



2024

MONTGOMERY COUNTY, TX

Neuro-Inclusive Housing Market Analysis



Data Driving a Place in the World for Autistic Adults and
Others with Intellectual/Developmental Disabilities

*Special thanks to the many individuals who participated in this process,
especially those who shared their experiences through the surveys.*

*We also thank Derrick Bryant Photography
for providing local community photos.*

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***We are honored to present the
Montgomery County Housing Market
Analysis, a crucial step forward in our
shared mission to address the housing
and support needs of adults with autism
and/or intellectual/developmental
disabilities (A/I/DD).***

This publication is the culmination of dedicated effort, collaboration and an unwavering commitment to creating a more inclusive and supportive community.

Montgomery County residents with A/I/DD are experiencing an “invisible” housing crisis. National statistics indicate that at least 1.4 million Americans with A/I/DD live with caregivers over age 60. In Montgomery County, adults with cognitive disabilities face significant risks of involuntary displacement, institutionalization or homelessness when their aging caregivers are no longer able to provide support. This crisis is exacerbated by a lack of affordable, safe and housing options with cognitive accessibility, as well as a scarcity of quality providers of long-term services and supports. Compounding these

issues is the lack of supported employment opportunities, further undermining the stability and independence of this vulnerable population.

To address these challenges, Project Beacon was well-positioned to facilitate this data-driven housing study to uncover solutions that promote greater independence and opportunities for adults with A/I/DD to become active community members. Through this effort, we collaborated with the First Place Global Leadership Institute to conduct a housing market analysis capturing and analyzing marketplace data that illuminate this unique population's needs, preferences and demographics. The study also engaged community stakeholders and educated local leaders on the critical importance of addressing these issues.

Our caring and forward-thinking leaders in Montgomery County made this study possible, including County Judge Mark Keough, Judge Wayne Mack and Evan Roberson, CEO of Tri-County Behavioral Healthcare. Thank you for believing we can become a Center of Excellence, leading the way in serving individuals with autism and other neurodiversities across Texas.

Most importantly, we extend our heartfelt gratitude to the individuals, families and

advocates who shared their experiences, insights and hopes for a better future. Your voices have illuminated the challenges and aspirations that shape the lives of so many in our community. Without your courage and openness, this analysis would not have been possible.

We also thank our community partners, local organizations and philanthropic leaders, whose investment in this work demonstrates a steadfast belief in the value and potential of every individual. Your contributions have provided the resources necessary to dive deep into understanding the unique barriers faced by those with A/I/DD in securing appropriate, safe, affordable housing.

We are deeply grateful to the dedicated professionals and researchers who have poured countless hours into this study. Your expertise and diligence have brought clarity to a complex issue, offering actionable insights and a path forward for policymakers, service providers and advocates.

Housing is more than a basic need; it is a cornerstone of independence, stability and opportunity. The findings in this analysis underscore the urgency of addressing gaps in the housing landscape, but they also reveal the immense potential for innovative solutions and partnerships. Project Beacon's

long-term goal is to create an intentional residential community for adults with A/I/DD in a vibrant suburban setting. This community will be designed to support individual autonomy while ensuring safety and security, offering residents the ability to choose their support providers and living arrangements while engaging in meaningful social and leisure activities. The findings in this study will guide Project Beacon and other community stakeholders as we work to illuminate and eliminate this invisible housing crisis.

This publication is not an end but a beginning. We invite all stakeholders to join us in the critical work of implementing the strategies outlined in these pages. Let us continue to collaborate, innovate and advocate for a community where everyone has opportunities to thrive.

Thank you for your unwavering dedication to this cause. Together, we can make a difference—one home, one family and one future at a time.

With deep appreciation,

Kelly Baughman
Executive Director and Co-Founder
Project Beacon



Over the course of 30+ years working with families of individuals with autism and/or intellectual/developmental disabilities (A/I/DD), I've come to recognize some universal truths worth sharing.

First and foremost, no one is likely to love us more than our mothers. A mother's love is, in many ways, a universal constant. For persons with disabilities, mothers often display unparalleled patience, kindness and dedication. They go above and beyond, providing care and support without expecting recognition, assistance or gratitude. Mothers (and families at large) form the backbone of the support system for individuals with disabilities and play a pivotal role in their success.

Beyond being the most consistent and effective source of support for individuals with A/I/DD, a mother's love is also

remarkably cost efficient from a taxpayer perspective. Families frequently provide extensive care with minimal public funding. However, when this modest support isn't readily available, families can become overwhelmed, leading to burnout. In such cases, individuals with disabilities may require placement in far more expensive institutional settings. This not only destabilizes the caregiving environment but also burdens families with guilt and shame over their perceived inability to provide adequate care. Too often, such pressure can cause families to fracture. While families willingly give their all, they need external support to sustain this vital caregiving system.

Individuals with A/I/DD can often thrive with minimal yet reliable supports. Stability, along with routine and dependable assistance, are essential to ensuring a consistent quality of life. For example, small acts like help with laundry or grocery shopping may seem insignificant but can make the difference between independent living and

institutional care. These low-cost services empower individuals with disabilities while also reducing the need for more expensive care options. However, for such support to remain effective, it must be funded at levels that ensure consistency, reliability and safety.

In Texas, families face waitlists of nearly two decades to secure home- and community-based services waiver slots—the only waiver that includes housing options. Many families encounter significant challenges long before they receive this critical support. These challenges often stem from physical health issues (e.g., cancer, broken bones) versus a lack of commitment to their loved one. Unfortunately, when families reach a crisis point, intervention costs skyrocket. Even when the crisis subsides, families may struggle to recover, necessitating long-term institutional care for their loved one.

Housing options are vital for individuals with A/I/DD because they provide a foundation for independence, stability and quality of

life. Safe, accessible and supportive housing enables individuals to live in their communities, pursue personal goals and build meaningful relationships. Without these options, many face institutionalization or unstable living arrangements, which can undermine their well-being and increase long-term care costs. Investing in diverse housing solutions not only empowers individuals with A/I/DD but also strengthens families and communities.

Tri-County Behavioral Healthcare is proud to partner with Project Beacon in their efforts to expand housing options in our community. Their commitment to increase housing opportunities will enable many more individuals access the support they need to lead meaningful and fulfilling lives.

Evan Roberson
Executive Director
Tri-County Behavioral Healthcare

“States with higher quality and more robust services have direct service provider pay rates more than double those in Texas. Providers in Texas have little to no latitude to increase rates of pay based on the market, merit or quality of performance. This results in employee turnover rates being as high as 80%.”

— Amy Wood
V.P., Project Beacon



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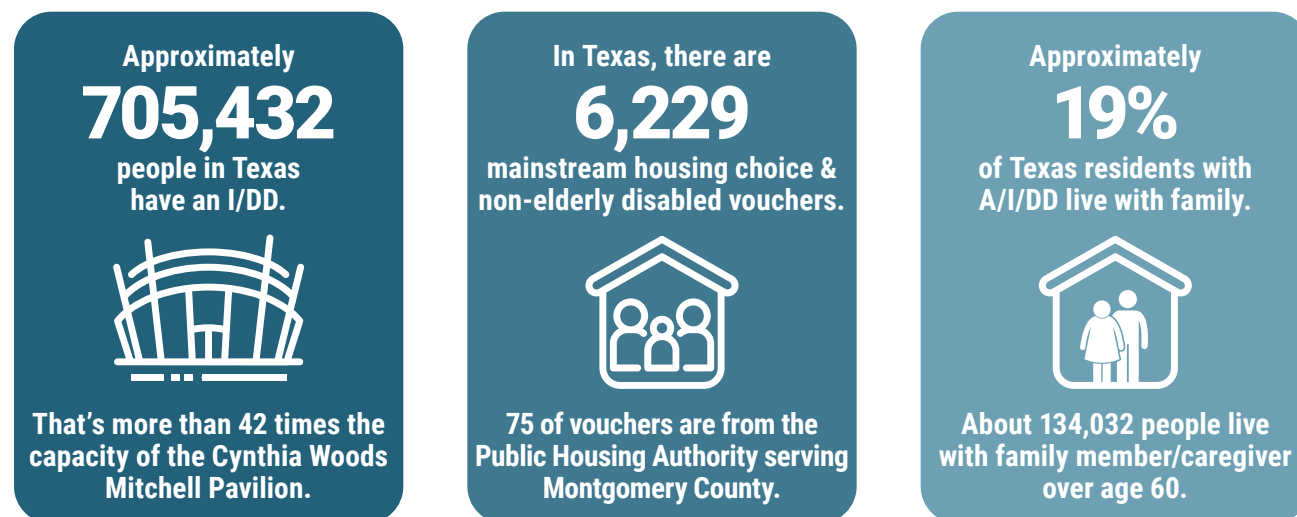
EXECUTIVE SUMMARY

Texas residents with **autism and/or intellectual/developmental disabilities (A/I/DD)**^{†,‡,1} and their families are at a crossroads. Since the movement to deinstitutionalize started approximately 40 years ago, Texas families have been a crucial lifeline for the state in helping adults with A/I/DD remain in the community. Yet, adults with A/I/DD graduate from high school into a disconnected system of government programs with waitlists at nearly every turn. Due to lack of services and affordable, accessible housing, many adults with A/I/DD are at risk of undue displacement, institutionalization, incarceration or even homelessness when their loved one can no longer serve as a safety net.

