IDENTIFYING HOUSING AND SUPPORT NEEDS OF DENVER COUNTY RESIDENTS WITH Intellectual / Developmental Disabilities at Risk of Displacement or Homelessness

WWW.INCLUSIVEHOUSINGDENVER.ORG
ACKNOWLEDGEMENTS

Steering Committee:

“Given the importance of affordable housing to the social wellbeing of individuals with intellectual and developmental disabilities, Laradon reached out to fellow non-profits to commission an affordable housing study specific to the I/DD community in Denver. They spoke and we listened. The result is distilled in the pages that follow.”

Doug McNeill, Laradon, CEO

“We value the feedback and life experiences folks have shared with us while we’ve gathered information about inclusive housing needs in Denver, and we strive to utilize our dedicated taxpayer funds to impact housing opportunity for people with I/DD in Denver.”

Crystal Porter, Denver Human Services, IDDEAS Program Manager

Process Facilitated By:

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In the introduction of the Denver Department of Housing Stability Five-Year Strategic Plan, Mayor Michael B. Hancock underscores that “Housing stability is the base that allows an individual to feel safer, connect to resources, engage with the community, including through employment and/or volunteer opportunities, and address comprehensive health needs.” [1] This bold and exciting plan outlines steps to meet a shortage of nearly 19,000 rental units for those with Extremely Low Incomes (ELI), at or below 30% Area Median Income, which for Denver County is an annual income of $22,050 or below annually. [2]

With only 27% employed at an average of 9 hours a week, the majority of the estimated 2,000-8,000 Denver County residents with Intellectual/Developmental Disabilities (I/DD) and/or autism are ELI, yet they are not included in these affordable housing needs projections as they are “housed” in their family homes. [3] The 2018 I/DD Mill Levy Needs Assessment conducted by the City and County of Denver underscored that affordable housing was the top “big problem” residents with I/DD and their families face. [4] Residents with I/DD cannot afford housing, and want more residential options than provider-controlled settings such as a group home, adult foster care or institution. Many feel stuck and are likely to continue to live in their family home through adulthood.

What Happens When Family Caregivers can no Longer Provide Housing or Support?

Ultimately costing taxpayers more than providing the subsidies needed for someone to live in their own home!

Level 1 Group Home

Cost of Homeless

Housing subsidy & drop-in services as needed

KEY FINDINGS

* Using HCBS reimbursement rates for an individual with Support Level 1 support needs as stated in text.
EXECUTIVE SUMMARY

But supporting adults with I/DD to live in their family home is a temporary solution that can end in a traumatic crisis. This market analysis reveals that 36% of family caregivers who participated are over the age of 60 and still supporting their loved one with I/DD in the family home. Denver residents with I/DD will most likely outlive their parents, and without access to affordable, accessible housing, they may be involuntarily displaced into a provider-controlled setting or experience homelessness while grieving the loss of their parents, home and community.

Not only is this a traumatic transition, it is also a more expensive solution as the Medicaid costs to live in one’s own home is often significantly less than in a Medicaid-funded provider-controlled setting or homelessness. [5] A 2021 report estimates homelessness costs $42,000 to $104,000 a year per person in the City of Denver. [6] For those with Level 1 support needs, a group home would be $46,862 per person, per year. The same person could be served in their own home for nearly half the Medicaid costs at $28,806 a year. [7]

Investing in housing for people with I/DD will not only make people happier and healthier, it will cut Medicaid costs and prevent homelessness and involuntary displacement of valuable residents.

Recommendations to Prevent Involuntary Displacement and Homelessness of Adults with I/DD

- Prioritize the development of cognitively accessible, neuro-inclusive housing
- Target housing vouchers for HCBS waiver recipients with I/DD living in aging family caregiver households without requiring they first experience homelessness or institutionalization
- Fix data gaps that make people with I/DD invisible as an affordable housing need
- Educate local planners, community development professionals, developers and landlords on the urgent housing needs of people with I/DD
- For currently disconnected programs, streamline eligibility and make applications cognitively-accessible
- Create a “Housing and Lifespan Navigators” program to help adults with I/DD and their families understand their residential options and create a plan for transition out of the family home
- Fund supportive amenities for adults with I/DD who are not eligible for a HCBS waiver as they are at greatest risk of homelessness

“It’s the feedback we get from housing and service providers who currently receive residential services is that often their choice is limited because of the cost of living that’s here in Denver. So they are forced to leave to find a provider available elsewhere. This is consistent feedback.”

Amy Becerra, Rocky Mountain Human Services, Mill Levy Director

It is unacceptable that involuntary displacement and homelessness is being experienced today by people with I/DD. The pages that follow seek to shed light on not just the housing and support needs of this population, but to provide data on preferences, barriers, and opportunities to make Denver a national leader of neuro-inclusive community development.
INTRODUCTION
INTRODUCTION

Just a few short decades ago, the expectations for people with intellectual or developmental disabilities (I/DD) did not include living in their own home in the community, having friends with and without disabilities, or giving back through employment or volunteering. Today, more and more adults with autism, cerebral palsy, Down Syndrome, or other intellectual disability are part of a faith community, developing their own relationships, depositing money into their own bank account, going grocery shopping, and if given the opportunity, could live and access needed individualized services in their own home.

People with I/DD are experiencing an invisible housing crisis and are at risk of involuntary displacement or homelessness when they can no longer live with family caregivers. 73% of Colorado residents with I/DD live and are supported by a family member, yet these family caregivers are aging, and soon will no longer be able to provide a home and support for their loved one with I/DD. [8] The ability to access affordable, accessible housing is one of the greatest barriers people with I/DD face as they plan for life without their parents or other family caregiver. If a person with I/DD can access affordable, accessible housing, then they can utilize Medicaid-funded Long-Term Support Services (LTSS) for the day-to-day assistance they need in their own home. When a person cannot access affordable, accessible housing, their choices become limited to the “next empty bed” of a provider-controlled setting which may be many miles from their current community, job, family and friends. If the individual with I/DD cannot access or is denied Medicaid LTSS, they will most likely experience homelessness.

It is imperative that leaders throughout Denver begin to plan for the future residential needs of their residents with I/DD. By supporting the development of additional affordable, accessible housing opportunities, Denver County will be able to shift from a reactive crisis response which is both traumatic and expensive, to becoming a proactive national leader for neuro-inclusive community development.
Being acutely aware of the risk of displacement or homelessness, leaders from different organizations and governmental entities came together to form a Steering Committee with the intent to understand what people with I/DD and their families need for future residential opportunities. The Autism Housing Network and Neuro-Inclusive Housing Solutions, LLC were hired to conduct a market analysis in order to identify both the needs and preferences for future residential options.

The process of market research follows a format developed by Desiree Kameka Galloway called the Empowering Communities Initiative (ECI). It is comprised of 4 distinct steps:

1) Educate individuals with I/DD and their families about current and emerging residential options that could be offered in the future.

2) Collect data on both the needs of this diverse population (e.g. support needs, financial capacity, access to community, etc.) as well as their preferences (e.g. property types, service delivery models, neuro-inclusive design elements and supportive amenities).

3) Share this data at an interactive Local Leaders Workshop with cross-sector, public, private, not-for-profit and philanthropic professionals who have the capacity to shift funding streams or regulatory barriers to help the marketplace of housing and service delivery options to evolve, better meeting the needs of their residents and constituents.

4) Document the data on needs, preferences, barriers and opportunities to meet the demand in a comprehensive report in order to further educate and inspire the development of robust residential choices.
MARKET ANALYSIS PROCESS

Tools & Materials

Desiring to collect data from both people with I/DD who can self-advocate as well as family caregivers to individuals with I/DD who were unable to participate independently in a market analysis, two sets of virtual educational materials and ECI Needs & Preferences Surveys were created:

- **Plain-Language Version**: 2nd-3rd grade reading level and a 14-question survey. A special thank you to self-advocate Brian Bernard, Self-Advocacy Coordinator for JFK Partners at University of Colorado, for assisting in the development of the visual supports and for co-presenting the plain-language educational materials.
- **Expanded Version**: 8th-9th grade reading level and a 27-question survey.

Two small, in-person focus groups were conducted in order to capture information from adults with I/DD who may not have access to the internet or in which it is more accessible to have in-person conversations rather than watch a presentation and fill out a survey. These focus groups targeted those experiencing, have experienced or at greatest risk of experiencing homelessness.

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**Website (sent invite to 70+ organizations)**
Summer 2021

→ Expanded Presentation & Survey
→ Plain-Language Presentation & Survey
→ Spanish caption and translation for both versions

**2 Live Virtual Presentations with Q&A**
April 14 & May 6, 2021

→ Sign-language interpretation
→ Spanish translation

**2 In-person Focus Groups**
June 3 & September 11, 2021

→ Individuals with I/DD who have recently or are currently experiencing homelessness
→ Metro Autism Consortia, support and resource group for autistic adults

www.InclusiveHousingDenver.org
Participants of the market analysis had to invest substantial time learning about current and future residential options in order to ensure meaningful data collection. The expanded presentation was 88 minutes long and the plain-language presentation was 50 minutes long. Overall, 104 people participated and provided data. 41% identified as having an I/DD and 38% identified as BIPOC and/or LGBTQ.

