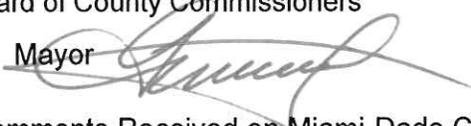


Memorandum



Date: September 5, 2012

To: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

From: Carlos A. Gimenez, Mayor 

Subject: Report on Public Comments Received on Miami-Dade County's FY2013 – FY2017 Consolidated Plan after the EDSS Committee meeting of July 11, 2012

This report provides a summary of the public comments regarding Miami-Dade County's FY 2013 – FY 2017 Consolidated Plan (the Consolidated Plan), received after the July 11, 2012 Economic Development and Social Services (EDSS) Committee meeting. The EDSS Committee recommended that the Consolidated Plan be forwarded for consideration to the full Board of County Commissioners. The Consolidated Plan is on the September 6, 2012 Board of County Commission agenda as 8K1. On June 26, 2012, through an Ad in the Miami Herald, the County advised the public that federal regulations governing the Community Development Block Grant (CDBG), Home Investment Partnerships (HOME) and Emergency Solutions Grants (ESG) programs require that a participating jurisdiction provide citizens with reasonable notice of and an opportunity to comment on the Consolidated Plan. The public comment period commenced on June 26, 2012 and ended on July 25, 2012. Comments received prior to the public hearing date of the EDSS Committee are contained as Appendix B to the Consolidated Plan. The following are public comments received after the July 11, 2012 public hearing:

I. Written Public Comments submitted by Committee On Disability Issues (CODI):

The Commission on Disability Issues Ad Hoc Housing Committee met with Miami-Dade County staff from the Planning and Outreach Division of Public Housing and Community Development (PHCD) on two (2) occasions and one (1) occasion with Mayor Gimenez' staff and the Director of Public Housing and Community Development . The purpose of these meetings was to develop recommendations regarding affordable, accessible housing opportunities and services for individuals with disabilities and their families that are to be included in Miami-Dade County's FY 2013-2017 Consolidated Plan.

As a result of these meetings and two (2) subsequent meetings of the Housing Committee, it is being recommended that the following recommendations be adopted by the Commission on Disability Issues and thereby presented to the Public Housing and Community Development, Mayor Gimenez and the Board of County Commissioners for inclusion in the FY 2013-2017 Consolidated Plan.

RECOMMENDATIONS:

- The County will modify the procedures it uses to assign units that are Uniform Federal Accessibility Standards (UFAS) accessible (wheelchair or visual/hearing impaired) in order to assign these units when they become available to persons/families that really need the accessibility.

This can be accomplished as a "reasonable accommodation" or by having the hardship of living without accessibility is considered in these cases substandard housing and therefore is eligible for Federal Preferences.

- The County will set aside not less than fifteen percent (15%) of the units in its public housing portfolio for persons with disabilities and their families.
- Of the 15% above, no less than 7% are to be Uniform Federal Accessibility Standards accessible.
- Through its Request for Applications (RFA) process, for any County funds, the County will incentivize developers to set-aside not less than 10% of all new units to be fully Uniform Federal Accessibility Standards -accessible. Such incentives may include, for example, the provision of extra points for Uniform Federal Accessibility Standards accessible units, larger density allowances as well as additional funding subsidies to underwrite the costs of development.
- The County will give priority to households of people with disabilities on the Section 8 waiting list.
- The County will explore the use of HUD Section 811 funding to increase the supply of affordable and accessible housing for disabled persons.
- Through outreach to the Commission on Disability Issues and other agencies that represent the disabled community, the County will increase the education, awareness, and sensitivity of staff to the needs of the disabled community.
- Work with the Commission on Disability Issues and community agencies to establish a plan to transition disabled individuals out of institutions such as nursing homes, Assisted Living Facilities, homeless shelters into suitable including when appropriate accessible/affordable housing pursuant Olmstead Decision.
- Insure that any Near Elderly Disabled (NED) vouchers are reissued to non-elderly persons with a disability.
- The County shall set aside not less than fifteen percent (15%) of all Tenant-Based Rental Assistance to households with one or more people with disabilities.
- The County will increase outreach to the disability community, including the provision of printed material in alternative formats for persons with disabilities, and auxiliary aids and services such as sign language interpreters, which will facilitate enhanced communication with the disabled community. For many late-deafened individuals, including veterans who have lost their hearing, the provision of Communication Access Realtime Translation (CART) services is essential in order for effective communication to result.

