

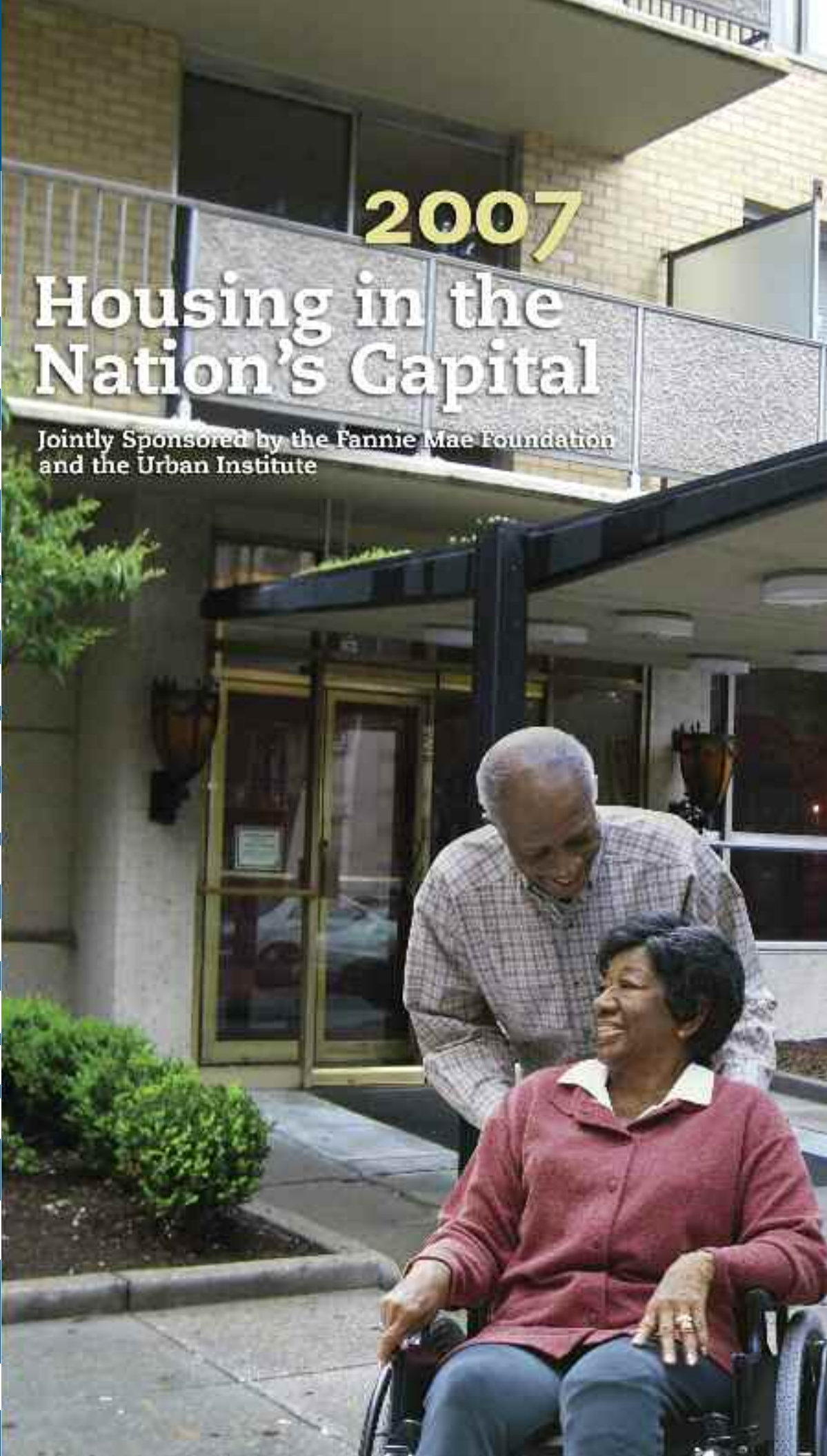
Fannie Mae

Foundation

2007

Housing in the Nation's Capital

Jointly Sponsored by the Fannie Mae Foundation and the Urban Institute



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Housing in the Nation's Capital **2007**

Foreword.....	2
About the Authors.....	4
Acknowledgments.....	4
Executive Summary.....	5
Introduction.....	16
Chapter 1	
Changing Demographics in a Strong Economy.....	18
Chapter 2	
Housing Market Slowdown without Affordability Relief.....	27
Chapter 3	
Growing Number of People with Special Housing Needs.....	38
Chapter 4	
Housing and Service Solutions for People with Special Needs.....	50
Chapter 5	
Strategic Opportunities: A Coordinated Response to the Region's Special Housing Needs.....	66
Endnotes.....	78
References.....	82
Appendix A: Geographic Definitions.....	85
Appendix B: Data Resources.....	86

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Prepared for the Fannie Mae Foundation
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Foreword

One hallmark of a successful community is its ability to meet the needs of its most vulnerable members, including the frail elderly, people with mental or physical disabilities, and homeless individuals and families. This year's *Housing in the Nation's Capital* report focuses on these groups, all of which have special needs that magnify the considerable challenges of finding decent, affordable, and suitable homes in the Washington metropolitan area's high-cost housing market.

In the report, the Urban Institute estimates that more than 500,000 persons in the Washington region have moderate or serious disabilities that are likely to generate needs for special housing design features, including wheelchair accessibility, or supportive services, such as assistance with housecleaning and the like. In addition, some 12,000 persons are homeless in the region. The Urban Institute's projections indicate that the number of persons with special housing needs will mushroom in coming decades as the region's overall population grows and the baby boom generation ages.

Prospects for meeting this coming surge in special housing needs are not good, given the current state of the region's system for providing housing and supportive services to its most vulnerable residents. The current service delivery system is fragmented across jurisdictional lines and among providers and subpopulations, making it difficult to assess the extent and effectiveness of the current response. However, the Urban Institute presents compelling evidence suggesting that existing efforts fall far short of need. Costs for privately provided supportive housing and in-home services are prohibitively high, and waiting lists for many types of publicly assisted supportive housing are long. In addition, the current system too frequently favors institutionalization over solutions that promote independent living within the community.

The region's capacity to respond to current and future special housing needs will hinge on its ability to come together as a community — to break down barriers to collaboration among jurisdictions, to connect those who have special needs with those who provide services, to overcome public opposition to the development of supportive housing, and to integrate housing and health care programs. In the report, the Urban Institute offers numerous promising strategies for addressing these issues.

One of the most promising examples of our region's ability to collaboratively address special housing needs is the Help the Homeless program sponsored by the Fannie Mae Foundation and Fannie Mae. Each year, the program brings together tens of thousands of participants from all walks of life and from across the region to raise awareness and millions of dollars to help homeless families and individuals.

This year, as we mark the 20th annual Help the Homeless program, we should celebrate the power of a caring and unified community. But even more importantly, we should use this landmark to initiate a discussion of what more can be done to support all of our community's most vulnerable members. I hope this year's *Housing in the Nation's Capital* report will provide a solid foundation for launching such a discussion.

Peter Beard

Executive Director

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The authors thank the Fannie Mae Foundation for providing us with the ongoing opportunity to examine housing conditions and trends in our region. In particular, we thank Patrick Simmons of Fannie Mae for his many contributions to the content, organization, and accuracy of this report. We also greatly appreciate the advice of Peter Beard of the Fannie Mae Foundation in sharpening our conclusions and policy recommendations. Sue Marshall and Darlene Mathews of the District of Columbia Community Partnership for the Prevention of Homelessness and Mary Cunningham of the National Alliance to End Homelessness offered key contributions to both the framing and the analysis of homelessness in the region. Maida Schifter of the Urban Institute provided invaluable management and editorial assistance, and Karen Williams and Jessica Cigna supplied vital research assistance. And we acknowledge with appreciation the editing contributions of Kathy Litzenberg. Finally, we greatly appreciate the comments and suggestions provided by a group of advisers convened by the Fannie Mae Foundation. Of course, all errors and omissions remain the responsibility of the authors.



Executive Summary

HOUSING IN THE NATION'S CAPITAL – 2007

After several years of exceptionally fast-paced expansion, the Washington region's growth has moderated over the past year, and housing market pressures are easing. Nonetheless, the regional economy remains strong, and average sales prices are high — double their level at the start of the decade. For low- and moderate-income residents — including many working full time — home prices and rents remain out of reach, and housing affordability pressures continue to place too many people at risk of homelessness. Within this challenging market environment, finding a suitable and affordable place to live is especially difficult for people who need special design features or supportive services, such as people with physical and mental disabilities, elderly people who can no longer live independently, and individuals and families who have been homeless.

Today, the Washington region stands on the brink of an impending surge in the number of residents with special housing needs. Although promising examples of service-enhanced housing for people with special needs can be found throughout the region, the resources available appear to fall short of demand. Moreover, systems to help people with special needs find and afford suitable housing options are highly fragmented, making it difficult to reliably assess the special housing and services currently

available or plan intelligently for the region's future.

As the region's population with special needs expands in the coming decades, growing numbers are likely to struggle to cover unaffordable costs for in-home care, face long waiting lists for publicly-funded services or supportive housing units, become institutionalized unnecessarily, and even experience periods of homelessness. But if the region's leaders begin to plan and work together now — in anticipation of the coming wave of special

housing needs — they can expand the range of linked housing and service choices offered by the private sector, develop more effective public programs, and ensure that options are affordable for people of all incomes across the region.

Housing Market Pressures Ease

For most of this decade, the Washington-area economy has been booming, consistently outperforming the nation as a whole and most other metropolitan areas. In recent years, however, the rest of the country has been catching up, while employment and population growth in the Washington region has slowed somewhat. Nonetheless, employment grew by 1.7 percent between 2005 and 2006, making this one of the top-performing metropolitan areas in the East. The unemployment rate remains low — only 3.1 percent in 2006, down slightly from the previous year, and well below the national rate of 4.6 percent. And in 2006, the region's population reached 5.29 million, up 0.7 percent from the prior year.

Earlier this decade, population growth far outpaced new housing production, putting tremendous pres-

sure on the housing market, and contributing to steep increases in home prices and rents. Between 2005 and 2006, however, the rate of regional population growth was down substantially (by 47 percent), while housing production dropped less sharply (24 percent). These shifts are helping to take some pressure off the housing market.

Indeed, 25 percent fewer homes were sold in 2006 than the year before, and the median single-family home price for the region declined about 1.9 percent from 2005 after adjusting for inflation. With the softening of the sales market, some new condominium developments are being converted to rentals. More than 4,000 new apartments were added in 2006, and almost 10,000 more were under construction. Average rents rose less than 1 percent between 2005 and 2006, after adjusting for inflation.

Affordability Problems Persist

Despite the overall slowdown in the housing market, prices remain very high in most of the region. The median price for a single-family home sold in 2006 was \$431,000; the vast majority of sales are out of reach for low- and moderate-income families, including

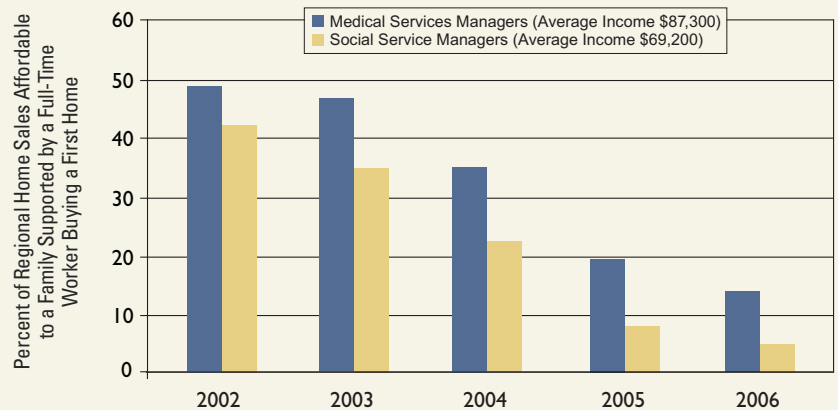
many supported by workers who serve people with special needs. For example, for a family supported by a full-time medical services manager (earning \$87,300 a year), fewer than two of every 10 homes sold in 2006 were affordable, compared with five of every 10 just four years earlier (see Figure ES1).

Existing owners — many of whom

relied on high-priced loans in order to afford their homes — also face serious challenges in today’s market. In 2005, two of every 10 home buyers nationwide obtained high-priced loans. Some of these borrowers may not be able to keep up with rising monthly payments, and the current market downturn may mean that they are unable to sell and will face foreclosure instead. In fact, the number of foreclosure notices in the District of Columbia climbed by 74 percent between late 2005 and the first quarter of 2007, a trend occurring in the suburbs as well.

Prevailing rents also remain out of reach for many households. A family would need an income of

Figure ES1: Limited Options for Moderate-Income Aspiring Homebuyers



SOURCES: Data from Metropolitan Regional Information Systems and the Occupational Employment Survey.

about \$49,000 to afford the region’s average rent in larger buildings (of \$1,226). As a consequence, in 2005 almost half of all renters nationwide were paying rents considered unaffordable by federal standards (that is, spending more than 30 percent of their income for rent).

This persistent housing affordability gap puts too many of the region’s residents at risk of homelessness. The most recent homeless count found 11,800 people — 6,900 individuals and 4,900 people in families — who were literally homeless (living on the streets, in cars, or in emergency or transitional shelters). As Figure ES2 illustrates, the total has dropped slightly in the past year, but still remains

above the 2005 level. And, for the first time since the annual count has been conducted, the number of homeless people in the suburbs exceeds the number in the District. These trends would have been worse if not for the region’s progress in developing permanent supportive housing, particularly in the District. Regionwide, just under 4,700 people live in permanent supportive housing facilities for formerly homeless individuals and families, a 58 percent increase from 2004.

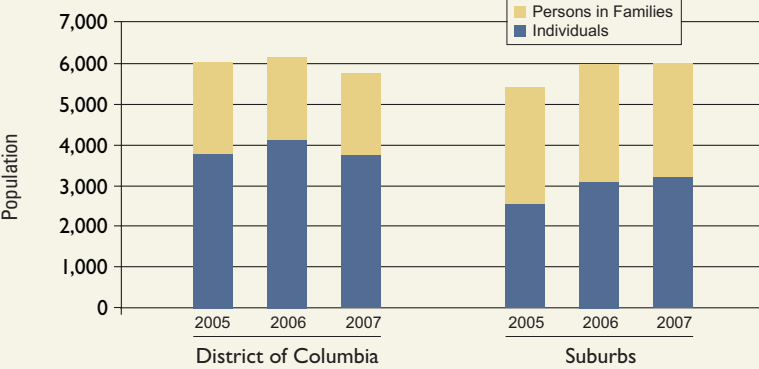
growing number of people with physical or mental disabilities, both elderly and nonelderly, and about homeless individuals and families, some of whom are disabled as well. For this segment of the population, housing options are constrained not only by the region’s high housing costs, but also by the need for special design features (like wheelchair accessibility) or supportive services (like a home health aide) that are not easily found in the marketplace. Other special-needs groups, such as people with HIV/AIDS

and returning ex-offenders, overlap with the disabled and homeless populations and face similar challenges in the housing market.

As of 2000, more than 500,000 people (over the age of 5) in the Washington region had moderate or serious disabilities, defined as disabilities that pose significant difficulties with self-care, going outside the home, or employment. Such disabilities are especially prevalent

among the elderly; nearly 1 in 4 individuals over age 65 is disabled, compared with just over 1 in 10 between the ages of 16 and 64, and only 1 percent of children. The share of the population with disabilities is lower in the Washington region than in the nation

Figure ES2: Homeless Population Now Larger in Suburbs than in the District



SOURCE: Data from *Homeless Enumeration for the Washington Metropolitan Region* (2007).

Impending Surge in the Need for Special Housing and Services

Within this challenging market context, we focus on people who have special housing needs. In particular, this report provides information about the

as a whole, but higher in the District of Columbia than in the rest of the region. And, although people with disabilities are over-represented in the District and other close-in communities, most are widely scattered across the region. In fact, the vast majority of both elderly and non-elderly people with disabilities live in suburban communities.

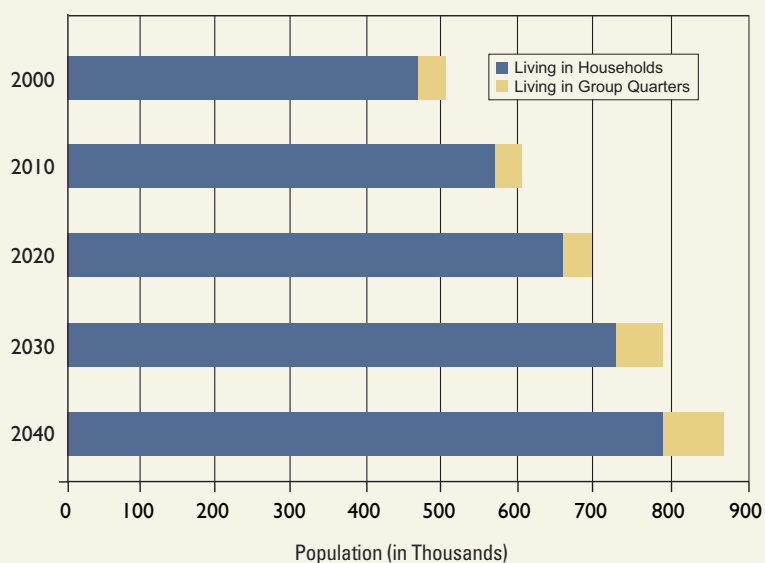
Housing needs among people with disabilities vary widely. Some need to live in facilities that provide 24-hour medical services; currently about 29,000 disabled people live in nursing homes and other institutional settings. Many other people with disabilities are capable of living independently, but an estimated 168,000 adults (88,000 elderly and 80,000 non-elderly) need homes or apartments with special accessibility features such as widened doorways or grab bars in bathrooms. Moreover, we estimate that roughly 154,000 disabled adults (67,000 elderly and 87,000 non-elderly) need special services, such as help with medications, bathing and dressing, housework, or shopping, sometimes in addition to an accessible housing unit.

Both physical and mental disabilities contribute to the problem of homelessness among the region's

poorest and most vulnerable residents. At latest count, more than 10 percent of homeless people in the region suffer from severe mental illness; about 10 percent are physically disabled; and more than 20 percent face drug or alcohol problems. For these individuals, the Washington area's high housing costs intersect with unmet needs for support services to result in spells of homelessness.

The number of disabled people living in the Washington region will grow substantially in the coming decades, due not only to continued population growth but also to the aging of the baby boom generation. While the region's total population is projected to increase 57 percent by 2040, we estimate that the disabled population will grow by 68 percent to more than 855,000, including 280,000 elderly (a 238 percent increase) and 575,000 non-elderly (a 47 percent increase). As Figure ES3 illustrates, more than half of the expected increase in the disabled population is likely to occur by 2020. Of the 855,000 disabled people living in the Washington region in 2040, an estimated 64,000 will need to be accommodated in institutional facilities and 268,000 will need in-home services.

Figure ES3: Region's Disabled Population Expected to Grow



SOURCES: Data from Urban Institute analysis of U.S. Bureau of the Census, decennial census 2000 and population estimates; COG population forecasts; and Johnson et al. (2007).

The region's over-65 population is expected to grow to 1.1 million by 2040. This total is more than 2.5 times the size of the region's elderly population in 2000. This expansion implies the need for substantial new service-enriched housing production directed at meeting the needs of elderly residents. For example, if today's utilization rates for housing specifically targeted for elderly people continue through 2040, the growth in the elderly population over that period will increase the demand for these options by about 82,000 units. Specifically, the region would need an

additional 7,300 independent living units, 24,600 assisted living units, 26,000 continuing care units, and 23,600 nursing home beds (Figure ES4).

Promising Strategies but Limited Capacity

What choices are available today for people who need either special design features or supportive services to live independently? Typically, programs and options for people with special housing needs are defined in terms of the particular populations they serve, focusing, for

example, on housing for people with specific disabilities, housing for the elderly, or housing for the homeless. But these populations are fluid and overlapping, and face many similar challenges in the housing market. Therefore, we suggest that a more useful way to assess the region's capacity to provide special housing and services is to focus not only on who is served by a particular facility or program, but on *how* housing and services needs are addressed.

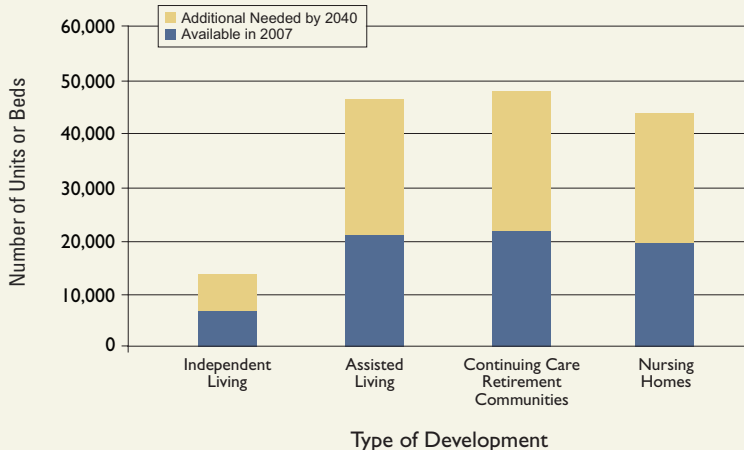
For many people with special needs and limited financial resources, the high cost of housing and

services represents a critical challenge. Poverty rates are higher among disabled people than for the region’s population as a whole, and a substantial share of both elderly and disabled renters currently have unaffordable housing cost burdens. Their needs could be quite readily addressed if only they had more purchasing power. Housing Choice vouchers, funded by the federal government, provide this type of “demand-side” assistance with housing costs. But the number of low-income households eligible for vouchers far exceeds the available resources. In addition to federally funded vouchers, Washington-area governments offer programs that provide short-term assistance with unaffordable housing costs for people with special needs. Though these programs offer promising models for the future, they are currently very limited in scale.

Although numerous studies find that providing in-home health services is less costly than institutionalization, Medicare and Medicaid coverage for in-home care is severely limited. Therefore, all but the most affluent households face real difficul-

ties affording needed services. A few local programs either provide in-home services directly or subsidize the cost of services, but these programs are small and have long waiting lists. No comprehensive assessment has been conducted of the current capacity of the private, in-home service sector in the Washington region, but as demand grows pressures will intensify for more private-sector capacity as well as more public assistance in covering costs.

Figure ES4: Additional Housing for the Elderly Will Be Needed



SOURCES: Data from Urban Institute analysis of Maryland Department of Health and Mental Hygiene, Virginia Health Information, Nursing Home Compare, InfoUSA, and Urban Institute population forecasts.

