

Innovative Housing Options

Housing models should be as unique as individuals. There is clearly no “one size fits all.” An individual’s dreams can be realized in various ways. The personally designed models depicted in this guide may or may not precisely meet an individual’s needs. The purpose of describing varied concepts in housing and supports is to inspire others to consider these ideas and redesign them to meet their own specific needs, desires, and circumstances. Connecticut is continuing on the journey to implement innovative models in housing and services. We need families and individuals with I/DD to work with The Arc Connecticut and like-minded organizations to advocate for systematic change and shifts in public policy to implement these new models.





YOUR DESTINATION: MANY ROADS CAN TAKE YOU THERE

Frequently used terminology

Independent (referred to as supportive in other states) **housing** is an approach to community living that is receiving much attention and implementation nationwide.

Group homes (known as Community Living Arrangements or CLAs) generally serve six or fewer individuals. The majority of the homes are receiving reimbursement through the Medicaid Waiver Program and are operated by public or private entities.

Agency-directed services is when the individual selects an agency that is responsible for supplying residential or vocational programs.

Self-directed services refer to services where individuals or family members hire and supervise staff.

In-home supports are delivered to the individual in their own home.

Continuous Residential Support (CRS) is a shared living arrangement for three or fewer individuals receiving DDS funding. It is not licensed as a CLA but can provide 24 hour staff support.

Community Companion Homes are licensed for up to three individuals to live in a family setting.

Shared Living is a residential option that facilitates the relationship between the individual with a Shared Living life sharer.

Integrated Housing refers to the opportunity to live in typical settings with opportunities to interact with individuals who do not have disabilities.

INDEPENDENT HOUSING MODELS

This guide provides an array of housing models and supports utilized by individuals with disabilities. Many of the models contain best practice elements of **independent housing**, a philosophy that calls for permanent, affordable housing for individuals with disabilities in communities of their choice. **Independent housing** advocates that everyone is entitled to a safe, decent place to live and should receive the services unique to their needs that will help them to live as independently and as self-sufficiently as possible. Housing should promote the development of relationships among individuals with and without disabilities.

There should also be a separation between the provision of housing and services. Individuals should be able to move and not lose their service provider. Similarly, an individual should be able to change his/her service provider and not be required to move. Also, the landlord should not be that individual's social worker. The individual has control of his/her housing through a landlord/tenant lease with the property owner. Skilled providers in various areas, including case management, care coordination, job coaching, crisis management, acquiring skills in daily living and much more, deliver these social services. The individual chooses the service provider to deliver supports flexibly and according to one's unique needs. Independent housing operates in a variety of settings, in different constellations and may include apartments, houses, townhouses, condominiums, shared housing as well as (more rarely) home ownership. Some independent housing exists in affordable housing complexes that are integrated with individuals without disabilities.

In Connecticut, funding for residential or day services provided by the Department of Developmental Services (DDS) is portable. Portability means that individuals have control over their supports and the money used to pay for the services they receive. Individuals can use their funds to purchase services from any qualified provider they choose, or they may use those funds to hire their own staff. Cost of services vary among providers.

For more information, visit www.ct.gov/dds/cwp/view.asp?q=382296.



INTEGRATED SUPPORTED HOUSING/REVERSE INTEGRATION

In this concept, the housing developer achieves integration by designating some of the rental units for individuals with disabilities and the majority of the units for those who do not have disabilities, or through reversing a congregate design by slowly integrating renters without disabilities into the complex.

Hope House Foundation and Hope House Residential Corporation: Integrated Supported Housing

“Hope House Foundation provides supported living services to adults with intellectual or developmental disabilities exclusively in their own homes or apartments—regardless of how complex their disabilities may be.” Hope House Foundation in Virginia converted all of their group homes and relocated everyone into apartments of their own. In some instances, individuals purchased condominiums or small homes of their own. Most tenants live in larger apartment complexes. Lynne Seagle, the executive director, believes that the 125 people that they support prefer living in their own place. “Having a roommate does not necessarily mean that a person is not lonely, especially if the person does not get to choose their roommate.” The essential ingredient of this organization involves “community connectors” or unpaid folks socializing with individuals who have disabilities. The agency assists the individual they are supporting to establish these relationships.

This organization found difficulty locating affordable housing in communities where people wanted to live. Not all property owners would accept rental assistance (vouchers). Hope House Foundation established Hope House Residential Corporation to develop housing and manage the properties. This corporation raises funds to purchase apartment complexes. They rent some of



After settling into his new home, Phil reports, “For the first time in my life, I have friends.”

the apartments to tenants with disabilities, but most of the people living there do not have disabilities. This ensures that everyone with supported services lives integrated lives within typical communities. The rental incomes received exceed the property owner’s expenses. These profits subsidize the living expenses of residents who need such assistance. Because the property owner and service provider are separate entities, the tenants can select a different service provider without having to move from their apartment. Conversely, they have the option to move to a different location and keep their supportive service provider. For more information, visit www.hope-house.org.



NATIONAL EXAMPLE: Individual-Directed Supports Model: Mary's Home

Mary lives in an affordable apartment complex in a barrier-free apartment. In this particular public housing complex, the residents must be 55 years of age or older. Mary financially qualifies for residency with income from Social Security. With a State Rental Assistance Program (SRAP) voucher, Mary contributes 30% of her income and the voucher subsidizes the balance of her fair market rent. With the remainder of her Social Security check, Mary pays for her food, utilities, clothes and recreation. She also is eligible for food stamps and energy assistance benefits that help to stretch her limited income.

