

**REPORT OF THE
SECRETARY OF HEALTH AND HUMAN RESOURCES**

Report on Housing Opportunities for Persons with Disabilities in Virginia

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 86

**COMMONWEALTH OF VIRGINIA
RICHMOND
2005**

November 1, 2005

The Honorable John H. Chichester
Post Office Box 904
Fredericksburg, Virginia 22404-0904

Dear Senator Chichester:

Please find attached the final report which was assigned to me during the most recent session of our General Assembly as required in the following budget amendment:

Acts of the Assembly

Health And Human Resources
Secretary Of Health And Human Resources

Language: Page 274, line 12, before "The" insert "A."

Page 274, after line 32, insert:

"B. The Office of the Secretary of Health and Human Resources, with the assistance of the Governor's Olmstead Advisory Committee and the Department of Housing and Community Development, shall report to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2005 on housing opportunities for persons with disabilities in Virginia. The report shall include, but not be limited to, the number of individuals in need of housing, the various options for housing (e.g., congregate housing, supportive housing), the amount of subsidies for each option, if any, that would be required, and the financial resources (e.g., federal, local, private, and nonprofit) that would be available to the public agencies responsible for implementation. The report shall also include relevant information on states that operate housing subsidy programs for persons with disabilities."

Explanation:

(This amendment requires the Secretary of Health and Human Resources, with the help of the Olmstead Advisory Committee and the Department of Housing and Community Development, to report to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2005 on the demand for housing services for persons with disabilities and the specific housing options that should be considered by the General Assembly.)

This document should be of great use to you in planning for how our Commonwealth will address the needs of Virginians with disabilities that have a significant need for affordable and accessible housing options in our communities across the state.

Very truly yours,

Jane H. Woods

JHW/jar

Enclosure: *Housing Study*

November 1, 2005

The Honorable Vincent F. Callahan, Jr.
Post Office Box 1173
McLean, Virginia 22101

Dear Delegate Callahan:

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Secretary Of Health And Human Resources

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Introduction

Virginia has made significant improvements in the multifaceted network of services and supports to citizens with disabilities over the last two decades. During these same decades, there have been numerous studies of one of the major areas of needs which continue to show substantial needs—affordable housing for Virginians with disabilities.

During the 2005 session of the General Assembly, as a result of recommendations from the Olmstead Oversight Advisory Committee, created pursuant to Executive Order 61, progress was made in educating advocates, policy makers, and members of the General Assembly on this topic. The Governor recommended \$1.5 million in his budget for the Department of Housing and Community Development (DHCD) to administer the program but the General Assembly did not concur.

The General Assembly passed a budget amendment to sustain the discussion in hopes that an alternate strategy could be developed. The language in this amendment is as follows:

Acts of the Assembly

Health And Human Resources

Secretary Of Health And Human Resources

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Explanation:

(This amendment requires the Secretary of Health and Human Resources, with the help of the Olmstead Advisory Committee and the Department of Housing and Community Development, to report to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2005 on the demand for housing services for persons with disabilities and the specific housing options that should be considered by the General Assembly.)

This report is offered to define specific measures that need to be taken to assure that more Virginians with disabilities are offered community-based housing options.

Executive Summary

The Honorable Jane H. Woods, Secretary of Health and Human Resources, was noted as being the responsible party for this study. Secretary Woods directed the Department of Rehabilitative Services (DRS) to be the lead agency for the completion of the study with DRS coordinating the study with the Olmstead Advisory Committee and the Department of Housing and Community Development. DRS was given the services of Ms. Ashley Jardina, a Governor's Fellow, to conduct the accumulation of the vast amount of information already present, as there have been numerous studies completed on this topic.

Secretary Woods also invited the following representatives to work with DRS on the actual discussion of this topic:

- Eric L. Olson, Executive Director, Board for Contractors Polygraph Examiners Advisory Board, Department of Professional and Occupational Regulation
- William C. Shelton, Director, Department of Housing and Community Development
- William J. Ernst, III, Policy Analyst and Research, Department of Housing and Community Development
- Teri D. Morgan, Sponsored Programs Manager, Virginia Board for People with Disabilities
- Michael Shank, Director, Community Support Services, Department of Mental Health, Mental Retardation and Substance Abuse Services
- James G. Taylor, Chief Deputy Commissioner, Department for the Blind and Vision Impaired
- Bill Fuller, Ph.D., Virginia Housing Development Authority
- Julie A. Stanley, J.D., Director, the Olmstead Initiative, Community Integration for People with Disabilities
- Barbara Cotter, Intergovernmental Liaison, Department of Social Services
- James A. Rothrock, Commissioner, DRS

Marcia DuBois, Executive Director, Valley Associates for Independent Living, also attended the meetings and participated in this study.

Over the summer months of 2005, Ms. Jardina catalogued the most recent studies that are included in this report which respond to the data needs of the budget amendment. She also interviewed numerous members of the work group and other housing advocates throughout the Commonwealth.

In the Fall of 2005, the members of the Work Group met on two occasions and made significant contributions to the body of literature and findings on this topic.

The major issues noted within the discussions of the Work Group are as follows:

- Housing continues to be a major problem for Virginians with disabilities despite the numerous studies (see Appendix A) completed over the last two decades. This is largely due to the lack of coordination of the various agencies—federal, state, and local—that impact housing initiatives for this population.
- People with disabilities, particularly those in some type of institutional settings, do not have the financial resources necessary to move into community-based settings when they very well may be capable of doing so. Moreover, there are serious disincentives. The potential of receiving a housing subsidy that makes the consumer ineligible for life sustaining Medicaid benefits is very real.
- There continues to be a vigorous debate among consumers, family members, advocates, service providers, and officials on the strategies that would increase housing options. There is no clear consensus around housing strategies that address the housing needs already identified; and it is very unlikely that there is a “quick fix” solution to this multifaceted problem and strategies need to be designed to implement change in a long-term and well-managed process.
- Although Virginia has been somewhat successful in advancing housing options, there now is the increased potential legal liability resultant from the Supreme Court decision in the *Olmstead v. L.C. and E.W* ruling that requires all states to provide community-based treatment when treating professionals determine it is appropriate, the person does not object, and the state can reasonably accommodate the placement. The Olmstead decision interpreted Title II of the Americans with Disabilities Act (ADA) and its implementing regulation, requiring States to administer their services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individuals with disabilities."

