the 28 rooms at the SRO building will be reserved for the homeless or for residents from the Department of Mental Health
- The National Institute of Mental Health estimates 46% of homeless people struggle with severe mental health issues or substance abuse or alcoholism
- Relapses are a common part of the recovery process for addicts. The National Institute on Alcohol Abuse and Alcoholism estimates that roughly 90% of people with alcoholism relapse within 4 years after completing treatment.
- It is statistically likely that more than multiple residents at the SRO will be have mental health or substance abuse issues
- Valley CDC has said they will ask all residents have 6 months of sobriety for applications to be considered
- As above, it is accepted that residents will have limited access to transportation

How will the 6 month sobriety requirement be assessed on application?
How will continued sobriety be assessed?
What on-site social supports will be in place at 132 Northampton Rd when relapses occur, both for the relapsing addict and for the rest of the community?
What on-site supports will be in place for residents struggling with active mental health issues?
Given lack of transportation access, on site support seems necessary.

Facts:

- Homeless women are a particularly at risk population, both for mental health issues and substance abuse (see attached PDF)
- Valley CDC representatives at the April 24th information meeting estimated that other SROs they operate are approximately 70% male

What specific interventions or safeguards will be in place to ensure the safety and comfort of female residents in a predominantly male living environment?

Fact:

- The proposed SRO at 132 Northampton Rd would be the largest SRO that Valley CDC has ever operated

What specific challenges has Valley CDC identified related to the large number of tenants and what steps have been taken to address these?

Thank you for taking the time to consider these concerns, which I believe represent considerable risk to the future residents of the proposed SRO. Perhaps these issues were already addressed between the Town Council and the Valley CDC at the committee level, but to the best of my knowledge there is no publicly available record of this. If not, to move forward with further funding for this project seems premature.

Sincerely,
David Robertson, MD/MPH

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Research paper

Single room occupancy (SRO) hotels as mental health risk environments among impoverished women: The intersection of policy, drug use, trauma, and urban space

Kelly R. Knight[a,*], Andrea M. Lopez[b,c], Megan Comfort[c], Martha Shumway[d], Jennifer Cohen[e], Elise D. Riley[b]

[a] Department of Anthropology, History and Social Medicine, University of California, San Francisco, United States
[b] Department of Medicine, University of California, San Francisco, United States
[c] Urban Health Program, Research Triangle Institute International, United States
[d] Department of Psychiatry, Trauma Recovery Center, University of California, San Francisco, United States
[e] Department of Clinical Pharmacy, University of California, San Francisco, United States

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ABSTRACT

Background: Due to the significantly high levels of comorbid substance use and mental health diagnosis among urban poor populations, examining the intersection of drug policy and place requires a consideration of the role of housing in drug user mental health. In San Francisco, geographic boundedness and progressive health and housing polices have coalesced to make single room occupancy hotels (SROs) a key urban built environment used to house poor populations with co-occurring drug use and mental health issues. Unstably housed women who use illicit drugs have high rates of lifetime and current trauma, which manifests in disproportionately high rates of post-traumatic stress disorder (PTSD), anxiety, and depression when compared to stably housed women.

Methods: We report data from a qualitative interview study ($n=30$) and four years of ethnography conducted with housing policy makers and unstably housed women who use drugs and live in SROs.

Results: Women in the study lived in a range of SRO built environments, from publicly funded, newly built SROs to privately owned, dilapidated buildings, which presented a rich opportunity for ethnographic comparison. Applying Rhodes et al.'s framework of socio-structural vulnerability, we explore how SROs can operate as "mental health risk environments" in which macro-structural factors (housing policies shaping the built environment) interact with meso-level factors (social relations within SROs) and micro-level, behavioral coping strategies to impact women's mental health. The degree to which SRO built environments were "trauma-sensitive" at the macro level significantly influenced women's mental health at meso- and micro-levels. Women who were living in SROs which exacerbated fear and anxiety attempted, with limited success, to deploy strategies on the meso- and micro-level to manage their mental health symptoms.

Conclusion: Study findings underscore the importance of housing polices which consider substance use in the context of current and cumulative trauma experiences in order to improve quality of life and mental health for unstably housed women.

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Introduction

In the United States, the comorbidity of substance use and mental illness is a widely recognized phenomenon at a national level (Conway, Compton, Stinson, & Grant, 2006; NIDA, 2008; Volkow, 2004), specifically among the urban poor (Bassuk, Buckner, Perloff, Shari, & Bassuk, 1998; Hien, Zimberg, Weisman, First, & Ackerman, 1997). Epidemiological studies underscore significant gender differences in the presentation of comorbidity, with women more likely than men to be diagnosed with affective and anxiety-related mental health disorders (Diflorio & Jones, 2010; NIDA, 2008). Estimates of depression and Post-Traumatic Stress Disorder (PTSD) are disproportionately higher among substance-using, unstably housed women than cohorts of housed women (Coughlin, 2011; El-Bassel, Gilbert, Vinocur, Chang, & Wu, 2011; Nyamathi, Leake, & Gelberg, 2000). While research has shown that access to housing may contribute in a significant way to a number of individual mental health outcomes (Baker & Douglas, 1990; Earls & Nelson,

* Corresponding author at: Department of Anthropology, History and Social Medicine, University of California, San Francisco, 3333 California Street, Suite 485, San Francisco, CA 94143, United States. Tel.: +1 415 867 8405.
E-mail address: kelly.knight@ucsf.edu (K.R. Knight).

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1988; Hanrahan, Luchins, Savage, & Goldman, 2001; Nagy, Fisher, & Tessler, 1998), there is a need to understand how housing policies shape specific built environments, which in turn impact women at risk for poor mental health outcomes and substance abuse. This paper analyzes the role of place, specifically single room occupancy (SRO) hotel rooms, in exacerbating and ameliorating negative mental health outcomes for substance using, urban poor women.

Urban housing environments have received increasing attention as sites that can both contribute to health and produce harm (Freudenberg, Galea, & Vlahov, 2005; Northridge, Sclar, & Biswas, 2003; Vlahov et al., 2007), and there is growing evidence linking the built environment to mental health (Evans, 2003; Frumkin, 2003; Halpern, 1995; Parr, 2000). Contributing factors include neighborhood conditions (Cohen et al., 2003; Dalgard & Tambs, 1997; Johnson, Ladd, & Ludwig, 2002; Leventhal & Brooks-Gunn, 2000; Wandersman & Nation, 1998), poor housing quality (Evans, Wells, & Moch, 2003; Freeman, 1984), crowding and lack of privacy (Baum & Paulus, 1987; Evans & Lepore, 1993; Wener & Keys, 1988), and noise (Stansfeld, 1993), which negatively impact depression (Galea et al., 2005; Weich et al., 2002), social support (Evans & Lepore, 1993; McCarthy & Saegert, 1979) and recovery from cognitive fatigue and stress (Frumkin, 2001; Ulrich, 1991).

