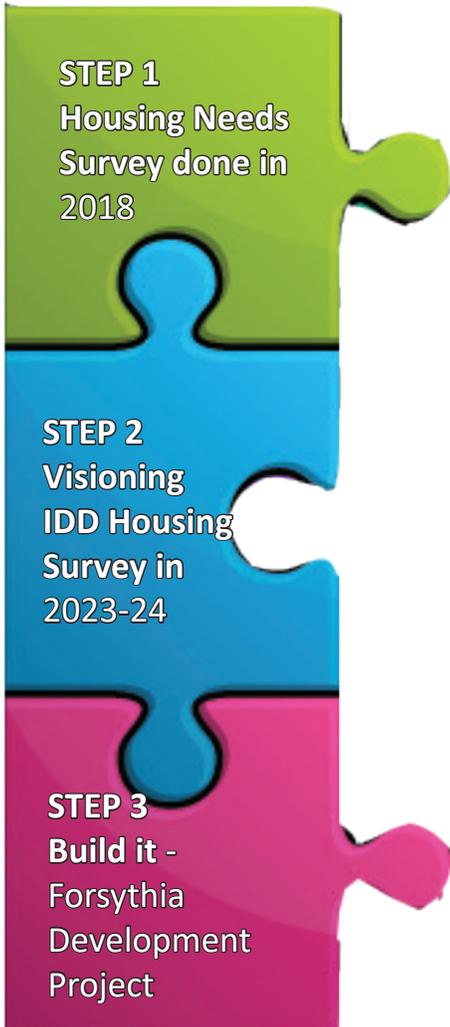


ADDRESSING CRITICAL IDD HOUSING IN LANE COUNTY



STEP 2 VISIONING IDD HOUSING NEEDS

The intent of this project was to gather ideas and information on what is important to consider and include in creating IDD housing that works for people.

Survey Development
and Project Report by
Jaclyn LaRue
Mainstream Housing

Funding by
the Kuni Foundation



POWERING POTENTIAL



MAINSTREAM HOUSING, INC.

895 Country Club Road, Suite B-150, Eugene, OR 97401
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Participants in this project fell into four basic groups. The descriptor that will be used throughout this report to refer to each of these groups is shown in red in parenthesis.

- 1) People who experience an intellectual or developmental disability (**IDD**)
- 2) Family members or guardians who are related to individuals who experience IDD (**Related to**)
- 3) Individuals who currently work with, or have worked with, the IDD population. (**Work with**)
- 4) Others who are interested in housing options for our IDD community members. (**Interested**)

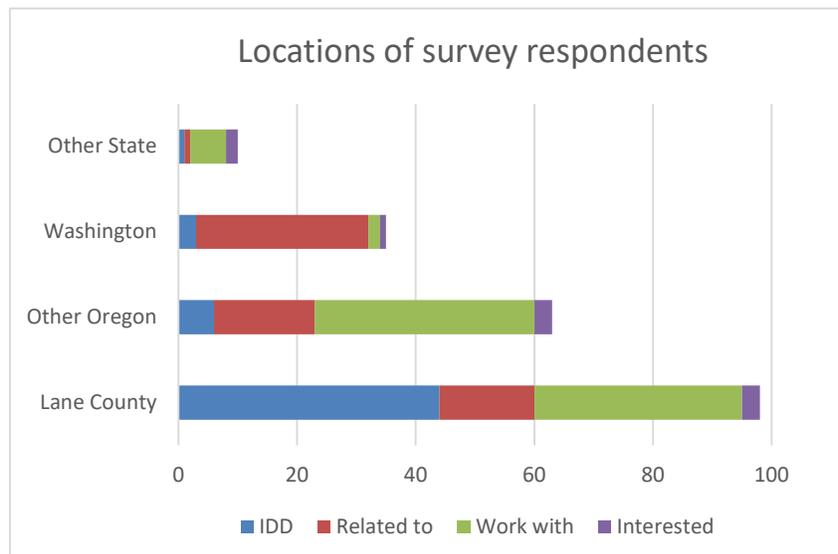
Project activities included the following. Participants were given the opportunity to engage in some or all of these activities.

- 1) IDD housing survey. Questions asked were specific to each of the four basic groups listed above.
- 2) Discussion groups.
- 3) Private interviews.

NUMBER AND LOCATION OF SURVEY RESPONDENTS

Where do you live?

	IDD	Related to	Work with	Interested
Lane County	44	16	35	3
Other Oregon	6	17	37	3
Washington	3	29	2	1
Other State	1	1	6	2
	54	63	80	9



Private interviews		
	Related to	Work with
Lane County	2	4
Other Oregon	2	5
Washington	6	2
Other State	1	
	11	11
Discussion Groups		
	Related to	Work with
Lane County	6	4
Other Oregon	5	6
Washington	10	2
Other State	1	
	22	12
Total participants in interview and discussion groups		
	Related to	Work with
	33	23

COMMENTS:

The numbers above represent the number of people who signed up to participate through the survey. Many of these discussions generated names of others we should contact. An exact number of additional interviews resulting from these initial discussions and interviews is not available.

We did have many people with developmental disabilities sign up to be a part of discussion groups but none actually followed through when invited for an on-line or phone discussion. A more effective way to get information through discussion for this population would be to use existing groups who are comfortable meeting with each other in person. Meeting in person for this population would be important.

As we take the next steps in this project and begin the design process we will be seeking input from the IDD community members in Lane County who will potentially be residents for the units we build.

Information about people who either currently have, or have had, experience working with people who experience IDD who responded to the survey.

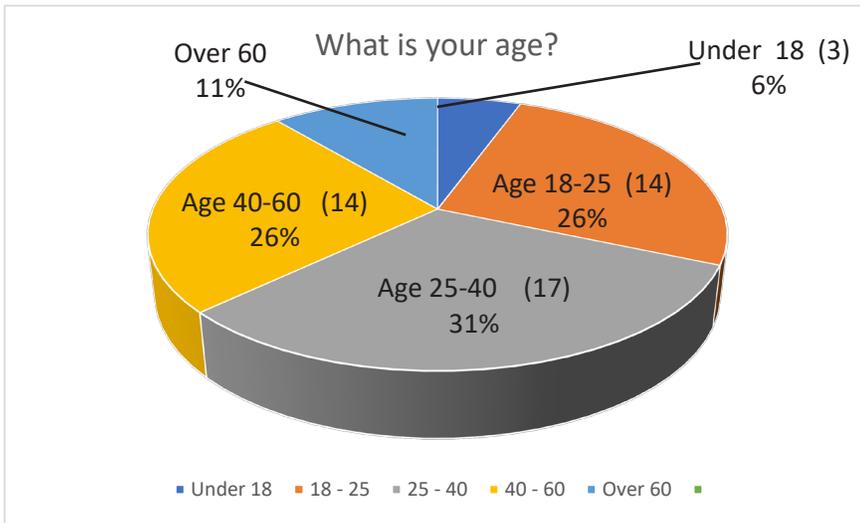
WORK PRIMARILY WITH CHILDREN

Yes	11	13%
No	74	87%
Total	85	100%

PAST OR CURRENT WORK

Current	75	88%
Past	7	8%
Unspecified	3	4%
Total	85	100%

Ages and Housing status for respondents who experience IDD



Housing Status	Number	Percentage
At home	19	35%
Group Home	4	7%
Homeless	11	20%
Rental Unit	16	30%
Own my home	1	2%
Facing eviction	1	2%
Undisclosed	2	4%
Total	54	100%

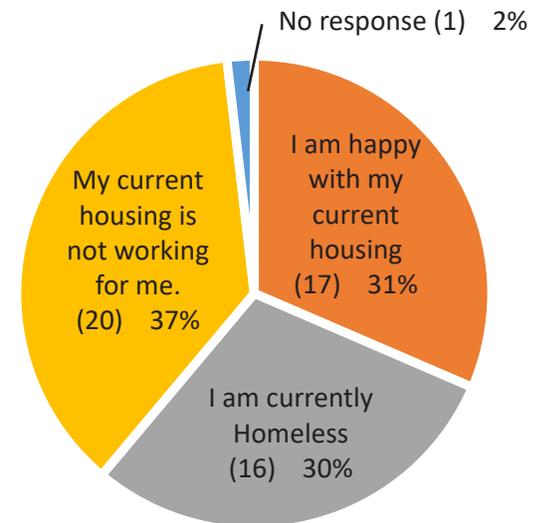
Which best describes your current housing situation?

Reporting to happy with housing - BY AGE

AGE GROUP	Number	%
Under 18	2	12%
18-25	2	12%
25-40	4	24%
40-60	7	41%
Over 60	2	12%
Total	17	100%

Reporting to be Homeless - BY AGE

AGE GROUP	Number	%
Under 18	1	6%
18-25	3	19%
25-40	6	38%
40-60	2	13%
Over 60	4	25%
Total	16	100%



Reporting to be unhappy with housing - BY AGE

AGE GROUP	Number	%
18-25	9	43%
25-40	7	33%
40-60	5	24%
Total	21	100%

NEED TO MOVE IN FUTURE?

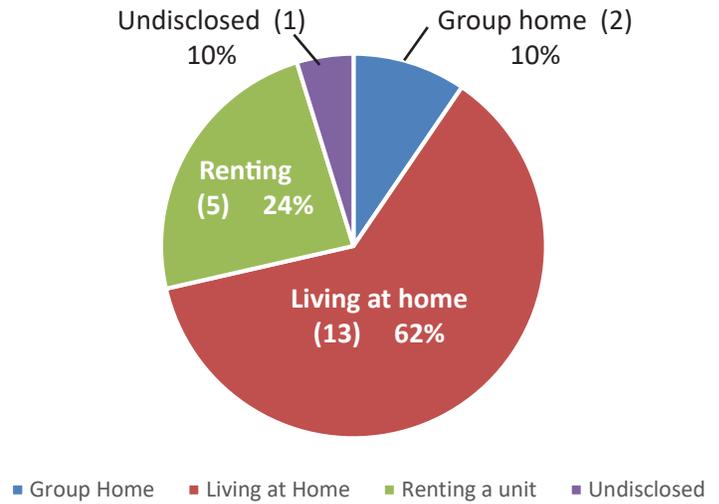
Response	Number	Percentage
Yes	37	70%
No	16	30%
Total	53	100%

More about the IDD group who reported that housing is not working for them

Where are the people in this group currently living?

Reporting to be unhappy with housing - Where they live

	Number	%
Group Home	2	10%
Living at Home	13	62%
Renting a unit	5	24%
Undisclosed	1	5%
	21	100%



What are the common stated reasons for being unhappy with their current housing?

All of the people who reported living at home noted that they would like more independence. The majority of independence seekers who live at home were in the 18-25 year old range. The two who reported living in a group home were also seeking a more independent living situation.

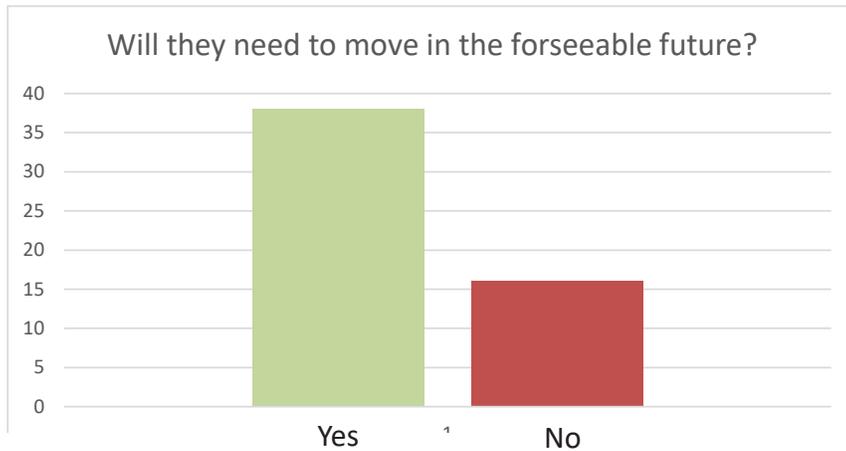
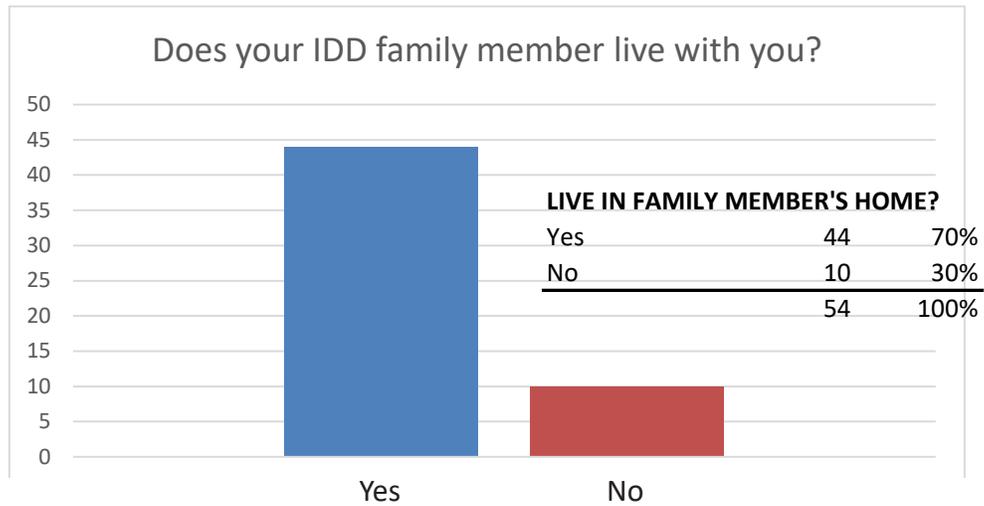
The five who were renting a unit either reported being unable to pay rent increases or were having issues with their landlord. None of these reported stability in their rental situation and all reported their housing was at risk.

About respondents who are related to, or guardians, of IDD family members

RELATIONSHIP TO IDD FAMILY MEMBER	Number	% of total
Aunt/Uncle	2	4%
Grandparent	2	4%
Guardian	2	4%
Sibling	3	6%
Parent	43	80%
Other	2	4%
TOTAL	54	100%

AGE OF FAMILY MEMBER	Number	% of total
Under 18	3	7%
18-25	9	20%
25-40	21	48%
40-60	10	23%
Over 60	1	2%
TOTAL	44	100%

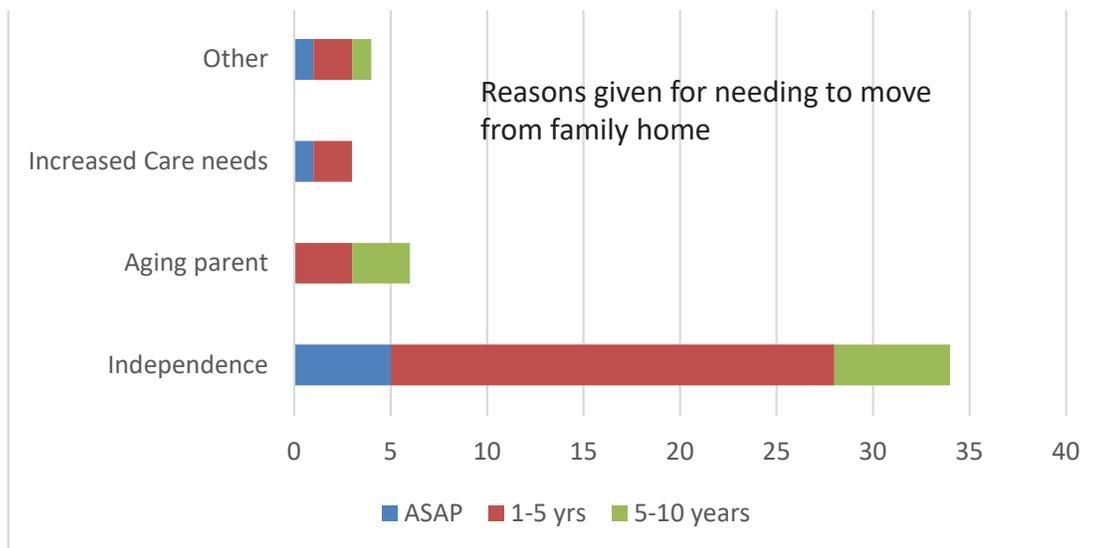
Living Situations for respondents who have IDD family members



Time frame for needing to move
 Note: many who said "no" to the need to move responded to the timeframe question.