Local Leaders Workshop

The Local Leaders Workshop was also conducted virtually and utilized a platform called Slido in order to facilitate an interactive session and capture feedback. The virtual gathering consisted of 51 diverse, cross-sector leaders from 33 organizations. It is important to note that 28% of participants were professionals in the housing industry who do not have an awareness of the daily needs of individuals with I/DD, yet have the capacity to increase housing options for this population. In order to increase options, advocacy organizations and service providers should continue to develop relationships within the housing and community development industry.

View Local Leaders Workshop Recording: https://bit.ly/3ChHAQM
Denver County, and Colorado in general, does not have prevalence data nor a database to access the number of residents with I/DD who are in need of future housing and support services. This market analysis included substantial outreach to populations outside of Medicaid LTSS utilizers as they are at highest risk of homelessness, yet the full extent of the population of people with I/DD at risk is unknown.

Denver County does not have a current method to identify those with I/DD who are experiencing homelessness. This market analysis relied on the help of the Mission Supports program of the Colorado Fund for Persons with Disabilities to identify and provide transportation for individuals with I/DD who had recently experienced homelessness or were currently experiencing homelessness for an in-person focus group. We are grateful for their support as well as the Colorado Housing & Finance Authority for providing gift cards and hygiene kits for participants.

COVID-19 prevented the market analysis from having large in-person gatherings. Thus, the educational training and Local Leaders Workshop had to be conducted virtually. This may have created a gap in data for those who did not have access to the internet or were not proficient in online interactions. It is unknown whether there would have been different participation if an in-person training event could have been offered.

Despite providing Spanish translation for the virtual presentations and ECI Needs & Preferences Surveys, not one survey was completed in Spanish. Therefore, it is uncertain if the Spanish speaking community is represented in the data as a question was not asked about household language in the ECI Needs & Preferences Surveys.
In order to evaluate how to meet the residential needs of residents with I/DD, it is imperative that Denver community leaders understand the diversity of this population. This section will address the unique demographics of people with I/DD that are important to consider: estimated population, age of primary caregiver, levels of support needs, income and family planning, barriers to community, experience of homelessness, and unique data gaps that need to be overcome.

“Everyone is being lumped into this huge group of people with disabilities. There is not actual insight into how that breaks out into people served. They are invisible [people with I/DD] because we are not asking the question and that's incredibly detrimental to our ability to program with this population in mind. If we can't see people and get insight into what they need, that's a non-starter because a lot of things that are decided for funding purposes are data-driven. We just don’t have the data.”

Crystal Porter, Denver Human Services, IDDEAS Program Manager
Number of Individuals with Intellectual/Developmental Disabilities in Denver County

The total number of adults with I/DD who live in Denver County can be sufficiently estimated conservatively at 2,035 individuals and more liberally at 7,788 individuals, but the exact population is unknown. This estimated number draws upon and combines:

- The total number of adults with I/DD currently being served by Rocky Mountain Human Services (RMHS) which is the Community Centered Board (CCB) serving primarily Denver County residents with I/DD through service coordination and direct services = 1,035 residents [9]
- 20% of the current population experiencing homelessness as estimated by research projections and utilizing the Denver 2020 Point-in-Time (PIT) count, an annual census of persons experiencing homelessness on a single night in January, 20% of 4,171 = 834 [10, 11]
- Added gap of 16% to the number of people identified by RMHS which correlates to the number of people in our sample that were not receiving any services paid for by Medicaid or Mill Levy funding and thus would not be present in RMHS number= 166
- It should be noted that there is also a major data gap in understanding the population of adults on the autism spectrum who do not have an intellectual or physical disability and are at highest risk of homelessness. As underscored by the in-person focus groups, this population is often denied access to services available to others with a disability. Despite having an autism diagnosis, they are being evaluated as “too high functioning” to be eligible for waiver services, therefore they may be disconnected from the I/DD network of support. According to research, the majority of the autistic population (81%) have never lived independently due to not having the functional life skills to live independently, maintain employment, and inability to afford housing. [12]

The CDC estimates the prevalence of adults on the autism spectrum at 2.21% nationally. [13] The Colorado Autism and Developmental Disabilities Monitoring (CO-ADDM) Project estimates that 46% of autistic children have an IQ over 85, which is considered average. [14] Therefore, using the 2020 census population of Denver County adults (565,889) along with the CDC and CO-ADDM information above, approximately 5,753 adult residents of Denver County may be on the autism spectrum and at high risk of homelessness. [15]
It is important to understand the age and health of current primary caregivers who may not be able to support their loved one for many more years. As caregivers age, they are at greater risk of health challenges themselves, age-related disability, and financial instability as they transition to a fixed income. These factors all contribute to their continued ability to provide a home and primary support to their loved one with I/DD.

The market analysis data indicates that 40% family caregiver respondents have not done any future planning, including due to not having financial capacity to do so. Less than half, 46% of family caregiver respondents have set up a Special Needs Trust. 28% have opened an ABLE account. A recent study indicates the following factors that make future financial planning a significant challenge: [16]

- Lack of and complexity of long-term planning
- Poverty and economic exclusion
- Lack of thinking beyond the system
- Equity intersection of race, poverty, and disability

Denver County should consider how it can help older caregivers plan for the transition of their loved one out of the family home before their death or sudden medical crisis. If an individual with I/DD is able to transition while not enduring a life altering crisis, there is a greater chance they will experience a successful transition. Additionally, if the setting or service provider is not a good fit, the family home is available as a safety net for the individual with I/DD to find an alternative arrangement.
DEMographics

Focus Groups Targeting Those Experiencing, Have Experienced, or at Greatest Risk of Homelessness

For individuals who are eligible and receive a Medicaid-funded waiver for LTSS, if they cannot afford housing, then they have the option to live in a provider-controlled setting such as a group home or host home. But there are a group of individuals with I/DD who are not being deemed eligible or have not received waiver services who are at greatest risk of homelessness as they do not have the safety net of a provider-controlled setting.

Very little research has been done on the population of people with I/DD experiencing homelessness. Colorado does not identify people with I/DD during the Point-In-Time census, Homeless Management Information System nor at intake using the Coordinated Entry System for support. \[17\] Research indicates that individuals with I/DD who experience homelessness do so later in life at the passing of a family caregiver. \[18\] The focus group underscored these findings as the majority indicated loss of family caregiver was what led them to experience homeless, the other fled from domestic violence.

Additionally, this population faced unique documentation and system navigation barriers to being able to access housing assistance and services needed. Students today would be referred to special education services if they are deemed to not be developing alongside their typically developing peers. They would be provided an assessment and even potentially a diagnosis. A documented 504 plan or Individualized Education Plan would be available to provide evidence for their accommodations and special education services for their support needs through the Individuals with Disabilities Education Act. This was not the case for the now 50-year-old with I/DD who just lost his mother and has no formal record of his I/DD. In the in-person focus groups, a major barrier to being able to access assistance was lack of formal documentation to provide proof that an individual does indeed have an I/DD. There may be no special education school records, they may have never received a formal diagnosis because of the stigma of a “label,” or there was not a reason to spend money to get a diagnosis. Without this important documentation, there are significant delays in accessing needed housing assistance or services.
The Metro Autism Consortium focus group also revealed that even with a documented autism diagnosis, individuals may be deemed to not qualify for Supplemental Security Income or Medicaid LTSS based on perceived functional ability. For example, an individual on the autism spectrum may not have an intellectual disability, may have attended college, but does not have the executive functioning skills to keep a budget, maintain employment, coordinate healthcare needs, organize meals, etc. The short interview assessment by an intake coordinator may not be able to capture the activities of daily living that may be inaccessible due to their disability.

For those in the focus group who had experienced homelessness, and are now housed, they shared that their current living arrangement was not ideal. They had significant safety concerns and complained that others who lived in the building were doing drugs, keeping doors propped open and that they generally did not feel safe. Their fears are underscored in research:

- People with I/DD are more often victims of both simple assault and a serious violent crime than other persons with disabilities [19].
- 66.5% of those with autism and 62.5% of those with I/DD report having been victims of physical, emotional or sexual abuse.
- Nearly half of victims did not report abuse. 54% said that nothing happened when they did report, and in less than 10% of reported cases the perpetrator was arrested [20].
- In the UK, research on mate-crime is showing that individuals with autism cannot tell the difference between somebody who is truly a friend and somebody who is pretending to be a friend in order to take advantage of them [21].

