Housing Collaborations for Older Adults and People with Disabilities

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Housing Collaborations for Older Adults and People with Disabilities

Introduction: Accessible Affordable Housing as Number One Need and Glue for Community Living

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Accessible Affordable Housing as Number One Need and Glue for Community Living Money Follows the Person Report to Congress:

https://www.medicaid.gov/medicaid/ltss/downloads/money-follows-the-person/mfp-rtc.pdf

- Lack of affordable and accessible housing, including housing choice vouchers, is biggest barrier to transitions reported by states.
- MFP has been catalyst for interagency collaboration between health and housing to help individuals in institutions to locate and secure affordable and accessible housing, a key achievement of this demonstration.
- Many MFP grantee states extended interagency collaborations started under the MFP demonstration to HUD's Section 811 Project Rental Assistance.



Accessible Affordable Housing as Number One Need and Glue for Community Living

Priced Out: Affordable Housing is In Scarce Supply

Per the Technical Assistance Collaborative's 2017 Priced Out Report, in 2016, there was **no housing market in the United States** where a person with a disability whose sole source of income was SSI could afford a safe, decent rental unit.

Source: http://www.tacinc.org/media/59493/priced-out-in-2016.pdf,

The national average rent for a studio/efficiency unit in 2016 was \$752, equal to 99% of a monthly SSI payment.



HUD Section 504 Regulations require for complexes built as of 1988:

- In new construction multifamily housing projects, a minimum of 5% of total dwelling units (or at least one unit, whichever is greater) must be made accessible for persons with mobility impairments.
- Additional 2% of total units (or at least one unit, whichever is greater) must be made accessible for persons with hearing or vision impairments.



- In 2004, Urban Institute (for HUD) with Access Living of Metropolitan Chicago conducted the study "Discrimination Against Persons With Disabilities: Barriers At Every Step."
 - Study focused on the Chicago-area private rental housing market, and its treatment of people with physical disabilities and people with hearing impairments.
 - Findings from over 200 tests showed people with disabilities face discrimination more than any other protected class & that over 30% of the Chicago housing stock was not even "visitable" by people with physical disabilities.





Access Living, the US Department of Justice and the John Marshall Law School in Chicago conducted systemic testing of suburban newly-constructed multi-family housing and found 47 of 48 buildings were out of compliance with the federal Fair Housing Act accessibility requirements.



- A 2015 HUD's Policy Development and Research office study, "Accessibility of America's Housing Stock: Analysis of the 2011 American Housing Survey," examined the prevalence in US housing stock of features that make units accessible for people with physical disabilities. Overall, "US housing stock is not well equipped to accommodate people with disabilities..." even as that need is growing.
- Units were classified into 3 categories of accessibility: Potentially Modifiable, Livable for Individuals with Moderate Mobility Difficulties, and Wheelchair Accessible.
 - ☆ About one third of units are Potentially Modifiable
 - ☆Less than 5% accommodate individuals with moderate mobility disabilities
 - ☆ Less than one percent are wheelchair accessible
- Regional variations: Newer, multifamily housing, as well as housing in the West, South and Midwest is more likely to be wheelchair accessible or accommodate moderate mobility disabilities.





- Recently a whistleblower revealed that Los Angeles had falsely represented that its housing was complying with Fair Housing Act requirements, leading to a 2017 lawsuit by DOJ and Disability Advocates
- Similarly Access Living has sued Chicago in May alleging that several city agencies have failed to comply with the ADA, 504 and FHA
- With major cities and metropolitan areas not complying with the minimal legal requirements, and wheelchair accessible housing stock at less than 1% of the overall supply, it is fair to say there is a CRISIS in the supply of accessible, affordable housing for people with disabilities.



Definition of Social Determinants of Health Care: "The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world."

Source: Commission on Social Determinants of Health (CSDH), World Health Organization





Housing as a social determinant of health care: NIDILRR research shows barriers to access in housing contribute to social isolation, poorer health outcomes. This understanding has led to increased focus on housing as health care and an increased emphasis on housing/ health care partnerships.



