

Summary of Themes from DDS State System of Care Plan FY23-FY25

Housing Options Forums

- **Listen to the voice of the person**
- **More housing options** are needed for people with developmental disabilities: group homes, transitional housing models, supervised living, independent living with some oversight/check-in, home providers, etc. Not lose home if staffing changes
- **Barriers to more diverse housing options** includes workforce shortage, lack of resources, lack of Section 8 vouchers, Section 8 rules that prevent individuals who receive DS services from living together [only if they both have vouchers], other current rules and regulations, timeframes to make changes, rental agencies and landlords unwillingness/refusal to rent to people with disabilities, agencies willingness to subcontract, the impact and implications of the HCBS settings rule, as well as payment reform and conflict free case management
- **Lack of innovation** in the creation of new models that work for **individuals with little or no communication, behavioral challenges, or significant medical needs**
- **Communication** – full access where needed, including ASL
- **Choice** – where people want to live, who they want to live with, and who will provide support
- **Person-centered approach** that involves the individual in decision making
- **Housing options that are safe, stable, affordable, and accessible**
- The need for increased awareness and acceptance of issues related to **marriage, sexuality, and relationships** for individuals with developmental disabilities
- More attention to the **restrictive practices** in home settings such as denying access to food or food of choice, rights to privacy, allowing individuals to lock their rooms, etc.
- An individual's **right to have friends visit** or spend the night, including romantic partners
- Addressing the **workforce issue**, including increasing wages and better recruitment for direct support workers
- Using a **“team” staffing approach** versus a 1:1 staffing approach
- Advocacy for **Shared Living** settings that focus on independent living skills and serve as a transition to independent or supported independent living

- **Shared Living Providers (SLPs)** – Increase stipends/incentives/training, need to provide a loving atmosphere, visit before moving, shared living cannot be sustained without support (respite, community supports, etc.), allow shared living provider to work for same agency
- **Shared Living model** – not for everyone, it does not guarantee permanency or stability. Concerns with the Shared Living model and how it can be detrimental to an individual’s wellbeing when they must move, isolation and lack of oversight that can create unsafe situations, lack of training for shared living providers, lack of focus on skill building, the creation of inter-dependence of the Shared Living Provider, lack of skilled Shared Living Providers
- **Role of Shared Living Provider** – focus on the needs, desires, and choices of the person and not expect/require the person fit into the lifestyle of the SLP
- Advocacy for settings that accommodate **varying degrees of need**
- Issues of **privacy, tenancy rights**, and the importance of having one’s own space. Advocacy for tenancy rights including having leases with the same protections as non-disabled people
- **Importance of connection and access to the community**
- **Need for transportation** to access the community, attend appointments, get to work
- **Group home settings** where people can live and interact with peers while receiving support from staff
- Concerns with the isolating nature and institutional-like features of **intentional communities**
- Small, stable housing communities, such as **intentional and supportive housing communities** – such as “Visions for Creative Housing Solutions” in New Hampshire – Vision’s Lebanon location houses 11 people and has two buildings; three individuals with higher needs reside in a main building where 24/7 support is provided; the second building houses 8 individuals in four 2-bedroom apartments
- **Ability to try out home options**
- **Training and support** for case managers/service coordinators, program managers, direct support workers, families, clinicians
- **Respite & Crisis** – available pool of qualified people that can provide overnight or weekend breaks; network of community resources/crisis services
- **Funding for brick and mortar**
- **Create opportunities for building inclusive community** – shepherding to help people who live with family and are fully integrated with community to navigate inclusive lifestyles

- **Funding for home modifications/accommodations/wheelchair accessibility**
- **Assistive technology** – safe homes staffed remotely with technology for semi-independent living
- **Assistance with financial needs** – rent, security deposit, heat, electricity, food, cable, etc.
- **Home Share option**
- **Life Estate** where individuals live in what had been their parent’s-owned home; lease/sell family’s home to agency; private investment in real estate
- **Purchase or rent a house** – staffed by personal care attendants, overseen by a case manager in cooperation with the people living there
- **Affordable housing for people who can live independently**
- **Teaching life skills; emphasize person’s independence**
- **Peer support**
- **Paid neighbor**
- **Evaluate living situation and evolving skills** – adjust supports toward living more independently
- **Engage social networks outside the home**
- **Communal space in home for social engagement**
- **Partnerships with housing authorities and developers** – investment in the infrastructure to acquire and develop new housing models
- **Advocates to help person navigate the system**
- **Groups of people living together** – 3-4 young adults with similar interests and needs in a home, 3 people in shared living, choice to live with peers
- **Creating housing within apt or condo communities of mixed apartments** (some staffed 24/7, some staff available) – 1) allows staff to be part of teams; 2) provides natural oversight; 3) opportunities for benefits such as sick days and holidays; 4) reduces staff needs for travel for services; 5) reduces staff travel expenses; 6) reduces client travel expenses; 7) improves client satisfaction; 8) improves staff satisfaction; 9) decreases staff turnover; 10) reduces need for emergency coverage; 11) reduces need for respite staff; 12) allows individuals to live together
- **HUD housing** designated for people with disabilities with on-site maintenance and common social room – example from Rhode Island