

## **Special Needs Housing in Vermont**

Individuals with special housing needs live in the community and face mental, physical, developmental or other barriers to independent living. Many persons with special housing needs also have low incomes and require affordable housing.

The State of Vermont has issued special needs housing definitions and competitive funding criteria (2004). Special Needs Housing includes any project that incorporates a majority of special needs populations and provides service-enriched housing. Special needs populations include households or individuals who cannot live independently without supportive services. Such populations include, but are not limited to:

- persons in need of transitional housing to avoid or alleviate homelessness;
- youth at risk;
- frail elders or persons with physical, sensory, cognitive, developmental and/or mental disabilities;
- or other populations where a combination of housing and supportive services will enhance the quality of life for both residents and the community at large.

### **I. Consumer Preferences and Public Policy Trends**

Individuals with disabilities who seek special needs housing may need accessibility features that are difficult to obtain in the general supply of housing, or may need services that are too expensive or unavailable where they currently live. Many individuals prefer to live in special needs housing that is scattered within neighborhoods or, if congregated, includes a mix of special needs and non-special needs households. Some individuals, especially some frail elders, find that congregate special needs housing such as assisted living is very desirable. As more individuals with disabilities are served in the community, housing and service providers learn there is no one right housing solution that meets the needs and preferences of all members of special need groups.

The trend of coordinating housing with services to meet consumer preferences will continue. Housing developers and sponsors have been working with local communities to develop new models of supportive housing. The Agency of Human Services has a goal to “help elders and individuals with disabilities to live independently and with dignity in the settings they prefer.” At both the state and federal levels, there is a long-term trend of helping individuals with disabilities enter the workforce, currently advancing under Ticket to Work initiatives. (*See Table 3 and Table 4 below for more information about the employment status for persons with disabilities.*)

In July 1999, the U.S. Supreme Court issued a landmark decision known as *Olmstead vs. L.C.* The court found that unjustified institutionalization of people with disabilities is a form of discrimination under the Americans with Disabilities Act (ADA). To demonstrate commitment to comply with the decision and the ADA, the Court recommended that states and territories develop a comprehensive, effective plan for placing qualified persons with disabilities in the most integrated settings and for developing waiting lists that move at a reasonable pace.

The Vermont Olmstead Advisory Commission is developing a report due in July 2005 that will

include a chapter on the relationship between housing and the ability of Vermonters with disabilities to live in the community.

As many adults with disabilities live longer and more independently in the community, they have increased interest in a continuum of housing options that supports family formation (including multi-bedroom rental housing and home ownership). Home ownership is of great interest and adults with disabilities may face special challenges including: less ability to commute (or need for access to transportation and jobs), fewer accessible housing choices, higher cost to buy a home when modifications must be made to make the home accessible, difficulties identifying affordable home maintenance services, and lower average incomes making home purchase more difficult.

Over three decades, AHS departments have worked closely with housing developers, sponsors, and service providers to increase community-based options. Most special needs populations today who use voluntary services are served outside of institutions, with one exception: most long-term care services delivered to frail elders are delivered in institutions.

## **II. Census Measures of Disabilities**

The U.S. Census includes a series of questions in its decennial census that also capture information about persons with disabilities. The Census definition provides general parameters for quantifying persons who are experiencing difficulty with movement or self-care activities. These disabilities make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. The definition also includes conditions that impede a person from being able to go outside the home alone or to work at a job or business.

In 2000, the U.S. Census counted more than **97,000** Vermonters (17% of the population) with some type of long lasting-physical, mental, or emotional condition, or disability. This Census tabulation is fairly close to the total number of special needs populations as seen in Table 5 below). However, not all categories listed in Table 5 are captured in the Census data (for instance, persons with substance abuse problems or individuals on probation).

Those 97,000 Vermonters often experienced one or more type of disability. The specific types of disability measured by the Census include persons in non-institutional housing settings with sensory, mental, or physical disabilities, self-care or employment disabilities, and difficulty leaving home (Table 1).

## Special Needs Housing in Vermont

Vermont						
	Sensory disability	Physical disability	Mental disability	Self-care disability	Go-outside-home disability	Employment disability
5 to 15	903	728	5,435	584	N/A	N/A
16 to 20	486	643	2,584	257	1,003	2,516
21 to 64	9,145	23,204	13,883	5,155	12,943	36,153
65 to 74	3,687	7,551	2,217	1,723	3,786	N/A
75+	7,157	11,374	4,819	4,225	8,480	N/A
<b>Total</b>	<b>21,378</b>	<b>43,500</b>	<b>28,938</b>	<b>11,944</b>	<b>26,212</b>	<b>38,669</b>

\*Includes people in individual households and noninstitutional group quarters (i.e. college dormitories, rooming houses, religious group homes, communes, and half way houses).

**Source:** U.S. Census Bureau - American FactFinder, Census 2000 Summary File 3

Census data also show that lower-income Vermonters – be they renter or owner households -- are much more likely to experience housing problems and mobility and/or self care limitations (Table 2). The problem is acute for both types of elderly households (as well as non-elderly households). More than **1,300** “extra elderly” (with persons over age 75 years) owner and renter community-based households experience mobility and/or self care limitations. More than **6,300** households (16% of all Vermont households) with a range of incomes have these problems.