Housing as a hub for health, community services, and upward mobility

Stuart Butler and Maria Cabello (2018)

- ➤ Recommendation 3: Experiment with different models to organize and manage housing-based services
 - Calls for expansion of supportive services demonstration pilots for elderly households



Housing as a hub for health, community services, and upward mobility

Stuart Butler and Maria Cabello (2018)

- > Recommendation 4: Strengthen housing-health partnerships
 - Federal government should expand housing-health partnerships for elderly and disabled, including the Money Follows the Person and HCBS waivers.
 - Medicaid should aggressively & creatively use HCBS waivers to add flexibility and permit approaches that help people with chronic conditions to be established in housing, using their housing as a hub & reducing health costs.



Housing Collaborations for Older Adults and People with Disabilities

Part 2: What the Research and the Transition Work of Centers for Independent Living Tells Us About Housing-Health Collaborations for Older Adults and People with Disabilities

▶ Dr. Amanda Reichard, Project Specialist at National Institute on Disability Independent Living and Rehabilitation Research (NIDILRR)



➤ **Bob Williams,** Independent Living Administrator and Deputy Commissioner Administration on Disabilities



What the Research Tells Us About Housing-Health Collaborations for Older Adults and People with Disabilities

Dr. Amanda Reichard, Project Specialist at National Institute on Disability Independent Living and Rehabilitation Research (NIDILRR)



NIDILRR Research Evidence: Housing and Health

- Research evidence: Social determinants of health, including access to housing, nutrition, and transportation, can influence health outcomes and health care use for vulnerable populations.
- For older people and people with disabilities, the variables of concern include:
 - Availability of affordable housing
 - Quality of housing and neighborhoods
 - Accessibility of housing
 - Usability of housing
 - Visitability of friends' and families' housing



Availability of Housing

Brucker, Helms & Souza (2018)

- HUD administrative data connected to NHIS data
- People with disabilities comprise a large portion of adult residents (44%) much larger than previous estimates
- Housing assistance makes housing more affordable for adults with disabilities, but assisted households still face huge challenges in finding accessible rental units
- Like people with disabilities compared to people in the general population, overall, people with disabilities in HUD housing face health disparities in relation to their peers without disabilities



Quality of Housing and Neighborhoods

- Difficult until recently to study housing for people with disabilities because there were no disability identifiers included in national surveys
- Hoffman & Livermore (2012) were among the first to study quality of housing and neighborhoods for people with disability
 - Used 2009 American Housing Survey data
 - 13.9% of households had a member with a disability



Findings

- Those with multiple disabilities experience worse housing and neighborhood characteristics than those with ≤ 1 limitation and no disability income.
- Those who receive disability income other than SSI report better housing and neighborhood characteristics than people who do not receive this assistance.
- 65.3% of people who receive non-SSI disability income own their home compared with only 43.9% of people who receive SSI.
- People without disability reported selecting a neighborhood based on a job or school more frequently than people with a disability.



Accessibility of Housing

Greiman and Ravesloot (2016)

See https://www.naric.com/?q=en/content/survey-shows-majority-people-mobility-disabilities-may-not-be-living-accessible-homes

- Wheeled mobility device users
- 2011 American Housing Survey: Home Modification Module
 - Accessibility features: kitchen, bathroom, wide doors, handrails
 - Accessibility of housing entrance
- High levels of home inaccessibility across all groups and all variables were evident



Findings

- Renters more likely than owners to lack accessibility features—
 - Especially for the home entrance, where over 50% of renters in groups indicated they had a step to negotiate at their front door
 - About 25% of rental households including a person with mobility impairment have a flight of stairs to enter or exit the housing unit
- 50-65% of homes with wheeled mobility users did not have an accessible kitchen, and 40-60% did not have an accessible bathroom



Implications of Housing Inaccessibilty

- Threat to health and well being due to risk for injury:
 - Stairs
 - Inaccessible kitchens, bathrooms and more (e.g. grab bars)
- Threats to health and safety exacerbated for people who use wheeled mobility devices
- Threat to employment and community participation





Usability of Housing

Greiman, Fleming, Ward, Myers, & Ravesloot (2018)

- 2008-2014 American Time Use Study (ATUS) and a health and home survey
- To investigate the relationship between perceived exertion while bathing/dressing/grooming and association with community participation
- Mobility impairment



Findings

- People with mobility impairments were less likely to report spending any time bathing/grooming/dressing than people without mobility impairments.
- However, on days when people with mobility impairment did participate in these activities they spent more time and reported higher exertion than people without mobility impairments.
- Those with mobility impairments were less likely to leave the house on days when they did not engage in bathing activities.
- People who reported greater exertion in the bathroom engaged in community participation less frequently.



