

V.D. DISABILITY & ACCESS ANALYSIS

Overview

Key Terms Used in this Section

- *Ambulatory difficulty*: Having serious difficulty walking or climbing stairs.¹
- *Cognitive difficulty*: Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.¹
- *Disability*: Defined by the Fair Housing Act as
 - Having a physical or mental impairment that substantially limits one or more major life activities and/or
 - Having a record of physical or mental impairment and/or
 - Being regarded as having such an impairment.²
- *Hearing difficulty*: Deaf or having serious difficulty hearing.¹
- *Independent living difficulty*: Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping.¹
- *Physical or mental impairment*: Includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.²
- *Reasonable accommodation*: A change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability.²
- *Self-care difficulty*: Having difficulty bathing or dressing.¹
- *Vision difficulty*: Blind or having serious difficulty seeing, even when wearing glasses.¹

¹ American Community Survey.

² Joint Statement of the Department of Housing and Urban Development and the Department of Justice, May 17, 2004.
<https://www.hud.gov/offices/fheo/library/hud DOJstatement.pdf>.

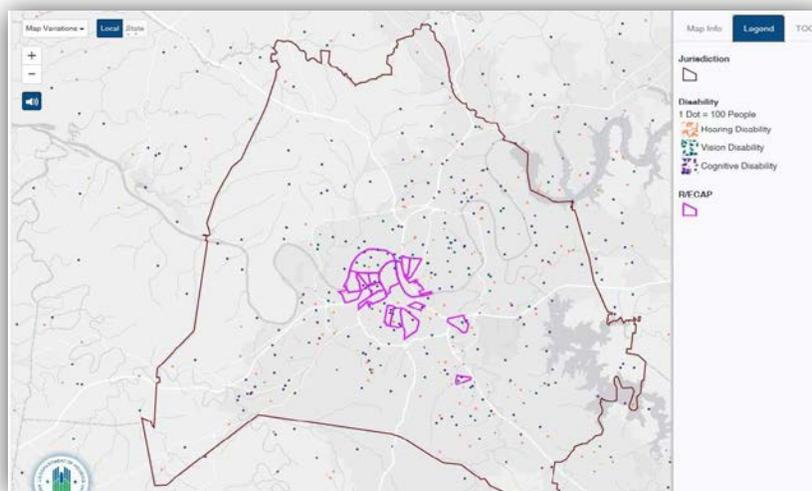
D.1. Population Profile

a. How are persons with disabilities geographically dispersed or concentrated in the jurisdiction and region, including R/ECAPs and other segregated areas identified in previous sections?

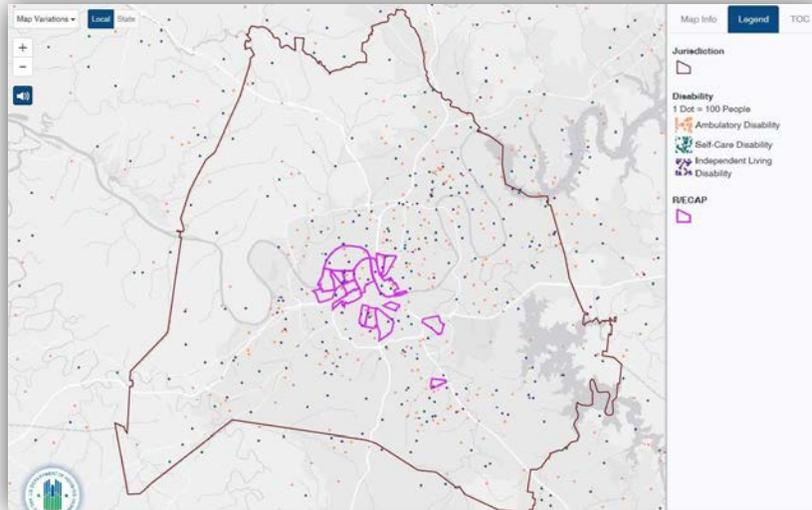
For the purpose of this section, “segregation” is a condition in which the housing or services are not in the most integrated setting appropriate to an individual’s needs in accordance with the American with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 (Section 504). “Integration” means that such individuals are able to access housing and services in the most integrated setting appropriate to the individual’s needs. The most integrated setting is one that enables individuals with disabilities to interact with persons without disabilities to the fullest extent possible, consistent with the requirements of the ADA and Section 504.

HUD Maps 14a and 14b below show that persons with disabilities are fairly evenly distributed in communities throughout Davidson County and do not predominately live in R/ECAP areas. However, there appears to be a concentration of persons with cognitive disabilities in the North Nashville R/ECAP, which may be reflective of a number of Single Room Occupancy (SRO) properties in the area. Although persons with disabilities are geographically dispersed in neighborhoods where they can interact with persons without disabilities, they may not necessarily be in areas that meet their needs. For example, in rural areas such as Joelton and White’s Creek, the Neely’s Bend area of Madison, and a portion of Bellevue, residents may not have access to public transit and other services, if needed.

**HUD Map 14a: Hearing, Vision, Cognitive Disability
Davidson County**



HUD Map 14b: Ambulatory, Self-Care, and Independent Living Disability Davidson County



