



Executive Summary:

Forsyth County Housing Needs Assessment

For Individuals with Intellectual and Developmental Disabilities (IDD)

Introduction

According to the Institute for Exceptional Care, there are 16 million Americans with intellectual and/or developmental disabilities (IDD). IDD is a group of conditions that affect cognitive, behavioral, and motor development. IDD includes autism, cerebral palsy, Down Syndrome, intellectual disability, attention deficit hyperactivity disorder, and conditions like William Syndrome or Rhett Syndrome. These conditions are often present from childhood and can impact an individual's ability to learn, communicate, and live independently. The exact prevalence of IDD is difficult to determine due to the heterogeneity of the population, the variety of definitions used to diagnose IDD, and the lack of access to healthcare and support services.

Individuals living with intellectual and developmental disabilities often have unique needs that require specialized support and services. These needs may include:

- *Health and medical care:* Many individuals with intellectual and developmental disabilities may have health problems that require ongoing medical attention and care.
- *Communication:* Some individuals with intellectual and developmental disabilities may have difficulty communicating their needs, desires, and opinions. It's important to provide support and accommodations to help them express themselves.
- *Education:* Individuals with intellectual and developmental disabilities may require specialized education and training to develop their skills and abilities to the fullest extent possible.
- *Social and emotional support:* People with intellectual and developmental disabilities may face challenges in building and maintaining relationships with others. They may need support and guidance to help them form and maintain healthy relationships.
- *Independent living:* Some individuals with intellectual and developmental disabilities may need support to live independently and manage daily tasks, such as cooking, cleaning, and personal care.
- *Transportation:* Access to transportation can be a significant barrier for individuals with intellectual and developmental disabilities, who may require specialized vehicles or support to travel safely.

The research findings in the report may be used to develop a better understanding of housing needs and social support issues that present challenges for the most vulnerable in the community. We have sought perspectives, best practices, and recommendations from disability advocates, educators, program administrators, service providers, LME/MCO representatives, as well as individuals with IDD and their family members. Through the interviews, we have explored the resources available through the NC Department of Health and Human

Services, the NC Innovations and TBI Waiver Programs, and many of the non-profit organizations that provide housing and community living services to individuals living with IDD. We have also provided information on the living situation of surveyed individuals, data on their sources of income, information on the available family support, and documentation of housing needs and wraparound services desired.

Community Living Efforts

In the report, we highlight several important pieces of legislation in the United States that provide for the rights and needs of people with IDD: the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA), and the Fair Housing Act. The 1968 Fair Housing Act protects people with disabilities from discrimination in housing and requires housing providers to make reasonable accommodations and modifications. The Fair Housing Act requires multifamily housing built after 1991 to meet accessible design requirements. Unfortunately, violations of the Fair Housing Act are still common, with disability-based discrimination making up more than half of all complaints filed in 2022. The 1990 Americans with Disabilities Act (ADA) prohibits discrimination based on disability, requiring employers, state and local governments, and businesses to provide equal opportunities to people with disabilities. The ADA's Standards for Accessible Design guide the construction of accessible facilities. The Individuals with

Disabilities Education Act (IDEA), passed by Congress in 1975 and reauthorized in 2004, provides access to public education for children with disabilities. The act mandates that states ensure students with disabilities receive a Free Appropriate Public Education (FAPE) in the least restrictive environment (LRE). An Individualized Education Program (IEP) is developed for each student with a disability, outlining the student's special education program.

We also reviewed several of the cases that have dictated compliance with ADA and other laws and regulations and helped to shape efforts to provide housing and services in more inclusive settings. First, The North Carolina Department of Health and Human Services (NC DHHS) and the US Department of Justice (DOJ) settled a lawsuit that claimed that the state violated the Americans with Disabilities Act (ADA) and the *Olmstead v. L.C. decision*. The settlement requires the state to provide community-based services to individuals with disabilities following the ADA and the *Olmstead* decision. The settlement requires the state to transition individuals with disabilities from institutional settings to community-based living arrangements.

