

Housing Barriers and Opportunities for Persons with Disabilities

NANCY W. SHEEHAN, PhD

HOUSING is a major factor that contributes to the well-being and quality of life of all persons, particularly persons with disabilities. Where we live affects our ability to have our psychological, physical, social, and health needs met. Due to the critical shortage of affordable and/or accessible housing, many persons with disabilities experience extraordinary hardships in their efforts to secure a place to call home.¹ Despite increased recognition of the rights of persons with disabilities to receive care in the least restrictive setting, housing policy and programs have a long way to go to satisfy the diverse needs of persons with disabilities for a place to call home. Given the diversity that characterizes persons with disabilities, housing policies and programs cannot reflect a single housing strategy but must offer flexible housing options which provide choices ranging from home ownership to residence in protective group residential settings. This article

highlights: 1) the importance of housing as part of the care continuum for adults with disabilities, 2) housing trends and barriers to accessing housing for people with disabilities, and 3) housing programs for persons with disabilities, with a particular focus on initiatives in Connecticut.

Importance of Housing

In the past the importance of housing for persons with disabilities has been overlooked due to the influence of the medical model and reliance on institutional settings. Current models emphasize the importance of consumer choice in accessing the least restrictive residential options that maximize independence, self-determination, and control. The importance of housing is implicit in the assumptions of the ecological model. This model posits that when environmental demands are congruent with individuals' adaptive levels the outcome is improved psychological well-being and competence.² There is also mounting empirical evidence that links the quality of housing with overall quality of life and functioning for persons with disabilities.^{3,4} Therefore, from a policy perspective, we must seek to create a range of growth-enhancing environments for all persons with disabilities that achieve congruence between the demands of the environment and the ability of the individual. Having a place to call home from a phenomenological perspective is associated with many psychosocial benefits that enrich adults' overall quality of life. Among the benefits are: 1) a sense of control, self-determination, independence, choice, and privacy; 2) opportunities to create enduring linkages to friends and neighbors; 3) integration with the broader community; 4) opportunities for expressing one's personal identity, values, and lifestyle choices; and 5) a sense of familiarity and meaning.⁵

ABBREVIATIONS USED IN THE TEXT

Americans with Disabilities Act = ADA
Connecticut Housing Finance Authority = CHFA
Centers for Independent Living = CILs
Department of Mental Health and Addiction Services = DMHAS
Department of Mental Retardation = DMR
Department of Social Services = DSS
Housing Authorities = HAs
Department of Housing and Urban Development = HUD
Independent Living Units = ILUs
Resident Services Coordinator = RSC

NANCY W. SHEEHAN, PhD, Associate Professor, School of Family Studies, University of Connecticut, Storrs. Email: Nancy.W.Sheehan@uconn.edu

Trends and barriers to accessing housing for persons with disabilities.—The housing crisis affecting persons with disabilities has been influenced by several significant events or trends occurring over the past 30 years. These include: 1) the dramatic growth in the number of persons with disabilities, 2) the deinstitutionalization movement relocating people out of large institutions, 3) the national shortage of affordable and/or handicapped accessible housing, 4) inadequate funding for federal and state housing programs, and 5) widespread housing discrimination against persons with disabilities.

Over the years, the stock of affordable and accessible housing has failed to keep pace with the dramatic increase in demand. As a result, large numbers of persons with disabilities are unable to access decent, safe, affordable housing. As many persons with disabilities attempt to secure a place to live, they often confront long waiting lists or a “take-it-or-leave it” attitude regarding available options.⁶ Long waiting lists for residential services are a major problem, particularly for those persons who need immediate assistance. Waiting list statistics for residential programs document the extent of the acute housing shortage. For example, a recent national survey of residential services for persons with developmental disabilities based on 36 states estimated that almost 60,000 persons are on waiting lists for residential services.⁷ In Connecticut, there are 1,550 persons on DMR waiting lists for housing (almost half need placement immediately or within one year).⁸

Despite a number of federal and state programs, persons with disabilities confront numerous barriers to accessing adequate housing. These include:

1. The limited supply of affordable housing in either the public or private sectors,
2. The severe shortage of accessible housing,
3. Long waiting lists for subsidized housing or housing vouchers,
4. Limited numbers of residential programs that integrate persons with disabilities in the community,
5. Restrictive program requirements that mandate participation in treatment before receiving housing,
6. Few homeownership programs for persons with disabilities, and
7. Discrimination and political pressures that seek to exclude younger persons with disabilities from subsidized elderly housing.