Therefore, special consideration should be discussed to identify appropriate locations, selection of tenants, security features and development of natural support systems associated with future residential solutions.
DEMOCRATICS

Level of Support Needs

Although people with I/DD are considered as a person with a disability in general, there are unique differences in support needs and thus accessibility features for people with I/DD due to their associated cognitive impairment(s). Additionally, individuals with I/DD access their Medicaid waiver-funded services through service providers associated with Community Centered-Boards (CCB), where other disabilities may use the Single Entry Point (SEP) to access services not designed for people with I/DD. [22] It is important for planning purposes to understand the segmentations of the I/DD population by their support needs as housing, services and supportive amenities can be designed to complement both the accessibility needs of the individual as well as their direct support staff who enable them to live independently in their home and participate in community.

Data was captured about diagnosis in order to confirm feedback from a broad range of stakeholders with different I/DD’s. For functional purposes and planning, it is more important to understand the support needs of individuals as a diagnosis does dictate the level of support someone may need. For example, an individual on the autism spectrum may be a college graduate who needs someone a few days a week to help with executive functioning tasks like meal planning, cleaning or paying bills. Yet another person on the autism spectrum may have 24-7 support needs to live outside of the family home. As reflected in the data, there is a wide range of support needs of adults with I/DD.

<table>
<thead>
<tr>
<th>Support Need</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:1 Staff Needs</td>
<td>7%</td>
</tr>
<tr>
<td>24/7, But Can Share Staff</td>
<td>17%</td>
</tr>
<tr>
<td>Moderate Support, Scattered Support Throughout the Day</td>
<td>32%</td>
</tr>
<tr>
<td>Low Support, Help with a Few Tasks Every Day But Mostly Self-Sufficient</td>
<td>11%</td>
</tr>
<tr>
<td>Drop-in Support, Help a Few Days a Week</td>
<td>12%</td>
</tr>
<tr>
<td>Help with ADL’s Due to Physical Disabilities</td>
<td>5%</td>
</tr>
<tr>
<td>Medical Support Needs</td>
<td>15%</td>
</tr>
<tr>
<td>Memory Care</td>
<td>1%</td>
</tr>
</tbody>
</table>

7% of individuals who report having 1:1 support needs may be at risk of institutionalization or medical restraint if they are unable to have their needs met in community-based homes due to lack of appropriate support or accessibility of home. The current rates in which service providers are paid by Medicaid is often not enough to meet those who have the highest needs. [23] Therefore, service providers must turn away potential clients whose needs are deemed too high to support at current rates.

Additionally, without added soundproofing, homes where bedrooms share walls or are multi-leveled may be inaccessible due to repetitive behaviors such as jumping, tapping or sudden loud vocalizations. Pedestrian-oriented, multi-family community developments could offer those who may elope or cannot safely walk near streets without assistance, much more freedom with safe spaces outside of the confines of their home.
5% of respondents report having a physical disability in which they need help with Activities of Daily Living (ADL) and 15% report needing support for medical needs. For housing development purposes, it would be important to consider the investment in universal design and/or additional structural support in order to create housing that better meets these needs beyond ADA compliance. For example, the ability to add an overhead lift with ceiling tracks could decrease one’s dependence on in-person care as well as protect direct support staff from injury due to lifting or transferring in less accessible spaces. Extra storage spaces for durable medical equipment, additional outlets in bedrooms and living areas for medical devices, larger floor drains and ventilation in bathrooms, and higher temperature washers and dryers may all help mitigate staff interruptions and medical emergencies. Universal design techniques can be helpful for all kinds of human differences, and could be particularly powerful in allowing more people to safely age in place in their community. What is needed for people with I/DD provides more accessible and affordable housing for a wide range of Denver residents.

The data shows just 1% of respondents needing memory-care, but it is important to remember that research indicates that 50% or more of people with Down syndrome will develop dementia due to Alzheimer’s disease as they age. [24] Additionally, autistic individuals have a 2.6x higher chance of experiencing early onset dementia and/or Alzheimer’s. [25] Although it may not be needed now, approximately 64% of respondents of the ECI Needs & Preferences Survey indicated they have autism and/or Down syndrome, thus the aging needs of people with I/DD should also be considered in long-term planning.

It is equally important to underscore again that adults with I/DD who have drop-in or low support needs, about 23% of respondents, who, if able to afford their own home, would likely have significantly less Medicaid LTSS costs than the alternative of homelessness or placement in a provider-controlled setting.
DEMOGRAPHICS

Income of People with Intellectual/Developmental Disabilities

Nearly all individuals with I/DD are Extremely Low Income (ELI). All respondents with I/DD to the ECI Needs & Preferences Survey had an income below 30% of the area median income (AMI) which is $22,050 annually for a single household in Denver County. [26] The National Low Income Housing Coalitions’ 2021 Out of Reach report describes a full-time worker needs to make at least $25.08 per hour in order to afford the $1,154/month. Fair Market Rent (FMR), for a 1-bedroom apartment in Denver County. [27] According to a National Core Indicators 2018-2019 (pre-COVID) report, only 27% of Coloradans with I/DD had a job in the community, averaging just 9 hours a week. [28] Despite great gains in increasing employment opportunities for people with I/DD, their ability to earn a Denver County housing wage is unequivocally out of reach. Therefore, housing assistance or family contribution must be provided in order for individuals with I/DD to live in a home they rent or own. As the majority of individuals with I/DD rely on Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) as their primary income source, the table below shows income at various employment levels as well as what rent would need to be in order to be considered affordable for adults with I/DD in Denver County. The national standard for affordability is that an individual does not spend more than 30% of their total income on housing costs:

<table>
<thead>
<tr>
<th>INCOME PROFILE</th>
<th>MONTHLY INCOME + (SSI deduction based on earned income)</th>
<th>% OF INCOME NEEDED TO AFFORD 1-BED AT FMR: $1,154/MONTH</th>
<th>MAX AFFORDABLE MONTHLY HOUSING COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022 Maximum SSI benefit</td>
<td>$841</td>
<td>137%</td>
<td>$252</td>
</tr>
<tr>
<td>Avg. SSDI adult child survivor benefit</td>
<td>$921.03</td>
<td>125%</td>
<td>$276</td>
</tr>
<tr>
<td>8hrs a week at 2022 minimum wage ($12.56/hr), plus SSI</td>
<td>$401.92 + $682.54 = $1,084.46</td>
<td>106%</td>
<td>$325</td>
</tr>
<tr>
<td>16hrs a week at minimum wage, plus SSI</td>
<td>$803.84 + $481.58 = $1,285.42</td>
<td>90%</td>
<td>$386</td>
</tr>
<tr>
<td>24hrs a week at minimum wage, plus SSI</td>
<td>$1,205.76 + $280.62 = $1,486.38</td>
<td>78%</td>
<td>$446</td>
</tr>
<tr>
<td>Full-time minimum wage</td>
<td>$2,099.60</td>
<td>57%</td>
<td>$603</td>
</tr>
</tbody>
</table>
DEMOGRAPHICS

Plain-Language Surveys: How much money do I get or earn every month?

When self-advocates were asked about their monthly income, 56% did not know how much income they received each month. Knowing the rate at which people with I/DD are taken advantage of, it is imperative that people with I/DD not only know what their expected monthly income should be, but who controls it, and basic money management skills to prevent their exploitation or mate-crime in the future.

Although the income of this population is low, the market analysis indicates that some families have the capacity to help pay for housing costs. This data was taken from the Expanded version of the ECI Needs & Preferences Survey which was largely responded to by family caregivers and reflects the ability for some families to help with the financial costs of housing stability. 26% could help pay rent at FMR or higher, with 6% able to afford higher-end residential solutions up to $3,500/mo. It is imperative to understand what incentives, guidance and financial tools are needed for these families to help their loved one secure long-term housing stability.

“We must get really creative about how to combine family inputs, ABLE accounts, trusts, and benefits to try to make it all work together because it really does take using specific amounts from each of those pots or resources to make the puzzle fit together. It definitely can be done and we help a lot of families achieve that goal.”

Megan Brand, Colorado Fund for People with Disabilities, Executive Director
Barriers to Community Engagement

The barriers people with I/DD face in connecting and interacting with their community are not simply due to physical inaccessibility, but the need for community members and neuro-inclusive opportunities to understand and accommodate the social challenges people with I/DD face. Besides transportation which largely falls on the shoulders of family caregivers, the next two largest reasons for not engaging with the community was lack of friends or not being able to find things to do without caregivers.

What are the Barriers to do the Things You Want?