Most relevant to our study is the case of *Samantha R., et al. v. North Carolina* a lawsuit filed in 2017 by Disability Rights North Carolina (DRNC) on behalf of individuals with intellectual and developmental disabilities (IDD) who were not receiving appropriate community-based services and supports in North Carolina. The

lawsuit alleged that the state was violating the Americans with Disabilities Act (ADA) and the Rehabilitation Act by failing to provide adequate community-based services and support for individuals with IDD and by unnecessarily institutionalizing them. In 2019, U.S. District Court Judge David L. Baddour found that North Carolina had violated the ADA and Rehabilitation Act and ordered the state to develop a comprehensive plan to provide community-based services and support for individuals with IDD. However, in November 2022, after the state failed to develop a plan, Judge Baddour issued a new order that set out measurable outcomes for the state to remedy its violation. The North Carolina Department of Health and Human Services (NCDHHS) has appealed the decision and provided a counterproposal that would require \$150 million in annual spending to eliminate the Innovations Waiver Registry of Unmet Needs but does not specify a timeline for other goals.

We also reviewed several different Medicaid programs in North Carolina that attempt to provide resources for community living for individuals with disabilities. The Traumatic Brain Injury (TBI) Medicaid Waiver program provides community-based rehabilitation services to individuals who have suffered a TBI, while the NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan provides managed care services for individuals with behavioral health and intellectual/developmental disabilities. The Community Alternatives

Program for Disabled Adults (CAP-DA) is a Medicaid program that provides home and community-based services for disabled adults who would otherwise require nursing home care. Each program has its specific target group, eligibility criteria, and services, but some programs have received criticism for the reduction in provider choice, lack of transparency and communication, and concerns about access to care, administrative complexity, and impact on small providers.

Forsyth County Community Context

Forsyth County has a population of around 382,075 people as of 2021. The county has a median household income of \$52,115 and major industries include healthcare, retail trade, and manufacturing. The county has a high school graduation rate of 88.3% and is home to several colleges and universities. The area has several resources available for individuals with intellectual and developmental disabilities, including group homes, assisted living facilities, and specialized programs through the Parks and Recreation department. There were 44 establishments in Forsyth serving this population with nearly 600 employees total and an annual payroll of over \$14 million.

Estimating IDD Population

Earlier in the report, we discussed the challenges of accurately estimating the population of people with intellectual and developmental disabilities (IDD) in a specific geographic location and reviewed different methods for estimating this population, with

a special focus on administrative data. The strengths of administrative data include large sample sizes and the ability to provide information on a wide range of variables. However, administrative data may not accurately represent the IDD population as individuals may not receive a diagnosis or use services.

We presented data obtained through the administrative data approach in Forsyth County from Partners Behavioral Health Management, including the number of

unique clients, their age and gender, the types of service providers and billing categories, and the cost of claims for IDD services in the county. Service billing data shows that there were 823 unique clients over the 14 months covered by the data. Month-by-month counts varied from a high of 655 to a low of 597 individuals. Three-fifths (59.2%) of clients were male and two-fifths (40.8%) were female. Half of the clients (53.4%) were between 21 and 40 years of age. Only 11.1% were over 60 years old. The