People with physical disabilities often need housing units with special accessibility features. Since 1991, federal law has required that new apartments and condominium developments in larger

buildings meet accessibility standards, and national studies show quite high compliance with this mandate. These requirements have been applied to an estimated 133,000 multifamily units built through 2006 in the Washington region (substantially exceeding the estimated number of disabled renters regionwide). Moreover, 30 to 40 percent of advertised rental units offer at least some accessibility features. Although the stock of houses and apartments with accessibility features may be relatively large (and growing), the Washington region lacks effective mechanisms for matching people who need accessible housing units with the units that are currently available or are being produced. And when accessible units become available, housing providers have no way of identifying individuals or families who need them. As a consequence, accessible units may often be occupied by people without disabilities.

For people who cannot live independently but who do not need to be institutionalized, both private-sector providers and public-sector programs in the Washington region offer promising models of special-purpose housing with onsite services. For

example, assisted living facilities provide elderly people help with basic daily activities. Supportive living facilities provide apartments where people with developmental disabilities or mental illnesses can live alone or with a roommate and receive the appropriate level of services. And permanent supportive housing for homeless families and individuals provides assistance with mental health or substance abuse problems along with an affordable apartment and counseling.

Despite these encouraging examples, the available evidence suggests that current resources fall considerably short of special housing and service needs. Because the current delivery system is so highly fragmented across jurisdictional lines and among programs and providers that focus on specific subpopulations, it is difficult to develop a comprehensive inventory of existing housing and service options for special-needs populations or to quantify the current level of unmet need. However, the evidence available strongly suggests that the current system is inadequate. For example:

- The typical elderly household in the Washington region would have to spend 54

percent of its income to cover the average cost of part-time, in-home assistance with such basic daily activities as cooking, cleaning, and shopping.

- The upfront cost to move into a continuing care retirement community in the Washington region averages \$271,983, with ongoing monthly costs of \$2,963.
- The Fairfax-Falls Church area has been allotted 40 new Medicaid waiver slots for in-home health services for low-income disabled people, while its waiting list for such waivers currently stands at 231.
- The Prince George's County Department of Family Services estimates that about 2,000 county residents with serious and persistent mental illness could live independently if they received some type of housing assistance.
- Despite the District's progress in developing permanent supportive housing, the city is still home to an estimated 1,800 chronically homeless individuals who need such housing.

The difficulty of paying for in-home services, the

high cost of new housing-plus-service models, and the shortage of affordable options force too many elderly and disabled people into nursing homes prematurely. People with mental illnesses may have to reach a crisis and be hospitalized before they become eligible for the limited supply of supportive settings. And the poorest and most vulnerable people with disabilities may have to become literally homeless before they can qualify for permanent supportive housing. While institutional settings play a role in serving populations with special needs, they should be a last resort rather than the first solution. Serving people in institutional settings is generally more costly, and, for many, an institutional setting can actually undermine well-being and independence.

Strategic Opportunities: A Coordinated Regional Response to Special Housing Needs

In the coming years, these problems can be expected to escalate dramatically unless jurisdictions across the region work together to expand both private-sector capacity and public-sector assistance for people with special housing needs. Therefore, it seems essential that local governments,

providers, and advocates join together to invest in a regionwide needs assessment and strategic plan. A comprehensive approach — that focuses on shared challenges and cross-cutting solutions rather than on the particular needs of each subpopulation — will enable the region to tackle barriers currently inhibiting private-sector housing production and service delivery, expand the stock of affordable and accessible housing units, increase the availability of in-home and community-based services, and expand service-enhanced housing options for all categories of people with special housing needs. Currently, the Metropolitan Washington Council of Governments provides a forum for information sharing and collaboration on homelessness that could potentially form the nucleus of a more comprehensive interjurisdictional working group on all types of special-needs housing.

Public policies should place a high priority on expanding the range of housing and service options available in the private market, and on making these options more affordable. Policymakers and advocates very often focus first on publicly provided housing and service solutions targeted to lower-income individuals and families, assuming that

higher-income people can fend for themselves in the private market. But, if private providers of both housing and services could be induced to expand their capacity, costs would likely moderate, more people could be served without public assistance, and the gap remaining to be filled with public subsidies would narrow. Specific strategies for expanding private-sector capacity include encouraging both federal and state-level changes to Medicaid and Medicare rules governing payments for in-home health services, eliminating zoning and other regulatory barriers to supportive housing development, and streamlining permitting processes for both in-home services and supportive housing facilities.

Complementing efforts to expand the capacity (and reduce costs) of the private housing and service sectors, public policies can expand the purchasing power of low-income consumers to help them pay for the special-purpose housing and services they need. Vouchers and similar types of assistance can supplement what low-income consumers can afford to pay for housing and services, while enabling them to choose where they want to live. In some circumstances, this type of demand-side assistance may

actually help elicit more private-sector production.

Although the private market can and should be expected to meet the housing and supportive service needs of most people, publicly subsidized supportive housing options are also essential, particularly for low-income people with physical and mental disabilities and for individuals and families who have been homeless. Drawing on federal, state, and local funding, service-enriched housing facilities should be built throughout the region, especially in locations with easy access to shopping, recreational activities, and public transportation.

Fears and misperceptions about special-needs populations often fuel opposition to the development of much-needed supportive housing. But research demonstrates that well-designed and well-managed supportive housing has no detrimental impact on surrounding neighborhoods. Thus, an essential element of a strategic regionwide response to the coming surge of special housing needs is a thoughtful and sustained public education campaign to build understanding and support for programs and facilities that enable people with special needs to live safely and independently in



communities throughout the region.

Time is of the essence. But, because the growth of special-needs populations is predictable and will occur gradually over the next several decades, the Washington region is in an excellent position to anticipate future demands and prepare itself to address them effectively. Given the resources and sophistication of the region's public- and private-sector stakeholders, the Washington metropolitan area can become a model for the rest of the country if a serious commitment to planning and collaboration begins today.



INTRODUCTION

This is the sixth in a series of annual reports about housing in the Washington metropolitan region. It assembles and analyzes the most current data on housing conditions and trends in the District of Columbia and the surrounding suburbs. Previous editions have explored a range of topics including the linkages between housing and schools, the impact of escalating rents and home prices on the District's neighborhoods, and changes in concentrated neighborhood poverty in the region.

This year's report focuses on housing and services for people with special needs who live in city and suburban neighborhoods across the metropolitan area. Many residents of the Washington region need more than just a conventional house or apartment to live independently. We focus in particular on people who are elderly or physically disabled, people with developmental disabilities or mental illnesses, and families and individuals who have been homeless — all of whom need housing that offers such specialized features as wheelchair accessibility or such supportive services as a home health aide. Ensuring that the region's housing market provides these specialized features and serv-

ices can enable more people to live stable and independent lives in their communities and has been shown to cost less than institutional care. To explore these issues:

- **Chapter 1** reviews the latest evidence on regionwide growth and change, giving special attention to the inevitable growth in the elderly population as the baby-boom generation reaches retirement age.
- **Chapter 2** profiles the latest housing market conditions for the region as a whole and the District of Columbia in particular, including information on home sales, new housing production, the condominium market, and rental housing affordability.

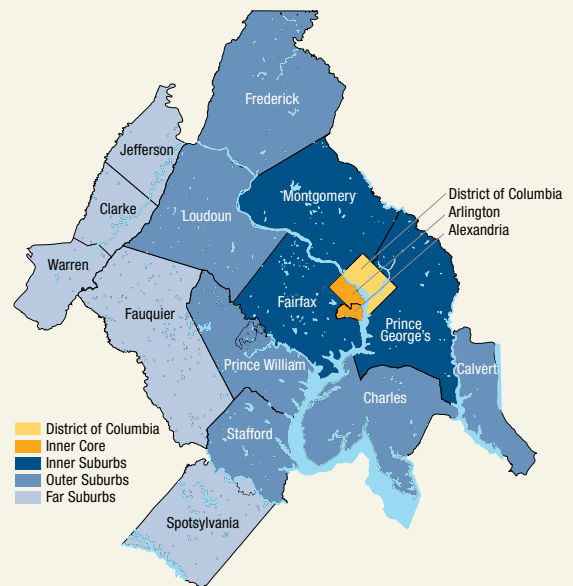
- **Chapter 3** focuses on the number and characteristics of the Washington region's elderly, disabled, and homeless populations, describing who they are, where they live, and how their numbers are likely to surge over coming decades.
- **Chapter 4** turns to the availability of housing and services for meeting these special needs, providing the most complete picture possible of accessible housing, in-home services, and supportive housing options regionwide.
- **Chapter 5** highlights strategic opportunities for our region to anticipate and respond to the coming surge in special housing needs, building on today's promising practices to strengthen the performance of both the private market and public programs.

In addition to the information and analysis presented in this volume, detailed data tabulations and a technical appendix are available on the Urban Institute's Web site, <http://www.urban.org/center/met/hnc/>. Moreover, the annual *Housing in the Nation's Capital* report is now supplemented by the quarterly *District of Columbia Housing Monitor*, which provides more frequent updates on housing market conditions in the District of Columbia and its

wards. Each issue of the *Monitor* (accessible at <http://www.neighborhoodinfodc.org/housing/>) provides both a standardized set of market indicators and a special focus section highlighting data on a selected topic.

Finally, a note of explanation about geographic boundaries and definitions: The Washington metropolitan region spans three states and the District of Columbia. For the analysis presented here, we have

Figure I.1: Washington, D.C., Metropolitan Area



SOURCE: Data from Office of Management and Budget, 2005.

adopted the federal government's 2005 definition of the Washington, D.C., Metropolitan Statistical Area (MSA) and have defined five major subareas within it (Figure I.1).



Chapter I

CHANGING DEMOGRAPHICS IN A STRONG ECONOMY

Patterns of economic and demographic change in metropolitan Washington reflect powerful forces that influence the prospects for all residents, including people with special needs. Understanding the region's economic and demographic context shapes the way we view the problems and opportunities discussed in the rest of this report. Accordingly, this chapter provides our annual update on trends in employment, wages, and population for the region as a whole and for the District of Columbia. In addition, it offers new information on the dynamics of migration (into, out of, and within the region), from 1990 through 2005, and on the aging of the region's population in coming decades.

The Region: Continued Strength But Slower Growth

In the first few years of this decade, the Washington region was one of the few bright spots in a national economy clearly in the doldrums. Employment in the metropolis continued to grow while the total for the nation declined (Figure 1.1). National growth turned positive from 2003 to 2004 just as the Washington region's annual growth rate was peaking at 2.5 percent, more than twice the national rate.

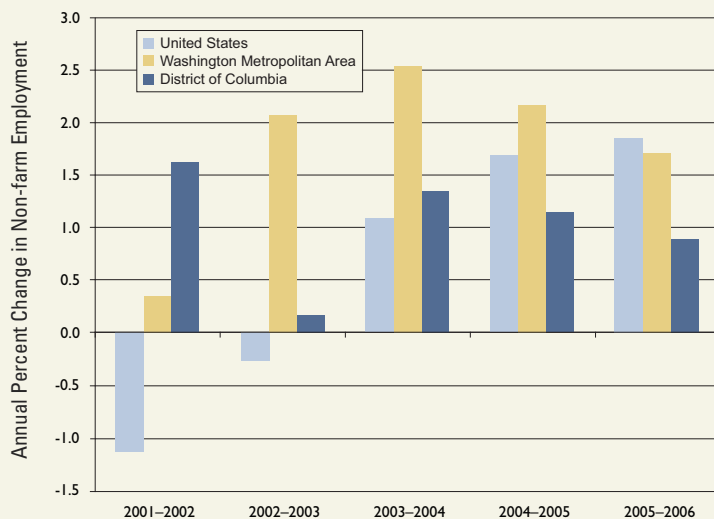
Since then, the nation has been catching up. But, between 2005 and 2006, total nonfarm employment in the region still grew by 1.7 percent, just slightly below the 1.8 percent national average — the latter being buoyed mainly by growth in the Sunbelt states. The region remains one of the very top performers in the East. Total employment in the metropolis reached 3.0 million in 2006, marking a still healthy increase of 50,000 jobs over the total a year earlier. Another indicator of the Washington

area's comparative strength is the tightness of the local labor market. The region's unemployment rate was only 3.1 percent in 2006, still one-third below the 4.6 percent national average and a notable improvement from the levels in 2004 and 2005, 3.6 percent and 3.4 percent respectively.

The private service sector has been dominant over the past several years, accounting for 76 percent of the region's job growth from 2003 to 2006. Other private industries accounted for only 11 percent, and government accounted for the remaining 12 percent. The region's strengths noted in earlier editions of this report remain: an edge in high-skill professional and technical services (diversifying but still strongly supported by government contracting, particularly related to homeland security and defense) along with the region's competitive advantages that accrue because it is the nation's capital (for example, in tourism and international finance).

At \$25.21 per hour in 2006, the region's average wage remained well above the national average and the gap has remained wide over the past few years (the region's average was about 1.3 times the

Figure 1.1: Washington Area Employment Growth Slowing

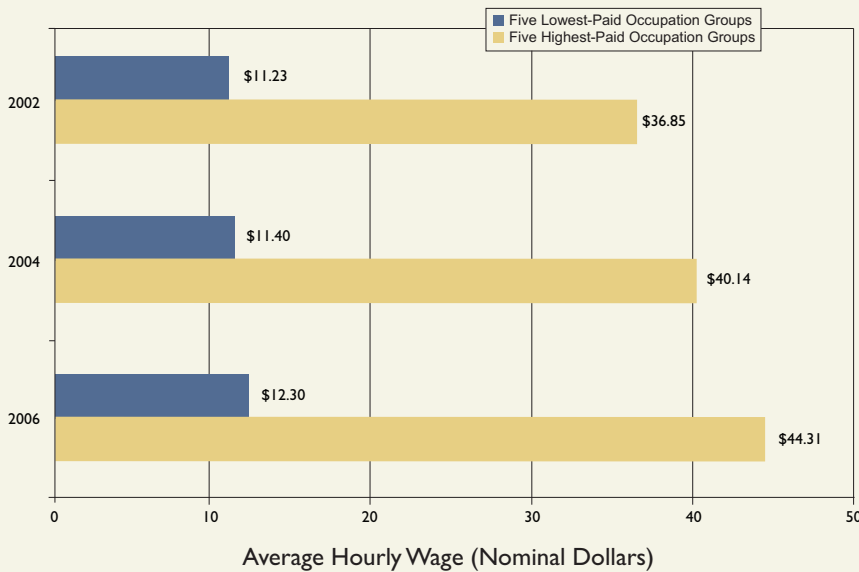


SOURCE: Data from Local Area Unemployment Statistics, April 2007.

national average in 2006). However, this promising overall trend masks serious and deepening inequity. From 2002 to 2006, the average wage for the five highest paid occupational groups (\$44.31 per hour) rose about 20 percent, while the average for the five lowest paid groups rose by only 9 percent (ending at \$12.30 per hour).¹ In 2006, the average wage for the top five groups stood at 3.6 times the average for the lowest five, up from 3.3 in 2002 (Figure 1.2).

Metropolitan Washington's population reached 5.29 million in 2006. As with employment, this signified a slower annual growth rate (0.7 percent for 2005 to 2006) than earlier in the decade (around 1.5

Figure I.2: Widening Wage Disparity in the Region



SOURCE: Data from the Occupational Employment Survey.

percent annually for the three previous years). And growth in the region continues to gradually decentralize. For the past two years (2004 to 2006), the Outer and Far Suburbs captured 77 percent of the region's net increase in population, up from 74 percent for the two years before that. Within the inner portions of the region, the District and Montgomery and Fairfax Counties all captured modestly higher shares of growth in the more recent period, while the growth shares declined for Alexandria plus Arlington County (from 2.7 to 1.9 percent) and, more notably, for Prince George's County (7.9 to 3.1 percent).

The District: Economic Health with Emerging Diversity

The number of jobs in the District of Columbia grew from 682,000 in 2005 to 688,000 in 2006. This too represents a slowing pace of growth (a rate of 0.9 percent, down from 1.2 percent the previous year), although this rate is set against one of the strongest economic booms in the city's history in the first half of this decade. These rising job numbers reflect gains in the

number of people who work in the District, regardless of where they live. Even more heartening is that the number of employed District residents continues to expand as well, reaching 297,000 in 2006 (compared with 287,000 in 2001). Further good news for District residents is that the city's unemployment rate fell again: The 2006 level was 6.0 percent, down from 6.5 percent the preceding year and 7.5 percent the year before that.

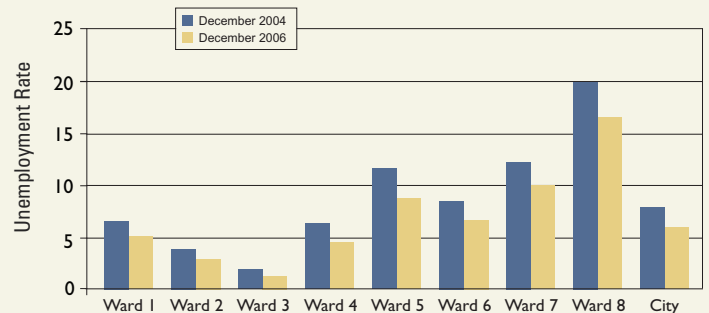
More prominent in the news of late, however, has been the increasing racial and ethnic diversity that has accompanied the strengthening of the city's

economy. From 2000 to 2006, the black share of the city's total population declined markedly from 60 percent to 55 percent. Over this period, the District's non-Hispanic white population grew by 15 percent, Hispanics by 6 percent, and Asians by 19 percent. With these changes, the District appears to be on the way to changing its status as a majority-black city. In contrast, in the District's neighboring suburbs, the minority share of total population is increasing. In Maryland's Inner Suburbs from 2000 to 2006, the Hispanic population grew by 43 percent and the black population increased by 9 percent, while the non-Hispanic white population declined by 8 percent. In Virginia's Inner Suburbs and Inner Core, the number of Hispanics grew by 10 percent and blacks by 6 percent, while the white population showed little change.

Does the changing composition of the District's population mean that the benefits of the improving city economy are not flowing to low-income groups? It is impossible to answer this question definitively, but it is worth noting that economic gains are occurring in the city's poorer wards as well as in the richer ones (Figure 1.3). In December 2004, the unem-

ployment rates in Wards 5, 7, and 8 were 11.2 percent, 12.4 percent, and 20.1 percent respectively, well above the District average. By December 2006 those rates had dropped to 9.0 percent, 10.0 percent, and 16.5 percent respectively — drops generally proportional to the drop in the city's overall rate. It should be emphasized, however, that there are no data to show the extent to which these changes are caused by increasing employment for existing residents or the in-migration of individuals with higher employment rates.

Figure 1.3: Unemployment Down Across the District of Columbia



SOURCE: Data from District of Columbia Department of Employment Services, April 2007.

The Dynamics of Migration in the Region

People are accustomed to thinking about a region's growth mostly in terms of new families

moving in. In reality, large numbers move out every year as well. And a reduction in the number of out-movers contributes to growth as much as an increasing number of in-movers.² From 2000 to 2005, the region's average net gain from migration was only 5,600 households per year — a number dwarfed by the two opposing gross flows that produced it — 103,100 in-migrants against 97,500 out-migrants. Both in- and out-migrant streams have grown substantially since 1990, but in-migration has grown somewhat faster. Accordingly, net migration shifted from an average loss of 2,100 households per year for 1990 to 1995, to a gain of the same number for 1995 to 2000, and then to the 5,600 annual gain recorded for 2000 to 2005.

Where did these in-migrants settle in the region? Only 14 percent came directly to the District. The largest share (59 percent) went to the Inner Core and Inner Suburbs. Only 27 percent moved to the Outer and Far suburbs, a much smaller share than the share of net population growth those areas captured of late. The shares going to these various destinations have remained surprisingly constant since 1990. The picture is similar with respect to

locations from which households *left* the Washington region between 2000 and 2005 — 11 percent had come from the District, 60 percent from the Inner Core and Inner Suburbs, and 29 percent from the Outer Suburbs and Far Suburbs.

The story of migration into and out of the District of Columbia differs from that of the region in several respects. First, for the District, migration has a larger effect on total population. Whereas the average annual in-migration to the region from 2000 to 2005 represented only 6 percent of total households, the in-migrant stream for the District was twice that — at 12 percent — of total households. Second, net migration for the District was not as positive. Internal Revenue Service (IRS) data still show a small average net loss (-177 households per year) for 2000 to 2005, although that represented a marked improvement from the District's annual average of -5,200 households from 1990 to 1995 and -2,500 households from 1995 to 2000. Like the region, however, the District's stream of in-migrants has grown substantially since 1990: from 21,500 per year between 1990 and 1995 to 24,000 annually between 2000 and 2005. More important, however,

the city's number of out-movers has declined: from 26,700 yearly in the former period to 24,200 in the more recent one.

A Major Demographic Shift: Aging of the Region's Population

Nationwide, the most important demographic shift over the next few decades will be a dramatic increase in the elderly population. The share of the population over age 65 did not change much during the 1990s (regionally or nationally), but early in the next decade the baby boom generation will begin to reach traditional retirement age and will account for a vast expansion after that. The U.S. Bureau of the Census (2004) projects that the nation's elderly population will grow from 35 million in 2000 to 80 million in 2040. With increasing longevity, the number of people over age 85 will grow even faster over the period, more than tripling, from 4.3 million to 15.4 million. By contrast, the population under age 65 in 2040, at 312 million, will be only 1.3 times its 2000 total of 247 million. The share of elderly will have grown from 12 percent to 20 percent.

What are the prospects for the Washington

region? Here, as in most large metropolitan areas, working-age adults currently account for a larger share of the population than in the nation on average. In 2000, the people aged 15 to 64 made up 70 percent of the region's total population, compared with a national average of 66 percent. Residents over age 65 accounted for a smaller share regionally (9 percent) than they did nationally (12 percent), and children under 15 make up the same share (21 percent) in both the region and the nation. Within the region, the elderly are slightly more concentrated near the center, accounting for 12 percent of the population in the District, 9 percent in the Inner Core and Inner Suburbs, and 7 percent in the Outer Suburbs and Far Suburbs.

In the District, elderly people are less likely to be poor and more likely to be black than are non-elderly people, while in the suburbs, the opposite is true. The elderly are substantially less likely to be Hispanic throughout the region. And, perhaps most important from a housing perspective, the region's elderly are much more likely to live alone (in one-person households) than the working-age population (43 percent compared with 24 percent). In the

District, over half of the elderly live alone, compared with 42 percent of working-age adults.