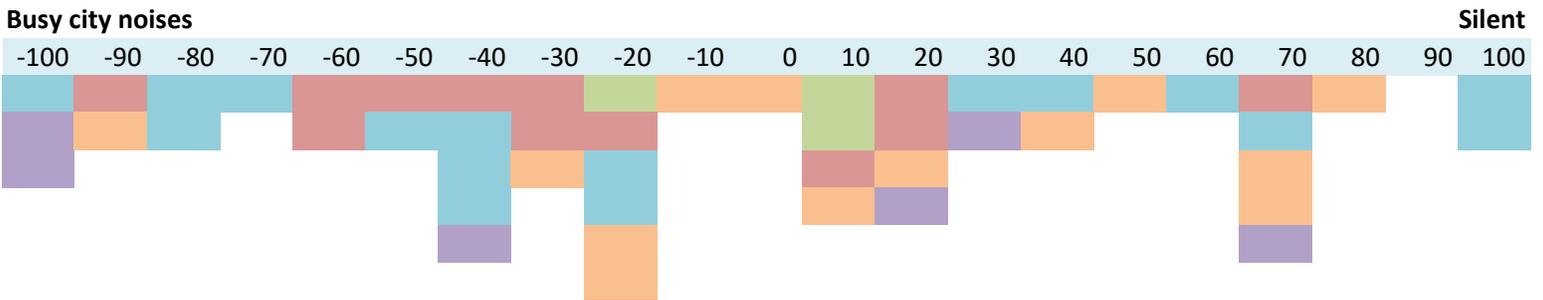
TIMEFRAME FOR MOVING

ASAP	7	14%
1-5 years	30	60%
5-10 years	10	20%
Unknown	3	6%
Totals	50	100%



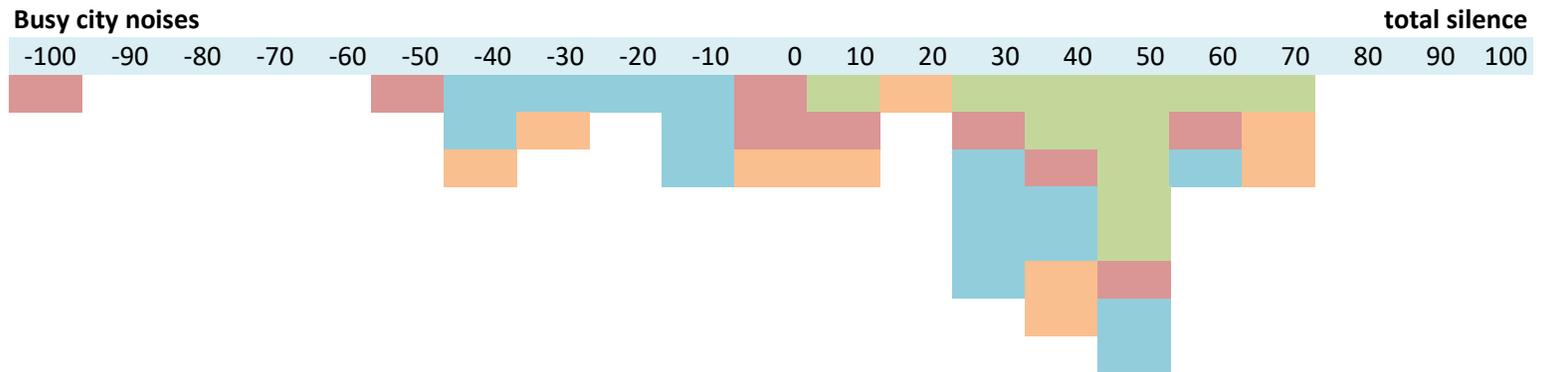
IDD SURVEY RESPONSES

Would you choose a location with city noises, complete silence, or something in between?



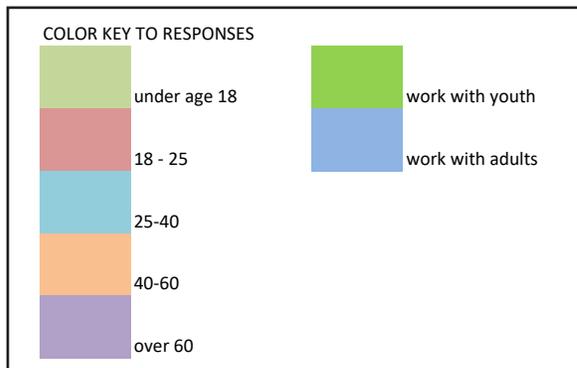
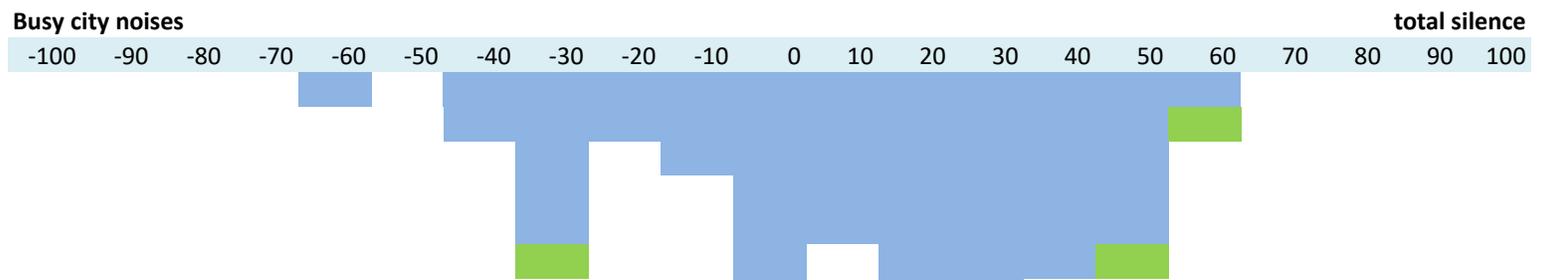
RELATIVES/ GUARDIANS OF IDD SURVEY RESPONSES

Would you choose a location with city noises, complete silence, or something in between for your IDD family member?



WORK WITH IDD SURVEY RESPONSES

Would you choose a location with city noises, complete silence, or something in between for IDD housing?



IDD SURVEY RESPONSES

If you could pick where you lived, which type of location would you choose?

	Under 18	18 - 25	25 - 40	40 - 60	Over 60	TOTAL	
In the middle of a city		2	7	1		10	23%
In an active neighborhood	2	5	3	2		12	28%
In a quiet neighborhood	1	3	3	10	3	20	47%
In an area with no nearby neighbors			1			1	2%
	3	10	14	13	3	43	100%

RELATIVES/ GUARDIANS OF IDD SURVEY RESPONSES

If you could pick the best possible location for your family member, which type of location would you choose?

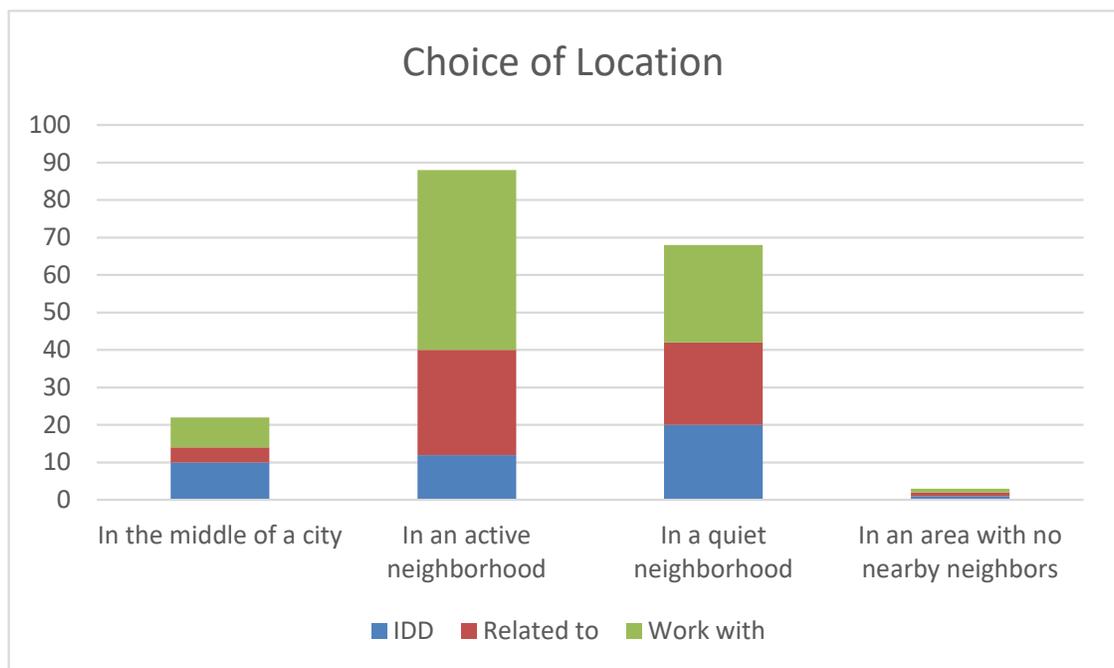
	Under 18	18-25	25-40	40-60+	TOTALS	%
In the middle of a city	1	0	2	1	4	8%
In an active neighborhood	5	4	11	4	24	47%
In a quiet neighborhood	5	5	7	5	22	43%
in an area with no nearby neighbors	0	0	0	1	1	2%
	11	9	20	11	51	100%

WORK WITH IDD SURVEY RESPONSES

If you could pick the best possible location to lead to success in IDD housing, which type of location would you choose?

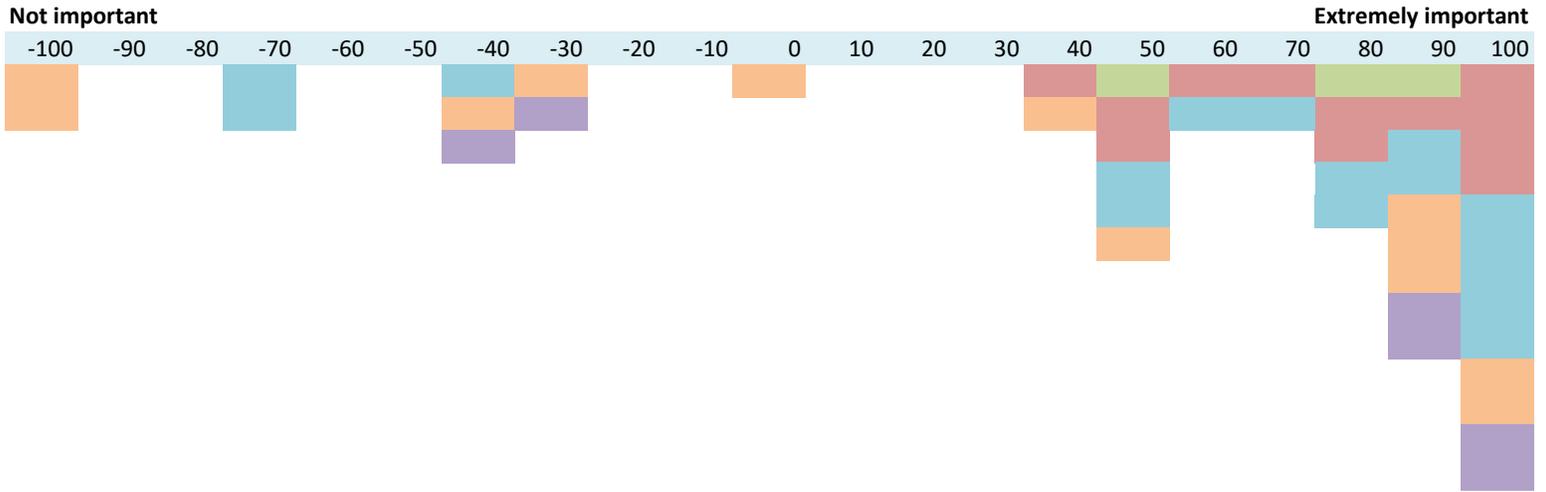
WORK WITH:	ADULT RESPONSES		YOUTH RESPONSES		TOTALS	
In the middle of a city	7	10%	1	9%	8	10%
In an active neighborhood	41	57%	7	64%	48	58%
In a quiet neighborhood	23	32%	3	27%	26	31%
in an area with no nearby neighbors	1	1%	0	0%	1	1%
	72	100%	11	100%	83	100%

COMBINED SURVEY RESPONSES



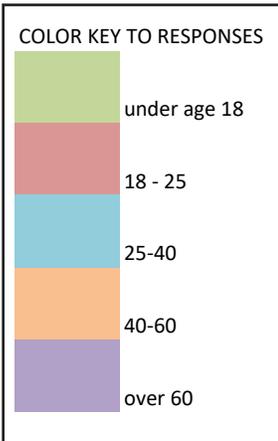
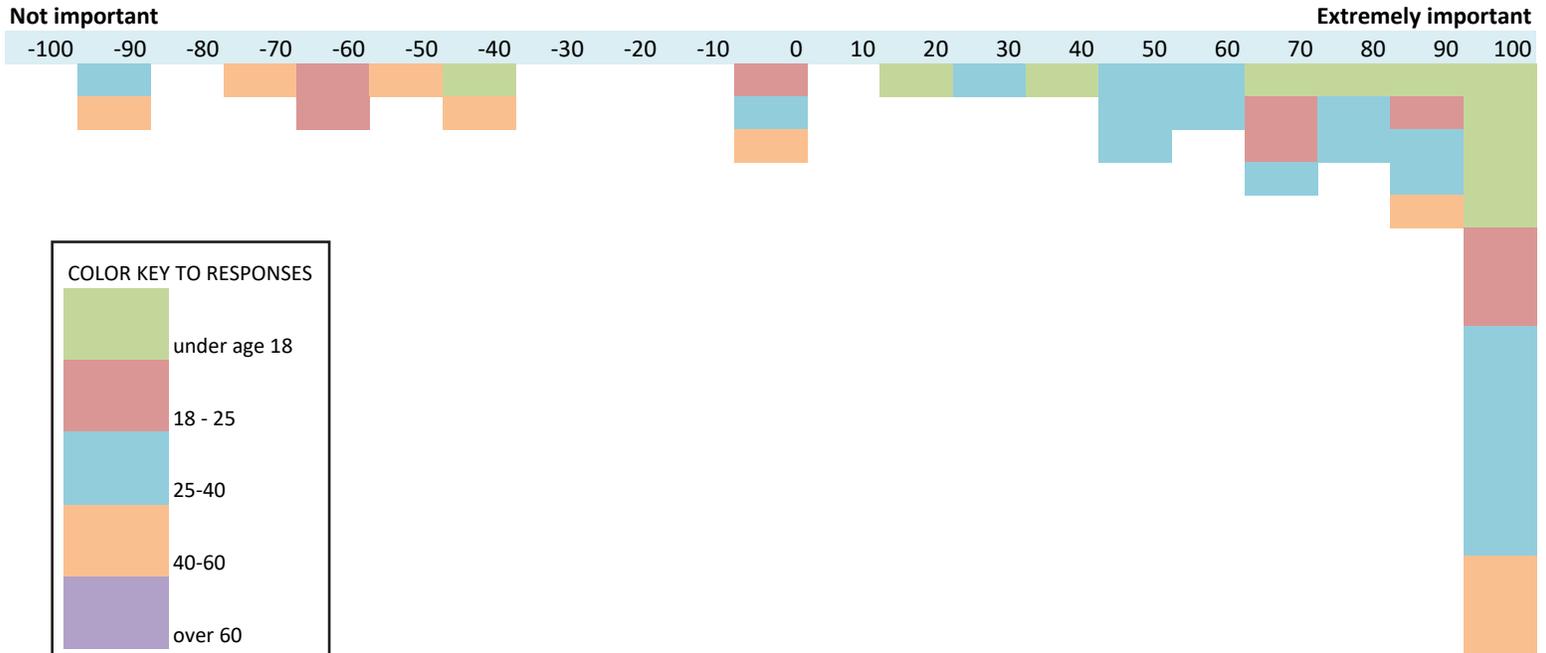
IDD SURVEY RESPONSES

How important to you is it to be within walking distance of a bus line and services?



