

Meyer Building

Feasibility Study Report to
Anne Arundel County

May 2026



Table of Contents

Chapter One: Background

Introduction	4
History of Crownsville Hospital Memorial Park and Meyer Building	4
Scope of Feasibility Study	5
About the Authors	6

Chapter Two: Housing and Program Needs

Affordable Housing Needs	9
HCAAC Waiting List Data	10
Need for Permanent Supportive Housing Units	11
Veteran Housing Needs	13
Veteran Service Needs	13
Child Care Needs	15
Additional Programming	16

Chapter Three: Site Opportunities and Challenges

Meyer Building Description	19
Site Description	19
Environmental Considerations	20
Water and Sewer Capacity	22
Historic Status	23
Land Use and Zoning	24
Transportation, Pedestrian and Bike Network, and Traffic Connections	25
Recreational and Resident Service Opportunities	26
School Opportunities	27
Nearby Amenities	28
Capital Costs – Sources and Uses	29
Operating Costs and Potential Sources	30

Chapter Four: Recommendations and Next Steps

Building and Program Concept	33
Suggested Next Steps	35

Appendix A



Chapter 1

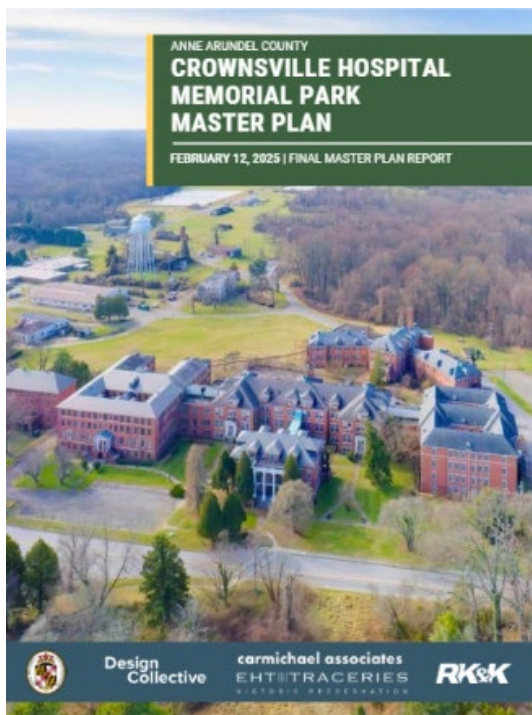
Background

In the Fall of 2025, Anne Arundel County (the “County”) executed a Memorandum of Understanding (“MOU”) with Arundel Community Development Services, Inc. (“ACDS”) and the Housing Commission of Anne Arundel County (“HCAAC”) to conduct a feasibility study (the “Feasibility Study”) to evaluate options for the redevelopment of the Meyer Building, located on the grounds of Crownsville Hospital Memorial Park, as affordable housing for low-income households, people experiencing homelessness, and/or Veterans.

This report summarizes the Feasibility Study. The Feasibility Study included numerous consultations with Crownsville stakeholders, including descendants of former patients and former staff, County agency staff, architectural, engineering and construction consultants, Veterans service providers, State agencies, and both state and federal funding partners. A comprehensive list of individuals and organizations consulted can be viewed in Appendix I.

History of Crownsville Hospital Memorial Park and Meyer Building

After acquiring the Crownsville Hospital Center from the State in December 2022, the County embarked on an intensive Master Planning process for the future Crownsville Hospital Memorial Park. This process included the creation of an Advisory Committee and five subcommittees, engaged with over 50 community members and experts, as well as several public workshops and presentations.



After over a year of studying and extensive public engagement, the County released the [Crownsville Hospital Memorial Park Master Plan](#) (the “Master Plan”) on February 12, 2025.

Once a racially segregated facility, the hospital was initially named “Maryland Hospital for the Negro Insane,” where unconscionable acts were committed against hundreds of Black Americans. These acts had a devastating impact on patients’ health and well-being, their families, and the Black community, including a legacy of trauma, and, for some, death. In its later years, the hospital adopted better practices and improved its care before its eventual closure in 2004.

The County and the Master Plan envision a revitalized Crownsville Hospital Memorial Park

campus that will “honor and preserve the history and legacy of the Hospital, and those who were institutionalized during its operation, by creating a space where people can heal through the natural beauty of the site and access much needed resources and services.”¹

Redeveloping the Crownsville Hospital Memorial Park campus is an opportunity to reimagine the space and turn it into something positive for the community. Specifically, the Meyer Building has been identified as an early priority in the redevelopment process.

The Meyer Building was completed in 1954 as one of the larger facilities on the former hospital campus. The Meyer Building served multiple purposes and included offices, x-ray and treatment rooms, and dormitory wards. The building is a one-story concrete slab comprising approximately 76,000 gross square feet, with multiple dormitory wings that create two courtyards, with a library and gymnasium at its core. A recent structural report, completed by KCI Associates, indicates the building is in relatively fair condition compared to other structures on the campus, but suffers from previous water infiltration at the roof, deterioration of structural members, and wall and slab cracks, necessitating the removal of blight and environmental hazards to allow its use to serve the community in an equitable and positive manner.

Scope of Feasibility Study

The October 2025 MOU outlines the scope of the Feasibility Study to be conducted by HCAAC and ACDS to examine the feasibility of creating affordable housing, housing for Veterans and other unhoused households, and providing resident services, including Veterans services, as follows:

- Examine the existing footprint of the Meyer Building and advise on site boundaries
- Conduct an initial environmental and structural assessment
- Recommend a mix of unit types and income targeting
- Produce a formalized cost estimate
- Recommend a preliminary concept for tenant and community services
- Assess public facilities and infrastructure
- Develop an initial conceptual layout and architectural rendering for feedback
- Develop recommendations taking the foregoing analyses and the Master Plan’s Equity Framework into account².

This Feasibility Study Report reflects these components and is a preliminary summary of results and recommendations by ACDS and HCAAC to the County on next steps for the Meyer Building, including conceptual layouts, architectural renderings, sources and uses, and programming. These components will necessarily change throughout the pre-development process as the project advances and details are refined.

¹ “Crownsville Hospital Memorial Park Master Plan” (page 4) - [Crownsville Hospital Memorial Park Master Plan](#)

² “Crownsville Hospital Memorial Park Master Plan” (page 4-7) - [Crownsville Hospital Memorial Park Master Plan](#)

About the Authors

Arundel Community Development Services, Inc., is the County's quasi-public housing and community development agency. Arundel Community Development Services, Inc. regularly advises and assists the County in developing community resources, including community facilities, a continuum of resources for the unhoused, community development grant programming, and affordable rental and homeownership opportunities for County residents.

Arundel Community Development Services, Inc. was the lead developer for the Wiley H. Bates Heritage Park development, a historic renovation of the County's once only high school for Black students that now includes the Bates Legacy Center, Senior Activity Center, Boys & Girls Club, and affordable housing for seniors.



More recently, ACDS developed the Severn Center, an intergenerational community center in a previously underserved community. Arundel Community Development Services, Inc. brings a deep commitment to engaging with stakeholders, financing expertise, project and construction management and operating experience.



The Housing Commission of Anne Arundel County develops, owns and manages quality housing that serves a diverse range of County residents, including families, older adults, Veterans, and persons with disabilities. Operating with the flexibility and discipline of a private developer, HCAAC has successfully developed eleven privately-owned communities and is a skilled and experienced residential property manager with a strong record of performance.

As the County's public housing authority, HCAAC strategically leverages federal, state, and local funding to create, preserve, and sustain affordable housing. The Housing Commission of Anne Arundel County brings comprehensive in-house expertise across real estate development, finance structuring, asset and property management, Housing Choice Voucher (HCV), administration, and permanent supportive housing. This integrated capacity enables HCAAC to

successfully plan, finance, develop, and operate complex, service-enriched housing communities that respond to evolving community needs.

The Housing Commission of Anne Arundel County’s approach extends beyond housing production to include the coordination of robust resident services that promote long-term stability and self-sufficiency. Through strategic partnerships with service providers, HCAAC ensures residents have access to critical resources such as health care, behavioral health services, employment and workforce development, financial empowerment, and case management.



A recent flagship project, Heritage at Madison Park, transformed a 16-unit hotel into high quality housing for individuals experiencing chronic homelessness who were on the Department of Social Services (DSS) waitlist, offering comprehensive wraparound services, including health care, employment support, and ongoing social services. This project exemplifies HCAAC’s commitment to holistic, community-focused solutions that integrate housing

stability with essential support services and improve long-term outcomes for residents.

Through these efforts, HCAAC advances equitable access to quality housing, addressing homelessness, and fosters thriving, resilient communities throughout the County. By combining development expertise with a comprehensive service model, the Commission continues to strengthen communities and expand opportunity for the residents it serves.





Chapter 2

Housing and Program Needs

Affordable Housing Needs

The redevelopment of the Meyer Building is a critical and timely opportunity to provide much-needed affordable housing in the County, a desirable region for working-class renters and households that currently face a severe shortage in the necessary supply of affordable housing units. The Crownsville Health and Wellness Subcommittee Report, May 24, 2024, (the “Health and Wellness Report”) identifies the provision of “affordable housing” for low-income and special needs families as one of its highest priorities.³

The 2026 Anne Arundel County Affordable Housing Rental Needs Assessment (the “Rental Needs Assessment”) estimates that Anne Arundel County has a deficit of 13,365 units affordable to low-income renter households earning 60 percent Area Median Income (“AMI”), growing from a 9,221-unit shortage when the last needs assessment was conducted in 2019.⁴ For perspective, a household of four people earning \$78,180 per year meets the current definition of 60 percent AMI for the Baltimore Metropolitan Statistical Area, which includes the County⁵.