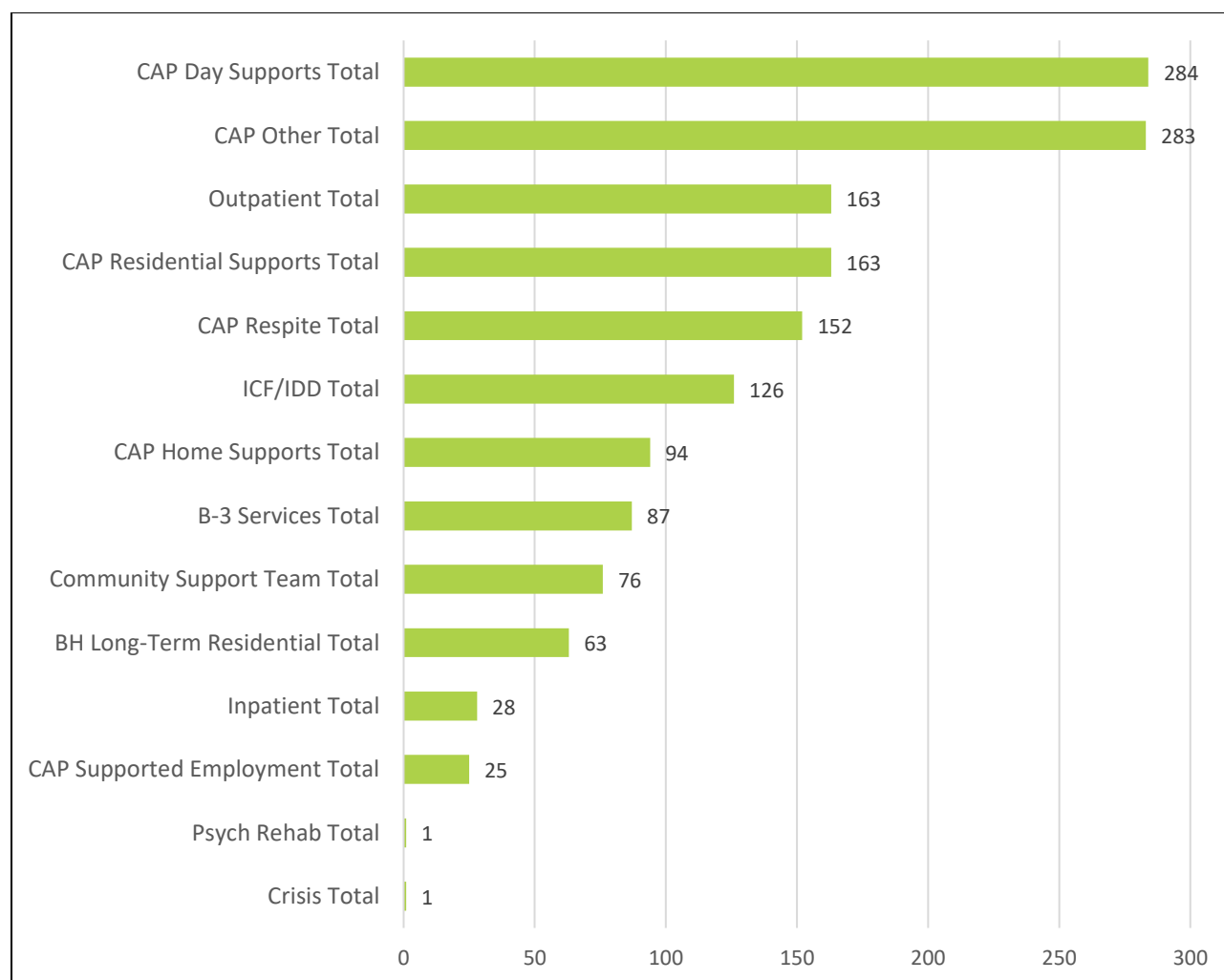


FIGURE 1 - UNIQUE CLIENT COUNT BY CLASSIFICATION OF SUPPORT

TABLE 1 – TOP 20 AVERAGE MONTHLY COSTS BY PROCEDURE CODE

Procedure Code Description	Average Monthly Total
0100 - ICF/IDD Hospital Admission & General Hospital	\$2,283,866.08
T2012 GC - CLS Live in Caregiver Indiv	\$424,171.39
T2013 TF - Community Living and Supports	\$289,066.56
T2021 - Day Supports Individual	\$251,080.61
H2016 HI U2 - AFL Residential Supports Level IV AFL	\$154,332.47
T2020 U2 - AFL Residential Supports Level III - AFL	\$145,929.15
H2016 HI - Residential Supports Level IV	\$117,431.64
H2015 - Community Networking	\$109,600.74
T2021 HQ - Day Supports Group	\$100,548.84
T2012 - CLS Community Only	\$96,651.85
T2020 - Residential Supports Level III	\$85,579.59
S5150 - Respite: Individual	\$68,140.77
T2014 Residential Supports Level II	\$53,979.24
T2021 CR - Day Supports Individual	\$42,600.68
T2033 - Supported Living 1	\$33,047.15
0101 All-inclusive room and board	\$25,602.50
T2014 U2 - AFL Residential Supports Level II	\$25,568.85
YP660 - DAY ACTIVITY	\$25,564.29
T2016 U5 L1 - Home Living LTCS Level 1	\$23,949.39
T2033 HI - Supported Living 2	\$23,452.56

largest classifications of support were for the Community Alternatives Program for Disabled Adults (CAP) and "other" CAP support. Monthly billing expenses averaged up to \$2.3 million for ICF/IDD Hospital Admission & General Hospital, \$424,171 for Live-in Caregivers, and \$289,066 for Community Living and Support. Total claims data was averaged over 14 months and came to \$7,297.48 per month/per client.