Living in an SRO, when compared to living in other housing environments, has been associated with higher rates of HIV infection, emergency room use, recent incarceration, having been physically assaulted, crack cocaine smoking, and cocaine, heroin, and methamphetamine injection (Evans & Strathdee, 2006; Shannon, Ishida, Lai, & Tyndall, 2006). Further, Lazarus, Chettiar, Deering, Nabess, and Shannon (2011) demonstrate that the specific organization and management of SROs creates a gendered vulnerability to violence and sexual risk taking among women. Political-economic theories which account for the role place (Bourgois & Schonberg, 2009; Fullilove, 2013; Popay et al., 2003; Rabinow, 2003) have included an analysis of the structural-level policies responsible for the creation of built environments through the use of public funds. Drawing from this example, we adapt Rhodes (2002, 2009) "risk environment" framework to argue that SROs can operate as "mental health risk environments" for urban poor women. Consistent with the risk environment framework (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005; Rhodes et al., 2012), our analysis examines the interplay between: (1) housing policies addressing comorbid substance use and mental illness as a *macro-level factor* shaping the built environments of SROs, (2) *meso-level factors* such as the management of social relationships within SROs, including drug/sex economy involvement, and (3) *micro-level individual behaviors* related to drug use and trauma management enacted within SROs.

Our application of the risk environment framework to SROs offers potential contributions in the areas of theory, methodology, and health policy. Theoretically, our analysis foregrounds how specific constructions of urban space may exacerbate women's co-occurring mental health issues and substance use. Methodologically, we employ qualitative methods to examine the relationship between space, drug use, and mental health to reveal the linkages between housing policies, the socio-structural organization of urban built environments and everyday behaviors. In terms of health policy, our analysis highlights the importance of considering comorbidity in housing policy for active substance users, particularly the role of trauma-sensitive housing environments for unstably housed women who use illicit drugs.

Methods

Our participants were recruited from a larger epidemiological study, the "Shelter, Health and Drug Outcomes among Women" (SHADOW), a cohort study of homeless and unstably housed women living in San Francisco (Riley et al., 2007). A qualitative sub-sample ($n = 30$) was selected from the larger SHADOW cohort. Consistent with qualitative study designs, the sample was not representative of the larger cohort (Silverman & Marvasti, 2008). Rather, we purposefully sampled (Coyne, 1997; Higginbottom, 2004) women illustrative of a set of issues (recent physical and/or sexual victimization, unprotected sex, and needle sharing) previously described in the epidemiological literature to be relevant to unstably housed women (Coughlin, 2011). Women in the subsample underwent a separate consent process and took part in approximately hour-long taped interviews with trained qualitative researchers (Knight, Lopez, and Cohen). During the interviews, participants were asked to describe their current and past living situations, current and past drug use, mental health (including experiences with diagnosis and psychiatric medications), sexual and friendship relationships, and experiences with violence and trauma. Participants completed a baseline, one-year, and 18-month follow up interview and were reimbursed $15 for each interview completed. All study procedures were approved by the Institutional Review Board at the University of California, San Francisco. In addition, the first author (Knight) conducted an independent, four-year (2007–2010) ethnographic study which included interviews with housing and health policy-makers in San Francisco and a photo-ethnographic study of a variety of SRO hotel rooms. Over 500 photographs were taken during this timeframe in 25 different SRO hotels in San Francisco.

Transcribed audio-recorded interviews from each study underwent a similar two-phase analysis, consistent with methods the authors have employed in several previous qualitative studies (Comfort, Grinstead, McCartney, Bourgois, & Knight, 2005; Knight et al., 1996, 2005). In phase one, the team of four analysts (three of whom were the interviewers) used grounded theory methodologies (Strauss & Corbin, 1990) to construct memo summaries of each interview, which included basic background information, current circumstances, notable events and quotations, and analyst impressions and interpretations. Because previous research (Chan, Dennis, & Funk, 2008; Cohen et al., 2009; Hopper et al., 1997; Kushel et al., 2003; Luhrmann, 2008) indicated a potential relationship between lifetime histories of traumatic exposure, housing instability, current living situations, and sexual and drug use behaviors, we sought to keep narratives "intact" in the initial data analysis phase. The interview transcript and summaries were then discussed at a 2-h meeting devoted to analyzing each participant's interview. The team identified each narrative's micro, meso, and macro factors for analysis. After the initial group analysis process, the team developed a preliminary codebook, which was amended throughout data collection. In phase two of analysis, interview transcripts were coded and entered into a qualitative data management software program (www.Transana.org), to produce aggregate data for the entire qualitative sample. For the purposes of this analysis, memoed summaries and multiple aggregate sections of coded data (e.g., codes for housing, trauma, mental health, neighborhood) were analyzed. Photo-ethnographic data were coded by location, type of hotel, and date.

Results

Macro-level factors: housing policies shape SRO built environments in San Francisco

The widespread implementation of mental health deinstitutionalization policies which took place in the 1970s and 1980s in California was not accompanied by structured housing plans for the uptake of mentally ill persons now residing in the community (Lamb, 1984). Thus, community reintegration of adults with disabling mental illnesses created a housing need, which was largely

unmet. One policy maker outlined the statistics on co-morbidity among the population in San Francisco, underscoring the relationship between drug use, place, and social policy in this setting:

> Of the people in supportive housing in San Francisco, 93% have a major mental illness that we can name. That is very, very high. 80% use cocaine, speed, or heroin every thirty days, or get drunk to the point of unconsciousness. There are no more disabled people in this country.

Because of San Francisco's small size and geographic boundedness, it was expedient to use existing SROs as sites to house the burgeoning urban poor. To date, there are more than 500 SROs in San Francisco, providing homes for approximately 30,000 low income individuals (CCSRO website). These built environments include both larger and smaller building stock, with some SRO hotels housing up to 200 persons and others with only 25–30 rooms. The necessity of using existing SRO housing as sites to accommodate the expanding population of impoverished individuals created a trifurcated system. This system has led some women to find housing in older, privately run and managed SROs, some in previously privately owned buildings whose master lease had been purchased by the City of San Francisco, and others to be housed in new buildings built on the demolished cites of older SROs or in other urban spaces.[1] These three types of built environments presented different challenges to women in the management of their mental health.

The department of Housing and Urban Health (HUH), the first in the country to formally integrate housing management with public health, was created within the San Francisco Department of Public Health to develop and manage the publically funded older and newer SRO buildings. The HUH discovered through the course of this progressive housing initiative that building new, publically funded SROs is more cost effective and produces better housing and health outcomes for the tenants, than converting exiting privately owned SROs. Even if rental payments could be deferred through welfare or subsidy payment mechanisms, simply placing adults indoors in older SRO buildings was not efficacious if the indoor environment was still chaotic, dangerous, and poorly managed. At the macro-level, the built environment needed to be responsive to "trauma."[2] For a population of tenants with high rates of co-morbid substance use and mental health issues, the built environment – the organization of the physical and social space – was construed as critical to ensuring housing success. One health and housing policy maker compared the different levels of housing stability for tenants in new SRO built environments to those in older SROs, to emphasize the interactive relation between the built environment and trauma:

> When we look at our success in keeping people housed in our buildings, what we see is that places like the Marque,[3] which has small, dirty rooms, case management, but shared bathrooms. The rate of people staying housed there for two years consecutively is 30%. That is horrible. The Zenith, a new building, has case management, same as the Marque. But it is beautiful; every room has its own bathroom. 70% of the tenants stay at least two years." The point is the good stuff is the better investment when it comes to supportive housing. The environment matters. I think it is about trauma. People, who have had so much trauma cannot stabilize, cannot stay housed if they still living in a dump.

Fig. 1. Older SRO room compared to newly built SRO room.

