

2008-2009 Housing Research Study

PHASES I, II, and III

With the guidance of Dr. Virginia Beard, a professor at Hope College, the research team focused on gathering current information, collecting new data on unmet housing needs from stakeholders, and soliciting information from people with disabilities and families regarding their perspective of housing issues. A sampling of key findings resulting from a survey of service providers, decision makers, and schools are as follows:

- 65% of those seeking affordable housing are looking for low-income subsidized apartments.
- 81% of the majority of clients served by local organizations have an annual family income under \$25,000.
- 79% of respondents stated that among the people they serve, affordable housing represents a significant concern.
- 86% of respondents identified affordability as an obstacle to obtaining accessible housing.
- 64% of those survey stated that transportation prevents their clients from utilizing public amenities.
- 62% believe that supports are somewhat available to persons with disabilities within Ottawa County.

Key findings from persons with disabilities and families via community focus groups are:

- Many people could access a wider variety of housing options if even minimal supports were available.
- People with disabilities, family members, and caregivers identified the following issues as major obstacles to housing: transportation (timing, routes, and reliability), lack of affordable housing (long waiting lists, often in unsafe neighborhoods, and a limited number of affordable options).
- A significant concern of this group is the need for a new model of understanding regarding housing needs and options for people with disabilities. The “one size fits all” model does not work for many or most people with disabilities in Ottawa County. This approach causes many people with disabilities to fall through the cracks in terms of their access to available supports, types of funding, and housing options that are available.
- Individuals expressed a strong need for information, given in a timely (not all at once and not after it is no longer useful), streamlined, regular manner. Families, caregivers, and people with disabilities often do not know what they need to know about the services, supports, and housing that is or may be available to them.
- A one-stop, case management approach to information dissemination is strongly desired in the disability community.
- People with disabilities, caregivers, and families desire information sharing in a formal way among themselves and from service providers, decision-makers, and funders.
- The disability community expressed a deep desire for information to be shared in a simplistic and organized manner.

PHASE IV

A compilation of findings from both surveys and focus groups guided the research team in developing a series of priority solutions. A solution is offered for each key factor that impacts a person's access to housing of choice. These factors include: 1) individual supports, 2) public amenities, 3) affordability, 4) accessibility, and 5) policy. Solutions were shared with the broader community to give them the opportunity to provide input.

- 1. Individual Supports** - Supports necessary for independent living, both natural and paid, are specific to a person's needs and allow for full participation at home, work, and in the community.

Solution: Empowering individuals to make life choices, i.e. housing, work, community participation, i.e. utilizing the self-determination planning model.

This means:

- The desires of the person will drive the way services are provided, i.e. based on a person's specific needs. A person can use money provided for supported service, for living rather than services dictated by policy, i.e. policy is created to allow money to follow the person.
- The individual has more control over the amount and type of supports they receive.
- In the future, the delivery model will be driven by supply and demand rather than by what the government thinks people need.

Note: This would allow for a seamless service provision, e.g. service providers actively communicate and therefore, would know what services a person has, still needs, and which agency can provide them.

Examples:

1. *Parent chooses which caregiver to hire for their child with autism rather than accept an agency appointed caregiver.*
2. *Individual decides where they'd like their rehabilitation services from (i.e. OT, PT, speech therapy, etc).*

Solution: Increase support services through enhanced **advocacy** and **collaboration** between state, county, nonprofit service providers, and community members. Include faith-based organizations and commerce to this collaborative to ensure support of community needs.

Note: Currently, Ottawa County is under-funded across the disability continuum; we need to organize advocacy in a collaborative manner to obtain sufficient funding. To address this issue, we could advocate at the state level for more Medicaid dollars. In addition, many local organizations and churches are serving the same people, e.g. budget counseling and information and referral. If communication was coordinated we could ensure our services complimented one another rather than overlap; this would also save money.

2. Public Amenities - Services and facilities within one's community that enhance living and allow for maximum independence (e.g. stores, parks, library, government buildings).

Solution: Improve access to public amenities:

- Use of existing public amenities is limited by an inability to get there due to transit limitations (frequency, destination, and cost). Once a person arrives they also may not be able to use the facilities because many are not ADA compliant. In addition, people often experience discrimination.

Example: *Wheel chair ramps and accessible bathrooms; stigma, real and perceived, i.e. the misconception that people with disabilities don't have money to spend, or that a person with a speech impairment must also be limited cognitively.*

3. Affordability - Housing available in one's location of choice, and at a cost, including associated expenses, that does not exceed 30% of the individual and/or household's income.

Solution: Locate and advocate for additional funding by:

- Increasing the number of housing vouchers in our community via our local housing commission.
- Increasing opportunities for home ownership (i.e. utilize programs through federal home loan and land bank; implement program similar to those that VA offers its customers).
- Raising awareness about funding that is currently available and providing education on funding options for which people are eligible. This includes instruction on how to access this funding (i.e. hold workshops for individuals and financial institutions re: available \$ options).

4. Accessibility - The choice of housing near appropriate resources and supports that is barrier free, both in the home and around the community, and meets the current and future needs of its residents.

Solution: Increase the **availability** of accessible housing (new and rehabbed) and **educate** the community and builders on accessible options. This includes both type and location of housing.

- Access more funding for rehabbing and new construction to increase accessible options.

Example: *Universal Design (rocker light switches, no step entries, lever door handles, wider doorways, handrails)*

This could be achieved by:

- Establishing planned communities – Where a percentage of units in a planned development be required to be ADA compliant/follow universal design.
- Location – ensure that community supports and services are available countywide.
- Marketing the aging in place model, i.e. universal design is cost effective and eliminates the need for people to move as they age. This would also benefit those who acquire a disability due to an accident or illness.

5. Policy – This fifth component evolved from feedback given by focus group participants.

Solution: Change in the overall way housing and the disability community is conceived by decision makers and the community at large.

- Providing decision makers with insight into the lives of people with disabilities so that they understand the importance of supporting programs that promote consumer choice.

PHASE V

The research team used community feedback to refine solutions so that they accurately describe the need and reflect consumer choice. Revised solutions will be incorporated into the final report and will be presented to local decision makers in late fall of 2009.

Overarching philosophy: Consumer driven model which frames services, policies and programs.

Individual Supports

Solution 1: Empower individuals to choose the supports that best meet their needs by educating individuals and service providers about available supports and developing additional supports to fit unmet needs.

Solution 2: Expand advocacy and collaboration to increase awareness and existence of support services.

- ❖ Collaboration is needed among state and local governments, faith-based organizations, non-profit service providers, and community members
- ❖ HMIS or 211 or a related system could serve as central depository for support service awareness and provision

Public Amenities

Solution: Expand public transit options in Ottawa County and improve accessibility of public facilities.

Affordability

Solution: Increase awareness and availability of affordable housing and housing assistance resources

- ❖ Awareness needed by builders, landlords, realtors and residents
- ❖ Assistance resources include support for rehabbing and building housing units, bill payment assistance, etc.

Accessibility

Solution: Provide education to increase the availability of both accessible housing structures and accessible communities.

- ❖ Education is needed among the community, landlords, realtors and area builders
- ❖ Education is needed about both benefits of accessible housing and communities and the options (funding, zoning, ADA requirements) available to create and rehab accessible housing and communities.

Policy

Solution: Change how the disability community is broadly perceived with the goal of reframing policies, programs and funding streams.

- ❖ Recognizing the diversity within the disability community