

TITLE II NEEDS ASSESSMENT

prepared for

Hawaii Public Housing Authority
1002 North School Street
Post Office Box 17907
Honolulu, HI 96817



NEEDS ASSESSMENT
HAWAII PUBLIC HOUSING AUTHORITY

PREPARED BY:

EMG
10461 Mill Run Circle, Suite 1100
Owings Mills, Maryland 21117
800.733.0660
www.EMGcorp.com

EMG CONTACT:

Matthew Anderson
Program Manager
800.733.0660 x7613
mfanderson@emgcorp.com

EMG PROJECT #:

129705.18R000-00C.206

DATE OF REPORT:

August 9, 2019



engineering | environmental | capital planning | project management

A Bureau Veritas Group Company



TABLE OF CONTENTS

1	Executive Summary	2
1.1	Summary of Findings	2
1.2	Elements of the Needs Assessment	3
1.3	Approach	3
2	defining Community Needs	4
2.1	Purpose	4
2.2	Policy and Procedures	6
2.3	Current Inventory Comparison	7
2.4	Waitlist Comparison	7
2.5	Community Consultation	8
2.6	Conclusion	9
3	Certification	10
4	Appendices	11

1 EXECUTIVE SUMMARY

1.1 SUMMARY OF FINDINGS

The Hawaii Public Housing Authority (HPHA) and the U.S Department of Housing and Urban Development (HUD) have entered into a Voluntary Compliance Agreement (VCA) effective July 11, 2018. Per the VCA, HPHA agreed to investigate whether five percent (5%) of its total housing units are sufficient to serve as UFAS-mobility accessible units and whether an additional two percent (2%) of the total housing units are sufficient to serve as UFAS-audio visual Accessible Units.

To accomplish this, HPHA has contracted with EMG to perform a Section 504 Needs Assessment, which shall assess the needs of HPHA-residents and HPHA applicants who require UFAS-accessible units.

Based upon a review and analysis of the available census data, current and historical HPHA resident occupancy, HPHA designated accessible units, and the HPHA resident waitlist, it is recommended that HPHA increase its UFAS-mobility accessible units from 5% to six and eight tenths percent (6.8%). An increase is also recommended for the UFAS- audio visual accessible units, from 2% to four and one tenth percent (4.1%). The majority of the increases will be on the island of O'ahu. The current inventory of dwelling units is at five and two tenths percent (5.2%), and two and four tenths percent (2.4%). HPHA currently has projects under construction or design that will take their inventory closer to the 6.8% and 4.1% need.

It is worth noting that between May 2019 and July 2019, HPHA purged their waitlist. In addition, HPHA modified their tracking methodology to identify applicants that are on the waitlist at multiple properties. When the VCA was signed in July of 2018, HPHA's waitlist had 213 applicants for mobility units, 79 waiting on audio visual units, and 12,458 waiting on non-accessible units. As of July 24, 2019, there were 21 applicants waiting for mobility units, 12 applicants waiting for audio visual, and a total of 5,706 names on the waitlist. In addition, 31 current tenants are waiting to be transferred to accessible units. Eighteen of the 31 current tenants waiting to be transferred have turned down at least one offer.

Looking at the numbers between the 2012 and 2017 American Community Survey (ACS), the number of residents that have mobility issues increased by eight tenths of a percent (0.8%), and the number of residents with hearing issues increased by one tenth of a percent (0.1%) during that time period. In the same time frame, the state's population increased by four and four tenths percent (4.4%), and the population of those over the age of 65 increased by twenty-one and six tenths percent (21.6%). It is EMG's opinion that increasing the numbers to 6.8% for mobility dwelling units and 4.1% for audio visual will satisfy the current needs and meet the projected need through 2023. EMG further feels that the needs is not evenly distributed across counties and recommends that HPHA balance the needs across counties as outlined in Appendix B.

In a review of the waitlist, there is a significant wait for residents to gain access to affordable units, both for accessible and non-accessible units. While HPHA has followed HUD's guidelines in self-identifying for accessible units, it may benefit HPHA to have further identified those tenants that only require ambulatory features. Those needing limited accommodations could be placed in modified adaptable units, saving the fully accessible units for residents with full mobility challenges.