The following pictures draw a comparison between the physical environment deemed to be "trauma-sensitive" and the standard situation in privately owned SRO. The physical layout of a typical SRO is a single, 8 × 10″ room with shared toilets and showers down the hallway. Newly built SROs were often clean, well-lit, less chaotic, well-managed, and safer. Newer SROs included individual bathrooms and sometimes small kitchens to prepare food. In contrast, older and privately owned SROs often consisted of a double or single bed, a sink, a small chest of drawers, and a desk. The physical conditions which routinely affected women's mental health in our study included the presence of rats, mice, and bed bugs; graffitied walls and broken furniture; and, non-operating sinks, electricity, door locks, and TV sets. As demonstrated in the photos, the condition and functionality of the physical aspects of the built environment varied a great deal and this variation contributed in positive and negative ways to women's mental health outcomes (Figs. 1–3).

Meso and micro-level factors: social relations and behavioral strategies intersect with the built environment to influence mental health

The women in our sample had high rates of co-occurring mental health and substance use issues and extensive histories of

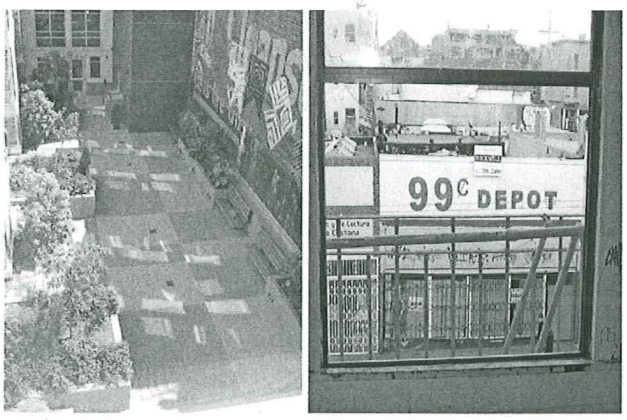

Fig. 2. View of out of window newly built SRO compared to view out of older SRO window.

[1] The payment structure for rent in these three types of SROs is complex and varies for tenants depending on whether they pay for SRO rooms out of pocket, or through welfare program linked subsidies, of which there are several. Discussion of the complex payment structures is beyond the scope of this paper, but is discussed at length in Knight, KR, Forthcoming with Duke University Press.

[2] "Trauma" here is a colloquial (as opposed to clinical) term deployed to refer to the complex array of affective symptoms many chronically-homeless persons, especially women, demonstrate in daily life as a result of historic experiences of abuse and current vulnerabilities.

[3] The names of SRO hotels are pseudonyms.

Fig. 3. Newly built SRO hallway compared to older SRO hallway.

childhood and adult sexual and physical victimization, making the management of trauma symptoms an everyday life challenge. One woman described the impact her new calm, controlled environment had on her risk for poor mental health:

> I discovered that my environment had a lot to do with my mental state. So, when I had my own place, I was in control of the environment. You know, there was no drama, everything was nice and mellow, and so I was able to function. Everything was on an even keel; that was fine. It was when other people and situations were introduced into my environment that I couldn't get away from, that would send me over the edge.

The physical and social organization of specific SRO housing environments made such a significant impact on the women in our studies that many reported choosing street homelessness or homeless shelter stays if they could not secure a room in a monthly rate, clean, and safe SRO. Reinforcing the data provided from the housing policy-maker, one woman described "shopping" for an SRO which met her mental health needs, rather than accepting the first publically subsidized built environment offered to her.

> [The homeless shelter administrator] told me I would find a place [through a subsidized program] if I work with them. And they did find me a lot of places, but I didn't want to go, because [those] SROs they have now are really nasty. Really tore up, tore down. Syringes in the bathroom. Blood on the toilet. Because you use the same toilet that everybody else uses. So it wasn't sanitized. So I didn't want to go. And I found the Martin Hotel and I went in and it was a really clean, nice place. So I went back to [the shelter] and I asked them 'Can you please get me a place inside that hotel?' They said that would be cool, they would work on it. And within two, three weeks I had a place at the Martin.

SRO environments where women felt unsafe exacerbated several physical and emotional symptoms associated with poor mental health. The physical organization of SROs frequently consisted of crowding people with addiction and mental health issues into a single space. Crowding, in combination with chaos related to drug/sex economy interactions, and rapid cycling of new tenants contributed to stress-related sleeping problems, hyper-vigilance, and drug and alcohol use. Many women described needing prescription sleep medication to rest in chaotic hotel settings and avoid conflicts with neighbors:

> When I go in [to the SRO hotel] and shut my door, I just try to shut my eyes and block it out. Sometimes they [neighbors] have their TVs on and I want to say something. I'm thinking, 'You know, [says her own name], just be quiet! Just go to sleep.' Once I take my [sleeping] pills, I'm good.

Women commonly adopted a strategy of deliberate social isolation to shield themselves from risk for victimization within unsafe SRO environments. For some women, isolation in the hotel room was an emotionally self-protective response to daily living in a traumatized state. One woman provided an example of isolation linked to on-going fears of being attacked:

> So I started using back in 2009, which I have been using drugs for a year now. I got raped last year. I got raped, I got kidnapped. I was tortured for days. My best friend died, as I told you. It's just everything fell apart and I have been tore up since then. . .Since I moved to [my SRO], I basically stay in my room all day.

For others, isolation served as a strategy to avoid being "caught up" in unpredictable violence and social disorder associated with the drug–sex economy:

> So, now I'm here, you know, just trying to deal with a lot of different things, you know. Adjustment of being back [in my SRO room] which I'm getting more adjusted to it, but I don't like the space that I'm in because it's small. Of course, I don't mingle with my neighbors either. . .I just tend to stay to myself because I see trouble there and I avoid that because I don't need that in my life, you know. So, that's another thing I deal with on a day-to-day basis you know.

In contrast to the women above who described deliberate social isolation as a mental health survival strategy, another woman positively described increased safety and independence in built environments which were perceived as safe and non-chaotic. For example, one positively described her highly structured SRO housing environment, a place specifically designed to reduce her fear and anxiety due to repeated victimization and to enhance her ability to manage her mental health symptoms despite years of trauma and housing instability:

> Oh, it's [my room's] beautiful, it's comfortable and it's quiet and it's clean! I mean the manager there is up on it. He's got security cameras now. It's secure, I'm high up. The only way you can get into my window is if you try to do it. And if you try to do it and you fall, you're going to die. It's out of the way [out of the neighborhood], yeah. And so the [public] bus takes me to school. Takes me straight to school, straight home. Boom, no chaos. Walgreen's right there. Boom, psych meds, boom right there, boom. Bus pass, Walgreen's right there, boom. Everything's right there. You know [the bank] is right on the corner, boom. I'm just – McDonald's everything, grocery store, laundromat, everything is just right there in my commute. I don't have to go a block to go to the laundromat. I don't have to go through a block to go to grocery shopping. So, everything is just perfect for me.

In terms of localized drug policy and housing, the adjudication of in-building drug use was not prioritized by the women in our study to the same extent as other measures taken to ensure the built environment was spatially and socially organized to reduce fear, anxiety, and conflict. While women acknowledged the risks that the drug–sex economy posed to their mental health, many also actively participated in those economies as drug users and (intermittently) as sex workers. Even women who were seeking to reduce or eliminate their own drug use, or who were abstinent, did not suggest that drug use or sex work should be outlawed within their hotels to promote safety. Opinions veered towards a "closed-door"

policy, particularly about drug use. Women expressed that, ideally, open-air drug markets and the street-level chaos and violence often associated with the drug–sex economy should be mitigated by the hotel management, thereby promoting safety and control within the housing environments. In one example, several women in our study positively described an active campaign by SRO management, which evicted drug-dealing tenants from the building. Drug-using tenants were not targeted; however, those participating in the economy that brought associated violence and social disturbance were systematically removed. In another example, a crack and heroin-using woman described her building as safe, had friendships with neighbors in the hotel, and could list several examples of how her hotel manager helped her and other tenants. "We don't have an open-air drug market here," she noted. At the macro-level, policy maker data supported the view that many women held indicating that drug use adjudication is not necessarily the key area of intervention for SRO built environments. One policy maker indicated that the drug–sex economy is very active in one hotel, while the duration of tenant occupancy is still high.

