



**VIRGINIA BRAIN INJURY COUNCIL
HOUSING WORKGROUP REPORT**

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Virginia Brain Injury Council Housing Workgroup Report

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Introduction

In March 2021 the Virginia Brain Injury Council recommended the formation of a Housing Workgroup as part of its annual priorities. The charge of the workgroup was to study the issue and make policy recommendations to the Council by April 2023.

Included in the 2021 Priorities Letter to Commissioner Hayfield: “Housing and supportive services are complicated issues that include federal, state, and local responses. Currently there is more funding and more creativity around addressing housing and homelessness than in the recent past. Much of this work centers on people with limited incomes and people with disabilities, and while there are supportive housing options for individuals with disabilities in Virginia, most are not available for persons with brain injury. In addition, many of the agencies and organizations that work in the supportive housing sector are not familiar with some of the unique needs and issues of our population.”

The Workgroup’s efforts were interrupted temporarily to focus on development of Targeted Case Management and waiver services for individuals with brain injury. In 2023, Council again acknowledged the importance of housing in overall health and independence and included in its 2023 Priorities continuation of the Housing Workgroup. The Council charged the Workgroup to continue exploring the complex network of housing and supportive services that are critical for individuals living with brain injury throughout Virginia and report findings to Council at the April 2024 meeting.

Recommendations

Based on the information the Workgroup learned through presentations and discussions members recommend the following:

1. Engage a consultant to:
 - a. Develop a strategic plan with DARS, the Virginia Brain Injury Council Housing Workgroup, and other potential partners for a system of Permanent Supportive Housing solutions for individuals living with a brain injury in Virginia.

Include in the plan:

- i. Other successful national Permanent Supportive Housing models that are, or could, benefit people with brain injury in Virginia.
 - ii. Potential public policy changes needed.
 - iii. Partners required to implement successful Permanent Supportive Housing solutions.
 - iv. Approximate costs of developing a Permanent Supportive Housing solution.
- b. Identify other best practices in developing housing and supportive services programs for individuals living with brain injury that could be developed in Virginia. Include the model, where used currently (states/localities, types of disabilities), partners involved in creating the programs, approximate costs, opportunities, and challenges to implementing in Virginia.

2. Develop and implement a pilot program to provide housing and supportive services to individuals living with brain injury.
3. Compile data and identify missing data elements related to the housing and supportive services needs of individuals living with brain injury through sources including:
 - a. Brain Injury Association of Virginia (BIAV) data related to incoming calls requesting housing assistance.
 - b. Alliance of State-Funded Brain Injury Providers data about the housing status of individuals they support.
 - c. Results of screening for risk of brain injury among individuals who are homeless.
4. Develop partnerships that will build collaborations that could increase access to affordable housing resources for people living with brain injury including:
 - a. Virginia Housing to increase housing vouchers or similar subsidies for people with disabilities, including brain injury, outside of those served by the Department of Behavioral Health and Developmental Services.
 - b. Department of Medical Assistance Services (DMAS/Medicaid) to secure funding for the High Needs Support waiver that would provide housing and employment related financial assistance for qualifying individuals with a disability, including brain injury.
 - c. Department of Behavioral Health and Developmental Services (DBHDS) to discuss the feasibility of sharing housing resources in areas such as subsidies for rent or funding for housing related costs.

Acknowledge that while a brain injury waiver may be available to a relatively small number of people with brain injury, it is a complex system which requires substantial administrative infrastructure. This option will only provide residential services and supports to individuals with the most significant needs, including those receiving services out of state.

A list of all recommendations considered by the Housing Workgroup is included in the Appendix.

Background

According to the U.S. Department of Health and Human Services Healthy People 2030 initiative social determinants of health (SDOH) are “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” When families must spend a large part of their income on housing, they may not have enough money to pay for things like healthy food or health care. This is linked to increased stress, mental health problems, and an increased risk of disease. Expanding policies that make housing more affordable can help reduce the proportion of families that spend more than 30 percent of their income on housing.¹

In 2021 the Urban Institute conducted a study to explore how disabled people experience housing barriers by analyzing the 2021 Current Population Survey (CPS). Their report identified that while

¹ <https://health.gov/healthypeople>

many Americans were feeling the effects of the affordable housing crisis, this was especially true for people living with disabilities in terms of affordability, accessibility, and in-home supportive services.²

In 2021 the Brain Injury Association of Virginia (BIAV) responded to increase requests for housing related issues developed a Brain Injury Housing Toolkit, outlining the housing resources available in Virginia. This has proved to be a valuable tool for families and providers as well as the Council Housing Workgroup.³