Vermont										
Household income relative to the area median income	Renters				Owners				Total	
	Extra Elderly Households**	Elderly Households	All Other Households	Total Renters	Extra Elderly Households**	Elderly Households	All Other Households	Total Owners	Total Households	As % of All Households, Regardless of Limitations
<=30%	1,205	970	2,695	4,870	1,030	639	1,195	2,864	7,734	32%
>30 to <=50%	920	685	1,590	3,195	1,565	1,190	1,635	4,390	7,585	28%
>50 to <=80%	620	380	1,550	2,550	1,695	1,425	2,955	6,075	8,625	19%
>80%	349	283	1,865	2,497	2,239	2,219	8,655	13,113	15,610	11%
<b>Total</b>	<b>3,094</b>	<b>2,318</b>	<b>7,700</b>	<b>13,112</b>	<b>6,529</b>	<b>5,473</b>	<b>14,440</b>	<b>26,442</b>	<b>39,554</b>	<b>16%</b>
<b>As % Of All Households With Limitations</b>	<b>8%</b>	<b>6%</b>	<b>19%</b>	<b>33%</b>	<b>17%</b>	<b>14%</b>	<b>37%</b>	<b>67%</b>	<b>100%</b>	<b>0%</b>

\*Includes all households where one or more persons has 1) a long-lasting condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying and/or 2) a physical, mental, or emotional condition lasting more than 6 months that creates difficulty with dressing, bathing, or getting around inside the home.

\*\* "Extra Elderly" households are 1 or 2 Member households, with either person 75 years or older. "Elderly households" are 1 or 2 Member Households, with either person 62 to 74 years old.

**Source:** CHAS 2000 Data, U.S. Dept. of Housing and Urban Development

The 2000 U.S. Census documented that over 23,400 persons over age 65 worked in 2000 (Table 3). The largest concentration of older workers was in the educational, health and social services sector (21%), followed by the retail trade (13%) and other services (9%) and manufacturing (9%).

The 2000 U.S. Census also reported that more than 34,200 persons with some type of disability were employed in 2000 (Table 4). Over 37,600 individuals with a go-outside-the-home and/or employment disability also worked. The highest percentage of employment categories for these two groups of disabled persons include: educational, health, and social services; retail trade; and manufacturing.

<b>Table 3</b>						
<b>Employed Population, by Type, Census 2000</b>						
<b>Vermont</b>						
	<b>All Employed, Regardless of Worker Class</b>		<b>Employed 65+ Years Old</b>			
	<b>Number of Workers</b>	<b>As % of total</b>	<b>65 to 74 Years</b>	<b>75+ Years</b>	<b>Total 65+</b>	<b>As % of total</b>
Total	392,293	100%	17,860	5,549	23,409	100%
Agriculture, forestry, fishing and hunting, and mining	12,151	3%	1,038	479	1,517	6%
Construction	27,120	7%	986	298	1,284	5%
Manufacturing	55,809	14%	1,831	391	2,222	9%
Wholesale trade	11,673	3%	472	99	571	2%
Retail trade	48,823	12%	2,296	731	3,027	13%
Transportation and warehousing, and utilities	13,951	4%	668	199	867	4%
Information	9,978	3%	403	152	555	2%
Finance, insurance, real estate, and rental and leasing	17,498	4%	916	279	1,195	5%
Professional, scientific, management, administrative, and waste management services	28,162	7%	1,354	407	1,761	8%
Educational, health and social services	90,932	23%	3,827	1,031	4,858	21%
Arts, entertainment, recreation, accommodation and food services	39,744	10%	1,338	426	1,764	8%
Other services (except public administration)	18,543	5%	1,409	607	2,016	9%
Public administration	17,055	4%	1,322	450	1,772	8%
Armed Forces	854	0%	0	0	0	0%

**Sources:** U.S. Census Bureau - American FactFinder Advanced Query System, Census 2000 Sample Data File.

Special Needs Housing in Vermont

<b>Table 4</b>						
<b>Employed Population, by Type, Census 2000</b>						
<b>Vermont</b>						
	<b>All Employed, Regardless of Worker Class</b>		<b>Employed by Type of Disability (Note: not necessarily exclusive of one another)</b>			
	<b>Number of Workers</b>	<b>As % of total</b>	<b>With a sensory, physical, and/or mental disability</b>	<b>As % of total</b>	<b>With a go-outside-home and/or employment disability</b>	<b>As % of total</b>
Total	392,293	100%	34,219	100%	37,618	100%
Agriculture, forestry, fishing and hunting, and mining	12,151	3%	1,504	4%	1,451	4%
Construction	27,120	7%	2,902	8%	3,015	8%
Manufacturing	55,809	14%	5,045	15%	5,773	15%
Wholesale trade	11,673	3%	814	2%	1,239	3%
Retail trade	48,823	12%	4,654	14%	5,053	13%
Transportation and warehousing, and utilities	13,951	4%	1,254	4%	1,310	3%
Information	9,978	3%	736	2%	929	2%
Finance, insurance, real estate, and rental and leasing	17,498	4%	1,142	3%	1,425	4%
Professional, scientific, management, administrative, and waste management services	28,162	7%	2,210	6%	2,376	6%
Educational, health and social services	90,932	23%	6,634	19%	7,562	20%
Arts, entertainment, recreation, accommodation and food services	39,744	10%	3,525	10%	3,867	10%
Other services (except public administration)	18,543	5%	2,174	6%	2,173	6%
Public administration	17,055	4%	1,587	5%	1,398	4%
Armed Forces	854	0%	38	0%	47	0%
<b>Sources:</b> U.S. Census Bureau - American FactFinder Advanced Query System, Census 2000 Sample Data File.						