Just like the neurotypical population, adults with A/I/DD seek a safe, stable and comfortable home where they can be themselves and proud to welcome friends and family. They want to access daily neighborhood conveniences, meet people in the neighborhood, frequent their favorite places of business and feel a true sense of belonging. Current residential options are inadequate and simply cannot meet the current or future surging demand of the nearly 135,000 adults with A/I/DD living with a family caregiver over age 60. As Texas continues to be one of the top three fastest growing populations in the nation, the waiting list for long-term support services

[†]For this report, the term adults with autism and/or intellectual/developmental disabilities (A/I/DD) refers to those with a diagnosis of an autism spectrum disorder (ASD), intellectual disabilities (ID) and/ or developmental disabilities (DD). Where data and/or a study is specific to those with only ASD, only ID, only DD or I/DD in general, the specific terms are used.

[‡]This report uses person-first and identity-first language, recognizing that adults with A/I/DD may prefer one or the other. Our goal is to respectfully share the perspectives of the individuals and/or their families who participated in this report while recognizing that language is important and ever evolving. For more information: National Institutes of Health (2023). Writing respectfully: Person-first and identity-first language. U.S. Department of Health & Human Services. <https://www.nih.gov/about-nih/what-we-do/science-health-public-trust/perspectives/writing-respectfully-person-first-identity-first-language>



continues to grow annually, soaring to more than 175,000 Texans who have sought help.

As federally mandated by the Supreme Court's *Olmstead v. L.C.* decision, states must provide support in home and community settings versus institutions when the state's treatment professionals have determined that community-based support is appropriate. However, due to the lack of services and affordable, accessible housing, some adults with A/I/DD are experiencing undue displacement, incarceration, institutionalization or even homelessness. Funding sources or incentives to develop supportive housing or offer rental subsidies to persons with disabilities are acutely lacking and existing sources of funding are not A/I/DD specific.

Workforce shortages, lack of public transportation, extremely low incomes and increased feelings of loneliness all contribute to the rising challenges individuals with A/I/DD face as adults. Montgomery County, along with the state of Texas, must innovate, exploring avenues for increased access to housing, services, supportive amenities and technology toward more housing solutions. Without planning, many members of this population will continue to be forced into high-cost crisis placements. Such consequences are traumatic for individuals and their families—and expensive for the citizens of Texas. For

example, the maximum daily rate for an individual in an institutional placement in a Texas State Supported Living Center is \$1,306, totaling nearly \$500,000 annually. Whereas the state can serve more Texans using community-based residential services often provided at a fraction of this cost if affordable, accessible housing can be secured.

The following are pressing, systemic challenges facing Montgomery County's ability to meet the needs of its neurodiverse population:

- Lack of housing for adults with A/I/DD results in significantly increased Medicaid expenditures due to placement in provider-controlled settings, institutionalization, incarceration or homelessness.
- Current housing stock is largely inaccessible—financially, physically and cognitively.
- Funding and/or incentives are lacking for housing developers to meet the housing needs of adults with A/I/DD.
- Despite demand, no guides, incentives or financing products are available for families to invest in stable housing for their neurodiverse loved one.

- Texas waitlists for services are growing and those ineligible for waiver services are at high risk of homelessness without access to neuro-inclusive, supportive housing. Recent national research indicates that approximately 30% to 40% of people experiencing homelessness have a cognitive impairment, including A/I/DD, and become homeless later in life, often due to the death of the family caregiver.
- A recent investigative report in Texas estimates that 30% of the incarcerated population may have an A/I/DD. Pilot programs in Texas targeting adults with A/I/DD and mental illness have shown promising results, but access is severely limited.
- Community-based options are severely limited for adults with A/I/DD who have one-to-one or high behavioral support needs due to life threatening elopement, self-injury or property destruction.
- This population currently lacks the natural support systems that can help prevent abuse, neglect or isolation/loneliness when their aging parents or caregivers are no longer present or able to care for them.

Thanks to the efforts of the First Place Global Leadership Institute research team, Project Beacon and Tri-County Behavioral Healthcare—along with survey participants from the housing market analysis—Montgomery County now has market data on the residential needs and preferences of this invisible population. Meeting their housing needs will result in a healthier, more stable population—with the potential to reduce Medicaid costs, increase quality of life, and enable more effective and successful long-term planning for individuals and their families to help prevent disruptive, emergency placements and even homelessness. The cost of doing nothing will be exorbitant. Immediate action is vital to help every Montgomery County resident find a home and their place in the world.

Key Findings

The following is a snapshot of key findings noted throughout the report:

- **At-risk population:** Based on prevalence data, an estimated 53,000 people with A/I/DD reside in Montgomery County while 10,000 adults with A/I/DD live with caregivers over age 60. If caregivers are no longer able to care for or house them, they may be at risk of crisis and/or homelessness.
- **Lack of options:** Only 9% of Texans with A/I/DD can access residential support to live outside of the family home. The majority live in provider-controlled group homes and host homes, with fewer than 3,200 individuals able to live in their own home, also designated a consumer-controlled setting.
- **Waiting for services:** More than 175,000 people are on one or more waitlists for waiver services in Texas; nearly 40% of families have waited more than a decade.
- **Concern over homelessness or forced placements:** The top two future concerns of self-advocates surveyed are that they would either become homeless (65%) or forced to live in a group home (62%).

"I am concerned my behaviors and lack of needed support to navigate the world will force me into jail and the criminal legal system."

— Survey Respondent



- **Various levels of support needed:** When combining all respondents, 32% express they have high support needs, 31% moderate support needs and 30% low support needs.
- **Unaffordable housing:** About 30% of survey respondents state they work or volunteer, but less than 2% can afford market-rate housing costs.
- **Unavailable supportive housing:** Current subsidized housing models or permanent supportive housing offer neither the accommodations nor the safety net adults with A/I/DD need to obtain and maintain housing. Affordable housing models often target those experiencing chronic homelessness, serious mental illness and/or domestic abuse, as well as veterans or seniors.

- **Restricted service options:** The majority of self-advocate respondents reported that **remote support** is the most preferred service delivery model, yet Texas is in the minority of states that do not fund this service delivery model.
- **Lonely adults:** Loneliness impacts 78% of respondents.
- **Design to benefit all abilities:** The top five preferred physical amenities are easy-to-clean features (81%), smart-home features (76%), security features (73%), and extra-durable (69%) and sensory-friendly design (68%).
- **Desired property-specific support:** The top five preferred supportive amenities are community life coordinator (79%), benefits counseling (77%), meal service (76%), workplace/vocational support (73%) and community navigator (73%).
- **Desired amenities:** The top five preferred community amenities are proximity to grocery stores (79%), work opportunities (78%), restaurants/food courts (74%), walking/bike path (67%) and gym (66%).
- **Transportation major concern:** To navigate from place to place, 90% of respondents indicate they rely on a friend or family member. The inability to go places due to lack of transportation is one of the top three concerns for both self-advocates and family caregivers.
- **Neuro-inclusive community development needed:** When asked about engaging with their community, 93% of respondents indicate experiencing barriers; feeling overwhelmed or over-stimulated is the top reported barrier, followed by lack of transportation, not having activities of interest or not being able to afford outings in their communities.
- **Desired post-secondary transition programming:** When asked about future opportunities, 50% of respondents indicate they are interested in attending a residential transition program, even if private pay.

“The disparity between Texas and other states in caring for the most vulnerable members of society who cannot fend for themselves puts Texas definitively into neglectful territory. If we had known how dismal the outlook for our son with autism would be in adulthood, we would have left Texas 25 years ago.”