Implications of Bathing Exertion

- Exertion in the bathroom may present a barrier to participation
- Housing characteristics that hinder performance of ADLs also impedes community participation
- Research that examines the impact of home modifications on exertion and participation is needed.



Visitability

- Visiting ones friends, family, and neighbors is a critical component to community participation and connectedness.
- However, at least half of the homes in the US are not visitable by a person who uses a wheelchair:
 - 50% of owner occupied housing with more than one floor does not have an entry-level bathroom
 - Over 50% has a stepped entrance



Research Summary

- NIDILRR's and other research shows that people with disabilities continue to face barriers to affordable, accessible, and safe housing.
- Increasing availability of accessible and usable housing is a significant step toward building greater community participation and independent living for all.
- Homes can present accessibility and usability barriers to daily living that negatively impact an individual's ability to participate in their community.
 - > The increased energy required to overcome these barriers in the home can affect/diminish available time and energy for activities outside the home.



Research in Progress

- Two studies are gathering data to develop interventions that will help reduce the effort required to carry out certain activities within the home.
- Ultimately, they want to be able to measure if they are able to provide an individual with a more usable home, or to increase their personal capacity in being able to use their existing home, will people feel more able to live independently and participate in their community?



Trends in the Independent Living Network Nursing Home Relocation Services

Bob Williams,

Deputy Commissioner, Administration on Disabilities (AOD) and Independent Living Administrator



Centers for Independent Living and Nursing Home Relocation

- CILs are local organizations governed, managed and run by and for people with disabilities of all types, regardless of age or income.
- Over 400 CILs in communities in every state and territory funded with federal, state, local and/or other funds.
- Every CIL offers the following core services:
 - Information and referral
 - Independent living skills training
 - Peer counseling
 - individual/systems advocacy
 - Diversion assistance to individuals at risk of institutionalization to remain in their community
 - Transition of individuals seeking to leave nursing homes or other institutions and live in the community
 - Postsecondary transition of youth and young adults with significant disabilities, ages 14 to 24

2016 CIL Transition & Diversion Services ILRU Survey Study

- Conducted via an online survey and was sent out to 366 CILs; 168
 responded. 46% response rate. Most respondents were the Executive
 Directors of the CILs.
- 66% CILs reported that they already had a transition program in place.
- Despite reporting that they engage in transition work regularly, 82% of CILs reported transitioning less than 3 individuals a month.
- **58%** CILs reported having 21-25 different kinds of support services available for individuals in transition.

2016 CIL Transition & Diversion Services ILRU Survey Study

- Transition Services funding: **40**% Rehab Act funding, **36**% from Money Follows the Person programs, and **23**% from state agency funding.
- 92% report not enough funding for transition services and would need an increase of 30% in budget to provide adequate services.
- 97% feel very strongly that finding accessible and affordable housing in their communities is challenging;
- Most respondents indicated that Medicaid income eligibility is too restrictive and that there are not enough community-based service providers to meet the demand in their area.

ACL Housing Collaborations Work

Daniel Davis

Administration for Community Living, Center for Policy and Evaluation, Office of Policy Analysis and Development

History of HUD-HHS-USDA Interagency Collaboration

- > Bush Administration:
 - Originated with collaboration for Real Choice Systems Change Grants.
 - Formalized in 2006 CMS & HUD MOU for Money follows the Person signed by CMS Administrator Dr. Mark McClellan and HUD Secretary Alphonso Jackson.



ACL Housing Collaborations Work

History of HUD-HHS-USDA Interagency Collaboration

- ➤ **Obama Administration:** HHS Secretary Kathleen Sebelius and HUD Secretary Shaun Donovan met regularly to address shared work on community living for older adults and people with disabilities, as well as homelessness.
 - Staff level work took place under the auspices of the Community Living Initiative
 - Collaboration included 2010 Award of 4,321 NED-1 and 948 NED-2 vouchers. NED-2 vouchers were specifically targeted to house individuals transitioning to the community under programs such as MFP.
 - Dozens of housing authorities in 27 states, DC and Puerto Rico received these NED vouchers.