A Medicaid waiver funds her supported services that consist mostly of staff supports. With the assistance of a Support Coordinator, Mary selected a provider agency. She interviewed and chose the direct support professionals referred by the agency. These workers provide needed services including physical assistance with transferring from her wheelchair, bathing, dressing, cooking, housekeeping, shopping, budgeting, taking her medications, and finding her way about town. Mary's staff supports her for several hours each day and are on-call in the event of an emergency.

Mary has her own one-bedroom apartment with a fully accessible bathroom, kitchen, dining area, and living room. She does not like to cook. She mostly uses the microwave. The local church delivers Meals on Wheels with a hot dinner, a sandwich and snacks each day. On Sunday mornings, Mary's neighbor drives her to church and then they go out for breakfast.

The county offers a transportation service to medical appointments, recreation, and shopping. A van from the complex also supplies transportation to the local shopping plaza twice a week. She enjoys swimming at the YMCA swimming pool, when she has free time. Mary attends the community Senior Center for recreation during the day. Within the apartment building, there is a fitness center, computers, and laundry. Some of the neighbors started a social club and asked Mary to join. This social group convenes twice a week to play cards or games in the community room. They also plan outings to the movies, shows, and community events.

When home alone, Mary wears a personal security system alert button. There is also an emergency call button in her bathroom. In the event of an emergency, Mary can access help quickly through these monitoring systems.

HOUSING SEPARATED FROM SUPPORTS

If an individual receives **SUPPORTIVE SERVICES FROM A PROVIDER AGENCY** and holds a lease from another entity, then that individual can change where he lives but keep his service provider. Conversely, that individual can change his service provider but continue to live in his home.

With **INDIVIDUAL-DIRECTED SUPPORTS**, individuals exercise more control to manage and direct the supports that they receive. They choose the desired services and who will provide them. Individuals who self-direct assume more responsibility for independently managing these services. Individuals select support to meet their needs, based upon a plan and individual budget. Most often, the individual has the ability to hire and discharge their direct support professionals. A fiscal intermediary manages the funds and may assume responsibility for paying salaries and administering benefits as the "employer of record."

SECTION 8 or FEDERAL HOUSING CHOICE VOUCHERS are government-subsidized programs that provide rental assistance. Typically, tenants pay 30% of their income towards the cost of the Fair Market Rent and the voucher supplements the difference. An annual certification of income is required to verify that the individual's annual income meets the threshold for rental assistance. Individuals obtain vouchers that are used to pay their rent (tenant-based rental assistance) while other vouchers are attached to the apartment unit (called project-based vouchers). Individuals can apply for rental assistance through local public housing authorities in cities, towns, or state offices. For more information, visit portal.hud.gov/hudportal/HUD?src=/states/connecticut.

Be aware that there is a significant wait time even to get on the waiting list. Families who may be interested should apply as early as possible. For information on Housing Choice Vouchers and the waiting list, visit www.cthcvp.org.

FAIR MARKET RATE (FMR) is the published rental rate established by the U.S. Department of Housing and Urban Development (HUD) and used for determining the monthly rent charged in an affordable housing unit. For more information, visit www.huduser.org/portal/datasets/fmr.html

In **SUPERVISED APARTMENTS** an individual lives alone or with a roommate in an apartment with staff available either on or off the premises for up to 24 hours a day.

Supervised Apartments within a Housing Complex: Gary's Home

With funds from the Low-Income Housing Tax Credit Program, a housing developer constructed 64 apartments. Within this building, four apartments adjoin with interior doors between the four living units. The state inspects and licenses each apartment as a community residence. Recently, Gary has been coping with medical issues related to his advancing age and cerebral palsy. His health is fragile and he needs staff present with him throughout the day and night. His individual budget from the waiver was not sufficient to fund all these staffing hours. Sharing the staff supports with his three friends has made this affordable. Gary loves having his own apartment with a kitchen, living room, bedroom, and bath. When he feels like it, Gary socializes with his three housemates watching movies or cooking meals together. Direct support professionals are available during the day and one staff overnight. The staff move freely between the four apartments attending to each person as needed.

Gary enjoys all of the amenities of living within a garden apartment complex, including having friends and neighbors who do not have disabilities. By sharing the expenses with three other people, Gary can live more independently and afford the services that he requires.

SMART HOMES + TECHNOLOGY

Depending upon the level of need, an individual may prefer receiving services on demand in the event of a medical need or emergency. Remote monitoring can identify when staff intervention is needed. In the event of an emergency, sensors identify a problem so that staff can respond to the need. This technology can be programmed so that the individual does not have to ask for help. Technology can support individuals with I/DD in living independently while reducing support costs.



Many low to high technological devices are readily available to assist individuals to live more independently. These assistive devices can break down barriers that deter individuals from living on their own. Simple apps on a smart phone possess unlimited possibilities for controlling the environment. Pre-programmed devices can automatically provide schedule information and prompts. Simple machines alert and dispense medications at designated intervals. If a dose is missed, these systems contact a designated individual by telephone to follow up. Monitors signal an alert when someone falls, has a seizure, is in the bathroom too long, or the front door opens. Emergency call buttons, computers or video cameras provide communication in the event of an urgent situation. Programs operate environmental controls such as lights or thermostats from computers or cell phones. Sensors detect when a stove is unattended and automatically shut it off. There are endless technological solutions that can be incorporated into a home to overcome barriers, reduce reliance upon personal aides, increase independence, and keep individuals safe.

Many simple assistive devices are purchased inexpensively. Systems that are more complex may be costly. If medically necessary, some items are paid by medical insurance. Technology that promotes independence may be funded through the Community First Choice Program. For those who are eligible, see page 35.