- An advocacy strategy targeted more to committees that better understand issues relating to people with disabilities should be developed for the 2006 session of the Virginia General Assembly.

Recently, Virginia received a report that substantiates and validates many of the issues identified in this study and moreover offers exceptional information on how Virginia ranks with other states. *Priced Out in 2004* is the latest in a series of housing publications created as a joint effort by the Technical Assistance Collaborative, Inc. (TAC) and the Washington, D.C. based Consortium for Citizens with Disabilities (CCD) Housing Task Force.

An overview of the findings in this study, looking at this issue from a national perspective, is offered below:

The data presented in the *Priced Out in 2004* reveal the extreme housing affordability problems of people with disabilities with the lowest incomes, particularly those who rely on the federal Supplemental Security Income (SSI) program to pay for housing and other basic needs (a total of 77,792 Virginians in 2004). Several specific analyses in the report show that the problem is particularly acute for Virginia.

The analysis of rental costs for one-bedroom and efficiency units showed that Virginians with disabilities receiving SSI would have to **spend over 110% of their SSI benefit** to pay the rent on either type of housing. Only the District of Columbia, Hawaii, New Jersey, Maryland, New York, and Massachusetts ranked above Virginia on these measures.

Virginia is also one of the highest-ranked states (5th in the Nation) in the growth in fair market rents for one-bedroom apartments, where there has been a 14% increase between 2002 and 2004. As stated in the report, “Significant portions of Colorado, Georgia, Maryland, New Hampshire, North Carolina, South Carolina, and Virginia have now joined the ranks of states like California, Massachusetts, New York and New Jersey that have long been recognized as high-cost housing markets.”

Cost-of living increases in SSI payments **have not kept pace** with the increased housing costs. In Virginia, as in over half of the other states, there was only a 3.5% increase in SSI payments between 2002 and 2004. The increases ranged from a low of 0% in Connecticut to a high of 5.3% in California.

However, while a number of states have seen substantial increases in housing costs in both urban and rural areas, here in Virginia the high-level increases seem to be confined largely to the metropolitan areas of the Commonwealth. Between 2002 and 2004, there was less than a 1% increase in the proportion of SSI income that would be needed to rent a 1-bedroom apartment in rural areas of the Commonwealth.

People with disabilities receiving SSI are at the very lowest end of the income scale and many live in poverty. A comparison of SSI benefits to one-person household median incomes in 2004 shows that **Virginia ranks among the 10-lowest states**, with average income of a person with a disability receiving SSI amounting to only 15% of the median income. (Even in Mississippi, the highest-ranked state, SSI income was only 24% of the median.)

Another measure of the gap between SSI income and housing costs is the comparison between the “Housing Wage”¹ and the “SSI wage”². **In Virginia, the SSI hourly wage is only \$3.25, while the housing wage is \$13.92.** This discrepancy is among the highest in the nation; only six states and the District of Columbia have larger gaps.

¹ The Housing Wage is the amount of income per hour that full-time workers must earn to have their rental housing costs be affordable (i.e., no more than 30% of total income)

In summary, affordable housing for Virginians with disabilities continues to be a serious concern. Studies have noted year after year specific recommendations, yet to date the measures implemented have not been taken in a coordinated and comprehensive fashion. Compounding the importance of a well-coordinated strategy is the very real consequence of legal action against the Commonwealth if progress is not realized in a reasonable time and manner (see Appendix B).

The Work Group would like to offer the following recommendations:

- Financial assistance methods should be established to assist Virginians with disabilities who are capable of and interested in moving into more integrated community-based settings. These resources should be developed using some mechanism that does not jeopardize their benefits and should be offered to individuals themselves so that they may exercise choice in where to live.
- In order to assure that there is the requisite coordination of various state and local agencies and organizations throughout government, there should be one entity given the express purpose of developing a realistic policy regarding housing options for Virginians with disabilities who can live in more integrated community-based housing opportunities and coordinating the implementation of such policy. It would be reasonable, upon a review of other state's efforts, that the Office of Community Integration for People with Disabilities, established under Executive Orders 61 and 84, be made a permanent entity and given this task assisted by the Implementation Team and the Oversight Advisory Committee. If the Commonwealth is to realize future successes, housing must be an overarching issue for purposes of Olmstead implementation (see Appendix C). Moreover, this office should convene and develop a comprehensive housing policy with consumers, family members, housing agencies, state and local government representatives, and providers of services and supports.
- Future advocacy efforts within the Virginia General Assembly should be focused on the committees typically associated with efforts within the Secretariat of Health and Human Resources. Agencies within other Secretariats such as Commerce and Trade will work to support and complement these advocacy efforts. It is also recommended that these advocacy and planning efforts be coordinated with the policy committee of the Virginia Inter-Agency Council on Homelessness (VIACH) to assure that there is no undue competition between similar proposals and, where possible, efforts are complementary.

The remainder of this report will focus on critical elements that support the above issues and recommendations.

The Number of Individuals in Need of Housing

There is a significant amount of data relative to the needs that Virginians with disabilities have for accessible and affordable housing. Since different agencies and systems categorize the data and generate various definitions, it can be difficult to track these reports. Still the need, however defined, is significant.

Data has been generated by the Department of Mental Health, Mental Retardation, and Substance Abuse Services, which certainly assists in defining the needs. The number of individuals residing in State hospitals or mental retardation facilities in Virginia has steadily declined over the years; however, approximately 3,000 people currently are in state facilities on any given day. Between FY 1996 and FY 2005, the average daily census in State hospitals declined by 33 percent (from 2,222 to 1,478) and the average daily census in Training Centers declined by 29 percent (from 2,132 to 1,524). Many require housing assistance in order to return to the community.

In the community, the number of individuals with mental illness, mental retardation or substance abuse services in need of housing is periodically identified by CSB waiting lists. The number of Virginians who were on CSB waiting lists for community mental health, mental retardation, or substance abuse residential services was identified during the first three months of 2005 as shown below:

Services	MH	MR	SA	Total
Highly Intensive Services	278	210	276	
Intensive Residential	204	813	336	
Supervised Residential	359	800	128	
Supportive Residential	782	2187	133	
Total	1623	4010	873	6,506
Total (unduplicated count)	1500	3628	794	5,922

In addition, the following numbers of Virginians were on CSB waiting lists for other, non-residential services, with specific housing-related risk factors identified.