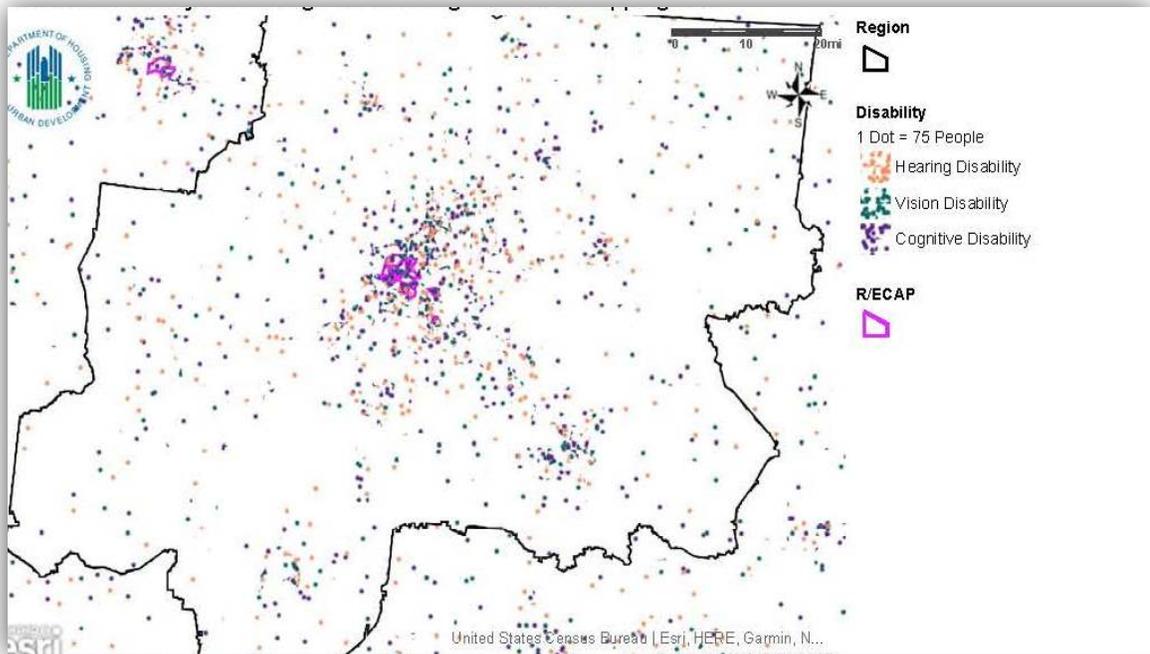
Within the region, the percentage of the population with a disability living in Nashville is nearly the same as for the MSA, with the largest variance for persons with hearing difficulty as shown in HUD Table 13. HUD Map 14c shows that in the region, persons with disabilities are generally distributed throughout the MSA, with some concentration around Davidson County and in core areas such as Murfreesboro, Columbia, and Franklin.

**HUD Table 13: Disability Type
Nashville & Region**

Disability Type	(Nashville-Davidson, TN CDBG, HOME, ESG) Jurisdiction		(Nashville-Davidson--Murfreesboro--Franklin, TN) Region	
	#	%	#	%
Hearing difficulty	17,179	2.94%	51,455	3.28%
Vision difficulty	12,541	2.15%	34,287	2.19%
Cognitive difficulty	28,452	4.87%	72,531	4.63%
Ambulatory difficulty	38,580	6.60%	103,806	6.62%
Self-care difficulty	14,103	2.41%	38,431	2.45%
Independent living difficulty	26,415	4.52%	69,518	4.43%

Note 1: All % represent a share of the total population within the jurisdiction or region.
 Note 2: Data Sources: ACS
 Note 3: Refer to the Data Documentation for details (www.hudexchange.info).

HUD Map 14c: Hearing, Vision, Cognitive Disability Region



b. Describe whether these geographic patterns vary for persons with each type of disability or for persons with disabilities in different age ranges for the jurisdiction and region.

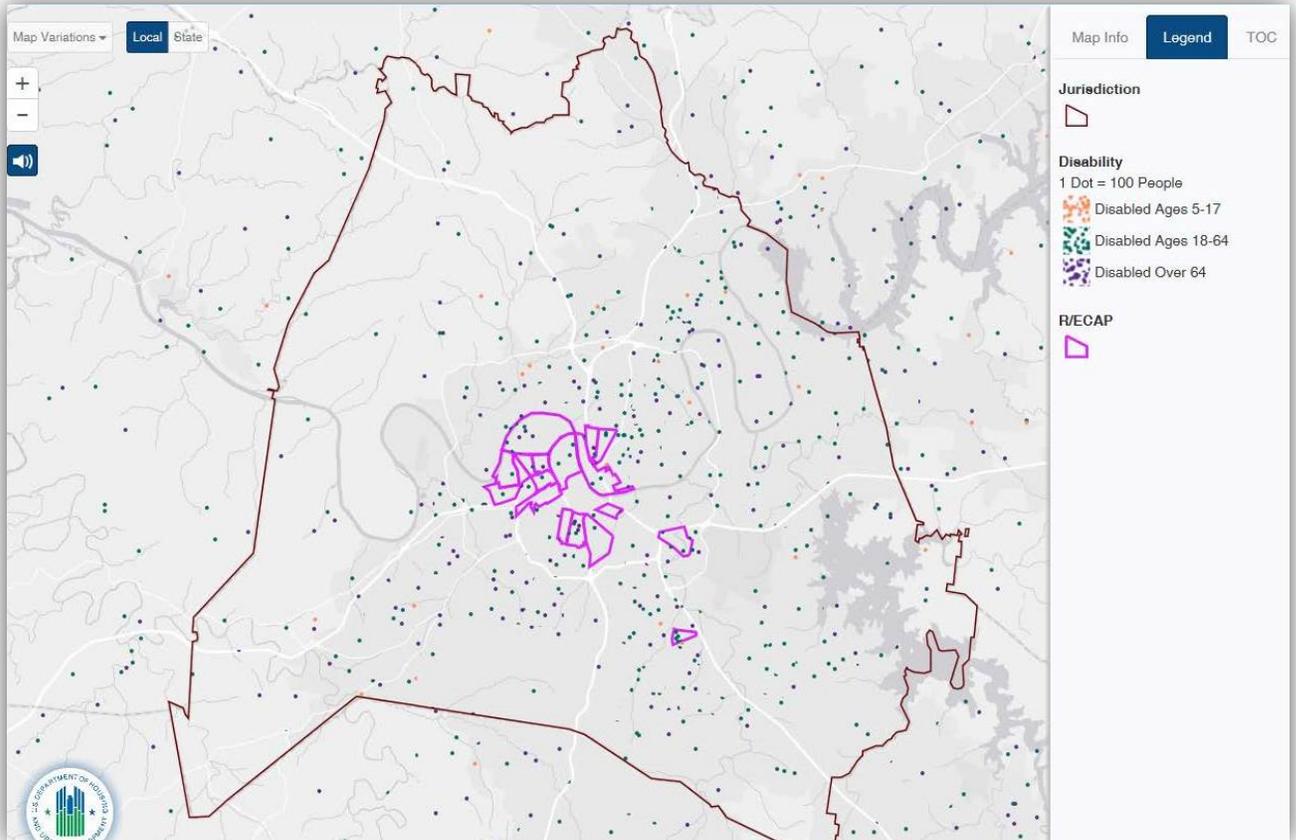
While the preceding maps show that persons with different types of disabilities are fairly distributed in Davidson County and the region, HUD Map 15 shows that persons with disabilities ages 18-64 tend to live in R/ECAP areas than do other age groups. This age range comprises the largest percentage of persons with disabilities, as demonstrated in HUD Table 14.