### **III. Vermont Special Needs Population Trends**

Special needs populations represent a broad range of individuals with unique housing needs. Many have low-incomes, compounding their difficulties in achieving successful housing options. The following is a summary of individual special needs populations in Vermont.

#### **Adults with Severe Mental Illness**

Between **17,646** and **33,862** Vermont adults (over age 18) have severe mental illnesses. Using the mid-point estimate of persons with severe mental illnesses, about **10,200** of these adults have low incomes, based on US Census estimates.

*Source: FY 2005 Block Grant Application, State of Vermont Agency of Human Services, Department of Health, Division of Mental Health Services, 2004.*

#### **Frail Elders and Individuals with Physical Disabilities**

More than **5,400** frail elders and persons with disabilities need assistance with at least two activities of daily living (ADLs). More than one-half of those are low-income, as defined as having less than 175% of federal poverty level. (In 2004, a 1-person household earned \$16,292 with an income at or below 175% of the federal poverty level.) This designation captures the majority of the publicly funded long-term care clients served by the Vermont Department of Aging and Independent Living. In 2005, over **18,600** frail elders and persons with disabilities require assistance with one or more instrumental activities of daily living (IADL), such as paying bills or doing light house work.

*Source: Shaping the Future of Long Term Care and Independent Living, Vermont Department of Aging and Independent Living, Agency of Human Services, 2004.*

Program planning projections expect that, by 2013, more than **16,600** participants will utilize State of Vermont programs. (This sum reflects “double counting” as some participants will use more than one program. For unduplicated projections for specific programs and supportive housing settings, consult *Shaping the Future of Long Term Care*). Projections are based on existing capacity and population trends. To the extent that existing capacity does not meet current need, projections do not reflect future need or demand.

Overall, elders are living healthier, longer lives and are better off financially. Their increasing numbers mean that, despite these advances, more elders will need services coordinated or integrated with housing.

Youth who have a disability find the transition to adult systems of care and support a challenge. Access to housing independent of families is a key barrier to teens and young adults progressing from school and family supports to independent living. An exact number of housing units needed was not quantified.

*Source: Needs Assessment Report: Vocational Rehabilitation Needs of Vermonters with Disabilities, Erica Garfin and Judith Dickson for the Vermont Division of Vocational Rehabilitation and the Vermont State Rehabilitation Council.*

### Persons with Developmental Disabilities

About **10,600** Vermonters of all ages have a developmental disability. About 2,900 individuals are served by the Vermont Division of Developmental Services (FY2003). About **4,200** persons with developmental disabilities have low incomes (at or below 80% of median income).

Trends for persons with developmental disabilities show that:

- Approximately 110 persons are born with a developmental disability each year;
- 32 persons with a developmental disability die each year;
- The Division of Developmental Services opens about 100 new cases each year.

*Source: Vermont Agency of Human Services, Department of Aging & Independent Living, Division of Developmental Services (2004). Vermont State System Plan of Care for Developmental Services: Three Year Plan FY 2005 – FY 2007.*

### Persons Living with HIV/AIDS

About 430 persons test positive for HIV or AIDS in Vermont, as of December 2004. About 550 to 690 persons are estimated to have HIV or AIDS. The rate of infection for persons over age 20 has been dropping since 1993. (No estimate is provided for the number of low-income persons in this category.)

*Source: Vermont Department of Health, Vermont Quarterly Report HIV/AIDS (December 2004)*

### Homeless Persons

About **4,000** individuals are believed to be homeless at some point during a given year. One-quarter of these individuals are children. The latest Vermont Continuum of Care report shows that **658** individuals and **439** persons in homeless families with children were counted in the June 2004 “point in time” count. It is estimated that virtually all these homeless persons have low incomes.

*Source: Vermont Continuum of Care, Agency of Human Services, 2004 Application to HUD for McKinney-Vento grant funds.*

Homeless individuals and families in communities are typically either in a temporary situation or are “chronically homeless.” According to the US Department of Housing & Urban Development, chronically homeless persons are unaccompanied individuals with disabilities who have been continuously homeless for a year or more OR have had at least four episodes of homelessness in the past three years. For HUD purposes, a disability includes substance abuse issues.

### **Probation and Parole**

The number of persons on probation and parole in Vermont has grown steadily over the past years. According to the Department of Corrections, about **12,400** persons are currently on probation. Many persons being released from incarceration face substantial obstacles in finding housing. It is expected that virtually all persons on probation have low incomes.

*Source: Blue Book 2005, Vermont Agency of Human Services, February 2005.*

Department of Corrections 2003 estimates showed that that 6% to 7% of the total prison population would be released if housing were available.

*Source: Steve Gold, Commissioner, testimony to Legislative Corrections Oversight Committee, 2004.*

### **Persons with Substance Abuse Problems**

More than 36,000 adults in Vermont have alcohol abuse problems. In addition, the Governor's newly launched D.E.T.E.R. Program estimates that between 2,000 to 3,000 Vermonters abuse heroin. No estimate for income categories is available.