The Metropolitan Washington Council of Governments has recently prepared updated projections of the region's future population growth through 2030. Using those projections as a base, it appears that the region's population in 2040 will be in the neighborhood of 7.5 million.³ Assuming the relationship

between the region's over-65 population share and that of the nation remains the same as in 2000, 14.7 percent of the region's total population (1.1 million people) will be elderly in 2040. This total is more than 2.5 times the size of the region's elderly population in 2000, and it would mean a net growth of 17,000 per year over the 40-year period.

Will this enormous growth in the elderly population have a marked impact on the spatial distribution of the region's population? Evidence to date suggests that little overall change is likely. Despite a widespread perception that many elderly people move to distant retirement communities, the elderly actually exhibit very low rates of mobility across state and even county boundaries. Research by William Frey on movement patterns among people over 65 in several of the nation's largest cities suggests that the probable outcome for the dominant majority will be "aging in place." While some empty nesters are giving up their suburban homes for the convenience of the central city, their numbers are not very large, at least not yet. Ties to family, friends, and institutions in their existing communities appear strong and long-lasting for most.

This does not mean there will not be tensions and upheaval eventually. At some point, elderly residents will no longer be able to drive, and maintaining their old lifestyles in their own homes may become untenable. Those not needing the full care of a nursing home may opt for lower-maintenance residences, such as smaller single-family homes or assisted living communities.

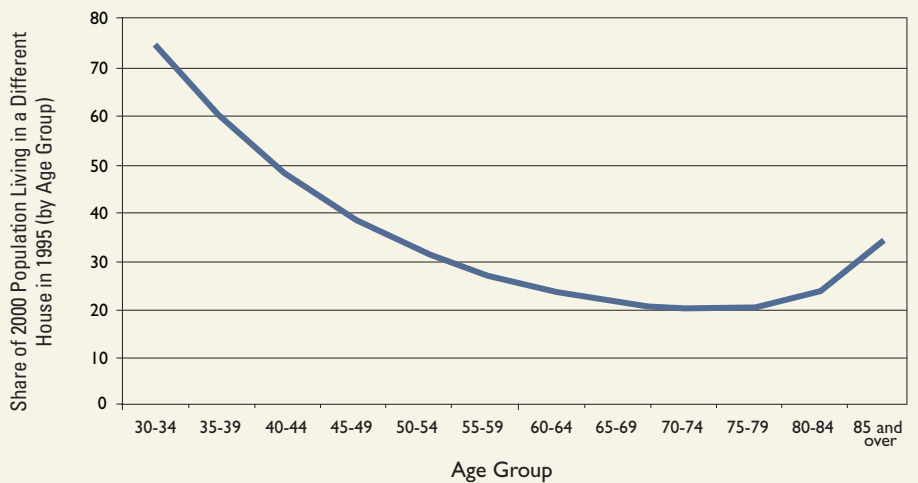
Census data show that, although people between 65 and 80 years of age were far less likely than younger adults to have moved within the last five years, the move-rate rises among people over age 80 (Figure 1.4). Specifically, 26 percent of the 80-84 group and 35 percent of people over 85 had moved within the

last five years. Of those over 85 who moved between 1995 and 2000, almost half moved within the same county, and an additional 20 percent moved from other counties within our region.

Providing the personal services elderly people will need in their large homes and low-density commu-

nities could hardly be less efficient from the standpoint of public policy. Many may not want to move to the central city, but might find higher-density, service-rich housing options in their existing counties attractive. This possibility seems more feasible now as residential densities are increasing around transit stops in many suburban counties.⁴

Figure 1.4: Low Mobility Among Elderly Until Age 80



SOURCE: Data from U.S. Bureau of the Census, decennial census 2000.

Growth in the elderly population also will create new demands for health care workers in the coming years. The health and social assistance industry, including private hospitals, nursing and residential care facilities, and individual and family services, accounted for 9.7 percent of the region's non-farm employment in 2006.

Forecasts predict strong growth in this sector; nationally, its employment is expected to grow by 30.3 percent from 2004 to 2014.⁵ Assuming that the same trend applies in the Washington region, we can anticipate about 59,100 additional jobs in the health services sector over this time period.

Wages in this sector cover a wide range. At the low end, personal care and home health aides earned an annual average of only about \$20,400 in 2005. Of all occupations, home health aides ranked eighth in terms of number of added jobs in the nation, and first in terms of percentage growth (62 percent).⁶ Personal home care aides also ranked in the top 20 growth occupations by both measures. Health occupations that pay higher wages will also increase. For example, physician assistants in the Washington region earned \$80,540 on average in 2005, and nationally this occupation is expected to grow by 50 percent by 2014.

Conclusion

For the first time in this decade, the region's overall employment and population growth rates are down, but the latest numbers reflect change only at the margin. There is little doubt that metropolitan Washington's underlying economy remains strong and vibrant and that the District is playing a much more powerful role as its center than it did a decade ago. An important indicator is that there has been no let-up in migration. A previous report in this series highlighted the region's ability to attract the young and well-educated "creative class" that seems to be driving growth in the nation's new information-based economy. There is no indication that the region is losing that edge. Still, demographics are shifting. Particularly important is the impending growth of the elderly population, which is sure to bring new challenges for the region. These challenges are examined in more depth in Chapter 3.



Chapter 2

HOUSING MARKET SLOWDOWN WITHOUT AFFORDABILITY RELIEF

Last year's report noted the early signs of a changing metropolitan housing market. It discussed modest reductions in regional home prices, but also the continuing strength of the District's home sales (particularly in the eastern half of the city), and the loss of rental housing to condominium conversions. This year marks the end of nearly a decade of extraordinary sales price gains in the Washington region. Overall, fewer people bought homes, and sales prices slipped. As a result, some condominium developments are being converted to rental housing. This chapter reviews how different areas within the region have fared in the new environment over the past year. It explores the market response to expected growth in the region's elderly population. And it shows that the cooling market has not resolved the serious affordability challenges facing low- and moderate-income families.

Pace of Production Slows

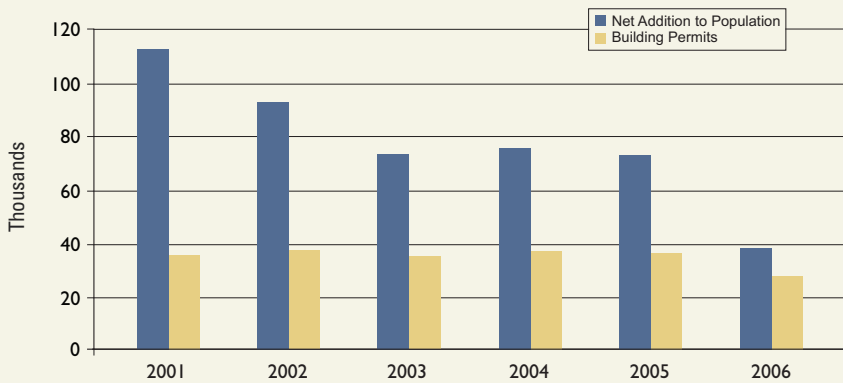
The number of building permits authorized in the region in 2006 fell to 28,000 — the lowest level since 1992 and a substantial 24 percent drop from 2005. But the trends differed with both structure type and location. Permits for single-family homes, which accounted for about two-thirds of the metropolitan total, declined by 29 percent from 2005 to 2006, while multifamily permits dropped only 13

percent. Fairfax, Loudoun, and Prince William Counties experienced the most dramatic reductions in single-family production with declines of 37 to 41 percent. Multifamily production slowed the most in Fairfax County (68 percent) and the District of Columbia (28 percent). Arlington County's *increase* of more than 1,600 multifamily permits stands out from the rest of the area with an extraordinary 150 percent jump.

Past editions of *Housing in the Nation's Capital* have reported a housing production shortfall in the region, with population rising much faster than new home building. From 2003 to 2005, the ratio of housing construction to population growth improved as population growth leveled off and building permits remained steady. However, the most recent data

shift will help reduce pressure on the market. But predicting the future relationship is difficult. Given the lead-time needed for housing development, the region has yet to see the full response of builders to the slow-down in population growth. Indeed, in the first half of 2007, the region saw 20 percent fewer permits than over the same period last year.

Figure 2.1: Region's Housing Production Catching Up to Population Growth



SOURCES: Data from U.S. Bureau of the Census population estimates and building permits.

from 2006 signal a change. As discussed in Chapter 1, population growth slowed in the Washington metropolitan area. The region added only about 38,800 residents from 2005 to 2006, about half the increase from 2004 to 2005 (Figure 2.1). Because the pace of new housing construction did not fall as fast as population growth, the overall ratio of new housing to population rose. In the short term, this

2006, the average time on the market for the region was 61 days, compared with only 26 days in 2005. About four out of 10 sales took longer than 60 days to sell, compared with just one out of 10 in 2005. Along with the longer selling time, more homes sat vacant across the region; vacancy rates for owner-occupied homes rose from 1.3 percent in 2005 to 2.1 percent in 2006.

Regional Sales Market Softens

Sales of both single-family homes and condominiums slowed substantially in 2006. Specifically, 85,400 houses and condominiums were sold regionwide, about three-quarters of the 2005 total (Figure 2.2).⁷ In addition to fewer sales, homes have been taking longer to sell. In

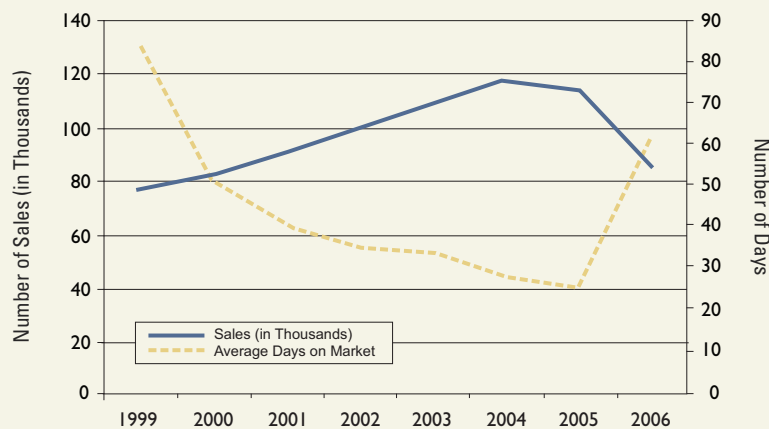
Many new condominiums authorized for construction in earlier years are now on the market. As of March 2007, about 19,900 unsold condominiums were being actively marketed, with another 18,900 expected over the next three years.⁸ But since its peak in March 2006, the number of current and planned condominium offerings has declined by 24 percent, due in part to cancellations but also to conversions to rental housing. More than 12,000 units previously intended as condominiums have been reclassified as high-end apartments since January 2006.

The median home price for an existing single-family home in the Washington area was \$431,000 in 2006, down about 1.9 percent from 2005 after adjusting for inflation.⁹ This contrasts dramatically with recent years when annual increases surpassed 20 percent. The Washington area's appreciation rate now lags behind that of most other metropolitan areas nationwide. Specifically, the Washington region ranked 104th out of 150 metropolitan areas with available data, compared with a rank of 15 in 2005. Condominium prices show a similar trend, falling 3.9

percent (after inflation) to a median price of \$293,500, and the region tumbled to rank 48th out of 58 metropolitan areas, compared with sixth place last year. Data for the first half of 2007 show either flat prices or slight declines compared with the 2006 figures.¹⁰

The overall decline in sales prices masks varying effects that the market softening has had on different parts of the region. In 2006, the District's

Figure 2.2: Regional Housing Market Stalls



SOURCE: Data from Metropolitan Regional Information Systems.

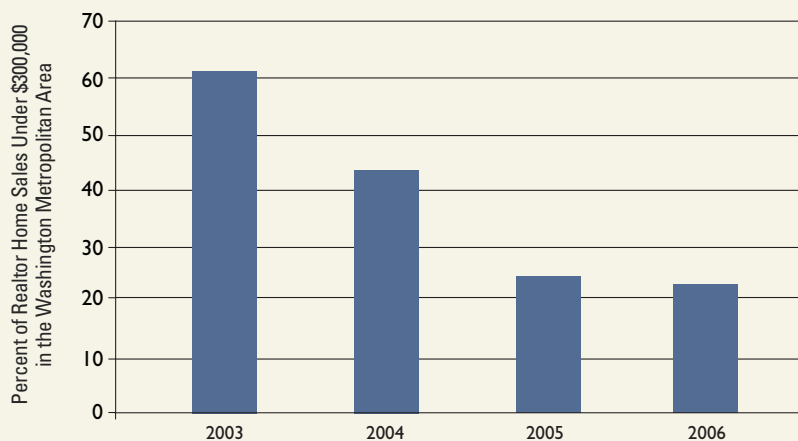
median home price fell to \$410,000, a drop of 5.9 percent (after inflation) from 2005. Median prices in Alexandria and Montgomery County posted very small gains, while Arlington and Fairfax Counties saw price declines similar to the region.

Suburban areas with the most moderate prices generally experienced the biggest price gains over 2006, though they were substantially down from past double-digit increases. For example, in Prince George's County the median sales price rose 8 percent (after inflation) to \$330,000. And in the Outer Suburbs, Calvert, Charles, and Frederick Counties, with median prices ranging from \$322,700

Prices Still Unaffordable for Many Working Families

The decline in the region's sales market has not significantly reduced the severe affordability problems facing low- and moderate-income households. Only 23 percent of all homes sold in 2006 were priced below \$300,000, compared with 25 percent in 2005 (Figure 2.3). These high prices could limit the

Figure 2.3: Market Slowdown Not Easing Homebuyer Affordability Pressures



SOURCE: Data from Metropolitan Regional Information Systems.

region's ability to attract and retain the health care and service workforce that will be needed to meet the needs of a growing elderly and disabled population (discussed further in Chapter 3). The lowest paid workers, including home health or personal aides, have long been shut out of homeownership in this region. But now the vast majority of homes sold are out of reach for even middle-income households. For a family

to \$340,000, saw increases from 0.8 to 3.1 percent after inflation. However, while these areas showed some resilience in early 2007, the changing market appears to have caught up there, and all of these counties registered declines of about 8 percent for the year ending in June 2007.

supported by a full-time medical services manager (with an annual income of \$87,300), only 14 percent of units sold in the region in 2006 were affordable to a first-time buyer, compared with about 49 percent just four years earlier. And only about 5 percent of the region's home sales were affordable

for a family supported by a social service manager (annual income of \$69,200), compared with about 42 percent in 2002 (Figure ES 1).¹¹

In recent years, high prices have caused many home buyers to turn to subprime loans to qualify for mortgages. Subprime loans carry higher long-term interest rates than those in the prime market to compensate lenders for a higher risk of default from borrowers with weak credit. Subprime loans permit families, who otherwise would not qualify, to become homeowners, but also place them in a precarious position if they have to stretch to make their mortgage payments. Many subprime loans have adjustable interest rates, and borrowers may be unable to afford the higher payments as their rates rise over time.

In 2005, two out of 10 home buyers regionwide used these high-priced loans.¹² Even after controlling for income, minorities are more likely to have high-priced loans than non-Hispanic whites.¹³ For example, 46 percent of low-income African-American borrowers purchased their homes with high-priced loans, about four times the rate for low-income whites. The gap between Hispanics and

non-Hispanic whites is comparable. As a consequence, high-priced loans are concentrated in areas of the region with large minority populations. Prince George's and Charles Counties, where over half of buyers were African-American, had the highest rates of high-priced lending (43 and 32 percent, respectively).

In addition, many existing homeowners used high-priced loans to refinance their mortgages. Because property values were rising in recent years, families could refinance for more than their original loan amount and cash out their equity gains. High-priced loans accounted for 23 percent of refinancing loans in the Washington area, and refinancing loans display the same racial differences evident with home purchases.

National analysis shows that 14.8 percent of subprime loans were delinquent by at least 30 days in the second quarter of 2007, compared with only 2.7 percent of prime loans.¹⁴ In past years, if homeowners had difficulty meeting their loan payments, they could take advantage of rising home values to pay off the loan by either selling or refinancing. But the recent downturn in the market makes these

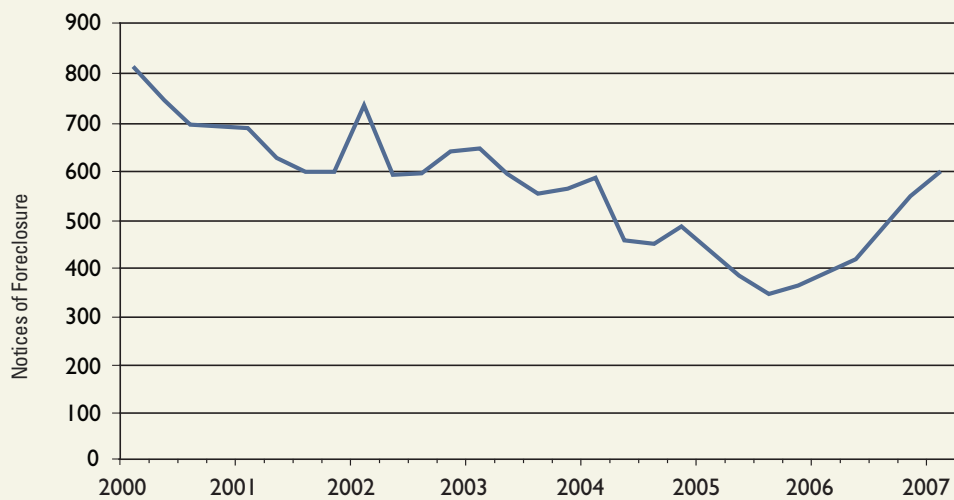
options more difficult, and homeowners unable to adjust to increasing interest rates on subprime loans will be particularly vulnerable to foreclosure.

Foreclosures certainly hurt individual households by damaging their credit and chances of obtaining a mortgage for another home. But foreclosures also threaten neighborhoods where they are concentrated, leaving more homes vacant and undermining

holds in our region, which is less than half the national average of 38 and much better than the more than 100 foreclosures per 10,000 households in Atlanta and Dallas.¹⁵

Trouble is looming, however, as the Washington region is seeing a growing number of homeowners in financial trouble. Foreclosure notices in the District of Columbia fell to a low of 341 in the third quarter of

Figure 2.4: Foreclosure Notices on the Rise in the District of Columbia



SOURCE: Data from District of Columbia Recorder of Deeds Online Public Records.

NOTE: Foreclosures from the last two quarters of 2001 were averaged based on the data from adjacent quarters to correct for outliers in the trend.

2005, a 58 percent drop from early 2000. Since then, however, the number has climbed by 74 percent to 594 in the first quarter of 2007 (Figure 2.4). The same trend is under way in suburban counties. The foreclosure rate in the first five months of 2007 tripled in Montgomery County and quadrupled in Fairfax County relative to the same five months in 2006.¹⁶ Prince George's

property values. The Washington region has generally shown much lower foreclosure rates than other metropolitan areas. As of the first quarter of 2007, only 16 foreclosures occurred per 10,000 house-

County, which had about twice the number of foreclosures as Montgomery County in the first quarter of 2007, is particularly at risk given its high rate of high-priced mortgages.¹⁷

Moderating Rental Market

The regional rental inventory is beginning to benefit from the slowdown in condominium sales. In contrast to the losses from the rental stock reported last year, during 2006 the Washington region saw a net gain of 1,355 rental apartments in buildings with five or more units.¹⁸ More specifically, the 4,126 rental units built were partially offset by 2,771 condominium conversions, almost all of which occurred in the first half of the year. An additional 9,700 rental units are under construction, and almost 6,900 will be completed in 2007. Washington's apartment construction now ranks third among metropolitan areas tracked by M/PF Yieldstar, after Dallas/Ft. Worth and Los Angeles. In 2007, the region's rental stock will likely experience an even larger boost due to more condominium projects switching to rentals and an anticipated increase in rental production, two-thirds higher than in 2006.

Again, however, the regionwide production numbers mask substantial differences across the area. The District of Columbia ended the year with a slight net increase of 175 rental units, resulting from 762 condo conversions mostly offsetting the 937

new apartments built. The Inner Core added 446 apartments, but the Outer Suburbs provided the largest gains with 1,591 new rentals. Three-quarters of the region's conversions to condominiums occurred in the Inner Suburbs, driving their 857-unit loss in rentals. Looking ahead, ongoing construction exceeds 2006 production in all areas except the Outer Suburbs. The District's pipeline is expected to climb to 1,371 units, but Prince George's County will undergo the most impressive turnaround, with 1,937 new apartments expected in 2007 after no new apartment construction at all in 2006.

The rental vacancy rate in the region and the District stood at about 8 percent in 2006.¹⁹ The District's 7.8 percent vacancy rate also compares well with the average central city rate of 10 percent. Individual investor-owned condominium units offered as rentals seem to be loosening up the market, particularly in Northern Virginia. Regional apartment managers offered concessions to 34 percent of new renters in early 2007 compared with only 26 percent at the end of 2005. Forecasts predict that the new rental units coming online this year will not result in a higher vacancy rate.²⁰

Rents for buildings of more than five units in the metropolitan area reached an average of \$1,226 in the fourth quarter of 2006, a slight increase after inflation of 0.8 percent from 2005. The District's average rent levels remain higher at \$1,380, and also rose faster than the region's (1.9 percent).²¹ Both the metropolitan area and District growth rates are slightly lower than the year before.

Even with these small changes, prevailing rents remain out of reach for many households. A household would need an income of about \$49,000 to afford the rent for an average-priced apartment in the region, about 1.1 times the average salary for a licensed nurse and 2.3 times the average salary of a home health aide. As a consequence, almost half of all renters regionwide paid more than 30 percent of their incomes for housing in 2005. Elderly renters in particular are paying high proportions of their income on housing. More than six of every 10 elderly renters paid unaffordable housing costs compared with about four out of 10 younger households. Some elderly renters with high housing costs may be drawing down assets to supplement their current income, but others on fixed incomes and without

additional resources face serious hardship. Disabled renters are 17 percent more likely to pay unaffordable housing costs than renters overall.

Federal Subsidies Provide Safety Net for Some, But Fall Short of Needs

Federally subsidized housing plays a critical role for the most vulnerable households in the region. As of the beginning of the decade, just under 63,000 households relied on public or subsidized housing.²² About one-fifth of assisted households lived in public housing, two-fifths resided in private rentals using Housing Choice vouchers, and the remainder lived in privately owned, but federally subsidized buildings.