Risk Factor	MH	MR	SA	Total
At risk of being homeless	555	32	270	
Current residence is not satisfactory or appropriate to individual's needs	229	19	147	
Aging care giver	167	148	26	
Care giver illness or disability	164	85	15	
In jail or correctional facility or otherwise in criminal justice system	143	8	729	
Total	1258	292	1187	2737
Total (unduplicated count)	1020	253	1017	2290

In total, CSBs have identified 8,212 Virginians with mental health, mental retardation or substance abuse disabilities in the community who are currently, or are at risk of, needing additional housing resources.

Individuals in Nursing Homes

According to the CMS's report on the Minimum Data Set (MDS) surveys³ for 2005, there are 27,539 residents in Virginia nursing homes and 5,976 (21.7%) want to leave. This survey also asked if the resident has a support person in favor of the transition back into the community, and 4,906 (18%) answered yes.

It is apparent that there is a significant number of Virginians with disabilities who would prefer to live in a community setting. There is much information on the types of housing options that may be used to respond to this desire from consumers.

Various Options for Housing (e.g., congregate housing, supportive housing)

The *Study of Funding for Housing Serving People with Disabilities* as reported by the Virginia Housing and Development Authority (2000) identifies four broad levels of housing needs:

- 1) "Supportive" housing – independent living arrangements where all support services are brought to the consumer's home or provided at community facilities
- 2) "Supervised" housing – controlled residential settings such as apartments where limited in-home support services are provided by on-or off-site "supervisory" staff
- 3) "Intensive Housing" – controlled residential settings such as group homes, where treatment and training services are provided by on-site staff, usually in traditional single-family structures
- 4) "Highly Intensive Housing" – controlled residential settings such as intermediate care facilities, where in-home treatment and training services are provided by 24-hour on-site staff, usually in special-purpose congregate structures

These four levels of residential service differ in regard to one or more of the following: type of housing structure, ownership, management, and operating costs. Therefore, they involve different approaches to development and funding.

Addressing "Supportive" Housing Needs

A large majority of people with disabilities needs "supportive" housing. They do not require in-home intensive or supervised residential services. They are able to live fully independently in existing community housing, provided they are able to access an adequate array of community-based services. It is expected that the proportion of the population with disabilities that is able to live independently in "supported" housing will grow as there are further advances in the development of new drug treatments for mental illnesses, new assistive technologies for physical and sensory disabilities, and as the system of community-based services continues to expand.

Most people needing "supportive" housing are able and prefer to reside in affordable community housing serving the general population – not in special housing set aside for people with disabilities. The barriers that limit their ability to access existing community housing include: an inability to afford local housing costs; long local waiting lists for assisted housing and rent subsidies; housing discrimination; shortages of accessible and adaptable housing units; and an inability to access the full array of support services that they need in order to maintain stable occupancy.

The creation of a capital fund to finance "supportive" housing for people with mental disabilities (SJR 159 study mandate) and/or physical/sensory disabilities would not create access to existing community housing.

Instead, it would foster development of housing intended primarily or exclusively for people with disabilities. Such a fund could help provide new affordable housing, but it would create limited, segregated housing opportunities, which is not what most clients with disabilities want or need.

A more effective way to create affordability and choice in rental housing is to provide assistance in the form of rent subsidies that enable access by very low income people with disabilities to a broader array of non-segregated housing opportunities throughout local communities. This is now recognized at the federal level, where Section 8 tenant-based assistance has become the preferred vehicle for addressing the “supportive” housing needs of people with disabilities. VHDA is striving to maximize access by people with disabilities to limited Section 8 tenant-based subsidies by contracting, where feasible, with local Community Service Boards and Centers for Independent Living to serve as local Section 8 administrative agents.

In order to maintain the lowest possible public cost for rental assistance programs, base rent levels must be reduced as much as possible. Expanding the overall stock of affordable rental housing is the most effective way to contain market rents and create broad-based local housing choice and opportunities for all segments of the population. VHDA and DHCD are committed to using all available rental housing development resources – e.g., tax-exempt bonds, taxable bonds, federal Low-income Housing Tax Credits, federal HOME funds, the Virginia Housing Fund, and the Virginia Housing Partnership Fund – in order to maximize the expansion of affordable rental housing opportunities in all areas of the Commonwealth.

Addressing “Supervised” Housing Needs

A smaller, but significant, group of people with disabilities can reside in an independent residence such as an apartment, but need some level of in-home “supervisory” services. The numbers of people needing “supervised” housing is expected to grow as people with disabilities shift from more intensive and restricted residential environments to more independent ones.

Addressing “supervised” housing needs does not require the development of specialized types of housing. Nevertheless, the need to provide at least limited on-site residential supervisory services in an efficient and cost-effective manner has caused community services boards and other local providers of supervisory services to enter into contractual relationships with housing providers, which set aside specific housing projects or units for people with disabilities.

Provision of supervised housing generally occurs in one of two ways

- Master leasing of existing rental units
- Construction, rehabilitation and/or acquisition of housing to provide a “supervised” residence

Some community services boards and disability service providers choose to enter into master leases with landlords for all or some of the housing units in a rental project in order to provide “supervised” housing for their clients. The funding needs of this type of “supervised” housing are analogous to those of “supportive” housing. No special capital fund is needed. However, there is a need for both rental subsidies and support services funding. There is also a need to ensure an adequate local supply of rental housing units with reasonable base rents and landlords willing to enter into master lease agreements.

In other cases, community services boards and other disability service providers may choose to contract with a housing sponsor to develop “supervised” housing units for its clients. In these instances, housing sponsors will generally need access to specialized lending programs because: (1) the very low income of residents will not support market rents; (2) the ongoing provision of at least limited support services is necessary for project viability; and (3) “supervised” housing is generally developed and operated by small special-purpose nonprofit housing providers who have adequate support service capacity but who lack the capital resources to secure

project financing on the private market and who may also need technical assistance to complete loan packages that provide lower interest rates or mortgage subsidies.

The likely balance between master lease arrangements and development of “supervised” housing is dependent on changing market conditions and the preferences and choices of community services boards. Information regarding these factors is not presently available. Therefore, the level of need/demand for special capital funds for “supervised” housing is not yet known.