> Actually in our building that has the highest success rate [80% of tenants stay housed there at least two years]; there is a ton of sex work and drug use. And yet people stay housed. I am arguing the financial argument. The cost effective argument: 'If you spend the money here – on beautiful new supportive housing you will reduce costs.'

Both policy maker and women's data concurred that supportive housing could succeed in a cost effective manner, even if all problematic aspects of the drug/sex economy are not abated, as long as the built environments are designed with sensitivity toward the mental health vulnerabilities of tenants, clean, and well-managed.

Discussion

Access to affordable housing is a key drug policy issue for the urban poor in the United States. Due to the high levels of comorbid substance use and mental illness, access to housing cannot be divorced from discussions of "place" – the construction and quality of built environments designed and funded to house at-risk urban populations of substance users. Critical debates over the use of public funds to physically construct and manage public housing that is responsive to the complex needs of drug users with mental health challenges requires knowledge of macro-structural factors, meso-level social interactions of everyday living, and micro-behavioral mental health management among tenants. Our analysis applies Rhodes et al.'s framework of socio-structural vulnerability, to explore how SROs can operate as "mental health risk environments" that impact women's mental health.

Low-income and homeless women have higher lifetime and current rates of major depression and substance abuse when compared to women in the general population (Bassuk et al., 1998). Historically, a burgeoning homeless population and a public policy commitment to create housing opportunities for people with co-occurring mental health diagnoses and substance use led to SROs becoming the default housing stock for the urban poor in San Francisco. The conditions and characteristics of these built environments contributed to and/or exacerbated poor mental health among women in our studies. Our findings show that in SROs that were reorganized through physical and managerial changes, women residents with histories and current vulnerabilities to trauma experienced greater stabilization. In non-trauma-informed SRO environments women reported on-going fear and anxiety, sleep deprivation and hyper-vigilance. Our findings support other research indicating that the type, availability, and the material conditions of housing environments play a significant role in mental health (Galea et al., 2005; O'Campo, Salmon, & Burke, 2009), especially for women (Epele, 2002; Evans, 2003). In terms of housing policy for substance using urban populations, our research suggests that public fund investment in SRO built environments which secure the physical and emotional safety of comorbid women tenants should be a key priority to alleviate chronic homelessness and reduce further victimization.

Conflict of interest statement

Authors wish to confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.

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May 16, 2019

Dear Amherst Town Council & Town Manager,

I am writing this letter in support of the Amherst Housing Studio Apartments project (28 units) and location proposed by Valley CDC. As you well know, having enough affordable housing is an unmet ongoing need for the Amherst area. This is particularly true for individuals who experience homelessness and continue to live in Amherst. Many individuals without homes remain at risk of major untreated health issues leading to high mortality rates. Unfortunately, the Amherst community experienced the loss (deaths) of 3 people who were chronically homeless during the past year.

Valley CDC is a highly regarded developer and they have worked closely with social service organizations to serve people who are impoverished, homeless, and often struggle with major disabilities. I have not only witnessed their great work in the Northampton area developing such projects as King St. Apartments, 82 Bridge St. and Go West (Florence), but have also referred and placed several people into their residences. In addition, we have maintained support services and have joined other providers at monthly meetings with Valley CDC's representative Joanne Campbell and HMR Property Managers to discuss best ways to serve these tenants and the community in which they reside. All 3 projects have been successful and have directly led to improving the health and quality of so many people's lives.

There is established research that reports the health risks associated with homelessness inclusive of specific health issues experienced by people sleeping rough (unsheltered homelessness). This research also supports the health costs savings that housing plus support services can provide, while providing health benefits and a better quality of life for those among us who are most in need.

Please review these links and resources:

https://www.jedc.org/forms/Vulnerability%20Index.pdf

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4679127/

http://www.jayslevy.com/how-to-help/ways-of-helping-helpful-links

I am thankful that Valley CDC's proposal includes 10 affordable units set aside for people experiencing homelessness. I am also thankful that in the past the Town of Amherst has stepped up to provide safe shelter to people without homes. I believe strongly that more affordable housing as represented by this project is the next logical step for helping our most vulnerable community members.

Sincerely,

Jay S. Levy, LICSW
Eliot CHS Homeless Services
Amherst Community Resident

Just to let you know I am strongly opposed to the SRO project proposal for route nine by the Amherst college football field.It's the wrong project in the wrong place at the wrong time. This is a residential neighborhood with lots of kids and this kind of project would make our quality of life much much worse. Many of us have the notion that this is a done deal. I'm willing to stand in front the bulldozer to prevent this.
Gregg Anderson 45 Dana St

Sent from my iPhone

I am writing in support of the Valley CDC's project to develop the studio apartment building on Northampton Rd. It is an important and timely step in moving forward to address the needs for affordable housing in our community.

Evelyn Goldenberg
96 Blue Hills Rd.
Amherst

Sent from my iPad

Dear Members of the Council,

I am writing to share my experience of working with residents of single room occupancies for many years.

At the time, in Northampton, there were a number of single room occupancy (SRO) residences that provided very bare bones rooms to single men and women who were of limited financial means. I provided outreach to the residents of SRO's, offering support services to ensure that they would maintain stability in their housing. From this inside experience of working with SRO residents, I would like to give a sense of who these people are.

Like the current neighborhood residents of the Northampton Street Studio Apartments, I was fearful and nervous about what it would be like to interact with the SRO residents. The reality, however, proved my concerns to be unfounded and my stereotypes were replaced with great respect for the tenants and their ability to live within such limited means and resources.

If I had to describe a typical resident, I would say that they are overall, a quiet and introverted people. Rather than causing trouble, they keep to themselves and were very grateful to have someone checking in on them. Mostly,
their needs were like the problems of everyday life that we all face -- how to get our health care needs addressed, budgeting and learning about community resources that are available to deal with any problems that might arise.

When I heard about the Northampton Street Studio Apartments, I felt that it was good news and long overdue for Amherst to have studio apartments that would provide affordable and decent housing for many who are unable to afford the very high rents of Amherst. I also feel certain that residents will be very grateful to have the stability of decent housing and the added support of someone checking in with them and helping them to problem solve the issues of daily life.

I volunteered for Habitat this past year and met someone who was also volunteering at a work site. I happened to sit next to him at lunch time and asked him about his connection to Habitat. He told me that he currently was living in an SRO in Northampton and an SRO outreach worker had recently helped him to find an apartment that he could afford. He decided to volunteer with Habitat as a way of paying back the support he received to find decent, stable housing. It's hard to imagine how grateful people are when they finally find safe and stable long term housing.

So, I make a sincere and informed request to you members of the Council, to give your support and approval of this worthy project. It embodies the goals of our Master Plan and will create safe, supportive housing for residents with limited incomes.

Sincerely,
Priscilla White

Dear Amherst Town Councilors:

I am writing on behalf of the League of Women Voters to urge your positive support for the $500,000 earmarked by the CPAC for the project at 132 Northampton Street at your May 23 meeting.