To further illustrate this shortage, the Rental Needs Assessment utilizes a “penetration rate” as a metric to examine the degree to which the renter households at particular income bands are served by the existing supply of units. The 2026 assessment found that, for the “Low Rent” category (renter households earning 50-60 percent of AMI and corresponding units affordable to them) only approximately one-third of the housing inventory needed to address these renters is available in the existing stock.⁶ For the “Very Low Rent” category (renter households earning 30-50 percent of AMI), the penetration rate is even lower as the current inventory can only meet the demand of 9.3 percent of the renters at this income level.⁷

As a result of this scarcity of available rental units affordable to moderate- and low-income households, these renters must pay a greater portion of their income for the units that are available, placing a burden on their ability to afford other household necessities. The Rental Needs Assessment found that 45% of all renters in the County are cost burdened (paying more than 30% of their monthly income on rent), regardless of income.⁸ This issue is even more acute for renters at the lower end of the income scale. According to Anne Arundel County’s

³ “Crownsville Health and Wellness Subcommittee Report, May 24, 2024” (page 8) - [Crownsville Health and Wellness Subcommittee Report, May 24, 2024](#)

⁴ “Anne Arundel County Affordable Rental Housing Needs Assessment” (page 66) - [Anne Arundel County Affordable Rental Housing Needs Assessment](#)

⁵ “Anne Arundel County Affordable Rental Housing Needs Assessment” (page 25) - [Anne Arundel County Affordable Rental Housing Needs Assessment](#)

⁶ Anne Arundel County Affordable Rental Housing Needs Assessment” (page 62) - [Anne Arundel County Affordable Rental Housing Needs Assessment](#)

⁷ Anne Arundel County Affordable Rental Housing Needs Assessment” (page 62) - [Anne Arundel County Affordable Rental Housing Needs Assessment](#)

⁸ Anne Arundel County Affordable Rental Housing Needs Assessment” (page 23) - [Anne Arundel County Affordable Rental Housing Needs Assessment](#)

Consolidated Plan: 2026-2030, 10,526 extremely low- to moderate-income renter households (34 percent of all extremely low- to moderate-income renters) experience severe cost burden.⁹ For reference, an extremely low-income household of four at 30 percent AMI earns \$39,100 per year.¹⁰

HCAAC Waiting List Data

The waitlist data in this section is provided by HCAAC for both its inventory of affordable rental units as well as the Housing Choice Voucher (“HCV”) program and further underscores the extraordinary and persistent demand for affordable housing across all populations in the County.

The Housing Commission of Anne Arundel County owns and manages 11 affordable rental communities where low- and moderate-income households can reside in quality housing while paying just 30% of their household income toward rent. Of these communities, ten have waiting lists managed by HCAAC. As indicated in [Table 2.1](#) below, these waiting lists are extensive and, in many cases, overwhelming relative to available inventory, with several family-oriented communities exceeding 13,000 applicants.

In addition, HCAAC administers the federally funded HCV Program, a tenant-based rental program that provides rental vouchers for renters to seek private market housing while paying just 30% of their income towards rent. As indicated in [Table 2.2](#) below, the HCV Program has a waiting list consisting of 11,051 households. While some duplication exists across these waitlists, the scale of demand clearly demonstrates a system under significant strain. Demand is particularly high among families, female-headed households, and households of color.

HCAAC-Managed Property	Total Units Available	Applicants on Waitlist
Pinewood Village/Pinewood East	290	1,520
Heritage Crest	100	1,294
Heritage Overlook	100	15,714
Heritage at Severn	224	14,782
Heritage at Freetown	190	13,763
Heritage at Town Center	127	2,232
Heritage at Odenton	55	2,260
Oakleaf Villas	24	4,923
Thomas Pumphrey	15	1,067

⁹ “Anne Arundel County’s Consolidated Plan: 2026-2030” (page 37) - [Anne Arundel County’s Consolidated Plan: 2026-2030](#)

¹⁰ “2025 HUD-Published Income Limits for Baltimore Metropolitan Statistical Area (MSA)” - [2025 HUD-Published Income Limits for Baltimore Metropolitan Statistical Area \(MSA\)](#)

Table 2.2 - Housing Choice Voucher Program Waitlist Data		
	Number of Applicants	% of Total Applicants
Total Applicants on Waitlist	11,051	
Households with Children	6,225	56.3
Elderly Households	538	4.9
Households with Disabilities	2,224	20.1
Race/Ethnicity (White)	1,710	15.5
Race/Ethnicity (Black)	9,423	85.3
Race/Ethnicity (Asian/Other)	545	4.9
Race/Ethnicity (Hispanic)	465	4.2
Female Head of Household	9,800	88.6

Need for Permanent Supportive Housing Units

Based on recent data from Fiscal Year 2024, 1,374 people within 832 households experiencing homelessness were served through the County’s continuum of programs to end and prevent homelessness (the “Continuum”).¹¹ This included 204 households with children.¹² These individuals and families were identified as staying in a county shelter or in a program serving the homeless, or living on the street, either in encampments or in their cars. The U.S. Department of Housing and Urban Development defines homelessness as “living in places not meant for human habitation, emergency shelter, or transitional housing, or exiting an institution after residing there for up to 90 days if they were homeless immediately prior to entry.” This includes families who have no safe, stable housing.

While providing emergency or transitional shelter is an important part of the Continuum, as it provides immediate shelter, safety, and case management services, it is a temporary solution. National best practices emphasize the importance of permanent supportive housing (“PSH”) as the most effective long-term intervention. PSH combines deeply affordable housing with rental subsidies and comprehensive support services, including employment assistance, health care access, behavioral health services, case management, landlord/tenant mediation, benefits enrollment, advocacy, and transportation. It should be noted that the Health and Wellness Report identified “recovery housing” and “transitional housing” as medium priority needs to

¹¹ Data from HUD Homelessness Data Exchange’s Stella Performance Module, capturing the most recently published data from Federal Fiscal Year 2024.

¹² Data from HUD Homelessness Data Exchange’s Stella Performance Module, capturing the most recently published data from Federal Fiscal Year 2024.

provide a next step for people experiencing homelessness or transitioning out of some of the nearby recovery houses.¹³

Despite these efforts, outcomes remain limited. Of the 858 households served within the County's shelter system in Federal Fiscal Year 2025, either in shelter or in outreach programs, only 141 of the households that exited the system (representing 25% of the exits) moved to a permanent housing destination.¹⁴ The primary cause of the difficulty individuals and families face in their efforts to leave a shelter is the lack of affordable and supportive housing.

The McKinney-Vento Education Department of Pupil Personnel of the Anne Arundel County's school system also identifies children and youth experiencing homelessness or housing instability.¹⁵ As of February 2026, 79 children or youth were staying in one of the County's shelters.¹⁶ The Department of Pupil Personnel also reported that 1,164 students are experiencing homelessness, with 227 children along with their families residing in local motels and 836 children along with their families doubled up with family or friends.¹⁷ While the school system's definition of homelessness is broader and more inclusive than HUD's regulations on how to count households experiencing homelessness, the number of students experiencing homelessness or housing instability points to the need for more housing resources along the Continuum. These households include students with their families and, in some cases, unaccompanied youth. These households may have income but are still unable to afford a unit in the County and are forced to rely on family or friends or pay nightly or weekly for hotel stays. This instability drains earnings, forces family units to break up, and contributes to poor health, well-being and educational outcomes. Increasing the overall supply of affordable housing units with deep income targeting – e.g. serving households at 30 and 40% of AMI - will contribute to the solution for ending homelessness and housing instability.

The Anne Arundel County Coalition to End Homelessness, a coalition of over 80 organizations and stakeholders tasked with providing planning and policy recommendations around the County's response to homelessness, advocates for increasing the number of PSH units, as well as increasing the number of units that are affordable to households earning the very low and extremely low income thresholds. Providing subsidies, including land donation, ACDS financing through the HOME or Housing Trust Fund programs, Project-Based Vouchers through HCAAC, and operating subsidies through a Payment in Lieu of Taxes (PILOT) can support the critical

¹³ "Crownsville Health and Wellness Subcommittee Report, May 24, 2024" (page 9) - [Crownsville Health and Wellness Subcommittee Report, May 24, 2024](#)

¹⁴ Data from HUD Homelessness Data Exchange's Stella Performance Module, capturing the most recently published data from Federal Fiscal Year 2025.

¹⁵ McKinney-Vento Homeless Assistance Act defines homelessness for children and youth as living in circumstances where they do not have a stable, permanent home. This includes shelters and transitional Housing; unsheltered locations, doubled-up situations, and children and youth fleeing unsafe conditions.

¹⁶ Data from Department of Pupil Personnel within the Anne Arundel County Public School District, provided by the Coordinator of McKinney-Vento Education on February 2, 2026.

¹⁷ Data from Department of Pupil Personnel within the Anne Arundel County Public School District, provided by the Coordinator of McKinney-Vento Education on February 2, 2026.

need for permanent supportive housing units and affordable housing with deep income targets.

Veteran Housing Needs

The County Department of Social Services (“DSS”) data indicate there are 38 Veterans in Anne Arundel County on the DSS Single Point of Entry List, which tracks the numbers of individuals and households experiencing homelessness and includes demographic and other data, including Veteran status.¹⁸ In addition to the DSS Single Point of Entry List, HCAAC works closely with the Veterans Administration (the “VA”) Coordinated Entry Intake Coordinator to place Veterans in HCAAC-administered Veterans Affairs Supportive Housing Program (“VASH”). This program provides vulnerable Veterans with vouchers to seek housing in the private rental market. Both the DSS list and the VA Intake Coordinator could be referral sources of Veterans in need of affordable housing to the Meyer Building.

