The Department of Human Services
Presents
Residential Service Innovations Videoconference

Housing for People with Disabilities in the 21st Century
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Questions and Answers
Stearns County

The first example you went through about the disabled household, there wasn't much mention about supportive services in that example.

Cooper: The folks who were from the ARC of Anne Arundel County and the house were already receiving support services so this was a way to meet their housing needs. So the Housing Authority providing the Section 8 vouchers and the ARC of Anne Arundel County and the Omni House provided the support services.

And they were mobile and went to their houses?

Cooper: Yes. In some cases people chose to live in the housing that was actually owned by ARC or Omni, which obviously made it easy to provide the services but there was also a commitment to, if the person moved they would do their best to continue to provide services or if they have moved obviously far away they would help link them with other services.

You did allude that converting services is difficult. And I can see where people would say, we don't want to do that. It's not cost effective. So I don't know if there's any way to convince people that they should get on board.

Cooper: I think what has happened in the places where they have done this it's come down from the top. Meaning the leadership has been bought into it and said this is how it's going to work. So for example, I mentioned the District of Columbia, Department of Mental Health, they restructured things and their contractor said we don't want to do it, and they said great,
we'll find other contractors. So then the contractor said, okay, I guess we'll figure out how to do it. But it did require the contracted agencies to make some modifications on how they do business. And I'm not saying that's the way to develop policy, but I think the communities that have really motivated providers at the local level to start doing things a little differently have often used financial means to do that, meaning their contracting opportunities and redone their contract so people have either to do it or don't.

People here are buying real estate at about $230,000 or more for a four-bedroom house, and part of the deal is they are going to make money off the real estate that the state is helping to pay for. And all of a sudden, we say, wait a minute, the clients ought to control that, and maybe there shouldn't be such an incentive to make money off that real estate, and now we're into buildings that are quite expensive, and it's an investment probably to convert those buildings. Do we have to sell them all or what do we do?

Cooper: Just to stay with the D.C. example. They actually sat down with each provider and worked out a phase in or phase out structure with them so that they weren't suddenly like well I'm holding the mortgage on this building and now you're taking all the people out of it. So the people were held harmless, and there was a way to look at the financing of each building and figure out actually what, in that case, the Department of Mental Health actually put their dollars into capital resources to help subsidize some of this housing. And to help people buy mortgages or whatever it may be, so that people were not stuck like you're saying with a building that's empty. In an ideal situation, it's sitting down with each of your, in this case, your providers who have bought real estate and working out with them how to move that real estate into something that is a different model. So it doesn't say, we're going to leave you with this piece of real estate that does nothing for you. But it says don't go out and buy a whole another one because we're not going to finance anything new.

Lyon County

I was just wondering how consumer owned housing fits into this vision.

Cooper: Consumer-owned housing can fit into this vision. It's a question of how that housing is ultimately built or financed. It's more consumer controlled housing usually. Many of the folks that I'm talking about, depending on the marketplace, don't have the finances to own their own housing yet. In most places except for maybe Danville, Virginia, it's very hard to find property that's cheap enough to buy on, let's say an SSI level income. Whether or not you want it to be something that is more a co-op or something that is more of a group structure where consumers come together and make decisions about a four-bedroom house, for example, then that could be something as well that is supported by any support service provider that is there.
Hennepin County

I'm intrigued with the revisiting services piece of what you talked about, and really, the issue about the noncategorical services and the housing supports, housing stabilization piece. And you give examples of some of the best practices of really the partnerships, and would it be seen across the country where people, either local government or state government have really thought about revisiting their services. So I'm not asking about the partnership. I'm talking about more the human services side or the public health side of it. Who are some of the best that really revisiting the way they are doing business?

Cooper: When you're looking at the noncategorical things, I think the people who have done it the best are the folks that are doing housing support teams.

Hawaii, the Division of Mental Health (and I can give you a contact person there) that had a housing support team for years, and they just do housing. And they really have spent a bulk of money educating these folks and making sure that they are out there, that they have the housing skills but also that they have negotiation skills, crisis intervention skills, whatever they may need.

Ohio Department of Mental Health. It seems for some reason the departments of mental health have been on the forefront of these housing support models. I'm actually working through another contract for the federal government on putting together a tool kit on permanent supportive housing for Mental Housing Authority Directors. And I think the mental health folks have done the best so far or done the most so far. I wouldn't say the best. But the most at revisiting things, and that has been housing support teams but also unbundling their services and pursuing Medicaid rehab option in particular to really help people out in the community.

I've mentioned D.C. over and over again. One of the reasons I mentioned D.C. is that Marty Nicely who is the former Commissioner of the Department of Mental Health there is now working for TAC, and so we have the insight of what specifically she did. So I would say Hawaii, D.C., Ohio have done some great jobs. They are doing obviously good jobs everywhere, but those particular, and those happen to be the Department of Mental Health.