Addressing “Intensive” and “Highly Intensive” Housing Needs

The smallest numbers of units needed to serve people with disabilities are in “intensive” and “highly intensive” residential training and treatment settings. There are two reasons for the relatively small number of units needed. First, only a small share of the population with disabilities needs this level of housing service if provided appropriate access to community-based services. Second, for some groups, such as housing is temporary or transitional. Therefore, multiple residential program participants can occupy the same bed space during the course of a year. In particular, treatment programs for recovering substance abusers have a high annual bed usage rate which reduces considerably the total number of substance abuse beds needed.

In spite of their relatively smaller numbers, people needing “intensive” and “highly intensive” housing are expected to increase in absolute (though not proportional) terms as a large number of people with disabilities who are presently residing with aging family members begin to face the need to find alternative residential arrangements. Many of these people are now in middle age and may experience greater difficulty transitioning to more independent settings than their younger counterparts with disabilities.

Addressing their needs requires the development of a variety of specialized types of housing providing on-site supportive services. “Intensive” and “highly intensive” housing require specialized lending programs because: (1) residents have very low incomes; (2) the ongoing provision of support services is necessary for project viability; (3) the provision of on-site support services represents a substantial portion of operating costs; (4) the housing may involve unique physical design features that require special underwriting considerations; and (5) such housing is generally developed and operated by small special-purpose nonprofit housing providers who have adequate support service capacity but who lack the capital resources to secure project financing on the private market and who need technical assistance to complete loan packages that provide lower interest rates or mortgage subsidies.

Barriers to “Supervised” and “Highly Intensive Housing”

There is a recognized and growing need for “supervised” and “intensive” housing that cannot be readily developed without access to specialized lending programs. Nevertheless, the past experience of VHDA and DHCD has been that loan programs designed to serve these needs have been under-subscribed. This was not due to insufficient need, but rather to one or more other major barriers to program success.

Lack of Sufficient Housing Subsidies

As stated previously, mortgage debt service subsidies alone cannot achieve affordability for the targeted population due to their extremely low incomes. The chronic shortage of other subsidies from federal, state and local sources – either in the form of capital grants or rent subsidies – has severely restricted the number of “supervised” and “intensive” housing projects that have been feasible for financing – even at low rates of interest.

Virginia's SSI Supplement: The Auxiliary Grants Program

Most states (45) provide a variety of monetary supplements to the \$579 monthly SSI check that are tied to the type of residential setting in which a person with a disability lives (see following tables).⁴ They include supplements for living independently (particularly in high-cost areas) and for varying levels of supportive and supervised living. On average, the States with independent living supplements provide \$116 per month to SSI recipients living in their own home and \$106 to recipients living in the household of another⁵.

In Virginia, the average fair-market (as defined by the US Department of Housing and Urban Development) monthly rental cost of a modest one-bedroom apartment is equal to 116.8% of the monthly SSI check. Virginia is therefore considered a high-cost state, ranking 9th in the nation on this measure of housing affordability for persons with disabilities. Virginia does not, however, offer any SSI supplement to help with the high cost of independent living, and it ranks 34th in the percent of SSI recipients that receives a supplement.

States with SSI assistance programs provide an average of \$9.4 million in supplements for more than four categories or types of supplements⁶. Virginia provides \$1.6 million in two types of supplements – one for Adult Family Care (with only 16 disabled recipients) and one for Assisted Living Facilities (with 2,899 aged and 3,723 disabled recipients), called the Auxiliary Grant (AG). By default, therefore, the AG program is essentially the only guaranteed housing assistance available for most Virginians with disabilities. This model of housing is considered “institutional” by many advocates, however, and it is not the preferred choice of most adults with disabilities.

Virginia is also one of only five participating states that require a local match to the SSI supplement⁷. The remaining 40 states fund the program solely with state funds. The 20% local match requirement in the AG program has dampened local support for expansion of the program to housing options other than Assisted Living Facilities (ALFs).

To successfully access a wider range of affordable housing, it is essential to ensure that Virginians with disabilities receive their entitlement benefits, particularly SSI and Medicaid. Social Security Administration statistics indicate that SSI does not cover Virginians with disabilities at the expected rate. For example, while Virginia nationally ranks 12th in population, it ranks 27th in SSI recipients as a percent of population. Virginia's SSI recipients also tend to be more elderly than disabled, compared to the national average. Virginia ranks 10th nationally in the percent of SSI recipients aged 65 and older, but 41st in the percent of SSI recipients aged 18 to 64.

The creation of a new, state-funded supplement for Olmstead-covered non-elderly Virginians with disabilities would help close the gaps identified above. Rather than be tied to a specific housing model however, this new Auxiliary Grant should be individualized to the housing preferences of these individuals.

⁴Data in the following tables are taken from a publication of the Social Security Administration entitled “State Assistance Programs for SSI Recipients, January 2004” (SSA Publication #13-11975)

⁵ See Table 2, “Independent Community Living Supplements”

⁶ See Table 1, “Total SSI Supplement Expenditures” and “Types of Supplements”

⁷ See Table 1, “SSI Supplement Source”

State Assistance Programs for SSI Recipients, January 2004, SSA Publication #13-11975