II. Perrine Community Advisory Committee

- a. The Perrine Community Advisory Committee (CAC) members have expressed their concern regarding the shrinking size of their Neighborhood Revitalization Strategy Area (NRSA). They question the County's analysis of the eligible block groups and new designation of the Neighborhood Revitalization Strategy Area boundaries. In a recent tour of the Neighborhood Revitalization Strategy Area by Public Housing and Community Development staff with members of the Community Advisory Committee, members pointed out several areas surrounding Perrine that they believe, based on their knowledge of the community should qualify as primarily residential low-mod areas.

Community Advisory Committee members were particularly surprised to learn that the areas to the immediate north of the newly defined Perrine Neighborhood Revitalization Strategy Area did not meet U.S. Department of Housing and Urban Development criteria, given the high concentration of Public Housing immediately north of the existing Perrine Neighborhood Revitalization Strategy Area boundary.

- b. Community Advisory Committee members also expressed concern that a large portion of their former Neighborhood Revitalization Strategy Area is no longer contiguous, and now forms what the County is recommending in the Consolidated Plan as the "Cutler Ridge Neighborhood Revitalization Strategy Area". Community Advisory Committee members expressed a desire to have block group 102.06, 1 incorporated back into their Neighborhood Revitalization Strategy Area boundaries. They indicated that the characteristics of this block group have not significantly changed during the past 10 years. As such, they are unclear as to why the block group which was included in the Neighborhood Revitalization Strategy Area 5-10 years ago is now being excluded, thereby resulting in the creation of two distinct Neighborhood Revitalization Strategy Area.

Attachment - An Analysis of Renter Households with at Least One Person with Disabilities

- c: R.A. Cuevas Jr., County Attorney
Russell Benford, Deputy Mayor
Gregg Fortner, Director, Public Housing & Community Development
Charles Anderson, Commission Auditor

An Analysis of Renter Households with at Least One Person with Disabilities

Department of Regulatory and Economic Resources
Planning Research Section
July 2012

The purpose of this short study was to focus on renter households and those renter households with at least one disabled person between 5 and 64 years of age. In order to understand the housing needs and characteristics of the County's disabled population, we analyzed the data released in the 2010 American Community Survey (ACS), the latest available. Due to the complexity and special tabulations needed, we made use of the Public Use Microdata Sample files (PUMS) from the 2010 ACS. This allowed the cross tabulation of household imputation required for our analysis. (For the definition of disability used in the ACS see Appendix).

The 2010 ACS reports a total of 839,511 households of which 346,681 are renters (41.3 percent). The number of renter households with at least one person disabled total 38,508 or 11.1 percent. This includes all types of disabilities. When restricting these households to only those with ambulatory difficulty, this figure drops to 17,668 or 5.1 percent. (See Table 1). This is the group of disabled households that require 'fully accessible' housing units.

Analyzing only renter households with income under 80 percent of area median income (AMI), there are 200,317 renter households in Miami-Dade County. Out of this universe, 26,337 (13 percent) have at least one disabled household member. If we further reduce the income of all renter households to only include those making approximately 50 percent of AMI, that is 137,685 households, we find that 19,960 (13.8 percent) are households with at least one disabled person between 5 and 64 years of age.

