What do we hope to achieve?
Individuals with Intellectual and Developmental Disabilities (I/DD) have access to a range of community-based housing and flexible services that allow them to lead lives of dignity and maximum independence.

What do we know so far?
Promising Trends:
- As a result of the Olmstead decision, there have been increased efforts to assist individuals who are institutionalized or housed in other segregated settings toward integrated, community-based settings.
- States are rebalancing health care delivery systems by shifting away from institutional care toward home- and community-based services.
- Increased emphasis on client choice has led to more ‘person-centered’ practices and a shift toward supported decision-making rather than pre-packaged services.

Problematic Trends:
- There is a lack of integrated, high quality, community-based housing and service options for individuals with disabilities leading to long wait lists; lack of Direct Support Professionals to provide services.
- Over 850,000 individuals with I/DD in the US live with an aging caregiver (age 60+) and have never touched the current service system; as this generation of care-givers age, this population may be at risk for homelessness or institutionalization.
- People with I/DD are among the nation’s poorest citizens, often priced out of the housing market.

How is CSH making a difference?
**Capacity Building:** Provide training and technical assistance to create housing and service models that incorporate full accessibility and community integration.

**Improving System of Care:** Support realignment of I/DD Medicaid services from institutional to community-based models; promote choice for people who receive Medicaid funded Home and Community Based Services; test Pay for Success financing to increase supportive housing.

**Increasing housing stock:** Increase CSH’s lending efforts to create new units of supportive housing; convert federal and state funding streams that finance “room and board” as a part of the residential services package to separate housing and services programs that will aid people in living in their own homes; support expanded Section 811 and rental assistance programs dedicated to I/DD.

“I’m happier here. I like it here (in supportive housing)” - Nicole M.
**KEY PARTNERS**

**Medicaid and Managed Care Organizations**: Increase access to comprehensive, community-based support services promoting overall health and well-being including: health; mental health; employment; community integration services; and independent living needs.

**Federal, State and Local Housing Agencies**: Increase access to vouchers and affordable community-based housing options for I/DD population including the creation of population-specific rental assistance to replace Medicaid room and board.

**I/DD Services Sector**: Increase the knowledge of supportive housing and embed it as a choice offered for people accessing services or desiring to move out of congregate settings; improve quality of community-based support services.

**I/DD Advocacy organizations**: Educate policymakers and the general public about the vast unmet needs of I/DD population and mobilize people with disabilities, their families and our organizations to advocate for policies and housing options that promote greater choice, independence and empowerment.

**CALCULATION OF SUPPORTIVE HOUSING NEED**

CSH estimates that 268,980 people involved with I/DD systems have needs consistent with supportive housing. This estimate was developed by examining data drawing from two non-profit databases that compile data from multiple private and public sources including the Centers for Medicare and Medicaid Services and the US Census Bureau. Data on transition to supportive housing is limited for people with developmental disabilities because of the historically high rates of extended family caretaking and institutional placement. CSH applied a preliminary percent need estimate to roughly one third of census counts in three distinct settings:

- CSH estimates that 33% (72,184) of 216,574 of people living in Intermediate Care Facilities have needs consistent with supportive housing.
- CSH estimates that 33% (40,477) of 121,443 people living in other Medicaid funded group homes have needs consistent with supportive housing.
- CSH estimates that 33% (156,319) of 469,005 people on state waiting lists for services and residential programs have needs consistent with supportive housing.

This is part of a national supportive housing needs assessment prepared by CSH. The goal of this assessment is to use the best data available to make clear and transparent projections of supportive housing need, foster development of national level data, and promote discussion and refinement of this assessment over time. CSH is using a point in time, or average daily census, approach to assemble data across different systems of care. The intention is to show current snapshot of need in each system and does not represent need over time or annualized need for any single system of care. For further information on the national needs assessment, data and sources, please visit [www.csh.org/data](http://www.csh.org/data).