The Faison Residence in Richmond, Virginia, is an inclusive community of 45 apartments with 30% of the units designated for individuals with disabilities. Affiliated with The Faison Center for Excellence, the residence incorporated smart home technology into the construction to benefit all of the occupants. For more information, visit www.faisonresidence.net. At the renter's request, remote monitoring by staff is available. Homelink Technologies consulted on the state of the art design.

Night Owl Support Systems is utilized to maximize independent living for people with disabilities in Wisconsin and nationally. For more information, please visit nossllc.com.

Best Practices:

Technology supporting people with I/DD living independently in Connecticut

1

Abe, a man with intellectual disabilities in his 30's living in an apartment building, was having great difficulty managing his doctor's appointments and his health.

The state requested that he move into a group home setting where there would be 24/7 staffing and an increased oversight to assist him with his medical needs. The group home he moved into was located in a small, rural community about an hour away from the city where he had lived and where the majority of his friends and family resided. He was dissatisfied with losing his independence by having to move into a group home and he viewed this transition as a personal failure.

While living in the group home, his health significantly improved. His blood sugar levels had stabilized and all of his medical appointments were attended; however, he struggled to adapt to living in a group setting. The location of the group home had limited public transportation access and nothing was within walking distance. He relied on staff for transportation and he did not get along with one of his housemates. He despised staff being present all the time and felt that people were controlling all aspects of his life. He was not always able to verbalize his dissatisfaction and would instead express himself through maladaptive behaviors such as verbal aggression and property destruction.

After he made his discontent known to the Arc of Meriden-Wallingford, they collaborated with Assisted Living Technologies to identify alternative living arrangements based on his needs and preferences. Quick and easy access to emergency medical

services and compliance with medications were vital areas of concern that needed to be addressed.

A 2 bedroom condominium was located in a city near his hometown, where he would be able to live by himself, yet it allowed for the ability for him to have a roommate if he wanted one later. The technology incorporated into the apartment included a Medication Med-Minder, a BeClose Emergency Monitoring and Response System with motion and door sensors throughout the apartment, a cook stop for the stove, and Skype capability via his television set.

The Med-Minder is filled by him once a week with his medications and it reminds him when it is time to take his medications by utilizing a series of visual and auditory alerts as well as telephoning him and identified support staff in the event he does not take his medication within the predetermined time frame.

Through the use of wireless sensors placed throughout the apartment, the BeClose Emergency Monitoring System tracks his routines and activities, and informs identified support staff when issues of concern arise. The system is fully programmable and can send out alerts to identified support staff via text message, e-mail, and/or phone calls for the observance of motion at specified time frames from as little as every 5 minutes up to 24 hours. Staff is alerted if his front door opened during the time frames identified by his team and if there was an absence of movement in the apartment for more than a 2 hour time period. His team is not concerned with whom he may be inviting into his apartment, just that anyone entering his apartment was someone who was invited by him.

This system also has an emergency response function whereby he can elicit emergency assistance by pushing an emergency button located in his bathroom or a button on a pendant that he wears. Once activated, trained medical personnel announce themselves over the speaker located in base unit and he can communicate his need. The Be Close system can contact an identified support staff, family member or 911.

The cook stop is a safety device that connects directly to the stove and will automatically turn the stove/oven off if motion is not sensed within the programmable time frame.

Skype allows him to communicate with his contacts that also have Skype capability. Staff Skypes with him before he administers injections. Using the video camera, he holds the injection pen up to the television screen so staff can ensure he had dialed up the correct dosage. If there was any need for correction, they verbalize this to him and ask him to re-check it.

The technology identified and put into place was a huge success after a short learning curve.

The next year, he expressed a desire to move to a new apartment downtown so that he could be closer to additional shops and establishments that he liked to frequent. Such a move allows him to be in closer proximity to the city's bus routes and stops. Assisted Living Technologies was able to transfer all of the technology. He moved into his new apartment seamlessly. With this move, he has learned to utilize public transportation, taking the bus daily to and from work and is learning how to go from the city he lives now to the nearby city he is from. He has also availed himself to the use of taxi cabs and Uber.

1

The upfront cost for the technology was \$1771.95 plus tax. Breakdown is as follows:

- Stove Stop \$429.95
- Medication Minder \$200.00
- BeClose System
base station \$345.00
- All sensors \$275.00
- Emergency button \$219.00
- Personal help button/
pendant \$63.00
- 4 hours of labor
for installation \$240.00

The cost per year for the monitoring of the equipment was \$2278.20.

(Med Minder is \$59.95 a month, Skype Device was \$39.95 a month and BeClose System is \$89.95 a month.)

2

Bob, a man in his 60's with intellectual disabilities, has lived in his family home with his mother his entire life. His mother had to move out of the home into an assisted living facility due to her declining health.

His mother has helped him in many aspects of his life because he has difficulty walking and requires assistance with dressing, bathing, and personal care. He has a sister, who lives out of state, and she travels frequently to and from Connecticut to help care for her brother.

DDS is unable to support him around the clock with one-to-one support and his sister doesn't want him to move into a group home. The family has worked diligently to fill the staffing gaps and another family member began staying at the home.

In 2015, this family member became a live-in companion and provides 40 hours per week of support. Additionally, he attends a day program 30 hours a week, and receives 24 hours a week of Home Health Aid services and some personal supports for recreational opportunities. With the majority of the hours covered, there are still times that he is left alone for varying lengths of time and this was of great concern to his family.