Table 1
Comparison of All Renter Households
and Renter Households With at Least One Disabled Person
Persons 5 - 64 Years Old

Household Type	2010									
	Total	Disabled	Percent	Ambulatory Difficulty		Households with Independent Living Difficult		One or both		
				Disabled	Percent	Disabled	Percent	Disabled	Percent	
Renter Household	346,681	38,508	11.1%	17,668	5.1%	13,090	3.8%	24,109	7.0%	
Renter households making less than 80% of AMI	200,317	26,337	13.1%	12,947	6.5%	10,390	5.2%	18,261	9.1%	
Very Low Income Households (50% of AMI)	137,685	19,960	14.5%	9,984	7.3%	8,167	5.9%	14,211	10.3%	
Paying more than 50% of their income for rent	93,695	13,839	14.8%	6,263	6.7%	5,873	6.3%	9,270	9.9%	
"Worse Case Scenario" Households										
With No Food Stamps	53,522	5,275	9.9%	2,530	4.7%	1,698	3.2%	3,360	6.3%	
With no Medicare or other government health insurance assistance	72,956	8,352	11.4%	3,736	5.1%	3,133	4.3%	5,448	7.5%	
No Assistance: Food Stamps or Health	48,786	4,181	8.6%	2,150	4.4%	1,173	2.4%	2,616	5.4%	

Source: U.S. Census Bureau, ACS 2010 1-Year Estimate, PUMS data; Department of Regulatory and Economic Resources, Planning Division, Research Section, July 2012.

Note: Very low income is \$20,110 = 40,219/2 (AMI 2010)

The "worst case scenario" was analyzed. This includes those very low income renter households (below 50 percent of median income that have a severe rent burden (pay more than 50 percent of their income for rent)), receive no governmental aid and with at least one disabled person between the ages of 5 to 64 years of age. For this scenario, there are 4,181 disabled households out of a countywide total of 48,786 or 8.6 percent.

Characteristics of Disabled Households

There are a total of 94,258 households in Miami-Dade County with at least one disabled person between the ages of 5 to 64. They have an average of 3.55 persons per household. Owner occupied households, at 54,211 represent 57.5 percent of the total number of disabled households and the average person per household is 3.86. There are 38,508 renter households, 40.8 percent of the total and have 3.14 persons per household. The remainder, 1.7 percent, occupy units without paying any rent. (See Table 2).

Table 2
Households
With at Least One Disabled Person
Persons 5 - 64 Years Old
2010

	Households	Persons	Persons per Household
Tenure			
Owner Occupied	54,211	213,321	3.94
Renter Occupied	38,508	128,673	3.34
Occupied without payment or rent	1,539	4,317	2.81
Total:	94,258	346,311	3.67

Source: U.S. Census Bureau, ACS 2010 1-Year Estimate, PUMS data; Department of Regulatory and Economic Resources, Planning Division, Research Section, July 2012.

Type of Unit: When looking at the type of unit, occupied by households with at least one disabled individual between 5 and 64 years of age, we observe that 69.9 percent live in single family type units, 21.6 percent in multi-family type and 8.5 in some other type. (See Table3).

Table 3
Households
by Type of Unit with at Least One Disabled Person
Persons 5 - 64 Years Old
2010

Type of Unit	Households	Persons	Persons per Household
Single-Family	63,428	258,938	4.08
Multi-Family	28,731	79,790	2.78
Other	2,099	7,583	3.61
Total:	94,258	346,311	3.67

Source: U.S. Census Bureau, ACS 2010 1-Year Estimate, PUMS data; Department of Regulatory and Economic Resources, Planning Division, Research Section, July 2012.

Finally, it should be noted that the current exercise does not claim to be a definitive analysis of the nature of housing needs and the characteristics of those persons with a disability. Such a study is beyond the basic analysis presented here and would require more time and resources to complete. Nevertheless, the data presented do provide a generalized picture of renter households with at least one person with a disability in Miami-Dade County.

Methodological Note

The numbers used in this report are based on the PUMS data which is a small sample and consequently does have a greater margin of error than the ACS itself. However, it is the only data available that gives us the flexibility that provides us with the flexibility to cross tabulate income, tenure and households. The PUMS files for Miami-Dade County include data from Monroe County, but it is our opinion that it will not affect the rates or percentages presented as households from Monroe represent a small percentage of total households approximately 3 percent.

APPENDIX

Disability Status

Under the conceptual framework of disability described by the Institute of Medicine (IOM) and the International Classification of Functioning, Disability, and Health (ICF), disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. For example, disability may exist where a person is limited in their ability to work due to job discrimination against persons with specific health conditions; or, disability may exist where a child has difficulty learning because the school cannot accommodate the child's deafness.