HUD Table 14: Disability by Age Group

Age of People with Disabilities	(Nashville-Davidson, TN CDBG, HOME, ESG) Jurisdiction		(Nashville-Davidson-- Murfreesboro--Franklin, TN) Region	
	#	%	#	%
age 5-17 with Disabilities	4,500	0.77%	13,614	0.87%
age 18-64 with Disabilities	41,273	7.06%	108,844	6.94%
age 65+ with Disabilities	24,946	4.27%	69,160	4.41%

Note 1: All % represent a share of the total population within the jurisdiction or region.
 Note 2: Data Sources: ACS
 Note 3: Refer to the Data Documentation for details (www.hudexchange.info).

HUD Map 15: Disability by Age Group



D.2 Housing Accessibility

a. Describe whether the jurisdiction and region have sufficient affordable, accessible housing in a range of unit sizes.

As reported in Section IV., the scarcity of housing units accessible to persons with disabilities was an impediment to fair housing choice identified in the 2013 Analysis of Impediments to Fair Housing Choice (AI). In response, MDHA implemented mechanisms for creating accessible and affordable housing through the HOME Investment Partnerships program.

All requests for proposals (RFPs) for new HOME-assisted rental units provide bonus points in the evaluation/scoring process for projects that would be targeted for occupancy by priority populations, defined as extremely and very low income households, seniors, persons with special needs, homeless, and veterans. Projects must meet universal design principles.

RFPs for construction of HOME-assisted, single family units require developers to meet visitability standards and provide bonus points in the evaluation/scoring process to projects that incorporated features in addition to the minimum standards that would enhance livability and aging in place.

All RFPs require developers to comply with the accessibility requirements of the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973 as applicable.

These efforts will result in

- 93 units of housing specifically targeted for rent to persons with disabilities, with 35 meeting the accessibility requirements of the Fair Housing Act and 34 being visitable.
- 28 single family homes that will be visitable.

Also, 3 units in the 10th and Jefferson Street project will meet the accessibility requirements of the Fair Housing Act and the remaining 51 units are visitable.

Despite these actions, the need for affordable, accessible housing in a range of unit sizes continues to grow. The recently released *Housing Nashville Report* stated that 30% of residents cannot afford the cost of housing in Davidson County and that Nashville has lost more than 20% of its affordable housing stock since 2000. In addition, data from HUD Table 10 shows that 15.93% of households in Nashville have severe cost burden, meaning they pay more than 50% of their income for housing. Housing affordability is particularly acute for persons with disabilities who likely have limited incomes. The *2016 Community Needs Evaluation* produced by Metropolitan Social Services reports that a person with a disability in Davidson County makes approximately \$8,600 less annually than a person without a disability.

An analysis of public supported housing supply and the number of chronically homeless in Nashville underscores the need for affordable, accessible housing in a range of unit sizes. When calculating the total number of persons with disabilities from HUD Table 14 above, there are 70,719 persons with disabilities in Nashville and 191,618 in the region. HUD Table 15 below provides the number of people with a disability by category of publicly supported housing. At the most, 3,373 people with a disability live in publicly supported housing in Nashville (4,156 in the region), and these numbers could be duplicative if a development includes more than one category of publicly supported housing. This data shows that in Nashville only 4.77% of people with a disability live in publicly supported housing (2.17% in the region).

HUD Table 15: Disability by Publicly Supported Housing Program Category

(Nashville-Davidson, TN CDBG, HOME, ESG) Jurisdiction	People with a Disability	
	#	%
Public Housing	1,165	22.87%
Project-Based Section 8	983	20.45%
Other Multifamily	66	24.26%
HCV Program	1,159	17.76%
TOTAL	3,373	
(Nashville-Davidson--Murfreesboro--Franklin, TN) Region		
Public Housing	1,240	22.39%
Project-Based Section 8	1,039	18.95%
Other Multifamily	67	20.43%
HCV Program	1,810	18.45%
TOTAL	4,156	
Note 1: The definition of "disability" used by the Census Bureau may not be comparable to reporting requirements under HUD programs. Note 2: Data Sources: ACS Note 3: Refer to the Data Documentation for details (www.hudexchange.info).		

MDHA Table D.1 below shows the waitlist by bedroom size for Public Housing. MDHA has four (4) properties designated for elderly or disabled persons only: Hadley Park Towers, Madison Towers, Parthenon Towers, and Vine Hill Towers. For all of these properties, the number of people on the current waitlist exceeds the total number of units in each building. Applicants must apply for housing at each property; therefore, applicants can be on more than one waitlist.