*Sources:*

- *Preventing Alcohol & Drug Abuse in Vermont, State of Vermont, Department of Health (Healthy Vermonters 2010 Series), 2000.*

- *Vermont Department of Health, Drug Education, Treatment, Enforcement & Rehabilitation Program (D.E.T.E.R.) fact sheet at <http://www.state.vt.us/adap/deter/deter.htm#deter>, 2004.*

### **Youth In Need**

**Runaway Youth** - About **700** to **800** runaway youth are served each year with intensive services. This is approximately 1/3 of the total estimated number of actual runaway youth in Vermont, although that number might be conservative.

*Source: Vermont Coalition for Runaway and Homeless Youth Programs – based on service data from FY03 and FY04*

**Teen Birth Rate** – According to the Vermont Agency of Human Services Department of Health, about 530 Vermont teenagers give birth annually. This number has been steadily dropping for several years.

*Source: Vermont State Team for Individuals, Children & Families and Alice Maynard (April 2004). Outcome based planning: state partners & local communities working together to improve the well-being of all Vermonters. Vermont Agency of Human Services, Waterbury, Vermont. See Outcome #5.*

Table 5 shows a summary of specific special needs populations in Vermont. An individual may be included within more than one category of special needs if they experience more than one type of difficulty.

<b>Table 5 Special Needs Populations</b>	
<b>Vermont</b>	
<b>Special Needs Population</b>	<b>Total Population</b>
Frail Elderly and Disabled *	18,694
Adults (18+) with Severe Mental Illness	25,700
Persons with Developmental Disabilities **	10,605
<b>Substance Abusers</b>	
Alcohol	36,000
Heroin	2,500
Probation/Parolees	12,400
Persons with AIDS/HIV	430
<b>Homeless Persons</b>	
Individuals	2,400
Persons in homeless families with children	1,600
Teen Runaways	2,100
Teen Birth Rate	533
* Includes need for assistance with any activity of daily living or independent activity of daily living.	
** Includes about 3,000 blind or visually impaired persons (American Foundation of the Blind and the Journal of Vision Impairment and Blindness)	

#### **IV. A Closer Look at Support for Persons Needing Assistance with Long Term Care**

According to the Vermont Department of Aging and Independent Living's *Shaping the Future of Long Term Care & Independent Living* report, the projected number of persons with long-term care needs will grow to more than **21,000** by the year 2010, representing a 35% increase from 2000 (Table 6). The number of persons needing more intensive levels of assistance will grow to more than **5,400** in 2010, a change of 50% (Table 7).

As of November 2003, Vermonters in seven counties in the state had higher than state average risk of having to leave community settings to receive care. These counties have not met the state goal of delivering 40% of long-term care services in the community and more than 60% of services are delivered in institutions (listed from highest to lowest need): Bennington County, Rutland County, Washington County, Orleans County, Windsor County, Lamoille County, and Caledonia County. *The relative need to target can change suddenly with changes in local supportive housing and community services. Contact the Department of Aging & Independent Living for current data.*

## Special Needs Housing in Vermont

Persons needing long-term care are a subset of the elderly and physically disabled special needs housing population. An unknown percentage of the 15,631 persons who need help with instrumental activities of daily living or one or more ADLs will seek special needs housing.

<b>Table 6</b>					
<b>Estimated Number of People with LTC Needs<sup>1</sup> by Disability Level and Income. Persons of All Ages / Point in Time</b>					
<b>Vermont</b>	<b>2000</b>	<b>2005</b>	<b>2010</b>	<b>% Change (2000-2005)</b>	<b>% Change (2000-2010)</b>
Nursing Facility <sup>2,3</sup>	3,429	3,145	2,951	-8%	-14%
Community <sup>4</sup>	-	-	-		
Low-Income <sup>5</sup>	-	-	-		
2+ ADLs	1,617	2,036	2,392	26%	48%
1+ ADLs	2,667	3,237	3,723	21%	40%
Any ADL or IADL	6,785	8,017	9,080	18%	34%
All Other Incomes	-	-	-		
2+ ADLs	2,006	2,736	3,050	36%	52%
1+ ADLs	3,523	4,496	5,009	28%	42%
Any ADL or IADL	8,846	10,676	11,950	21%	35%
<b>Total Community</b>	<b>15,631</b>	<b>18,694</b>	<b>21,030</b>	<b>20%</b>	<b>35%</b>
<b>Table 7</b>					
<b>Estimated Number of People Needing Assistance With At Least Two Activities of Daily Living By Age Group and Income / Point in Time</b>					
	<b>2000</b>	<b>2005</b>	<b>2010</b>	<b>% Change (2000-2005)</b>	<b>% Change (2000-2010)</b>
Nursing Facility <sup>2,3</sup>	3,429	3,145	2,951	-8%	-14%
Community, Low Income (<175%FPL) <sup>4</sup>	1,617	2,036	2,392	26%	48%
<18	59	69	72	17%	23%
18-64	395	517	626	31%	58%
65-74	338	402	488	19%	44%
75-84	463	540	572	17%	24%
85+	362	509	634	41%	75%
Community, 175%+ FPL <sup>4</sup>	2,006	2,736	3,050	36%	52%
<18	140	165	174	17%	24%
18-64	527	695	833	32%	58%
65-74	303	339	365	12%	21%
75-84	615	790	811	28%	32%
85+	421	748	867	78%	106%
<b>Total Community</b>	<b>3,623</b>	<b>4,772</b>	<b>5,442</b>	<b>32%</b>	<b>50%</b>
<sup>1</sup> LTC needs are defined as requiring assistance with ADLs and/or IADLs. A person with an ADL requires "hands on" assistance with an activity of daily living, such as dressing, bathing, movement, toileting, and eating. A person with an IADL requires assistance with instrumental activities of daily living such as paying bills, taking medication, using the telephone, getting around outside the house, doing light house work, and preparing meals. <i>Excludes</i> individuals with mental retardation or developmental disabilities.					
<sup>2</sup> Represents average daily number of nursing facility residents in fiscal year, based on quarterly MDS data (includes Wake Robin but excludes Arbors and Mertens). Nursing facility residents not broken out by income or disability level because data are unavailable.					
<sup>3</sup> Nursing facility "need" assumes that all individuals in nursing facilities in 2000 "needed" nursing facility care. Trend in nursing facility need over time is based on use trend assumption entered on ASSUMPTIONS sheet. All individuals in nursing homes are assumed to have 2+ ADLs.					
<sup>4</sup> Community residents include individuals residing in non-institutional settings. This includes people living in their homes, as well as people living in residential care and congregate housing with supportive services.					
<sup>5</sup> Low -Income here is defined as income less than 175% of federal poverty level.					
<b>Source:</b> Estimates were prepared by The Lewin Group and published in "Shaping the Future of Long Term Care & Independent Living, 2000-2010" State of Vermont Agency of Human Services, May 2003.					

