

Residential Options

I. Priorities – What to Keep

- A. Home ownership
- B. Transitional Living
- C. Shared Living
- D. Peer Living Options

Values Rating – All priorities align with values when they are “done well”.

There were some concerns with Shared Living not always being consistent with our values. Issues related to finding the right match based on person’s needs/desires; relied on too much because it is a cost-effective model and there aren’t enough other options to choose from; lack of training for SLP; lack of specialized homes to address specific needs, i.e., transitional home to teach independence living skills, address specific behavioral issues, crisis placements, etc.

II. Priorities – What to Explore

- A. Collaboration with between Housing Authorities/provider agencies/DAIL
- B. Housing Vouchers/ Start-up funding for getting into housing
- C. Transitional housing support options – could be in variety of settings
- D. Finding funders to fund integrated housing/home ownership

Values Rating – all rated as being in line with values if “done well”. We would not set something up that wasn’t in line with our values.

III. Summary Sheets

IV. Work Sheets¹

A. What is Working / Want to Preserve – number = tally [red dots]

- 1. Home ownership – 11
- 2. Shared Living – 12
- 3. High needs specialized residential
- 4. Collaboration – 9
- 5. Peer living options – 9

¹ The “+ number” indicate the number of times a concept was mentioned if more than once. The “[numbers in brackets]” indicate the number of dots (either red or green) used to prioritize the concepts.

6. Use of technology – 5
7. Transitional living – 13
8. Choice – 2
9. People living outside of institutions – 7
10. Training – 2

B. What are the challenges? – number = tally

1. Access to low income housing – 2
2. In low-income housing, sometimes there is a stigma to living there and also, there are not always neighbors who be supportive of the person as they have a lot of their own challenges. Some affordable housing locations are unsafe. – 2
3. Saturation of shared living providers, pool is tapped out – 2
4. Matches of shared living providers who can meet needs and desires of person. Need more options to choose from.
5. Lack of internet infrastructure and cell service that can support technological solutions for support
6. Problems with moving from county to county. Doesn't happen fluidly.
7. Lack of training of shared living providers to build independent living skills. Shared living providers not teaching skills because if people become too independent, SLP is out of a job. – 3
8. Planning for the diverse needs of people
9. Meeting needs of people with complex behavioral or communication needs, especially supporting them in family home – 1
10. Support to both move towards independence and building relationships – 2
11. Challenge of using residential to truly foster inclusion
12. Education system not necessarily focused on building independence – 1
13. Issues with shared living:
 - a. can be isolating,
 - b. concerns about replicating families when the person already has a family
 - c. Most are families, need more options such as home with no children, peer age
 - d. Workforce is aging out
 - e. Finding respite workers, quality of respite providers – 1
 - f. Barriers to paying parents or undocumented workers – 2
 - g. Need specialization related to needs, communication, behavioral and medical needs – 2
 - h. People with criminal/police involvement hard to place

14. Lack of section 8 vouchers – 4
15. Lack of parent support
16. Issues with independent living:
 - a. Can be isolating – 2
 - b. Lack of support/oversight for health/wellness
 - c. Exploitation
 - d. Crisis situations and need for rapid background checks
 - e. Transportation – 3
17. More options for aging population, support to stay out of nursing homes, especially for consumers with behavioral challenges or dementia
18. Dual diagnosis
19. Not enough choice, housing options – 2
20. Lack of funding, lack funding for new models, funding for independent living, difficult to match funding structures to options – 3
21. Values – people wanting models we can't support. Parent want communal living, don't always understand our approach
22. Fear of slip in our values keeping us from thinking creatively to meet new expectations.
23. Lack of direct support staff, people not paid enough/turnover, lack of training – 3
24. Staffed models are not affordable
25. Housing for consumer who has children, SLP doesn't work, but don't have skills or money to be on own
26. People need housing for life, no aging out of housing
27. Transitional living apartments/programs not available in most areas of the state. Not enough of these placements for the number of people who want them. People need a step between shared living and independent living. – 1
28. Limited housing stock that is affordable. Social Security (or SS + job) not enough to pay for rent, food, utilities – 2
29. Limited options for those who want to create more “normal communities” for people with disabilities
30. Limited resources for individuals to get/keep housing, e.g. 1st and last months rent and security deposit or owning a home – 2
31. Need increased access to crisis supports to keep people in their homes
32. Lack of relationships with housing authority
33. State/federal regulations can create barriers to housing (i.e. Medicaid cannot be used to pay room and board) Medicaid will pay for

- institutions but not housing – 2. Limit on how many people can live together before needing home licensed
- 34. Availability of options vary around state – Manchester vs Burlington
- 35. Ability of agencies to purchase homes
- 36. Not much peer shared living situations
- 37. Challenges to federal foster care law
- 38. Limited housing options in rural areas – 1
- 39. Crisis driven intake system
- 40. People stuck in living situation – not offered choice and control, not all options presented
- 41. Natural supports not developed/used, limited knowledge of generic community supports
- 42. Supported decision making not used enough
- 43. Need more person-centered planning
- 44. People with high acuity challenges go through many home providers. This housing insecurity adds to their challenges.