The Arc of Meriden-Wallingford assisted the family in identifying technology that could be implemented in the home. They worked with Mule Security Systems to provide the family with a door lock system and home automation panel with smart phone control, remote video monitoring of the interior of the home and for the exterior front entry, 2 wireless photoelectric smoke detectors and 2 wireless carbon monoxide detectors with off premise monitoring (also known as Life Safety System).

The door lock system was installed on the 3 exterior entry doors and allows for system and smart phone control of the door locks. His sister and any other designated family member can lock or unlock any of the exterior doors from any location using their smart phone. This device also has a history log of door lock activity that can be viewed at any time.

The video monitoring converts video footage to an IP address for off-site storage and viewing. This allows designated family members to remotely monitor the home in real time from any location utilizing their smart phone, tablet or computer. The wireless photoelectric smoke detectors use a light beam to detect the presence of smoke. The detector aims a light source into a sensing chamber at an angle away from the sensor. Smoke enters the chamber, reflecting light onto the light sensor; triggering the alarm. These alarm types are more effective at sounding when a fire originates from a smoldering source, as smoldering fires can fill a home with dangerous gases before a fire ever erupts.

The technology implemented has exceeded the family's expectations and has given them the peace of mind knowing that they can monitor him and his environment at any time.

2

The upfront cost for the technology was \$1700.00. This included the equipment, all labor & materials for installation.

The cost per year for the monitoring of the equipment is \$720.00. This covers central station monitoring of life safety and intrusion devices (smoke and CO2 detectors), cellular link between life safety system and Mule Security Systems central station, smart phone control of front door lock and life safety system, history log of door lock activity, Emails and/or text messages of activity and recorded clips of video activity up to 50MB recorded off site.

3

Carl, a man with intellectual disabilities in his twenties, had been living in a nursing home for about 18 months as a result of a medical issue which had been particularly difficult to manage.

After leaving the nursing home, he moved in with a friend/mentor. He was informed that he would no longer be able to reside in his current home due to life changes with his friend.

Don, also a man with intellectual disabilities in his twenties, had been diagnosed with a terminal disease at the age of 18. When he was unsuccessful living in a residential care home, he was placed in a nursing home. With the help of people at DDS and the Arc of Meriden Wallingford he was able to move out of the nursing home into his own home.

The two men met and decided that they would like to live together in an apartment. There were multiple issues of concern for both men. The provider needed

to ensure that they both were accessing food/eating meals and maintaining/gaining weight as this was a struggle for both. The potential for low blood sugar and being able to access emergency services quickly as well if one of them were to lose consciousness before accessing emergency assistance was another concern that needed to be addressed. For one man, there was concern that he would leave the apartment and become confused about where he was and not be able to find his way home or access support staff for assistance. Medication compliance in the absence of support staff for both was something that staff needed to monitor. Combined, both men had 61 hours a week of direct on-site staffing supports. This left 107 hours a week without direct staffing that needed to be replaced in some fashion. The provider collaborated with Assisted Living Technologies to discuss the needs and concerns, and the technology incorporated into their apartment included 2 electronic locking medication minders, a BeClose

Emergency Monitoring and Response System with motion and door sensors throughout the apartment and on the refrigerator, freezer and microwave, a cook stop for the stove, A GPS locator watch, 2 bed sensors and a digital camera focused on the front door which would take a picture each time the door opened.

Both men had an electronic locking medication minder and both received VNA services. The nurse was responsible for overseeing their medications, including ensuring that they were packing them into the medication minder each week. The medication minder would remind each of them when it was time to take their medications utilizing a series of visual and auditory alerts, as well as telephoning them, and alerting identified support staff in the event either of them did not take their medication within the pre-determined time-frame.

Through the use of wireless sensors placed throughout the apartment, the BeClose Emergency Monitoring System tracks both of their routines and activities and informs identified support staff when issues of concern arise, such as inactivity for a set period of time. The system is fully programmable and can send alerts to identified support staff via text message, e-mail, and/or phone, reporting observance of or absence of motion at specified time frames, from as little as every 5 minutes up to 24 hours. This system also has an emergency response function whereby they can elicit emergency assistance by pushing a panic button located in their bathroom, a pendant that they can keep on their person, or a button located on the base station of the Be Close system. Once activated, trained medical personnel announce themselves over the speaker located in the base unit of the system. The Be Close system can contact an identified support staff, family member, or 911.

Sensors were placed on the refrigerator, freezer, and microwave to alert support staff if these appliances had not been opened within a set amount of time. For these two men, it was set to send an alert out after 2 hours of inactivity to ensure that they were accessing and eating food on a regular basis. A GPS locator watch was obtained for one of the men should he go out on his own and become disoriented or lost.

Additionally, a perimeter field can be programmed so that if he were to leave the established perimeter field, an alert would be sent out to support staff. The cook stop is a safety device that connects directly to the stove and will automatically turn the stove/oven off if motion is not sensed within the programmable time frame. Bed sensors are used to track when either of them got out of bed. This information is used to determine if there was excessive disruption in sleep or excessive use of the

bathroom. Mats were placed between the mattress and box spring and send out an alert to support staff when body weight has been removed from the mattress. A digital camera focused on the front door was put in place for the man vulnerable to becoming disoriented. Whenever the front door opened, a picture would be taken of the individual entering or leaving the apartment. The purpose of this is that, if he were to leave the apartment and support staff are unable to get in contact with him after a predetermined amount of time, they would have a photo of him with the clothing he was last wearing, a time stamp of when he left the apartment, and whether he was leaving by himself.

The incorporation of the technology worked for both men and the support staff. The two men lived together utilizing the technology until one of them made the decision to find another apartment for himself and his girlfriend. He continues to utilize the BeClose Emergency Monitoring and Response System with motion and door sensors in his new apartment.