Furthermore, disability is a dynamic concept that changes over time as one's health improves or declines, as technology advances, and as social structures adapt. As such, disability is a continuum in which the degree of difficulty may also increase or decrease. Because disability exists along a continuum, various cut-offs are used to allow for a simpler understanding of the concept, the most common of which is the dichotomous "With a disability"/"no disability" differential.

Measuring this complex concept of disability with a short set of six questions is difficult. Because of the multitude of possible functional limitations that may present as disabilities, and in the absence of information on external factors that influence disability, surveys like the ACS are limited to capturing difficulty with only selected activities. As such, people identified by the ACS as having a disability are, in fact, those who exhibit difficulty with specific functions and may, in the absence of accommodation, have a disability. While this definition is different from the one described by the IOM and ICF conceptual frameworks, it relates to the programmatic definitions used in most Federal and state legislation.

In an attempt to capture a variety of characteristics that encompass the definition of disability, the ACS identifies serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation. These functional limitations are supplemented by questions about difficulties with selected activities from the Katz Activities of Daily Living (ADL) and Lawton Instrumental Activities of Daily Living (IADL) scales, namely difficulty bathing and dressing, and difficulty performing errands such as shopping. Overall, the ACS attempts to capture six aspects of disability, which can be used together to create an overall disability measure, or independently to identify populations with specific disability types.

Information on disability is used by a number of federal agencies to distribute funds and develop programs for people with disabilities. For example, data about the size, distribution, and needs of the disabled population are essential for developing disability employment policy. For the Americans with Disabilities Act, data about functional limitations are important to ensure that comparable public transportation services are available for all segments of the population. Federal grants are awarded, under the Older Americans Act, based on the number of elderly people with physical and mental disabilities.

Question/Concept History – In the 2010 American Community Survey, disability concepts were asked in questions 17 through 19. Question 17 had two subparts and was asked of all persons regardless of age. Question 18 had three subparts and was asked of people age 5 years and older. Question 19 was asked of people age 15 years and older.

Hearing difficulty was derived from question 17a, which asked respondents if they were “deaf or ... [had] serious difficulty hearing.” **Vision difficulty** was derived from question 17b, which asked respondents if they were “blind or ... [had] serious difficulty seeing even when wearing glasses.” Prior to the 2008 ACS, hearing and vision difficulty were asked in a single question under the label “Sensory disability.”

Cognitive difficulty was derived from question 18a, which asked respondents if due to physical, mental, or emotional condition, they had “serious difficulty concentrating, remembering, or making decisions.” Prior to the 2008 ACS, the question on cognitive functioning asked about difficulty “learning, remembering, or concentrating” under the label “Mental disability.”

Ambulatory difficulty was derived from question 18b, which asked respondents if they had “serious difficulty walking or climbing stairs.” Prior to 2008, the ACS asked if respondents had “a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying.” This measure was labeled “Physical difficulty” in ACS data products.

Self-care difficulty was derived from question 18c, which asked respondents if they had “difficulty dressing or bathing.” Difficulty with these activities are two of six specific Activities of Daily Living (ADLs) often used by health care providers to assess patients’ self-care needs. Prior to the 2008 ACS, the question on self-care limitations asked about difficulty “dressing, bathing, or getting around inside the home,” under the label “Self-care disability.”

Independent living difficulty was derived from question 19, which asked respondents if due to a physical, mental, or emotional condition, they had difficulty “doing errands alone such as visiting a doctor’s office or shopping.” Difficulty with this activity is one of several Instrumental Activities of Daily Living (IADL) used by health care providers in making care decisions. Prior to the 2008 ACS, a similar measure on difficulty “going outside the home alone to shop or visit a doctor’s office” was asked under the label “Go-outside-home disability.”

Disability status is determined from the answers from these six types of difficulty. For children under 5 years old, hearing and vision difficulty are used to determine disability status. For children between the ages of 5 and 14, disability status is determined from hearing, vision, cognitive, ambulatory, and self-care difficulties. For people aged 15 years and older, they are considered to have a disability if they have difficulty with any one of the six difficulty types.