C. What do we need to explore / learn about? – number = tally [Green dots]

- 1. Increase collaboration with employment and residential
- 2. Medicaid to pay for housing
- 3. Transitional programs to train providers – 2
- 4. Collaboration between housing authority and DS agencies and DAIL to increase access to subsidized housing – 9
- 5. Mobile homes/Vermod/tiny houses – 2
- 6. Transitional housing in every large town – 7
- 7. Roommates/peer living/college students – 2
- 8. Money for agency rather than for individual waiver
- 9. Housing vouchers/ start-up funds – 8
- 10. Increase split SLP or with family
- 11. Providing financial support for families to provide housing – 1
- 12. Building in-law apartments on family home
- 13. Transportation options for individuals – 1
- 14. True self-directed supports – 1
- 15. Agency rent apartment to provide overnight – 1
- 16. Incentives for agencies and landlords to purchase homes/apts. – 3
- 17. Rent to own – housing trust – 2
- 18. Develop network of providers with specialized (behavior, communication, independence) skills – 7

19. Statewide matching database (like e-harmony) – 1
20. Roommate agreements
21. Finding funders to build housing – 7
22. Sharing successful strategies
23. Enhance use of technology, tech conference – 6
24. DS on coordinated entry groups – 2
25. Empowering parents to think broadly about options – 1
26. Intentional communities – 1

V. “Stickies”

A. What is working / needs to be preserved?

1. Staffed homes are appropriate for some, geared towards needs of people living there.
2. Housing agencies can provide support to QDDPs and case managers to navigate subsidized housing options. Working with local housing authorities. 2
3. There are many “senior and disabled” subsidized housing options that are affordable on a fixed income (SSDI/SSI) with frequent vacancies
4. Exploration of technology to support independence
5. Individuals and families directing what housing options work best
6. The federal foster care law/ tax free shared living 2
7. Access to respite funds for families and home providers
8. Choice of home/agency/staffing
9. Choice and continuum based on needs
10. Teaching independent living in transitional model 2
11. Professional providers, group homes, staffed living, in-law apts. 2, In-home supports, section 8, safety connections, transitional housing
12. Residential models for high clinical and medical acuity 1
13. Appropriate shared living placements 3
14. Shared living as a long-term option
15. Shared living that stays person-centered and incentives to stay focused on needs of person
16. People living in apt. getting intermittent support 2
17. Group living for those with high needs
18. Supporting family to be able to work and stay together in their own homes, living with siblings 3
19. Sharing stories of successful alternative models
20. Individual planning

21. Wrap around services that support a whole person, not just housing
22. The desire to be person-centered in support design and provision
23. Living with peers
24. Living in affordable housing 1
25. Roommates living together 2
26. Shared housing options/elderly supports
27. Money is going to real people, not profits
28. A common contract used by all agencies for SLP
29. Individualized accessibility design
30. Services like SASH provide supports to many clients in the same subsidized building 1
31. Partnering with community members to support those living independently
32. Finding roommate to share costs
33. Promotion of independence – supporting individuals and families to get there
34. Supporting new models and learning and expanding what works well
35. Home ownership or rental – staff going to person’s home vs individual living in someone else’s home 1
36. Community opportunities like Heartbeat
37. Need to evaluate needs across the lifespan – address changing needs
38. People not institutionalized
39. Natural supports

B. What are the challenges?

1. Aging shared living providers, need new SLPs
2. Loss of employment supports to build independence
3. More affordable staffing models for more than 2 people (transitional)
4. Cost of rent for living independently 2
5. Least restrictive models could be available if vouchers were available for rent as they are in DMH 1
6. Accessible housing (ramps, bathrooms, etc.)
7. Proximity to public transportation
8. Support for friends who want to live together in a home or apt. (more than 2)
9. Homes can be too far from resources like shopping, friends, recreation, etc.
10. Not enough options in housing, not all current options work for everyone