- Lack of Transportation: 40%
- Cannot find things that interest me: 16%
- Cannot find things to do without caregivers: 33%
- Cannot find staff to do the things I want to do: 14%
- Cannot pay for staff to do the things I want to do: 12%
- I don’t have friends: 36%
- I don’t have money to spend on activities: 24%
- Going out is often too overwhelming for my senses: 19%
- Going out is often stressful due to social anxiety: 24%

Only 28% responded with ‘nothing’
Transportation is a major barrier for individuals with I/DD to interact and be part of the greater community. Data collected reflects that only 15% percent of people with I/DD drive as a form of transportation. When combining options based on functional similarity, people with I/DD are diverse in how they get from place to place. 66% rely on friends and family, a combined 59% use door-to-door service like special transportation services or Uber/Lyft. 51% use public transportation and 44% walk or ride their bike. It is important to understand that the use of public transportation is sometimes inaccessible to individuals with cognitive disabilities. It could be too overwhelming on the senses, changes in schedules or redirect of routes could cause confusion, they may not be able to navigate changing transportation routes to the destinations desired at the time frames needed. Therefore, the location of one’s home must be carefully considered in direct relationship with their access to transportation options.

How Do You Go Places Without Support?

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relied on Friends &amp; Family</td>
<td>66%</td>
</tr>
<tr>
<td>Special Transportation Services</td>
<td>45%</td>
</tr>
<tr>
<td>Light Rail</td>
<td>17%</td>
</tr>
<tr>
<td>Drive in Own Vehicle</td>
<td>15%</td>
</tr>
<tr>
<td>Bus</td>
<td>34%</td>
</tr>
<tr>
<td>Walk or Roll</td>
<td>34%</td>
</tr>
<tr>
<td>UBER/LYFT</td>
<td>14%</td>
</tr>
<tr>
<td>Bike</td>
<td>10%</td>
</tr>
</tbody>
</table>
Reflecting on the barriers to community engagement above indicating that 36% of respondents did not have any friends, it is not surprising that adults with I/DD are often isolated and lonely. Only 15% reported they see their friends as often as they wanted. Not only do people with I/DD not have access to social capital like their neurotypical peers, their cognitive or social impairments due to I/DD make it difficult for them to complete the many steps and nuances it takes to build relationships. A young man who recently transitioned from living in a host home into his own apartment said, “Isolation is my biggest enemy.” This young man ended up experiencing a mental health crisis and needed to go to a psychiatric facility for the weekend where he shared he was excited to return to meet more friends.

### What are the Barriers to Maintaining Friendships?

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing, I see my friends as much as I want to</td>
<td>15%</td>
</tr>
<tr>
<td>I do not know where to go to meet potential friends</td>
<td>36%</td>
</tr>
<tr>
<td>I do not know how to turn potential friends into long term friendships</td>
<td>42%</td>
</tr>
<tr>
<td>Too much anxiety to try to meet new people</td>
<td>27%</td>
</tr>
<tr>
<td>It is difficult to schedule meeting with friends</td>
<td>18%</td>
</tr>
<tr>
<td>Lack of transportation to see friends</td>
<td>36%</td>
</tr>
<tr>
<td>My current social skills make it hard to keep friends</td>
<td>46%</td>
</tr>
<tr>
<td>I need staff support to see my friends</td>
<td>29%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
</tbody>
</table>

### Inaccessible Spaces & Places

19% of respondents indicated that sensory overload was a barrier to community engagement, thus offering sensory-friendly times or spaces at community events could make Denver County special events more accessible. As an extremely low income population, it is surprising only 24% indicated that financial capacity was a barrier, although that could be due to the high proportion of people still living in their family home. Offering deep discounts or reduced rates for people with I/DD and free entry for their staff could offer greater accessibility of Denver County events, museums, attractions or other community spaces. As communities become more aware of diversity, inclusion and equity gaps, it is imperative that those with I/DD are also considered. Creating intentional partnerships between people with I/DD and non-disability specific community-based organizations to create more spaces and places to develop neurodiverse relationships could offer greater community engagement.
Data Gaps

In order for Denver County to better plan and track outcomes of current and future residential solutions, the following data points should be incorporated into existing cross-sector databases to make this invisible housing crisis visible:

- Population of people with I/DD and/or autism experiencing homelessness
- Number of individuals with I/DD involuntarily displaced due to lack of affordable, accessible housing
- Number of individuals with I/DD currently living in a provider-controlled setting who would prefer to live in their own home they rent or own but unable due to lack of affordable, accessible housing
- Population of residents with I/DD who would likely meet eligibility criteria for waiver services
- Population of adults with I/DD and/or autism who do not or would likely not meet eligibility criteria, yet have supportive housing needs
- Households who have a child or adult dependant with I/DD living in the home, including marital status and age of primary caregiver
- Households by race and ethnicity who have a child or adult dependant with I/DD living in the home
- Households who have a child or adult dependant with I/DD living in the home that are cost burdened due to housing (spending more than 30% of income on housing)
- Utilization of residents with I/DD currently receiving a Housing Choice Voucher, 811 Project Rental Assistance, or other permanent rental subsidy
- Utilization of residents with I/DD currently living in public housing, a subsidized unit or in Permanent Supportive Housing

“Unless there is a funding mechanism set up that clearly identifies this category [people with I/DD] as a user, developers can’t do anything about it. Advocating to the funders, whether it’s through City of Denver for vouchers from the stimulus funding, whether it’s through the State of Colorado Division of Housing, whether it’s through the Colorado Housing & Finance Authority whose always been an advocate- without that funding, developers are stuck.”

Kimball Crangle, Gorman & Company, Colorado Market President
**DEMOGRAPHICS**

**Stakeholder Fears**

The next section of the report will discuss Preferences, what people with I/DD and their families want in the future. Before exploring the data that can inform policy, funding and emerging residential models, the following graphs share the concerns that are of top of mind for the future:

**What Could Happen in the Future That Concerns You?**

### Self-Advocates

<table>
<thead>
<tr>
<th>Concern</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>You cannot pay for housing</td>
<td>44%</td>
</tr>
<tr>
<td>You will not find friends</td>
<td>38%</td>
</tr>
<tr>
<td>Some friends may not be good friends</td>
<td>31%</td>
</tr>
<tr>
<td>You may be abused</td>
<td>25%</td>
</tr>
<tr>
<td>You will lose funding for services</td>
<td>13%</td>
</tr>
<tr>
<td>You will not find good people to help you</td>
<td>50%</td>
</tr>
<tr>
<td>Your health will be bad</td>
<td>25%</td>
</tr>
<tr>
<td>You will not be able to get healthy food</td>
<td>25%</td>
</tr>
<tr>
<td>You will not be able to go to places you want to go</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Parents

<table>
<thead>
<tr>
<th>Concern</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>You cannot pay for housing</td>
<td>31%</td>
</tr>
<tr>
<td>You will not find friends</td>
<td>62%</td>
</tr>
<tr>
<td>Some friends may not be good friends</td>
<td>31%</td>
</tr>
<tr>
<td>You may be abused</td>
<td>31%</td>
</tr>
<tr>
<td>You will lose funding for services</td>
<td>35%</td>
</tr>
<tr>
<td>You will not find good service providers</td>
<td>53%</td>
</tr>
<tr>
<td>Your health will be bad</td>
<td>26%</td>
</tr>
<tr>
<td>You will not be able to get healthy food</td>
<td>24%</td>
</tr>
<tr>
<td>You will not be able to go to places you want to go</td>
<td>60%</td>
</tr>
</tbody>
</table>
The disability rights movement continues to advocate for people with I/DD to have more choice and control over their lives. Emerging residential solutions should seek to shift away from “placement” of people with I/DD into “the next empty bed,” towards person-centered planning in order for people with I/DD to access the home and support they need to be part of their preferred places and spaces.

Neuro-inclusive housing solutions can also provide physical and supportive amenities appealing to individuals with I/DD, but also benefiting people without disabilities. In order to measure the preferences of individuals with I/DD and their future residential options, it is imperative to measure the following elements: the physical property, the models of LTSS for their individualized support services, and what supportive amenities they may find helpful which can help provide a safety net or fill gaps that long-term support services do not provide. Therefore, the market analysis utilizes this framework in order to best understand what people with I/DD want from their future residential options:

"I want typical and I/DD individuals to live in my community. I want everything easily accessible & near where I live. I want the people around me to be helpful and to know me and I know them so I feel safer. Kind of like a senior community."

“Individualized supports provided within regular community housing settings is where it's at!"
Although most housing assistance for those with extremely low incomes are primarily in the form of rental subsidies or subsidized rental units, helping individuals with I/DD and their families secure housing through homeownership is of high demand.

In the Expanded version of the materials, property types and development types were asked separately to gather more detailed information. For the plain-language and in-person surveys, we offered a combined question to be more accessible. Both versions reflect a desire for diversity of residential types, with planned neuro-inclusive communities (housing designed for people with I/DD in mind but not exclusive to people with I/DD) being slightly higher ranked than other development types.
When the housing industry responds to "accessible housing" or "housing for people with disabilities", their understanding is often tied to ADA compliance in making units accessible for those with physical or sensory disabilities. In order for housing to be more accessible for people with I/DD, it is important to consider cognitive accessibility needs as well. When asked about 12 different neuro-inclusive design features, there was high indication for incorporation of nearly all features presented.