— Survey Respondent

When family members can no longer support those with A/I/DD due to economic circumstances, aging, health concerns or death, adult residents in Montgomery County could be at risk of homelessness, incarceration or displacement due to lack of other family caregivers or affordable housing.



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BACKGROUND

Adults with autism and/or intellectual/developmental disabilities (A/I/DD) are vital members of every community across the country. Like their neurotypical peers, they can be hardworking, offer authentic friendship and share their diverse talents to improve the lives of others. Researchers and clinicians have demonstrated significant growth and positive improvements in the quality of life of individuals with A/I/DD who receive **long-term services and supports (LTSS)**.^{2,3} Despite the evidence, only 19% of more than seven million individuals with A/I/DD identified in the U.S. were estimated to be receiving these essential lifelong supports through state departments of developmental disabilities.⁴

The following section offers insights into the prevalence of A/I/DD, the advent and evolution of Medicaid-funded LTSS programs, person-centered planning, housing as a social

determinant of health and the **neuro-inclusive housing framework** to provide context for the data and subsequent recommendations section at the end of the report.

Prevalence of A/I/DD

Census or data sources do not exist at the state or federal level for the exact number of individuals with A/I/DD, especially adults.⁵ Data gaps make it difficult to ascertain the number of individuals with A/I/DD needing housing. Data captured and reported by the state is extremely conservative, counting only those who have sought LTSS programs. The Residential Information Systems Project captures and reports on LTSS data nationwide, with Texas reporting 705,432 individuals with A/I/DD.⁴ This data does not include those who have not applied or do not meet eligibility criteria for Medicaid-funded LTSS programs.

County	Population	Autism spectrum	Intellectual disability	Combined A/I/DD	Combined A/I/DD estimated to be living with a caregiver over age 60 (19%)
Montgomery	620,443	18,924	10,237	53,110	10,091

The **Centers for Disease Control (CDC)**⁶ estimates the prevalence of A/I/DD at 8.56% based on the number of children diagnosed up to age 17.⁷ The prevalence of autism is reported at 3.05%, intellectual disability (ID) at 1.65% and other developmental delay not including autism or ID at 6.06%. Considering these diagnoses can be co-occurring (i.e., someone with autism may or may not have an intellectual disability), the CDC reports that 8.56% is the combined estimate of the nation's A/I/DD population accounting for a co-occurring diagnosis.

Based on this prevalence data and Montgomery County's population of 620,443, the chart above offers an estimate of those on the autism spectrum, with intellectual disability and the combined number of adults with A/I/DD.⁸

This estimate is crucial in determining the size of the population and how to meet their needs. Future estimates will need to consider population growth, especially as Montgomery County continues to see rapid growth in population.^{9,10}

Of urgent concern are the estimated 10,000 people with A/I/DD in Montgomery County living with family caregivers over age 60. When family members can no longer support those with A/I/DD due to economic circumstances, aging, health concerns or death, adult residents in Montgomery County could be at risk of homelessness, incarceration or displacement due to lack of other family caregivers or affordable housing.

History and Evolution of Support Services

Medicaid began funding medical services for Americans in 1965.¹¹ At the time, Medicaid funding was only available to assist children and adults with A/I/DD in institutions or nursing facilities. Unnecessary institutionalization significantly impacted children and adults with A/I/DD, who were often forced to separate from their families to receive needed services.^{12,13}

The Omnibus Budget Reconciliation Act of 1981, a provision in Medicaid funding, allowed individuals with A/I/DD and their families to waive the institutional entitlement and access services in their homes and communities. Texas started its **Medicaid home- and community-based services (HCBS) waiver program**¹⁴ in 1985. This funding stream offered an alternative to institutionalization, marking a significant milestone in the state's commitment to supporting individuals with A/I/DD in their communities. **Group homes**¹⁵ were established and considered an innovative alternative to institutional care. These **provider-controlled settings**,¹⁵ where service providers secure and maintain housing for residents in existing housing stock, was an important step forward and is still an option for adults with A/I/DD today.

Although this funding mechanism for group homes intended for existing neighborhoods was created, states were not obligated to fund HCBS waiver programs.¹⁶ In the 1990s, individuals with A/I/DD, their families and supporters began to advocate for more



choices and access to community-based services. It took two courageous women forced to live in an institution due to their states' refusal to offer them residential support in the community to legally challenge the status quo. On June 22, 1999, the United States Supreme Court ruled in the landmark case **Olmstead v. L.C.**¹⁷ that unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the **Americans with Disabilities Act (ADA)**.^{18,19} Also known as the Olmstead decision, it established the legal framework for the efforts of federal and state governments to provide and fund LTSS in homes and other community settings instead of only in institutional models of care. Medicaid at the federal level has continued to evolve and create mechanisms states can use to fund various service delivery models for their constituents.^{16,20} Rotating staff, remote support, live-in caregivers, paid neighbors and **self-direction**²¹ are all examples of service delivery models. States choose the service delivery models and rates for services rendered; thus, Texas could add remote support or paid neighbors, which are currently not offered as state or waiver-funded service delivery models.²²

Adults with A/I/DD can also access and control services in their own homes, called **consumer-controlled settings**.¹⁵ This advancement expanded options so that residents can change service providers as needed and stay in the same home.

Whether helping with daily schedules, morning routines, meal preparation, job coaching or home upkeep, LTSS provided by existing community-based organizations and funded by Medicaid are necessary public benefits for enabling **neurodivergent** adults to live in noninstitutional settings.²³ With adequate funding levels and services within waiver programs, adults with A/I/DD can live in their own homes, engage in the workforce and interact with their communities. Texas should consider investing more resources to expand LTSS options, saving costs while increasing access to HCBS waivers to improve health and social outcomes of adults with A/I/DD. A helpful resource for assessing gaps in Montgomery County community development may be the Texas Disability Inclusive Community Project's Community Assessment Toolkit.²⁴



Current Medicaid-Funded LTSS Options in Texas

Despite the efforts of advocates and legal precedent of the Olmstead decision, individuals with A/I/DD in Texas and other states are still institutionalized. According to the 2023 *State of the States in Intellectual/Developmental Disabilities*, 2,752 individuals with A/I/DD live in one of 13 Texas **State Supported Living Centers (SSLC)**²⁵—previously called state schools—and approximately 3,750 live in Texas nursing facilities.²⁶ The number of people transitioning from an SSLC into community-based residential options has declined steadily over the past decade, with 38 transitioning in FY2024.²⁷ The same period saw 140 new admissions to SSLCs.²⁸ Notably, 18% of those who transitioned returned to the SSLC within 180 days, the highest rate reported in the last two decades.²⁹ In 2019, Texas conducted an evaluation of the barriers to SSLC referrals and transitions into community-based settings.³⁰ Recommendations of the 2019 report should be re-evaluated together with outcomes to determine whether strategies must be re-assessed or if continued gaps in waiver programming are causing inadequate community-based options to meet the needs of individuals with A/I/DD, thereby leaving SSLCs as the only available option at

a potential daily rate of \$1,305.78 or \$476,609 annually per resident.²⁵

Beyond SSLCs and nursing facilities, Texas also offers another institutional residential setting called an **intermediate care facility for individuals with intellectual disabilities or related conditions (ICF/IID)**.³¹ ICF/IIDs can be large congregate settings or smaller group settings. Approximately 4,535 individuals live in ICF/IIDs in Texas. In Montgomery County, three ICF/IIDs serve a total of 18 people.³²

As an alternative to institutional care, HCBS waivers are designed to provide support and services in either provider-controlled

Where do you live?	
Own home	3,176
Host home ¹⁵	14,338
Group home with 1 to 6 adults	12,736
Group home with 7 or more adults	3,488
Unknown setting size/type	2,774

or consumer-controlled community-based settings. In Texas, almost 37,000 receive waiver or ICF/IID services outside the family home in the settings listed in the chart on the previous page.³³

HCBS is a federal/state partnership, with states and the federal government covering costs through the **Centers for Medicare and Medicaid Services (CMS)**,³⁴ thereby matching state dollars inclusive of HCBS. To fund LTSS for Texans with A/I/DD, the federal government contributes 65% of funding, about \$1.62 billion, while the state of Texas contributes 35%, about \$850,000,000 annually.²⁶ The 2022 Texas Statewide I/DD Strategic Plan reported that 34% of funding supports individuals in institutional settings.³⁵ Of all the disability system sectors measured for satisfaction in the 2022 Texas Statewide I/DD Strategic Plan, housing options was reported as the sector with the most dissatisfaction.