RELATIVES/ GUARDIANS OF IDD SURVEY RESPONSES

How important is it for your IDD family member to be within walking distance of a bus line and services?



Which type of transportation is your family member most likely to use?

	Under 18	18-25	25-40	40-60+	Totals	%
Transported by care provider/others	5	5	8	2	20	38%
Personal car	2	0	1	2	5	10%
Public transportation/bus/ride source	5	4	11	6	26	50%
Other	0	0	1	0	1	2%
	12	9	21	10	52	100%

SURVEY COMMENTS FROM PEOPLE WHO WORK WITH IDD ABOUT NOISE AND NEIGHBORHOOD

- A lot of my customers with autism get over stimulated with loud or lots of noise.
- As much as I think a quiet neighborhood will serve those with sensory sensitivities better, it will be equally important that they can access services (grocery store, library, restaurants, social events, doctors, etc.) through public transportation, biking or walking. Since a quiet neighborhood might not be as accessible to service it would be important that the housing addresses the need for quiet with good insulation, double paneled windows, trees, etc. Affordable and safe would be as necessary as quiet as well.
- Frequently those living in community settings live in neighborhoods where there are more emergency services visits (fire, police, paramedics); depending upon the person, general traffic sounds, sounds of pets and children are not as stressful.
- High noise levels can trigger some in the IDD population.
- Housing needs to be somewhere accessible to community but directly in the center of a noisy area. We need inclusion with accommodations.
- I am a house manager that works with students in Smart Living Learning and Earning here in town. Our Post APP Transition Program supports our students in finding affordable housing within the local area. Noise sensitivities is very common in our discussions with students when looking for housing placements.
- I have developed sound insulation and noise abatement modifications to homes and apartments where IDD persons live.
- I have found that many of my participants do not like loud noises that are not created by themselves or for themselves. However, they do like to have multiple electronic devices going at once that can be bothersome to neighbors. I have also noticed that while many test to have perfectly fine hearing they all speak loud with friends and family and the friends and family are very loud back. To me a quiet setting where they can make as much noise as they want without troubling neighbors would help to let them have the environment they want without confrontation with neighbors. I think a ranch or farm style setting would work well for many individuals with I/DD.
- I have provided direct supports to those whom experience I/DD. It really depends on the individual. Some individuals value being part of an active community that is easily accessible to desired locations, while some prefer to live a quiet life mostly within their home. In general, I feel that most people tend to value to live in a peaceful and safe home, so I would lean more towards people preferring quiet neighborhoods.
- I know that working with children with Autism, they prefer constant quiet than lots of noise and disruption. Many with IDD can be easily triggered by loud noises, stranger voices and the usual noise that accompanies city streets.
- I think it varies based on the person with a disability. Some are over-stimulated by noise and others are active and want to be in an area where there is activity. I think having varied options would be best to meet the diverse needs of the I/DD community.
- I think the noise criteria is secondary to proximity within walking distance to stores, churches, entertainment, social connection. Transportation is a huge bottleneck that leads to isolation and lack of community integration. Noise can be controlled indoors, and even outdoors with noise-cancelling headphones, or choice of location.
- In an active neighborhood that presents relatively predictable noise patterns, i.e., a majority of people leave for work at the same approximate time, arrive home at approximately same time, etc. you don't really have to worry about noise levels outside of the home but rather building the environment within the residence that is easily customized to the individual. Being outside/within the neighborhood and the general level of noise is good for limited exposure and acclimation. Hope that made sense :)
- In my experience, individuals that have hyperacusis struggle with every aspect and tone of noises. Garbage day and the noises that come with it was always one of the hardest days of the week and would set the tone for their whole day.
- Input from several individuals on the Autism Spectrum Disorder (ASD), many with co-morbidities, explaining and demonstrating sensitivities to sound.
- It is especially important to avoid high pitched and buzzing noises. These seem to be especially irritating and triggering for the population I work with. It is also important that the sound level is consistent. Constant sounds are irritating and hard to fully process out.
- Many individuals on the spectrum I work with would like white noise but have noise sensitivities
- Most individuals live with their families in neighborhoods- an active neighborhood builds community connection. A silent, isolated place would lead to a silent, isolated person.

CONTINUATION OF SURVEY COMMENTS FROM PEOPLE WHO WORK WITH IDD

- Most of the individuals I work with prefer not to be around large crowds or lots of noise. It makes them anxious. They prefer to live in family friendly neighborhoods with normal everyday noises but not places with a lot of children or ongoing weekly parties.
- I have not thought about this before. I stayed in the middle because I believe some would find comfort in ordinary downtown sounds, and the proximity of many neighbors, while others would be bothered and made anxious by noise.
- Noise is a part of daily living so to learn to adapt to sounds that may affect you with modifications would allow the individual to still be part of mainstream community. Very individualized
- Noise level and neighborhood type really depends on the specific needs of the individual. However, generally an active neighborhood where folks can access community and transportation is important.
- Too much noise is difficult for many people with autism
- Preference would be to be near a public transportation hub but not on a road with fast moving vehicles.
- Quiet is needed for ASD adults as most have sensory issues.
- Some folks with high sensory challenges may want/need a quieter neighborhood. There are benefits to folks that want to be most independent to live on bus lines or in more populated areas ie downtown.
- Some noises fare better with our population than others. Noises found in nature are easier on our population as are consistent noises. Alarms, sirens, etc. can be difficult for many in our population as can be street noise.
- Sound and noise are huge barriers to the individuals I support.
- The ideal setting is individualized.
- The noise level varies from client to client. Clients that are impacted with environmental noises a noisy area would not be a good fit. However, if the noise level does not bother them, the access to services, shopping, bus line is easier in a city/ busy neighborhood.
- The previous two questions are very difficult to answer because the neighborhood depends on the specific needs of the individuals that will be provided housing. Some individuals want to be involved with an active community, while others prefer the peace of a more quiet neighborhood. Some are in between. In most cases, having support services nearby is preferred.
- The question should not be about location of housing vis-a-vis noise, but rather can housing be created to minimize noise so extent of external noise does not dictate location. Through universal design can walls absorb or muffle noise better, for example?
- The students I work with have found functional coping strategies to deal with distractions by sounds
- There are different levels of tolerance among the IDD populations I have had the privilege of knowing. Some are quite capable of living w/in a busier environment, while others have their homes “insulated” from noises because of the trauma it creates for them. A “happy” medium would serve a larger population.
- There is no one size fits all. You meet one person with I/DD, you’ve met one person with I/DD.
- Very loud, repetitive noises would be bad, maybe not by train tracks (train horns) or a fire station (frequent sirens), etc.
- We need a mix of “noise levels” from City to In Between, as some individuals cannot tolerate too much noise and some individuals make a lot of noise which can make neighbors unfriendly, IDD housing should be the same as any other type of housing, a mix to choose from so that individuals and their teams/families have a wide choice of community settings to choose from
- While I think that sensory triggers with noise are very important, I think that the clients I have with IDD really value being centrally located and near public transportation, activities, businesses, food, shopping, and walking options.
- Would certainly want to address noise tolerance/intolerance for each individual as each and any are unique.
- Most of my clients prefer quiet.

IDD SURVEY RESPONSES

If you lived on a rental property with others, how many neighboring units would be the ideal situation for you?

	Under 18	18-25	25-40	40-60	Over 60	Total	
No other units		1	4	2		7	13%
1-5 units		2	2	1	2	7	13%
5 - 10 units	1	4	2	3	1	11	20%
10 to 25 units	1	1	2	1		5	9%
More than 25 units		5	4	3	2	14	26%
Size does not matter	1	1	3	4	1	10	19%
	3	14	17	14	6	54	100%

RELATIVES/ GUARDIANS OF IDD SURVEY RESPONSES

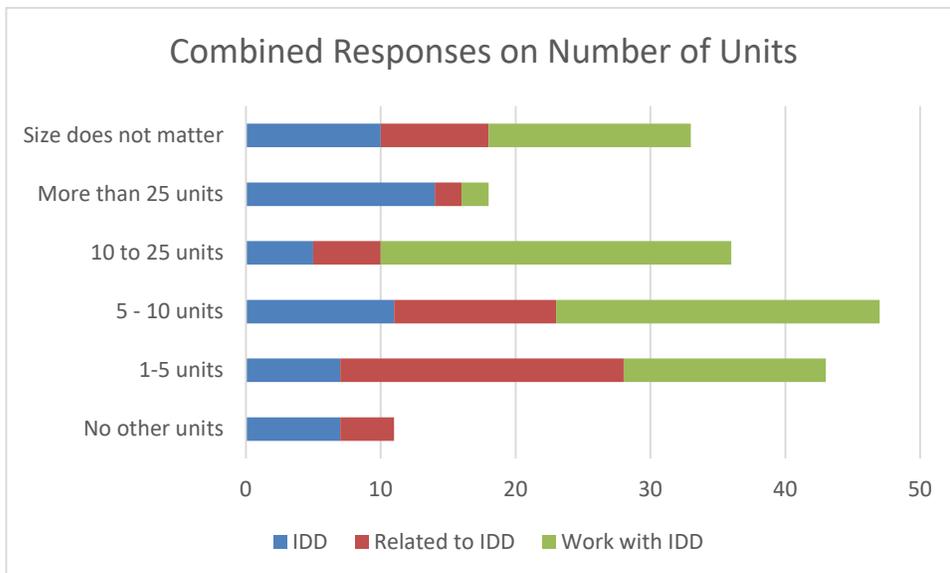
If your family member lived on a rental property with others, how many neighboring units would be the ideal situation for them?

	Under 18	18-25	25-40	40-60	Total	
No other units	2		1	1	4	8%
1-5 units	6	7	3	5	21	40%
5 - 10 units	2	1	7	2	12	23%
10 to 25 units	1		2	2	5	10%
More than 25 units			1	1	2	4%
Size does not matter	1	1	6	0	8	15%
	12	9	20	11	52	100%

WORK WITH IDD SURVEY RESPONSES

If a rental property were to be planned with more than one unit, how many neighboring units would you consider to be the ideal situation?

	Adults	Youth	Total	
No other units	0	0	0	0%
1-5 units	13	2	15	18%
5 - 10 units	19	5	24	29%
10 to 25 units	23	3	26	32%
More than 25 units	2	0	2	2%
Size does not matter	14	1	15	18%
	71	11	82	100%



Note: On this question respondents were allowed to select more than one response.

IDD SURVEY RESPONSES

Which of the following situations do you think would work for you?

	Under 18	18-25	25-40	40-60	Over 60	Total	%
Your own unit with no spaces for interaction with others	3	13	14	12	5	47	68%
Your own unit but with a shared space to interact with others	1	1	5	1	4	12	17%
Your own sleeping unit and bathroom with shared kitchen and living areas	1		4	1	2	8	12%
Your own bedroom with shared bathroom, kitchen, and living areas.					2	2	3%
	5	14	23	14	13	69	100%

RELATIVES/ GUARDIANS OF IDD SURVEY RESPONSES

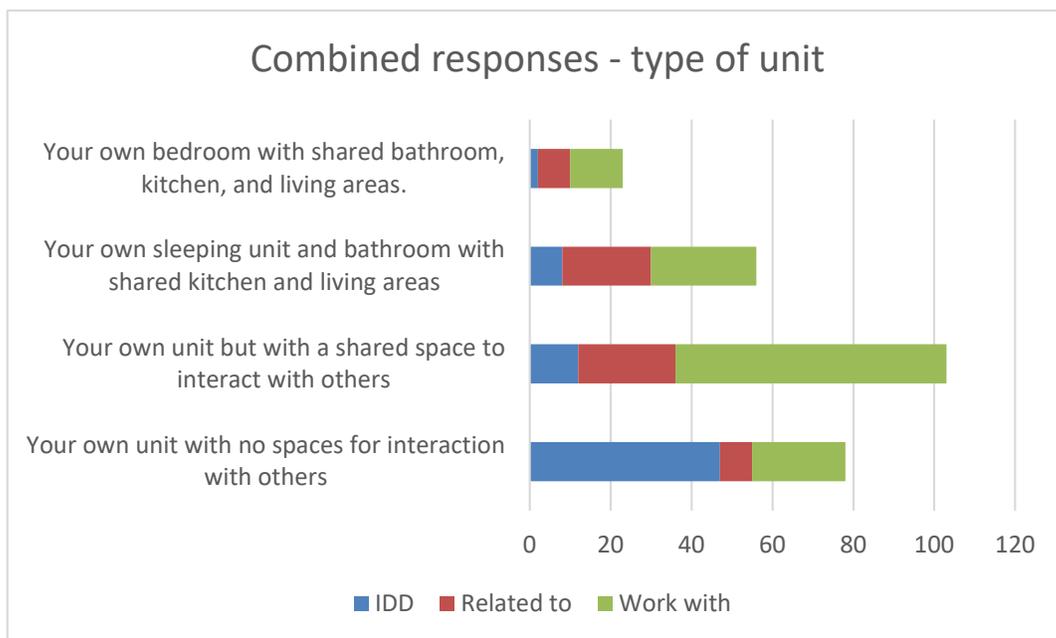
Which of the situations do you think would be best for them?

	Under 18	18-25	25-40	40-60+	Totals	%
Their own unit with no spaces for interaction with others	1	0	3	4	8	13%
Their own unit but with a shared space to interact with others	6	5	10	3	24	39%
Their own sleeping unit and bathroom with shared kitchen and living areas	6	6	7	3	22	35%
Their own room with shared bathroom, kitchen, and living areas.	0	2	4	2	8	13%
	13	13	24	12	62	100%

WORK WITH IDD SURVEY RESPONSES

Which of the following situations do you think would work for the people you serve?

	Adults	Youth	Total	%
Your own unit with no spaces for interaction with others	21	2	23	18%
Your own unit but with a shared space to interact with others	57	10	67	52%
Your own sleeping unit and bathroom with shared kitchen and living areas	24	2	26	20%
Your own bedroom with shared bathroom, kitchen, and living areas.	12	1	13	10%
	114	15	129	100%



COMMENTS FROM PEOPLE WHO WORK WITH IDD ABOUT SHARED SPACES

Do you have any comments or qualifications to add pertaining to shared spaces?