Finally, outside of those on the DSS and VASH lists, there are Veterans living in the County who are cost burdened. According to the United Way “Financial Hardship Among Veterans Report” published in 2022, approximately one-fourth of Veterans in Maryland fall below the “Asset Limited, Income Constrained, Employed” (“ALICE”) threshold (below \$45,144 for a single person household in Anne Arundel County as of the latest update in 2023),” or below the federal poverty level (below \$15,960 for a single person household in 2026).¹⁹ ALICE households earn greater than the federal poverty level but cannot afford to meet the basic costs of living in their County (housing, childcare, food, transportation, healthcare, and a smartphone plan) and in many cases do not qualify for public assistance. Of those Veterans, 59% who lived in rental housing were cost burdened, and 40% who owned their homes were cost burdened. More recent data at the national level shows a different picture for Veterans experiencing housing cost burdens. The Rand Corporation published a study in 2023 titled “Recent Trends in Housing Cost Burden Among U.S. Military Veterans” which provides a nationwide snapshot of Veteran cost burden compared to non-Veterans and concludes that generally, at various income levels, Veteran rates of cost burden in housing have been lower than that of non-Veterans.²⁰ Note that this study is based on data from the American Community Survey only through 2021, so it is a bit outdated but still captures some of the COVID-19 pandemic era.

Veteran Service Needs

In addition to housing, there are a variety of social services Veterans and their households may need, including support to connect with benefits to which they are entitled, mental health care and other behavioral supports, as well as connections to workforce development opportunities.

¹⁸ Data from Anne Arundel Department of Social Services (DSS) Single Point of Entry Waitlist, provided by DSS staff on March 4, 2026.

¹⁹ “Financial Hardship Among Veterans: Maryland” (page 1) - [ALICE in Focus: Veterans - Maryland](#)

²⁰ “Recent Trends in Housing Cost Burden Among U.S. Military Veterans” - [Recent Trends in Housing Cost Burden Among U.S. Military Veterans](#)

The Health and Wellness Report identified direct services for Veterans and military families as a “medium priority” need that could be addressed at the Crownsville Hospital Memorial Park campus.²¹ To further assess the need for a Veterans resource center, the Feasibility Study identified and examined current resources and capacity for Veterans services. While most organizations stated that the current County and State operating budget constraints would make funding operations at a new Veteran’s center difficult, there are several existing resources within a 15-minute drive or less of the Crownsville Campus. A summary of these existing resources is below.

Annapolis Vet Center, 100 Annapolis Street Annapolis, MD 21401

The Annapolis Vet Center is centrally located in Annapolis and is open five days per week during business hours from 8:30am – 4:30pm, focusing on mental health services, including talk therapy, and programming for Veterans. Funded through the federal Veterans Affairs Administration, the Annapolis Vet Center also brings in partners from the American Legion and Disabled American Veterans to help clients complete claims or connect with benefits. The Annapolis Vet Center also holds therapeutic classes such as yoga and plans outings for clients. The Annapolis Vet Center also can refer clients to the Vet Centers in Glen Burnie or Fort Meade for additional health services. At this time, the Annapolis Vet Center sees 150-200 clients per week and currently has the staff capacity to serve those who come in; however, they do not have the funding resources to create a new resource office.

Veterans Services Coordination Center, Operated by the Anne Arundel County Department of Aging, Disabilities, and Veterans in various locations

The Veterans Services Coordination Center is a single access point for local, state, and federal government services and resources available to Veterans and their families. Staff provide one-on-one assistance to Veterans and their families and link them to resources, including Veterans benefits, housing and career services. While the Department has offices in Annapolis and Glen Burnie, coordinators are, by design, not tied to any one geographic location and typically meet clients where they are located throughout the County. At this time, the Veteran Services Coordination Center services 43 clients per week and has capacity to see more. Coordination Center leadership said they would be interested in providing services at the Crownsville Campus on a part-time basis in available flex space as needed, but do not see the demand.

The Service and Benefits Program, Maryland Department of Veterans and Military Families, Maryland Motor Vehicle Administration, 160 Harry S Truman Parkway, Annapolis, MD 21401

The Service and Benefits Program is operated by the Maryland Department of Veterans and Military Families at Maryland Motor Vehicle Administration (“MVA”) sites throughout Maryland, including the Annapolis MVA location. In person and virtual assistance is provided to Veterans, their dependents, and survivors in obtaining benefits from the U.S. Department of

²¹ “Crownsville Health and Wellness Subcommittee Report, May 24, 2024” (page 8) - [Crownsville Health and Wellness Subcommittee Report, May 24, 2024](#)

Veterans Affairs, Department of Defense, State of Maryland and other programs for Veterans and their families. Staff report that their caseload is currently full at existing sites, which also include the MVA in Glen Burnie, and they would not be able to provide these services at the Meyer Building or the Crownsville Hospital Memorial Park unless additional operating funds were provided.

Commission for Veterans and Military Families

The Anne Arundel County Commission for Veterans and Military Families has stated there is a need for dedicated mental health services and counseling for Veterans and military families in the County. They noted that there are potential resources through the Cohen Foundation and Easter Seals to provide such services and that they would like to explore making these resources available in the future. It is recommended that advocates for this effort provide additional needs data as well as identify willing providers and resources to support operating costs.

The Nonprofit Center, 41 Community Place, Crownsville, MD 21032

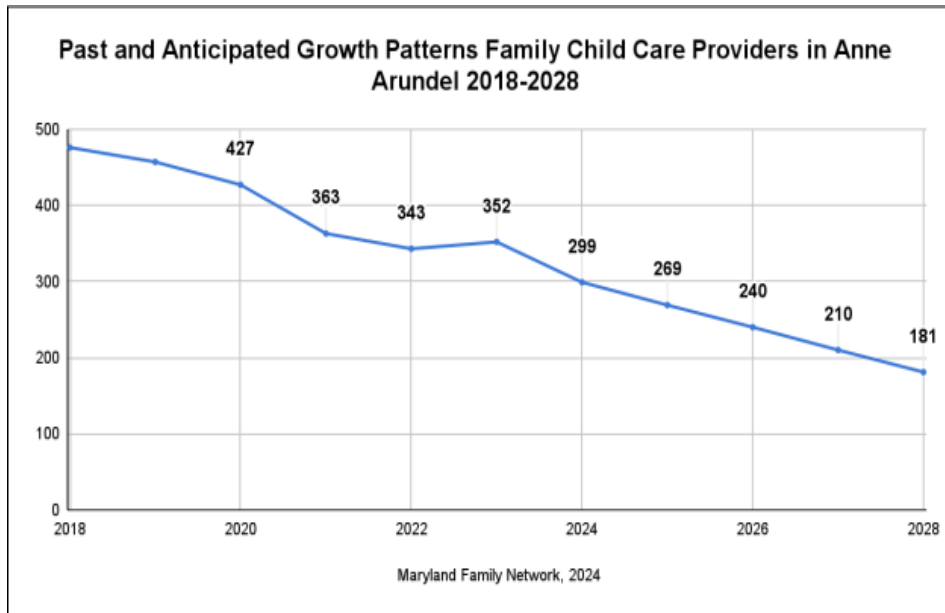
The Nonprofit Center at 41 Community Place on the grounds of the Crownsville Hospital Memorial Park offers capacity-building support to local 501(c)(3) nonprofit organizations with the overall goal of advancing the health and wellness of County residents. While the Nonprofit Center does not currently house Veterans services, it has ample space to house nonprofit organizations, including Veterans services, as well as occasional programming, at affordable leasing prices if additional services are identified and resourced.

Child Care Needs

Access to affordable childcare remains a critical barrier to economic stability for many low- and moderate-income households. According to the Anne Arundel Poverty Amidst Plenty Report, Anne Arundel County lost 135 childcare providers during the COVID-19 pandemic period due to shutdowns and closures, as indicated in chart below.²² This has resulted in a scarcity of childcare providers in the County.

The Maryland Department of Housing and Community Development (“DHCD”) also recognizes the growing need for affordable childcare for low- and moderate-income households.

²² “Poverty Amidst Plenty: Building Community Together” (page 9) - [Poverty Amidst Plenty: Building Community Together, Eighth Edition](#)



In DHCD’s Qualified Allocation Plan and Multifamily Housing Financing Guide, the scoring rubric which is used to determine awards of Low-Income Housing Tax Credits and other State-awarded funding, DHCD prioritizes this need by awarding extra points to affordable housing projects that incorporate childcare services in their design.

Additional Programming

The Health and Wellness Report identified creating community gardens at Crownsville Hospital Memorial Park as a high priority, stating that such gardens can “facilitate family bonding and serve as a teaching location for youth” as well as create a therapeutic opportunity for residents. In addition, the Health and Wellness Report identify creating community gathering spaces that “honor the history of Crownsville” as a medium priority. If developed into affordable housing, the Meyer Building provides its own unique opportunity to incorporate aspects of these recommendations for future residents. In ACDS’ direct consultations with former staff, it was shared that the Meyer Building was a hub for professional development in the 1970s and 1980s for the staff at Crownsville. Understanding this history gives us an opportunity to build in resident services and healing spaces that create a new opportunity for healing and positive health for the Meyer Building residents and serve as a model for future development at Crownsville Hospital Memorial Park.