The Texas **Health and Human Services Commission (HHSC)**³⁶ administers the state's Medicaid-funded HCBS waiver programs.³⁷ HHSC is not to be confused with the Medicaid program that provides healthcare for low-income adults with or without A/I/DD within communities. In expanding Medicaid to provide services in people's homes and communities, states had, and continue to have, considerable flexibility to structure Medicaid waiver programs. The Texas HHSC is responsible for ensuring that services are delivered in a manner that promotes self-determination, community inclusion and an improved quality of life for participants.

In Texas, two of the seven HCBS waiver programs are designed to provide LTSS specifically for adults with A/I/DD.³⁸ Other waivers, such as the CLASS waiver described below, can be utilized if an adult with A/I/DD is deemed eligible. These waivers include specific services not covered by private insurance or healthcare for low-income persons funded by Medicaid.³⁹

- **Home- and community-based services (HCS) waiver:** Offers services and supports to children and adults with an intellectual disability (ID) or related condition who live with their families, in their own homes or in small group homes with no more than four people. Services consist of adaptive aids, minor home modifications, professional therapies, behavioral support, dental treatment, nursing, residential assistance, respite, day habilitation and employment services.⁴⁰ Maximum annual costs per person are based on the assessed **level of need (LON)**⁴¹ and can be from "intermittent" LON 1 starting at \$26,484 up to \$305,877 for LON 9, the highest need described as "pervasive plus."⁴²
- **Texas Home Living (TxHmL) waiver:**⁴³ Offers services to those living in their own or their family's home. Services consist of community support, nursing, adaptive aids, minor home modifications, specialized therapies, behavioral support, dental treatment, respite, day habilitation and employment services. Program services are limited to a yearly cost of \$17,000 per person.⁴² This waiver does not support most individuals with A/I/DD without family assistance.

Of urgent concern are the estimated 10,000 people with A/I/DD in Montgomery County living with family caregivers over age 60.

Waiver	Total people on interest list as of 11/30/24 ⁴⁹	Denied/declined/withdrawn from interest list in past 2 years ⁴⁹	Removed from interest list and enrolled in services in past 2 years ⁴⁹	Added to the interest list in past 2 years ⁴⁹	Legislative location for FYs 2024-25 ⁵³	Percentage waiting on the interest list for services for more than 5 years ⁴⁹
Home- and community-based services (HCBS) waiver	124,178	1,025	610	11,085	1,144	71%
Texas Home Living (TxHmL) waiver	124,053	2,566	395	10,631	305	68%
Community Living Assistance and Support Services (CLASS) waiver	91,575	464	190	8,419	213	71%

• **Community Living Assistance and Support Services (CLASS) waiver:**⁴⁴ Offers services to those living in their own home, their family's home or a host home. Services consist of adaptive aids, auditory integration/auditory enhancement training, behavioral support, cognitive rehabilitation therapy, continued family services, dental treatment, dietary assistance, employment assistance, transportation-habilitation, minor home modifications, nursing, occupational therapy, physical therapy, prevocational services, **Community First Choice (CFC)**,⁴⁵ supported employment, specialized therapies, personal assistance services/habilitation services (PAS/HAB), respite (in-home and out-of-home), speech and language pathology, support family services and transition assistance services. Maximum annual costs per person cannot exceed \$114,736.07.⁴²

For a comprehensive chart of services that Texas offers through waiver and non-waiver programs, as well as what services can be provided by and compensated to a family caregiver, please visit the HHS website.⁴²

In Montgomery County, there are nine service waiver-funded service providers.³² Approved service providers bill Medicaid only after delivering the LTSS service to waiver participants' **local intellectual and developmental disability authorities (LIDDA)**⁴⁶ are responsible for intake, eligibility determination and service coordination for the two I/DD-specific TxHmL and HCBS waivers. Tri-County Behavioral Healthcare is the LIDDA for residents of Montgomery County. Due to conflict-free case management, Tri-County Behavioral Healthcare is not a TxHmL or CLASS provider but is authorized to provide services only when waiver recipients cannot find a private service provider to serve their support needs.⁴⁷

Once an individual with A/I/DD or family connects with a LIDDA, they are often put on long waitlists for services, also called interest lists in Texas.^{48,49} Waitlists are growing at a much faster rate than that of adults with A/I/DD being served.

After high school ends, a member of the family may have to reduce work hours or quit their job to become the caregiver of their loved one with A/I/DD if it is unsafe for them to be left alone. This impacts family income and the overall local economy.⁵⁰ In 2024, Texas reported the longest waitlist of any state in the country.⁵¹ Texas service offerings and budgets are robust, yet only 37,000 Texans with A/I/DD can access these vital support services in a setting outside of the family home.³³

Some adults with A/I/DD are ineligible for waiver services because they may not have been diagnosed with an intellectual disability yet do not have the cognitive capacity or independent living skills needed to function without any support services.²³ Recent national research indicates that approximately 30% to 40% of people experiencing homelessness have a cognitive impairment, including A/I/DD, and become homeless later in life, often due to the death of the family caregiver.⁵²

As required by Executive Order RP-13, HHSC must provide a **Promoting Independence Plan (PIP)** that provides “a comprehensive summary of ongoing efforts, actionable pursuits toward continuous progress and transparency of collective efforts.”⁵³ The seven goals addressed in the 2024 PIP are listed on the right.

The PIP is a robust strategic plan. The Recommendations section of the Montgomery County Texas Housing Market Analysis builds upon many of the action items addressed in the PIP.

7 Goals & Actions for Living a Good Life from PIP

1 Increase access to and awareness of the array of Texas state services.

2 Strengthen and promote the quality of the community-based services array.

3 Maintain and reinforce transitional supports to ensure successful diversions and transitions from institutions to home- and community-based settings.

4 Review and promote options to expand the availability of affordable, accessible and integrated housing opportunities.

5 Support community-integrated employment of individuals with disabilities.

6 Improve recruitment, retention and competency of the community care workforce.

7 Promote and enhance the independence of children and adolescents to better integrate into their community.



NEW DANVILLE HIGHLIGHT

Founded in 2005, New Danville is a Montgomery County nonprofit that serves adults with intellectual and developmental disabilities and those needing similar services in a rural environment, promoting dignity, respect, and the opportunity to live enriched and purposeful lives.

New Danville operates a day program and a neuro-inclusive, affordable, **planned community** developed to empower and maximize personal independence by offering learning opportunities that reinforce personal growth and freedom of choice. They currently have 34 residents and plan for an additional 15 independent living units to accommodate up to 56 people.

Rice University MBA students also identified assisted living in a capstone project as a top

priority for New Danville. New Danville also plans to add assisted living facilities for six men and six women, the first in Montgomery County. Montgomery County Community Development awarded \$933,000 toward completing the infrastructure needed for the new homes in Meadowbrook South: 14 two-bedroom duplexes. The New Danville team is working to raise the additional funds needed to build the homes. For more information and a virtual flyover, visit www.newdanville.org/vision2025.

TEXAS STATE TRANSITION PLAN

In 2014, CMS released new regulations to ensure Medicaid-funded HCBS waiver programs provided person-centered support in noninstitutional settings. This required all states to submit a **statewide transition plan (STP)**⁵⁴ outlining how each state would ensure compliance with the new HCBS **settings rules**⁵⁵ under which those receiving services must have full access to the benefits of community living and should receive services in their preferred home and community. It protects individual autonomy to make choices and control decisions in their lives, a right most people take for granted.⁵⁶

Texas received final approval of its STP from CMS in July 2023.⁵⁷ The process included a comprehensive assessment of Texas regulations and all settings, including residential and day programming, to comply with the federal HCBS settings rule requiring that all home- and community-based settings have the following qualities as defined by CMS:

- The setting is integrated into and supports full access to the greater community.
- The setting is selected by the individual from among setting options.
- The setting ensures individual rights of privacy, dignity, respect and freedom from coercion and restraint.
- The setting optimizes autonomy and independence in making life choices.
- The setting facilitates choice regarding services and who provides them.

The HCBS settings rule includes specific provisions for provider-owned or controlled home- and community-based residential settings:

- The individual has a lease or other legally enforceable agreement providing similar protections.
- The individual has privacy in his/her unit that includes lockable doors, choice of roommate and freedom to furnish or decorate the unit.
- The individual controls his/her own schedule.
- The individual can have visitors at any time.
- The setting is physically accessible.