- I selected all of the housing options as different people will have different wants/needs. The more variety of options the more you will be able to tailor to the individual rather than using a "one size fits all" approach.
- many individuals crave privacy for many of their ADL/IADL tasks, but enjoy the opportunity to socialize with others in a shared space, have privacy for their own visitors and enjoy inviting neighbors into their own homes.
- I think the greatest need is for independent units. If the housing is designed for many tenants with IDD I also think that on-site support/management that could address support needs as they arise would be critical.
- The IDD population includes a wide range of disabilities. I have participated in the development of various housing arrangements that were tailored to particular needs. It is important to consider various contingencies.
- Many individuals with I/DD want their complete independence and complete space but also love to have the interaction and a social area would be helpful.
- Shared space like a gym, rec room or pool.
- I have provided direct supports to those whom experience I/DD. Most of the clients that I worked with valued having their own personal residential space. Some may be open to having shared spaces, but my clients preferred to live on their own without shared spaces.
- It really depends on the individual and how social they are. It could best be a blending of all the above. Many with IDD crave interaction coupled with a good balance of alone time.
- All of the above could or should be choices available to people with IDD just as they are for anyone.
- Many of the individuals I support find they prefer social interaction and having roommates, and have found that living solo leads to increased feelings of loneliness and depressive episodes.
- In different situations with different individuals all of these could be feasible. Some people definitely like to be alone and independent although in this situation there is a concern about isolation which is ultimately detrimental to their wellbeing on the other hand having a group of roommates can in the extremes lead to a situation where the individual makes a great group of friends or finds their living situation utterly intolerable. In addition to this living in a group might make them feel that they are infantilized because they are unable to live independently.
- This would depend on what kind of funding you are using- there is a shortage of supported living space in our area (housing that is rented by someone with I/DD who is working, can live and rent their own space, but benefits from a Direct Support Professional to assist with some Activities of Daily Living or Instrumental Activities of Daily Living. There are no Residential Homes in our county at all. So, if I could, I would pick two options.
- Individuals I have worked with would prefer a self-contained unit but a common room that they could use to interact with their peers.
- I am not sure about this. Shared living and kitchen seems more affordable and good for building community, but the choice above may result in less conflict. Shared kitchens require more cooperation.
- We learn from each other as well as everyone has something valuable to contribute so shared space is part of the learning process amongst peers.
- This type of situation is expensive, but that is they type of people we support.
- I would say it might be nice to have a mixture of the options. Some totally independent units, some with a "quad" style unit and some with shared areas.
- Choice is critical to accommodate support needs and to be person-centered.
- There is such a wide variety of people in DD services. Some want interactions and benefit from shared living spaces and having housemates. Others may do better with less stimulus and having their own space. Is there a way for someone to share a room or rental unit with a partner, natural support person?
- With the lack of housing availability for all who fit the I/DD population all of the above living situations are needed. Individuals don't just fit into one type of living situation. Residences with shared bedrooms tend to be the most difficult, but all deserve choice!
- Families raising children with IDD whom I have worked with have struggled to maintain housing due to their

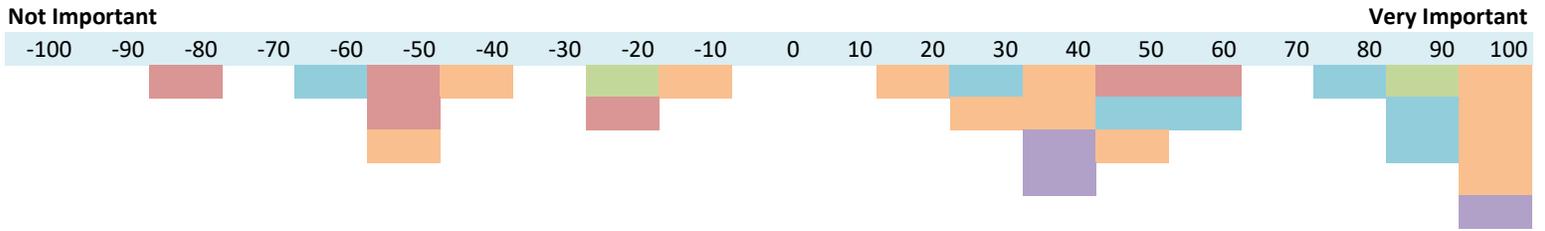
COMMENTS FROM PEOPLE WHO WORK WITH IDD ABOUT SHARED SPACES

child or children's volume and behaviors. Housing for these families needs to take into consideration the site and neighbor's ability to understand and tolerate those noise levels. As well, if multiple people with IDD are housed in space with shared walls, the potential for people triggering others with IDD should be considered. Lastly, in my experience, families with IDD can experience more damage and wear & tear than the average renter. This needs to be taken into consideration as well so that families aren't failing inspections due to damage/wear & tear.

- A lot of people are not willing to share a common area as it can feel like a group home or AFH setting. Some people have not had the best experience and will not return to a service setting that feels similar. It could be considered a sense of accomplishment to have their own apartment, kitchen, bathroom, etc.
- This again depends on the needs of the individuals. However, the Developmental Disabilities Administration has historically advocated against congregating too many individuals with IDD in one area as this limits community integration and could have the appearance of a more institutional-like setting. The houses we develop are sprinkled throughout different cities and neighborhoods are meant to have the same setting as any rental relationship between a tenant and landlord.
- Units need to be within easy access to public transportation.
- Keeping clients engaged socially is very important and hence I believe a larger shared space for activities/events is very important.
- The last choice in the options is just a "group home" so no conversion is necessary.
- I don't think it makes sense to generalize - everyone is different and has different needs.
- Again, depends on individuals but it would be nice to have common areas where people can interact with people they can trust or like.
- Everyone should have their own full bathroom, I don't know many humans who prefer to share a bathroom when given a choice!
- I think privacy is extremely important and too often individuals with IDD are robbed of their privacy. Some people want opportunities to be friendly and interact with others, and other people want to have their own space and not have forced interactions with people they don't really get along with or have interest in forming friendships with.
- They would all prefer their own personal space, i.e., bedroom but have the option to share the kitchen and living areas.
- It's very challenging to build community across groups (or even within them) without shared space.
- It would be best to have all of these units be ADA-compliant for clients who require partial-full assistance with mobility and ambulation. This would also benefit those clients with other mobility limitations.
- I selected the most economical option. It also provides opportunities for socializing and building social skills. I'd venture a guess that this is the way most Americans live. How about a mixed-use complex of seniors and DD folks with support staff on site? Seniors could have the chance to become mentors. Small studio apartments could be included in the design.
- A lot of the individuals cannot live in a group home setting or non-inclusive housing or risk losing services.

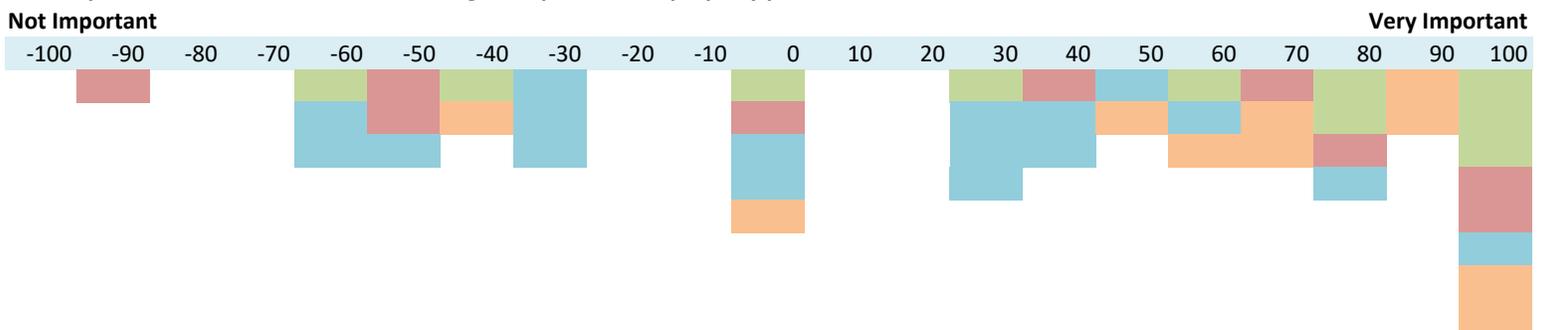
IDD SURVEY RESPONSES

How important would it be to have outdoor green spaces in the living situation you select?



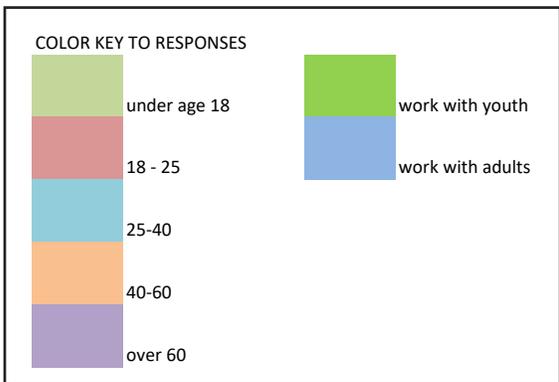
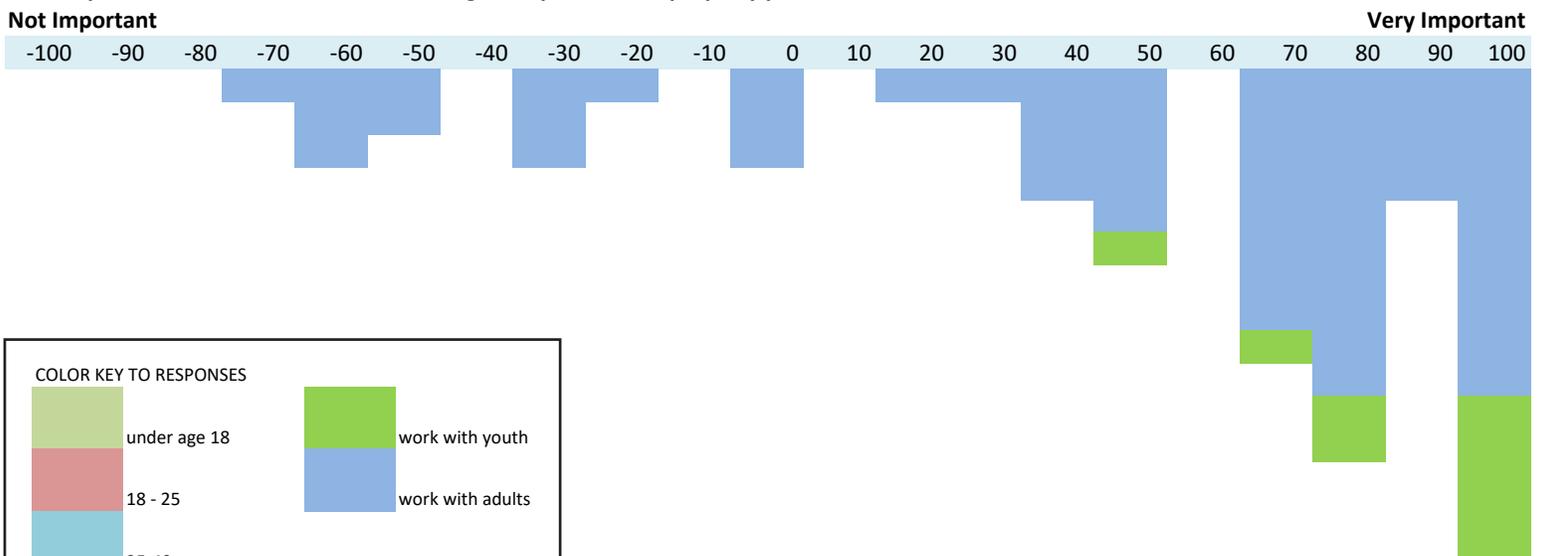
RELATIVES/ GUARDIANS OF IDD SURVEY RESPONSES

How important would it be to have outdoor green spaces in the property plan?



WORK WITH IDD SURVEY RESPONSES

How important would it be to have outdoor green spaces in the property plan?



COMMENTS FROM PEOPLE WHO ARE RELATED TO IDD**Question: Do you have any further comments about the type or location of property you would select for your IDD family member?**

- A medium small dog is very much wanted for anxiety therapy.
- Both of my family members crave community, but also need private space.
- Choice - Do they have a choice of who they live around or share space with and the relationships and connections they have to those people. Who are the people sharing either the unit they are living in or the entire complex? Is there a connected community or is this simply rentals that turnover frequently with everyone coming and going? Are there any checks and balances on who the other renters are?
- Housing must be totally ADA.
- I own my home which is in a special needs trust for him and his sister, who also lives here. Another sister is co-guardian and will help them stay in the home when I die.
- Ideally, having an on-site site administrator/controller to serve as a go to for issues that come up (washer stops working or a resident is troublesome) would be great.
- Just close to stores and parks so she can take her children out to play.
- Must be affordable for disability income.
- My daughter does not need a live-in care giver. What would be ideal is an apartment with a roommate and what is difficult to find is a suitable roommate. She does best with a roommate, not living alone.
- My family member doesn't do well around small children or loud noises.
- My son is severely autistic and nonverbal. I am 47, he is 10. Right now the only option is living with me forever. I hope by the time he needs it, there will be affordable alternatives that will help him live a happy life.
- My son lives in a 3-bedroom ranch home across the street from his parents. He is within walking distance of a bus stop, a Fred Meyer, a Lowe's, a Sharis restaurant, barber shop and sub shop. In the beginning he was able to access all fairly independently. Now he needs someone to navigate for him
- My son would do best surrounded by nature, but close to town - walking or biking distance, and in a small community where he is not isolated and where he can live long term so he gets to know his neighbors and they can know him.
- On-site support but not 24/7 care necessarily.
- Please keep open to Home Ownership so we can break the barrier that folks with IDD do not own homes. Then their rent/mortgage goes back to themselves even in a minimal equity and/or co-op living situation. Home ownership in our region needs so much support, let's model better!
- Provide visual and verbal cues in the house for emergencies, as opposed to just fire alarms. Safeguards in place to ensure safety - drains in floors, timers on stove, concrete floors, etc. Space for a caregiver to live on-site
- Safe neighborhood, not a lot of traffic
- Something near a grocery store so they could walk and do some real grocery shopping conveniently and (with a pull cooler bag) instead of using up resources at close gas station or convenient store). Clear and obvious emergency exits and a central safety place to meet up at in case of a fire, etc.
- That she not be forced to live with or near others with IDD. That her housing options are based upon her true likes and dislikes. Apartment, condo, duplex would be best.
- Within walking distance of stores and activities.

IDD COMMENTS: Do you have any further comments about the location where you would like to live?

- I want to live within a few miles of shopping, restaurants, activities and access to nearby highways but not so close that there is noise or congestion or increased crime in my neighborhood. I prefer quiet and peaceful with nature nearby.
- I would love for my location to be as far away from crime, criminal homeless/any type of homeless
- I would love to live in a quiet location. No children allowed/around. No criminal homeless (or any homeless for that matter), no diverse and foreigners allowed (plus anyone who can't speak clear English). My location would need to be in the Lift boundary district at all days & times.
- Somewhere that has a low rate of crime. Somewhere with either a neighborhood watch or where the neighbors watch out for one another.