3

The upfront cost for the technology for both men was \$2672.90 plus tax. Breakdown is as follows:

- Stove Stop \$429.95
- Medication Minder \$200.00
- BeClose System
base station \$345.00
- All sensors \$275.00
- Emergency button \$219.00
- (2) Personal help button/
pendants \$63.00 each
- 2 Bed Sensor pads \$219.00 each
- GPS Watch \$399.95
- 4 hours of labor
for installation \$240.00

4

Elaine, a 42 year old woman with intellectual disabilities who recently separated from her husband, is raising her 3 year old child who also has disabilities. She separated from her husband 2 years ago and both are committed to raising their child.

Elaine lives in an apartment by herself and receives 30 hours a week of staffing support. At this time, she must have staff supports or family present when she is caring for her child. Her main focus is on developing and enhancing her parenting skills and organizing/scheduling her responsibilities in efforts to obtain unsupervised visits with her child. She has worked diligently over the past 2 years with a team of nurses and support staff to learn such tasks as G-tube feedings, medication administration, re-positioning, recognizing signs and symptoms regarding the child's diagnosed medical conditions, and intervening accordingly with the developed emergency procedures.

Since she moved out on her own she has relied on support staff, her family, and her ex-husband for transportation. Through a provider she has learned how to access public transportation. She has a smart phone and a GPS app was downloaded so that she can input her destination and get step-by-step directions if traveling by car, bus, or walking. This was a helpful tool on one particular occasion when she had transferred onto the wrong bus and ended up traveling several towns away. With the help of the GPS app and guidance from her support staff over the phone, she was able to navigate safely back home.

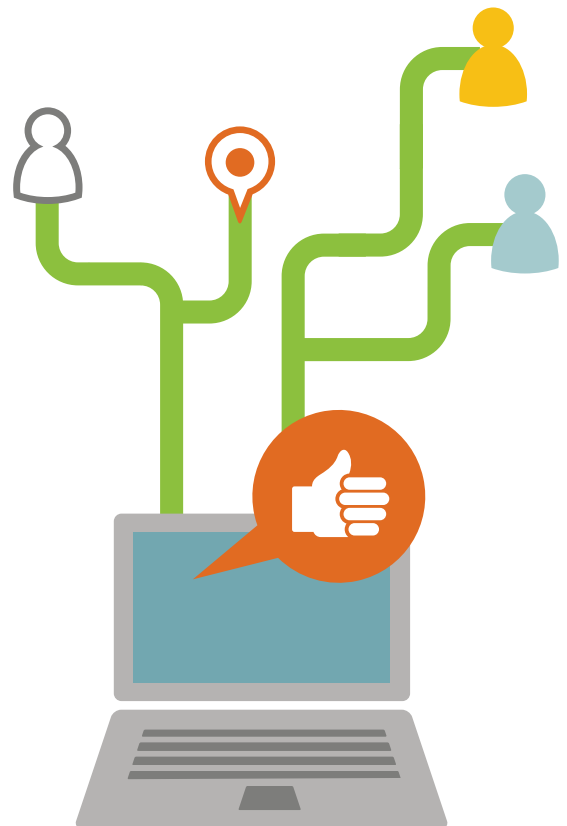
The Arc of Meriden-Wallingford has consulted with Assisted Living Technologies and identified a device that would both assist her with organization and connect to her support system quickly so that she can move closer to her goal of having unsupervised visits with her child. Claris Companion is a simplified tablet that is completely customizable. Unlike other communication devices, Claris Companion is always on so that reminders, messages, and notifications are displayed on time and alerts are always generated. The device is simplified so the home screen only has the icons and applications needed for the individual. Claris Companion was designed to accommodate many of the physical effects of aging (i.e., for individuals with visual disabilities, it displays information in large on-screen text).

4

The upfront cost for the technology will be \$180.00 for 3 hours of labor for activation, installation, customization and training.

The cost per year for the monitoring of the equipment will be \$1799.40.

(\$149.95 a month which includes 2 GBs of data per month, technical support, rental of the tablet and subscription to the application.)



CIRCLES OF SUPPORT

Circles of Support is a group of people chosen by an individual to help achieve valued outcomes. This group meets regularly and assists the individual in making decisions and taking charge of his/her own life.

NATIONAL EXAMPLE: Dan's Home

Dan enjoys structure and a consistent routine. Adjusting to change makes him uncomfortable. For many years, Dan lived in a group home with six other men with disabilities. Some of the behaviors of the other residents upset Dan. There were many disruptions including a continuous rotation of new staff members. Dan's parents dreamed of a better life for Dan. They researched an alternative arrangement for Dan called "shared living."

Dan and his family began meeting and planning with a Circle of Support which included his brother, family members and friends. They engaged a provider agency with experience in administering shared living to join the discussions. With the help of the agency, they found a compatible housemate. This person, Todd, receives hourly wages and a portion goes to his share of the rent for the home that he now shares with Dan. With his parents' assistance, Dan leased an apartment with two bedrooms and two bathrooms for himself and Todd. Todd assists Dan weekdays from 3pm-7am. Dan typically sleeps through the night but Todd is there if he needs help. Dan and Todd share some finances to purchase groceries, utilities and such. Todd helps Dan with his spending and medications. Weekdays from 7am-3pm, another staff person supports him. She assists while Dan volunteers at the local food pantry, attends the gym and enjoys a busy social life.

Two other people spend alternating weekends with Dan and sleep over, so Todd has most weekends free. Before any of the staff began working with Dan, each spent significant time with him at his family home getting to know his daily routine, likes and dislikes.