MDHA Table D.1: Waitlist for Public Housing Properties

	# Number of Units	Total on Waitlist	# of Bedrooms				
			1	2	3	4	5
Family Properties							
Andrew Jackson Courts	374	4423	2296	1135	992		
Cayce	716	1175	578	314	208	51	24
Cheatham Place	314	4422	2325	1128	969		
Cumberland View	226	3325	1786	818	528	148	45
Edgehill Apartments	380	3622	2018	824	526	171	83
Napier	378	2271	1397	361	513		
Neighborhood Housing	346	5965	2727	1714	1133	391	
Sudekum	443	2100		1312	638	107	43

	# Number of Units	Total on Waitlist	# of Bedrooms				
			1	2	3	4	5
Contemporary Properties							
Historic Preston Taylor	274	4462	1747	1448	898	268	101
John Henry Hale	188	5091	1956	1655	1061	419	
Parkway Terrace	125	3647	1477	1191	694	209	76
Vine Hill Apartments	136	4276	1676	1394	1206		
Elderly Only							
Carleen Batson Waller	53	32	32				
Edgefield Manor	220	85	85				
Gernert	176	16	16				
Elderly or Disabled							
Hadley Park Towers	154	318	318				
Madison Towers	211	403	403				
Parthenon Towers	295	384	384				
Vine Hill Towers	147	380	380				

Further illustrating the lack of affordable housing for persons with disabilities, 2,337 sheltered and unsheltered homeless persons were counted during the most recent Point-in-Time count, conducted on January 26, 2017. Of that number, 601 people were identified as chronically homeless. To be considered under HUD’s definition of “chronically homeless”, a person must have a disability and have been living in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously or on at least four occasions in the last three years where those occasions cumulatively total at least 12 months.

During consultations with stakeholders, nonprofit affordable housing developers noted that the cost of land makes it difficult to build accessible housing, particularly 1-story homes, and the proliferation of “tall-skinny” houses is reducing the availability of accessible units. Developers mentioned a state law [T.C.A. 67-5-207] that provides a property tax exemption for permanent housing for low income persons with disabilities or low income persons for properties meeting certain conditions (such as receiving HOME funding) and how they would like to coordinate with MDHA on taking advantage of this opportunity to produce more units.

b. Describe the areas where affordable accessible housing units are located in the jurisdiction and region. Do they align with R/ECAPs or other areas that are segregated?

HUD maps do not necessarily show the location of affordable accessible housing; this analysis is based on the location of publicly supported housing and affordable rental housing. As discussed in section C.1.b., generally, publicly supported housing of all types are concentrated in segregated, predominately African-American neighborhoods, such as North Nashville and Bordeaux. In addition, a concentration of publicly

supported housing, particularly HCVs and LIHTC projects, are located in the southeast area of the county, where there is a concentration of Hispanic residents. Little to no publicly supported housing is located in predominately White areas of the county, especially in areas south of downtown. Further, publicly supported housing, particularly Public Housing, is predominately located in R/ECAP areas. However, persons with a disability in Public Housing and Project-Based Section 8 are more likely to live in a non-R/ECAP area. While the overall percentage of Other Multifamily units and HCV assisted housing are in non-R/ECAPs, persons with a disability in one of these programs are more likely to live in a R/ECAP.

HUD Table 7 Excerpt: R/ECAP and Non-R/ECAP Units by Publicly Supported Housing Category

(Nashville-Davidson, TN CDBG, HOME, ESG) Jurisdiction	Total # units (occupied)	% units (occupied)	% with a disability
Public Housing			
R/ECAP tracts	3,456	67.94%	12.46%
Non R/ECAP tracts	1,631	32.06%	44.89%
TOTAL	5,087		
Project-based Section 8			
R/ECAP tracts	546	11.56%	18.15%
Non R/ECAP tracts	4,178	88.44%	20.75%
TOTAL	4,724		
Other HUD Multifamily			
R/ECAP tracts	94	37.45%	36.46%
Non R/ECAP tracts	157	62.55%	17.61%
TOTAL	251		
HCV Program			
R/ECAP tracts	1,052	16.14%	19.83%
Non R/ECAP tracts	5,467	83.86%	17.42%
TOTAL	6,519		

HUD Map 17 shows the distribution of rental housing affordable to households with incomes $\leq 50\%$ AMI in Davidson County. As expected, the highest percentages of affordable rental housing are in R/ECAPs. Midtown and areas southwest of downtown – where many healthcare facilities and services are located – are among the least affordable. Regionally, rental housing becomes less affordable closer to city centers such as Franklin, Murfreesboro, and Hendersonville.

HUD Map 17: Location of Affordable Rental Housing



c. To what extent are persons with different disabilities able to access and live in the different categories of publicly supported housing in the jurisdiction and region?

As discussed in section D.2.a., only 4.77% of people with a disability in Nashville live in publicly supported housing (2.17% in the region). (See HUD Table 15.) Not only is there a waitlist for the 4 properties designated for elderly or people with disabilities, waitlists for every MDHA public housing property except elderly only greatly exceed the number of units in the inventory. (See MDHA Table D.1.) In addition, there are 8,302 households on the HCV waitlist. However, since 2013 MDHA has established a preference to set aside 18 HCVs every month for persons who are chronically homeless and participating in the Metro Homelessness Commission's "How's Nashville" campaign. To date, 384 people have leased apartments. Waitlist information is not available for other categories of publicly supported housing.

D.3 Integration of Persons with Disabilities Living in Institutions and Other Segregated Settings

a. To what extent do persons with disabilities in or from the jurisdiction or region reside in segregated or integrated settings?

With the *Olmstead v. LC* decision in 1999, the U.S. Supreme Court held that people with disabilities be provided a choice of where to live and what support service providers to utilize. As a result, subsequent HUD guidance encourages public housing agencies and other HUD-assisted housing providers to work with state and local governments to provide integrated, affordable housing options for individuals who are transitioning from, or at serious risk of entering institutions or other segregated settings.

Hospital to Home Initiative

The Nashville-Davidson County Continuum of Care continually works to increase discharge coordination from acute care and mental health facilities. The Hospital-to-Home (H2H) project, originating out of the Ideas to Reality program under former Mayor Dean's Office of Innovation, is positioned to improve the health outcomes and well-being of homeless individuals identified as high utilizers of local hospitals, by creating a coordinated, multi-sectoral collaborative response that breaks the cycle of homelessness and connects residents to health care and social supports in the community.