COMMENTS FROM PEOPLE WHO WORK WITH IDD**Question: Do you have any further comments about the type or location of property you would select for IDD housing?**

- Easy access. The residents should be able to get to a job, a doctor's appointment or a social event easily, safely and affordably.
- A place that is functional and well kept but not over the top with design and hard to keep up with.
- In a quiet setting with green spaces, affordable.
- I don't know what Universal Design Elements means...
- Access to transportation and community services is essential.
- Very important. Like all of humanity there are a lot of people that enjoy green spaces, parks, nature, etc.
- Housing should be enjoyable and they should feel safe where they live. Often times the options that are most affordable are areas that customers do not feel very safe in. I have heard this comment from a few customers.
- I have provided direct supports to those whom experience I/DD. In general, most of my clients enjoyed having green spaces and interacting with nature.
- Safe neighborhood
- Low maintenance (no yard or garden upkeep), simple layouts, kitchen areas where more than 1 person can be in the same space.
- I would pick a location that has access to public transportation lines and is near essential things like medical, and grocery stores. This increases a person's ability to independently access these things without having to find someone to drive them. Additionally, building in solar power, access to lower cost energy sources such as natural gas, helps persons be able to afford heat bills and other energy related items. Considering back-up generators so that people who are reliant on breathing support or life support systems have a way of continuing to have support during power outages or other emergencies. Making faucets hands free and door knobs accessible. Considering the width of doorways, making showers walk-in and wheel-in. Ensuring that the fire-escape is wheelchair accessible. Consider installing appliances that can be voice operated through Alexa. Also, tiny housing options or other 1-2 bedroom options for home ownership would be helpful.
- Interaction with nature and the chance to garden are therapeutic for a population who experiences a lot of trauma. This seems more important than ever with the prevalence of screens in our lives now.
- Close to transportation lines (i.e. bus, bike path, etc.)
- Many find solace in nature so to be able to detach from the noise of other humans can be very therapeutic.
- Not a typical "group home", those settings do not allow for space and individuality.
- Near public transportation and ideally walking distance from a grocery store. Also, it would be important to allow pets in the area.
- Research clearly documents the need for outdoor green spaces to accommodate good health in a normal population but critical for people with anxiety and depression which is a common co-morbidity
- Walking distance to store and park.
- Research shows all individuals neurotypical and neurodivergent do better with access to nature and green space.
- The housing crisis impacts our clients so significantly that any type of housing would be beneficial. For my case load, they do not ask about yards, size, etc it is "can I afford it and does it fit into the allowable rent" The best location would be near a bus line or within Cherry Lift boundaries so there are transportation options.
- It really depends on the individuals. We have houses where the tenants are actively involved in the landscaping and use the surrounding green spaces as a place for enjoyment as well as therapy. For others, the outside areas are ignored and become more of a maintenance expense rather than something that provides value. Universal design works in some cases especially when it comes to economy of scale and when multiple houses are newly constructed on similar lots. Universal design likely would provide greater value with multi-family housing structure like a duplex or an apartment building. On the other hand, universal design can become restrictive as not all shapes and sizes work for the varying needs of the individuals. Public funders often default to universal design and enforce a "by-the-book" approach, which can present different challenges.

COMMENTS FROM PEOPLE WHO WORK WITH IDD CONTINUED

- Green spaces also need to consider pet friendly areas.
- Most of the clients I work with are nearly shut ins and lead mostly sedentary lifestyles. Not all...
- We just need more affordable housing options of all types. In my opinion the answers to these questions will vary widely based on individual preference. The problem we have in central Oregon is with availability of affordable units, less so with the type of units available. I think a variety of types of units and living situations will help to provide individual choice and agency.
- Not on a high-traffic or high-speed road. Potentially sensory equipment in shared spaces, like swings.
- I think independence, dignity, and accessibility should be at the forefront of decisions.
- Incorporate the amazing technology available to meet the unique needs of individuals we support.
- Equal access is the bare minimum. Living without green spaces isn't really living.
- At this point any location would work for the people we service.
- Next to a bus line. As for green space, what would be needed is a smoking area and an area for a picnic table and outdoor games, like corn hole and such. If you make the place big enough, and the individual units small enough, ideally that would leave room for communal spaces, like a game room.

How concerned are you about the following?

	IDD	IDD %	Related to	Related %	Work with	Work %
Cost of Housing						
Not concerned	5	14%	2	4%	0	0%
Moderately concerned	11	31%	9	17%	8	10%
Very concerned	20	56%	41	79%	73	90%
	36	100%	52	100%	81	100%
Safe place to live						
Not concerned	8	24%	1	2%	0	0%
Moderately concerned	8	24%	2	4%	27	33%
Very concerned	18	53%	49	94%	54	67%
	34	100%	52	100%	81	100%
Loneliness						
Not concerned	18	53%	4	8%	2	2%
Moderately concerned	8	24%	16	31%	23	28%
Very concerned	8	24%	32	62%	56	69%
	34	100%	52	100%	81	100%
Someone to help me						
Not concerned	12	36%	1	2%	1	1%
Moderately concerned	12	36%	12	23%	34	43%
Very concerned	9	27%	39	75%	45	56%
	33	100%	52	100%	80	100%
People will take advantage of me						
Not concerned	5	15%	1	2%	3	4%
Moderately concerned	14	42%	14	27%	28	35%
Very concerned	14	42%	37	71%	50	62%
	33	100%	52	100%	81	100%

Ranking of Concerns from 1 (top concern) to 5 (least concern)

IDD Responses	Related to Responses	Work with Responses
1 Cost of housing	1 Safe place to live	1 Cost of housing
2 Safe place to live	2 Cost of housing	2 Loneliness
3 People will take advantage	3 Someone to help	3 Safe place to live
4 Someone to help	4 People will take advantage	4 People will take advantage
5 Loneliness	5 Loneliness	5 Someone to help

IDD SURVEY RESPONSES

Do you have any of these types of support services?

Case Manager	33	38%
PSW or DSP	19	22%
Care Provider	5	6%
Family Member	27	31%
Foster Care	1	1%
Other - friends	1	1%
	86	100%

Do you need help in any of these health and safety areas?

Reminders to take meds	15	52%
Medical asst/monitoring	5	17%
Locked, secure entrance	6	21%
Daily supervision	3	10%
	29	100%

Which of the following best describes your current level of support services?

Not enough	7	16%
Adequate	35	80%
Too Much	2	5%
	44	100%

Do you need help in any of these basic needs areas?

Budgeting	33	38%
Cooking	17	19%
Personal Care	22	25%
Other	16	18%
	88	100%

RELATIVES/GUARDIANS OF IDD SURVEY RESPONSES

Does your family member have any of these types of support?

Case Manager	39	30%
PSW or DSP	17	13%
Care Provider	17	13%
Family Member	46	35%
Foster Care	4	3%
Other - friends	9	7%
	132	100%

Do your family member need help in these basic needs?

Budgeting	43	27%
Cooking	44	27%
Personal Care	43	27%
Other	32	20%
	162	100%

Which of the following best describes the current level of support?

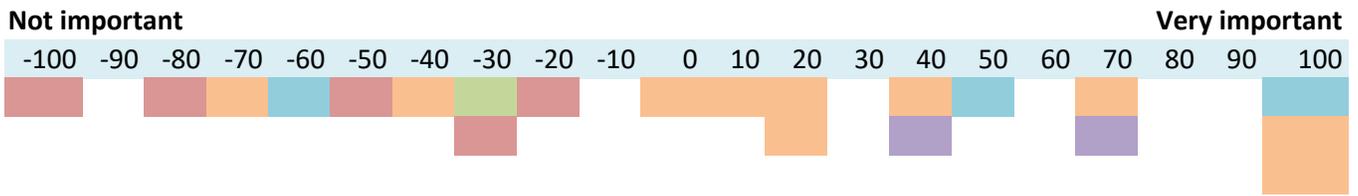
Not enough	26	51%
Adequate	25	49%
Too Much	0	0%
	51	100%

Does your family member need help with any of these?

Reminders to take meds	27	25%
Medical asst/monitoring	33	30%
Locked, secure entrance	18	17%
Daily supervision	31	28%
	109	100%

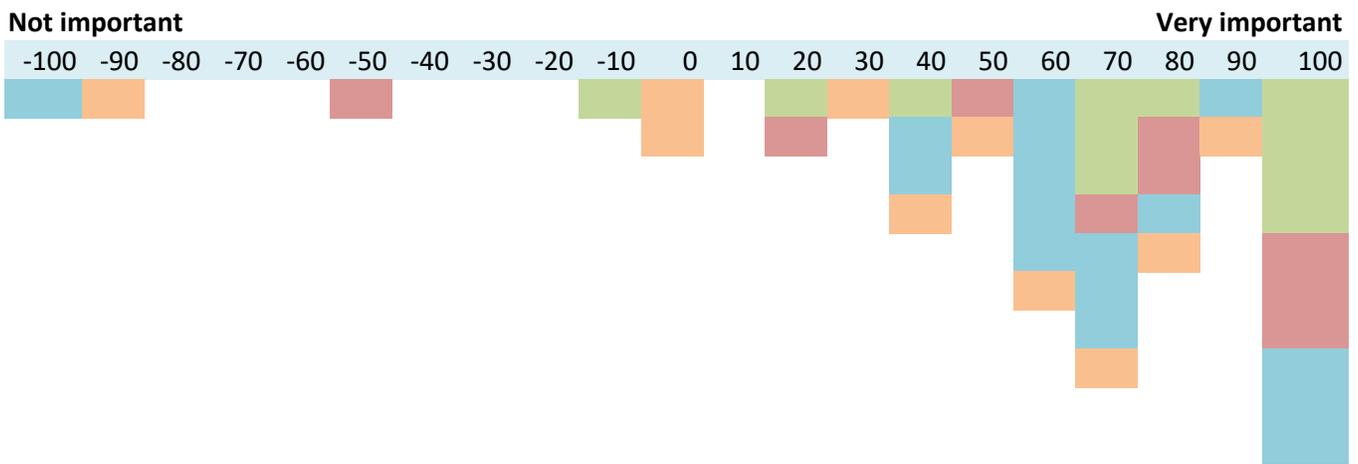
IDD SURVEY RESPONSES

How important is it to have someone who helps you try new things and meet people?



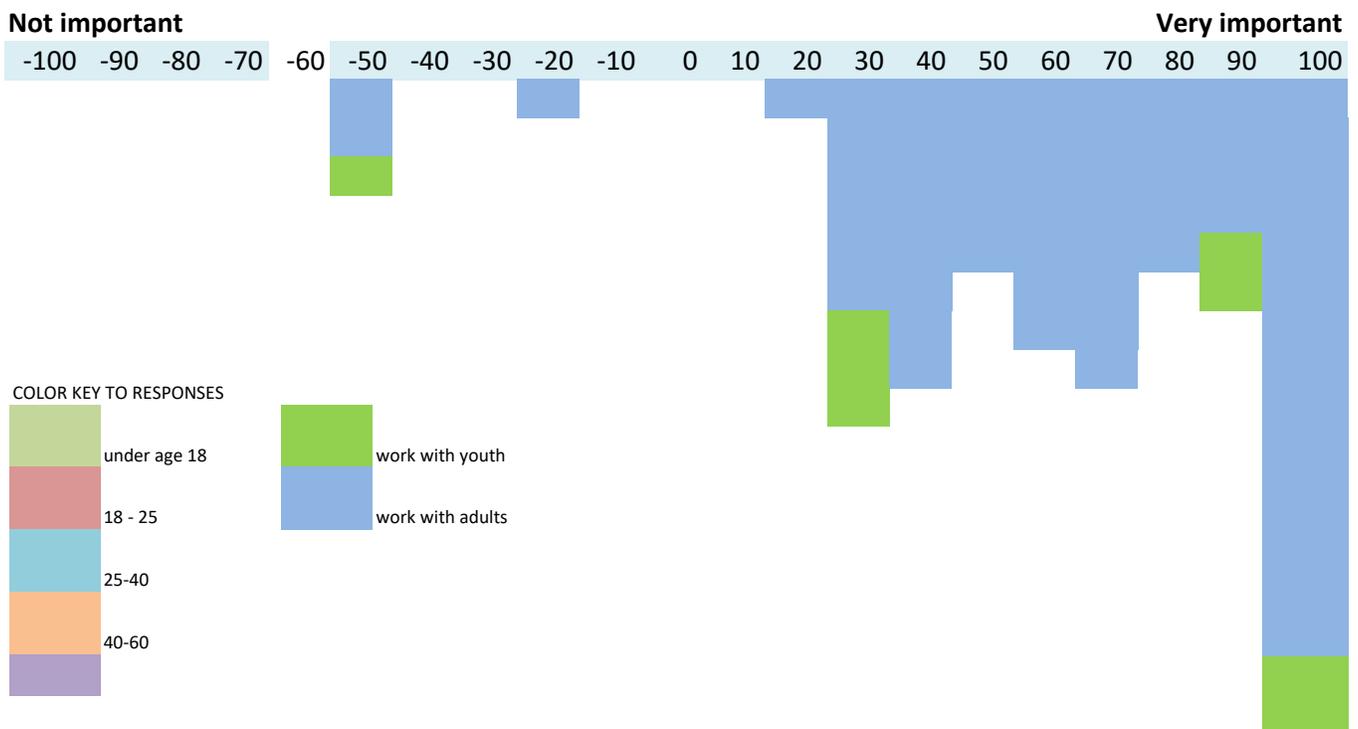
RELATIVES/ GUARDIANS OF IDD SURVEY RESPONSES

How important is it that your family member has someone who helps them try new things and meet people?



WORK WITH IDD SURVEY RESPONSES

How important is it that they have support who encourages them try new things and meet people?



COMMENTS FROM PEOPLE WHO ARE RELATED TO IDD**Question: Do you have other concerns that we have not listed?**

- Staffing and funding for group homes. Community residential programs need to be adequate enough to provide a safe environment while providing a high level of engagement and opportunities for skill building with individuals - not glorified babysitting
- The help needed by Mainstream is financial support and also emergency issues—broken water main, issues with another resident.
- Well they have scattered members and all of the above categories, most care is from immediate family members. The pool to select the other ingredients from is very limited. Paid care providers are few and far between and difficult to find and even more difficult to keep for long-term. Thus, primary care still falls on immediate family.
- With the lack or non-existence of personal support workers/DSPs the crisis has pushed us and others further into isolation and further from the independence our son wants. We MUST solve the workforce crisis and broken onboarding PSW system in Oregon.
- Someone available 24/7 to alleviate anxiety. Needs a lot of help and support managing anxiety.
- More interactive activities instead of just watching tv
- I am the live-in provider to help with kids but I can only do so much. I do the cooking and cleaning but we still need help to come in and help clean and organize due to toy health issues
- Someone to check in on him on a regular basis - he self isolates and has no friends or other people who have regular contact with him. He has made the comment that if he died, no one would ever know - and it's true. I am the only one who keeps contact with him.
- Ability to be safely enclosed without a locked gate or secure access would be preferred.
- A home with multiple residents would be ideal.
- Assistance with forms
- I make all her appoints for her, pay her bills, fill out her work time card, manage her checking account.
- Lack of people willing to serve as paid caregivers/personal care assistants.

Question: Do you have other comments or concerns?

- He needs fun and healthy activities, e.g.: supervised small groups going out for recreation and fun, hikes, etc.
- Ways for him to negotiate emergencies—with things (appliances or housing) and other residents or trespassers.
- Yes, the safety of others around this family member
- That history will repeat itself and people with disabilities will be put back into institutions or only have the option for congregate care. That society in general has not been brought along to the values of inclusion of people with disabilities into communities. That people and communities are unintentionally ignorant to the value of people with disabilities because they have never had any kind of exposure because people have always been housed away from the broader community.
- What happens after parents die/are incapacitated.
- Accessibility; in wheelchair.
- Ability to be safely enclosed without a locked gate or secure access would be preferred.
- Not having true choice in housing but having to choose from a few options that she does not like.
- Lack of people willing to serve as paid caregivers/personal care assistants.
- What happens to a man with an IDD that has been convicted of a sex crime?
- Fostering independence while ensuring proper support, and the tricky balance of this.
- Staffing shortages.