According to recent research, traumatic brain injury not only increases the risk of becoming homeless, but being homeless also increases a person's risk of experiencing a traumatic brain injury. People experiencing homelessness are two-to-four times more likely to have a history of any type of traumatic brain injury. They are also up to ten times more likely to have had a moderate or severe traumatic brain injury. The effects of a brain injury – including problems with memory or concentration, impulsiveness – may be misunderstood as lack of motivation or disinterest in housing and supportive services, making it important that homelessness and housing providers understand brain injury among the people they serve.⁴

Currently Virginia contracts with eight community-based brain injury direct service providers across the Commonwealth. All of them provide case management services that can assist individuals with locating affordable housing options, applying for benefits, and resources like housing vouchers. One, Virginia Supportive Housing, provides affordable housing for individuals with brain injuries who can live independently. They can provide affordable housing using federal funds to purchase and/or rehabilitate two apartment buildings which provide efficiency units with shared kitchens and common space. Another provider, The BridgeLine, has a congregate house that provides 24/7 support for people with brain injury and other disabilities.

Creating Housing Options

The Housing Workgroup heard presentations from several different organizations that provide housing or housing related services. Developing housing for people with disabilities, including brain injury, is a complex process which includes one or more components: capital (buildings), subsidy (to make housing affordable), and services (to allow individuals to live as independently as possible).

A list of all the presentations made to the Workgroup is included in the Appendix.

² Urban Institute People with disabilities living in the US face urgent barriers to housing, October 2022. https://www.urban.org/sites/default/files/2022-10/People%20with%20Disabilities%20Living%20in%20the%20US%20Face%20Urgent%20Barriers%20to%20Housing_0.pdf

³ <https://www.biav.net/document/brain-injury-housing-tool-kit/>

⁴ [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30188-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30188-4/fulltext)

Capital

Building or financing affordable and accessible units requires numerous partners that may include federal and local government, banks/lenders, and others. Mechanisms such as federal grants, low-income housing tax credits, and proffers may contribute to the inventory of congregate or individual housing that can be created or adapted.

Subsidy

Because like most people living with a disability, people with brain injury often have limited incomes, subsidizing rent is often a necessity to assure they can afford housing and utilities. Subsidies can be provided through Housing vouchers, state or local subsidies, reduced rents associated with financial programs such as the low-income housing tax credits, local government proffers to assure a portion of new construction include affordable rents, or other methods.

Services

For many people with a brain injury, support is needed to learn the skills required to live independently or to maintain independent living. Medicaid, through waivers or other programs, provide the most funding for supportive services, augmenting, or matching state funding for services. While Virginia does not currently have a brain injury waiver, individuals who incur their brain injury before they turn 22 may be eligible for supportive services through Virginia waivers for people with developmental disabilities.

No matter the model, advocacy will be required for any initiative. The Virginia Housing Alliance, a statewide housing advocacy organization, met with representatives from the Workgroup early on and expressed a willingness to assist the brain injury community in developing partnerships and advocacy in the future.

Development of Recommendations

From the presentations several themes emerged including:

- Housing is complex and requires multiple partners to put together financing for actual bricks and mortar housing **and** supportive services to help people live as independently as possible.
- Much of the work happens locally through Continuums of Care (CoC's). CoC's are regional groups made up of housing and supportive services providers who work together to developing affordable housing and supportive services. All state funds for the development of supportive affordable housing at the local level must be approved by the local CoC.
- There needs to be data to make the case for the need for affordable housing and voluntary supportive services for individuals with brain injury.

- Partnering with other disability groups will likely be necessary. Support for housing has been more about affordability and/or general disability. Within this framework, work can be done to identify the specialized needs of people with brain injury.

One of the primary models of interest that emerged from the presentations and discussion was Permanent Supportive Housing a nationally used program that has grown significantly in Virginia for people with behavioral health conditions and a history of homelessness. Permanent Supportive Housing combines housing assistance (e.g., long-term leasing or rental assistance) and supportive services primarily through the Department of Behavioral Health and Developmental Services (DBHDS) and through some local government housing programs. Permanent Supportive Housing allows the development of small congregate or individually support apartments or homes.

Representatives of the Department of Behavioral Health and Developmental Services (DBHDS) shared that in the early stages of developing Permanent Supportive Housing, the agency hired a consultant, The Technical Assistance Collaborative (TAC) to help develop the program in Virginia.

Conclusion

For almost three years the Housing Workgroup has gathered information to understand the components needed to expand housing options for people living with brain injury. Members quickly realized addressing housing is a complex issue that impacts people with disabilities, older adults, and people with limited incomes. There is no one response or program that can address the need.

The recommendations included in this report represent first steps the Workgroup believes can begin to expand housing options for people living with brain injury in Virginia.