Since 2000, the number of public housing units has fallen, due to the demolition of severely distressed properties and their replacement with mixed-income housing and vouchers. Specifically, when the redevelopment of the Capper-Carrollsborg project is completed in 2008, the total stock of public housing in the District of Columbia will be down about 1,900 units. And the trend will likely continue as the District's Housing Authority redevelops other distressed public housing properties, such as Barry Farms. Housing Choice vouchers now play a larger

role in the Washington region, with the number of voucher recipients growing an estimated 18 percent between 2000 and 2004.²³

Affordable housing advocates remain concerned about the future of the region's 11,100 privately owned multifamily rentals with expiring federal subsidy contracts.²⁴ To date, the fear that most property owners would opt out of the subsidy program and convert their buildings to market-rate housing has not been realized. Instead, about 93 percent of the contracts that expired between October 2005 and July 2006 were renewed. However, about 30 percent of the owners renewed the contracts for only one year, and another 60 percent renewed for two to five years, prolonging the uncertainty about the units' long term affordability.

While a combination of public and subsidized private housing helps many people, the total level of assistance falls far short of the need. For example, as of 2004, there were 26,000 households on the District of Columbia Housing Authority's waiting list for Housing Choice Vouchers.²⁵ About 2,700 households in Prince George's County were waiting for public housing or a Housing Choice Voucher in April 2004.²⁶

And as of April 2007, in Fairfax County, about 11,800 people were on the waiting list for public housing, Housing Choice Vouchers or county rental assistance programs.²⁷ Both Fairfax and Prince George's Counties have closed their Housing Choice Voucher waiting lists and have no plans to reopen them.

As of 2000, about 16,500 elderly households (where either the household head or the spouse was age 62 or older) relied on public or subsidized housing, and an estimated 19 percent of these households included a disabled adult.²⁸ The elderly are more concentrated in public housing than in other subsidized housing. Specifically, about one-third of the households in public housing were elderly, compared with only 15 percent of those using Housing Choice vouchers. But both of these rates are higher than the share of the overall population that is 62 years or older (11 percent). In addition to the elderly, the federal government subsidizes about 8,500 non-elderly disabled households in the region. Only about one-quarter of these households live in public housing, compared with about half of the elderly disabled.

Two targeted federal housing programs

encourage the private development of affordable housing for the frail elderly and disabled. Section 202 and 811 programs provide capital assistance to finance housing for very low income elderly and disabled people in addition to subsidies to help make up the difference between the operating cost for the project and the tenants' contribution toward rent. These developments also offer supportive services, such as cleaning, cooking, and transportation. The region had about 5,300 of these units in 2006, with 31 percent located in the District and another 23 percent in Montgomery County.²⁹ These specialized units make up about 21 percent of the total privately-owned subsidized housing in the region.

The Low-Income Housing Tax Credit (LIHTC) program offers tax incentives to private developers of rental housing that is set aside for low-income households. Since its inception in 1987, the LIHTC program has supported just under 43,000 assisted units regionwide through 2004, about half of which have been built since 2000. In 2003 and 2004, about 900 units, or 13 percent of the LIHTC units placed in service, were targeted for elderly residents. A small share of these (143 units) focused on elderly

disabled renters. Another 278 units focused on disabled people without any age specification. While the LIHTC program adds to the region's affordable housing stock, needs far exceed the supply. For example, a 2001 survey of LIHTC properties by AARP found that virtually all properties intended primarily for older persons had lower than average vacancy rates and an average wait of eight months for an available unit.³⁰

Private-Market Options for Older Households

The private market has developed creative and flexible options to respond to the needs and preferences of elderly people with higher incomes. One of these specialized offerings is the active adult, age-restricted community. Through a special exemption from the federal Fair Housing Act, these communities require homeowners to be over a certain age (often 55). They appeal to well-off, fit, and often still working households, and the vast majority offer recreational amenities. While not explicitly targeted to disabled people, they provide design features anticipating future mobility difficulties, such as a master bedroom on the main floor and wider hall-

ways to accommodate wheelchairs. While specific figures are not available for the Washington region, the National Association of Home Builders estimates that about 7 percent of new homes purchased nationally are in active adult communities.³¹

Independent living communities offer another private-market option for elderly households. These mostly rental developments are marketed to healthy recent retirees. They offer such amenities as fitness facilities, community dining, and group activities, but they do not include health care services. There are an estimated 6,220 independent living units in the Washington region, with nearly three-quarters (73 percent) of these communities located in the District of Columbia, Inner Core, or Inner Suburbs, and the vast majority are located near public transportation. The high level of services available at these developments carries a high price tag, with an average monthly rent of \$1,812. However, costs vary widely depending on the level of services available, and more than one-third (35.5 percent) of the developments offer some type of subsidy.

Conclusion

It is difficult to predict when the current period of adjustment in the region's housing market will end. Chapter 1 demonstrated that the fundamentals of our economy are strong and the region's amenities are still attracting more residents to the area. A moderated housing market may reduce excessive speculation and ease the pressure for those currently seeking to buy homes. Moreover, the private sector appears to be responding to expected growth in the region's elderly population. However, for many low- and moderate-income households, rents are still unaffordable, and both high home prices and new constraints on mortgage credit limit access to homeownership. Furthermore, the subprime loan crisis continues to develop, and the full implications for both individuals and neighborhoods remain to be seen.



Chapter 3

GROWING NUMBER OF PEOPLE WITH SPECIAL HOUSING NEEDS

Within the challenging housing market context described in Chapter 2, some residents of the Washington region need more than just a conventional house or apartment to live independently. Some need housing with special features, including stairless access, wide doorways, lowered countertops, or visible signals for doorbells and smoke alarms. Others need special services, including daily help with meals or medication and assistance with bathing, provided in their homes (or close by).

This chapter provides the most current available data on the size and composition of two major (and overlapping) groups with special housing needs, focusing first on people with disabilities (both elderly and nonelderly) and then on homeless families and individuals. With the impending growth in the elderly population, the number of disabled people living in both city and suburban communities throughout the Washington region will increase dramatically over the coming decades, creating new demands on both the private sector and public programs.

Among People with Disabilities, A Diversity of Needs

Most people with special housing and service needs have disabilities of some type, whether physical, developmental, or mental. Census 2000 is the only source of information on the extent of disabilities for the Washington region and its sub-areas. Its data and definitions are far from perfect,³² but nonetheless provide a basic picture of the nature of local disability problems and how they vary across groups and locations. The census groups people with disabilities into two broad categories: those

living in group quarters (such as nursing homes and hospitals) and those living in households. We provide information on homeless individuals and families (some of whom are also disabled) later in this chapter.

People living in group quarters account for only 2 percent of the region's total population, but they no doubt include the most seriously disabled. Unfortunately there are no measures of the nature of the disabilities among people living in group quarters, so we infer disability from the fact that they live in facilities — nursing homes, hospitals, group homes, and a few other types of housing — that exist to serve the disabled.³³ In 2000, 29,000 individuals in the Washington region lived in group quarters for the disabled, so defined. Most — a total of 20,300 — lived in nursing homes, 1,500 were in hospitals, and the rest lived in the other categories of group facilities. This total represented only 0.6 percent of the region's population, well below the 0.9 percent average for the United States as a whole. The share of elderly people living in these types of group facilities was much higher: 4.8 percent regionwide and 6.4 percent in the District compared with a U.S.

elderly average of 5.0 percent. Only 0.2 percent of the region's non-elderly population lived in such facilities (0.7 percent in the District).³⁴

The census provides more information about people who have disabilities and live in households. Specifically, we know whether people had long-lasting conditions such as blindness or deafness (sensory disability) or conditions that substantially limit one or more basic physical activities (physical disability). In addition, people were asked if they had conditions that made it difficult to perform certain daily activities, and their answers were used to identify people with mental disabilities, self-care disabilities, going outside the home disabilities, or employment disabilities.

To assess needs for assistance, we focus on the total number of people who reported two or more of these problems or any one problem in the last three categories (difficulties with self-care, going outside the home, or employment). This is comparable to the definition of "moderate or serious" disability in a more rigorous national sample survey.³⁵ Using this definition, an estimated 479,000 individuals over age 5, living in households, were disabled in 2000 (10.9

percent of the region's population compared with a 14.0 percent average nationally).

Not surprisingly, the extent of disability in the region varied markedly by age. For children (ages 5 to 15) the overall disability rate according to this definition was only 1.1 percent, compared with 11.6 percent for working-age adults (16 to 64 years old), and 23.9 percent for the elderly (Figure 3.1). As for types of disabilities, census data indicate that

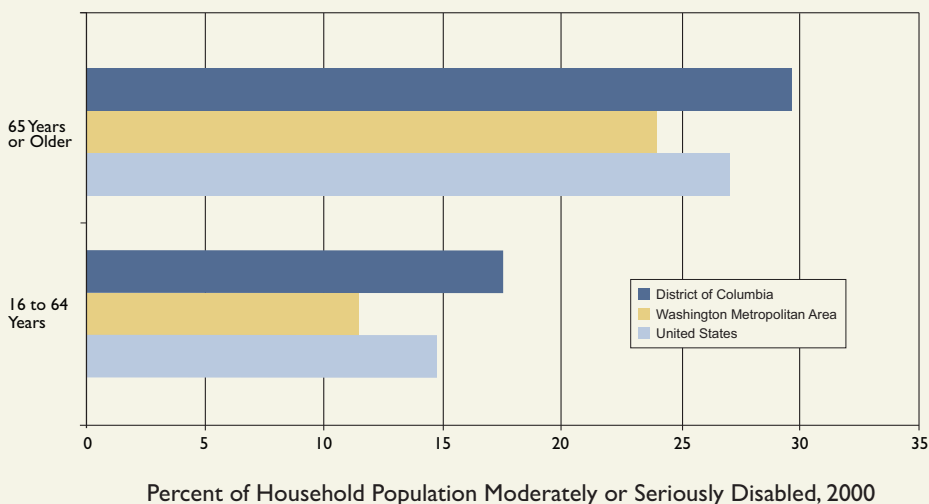
in only one category, the share in the sensory or mental categories was 90 percent for children, but only 20 percent for working-age adults and 25 percent for the elderly.

The region's disabled population had a poverty rate considerably higher than that of the general population: 12 percent versus 7 percent.³⁶ Both, however, were well below the comparable figures for the United States as a whole. The poverty rate

for the region's disabled elderly population was 11 percent, compared with 8 percent for the elderly overall. In the District of Columbia, the shares in poverty were higher for all groups: 25 percent for the disabled on average (compared with 20 percent for the overall population), 21 percent for the disabled elderly (compared with 16 percent for the elderly overall).

Disabled people were also more likely to be black: 34 percent compared with 26 percent of the total population regionwide. In the District, 74 percent of disabled people were black compared with 60 percent of the total population.

Figure 3.1: Elderly Twice as Likely to Be Disabled as Working-Age Adults



SOURCE: Data from U.S. Bureau of the Census, decennial census 2000.

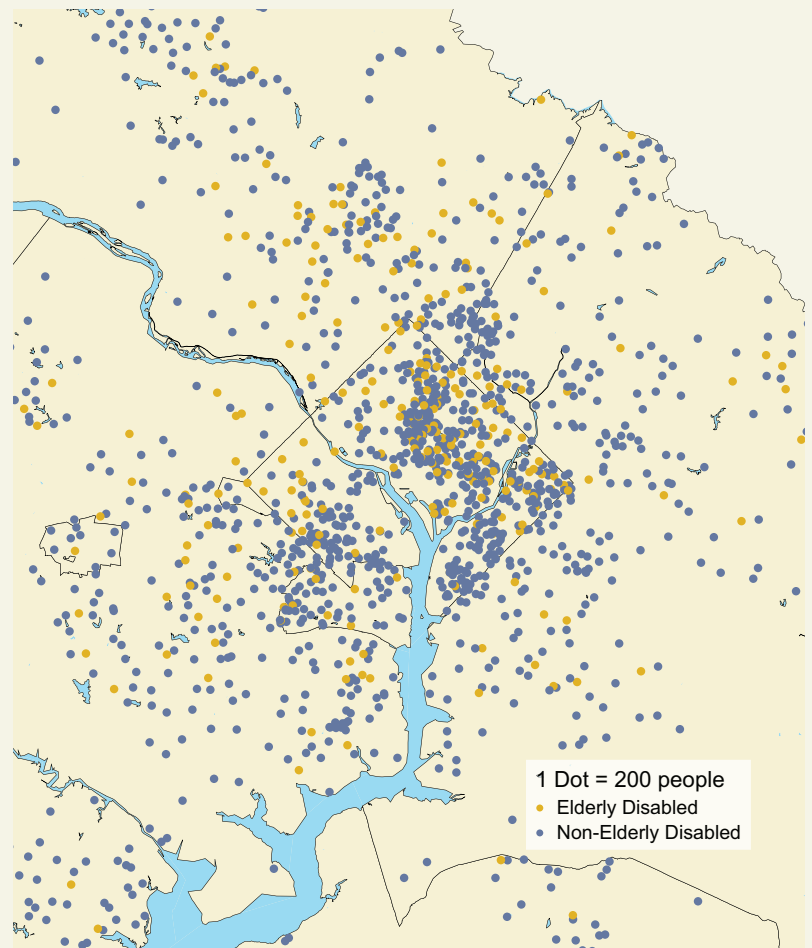
sensory and mental disabilities are the most frequent problems for children, while physical problems are much more prevalent for other age groups. Among those in the region who reported a problem

By contrast, Hispanics accounted for about the same share of the disabled population (both elderly and nonelderly) as of the total population in the region as a whole and in the District.

People with disabilities are somewhat more concentrated geographically, with a larger share living in the central areas of the region, than the region's total population. Specifically, the disability rate in the District of Columbia's household population was well above the regional average overall (16.9 compared with 10.9 percent), and in every age category. Nonetheless, like the larger population, the greatest share of the disabled live in the suburbs: 81 percent of the total population, 80 percent for the elderly. The geographic distribution for both elderly and non-elderly disabled people is mapped in Figure 3.2.

Combining both categories of disabled people discussed this far — those living in group quarters and those who have moderate or serious disabilities living in households — yields a total of 508,000 individuals in 2000, or 11 percent of the region's popula-

Figure 3.2: People With Disabilities Live in All Parts of the Region



SOURCE: U.S. Bureau of the Census, decennial census, 2000.

tion. Of this total, 118,000 (almost a quarter) were elderly, and 390,000 were under age 65. Chapter 4 reviews the special housing and service solutions currently provided for the region's residents who have special needs. Here we consider the current magnitude of demand for either specialized housing

or supportive services, because not all disabled people necessarily require such help. Ideally, we would define categories within this population as follows:

1. People who must reside in a facility with special design features and medical services (such as a nursing home)
2. People who are capable of independent living but require special personal services (such as help with meals or housekeeping)
3. People who are capable of independent living but require housing with special design features (such as wheelchair accessibility)
4. People who are capable of independent living without special services or housing

The first category corresponds roughly to people currently living in group quarters for the disabled: a total of 29,000 regionally in 2000. Groups 2 and 3 (which obviously overlap) fall within the household population. Data are not available to allow us to estimate their magnitudes precisely, but national indicators suggest that the numbers in these groups are probably substantial. Specifically, a 2002 survey found the share of the household population

that said they require personal assistance with one or more “activities of daily living or instrumental activities of daily living” was 2.7 percent of working-age adults and 16.3 percent of elderly people.³⁷ Using these figures as a base, we estimate that 154,000 disabled people in our region needed services in 2000 (87,000 working-age adults and 67,000 elderly).³⁸ In the same survey, 2.5 percent of working-age adults and 21.4 percent of the elderly said they rely on a wheelchair, cane, crutches, or a walker. This provides a crude proxy for the share needing housing with special design features. Applying this estimate for the Washington region yields a total of 168,000 people in this category in 2000 (80,000 working-age adults and 88,000 elderly).

Future Prospects — An Enormous Increase in Service Needs

Assessing how the region’s special housing needs are likely to change in the future entails a complex set of estimates and assumptions. A recent study that has made such an assessment for the elderly nationally illustrates the factors involved.³⁹ Although the nation has seen evidence of recent health

improvements for people at older ages, countervailing factors (including increases in diabetes and obesity) could at least partially offset the health gains in the coming decades. The intermediate (“best guess”) estimate is that the nationwide share of elderly people with moderate/severe disabilities will go down modestly, from 30.3 percent in 2000 to 28.0 percent in 2040.⁴⁰ However, the researchers foresee a sizeable “range of the possible” for 2040, from a low of 20.3 percent to a high of 33.0 percent. The application of any of these rates to the much larger estimate of the elderly population in 2040 implies a dramatic increase in the absolute size of the disabled elderly population.⁴¹

Two critical issues are likely to affect the extent to which the dramatic increase in the elderly disabled population will need special-purpose housing or in-home services. The first relates to current incentives that favor care in nursing homes over care at home. At present, Medicare reimburses nursing home costs for the poor, but there is no adequate national program to help with the costs of home care. Many elderly individuals who need care but cannot afford it dispose of income and assets

just to qualify for nursing home assistance even though institutionalization is, in many cases, a much less cost-effective way to deliver long-term care.⁴² Expansions of Medicare and Medicaid coverage and private long-term care insurance (without any bias as to where care is delivered), could address this issue but the likelihood of such changes is not clear. The intermediate national estimates by Johnson et al. show the share of the disabled elderly in nursing homes growing slightly (from 12.3 percent in 2000 to 12.9 percent in 2040), but this still implies a massive absolute growth in the nursing home population from 1.2 million to 2.7 million.

The second issue is on the home care side. Of all long-term care services now provided to the elderly, the largest share by far is unpaid care, much of which is provided by adult children and spouses. Projected future declines in average family sizes and improvement in women’s employment prospects are likely to reduce the extent to which in-home service needs among elderly people will be met by family members. For example, estimates indicate that between 2000 and 2040, the share of the disabled elderly with no adult children will increase

from 16 percent to 21 percent, and those with only one or two adult children will also increase, from 39 percent to 49 percent. Furthermore, the share of disabled elderly who are married will decline from 40 percent to 35 percent. Consequently, the national share of the disabled elderly receiving unpaid help will likely decline from 57.2 percent in 2000 to 53.8 percent in 2040, and the share needing paid home care will grow from 22.2 percent to 25.5 percent. Developing the necessary organizational infrastructure and workforce to deliver these paid services and generating the resources to enable the lower-income elderly to pay for them, represent major challenges for the nation as a whole.

What do these national trends imply for the Washington region?⁴³ Chapter 1 reported future population estimates for the region by age, including dramatic increases in the total number of elderly people between now and 2040. Assuming that the ratios of the region's age-specific disability rates to those for the nation remain constant, we estimate that the incidence of moderate/serious disability among the elderly in metropolitan Washington in 2040 will be 25 percent.⁴⁴ A review of recent literature suggests that

it may be prudent to assume that disability rates among the non-elderly will remain constant in the coming years.⁴⁵ At these rates, the number of disabled elderly people living in the Washington region will grow to 280,000 by 2040 (indeed a dramatic increase to 2.38 times the 2000 level), and the number of non-elderly disabled will grow to 575,000 (1.48 times the 2000 level). More than half of the total expected increase is likely to have occurred by 2020 (See Figure ES3 in the Executive Summary).

These estimates suggest that the population likely to be accommodated in the region's nursing homes and other group quarters for disabled people will also more than double, growing from 29,000 in 2000 to 64,000 in 2040, and 80 percent of such accommodations will be needed for the elderly. Further, the number of elderly residents requiring unpaid in-home care will likely grow from 67,000 to 151,000 (+224 percent) over the period, while those requiring paid in-home care will grow faster from 26,000 to 72,000 (+273 percent).

Some Washington-area service providers argue that, in addition to these long-term trends, the region is likely to see a more immediate increase in the

number of non-elderly disabled people due to the return of injured veterans from Iraq and Afghanistan.⁴⁶ Today, improved armor and trauma care are saving soldiers who have sustained injuries that, in the past, would have been fatal. As a consequence, thousands of veterans are returning to the United States with severe physical disabilities.⁴⁷ In addition, a 2006 Pentagon study in the *Journal of the American Medical Association* reported that 19 percent of returning Army and Marine Vets reported mental health concerns; 35 percent received mental health care during their first year home; and 12 percent were diagnosed with a mental problem.⁴⁸ In the worst cases, these veterans actually become homeless. As of 2005, veterans accounted for over one-quarter of the homeless population in the United States.⁴⁹ About 7.5 percent of the veterans in the District of Columbia were homeless in that year.

Homelessness Persists in the Region

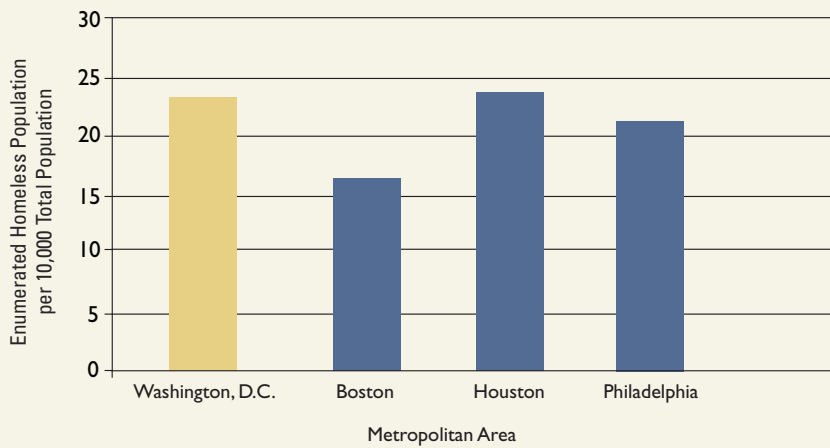
In addition to the people with special housing and service needs currently living either in households or in institutional settings, thousands of individuals and families across the Washington region have

become homeless. The homeless population overlaps with the disabled population, and so some homeless people require special housing and services as described in the previous section. The federal definition of homelessness consists of three categories of people commonly referred to as the “literally homeless:”⁵⁰

1. People who have no shelter and stay in places not intended for human sleeping (on the streets, in parks, or in cars)
2. People sleeping in emergency shelters or other facilities designed for temporary relief
3. People living in any form of transitional housing where there are temporary supervised housing accommodations

The Metropolitan Washington Council of Governments’ (COG) Homeless Services Planning and Coordinating committee conducts an annual count and report on homelessness in the Washington region.⁵¹ The January 2007 count found 11,762 literally homeless people in the region. This represents a 3.0 percent decline from 2006, but still a 3.0 percent increase over the earliest coordinated count conducted in 2005.

Figure 3.3: Incidence of Homelessness in Washington Area Comparable to Other Regions



SOURCES: Data from Urban Institute analysis of Cunningham and Henry (2007) and U.S. Bureau of the Census population estimates.