The H2H project focuses on a population that is known to accumulate uncompensated health care costs, have increased readmission rates, and poor health outcomes. The originating H2H team has drawn on best practices from other cities, academic research, and an extensive examination of Nashville's local processes to determine the best approach to the challenge presented by homeless people who are discharged by hospitals but who have no home, are frequently uninsured, and cannot manage their medical issues (and often co-occurring medical and behavioral health needs) on the streets or in emergency shelters.

Key events from 2016 and 2017 objectives for the Hospital to Home project:

1. The H2H Steering Committee was established and began meeting monthly then quarterly. Members initially include representatives from four (4) local hospitals/hospital systems; three (3) Federally Qualified Health Centers (FQHC's); and members of the Metropolitan Homelessness Commission (MHC);
2. MHC, as the backbone organization for H2H, convened a meeting with the Davidson County Sheriff's Office and the Nashville Rescue Mission to create and implement a data-sharing agreement. As a result, a cross-system data match was done between high users of jail beds and emergency shelter beds. The intent is to export said data match with local hospitals participating in the project in efforts to understand where to best allocate homeless assistance and housing resources;
3. Eighteen (18) group home beds were dedicated to H2H. Some hospitals are exploring opportunities to utilize said beds as "bridge housing" for H2H high utilizers;

In conjunction with the Coordinated Entry System, current efforts are underway to improve the process for referrals to and linkages to support services for those individuals and families moving from literal homelessness to housing. It is envisioned that identification of support service needs will occur in sync with bi-monthly care coordination (housing placement) meetings for Veterans, chronic single individuals and

families. High utilizers may cut across all subpopulations of a coordinated entry system.

Within 48 hours of patient admission to the area's mental health institute (MTMHI), social workers formulate discharge plans. Formal protocols are implemented through the Tennessee Department of Mental Health & Substance Abuse Services, partnering with Centerstone to promote moves into community settings when patients are clinically ready. Indigent/Targeted funds provide temporary help with rent/utility deposits, transportation, & medication copays until income & benefits can be restored. A SOAR (Supplemental Security Insurance/Social Security Disability Insurance (SSI/SSDI) Outreach, Access and Recovery) liaison to MTMHI enhances the connection to SSI/SSDI & TennCare benefits. Although Tennessee has yet to expand Medicaid, maximizing access to Medicaid through SOAR is an example of Nashville doing a great deal more with less. This local effort, spearheaded by Park Center and funded through Nashville's Homelessness Commission, boasts an approval rate of 98% and a 38-day turnaround time for a disability determination.

Upon discharge, persons return to the home of family members, an apartment, recovery houses or an appropriate group home setting. Supplemented by the state, PATH (Projects for Assistance in Transition from Homelessness) assistance to the Mental Health Co-op provides outreach, referral, and linkage to housing and mainstream mental health/substance abuse services. Post-Discharge Follow-up Reports to MTMHI staff increase the likelihood that community housing options succeed.

Mental Health Discharge Coordination Protocol

In 2016, the Tennessee Department of Mental Health and Substance Abuse Services began implementing the Tennessee Cooperative Agreement to Benefit Homeless Individuals-State (TN-CABHI). This three-year initiative will provide collaboration among state-level agencies to reduce homelessness, and housing with support services to homeless veterans and other chronically homeless people living with mental illness and/or substance use disorders in Nashville- Davidson County, via financial support to the Metropolitan Homelessness Commission. The CABHI grant will help bridge local gaps by addressing barriers to access and availability of treatment as well as other support services - a critical link, in cases where participants choose to avoid certain providers or services, or are determined to be ineligible for a needed service.

Even with the H2H initiative and mental health discharge protocols, stakeholders emphasized the dire need for stronger, more manageable, long-term case management for persons with mental impairments.

Housing First

As HUD explains, Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. While HUD is emphasizing Housing First in awarding Continuum of Care (CoC) program funding, many homeless providers and landlords have not aligned with the Housing First model.

Zoning and Group Homes

In 2009, Metro Nashville entered into a Consent Decree with the U.S. Department of Justice resulting from the denial of a building permit submitted by a faith-based provider of residential substance abuse treatment programs and amending the zoning code in a manner that prevented the applicant from using the property. Under the Consent Decree, Metro repealed the discriminatory zoning ordinance and adopted an ordinance providing a process by which individuals with disabilities may request reasonable accommodations from zoning and land use restrictions in the zoning code (Ordinance No. BL2008-333). Metro fully complied with the terms of the Consent Decree, which expired on February 5, 2013.

Under Tennessee law (T.C.A. 13-24-102), a "single family residence" includes any home in which eight (8) or fewer unrelated persons with disabilities reside, and may include three (3) additional persons acting as support staff or guardians, who need not be related to each other or to any of the persons with disabilities residing in the home.

As mentioned in D.1.a., there appears to be a concentration of persons with cognitive disabilities in the North Nashville R/ECAP, which may be reflective of a number of Single Room Occupancy (SRO) properties in the area. Members of the community have expressed opposition to additional homes and would like MDHA not to award HOME funds or property for group homes in the community.

b. Describe the range of options for persons with disabilities to access affordable housing and supportive services in the jurisdiction and region?

There are a number of resources in Nashville and the State of Tennessee to connect persons with disabilities to affordable housing and supportive services. These resources include, but are not limited to the following. As discussed later in D.6.b., efforts to increase supportive services for persons with mental impairments needs to be strengthened.

- **Housing Within Reach:** Provides, among other services, a searchable database for housing options by zip code.
<http://www.recoverywithinreach.org/housingwithinreach/housingoptions>

- **How's Nashville Campaign:** A community-wide, collaborative, and inclusive effort to end homelessness in Nashville launched by the Metropolitan Homelessness Commission in 2013. <http://howsnashville.org/>
- **Metropolitan Homelessness Commission:** The Metropolitan Homelessness Commission is Metro's planning and coordinating entity that brings advocates, nonprofit organizations, for-profit business leaders, government agencies, and the general public together to collaborate on solutions for homelessness in Nashville. In June of 2014, the Metro Council approved [Ordinance BL2014-777](#), which establishes the Homelessness Commission as a permanent body of the Metropolitan government.