- Universal Design: 50%
- Adaptable Design: 50%
- Biophilic Design: 47%
- Cognitive Accessibility: 41%
- Place to Hang Out with Friends: 60%
- Easy-to-Clean: 73%
- Extra Durable Features: 48%
- Transit Access: 60%
- Pedestrian-Oriented: 81%
- Security Features: 65%
- Sensory-Friendly: 46%
- Smart Home Features: 63%
When we broke the data down further into the different subsets of respondents, there were some differences in the Top 5 indicated preferences. Of note would be that all subsets rated easy-to-clean features and security features in their Top 5. Places to hang out with friends and green spaces (biophilic design) ranked in the Top 5 for plain-language and in-person respondents that targeted people with I/DD directly. 100% of in-person focus group ranked Transportation of priority and it made the Top 5 for the Expanded version participants as well:

### In-Person Survey:

<table>
<thead>
<tr>
<th>Preference</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close to Transportation</td>
<td>100%</td>
</tr>
<tr>
<td>To have things that keep me safe from strangers</td>
<td>83%</td>
</tr>
<tr>
<td>To have a place to hang out with friends</td>
<td>67%</td>
</tr>
<tr>
<td>To have lots of green plants &amp; nature in and around it</td>
<td>67%</td>
</tr>
<tr>
<td>To be easy to clean</td>
<td>67%</td>
</tr>
</tbody>
</table>

### Plain-Language Survey:

<table>
<thead>
<tr>
<th>Preference</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>To have a place to hang out with friends</td>
<td>64%</td>
</tr>
<tr>
<td>To be easy to clean</td>
<td>61%</td>
</tr>
<tr>
<td>To have things that keep me safe from strangers</td>
<td>50%</td>
</tr>
<tr>
<td>To have a place where I can eat meals with others</td>
<td>50%</td>
</tr>
<tr>
<td>To have lots of green plants and nature in and around it</td>
<td>43%</td>
</tr>
</tbody>
</table>

### Expanded Survey:

<table>
<thead>
<tr>
<th>Preference</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be easy to clean</td>
<td>82%</td>
</tr>
<tr>
<td>To be pedestrian-oriented</td>
<td>81%</td>
</tr>
<tr>
<td>To have adaptable design, age in place</td>
<td>75%</td>
</tr>
<tr>
<td>To have security features</td>
<td>74%</td>
</tr>
<tr>
<td>To have transit access nearby</td>
<td>72%</td>
</tr>
</tbody>
</table>

For more detailed explanations of various physical features of neuro-inclusive housing, please refer to the comprehensive glossary in this helpful report: A Place in the World: Increasing Housing & Community Options for Adults with Autism and other Neurodiversities. [https://www.autismhousingnetwork.org/apitw-2/](https://www.autismhousingnetwork.org/apitw-2/)
M A R K E T  P R E F E R E N C E S

LTSS: Individualized Service Delivery Models

The physical home is just one component when planning for future residential options for people with I/DD. Individuals with I/DD have more choices than ever on how they receive services, and one’s home does not need to be intrinsically connected to their service provider. When one’s service provider and home are disconnected, allowing an individual to change service providers as desired, this is called a consumer-controlled setting. When a service provider is in control of the home, and a service recipient pays rent to their service provider to live in the home, this is called a provider-controlled setting.

Different service delivery models have evolved as advocates wanted more choice and control over their lives. Some prefer to have a caregiver that lives with them, this could be in their own home in what is called a shared living arrangement or they can move into the home of a host home provider. An individual may choose to find an agency that recruits, schedules, trains and manages staff on a rotational basis. Individuals with I/DD and their families can also direct their own services in a program called self-direction. This is where an individual can hire who they prefer, including family, to be their support staff and not have to hire an agency. This also means that they are responsible for recruiting, training and scheduling their own staff.

When asked what type of service delivery model was preferred, there were distinct differences between self-advocates in or likely eligible for services, self-advocates experiencing or at risk of homelessness and family caregivers or those who could participate in the Expanded version of the materials.

**Expanded Survey:**

<table>
<thead>
<tr>
<th>Model</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICF</td>
<td>5%</td>
</tr>
<tr>
<td>GROUP HOME</td>
<td>11%</td>
</tr>
<tr>
<td>HOST HOME</td>
<td>38%</td>
</tr>
<tr>
<td>SHARED LIVING</td>
<td>50%</td>
</tr>
<tr>
<td>ROTATIONAL STAFFING</td>
<td>39%</td>
</tr>
<tr>
<td>SELF-DIRECTED SUPPORT</td>
<td>57%</td>
</tr>
<tr>
<td>INTENTIONALLY SUPPORTIVE AND/OR PAID NEIGHBOR</td>
<td>41%</td>
</tr>
<tr>
<td>REMOTE SUPPORT</td>
<td>25%</td>
</tr>
</tbody>
</table>

**In-Person Survey:**

<table>
<thead>
<tr>
<th>Preference</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I WANT TO LIVE WITH A CAREGIVER</td>
<td>14%</td>
</tr>
<tr>
<td>I WANT SOMEONE ELSE TO FIND &amp; SCHEDULE STAFF FOR ME</td>
<td>57%</td>
</tr>
<tr>
<td>I WANT HELP TO FIND &amp; SCHEDULE STAFF FOR MYSELF</td>
<td>0%</td>
</tr>
<tr>
<td>I WANT A NEIGHBOR TO HELP ME WHEN I NEED IT</td>
<td>14%</td>
</tr>
<tr>
<td>I WANT TO USE TECHNOLOGY TO HELP</td>
<td>43%</td>
</tr>
<tr>
<td>I WANT TO BE ABLE TO ACCESS “EXTRAS” TO HELP WHEN I NEED IT</td>
<td>43%</td>
</tr>
</tbody>
</table>

**Plain-Language Survey:**

<table>
<thead>
<tr>
<th>Preference</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I WANT TO LIVE WITH A CAREGIVER</td>
<td>67%</td>
</tr>
<tr>
<td>I WANT SOMEONE ELSE TO FIND &amp; SCHEDULE STAFF FOR ME</td>
<td>4%</td>
</tr>
<tr>
<td>I WANT HELP TO FIND &amp; SCHEDULE STAFF FOR MYSELF</td>
<td>19%</td>
</tr>
<tr>
<td>I WANT A NEIGHBOR TO HELP ME WHEN I NEED IT</td>
<td>30%</td>
</tr>
<tr>
<td>I WANT TO USE TECHNOLOGY TO HELP</td>
<td>37%</td>
</tr>
</tbody>
</table>
MARKET PREFERENCES

- In-person focus groups targeting those experiencing or at greatest risk of experiencing homelessness: It was clear that they wanted to be able to have access to staff when needed, but did not prefer to live with their staff nor have the responsibility to find and schedule staff. Unlike the other subsets, having a paid neighbor was not of great desire, likely influenced by their experience of feeling unsafe in current non-I/DD specific supportive housing options. Data indicated a high desire for use of technology and supportive amenities for their future home.

- Individuals with I/DD who participated in the Plain-Language version of the materials: there was a high indication of wanting to live with a caregiver, which may have been biased due to some participants currently living in a host home as service providers were encouraged to support individuals they serve to participate. Unlike the in-person focus group where 57% wanted someone else to schedule staff (agency-based rotational staffing), it was the least favored choice of those who participated in the Plain-language presentation and survey. Nearly half wanted to use technology and/or have access to a paid neighbor for help as needed.

- Individuals with and without disabilities who participated in the Expanded version of the materials: Unlike the other subsets of data, respondents indicated a much greater desire for self-direction with technology rated as being the least desirable option. Shared living was ranked as second most preferred, this is distinguished from a host home arrangement as the person with I/DD is not paying rent to their host home provider, but as a consumer-controlled setting, pays rent or a mortgage and has equal legal right to the home. A paid neighbor was also of high interest.

Due to the diversity of preferences, it is important that Colorado maintain the opportunity for choices so that people with I/DD can access services in the service delivery model that meets their needs. Colorado should consider exploring how Technology-First states such as Ohio and Missouri are now helping people access remote support and other smart home technology through Medicaid waiver funding, and how New York offers its paid neighbor program. [29, 30, 31]

![Image of colorful doors]
Additionally, housing can include "supportive amenities" which are tied to the property and may be included in housing costs. In neurotypical multi-family or mixed-use housing, it is becoming more and more popular to include amenities such as laundry services, pet parks or care, communal dining, and/or other amenities that seek to connect residents or make life more convenient as part of the property.