COMMENTS FROM PEOPLE WHO WORK WITH IDD

Question: Are there any services, that are not provided by support service workers and others, that you think would be important to incorporate into any housing-service model we create?

- Specific life skills that are not easily provided by support staff who may also be struggling with similar skills (how to handle credit, keeping oneself safe on the internet, checkbook/account balancing, how to self-advocate, effective communication, etc.).
- I think the bigger issue is the lack of support service workers-we need more in general!
- Support in social situations within the community, not just in home.
- Not sure at the moment.
- On site 24-7 support to address emergent needs when they arise.
- Through brokerages and family support a wide variety of services is available. Rental assistance and costs related to furnishing and maintenance are not always adequately addressed.
- I think this helps to foster friendships and combat loneliness. Many individuals will start to withdraw with others.
- Yes- it can be difficult to find support with communicating with property managers, reading and understanding lease agreements, contact with property manager in general.
- I cannot think of anything off the top of my head. But I believe that it is exceedingly important for folks to develop positive relationships and natural supports with people who are not paid to provide supports.
- I think you have it covered.
- Social events specially catered to people with IDD
- It depends on whether support workers provide full support for community participation, whether that's going to a karaoke bar, the library, a game, a concert, or participation in lifestyle affinity groups of whatever kind based on interest, sexuality, or whatever. And speaking of sexuality, do support workers address that specifically or does that need to come from someplace else?
- I think there has to be an on-going series of educational classes/seminars that address nuanced aspects of living in an 'independent village' environment that works in conjunction with psw's/dsp's and other supported living models, for those that wish to engage/would benefit or show interest in such.
- Ongoing help with technology and software (and software support) that enhances self-determination
- Transportation to grocery stores or help with getting groceries to the home. General supervision of the property. Rules about who can stay over.
- Some kind of exploration program where students are exposed to new things to try in a safe and supportive environment, I feel is really important. It is important for all of us to expand and explore and for the IDD community who often get left out during periods of their lives when exploration is more readily available should be given the chance to explore more as adults.
- Service dog supports or physical supports with emotional support animals, employment/training opportunities on site that build employment skills or technical skills of interest, mental health services, art or other therapies that create a feeling of belonging and assist around MH
- There really is not a focus on home maintenance, ownership and planning; although I see a large interest in this. Many times, this is a subject that no one talks about and there are very little resources available about. Also, having an option for someone to purchase housekeeping- currently there is not an option and some people do not like to do this- in life, some people choose to have a housekeeper; however we don't extend this choice.
- Jobs that fulfill and satisfy the heart. Not everyone wants to work in a grocery store.
- Personalized coaching that helps people create a vision for their life and realize that they have great potential and gifts even though those may look different from others
- Actual training with curriculum is essential to facility independence at the highest level possible for each individual. Not a forever home but rather hands-on practice. This also builds confidence and accommodates anxiety from both the individual and families. Moreover, it is a cost savings to the state allowing a decrease in required supports and allows the individual to live as independently as possible.

COMMENTS FROM PEOPLE WHO WORK WITH IDD CONTINUED

- Social service agencies that can assist in connecting folks to resources and accessing them.
- Cleaning and maintenance support/education. Parenting skills & support on-site.
- More information on housing supports and communication about openings.
- Smart home capacity that allows residents to communicate easily with or send needed data to support service workers.
- A central manager who would work a 8-5 shift, an openness to law enforcement to visit check in so residents are familiar and feel safe.
- Service-based housing is extremely limited(ing) as it drives the economy of grouping people based on perceived deficits. Congregate living may have been an essential step between the institution and true integrated living in diverse, inclusive communities, but it is time for congregate living to sunset in favor of a more intentionally inclusive model.
- Access to transportation, whether shared resources, someone who can coordinate transportation, relatively close bus stop, etc.
- Some case working to assist with setting up services. Counseling services could be helpful.
- The smaller the setting is ideal
- It would be interesting to see how a housing model could look if there was a home manager who lived onsite and was available for overnight emergencies in one of the units. Each unit could have emergency call buttons for use where they could notify the manager or call the apartment next door if the smoke detector was going off or someone heard a strange noise from their neighbor.
- Figuring out transportation for those who want to interact in our communities whether with inclusive or less-inclusive activities; Special Olympics, inclusive community activities/events, etc.
- Transportation! Transportation! Transportation! People need lots of options to increase their mobility and be a part of their local community, not everyone with IDD needs or wants a support worker to access transportation.
- I think it is great to have 24-7 staff and support service workers who can come to housing units, however I have seen so many instances of foster and group homes having staff that are under paid, undertrained, insensitive, and at times even abusive. Housing-service models have to consider livable wages for staff and also trauma-informed training models.
- A leadership committee composed of residents and staff. Perhaps they could help residents resolve any issues that come up between them or general issues that face all residents.
- Mental health providers/resources for when it is needed.
- Would be great if programs could work with behavioral health and substance abuse agencies.

Question: Do you have any other concerns that are not listed above?

- A number of young women, and one young man, on my caseload have gotten involved with unscrupulous men. How would the safety of all residents be protected while ensuring the independence of residents and their ability to have friends visit them in their homes?
- Onsite day care.
- Inclusion in community, many IDD individuals face challenges in social situations outside of home that could benefit from support.
- proximity to local transport is a concern; individuals need a means to access local areas and are frequently dependent upon provider vehicles, staffing rotations and location of their home which can be barriers to community access, when they have skills to be safe in the community without staff present
- Affordability is really the key. In Multnomah County the need is so great, that it feels difficult to be so picky about details when we just need to get people off the street and into a safe place.
- Access to housing with appropriate accommodations (e.g. walk-in showers, grab bars, ramps).
- I work in a frontier type community and have seen how individuals with I/DD are accepted and looked out for by the entire community. I have also experienced that if a person needs a group home their only option is to

COMMENTS FROM PEOPLE WHO WORK WITH IDD CONTINUED

- move away from the only community they have ever known.
- I have huge concerns about evictions and evictions on people's records. Stable housing in general. There are also not enough affordable housing options. The timing in process for voucher programs- the inspection and approval of affordability. This process is preventative of people finding immediate and stable housing. Inspections can take weeks when people are trying to find apartments asap.
- Lack of choice as to what kind of living arrangement an individual would like.
- Access to community. Many of the individuals I support feel excluded from the community, and find it difficult to be a part of society.
- Understanding what a safe and healthy relationship looks like. While this can fall into several of these categories, I believe that it should be given special attention.
- Accessibility to services and accessibility within homes. Also, making sure everyone is aware of the application process.
- With many potential residents having support workers, I'm not sure how much management support will be needed to keep things operating smoothly. When we have more shared spaces does it start to seem more like a group home, needing more staff?
- potential /neglect
- Number of housing options available per the number of IDD individuals in a community.
- Lack of formal and structured hands-on training programs for independent living.
- Mental and behavioral health supports.
- The amount of homeless people I support continues to increase which increases the risk of exploitation in every capacity. Apartments are being built all the time that people cannot afford.
- The individuals that we provide housing for received 24/7 support from agencies that are contracted with the Developmental Disabilities Administration. Safety, support and day-to-day interactions of the individuals are outside our scope. However, to the best that we can contribute during the development process, we will. This might mean adding perimeter fencing or security gates for additional safety or creating multiple common areas to provide flexibility when roommates do or do not want to socialize.
- Accessibility of housing designs and location. Affordable housing is frequently in lower income, higher risk areas where individuals who experience IDD may be at higher risk of exploitation.
- Availability of housing
- Parking for support staff, possibly having pets allowed.
- I also have concerns about staff not getting adequate pay or benefits. This causes high turnover and often passes over qualified passionate individuals who just truly cannot work for low wages.
- Beginning with the premise of "IDD Housing" versus community integration is a flawed approach.
- I am concerned about the lack of PSW's, DSP, youth and adult foster care and resources in Central Oregon not just Bend and Redmond. Crook country and Jefferson county lack resources for placement of clients transitioning from youth to adult, wanting to be on their own yet supported.
- It would be best for the housing details to be either rented out or sold to a participant other than the local supported living agencies. If the supported living agencies are able to obtain ownership or have their names on the lease that will pose a massive risk of them saying selected individuals would not be allowed to live in said homes because of past issues. This will pose the constant issue of individuals not having options for housing.
- Public opinion, or the public being informed. I worked in a group home where the house next door was sold. The new owners were very vocal in letting us know they had no idea they were moving into a home next door to a group home supporting individuals with I/DD. One of the individuals who was supported in the home enjoyed going into the backyard (that happened to be on this new neighbors fenceline) to sit in the sun. This individual was particularly "vocal" when happy or sad, and we had several rounds of complaints from the neighbors. They even went so far as to request that we "keep [them] inside" and had no understanding of the fact that this individual had every right to access the backyard.
- Basic skills and support for independent living if providers not engaged.

COMMENTS FROM PEOPLE WHO ARE RELATED TO IDD

Question: Do you have any suggestions for things that could be included in a housing-service model that would help alleviate your concerns?

- Hybrid of independent living with 24-7 care as needed. Home like environments and getting away from institutional like settings - technology should be able to help this.
- Have a live-in manager/building supervisor or one that has office hours often during the week.
- Intentional connections with neighbors and broader community members for people with disabilities. Less congregate settings and more individualized support. More people with disabilities being seen in the communities and being integrated as a part of communities. Homeownership opportunities for people with disabilities in stable neighborhoods with people who know them. Better wages for support people and a less cumbersome system to navigate for people with disabilities and their families for support circles. The thought of people who are not directly related to people with disabilities having to manage care and support is daunting. Parents are terrified to die.
- Covenants that create natural supports. Communal and intentional living models that offer employment explorations or spaces to create self-employment such as commercial kitchens, large spaces for learning self/employment skills, and outdoor spaces to create self-employment opportunities in gardens, herbs, flowers, plants, etc...
- Circle of support/personal support network. Future plan.
- Supervision, assistance.
- The "supported living" model might be best - where he might have an apartment with one other roommate (each with own bedroom but shared living and kitchen, etc. with a staff person checking in with them frequently every day, helping them prepare meals, washing clothes, etc. but not necessarily 24 hr. care. And also, has group activities and/or support for having a job in the community. Access to Ride Source bus. (or public bus with companion).
- That group homes and foster care homes are not the default for people living outside the family home. We need more independent and semi-independent living options and supported living needs to be greatly expanded.
- We need more safe and affordable housing.
- Some training in DD services, property development company's not knowing state regs. On dealing with the handicapped individuals , like bigger fonts on letters to the occupants, is my biggest complaints.
- I think, considering the supported-living (or community-living) delivery of services having "pods" or "nodes" that allow our people to have fairly segregated living spaces with shared kitchen, laundry, perhaps sitting areas is an important model to strive for. Hardened housing in my particular situation is very important. It is distressing to find how limited the shared solutions or knowledge of a not-uncommon problem (destructive stress behaviors) hardened housing solutions are. Why has it not been codified or more consistently solved.
- If he and I could both live in a place with supports for him and me as I age, that would be ideal. Providing housing to a caregiver in the same housing facility or elsewhere may be a unique and positive recruitment approach.
- My individual needs prompting to eat meals- when left alone she will forget to eat all day (partly due to her meds suppressing appetite. Help with meeting appointments- Medical, work, school, etc. Help with deadlines- reminders to pay rent & bills.
- Smart home features and monitoring
- Consistent staffing with the same personnel.
- That affordable housing doesn't mean living without any luxuries or conveniences, and doesn't mean living in small spaces that are not properly maintained.
- If she lived somewhere that had an onsite staff that made sure she had the assistance she needed that would be great. It would be more to remind her of what to do rather than someone to help her carry out activities.
- Any housing model needs to be individually based, not a building where people are "put". Each person has different interests and goals and different spans of time when they are at their optimum and capabilities and need

COMMENTS CONTINUED

to be in a situation that allows for the eventual decline of their skills, just like any person.

1. Meds require staff supervision.
2. Healthy meal choices require coaching and some instruction.
3. Some monitoring of the specialized community would be important.
4. Appropriate community activities and/or supported employment would be important for a healthy, happy life.

Property manager trained in working with DD individuals, understanding support needs

COMMENTS FROM PEOPLE WHO WORK WITH IDD

Question: Do you have any suggestions for things that could be included in a housing-service model that would help alleviate your concerns?

- Some of the options should include onsite child care for single and working parents as well as parenting classes.
- Regular activities that would be inclusive of local neighbors (bbq's, block parties, holiday decorating, etc.) to help build natural supports in the community with those who also live nearby and help to make the housing model renters a part of the neighborhood.
- Increased funding both for housing suitable for persons with IDD and to provide effective services.
- More vouchers. Also the voucher process is preventative. Talking with a property manager who wants security deposit asap, when most folks do not have that amount saved. There are not enough assistive programs for rent, security deposit.
- Gated community, on site manager, security, peer support, buddy system, emergency call button (similar to the "help I've fallen and I can't get up for the elderly).
- Custom development based on preferred choices, and allowance for moving or trying different options. In other words, not trying to force fit people into pre-determined models.
- security, technology supports
- As much support as possible with the process of applying.
- Sex ed courses, groups that come in explicitly to get people out into the community, and training programs to help people with IDDS.
- Community engagement and a housing model that is integrated with individuals without disabilities.
- Working with the local community to identify land that could be reduced in price or donated that meets requirements.
- Affordable housing, waived deposit.
- Having a support designated for areas that are still working on, and some areas will always need assistance.
- Building up each individuals confidence and teaching boundaries.
- Perhaps more smart features for people in homes.
- Having a large community meeting room where dances are hosted, cooking classes go on, fitness classes, or other activities would help alleviate many of the issues of isolation and community building that would lessen concerns regarding assistance, support, and exploitation risks.
- Affordable rents and more opportunity to purchase a home.
- Options in Marion County. People should not have to relocate from their family, friends, jobs so they have a housing option versus being on the street and homeless.
- Most of our concerns are financial. Existing housing/vacant lot inventory is low and expensive. Materials, and construction and architectural services are competitive and expensive and seem to only be going up in price. Public funders and policymakers are creating many more administrative obstacles that add more time and cost and often do not provide greater value to the final product. Although, the latter may be different for other developers especially for those that have less experience.

COMMENTS FROM PEOPLE WHO WORK WITH IDD CONTINUED

- I think it could be interesting to have a sort of Resident Assistant model akin to dorms at universities. Would need to have access to a community Room at housing site. The Resident assistant is available for support and consultation when needed. May assist with coordinating a few on site housing community activities (i.e. BBQ, moving night, etc) and be a resource for information, safety planning, etc.
- Strongly encouraged attendance (rewarded) for activities/events to assure clients are socially engaged (with peers & community).
- Can be paid for with most housing vouchers, utilities included in rent.
- Housing services need to be just that - housing WITH services - a model which allows individuals to live as independently as possible while still having access to plenty of staffing support would be great - duplexes with access to some kind of supportive services on site would help people to be most successful- similar to HUD Supportive Housing models Having a case manager on site helps identify and support issues and concerns early and often!
- Trauma-informed training, people with IDD at the forefront and being paid for consulting/labor, cross-collaboration between service agencies and partners.
- Adequate and professional staffing, if needed. Technology to meet the needs of anyone. ADUs on family property, as appropriate.
- Qualified support staff - preferably those with experience in behavioral sciences.
- Until we begin to look beyond a solution that relies on a “housing-service model” and begin to dream of what true equality for people experiencing I/DD in regards to having a home in community, we will be forever yoked to a separate and thereby unequal model of “housing.” Concerns regarding being taken advantage of, lack of support, safety, costs, etc. are all secondary to the real question. What does true equality for people with disabilities look like as it pertains to where and how they live?
- A plan to assist members living in housing to know they are safe and secure. Know who their neighbors are feel like they are a community.
- Connect with Idaho Housing and Finance for the housing-service model to ensure that low-income housing assistance can be utilized.
- Connections with behavioral health and substance abuse agencies/providers. Also connections with local CDDP or brokerage CMEs.