Texas HHSC published draft regulations for public feedback as required by the federal STP process. Texas added restrictions beyond federal regulatory requirements, which would have prohibited individuals using a waiver from living in intentional community, farmstead or campus settings.⁵⁸ Draft regulations were posted on HHSC's website for comment from March 11 through April 1, 2022. HHSC received 1,006 comments and questions from 752 stakeholders, with 74% of comments favoring removal of additional restrictions.

In response, HHSC removed the provision from eligibility criteria but required on-site assessments from intentional communities—multi-family developments where all or most residents have disabilities—to ensure settings⁵⁸ neither isolate residents nor resemble an institution⁵⁹. If it is unclear whether the state complies with the above provisions, a **heightened scrutiny review**⁶⁰ is conducted. In spring 2023, 29 Acres in Denton County was the only intentional community that underwent such a review, which confirmed compliance with the HCBS settings rule.⁶⁰

Person-Centered Approaches

Person-centered planning⁶¹ is a collaborative and empowering approach to service provision that places the individual at the heart of decision-making regarding their care and support. Instead of approaching support from the perspective of simply placing people in programs, it approaches planning with the individual's unique preferences, strengths and goals at its core. This contrasts sharply with the medical model's focus on disability as a condition requiring medical intervention

and tendency to pathologize differences. This focus may lead to a more authoritative approach to care, where professionals make decisions on behalf of the individual based on clinical assessments and perceived needs without considering the person's own desires or life aspirations.⁶²

Highlighting the shift toward a more holistic and empowering framework for supporting individuals with A/I/DD, the federal HCBS settings rule and subsequent Texas STP mandate that organizations



Aspects of Person-Centered Planning

providing Medicaid waiver services must develop person-centered plans guided by person-centered practices.⁵⁶ The process involves a strengths-based assessment, along with a plan developed, written and implemented with the person's active participation, including their natural support system (e.g., friends, family members and/or representatives from faith communities). It emphasizes the importance of personal choice and control over the services and supports one receives, with the goal of fostering independence and self-determination.

In summary, person-centered planning is designed to improve quality of life by ensuring individuals live, work and participate in settings of their choice, supported by systems that facilitate the development and implementation of their personalized plans. An accountability mechanism for implementation of this plan and a safe pathway for reporting lack of support would be valuable as a safeguard for quality assurance.

Housing as a Social Determinant of Health

Social determinants of health (SDOH) are the conditions in which people are born, grow, live, work and age that impact their health.⁶³ They include access to safe housing and quality education and healthcare, availability of nutritious food, levels of crime and environmental conditions. All determinants play a part in shaping health outcomes.

Housing is considered a key SDOH because it influences and is influenced by other determinants. One's housing can provide stability, safety and a sense of community. Conversely, lack of housing stability or accessibility could exacerbate mental health issues like depression, cause anxiety due to sensory overload or inaccessibility, impact quality of direct support and/or cause additional vulnerability from other residents.^{64,65,66} Affordability and fear of losing housing may contribute to significant stress that can exacerbate existing

health conditions.⁶⁷ **Cost-burdened**⁶⁸ households are also more likely to live in substandard housing units with incomplete kitchens, plumbing, heating and/or air-conditioning, or in overcrowded housing arrangements.⁶⁹ Such substandard housing conditions could be detrimental to their health.⁷⁰ The location of one's housing can also determine access to recreational and employment opportunities, which impacts wellness and finances.⁷¹

For adults with A/I/DD, disparities in SDOH are often exacerbated by barriers like extremely low incomes, exclusion from education and employment, social vulnerability and lack of support leading to poor living conditions. These barriers lead to poorer health outcomes and unmet healthcare needs.⁷²

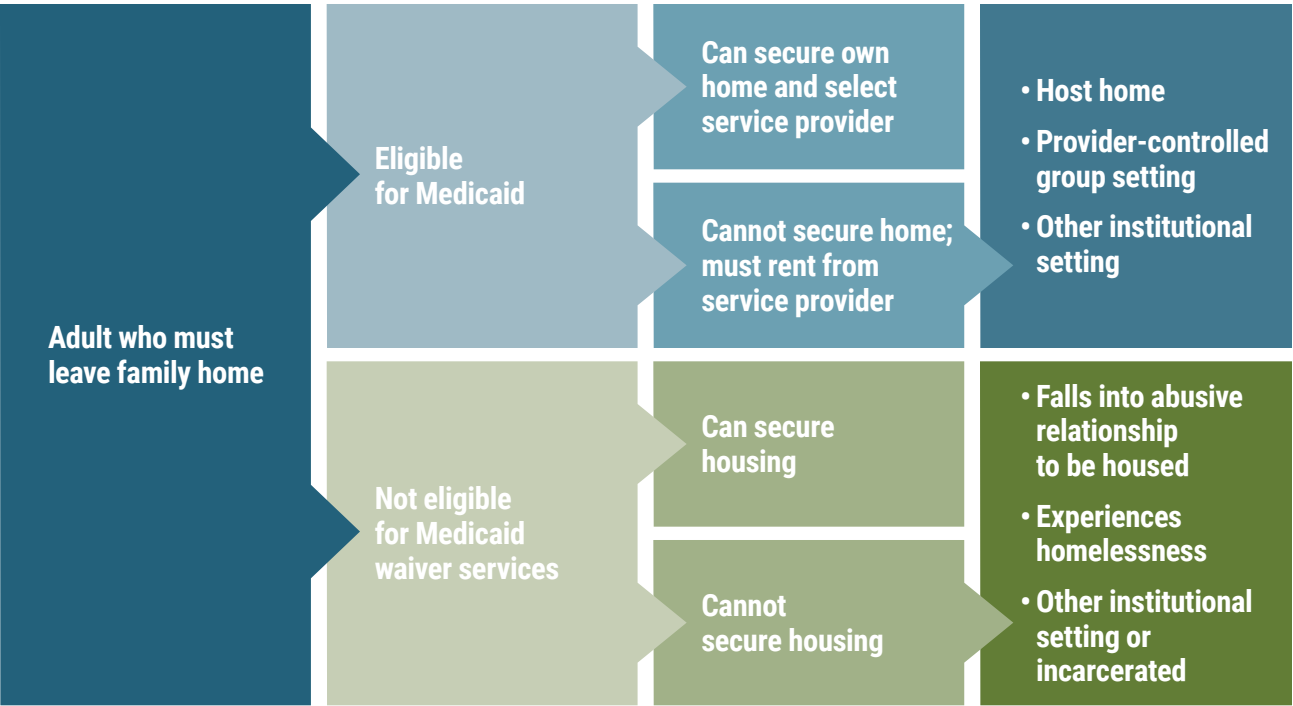
Studies show adults with A/I/DD are more likely to use emergency care due to various health conditions, as well as systemic, social and healthcare challenges.⁷³ Without adequate support or housing, utilization of emergency care could drastically increase. One study found that utilization of emergency departments was between 13% and 19% for adults with I/DD with HCBS waivers.⁷⁴ Among adults without waivers, utilization of emergency departments was above 28%. However, studies show that people living in group homes were less likely to be hospitalized or contribute to high hospital utilization.⁷³ It is likely that housing insecurity will further increase the use of emergency departments, resulting in a decline in health and social outcomes.

Another study of 251 people with I/DD who have continuity and security in their lives and who engage in their communities indicates they have fewer emergency room visits and hospitalizations regardless of diagnostic status or level of support needs/severity.⁷⁵

Neuro-Inclusive Housing Framework

Developing residential options targeting adults with A/I/DD at scale will require public, private, philanthropic and nonprofit collaborations. The Montgomery County Housing Market Analysis uses the neuro-inclusive housing framework⁷⁶ to organize data to assist local communities in identifying key local partners in the development of housing that is responsive to the needs and preferences of local adults with A/I/DD. The neuro-inclusive housing framework is comprised of the following three elements that may exist for participating entities but still require assembling to develop residential solutions:

- 1) **Housing:** Local planners and housing developers can use this report to become more aware of needs and preferences of adults with A/I/DD to plan for their inclusion in existing or future developments. Housing with **sensory-friendly**⁷⁷ design, easy-to-clean features and other **cognitive accessibility**⁷⁸ features benefits residents with and without A/I/DD.
- 2) **Individualized LTSS:** LTSS providers can offer individualized services needed to help people in their own homes, as well as give them wider community access.⁷⁹ This report provides insights into service delivery models and gaps within the Texas waiver programs.
- 3) **Supportive Amenities:** These additional human resources provide property-specific support to address isolation and foster greater community integration, promote social well-being, build natural support systems, or facilitate employment and/or life skill classes. **Supportive amenities**¹⁵ may be essential for tenants ineligible for HCBS or other LTSS to help them connect with their community and remain stably housed. Support can be provided by community-based organizations, service providers and/or organized volunteers.