Table 1 States	# of SSI Supplement Recipients	Per SSI Rank (to 45)	SSI Supplement Fund Source	Total SSI Supplement Expenditures	State Expended Rank	Types of Supplements
Alabama	508	45	State funds.	\$ 29,000	40	6
Alaska	14,622	1	State funds.	\$ 4,800,000	11	5
Arizona	792	43	State funds.	\$ 23,000	41	3
California	1,144,960	9	State funds.	\$ 267,300,000	1	8
Colorado	34,982	12	80/20 State/Local	\$ 6,600,000	10	3
Connecticut	17,664	18	State funds.	\$ 6,800,000	9	3
Delaware	797	31	State funds.	\$ 85,376	36	2
District of Columbia	1,690	27	State funds.	\$ 293,242	32	3
Florida	15,246	35	State funds.	\$ 775,000	24	3
Hawaii	2,390	26	State funds.	\$ 1,200,000	21	3
Idaho	11,699	13	State funds.	\$ 633,000	26	9
Illinois	31,549	24	State funds.	\$ 2,300,000	14	3
Indiana	3,355	36	State funds.	\$ 297,000	31	2
Iowa	5,770	23	State funds.	\$ 1,400,000	20	8
Kentucky	4,619	40	State funds.	\$ 1,500,000	19	3
Louisiana	4,866	38	State funds.	\$ 40,000	39	1
Maine	35,065	2	State funds.	\$ 615,000	28	6
Maryland	3,031	37	State funds.	\$ 618,000	27	5
Massachusetts	168,042	5	State funds.	\$ 14,500,000	3	6
Michigan	16,800	28	State funds.	\$ 2,700,000	13	8
Minnesota	27,704	16	State funds.	\$ 7,200,000	7	4
Missouri	6,984	32	State funds.	\$ 2,300,000	15	4
Montana	909	30	State funds.	\$ 76,083	37	5
Nebraska	5,418	22	State funds.	\$ 519,000	29	6
Nevada	8,140	21	State funds.	\$ 468,564	30	3
New Hampshire	7,107	14	50/50 State/Local	\$ 873,000	23	7
New Jersey	147,463	8	State funds.	\$ 7,200,000	8	6
New Mexico	199	44	State funds.	\$ 18,000	42	1
New York	597,160	11	State funds.	\$ 47,700,000	2	6
North Carolina	23,641	25	50/50 State/Local	\$ 11,000,000	5	3
North Dakota	465	33	State/Local funds	\$ 160,000	34	1
Ohio	2,303	42	State funds.	\$ 8,214	46	6
Oklahoma	74,354	7	State funds.	\$ 3,200,000	12	1
Oregon	22,624	17	State funds.	\$ 1,700,000	17	5
Pennsylvania	300,007	10	State funds.	\$ 12,600,000	4	6
Rhode Island	28,880	6	State funds.	\$ 2,000,000	16	4
South Carolina	2,993	39	State funds.	\$ 953,000	22	1
South Dakota	3,684	19	State funds.	\$ 191,000	33	3
Texas	10,611	41	State funds.	\$ 156,000	35	1
Utah	1,590	29	State funds.	\$ 9,542	45	2
Vermont	12,890	4	State funds.	\$ 733,004	25	8
Virginia	6,704	34	80/20 State/Local	\$ 1,600,000	18	2
Washington	29,367	20	State funds.	\$ 10,000	43	5
Wisconsin	94,296	3	State funds.	\$ 9,600,000	6	5
Wyoming	2,691	15	State funds.	\$ 55,000	38	2
Average				\$ 9,396,423		4.2

Additional State Initiatives for Persons with Disabilities in Need of Housing

Table 2 States	Independent community living		Living with Others	
	Supplements		Supplements	
Alabama				
Alaska	Living independently	Living independently with an ineligible spouse	Living in the household of another	Living in the household of another with an ineligible spouse
	\$ 362.00	\$521.00	\$368.00	\$464.00
Arizona	Requires housekeeping services			
	\$70.00			
California	Living independently with cooking facilities	Living independently without cooking facilities	Living in the household of another	Receiving nonmedical out-of-home care, living in the household of another
	\$226.00	\$308.00	\$227.00	\$396.00
	Receiving nonmedical out-of-home care		Disabled minor in home of parent, guardian, or relative by marriage	Disabled minor in the household of another
	\$400.00		\$115.00	\$105.00
Colorado	Living independently or in the home of another	Home care		
	\$37.00	\$403.00		
Connecticut	Independent community living			
	\$183.00			
Delaware	Living independently			
	\$5.00			
District of Columbia				
Florida				
Hawaii				
Idaho	Living independently or in the household of another	Living with an essential person		
	\$52.00	\$20.00		
Illinois	Living independently			
Indiana				

Table 2 States	Independent community living		Living with Others	
	Supplements		Supplements	
Iowa	Living independently (blind)	Living with a dependent person	Living in the household of another (blind)	Living with a dependent person in the household of another
	\$22.00	\$285.00	\$22.00	\$285.00
		In-home health care		
		\$480.55		
Kentucky	Caretaker in home			
	\$62.00			
Louisiana				
Maine	Living alone or with others		Living in the household of another	
	\$10.00		\$8.00	
Maryland				
Massachusetts	Living independently	Shared living expenses	Living in the household of another	
	\$114.00	\$30.40	\$87.58	
Michigan	Living independently	Living independently with an essential person	Living in the household of another	Living in the household of another with an essential person
	\$14.00	\$14.00	\$9.33	\$9.33
Minnesota	Living independently		Living in the household of another	
	\$81.00		\$111.00	
Missouri				
Montana				
Nebraska	Living independently			
	\$12.00			
Nevada	Living independently (aged & blind)		Living in the household of another (aged & blind)	
	\$36.40		\$24.27	
New Hampshire	Living independently or in the household of another	Living with an essential person		
	\$27.00	N/a		
New Jersey	Living alone or with others	Living alone or with an ineligible spouse	Living in the household of another	Living with an essential person
	\$31.25	\$307.36	\$44.31	\$25.36

Table 2 States	Independent community living		Living with Others	
	Supplements		Supplements	
New Mexico				
New York	Living alone	Living with others	Living in the household of another	
	\$87.00	\$23.00	\$23.00	
North Carolina				
North Dakota				
Ohio				
Oklahoma	Living independently			
	\$50.00			
Oregon	Living independently	Living with an ineligible spouse	Living in the household of another	
	\$1.70	\$1.70	\$1.70	
Pennsylvania	Living alone	Living with an essential person	Living in the household of another	Living with an essential person in the household of another
	\$27.40	\$43.70	\$27.40	\$43.70
Rhode Island	Living alone		Living in the household of another	
	\$57.35		\$69.94	
South Carolina				
South Dakota	Living independently			
	\$15.00			
Texas				
Utah	Living alone or with others		Living in the household of another	
			\$3.13	
Vermont	Living independently	Living independently with an essential person	Living in the household of another	Living in the household of another with an ineligible spouse who is an essential person
	\$52.04	\$98.88	\$39.30	\$52.04
Virginia				
Washington	Living independently	Living with an ineligible spouse	Living in the household of another	Living in the household of another with an ineligible spouse
	\$25.90	\$166.10	\$3.71	\$101.66