The new ordinance outlines the following duties and responsibilities for the Homelessness Commission:

- To implement a coordinated and focused approach to ending homelessness and to develop measurable goals;
 - To assure participation of all stakeholders including homeless persons;
 - To maintain accurate, current data on homeless populations; and
 - To educate the public, service providers and other interested parties on issues related to homelessness.
- **Nashville Area on Aging and Disability:** Connects the older population and adults with disabilities to programs and services, such as nutrition, health care, and transportation. <https://www.gnrc.org/agencies-programs/aaad/>.
 - **Nashville Homeless Organizing Coalition:** Grassroots organization focusing on (1) increasing people's ability to access safe and affordable housing, (2) ending the criminalization of homelessness—the laws, ordinances, and policing policies that unfairly affect people who are un-housed, and (3) better educating and involving the faith community.
 - **Nashville IDD (Intellectual and Developmental Disabilities) Housing Group:** Facilitates affordable housing for individuals with IDD in an interdependent and supportive community. <http://www.nashvilleiddhousing.org/>
 - **Network of Nonprofit Partners:** Nonprofit organizations receiving funding through the Continuum of Care, Emergency Solutions Grant, and Housing Opportunities for AIDS program provide housing assistance and supportive services for Nashville's most vulnerable populations. Email MDHA at fairhousingplan@Nashville-MDHA.org for more information.

- **Tennessee Disability Coalition:** An alliance of organizations and individuals joined to promote the full and equal participation of people with disabilities in all aspects of life. <http://www.tndisability.org/>.

- **Community Development Block Grant Programs**

Every year, over \$1 million is allocated to the homeowner rehab program for health and safety and accessibility improvements. Typically, between 80 and 100 households received assistance every year. Priority is given to very low income households ($\leq 50\%$ AMI), elderly, and persons with disabilities. The 2016 application process opened on October 31, 2016 and closed January 16, 2017; during that time MDHA received 110 pre-application forms. Of those, 40 applicants indicated that someone in the households has a disability. This is a very popular program that is over-prescribed every year.

Program Year 2013 CDBG funds were awarded to nonprofits for the rehabilitation of 6 homeless and domestic violence shelters, whose occupants tend to have health issues and disabilities. Additional funds allocated in 2014 will result in the rehabilitation of 2 more shelters.

CDBG public service dollars have been allocated each program year to make one-time payments to landlords and utility companies for the first month's rent and security/utility deposits on behalf homeless persons, a large percentage of which have disabilities, seeking to find housing through HCV or VASH program. This program has proved to be very effective and has assisted 693 homeless individuals obtain permanent housing as of the end of the 2015 Program Year (PY).

D.4 Disparities in Access to Opportunity

a. To what extent are persons with disabilities able to access the following in the jurisdiction and region? Identify major barriers faced concerning:

HUD does not provide opportunity indicators for persons with disabilities as it does for race and ethnicity. Therefore, information provided below is based upon local data and local knowledge.

i. Government service and facilities

Metro Government is committed to ensuring that its programs, services, and activities are accessible and that practical use by individuals with disabilities, regardless of whether they are residents or visitors, is not restricted or hindered in violation of standards relating to individuals with disabilities. Metro's Americans with Disabilities Act (ADA) and Safety Services division helps all Metro departments and agencies, including Metropolitan Nashville Public Schools, by providing support services toward ensuring the accessibility of programs and activities as required by the *Americans with Disabilities Act (ADA) of 1990* and Section 504 of the *Rehabilitation Act of 1973*. Major

functions of ADA & Safety Services are completing construction/alteration project ADA compliance reviews and providing informational assistance. Special events occurring on Metro-owned or managed property must meet Metro-adopted accessibility standards. More information on Metro's ADA compliance policies is available at: <http://www.nashville.gov/General-Services/ADA-Compliance.aspx>.

Metro Parks and Recreation offers a supervised recreation program for individuals with intellectual and developmental disabilities that provides a wide variety of activities at select Metro Parks community centers and recreation facilities in the community. Adult day programs, a bowling league, and "Community Day" activities for various ages are available throughout the year. During summer months, there are day camps for both adults and high school age youth. Summer camps utilize peer groups to partner with our campers each day. In addition, Metro Parks partners with local agencies including the Sports 4 All Foundation, Special Olympics Nashville, and Best Buddies Vanderbilt to offer special activities throughout the year. The Disabilities Program also works with MTA's Access Ride to help participants get to and from events and activities.

During the community engagement process, stakeholders did not comment on barriers to accessing Metro facilities or services.

Although stakeholders and citizens did not report accessibility issues related to MDHA services or administrative facilities, they reported issues and concerns accessing MDHA's high rise properties. Comments on accessibility issues related to housing are discussed in section D.5.a. below.

ii. Public infrastructure (e.g., sidewalks, pedestrian crossings, pedestrian signals)

In January 2017, Metro released the draft WalknBike Plan - an update to the 2008 Strategic Plan for Sidewalks and Bikeways. (http://nashvillewalknbike.com/wp-content/uploads/2017/01/Nashville_WalkBike_Draft_forWeb.pdf.) According to the Plan, there are 1,900 miles of missing sidewalks in Nashville-Davidson County. Further, the Plan cites a statistic from the 2014 *Dangerous by Design* report that Nashville ranks the 15th most dangerous region in the U.S. based for pedestrians. As part of the Plan, Metro conducted an inventory of existing sidewalks and determined that of 1,112 miles of existing sidewalks, 157 are in poor condition and committed to keeping ADA requests and compliance a top priority. Metro lists the following conditions that would constitute an ADA sidewalk issue:

Types of ADA Sidewalk Issues

- | | |
|--------------------------------|---|
| -Exact location of sidewalk | -Electric box obstructions |
| -Type of material of sidewalk | -Other electric obstructions |
| -Width of sidewalk | -Gas valve or meter obstructions |
| -Total length of sidewalk | -U. S. Post Office mailbox obstructions |
| -Electric manhole obstructions | -Private mailbox obstructions |

- Length of sidewalk under construction
- Length of damaged sidewalk
- Horizontal cracks greater than 1/2 inch
- Vertical cracks greater than 1/4 inch
- Cross slopes less than 2%
- Cross slopes from 2% to 3%
- Cross slopes greater than 3%
- Water meter obstructions
- Water hydrant obstructions
- Water manhole obstructions
- Other water obstructions
- Electric pole obstructions
- Length of missing sidewalk (Missing sidewalk is defined as a gap between two existing sidewalks that is less than 1/4 mile in length.)
- Other path of travel obstructions
- Telephone obstructions
- Telephone manhole obstructions
- Telephone box obstructions
- Other telephone obstructions
- Sign obstructions
- Traffic signal pole obstructions
- Traffic signal cabinet obstructions
- Tree obstructions
- Commercial driveway obstructions
- Residential driveway obstructions
- New sidewalk ramps (ADA compliant)
- Old sidewalk ramps (ADA non-compliant)
- Missing sidewalk ramps (locations where ramps are required per Metro's standards or per ADA guidelines, but have not yet been installed)

The most common comments about access to infrastructure received during the community engagement process were related to lack of sidewalks (particularly in reference to Buchanan Street, Hermitage, Bordeaux, and Antioch). Other comments were related to no crosswalks at busy intersections, cracks in sidewalks, and the need for traffic calming measures (such as speed bumps).

iii. Transportation

In discussions on access to opportunity, transportation was mentioned more often than other barriers. Transportation (or lack of) affects the ability of persons with disabilities to access critical services. Bus routes, schedules, and cost (especially for those on fixed incomes) were noted issues with public transportation. For persons with a disability, having to walk a lengthy distance or up a hill from a bus stop is a significant impediment to using public transportation. Several residents recognized that AccessRide is an option but find the fee to be a barrier. Options such as Lyft and Uber were discussed; again, cost was a concern.

One of the recommendations of nMotion, the Metropolitan Transit Authority's Strategic Plan (2016), is to improve AccessRide Service. Improvements include:

- Real-time information that will allow users to track the location of their vehicle and that will provide more accurate pickup time information.
- New "no advance reservation" services, such as the ability to use additional transportation providers such as Uber, Lyft and regular taxis.
- New fare payment options to make fare payment easier.
- The development of a charitable organization to provide fare subsidies for low-income riders.

iv. Proficient schools and educational programs

According to the Tennessee Department of Education's Data Display (Publication Year 2016), the percentage of children ages 6 through 21 with disabilities enrolled in public school in Tennessee as of December 1, 2014, is 13.3% of total enrollment. For school year 2013-2014, the percentage of students who exited special education and school by graduating with a regular high school diploma was 76.3%; 12.2% received a certificate; 9.5% dropped out; and 1.5% reached maximum age of 21.

In Metro Nashville Public Schools (MNPS), students with special needs are provided with an instructionally appropriate Individual Educational Program (IEP) that addresses their needs. In addition, MNPS has developed the Exceptional Educational Family Advisory Council (EEFAC) composed of parents of children who receive special education services in Metro Schools. Any parent of a child who receives services is eligible to be a member. The EEFAC discusses topics of interest to parents. During the community engagement process, a resident noted that the IEP process is lengthy but worth it; however, she said there is a stigma associated with a learning disability.

Under Tennessee law (T.C.A. 49-13-102), charter schools must provide special education services for students in the same manner as all other public schools. Public charter schools may not discriminate on the basis of eligibility for services under the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act, or the Americans with Disabilities Act. Though charter schools may not refuse to enroll students because of their eligibility for special education services, charter schools may not presently have the infrastructure or personnel to meet the needs of special education students identified in the students' individualized education programs (IEPs). Charter schools are responsible for ensuring their students receive special education and related services in the least restrictive environment.

In 2015, the Tennessee General Assembly passed the Individualized Education Act (IEA) to provide options for students with disabilities to choose the education opportunities that best meet their own unique needs through access to public education funds. The first IEAs were awarded in January 2017. Currently, only two schools in Nashville participate in the IEA program: Gateway Academy Learning Lab Green Hills and Saint Ann School.

v. Jobs

According to the TN Disability Coalition's 2017 Policy Platform, only 27% of Tennesseans with disabilities are in the labor force, but there are more than 500,000 working-age adults in Tennessee who can and want to work. Among the policies the Coalition supports are: competitive, integrated employment options for people with disabilities; coordination between agencies that provide training and employment supports; the "Employment First" Initiative assisting the State of Tennessee to align policies, regulations and funding priorities to encourage integrated employment as the primary outcome for individuals with significant disabilities; and protections for workers who experience a disability to retain employment.

Workforce training and employment programs include, but are not limited to:

- **The Arc Tennessee:** is committed to improving employment outcomes for all people with IDD and provides information on a number of resources on its website at: <http://www.thearctn.org/Employment.php>.
 - **Employment First:** A program through the Tennessee Department of Intellectual and Developmental Disabilities to facilitate the full inclusion of individuals with varying degrees of abilities in the workplace and in the community. See more at: <https://www.tn.gov/didd/topic/employment-first#sthash.y6e9s1ZY.dpuf>.
 - **Goodwill Industries of Middle Tennessee:** Offer intensive job readiness services for people with disabilities. <http://giveit2goodwill.org/services/>.
 - **Tennessee Works:** A “one-stop shop” in Tennessee for information related to employment of people with disabilities. <http://www.tennesseeworks.org/>
- b. Describe the processes that exist in the jurisdiction and region for persons with disabilities to request and obtain reasonable accommodations and accessibility modifications to address barriers discussed above.**

Information on requesting ADA Accommodation through Metro Government is available on the Nashville.gov website: <http://www.nashville.gov/General-Services/ADA-Compliance/Accommodation-Request.aspx>. Also on the website is a link to a grievance form. While no one had relayed a negative experience in requesting an accommodation, one affordable housing developer discussed issues with complying with set-back requirements when trying to make a home accessible (i.e., install a ramp) and was not aware of Metro Ordinance BL2008-333, which provides for reasonable accommodation to zoning laws and other policies.