A recent national study using 2005 homeless counts allows us for the first time to compare the Washington area with other metropolitan regions.⁵² Overall, 23 of every 10,000 residents of the Washington region were homeless in 2005 (Figure 3.3).⁵³ Philadelphia and Houston both have comparable rates, with 22 and 24 of every 10,000 people homeless in each metro area, respectively. By contrast, Boston has a somewhat lower rate of homelessness (17 per 10,000 residents).

Within the region, the suburbs are seeing a growth in homelessness while the District is seeing a decline. The District continues to have a disproportionate share of homeless people, accounting for

almost half of the region's total homeless population in 2007 (49 percent), but only 11 percent of the region's total population. But, for the first time since the annual count has been conducted, the number of homeless people in the suburbs exceeds the number in the District. Specifically, the District's homeless population saw a 6.5 percent drop from 2006 to 2007, and a 4.5 percent decline since 2005. By contrast,

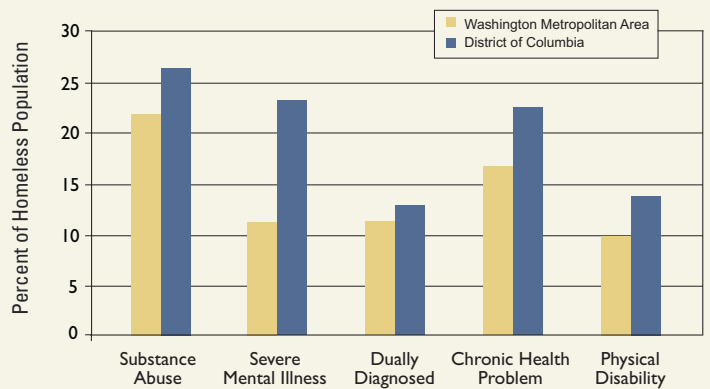
the number of homeless people in the Washington-area suburbs increased by 0.6 percent since 2006, and has risen 11.3 percent since 2005. Most of this increase was among homeless individuals, rather than families.

Alexandria, Frederick County, and the District were the only jurisdictions that experienced an overall decline in literal homelessness between 2005 and 2007. Loudoun County saw the biggest increase — from 93 homeless persons in 2005 to 211 in 2007. This was followed by Prince George's County, Prince William County, and Arlington County, which saw increases of 24.4 percent, 21.8 percent, and 12.7 percent, respectively.

The composition of the homeless population has also changed over time and varies across the region. Most homeless people (59 percent) are single individuals rather than members of family groups, and the share of homeless people who are in families has dropped since 2004. The share of homeless people who are single individuals is highest in Arlington County (70 percent), while Fairfax /Falls Church, Loudoun County, and Prince William County are the only jurisdictions where people in homeless families outnumbered homeless individuals. Children make up 62 percent of the 4,900 homeless family population and 25.6 percent of the total homeless population. In 2007, more than 3,000 children were literally homeless regionwide.⁵⁴

High housing costs and a shortage of affordable rental options are precipitating factors for many individuals and families who become homeless. But a significant share of the homeless is disabled. Specifically, an estimated 10 percent of the Washington area’s homeless population suffers from physical disabilities, 11 percent have mental illnesses and 22 percent have drug or alcohol problems (Figure 3.4). Like other people with physical and mental disabili-

Figure 3.4: Homeless Face Multiple Problems



SOURCE: *Homeless Enumeration for the Washington Metropolitan Region* (2007).

NOTE: Dually Diagnosed is defined as simultaneous chronic substance abuse and severe mental illness.

ties, they need a combination of housing and support services. On this front, the region has made progress in expanding options for homeless people facing multiple challenges. As discussed in more detail in Chapter 4, the number of literally homeless people in the Washington region would likely be dramatically higher were it not for the progress the region has made in providing permanent supportive housing.

Although some people become homeless temporarily and are then able to reestablish stable living arrangements, a substantial share of the homeless population is defined as “chronically homeless” — individuals who have been continuously homeless for more than a year or have had at

least four episodes of homelessness in the past three years.⁵⁵ This group makes up over one quarter of the region's total homeless population. Arlington has the highest rate of chronic homelessness (48 percent) followed by the District (31 percent).⁵⁶

A disproportionate share of the chronically homeless population has physical or mental disabilities. In the District, for example, the rate of physical disabilities among chronically homeless people (22 percent) is 1.6 times that of the city's total homeless population.⁵⁷ An important factor contributing to homelessness among disabled people is ineffective discharges or custodial releases by hospitals, treatment facilities, prisons and jails, and the foster care system.⁵⁸ More specifically, when such institutions release people without ensuring that they have adequate housing arrangements, financial support, and health or treatment services, the incidence of eventual homelessness is high. In the District of Columbia, for example, 28 percent of the chronically homeless population was previously institutionalized.

In every jurisdiction, more than half of all homeless individuals were unemployed.⁵⁹ Unemployment rates among homeless individuals range from a low

of 51 percent in Loudoun County to 81 percent in Arlington County, with a regionwide average of 75 percent. Homeless adults who are with families are significantly more likely to have at least some employment, except in the District. In the suburbs, the employment rate for this group ranges from 55.9 percent in Montgomery County to 73.6 percent in Arlington County. By contrast, in the District an alarming 80.3 percent of homeless adults in families lack jobs.

Many More at Risk of Homelessness

The region's annual count of homeless people is an extremely useful tool that provides valuable information about an otherwise elusive population. However, it is limited in that it only captures a snapshot of a larger, fluid population. Specifically, because these annual counts include only the number of people who are homeless on the day of the count, they do not capture the total number of people who experience homelessness at some point during the year. In addition, the annual count misses children and youth who are not accompanied by adults, including runaways (who have left home without

permission), “throwaways” (who have been forced to leave home by a household member), and “street youth” (who live on the street, often after exiting the juvenile justice or foster care systems). These youth often exhibit behavior problems, mental health disorders, household conflict or abuse issues, and difficulty in school.⁶⁰

For many people, homelessness is the end result of a long period of residential instability. A recent study found that in the 18 months prior to entering a homeless program, families spent an average of seven months in their own residence, five months doubled-up, five months literally homeless, and one month in other arrangements.⁶¹ This suggests that people who are precariously housed — living in conventional housing, but paying unaffordable costs or doubling-up with friends and family — face a significant risk of becoming homeless. Estimating the size of this population is challenging, because some households include non-relatives or extended family members by choice. Exploratory analysis suggests that, in 2005, about 6,300 District residents and about 31,600 people regionwide were living with siblings, other relatives, or non-relatives

who were poor. This probably constitutes a conservative estimate of the number of people who were precariously housed and at risk of homelessness.⁶²

Conclusion

A substantial number of the region’s residents — living in both the District and its suburbs — have special housing needs. And this population can be expected to grow rapidly over the coming decades. We focus here on people with disabilities (both elderly and nonelderly), on homeless individuals and families, and on people who appear to be at risk of homelessness. Some need housing with special features in order to live independently; some need support services; and some require institutionalization. The next chapter examines the types of housing and service options available in the Washington region and assesses the adequacy of existing resources relative to current and anticipated needs.



Chapter 4

HOUSING AND SERVICE SOLUTIONS FOR PEOPLE WITH SPECIAL NEEDS

People working in the field of “special-needs housing” often define programs and solutions in terms of the particular populations they serve, focusing, for example, on housing for people with specific disabilities, housing for the elderly, or housing for the homeless. But, as Chapter 3 has shown, these populations are fluid and overlapping. For example, people who are elderly generally do not have special housing needs unless they become ill or disabled. Many, though certainly not all, homeless people are disabled. And other special-needs groups not enumerated in Chapter 3, including people with HIV/AIDS, youth aging out of foster care, and returning ex-offenders, overlap with the disabled and homeless populations and face similar challenges in the housing market. Therefore, in this chapter, we explore a range of solutions for people with special needs, focusing on a continuum of strategies for addressing housing and service challenges, rather than on the particular subgroups served.

When Affordability Is the Critical Challenge

For many people with special needs, finding affordable housing — or securing the resources to cover the costs of housing and essential services — constitutes the most critical challenge. As discussed in Chapter 2, the federal government provides several types of subsidies to make housing

affordable for low-income renters, including public housing, privately-owned subsidized developments, Low-Income Housing Tax Credits, and Housing Choice vouchers. In addition, local jurisdictions provide grants, low-interest loans, and regulatory incentives to encourage the production of affordable housing units. And, within their conventional assisted housing programs, some jurisdictions,

including the District of Columbia, offer selection preferences for people who are homeless and for people with physical disabilities currently living in non-accessible units.⁶³

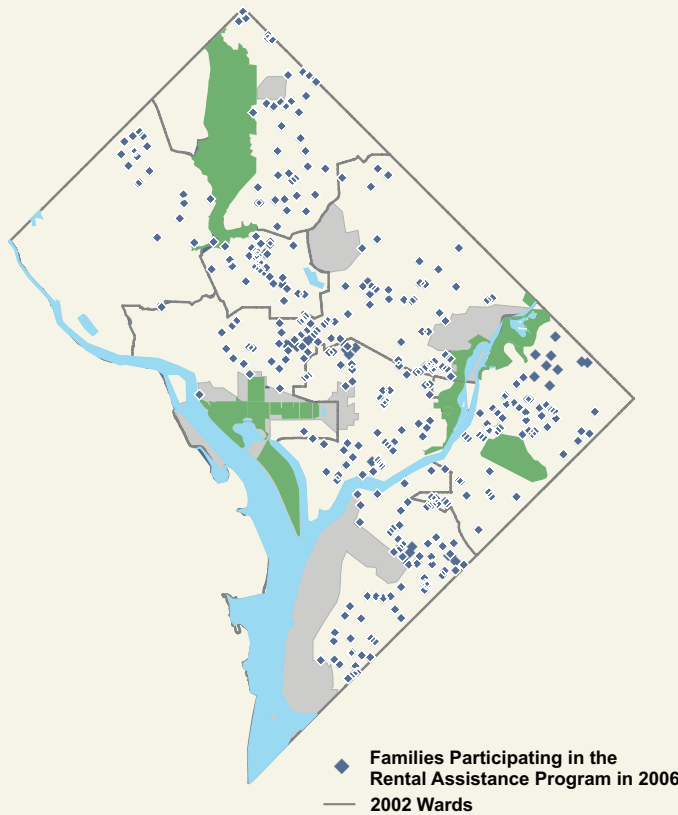
However, as discussed in Chapter 2, the number of low-income households needing housing assistance far exceeds the available resources. As of 2005, there were 100 low-income households with accessibility needs on the waiting list for affordable housing in the District of Columbia.⁶⁴ Similarly, in April 2005, there were 432 individuals with disabilities on the voucher waiting list in Prince George's County.⁶⁵ And, the Prince George's County Department of Family Services estimates that about 2,000 county residents with serious and persistent mental illness could live independently if they received some type of housing assistance.⁶⁶

In addition to federally funded housing vouchers and subsidized housing developments (all of which offer long-term solutions to the affordability problem), Washington-area governments offer several programs that provide short-term assistance with unaffordable housing costs for people with special needs. These programs offer promising models for the

future, but for the most part are very limited in scale. For example, Maryland's Temporary Disability Assistance Program helps disabled adults who are unable to work but are ineligible for other types of cash assistance (such as federal disability programs). Recipients may receive up to 9 payments of \$185 over a 36-month period. Prince George's County also operates a Homeless Prevention program, which provides short-term financial help (and counseling) to people who are having difficulty paying their rent or mortgage and are facing a crisis that could result in eviction, foreclosure, or homelessness.

The District of Columbia recently launched a similar homeless prevention program — the Emergency Rental Assistance program — that provides one-time emergency assistance to households facing eviction due to nonpayment of rent. Run by the Community Partnership for the Prevention of Homelessness, recipients can receive up to \$3,000 (\$6,000 for the elderly) no more than once a year.⁶⁷ Funds can be used to pay for overdue rent, moving costs, or security deposits in the event of an eviction. In 2006 the Partnership paid 556 households an average of \$1,200. Figure 4.1 illustrates the individ-

Figure 4.1: Rental Assistance Program Helps Residents Throughout the District of Columbia



SOURCE: Urban Institute analysis of data from The Community Partnership for the Prevention of Homelessness.

NOTE: Dots are randomly placed within census tracts in order to protect the confidentiality of Rental Assistance recipients.

uals and families served by the program who might otherwise end up homeless without the emergency financial help.

The District's Community Care Grants program also focuses on families at imminent risk of homelessness, offering a temporary housing subsidy to families waiting for shelter units. The Community

Partnership helps families manage the lease application process, resolve credit history issues, and apply for housing vouchers. Recipients must be employed or willing to seek employment and must become and remain permanently housed and self-sufficient within one year. In 2006, the Community Care Grants program served 385 families with a median payment of \$455.

The District also offers a 50 percent property tax reduction for elderly and disabled homeowners with incomes below \$100,000.⁶⁸ In 2005, 20,827 households qualified for this credit. However, the District offers no comparable mechanism for easing rising housing costs for the 42 percent of elderly households in the District that rent their homes.

Finding Accessible Housing in the Private Market

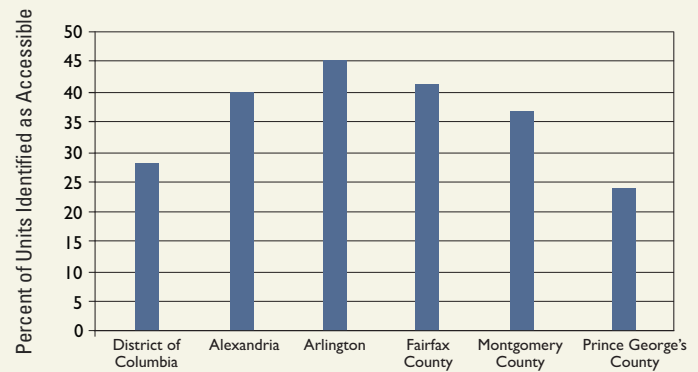
People with physical disabilities often need housing units that offer special accessibility features such as flashing lights instead of audible doorbells and smoke detectors or wheelchair accessibility into and around a house or apartment. Information on

the availability and costs of accessible housing in the Washington region is limited, making it difficult to determine whether or not the supply is adequate and creating significant challenges for people with disabilities searching for a place to live.

Between 30 and 40 percent of advertised rental units are classified as accessible, based on a review of online listings in the *Washington Post*

and *Apartment Guide*.⁶⁹ Figure 4.2 shows the share of apartment listings reported on a single day in March 2007 that were classified as accessible. Overall, 163 of 474 listings (34.4 percent) in the District, the Inner Core, and Inner Suburbs were reportedly accessible. Between 40 and 45 percent of listings in Virginia were accessible, compared with only 24 percent in Prince George's County and 28 percent in the District of Columbia. In addition, in 2005, the Fairfax Area Disabilities Services Board produced a directory of rental complexes in the Fairfax area (including Arlington, Alexandria, and Falls Church) with accessible features, based on the most recent Fairfax County Rental Housing Census combined with an Internet search of accessible units.⁷⁰ Among the 75 properties included

Figure 4.2: Substantial Share of Available Rentals Reportedly Accessible



SOURCE: Data from Urban Institute review of listings in the *Apartment Guide*, Spring 2007.

in the directory, approximately 8,900 (37 percent) of the 24,000 units were accessible.⁷¹

Beginning in 1991, federal law has required all new residential construction of buildings with four or more units to meet accessibility guidelines.⁷² Since then, approximately 133,400 multifamily units have been built in the Washington region (representing about one-fifth of the region's total multifamily stock).⁷³ This substantially exceeds the estimated 30,000 physically disabled people who live in multifamily buildings.⁷⁴ While these figures suggest that the stock of accessible units is large enough to meet the needs of disabled renters in the Washington region, it is important to note that apartments listed as accessible may not be affordable for

a particular disabled person and may not offer the accessibility features needed.

Moreover, because building design and construction are regulated at the local level, it is not clear that this federal mandate has been effectively enforced. A recent national study found quite high levels of compliance, however. Specifically, for each of 16 categories of accessibility requirements (such as building access, curb ramps, usable doors, and wheelchair mobility in bathrooms) roughly nine out of 10 properties met federal guidelines. The rate of conformance was highest for exterior features, including ramps and building entrances, and lowest for such interior features as grab bars and the height of switches and controls.⁷⁵

In an effort to address the need for accessible rental housing that is affordable for renters with very low incomes, the District of Columbia Housing Authority's Capital Fund Program produces housing units that meet the standards of the Uniform Federal Accessibility Standards (UFAS). As of February 2005, 326 such units had been completed and were available for low-income households with one or more disabled members. The Housing Authority has

committed to producing a total of 565 accessible units by the completion of the six-year program in 2007.⁷⁶ In addition, the District requires that 5 percent of units rehabilitated with public subsidies be retrofitted for accessibility.⁷⁷

Nationally, support is growing for the concept of "universal design," which would standardize all new construction with such features as wider halls and doors, barrier-free entrances, elevated electrical outlets, lowered switches, adjustable closet rods and shelves, adjustable counters, and touch switches. The goal is to make new homes and apartments useful and marketable to all residents, whether or not they have disabilities.⁷⁸ Some jurisdictions in the Washington area are beginning to promote universal design. For example, Virginia's Housing Development Authority offers targeted incentives and education to encourage private developers to implement universal design principles in both subsidized and unsubsidized properties.⁷⁹ Other options include local grants, loans, or tax credits for developments that implement universal design principles or local requirements for particular accessibility features.

Even when accessible units are available, finding them can be an enormous challenge. Although the U.S. Department of Housing and Urban Development (HUD) requires jurisdictions that receive block grant funding to report on the number of accessible units available and the number planned in their comprehensive plans, no mechanisms are available to track these units or to match people who need them with units that are on the market. This poses problems not only for people searching for accessible housing, but also for property owners trying to market their units. As a consequence, a significant share of the “accessible” housing stock may be occupied at any given time by households that do not need accessibility features.

One of the best examples of a local initiative to tackle this problem is Mass Access, a central registry created in 1990 by the commonwealth of Massachusetts. The program requires rental property owners to register vacant accessible units with Mass Access and to hold these units for at least 15 days, during which time the apartment may only be rented to a person with a disability. When disabled home seekers provide their search criteria (such as number

of bedrooms, rent level, accessible features, and neighborhood features), the Mass Access database matches these criteria with available public and private units. Locally, both Maryland and Virginia offer online housing search tools intended to help people with disabilities who are searching for housing. Unfortunately, in sample searches, very few units in either database met accessibility specifications, suggesting that the strength of this resource is dependent on the willingness of property managers to register units and to provide detailed information about accessibility features.

In addition to the challenge of finding accessible units, people with disabilities may face illegal discrimination when they search for housing. A recent paired-testing study conducted in Chicago found that people in wheelchairs experienced discrimination in 32.3 percent of their visits to advertised rental properties.⁸⁰

As people age, they may prefer to modify their current homes or apartments rather than move to a new house or apartment with accessibility features. Nationally, nearly nine in 10 individuals aged 55 or older wish to remain in their current home as they

age, but nearly one-third report concerns about the need to modify their home to accommodate themselves or family members as they age. Common problems include difficulties using the bathroom and shower, ascending and descending stairs, and turning faucets and door handles. Nearly one-third of the nation's elderly worry about their ability to afford home improvements that would remedy these accessibility problems.⁸¹ To help address this issue, Fairfax County offers a program to help low- and moderate-income owners who are elderly or disabled make accessibility modifications to their homes. This program provides up to \$500 in materials and a crew to perform minor home repairs and to install grab bars, railings, ramps, and other modifications.⁸²

In-Home Care: Delivering Essential Services Where People Live

Many people with disabilities want to live independently in houses or apartments and are capable of doing so if key services can be delivered to them in their homes. For example, a frail elderly couple might need someone to visit daily to perform basic housekeeping, prepare a meal, and check on medications. Or, a person who uses a wheelchair may need

a live-in personal assistant to help with multiple activities of daily living. Obtaining these services in the private market poses several challenges — among them, high costs. Although Medicaid and Medicare cover some in-home health and personal services, coverage and reimbursement levels are insufficient to adequately meet the needs of most individuals and their families. Jurisdictions across the Washington region are experimenting with programs that deliver critical services to the homes and apartments where people with special needs live, but these initiatives are still small in scale.

Currently, professional in-home care for elderly and disabled people is prohibitively expensive for most households. Four hours a day of in-home assistance with activities of daily living (such as cooking, cleaning, and shopping) costs an average of \$2,109 a month in the Washington region. For half-time skilled nursing care administered in the home, monthly costs are even higher, \$2,352 a month on average.⁸³ In 2005, the median monthly income among Washington-area households headed by a person age 65 or older was only \$3,939. Such a household would need to spend 60 percent of

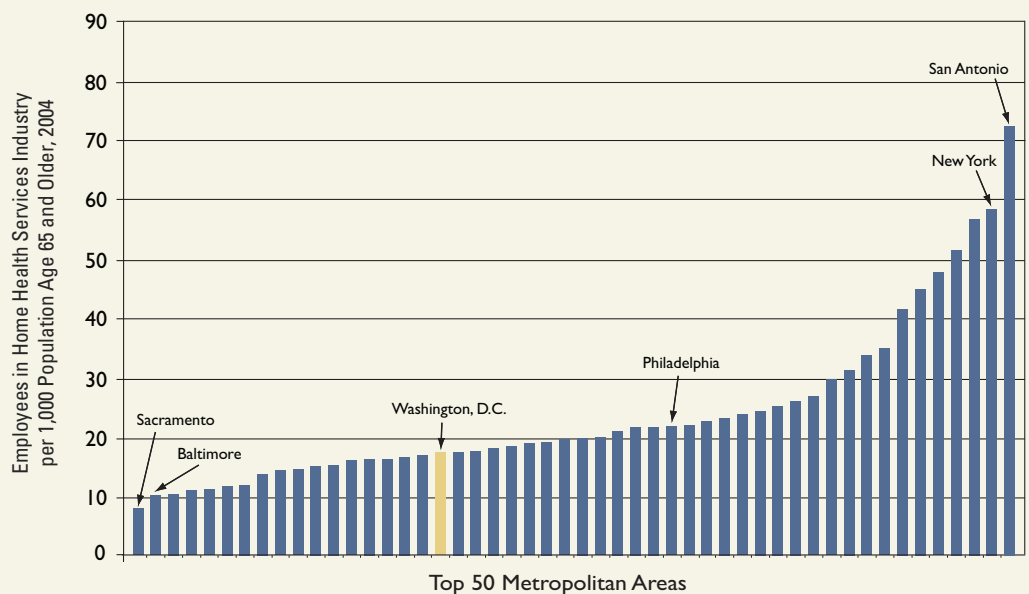
monthly income just for half-time skilled nursing care, leaving only 40 percent for food, housing, medicines, and medical care. And this same level of service would absorb at least 94 percent of monthly income for the one-third of elderly households with incomes below \$30,000.