Appendix: Summary of Housing Workgroup Presentations 2022 - 2024

1. Department of Behavioral Health and Developmental Disabilities (DBHDS) Permanent Supportive Housing Program (<https://dbhds.virginia.gov/assets/doc/BH/mhs/dbhds-permanent-supportive-housing-18-19.pdf>) :

Provides and integrates basic behavioral and primary health care services to individuals with serious mental illness in stable housing. It is intended to enable individuals in the Permanent

Supportive Housing program to have coordinated access to services that help ensure successful tenancy and reduce the severity of mental illness symptoms and medical problems to be well and live as independently as possible in their communities.

The appropriation of State General Funds supports rental subsidies and services to be administered by community services boards, or private entities to provide stable, supportive housing for persons with serious mental illness. This funding helps Permanent Supportive Housing participants secure and maintain affordable housing.

2. Denver Colorado Brain Injury Permanent Supportive Housing Program (<https://www.valoronthefax.com/>):

Multiple partners to finance, design, develop, and operate a Permanent Supportive Housing Program for families that meet the requirements of Permanent Supportive Housing and in which at least one member has a brain injury.

3. Virginia Housing Alliance (<https://vahousingalliance.org/>):

Advocates for the expansion of housing opportunities and ending homelessness throughout the Commonwealth of Virginia. They would be willing to advocate once there is something to advocate for.

4. Homeward (<https://www.homewardva.org/>)

Serves as Central Intake for Housing and Homelessness services and the Continuum of Care planning and coordinating agency in the Greater Richmond area (City of Richmond, Town of Ashland, and Counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent, and Powhatan.) Convenes 30+ community partners to develop response to homelessness in the region including services and housing.

5. Department of Behavioral Health and Developmental Disabilities (DBHDS) Housing Resources for individuals with developmental disabilities (Department of Behavioral Health and Developmental Disabilities (DBHDS) Permanent Supportive Housing Program (<https://dbhds.virginia.gov/developmental-services/housing/>):

Resources available for people with developmental disabilities, primarily through the Department of Justice Settlement Agreement. Program models include subsidies and vouchers to assist with affordability and supportive services through Medicaid waivers.

6. DMAS High Needs Supports Program (<https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/high-needs-support/>):

Medicaid resource for members who have behavioral and/or complex health needs and need help getting and keeping stable housing and/or employment who are enrolled in the State's

specialized Medicaid managed care (MMC) program for medically complex individuals, Commonwealth Coordinated Care Plus (CCC Plus). Must have at least one of the following: ~~A~~need for assistance with activities of daily living; ~~B~~behavioral health need (i.e. mental health or substance use disorder); or complex physical health need plus identified risk factors related to employment or housing.

This program did not receive funding from the Virginia General Assembly to move forward with developing rates. The model could assist people living with brain injury when there is no waiver for brain injury.

7. Virginia Supportive Housing Brain Injury Program

(<https://www.virginiassupportivehousing.org/regions/central-virginia/bliley-manor/> and <https://www.virginiassupportivehousing.org/regions/central-virginia/independence-house/>):

Housing and supportive services for individuals with brain injury able to live relatively independently. This program was developed using funds from Housing & Urban Development for purchase and renovations as needed; provides a subsidy that assures everyone pays no more than 30% of their income for rent. State funds administered by DARS pay for the staff.

Appendix: All Recommendations Considered

1. Evaluate the benefits and feasibility of hiring a consultant to develop a housing plan for brain injury.
2. Look at ways to gather data (anecdotal and analytic) that will help make the case for why individuals living with brain injury need affordable housing and supportive services including state-funded providers; screening initiatives.
3. Develop a pilot project using one of the preferred models identified by the VBIC Housing Workgroup.

4. Advocate for a brain injury waiver that would include residential services for people living with brain injury.
5. Request that DARS hire a position to be added to the BISCU to collect and analyze data related to the housing and supportive services needs of individuals with brain injury, build collaboration with statewide housing agencies, assist local providers in making connections with local Continuums of Care; monitoring and outreach to opportunities for collaboration around affordable housing initiatives; support development of housing and supportive services for individuals with brain injury.
6. Work with DMAS to explore ways to re-direct state dollars sent out of state for survivors needing Long Term Care to in-state services.
7. Ask that the DARS designee to state housing related groups educates and enlists all partners to acknowledge the growing demand for brain injury housing options and include this population in all its planning efforts.
8. Collaborate with Virginia to develop Housing & Urban Development-like housing vouchers ensuring that a percentage are marked for persons with disabilities and specifically those with brain injury and non-Dept of Behavioral Health and Developmental Services funded populations.
9. Collaborate with DMAS to reinstate High Needs Support addressing budget issues related to rate development issue.
10. Re-visit raising the auxiliary grant cap and de-coupling it with Assisted Living Facilities so it could be combined with other funding sources to enable housing affordability.
11. Outreach to Department of Behavioral Health and Developmental Services to discuss the feasibility of sharing housing resources in areas such as subsidies for rent or funding for housing related costs.