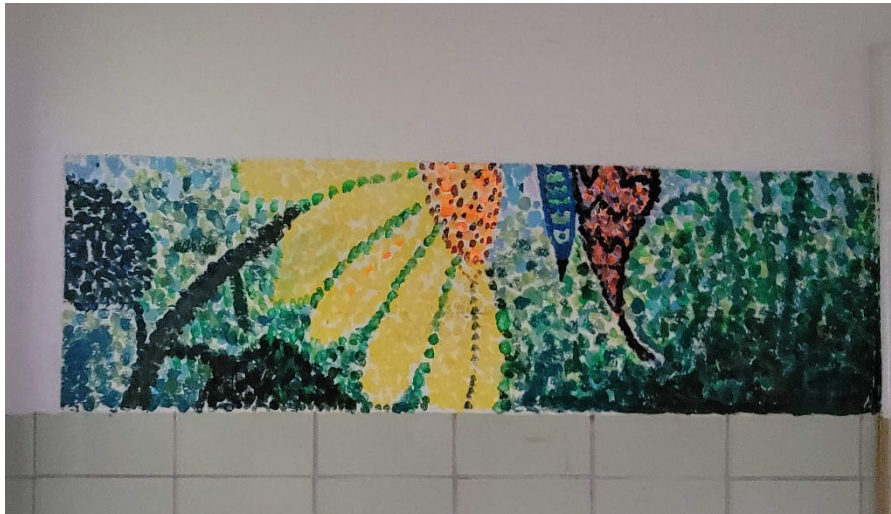


“I went to work at Crownsville Hospital in the Meyer building immediately after I graduated from high school, and I graduated in 1964. Inside the building felt like being in a jail or prison, whether for the short-term or long-term, as it housed mental illness patients run by the state. The concrete floors had no paint, sealant, or area rugs or carpet to improve their appearance, and there were no images or artwork on the walls to enhance the atmosphere in this facility. Males occupied one floor, while females were on another; all floors maintained the same austere conditions. The building exuded a stark, unwelcoming atmosphere, with concrete floors devoid of paint, sealant, or decorative elements.”

- Elsie Watts, former Nurse at Crownsville, as told to the Crownsville Hospital – Digital Archives Project Oral History Team Lead



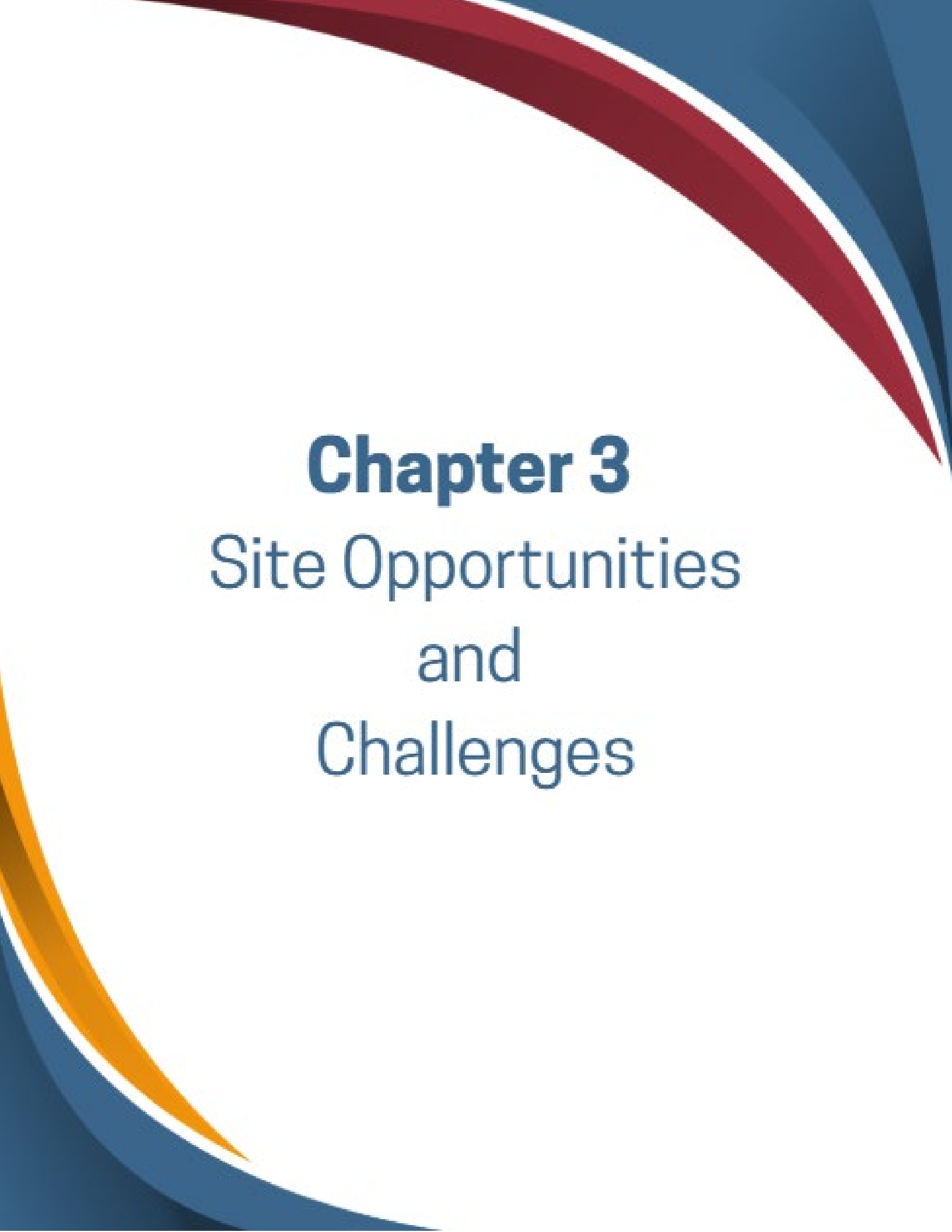
Historical accounts captured through the Crownsville Hospital – Digital Archives Project share how the Meyer Building was prison-like and lacked color. These accounts also suggest that once the staff became more racially integrated, there were efforts among staff to bring more color and artwork into the rooms and hallways of the building. The design process for the Meyer Building redevelopment will consider history while completing the transformation from a drab and prison-like facility to an aesthetically pleasing and vibrant residential community.



“We started introducing our patients to color. So consequently, a lot of the nurses there would make like their bedspread and the curtains in the room the same thing. So, they could surround them with color. [Staff] took over getting all kinds of paintings. They did, when the resident went there for OT, they painted. They had somebody artist that showed them how to paint. Incidentally there was a lot of our patients there that knew how to paint and they were artistic as far as painting was concerned. So, then our residents began to have beautiful paintings on their walls in their bedrooms and wherever they were. We tried to give them as much beauty, introduce them to raising flowers.”

- Anne Belger, Former Nurse at Crownsville, as told to the Crownsville Hospital – Digital Archives Project Oral History Team Lead





Chapter 3

Site Opportunities and Challenges

Meyer Building Description

Originally constructed in 1954, the Meyer Building is a one-story building consisting of approximately 76,000 square feet. The Meyer Building is divided into seven sections. Six of the sections are architecturally similar and mirror one another on a parallel configuration. The seventh and central section is unique and differs architecturally from the six other sections. From an aerial perspective, the Meyer Building closely resembles a hashtag symbol, with the sections separated by interior open-air courtyards.

The Meyer Building sits on a continuous concrete footing and concrete slab foundation and utilizes concrete masonry unit interior partition and exterior walls. The exterior is composed of a brick facade. The roofing of the six mirrored sections consists of a concrete slab ceiling deck, with sloped wooden rafters and asphalt shingles. There are multiple dormers and a pergola located throughout the asphalt roofing system. The mirrored sections have a finished ceiling height of approximately 10 feet and an exterior elevation of 25 feet. The seventh and central section has a flat roof, composed of a rubber membrane and an interior ceiling height of approximately 25 feet. The ceiling structural material is assumed to be metal.



The existing condition was deemed “fair” by KCI Technologies, Inc. in the *Crownsville Hospital Center Preliminary Building Screen Report*, dated February 15, 2024. Recent site visits have confirmed the Meyer Building remains in “fair” condition. Overall, the Meyer Building appears to be structurally sound with major structural systems showing age-appropriate levels of deterioration.

There is evidence of multiple points of previous water infiltration throughout the Meyer Building. In these areas with interior surfaces with previous water infiltration, the interior surfaces are visibly deteriorated with signs of fungal growth. Due to stabilization efforts by the County, there are no visible signs of active water infiltration. All existing mechanical, plumbing, electrical, fenestration, and furniture, fixtures, and equipment (“FFE”) systems are in a state of disrepair and are not salvageable due to apparent theft, tampering and vandalism. The Meyer Building currently sits in a “mothballed” state.

Site Description

The Crownsville Hospital Memorial Park campus is approximately 550 acres, bordered by Community Place to the North, Crownsville Road and Generals Highway to the East, Hawkins Road to the South and Interstate 97 to the West.

The Meyer Building sits in the southeastern portion of the campus along Crownsville Road as shown in the image below. The proposed renovation area includes the Meyer Building and adjacent land that is bordered by Marbury Drive to the North, an unnamed paved access road to the East and South and Romig Drive to the West. These boundaries form an approximately nine-acre rectangular area.

In addition to the approximately nine acres, the proposed area includes an additional one acre of land directly south of the unnamed access road. In total, the proposed area is approximately 10 acres.

Conversations with the County Department of Public Works (“DPW”) and Central Services support the utilization of the proposed site boundaries, as shown below, as they do not conflict or impede planned County infrastructure improvements.