Often, therefore, family members help to absorb the cost and burden of in-home care for aging parents. A recent poll estimates that 41 percent of baby boomers are providing personal care or financial help for an aging parent and another 22 percent expect to do so in the future.⁸⁴ And AARP estimates that 34 million Americans are currently serving as unpaid caregivers for adults age 50

or older.⁸⁵ The costs of these unpaid services to individuals and communities can be substantial, including lost time at work, lost benefits, declining personal health, and added emotional strain.⁸⁶

In addition to the high cost of in-home health care, evidence suggests that the capacity of the in-home service sector may be limited. For example, the Washington region had 17 home health service sector employees per 1,000 people age 65 and older in 2004, which ranks 33rd out of the 50 largest metropolitan areas nationwide (Figure 4.3).⁸⁷ Given

Figure 4.3: Washington Area Has Relatively Few Workers in the Home Health Service Sector



SOURCES: Data from County Business Patterns and U.S. Bureau of the Census population estimates.

the expected elderly population growth, the region would require an additional 10,900 employees by 2040 just to maintain this ratio. As discussed in Chapter 2, the high costs of housing in our region

relative to the average incomes for in-home service providers, such as home health aides, may limit the growth capacity of this job sector.

In theory, Medicaid can cover the costs of in-home health services for low-income disabled people through Home and Community-Based Services waivers, which allow people with disabilities to receive services in their own homes rather than in institutional settings. However, funding for these waivers is limited, waiting lists are long, and the allowable reimbursement rates are not always high enough to attract and retain high-quality service providers. To illustrate, Virginia’s General Assembly recently authorized 330 new waiver slots for people with developmental disabilities statewide. This will create about 40 new slots for the Fairfax-Falls Church area, where the waiting list currently stands at 231.⁸⁸ Moreover, in 2006, Virginia ranked 41st in the share of long-term care Medicaid spending used for home health and personal care.⁸⁹ Virginia’s Medicaid waivers are tied to a very restrictive level of care for nursing facilities — only people with the highest level of disability meet the eligibility criteria, so that people with less severe physical disabilities have to

move into congregate care facilities to receive help covering the costs of care.

Virginia, Maryland, and the District of Columbia all participate in a federal demonstration program that provides special Medicare and Medicaid grants to help move people from institutional to community-based settings. This demonstration aims to increase the use of home- and community-based care services, eliminate barriers that prevent people from receiving support for appropriate services of their choice, and expand the ability of state Medicaid programs to assure continued provision of high-quality home- and community-based long-term care services. In 2007, the District received an award of \$26.4 million to move 1,110 people; Maryland received \$67.2 million for 3,091 people; and Virginia received \$28.6 million for 1,041 people.

In response to the limitations of Medicare and Medicaid, jurisdictions across the Washington region fund programs that deliver services to elderly and disabled people in their homes. For example, Fairfax County has adopted a “cluster care” model to provide home-based care services to the elderly. Under this program the county is divided into

geographic clusters, within each of which a single home-care agency is funded to provide services.⁹⁰ And Montgomery County funds SEEC (formerly the Supported Employment and Enterprise Corporation) to deliver a range of services and supports, including community living, employment, and family support services, to people with developmental disabilities. These programs operate at the city or county level and target particular subgroups of people with special needs living within their jurisdiction.

In addition, the District of Columbia has made significant investments in programs that link services with housing assistance for people who are chronically homeless. The Housing First Chronic Homeless Initiative involves the Community Partnership for the Prevention of Homelessness, the Department of Mental Health, and the DC Housing Authority to provide emergency housing, long-term housing, and medical services. Specifically, the Community Partnership pays for the security deposit, three months of rent, and move-in costs to enable people to obtain housing quickly. Then, the Department of Mental Health funds Pathways to Housing D.C., which delivers support services to

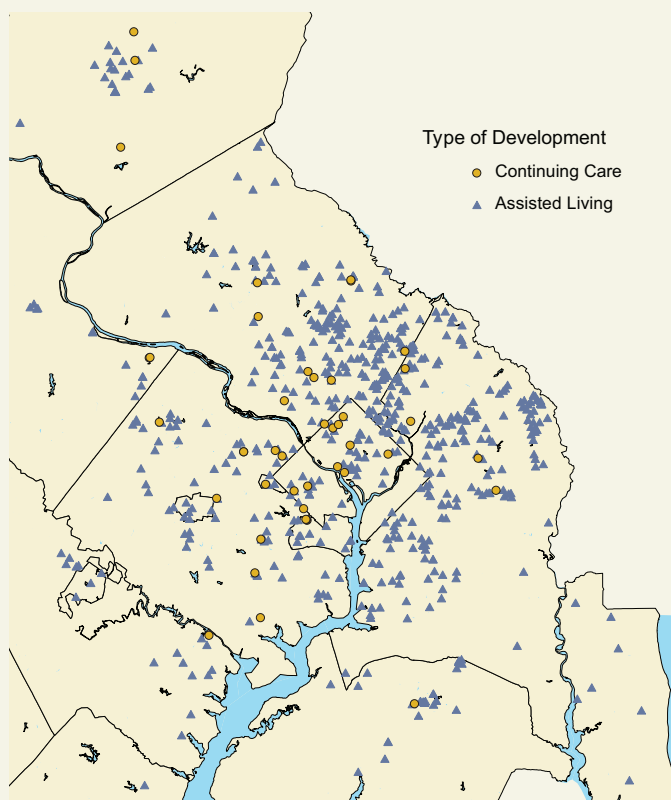
participants. And the Housing Authority has committed 75 Housing Choice vouchers for program participants to make rents affordable over the long term.⁹¹ In 2006, the program served an estimated 186 people. Another example is the federally funded Shelter Plus Care program, which also combines rental assistance with in-home services to help homeless families and individuals with serious disabilities. The District's Shelter Plus Care program served 407 households in 2006, 56 percent of which were families.

In some neighborhoods where many long-time residents are "aging in place," community members have joined together to form neighborhood-based associations that help organize needed services and supports. One example of this kind of naturally occurring retirement community is in the District's Palisades neighborhood, and the Capitol Hill neighborhood is scheduled to begin offering services soon. Participating residents pay an annual membership fee, which then entitles them to basic services and assistance arranged by the association.⁹²

Service-Enriched Housing Developments

Although in-home service delivery offers tremendous (yet unfulfilled) potential, some people with special needs prefer and are better served by special-

Figure 4.4: Supportive Housing for the Elderly Found Throughout the Washington Region



SOURCES: Data from Maryland Department of Health and Mental Hygiene, Virginia Health Information, and InfoUSA, 2007.

purpose housing options with built-in services. Not nursing homes or other institutional settings, these are residential communities with private units and

onsite service facilities and staff. Examples include assisted living communities for the elderly, group homes for people with developmental disabilities, and permanent supportive housing for formerly homeless individuals and families. Promising models of service-enriched housing are emerging across the Washington region, including some that are entirely private (and expensive) and others that are publicly subsidized. But the patchwork of providers and funders makes it virtually impossible to compile a comprehensive inventory of available options, so there is no way of estimating the potential gap between needs and available units.⁹³

The private market is beginning to respond to the anticipated demand for more housing and service options for elderly people. Chapter 2 discussed retirement and active living communities targeted to seniors, but these types of housing do not provide health-related services. Developments for the elderly that do include onsite health services fall into two basic categories: assisted living communities and continuing care retirement communities (see Figure 4.4).

Assisted living communities currently account for

the majority of service-enriched housing developed for seniors in the Washington area, with an estimated 652 developments, or approximately 20,860 units.⁹⁴ These facilities provide personalized assistance, supportive services, and an intermediate level of health care to elderly residents who need assistance with the activities of daily living, but who do not require full-time nursing services. Residents generally pay monthly rent based on the level of care received. In the Washington area, these developments tend to be relatively small, with an average capacity of 32 units. Most assisted living communities are located in the Inner Suburbs, particularly in Montgomery and Prince George's Counties, which together account for 63 percent of the developments in the region overall. Although assisted living communities offer a promising model for coupling services with housing, their cost is high. Monthly costs for a private room in the Washington metropolitan area average \$4,340 a month, substantially above the national average (\$2,968) for such properties.⁹⁵

Continuing care retirement communities offer a full spectrum of housing options for the elderly, combining multiple levels of service-supported

housing within one housing complex. Developments include independent living units, assisted living units, and nursing home beds, and they are designed to allow residents to move easily from one type of unit to another when the need for more intensive health services arises (or abates). To support this unique housing model, continuing care facilities are characterized by a financing structure in which residents generally pay a large up-front entrance fee and then make regular monthly payments for the duration of their residency. The entrance fee effectively insures the resident for any services and care required for future health problems. The exact cost of securing a unit varies but, in the Washington area, the average up-front cost is \$271,983, with ongoing monthly costs of \$2,963.⁹⁶ Continuing care facilities tend to be larger than assisted living communities, with an average development composed of 301 independent living units, 58 assisted living units, and 89 nursing beds. Based on a scan of commercial data sources, we estimate that the region's continuing care facilities currently have capacity for 22,100 residents.⁹⁷ About half (48 percent) of this capacity is in the



Inner Suburbs, while nearly one-fifth is located in the Outer Suburbs.

Taken together, these two types of service-enriched housing have the capacity to serve approximately 43,000 people in the Washington area, while the number of elderly people who need in-home services was about 66,800 in 2000. Not all of those who need services necessarily need or want to move to a service-enriched facility, so we cannot determine whether the region's current capacity is sufficient in size. However, as discussed above, the average costs for both assisted living communities and continuing care retirement communities are high, and these options may therefore be unafford-

able for many of the region's elderly residents.

Constructing a comparable inventory of available supportive housing options for people with disabilities is far more challenging. There are two basic models in place today. Independent supportive living facilities offer apartments where people with developmental disabilities or mental illness can live alone (or with roommate) and receive onsite services, including help managing finances, grocery shopping and meal preparation, daily support, and supervision of medications. Group homes are similar but usually house two to six people and include full-time support services. These facilities are for the most part smaller, publicly funded, and operated by non-profit providers. Available data indicate that in the District, the Inner Core, and Inner Suburbs, service-enriched facilities of this type have the capacity for approximately 2,900 developmentally disabled people, and about 1,600 people with mental illness (see Figure 4.5).

Data are not available to estimate the gap between available facilities and total needs. However, many local jurisdictions maintain waiting lists that are as long as or longer than the total number of available

beds. And the needs assessments conducted by individual jurisdictions confirm that need and eligibility far exceed the supply of service-enriched housing options for disabled people in the Washington region. To illustrate, the Fairfax County Community Services Board estimates that the need for group home beds serving people with developmental disabilities will climb from 32 to 147 over the next decade. The county has 598 beds in supportive housing facilities serving people with mental health problems, with an additional 650 people on the waiting list. And the wait for permanent supportive housing can be as long as 10 years.⁹⁸

In the homeless arena, service-enriched permanent housing, generally called permanent supportive housing, is increasingly seen nationally and regionally as the solution for the most vulnerable homeless people. Regionwide, a total of 4,700 people currently live in permanent supportive housing, up from only 3,500 in 2004. About two-thirds of the additional units are for homeless families, with the rest for homeless individuals. Three-quarters of all of the supportive units are located in the District of Columbia, which has made a serious commitment

to building and funding permanent supportive housing rather than emergency shelters. Notably, however, Prince William, Loudoun, and Arlington Counties all increased the number of people served by permanent supportive housing programs by 70 percent or more between 2004 and 2007.

Figure 4.5: Housing for Developmentally Disabled and Mentally Ill People, 2007

Jurisdiction	Number of Beds	
	Developmental Disability/ Mental Retardation	Mental Illness
District of Columbia	1,256	Not available
Arlington	208	58
Alexandria	142	182
Fairfax County/Falls Church	482	598
Montgomery County	829	413
Prince George's County	Not available	305
Total	2,917	1,556

SOURCES: Data from District of Columbia Mental Retardation and Developmental Disabilities Administration; Fairfax County/Falls Church Community Services Board; Prince George's County Mental Health and Disabilities Administration; and Montgomery County Department of Health and Human Services.

NOTE: Bed counts represent minimum counts as reported by local agencies.

Although the availability of permanent supportive housing has expanded substantially, resources still fall short of needs. In Prince George's County, the 2004 homeless count identified at least 384 homeless people in need of permanent supportive housing.⁹⁹ The District has estimated that it needs to expand its facilities to serve an additional 12,900 homeless people.¹⁰⁰

Institutional Care as a Last Resort

People with disabilities and other special needs may at some point require intensive medical and support services that can best be provided in an institutional setting such as a hospital, nursing home, or mental institution. However, these options are extremely costly and should be provided only to those whose needs cannot be effectively met in community settings.¹⁰¹ For people who can live independently, institutionalization should be avoided or delayed for as long as possible. And for people whose circumstances improve after a period of hospitalization, for example, options should be available that allow them to leave institutional settings and return to more independent living.

Nursing homes, which provide intensive, long-term medical care for residents with serious health problems, represent the most health service-intensive housing option on the spectrum. They provide around the clock skilled nursing and inpatient care, but not continuous hospital care (though facilities are often co-located with complete care hospitals). Because they offer such a high level of health services, nursing homes tend to be large, averaging 143 beds, and

expensive.¹⁰² In 2006, the average monthly cost for a bed in a nursing home in the region was \$6,970, 18 percent above the national average (\$5,916).¹⁰³

In 2000, just 4 percent of the region's elderly population lived in nursing homes.¹⁰⁴ However, these institutions account for a large proportion of the specialized housing developed for the elderly. We estimate that there are 20,050 available beds in nursing facilities across the metropolitan area.¹⁰⁵ As with other housing facilities targeted to the elderly, most of this capacity has been developed in the Inner Suburbs, primarily on the Maryland side.

For people who have become homeless, the institutional option is represented by homeless shelters, which unfortunately provide the shelter of last resort for too many vulnerable people. In the 1980s and early 1990s, emergency shelters played a central role in efforts to alleviate homelessness. But, since the early 1990s, the focus has shifted to transitional and permanent supportive housing models, which effectively offer residents greater stability over the long-term, especially for those with chronic mental or physical health challenges.¹⁰⁶ For example, in the mid-1990s, emergency shelters accounted for 75

percent of the housing for the homeless in the District of Columbia. By 2005, this share dropped to 40 percent.¹⁰⁷ As of early 2007, the metropolitan area had a total of 4,915 emergency shelter beds, with six out of 10 of them located in the District of Columbia.

Conclusion

Throughout the Washington region, both private providers and public agencies are experimenting with promising models for tackling special housing needs among both elderly and nonelderly disabled people, the homeless, and other overlapping populations. These models variously address the challenges of affordability, accessibility, and on-site service provision for different special-needs categories. But the current system is badly fragmented, both across jurisdictions and across target populations. This fragmentation makes it difficult for individuals and families to find the kinds of housing and supportive services they need, while also constraining the region's ability to assess potential gaps between needs and available facilities and to plan effectively for the future.



Chapter 5

STRATEGIC OPPORTUNITIES: A COORDINATED RESPONSE TO THE REGION'S SPECIAL HOUSING NEEDS

Housing market conditions in the Washington region today pose daunting challenges for many area residents, but particularly for people who need special design features or supplemental services to live independently. Although jurisdictions across the region are attempting to address these needs, the availability of services and service-enriched housing options falls short. Too many people already struggle to cover unaffordable costs for in-home care, face long waiting lists for publicly-funded services or supportive housing units, become institutionalized unnecessarily and even experience periods of homelessness. In the decades ahead, these problems are likely to worsen substantially, because the aging of the baby boom generation will dramatically increase the number of Washington-area residents with special housing needs. Although both private providers and public programs currently offer promising models, the current delivery system is so highly fragmented — across jurisdictions and target populations — that efforts to expand its capacity by simply pouring in more subsidies would be doomed to failure.

Instead, more systemic change will be essential, and the first step is to ensure that the private market can respond as efficiently as possible to current and anticipated demands for housing and accompanying services from all special-needs populations. Barriers to private-sector production and service delivery limit supply, increase costs, and

widen the gap between what households need and what they can afford to pay. Thus, strategies that enhance efficiency and bring down costs can help the private market better address the needs of people with moderate and higher incomes, thereby leaving public subsidies available for those who need them the most.

Accordingly, this chapter begins by examining opportunities for expanding the market’s capacity to respond to growth in demand for special-needs housing. We then discuss key opportunities to strengthen public supports to meet the needs of the poorest and most vulnerable individuals and families, including subsidies to expand purchasing power and affordability, permanent supportive housing options for those most in need, and client-service matching mechanisms to bring greater coherence across the system. Several short vignettes, based on practitioners’ experience, illustrate the challenges facing people with special needs and the promise of these strategic interventions.¹⁰⁸

Strengthen the Private-Market Response

As discussed in previous editions of *Housing in the Nation’s Capital*, the Washington region needs more housing production — but not in ever-expanding subdivisions on undeveloped land in the far suburbs.¹⁰⁹ Instead, jurisdictions throughout the region need to encourage higher-density, mixed-income development that accommodates growth — and moderates increases in housing prices and

rents — without as much sprawl. Housing price increases have eased somewhat over the past year, but we still have a long way to go before the intense affordability pressures that built up during this decade are alleviated.

Expanding the stock of moderately priced housing in convenient locations across the region will help everyone, including those with special housing needs. In addition, local jurisdictions can and should use their zoning and regulatory powers to encourage the production of universally accessible housing in communities that offer ready access to transit, shopping, amenities, and health care services. And they should identify and remove regulatory barriers that stand in the way of developing a wide range of service-enriched housing options, including accessory dwelling units and shared housing arrangements, as well as assisted living facilities.¹¹⁰ For example, in 1990, the Virginia General Assembly changed the state zoning code so that group homes for eight or fewer residents are no longer classified as facilities, eliminating a significant barrier to the approval process.

Substantial new production of service-enriched

housing options will be needed to meet expected growth in demand. To illustrate, if today's utilization rates for independent living, assisted living, continuing care, and nursing homes by elderly people continue through 2040, demand for these options will increase by about 82,000 units, due to the growth in the elderly population over that period. Specifically, the region would need an additional 7,300 independent living units, 24,600 assisted living units, 26,000 continuing care units, and 23,600 nursing home beds (see Figure ES4 in the Executive Summary).

Although this report does not focus on private health care reform, one must at least acknowledge that many of the difficulties facing people with special housing needs stem from problems with the larger health care system. Compared with other industrial countries, the U.S. system is not highly ranked in terms of performance, particularly with respect to coverage. Yet our health care system is by far the most costly, consuming the largest share of gross domestic product.¹¹¹ Over the long-term, true improvement at this level may be the most effective way to reduce pressures on people with special housing needs.

The most critical reforms needed on the health services side would reduce current biases favoring expensive institutionalization over community-based or in-home service provision. Later in this chapter we address such biases that affect the poor (via Medicaid), but these biases are also devastating for the much larger number of moderate- and middle-income people who age into disability. Medicare coverage for in-home care is now restricted to skilled nursing care and some other services for those receiving skilled care. It does not include housekeeping services or personal care for people who are not sufficiently disabled to qualify for skilled nursing care.¹¹² Federal-level changes in service coverage rules could remedy this situation.

A second priority is to promote the expansion of long-term care insurance, in general, and eliminate any biases unreasonably favoring care in institutional settings over care at home. Much progress has been made in the development of long-term care insurance over the past decade, but only a small share of the elderly currently take advantage of it.¹¹³ Substantially increasing its market share in the future and ensuring that it can be used for in-home or community-based

care will be crucial to offsetting the present dominance of the nursing home alternative.

We also see opportunities to strengthen private-market capacity to deliver in-home services. If supportive services were more readily available — and affordable — more people would be able to obtain the help they need to live independently and community-based self-help efforts like those discussed in Chapter 4 would be more feasible. In addition, public programs could better link key services with housing assistance or arrange for them to be delivered to residents of specialized housing facilities. Many effective models exist for linking housing with supportive services, but all of them hinge upon the capacity of the service sector.

The number and variety of entities providing home care services is growing — ranging from traditional visiting nursing services to upscale agencies providing well-trained aides. Some entities, including the Home Instead chain, provide more modest service on a franchise basis around the country.¹¹⁴ Nonetheless, the costs of home care remain well above what most families can afford, causing many to turn instead to a vast “grey market” of poorly

Elizabeth — who turned 83 last year — finds that she can no longer keep her house clean or shop for groceries. Her daughter, Mary, worries that her mother may sometimes forget to take her blood pressure medications. Mary and Elizabeth tried to arrange for a paid helper who would visit every day, give Elizabeth her medications, check her blood pressure, and keep the house clean, but Elizabeth lives on Social Security and modest retirement benefits and she can't afford the \$2,100 monthly cost of a helper. Recently, Elizabeth learned about an association of elderly residents in her neighborhood that provides more affordable services for its members. She has paid the \$500 annual membership dues and she now gets a daily visit from a home health aide, who checks her blood pressure and medications. The association also helped Elizabeth find an affordable weekly cleaning service and arrange for regular grocery deliveries.

trained (often immigrant) workers to provide assistance. What is needed is a much larger, skilled workforce, offering well-trained, reliable caregivers at more moderate costs than now prevail on the formal side of the delivery system. Industry regulations could be revised to encourage this type of service and appropriate training. In addition, as discussed in Chapter 2, housing costs in the Washington region

are currently out of reach for many workers in the personal and health care sector, so increasing the availability of more moderately priced rental and homeownership options may play a role in expanding the capacity of the in-home care sector.

Expand Consumer Purchasing Power

Along with efforts to expand capacity (and reduce costs) in the private housing and service sectors, the region could benefit from policies that put more resources in the hands of low-income consumers to help pay for the special-purpose housing and supplemental services they need. Vouchers and similar types of assistance supplement what low-income people can afford to pay for housing and services, while allowing them to choose where they want to live. In some circumstances, this kind of “demand-side” assistance may help elicit more private-sector production, because providers recognize that more people will be able to pay market rates. In addition, vouchers can work hand-in-hand with “supply-side” programs that subsidize the production of additional housing units.