Since many persons with disabilities are poor, one of the most significant barriers is poverty. Further, many low-income persons with disabilities may be denied access to government subsidized housing programs, such as housing voucher programs and federal and state assisted housing complexes, because of stereotypes and discrimina-

tory practices against them. For example, federal legislation, the Housing and Community Development Act of 1992, authorized HAs with HUD approval to designate “elderly only” housing complexes. Upon approval, younger persons applying to the housing are denied access to the complex and current nonelderly residents are encouraged to relocate. However, nonelderly residents in these complexes are reluctant to leave because of their established ties to the community (friends, supportive services, and available transportation services). Further, in certain housing markets, the vouchers offered to encourage nonelderly residents to leave are of little use (e.g., high private sector rents, shortage of accessible housing, etc.).⁹ While few HAs have formally designated “elderly only” complexes, there is evidence that many housing managers exclude nonelderly persons with disabilities by refusing them admission. Evidence also indicates that when they are admitted it is to less desirable properties (e.g., poorer neighborhood quality and property condition).¹⁰

In Connecticut, the presence of younger persons with disabilities in state subsidized housing is a highly politicized issue. During the 2004 legislative session, numerous bills were proposed to deal with the issue. Bills included: 1) capping the percentage of nonelderly disabled in state-funded complexes, 2) designating elderly only (62 years of age and over) spaces in elderly housing, 3) expanding the role of RSCs to handle conflicts between elderly and nonelderly residents, and 4) providing rental assistance certificates to nonelderly residents or those on the waiting lists for state elderly housing. Currently, the Legislative Program Review and Investigations Committee of the General Assembly is conducting a study of mixing nonelderly disabled and elderly populations in state-funded housing. Overall, the limited supply of affordable housing creates tensions between advocates for the elderly and disabled. Moreover, any action that restricts the access of younger persons with disabilities to affordable housing limits their overall access to housing resources.¹¹

Therefore, despite significant developments in acknowledging the rights of persons with disabilities—the independent living movement of the 1960s, the disability rights movements of the 1970s which culminated in the passage of the ADA in 1990, and the recent Supreme Court Olmstead decision which mandates that persons with disabilities should be served in the most integrated setting—persons with disabilities still struggle to find appropriate housing that enables them to live in the least restrictive residential environment.

From a policy perspective, needed initiatives to secure adequate housing for persons with disabilities include:¹²

1. Community planning involving both housing and community development agencies to create partnerships

- among government agencies, community organizations, and advocacy groups at the local level to create a comprehensive vision of community development,
2. Education and compliance programs regarding fair housing laws,
 3. Creative homeownership programs that address financing barriers confronting persons with disabilities
 4. Housing education and counseling programs concerning residential options,
 5. Transition programs to bring people out of nursing homes,
 6. Collaborations among housing agencies, local supportive service and disability organizations to cover relocation costs for persons moving out of nursing homes,
 7. Programs to fund accessibility rehabilitation for low-income persons with disabilities,
 8. Adequate funding and support for targeted voucher programs for persons with disabilities,
 9. Programs to assist persons with physical disabilities in locating accessible housing.

Housing Programs Serving Persons with Disabilities

While generally most people with disabilities prefer to live in their own homes, there needs to be a range of residential alternatives to meet the diverse needs and preferences that characterize this group. Currently, while there are a number of programs that address the housing needs of persons with disabilities, there are no accurate estimates concerning the numbers of adults desiring these programs. However, the long waiting lists for existing programs are strong indicators that the supply is inadequate and that existing programs serve only a limited number of persons with disabilities who need housing. Programs for persons with disabilities include: 1) federal and state housing and voucher programs for affordable housing, 2) registry of accessible housing, 3) supportive housing programs for persons with chronic mental illness or substance abuse, 4) homeownership programs, and 5) nursing home transition programs. Each is briefly described within the context of Connecticut initiatives.

Federal and state housing and voucher programs.—The two major housing and supportive housing programs at the federal level are Section 202 and Section 162/811. Under Section 202, housing is provided for two target groups, elderly and persons with disabilities. Under this program, federal funding is provided to build ILUs in multiunit residential settings for low-income persons. Over the years, the proportion of funds allocated for specialized housing for persons with disabilities has increased. While Section 202 provides IULs, Section 162/

811 primarily funds small group homes staffed to provide social services for persons with disabilities. Funds may also be used to construct individual apartments or condominiums for persons with disabilities. Section 811 provides capital advances to nonprofit sponsors to develop housing and project rental assistance to cover the difference between the resident's contribution to the rent and HUD approved operating expenses. While sponsors must provide supportive services, they cannot require that residents accept services as a condition of residency.¹³ An evaluation of both Section 202 and 811 programs serving persons with disabilities document the success of these programs. First, they provide housing for adults who might previously have resided in institutional settings. In fact, HUD notes that "Nearly two-thirds of these Section 202 projects and three-fourths of these Section 162/811 developments house persons who formerly resided in state institutions or private training schools."¹⁴ In addition to offering increased independence, other appealing features include safety, convenient location, and handicapped accessibility. Also, the majority of residents reported high levels of satisfaction with their housing. Further, these housing programs increasingly serve severely impaired disabled persons.