While EMG stands behind its findings of 6.8% and 4.1% for the accessible needs in Hawaii through 2023, this number is growing with no indication that it will slow down. Unless the Hawaii State Building Codes are modified to require 6.8% mobility units and 4.1% audio visual units in new market rate housing, there will continue to be a shortfall of accessible dwelling units.

EMG has been tasked with developing a Transition Plan for HPHA. EMG will assist in determining which units are most appropriate for conversion purposes. This Transition Plan will be created with a goal of eliminating the shortfall of

accessible dwelling units within four years per 245 CFR § 8.25 (c)

1.2 ELEMENTS OF THE NEEDS ASSESSMENT

The Needs Assessment addresses the following elements.

- Define the total number of UFAS-accessible units that are required to meet the needs of its current residents and applicants with mobility and/or audio visual disabilities.
- Review the policies and procedures used to define whether an applicant requires a UFAS-accessible unit, including the type of disability, such as mobility, visual, and/or hearing.
- Review of the current occupancy status of each of the designated HPHA accessible units at each development.
- A statistical review of the 2012 and 2017 American Community Survey (ACS) at the national, state, and federal level; specifically defining the overall population as well as the population of individuals with mobility and sensory impairment.
- Recommendations associated with a policies and procedures review of resident application process, current overall occupancy, and current number of existing accessible units, leasing agreements, and waitlist review.
- Preferences and observations defined by individuals with disabilities or community advocates/organizations representing individuals with disabilities in the community who were consulted as part of this Needs Assessment.

1.3 APPROACH

EMG initiated an investigation into a comprehensive approach to define the appropriate elements of the Needs Assessment. The approach included the following key areas:

- Contacted and interviewed HPHA staff including the Housing Planner, Property Managers, and the Executive Staff to understand current policies and procedures associated with resident leasing.
- Met with Community Activist.
- Interviewed residents that are living in HPHA dwelling units.
- Reviewed Census data from 2012 and 2017 American Community Survey (ACS) at the national, state, and local level.
- Reviewed HPHA Public Housing Documents such as the Resident Application.
- Reviewed transfer requirements associated with the Resident Lease.
- Compiled and reviewed historical HPHA occupancy status and resident waitlist data.
- Compiled current inventory of HPHA designated accessible units.
- Performed accessibility assessments of all HPHA developments to determine current compliance of all physical features associated with the general site, common areas and designated UFAS units.

The following section will address the elements of the Needs Assessment that were outlined above.

2 DEFINING COMMUNITY NEEDS

2.1 PURPOSE

The primary elements of the Needs Assessment are based on statistical information regarding the availability of UFAS-accessible units for residents and applicants of HPHA. EMG will compare and define the appropriate percentage of designated UFAS units by comparing the current UFAS unit housing stock against the local accessibility population. U.S. Census Bureau disability data from the 2012 to 2017 American Community Survey (ACS) for the State of Hawaii was queried for comparison purposes against the designated HPHA UFAS units. The 2000 Census provides a breakdown of local disability population by sensory and physical needs, whereas the 2010 Census does not. The most current data set from the Census Bureau is the 2017 ACS, specifically, the dataset S1810 Disability Characteristics.