Dan's parents and sibling are very involved with Dan and his new lifestyle. Initially, they met as a Circle of Support every two weeks until everyone adjusted to the new living arrangements. Now meetings are once a month. Dan and his parents interviewed the potential housemate and staff to ensure that they were the right fit for Dan. The provider agency employs the staff but Dan hires and fires them.

Dan enjoys having four people who know him well caring for him. They understand his ways of communicating. They minimize disruptions and respond to changes in his moods. Dan's preferences are important to them. He likes not having to compete with anyone for his staff's attention. Dan keeps a lively social life that involves his housemates, family, and friends. They enjoy many activities together. Since Todd does not have family living close by, he spends holidays with Dan and his family. These two young men are becoming very close friends. It is hopeful that Todd will be a part of Dan's life for many years to come.





SHARED LIVING

This service is provided through DDS and may be self-directed or purchased from a qualified provider agency. Shared Living offers waiver participants the opportunity to invite a family or an individual (with whom they have an existing relationship or have developed a relationship) to share their lives. It is a residential option that facilitates the relationship between the participant with a Shared Living life sharer.

Shared living is about the relationship. Shared Living is an individually-tailored supportive service that was developed based on individual support needs. Ideally no more than two DDS participants live with a shared living provider. Shared Living requires the life sharer to live in the home and is not a rotating shift schedule. It is available to participants who need daily structure and supervision.

It includes supportive services that assist with the acquisition, retention, or improvement of skills related to living in the community.

Shared Living integrates the participant into the usual activities of family and community life.

The service should be provided in the participant's own home or the life sharer's residence.

The Shared Living residential support model cannot be used in combination with CLA, CCH, CRS, or live-in companion/caregiver.

For more information, visit www.ct.gov/dds/lib/dds/waiver/service_definition_shared_living.pdf.

To help you find roommates & staff

ROOMMATE MATCHING WEBSITE

In November 2016 The Arc Connecticut was pleased to launch a new roommate matching website for individuals with I/DD. This website is a safe, secure portal that is able to generate potential roommate matches. These matches are formulated from algorithms once individuals and family members have entered pertinent information into the website. We hope this new service will not only assist families in finding potential roommates, but will also generate networking and other valuable opportunities for families to share their experience, strength, and hope.

REWARDING WORK

Finding and hiring the right person to provide support to families and individuals with disabilities can be challenging. The Rewarding Work website provides the only comprehensive and current list of people in Connecticut who are ready to provide direct care in your home.

For individuals who receive services from the Connecticut Department of Developmental Services (DDS) and are considering hiring and managing their own support, they are eligible for a free long-term subscription. Contact a case manager or support broker for an access code and more information.

If individuals do not receive services from DDS, they may still access the list of Direct Support Professionals after they pay a small fee. The fee will allow them unlimited access to the names and information of all available care providers for a period as short as one month, or as long as one year.

www.rewardingwork.org/State-Resources/Connecticut

Housing Models & Practices

THROUGHOUT THIS DOCUMENT YOU WILL FIND NATIONAL EXAMPLES FOUND IN OTHER STATES. CONNECTICUT HAS NOT IMPLEMENTED ALL OF THESE PRACTICES, BUT FAMILIES AND ADVOCATES COULD RECOMMEND VARIATIONS OF THESE EXAMPLES AS NEXT PRACTICES.

Home Sharing Model: Tracy's Home

For seven years, Tracy has been living in her own home. She rents her house from her parents. Her mom and dad renovated a lovely ranch-style home just for her. Tracy's parents are responsible for maintenance, upkeep of the property, insurance and property taxes. Tracy's dad is a contractor so he knew how to handle all of the construction and repairs. The barrier-free design of the floor plan anticipated that Tracy was becoming less mobile and relying more upon using a wheelchair. Tracy lives in her hometown in the same neighborhood as her sisters and parents.

Prior to living in her own home, Tracy lived in a group home. Due to her increased medical care needs, her parents decided it would be best to purchase a home and have Tracy as the tenant. Her DDD support budget is now used to provide services to her in her own home. Her mom says, "All the stars and the planets were aligned for us." Mom's vision and determination were largely responsible for making this dream become a reality. Tracy's parents called upon key family members, a pro bono consultant, the executive director of the service provider agency, state workers and even the local senator for advice and support. It took two years of planning and negotiating, but their perseverance paid off.

Tracy, with her parents' assistance, selected a housemate to share this home. It took a few tries before the right match was made. For the past four years, her housemate, Stacy, has also been her best friend. They chose a service provider who had

experience supporting people who wanted to make their own decisions. This agency provides the staff to help these two women live as independently as they can. Tracy and Stacy, along with their parents and the provider agency, discuss any matters that arise that directly affect the ongoing care and happiness of these women. These decisions are always made in the best interest of Tracy and Stacy. Tracy is a person of few words. However, she is very capable of communicating what she likes or dislikes without conversation. Her parents serve as her spokesperson.

Tracy's mom says that this model and the way in which it operates may not be for everyone. Tracy's parents and sisters are very involved in her life. They oversee the supportive services that she is receiving and advocate on her behalf whenever needed. They help with support. Tracy's dad has the building expertise to maintain the property. Not everyone can do this, but some pieces of this type of self-determined housing may work for others just the same.

To ensure continuity, the family has made provisions for a succession plan. When Tracy's parents can no longer contribute their time and resources, Tracy's sisters have agreed to take charge. Legal documents have been prepared so that the home will continue to be a home for those with special housing needs, whenever Tracy no longer needs this home.