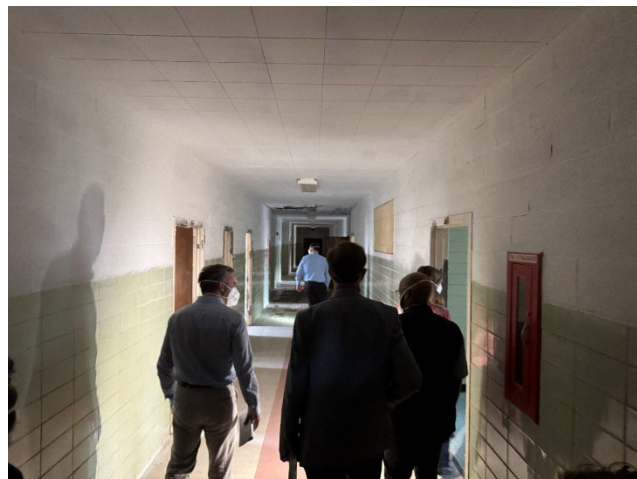
Environmental Considerations

The terrain of the approximate 10-acre site is relatively flat. The highest elevation indicated on County topographic maps is 135 feet above sea level at the northeast corner and the lowest is 115 feet above sea level at the south and southwest corners.

The area is not located in a critical area or in a floodplain. The area is mainly covered in local varieties of grass which are trimmed and maintained by the County. There are areas of overgrown vegetation and shrubs where previous garden sites were located. These overgrowth locations would not be considered forested and there are no visible specimen trees located in the area.

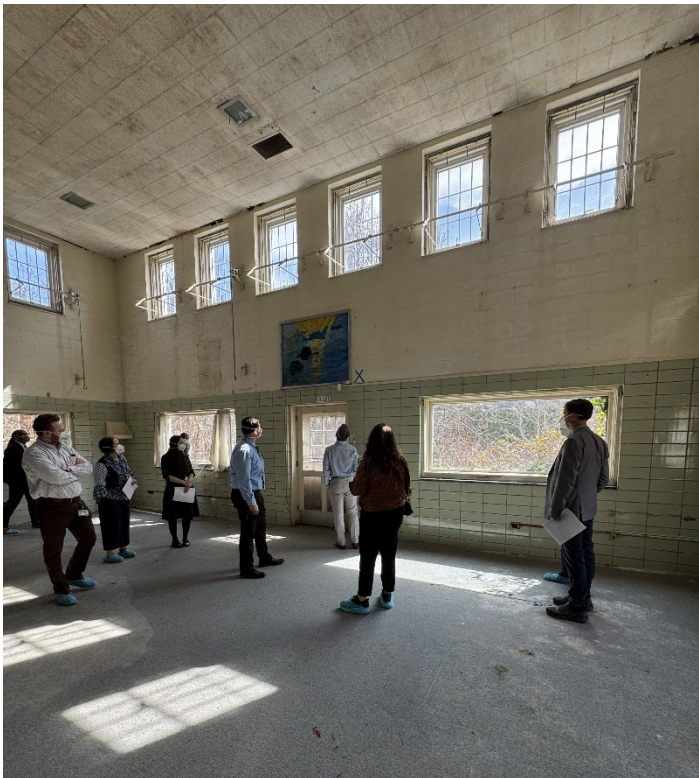
Prior to redevelopment, formal studies and calculations, such as stormwater management, forest conservation, public road and traffic impact must be completed to ensure no adverse impacts on the renovation area and adjacent locations.

A Phase I Environmental Site Assessment (“Phase I ESA”), prepared by KCI Technologies, Inc. dated August 2, 2022, indicated multiple environmental concerns across the Crownsville Hospital Memorial Park. A Phase II Environmental Site Assessment (“Phase II ESA”), prepared by KCI Technologies, Inc. dated September of 2023, indicates the presence of an abandoned underground storage tank located at the proposed renovation area. A site-specific Phase I study, and likely a site-specific Phase II study, will be necessary as the next step.



Due to the Meyer Building's age, environmental hazards noted in the Phase I ESA and observed during inspections by ACDS staff, it is assumed lead-based paint ("LBP") and asbestos containing building materials ("ACBM") were utilized in the building components. Presumed LBP hazards were observed throughout the building due to the presence of peeling and flaking paint. Presumed ACBM hazards were observed throughout the building by the presence of nine-inch by nine-inch floor tiles and mastic underlayment in a crumbling condition, friable window sealants and brown granular material in the attic and on the floors.

Another potential observed environmental hazard was original thermostat controls throughout the Meyer Building. Some controls were broken and due to their age, may contain mercury.



Prior to any redevelopment of the Meyer Building, hazard testing must be completed, and all deemed safe practices must be followed to limit the exposure of potential hazardous materials. Along with the site-specific Phase I and Phase II studies, a complete Part 58 Environmental Review will need to be completed, as federal funds have been committed to the project.

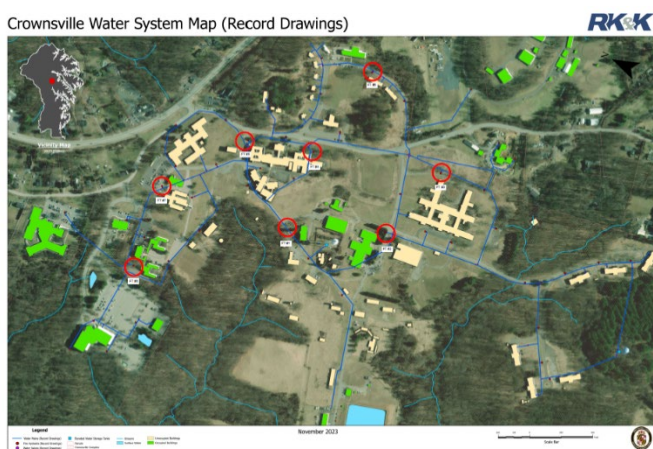


Water and Sewer Capacity

The Crownsville Hospital Memorial Park is currently serviced by an antiquated public type of water and sewer network. Wastewater and sewage is collected at a holding facility in the western area of the campus. The holding facility is pumped out and hauled to another County wastewater and sewage reclamation facility. The water is delivered from a water tower in the central area of the Crownsville Hospital Memorial Park.

Through meetings with representatives from DPW, it has been confirmed there is an active project to replace the water mains throughout the Crownsville Hospital Memorial Park. Specifically, at the proposed renovation area, there will be a new 12-inch water main that will be available to service the area. Additionally, DPW plans to replace the sewer system at the campus in the future by installing a force sewer main to the existing sewer main along Generals Highway. The sewer main replacement is not currently an active project.

Arundel Community Development Services, Inc., provided DPW with projected water and wastewater/sewage generation data for the proposed redevelopment of the Meyer Building to include 60 new residential units. Water and wastewater/sewage data was prepared by Morris & Ritchie Associates, Inc. and assumes if 60 new residential units are activated for the Meyer Building it will utilize an approximate rate of 35.4 gallons per minute of water usage and generate approximately 12,818 gallons per day of wastewater and sewage generation. The Department of Public Works confirmed the new water system, and the existing sewage/wastewater system, can accommodate the estimated amounts for potential redevelopment of 60 units. If additional units and/or additional programming uses, such as childcare, are added, the water and wastewater capacity to accommodate those additional uses will need to be confirmed by DPW.



The proposed renovation area will have water and wastewater/sewage connection points for connection to the Crownsville Hospital Memorial Park system.

Historic Status

Through meetings with the Maryland Historical Trust (“MHT”) and the County Office of Planning and Zoning Cultural Resources Section (“OPZ CRS”), it was confirmed that the Meyer Building and renovation area is not within a historic easement. However, depending on the scope of work, there may be potential for a small area of archaeological impact, which will be addressed during the design process if needed. Additionally, Crownsville Road is a designated Scenic and Historic Road and it is acknowledged that development shall comply with Article 17-6-504 of the County Code.

Although there are no specific historic preservation requirements for renovation of the Meyer Building, the building played an important role in the history of the former Crownsville Hospital. First constructed in 1954, the facility consisted of a number of patient exam rooms and provider offices. Later, the building was divided into “wards” or patient dormitories. The oral history surrounding the building, taken largely from former staff members, provides rich insight into the feel of the building, which was quite institutional and “prison-like.” Former staff accounts indicated that in later years, after integration, some of the staff tried to bring color and positivity to the patient wards within the Meyer Building. According to the Master Plan, “Since the 1950s, Black nurses and staff cultivated a higher level of care for patients that went beyond their required duties. This micro community was the heart of many positive

experiences of patients at Crownsville.”²³ We believe that the Meyer Building, in particular, provides a unique opportunity to acknowledge the history of patient experiences, while building on the work of the Black nurses and staff who worked to provide a positive environment by transforming the institutional architecture into a space that can better accommodate healing and wellness for future residents. Because of the historical context, a future developer and the County must keep MHT informed on all development benchmarks and consult with MHT before final renderings and plans are finalized for potential activities.



In addition, there are items of cultural and historical significance located within the Meyer Building. OPZ is currently working on identifying the items, removing them offsite, and archiving them. Examples of these items include former patients' artwork and beauty salon equipment. Arundel Community Development Services, Inc., and HCAAC understand the significance of these items and will work in tandem with MHT and OPZ to preserve these items prior to any potential redevelopment activities.

Land Use and Zoning

Crownsville Hospital Memorial Park is owned by the County and therefore, is not subject to underlying local zoning requirements if utilized for government purposes. Given the existing zoning for the site is RA (Rural Agricultural), most private developers would not be able to build more than one unit per 20 acres. Given the County's desire to address a critical need for affordable housing and permanent supportive housing, ACDS and HCAAC recommend that the County retain ownership and work with ACDS and HCAAC to develop the land through a long-term ground lease. The County Office of Law has determined that addressing these public policy priorities of providing affordable and permanent supportive housing serves a government purpose and it is therefore exempt from the existing zoning restrictions.