There were other folks, county levels, Arlington County, Virginia, has a Department of Human Services that has done some good jobs at combining categorical funding and is even trying to do more.
The Delaware Department Services Division has just put together a supportive housing agenda, and they are trying to -- in fact, they don't really use any of the regular housing resources. They are trying to figure out how to better do that to create community-based housing. But they struggle more with restructuring their services.

**Blue Earth**

In your presentation you spoke about number one, the importance of housing performance measures and then number two, service performance measures. Could you expand on that and maybe either give us some examples or tell us where we could find some examples of those types of performance measures?

*Cooper:* I get a lot of calls from service providers asking to help with their contracting around performance measures. The performance measures they usually want have to do with how well somebody meets their service plan, you know, the key elements of their service plan, how well somebody does in meeting their daily living requirements or if it's substance abuse, how long they stay sober, whatever that may be. And I always say to them, I don't care about any of that stuff right now. I want to know is that person staying in housing and paying their rent and not becoming homeless or losing their housing because if they do any of that, that means the whole thing, everything else fails.

I guess my key point is that any performance measures, any contracting you do that has performance measures in it, even evaluations you do of people always measuring consumer satisfaction, consumer choice, and that, I think, is great, I want to know if people are moving into housing and are they staying housed.

I've mentioned before it's a huge indicator of people, the service delivery, the quality of the service delivery and the innovation of the service delivery is whether or not people can stay housed. Because as I said before, people often get housed and they never see their service provider again until there's a problem. Once there's a problem, it's often too late. So if you're doing quality service provision, whether you're meeting somebody once a month to take them to the movies, you're still providing services that are somehow able to keep that person in housing. That's a first and foremost indicator of any permanent supportive agenda.

I think all service contracts that now are looking at doing community-based housing, have to have as their first performance measure, how many people did you house and how long have those people stayed housed. And I think that those are the key indicators. Then you can start talking about, have you done these satisfaction surveys, have you developed individual service plans, how many have met their individual service plans, have you worked with them on X, Y or Z. And that would be sort of the secondary part. My feeling is, sort of along

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the housing first model, if you can deal with housing and get somebody in a stable place then you can often be better suited to meet their other needs.

It's very hard to help somebody's healthcare needs, mental health needs, substance abuse needs whatever it may be when they are on the street or in a shelter. So very specific one but I think the key part is these aren't things like in our annual report that we're going to send to our funders; we house this many people and we kept them housed, aren't we doing a great job. This is I want you to report on this as part of your contract every month, or every quarter, and I want to know, and I'm going to tie maybe even my financing to it of your agency. You're going to paid like a housing authority. For every person you keep housed, I'm going to pay you X amount and there's the incentive right there to do good quality services that keep that person housed. Did that help?

Hennepin County

It's about a contact person for the Texas program. In your paperwork you have contacts for all the other programs but not the Texas one.

Cooper: It's Sarah Dale Andersen, but I don't have her number on these. I'm going to give that to Peg, and she's going to get that out. I will forward along their Web site, too.

In Minnesota, we have group housing rates. Is that the same as a Section 811 that you referred to?

Cooper: No. Section 811 is a program provided by HUD to finance independent living in group home situations for people with disabilities. Some of your group homes that you have here may be financed with Section 811 but probably not a lot of them. But I think what you said is a group housing rate that I think is a state determined. That's not 811, which is a federal housing program.

Blue Earth

I wanted to ask Emily if she has heard of or she knows of how much the housing voucher for ownership program is used for persons with disabilities and whether she feels it might be possible to even use that program for consumer controlled housing?

Cooper: I think it depends on your housing market. So that there are places that are using the housing choice voucher program for home ownership. For those of you that are unfamiliar that is part of a Section 8 program and it allows instead of subsidizing your rent it would help subsidize your mortgage. You can use it for people with disabilities. HRA's do not have
to do home ownership programs. They can choose to if they want to. People with disabilities places have made it work where there are one or both elements. One is a housing market that's affordable. Obviously, it's tough in housing markets where the costs are outrageous. I mentioned Danville, Virginia, you can buy a single-family home there for $40,000, and so you can make the dollars and cents work. The other place where it can work is places like in Colorado, where the state has put a lot of money into down payment and mortgage assistance programs in particular for people with disabilities. There have been a few mortgage products such as Home Choice from Fannie Mae that have tried to help people with disabilities and there have been sort of coalitions across the nation. And there are some places that are doing a great job but there are only a few that are actually targeted to people with disabilities.