## **V. Supply of Housing for Special Needs Populations**

An assessment of the *complete supply* of housing available to all special needs populations was not included in the scope of work for this project. The consultant recommends that such an analysis be completed. It would provide a complete picture of whether sufficient housing is available for special needs populations. This would also help Vermont housing and human service agencies determine how to establish new programs and augment current programs to deliver services more effectively for clients who live in service-enriched housing or in community settings with minimal services.

An analysis of special needs housing supply and gaps is challenging. Existing databases do not fully capture utilization across special needs housing types known to be part of the supply. Until central issues are solved, the best analysis of gaps between supply and demand will occur at local and regional levels through market studies.

- The Directory of Affordable Rental Housing does not identify what housing supply meets the special needs definition and does not identify visitable units;
- The Agency of Human Services does not have a consistent way to identify what housing its clients use, or its clients' unmet housing needs;
- The Department of Aging & Disabilities' data regarding licensed facilities focuses on the capacity of providers to serve a number of persons at a site and does not include basic information about housing capacity for most license categories;
- The Department of Labor & Industry information about the highest unmet housing needs in licensed settings is not centralized. It has been difficult to determine which homes have the highest needs because there is no central standing list with which to work. Such a list will be produced in the future.

There is no complete central inventory of unlicensed special needs housing for all populations. Known types include: Section 8 units or vouchers preferenced for persons enrolled in Medicaid Waiver or 1115 programs, shared group residences, congregate housing with supportive services (both funded by the State of Vermont as well as comparable arrangements that are privately funded), housing coordinated with supportive services (variety of housing types), match up programs, echo housing or accessory dwelling units, and home modification. Because of limits in the data, the discussion of needs in these housing types is limited.

The State of Vermont licenses special needs housing through residential care homes, therapeutic community residences, and assisted living residents across the state (Table 8). Continuing care retirement communities and homes for the terminally ill are also licensed by the State. Those facilities are located in Chittenden County only (and are not depicted in the chart).

Table 8 Distribution and Capacity of Licensed Special Needs Housing Vermont								
	Residential Care Homes *				Therapeutic Community Residences***		Assisted Living Residences**	
	Level 3		Level 4		No. of TCRs	Licensed Capacity (Persons)	No. of ALRS	No. of Units
	No of Homes	Licensed Capacity (Persons)	No of Homes	Licensed Capacity (Persons)				
<b>Addison</b>	1	88	1	8	1	5	0	0
<b>Bennington</b>	8	249	1	8	3	20	0	0
<b>Caledonia</b>	4	60	1	8	1	5	0	0
<b>Chittenden</b>	12	409	0	4	8	79	1	28
<b>Essex</b>	2	28	0	0	0	0	0	0
<b>Franklin</b>	8	193	0	0	1	5	0	0
<b>Grand Isle</b>	0	0	0	0	0	0	0	0
<b>Lamoille</b>	3	69	0	0	1	9	0	0
<b>Orleans</b>	7	61	2	27	4	86	0	0
<b>Orange</b>	7	118	1	7	0	0	0	0
<b>Rutland</b>	12	242	3	32	6	94	1	58
<b>Washington</b>	15	333	2	19	3	25	1	60
<b>Windham</b>	5	110	0	0	1	4	0	0
<b>Windsor</b>	9	177	0	0	2	18	1	22
<b>Total</b>	93	2137	11	113	31	350	4	168
* Residential Care Homes provide room, board and personal care to more than 2 persons unrelated to an operator. Level 3 homes also provide registered nurse overview .								
** Assisted Living Residences provide housing and supportive services to promote resident independence and aging in place.								
*** Therapeutic Community Residences provides short-term individualized treatment to residents with major life adjustment problems.								
Continuing care retirement communities combine housing, supportive housing and long-term care on a campus. Vermont has one CCRC in Chittenden County. Vermont has one home in Chittenden County.								
Homes for the Terminally Ill provide room, board and personal care to persons who are dying.								
Since there are one Continuing Care Retirement facility and one Home for the Terminally Ill, they are not depicted in the table.								
<b>Source:</b> Lists of licensed facilities, Vermont Department of Aging & Independent Living As of November 2004 .								