We continued to explore other methods for estimating the population of IDD individuals within Forsyth County. The most common estimation method is prevalence studies, which use standardized diagnostic criteria to identify individuals with IDD in a specific

population. Prevalence estimates of IDD are typically based on a variety of sources, including population-based studies. We cited examples of studies that used population-based data to estimate the prevalence of IDD among children and adults in the US and Europe. We also discussed the limitations of prevalence studies, including the potential for underestimation or overestimation of the IDD population.

We used three data sources for our prevalence estimates: the American Community Survey (ACS), Affirmatively Furthering Fair Housing Data and Mapping Tool (AFFH-T), and computed prevalence by application of demographic data. We find in

all three approaches a significant discrepancy between the number of individuals receiving Medicaid services for IDD and the overall prevalence of IDD in the population.

The ACS is an ongoing survey conducted by the US Census Bureau that collects data on various social, economic, and housing characteristics of the US population, including data on types of disabilities. From this information, we found that 1.6% of adults in Forsyth County between 35 and 64 years old have cognitive difficulties, with the highest concentrations in South and East Winston-Salem. Additionally, nearly 1% of the same age group have self-care difficulties, with concentrations in South and Northeast Winston-Salem, and almost 2% have independent living difficulties, with concentrations in South, North, and East Winston-Salem. These difficulties refer to a person's self-reported difficulty with routine self-care activities, concentrating, remembering, making decisions, performing daily activities, or living independently due to a physical, mental, or emotional condition that has lasted at least six months.

Data from AFFH-T uses information from the American Community Survey and Public Housing Authorities to provide insight into the number of individuals in Forsyth County with disabilities in categories such as hearing, vision, cognitive, ambulatory, self-care, and independent living difficulties. It also reveals that 1,816 individuals with disabilities, including some with IDD, live in publicly supported housing programs in the

Winston-Salem region, with 29% of those in Public Housing, 20% in Project-Based Section 8, 16% in Other Multifamily, and 18% in the Housing Choice Voucher Program having a disability.

Using demographic data for Forsyth County, we found the estimated upper bound of the total population of individuals with IDD is 5,922, based on projections using McBride et al. (2021). Using the slightly higher figure from the NC Council on Developmental Disabilities we estimate approximately 6,877 individuals with IDD overall in the County. Both numbers are significantly higher than the number receiving Medicaid services.

Key Informant Input

Between Nov 22, 2022, and Jan 6, 2023, interviews were completed with 12 experts in the area of IDD and housing. Interviews were conducted remotely via zoom and recorded, and the participants were given assurances of anonymity. The interviewees discussed the Medicaid and Innovation Waiver programs in North Carolina, which are meant to provide home and community-based services for individuals with disabilities but have not been successful in moving people out of institutions and into the community.

“There really is no large-scale program to move people with IDD out of institutions and into the community or to prevent them from going to institutions and provide them services in the community.”

The key informants discussed the process for determining services and setting individual budgets for care. Many interview participants expressed disappointment at the recent response by the DHHS to *Samantha R.*'s ruling. Additionally, the Innovations Waiver waiting list was a source of frustration for many, with concerns over inclusiveness and wait times leading to diminished quality of services and potentially overwhelming the system.

There was a clear tension also between parents and advocates and those who work for LME/MCOs. These institutions, which represent the state in the local management of care, are responsible for authorizing services and allocating waiver slots to provide services to the IDD community. While they aim to provide quality clinical services efficiently, criticisms of inadequate provider networks and lack of transparency in navigating the system were noted.

Some parents of adults with intellectual and developmental disabilities were concerned about their children's transition to community living and the lack of coordination among different groups in addressing the issue. Some advocated for more public support, while others believe it is better to avoid public support and look for solutions on their own. Some felt there needs to be more caregiver advocacy to address the long waiting time and slow pace of implementation.

"I, the parent, have had to figure out what's going to happen next what this is, and I'm completely unprepared, I don't know, who to call or what resources to seek."

One possible solution discussed was the "Self-Directed Waiver Supports" program which allows individuals with disabilities or elderly individuals to receive long-term support services while maintaining control over the direction of their care. Participants receive a budget for their long-term care services and can choose their service providers, allowing them to choose services that meet their needs and preferences.

Interviewees discussed housing as a key concern in supporting individuals with intellectual and developmental disabilities. Maintaining a continuum of housing options was seen as important, with the recognition that not everyone has the financial means or natural support to live independently. HUD Group Homes were mentioned as a viable option, but their complexity and expense to operate and maintain made it challenging for providers to build and maintain them. Interviewees also noted that providing low-income housing for people with IDD is complicated and requires collaboration with various organizations to ensure support and services are provided. The financial aspect of balancing support needs with housing was also discussed, with rising costs of living and low Medicaid rates impacting the ability of individuals to live independently.