Table 1 - Hawaii Summary Findings – 2017 ACS

Subject	Hawaii					
	Total		With a Disability		Percent with a Disability	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total Civilian Noninstitutionalized Population	1,369,366	+/-1,086	153,544	+/-2,611	11.2%	+/-0.2
AGE						
Under 5 years	91,397	+/-69	489	+/-192	0.5%	+/-0.2
5 to 17 years	215,909	+/-94	8,096	+/-675	3.7%	+/-0.3
18 to 34 years	300,809	+/-915	14,344	+/-894	4.8%	+/-0.3
35 to 64 years	527,527	+/-688	50,434	+/-1,286	9.6%	+/-0.2
65 to 74 years	132,823	+/-259	27,500	+/-1,035	20.7%	+/-0.8
75 years and over	100,901	+/-241	52,681	+/-946	52.2%	+/-0.9
Disability Type by Detailed Age						
With a hearing difficulty			50,861	+/-1,329	3.7%	+/-0.1
Population under 18 years	307,306	+/-59	1,806	+/-310	0.6%	+/-0.1
Population under 5 years	91,397	+/-69	423	+/-154	0.5%	+/-0.2
Population 5 to 17 years	215,909	+/-94	1,383	+/-255	0.6%	+/-0.1
Population 18 to 64 years	828,336	+/-1,082	14,021	+/-694	1.7%	+/-0.1
Population 18 to 34 years	300,809	+/-915	2,488	+/-376	0.8%	+/-0.1
Population 35 to 64 years	527,527	+/-688	11,533	+/-643	2.2%	+/-0.1
Population 65 years and over	233,724	+/-234	35,034	+/-1,125	15.0%	+/-0.5
Population 65 to 74 years	132,823	+/-259	10,005	+/-622	7.5%	+/-0.5
Population 75 years and over	100,901	+/-241	25,029	+/-913	24.8%	+/-0.9
With a vision difficulty			24,621	+/-1,050	1.8%	+/-0.1

Subject	Hawaii					
	Total		With a Disability		Percent with a Disability	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Population under 18 years	307,306	+/-59	1,460	+/-313	0.5%	+/-0.1
Population under 5 years	91,397	+/-69	208	+/-154	0.2%	+/-0.2
Population 5 to 17 years	215,909	+/-94	1,252	+/-247	0.6%	+/-0.1
Population 18 to 64 years	828,336	+/-1,082	11,045	+/-737	1.3%	+/-0.1
Population 18 to 34 years	300,809	+/-915	2,190	+/-406	0.7%	+/-0.1
Population 35 to 64 years	527,527	+/-688	8,855	+/-652	1.7%	+/-0.1
Population 65 years and over	233,724	+/-234	12,116	+/-704	5.2%	+/-0.3
Population 65 to 74 years	132,823	+/-259	3,869	+/-390	2.9%	+/-0.3
Population 75 years and over	100,901	+/-241	8,247	+/-576	8.2%	+/-0.6
With an ambulatory difficulty			80,036	+/-1,918	6.3%	+/-0.1
Population under 18 years	215,909	+/-94	912	+/-254	0.4%	+/-0.1
Population 18 to 64 years	828,336	+/-1,082	28,886	+/-1,218	3.5%	+/-0.1
Population 18 to 34 years	300,809	+/-915	3,309	+/-429	1.1%	+/-0.1
Population 35 to 64 years	527,527	+/-688	25,577	+/-1,067	4.8%	+/-0.2
Population 65 years and over	233,724	+/-234	50,238	+/-1,227	21.5%	+/-0.5
Population 65 to 74 years	132,823	+/-259	16,048	+/-746	12.1%	+/-0.6
Population 75 years and over	100,901	+/-241	34,190	+/-1,012	33.9%	+/-1.0
With a self-care difficulty			31,219	+/-1,310	2.4%	+/-0.1
Population under 18 years	215,909	+/-94	1,393	+/-267	0.6%	+/-0.1
Population 18 to 64 years	828,336	+/-1,082	10,576	+/-770	1.3%	+/-0.1
Population 18 to 34 years	300,809	+/-915	1,978	+/-360	0.7%	+/-0.1
Population 35 to 64 years	527,527	+/-688	8,598	+/-652	1.6%	+/-0.1
Population 65 years and over	233,724	+/-234	19,250	+/-971	8.2%	+/-0.4
Population 65 to 74 years	132,823	+/-259	4,363	+/-439	3.3%	+/-0.3
Population 75 years and over	100,901	+/-241	14,887	+/-875	14.8%	+/-0.9
With an independent living difficulty			59,600	+/-1,560	5.6%	+/-0.1
Population 18 to 64 years	828,336	+/-1,082	22,334	+/-1,020	2.7%	+/-0.1
Population 18 to 34 years	300,809	+/-915	5,726	+/-630	1.9%	+/-0.2
Population 35 to 64 years	527,527	+/-688	16,608	+/-774	3.1%	+/-0.1
Population 65 years and over	233,724	+/-234	37,266	+/-1,087	15.9%	+/-0.5
Population 65 to 74 years	132,823	+/-259	8,439	+/-612	6.4%	+/-0.5