The Vermont Department of Aging and Independent Living (DAIL) provided the following information about supply and utilization of special needs housing by elders and adults with physical disabilities for the balance of this section. The mix of special needs housing types used and needed by elders and adults with physical disabilities varies regionally based on utilization of other services designed to keep people in "independent" housing with services and allow aging in place, and based on local preferences.

Congregate Housing with Supportive Services (HASS) includes multifamily elder/disabled housing sites that provide wellness programming, early intervention services, and enhanced service coordination with community-based long-term care services. Participation in this program is limited by state funding (general funds). Projections adjust for population growth at current utilization and availability may not reflect total demand or need (Table 9).

Table 9 Congregate Housing With Supportive Services (HASS) Vermont	
Year	HASS Participation
2003	797
2008*	951
2013*	1,151
* Projected supply	
Source: Vermont Department of Aging and Independent Living	

Residential Care Homes provide room, board and personal care to more than two persons unrelated to an operator. Level 3 homes include registered nurse overview and are eligible to apply for provider status in Medicaid and Medicaid Waiver programs. The ACCS Medicaid program provides a daily payment for care to elders and persons with any disability who have fewer needs than those addressed in nursing home or institutional care levels. The Enhanced Residential Care Medicaid Waiver program provides an additional payment for the care of elder or physically disabled individuals who would otherwise qualify for nursing home care. The ACCS and ERC programs are also available to assisted living residents (Table 10). Developmental Services and Traumatic Brain Injury Medicaid Waiver programs also serve consumers in these settings, as does the mental health CRT program.

<b>Table 10 Persons in Residential Care</b>			
<b>Vermont</b>			
<b>Year</b>	<b>Unduplicated Persons Served per Year</b>		
	<b>ACCS(below nursing home level of care)</b>	<b>ERC(at nursing home level of care)</b>	<b>Private Pay(can be either level of care)</b>
2003	625	149	1132
2008*	832	229	1492
2013*	1047	312	1872
* Projected service levels			
Source: Shaping the Future of Long Term Care and Independent Living, Vermont Department of Aging and Independent Living, Agency of Human Services, 2004			

Assisted Living Residences – provide private apartment-style units. For newly constructed residences, a full apartment is required (efficiency size). If the building has been used for another purpose or is converting from residential care, a private bedroom and bathroom may be provided in place of a full apartment. Other features include personal care, activities, and service coordination, and are required to retain residents with some nursing home level of care needs. “Vermonters Coming Home” Program calls for one affordable assisted living residence to be developed per county, at the largest scale feasible given the mix of services and resulting local demand. Only Chittenden County’s Cathedral Square Senior Living has an affordable assisted living residence today. A second affordable assisted living residence will open at Vernon Hall Retirement Residence in Windsor County in 2005.

Dementia Special Care Units in Residential Care Homes and Assisted Living Residences - There are currently no affordable dementia special care units in the state (25% of capacity available to Medicaid, specialized program of services for people with Alzheimer's and related disorders). One will open in Chittenden County with the expansion of Converse Home. Projected demand has not been established.

Match Up Services – Match up programs bring together people with unused space in their homes and people who need affordable, shared housing. Homesharing and live-in caregiving arrangements often provide supports that mirror single purpose special needs housing projects. Match up services are available only in these counties: part of Addison, Chittenden, Grand Isle, and Washington. The State Plan on Aging sets a goal to spread “matchup” programming to all of Vermont by 2013. The exact potential demand to be met would be established through regional marketing studies, like those prepared prior to the start of the Central Vermont program.

Group Directed Attendant Care – The Home Based Medicaid Waiver program delivers 24 hour personal care and standby services at one congregate housing site designed for individuals with high mobility needs at South Burlington Congregate Housing in Chittenden County. The project has 9 one-bedroom apartments for households of 1 or 2 persons. DAIL has called for one additional residence of similar scale in the southern part of the state. There is great interest in making the standby service capacity of such residences available to individuals living in neighborhood scattered site housing in neighborhoods.

Shifts with 1115 Medicaid Waiver - Approximately 200 people will shift from nursing homes to community settings with the implementation of the new 1115 Medicaid Waiver program beginning in 2005. It is likely that many of these persons will consider using special needs housing settings to the extent that opportunities are available.

Lack of Choice - Two counties, Orleans and Grand Isle, have the most restricted choices in special needs housing. However, supply and access appear to be restricted in most of the state based on reports of wait lists for subsidized places. In fact, case managers reports that many clients do not enter wait lists because they do not have time to wait.

## **VI. Status of Special Issues**

### **The Residential Care Home Crisis**

The housing and services communities worked together in the late 1990s and early 2000s to address a crisis in the industry. Increases in SSI payments fell behind inflation and far below costs associated with higher needs of residents. Homes serving significant numbers of low and moderate income persons were in crisis. At one point, up to 15% of capacity available to SSI beneficiaries was lost in a year.

A task force was formed headed by the Agency of Human Services (AHS) and Department of Labor & Industry. AHS developed the Medicaid Assistive Community Care Services Program for Level 3 residential care homes and assisted living residences. Vermont's legislature appropriated \$250,000 in sprinkler home grants to help some facilities meet new life safety requirements that they could not afford to meet. These resources stemmed the worst of the crisis. Many homes, however, remain vulnerable due to subsequent increases in property and liability insurance rates and to new property taxes.