In addition to federally subsidized housing intended for persons with disabilities, low-income persons with disabilities are eligible for federal and state subsidized housing primarily serving older adults. Over the years, the percentages of younger persons with disabilities living in both federal and state housing have steadily increased. However, as previously noted, growing tensions have emerged concerning the rights of younger disabled persons to access housing primarily serving the elderly.

Voucher programs operated by both the federal and state government are another strategy for increasing access to affordable housing. Vouchers offer rental assistance to low-income persons with disabilities to subsidize a portion of their rent. The largest voucher program is Section 8 for low-income individuals and families. However, there are far too few vouchers to meet the demands of income eligible persons with disabilities. Furthermore, evidence suggests that despite recent efforts of Congress in 2004 to authorize HUD to award housing vouchers to persons with disabilities to pay for affordable private housing of their choice (Public Law 108-199), HAs have failed to be proactive in promoting affordable housing for persons with disabilities. While vouchers can increase access to affordable housing, they may not work for persons with physical disabilities since many affordable apartments under Section 8 are not handicapped accessible.

Connecticut also offers a rental assistance program. In addition, eligible younger persons with disabilities may encounter barriers that prohibit their ability to access hous-

ing (e.g., discrimination, lack of accessible units, etc.) when they try to use vouchers.

Registry of accessible housing units.—Recognizing the difficulty in accessing handicapped accessible units, several states have implemented a housing registry of accessible units. In Connecticut, Co-op Initiatives, Inc. has maintained a statewide registry of accessible housing since 1999 (www.housingregistry.org). However, since its inception, only 60 individual properties have been entered into the registry. At the present time, the registry for vacant apartments lists only 12 complexes in seven communities for the entire state. Unlike Massachusetts, however, Connecticut's registry is voluntary. The limited number of identified accessible units is somewhat paradoxical since state law mandates that 10% of state assisted housing constructed or substantially rehabilitated after June 1991 must be adaptable for use by people with disabilities.

Supportive housing for persons with chronic mental illness or substance abuse.—In Connecticut, the new Pilots Supportive Housing Initiative is underway to build supportive housing for low-income persons diagnosed with serious mental illness and/or substance abuse disorder. The program, which builds upon the success of an earlier demonstration project in the 1990s, will create 650 units of supportive housing for homeless and at-risk populations. Involving a partnership of CHFA, DMHAS, and the Corporation for Supportive Housing, the program leverages rental assistance subsidies from HUD with matching state funds to produce affordable service-enhanced housing.

Homeownership program.—Until recently, the dream of owning a home was out of reach for the overwhelming majority of persons with disabilities. However, increased recognition of the rights of persons with disabilities to choose where they live has led to innovative homeownership programs. Several states, such as Rhode Island and Michigan, have developed financing strategies to help persons with disabilities purchase their own homes. Other programs provide housing subsidy payments for low-income persons with disabilities to supplement the difference between participants' income and their living expenses. Such initiatives attempt to create "a more level playing field between facility-based residential services and assisting people in having a home of their own." The National Home of Your Own Alliance has worked with state leaders to assist Connecticut to expand opportunities for homeownership for persons with disabilities.¹⁵

Nursing Facilities (NF) Transition Program.—Finally, while the NF Transition Program is not a housing program, its goal is to relocate individuals from nursing homes. With federal support from the Center for Medicare and Medicaid Services (CMS) and the Office of the

Assistant Secretary for Planning and Evaluation (ASPE), 25 states and five independent living centers have received grants to move people out of nursing homes. The lack of housing is the single most difficult barrier to overcome. Other barriers include relocation costs (e.g., security deposit, utility deposits, etc.).¹⁷

Connecticut has received a three-year \$800,000 NF transition grant to relocate 150 people out of nursing homes. The initiative involves a partnership among CILs, DSS, and the Ombudsman Program. The CILs provide training in both independent living skills and the philosophy of independent living, DSS and the Program assist in identifying participants, and DSS provides up to 40 rental vouchers. In addition, a "Common Sense Fund" pays for transitioning costs.

Conclusion

Despite efforts to expand housing options for persons with disabilities, major bureaucratic, political, and interpersonal barriers continue to exist that deny or limit many persons with disabilities access to affordable and/or accessible housing. Moreover, since the lack of affordable housing is the "single biggest barrier to community integration," urgent action is needed to ensure that persons with disabilities are no longer denied their fair share of housing programs and that they can be assured to have a place to call home.¹⁸

Disability advocates working with housing, social service, and health-care professionals through advocacy, legislation, education, enforcement, and accountability, need to dedicate themselves to improving the housing options for all persons with disabilities.

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