On the housing side, vouchers have proven to be

Mildred is retired and lives in a rundown apartment in the District. For the last five years, she has cared for her two young grandchildren whose mother died. Ever since she took the children in, Mildred’s expenses have exceeded her monthly Social Security income, and she has missed several rent payments. Finally, when her landlord sued her for non-payment, she faced the possibility of eviction. A public interest lawyer assembled evidence of serious housing code violations in Mildred’s apartment, helped her obtain an emergency housing grant to cover the back rent, and persuaded her landlord to drop the proceedings against her. Once the threat of eviction was resolved, counselors helped Mildred obtain legal custody of her grandchildren and apply for the city’s grandparent subsidy program, which will provide enough additional income to enable her to remain in her apartment.

one of the most effective and flexible strategies for enabling low-income families and individuals to obtain decent, affordable housing in neighborhoods of their choice. Recent research finds that very poor families receiving vouchers are significantly less likely than comparable, unassisted families to become homeless (Mills et al.). And enhanced voucher programs have been effective in making

service-enriched housing affordable for the elderly and for homeless families. A significant expansion in federal funding for both conventional and enhanced housing vouchers would help address the anticipated growth in needs in the Washington region. In the absence of sufficient federal funding, however, state and local governments could potentially supplement existing voucher programs or fund special-purpose programs targeted to particular populations. The District's Housing First Chronic Homeless Initiative with reserved vouchers (described in Chapter 4) provides one local model.

Although vouchers offer a powerful tool for addressing the affordable housing challenge, programs that subsidize the preservation and production of affordable housing units are also essential, particularly in a high-cost housing market such as the Washington region. Low-interest loans and grants help preserve and expand the stock of moderately priced housing units, including accessible units, and work in conjunction with housing vouchers to serve households at a range of income levels. These publicly subsidized housing units can serve households with special needs as well as

other low-income families and individuals.

Demand-side strategies also make sense for people who already have decent housing, but who cannot afford the in-home services they need. In principle, Medicare and Medicaid could provide this kind of demand-side support, but both are strongly biased toward institutional settings. (Potential reforms to Medicare, which serves the elderly, were discussed earlier.) The Medicaid Home and Community Based Services Waiver program offers a potential opportunity to expand coverage of in-home and community-based services for low-income people with disabilities.¹¹⁵ However, to ensure that these waivers are effective, states would need to commit more funding (so as to serve more eligible individuals) and review reimbursement rates (so as to attract appropriately skilled providers).

The federal government certainly has a role to play in setting service criteria, including mandatory coverage of personal care. In addition, making Medicaid waivers portable across state lines could potentially enhance their effectiveness. Critics of this approach argue that many more eligible people would take up the benefits if more comprehensive,

flexible coverage were offered, raising the overall cost of the program. In particular, people who currently receive unpaid care from family members might switch to paid, in-home services if better coverage were available. Although overall cost is a real consideration, this is not a sufficient reason to exclude people from needed care for which they qualify. As discussed in Chapter 4, the federal Medicaid demonstration, which is designed to move people from institutional to community-based settings through increased use of home- and community-based care services, should yield lessons about managing changes in the program. And the Virginia Association of Community Services Boards has been advocating for a pilot project testing the use of auxiliary grants (which currently provide cash assistance for disabled people in assisted living facilities) in independent living arrangements.¹¹⁶

In conjunction with — or, in the absence of — systemic reform in Medicaid coverage, state and local governments can provide direct assistance to low-income people to help them pay for critical, in-home services. The fundamental principle is that individuals and families who need services should

not be relegated to institutions, nor limited to publicly designated service providers. Instead, they should be able to decide for themselves where to live, and public subsidies should give them access to high-quality services from the private sector.

Subsidize Permanent Supportive Options

The private market can and should be expected to produce most of the housing and supportive service capacity needed by the region’s residents. But, in addition to demand-side assistance to the lowest-income households, some publicly subsidized supportive housing options will still be needed, particularly for low-income people with physical and mental disabilities, including individuals and families who have been homeless.

The federal government currently provides funding for supportive housing development through various homeless assistance programs, the Low-Income Housing Tax Credit, and below-market financing for multifamily housing targeted to low-income elderly and disabled people. Increased support from the federal government, as well as state and local funding could expand the availability of permanent

supportive housing, helping more people with special needs avoid (or postpone) institutionalization and further reducing the number of homeless people regionwide. Chapter 4 reported encouraging progress already made on this front, particularly in the District, but the available evidence suggests that more supportive housing facilities are needed. Most of the new, service-enriched housing should be designed for long-term occupancy rather than as emergency or transitional housing. And many effective models are available for service delivery, ranging from co-location to contracts with off-site providers to deliver needed services to individual residents.

Service-enriched housing of this kind should be built throughout the region, but especially in locations that offer easy access to shopping, recreational activities, and public transportation. Historically, supportive housing developments have been relegated to just a few neighborhoods, where levels of poverty and distress are typically high. Instead, these facilities need to be integrated into neighborhoods in all parts of the region. In addition, building assisted living facilities in neighborhoods where substantial numbers of elderly people currently live may make it

easier for people to move to a service-enriched facility while still retaining community ties.¹¹⁷

James is a chronically homeless middle-aged man who has lived for over a decade in the protected overhang at Metro Center. He is mentally ill and spends his day smoking, drinking coffee, and helping out with flower sales. Over the years, outreach workers tried to help James, but every attempt to engage him ended unsuccessfully; he was never even able to provide his actual birth name or any personal history. Recently, a new team of outreach workers from the Downtown Business Improvement District has been working intensively with James - gaining his trust, learning his name, and obtaining a birth certificate and Social Security card for him. James has now met with a psychiatrist, his condition has been diagnosed, and his needs assessed. In September 2007, he moved into an apartment provided by Pathways to Housing DC, where counselors will ensure that he receives medications and the public benefits for which he is eligible.

Unfortunately, fears and misperceptions about special-needs populations often fuel community opposition to the development of much-needed supportive housing. In particular, neighborhoods object to developments designed to serve people



with developmental disabilities and mental illness and people who have been homeless. But a substantial body of careful research indicates that when supportive housing is not concentrated and when it is well managed, it has little or no detrimental impact on surrounding neighborhoods. Specifically, the findings suggest that negative effects on neighborhoods can be averted when properties are small in scale, are well-maintained, and have appropriate supervision of residents.¹¹⁸ Local governments should oversee program operations and ensure that these properties are appropriately sited in healthy communities and not overly concentrated in just a few areas.

Thus, an essential element of a nationwide

strategy for responding to the coming surge of special housing needs is a thoughtful and sustained public education campaign to build understanding and support for programs and facilities that enable people with special needs to live safely and independently in communities throughout the region. Indeed, one of the stated goals in Virginia's Developmental Disabilities State Plan is to "engage in advocacy and outreach to educate communities with the outcome of eliminating barriers that result in discriminating against people with disabilities," and the District's Comprehensive Housing Strategy acknowledges that "...the city must take leadership in addressing 'not in my backyard' issues."¹¹⁹ And, in conjunction with this kind of public education, providers of supportive housing may need training in the design features and management practices that promote high-quality operations and avoid unintended neighborhood effects.

Invest in Regionwide Planning and Coordination

Today, efforts to tackle the housing and supportive service needs of the region's elderly, disabled, and homeless populations are severely hampered by

jurisdictional fragmentation. The District of Columbia, Maryland, and Virginia, along with every county and some municipalities in the region, fund and operate programs for people with special housing needs. And, in many cases, different agencies within these jurisdictions are responsible for different (but overlapping) subpopulations. Some jurisdictions have recognized the problem and are working toward greater inter-agency coordination. For example, Virginia's Developmental Disabilities Plan includes a goal to "promote cross-cutting, local, regional and statewide collaboration to build a welcoming and accessible community." And the District's Comprehensive Housing Strategy specifically calls for the city's housing agencies to work more closely with mental health agencies.

As discussed in Chapter 4, systemic fragmentation — both within and across jurisdictions — makes it very difficult to arrive at reliable estimates of current needs or to inventory the capacity of existing facilities and programs. Without a cross-cutting needs assessment and a comprehensive inventory of resources, it is difficult to imagine how the region will be able to respond effectively to the expected

growth in special housing needs or advocate persuasively for more federal or state resources. Therefore, it seems essential that local governments, providers, and advocates join together to invest in a regionwide needs assessment and strategic plan. More specifically, this plan should include an inventory of available facilities, programs, and service providers; annual and 10-year targets for both public- and private-sector housing production and service capacity; and estimates of the number of new, affordable units needed for specific income ranges.

A comprehensive regionwide strategy — analogous to the District's Comprehensive Housing Strategy and to plans being developed by several jurisdictions for ending chronic homelessness over the next decade — would provide a starting point for more systematic information sharing and program coordination across jurisdictions and target populations. The Metropolitan Washington Council of Governments has conducted surveys of area jurisdictions in an effort to inventory the stock of affordable and special-needs housing, and currently hosts a working group of area homeless agencies that provides a forum for information sharing and

Tyrone is a single man in his twenties who was recently released from the hospital after suffering a serious injury serving in the military in Afghanistan. His parents live in Montgomery County, and Tyrone has been staying with them since his release. He uses a wheelchair, has found an entry-level office job, and is ready to move into his own apartment. But his apartment search has been frustrating. Many newspaper and Internet ads do not indicate whether buildings are wheelchair accessible, and he has made several visits to advertised properties only to discover that he cannot enter the building – or the available apartment – with his wheelchair. In addition, one property manager told him on the phone about an apartment that was available for occupancy, but when Tyrone arrived an hour later, he was told that nothing was available for rent. He thinks that the property manager was surprised when she saw that Tyrone was in a wheelchair, and did not want to have him as a tenant.

collaboration on such projects as the point-in-time homeless count. This could potentially form the nucleus for a more comprehensive interjurisdictional working group on all types of special-needs housing.

In addition, the region could benefit from the establishment of a private-sector “industry council” to promote a broader range of private activity and accelerate the adoption of innovative practices. Such

a council would be made up of current and would-be providers of both special-purpose housing and supportive services along with representatives of local universities, institutes, and advocacy organizations. Together they could conceptualize and experiment with new approaches for addressing special housing needs, identify and document emerging and promising practices from elsewhere in the United States (or internationally), develop training and technical assistance to help local providers improve their performance, and more broadly educate the public about the need for and value of service-enriched housing options.

Finally, an industry council could work in partnership with a regional consortium of public-sector agencies to design and implement an improved information clearinghouse to match people with special needs to the appropriate housing and service solutions. For an individual or family seeking accessible housing, supportive services, or a service-enriched facility, the current landscape of agencies, facilities, and programs can be mind boggling. As discussed in Chapter 4, Massachusetts has developed an effective system for matching disabled

people with accessible housing units, in part, by requiring all apartment owners to list their accessible units and to reserve them for disabled tenants for at least 15 days. This approach could provide a model for a more comprehensive system that also incorporates service-enriched and supportive housing facilities and community-based service providers across the Washington region.

Time Is of the Essence

In the coming years, the Washington region will inevitably face a surge in special housing needs — a surge for which it is currently unprepared. Although both public programs and the private sector offer promising models for linking essential support services with affordable housing, too many of our region’s most vulnerable residents struggle to find and pay for the special housing and services they need. As a consequence, needs go unmet, family members bear the brunt of providing care, elderly and disabled people face institutionalization when in-home care would be preferable, and too many of the region’s most vulnerable people and families experience homelessness.

These problems will worsen dramatically unless jurisdictions across the region work together to expand both private-sector capacity and public-sector assistance for people with special housing needs. A comprehensive approach — focusing on shared challenges and cross-cutting solutions rather than on the particular needs of different subpopulations — will enable the region to tackle barriers currently inhibiting private-sector housing production and service delivery, expand the stock of affordable and accessible housing units, increase the availability of in-home and community-based services, and expand service-enhanced housing options for all people with special housing needs.

Because the growth of special-needs populations is predictable and will occur gradually over the next several decades, the Washington region is in an excellent position to anticipate future demands and prepare itself to address them effectively. Given the resources and sophistication of the region’s public- and private-sector stakeholders, the Washington metropolitan area can become a model for the rest of the country if a serious commitment to planning and collaboration begins today.

ENDNOTES

- 1 The 2006 figures represent the 2005 definition of the Washington metropolitan area, described in the Introduction, while the earlier figures represent the metropolitan area as defined in 1999. The counties (Berkeley, King George, and Culpepper) excluded from the 2005 definition represented only 1.5 percent of the total employment in the region. The Bureau of Labor Statistics gives several other cautions about comparing wages over time at http://www.bls.gov/oes/oes_ques.htm#Ques27. Taking these factors and the magnitude of the change into account, we are confident of the reported trend despite the known issues.
- 2 Kingsley, Pettit and Gentsch (forthcoming). Data on the number of actual people and households that migrate annually are not available at the regional level. However, the Internal Revenue Service (IRS) now makes data available on the migration patterns of income tax filers by county. Although they are not exactly the same, the numbers of filers should be a reasonable approximation of numbers of households. Accordingly, we refer to these filers as households in this discussion.
- 3 The Washington metropolitan area (2000 population of 4.80 million) includes several counties not included in the Metropolitan Washington Council of Governments (COG) region (2000 population of 4.55 million). Our estimates for the metropolitan area assume that the percentage increase in population from 2000 to 2030 will be the same as estimated by COG (2006) for its region. Projections out to 2040 are needed to adequately capture the effects of the aging of the baby boom generation on disability; see further discussion in Chapter 3 and Johnson and Wiener (2006). We extend the estimate to 2040 by assuming the ratio of the 2030-2040 percent increase to the 2020-2030 percent increase for the metropolitan area will be the same as the ratio of the 2020-2030 increase to the 2010-2020 increase in the COG estimates.
- 4 See discussion in Partners for Livable Communities (2007).
- 5 U.S. Department of Labor (2006).
- 6 U.S. Department of Labor (2006).
- 7 Metropolitan Regional Information Systems, (MRIS) Inc. includes the limited number of new homes that are sold by real estate agents, but excludes the majority of new home sales that are handled directly by builders.
- 8 Delta Associates (2006). Delta Associates' definition of the metropolitan area differs from the 2005 Office of Management and Budget (OMB) definition used in most of this report. Delta tracks condominium development in the District of Columbia, the Inner Core and Inner Suburbs, Prince William County, Loudoun County, Anne Arundel County, and Howard County. The latter two actually fall in the Baltimore metropolitan area according to federal standards and are excluded from the totals in this report. Delta considers marketing properties to be those that have received the documentation necessary to offer unit contract sales, including conversions and buildings under construction.
- 9 Data from National Association of Realtors.
- 10 According to the National Association of Realtors, the median sales price of an existing single-family home in the Washington metropolitan area increased 0.3 percent in nominal dollars from the second quarter of 2006 to the second quarter in 2007, compared to a 1.5 percent loss in the United States as a whole. For the same time period, the OFHEO House Price Index, which is based on repeat sales or refinancings on the same single-family properties, also marked a slight increase in the Washington region's nominal home prices. However, the S&P/Case-Shiller® Home Price Index, which is also based on repeat-sales, showed a 7 percent decline from July 2006 to July 2007.
- 11 Medical and Health Services Managers plan or direct medicine and health services in hospitals, clinics or similar organizations. Social and Community Service Managers organize or coordinate the activities of a social service program or community outreach organization.
- 12 As one measure of subprime lending, Home Mortgage Disclosure Act data identify "high-priced" loans, defined as those with interest rates three percentage points above a comparable U.S. Treasury yield. The rate reported here includes conventional first-lien owner-occupied homes, and thus differs from figures reported by NeighborhoodInfo DC.
- 13 Here low-income is defined as less than 80 percent of the U.S. Department of Housing and Urban Development Area Median Family Income, or \$71,440 in 2005.
- 14 Mortgage Bankers Association (2007).
- 15 McClain (2007).
- 16 Downey (2007).
- 17 Wiggins (2007).
- 18 M/PF Yieldstar (2007). The M/PF Yieldstar coverage includes the Office of Management and Budget-defined metropolitan area. Their sample covers 21 percent of the District rental stock with more than five units and 46 percent in the metropolitan area. Larger buildings tend to be overrepresented in M/PF Yieldstar data.
- 19 Data from the Housing Vacancy Survey.
- 20 Delta Associates (2007).
- 21 M/PF Yieldstar (2007). This source is used because it provides more up-to-date data than other publicly available sources, but it is biased toward larger and likely more expensive buildings. The 2005 American Community Survey, which covers all the rental market, shows lower rents of \$1,071 in 2005 for the metropolitan area and \$832 for the District.
- 22 The data are generally based on the U.S. Department of Housing and Urban Development's A Picture of Subsidized Households (APSH) database. However, APSH provides only the number of reported voucher households, with apparently very low reporting rates. To adjust for this, we substituted data on total leased-up voucher households from COG (2002) whenever possible.
- 23 The 2000 base number of vouchers is the 2000 APSH-COG combination described in footnote 22. For 2004, we used COG (2005) for the counties participating in the housing survey, and a special data extract from the U.S. Department of Housing and Urban Development for the non-participating

- counties in the Outer Suburbs and Far Suburbs.
- 24 Tatian (2007).
 - 25 District of Columbia Department of Housing and Community Development (2005).
 - 26 Prince George's County Department of Housing and Community Development (2005).
 - 27 Rosenthal, Spivy, and Pellegrino (2007).
 - 28 The U.S. Department of Housing and Urban Development defines elderly as those age 62 and older. Resident characteristics exclude households in Low-Income Housing Tax Credit housing units. The share of disabled adults includes only those individuals who are heads of household or spouses/partners.
 - 29 Based on an unpublished analysis of HUD's "Active Section 202/811 Loans" database (June 20, 2006) and HUD's "Multi-family Assistance and Section 8 Contracts Database" (July 3, 2007) from the National Housing Trust.
 - 30 Kochera (2002).
 - 31 Knox (2007).
 - 32 The main problem is that it is very difficult to define questions so that respondents self-report about their disabilities uniformly and reliably. Questions and results are not consistent across surveys. See, for example, the discussions in Freedman, et al (2004), and Spillman (2004). In addition, some problems, including drug or alcohol abuse, make it difficult for people to live independently, but are not defined as disabilities.
 - 33 The Census categories of group quarters we classified as "group quarters for the disabled" include: nursing homes; mental (psychiatric) hospitals; hospitals or wards for the chronically ill; schools, hospitals, or wards for the mentally retarded; schools, hospitals, or wards for the physically handicapped; hospitals and wards for drug/alcohol abuse; group homes for the mentally ill; group homes for the mentally retarded; and group homes for the physically handicapped.
 - 34 As might be expected, almost all (91 percent) of the 5.3 percent of the region's elderly population that lived in any type of group quarters lived in facilities for the disabled. By contrast, facilities for the disabled accounted for only 12 percent of the non-elderly in group quarters; the rest of the non-elderly resided in college dormitories, military facilities, prisons, and the like.
 - 35 In Census 2000, 42 percent of respondents over age 65 reported one or more disabilities, but only 27 percent fell into the category we define as having "moderate or serious" disability in this report (those who reported two or more problems or any one in the last three categories: problems with self-care, getting around outside the home, or employment). That level is much closer to the 31 percent of the elderly population identified in the "moderate or serious" category in Johnson et al. (2007), based on the Health and Retirement Survey.
 - 36 Due to census data limitations, the poverty rate reported here refers to the universe of disabled people according to the more expansive definition, and not the more restrictive definition of moderate or severely disabled people used in other analysis in this report.
 - 37 Data from the Survey on Income and Program Participation (SIPP); see Steinmetz (2006).
 - 38 For example, the ratio of the elderly moderate and severe disability rate for the region to that for the nation is 0.86. Therefore we assume the share of the region's elderly needing personal assistance is 0.86 times the 16.3 percent U.S. share, or 14.1 percent.
 - 39 Johnson et al. (2007).
 - 40 The estimates were made via the Urban Institute's DYNASIM3 microsimulation model and take into account such factors as changing mortality rates, educational attainment, income levels, and age and race distributions.
 - 41 Johnson et al. (2007).
 - 42 Zedlewski et al. (1990).
 - 43 The data do not exist to support a similar set of model-based estimates locally. However, we have applied relationships from the national model to conditions in the region in order to develop rough estimates of future needs at the regional level.
 - 44 We applied the national estimates by Johnson et al. (2007).
 - 45 As with the elderly, it is often assumed that medical improvements will reduce the disability rate for the working-age population. By contrast, Lakdawalla, Bhattacharya, and Goldman (2001) present evidence to show a net increase in disability for the non-elderly in the 1980s and 1990s, again citing increasing prevalence of asthma and obesity as key culprits. To the best of our knowledge there is no agreed upon forecast of non-elderly disability over the next few decades.
 - 46 Technical Assistance Collaborative, Inc. (2004).
 - 47 Gawande (2004).
 - 48 Hoge et al. (2006).
 - 49 Cunningham, Henry and Lyons (2007).
 - 50 We use HUD's definition of homelessness primarily because a large portion of the homeless service organizations receive federal funding and therefore use HUD's terminology in their reporting. Two additional categories that relate to the problem of homelessness include the "formerly homeless" and the "precariously housed." The formerly homeless include people living in permanent supportive housing accommodations explicitly designed (and funded) to provide permanent affordable shelter with services to people who have been and would otherwise be homeless. People who are precariously housed live in conventional housing, but face circumstances (unaffordable costs, doubling-up with friends and family) that put them at imminent risk of becoming literally homeless.
 - 51 The COG homeless count covers most of the Washington metropolitan area, but excludes Charles County, Md., Stafford County, Va., Manassas city, Va., Manassas Park city, Va., and all of the Far Suburbs.
 - 52 Cunningham and Henry (2007).
 - 53 Data are from an Urban Institute analysis of National Alliance

to End Homelessness data from Continuum of Care (CoC) jurisdictions and Census Bureau 2005 Population Estimates. Note that the areas covered by the data do not perfectly match OMB metropolitan area definitions, but align closely. This comparison is intended to give a general sense of magnitude of the Washington area's homeless population in relation to other urban areas. The data limitations include definitional issues, finding homeless people, sampling and extrapolation, de-duplicating, and variation in data time-frames and collection methods.