The League of Women Voters has a long history of supporting policies and legislation that provide provisions for low-and-moderate income housing and a suitable living environment affordable for all. LWV of Amherst has carefully followed the development of this particular proposal. After several years of public meetings and forums, and an intense search for a suitable mixed-use location, we believe that the Valley Community Development Corporation's project to create 28 studio-size units with related services and to provide stability of place to our lowest income individuals, the working poor, as a positive direction for local housing needs heretofore unavailable in Amherst. Further, the League supports the renovation of existing houses whenever possible, another component of the VCDC's project.

Your positive vote on the CPAC's funding will demonstrate a significant investment in our Town's needed affordable housing as well as moving this proposal to the next steps in the process: determinations by the ZBA and the public hearings to follow.

Thank you for taking these comments into consideration.

Adrienne Terrizzi, Ed.D
LWV of Amherst

Hi All

First of all, thanks for all the time and effort you are putting in on our town's Council, your service is so valuable to our town.

I wanted to write of my support for the low-income housing project at proposed 132 Northampton Road. I believe Amherst needs low-income housing to be built, especially for the lower end of the income scale, which has not historically had our focus. This diversity is essential to the vibrancy of our community. Indeed, as a Dana Street/Place neighbor, I support this project in my "backyard," as it passes through the zoning/permitting process to ensure it is built within our town's bylaws and regulations.

I have seen anonymous flyers and reports being distributed in my neighborhood to stop this project. They focus on the substance-abuse and mental-illness of low-income citizens. The anonymous authors might want to research the amount of substance-abuse and mental-illness that exist today in our vastly white, wealthy neighborhood, as I am aware of more than a few instances.

The anonymous flyers have a problem with the traffic impact of 14 parking spaces on Rt. 9 for low-income people, yet not the current traffic impact of Amherst College's entrance on Rt. 9 just next door, that services many, many more parking spaces. In fact if that entrance were to be closed and this project built, it would mean a net decrease in traffic impact.

One flyer decries neighbors potentially losing the most direct access to Amherst College fields due to this project. I would prefer to walk a two extra blocks to the fields if it means we can provide much-needed housing to low-income neighbors.

We should not discriminate against low-income people in Amherst nor in our neighborhood. Those of us with privilege should be working to find ways to build this housing for those who are in need, not stop it.

My 3+ years on the staff of Amherst Survival Center, serving low-income residents, has enabled me to connect with some of the most generous, wonderful, and interesting folks I've met living in Amherst. These people are our neighbors too. I look forward to the 132 Northampton Road project being built, so that we can have some more of that diversity walking down the streets of our homogenous neighborhood.

Thanks,
Baer Tierkel
30 Dana Place

Please approve funding as recommended by CPAC.
Thank you,
Sara Eggemeier
161 Red Gate Ln

Dear Amherst Town Councilors,

I am writing on behalf of the Amherst Forward Leadership Team to express our wholehearted support for the Valley Community Development Corporation's Studio Apartments on Northampton Road.

This development benefits from the support of reputable nonprofit service agencies and the thorough vetting of our municipal Affordable Housing Trust, Community Development Block Grant Committee, and Community Preservation Act Committee (CPAC). We value the work of these experts who recommend that this development move forward without delay. Resident questions about the property can be addressed during the planning and zoning process.

We understand that some residents have expressed concerns about potential disruptions caused by the people who will live in these homes. Please remember that these individuals are already part of our community. Based on similar projects, it is quite likely that the majority of the residents will be employed locally, though their wages aren't sufficient to pay market rent near their jobs. Increasing the supply of affordable housing has proven time and time again to stabilize communities, not disrupt them.

Furthermore, federal and state civil rights laws prohibit housing discrimination based on disability, including mental health and substance abuse. Denying, delaying, or altering the project based upon concerns about integrating this population into the community runs counter to fair housing mandates. Your vote in favor of this project will be supported by civil rights laws and their moral imperatives.

Housing affordability is a documented problem in our town and region. Where we live determines our access to work, education, health care and other stabilizing services, our children's learning environment, and our social opportunities. We are pleased that the CPAC named the Valley CDC Studio Apartments as one a once in a lifetime opportunity for Amherst. We urge you to approve its recommendation without delay.

Respectfully,

Ginny Hamilton, Amherst Forward Co-Chair, for the Amherst Forward Leadership Team

Katherine Appy, Co-Chair, MaryAnn Grim, Treasurer, Clare Bertrand, Matt Blumenfeld, Claudia Canale-Parola, Kent Faerber, Bennett Hazlip, Jan Klausner-Wise, Sarah Marshall, Johanna Neumann, Heather Sheldon

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Amherst Forward works to engage Amherst residents and elected and appointed officials on critical town issues including smart growth and development, high quality services and infrastructure, and responsive government.

To the Amherst Town Council members,

My name is David Robertson and my family and I live at 39 Northampton Rd. I am writing to express my concerns regarding the proposed development of the property at 132 Northampton Road by Valley Community Development Corporation into a large single room occupancy dwelling. As a physician with a background in public health, I support the Valley CDC's stated mission for affordable housing and social justice. However, after attending the information session on April 24th I have serious concerns about this proposed development, both for possible residents of the development and for the community that it is located in - in short, I do not think this location or the proposed tenants are a good fit for this neighborhood.

In their proposal, the Valley CDC notes that a large percentage of homeless persons struggle with mental illness and/or substance abuse issues. The National Institute of Mental Health's estimate is 46% of homeless are affected, while Valley CDC's is actually somewhat higher in their proposal. Despite this, they have no clear plans to have onsite counsellors or profession staff to assist tenants with these issues. They will have a day manager, but no staff on site overnight. They also propose a 6 month period of sobriety for residents, but it is unclear how this will be monitored or enforced. I am concerned that without appropriate support, relapses in alcohol or substance abuse will occur: the National Institute on Alcohol Abuse and Alcoholism estimates that roughly 90% of people with alcoholism relapse within 4 years after completing treatment. By placing multiple people struggling with addiction in close quarters, I fear this could be a toxic environment and endanger the ongoing sobriety of other residents. The structure at 132 Northampton Rd as proposed would also be the largest SRO Valley CDC has ever attempted to run.

The Valley CDC represent the property at 132 Northampton Rd as "conveniently located" to both bus routes and shopping. However, the reality is that access to the shopping plaza that contains grocery stores is over half a mile away, down a steep hill, with the only functional sidewalk on the other side of Route 9. This sidewalk is not regularly plowed or cleared during the winter. Even though there are plans to improve this stretch of Rt 9, this will occur years in the future and it is unclear that there are plans to maintain the sidewalks during the winter. This is another hazard to residents being promoted as a benefit.

The Valley CDC also represented the surrounding neighborhood as "mixed residential and commercial use" in their proposal. While there is an Amherst College dorm down the street and 3-4 small rental properties in the surrounding area, in my experience this is a gross mischaracterization of the surrounding area, which perhaps they did not realize by reading property cards. This is a family neighborhood. My daughters ride their bikes at Pratt field, which directly abuts the property at 132 Northampton Rd, as do many others. In fact, through the generosity of Amherst College, Pratt field serves as a de facto community hub, where adults and families exercise and Woodside Daycare routinely takes children to play outside. Amherst College is now exploring the prospect of closing Pratt Field to the public if the development at 132 Northampton Rd proceeds. There are dozens of school age children in Precincts 4 and 5, who trick or treat together up and down Rt 9, Woodside, Orchard St., Dana and Blue Hills every year. The Valley CDC has other properties that are designed to provide affordable housing to families and I would wholeheartedly support converting the property at 132 Northampton Rd to such a dwelling, though perhaps at a smaller scale. To invite 28, predominantly male (Valley CDC estimates 70% of their tenants are male) tenants with possible mental health or substance abuse issues into a family neighborhood seems to be a disservice to both the existing community and to the proposed tenants. I imagine they would feel isolated, away from town center, surrounded by families to whom they have no connection.