²³ "Crownsville Hospital Memorial Park Master Plan" (page 31) - [Crownsville Hospital Memorial Park Master Plan](#)

To lease the property from the County, a formal survey of the renovation area must be conducted. This survey must include the metes and bounds of the renovation area and the wall locations of the Meyer Building to establish the lease area. The lease will be subject to County Council approval and should be for a term of 99 years, provided that the Meyer Building and renovation area continue serving a public purpose.

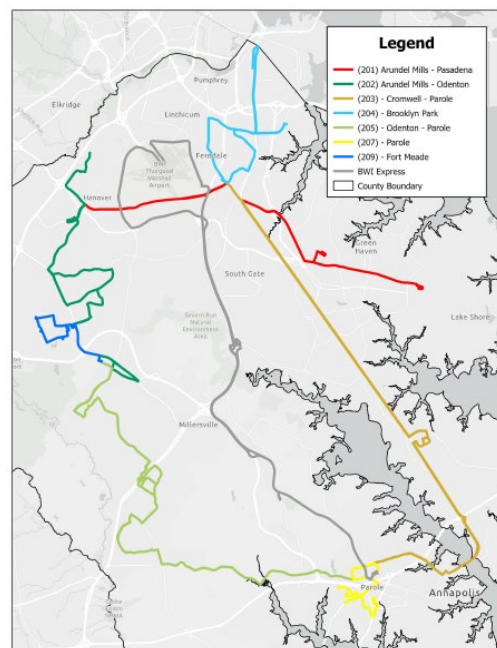
Transportation, Pedestrian and Bike Network, and Traffic Connections

As part of the Feasibility Study, ACDS and HCAAC explored the current status of transportation infrastructure serving the Meyer Building and future opportunities to expand those options.

The Meyer Building and entire Crownsville Hospital Memorial Park are currently served by a limited network of public transportation options, including the daily BWI Express bus route which is operated by the County and includes a stop in front of the Crownsville administration building (1525 Crownsville Road). This route runs northbound and southbound between BWI Airport and Annapolis Mall, stopping daily at the Crownsville Campus seven (7) times on its northbound route and eight (8) times on its southbound route. The existing bus stop on Crownsville Road provides an opportunity for future development to include a bus shelter and better signage, as well as better sidewalks and potential bike access along Crownsville and Marbury or Romig Roads between the Meyer Building and the bus stop. In addition to the fixed route service, residents who are 55 years of age, or residents with disabilities, can utilize the County’s ADA Complementary Paratransit or the General Paratransit service.

The County, through the Office of Transportation (“OOT”), operates a free “Call ‘N Ride” on-demand accessible transportation service that allows residents to request a ride within the North/South County areas, Monday through Friday. Currently, the service area does not include the Crownsville Hospital Memorial Park and the Meyer Building, but this could be an opportunity for expansion in the future if the County’s annual operating budget can accommodate the additional cost as recommended in the council-adopted Transit Development Plan.

In addition to a new bus shelter and sidewalk improvements along Crownsville and Marbury or Romig Roads, redevelopment of the Meyer Building should include lighting, road and sidewalk improvements within the campus to better connect residents and program users of the Meyer Building to other amenities on campus and Crownsville Road. Funding for these improvements is recommended in OOT’s 6-year capital projects plan.



While we continue to explore public transportation options that could be expanded or enhanced at the Meyer Building site, it should be noted that HCAAC property management staff share that over 70% of the households residing at their affordable family properties have their own vehicle for transportation needs.

Recognizing existing traffic concerns in the community, the Crownsville Master Plan recommended redevelopment of existing buildings in contrast to developing a larger new-build development or developing a sports complex, which would bring heavy traffic. A redevelopment of the Meyer Building to include a modest number of residential units is expected to have minimal impact on surrounding roadways. The four roadways are Marbury Drive, Romig Drive, Crownsville Road, and Generals Highway. The four roadways have three different classifications.

Marbury and Romig Roads are classified as Local Roadways. Local Roadways provide direct access to residential properties and have a low volume of traffic. Crownsville Road is classified as a Minor Arterial Roadway. Minor Arterial Roadways provide connections to major roads and have a higher volume of traffic than Local Roadways. Generals Highway is classified as a Principal Arterial Roadway. Principal Arterial Roadways are major routes and have high volumes of traffic.

Prior to any renovation activities, a full traffic impact study will be conducted. The findings of the study will provide a guide for any traffic limitations or improvements that will need to be implemented. From a review of the renovation area and the surrounding area, it is assumed the following traffic and pedestrian improvements will be needed: at the Local Roadways, stop signs, directional markers, top coating, and striping; traffic devices, sidewalks and a potential bus shelter for pedestrian improvements; and at the intersection points of the Local and Minor Arterial Roadways, traffic signaling devices may be needed. It is assumed there will be no improvements to the connection points of the Principal Arterial Roadway (General's Highway).

Recreational and Resident Service Opportunities

The Master Plan envisions transforming the campus into a “healing place” consisting of a network of services and amenities that can provide the public, future residents, and existing tenants with healthy recreational opportunities and connections to services.

Redeveloping the Meyer Building into affordable rental and permanent supportive housing for low-to moderate-income households, homeless Veterans and others experiencing homelessness is a great opportunity to build upon this vision. The overall campus will provide many passive as well as eventual active recreational opportunities and service connections for future Meyer Building residents. The Crownsville Master Plan includes a multitude of proposed trails and walking paths that will weave throughout the property, connecting residents to the natural environment as well as to the network of facilities and spaces that will be part of the redeveloped site. The County has completed the design phase for a planned track. Construction

of the track is dependent on additional funding and is anticipated to begin in 2028. In addition, the Campanella Building, sited directly across from the Meyer Building, is now under study by the Department of Recreation and Parks (“DRP”) and is slated for redevelopment into an updated recreation center with active programming for area residents.

The Meyer Building also includes space for recreation and programming, including large open spaces with natural light and high ceilings for community events as well as ample outdoor space for gardens, natural playgrounds and other possibilities. These spaces will allow residents to recharge and congregate with other members of the community. Ample space is also available to create private and comfortable case management rooms for residents to meet with support providers. Both the indoor and outdoor space provides ample opportunity to design a robust resident services plan that can contribute to a healthy and healing environment for the residents and future generations.

The Meyer Building is near a number of existing service providers, including Chrysalis House, Hope House, and The Nonprofit Center. The Nonprofit Center at 41 Community Place offers capacity-building support to local 501(c)(3) nonprofit organizations with the overall goal of advancing the health and wellness of County residents. Nonprofits may lease space at The Nonprofit Center at affordable rates and provide programming.

School Opportunities

The Crownsville Hospital Memorial Park is served by a strong public school system. According to the Anne Arundel County Public School system’s School Locator and Transportation Eligibility Indicator, the property is served by South Shore Elementary School, a 4-minute drive from the Meyer Building, Old Mill Middle North School in Millersville, a 20-minute drive from the Meyer Building, and Severn Run High School, a 15-minute drive from the Meyer Building. Prospective students residing at the Meyer Building will also be eligible for bus transportation to and from these schools.



This network of schools was evaluated based on the criteria that the Baltimore Metropolitan Council (“BMC”) uses for awarding project-based housing vouchers to affordable housing projects, a critical resource for making projects financially feasible. When analyzing whether a proposed project is in an area of academic opportunity for prospective residents, BMC utilizes the rate of students who are eligible for Free and Reduced-Price School Meals (“FARMS”) to indicate the relative level of poverty among the population of students. Currently, all three schools that will serve the Meyer Building are rated in the second highest of four scoring quartiles based on their FARMS level, indicating a lower level of poverty among the schools’ populations.

Nearby Amenities

Crownsville Hospital Memorial Park and the Meyer Building are embedded in a community that offers convenient access to recreation, healthcare options, ample commercial and retail locations, and other amenities.

In terms of healthcare, the Meyer Building is within a 10-minute drive from the nearest pharmacy (Safeway on Housley Road), within an 8-minute drive of the nearest urgent care facility (Medstar Urgent Care at Annapolis on Generals Highway), and within a 12-minute drive of the nearest hospital (Luminis Health Medical Center on Medical Parkway).

As for food and nutrition, the Meyer Building is within a 12-minute drive from 3 major grocery stores including Trader Joe's (on Jennifer Road), Safeway (on Housley Road), and Sam's Club (on Generals Highway). Also, between May and November, residents will be a 10-minute drive from the weekly Anne Arundel County Farmers Market and a 15-minute drive from the weekly Crofton Farmers Market, providing access to fresh and local produce and other products. The property is also within 10-minute drive from local restaurants including Rams Head Roadhouse, Lures Bar and Grille, Subway, SK Pizza and Subs plus many other fast food and casual dining options located in and around the Annapolis Mall and Annapolis Plaza. Finally, for any low-income residents whose nutrition needs are not met by the options above, the Meyer Building is also within walking distance of the Anne Arundel County Food Bank on Marbury Drive.

The Meyer Building is within a 5-minute drive of Generals Highway Corridor Park (on Crownsville Road), within a 10-minute drive from Waterbury Park (on Sunrise Beach Road), within a 5-minute drive of Bacon Ridge Recreational Area, which includes biking and walking



trails that abut the back of the Crownsville Hospital Memorial Park, and within a 10-minute drive of Annapolis Waterworks Park (with trailheads on Defense Highway and Housely Road). The Meyer Building is also located along the planned South Shore Trail, an 11-mile stretch of paved, shared-use rail trail that will connect residents to both

Annapolis and Odenton. All of these options in the vicinity of the Meyer Building will provide future residents with free connections to a variety of trails, playgrounds, locations for fishing, picnic areas, and multi-purpose fields.