MDHA provides a number to call to request reasonable accommodations for its programs and facilities on its website at <http://www.nashville-mdha.org/?p=1300> and in public notices. In addition, the MDHA website provides information about protections available to persons with disabilities at <http://www.nashville-mdha.org/fair-housing/>. Information on requesting reasonable accommodation is provided on most correspondence with residents. Again, only a number to call is provided; the process for requesting reasonable accommodation is not publicly available. At least one resident who attended a community meeting did not understand his right to request a reasonable accommodation.

- c. Describe any difficulties in achieving homeownership experienced by persons with disabilities and by persons with different types of disabilities in the jurisdiction and region.**

HUD does not provide data on homeownership rates for persons with disabilities as it does for race and ethnicity. However, challenges to achieving homeownership were discussed during stakeholder consultations on disability. One stakeholder, who is deaf, remarked that there is a homeownership barrier because of a disability while another stakeholder commented on the lack of homeownership programs for persons with disabilities. In addition, there are challenges to affording homeowner's insurance and making accommodations.

D.5 Disproportionate Housing Needs

- a. Describe any disproportionate housing needs experienced by persons with disabilities and by persons with certain types of disabilities in the jurisdiction and region.**

The four housing problems comprising disproportionate housing needs are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 30%. The four severe housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 50%.

HUD does not provide data on disproportionate housing needs for persons with disabilities as it does for race and ethnicity. As discussed previously, housing affordability surfaced as the predominant disproportionate housing need. Another problem is the cost of making modifications and the lack of resources available to assist. Several public housing residents made comments related to accessing MDHA's high-rise residential buildings designated for elderly only or elderly/disabled. According to comments received, residents have experienced problems with elevators not working; certain exterior doors being locked, which require residents to walk around buildings; and unit sizes and configurations not accommodating their needs. Elderly and disabled residents also expressed concern about being in a high-rise in case of a fire.

D.6. Additional Information

- a. Beyond the HUD-provided data, provide additional relevant information, if any, about disability and access issues in the jurisdiction and region including those affecting persons with disabilities with other protected classes.**

Age

Although it is not a protected class, age was often intertwined in discussions on disability. Metro Social Service (MSS) reported that as a person ages, the likelihood of having a disability increases. Disabilities in hearing, vision, cognitive ability, self-care, and independent living all increase with age, with ambulatory (walking) difficulties the most common type of disability in older age categories. Given the growing population of older adults, MSS emphasized that more housing units and a greater level of services will be needed for persons to live independently and remain in their community. (2016 *Community Needs Evaluation*)

Comments received during the community engagement process reflected these findings. In addition, stakeholders expressed deep concern about the displacement of elderly residents who are not able to maintain their homes, pay property taxes, or are pressured by developers to sell their homes. Despite Metro's wide-spread campaign about its tax freeze program and attempts by nonprofits and advocates to educate homeowners on offers for their homes, stakeholders would like to see a broad, coordinated outreach and education effort led by a government agency (MDHA or Metro) to help people understand their rights and learn about available programs.

b. Describe other information relevant to the assessment of disability and access issues.

Mental Health Impairments

Stakeholder consultations revealed that persons with mental impairments encounter significant barriers to securing and retaining housing. Unlike a physical disability that likely can be seen, mental impairment is not obvious, making accommodation difficult. Providers reported clients being evicted because of a behavioral episode and consequently unable to find other housing due to an eviction in their history. The same consequence is true if a client is arrested; some providers reported that landlords will consider arrest records or criminal affidavits - rather than convictions – to deny housing. Without case management, providers explained that it is very difficult for someone with a mental impairment to navigate the housing system.

To address these barriers, providers recommended educating landlords about making reasonable accommodation for persons with mental impairments, developing stronger connections between housing and mental health providers; and building more permanent supportive housing.

D.7. Disability and Access Issues Contributing Factors

Identify factors that significantly create, contribute to perpetuate, or increase the severity of disability and access issues and the fair housing issues, which are Segregation, R/ECAPs, Disparities in Access to Opportunity, and

Disproportionate Housing Needs. For each contributing factor, note which fair housing issue(s) the selected contributing factor relates to.

Through the HUD-provided data and local data used to analyze disability and access, as well as comments obtained during the community engagement, the following contributing factors have been identified:

- **Access to publicly supported housing for persons with disabilities**
 - As reported, a small percentage of persons with disabilities reside in public supported housing. Criminal and eviction history can be barriers to obtaining such housing.
- **Access to transportation for persons with disabilities**
 - Bus routes, schedules, cost, and location of bus stops impede the ability of persons with disabilities to access services.
- **Inaccessible public or private infrastructure**
 - Lack of sidewalks was a barrier identified by stakeholders.
- **Lack of affordable in-home or community-based supportive services**
 - Persons with mental impairments encounter significant barriers to securing and retaining housing without supportive services.
- **Lack of affordable, accessible housing in range of unit sizes**
 - It is often cost prohibitive to develop affordable, accessible housing.
- **Lack of assistance for transitioning from institutional settings to integrated housing**
 - The Nashville-Davidson County Continuum of Care has not adopted Housing First.
- **Lack of assistance for housing accessibility modifications**
 - Elderly and disabled residents cannot afford the costs of making accessibility modifications, and programs that offer funding are over-prescribed.

- **Land use and zoning laws**
 - Affordable housing developers need to be educated on BL2008-333, which provides for reasonable accommodation to zoning and other policies.

- **Loss of Affordable Housing**
 - As reported in the Mayor's *Housing Nashville* report, Nashville has lost more than 20% of its affordable housing stock since 2000.