COMMUNITY COMPANION HOMES

When circumstances make it impractical for an adult with I/DD to live in their family home, living in a licensed Community Companion Home (CCH) can be an option. The CCH model offers a family setting to individuals with intellectual disabilities. Families of diverse cultures, backgrounds, and composition are sought for the best possible match.

CCH regulations provide the authority for homes to be licensed for up to three (3) individuals. However, to assure initial success, homes are initially licensed for only one individual. After a successful one year period with an individual living in the home, the region would consider requests for increased capacity based on strict guidelines to assure the best outcomes for individuals already living in the home. All regional recommendations for increases in capacity are reviewed and must be approved by Central Office Quality Management Services unit.

CCH licensees provide the individual with support and the ability to join with others in order to create and promote meaningful opportunities to fully participate as valued members of their communities. They also assist the individual in maintaining contact with people important in their lives and to ensure a safe environment. Licensed CCHs must meet strict standards set by the Department of Developmental Services.

For more information, visit www.ct.gov/dds/cwp/view.asp?a=3&q=527308.

Community Companion Home Model: Dennis' Home Next Practice

Before her passing, Dennis' mom made plans with her best friend, Mary, to look after Dennis. Dennis knew Mary and her husband well for many years. He now lives within their home and shares in all family activities. He participates in all the extended family holidays and events. A special needs trust left by his mom supplies money to support Dennis while preserving his eligibility for SSI benefits, Medicaid and other public entitlements. An agency provides supervision, training, and support so that Mary can best care for Dennis.

Parents often ask,
"What happens when
I can no longer care
for my adult child?"



"HOUSING FIRST" CONCEPT

The independent housing movement had its roots in addressing the needs of individuals with significant mental health conditions and chronically homeless individuals by recognizing lease-based housing and supportive services as separate, but of equal importance. An individual's basic needs must be met so that someone living in vulnerable circumstances can find stability while living in the community. The Housing First model was adopted for those who are chronically homeless. Implementation of the concept provides permanent housing as quickly as possible, rather than requiring individuals to successfully advance through various levels of care.

The continuation in housing is not contingent upon participation in rehabilitation. Service providers offer but do not require enrollment in services to assist the individual. Because individuals living without housing for many years have multiple challenges, they are often afraid of commitment and difficult to engage. The model does not restrict eligibility due to behavior challenges and allows individuals to move into housing regardless of active addictions and other behavioral impediments. Slowly over time, with the stability in their housing, these individuals are enrolled in a variety of behavioral and health care services that are rehabilitative and promote wellness.

Data compiled over the years has demonstrated the success of Housing First in various communities. Not only have a majority of chronically homeless adults become stable in their housing, states employing this model have saved significant public dollars formerly spent on emergency care, institutionalization, homeless shelters, and prisons. Food for thought: The I/DD community can learn from the mental health and other communities.



For additional information about Housing First, go to:

www.endhomelessness.org/pages/housing_first

www.csh.org/toolkit/supportive-housing-quality-toolkit/housing-and-property-management/housing-first-model



COLLEGE CAMPUS – LIVING IN THE DORMS

Some young adults with intellectual and developmental disabilities, mental illness, and other special needs are attending colleges and living on campus. According to research studies, adults with intellectual disabilities have the lowest rate of post-secondary education, career preparation, and employment of all other disability groups (Newman et al., 2011).

Opportunities exist for individuals with disabilities, including those with intellectual disabilities, to attend flexible college programs with supports. Peer mentors are available to assist students in their adjustment to college life. Readily available apps on smart phones and tablets can help a student to record lectures, dictate essays, take notes, complete assignments, and organize coursework. Colleges offer classes for credit and not-for-credit. Numerous colleges provide on-campus living experiences as well. Besides the educational benefits, the value of a college experience includes preparation for employment, inclusion with peers, and independent living experiences. Only 23% of students with I/DD, however, go on to post-secondary education (Grigal, Hart, & Migliore, 2011).

Most programs educate students between the ages of 18 and 25 during or after their graduation from high school. Fees for these educational studies vary. Students can apply for scholarships, grants, and work/study. In some instances, tuition can be waived for students of low-income. Funding for supports, including transportation, books, technology, and individual supports, might be supplied through Medicaid waiver services. In some instances, the Division of Vocational Rehabilitation may fund a college education. Similarly, a school district might approve postsecondary education through a teenager's educational entitlement.

For more information, visit www.thinkcollege.net.

Best Practice: College Campus Experience for Nicky

Nicky walked with her high school class for graduation but continued her educational entitlement in the local college. She lived on campus, learned, and adjusted to college life with supports. She made friends and enjoyed all the social and academic aspects of attending college. A fellow college student served as a mentor. Tutors helped with academics. She took courses in public speaking, drama, writing and math. In a drama class, Nicky role-played and learned how to interact in various interpersonal situations. Nicky used her smart phone to record classes so she could listen to them later and have someone assist her in taking notes. Tutoring was also available when course work was difficult. She dictated into her computer to write essays. Nicky enjoyed the experience of living away from home while attending classes in college.

Advocates in Connecticut are currently working to develop situations where adults with I/DD can live in college dorms while attending college in Connecticut.

For more information, visit [The Arc Connecticut at thearcct.org](http://TheArcConnecticut.org).

IN-HOME SUPPORTS

In-Home Supports means that a person with I/DD receives supportive services delivered within his or her own home or while living with family members. Services can include such things as personal care assistance, respite, and positive behavioral supports.