ACL Housing Collaborations Work

History of the HUD-HHS-USDA Interagency Collaboration

- Annual HUD-HHS Meetings since 2010: Recognizing need for more extensive staff-level networking, cross-training and knowledge exchange, HUD and HHS initiated annual conferences at HUD headquarters. These meetings are a platform for addressing issues that require sustained collaboration.
 - Between conferences, an interagency planning committee crafts an agenda reflecting priorities, ongoing work and knowledge gaps.
 - Extensive participation by both civil service and political appointees. HHS components represented have included CMS, ASPE, HRSA, SAMHSA, CDC, ACL and OCR.
 - USDA joined the collaboration for the first time in 2016, to help us to address rural housing issues.
 - This year's theme: Housing, Health and Community Living for Persons with a Disability and Older Adults Living in Rural America

➢ Milestones:

- First ever matching of HUD and HHS administrative data
- Collaboration around the 811 Project Rental Assistance program
- Secretary Carson addressed last year's meeting



Frank Melville Supportive Housing Act of 2010 revitalizes and reforms Section 811 Supportive Housing for Persons with Disabilities

- Creates stronger incentives for financing thru LIHTC, HOME& bond financing
- Authorizes Project Rental Assistance to help systematically create integrated, scattered-site, affordable supportive housing units, with tenant rights protections & voluntary supportive services. No more than 25% of units in any development for supportive housing.
- Goal is to expedite and facilitate getting affordable housing to the people who
 need it including the homeless, and those returning to the community under
 MFP, Community First Choice and other Olmstead implementation efforts.



811 Project Rental Assistance NOFA jointly drafted by HUD and HHS.

- Reflected considerable input into NOFA by CMS/DEHPG and ACL staff (myself included)
- Required joint application and coordination between State Housing and Health / Human Services Agencies
- Required careful planning as to how State would ensure appropriate recruitment/ referrals for landlords and tenants as well as put in place strong infrastructure for service coordination.
- Featured Selection Panels comprised of HUD and HHS staff to ensure thoughtful reviews of health and human services coordination with housing.

Two funding Rounds Awarded

- ➤ In February 2013, HUD awarded first PRA round totaling \$98 million to 13 states to assist about 3,350 units.
- In March 2015, HUD awarded a second round of about \$150 million PRA funding to 25 states.



Latest Data:

- > 1515 FY 12 Housing units and 365 FY 13 Housing Units under rental contract as of 6/30/18
- > 637 FY 12 Housing units and 145 FY 13 Housing Units are leased to PWDs as of 6/30/18

Program Successful But Slower in Implementation Due to Unanticipated Challenges:

- Housing Market Unexpectedly Heated Up
 - Led some developers to lose interest, required some states to shift to focus on using existing rental units.
 - Housing Rental Market was so overheated that HUD needed to offer waivers to allow 4 states to subsidize rents to point where landlords were paid full market rate
- Some States Have Struggled with Coordination of Referrals of Prospective Tenants



Table 7.1: PRA Applicants by Referral Source, as of June 2016

Applicant Source	Number of PRA Applicants	Percent of PRA Applicants
State or local mental health agency or authority	277	9
State or local intellectual or development disability agency or authority	94	3
State or local aging or adult services agency or authority	212	7
State or local child or family agency or authority	48	2
Other state or local human services agency or authority	174	6
Total State Agencies or Authorities	805	27
Service provider—mental health	810	27
Service provider—intellectual or development disabilities	336	11
Service provider—center for independent living	257	8
Service provider—other	505	17
Total Service Providers	1,908	63
Other	316	10
Total	3,029	100

PRA = Project Rental Assistance.