Interviewees further highlighted the challenges people with IDD face when

seeking affordable housing in North Carolina. One issue is the lack of affordable housing, and while housing choice vouchers are available, there is no state protection for the source of income. This means that landlords can refuse tenants who receive government assistance. Another issue is public housing's safety for vulnerable IDD individuals, who may be exposed to drug use and abuse. Interviewees suggest installing security cameras and educating landlords about the needs of people with IDD.

"I think there does need to be more of a movement of families in Forsyth County, specifically, really pushing and saying, I mean, I had a lady been with us 22 years was on the waiver waitlist 22 years and died still with state services. So, I think we all need to get more actively involved in finding out where we are, where we fall, and then keeping up with that. So, when slots come out, we are the first ones to call."

Creative solutions were discussed to address the problem of affordable and inclusive housing in North Carolina for individuals with IDD. One parent describes how they purchased and developed quadruplexes in downtown Durham with the help of a developer and a few starter families, while another interviewee proposed a model for developing a complex with IDD apartments subsidized by a nonprofit and renting the remaining units at market rate. However, high upfront costs and difficulty in finding suitable properties make these solutions challenging to implement.

In talking about amenities needed for individuals with IDD, the interviewees discussed the need for universal design in housing with a focus on physical accessibility. They also suggested the use of assistive technology, such as sensors, timers, and camera systems, to assist individuals when needed, without requiring someone to be present all the time. The possibility of a scattered site model, where a central unit equipped with technology could alert staff when help is needed, was also explored as a way to reduce personnel hours and provide housing subsidies to those in need.

The Innovations Waiver program in North Carolina, which delivers services to individuals with disabilities, is facing a major issue of lack of staffing. The program requires a significant number of trained and experienced professionals to deliver services to individuals with disabilities, but the shortage of staff has resulted in long waiting times for services, burnout, and turnover of staff members. The Innovations Waiver program has taken steps to address the staffing shortage, such as increasing funding for staff salaries and benefits and investing in staff training and development. However, these efforts have yet to fully address the problem, and more needs to be done to ensure that individuals with disabilities have access to the support and services they need. Staffing is the biggest challenge across all services, and funding and staffing are linked, as the waiver services provided by these agencies are based on rate scales set by the state.

The argument has been made for the professionalization and standardization of Personal Care Assistants (PCAs) and Direct Support Professionals (DSPs) for individuals with IDD based on the recognition that these workers play a critical role in supporting individuals with IDD to live independently in their homes and communities. Better workplace incentives, more training, career ladders and opportunities for advancement, and standardization of job requirements will help in improving the quality of care. Furthermore, by providing higher wages (including salaried positions) and benefits, it

can help to attract and retain qualified and committed staff, which is particularly important given the turnover rates in the field. Professionalization of the PCA and DSP workforce can help to ensure that these workers receive the respect and recognition they deserve for the work they do.

Community Survey Results

An online survey was conducted to supplement the qualitative data gathered from interviews and secondary sources on concerns and issues related to intellectual or developmental disability in the community..