Living with Family and Receiving In-Home Supports Model: Nick's Home

Nick is young man who has Down syndrome and lives with his parents. Nick and his parents decided that it would be best for him to focus on developing his employment opportunities before he went out to live on his own. Nick plans to move out and live in his own apartment, perhaps with a roommate, as soon as he can afford it. For now, living with family is economical as he expands his potential for employment.

At age 28, Nick works between eight and sixteen hours each week as a clerk at a local supermarket. He started that job under his Individualized Education Program (IEP) during his transition program at his local school system before he reached the age of 21. When he finished school, the supermarket hired him.

During his school years, Nick was fully included in regular classes where he learned reading, writing and basic arithmetic. Most importantly, Nick learned the social skills that are essential for employment and community life. Nick was a manager on the high school baseball, football and hockey teams for which he earned seven varsity letters. He sang in the school chorus.

Nick receives Individualized Supported Employment (ISE) services from his state Department of Developmental Services. This support is funded through a state



It is not what you do
for your children,
but what you have
taught them to do for
themselves, that will
make them successful
human beings.



Medicaid Waiver and Nick's services are classified as Medicaid for the Employed Disabled (S05), which raises his income and asset limits to enable him to work and retain his benefits. He has been working since the age of 21, so Nick also receives SSDI and Medicare benefits.

Nick still needs some supports in his life. He is safe at home alone but he needs reminders for many activities and he needs assistance with his finances. Nick doesn't drive a car so he needs someone to drive him to work and social activities. He relies on family and friends for transportation because there are not public transportation routes to many of the places he goes. In a pinch he will take a taxi.

Nick's ISE staff help him to develop his income potential. Nick does not require 1:1 support at his supermarket job so his staff only occasionally observe him there and check in with his supervisor. Mostly they are helping Nick to pursue his dream of owning his own restaurant – beginning with a hot dog vendor cart. His staff helped him study to earn

his ServSafe Food Protection Manager Certification. They took him to meet with local restaurant owners and public officials. They helped him to create a business plan. They took him to apply for permits to operate in local towns. They helped him to raise money to purchase a food vendor cart and they are helping him to learn how to operate the cart.

Outside of work Nick enjoys karaoke, bowling and time with his nieces and his nephew. He plays video games, listens to music and uses a computer proficiently. Nick is also an active advocate for individuals who live with intellectual disabilities – attending meetings of self advocacy groups and frequently testifying to the state legislature.

Nick is preparing for a life on his own. He is developing an income that will provide for his own apartment with a roommate and, with some additional funding from the Community First Choice (CFC) program, he will be able to hire someone to help him with tasks at his home without his parents.

ACCESSORY APARTMENTS

Accessory Apartments are living units that are added or created within a single-family home. They are sometimes referred to as in-law apartments.

TINY HOUSE MOVEMENT: NEXT PRACTICE

The concept of tiny houses is growing nationally and internationally. As shown on HGTV and A&E Network's *Tiny House Nation*, individuals interested in a simpler lifestyle without financial burdens are downsizing. Small communities are being established internationally. **For more information, visit www.smallhousesociety.net.**

Such compact housing can be developed more cost effectively than traditional housing. The living space of 100 to 300 square feet is comparable to the size of a shed up to a single car garage. It can be built on wheels for portability. Similarly, small houses are between 400 and 1700 square feet.

In some instances, shipping containers have been re-purposed into small housing units. The durable material of these containers lends themselves to modular construction. These units interlock so more than one container can be connected into a larger living space. The internet supplies many creative interior and exterior designs for this cost effective re-purposing. **For more information, visit www.offgridworld.com.** This micro house idea is applicable for an individual seeking inexpensive housing.

Numerous floor plan designs are readily available on the internet. Construction is efficient and sustainable while being attentive to the environment by using natural, health conscious materials. Some units are self-sufficient using propane gas and holding tanks. Optional solar roof panels provide low cost energy. Local utilities' hookup connections can also be made when available.

Zoning ordinances may not specifically apply to small house dwellings and will have to be addressed on a local level.

Note: *Tiny homes are not for everyone. They are typically not accessible to or visitable by individuals who use wheelchairs.*

Accessory Apartment Model: William's Home

William lived with his parents but wanted more freedom. His family converted their two car garage into an efficiency apartment with a barrier-free bathroom for him. He obtains 30 hours per week of personal care attendant services from a state plan service called the Personal Preference Program to assist him with some activities of daily living like dressing and bathing. During the daytime hours, he has day habilitation services from the state service provider for people with I/DD. His family is steps away from him, if he needs additional help, especially during the overnight hours. On overnights and weekends, family and friends provide him with support.



PAST PRACTICE: HOUSING COOPERATIVES

During the 1990's a number of individuals with disabilities, including some with intellectual disabilities, lived in housing cooperatives developed by non-profit developers and the state of Connecticut. The co-ops still exist and individuals with disabilities remain there, though they are no longer developed or financed by the State. Co-ops of the '90's were inclusive—no more than 25% of families had members with disabilities and they were mixed income. Co-ops give individuals with disabilities the natural support that could come from living in a community. Families interested in co-ops will have to advocate to begin using that model again.



PERSON CENTERED PLANNING

In recent years, person centered planning has taken on a negative connotation for some individuals with I/DD, their families, and advocates. It has become conflated with bureaucratic solutions. We invite you to consider the original intent of person centered planning. This simply involves asking individuals where they want to live, how they want to spend their time, and who they want to spend it with. Person centered planning in housing means that individuals choose where they live, with whom they live, and who visits their home. Individuals with I/DD may have to compromise and set priorities as do individuals without disabilities. It is important to continue to evaluate the options that exist.

Someone can get lonely even with many people around them. They need to develop real friendships and become active members of their community.