Table 2 States	Independent community living		Living with Others	
	Supplements		Supplements	
Wisconsin	Living independently	Living independently with an ineligible spouse	Living in the household of another	Living in the household of another with an ineligible spouse
	\$83.78	\$130.43	\$83.78	\$135.05
Wyoming	Living independently		Living in the household of another	
	\$9.90		\$13.41	
Average	\$115.78		\$103.06	

Table 3 States	Supportive, Supervised, and Intensive Levels of Residential Care					Other
	Supplements					Supplements
Alabama	Receiving Independent Home-life Care (IHC) in a private home or a personal care home	Receiving IHC and support and maintenance in a private home or personal care home	Receiving specialized IHC in a private home or personal care home	Receiving specialized IHC and support and maintenance in a private home or personal care home	Foster home with IHC or specialized IHC	Cerebral palsy treatment center (disabled)
	\$60.00	\$60.00	\$60.00	\$60.00	\$110.00	\$196.00
Alaska						Medicaid facility \$45.00
Arizona	Licensed supervisory care home, adult foster care home, or 24-hour treatment facility					Licensed private nursing home (aged)
	\$50.00					\$80.00
California						Medicaid facility \$19.00
Colorado	Adult foster care \$239.00					
Connecticut	Licensed room and board facility					Medicaid facility
	(Per individual cost data)					\$26.00
Delaware	Certified adult residential care facility					
	\$140.00					
District of Columbia	Adult foster care home (50 beds or less)			Adult foster care home (over 50 beds)		Medicaid facility
	\$307.00			\$417.00		\$40.00
Florida	Adult family care home			Assisted living facility		Medicaid facility
	\$78.40			\$78.40		\$5.00
Hawaii	Foster care home	Domiciliary care facility, Level I		Domiciliary care facility, Level II		
	\$521.90	\$521.90		\$629.90		
Idaho	Assisted living facility or certified family home		Certified family home Level I	Certified family home Level II	Certified family home Level III	
	\$539.00		\$339.00	\$406.00	\$474.00	
	Room and board facility	Residential and assisted living facility		Semi-independent group residential facility		
	\$197.00	\$339.00		\$197.00		
Illinois	Room and board facility			Residential facility		
	(Per individual need)			(Per individual need)		
Indiana	Licensed residential facility					Medicaid facility
	\$707.85					\$22.00
Iowa	Family life or boarding home	Family life or boarding home (one-third reduction in federal benefit rate applies)			Residential care	
	\$142.00	\$142.00			\$292.00	
Kentucky	Family care home			Personal care facility		
	\$172.00			\$440.00		

Table 3 States	Supportive, Supervised, and Intensive Levels of Residential Care					Other
	Supplements					Supplements
Louisiana						Medicaid facility \$16.00
Maine	Foster home	Flat-rate boarding home		Cost-reimbursement boarding home		Medicaid facility
	\$49.00	\$217.00		\$234.00		\$10.00
Maryland	Assisted living facility	Care home Minimal supervision	Care home Moderate supervision	Care home Extensive supervision	Care home Specialized and intensive supervision	
	\$184.00	\$66.00	\$175.00	\$463.00	\$666.00	
Massachusetts	Assisted living facility			Licensed rest home		Medicaid facility
	\$454.00			\$293.00		\$35.00
Michigan	Domiciliary care		Personal care facility	Home for the aged		Medicaid facility
	\$87.00		\$157.50	\$179.30		\$7.00
Minnesota	Non medical, group residential facility					Medicaid facility
	\$557.36					\$44.00
Missouri	Licensed residential care facility, Level I	Licensed residential care facility, Level II		Licensed intermediate care or skilled nursing home		Aid to the blind
	\$156.00	\$292.00		\$390.00		\$470.00
Montana	Personal care facility	Child and adult foster care home	Community home for the physically or developmentally disabled		Group home for the mentally ill or disabled	Transitional living services for the developmentally disabled
	\$94.00	\$52.75	\$94.00		\$94.00	\$26.00
Nebraska	Adult family home	Room and board facility	Licensed center for developmentally disabled	Licensed group home for children or child-caring agency (disabled)		Medicaid facility
	\$166.00	\$123.00	\$446.00	\$102.00		\$20.00
Nevada	Domiciliary care (aged and blind)					
	\$350.00					
New Hampshire	Residential care facility for adults		Enhanced family care facility	Community residence (non subsidized)	Community residence (subsidized)	Medicaid facility
	\$207.00		\$207.00	\$149.00	\$89.00	\$20.00
New Jersey	Congregate care facility					Medicaid facility
	\$150.00					\$10.00
New Mexico	Licensed adult residential care home					
	\$100.00					
New York	Congregate care facility, Level I	Congregate care facility, Level II		Congregate care facility, Level III		
	\$266.48	\$435.00		\$482.96		

Table 3 States	Supportive, Supervised, and Intensive Levels of Residential Care					Other
	Supplements					Supplements
North Carolina	Adult care home (Basic)			Adult care home (Disenfranchised)		Blind, pending SSI eligibility (paying shelter & utilities) \$146.00
	\$548.00			\$713.00		
North Dakota	Licensed basic care facility					
	\$1,108.60					
Ohio	Adult family or foster home	Adult residential care facility	Residential care facility	Adult community alternative home	Adult group home	Adult community mental health housing 306.00
	\$506.00	\$506.00	\$606.00	\$506.00	\$606.00	
Oklahoma						
Oregon	Adult foster care or residential care facility			Room and board facility		
	\$1.70			\$1.70		
Pennsylvania	Personal care boarding home			Domiciliary care facility for adults		
	\$394.30			\$389.30		
Rhode Island	Adult residential care or assisted living facility					Medicaid facility \$20.00
	\$575.00					
South Carolina	Licensed community residential care facility					
	\$348.00					
South Dakota	Assisted living facility			Adult foster care home		
	\$531.00			\$267.00		
Texas						Medicaid facility \$20.00
Utah						
Vermont	Custodial care family home	Assistive community care, Level III		Residential care home, Level IV		Medicaid facility \$17.66
	\$98.69	\$48.38		\$223.94		
Virginia	Assisted living facility			Adult family care home		
	\$464.00			\$176.00		
Washington						Medicaid facility \$11.62
Wisconsin	Private non medical group home or natural residential setting					
	\$179.77					
Wyoming						
Average	\$287.76					\$67.18

APPENDIX A

CATALOGUE OF VIRGINIA HOUSING STUDIES FROM 2000 TO 2005 AND KEY RECOMMENDATIONS

Survey on the Housing Needs of Individuals with Disabilities in the Commonwealth of Virginia January 2005

Independence Center Inc.