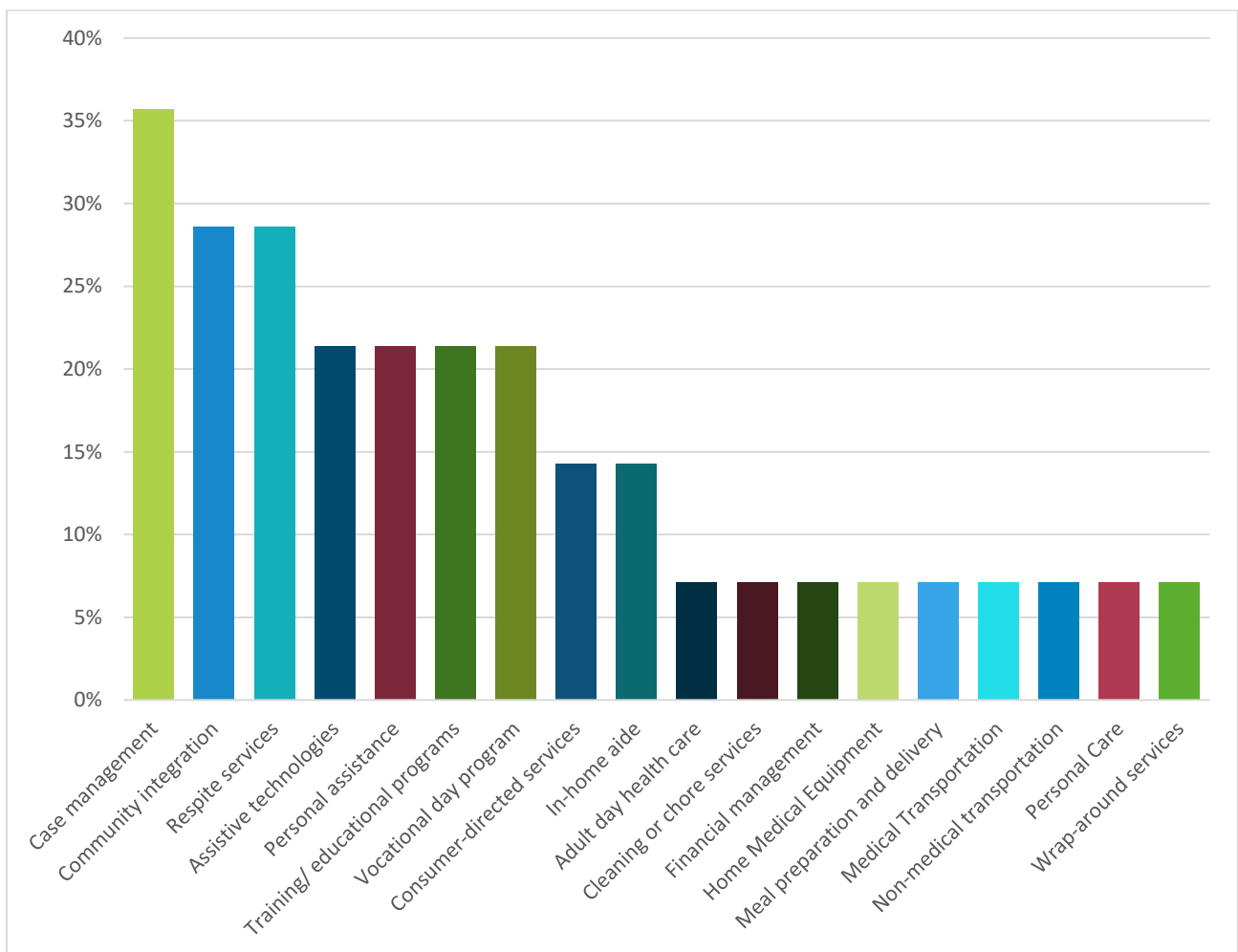


FIGURE 2 - SERVICES NEEDED BY RESPONDENTS

TABLE 2 – PREFERRED HOUSING AMENITIES

	Responses		Percent of Cases
	N	Percent	Percent
Wi-Fi Included	18	6.5%	72.0%
Security Systems & Cameras	17	6.1%	68.0%
Emergency Call Button	14	5.0%	56.0%
Washer And Dryers In All Units	14	5.0%	56.0%
On-Site Cafeteria Or Restaurant	12	4.3%	48.0%
Utilities Included	12	4.3%	48.0%
Community Clubhouse Or Community Lounge	11	4.0%	44.0%
Multi-Purpose Game Room	11	4.0%	44.0%
Shower Grab Bars, Bench	11	4.0%	44.0%
Accessible Fitness Center	10	3.6%	40.0%
One-Level Stepless Entry	10	3.6%	40.0%
Security Access	10	3.6%	40.0%
USB Outlets	10	3.6%	40.0%
Easy-Access Drawers, Cabinets, And Storage Areas	9	3.2%	36.0%
Multigenerational Community	9	3.2%	36.0%
Accessible Pool	8	2.9%	32.0%
Indoor Mailboxes	8	2.9%	32.0%
Accessible Trails	7	2.5%	28.0%
Community Garden	7	2.5%	28.0%
Storage	7	2.5%	28.0%
Lever-Style Handles On Doors And Faucets	6	2.2%	24.0%
Shared-Use Kitchen	6	2.2%	24.0%
Co-Working Spaces	5	1.8%	20.0%
Movie Theater	5	1.8%	20.0%
Sensory Room	5	1.8%	20.0%
Wheelchair Accessibility	5	1.8%	20.0%
"Smart" Lighting (Voice Or App Controls)	4	1.4%	16.0%
Accessible Playground	4	1.4%	16.0%
Height-Adjustable Counters	4	1.4%	16.0%
Physical Therapy	4	1.4%	16.0%
Wide Doorways	4	1.4%	16.0%
Nest Thermostat	3	1.1%	12.0%
Assistive Dev	2	0.7%	8.0%
Classrooms	2	0.7%	8.0%
Dog Park	2	0.7%	8.0%
White Noise Machines	2	0.7%	8.0%
	278	100.0%	1112.0%