When considering the addition of supportive amenities, it is important to remember that these amenities are connected to a property and are not individualized LTSS. Supportive amenities should be available to all residents, with or without disabilities, and could be open or closed to the greater community. Supportive amenities can be provided by partnerships with community-based organizations, not-for-profit organizations associated with a property management company, pods of people living in scattered state homes within walking distance, or just for a single individual and accessory dwelling on their families property. Supportive amenities are not a substitute or to replace LTSS, but an enhancement which is outside of the typical individualized services are designed to provide. Supportive amenities benefit more than just one individual to decrease loneliness, increase life skills, increase engagement with the greater community, etc. The purpose of supportive amenities is to make life easier or more accessible. There is strong support and evidence for the need of supportive amenities, especially for those who may not be able to access LTSS and are at high risk of homelessness.
### In-Person Survey:

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help with transportation</td>
<td>100%</td>
</tr>
<tr>
<td>Someone to help me connect with people or places</td>
<td>67%</td>
</tr>
<tr>
<td>Classes that help me become more independent</td>
<td>67%</td>
</tr>
<tr>
<td>Classes to help me stay healthy</td>
<td>67%</td>
</tr>
<tr>
<td>A therapist to talk about hard things in life</td>
<td>67%</td>
</tr>
<tr>
<td>Emergency button in my home</td>
<td>67%</td>
</tr>
</tbody>
</table>

### Plain-Language Survey:

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fun things that someone else plans. I can choose to join or skip.</td>
<td>71%</td>
</tr>
<tr>
<td>Someone to help me manage my money</td>
<td>68%</td>
</tr>
<tr>
<td>Someone to help me clean</td>
<td>64%</td>
</tr>
<tr>
<td>Someone to help me connect with people or places</td>
<td>57%</td>
</tr>
<tr>
<td>Classes to help me stay healthy</td>
<td>43%</td>
</tr>
</tbody>
</table>

### Expanded Survey:

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free planned events</td>
<td>91%</td>
</tr>
<tr>
<td>Staff to connect people &amp; places</td>
<td>91%</td>
</tr>
<tr>
<td>Housekeeping service</td>
<td>82%</td>
</tr>
<tr>
<td>In-person, on call resident assistant</td>
<td>82%</td>
</tr>
<tr>
<td>Emergency help button</td>
<td>82%</td>
</tr>
</tbody>
</table>
The location of one’s home for people with I/DD can help them connect to the community or can isolate them due to the barrier of transportation discussed. Thus, in addition to the human resources that can be offered through supportive amenities, it is also important to understand what other amenities could be available on-site or within walking distance that would be desired by people with I/DD and their caregivers. Here are the top preferences for amenities on-site or within walking distance:

- **74%** Place to Eat Meals with Others
- **73%** Grocery Store
- **72%** Place to Watch a Movie with Friends
- **52%** Health Clinic
- **49%** Sensory Room
- **48%** Art Studio
- **47%** Workplace that Hires People with I/DD
- **42%** Gym

“I wonder if one of the things we need to talk about is inter-agency engagement where people with I/DD have not typically been discussed or represented, specifically in planning and zoning contexts. And perhaps most importantly, coming up with a strategic plan to engage developers and landlords.”

Troy Mack, Interfaith Alliance of Colorado, Director of Research and Development
Before moving onto the last section of the report which discusses the systemic barriers and opportunities that local leaders have identified to meet the demand, there were questions in the Expanded ECI Needs & Preferences Survey that can offer direction for expanding opportunities at the individual level. The question captured a few practical tools or opportunities that were indicated to be of interest to individuals and families with I/DD:

- Planning Grants to Launch Housing Options 57%
- Help Families Bequeath or Buy a Home for a Dependent 30%
- Connect People to Buy or Rent Together 50%
- More Help to Find Housing Assistance 48%
- Help Families Plan for the Future 43%
- Help Getting Needed Services 43%
- Help Using Home Technology for Support 41%
- Classes for Life Skills 41%
- Fun Things to Do Every Week 57%
- More Work with the State to Increase Options 57%
- Help Making a Person-Centered Plan 39%

“Many of us in the housing industry don’t understand the need for housing for people with I/DD specifically and how unique their needs are, and so this process is our foundation and the start to adapting the policies to meet that need.”

Ann Watts, Colorado Department of Local Affairs (DOLA), Community Access Team Manager
BARRIERS & OPPORTUNITIES

Local Leaders Workshop Process

Review the data collected from the Inclusive Housing Denver Market Analysis

Identify barriers to meet demand

Brainstorm together how the public, private, not-for-profit, and philanthropic communities can work together to prevent the displacement or homelessness of our residents with autism, cerebral palsy, Down syndrome, or other intellectual/developmental disabilities.

Held virtually, the Local Leaders Workshop allowed local leaders to get a first look at the data from the ECI Needs & Preferences Survey. This workshop not only brought together those who were familiar with the I/DD community, but also individuals who are leaders within the housing industry to better understand how they can meet the needs of residents with I/DD. When looking at the general data on supply and demand, there was clear consensus that the change needs to occur.
The participants were then shown the data collected, and after much discussion as summarized in this section, the systemic barriers were ranked as the most pressing, with the Top 5 as follows:

1. Not all people with I/DD can access services at the needed funding level to live in the home of their choice independently
2. People with I/DD must be institutionalized or homeless to access vouchers - need assistance targeted for people with I/DD
3. Education: Families overwhelmed and having difficulty future planning
4. Mismatch definitions: Housing industry and support service industry do not "speak the same language"
5. Cannot find housing they can afford in a safe location

Additionally, participants were then asked to prioritize the top opportunities to meet the demand. The following are the Top 5 opportunities that local leaders believed are attainable for next steps to increase residential options for people with I/DD in Denver County:

1. Prioritize people with I/DD for affordable housing funding streams
2. Legislative ask: Tie a housing subsidy with Medicaid HCBS waiver services
3. Strategic plan to engage developers and landlords
4. Streamlining eligibility and documentation for currently disconnected programs
5. Series of workshops like this one to drill down on future needs and "asks"
Crystal Porter from Denver Human Services described the importance that the system does not remain in a reactive state, where people have to first experience crisis and homelessness in order to get the help they need. She emphasized the need for Denver to be proactive, transitioning individuals from their family home prior to crisis or traumatic loss. This could potentially be mitigated by helping families plan for the future. A potential solution may be to offer the assistance of “Housing and Lifespan Navigators” that can help individuals identify their next steps to transition out of the family home. This individual could work with the case manager and natural support system, ensuring families have prepared both legally and financially so individuals do not experience lapses in eligibility and documentation is organized as needed in case of sudden death or crisis of the primary caregiver. This point person is necessary due to the complicated nature of housing and LTSS solutions. Case managers are already overwhelmed with their caseload and do not have the capacity to educate, organize and coordinate all of the details that are associated with identifying housing solutions and opportunities for assistance. There needs to be additional support and guidance for neurodiverse families to coordinate the transition, especially as the rate at which aging senior caregivers are passing away or experiencing a medical crisis will continue to increase.

“One of the barriers I keep thinking of is education. Someone may know about a housing voucher, but then there is a whole lot of work for a family to do just to gather and put together the information. Let alone try to figure out what kind of housing, there’s just so much, and then families alone are spending so many hours a day just trying to support their individual that needs that housing. It’s very layered. It’s the energy, it’s the ‘where do I go?’, how do I access the information- ya, it’s pretty tough for families.”

Anne Patton, Colorado Developmental Disabilities Council, DD Council Member
In 2018, the City and County of Denver’s Department of Human Services conducted a Needs Assessment for Residents with Intellectual and Developmental Disabilities [32]. Of all issues presented, 87% of respondents reported affordable housing was a “big problem”, more than any other big program listed. As there is no formal database for neurodiverse families besides those who may qualify or seek Medicaid-funded LTSS, the majority of people with I/DD “housed” in their family home are invisible as an affordable housing need. Their invisibility is evidenced by the bold Denver Department of Housing Stability Five-Year Strategic Plan: A Guide for Action 2022-2026 which does discuss a commitment to people with physical or sensory disabilities, “In alignment with national standards, HOST requires that developers design and construct a number of units that are accessible for persons with mobility disabilities and hearing or visual disabilities.” [33] Yet, no discussion in the report recognizes the housing needs of people with I/DD living with family caregivers despite being at high risk of involuntary displacement and homelessness. As underscored by the market data collected, nearly all individuals with I/DD are Extremely Low Income (ELI) throughout their life, yet are not being included in projections for deeply affordable housing needs in Denver County.

BARRIER
The majority of adults with I/DD are invisible as a housing need and will most likely never be able to earn a housing wage in Denver County.