Subject	Hawaii					
	Total		With a Disability		Percent with a Disability	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Population 75 years and over	100,901	+/-241	28,827	+/-903	28.6%	+/-0.9

Reference: QT-P21 - Total population: Disability Status by Sex: 2000, Census 2000 Summary File 3 (SF 3) - Sample Data:

Persons with a Physical or Sensory Disability, age 5+	10.7%
Sensory Disability	3.5%
Physical Disability	7.2%

Although the State of Hawaii’s population is approximately twenty-six percent (26%) greater than what it was in 2000, the 2012 to 2017 ACS data shows an 0.8% increase in mobility, and a 0.1% increase in audio visual over that five-year period. The increase was greater in those residents over the age of 65, who also had a higher percentage increase within the population than the other two age groups. In determining the needs, EMG weighted the final numbers, placing a higher emphasis on those over the age of 65. In fact, the increase in the over 65 population is unlike what has been seen in other parts of the country. However, it is important to recognize that there is a limited amount of current data that details the local population specifically as it relates to population sets such as individuals with disabilities. By law, this data can only be collected by self-identification. EMG cannot guarantee that the local disabled population isn’t greater than what is detailed above. However, using the 2000 Census as a benchmark in concert with the 2012 thru 2017 ACS, EMG is able to estimate the needs.

2.2 POLICY AND PROCEDURES

A person with a disability requesting a UFAS-accessible unit is defined as any person who has a mental or physical impairment that substantially limits one or more major life activities. Impairments include, but are not limited to, speaking, seeing, hearing, caring for oneself, or walking. It is important to recognize and document these attributes to provide applicable accommodations. Designated UFAS units should be populated with disabled individuals requiring features associated with an accessible unit.

Based upon a review of HPHA Designated UFAS Unit Occupancy Status, all available units are currently occupied. Based upon a review of the leasing agreement, there is a provision allowing HPHA to move able-bodied tenants out of mobility units when the unit is needed for a resident with mobility issues. In the past, this has been an issue, as tenants that did not need the mobility units would develop a need for the unit once requested to move. On the islands that have a waitlist, mobility units should be populated with residents who have a verifiable disability.

According to HPHA staff, HPHA actively relocates residents based upon requests. HPHA staff is encouraged to monitor and maintain the current occupancy status of their designated accessible units.

HPHA uses a Reasonable Accommodation form to determine accessibility needs. This form is completed at the time of the application, or any time after the application is made.

2.3 CURRENT INVENTORY COMPARISON

Based on the list of designated units provided to EMG, as well as the data detailed below, it is apparent that HPHA has met the minimum requirements associated with the 5% benchmark for mobility units. HPHA currently has designated 307 of their 6,134 dwelling units as UFAS mobility units. However, per the VCA and this Needs Assessment, EMG is recommending 110 additional UFAS mobility units in order to meet the 6.8% population defined needs based on the weighted 2017 ACS data. While the overall need of for 6.8% mobility units is applicable across the state, it has been determined that a greater need for mobility housing exists in the City and County of Honolulu. Therefore, it is recommended that a larger concentration of mobility units be built in that county, rather than evenly disbursed across the state.

HPHA currently has 143 of their 6,134 units designated as UFAS accessible and audio-visual units, thereby meeting the minimum required percentage of 2% of the total housing stock. Based upon EMG's research associated with this Needs Assessment, EMG is recommending an additional 109 audio visual units to meet the 4.1% population defined, based on the weighted 2017 ACS data.

HPHA HOUSING STOCK - CURRENT INVENTORY

Program	Total Inventory	# Units Existing		ADA/UFAS Existing Mobility Percent of Total Units	ADA/UFAS Existing AUDIO VISUAL Percent of Total Units
		ADA/ UFAS Mobility	ADA/ UFAS AUDIO VISUAL		
Federal	5720	247	140	4.32%	2.45%
State	864	60	3	6.94%	0.35%
Total *	6134	307	143	5.01%	2.33%

SOURCE: HPHA –

* It should be noted that sixty-two units at the Lanakila property have been demolished. These ACC units are not currently anticipated to be rebuilt within the next four years, and are therefore not included within the overall public housing unit count for the purposes of determining accessibility need. If and when these units are reconstructed, HPHA will provide accessible units at or above 5.7%, the overall accessibility amount the Housing Authority has provided on other neighbor islands.