Lack of Affordability Leads to Limited Choice of Living Arrangements

Income for most adults with A/I/DD remains fixed because social security and minimum wage do not increase at the rate of inflation. The majority of adults with A/I/DD are either unemployed or underemployed due to various socioeconomic, physical, mental health, cognitive or **executive function**⁸⁰ challenges.⁸¹ As a result, they cannot afford housing through earned income alone. Those employed also fear that their income may disqualify them from eligibility for programs like Medicaid, **Supplemental Security Income (SSI)**,⁸² **SNAP**,⁸³ etc. When a crisis placement is necessary due to the loss of a family caregiver, an ICF/IID, State Supported Living Center, provider-controlled group home or host home is only available to those who qualify for Medicaid-funded services, leaving those ineligible or without waiver services without a safety net.

The flowchart above shows how easily adults with A/I/DD can fall into unfavorable housing

choices or homelessness if they cannot earn a housing wage.

The standard measure used by HUD considers housing to be affordable if a person spends less than 30% of their income on housing.⁸⁴ This allows room in one's budget for food, transportation, healthcare, clothing, phone, internet and other expenses. If a person with A/I/DD does not have earned income and receives the maximum SSI cash benefit, their rent must be less than \$300 to be considered affordable. Even if they work full time at a minimum wage job in Montgomery County, affordable rent would need to be a maximum of \$377 a month.⁸⁵ The **Out of Reach Report**⁸⁶ shares that fair market rent in Montgomery County is \$1,135. Without housing assistance, adults with A/I/DD have limited opportunity to leave the family home even if they can secure a waiver to pay for their LTSS needs. Without access to a waiver or affordable housing, adults with A/I/DD in Montgomery County may be at high risk of homelessness.

Housing is made affordable to low-income adults through either of the following:

A) A **housing choice voucher (HCV)**⁸⁷ provides financial assistance to cover the cost of rent beyond 30% of the voucher holder's income, or

B) Units required to be made affordable based on the **area median income (AMI)**⁸⁸ because a housing developer was subsidized to build affordable units.

Public housing authorities (PHA)⁸⁹ administer the HUD housing choice voucher programs. Three rental assistance programs offer subsidies to help non-elderly individuals with disabilities afford rent. These programs are not A/I/DD specific and do not collect data on how many participants have A/I/DD:

- **Mainstream housing choice vouchers**⁹⁰
- **Non-elderly disabled (NED) vouchers**⁹¹
- **Section 811 Project Rental Assistance (PRA)** program⁹²

Texas PHAs have a total of 6,229 mainstream or NED housing vouchers across the state for low-income Texans with disabilities, with only 3.5% of the total number of vouchers available to other low-income populations.⁹³ The Montgomery County Housing Authority administers 75 NED vouchers (19% of total vouchers administered) and no mainstream vouchers. Due to high unmet demand, the Montgomery County Housing Authority does not have an open waitlist; its waitlist includes 129 households as of January 2023.⁹⁴ Of those 129 households, 44 applicant households have at least one member with a disability.

Texans can apply at other PHAs for any voucher program since others have open waitlists.⁹⁵ Some PHAs allow for immediate portability while others may require residence in their area for a period of time; consequently, it is important to understand the policies of each PHA.⁹⁶ With housing vouchers being a scarce resource, people may wait years to secure a voucher and then may not be able to

secure accessible housing within the allotted time frame.

Texas Department of Housing & Community Affairs (TDHCA)⁹⁷ also acts as a PHA, with a total 1,764 housing choice vouchers. Only 3% of those vouchers are mainstream or NED and targeted to people with disabilities. Less than 35% of the vouchers are being used—well below the required standard of 90%—indicating new unit allocations are frozen.⁹⁸ Greater understanding is needed for why the utilization rate is so low and if the vouchers can be project based for emerging housing developers seeking to serve adults with A/I/DD.

Texas also utilizes the Section 811 PRA program to provide project-based rental assistance for extremely low-income persons with disabilities. Since the state applied for and received \$12 million in FY2012, no additional Section 811 PRA funding has been awarded.⁹⁹ This program is a partnership between TDHCA

“If this were just the homeless or other population, there would be a huge push for more funding, better training and safety protocols; but there isn't in the world of A/I/DD. This needs to change. Much of our population does not have the voice to get loud about this.”

— Jennifer Dantzler, BCBA, LBA, M.S. Ed.
Executive Director & Founder, Inspire ND, Inc.



and the Texas HHSC using an interagency agreement along with eligible multifamily properties to ensure residents receive waiver services from approved providers. No more than 25% of the total units in a property can be set aside for people with disabilities using this program.

Information from the latest audit report indicated that a total of 3,196 applications from across the state were accepted, with 2,165 individuals remaining on the waitlist.¹⁰⁰ As of June 2024, TDHCA had housed 786 households and recruited 146 properties, committing an average of 10 units each to the Section 811 PRA program.⁵³ Although Montgomery County is within the only eight geographical areas where this resource can be used, the Section 811 PRA program in Texas prioritizes specific populations with disabilities but does not include individuals with A/I/DD at risk of homelessness or displacement or those ineligible for waiver or state-funded services.^{101,102} Applicants

must be referred through a program-specific process in the following systems that do not target adults with A/I/DD who are not receiving services:¹⁰³

- 1 Individuals with disabilities living in institutions: This includes individuals who wish to transition to the community from nursing facilities and ICF/IID.
- 2 Individuals with serious mental illness
- 3 Youth with disabilities exiting foster care

Housing assistance is lacking in Montgomery County and across the state to meet the needs of adults with A/I/DD. Largely unable to earn a living wage, along with the safety net of public benefits not keeping up with the cost of inflation, most adults with A/I/DD are at high risk of displacement into provider-controlled or other institutions, or homelessness, when parents can no longer support them.

Invisible Need

Due to limited housing and support options, individuals with A/I/DD often live with family members throughout their adult lives. Their housing, long-term supports, recreational and healthcare needs remain largely unknown and unmet due to a lack of data. This makes them an “invisible” population, particularly in local community development efforts guided by local **Consolidated Plans**,¹⁰⁴ subsequent **Annual Action Plans (AAP)**¹⁰⁵ and other comprehensive strategic plans outlining a community’s vision for future growth and development.

The consolidated planning process is designed to include feedback from the community to identify housing and community development priorities that align with and focus funding from federal block grant programs: Community Development Block Grant (CDBG) Program, HOME Investment Partnerships (HOME) Program, Housing Trust Fund (HTF), Emergency Solutions Grants (ESG) Program, and Housing Opportunities for Persons With AIDS (HOPWA) Program. The planning process addresses such areas as land use, transportation, housing, economic development, public facilities and environmental sustainability. The Consolidated Plan is carried out through Annual Action Plans, which provide a concise summary of the actions, activities and specific federal and non-federal resources to be used each year to address the priority needs and specific goals identified by the Consolidated Plan.

The Consolidated Plan is implemented by **Montgomery County Grants & Community Development**,¹⁰⁶ a department of Montgomery County government directed by Commissioner’s Court and overseen by the Houston Field Office of the Department of Housing and Urban Development. The current 2023-2027 Montgomery County Consolidated Plan states, “When asked to identify what should be the County’s highest priorities for the next five years, affordable housing, including affordable housing specifically for seniors and persons with disabilities, was the most often cited priority among the 173 respondents. Other commonly cited priorities included mental health and transportation.”¹⁰⁷

The Plan identified 7,738 persons with disabilities living below 150% of the poverty level. Montgomery County should be commended for its outreach to and inclusion of adults with disabilities, as well as specific mention of adults with A/I/DD in its community planning documents and support of the neuro-inclusive community development work led by Project Beacon, Easter Seals, New Danville and Bridgewood Farms.¹⁰⁸

This demonstrates the county’s recognition of the housing and support needs of people with disabilities, specifically adults with A/I/DD, in their planning documents. Further pro-active regulatory or funding efforts have not been documented as well; an estimation of the number of units needed is lacking in the current 2023-2027 Montgomery County Consolidated Plan.¹⁰⁷

“I want my son to have good opportunities as he gets older. That includes a clean home and a joyful environmen.”