A full assessment of the accessibility and status of this important housing stock is not available. Much of the stock is believed to be fairly old. AHS and housing funders report increasing number of calls about funds for capital maintenance needs (general and to improve accessibility). Providers' responses to the last residential care home survey questions about capital maintenance and rehabilitation needs are incomplete and cannot be reliably interpreted. It is believed that many older homes have upper story capacity that might be better utilized if accessibility could be improved. The financial feasibility of this is not clear and further study is needed.

When consumers use Medicaid or Medicaid Waiver to pay for services, their total contribution to housing and services in residential care and assisted living can cost up to 93% of income – this is above the traditional target of 80-85%.

### Home Access Modifications

The Vermont Center for Independent Living (VCIL) operates the Home Accessibility Program for Vermonters who have a disability and need grant funding to making home accessibility improvements to a bathroom or main entrance. Program eligibility is based on household income.

The need for accessible housing continues to increase. VCIL receives about 10 to 12 applications for assistance every month.

As of December 31, 2004, a total of 229 persons were on the waiting list for home modifications (Table 11). The average length of time varied, but persons in every county had been on the waiting list for well over a year (average) and still had not been assisted, due to funding limitations. According to VCIL reports:

- A persons waits an average of three years to receive program services.
- The per household-served cost that applies to persons on the waiting list is \$7,500, representing a total of \$1.7 million to assist the persons on the waiting list.
- Average income relative to HUD’s estimated area median income: 36.1%

	# of people on waiting list	< 30 percent AMI	31-50% AMI	51-80% AMI	81-100% AMI	Average Age	Average Length Waiting (in years)
<b>Addison</b>	11	8	3	0	0	46	1.6
<b>Bennington</b>	13	8	4	1	0	48	1.9
<b>Caledonia</b>	16	10	3	3	0	51	1.2
<b>Chittenden</b>	40	22	10	8	0	48	1.6
<b>Essex</b>	11	5	4	2	0	49	1.8
<b>Franklin</b>	20	8	6	5	1	54	1.3
<b>Grand Isle</b>	4	0	2	1	1	51	1.6
<b>Lamoille</b>	8	4	1	3	0	57	1.8
<b>Orange</b>	9	5	3	1	0	51	1.6
<b>Orleans</b>	20	12	3	5	0	49	1.7
<b>Rutland</b>	34	16	13	5	0	55	1.7
<b>Washington</b>	25	12	6	6	1	48	1.4
<b>Windham</b>	9	5	1	3	0	28	1.1
<b>Windsor</b>	9	3	3	3	0	55	1.2
<b>Vermont</b>	229	118	62	46	3	50	1.6

A long-term strategy to reduce the need for home access modifications is to promote visit ability and universal design. Following visitability provisions in Vermont statute, the Vermont Assistive Technology Program promotes the visitable homes and the ease with which they can be constructed. The visitable features make it more likely that aging in place/independent living can occur for residents of these homes. Visitable homes include:

- Zero step entry
- First floor exterior door that is at least 36 inches wide.

- First floor interior doors between rooms that are at least 34 inches wide or open doorways that are at least 32 inches wide with thresholds that are level, ramped or beveled.
- Interior hallways that are level and at least 36 inches wide.
- Environmental, utility controls and outlets located at heights in compliance with standards adopted by the Vermont Access Board. For more information on The Vermont Access Board contact the Department of Labor & Industry at (802) 828-5098 or [www.state.vt.us/labind](http://www.state.vt.us/labind) .
- Bathroom walls that are reinforced to permit attachment of grab bars.
- Full bath or at least one-half bath on main floor.

A group of representatives from housing funders, policymakers, developers, and the Agency of Human Services met in 2004 to explore strategies to promote public awareness of visitable and universally designed homes, and to encourage development. They determined that no single entity has the current resources to undertake the development of a public awareness campaign and technical assistance program for industry and called for the development of targeted resources. Developers and architects appear to need access to technical assistance to translate common design practices to typical Vermont conditions (challenging physical sites, lack of level sites, costs) to increase the supply of well designed visitable and accessible housing.

### **Supplemental Security Income (SSI) Support**

Supplemental Security Income (SSI) is a federal cash assistance program that provides monthly benefits to low-income disabled persons in every state and other jurisdictions.

In recent years, these cash payments are often not sufficient to meet the individuals' costs of living, including housing (Table 12). The following comparisons illustrate the challenges that faced SSI recipients in Vermont in 2004:

- 69% of a monthly SSI check in VT covered the cost of a 0 Bedroom Fair Market Rent and 93% for a 1 Bedroom Fair Market Rental unit;
- An individual on SSI could afford to pay only \$185 a month in rent (spending 30% of income for housing);
- High housing costs for SSI recipients were particularly acute in Addison, Burlington MSA, Franklin County, Windham, and Windsor counties.