I feel that the proposed 28 room SRO dwelling would be better suited to a downtown location, similar to what Valley CDC has done in downtown Florence. Perhaps the recently vacated building that was briefly Porto could be explored as a possible venue.

Thank you for taking the time to consider these concerns.

Sincerely,
David Robertson, MD/MPH
Amanda Robertson

May 14, 2019

Dear Amherst Town Council & Town Manager,

I write in response to a letter you received from Dr. Edgar Lindsey of Dana Street. In his letter, Dr. Lindsey predicted "persistent drug and alcohol use", as well as other dire consequences among residents of the proposed project at 132 Northampton Road. His predictions are based upon his years of experience at the Northampton VA.

Dr. Lindsey has generalized his experience with a particular patient population that does not represent the vast majority of persons who will be living at this address. But even among the minority of persons to whom his observations might apply, his predictions are contradicted by research, as I will describe further below.

There is a well-known phenomenon among persons who provide substance abuse and mental health services that has been labeled "the Clinician's Illusion" [Cohen P, & J. Cohen, The Clinician's Illusion, Arch Gen Psychiatry. 1984 Dec; 41(12):1178-82]. People who work in facilities like the VA typically see people at their worst. Their daily experience is principally with patients who have longer lengths of stay in treatment or who relapse and return to treatment. This is a biased sample. They are less able to observe the many persons whose treatment experience is brief and who go on to recover. The advantage of longitudinal research is that we can systematically follow a sample of people over a lengthy period of time and observe actual rates of relapse and recovery.

Fifteen years ago I was involved in a national study of persons who had histories of homelessness, psychiatric hospitalization, and treatment in detox facilities. The study was sponsored by the Federal Substance Abuse and Mental Health Services Administration (USDHHS). I was responsible for directing two sites, one in eastern Massachusetts and a second in the Hudson River Valley in New York.

In Massachusetts, we followed 110 individuals for a period of 18 months after they entered a mental health residential program. During the six to twelve months prior to program admission, they all had experienced at least one or more of the following: homelessness, psychiatric inpatient hospitalizations, and detox services. They were primarily male (57%), single adults, ranging in age from 18 to 65.

What did we learn?

- Average days of psychiatric hospitalization went from 37 days in the six months prior to less than four days in the following six months.
- Average days housed went from 107 (out of 180) in the six months prior to 176 days in the following six months.

- Average of days homelessness went from 22 in the six months prior to less than one day in the following six months.
- Average use of crisis/emergency room services was reduced by 18 percent.
- Average days in a substance abuse detox facilities went from eight days to virtually zero.
- Eight percent reported being arrested in the six months prior, dropping to two percent in the six months following.
- Average times victimized went from 3.4 to .2 times in the six months following placement.
- Reported symptoms of anxiety and depression dropped by 30 percent.

The six months findings were generally maintained at 12 and 18 months.

Let me point out that this is a sample of persons whose level of problems on entry to the study were far greater than the persons who will reside at 132 Northampton Road, particularly since most of those people will be working and with no recent experience of homelessness. These findings were not unique to the Massachusetts site. The remaining five sites in the national study had similar findings.

Furthermore, the study itself is not unique. There have been a number of other studies that show similar results. Here are two published summaries of the findings from studies of supportive housing:

Dohler, Ehren, Peggy Bailey, Douglas Rice, and Hannah Katch. Supportive Housing helps vulnerable people live and thrive in the community. Center on Budget and Policy Priorities (undated).
Link=https://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community

Rog, D.J., T. Marshall, RH Dougherty, P. George, A.S. Daniels, S.S. Ghose, and M.E. Delphin-Rittmon. Permanent Supportive Housing: Assessing the Evidence. Psychiatric Services, March 2014, v. 65.
Link=https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201300261

The evidence is that housing works to create stability and allow people to get on with their lives. If you have questions, please let me know. Thank you for your attention.

John Hornik, Ph.D.

Dear Town Finance Committee and Town Councilors,

This email is in support of the letter dated 5/5/2019 and signed by many of our neighbors on Dana Street, Orchard Street and Northampton Road asking you to delay the voting on CPA funding for the development project planned at 132 Northampton Road by Valley CDC. We are out of town traveling and in lieu of signing the letter, we are sending this email.

We share the concers related to the proposed building and large number of small studio units (28) in our predominantly single-family neighborhood, and respectfully ask for the voting to be delayed until these matters can be adequately addressed.

Thank you for your attention.

Sincerely,
Sylvia and Andras Moritz
28 Dana Street

May 12, 2019

To: Town Council and Town Manager Paul Bockelman

I am writing to express my serious concerns about the Valley Community Development Corporation's proposal to build 28 SRO units at 132 Northampton Road. I know that there is considerable political pressure to allocate funds for these SROs. However, I hope that Town Council will look at the totality of needs facing the town at this moment in its history.

My concerns include these:

- Safety – The proposed SRO development (28 units) is in a residential neighborhood and it backs up against Amherst College's Pratt Field. Pratt Field is used as the neighborhood park by many young children and retirees who live nearby. Also it is not unusual, even after dark, to see a female Amherst College student running laps (alone) on the track. There are personal safety and liability concerns related to the siting of this project.

- Lack of supervision – There is no plan to have an on-site residential manager for these 28 SRO units. There will be no one making sure that rules and regulations are adhered to. Given the likely prior history of drug/alcohol abuse, the clustering of 28 units, without 24/7 on-site supervision, seems ill-advised.

- PVTA transportation – There is no PVTA bus stop at or near 132 Northampton Road. It is a lengthy walk for residents to either Amherst College-Converse Hall or to University Drive. The PVTA is serious challenged budget-wise and the outlook is bleak for adding bus stops or routes. It is only a matter of time before a PVTA bus stop would be deemed necessary. Who will pay?

- Bond Issuance – The recommendation of the Community Preservation Act Committee is to bond $500,000 for the Valley CDC project. This $500,000 will count toward the debt limit of the Town—which has other major projects requiring significant borrowing: new elementary school, new fire station, new DPW building, etc. These expensive projects are critical to the health and safety of the entire town. I do not believe the town should borrow any funds for the SRO project. Perhaps the CPA Committee plans to pay back the $500,000 from future years' allocations. However, every year, there will be pressing needs and/or unforeseen opportunities.

Amherst is at a critical juncture. It needs a new elementary school if it is to attract new families to live in Amherst. It desperately needs a fire station and new DPW building. Senior citizens, growing in number, need services. Amherst is vulnerable. If it is to flourish, Town Council needs to focus its limited resources on these high-stakes priorities.

I urge you not to support the Valley Community Development project, as proposed. Too many SRO units. Insufficient on-site supervision. Borrowing the funds is not a good use of debt.

Sincerely,
Rebecca C. Lindsey
56 Dana St., Amherst

May 10, 2019

Dear Town Council and Town Manager Paul Bockelman,

I request that you closely re-examine the materials associated with the Valley CDC proposal for 132 Northampton Road. The proposal set forth in December 2018 varies somewhat from the reality currently taking shape as it moves through various committees.