— Survey Respondent

Annual Action Plans in Montgomery County fund various housing and development projects aimed at improving the quality of life for residents, particularly those with low and moderate incomes. The following are specific projects funded through these plans:¹⁰⁷

Affordable housing development:

- Construction and rehabilitation of affordable housing units for low-income families and individuals
- Support for housing projects that provide rental assistance to extremely low-income persons with disabilities

Public facilities and infrastructure improvements:

- Upgrades to public facilities, including community centers, parks and recreational areas
- Improvements to infrastructure, including streets, sidewalks and drainage systems to enhance accessibility and safety

Homelessness prevention and support services:

- Funding for emergency shelters and transitional housing programs
- Support services, including case management and job training, for individuals and families experiencing homelessness

Economic development initiatives:

- Programs aimed at creating job opportunities and supporting small businesses
- Workforce development and training programs to help residents gain employment

Community services:

- Funding for health and social services, including mental health counseling and substance abuse treatment
- Programs that provide educational and recreational opportunities for youth and seniors

Adults with A/I/DD can be intentionally targeted as a prioritized population in need of services in many of the projects funded. Montgomery County should consider offering incentives or mandates included in funding applications requiring a detailed description of how the applying entity aims to be neuro-inclusive.

In program year 2024, Montgomery County will receive a combined total of \$3,761,937 from the CDBG grant, HOME and ESG.¹⁰⁹ The county will allocate this funding for community development activities during program year 2024, which begins October 1, 2024 and ends September 30, 2025. According to the latest Consolidated Annual Performance and Evaluation Report, Montgomery County had remaining and unobligated CDBG-CARES Act and ESG-CARES Act funds from prior years intended for use in preventing, preparing for and responding to the COVID-19 pandemic.¹⁰⁸ Due to not being utilized after allocation, the county must return \$478,452 to HUD for return to the CDBG-CARES Act and ESG-CARES Act lines of credit.

Additional Barriers
Identified by Local Leaders

In addition to the cost of housing and lack of access to LTSS, individuals with A/I/DD face numerous barriers—even if they have access to housing assistance and/or can secure a waiver.



Systems for access to housing and services for adults with A/I/DD are disconnected and do not include cognitive accessibility features. Challenges with reading and writing, executive function, communication and/or social interactions make navigating complex systems needed for access to housing, services and other public benefits more daunting. They may also lack documentation and other system requirements to access various types of assistance. Most may have difficulty understanding their options, including the fact that they can and should apply to more than one waiver and/or housing authority for assistance.



Individuals with A/I/DD are at risk of being victims of predatory relationships. Location and security features must be carefully considered because adults with A/I/DD have a significantly greater risk of becoming victims of assault and/or a serious violent crime than other persons with disabilities.¹¹⁸ Data show that 66.5% of those on the autism spectrum and 62.5% of those with I/DD report being survivors of physical, emotional or sexual abuse.¹¹⁹



Texas includes neither housing related services (HRS)¹¹⁰ in its waiver options nor housing navigation targeting adults with A/I/DD.¹¹¹ Secure housing can lead to improved health outcomes, thereby reducing the risk of homelessness and associated physical and mental health issues because individuals can access healthcare more easily without the barriers of unstable living situations.¹¹² Medicaid-funded HRS can include pre-tenancy services like gathering needed identification, learning what housing or rental subsidy program a person or household qualifies for, and assistance navigating affordable housing or homeless system processes. When a housing program or resource has been identified, pre-tenancy services help a person navigate all requirements for that program in a timely manner. Once a tenant has moved in, tenancy-sustaining services help people maintain housing as long as the tenant needs assistance.¹¹¹ Washington, D.C. and 27 states have been approved to cover HRS via their state Medicaid plan.¹¹³



Adults with A/I/DD are on a fixed, extremely low income. They often have low educational attainment and cognitive challenges that make securing a full-time, living wage job nearly impossible. Unless their family can set up a trust fund, they must rely on public benefits that do not increase at the rate of inflation. Affordable housing options must not only fit within an extremely low budget but also not rise rapidly. Those employed in Montgomery County may also need to identify housing close to their employer or include often limited public transportation in their budget; only 3% of homes are located within a quarter mile of public transportation.¹¹⁴



Existing housing stock is often inaccessible. Individuals may need wayfinding signage or icon cues versus text only; sensory-responsive features such as natural and low-voltage versus fluorescent lighting; extra-durable fixtures for challenges with **graded movement**;¹¹⁵ technology to support executive function; or a lift for transfers that may not be weight bearing without structural modifications. Some adults with A/I/DD may also engage in repetitive physical and/or verbal behaviors for self-regulating and/or self-stimulating functions that—without sound-insulating spaces—could disrupt neighbors and/or result in noise complaints.



Funding and related availability of supportive amenities are lacking for individuals waiting or ineligible for LTSS. Individuals with A/I/DD who do not qualify for Medicaid waivers may need supportive amenities or regular assistance from case managers to maintain housing, public benefits, connections within the greater community and potential employment. These include identifying and submitting required documents for continued benefits and social opportunities, conflict resolution, breaking down the steps in a task and/or creating a follow-through plan.



Texas is experiencing a direct support workforce crisis, ranking 51 of 51 on the 2024 Direct Care Workforce State Index.^{118,119} The Despite the state reporting a shortage of direct support professionals and case managers to meet demand, the base rate for direct support professionals is only \$10.60 per hour.¹²⁰ Women represented 88% of the workforce, followed by 78% people of color and 25% immigrants.¹¹¹⁸ Direct support workers frequently face poverty, struggle to make ends meet or must support their families, ultimately leaving this field for other industries like fast food and retail. According to the Texas DSP Workforce Crisis Report, over 350 residential settings have closed since January 2023 due to workforce challenges.¹²⁰ Quality of life and access to community are directly related to a well-trained and stable direct support workforce.

“Our adult son with autism
still lives at home.

In talking with dozens of
other families who have
adults in group homes,
the feedback is that
the extremely low rates
of pay for providers lead
to high turnover and
poor-quality services.”

— Survey Respondent



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HOUSING MARKET ANALYSIS

Educate the
neurodiverse
community.

Assess
needs and
preferences.

Approach
the housing
industry with
consumer data.

Increase
housing stock
that meets
local needs.

Educational Outreach

Most individuals with A/I/DD and their families have not explored options for life beyond the family home. To ensure that respondents were aware of various options, they were required to participate in a learning session informing them of the benefits and considerations of various elements of residential choices. Using the nomenclature from *A Place in the World: Fueling Housing and*

Community Options for Adults with Autism and Other Neurodiversities, participants were able to learn about a broad range of choices.¹⁵ Some presented during the learning session are not currently available in Texas but are in other states. These options were included to understand if they were identified as preferences and determine potential areas for advocacy.

WEB OUTREACH

Invitation sent to 68 organizations



Expanded presentation and survey, plain-language presentation and survey

LEARNING

Multiple live virtual presentations with Q&A



Recordings on website and promoted through collaboration with other organizations

WATCH PARTIES

Four in-person watch parties targeting self-advocates



One targeting Spanish-speaking individuals with A/I/DD and their families

Learning sessions included live virtual training with time for a Q&A. Project Beacon also hosted in-person watch parties targeting self-advocates and Spanish-speaking participants to assist with accessibility of data collection. A recording of the learning session was also posted on Project Beacon's website for those unable to attend in person. Sixty-eight community-based organizations were contacted to promote and facilitate this study.

Plain-language materials were created to ensure cognitive accessibility. Materials included a recorded, live learning session in plain language, a visual guide to help participants track their preferences during the learning session and a plain-language survey.

Participants made a significant time commitment and demonstrated a willingness to learn about multiple approaches to residential options, facilitating data collection on the needs and preferences of adults with A/I/DD and their families. During the 30- to 75-minute sessions, each option was introduced and explained using visuals, verbal descriptions and videos (where available).

“My son is nonverbal and I don’t know how he’ll thrive with us not being around. It’s a very difficult thought to deal with.”

— Survey Respondent

Benefits and considerations of the various elements of residential options were discussed to promote person-centered, meaningful choices. Individuals attending live sessions and watch parties could ask additional questions during and after the presentation.