- 54 Metropolitan Washington Council of Governments (2007).
- 55 Note that the federal definition of chronic homelessness applies only to homeless individuals, so no members of homeless families can be included in this category. However, recent research found that about one-fifth of homeless families could be considered chronically homeless based on the duration or frequency of their public shelter stays. See Culhane (2007).
- 56 Metropolitan Washington Council of Governments (2007).
- 57 The rate for the Washington DC's total homeless population is from COG (2007). The rate for Washington DC's chronic homeless population is from TCP (2007a).
- 58 National Health Care for the Homeless Council (2007).
- 59 Metropolitan Washington Council of Governments (2007).
- 60 Greene et al. (1995).
- 61 Rog and Buckner (2007). Although this study was not based on a random sample of families, it illustrates the complex situations leading to homelessness.
- 62 This estimate is based on an exploratory analysis of American Community Survey (ACS) microdata by the National Alliance to End Homelessness. The total includes individuals who are living with a non-relative or extended relative and who are not roommates or partners of the head of household. To align with the geographic codes available on the ACS data file, the analysis is based on the metropolitan area as defined in 1999. For additional details, see the technical appendix at <http://www.urban.org/center/met/hnc/>
- 63 District of Columbia Housing Authority Web site (2007a).
- 64 District of Columbia Department of Housing and Community Development (2005).
- 65 Prince George's County Department of Housing and Community Development (2005).
- 66 Prince George's County Department of Housing and Community Development (2005).
- 67 Figures are based on correspondence with Community Partnership for the Prevention of Homelessness staff.
- 68 In addition, the qualifying property must be the principal residence of the applicant, must contain five or fewer units, and the applicant must own at least 50 percent of the property.
- 69 While the specific breakdown given in the text is based on the *Apartment Guide* listings, we found similar ranges over the same time period in the *Washington Post*. There are certainly limitations to this analysis, including the fact that larger and newer properties are more likely to be advertised in these sources. Also, accessibility status is self-reported by rental managers, and we are not able to identify cases where

accessibility only refers to the common areas, not to the particular unit available.

- 70 For the purposes of this directory, accessibility was defined as building and apartment unit entrances being wheelchair accessible with curb cuts where vehicles would be parked.
- 71 A small number of properties provided incomplete data for either the total number of units or the number of accessible units.
- 72 The requirements do not apply to multi-story townhomes that do not have elevators or to single-family detached houses.
- 73 This figure is an estimate of the number of units in multifamily buildings with 5 or more units built from 1992 through 2006. The estimate is based on Decennial Census data and Census Bureau Building Permit data from 1990, 1991, and 2000-2006. Unfortunately, no data are available on the share of structures with fewer than 5 units that are accessible.
- 74 In 2000, 30.7 percent of disabled households lived in multifamily units in the Washington metropolitan area as defined in 1999. This rate is applied to the estimated number of people who need accessible housing (151,000) to compare the number of potentially accessible multifamily units to the population in need. Note that the share of people needing accessible units that are in multifamily homes may actually differ from the multifamily rate for the overall disabled population.
- 75 Steven Winter Associates, Inc. and Stoloff (2003).
- 76 District of Columbia Department of Housing and Community Development (2005).
- 77 District of Columbia Housing Authority Web site (2007b). It is important to note that this accessibility mandate increases rehabilitation costs, so subsidies may have to be somewhat higher.
- 78 For more information about universal design, see the Web site for the Center for Universal Design at North Carolina State University <<http://www.design.ncsu.edu>>.
- 79 These include a universal design CD for designers and builders; extra points for Low-Income Housing Tax Credit proposals; a Web site (AccessVA.org) where developers can market units; and outreach and financing products specifically for accessibly designed multifamily units (REACH Virginia).
- 80 Turner (2005). Although federal law prohibits discrimination based on disability, people may not know they have been denied equal information and access and, if they do realize they have been treated unfairly, they may not know how to complain about such discrimination. In addition, federal fair housing law requires landlords to allow disabled tenants to make reasonable modifications to a house or apartment (at the tenant's expense), but no systematic information is available about the extent of compliance with this requirement.
- 81 Bayer and Harper (2000).
- 82 Fairfax County Web site (2007).
- 83 The study (Metlife 2006b) reports the average cost in three areas in the Washington metropolitan area: Washington, D.C.; Silver Spring, Md., and Northern Virginia. We report the average of the three estimates. These costs are roughly equal to national costs.

- 84 Fetterman (2007).
- 85 National Alliance for Caregiving and AARP (2004).
- 86 Gibson and Houser (2007).
- 87 For this ratio, we used the County Business patterns data and population estimates by age from 2004, the latest year available from the U.S. Bureau of the Census at the time of the analysis. Note that the size of the disabled population is highly correlated with that of the elderly population across the top 50 metro areas (pearson correlation coefficient = 0.98).
- 88 Fairfax-Falls Church Community Services Board (2007).
- 89 The Kaiser Family Foundation (2007).
- 90 Partners for Livable Communities (2007).
- 91 District of Columbia Department of Mental Health Web site (2007).
- 92 Gross (2007).
- 93 In addition, terminology used to categorize housing options, various disability groups, and other enumeration choices (for example, counts of beds versus facilities) complicate the ability to combine already fragmented information sources into a regional assessment. However, individual jurisdictions throughout the region have made attempts to construct local inventories. The breadth and quality of these reviews vary widely. In some cases, jurisdictions use census data to estimate the number and percentage of persons with disabilities, while others have conducted a comprehensive needs assessment to determine very precisely the housing and service needs for each individual in the community with a disability.
- 94 This estimate is based on data from Maryland Department of Health and Mental Hygiene, Virginia Health Information, InfoUSA, and *Guide to Retirement Living*.
- 95 Metlife Mature Market Institute (2006a). The survey reflects private pay rate for a one-bedroom apartment with private bath or a private room with private bath. The study reports the average cost in three areas in the Washington region: Washington, D.C., Silver Spring, Md., and Northern Virginia. We report the average of the three estimates.
- 96 Data are from *Guide to Retirement Living* and interviews with its publisher, Steve Gurney. The cost of a unit depends on a number of factors, including the level of care guaranteed in the contract, actuarial insurance tables, and whether or not the institution is a for-profit enterprise.
- 97 This estimate is based on data from InfoUSA and *Guide to Retirement Living* and assumes that all units are single occupancy.
- 98 Fairfax-Falls Church Community Services Board (2007). For another example of a needs assessment, see Technical Assistance Collaborative, Inc. (2004).
- 99 Prince George's County Department of Housing and Community Development (2005).
- 100 District of Columbia Department of Housing and Community Development (2005).
- 101 Weiner and Stevenson (1997).
- 102 These figures are based on data from Nursing Home Compare, Maryland Department of Health and Mental Hygiene, District of Columbia Board of Nursing Home Administration, Virginia Health Information, and InfoUSA.
- 103 Metlife Mature Market Institute (2006a). The survey asked about private pay rates for a one-bedroom apartment with private bath or a private room with private bath. The study reports the average cost in three areas in the DC metro area: Washington, D.C., Silver Spring Md., and Northern Virginia. We report the average of the three estimates.
- 104 This figure is based on the Decennial Census.
- 105 This estimate is based on data from Maryland Department of Health and Mental Hygiene, District of Columbia Board of Nursing Home Administration, Virginia Health Information, and InfoUSA. Data on capacity were available for only 74 percent of facilities. We estimated total capacity by applying the average facility size in each subregion (The District of Columbia, Inner Core, Inner Suburbs, Outer Suburbs, and Far Suburbs) to the total number of institutions in each county. For subregions in which no facility had information on the total number of beds, the metropolitan area average was used to estimate capacity.
- 106 Burt, Pearson, and Montgomery (2005).
- 107 Community Partnership for the Prevention of Homelessness Web site (2007b).
- 108 These vignettes are drawn from client descriptions provided by members of the study's advisory committee.
- 109 Turner et al. (2004) and Turner et al. (2005).
- 110 Partners for Livable Communities (2007) notes that current zoning regulations typically "discourage a broad range of age-appropriate housing options." They often restrict or exclude important housing options such as accessory dwelling units, shared housing arrangements, apartments and assisted living; require large minimum lot sizes, which can prevent the development of more affordable housing; and prohibit the placement of services and housing in the same buildings.
- 111 Davis et al. (2007) and Reinhardt, Hussey, and Anderson (2004).
- 112 Johnson and Weiner (2006).
- 113 Johnson (2006).
- 114 Gross (2007).
- 115 Shirk (2006). Also see Technical Assistance Collaborative, Inc. (2004) for a discussion of specific impediments to using the Medicaid waivers.
- 116 This pilot would test the feasibility of making these grants that are currently tied to institutions "portable" on an individual basis for people who are able to and choose to move to a more independent situation. The Virginia General Assembly has directed the Secretary of Health and Human Resources to study this proposal.
- 117 This strategy is recommended by the Comprehensive Housing Strategy Task Force (2006).
- 118 Galster et al. (2003).
- 119 Virginia Board for People with Disabilities (2006) and Comprehensive Housing Strategy Task Force (2006).

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GEOGRAPHIC DEFINITIONS

The analysis uses the federal government's 2005 definition of the Washington-Arlington-Alexandria, DC-VA-MD-WV Metropolitan Statistical Area. In addition, we define several subareas to facilitate comparisons within the region. As shown in Table A.1, these subareas are the District of Columbia; the Inner Core (Arlington County and the City of Alexandria); the Inner Suburbs (Montgomery

County, Prince George's County, Fairfax County, the City of Falls Church, and the City of Fairfax); the Outer Suburbs (Calvert County, Charles County, Frederick County, Loudoun County, Prince William County, Stafford County, the City of Manassas, and the City of Manassas Park); and the Far Suburbs (four counties in Virginia, one Virginia city, and one county in West Virginia).

Figure A.1: Washington-Arlington-Alexandria, DC-VA-MD-WV Metropolitan Statistical Area

District of Columbia		
Inner Core	Arlington County, VA	Alexandria city, VA
Inner Suburbs	Montgomery County, MD Fairfax County, VA Fairfax city, VA	Prince George's County, MD Falls Church city, VA
Outer Suburbs	Calvert County, MD Frederick County, MD Prince William County, VA Manassas city, VA	Charles County, MD Loudoun County, VA Stafford County, VA Manassas Park city, VA
Far Suburbs	Clarke County, VA Spotsylvania County, VA Fredericksburg city, VA	Fauquier County, VA Warren County, VA Jefferson County, WV

SOURCE: Data from Office of Management and Budget, 2005.

DATA RESOURCES

General Data Resources

DataPlace™

DataPlace is a free one-stop source for housing and demographic data, including many of the national datasets below. The site provides data for geographic levels from census tracts to the nation and tools to chart, map, and rank the indicators. DataPlace is a KnowledgePlex® initiative.

Web site: <http://www.dataplace.org>

NeighborhoodInfoDC

NeighborhoodInfoDC is a partnership of the Urban Institute and the Washington DC Local Initiatives Support Corporation (LISC). It works to support community organizations, neighborhood leadership and residents, and government as they work to improve the quality of life for people throughout the District of Columbia. On this web site, you'll find data on D.C. neighborhoods and Wards — population, race and ethnicity, income, employment, education, public assistance, low birthweight and teen births, income, housing, and crime.

Web site: <http://www.neighborhoodinfodc.org>

Demographic and Population Data

American Community Survey (ACS)

The ACS is a nationwide household survey by the U.S. Bureau of the Census that will replace the decennial census long form. The content is similar to that of the decennial census (population, household, and housing characteristics), but the survey collects the data on a monthly basis to produce much more timely information. Currently, the ACS publishes annual estimates for the nation, the 50 states, the District of Columbia, and counties, cities, and metropolitan areas with population of 65,000 or more. Data are available in three forms: published profiles, summary data tables, and microdata.

Web site: <http://www.census.gov/acs/www/index.html>

Census Bureau Migration Data

Using data collected in the 2000 decennial census on individuals' place of residence in 1995, the Census Bureau compiles data on mobility patterns for the entire United States. Data are available by various levels of geography and many individual, family, and household characteristics. This data source also provides county-to-county population flows.

Web site: <http://www.census.gov/population/www/cen2000/migration.html>

Census Bureau Population Estimates

The Census Bureau's Population Estimates Program publishes postcensal population estimates for the nation, states, metropolitan areas, counties, incorporated places, and county subdivisions. Data series for births, deaths, and domestic and international migration are used to update the decennial census base population counts. These estimates are used to monitor recent demographic changes and to allocate federal funds. They

are also used as survey controls and as denominators for vital rates and per capita time series.

Web site: <http://www.census.gov/popest/estimates.php>

Census Bureau Public Use Microdata Sample (PUMS) Files

PUMS files contain records for individuals and housing units from the decennial census, with names and addresses removed and geographic identifiers sufficiently broad to protect confidentiality. This report uses the "5-Percent" PUMS file, which contains a 5 percent sample of people and housing units from Census 2000. The Integrated Public Use Microdata Series (IPUMS), created by the Minnesota Population Center, is an invaluable tool for researchers to extract PUMS data by geographic area and sample size.

Web sites: <http://www.census.gov/main/www/pums.html>
<http://usa.ipums.org/usa/index.shtml>

IRS County-to-County Migration Data

The IRS annually produces data on migration patterns by county for the entire United States, including inflows and outflows, based on the year-to-year changes in the addresses shown on the population of returns from the IRS Individual Master File system. The data include the number of returns (which can be used to approximate the number of households), the number of personal exemptions (which can be used to approximate the population), and, starting in 1995, average income data.

Web site: <http://www.irs.gov/taxstats/indtaxstats/article/0,,id=96816,00.html>

Neighborhood Change Database (NCDB)

NCDB is the main source of decennial census data for *Housing in the Nation's Capital*. Funded by the Rockefeller Foundation, the NCDB is a joint project of the Urban Institute and Geolytics, Inc., designed to develop a set of comparable national population and housing variables from the 1970, 1980, 1990, and 2000 decennial censuses. The NCDB methodology links the associated data to 2000 census tract boundaries so that consistent comparisons can be made across census years.

Web sites: <http://www.census.gov/main/www/cen2000.html>
<http://www.geolytics.com>

Employment and Economic Data

Current Employment Statistics (CES)

The CES is a monthly survey of payroll records conducted by the Bureau of Labor Statistics for the U.S. Department of Labor. The survey covers more than 300,000 businesses nationwide and provides detailed industry data on employment, hours, and the earnings of workers on nonfarm payrolls. Data are available for the nation, all 50 states, the District of Columbia, and more than 270 metropolitan areas.

Web sites: <http://www.bls.gov/ces/home.htm>
<http://www.bls.gov/sae/home.htm>

County Business Patterns

County Business Patterns is an annual economic data series covering the United States at the county level, with records summarized according to the 2002 North American Industry Classification System (NAICS). The U.S. Bureau of the Census draws from several sources to compile the series, including both surveys and administrative records. The data cover most economic activity in the United States and include the total number of establishments, mid-March employment, first quarter and annual payroll, and number of establishments by nine employment-size classes.

Web site: <http://www.census.gov/epcd/cbp/view/cbpview.html>

District of Columbia Department of Employment Services

The Department of Employment Services provides labor market data for the city through the online DC Networks Analyzer system. In addition to more detailed wages, industry, and occupation data for the city as a whole, the system offers estimated unemployment rates by Ward.

Web site: <http://analyzer.dcnetworks.org/default.asp>

Local Area Unemployment Statistics (LAUS)

The Bureau of Labor Statistics LAUS program produces monthly and annual employment, unemployment, and labor force data for the regions, states, counties, metropolitan areas, and select cities of the United States. State estimates (including those for the District of Columbia) are based on the Current Population Survey, while indicators for substate areas are based on data from several sources, including the Current Population Survey, the Current Employment Statistics program, and the Unemployment Insurance program.

Web site: <http://www.bls.gov/lau/home.htm>

Occupational Employment Statistics (OES)

The OES is an annual mail survey conducted by the Bureau of Labor Statistics for the U.S. Department of Labor. The survey collects data on nonfarm wage and salary workers to produce employment and wage estimates for more than 700 occupations in more than 400 industry classifications. Self-employed workers are excluded from the estimates because the OES does not collect data from this group. Estimates are available at the national, state, and metropolitan-area levels.

Web site: <http://www.bls.gov/oes/home.htm>

Housing Data

A Picture of Subsidized Households (APSH)

The APSH data file was produced by the U.S. Department of Housing and Urban Development (HUD) and contains summary information on housing units and households as of 2000. It covers the following HUD programs: Public and Indian Housing, Section 8 Certificates and Vouchers, Section 8 Moderate Rehabilitation, Section 8 New and Substantial Rehabilitation, and Section 236. Data are provided for states, census tracts, housing authorities, and housing projects.

Web site: <http://www.huduser.org/picture2000/index.html>

Building Permits

The U.S. Census Bureau collects data on new privately owned housing units authorized by building permits for permit-issuing jurisdictions (places and counties). The data files, released monthly, include the number of buildings and housing units authorized and the estimated construction cost.

Web site: <http://www.census.gov/const/www/permitsindex.html>

District of Columbia Notices of Foreclosure

Before a foreclosure sale can take place in Washington, D.C., a lender must provide written notice to the borrower at his or her last known address and file a copy with the District. The District of Columbia Recorder of Deeds posts many documents, including Notices of Foreclosure, on its Land Records Electronic Filing System site. At the time of this writing, the site contained documents filed from November 1973 to August 2007.

Web site: <http://www.washington.dc.us.landata.com>

Home Mortgage Disclosure Act (HMDA)

HMDA requires certain mortgage lending institutions to disclose data about loan applications and approvals. Institutions required to file HMDA data include commercial banks, savings and loan institutions, credit unions, and mortgage companies that meet specific criteria. Data collected under HMDA are used to help determine whether lending institutions are meeting the housing credit needs of their communities; to help public officials target community development investment; and to help regulators enforce fair lending laws. The data include individual loan application records, including property census tract, loan amounts, approval or denial status, whether a loan had a high interest rate, and borrower and lender characteristics.

Web site: <http://www.ffiec.gov/hmda/default.htm>

House Price Index (HPI)

HPI is a measure designed to capture changes in the value of single-family homes for the nation, regions, and states. The HPI is published quarterly by the Office of Federal Housing Enterprise Oversight using data provided by Fannie Mae and Freddie Mac. The HPI is a weighted repeat sales index, meaning that it measures average price changes in repeat sales or refinancings on the same properties.

Web site: <http://www.ofheo.gov/hpi.aspx>

Housing Vacancy Survey

The Housing Vacancy Survey, a supplement to the Current Population Survey, estimates homeownership rates and vacancy rates on both a quarterly and an annual basis. Data are available for the nation, regions, the 50 states, and the 75 largest metropolitan areas. Data for the nation and regions date back to the 1960s, and data for the states and metropolitan areas date back to 1986.

Web site: <http://www.census.gov/hhes/www/hvs.html>

Low Income Housing Tax Credits (LIHTC) Database

The LIHTC program gives states annual budget authority to issue tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income house-

holds. Created by HUD, the database contains information on projects placed in service between 1987 and 2004. The LIHTC database includes project address, total number of units and number of low-income units, year the credit was allocated, year the project was placed in service, project type (new construction or rehabilitation), and other sources of project financing.

Web site: <http://www.huduser.org/datasets/lihtc.html>

Metropolitan Regional Information Systems, Inc. (MRIS)

MRIS — the nation's largest online real estate network for licensed agents, brokers, and appraisers — represents 25 county Associations of Realtors®. "The Real Estate Trend Indicator," the standard statistical report of market activity, is available through the MRIS Web site for all of the counties in the Washington metropolitan area. The monthly and annual reports include information on the number of home sales by price range and number of bedrooms; they also report the average and median sale prices and home financing characteristics.

Web site: <http://www.mris.com/reports/stats/>

Multifamily Assistance and Section 8 Contracts Database

The U.S. Department of Housing and Urban Development (HUD) produces the Multifamily Assistance and Section 8 Contracts (formerly known as Section 8 Expiring Use) Database monthly. The database represents a snapshot at a point in time of all multifamily assistance and Section 8 project-based subsidy contracts due to expire. These HUD subsidy programs are project-based, which means they are tied to specific privately owned rental units, not provided to tenants as with Housing Choice vouchers. Using the HUD database, NeighborhoodInfoDC produces the quarterly *District of Columbia Housing Monitor* with summary indicators on expiring subsidies.

Web sites: <http://www.hud.gov/offices/hsg/mfh/exp/mfhdiscl.cfm>

<http://www.neighborhoodinfodc.org/housing/>

National Association of Realtors (NAR)

The NAR reports median sales prices of existing single-family and condominium homes for the United States and many metropolitan areas (2004 definitions). The Web site reports the median price for metropolitan areas for the latest quarter and for the previous three years.

Web site: <http://www.realtor.org/research.nsf/pages/ehspage/>

S&P/Case-Shiller® Home Price Indices

The S&P/Case-Shiller® Home Price Indices measure the residential housing market, tracking monthly changes in the value of the residential real estate market in 20 metropolitan regions across the United States. Like the House Price Index listed above, these indices use repeat sales pricing to measure housing markets. First developed by Karl Case and Robert Shiller, this methodology collects data on single-family home re-sales. In addition, the S&P/Case-Shiller® U.S. National Home Price Index is a composite of single-family home price indices for the nine U.S. Census divisions and is calculated quarterly.

Web site: http://www2.standardandpoors.com/portal/site/sp/en/us/page.topic/indices_csmahp/2,3,4,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0.html

Supportive Housing Data

District of Columbia Board of Nursing Home Administration

The Board of Nursing Home Administration regulates nursing homes, including issuing licenses for nursing home facilities in the District of Columbia. The Board posts a list of licensed facilities online with information on location and a contact person.

Web site: <http://hpla.doh.dc.gov/hpla/cwp/view,A,1195,Q,488498,hplaNav,%7C30661%7C,..asp>

InfoUSA

InfoUSA is a commercial database marketing firm and maintains a proprietary database of over 14 million U.S. businesses organized by the Standard Industrial Classification (SIC) system. The company's researchers compile information from telephone and business directories and state and local government records, verifying records by telephone and updating records with U.S. Postal Service information files.

Web site: <http://www.infousa.com>

Maryland Department of Health and Mental Hygiene

Within the Maryland Department of Health and Mental Hygiene, the Office of Health Care Quality licenses Assisted Living Programs and Nursing Homes. The office posts updated lists of licensees on its website, with information on facility location, phone number and contact person, and the licensed capacity.

Web site: http://dhmh.state.md.us/ohcq/licensee_directory/licensee_directory.htm

Nursing Home Compare

The Department of Health and Human Services maintains Nursing Home Compare, an online database of Medicare and Medicaid certified skilled nursing facilities. Data in Nursing Home Compare come from two sources: Centers for Medicaid and Medicare Services' Online Survey, Certification, and Reporting (OSCAR) database and a national database known as the Minimum Data Set (MDS) Repository. OSCAR includes nursing home characteristics and health code deficiencies issued during the three most recent state inspections, and are reported by state survey agencies. MDS includes data on the health, physical functioning, and mental status of nursing home residents.

Web site: <http://www.medicare.gov/NHCompare/Include/Data-Section/Questions/SearchCriteria.asp>

Virginia Health Information (VHI)

Virginia Health Information is a nonprofit health data organization under contract with the state of Virginia to furnish information to consumers, providers, hospitals, nursing facilities, and physicians on a range of health care facilities. In addition to other resources, VHI provides a database of assisted living facilities, nursing homes, and continuing care retirement facilities.

Web site: <http://www.vhi.org>



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