OPPORTUNITY
- To prevent homelessness, housing assistance or development of deeply affordable supportive housing units (<30% AMI) can be further prioritized for people with I/DD who are not eligible for Medicaid waiver services and will become homeless at the loss of their family caregiver.
- Provide Medicaid waiver recipients with I/DD direct access to housing assistance as they are at highest risk of involuntary displacement into more restrictive and expensive provider-controlled or institutional settings.
- Future strategic planning documents developed for Denver County must include recognition of the housing needs of people with I/DD living with family caregivers as they are at high risk of involuntary displacement and homelessness.
Another barrier which arose during the Local Leaders Workshop is if an individual is able to access a permanent rental subsidy, it is difficult to secure a lease. Individuals with I/DD do not typically have a credit history, and thus often need somebody to assume responsibility of the lease and sublease from that party or entity. Service providers have assumed this added liability and risk to help the person they serve be housed. This is not ideal as conflict may arise if the individual with I/DD decides they need to change their service provider. A family member could cosign on a lease, but family caregivers should not be relied upon as the sole solution; they may not have financial capacity to be approved or may not be present in a person’s life.

**Barrier**

Individuals with I/DD cannot afford rent, have limited access to rental subsidies, and do not often have a credit score or references needed for landlords to be confident to offer a lease.

**Opportunity**

- Prioritize and track utilization of people with I/DD for Housing Choice Vouchers or other permanent rental subsidies.
- Raise awareness of landlords and property management companies of the housing demand and unique financial and legal arrangements individuals with I/DD experience.
- Educate landlords and property management companies of the rights of people with I/DD to prevent unintended discrimination.

Developers who are familiar with Permanent Supportive Housing (PSH) that typically targets individuals experiencing chronic homelessness raised concerns about day-to-day operations of neuro-inclusive housing if the property does not include a designated case manager or service provider as in PSH. They were concerned how to ensure individuals with I/DD would be getting access to the long term support services they need. They felt there had to be some form of liaison that can ensure individuals are accessing the services at the appropriate level and in the manner needed. Their concern is that individuals with I/DD could become unsupported and thus experience challenges to staying in their own home on the property.

**Barrier**

Developers concerned that people with I/DD will be left under or unsupported in their own home without access to someone who can coordinate support needed.

**Opportunity**

- Offer educational opportunities to landlords, property managers and developers to understand how people with I/DD access their long-term support services and what they offer as potential tenants.
- Increase capacity and cross-sector relationships with case managers at Community-Centered Boards to ensure individuals living independently have access to the coordination needed.
- Find a funding source for property-specific “resident assistants” who can assist residents if they are facing support or staffing challenges (Medicaid-funded paid neighbor, Mill Levy I/DD funding, state appropriations, etc). These positions can also be used to help coordinate other supportive amenities, activities or classes desired.
Even if an individual is able to access a housing voucher, and a landlord is found who will accept a voucher and offer a lease, the home must be accessible to the person with I/DD. Accessibility needs vary greatly depending on an individual’s impairment. Participants underscored that it is unfortunate when a unit that is designed to be accessible for somebody who uses a wheelchair is given to an individual that does not need a unit accessible for a wheelchair. Additionally, landlords may or may not allow modifications to a rental unit, and some accessible modifications would be difficult to retrofit. For an individual with autism, in order to prevent disruption to neighbors or neighbors disrupting an individual with heightened sensitivity to sound, it would be important for their home to have sensory accessibility features such as soundproofing or extra insulation to reduce noise from both inside and outside of the unit. Furthermore, AARP’s 2018 report Making Room: Housing for a Changing America underscores that the housing stock today does not reflect the needs of the country’s changing demographics. [34] The majority of the country’s housing stock is made for nuclear families, and although the report did not address individuals with I/DD directly, it shared that 30% of the adult population is living alone and there are gaps in the marketplace for single seniors, single young adults or those who do not have children or dependents living with them.

BARRIER
Housing stock accessible to people with I/DD is severely limited.

OPPORTUNITY
• Funding or incentives needed for new construction or rehabilitation that creates additional units for single or two person households that incorporate universal and neuro-inclusive design elements.
• Funding and incentives needed to help families bequeath homes, especially if modifications have been made to make the home more accessible to the individual. This also potentially increases the housing stock if the person with I/DD would like to offer their extra rooms for rent to others with or without I/DD.
• Increase funding caps in HCBS waivers for home modification, adaptations, or improvements for accessibility.

U.S. Housing Stock by Number of Bedrooms

Historically, the smallest units have received short shrift, but today’s largest household category consists of singles living alone. That’s a significant mismatch.

The Bottom Line: Our current housing stock isn’t nearly as diverse as we are.

Graphic from AARP’s Making Room: Housing for a Changing America
Another major barrier in the development of neuro-inclusive housing solutions is the lack of a funding source for supportive amenities. Supportive amenities are tied to a property and allow residents to have access to additional human resources and opportunities that can help increase independent living skills, decrease loneliness and connect with the greater community. Individualized LTSS can offer the individualized support services that people need to participate in a cooking class, money management course, or job navigation, but Medicaid does not pay or reimburse for the outreach efforts necessary to develop strong relationships with community opportunities and employers. A funding source is needed for supportive amenities that would help individuals with I/DD stay successfully housed, connect to their community and improve well-being. This funding source may also help other properties that serve different special-needs populations such as chronic homelessness, mental health challenges, seniors, etc. There is no funding source through Medicaid or through housing assistance programs that pay community-based organizations to provide supportive amenities to residents of a particular property. Developing a funding source that community-based organizations can utilize to offer the supportive amenities to residents is vital.

**BARRIER**
There is no funding source for supportive amenities.

**OPPORTUNITY**
Identify or develop a funding source that can offer property-specific supportive amenities needed such as free social activities, life skill classes, community navigation, additional transportation, etc.
Individuals with I/DD can own their own home, or if needed, it can be held in a Special Needs Trust or Pooled Trust. The market data revealed that this is of high interest likely due to housing stability and security of asset development. One’s primary residence likely will not count as an asset against means tested programs like Medicaid or Social Security. Whether it’s adding an accessory dwelling unit, purchasing an apartment, or buying a percentage of a home with other friends, individuals with I/DD and their families experience major barriers in understanding how to finance, protect and manage the asset. Although some families can help with investment into the property, there needs to be greater guidance and opportunity for innovative financing to achieve homeownership for people with I/DD.

**BARRIER**

Neurodiverse families and individuals with I/DD desire homeownership, but are unsure how to proceed to acquire and sustain a homeownership option.

**OPPORTUNITY**

- Develop a homeownership guide to help individuals and families understand how to invest in housing stability when financially possible.
- Offer property tax waiver for ELI residents with I/DD who occupy a home outside of the family home.
- Modify zoning code to allow addition of an accessory dwelling unit (ADU) or tiny home as a Use by Right on property that will house a dependent adult; or offer planning grants and waive fees associated with requesting approval.
- Fund “Housing and Lifespan Navigator” and create stronger connections with programs like Colorado Housing & Finance Authority, Colorado Fund for Persons with Disabilities, and others who can help individuals with I/DD and families with homeownership solutions.

“Anything that’s viable at the state level giving people more flexibility with asset development, if there needs to be additional work done on that, we would definitely love to have that conversation for next year.”

Representative Colin Larson, Colorado State House District 22
Historically, it was important for families to be supported in order for their loved one to remain in their family home and community and not be forcefully institutionalized. Thankfully, attitudes and culture have progressed to recognizing that young adults with I/DD have the same desires as their neurotypical peers, which includes moving out of their family home and starting a life of their own in the community. The 2018 I/DD Mill Levy Needs Assessment asked self-advocates in a focus group if they lived outside of the family home, and none of the self-advocates raised their hand. They then asked who wants to live outside of the family home, and all of the self-advocates raised their hand. Being top ranked in the market study, it is time that LTSS expands the opportunity for individuals to access a variety of service delivery models that allows them to live more independently and autonomously in their own home. As individuals with I/DD are not a homogeneous population, but diverse in many ways, it’s important that they are able to access LTSS in an equally diverse variety. The market analysis showed that individuals wanted more access to technology and having a paid neighbor. Similar to a host home arrangement, there was strong support for a live-in caregiver in one’s own home, also called shared living. There was strong indication for supportive amenities, which are not individualized supports but human resources to help people connect with their community and connect with each other. This was especially of interest and would be valuable for those who may not be able to access Medicaid-funded waivers due to eligibility constraints.

**BARRIER**

Not all people with I/DD can access services in the manner they desire, in their own home.

**OPPORTUNITY**

- End the waitlist for services and make HCBS waivers an entitlement like California achieved with the Lanterman Act. [35]
- Health Care Policy & Finance (HCPF) could consider the addition of a paid neighbor program similar to that which exists in New York. [36]
- Building upon the recently added opportunity for remote support, Colorado could consider becoming a Technology-First state like Ohio. [37] Missouri. [38] and Tennessee [39]. This is especially becoming as the nationally known champion for technology resides at the University of Colorado Coleman Institute for Cognitive Disabilities. [40]
- Developing a funding opportunity for individuals with I/DD and/or autism to access supportive amenities, especially those who do not qualify for the Medicaid-funded waiver program.