Table 12 Supplemental Security Income (SSI) Payments in Vermont: 2004						
	0 BR FMR	1 BR FMR	SSI	30%	% for 0 BR	% for 1 BR
Addison	\$463	\$559	\$616	\$185	75%	91%
Bennington	\$418	\$528	\$616	\$185	68%	86%
Caledonia	\$404	\$482	\$616	\$185	66%	78%
Burlington MSA	\$521	\$638	\$616	\$185	85%	104%
Chittenden non-MSA	\$425	\$687	\$616	\$185	69%	112%
Essex	\$384	\$464	\$616	\$185	62%	75%
Franklin non-MSA	\$463	\$525	\$616	\$185	75%	85%
Grand Isle non-MSA	\$400	\$480	\$616	\$185	65%	78%
Lamoille	\$370	\$513	\$616	\$185	60%	83%
Orange	\$383	\$503	\$616	\$185	62%	82%
Orleans	\$356	\$430	\$616	\$185	58%	70%
Rutland	\$423	\$549	\$616	\$185	69%	89%
Washington	\$399	\$494	\$616	\$185	65%	80%
Windham	\$459	\$530	\$616	\$185	75%	86%
Windsor	\$494	\$559	\$616	\$185	80%	91%
<b>Vermont *</b>	<b>\$426</b>	<b>\$576</b>	<b>\$616</b>	<b>\$185</b>	<b>69%</b>	<b>93%</b>
* Weighted average based on number of renters in unit size.						
Source: VHFA Analysis of SSI data.						

## VII. Statewide Focus Group Summary

At a series of thirteen meetings around Vermont in the fall 2004, professionals representing a cross-section of organizations that work regularly with Vermont’s special needs populations – elderly, corrections, mental health, substance abuse, sex offenders, homelessness, and youth -- reported that the hardest to serve group of people in many cases have multiple problems that cannot easily be addressed within one department or a single program. **The following provides a summary of problems for different special needs populations.** Summaries for the county-level focus groups are included in each county chapter.

One problem that transcends this housing needs assessment is the unstable federal and state program funding situation. This problem was cited in every focus group and overshadowed all specific recommendations. Without adequate funding, no additional (or even current) services can be provided.

Special needs populations can be found revolving in and out of county jails and corrections programs, mental health programs, homelessness programs, and transitional shelters. Housing with services is one way to help stabilize these populations’ housing situations. There simply is not enough permanent housing in place. This creates a “ripple effect gap” for transitional housing for all types of special needs populations.

Many problems include: lack of affordable housing; the burden of needing cash to cover security deposits as well as the 1<sup>st</sup> and last month’s rent; “forced” pairings of elders with disabled

residents; integrating special needs residents into the community. Some eligibility restrictions associated with federal or state housing programs lead to homelessness for special needs populations because they cannot qualify for the housing due to poor credit, previous problems with landlords, or inadequate incomes.

Persons with special needs often live in substandard housing in poor neighborhoods and are hampered by their inability to negotiate with a landlord, neighbor or employer. Many can't plan a meal or balance a checkbook. Transportation is an on-going issue for almost all special needs populations.

The following summarized the problems faced by different special needs populations cited by focus group participants.

### Frail Elderly/Persons with Disabilities

- Assisted living must play greater part in continuum of care. Wrap services with housing.
- When services are not available in community-based housing, frail elders have few options other than nursing homes.
- As population ages (baby boomers move into older age cohorts), there will be a much greater need for housing with services.
- In some counties, there are long waiting lists for residential care beds (Medicaid and Medicaid Waiver).
- Need an increase in case management and housing with services.
- Bring "mobile" services to rural areas where residents are living.
- Need better pay and employment opportunities for care-givers. There simply are not enough care-givers.
- Provide home-sharing provides opportunities for residents to stay in housing.
- Disabled youth prefer not to live with elders or in an institutional setting.
- Disabled adults face special barriers to home ownership. (Need for particular locations close to jobs or transportation, added cost to make dwelling accessible, lower incomes)

### Adults with Severe Mental Illness

- Often have to leave local areas to receive services.
- Program restrictions limit assistance for persons with persistent mental illness.
- No housing for undiagnosed mentally ill (without program support, housing situations are unstable).
- Landlords may not be aware of special need.
- Need social service link to encourage landlords to accept people with mental illnesses as residents.

### Persons with Developmental Disabilities

- For disabled adults living with family, aging parents not able to provide care.

### Persons with Substance Abuse Issues

- Increased drug-related disabilities with young Vermonters are occurring.
- Need housing linked with nearby treatment services.

### Domestic Abuse

- Women going back into abusive situations when voucher assistance no longer available.

## Special Needs Housing in Vermont

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- In many locations, special shelters are not available, therefore, victims of domestic abuse use homeless shelters.
- Need long-term housing and services.

### Probation/Parolees

- Long term stays in hotels being used by Corrections and competing with emergency stays for homeless.
- Insufficient transitional housing for corrections.
- Often move into very poor housing situations, which often leads person back into prison.
- Felons generally cannot get into housing via programs like Section 8. This leads to housing problems for family members.
- No housing is available for sex offenders.

### Homeless Persons

- General increase in homelessness for all special needs populations. Longer waiting lists lead to increased homelessness
- More and more family preservation program funds are going toward emergency housing in hotels and other locations..
- Need life skills and transitional housing as a step toward permanent housing.
- Provide funding for the Back Rent Program.

### Youth in Need

- Upon turning age 18, many youth no longer eligible for state (SRS) services are doubling up and couch surfing.
- There is not enough adequate transitional housing for single persons age 21 or older.
- Youth at risk do not fit into most current programming.
- Help youth with life skills training.