11. Housing and DD services both paid by Medicare/Medicaid funding. Count “double” case manager. Need DD services to take the lead. Housing can support the DD case managers
12. Transparency into programs
13. Agency expense to purchase housing options
14. Agency expense for homes to become licensed
15. Stigma in the community to gain access to housing (low-income)
16. Keeping staff in staffed models
17. Differences in opportunities from county to county
18. Lack of general home provider training on the culture of presuming competence
19. People feel lonely when they try living alone
20. Lack of experienced shared living providers
21. Not much choice for consumers for shared living providers – situations, locations, etc.
22. Concerns about liability in moving to more independent situations

C. What do we need to explore / learn about?

1. Integrated intentional communities
2. Allowing some different communities to be envisioned/piloted by individuals and their families. We have a clear aversion to group situations and families wonder why.
3. Considering family members as paid supports in new and different ways that provide independence, stability and safety 1
4. Professionalizing support staff (training/pay/value) across childcare/respice/foster/adult DS/elders, etc.
5. As VT ages, we need to treat these supports as the essentials they are
6. Promote Assets-Based Community Development
7. Breaking barriers across services and providers – serving the person vs providing the program
8. Peer support (paid?) that build independence and community
9. Pot of money for agency to determine how to support person
10. More funding to support housing, housing subsidies 2
11. 1x funding for 1st, last month rent & security deposit 1
12. Develop systems for more independence with level of oversight needed
13. Cross resources with other divisions
14. Set up needs-based programs statewide
15. Better system for utilization review
16. Supports for agency to look at case-by-case situations (consultants)
17. Forum for agency to share ideas

18. Transitional housing options/programs in every large town 3
19. Medicaid funds be able to pay rent and needs
20. Look into more shared/peer living
21. Develop funding sources to help those who want to live independently
22. Formulate a system to allow less reliance on shared living and more use of room-mates and/or peer living
23. A small bunch of tiny houses or apts. With a common space house where people can come together to share/be together/eat/get support – peer and staff 3
24. Affordable small housing stock needs to be increased for all. There are models of planned unit developments like CASS tiny houses in Detroit. To promote homeownership
25. Consideration of revising licensing rules to allow people who need support to live together
26. Develop more clustered housing or apts. With on-site or nearby staff support
27. There's more than section 8! Vt State Housing and your county Housing Authorities have different vouchers available through your housing agency, i.e. rapid rehousing, shelter and care, local preferences
28. Deliberate partnerships with housing authorities to create access to affordable, subsidized housing 3
29. Why not housing trusts where the person co-owns housing and provide room and board/stipend to live-in caregivers that they hire? Possible in rural areas where zoning/building allows it.
30. Roommates, peer options – based on choices with roommate agreements to step to independence 1
31. Network of trained “crisis” home providers for times of crisis or transition
32. Pre-service and in-service training on presuming competence
33. Develop options/shared funding arrangements for adults with DD and their aging parents
34. Transitional housing programs to train potential shared living providers and develop relationships prior to a consumer moving in
35. Identify new SLP models other than traditional (i.e. half SLP, half independent)
36. Creating a step down from shared living to independent living (creating more in different areas)
37. Create guidelines for home providers to teach skills. Develop a more structured curriculum for how to teach independent living skills 1
38. Support for individuals who want to continue to live at home with family members

39. DS housing stipends by stripping GF from Medicaid
40. Support of college roommates as mentors for people who want to attend college 1
41. Have access to more technology to try out when living on own (expert in the area)
42. Contracted off-site support people
43. More supported apt. programs, like Bank St
44. Lowering cost of staffed support
45. Supporting agencies in purchasing properties
46. Group home specializing in dementia
47. Develop different SLP option for peers
48. More attached apt. situations
49. Initiative led by state to explore use of technology, tech conference, “smart” housing 1
50. Partner with other AHS organizations to seek alternate options
51. Incentives to landlords to open more housing for folks with DD
52. Rent to own options, Housing Trust as resource
53. Develop network of providers who have specialized skills (communication, behavior, fostering independence)
54. Find people to help fund/build homes where good matches can be made
55. Mixed housing for people who need help and can share hiring support
56. Intentional communities – mitigating for segregation of all people with disabilities
57. Housing for supporters
58. Partnerships with businesses
59. Sharing successful strategies across state
60. Join ‘coordinated entry’ groups which are in place regionally
61. When partnering, need to make sure to look holistically at all needs
62. Empowering parents to think more broadly about options (not just about safety)
63. Economic self-sufficiency to allow for more options and control over own’s life