2.4 WAITLIST COMPARISON

When the VCA was signed in July of 2018, HPHA had 213 tenants or potential tenants waiting for mobility units; 79 waiting on audio visual units and 12,458 waiting on non-accessible units. After the waitlist was purged, there remain 21 names waiting for mobility units, and 12 waiting for audio visual units, with a total of 3901 individuals on the waitlist.

Increasing the inventory of mobility units to 6.8% will provide 417 units with mobility features, eliminating all tenants from the waitlist.

Increasing the current inventory of audio-visual units to 4.1% will provide 252 units with audio visual features, and eliminate all tenants from the waitlist.

HPHA is in the process of converting 68 mobility units and 128 HVI units. The units are in varying stages of conversion. Another 42 mobility units will need to be identified for conversion before December of 2023. The need for these 42 units is contingent upon the progress of redevelopment of Mayor Wright Homes in the next four years. If new accessible units are not being constructed at this site within four years, the HPHA will need to identify alternative units for conversion.

Based upon the evaluation of the waitlist data provided by HPHA, and as noted in Table 2 below, 0.8% of the waitlist population are seeking accommodations with accessible features. Conversely, ninety-nine and two tenths percent (99.2%) of all applicants are not seeking accessible units. As such, Table 2 indicates that the number of applicants who require UFAS-accessible units represents a small percentage of the total number of applicants currently on HPHA’s waitlists. We believe this percentage is consistent and possibly more relevant in defining the appropriate number of UFAS designated units. In fact, this number is less than the required minimum of seven percent (7%) designated accessible units. (5% mobility + 2% audio visual).

HPHA OCCUPANCY & WAITLIST OVERVIEW

Total Housing Stock (Units)	6134
Current Occupancy (Occupied Unit)	6011
Current Occupancy (%)	98%
Historical Occupancy (%)	95% - 98%
Current waitlist (Applicants)	33*
Historical waitlist	600 – 800
Current Waitlist Applicants Requesting Accessible Accommodations (Applicants)	33
Percentage of Waitlist Applicants requesting Accessible Accommodations (%)	0.8%
UFAS Minimum Percentage of Designated Accessible Units (5% Mobility + 2% Audio Visual)	7.0%
2017-ASC- Local Disability Population – Mobility & Sensory (%)	10.3%

SOURCE: HPHA – Staff interviews - Collected April 2019. Waitlist data aggregate of the elderly and disabled waitlist and general waitlist.

2.5 COMMUNITY CONSULTATION

Individuals with disabilities or community advocates / organizations representing individuals with disabilities in the community were consulted as part of this Needs Assessment. The purpose of interviewing community accessibility advocates was to determine their understanding of reasonable accommodations and their awareness of programs and policies administered by HPHA regarding UFAS-accessible units. These interviews also serve as an opportunity for the disabled community to provide preferences, and for a prioritization of accessibility needs to improve the accessibility of the HPHA developments. These interviews were held in April 2019, with a one week follow up period for written



responses. All comments provided by residents and community advocates will be presented to HPHA for consideration in the transition planning process. Appendix A highlights some of the comments, with EMG's responses.

2.6 CONCLUSION

Based upon a review and analysis of the available census data, current and historical HPHA resident occupancy, HPHA designated accessible units, and HPHA resident waitlist, it is recommended that HPHA increase its UFAS-mobility accessible units from 5% to 6.8%. This will require one hundred ten (110) additional UFAS-mobility accessible units to be identified. In addition, it is recommended that HPHA increase its UFAS-audio visual accessible units from 2% to 4.1%. This will require HPHA to designate an additional one hundred forty-three (143) units as UFAS-audio visual accessible units.

Due to building material or topographical constraints, not all developments can be made accessible. This inventory was built prior to March 13, 1991. There are strong cultural ties within the HPHA communities. Some tenants refuse to give up the neighborhood in order to live in an accessible dwelling unit. Due to these issues, it is EMG's opinion that HPHA may never get their waitlist to zero.