Survey Results:

Individuals with disabilities seeking Choice Housing Vouchers (Section 8), and/or subsidizing housing from the CIL's, PHA's, and VDHA waiting lists totals 5,961. The PHA's also report than an additional 1,070 individuals with disabilities are seeking public or publicly operated housing. This is a total of 7,031 individuals with disabilities currently in the Commonwealth seeking housing.

Recommendations:

1. There is an urgent need for housing for individuals with disabilities.
2. To comply with both the letter and the intent of the Olmstead decision, the Commonwealth needs to come to terms with "least restrictive environment" Individuals with disabilities are seeking housing "options" - not just housing. The Commonwealth should review the existing policies and state laws that create barriers to independent living options for individuals with disabilities.
3. Develop programs and funding to encourage housing options. Encourage PHA's to do more than minimum requirements.
4. Encourage local governments to utilize CDBG for home modifications for existing citizens, renters, and homeowner.
5. Require local governments to appoint individuals with disabilities to PHA's Boards of Directors.
6. Include Home Modifications in all community-based waivers.
7. The state should establish a no-interest loan program with a long-term pay back schedule for families and individuals who have recently acquired a disability.
8. State and local governments should work together in combination to develop a census of low-income housing. State housing resources should reflect the imbalance of low-income housing in urban areas and should address this with suburban neighbors.

Priced Out in 2002

May 2003

Technical Assistance Collaborative, Inc.

- For more than 3.7 million adults with disabilities living on federal Supplemental Security Income (SSI) benefits, the goal of having a home of one's own has become even more impossible to achieve.
- The root of the housing problem is the extreme and growing affordability gap between the income of Americans with disabilities and modest rental housing costs.
- In 2002, people with disabilities were priced out of every housing market area in the United States. Of the Nation's 2,702 market areas, there was not a single area where modestly priced rents for efficiency of one-bedroom units were affordable for people with disabilities receiving SSI.
- People with disabilities receiving SSI benefits needed to triple their income to afford a decent one-bedroom unit in 2002.

An Analysis of Means and Alternatives for Expanding Affordable, Accessible Housing for Persons with Disabilities and Frail Elders Statewide

September 2, 2003

National Disability Institute NCB Development Corporation (NCB)

Technical Assistance Collaborative, Inc. (TAC)

Key Findings:

- In the Commonwealth of Virginia, there are 712,330 individuals with a disability between the ages of 21 and 64. There are an additional 317,085 individuals with a disability over the age of 65 in the Commonwealth.
- In Virginia, there are 132,808 individuals receiving Federal SSI payments, including 107,535 individuals with disabilities, 1,439 individuals who are blind, and 23,834 individuals age 65 or over. For individuals who rely on SSI benefits, regardless of age, as the major or only source of income, the cost of housing makes it virtually impossible to afford decent and safe housing in their local community.
- Four Core Principles that should be integrated into all housing strategies:
 - Affordability: Under current federal guidelines, housing is considered affordable for a low-income household when the cost of monthly rent (including any tenant paid facilities) does not exceed 30 percent of monthly household income.
 - Independence: Implies individual choice and flexibility to identify location, type of housing, and a service and support system that meet individualized needs and preferences.
 - Accessibility: Individuals with disabilities comprise a diverse target population with varying needs.
 - Integration: Separate single purpose housing (i.e. housing targeted exclusively to one group of people, such as people with disabilities or people with a specific type of disability) may not be the housing model preferred by many persons with disabilities.
- In Virginia, people receiving SSI benefits have extreme levels of poverty and are currently facing a housing crisis.
- In Virginia, the cost of operating a unit of affordable housing funded by VHDA can range from \$3,000 to \$5,000 per unit, before factoring in debt service/mortgage payments. People with disabilities receiving SSI can only afford to pay 30 percent of their income for housing costs – about \$165 per month or \$1,980 per year – based on federal affordability guidelines. Thus, in order to make “affordable housing” truly affordable to people with disabilities and frail elders, an on-going rent subsidy is needed to ensure that all of the operating costs can be covered.

Recommendations:

- Increase the number of affordable housing units for people with disabilities through the development of a demonstration project to create at least 200 new affordable units for people with disabilities.
- Prioritize people with disabilities for rent assistance resources.
- State fair housing laws should be expanded to include “sources of income” as a protected class.
- Pilot an assisted living model for frail elders that is affordable and acknowledges the resident’s right to make choices that will preserve independence and promote dignity, autonomy, independence, and quality of life.
- Conduct further study for changing the current service income streams that would fill the gap for low income Virginians who can no longer remain in their homes but do not need nursing home level of care.
- Create a statewide computerized interactive accessible housing registry to assist individuals with physical disabilities to locate affordable barrier-free housing.
- Increase the availability and number of accessible units through enforcement and education activities.
- Create a funding pool to assist landlords and tenants to make accessibility modifications.
- Revisit the Commonwealth’s homeownership activities to direct resources to people with disabilities and link Section 8 vouchers for homeownership assistance.
- Develop a mechanism at the Executive level for improved comprehensive and coordinated action by state agencies to reshape the structure and scope of support for affordable and accessible housing choices that are community based statewide for individuals with the full range of disabilities.
- Build on current Reinvestment Project planning to identify one region to pilot new strategies to reinvest resources in acute and congregate care to a person-centered and independence-focused approach to community living choices with needed supportive services.
- Identify on a competitive basis self advocates, parents, and family members from all areas of the Commonwealth to participate in a Housing Leadership Academy to become more active at a local and state level with housing resource decision making and policy development.

Analysis of Housing Needs in the Commonwealth

November 2001

Virginia Department of Housing and Community Development (VDHCD)

Virginia Housing Development Authority (VHDA)

- There is a growing gap between income and housing costs for very low-income people.
- There is a shortage of affordable rental housing.
- Much of the housing available to very low-income people is in poor condition.
- There is a lack of public awareness and support for housing issues – therefore, affordable housing is not a local priority.
- The demand for housing serving people with disabilities will continue to increase.