I have several concerns:

- Lack of transparency of the process
- Cost
- Safety
- Coherence for the town

The costs associated with this project are excessive, and the town would have to borrow to help fund this development. Valley CDC's budget lists development costs at $4.8 million. That results in each of the 28 units costing $172,000. The units are only 240 square feet, which brings in each square foot at a grand total of $716. The median price per square foot for Amherst is $210. There are more fiscally responsible ways to fund affordable housing – including repurposing existing structures.

At the only public meeting of which I was aware, on April 24th, 2019 in the Bangs Center, Valley CDC representatives revealed that the 28 SRO would house the following tenant profiles: 10 units for people transitioning from homelessness, 2 units Department of Mental Health clients, and the remaining 16 units a combination of lowest-income tenants (section 8). Valley CDC revealed that they would engage one part-time case-worker for approximately 20 hours each week. Housing Management Resources would manage the property (they manage 8000 units throughout the US). How could this proposed supervision and support plan possibly help residents succeed? Will there be an overlapping web of services and scaffolding implemented for them?

I would not support the funding of this project in its current iteration of the SRO model regardless of its location. SROs are an isolating and de-humanizing response to a deeper social problem. They are a bad model and a broken idea. We need to think of much more creative solutions.

This SRO project is an easy way to make the town of Amherst feel as though we are doing something real to help this population. But in fact, we are paying a developer far too much money to build a block of units on the outskirts of downtown, next to an elite institution where the SRO population is sure to run afoul of many constituencies and it does not bode well for strengthening community ties, nor does it set SRO residents up for success.

Thank you,

Yanik Nichols
48 Dana Street

Dear Town Council Members,

Thank you so much for your service, long hours and hard work on behalf of the town. You are getting us off to a great start with this new form of government and I greatly appreciate all you're putting in to your positions.

One question: Are there plans for a pedestrian cross walk across Rt. 116 between North Meadow and Meadow streets? With the opening of recreational marijuana sales at Rise this week, I am concerned about the safety of people traveling by means other than car from the adjacent, heavily populated North Amherst neighborhood. This is a notoriously bad intersection and worry that adding pedestrians into the mix will make it even worse. I actually witnessed a man in a motorized wheelchair trying to navigate the crossing this past week, presumably after a making a medical marijuana purchase. Not a pretty sight. I hope this issue is on the town's agenda for consideration.

One request: It would be great if the council president could announce the result of votes taken at council meetings. When watching from home, the screen only depicts about four to five members at a time, so it is not possible to determine majority outcomes. A summing up of the vote, as in the motion passes or fails by a vote of . . would be very helpful.

Thank you all again for your awesome service!
Marcy Sala
Pine Street

Hi, Lynn—

1. Bonding: Since I cannot be at the Finance Committee meeting on May 23, I wanted to share my comments and questions with you in advance.
First, I appreciate the importance of protecting the Town's total capital budget. I personally favor construction of a new school, a new home for DPW, and the new fire station. I know that you personally have invested a lot in the last two projects, I would not want to see any of them jeopardized.
However, I do not understand how borrowing the $500k recommended by CPAC would do that. The amount is probably less than 1% of the total Town borrowing so it can only have minimal impact. Further, if you were to limit the borrowing to five years, it would mostly be paid off before it could have any real impact on borrowing for the proposed capital projects. Is there something that I am missing?

2. Town Council Vote. I understand that the CPAC budget does not have to be approved before July 1. Nonetheless, I think getting it on the same schedule with the operating budget is important. Valley CDC has to apply to DHCD for funding to support the vast majority of its construction costs. In the absence of a Town CPA commitment they will be a low priority. Unfortunately DHCD program announcements and application deadlines can be unpredictable, and Valley needs to be "ready to go" as soon as they can. Therefore, if Town Council review cannot be scheduled on June 3, it would be critical to complete this review at the next meeting—probably, June 17th.
Knowing the date when Town Council will undertake this review is also important to those who wish to speak for or against. It would not surprise me if there were 20-25 people in this group. I know that I would not want to be in the position of urging people to attend on a date when the review does not take place. So I would strongly appreciate it if you could commit to either June 3 or June 17, and let people know as soon as possible.

I will add that bringing this consideration to a close as soon as possible is in almost everyone's interest. The exception are those who hope to delay indefinitely in the hope that it goes away.

Thank you for your consideration. Be happy to meet with you if you want to discuss either of these issues.
Thanks, John

May 10, 2019

Dear Town Council & Town Manager Paul Bockelman,

EXECUTIVE SUMMARY: A physician who treated the homeless predicts that the SRO project proposed for 132 Northampton Road will be a persistent location of drug/alcohol use due to inadequate supervision and due to relapses inherent in clustering former substance abusers.

I write you this note after attending the CRC meeting on 5/8/19. I am a retired physician with many years of experience providing medical care to the homeless, to psychiatric patients and to substance abusers. My first experience was as an emergency department physician at Cooley Dickinson, followed by 7 years supervising the medical care in the homeless residences, psychiatric wards, and the drug and alcohol detoxification service at the Northampton VA Medical Center. At the VA, I worked one-on-one with the homeless. I reviewed the care of many homeless patients with the psychologists and social workers.

I need to ask whether you are aware that persistent drug and alcohol use will happen at the SRO facility, as currently proposed. There is an excellent letter from abutters to the Town Council that reasons that there will be continued drug use. It notes that only 33% of substance abusers are still sober after 1 year. It also quotes studies showing that relapsing substance abusers cause their neighbors to relapse, so that it is best to avoid housing more than a few former substance abusers together.

My years at the VA lead me to predict that the proposed SROs at 132 Northampton Road will be a location of drug and alcohol use, and perhaps a magnet for drug dealers. Even at the Northampton VA, where some of the homeless facilities had a 24-watch at the entrance, there still was a significant use of drugs and alcohol, resulting in multiple dismissals or prompt detox admission. Drugs and alcohol were mainly used on the grounds around the residences. Fortunately, this took place on an isolated campus, not in a residential neighborhood.

The proposed SROs at 132 Northampton Road appear to have no ability to monitor for substance abuse. There may be a caseworker present during some daytime hours, but no one watching the doors, or the grounds, or inspecting the rooms to witness any drug use or sales. Residents will be using drugs and alcohol unobserved in their rooms or on Pratt Field. Drug use is so common that SRO facilities are now training residents and staff how to administer the narcotic antagonist Naloxone (*LA Times*, 10/31/2005) to diminish the number of fatal overdoses.

I hope that this information has been helpful in highlighting the problem of persistent substance abuse among the formerly homeless, even in closely supervised facilities. I urge you to reconsider your support of a project of this size in a residential neighborhood.

Sincerely,
Edgar E. Lindsey, M.D.
56 Dana St., Amherst

Dear Ms. Griesemer,

I believe that you may have recently received a letter signed by multiple local residents, but here I write to you, as President of the Town Council, to reiterate the request therein, as an individual resident.

I write to ask that the Town Finance Committee and the Town Council delay voting on the use of CPA funds for the proposed 132 Northampton Road development project, until substantial matters of traffic, public safety, project cost, and access to open space have been adequately reviewed.

Thank you on behalf of all Amherst residents for your hard work representing us on the Town Council.