COMMENTS FROM PEOPLE WHO ARE RELATED TO IDD

Question: Describe what you think would be an ideal housing situation for your IDD family member. Please feel free to dream!

- studio apartment, no shared areas
- 24 - 7 support where engagement with an individual to build skills, live life to their full potential and be safe; too often programs in the IDD world are glorified babysitting with engagement based on the skill level of the staff not the service needs of the individual. Systems and silos should not dictate care and support but the individuals need should dictate ISP plans.
- Units are individual or a mix of quads and individual units, with a common room for group activities available to residents. Having a central courtyard for residents to meet/mingle/share meals/play shuffle board or some other game (cornhole).
- A home that is owned by the person or their family and securely tucked into a trust for their ongoing future. An ability to have an asset and income. A stable community around them. The ability to ask people of their choice into their space and ask people to leave their space. Control of who they live with and around. A variety of choices of housing situations throughout different times of their lives. If the space is a rental, have a stable community around them of people with and without disabilities. Robust support through Medicaid that allow folks to live in their own home with the support that they need and treat neighbors as friends and neighbors not care providers. Not have housing connected with support services. Have their own space with multiple gathering spaces with other community members outside of their primary space. Have their home be affordable, simple, easy to clean, safe, stable, and comfortable. Have people around them that care about them who will keep watch on their hired providers and are there for social and emotional, community support.
- About 10 units with a communal space and covenants to create natural neighbor supports. Spaces as mentioned before. Financial support for Home Ownership.
- Several roommates; close to shopping, activities and transportation; someone to manage appointments; 24/7 monitoring
- their own place in an area close to businesses and activity
- Having house with people with similar disabilities and a caregiver 24-7. Scheduled outings and activities.
- Certified Family Home or group home with private bedroom and bath
- A shared living space with a friend or a few friends each having their own room. But with a “house parent” to oversee chores and teach new skills like helping with cooking or cleaning. Regular outings, game nights, movie nights, etc. Maybe there could be smaller units surrounding a larger space with shared laundry or rec room. Like a whole apartment complex but broken up into smaller groupings overseen by house parents.
- As noted above: like a group home, but 24-hour care not needed. Ideal would be like a 2-bedroom apartment, or one-half of a duplex that’s part of a community or neighborhood where there are perhaps 3 to 5 units with 2 people in each, where there is always staff available but not necessarily 24 hrs. in each unit. One night staff person could check in on all residents for the whole community, but more staff comes during the day to help clients with meals, getting them off to work or other activities, or provides the activities (drives and takes them out for whatever).
- In a condo, in a suburb within quarter mile of a bus line. Either a roommate with or without disability and care givers checking in daily.
- Well we did the dream with building the Sail Housing in Eugene along with Corner Stone.
- In the Eugene area, provides a small (3-6 person) group home setting with individual bedrooms and bathrooms, shared kitchens and living. A dedicated caregiver/s is/are available 24/7. The cost of the unit is affordable based on social security payments.
- Living in a small house in a neighborhood with safe people who won’t call animal control if her dog barks or the police if her music is loud. neighbors who understand that people are different and they are not frightened by those differences. Supported with reminders to get up, eat, help with cooking, taking meds, getting to/from activities, help with budgeting.
- A single bedroom apartment with access to transportation. Walking distance to work. Having someone assist with evening meals, shopping and weekend outings.
- Inclusive co-op that allows for interdependence

COMMENTS FROM PEOPLE WHO ARE RELATED TO IDD Cont.

- Nice independent apartment in secure building in a nice area with someone to check on them daily.
- A duplex or unit where staff lived on one side and they lived on the other.
- On-site staff in a caring, clean foster home. Open floor plan. Housing close to family. Foster staff would be actively involved with the community, taking my adult daughter with IDD out to enjoy various activities.
- To be in a bigger unit for her children and to have her rent go according to her income.
- A small, age-in-place community, surrounded by nature where everyone has their own tiny, affordable home on land with a big community garden and a community center where residents can gather is they want.
- Low cost housing. Not surrounded by lots of people. Just a few.
- A place with safe and affordable housing.
- His own place to live with daily care and supervision, a vehicle to get him to and from things
- A small home on a piece of land with other similar neighbors living in their own small homes, and who can access support at a main facility on the same property. Think a few acres with a bunch of small to medium sized homes with an onsite care facility with services.
- A place where my family members would have some privacy and be around others with lots of patience
- Quite streets—loud exhausts of vehicles, loud motorcycles are especially stressful. A neighborhood that had walking only front or back walks—perhaps alleys for cars rather than common street access could be helpful. Better soundproofing of the homes, both from interior and exterior noise.
- He has the optimum for him. His own home with responsibility for all aspects of his living space.
- Tiny home near family.

COMMENTS FROM PEOPLE WHO WORK WITH IDD CONTINUED

Describe what you think would be an ideal housing situation for an IDD member of our community who needs additional support in order to live independently.

- A unit where they have privacy that will not exceed the maximum R&B for those on social security, but is not the size of an anchovy tin. Opportunities to socialize with neighbors, but are not compelled to do so in order to access the community (ex: limits on staff and vehicle use). ADA friendly homes, where doorways are wide, windows are low (for fire evac), counters/sinks/stove/oven are accessible, wide walk-in/roll-in showers where equipment can be used safely.
- A house or apartment with 2 or more other people where there is a common area.
- Support when needed, additional support for individuals who need more yet want to live independently, walkability, accessibility, community/activities, safety supports in place.
- A house in a quiet setting with one to two roommates, depending on preference. Otherwise, a single bedroom apartment unit if the person would like to live on their own. It is very important to take into consideration that the housing needs to be affordable, and that many of the students I work with are living just on SSA benefits.
- Their own apartment with on-site 24-7 staffing to address urgent needs and in-home support services to address all previously assessed needs.
- Very difficult to generalize. It is important to individualize housing models to more specific needs and desires.
- To live where they want to live and have the security deposit, cost of rental not be a barrier.
- It would be nice for others to have access to a home with a yard. There are several individuals on my caseload with children who would like to have adequate space to raise their children.
- Small shared living space with 3-4 other people, or independent living in smallish building. Shared living in a home.
- Whatever level of support is needed, in the situation that has the social, aesthetic, and functional specifications chosen by the individual.
- 2-bedroom unit with a housemate of similar needs and interests.
- Ideally, they should live as independently as possible with staff coming in on a regular basis to support them where they need it. With greater and more frequent staff as their needs warrant. Live in care in situations where the member needs full time support.
- On-site support workers and access to on call services for health and safety.
- The person owns a 1-2 bedroom home that has accessibility features: all appliances are Alexa or Google compatible, there is solar power, gas heat, widened hallways, walk-in/wheel-in shower, the home is ADA compliant for height of light switches and other features. The home is located near public transportation, a store (Safeway/Albertson's/Walmart etc) and a medical center; there is a park nearby with paved walking paths and access to nature. The person can get to their workplace without fear for their safety. They have access to 24 hours of support should they need it, but can live independently within their own home.
- Ground level unit with own bedroom and living space, fenced in yard they feel safe going out to, low noise, with some neighbors so they don't feel completely isolated, but not enough to overwhelm them.
- Near public transportation or live in a walkable location. Some sort of person on site at all time for emergencies and to keep out the riff raff.
- Small units within a multi-unit building, with community rooms and outdoor areas, management and/or support services on-site, and regular educational sessions--weekly? Monthly? Classes on subjects related to independent living, like cooking and budgeting, or maybe just a regular meeting where residents can bring up areas they need help with.
- A room to themselves, storage, their own bathroom and bath, with shared living room and kitchen. This would allow for natural conversation, while still giving the opportunity to not feel so isolated.

COMMENTS FROM PEOPLE WHO WORK WITH IDD CONTINUED

- Small complex with individual units and common space. On site management. Skills trainers. Payees if needed to make sure expenses are covered. Peers or coaches to help individuals find self-value. Affordability in units with or without subsidies.
- Having some staff on hand to assist if needed.
- Apartment style homes with 24-hour staff available.
- An apartment type unit in a gated community with meals made onsite as an option for individuals to receive meal delivery or to have a kitchenette in each unit for people to make meals independently if they are interested.
- Formal training programs with tiered curriculum for effective transition. Affordable rents and ability to purchase a home to minimize risk of homelessness. As of 2016, the average annual income for SSI recipients is \$9,156, 22% below the federal poverty level yet equivalent to 99% of the national average rent for a studio apartment (Schaak, Sloane, Arienti & Zovistoski, 2017). Given that approximately 1% of the general population is homeless compared to 12.3% of people with autism, this population is at high risk to become homeless (Churchard, Ryder, Greenhill, & Mandy, 2018).
- What is ideal for one person, may not work at all for another. Some folks want/need lots of social interaction, stimulus, and things to do, where being on bus line or having means to get to places in community is important. Others want/need quiet setting with a yard and do not want to be social or out in the community, and they are happiest in their home, yard with a few outings with support. I think a range of housing options is best. Some with shared living spaces, others independent apartments, some in downtown areas, others in rural neighborhoods with a park, store in walking distance.
- Housing with on-site support.
- With staffing shortages like they have been it is challenging to find Personal Support Workers. However, supported living program or a 24-hour residential setting being provided to people in their own apartments would be fantastic so they would have the staff oversight available as needed. I think more clients would be willing to access 24 hour supports if they could have their own apartment.
- Our model has been quite successful incorporating the existing 24/7 service model with accessible, affordable single-family family rental housing. There have been requests to have one-unit apartments or houses and that is certainly possible with the right funding. Zoning opportunities have also become more flexible allowing for attached or detached dwelling units (ADU/DADU) to an existing property.
- As described in prior question- opportunity for independent living units, but with on site Resident Assistant, easy access to transportation, and of course ability for residents to have access to the usual IDD services and supports. Similar to Senior Assisted Living or Independent Living facilities, maybe there could be a small bus that residents could access for community outings, church, appts, etc. within their neighboring area. I also think there is a significant need for smart homes for all people who experience access and functional needs.
- One bedroom apt's. Access to larger room for social events. Access to rec room/gym.
- Their own apartment and regularly scheduled DSP's or PSW's to provide customized support to encourage independence.
- Similar to units owned by Housing Authority, but all/most units allocated for I/DD. Possibly a secure main entrance where guests have to have a code or be buzzed in. Handicap accessible units with roll-in showers, wide doors, space for emergency responders to have good access in all areas (for example, if someone has a seizure in the shower, could emergency responders have clear access?). Potentially having safety mechanisms installed, such as timed auto-shutoff on stove, anti-scald devices, etc.
- Duplexes with environmental modifications for safety (as needed) and shared staff that can be flexible to meet the needs of several people with high supports, e.g. someone who may need 2:1 staff for some parts of the day but not all, the 2nd staff could then conduct work with other residents in the same apartment complex. I work with 24 hour settings and we have found that "Apartment Style Group Homes" are a good model, everyone has their own apartment and privacy but are staffed and served under 24 hour rules which allow for staffing that can be flexible based on real time needs.
- I think ideal would look like centrally located apartments (with own kitchenettes) with some shared amenities - gym, outdoor area, kitchen and dining, laundry, and hangout area. Affordable, on-site staff with opportunity for individual support workers to come and assist. Accessibility first with design. Access to public transportation and proximate to employment options.
- Safe and affordable housing with adequate supports to meet the needs.
- Living in an intentionally diverse and inclusive community of their choice, supported individually to live their best life.

COMMENTS FROM PEOPLE WHO WORK WITH IDD CONTINUED

- Multiple small villages of tiny homes
- Duplexes or smaller apartment complexes with rec rooms/courtyards to have get togethers. Staff on site 24 hours a day to help ensure safety and be available to respond in an emergency. Varied levels of support would be available, minimal support for people who are more independent and more support for people who need help with ADLs. It would be a mix of people who are peers and share at least one common interest such as sports or music.
- An apartment in a complex with housing case managers, lots of green space, planned activities. Accessible units.
- For really independent people, I would look at the SLLEA model. However, perhaps leaning more toward a dorm-like structure if new construction is to be done. Many of my more independent clients do not like to be identified as DD. They may not want to live in a structure that houses people with higher support needs. For people with higher support needs, perhaps staff the building with the DD “24-hour residential” model.
- Someone who was regularly scheduled to assist this person with the daily living needs they had, and will regularly accessing the community in their preferred way.
- In a private home, near peers and people who can provide natural and social supports as needed.
- Sort of like a college dorm on a small scale. Individual units with bedroom/bath separate, and then a common area where individuals can mingle/socialize if they choose, with a central kitchen and laundry facility, and individualized staffing patterns per the needs of each person.
- Having an onsite care provider
- It really depends on the disability: a lot of people with autism need to live in quiet spaces without a lot of traffic noise. People with other developmental disabilities don’t necessarily have the same sensory concerns, and instead want to place with multiple neighbors they could interact with.

COMMENTS FROM PEOPLE WHO ARE RELATED TO IDD

Have you ever thought of a type of housing you wish someone would try? Please share your ideas here.

- Supported Living Apartment Complex where there is a staff on shift during nighttime hours to address emergencies/concerns, but privacy is possible, without individuals paying inflated rent prices
- Wynnee Watts Commons
- While many organizations are doing this, I believe there should be more of it. I have seen some success for people who are in DD services and also experiencing homelessness involving temporary tiny homes with some social supports. After people who are unused to living in a home by themselves become comfortable, more permanent housing options need to be offered. I also like the model used in Cathedral Village.
- What about more of a dorm room model than an independent apartment model? Shared kitchens and lounges would facilitate interactions between residents. Also, many DD folks are nervous about using a stove/oven or their families are worried they will leave them turned on when done cooking. Btw, most DD folks on my caseload use the microwave as their main cooking device. Shared kitchens and lounges could facilitate social groups like “Friday night dinner club” where residents cook together with staff oversight or various kinds of game nights.
- I think technology could be explored to assist in independence. That might include prompts, a variety of safety adaptations, communication via video and audio with support staff or family, etc.
- Having one’s own home, and choosing one roommate if desired. Thinking outside the box, maybe some people would like the “van life”, so maybe a motor home as a nomadic option?
- temporary housing for those who are leaving domestic violence situations and are looking to move but don’t have anywhere to go in between moves
- An apartment complex that has a gathering spot for social events.
- Supported Living/group home services to provide onsite 24/7 (or close to that) support to an apartment complex comprised of IDD individuals in their own apartments or 2bd units shared by 2 residents. This would work best on a smaller scale like no more than 10-15 units I would think. This was a model for a supported living agency many years ago that no longer exists. There can be a lot of drama and it’s not easy, but it was a fantastic way to provide a supportive environment for those folks who were on the cusp of successful independent living but whom still needed some onsite support.
- I would love to see a farm/ranch type model with individual tiny homes for each of the tenants. They could come and go as they please, participate in group activities. Interact with animals if they chose to, participate in gardening if they chose to etc.
- There are not a lot of options for independent living that also has support staff in the building (had a few customers ask about this) for customers who need support with I/ADLS but also want to live independently.
- Quad-style or dorm-style living with bedrooms branched off a core kitchen, living space, shared bathrooms.
- Independent living, community independent living situations
- I have wished someone would try a tiny home model here with homes built around a common centralized space-walking paths and green area. There would be a laundry facility, community center and dog exercise area. Bus Stop out front. The ideal location for our town would be directly behind the Opportunity Foundation Thrift Store in Madras in the large vacant lot across from the Fairgrounds.
- Supported placements for intact families--IDD parents and their children
- Many people with IDD want to live independently. They usually don’t have a specific situation in mind, just to have their own space.
- I’d just like to see more variety in housing, so that people on the margins can be housed. If there is enough desire for alternatives to traditional homes, like SRO-type buildings, they should exist. Is there a population of DD adults capable of living independently who would not benefit from having their own kitchen? Enough to build or adapt more?
- Sensory room would be amazing. Somewhere where the IDD community would have to recollect in between their daily plans.