Note: Grantees did not report applicant source for 241 applicants. Sources: 2014. 2015. 2016 Section 811 PRA quarterly reports

Source: HUD Section 811 Process Evaluation Report, (February 2018) available at





ACL Housing Collaborations Work: 811 Mainstream Housing Vouchers

- Funding: 2017 Omnibus made \$13 million available for new Mainstream Housing Choice Vouchers for non-elderly disabled individuals (ages 18 to 61). 2018 Omnibus made \$385 million more available for new Mainstream housing choice vouchers.
- Notice of Funding Availability (NOFA) issued on April 18 of this year made up to \$100 million made available for strong applications. Remaining funds reserved for future rounds of funding. NOFA applications closed on June 20th and joint HUD and HHS panels have been reviewing.
- Read the NOFA at:

https://www.hud.gov/sites/dfiles/SPM/documents/FY17%20Mainstream%20Voucher%20Program%20NOFA.pdf

Summary Powerpoint of NOFA at: https://www.hud.gov/sites/dfiles/PIH/documents/FY2017MainstreamVoucherNOFA.pdf



ACL Housing Collaborations Work: 811 Mainstream Housing Vouchers

- ➤ Goals: Provides funding to assist non-elderly persons with disabilities who are:
 - Transitioning out of institutional or other segregated setting
 - At serious risk of institutionalization
 - Homeless, or
 - At risk of becoming homeless
- Helps further the goals of the Americans with Disabilities Act (ADA) by helping persons with disabilities live in the most integrated setting.
- Encourages partnerships with health and human service agencies with a demonstrated capacity to coordinate voluntary services and supports to enable individuals to live independently in the community.





ACL Housing Collaborations Work: 811 Mainstream Housing Vouchers

- HUD partnered with HHS to design this NOFA, with representatives from the Center for Medicaid and CHIP Services (CMCS), the Administration for Community Living (ACL), and the Assistant Secretary for Planning and Evaluation (ASPE).
- Relevant subject matter experts had networked and collaborated in recent years as a part of the HUD-HHS-USDA partnership and facilitated collaboration.
- Ratings Criteria largely drawn from an ASPE-HHS evaluation of the NED-2 program.
- Fine tuning of NOFA reflected lessons learned from NED-2 and 811 PRA implementation to ensure partner health and human services agencies and disability organizations had demonstrated experience in referral and application processes. In the past some housing agencies had not done full due diligence in vetting partners, and some partners were unable to fulfill what was expected.



HUD Supportive Services Demonstration/Integrated Wellness in Supportive Housing (IWISH)

- In January 2017, HUD announced the award of \$15 million to test a model of housing and supportive services for low-income elderly residents in HUD-assisted housing.
- The Supportive Services Demonstration, also known as the Integrated Wellness in Supportive Housing (IWISH), will leverage HUD's properties as a platform for the coordination and delivery of services to better address the interdependent health and supportive service needs of its older residents.
- The demonstration will test a model of housing and supportive services with the
 potential to delay or avoid nursing home care for low-income elderly residents in HUDassisted housing. The demonstration aims to promote aging in place and improve
 housing stability, wellbeing, health outcomes, and reduce unnecessary or avoidable
 healthcare utilization associated with high healthcare costs.

HUD Supportive Services Demonstration/Integrated Wellness in Supportive Housing (IWISH)

- The IWISH model funds a full-time Resident Wellness Director (RWD) and part-time Wellness Nurse (WN) to work in HUD-assisted housing developments that either predominantly or exclusively serve households headed by people aged 62 or over.
- The RWD and WN will implement a formal strategy for coordinating services to help meet residents' needs.
- The 3-year demonstration is being implemented in HUD-assisted multifamily properties in California, Illinois, Maryland, Massachusetts, Michigan, New Jersey, and South Carolina.
- HUD has designed a rigorous evaluation to accompany the demonstration, with the major goal of producing reliable, credible, quantitative evidence about the impact of IWISH on costly healthcare utilization and transitions to nursing home care.

HUD Supportive Services Demonstration/Integrated Wellness in Supportive Housing (IWISH)

- ACL staff serve on the Expert Panel that is providing support to the IWISH Implementation Team.
- ACL is also working to identify ACL resources that could contribute to the demonstration by providing technical assistance and collaborating with IWISH projects.

Conclusion & Questions

If you have questions about this presentation or the research presented here please email Daniel Davis at Daniel.Davis@ACL.HHS.GOV