The Meyer Building is also within a 10-minute drive of a variety of other commercial and retail options found at the Annapolis Mall and Annapolis Plaza, a 10-minute drive, and the Annapolis Town Center, Beacon Square, Shoppes at Riva and Festival at Riva, a 15-minute drive. For those residents with auto repair needs, the Meyer Building is also within 5-minute drive of Crownsville Automotive repair shop on Generals Highway. The Meyer Building is also within 1

mile of the nearest U.S. Post Office, located on Generals Highway in Crownsville and within 1 mile of the nearest gas station (Exxon on Generals Highway).

Capital Costs - Sources and Uses

As noted herein, there is an extreme need for affordable housing, especially for families and households experiencing homelessness. Fortunately, DHCD offers financing opportunities through a number of programs to develop affordable rental housing. The relatively large capital DHCD sources could be combined with the federal and state capital grant sources that have already been designated to redevelop the Meyer Building. Therefore, the need for affordable housing, and the availability of funding sources for affordable housing development, are strong reasons to move forward with this proposal.

Potential and feasible sources to fund development are anticipated to include a combination of public and private financing sources, including tax-exempt bonds through DHCD, Low-Income Housing Tax Credits (LIHTC) allocated by DHCD with equity then provided by private investors, Catalytic Revitalization Tax Credits, HOME Investment Partnerships Program funds through the County, DHCD Partnership Rental Housing Program funds, DHCD Rental Housing Works Program funds, and County Housing Trust funds.

In addition to these capital sources, the County has already secured for the Meyer Building two federal funding commitments in the combined amount of \$3.125 million from Congressionally Directed Spending funding in the federal fiscal year 2026 budget and up to \$4 million in State capital grants in the State FY 2027 and FY 2028 budget, to fund hazard remediation, interior building demolition, predevelopment costs and other costs. These federal and state allocations will offset the high renovation costs of this building due to the need to conduct hazard remediation and develop a new layout to accommodate modern residential and program needs.



To maximize the number of families (as opposed to single person households) served, which is the greatest need evidenced by HCAAC's waiting lists data, and thereby estimating 80% of the units to be designed as two- and three-bedroom apartments, the Meyer Building, in its current configuration, can accommodate 60 new residential units. It may be feasible to incorporate up to eight additional three-bedroom units with minimal impact to the building's exterior envelope, thereby preserving its historic character and avoiding an uncomfortably dense layout of units within the current footprint of the building.

Although the addition of eight three-bedroom units would increase total construction costs, the incremental rental revenue generated by the additional units would improve operating

efficiencies and enhance overall economies of scale. As a result, the expanded number of units would strengthen the project's long-term financial operating performance.

With the proposed additional units, bringing the total unit count to 68, the building would encompass approximately 81,500 square feet. Due to the building's age and potential environmental hazards, the Meyer Building will likely require comprehensive abatement and environmental remediation. It is anticipated that hazardous materials such as asbestos-containing materials, lead-based paint, and other regulated substances are present, necessitating significant abatement and environmental remediation efforts in accordance with applicable federal, state, and local regulations. Based on current assumptions and preliminary pricing estimates, total hard construction costs including direct contractor costs, contractor overhead and profit, bonding, insurance, regulatory requirements, and excluding contingency, may range from approximately \$26 million to \$30 million. The range estimates reflect the inherent uncertainties and complexities associated with adaptive reuse projects of this nature.

To refine these cost projections, exploratory demolition will be necessary to verify existing conditions. This work will be particularly important for confirming the location and extent of load-bearing walls, evaluating structural systems, and assessing the condition of the critical building components. The findings from this phase will allow for more precise scoping, reduce unforeseen conditions during construction, and support more reliable cost projections.

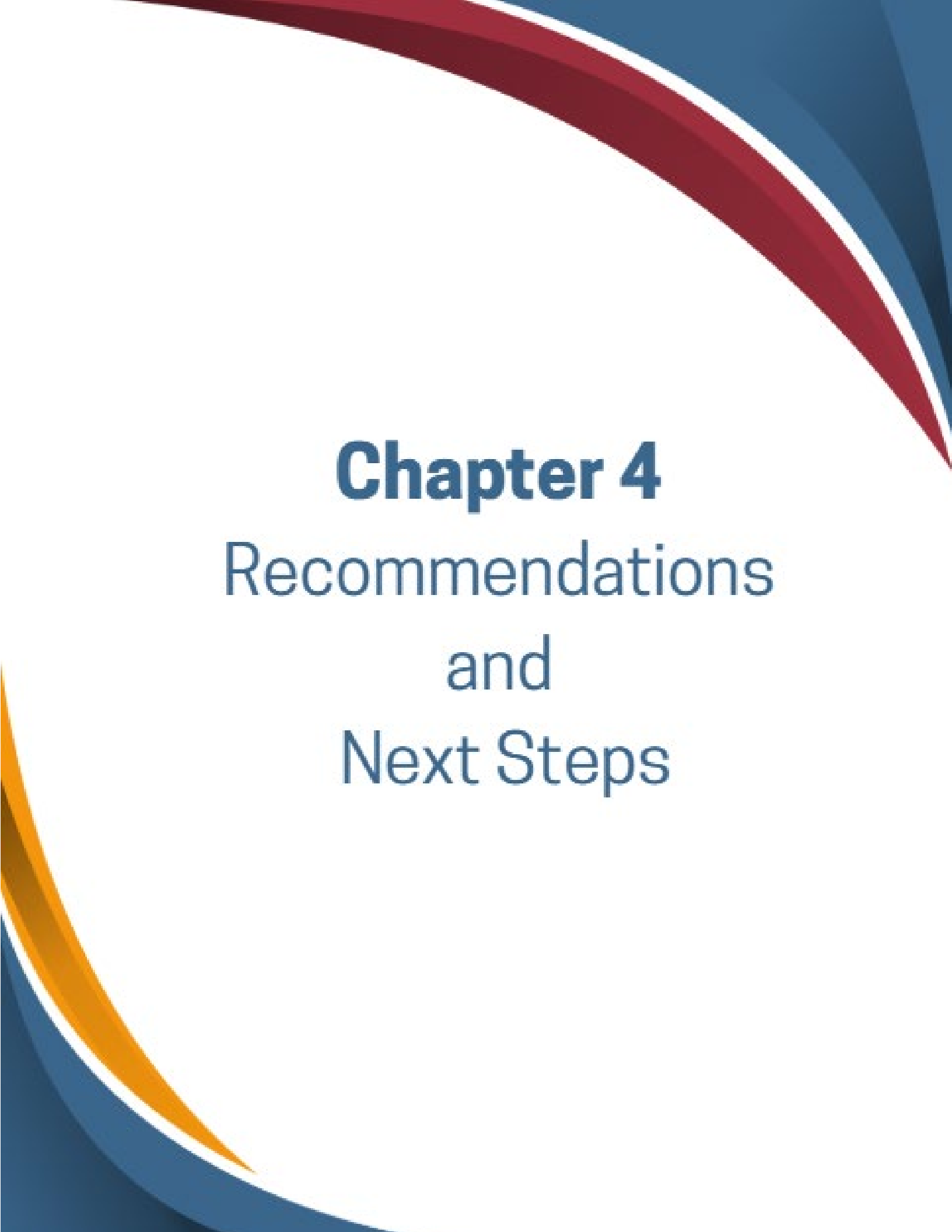
Although the preliminary per-unit cost estimate may exceed those of comparable new construction projects, this variance is expected and justified. The building's unique configuration, particularly its long corridors, introduces inefficiencies relative to ground-up new construction. In addition, the project is intended to thoughtfully reimagine the space as a renewed and uplifting environment, while respectfully acknowledging and responding to the building's sensitive history. These factors introduce complexity to converting the building to residential use, warranting the higher overall construction costs in development of a high-quality residential community.

Operating Costs and Potential Sources

Annual operating expenses are projected at approximately \$7,850 per unit, inclusive of property management payroll and benefits, insurance, utilities, repairs and maintenance, programming for resident services and activities, and general operating supplies. After accounting for rent restrictions and the payment of first-lien debt service, the property is projected to generate a modest positive annual cash flow of approximately \$120,000 in the first stabilized year of operations to be utilized for repayment of soft lien debt and re-invested in property operations and supportive services.

Approximately 25% of the total units will be designated for Permanent Supportive Housing ("PSH") residents, who will require intensive supportive services. It is envisioned that HCAAC will manage operations and will partner with qualified supportive service providers, as appropriate, to deliver the services necessary to support PSH residents' housing stability and

well-being. In addition to the cash flow noted above, separate grant funding sources will be pursued to fully fund these supportive services and are not included in the operating projections above.









Chapter 4
Recommendations
and
Next Steps

To summarize relevant aspects of the Crownsville Master Plan and the foregoing needs analysis, there is a strong community and public interest in protecting and honoring the history of Crownsville Hospital Memorial Park and its buildings, while using the buildings to inspire healing and positive outcomes for current and future generations. A strong need exists for affordable housing throughout the County, especially for households earning 60% of Area Median Income (AMI) and below, and for Veterans and households experiencing homelessness. These resident groups will need strong supportive services to help them be successful, including, but not limited to case management, financial empowerment education, childcare support, and connections to workforce opportunities.

The Meyer Building provides an opportunity to provide a relatively small affordable housing community within an existing site with access to amenities, as well as space for strong resident services. The site is challenging in that it contains environmental hazards as well as a building configuration that does not lend itself to modern residential layouts and modern programming. Nevertheless, some of these costs are offset by the public investment that has already been committed to transform this historical space into a positive use for the community.