Sincerely,

Rosie Cowell

104 Dana St, Amherst, MA 01002

5/5/19

Town Finance Committee:

Andrew Steinberg (steinberga@amherstma.gov)

Cathy Schoen (schoenc@amherstma.gov)

Shalini Bahl-Milne (bahl-milnes@amherstma.gov)

Lynn Griesemer (griesemerl@amherstma.gov)

Dorothy Pam (pamd@amherstma.gov)

District 3 Councilors:

Dorothy Pam (pamd@amherstma.gov) and George Ryan (ryang@amherstma.gov)

District 4 Councilors:

Evan Ross (rosse@amherstma.gov) and Stephen Schreiber (schreibers@amherstma.gov)

All Town Councilors:

towncouncil@amherstma.gov

Dear Town Finance Committee and Town Councilors,

We are writing as community members of the residential neighborhoods close to the proposed **132 Northampton Road** development project. This project was recently reviewed by the Town's Community Preservation Act Committee and a vote on CPA funding by the Town Finance Committee is currently scheduled for May 23rd at 2 pm.

We write to ask that you delay voting on CPA funds for this project until substantial matters of traffic, public safety, project cost, and access to open space have been adequately reviewed. These issues have long-term financial implications for the town.

Most neighbors did not hear of this project until Valley CDC's presentation to immediate abutters on April 24th. Notices have only been sent to immediate abutters and no notice has been given to the broader neighborhood. We feel that appropriate governance requires a more careful look at this project before any further votes are taken on funding by the town.

Signed,

5/5/19

Name	Address
CHRISTOPHER EHNSTROM	5 DANA ST
William Loinaz & Aimee Gilbert Loinaz	14 Orchard St.
Hallie Hughes & Chris Diamond	30 Orchard St
David & Amanda Robertson	3a Northampton Rd
Kate Sims	77 Dana St.
Laune + George Katsaros	67 Dana St.
Melissa Rot	110 Dana St
Jiuming + Anne Ye	29 Dana Place
Stephen Zenge	23 Dana St
Greg Anderson	45 Dana St
Michael Rossen	99 Dana St.
NICK & YANIK NICHOLS	48 DANA ST.
Robert H. Sims	29 Hitchcock Rd.
Marietta Pritchard	62 Orchard St
Gay Pistel	72 Dana St
Rebecca C. Lindsey	56 Dana St
Barbara [illegible]	126 Northampton Rd
Alfred Wilbur	126 Northampton Rd
Rosie Cowell	104 Dana Street
Jim Schlesinger	93 Dana St
David Sch[illegible]	193 Dana St
Timothy E. [illegible]	143 Northampton Rd
Katharine Trodd	99 Dana St.
David Huber	104 Dana St.

-----Original Message---
From: Gregg Anderson
Sent: Saturday, May 18, 2019 7:16 PM
To: Town Council Members <towncouncil@amherstma.gov>
Subject: SRO project on route 9

Just to let you know I am strongly opposed to the SRO project proposal for route nine by the Amherst college football field.It's the wrong project in the wrong place at the wrong time. This is a residential neighborhood with lots of kids and this kind of project would make our quality of life much much worse. Many of us have the notion that this is a done deal. I'm willing to stand in front the bulldozer to prevent this.
Gregg Anderson 45 Dana St

Sent from my iPhone

From: Hillary Wilbur-Ferro
To: Laura Baker
Cc: Barbara
Subject: 132 Northampton Road Development
Date: Wednesday, December 11, 2019 8:38:23 AM

Dear Laura,

I believe you have spoke with my mother Barbara Gravin Wilbur. My name is Hillary Wilbur Ferro and we are residents of 126 Northampton Road. Please get back to us with any information regarding below.

There remain a number of reasons why we do not think that this is a prime location for the size of this development. Our house, built in 1880 is part of the historical district of Amherst. The proposed site was the carriage house to our historic house. In our opinion it is important that the town and the Valley CDC fully comprehends the impact of the proposed development on the neighborhood and our backyard. We look forward to sharing our thoughts and needs in making this development something that we can live with, without drastically altering where we have lived for close to 50 years. We suggest that perhaps you take a minute, review your house, yard and imagine what would be important to you if your immediate neighbor's house tripled or even quadrupled in size and the population in that space increased by more than 700%. Doing this you may realize that the actions we are requesting are in fact appropriate.

As this project develops, we appreciate your taking into account the livelihood and backyard that we have known and cared for since the early 70's. We need you to consider the following in order to minimize the impact on our lifestyle and quality of backyard home living. First is the proposed size and occupancy. A suitable size would provide housing for 10-15 people. Adjusting the current ratio of residents at the three income levels will enable this to happen without altering the projects economic feasibility. 132 Northampton Road a residential lot; the current size and occupancy does not belong on a residential lot in residential neighborhood. Secondly, we would like for the pines on the east side of said project be cut down to accommodate a requested shrub line that would hide a 12 foot privacy fence line on the eastern edge of the site. In an effort to decrease the noise, dust and construction litter being an issue, this shrub/fence combo should be in place prior to the start of the excavation or building at 132. We also ask that consideration be given to the completed height of the building to ensure it doesn't impose upon our view to the west or shadow our yard which impacts the health of our yard and gardens.

Sound carries and therefore, we are requesting that the driveway be located on the west side, along the Pratt Field fence limiting the sounds or car doors, opening and closing and people greeting one another in passing from building to car. Like many collective living spaces, smoking is allowed only in designated spaces. If the plan includes an outdoor space, that should be situated where it will not impact the neighbors. Locating that on the west side of the building where it is more open and looks across the hills in the west also provides a good view and will be less intrusive to us and the neighbors east of the project.

Another concern for us given this proposed project is the impact it will have on the resale

value of our home, bearing in mind this asset equates to about 98% of our estate. At one meeting someone suggested placing affordable housing next door would actually increase the value of our home. We would appreciate data establishing this as fact be shared. If in time, there is a demonstrated negative effect on our house value, who will be responsible for compensating for the difference?

Please get back to us with any information, timeline and any answers to our questions below.

Additionally as immediate neighbors, we REQUEST:

1. Access to names and numbers of residents and notification of departures and replacements within two weeks of change.

2. Number of residents at each income level of residents semi-annually

   X number of residents “earning Not more than 49,700 or less than 31,050”
   X number of residents “earning Not more than 31,050 or less than 18,650”
   X number of those “earning less than 18,650”.

3. A regularly updated roster of names and numbers of managers and their supervisors.

4. Access to a monthly schedule of service providers.

5. The opportunity to collaborate with staff on the occupant agreement and resident guidelines.

As you can imagine, we do have a number of other questions and look forward to having the opportunity to discuss the following further:

QUESTIONS:

1. Is the planned development tax exempt? Do they need to report contents, for example # of refrigerators, etc. to the town annually similar to that of landlords who then pay excise tax on these items?

2. How fungible are the levels and the numbers of residents at each income level?

3. If someone leaves, is the incumbent required to be at the same income level?

4. What if any consideration is given to gender and diversity of the population?

5. At one point, the statement was made that students would not be eligible. Are they?

6. If in fact students are not eligible what about the entry-level staff person at the university who in order to advance in their position should be allowed to take classes and pursue a degree?

7. How frequently is the population and their service needs reviewed and how quickly are adjustments, if required, made? Who is responsible for oversight of services? Whom do they report to?

8. Who is ultimately responsible for the SRO, its maintenance, its economic feasibility?

9. Is occupancy time limited? Are there specific requirement or markers that residents need to meet that affect the time they can be housed?

Thank you for your time and consideration,

Sincerely,
Hillary Wilbur Ferro and Barbara Gravin Wilbur
Resident of 126 Northampton Road