“We didn’t have nearly as many units available for our individuals and families with I/DD because eligibility required people to be homeless.”

Doug McNeill, Laradon, CEO
The language and the timelines for the housing industry are often incongruent with the language and the timelines for the LTSS system. Due to a lack of available funding, affordable housing constantly operates within a scarcity model and often moves quickly. In the LTSS system, it is important that a person-centered approach is taken and the neurotypical timeline is often inaccessible. It became apparent decades ago that in order to move people out of institutional settings, it would be necessary to incentivize and develop a bridge between the Medicaid system and other community-based resources. Thus, the federal Medicaid program, Money Follows the Person (MFP) was created. Section 811 is a federal housing program that was designed for people with disabilities. Not people with I/DD specifically, to access supportive housing. In Colorado, these two programs work in collaboration and coordination between HCPF and the Division of Local Affairs who streamlined the disconnected systems and enabled many individuals to move from institutional settings, such as nursing homes and ICF-IDs to access housing and live in the community. This takes time, planning, and coordination to be done successfully, sometimes much longer than the three-month lease up that is expected within the affordable housing industry for properties who have subsidized units. Thus, there were gaps in the timeline in which nursing home residents were not ready to move, yet these vouchers needed to be used in their new properties. Therefore, policy was added to prioritize the Section 811 recipients for people with disabilities experiencing homelessness. Although done with the best of intentions, this has created significant barriers for individuals with I/DD. They either need to be institutionalized or experience homelessness in order to access this program. The Local Leaders Workshop revealed this disconnect and the leadership of Ann Watts, the state staff responsible for this program, needs to be commended for her recognition of this challenge and her desire to explore solutions.

**BARRIER**

People with I/DD need to either be institutionalized or experience homelessness before they can gain access to 811 vouchers or Permanent Supportive Housing (PSH) units.

**OPPORTUNITY**

- Develop a housing assistance program that targets individuals with I/DD living in the family home without requiring the experience of homelessness or institutionalization to access assistance.
- Modify policy requirements for Section 811 vouchers to include those with I/DD living with aging family caregivers.
- Expand the collaboration between HCPF and DOLA to streamline applications and eligibility beyond those in the MFP program to include individuals with I/DD living in the family home or provider-controlled settings.
- Add housing navigation services to other Medicaid waivers.
- Develop an inter-agency taskforce to have more regular cross-sector discussions on the barriers people with I/DD are facing within the system that is not historically designed to support this population to live in their own home.
CONCLUSION

The visibility of the affordable housing crisis for individuals with I/DD needs to be raised and greater neuro-inclusive community development is necessary. The Denver Department of Housing Stability (HOST) bold Five-year Strategic Plan was developed with the vision that ensures a healthy, housed and connected Denver. [41] This market analysis focused on the needs of residents with I/DD offers critical data to reach this goal, offering guidance on projected population size, urgency of aging caregivers, preferences of future residential options, barriers as well as opportunities to meet the demand.

During the Local Leaders Workshop, Kimball Crangle, a local affordable housing developer with Gorman & Company, underscored that she would be excited to continue to meet the housing needs of this population, but raised the ongoing challenge that without access to capital or land to build housing, it cannot be done. Other vulnerable and at-risk populations have access to specific housing programs in Denver County to meet their unique needs: senior housing programs, housing programs for individuals who struggle with addiction, programs targeting chronically homeless, HIV/AIDS, and the Section 811 program which targets people with disabilities in general. There is no specific affordable housing program that targets the needs of people with I/DD despite being at high risk of involuntary displacement or homelessness.

The Steering Committee of Inclusive Housing Denver came together because they know the value and potential of neurodiverse relationships and community building; yet, they also see the isolation, heartbreak, and traumatic crisis when those with I/DD cannot access affordable, accessible housing.

Denver County should not only prioritize this population across existing housing assistance programs, but also consider filling neurodiverse-inclusive housing gaps where existing programs not designed for people with I/DD just cannot meet their accessibility needs. Time is critical as parents continue to age and their loved one with I/DD drifts closer and closer to the moment when they will lose their primary caregiver and home. It is absolutely necessary that this population is identified as a unique affordable housing need and prioritized as part of Denver equity, inclusion and diversity efforts. Doing so also creates the opportunity for Denver County to become a national leader in neuro-inclusive community development.

Thank you to all those who participated in the Empowering Communities Initiative, may this data help drive residential solutions for a more neuro-inclusive Denver.
National I/DD Supportive Housing Guide

The A Place in the World Supportive Housing Market Guide provides terms and definitions for supportive housing and service delivery models targeting individuals with I/DD. The IHD market analysis used these terms as a foundation, thus it may be helpful to review and explore models described using the terms. 
https://www.autismhousingnetwork.org/apitw-2/

Finding Community-Based Services

In order to connect locals with access to long-term support services, Colorado uses a regional system of Community Centered Boards (CCBs). Rocky Mountain Human Services is the CCB for Denver residents. 
https://www.rmhumanservices.org

Finding Affordable Rental Housing

The Denver Housing Authority offers programs and properties to help make housing affordable for people who have low incomes. 
http://www.denverhousing.org/LWU/AffordableHousing/CurrentStatus/Pages/default.aspx 
The following list also includes properties who are required to have affordable rental units. Unfortunately, there is not enough affordable housing to meet the demand. 

Learn About Trusts & Conservatorship

For those who need help managing their money and/or assets, there are tools that can help prevent exploitation and keep assets safe while maintaining public benefits. Learn more about these options through Colorado Fund for People with Disabilities. 
https://www.cfptrust.org/what/

Homebuying Assistance

Colorado Housing and Finance Authority offers counseling, lending and down-payment assistance for those who have low incomes and need help purchasing a home. CHFA has developed a Neuro-Inclusive Innovation Team to tailor and expand existing CHFA programs for neurodiverse families and developers who want to create neuro-inclusive solutions. 
https://www.chfainfo.com/homeownership
**OTHER RESOURCES**

### Future Planning
The Arc Center for Future Planning helps people with intellectual and developmental disabilities (I/DD) and their families think about and plan for their future. If you would like to get involved in more advocacy efforts supporting a better future, check out The Arc of Colorado.

[https://futureplanning.thearc.org/landing](https://futureplanning.thearc.org/landing)  
[https://thearcofco.org/](https://thearcofco.org/)

### Connect to Local Resources
To access local funds for direct assistance or to further participate in the development of housing or other services for Denver residents with I/DD, get in touch with the Denver Human Services IDDEAS Program.


### Safely Save Money
Colorado ABLE Accounts (Achieving a Better Life Experience) helps individuals with disabilities and their families save money while preserving their SSI and Medicaid.

[https://www.coloradoable.org/](https://www.coloradoable.org/)

### Home Modifications for Accessibility
The Home Modification Tax Credit offers up to a $5000 tax credits for costs associated with making a home accessible to a resident with disabilities.

[https://cdola.colorado.gov/community-access-team/home-modification-tax-credit](https://cdola.colorado.gov/community-access-team/home-modification-tax-credit)

### Assistive Technology
The Assistive Technology Clinic at the CU Center for Inclusive Design and Engineering provides assessment, recommendation, and documentation to assist with funding justification of the need for assistive technology.

[https://www1.ucdenver.edu/centers/center-for-inclusive-design-and-engineering/services/clinical-services](https://www1.ucdenver.edu/centers/center-for-inclusive-design-and-engineering/services/clinical-services)
Executive Summary


Introduction


Demographics


https://www.researchgate.net/publication/325897342_Intellectual_Disability_and_Homelessness_a_Synthesis_of_the_Literatur e_and_Discussion_of_How_Supportive_Housing_Can_Support_Wellness_for_People_with_Intellectual_Disability#pf8


15 United States Census Bureau QuickFacts, Denver County, Colorado: https://www.census.gov/quickfacts/denvercounty/colorado


17 Colorado Coalition for the Homeless, Colorado Balance of State Continuum of Care: https://www.coloradocoalition.org/BoSCoCCES

ENDNOTES


21 Autism Together, Mate Crime: https://www.autismtogether.co.uk/mate-crime/


23 Colorado End the Wait Campaign, Legislative Talking Points: https://www.allianceloverado.org/alliancelegpriorities


27 National Low Income Housing Coalition, Out of Reach 2021: Colorado: https://reports.nlhhc.org/oor/colorado


Market Preferences


30 Missouri Department of Mental Health, Technology First: https://dmh.mo.gov/dev-disabilities/technology-first

31 New York State Office for People With Developmental Disabilities: https://opwdd.ny.gov/types-services/housing

Barriers & Opportunities


36 New York State Office for People With Developmental Disabilities: https://opwdd.ny.gov/types-services/housing


38 Missouri Department of Mental Health, Technology First: https://dmh.mo.gov/dev-disabilities/technology-first


40 University of Colorado Coleman Institute for Cognitive Disabilities: https://www.colemaninstitute.org

Conclusion