Based on the Master Plan, community needs and opportunities identified in previous chapters, this Feasibility Study Report recommends the County proceed with pursuing the following building and program concepts and capital and operating financing strategies:

Building & Program Concept

-  Develop the Meyer Building as an adaptive reuse project, preserving the 76,000 square foot structure with a modest addition of approximately 8,000 square feet.
-  Create between 60 and 68 affordable family rental units that include a mix of 1-, 2- and 3-bedroom apartments.
-  Designate approximately 20-25 percent of these units as Permanent Supportive Housing (“PSH”) units with preference for households experiencing homelessness on the County’s Continuum of Care list and Veterans on the Housing Commission’s VASH list.
-  Transform former patient common areas into healing spaces for future residents.
-  Consider meditation gardens, spaces for supportive services, public art space and spaces that acknowledge the building’s history.
-  Connect the community to other site amenities, including walking trails, track and recreation building.

MEYER BUILDING RENOVATION - CONCEPTUAL FLOOR PLAN

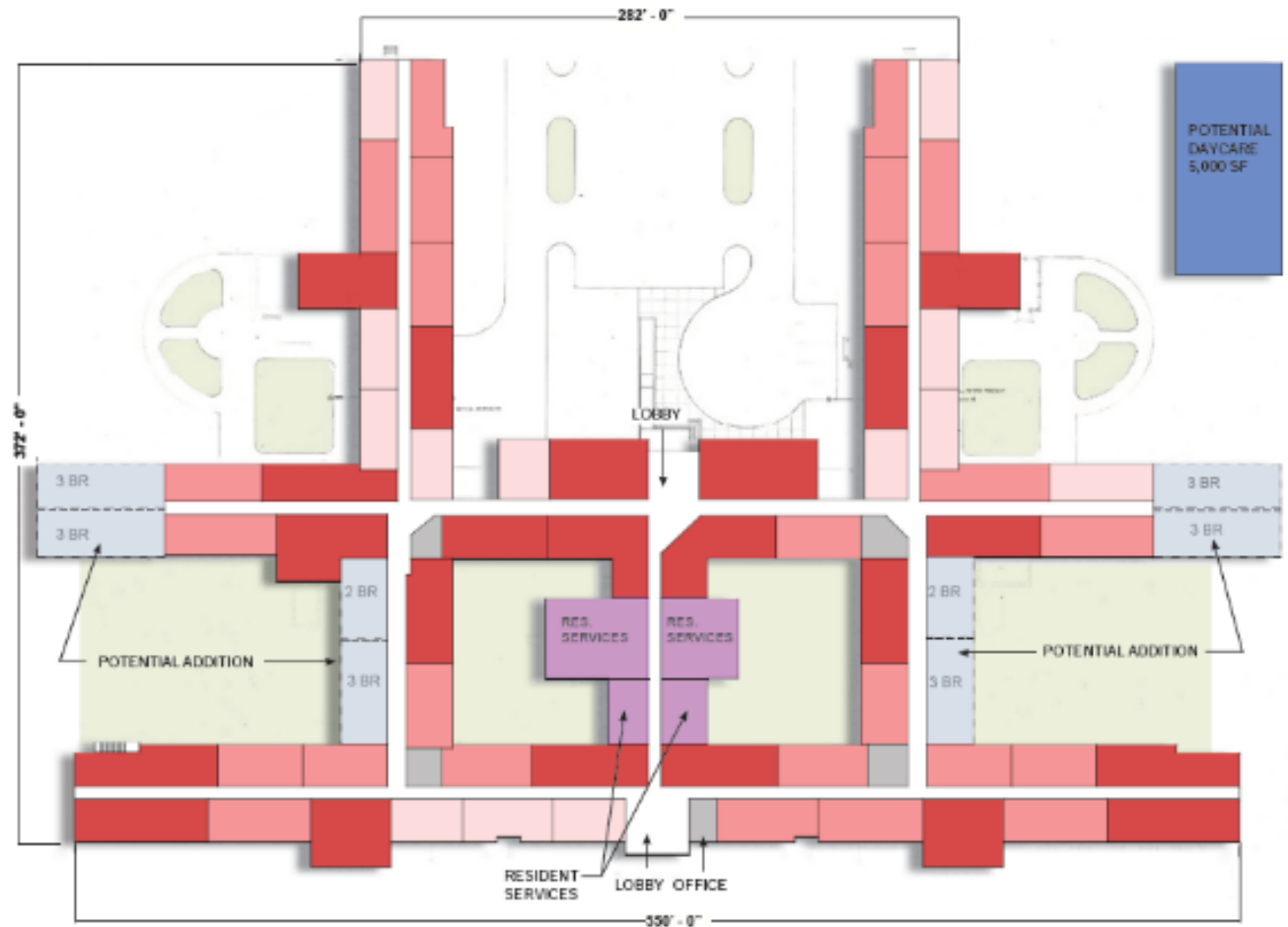
LEGEND

- 1 BR UNIT
- 2 BR UNIT
- 3 BR UNIT
- RESIDENT SERVICES
- BACK OF HOUSE
- POTENTIAL DAYCARE
- POTENTIAL ADDITION
- PRESERVED GREEN SPACE

BUILDING SQUARE FOOTAGE (SF)	
TOTAL COMMUNITY SPACE	4,740
TOTAL BUILDING GSF	72,376
TOTAL BUILDING GSF W/ ADDITION	81,466

MEYER BUILDING UNIT MIX			
1 BR	2 BR	3 BR	
669 SF - 706 SF	906 SF - 990 SF	1,100 SF - 1,200 SF	
13	24	23	
27%	49%	30%	
TOTAL UNITS			60

MEYER BUILDING UNIT MIX WITH POTENTIAL ADDITION			
1 BR	2 BR	3 BR	
669 SF - 706 SF	906 SF - 990 SF	1,100 SF - 1,200 SF	
13	29	26	
10%	28%	40%	
TOTAL UNITS			66



1"=50'
 MEYER BUILDING RENOVATION
 CROWNSVILLE, MARYLAND
 02/13/2026



EQUITY ANALYSIS

In keeping with the intent of the Crownsville Master Plan Equity Statement, ACDS and HCAAC reviewed the proposed concepts and recommendations within this Feasibility Study Report through the Equity Lens Checklist recommended in the Master Plan.

The recommended concept is consistent with the County's Equity Statement as follows:

- Building plan and program design acknowledge the history of Crownsville Hospital with respect to African-Americans and persons with mental illness.
- Design will include distinct elements that acknowledge the past, while major components will transform the building from a “prison-like” aesthetic to a space designed for healing.
- Housing units will have a preference for HCAAC waiting list participants, Veterans, and people experiencing homelessness, many of whom have one or more mental health diagnoses.
- Includes steps to ensure that the surrounding community is not harmed in the redevelopment.
- Conduct environmental and traffic studies and implement responsible remediation measures.
- Descendants and previously harmed groups will be afforded opportunities for meaningful representation and participation by:
 - ✓ Creation of an advisory board to comment on design and programming plans; and
 - ✓ Contracting and consultant opportunities will be marketed to a diverse range of stakeholders.

Suggested Next Steps

SUMMER 2026

- ACDS and HCAAC should work together as a joint development entity to develop the property (the “Developer”).
- The County should authorize a long-term lease of the property with the Developer entity created by ACDS and HCAAC to develop and operate the property in a joint venture.
- The County and the Developer should conduct community outreach.

- In partnership with the County, the Developer should create an advisory group of stakeholders, to include descendants of former patients and staff to inform the design process.
- The Developer should finance and initiate the necessary predevelopment actions, including selective/exploratory demolition, completion of environmental studies, traffic study, preliminary architectural plans, and procurement of a general contractor.
- The Developer should initiate an application for demolition permits.

FALL 2026/WINTER 2027

- The Developer should secure demolition permits and oversee initial interior demolition and hazard remediation utilizing currently approved federal and state funds.
- The Developer should complete financing applications and apply for appropriate federal, state, and local funds.
- The Developer should initiate the entitlement and permitting process for redevelopment.

FALL 2027/WINTER 2028

- Secure all financing, grading permit and construction permits.

SPRING 2028

- Commence construction.

SUMMER 2029

- Complete construction, begin occupancy.

APPENDIX A

Below is a list of stakeholders, agencies and consultants who were consulted from October 2025 – March 2026 and provided valuable information to the development of the Study.

- Annapolis Vet Center
- Anne Arundel County Central Services - Susan Herrold and Chris Daniels
- Anne Arundel County Department of Recreation and Parks
- Anne Arundel County Department of Public Works - Mike Stroud
- Anne Arundel County Office of Law
- Anne Arundel County Office of Planning and Zoning – Lynn Miller, Division of Zoning and Jason Shellenhamer, Cultural Resources’
- Crownsville Advisory Committee
- Faye Belt, Former nurse at Crownsville Hospital Center and historical advocate
- Forella Group LLC, Subconsultant and Cost Estimator
- Fort Meade Alliance Foundation, Kuhn Hall Education and Resiliency Center – Tim O’Ferrall
- Hope House Treatment Center
- Janice Hayes-Williams, Historian
- Joi Howard, enBloom
- Lyndra Marshall, Historian
- Maryland Department of Housing and Community Development
- Maryland Department of Human Services, Anne Arundel County Department of Social Services – Justin Bieler, Homeless Coordinator
- Maryland Department of General Services
- Maryland Historical Trust
- Moseley Architects
- The Nonprofit Center @ 41 Community Place
- Oculus CAS, LLC – John Maneval
- Veterans Service Center at MVA Annapolis Branch