Study of Funding for Housing Serving People with Disabilities

2000

Report of the Virginia Housing and Development Authority

- The lack of adequate housing that is affordable to people with disabilities has moved to the forefront of identified barriers to independent living, and is now recognized as a major obstacle to attempts to move people from costly and restrictive institutional settings into more independent community-based housing. Needs analyses for all disability groups point to a severe shortage of affordable housing facing most people with disabilities, particularly housing that is appropriately designed to fully meet their needs and that is linked to necessary residential support services.

- The main reason for lack of access to adequate existing community housing is the very low income of people with disabilities, a majority of whom are unemployed. Most rely mainly on limited SSI payments, private disability insurance, family support, and intermittent wage income to meet their living needs.
- There is still a shortage of affordable barrier-free and accessible units for rent and for sale. There is also a need for additional congregate housing.

Recommendations:

- Create an ongoing interagency council to develop and coordinate housing initiatives for people with mental disabilities and substance abuse problems
- Analyze the housing program and funding priorities of CSBs, and the structure and capacity of the housing services delivery system in each CSB area.

Create an ongoing interagency council to develop and coordinate housing initiatives for people with physical and sensory disabilities.

APPENDIX B

RECENT ARTICLE ON LEGAL ACTION IN NEW JERSEY

Advocates for disabled sue Jersey

Friday, September 30, 2005

BY SUSAN K. LIVIO

Star-Ledger Staff

Thousands of people with autism and other developmental disabilities live unproductive lives inside state institutions because the Department of Human Services has not worked hard enough to integrate them into society, according to a lawsuit filed yesterday.

The suit, filed in federal court by New Jersey Protection and Advocacy Inc., an organization representing the disabled, says the state is violating the Americans with Disabilities Act by confining nearly 3,100 people to developmental centers.

State officials acknowledge almost half of the centers' population could live in supervised group homes, apartments or with their families, but say the state spends the majority of its funding on running institutions, not relocation.

"The failure to develop a comprehensive integration plan has sentenced thousands of individuals with developmental disabilities to unnecessary, illegal segregation," the lawsuit said.

"People with developmental disabilities have the right to live in the most integrated settings appropriate to their needs," said Lowell Arye, director of a trade and advocacy group representing companies that provide group homes for disabled people. "It is sad that Protection and Advocacy must file a lawsuit. ... to allow people to live in the community."

New Jersey ranks 48th in the nation for having the most people with developmental disabilities living in institutions, the lawsuit noted.

Human Services spokesman Ed Rogan said 614 people have been relocated since 1999, but most of those were made before 2003.

State funding from a \$160 million bond referendum ran out in the last several years, and state budgets have not appropriated enough cash to keep up with the demand for housing, state officials and disability advocates have said.

"We realized in the last year it was time to move faster and be more comprehensive about our plans. Those people who live in institutions have a reasonable right to know when it is they are going to leave," Rogan said.

APPENDIX C

HOUSING PORTION OF OLMSTEAD ADVISORY COMMITTEE REPORT

V. Housing is Vital to Community Integration

Following the Committee's adoption of its 14 priorities, we had an opportunity to reflect on them as a package, as well as to consider public comment. In our discussions, it became obvious that, although the Committee's 14 priorities are essential to Olmstead implementation, housing is just as essential if people are to have real opportunities to move to, live in, and stay in the community. Only one of the original Committee priorities related directly to housing. (See Section III C. above) Therefore, we have decided that the other four housing recommendations in the original 54 recommendations, and two recommendations originally, deferred to 2006 should receive equal priority with the 14 others. They appear below:

Task Force Report #s 44, 110b (merged and updated): Establish a state housing supplement program for people leaving state mental health, mental retardation, nursing and assisted living facilities. Develop state and local consensus on strategies to increase landlord participation in the program, especially outside areas of low-income and minority concentration.
Task Force Report Recommendation #48: Require landlords to treat as income the value of Housing Choice Vouchers and other public benefits for people with disabilities.
Task Force Report Recommendation #49: Develop a legislative proposal requiring owners and managers of fully accessible housing to post advance notice of unit availability before making units available on open market.
Task Force Report Recommendation # 100 ^{8[1]} : Assure State level Consolidated/Housing Agency Plans identify persons with disabilities as a high priority housing need population. Mandate agencies, in allocating Section 8 voucher assistance, grant funds, low-and no-interest loans, and technical assistance to assign high priority to these needs.
Task Force Report Recommendation #s 101, 103, 107 (merged): Dialogue with local governments and public housing agencies on how to prioritize housing needs of people with disabilities in allocating locally administered housing subsidies and resources. Train CHDOs/other housing organizations/providers, CSBs, CILs, DSBs, and AAAs on best practices in building and sustaining local affordable and accessible housing partnerships. Determine on a regional basis the local capacity for delivering affordable and accessible housing. Meet with CSBs, CILs, DSBs, and AAAs to understand differences in local and regional housing needs and strategies and determine local and regional prioritization of gaps that State resources should address.
Task Force Report Recommendation #175: Examine establishing alternatives to sole reliance on the Auxiliary Grant program.
Task Force Report Recommendation #183: Educate local governments, the General Assembly, and the public about the negative impacts of many local land use regulations and practices on creating affordable and accessible housing.

Housing barriers and solutions are complex and require a commitment from the highest levels of government to address. The understanding and collaboration of both state and local housing and human resources agencies and stakeholders is required to develop strategies and coordinate efforts. We suggest that Olmstead issues be

featured in future Governor’s Housing Conferences and that we learn lessons from the newly awarded Transportation and Housing Alliance (THA) Grant of the Thomas Jefferson Planning District Commission, in which the goal is to develop a THA that will serve as a conduit of information, resources, technical assistance, and education. The THA will make public policy recommendations in the areas of transportation and housing and work to build and improve community infrastructure in localities and statewide.

Lastly, we urge you to heed the recommendations that come from the Study Report on Housing Opportunities for Persons with Disabilities in Virginia and establish a lead organization or agency to be in charge of coordinating all housing efforts for people with disabilities in conjunction with localities, VHDA, DHCD, relevant agencies, and stakeholders to develop a plan for providing housing for people with disabilities that would implement the Olmstead Task Force Report and related housing recommendations.

[1] This recommendation is among the Committee’s top 14 priorities and is discussed in detail in Section III.C. of the Olmstead Report.