COMMENTS FROM PEOPLE WHO ARE RELATED TO IDD CONTINUED

- Small cottage communities that are self-governed with additional guidance to ensure laws are met and rules are kept. Self-sufficiency such as community gardens. Places for recreation and exercise. On transit routes or has own shuttle system. Ask individuals to create their own dream for their community.
- Get rid of 5 bedroom group homes
- IDD tiny house community with a communal kitchen and great room but each person has their own tiny house with bedroom and bathroom.
- Housing should be tied to the individual's independent living skill level. Lower skilled individuals should be able to have a practice house with housemates and a trainer on-site in another home for safety and to build confidence. As they progress, they move to the next level in a hands-on training home but no trainer on-site. Once skills are obtained, transition to their own home.
- Tiny/small house community within the community.
- Tiny home village.
- Tiny homes as an option for housing for being that have no barriers in ambulation.
- I think the ADU/DADU option could be successful but that would require the public funds and some development and service-model creativity.
- We need more transitional housing in general. Emergency placement for people who are homeless, just getting out of jail, etc., where there is ample staff onsite that has a primary goal of support and finding permanent placement.
- In an ideal world, housing would be affordable, accessible, and a human right people have automatically.
- Inclusivity, technology smart, affordable, safe.
- Tiny home villages

Do you know of any innovative IDD housing being tried in other communities that you wish would be available in your community? If yes, please describe what makes this housing special and where it is located.

- Wynnee Watts Commons and others that are similar. Inclusive, assessable and really nice unlike a lot of the dumpy apartments the IDD population must settle for.
- The living in a house with other roommates (not group home) with support staff also living/ working. Like Le'arch. This is a great option, but it would not be everyone's first pick. But more options.
- One is actually in our own community, and it's Supported Living Learning and Earning with Autism (SLLEA). They appear to have a viable transitional housing and employment support model that leads to individuals getting their own places on their own terms.
- The Tiny Homes Village is a collaboration with Cross Disability Services, Inc., (XDS, Inc.), a local nonprofit and the UNC School of Social Work. Located at 263 Penny Ln, Pittsboro, NC 27312
- More communities such as WeBuilt and Belong Art Community but more integrated with the general population without disabilities and communities that are not just ASD focused.
- Smart Living, Learning & Earning with Autism (SLLEA) in Eugene, OR. This is a tiered structure hands-on training program using practice houses as described above. Applicants across the country try to get into this program with only 5 to 6 openings a year. It needs to be replicated in other areas.
- Denver, CO
- Portland has some.
- There are several lower income housing developments popping up that focus on low income, homeless, and people with mental health/addiction issues. These models include space for social service entities, including mental health professionals. I think a similar model could be explored with focus on social services that help support people with IDD support and service needs. I also think there is a greater need for transition housing with similar types of transition related services and supports on site.
- Our Home, Inclusive Community Collaborative is working to build something different. Something beyond "IDD housing" right here in the Portland Metropolitan area.
- Warm Spring reservation has a tiny home village. It is central to services like the store, deli, post office and police/fire.

Do you know of any innovative IDD housing being tried in other communities that you wish would be available in your community? If so, please describe what makes this housing special and where it is located.

- There are several across the country that are trying to build. Many are championed by family members and it's very difficult to find the front-end funding necessary. The Kelsey Is doing a good job in rental housing. They have a very generous funder that has helped them in the early days and continues their support. Cohousing is a brilliant Opportunity for supported community, but relies heavily on individual family funds and the willingness to enter into a development together years in advance to build something in the future. Robust support from nonprofits could make cohousing communities around the country proliferate. A strong external support system is also imperative for independence and community. A combination of natural and paid supports make a full life.
- Sammy's Place in Nehalem, Oregon. As described above. Not only way innovative but an educational model of universal access for a region that is not particularly educated that people with I/DD want self-determined lives. If we could get this project off the ground, we could change a whole region's cultural thinking by modeling a better way to live. We have the brownfield cleanup completed and now need to fund a project manager.
- The Kelsey in San Jose. The Mission Project: <https://www.themissionproject.org/>. Adults Independent And Motivated - Home (aimtx.org) (based on the mission project). Cass housing: <https://www.casshousing.org/>. Minnesota's Housing Stabilization Services -- more info at: <https://thearc.org/resource/a-home-of-ones-own/>
- A "resort" style ranch north of Colorado Springs, CO. It's a large building that can house quite a few individuals, with live in support. The drawback is it's far from the town with no city transportation.
- Actually, we have heard that "Rise and Shine" in Springfield is providing this sort of "supported living" in addition to traditional "group homes."
- Houses can be owned by a residential habilitation agency who provides 24/7 care for up to 4 residents.
- Mary Keehn has founded the We Are Up community in McKinleyville CA. It is currently forming and in the fund raising stage. It will be a gardening centered, age in place community with I/DD, elders, students and health professionals all living on the land. <https://www.weareup.org>. This is the closest model I have found to what I dream for my son. Also, McCammant and Durrett have made it their life mission to create affordable, functional, healthy supportive communities using their co-housing models where each family lives in their own unit but the units are situated so that there are natural interaction potential between neighbors - <https://www.cohousingco.com>. They may be a great resource.
- There are small complexes in Portland specifically for those with intellectual and developmental disabilities that are just a few units where each person gets their own space but has neighbors and the chance for community. This is similar to my idea above, and just an urban, rather than rural, version of it.
- Next Step in WeBUILT in Clackamas seems close to this.
- Other countries have community-based integrated communities, where seniors and people with disabilities reside in a small community with people who provide care for them living alongside them. There are plenty of activities for all ages.

RELATED TO

Do you have any final comments for us?

- Thanks for this survey. It is well done and hope you get lots of feedback.
- Thank you for putting together this survey
- Opportunities, a continuum, choices, real communities of people with and without disabilities, connections, friendships, natural supports, control, robust and individualized systems supports, affordability, interdependence, stability, safety. All the best words!
- Speaking of words, you may want to update your language. My family member is not IDD. She is A PERSON with an intellectual and developmental disability. A PERSON with IDD. Just like a person with cancer. She is not cancer. She is a person who has cancer.
- Thank you for continuing to do this important work that is so missing in our coastal regions. We are so appreciative the Kuni Foundation has focused on this because it is a barren landscape for IDD housing and supports here where we live.
- Such critical work. Thanks for what you are doing!
- Good luck ! Try, try

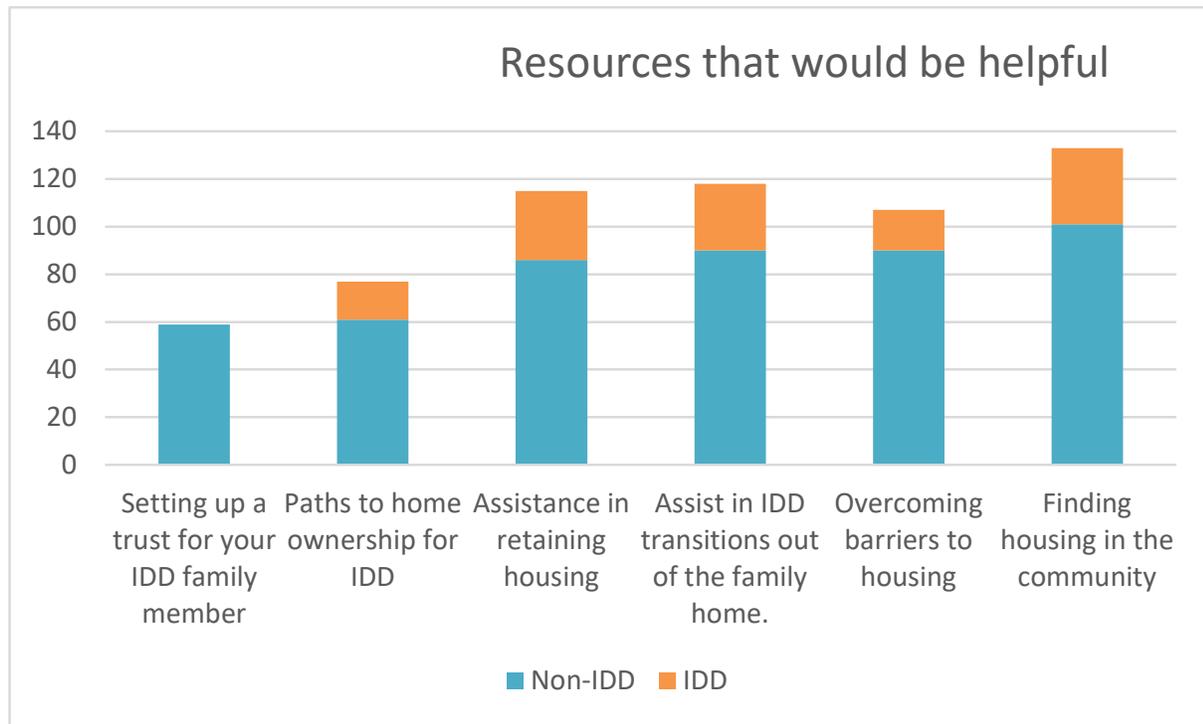
- I hope this results in additional housing in the Lane County area.
- As a parent I wasn't sure about how to answer the initial questions of what current housing situation is since my daughter is not living with me but that wasn't an option until later.
- This is an excellent method to gather valuable information.
- Being on the wait list and being told I can't tell you where you're at on the list and having emergency situation should be able help to get you closer to the top
- Thank you for being here and for all you are doing for us.
- Thanks for the opportunity to provide this type of input!
- Thank you for doing this work. I have found that if I don't know what questions to ask I can't get the answers I may need.
- I have energy for this and would like to know if I can be directly involved in this effort.
- It's not the "buildings" that prevent people with IDD from being successful. It's the opportunity for people and services to help them navigate the opportunities in the community that they aren't aware of us. You cannot learn or succeed without knowing what is out there to learn.
We set people with IDD up for failure by only looking at a building structure and not the resources needed to help them learn and explore the world around them.
- Very glad you are asking these questions. I see a growing need for resources. I speak from my own family's experience with the Autism Spectrum Disorder challenges. This particular community of individuals is growing at an alarming rate in my mind. The challenges that brings for a growing number of adults - and the issues I currently see with resource shortages, means that this is a community wide problem for us to address. It shouldn't be limited to individuals with IDD and their families. We need integrated support or options.

WORK WITH

Do you have any final comments for us?

- Home ownership would be wonderful, but classes on learning about the long-term financial impact of maintaining a home would be a great resource prior to encouraging someone to take on a mortgage and having to pay for all repairs/upgrades, etc. (personal experience)
There is a tragic lack of available education in the greater community regarding information necessary to make safe and financially sound decisions regarding housing (deposits, fees, renter's insurance, etc.); it would be great if that kind of information was available.
- Looking forward to next steps
- Thanks for all the work that you do!
- Yes to more information, but also needing more resources that have \$\$ for people to be able to live where they want to live. The cost of rent and security deposit, and application fees are huge barriers.
- Thank you for your work and efforts to support individuals!!
- This is important work, thank you for taking the time to gain insight.
- I'm concerned about the housing crisis as it impacts our clients. Homeless clients continue to rise on my caseload, which in turn ends up with either being financially/sexually exploited or in legal trouble that lands them in jail. Once they have legal issues it opens up a whole other world of unfamiliarity and lack of understanding the legal process and responsibilities for potential follow up (IE Probation, accrued fines, etc). Even with our local housing vouchers clients cannot find housing within the funds allocated per month.
- Thanks for doing this.
- Hope to see some good outcomes with this information. Suggest sharing the data as well.
- This is a hugely needed initiative in this community!!
- Thank you for doing this work! Access to affordable housing is so critical for the IDD population!
- There is a lack of affordable housing in general. People have their names come up on the housing list, get a voucher, but can't find a unit. Instead of taking pre-existing affordable housing, we just need to create more.
- Thank you for sending out this survey.
- Thank you for the opportunity to do this survey.
- Yes, please hurry. So many of my clients are forced to live at home or have no place to go. Central Oregon does not have many adult foster care facilities. When it comes to youth transition they have no future of independence.

- I am glad someone is helping with this! Much needed!
- Keep doing what you're doing! The Kuni Foundation has been a tremendous supporter of individuals with IDD and we look forward to teaming up on future housing projects.
- I believe that you are doing important, relevant work that helps people who need support and services right now in this moment. I am grateful for what you are doing. I would also love to see us move past this moment, where simply dreaming of equal access to shelter feels like a win, to begin to develop a model for the future that includes full integration into society on equal terms. Anything less feels like, less than equal.
- Best of luck in designing and providing these supports.
- Your focus on this very vulnerable population is critical and most appreciated!
- Thank you!
- There needs to be stronger collaborations with the local CDDPs and the agencies working on housing for IDD to help clearly develop based on the need. Each CDDP will have access to the youth in their community and will be able to start preemptively knowing who will plan to live with family long term and who will need housing in their community as they grow older. Agencies could start planning for growth when youth are early teens to develop the housing by the time they exit their transition program.
- Thanks for looking at housing! So important and needed.
- This is a great survey, but all surveys have their limitations. After you've gathered the results, perhaps you'd like to bring them to LC DDS office and meet with staff to chew over the suggestions. We are a big staff now, so break out groups could be helpful as part of a meeting/presentation. I think there is a wealth of knowledge that resides in our DD service coordinators.



WORK WITH RESPONSES

Paths to home ownership for IDD	35	49%	3	30%
Setting up a trust for your IDD family member	33	46%	7	70%
Resources to assist in IDD transitions out of the family home	51	72%	8	80%
Finding housing in the community	56	79%	6	60%
Assistance in retaining housing	50	70%	6	60%
Overcoming barriers to housing	53	75%	6	60%
Other	0	0%	0	0%
	# of response	71		10

IDD RESPONSES

Learning how to live independently	28	56%
How to find and apply for housing	32	64%
How to keep my housing and avoid eviction	29	58%
How to overcome my barriers in getting housing	17	34%
Steps to owning my own home	16	32%

Total responses: 50

RELATED TO RESPONSES

Trusts			
Learning how to live independently	22	12%	
How to find and apply for housing	35	19%	
How to keep my housing and avoid eviction	40	22%	
How to overcome my barriers in getting housing	32	17%	
Steps to owning my own home	33	18%	
	24	13%	

Total responses: 186 100%

Other resources suggested:

- Maintaining behavioral health and substance abuse treatment in supportive housing.
- Understanding how housing relates to DDS services and SSI/SSDI payments
- How to navigate Section 8 housing. How to access ABLE accounts (not just for home ownership). Local housing support resources and services, particularly resources that help with barrier removal.
- Connecting links with housing owners receptive to renting to persons with IDD
- Support services for people who will be transitioning out of family home or residential living.