In most cases, it's sort of ad hoc. So in Texas they have a great Home of Your Own Program. I know of a woman by the name of Jean Langendorf, United Cerebral Palsy there. Texas has done a great job for people with disabilities. But again, it's been limited by the cost of housing. Colorado has done a lot of extra financial assistance for folks. And there's some place, and I want to say, excuse me, it's in New Mexico, where they didn't decide to do home ownership program for people with disabilities but somebody showed up at their doorstep and said I have all these people ready to buy and they happen to be disabled, and there happen to be a lot of people serving them, and I can find out where that is.

Home ownership for people with disabilities has not been attractive. HRAs can set some income limitations and a lot of places have set income limits that are higher than people with disabilities usually make. They generally design policies to screen them out because they don't want to spend a lot of their Section 8 resources on it. A lot of places aren't doing home ownership to begin with because it's administratively burdensome.

Andersen Building

I saw a little reference to CMS coming out with an option for states to turn their state plans into a waiver. So there would be no more diagnosis-specific waiver or age in the waiver. Are you aware of that at all or heard about it?

Cooper: I've heard of that, but you know as much as I do at the moment because in my agency actually splits itself pretty well into housing and then human services. What I know about human services is probably this much compared to a bunch of other folks. So if that was something you wanted to know more about, I could get that information for you. Just I'm not the person to do it.
You know what I mean when I say HUD’s flexible voucher program. I heard just word of mouth that it’s been blocked, the attempt to move the Section 8 program to the states by the Congress in the last couple of... I’ve heard that there’s a possibility that like executive order that may happen.

Cooper: The question is about every year the Bush administration has tried to block grant the Section 8 program so it would be given all to states or local HRAs to administer sort of like they are on their HUD program. From our point of view, the impact of that would be negative because in many cases, in most cases, the states and HRAs would do things that were more about containing costs and not helping and setting income limits that can help those folks I’ve been talking about, which are the lowest of income. And in fact, most of these state and local Housing Authority and trade organizations haven’t come out in favor of it either. And Congress has not been in favor of it. So it’s been shot down in every attempt and every year they come back with it. I don’t think it’s high enough on the radar screen right now for them to do something like an executive order.

There’s a lot more that HUD is dealing with as far as holding its feet to the fire with regard to Katrina-related housing assistance and it’s trying to deal with a lot of that that I think they are not going to have enough push and enough people around to focus on trying to push that through. Having said that, I don’t have an eight ball or whatever it may be. So, anything is possible. Right now, HUD is all consumed with Katrina.

I was wondering, if you could think of a person with any disability who typically needs, maybe not the full 24, but at least 16 hours of care every day. In all the examples that you’ve seen, what are some typical formats that would work in that situation, given that the services we provide have the cash flow? What do you think starts to make sense when somebody does actually need fairly complex care?

Cooper: With almost all of those models, and typically ones that use metical assistance, the Section 8 or the home one they used in Texas, there are provisions to allow for what they call personal care assistance or live-in aide. They have used that ability to have a live-in aide in the Section 8 program or the home program to design models where somebody is available to that person, even if it’s a different type of live-in aide than you would think.

The typical live-in aide that housing authorities would think of would be somebody who would help someone with mobility impairments, or who needs help overnight. In Maryland, they have used the live-in aide definition to include other types of services that may be intensively needed to require somebody to be on-site. A live-in aide essentially allows if you’re a one person, to get a two-bedroom voucher, with two bedrooms so somebody could
live there with you. In Maryland they allow that person to be a rotating caregiver. It doesn't need to be somebody who lives there all the time and is essentially an employee of the tenant.

One of the things about the Section 8 program is that you can actually use it for people who want to live in group homes. So if I have a Section 8 voucher, I can actually decide to live in a group home, and maybe if they are stacked there, that person is considered my live in aide. But if I don't want to live in a group home, I take that Section 8 voucher and leave, and the owner says, how do I provide that person services if they leave? So it's a constant struggle to take those services and follow the person. And I think getting back to the CMS question, there's been more and more talk about that, at the federal level, money following the person. You hear about that a lot and trying to design federal flexibility that can be translated at the state level to design programs where the money and therefore the services followed.

I've have a 23-year old daughter that is severely disabled. She has 24/7 care. And we bought a house with an apartment. And it gets down in Minnesota to licensing and not licensed. If it's licensed to have a provider come in, then they are responsible for the staffing, they get residential housing. I've been trying to as I hear everything tonight figure out well how would a voucher, I mean, I don't think voucher is in your residential housing go together.

Cooper: I don't think it's going to work in your situation except for the fact -- you don't live in the house, right.

We live in a separate living area. We own the house though.