The survey received 41 completed responses from individuals with IDD, families/caretakers, and staff of organizations serving individuals with IDD. Most respondents were caretakers or guardians (65.9%) and white (76.0%). Nearly all respondents indicated multiple categories of disability, with the most frequent being independent living difficulty (83.3%) and cognitive difficulty (79.2%). About 30.4% of households had a combined gross income under \$30,000 annually, with 60% of individuals with IDD receiving supplemental security income. Most respondents had NC Medicaid for health insurance, with a smaller portion covered by Medicare or employer-based insurance. Additionally, nearly 37% were on the waiting list for N.C. Innovations Waiver Services. The majority of the individuals with IDD surveyed were living in a home with family or guardians, while a smaller percentage lived alone or in a group home setting. Over half were living in a home with just 2-3 individuals. The most common services were case management, community integration, and home medical equipment, but over half of the respondents indicated they need additional services that they currently do not receive.

Preferred housing amenities included Wi-Fi, security systems, and emergency call buttons. There was a range of preferences and concerns regarding housing plans, with some respondents preferring group homes, others advocating for independent living, and concerns regarding accessibility, safety, and support. Respondents had desires for safe and affordable housing, improvements

in existing housing, and more housing options with the necessary support.

Solutions to Housing Needs

As we have heard, Individuals with intellectual or developmental disabilities face numerous challenges in finding affordable and safe housing options that allow them to live independently in communities. While group homes and other institutional settings have been common solutions in the past, many advocates believe that these options are not always the best choice for everyone. There is a clear and pressing need for more affordable, neuro-inclusive housing options with built-in support for individuals with IDD and their families. These options must remove the barriers of accessibility and affordability while also providing for individualized long-term services and support continued education and vocational programming, and intentional spaces and opportunities to foster neurodiverse friendships and community connections for increased community inclusion and support.

The solution to the housing issue calls for an ‘all of the above’ approach with multiple simultaneous opportunities being developed including mixed-income tax credit developments with non-profit management; shared equity owner-occupied homes; reclaimed, rehabbed, and modified existing single-family homes; shared housing with built-in natural supports; Accessory Dwelling Units (ADUs); and leveraging of assistive technology to

reduce overall costs of supportive care while increasing independence and autonomy of individuals with IDD. Some of the proposed solutions include the following possibilities.

Accessible Home Modifications

Modifying existing homes to be more accessible is one way to provide affordable and safe housing for individuals with IDD. This could include installing grab bars, wheelchair ramps, sensors, cameras, and other features that make the home more user-friendly.

Reclaiming Vacant Homes

Reclaiming and rehabbing vacant homes for use by individuals with intellectual or developmental disabilities is a strategy for creating more affordable and accessible housing options. The concept involves identifying vacant or abandoned properties, renovating them to make them habitable, and converting them into homes that can be used by individuals with disabilities. This approach has several benefits. It can help to revitalize blighted neighborhoods by addressing the issue of abandoned or derelict properties. Also, it can create a sense of community by bringing people together in neighborhoods that may have been previously abandoned or underutilized.

Accessory Dwelling Units

Accessory Dwelling Units (ADUs) are additional housing units built on the same property as an existing home, often in a separate building or as an addition to the

primary residence. ADUs can provide an opportunity to create affordable and accessible housing options for individuals with intellectual or developmental disabilities. Family caregivers can build an ADU on their property to provide a safe and accessible living space for their family members with disabilities. This can provide a level of independence and privacy while also allowing for proximity to caregivers who can provide support as needed. Similarly, nonprofit organizations or developers can build ADUs specifically designed for individuals with intellectual or developmental disabilities with built-in “smart” home technologies.