Accessibility improvements and accessible accommodations to each of the HPHA Developments will be based upon findings identified through physical inspections performed by EMG at each of the HPHA developments. All common areas, general site, and designated UFAS units were evaluated to verify compliance with applicable UFAS, ADAAG, and FHAG standards.

The statistics detailed within this assessment support the need for four hundred seventeen (417) UFAS-mobility units and two hundred fifty-two (252) UFAS-audio visual units. A Transition Plan will be developed in coordination with HPHA staff. Improvements will be prioritized based upon life safety, access to all features and amenities, having the appropriate number of accessible units, and improvements to the quality of life of its residents. The identified improvements above will bring HPHA into compliance with the VCA.

3 CERTIFICATION

EMG has completed a Needs Assessment of the Hawaii Public Housing Authority headquartered in Honolulu, Hawaii.

This report is exclusively for the use and benefit of the Hawaii Public Housing Authority. The purpose for which this report shall be limited to the use is stated in the contract between the Housing Authority and EMG.

This report is not for the use or benefit of, nor may it be relied upon by, any other person or entity without the advance written consent of EMG.

Any questions regarding this report should be directed to Matt Anderson at mfanderson@emgcorp.com or 800.733.0660 x 7613.

Prepared by: Bryon Scott, ADAC
ADA Coordinator
Lead Project Manager

Reviewed by:



Matthew Anderson
Mfanderson@emgcorp.com

4 APPENDICES

APPENDIX A: ADVOCACY GROUPS AND RESIDENTS COMMENTS WITH EMG'S RESPONSE.

APPENDIX B: NEEDS BY COUNTY

APPENDIX A: ADVOCACY GROUPS AND RESIDENTS COMMENTS WITH EMG'S RESPONSE.

One of the community advocates was concerned that HPHA application process was not clear regarding requesting accessible units. The concern was that the tenants were not self-identifying either because of a language barrier or cultural concerns and that by self-identifying, will hinder the applicant from getting an accessible dwelling unit. It was suggested that EMG call each resident at two different properties to see if additional tenants should be added to the waitlist. *EMG's response to this concern was that it would be a violation of Federal Law for EMG to question the tenants beyond their self-identification. EMG further reviewed the application process and found it to be satisfactory in allowing the potential tenants to self-identify. With regards to cultural stigma, this is a factor that HPHA cannot control. Possible additional educational materials could be made available during the application process.*

One of the commentators suggested that HPHA needs to have higher than normal mobility units because those who are in wheelchairs are disproportionately lower in the income scale. *EMG challenged the commentator on this during the meeting. The commentator later agreed that this statement is not true.*

Another commentator is requesting that HPHA have a reserve of mobility units in reserve to use as transitional housing for the homeless who are in leaving the hospital back need somewhere besides living on the street. By offering transitional housing would aid in the patient's recovery and reduce medical cost to the state. *EMG agrees this would be a noble luxury to offer; however, it is not in HPHA charter, nor a requirement of HUD. HPHA has cleaned up their overall waitlist, but still has 3901 waiting for affordable housing, and 21 of that number need to be mobility units. EMG cannot recommend that those seeking transitional housing have priority over those that have been waiting thru the proper channels.*

EMG interviewed several residents at two properties on Oahu on May 14, 2019. Two of the residents were on the waitlist for mobility units. These residents were offered mobility units at other properties but turned them down. They do not want to move from their friends or family at their current property. *It was noted by EMG that the two current properties are located on hills; due to topographical constraints, it will be difficult to technically impossible to add more mobility units at these two properties.*

APPENDIX B: NEEDS BY COUNTY

The over all State of Hawaii needs are 6.8% for Ambulatory Dwelling Units and 4.1% are Hearing and Vision impaired. During the process of completing the Needs Assessment, it was noted that the needs were not evenly distributed by counties. EMG recommends that Hawaii Public Housing Authority plan to meet the waited county scale.

	Hawaii County	Honolulu County	Kauai County	Maui County
Ambulatory	7.6%	7.0%	5.4%	5.3%
Hearing Vision Impaired	4.1%	3.8%	4.2%	4.0%