Cooper: So if your daughter income qualified, she had low enough of an income, she could get a Section 8 voucher and do what's called renting to relatives. So she could rent your apartment and she could use a Section 8 voucher there, and then the person who was in there assisting her would be her live in aide. So you might be able to make that work. But I think some of the things I'm hearing are about regulatory issues. Some of the things it sounds like, and this is sort of my key point in the beginning was that a lot of the decisions have been relegated to the state and local levels and a lot of the things that are falling apart. The residential, and the licensing issue, the waiver is not catching up, whatever it may be are at the state level and this is a group that can make recommendations to the state about what needs to change, and I think that, some of the things I discussed aren't going to work, that you can't lift that model up and put it here as it is right now. Are there things if you're interested in those models, are there things that need to happen and what those things are at the state level that make them happen. And I think looking at the licensing issues is a great
idea. I don't know enough about the Minnesota licensing issues to know specifically what that might be.

I was talking to some of the providers a common concern or question about what we heard tonight is that a lot of what you described was for the mental health. But it's a very different population than the DD population we're talking about here in Minnesota in terms of what we're doing there and making it work here. Do you have any research from the studies where used housing like you described where the cost has been compared to this versus a four-bed foster care center?

Cooper: For people with mental disabilities? I don't have any, but... I think when I have worked with other folks, particularly in Kelly, Delaware recently, and particularly people with developmental disabilities where you see the cost savings or the cost shifting because it seems that if you can offset some of the housing costs you free up some dollars that you may be able to use for more mobile services.

I've seen a lot of at the state level is that the DD folks have not taken as much advantage of mainstream housing resources overall as some of the other disability groups and so that when they start looking, oh, wait, maybe I can get some home dollars to subsidize this building or some, whatever it may be dollars, and that frees up some of the DD dollars that they can then put into services.

As far as service innovation, one of the concerns is we have limited resources. It's the issue of overhead costs administratively or regulatory that's overlapping. With my experience with HUD and our state agency, there are two different systems that are quite burdensome sometimes. Have you had any creative thought or experience with how states or organizations have dealt with that?

Cooper: Well, unfortunately, with HUD, the smaller amount of money they give you, the more amount of pain it is. Correlation. I mean, there's an inverse relationship. It's very frustrating and unfortunately there's not a lot we can do about the HUD money that comes directly to people.
Like 811, like McKinney-vento. You know what folks have done, the money that kind of goes through states and through cities and counties have been a little bit easier to use.

Where I've seen nice relationships happen is where there's one agency that controls multiple resources but they sit down the hall from each other and don't talk to each other. So like the state, Michigan State Housing Development Authority controls all the housing resources, Section 8, CBG, any housing resources that come to the state, they have it there. But they
don't talk to each other. But just in the past two years, they have started coordinating. So now when they have their tax credit, and I'm sorry, I don't know if folks are housing or not. Their tax credit rounds which is some housing resources that they have, where they put out an RFP, and people respond, they sit down with the Section 8 people and see if they can put some Section 8 project-based assistance in some of those developments to make at least the housing affordable. And in fact, they put in there state plan called a QAP (qualified allocation plan). But they have put incentives and priorities and extra points for people who want to develop housing for people who are at the lowest median. So there started to be some coordination at the states and cities and local levels for some allocation. Unfortunately, it doesn't make your life any easier as an 811 provider. There are consultants who do 811 applications.

Home ownership where someone is guaranteeing the loan, some second party private, maybe the county, they are guaranteeing the loan, and what they have in reserve by guaranteeing it is they obtain the equity in the house and they -- that's their -- that's what they hang on to. And the loan gets paid off. They still have all the equity in the house but still this person's home. They are going to live there as long as they want to. So it's kind of a could he ownership thing. The person living there, it's theirs forever as long as they want. But they have got some backing and we don't have any backing. Are there investors out there that say, hey, that equity would go to me? You know in the long run this is going to pay off for me. I'll guarantee that loan.

Cooper: A lot of parents of people with developmental disabilities will do things like that. And that's different from state to state. I've seen it in rental assistance where leases are turned over. Where the lease starts out in an agency name and then the lease is turned over to the person's name. So it's sort of the same kind of model of I'll take over and then you'll take over that.

It's almost like a contract for deed.


I was going to ask about land trusts.

Cooper: A land trust is defined differently in every place I go. They are a higher risk. There is not a lot of mortgage packages that are specific to people with disabilities that look at different income sources like the count SSI for example. Fannie Mae. Home choice is one of
the only ones designed specifically for them. And they have had to struggle on how to look at even Section 8 home ownership there's been a lot of negotiations back and forth between a lot of the bigger banks and the bigger mortgage companies and HUD and Section 8 agencies around how to look at the Section 8, is it an income source, is it not an income source, so that it doesn't penalize people.

So I haven't seen that model. It's an interesting model. And I don't mean to signed negative on home ownership. I find that it hasn't really been working for people at below 30 percent of median, which is the folks I focus on in most areas because there's no housing that's affordable to buy.

Because situations like if you can get, a couple folks, two or three that want to live together, then the co-ownership things with the guarantee. Then you've got more income coming in.

_Cooper_: And I've seen that model with parents involved. The parents are buying the house off.