Community Land Trusts

Community land trusts are non-profit organizations that hold land and make it available for affordable housing. Individuals with IDD, and other low-income individuals, can purchase homes on the land trust, ***paying only for the cost of the home and not the land.*** In this way, equity is shared between the homeowner and the non-profit. Creating permanently affordable housing may require the implementation of deed restrictions or other devices. CLTs can make housing more affordable and secure for those with limited incomes. ***Non-profit organizations or government agencies could assist with the creation of land trusts and the development of affordable housing.***

Shared Housing

Shared housing models where individuals with IDD can live with roommates or

housemates can provide a supportive and affordable housing option. Roommates can share the cost of rent and other household expenses, while also providing each other with companionship and support. ***Non-profit organizations or government agencies could assist in matching potential housemates and offering support services.***

Similarly, housing cooperatives are owned and operated by their members, allowing individuals with IDD to have a say in how the housing is managed and operated. Cooperatives can provide affordable and safe housing while also promoting a sense of community and ownership. Non-profit organizations or government agencies could help with start-up costs and ongoing management.

Mixed-Income Housing Developments

Mixed-income housing developments are residential communities that offer a mix of affordable housing units and market-rate units, providing a variety of housing options to individuals with different income levels. This approach to housing development aims to promote economic diversity, reduce segregation, and provide affordable housing options for individuals who may not otherwise be able to afford to live in a particular area.

Mixed-income housing developments typically involve ***partnerships*** between private developers, non-profit organizations that manage the complexes or provide services and support, and government agencies that provide funding. Affordable units are often subsidized by the

government through tax credits or vouchers, Community Development Financial Institutions, or by private organizations. They are made available to individuals or families who meet certain income or disability requirements. Market-rate units are typically available to those who can afford to pay the market rate for housing which helps to offset the costs of the supported units.

This concept can also be combined with ***rehabbing and reusing underutilized properties including the repurposing of existing buildings, such as schools or hospitals***, for use as housing for individuals with intellectual or developmental disabilities. This can help to preserve historic or culturally significant buildings while also addressing the need for affordable and accessible housing for individuals with IDD.

Operationalizing Solutions

All of these solutions and more may need to be implemented simultaneously to make a significant impact. Comprehensive and coordinated effort is needed to involve different stakeholders, including government agencies, housing developers, service providers, and community organizations. A clear plan should be developed that outlines the vision, goals, and objectives of the development. The plan should also outline the number and types of units that will be set aside for individuals with intellectual and developmental disabilities and the criteria for eligibility.

Affordable housing development for individuals with IDD ***should also provide a***

clear plan for supportive services that meet the needs of individuals with intellectual and developmental disabilities. This may include services such as case management, job training, and habilitative care. It is important to work with local service providers and non-profit organizations to ensure that these services are available. Community engagement is crucial in ensuring that an affordable housing development is successful. This involves engaging with residents and stakeholders in the supportive service community to understand their needs, concerns, and ideas. It is also important to involve individuals with intellectual and developmental disabilities and their families to ensure that their needs are fully addressed.

Of course, it is important to identify potential sources of funding and develop a financing plan that ensures the long-term sustainability of the development. The plan should include a clear and sustainable manner for keeping subsidized units in good repair and at an affordable rate. This may include proposals for renting or selling units at market rate, promoting title restrictions that limit who might qualify, or leveraging funding from Medicaid or HUD to provide vouchers. The up-front costs of developing affordable housing are steep. A few ways to finance these costs include:

1. **Tax-Exempt Bonds:** Tax-exempt bonds are issued by state and local governments to finance affordable housing development. The interest earned on these bonds is exempt from federal income tax.

2. **Community Development Block Grants (CDBG):** CDBGs are a federal program that provides grants to state and local governments for community development, including affordable housing.
3. **Federal Home Loan Bank (FHLB) Affordable Housing Program:** This program provides grants and subsidized loans to financial institutions to finance the development of affordable housing.
4. **Section 8 Housing Choice Voucher Program:** This program provides rental assistance to low-income households, which can help to make affordable housing more accessible.
5. **Low-Income Housing Tax Credits (LIHTC):** This is a federal program that provides tax credits to private investors who finance the development of affordable rental housing.
6. **Private Financing:** Private financing, including loans from banks or other financial institutions, can also be used to finance affordable housing development.
7. **State and Local Funding:** State and local governments may also provide funding for affordable housing development through grants, loans, or tax incentives.

The key to success is a collaboration between government agencies, non-profit organizations, and individuals with IDD and their families to design and implement housing solutions that meet the unique needs of each person while also being cost-effective and of high quality.