Once participants completed the learning session, they were asked to complete the Montgomery County Housing Market Analysis Needs & Preferences Survey. It included questions regarding demographics, barriers to community engagement, support needs, housing preferences and utilization of public benefits. There were 153 total survey respondents, with 46% of respondents being self-advocates with A/I/DD. Comprehensive plans, consolidated plans, housing plans and any previous housing analysis from typical housing market needs were reviewed by researchers from the First Place Global Leadership Institute.

After the surveys closed, data were analyzed and presented at the Local Leaders Workshop.

Local Leaders

Local leaders were invited to participate in a three-hour Local Leaders Workshop attended by more than 35 people. Participating organizations and individuals included state and county officials, leaders in low-income housing developments, and other representatives from community-based organizations and foundations. The presentation allowed stakeholders to review the data and identify potential recommendations for future action. Initial data analysis indicated the variety of and demand for residential needs and preferences. Local leaders were eager to discuss potential solutions and address barriers. At the end of the discussion on barriers and opportunities to meet demand presented in the data, participants were asked to rank 19 action items identified. The following represents the ranking of the Top 5 suggestions for action.

Considerations and Limitations of the Process

- **Training materials:** To provide more accessible training materials, the plain-language surveys did not include all questions from the full survey, limiting some of the demographic and preference data collected.
- **Data outreach:** Due to the disruption by Hurricane Beryl, the survey collection time was extended by one week to increase the number of respondents. Due to the high percentage of participants who used the plain-language materials and survey, certain datasets in the expanded survey were not included in the report because of limited participation.¹²³
- **Data translation:** Due to limited exposure to specific service delivery models and development types currently unavailable or underutilized in Texas, demand data on preferences may shift if recommendations are implemented and choices expanded.

TOP 5

Local Leaders Recommendations

1



Legislative appropriation

for a pilot-project in Montgomery County.

2



Advocate waiver needs

reducing waitlists, staff shortages and increasing reimbursement rates.

3



Address residential needs

of those with high support and behavioral needs.

4



Advocate for higher rates

of support staff paid for by the waiver.

5



Educate and incentivize

developers of the demand on neuro-inclusive housing.

“We just want to have support and live as normal a life as possible. My twin brother and I have been on the waiting list for 18 years trying to get the state to pay for our housing. We still live at home with our aging father and stepmother.”

— Survey Respondent



DEMOGRAPHICS

Unless otherwise noted, demographic data in this section are compiled from the 2024 Montgomery County, Texas Housing Market Analysis Needs & Preferences Survey. It provides demographic information for respondents with A/I/DD and/or their families. The following section details future preferences for housing, services and community engagement.

While it is important to note that a person's diagnosis does not dictate the type of housing, supportive amenities or service delivery model they may need or prefer, diagnostic information could help clarify potential barriers to independent living.

Survey respondents could self-select one or more disabilities with which they identify.

Identified Support Needs

The following chart shows respondent support needs. Respondents were asked to identify their level of support.

Individuals with A/I/DD have a wide range of support needs for which Medicaid-funded waiver and other LTSS support is a critical lifeline.¹²¹ The data on the level of support needs indicate the number of hours a person may need for direct support to live in their own home and participate in the community. This data reflects only those who participated in the Montgomery County Housing Analysis Needs & Preferences Survey; it does not represent overall levels of support needed by the entire A/I/DD population.

Only 30% of respondents indicate they have a waiver.

The disabilities I identify with include:	
Autism	68%
Intellectual Disability	48%
Anxiety	15%
Epilepsy or Other Seizure Condition	9%
Other Developmental Disability	8%
Bipolar Disorder	7%
Depression	7%
Other Disability Not Specified	7%
Obsessive compulsive disorder (OCD)	6%
Asperger's	5%
Traumatic Brain Injury	3%
Other Mental Health Challenges	3%
Cerebral Palsy	3%
Down Syndrome	2%
Blind and/or Visual Impaired	1%
Physical Disability & Use a Mobility Device/s	1%
I'd rather not disclose	1%
Deaf or Hard of Hearing	1%
Prader-Willi Syndrome	0%

*Does not total 100% because respondents could choose more than one answer.

When data is grouped to show the number of people with high, moderate or low support needs, it indicates an equal distribution of needed support:

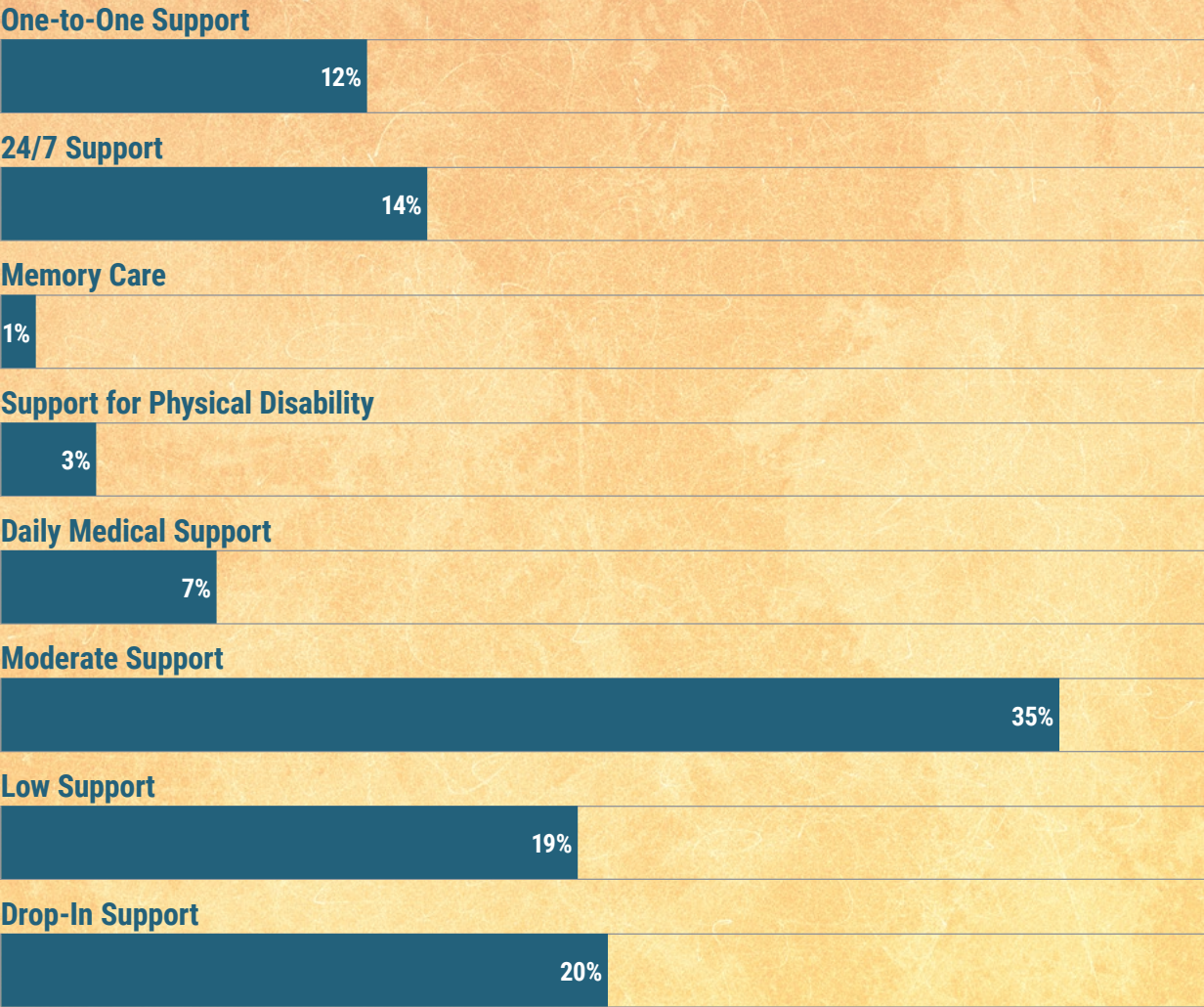
Drop-in or low support: Those with drop-in or low support needs are most likely to be ineligible for waiver services funded by Medicaid and thus unaccounted for and “invisible” in state data.¹²² Inability to access LTSS places the population with low and/or drop-in support needs at high risk of displacement and homelessness if they cannot earn a living wage or are unable to manage day-to-day needs without support due to executive function impairments.⁵²

Moderate support: Those with moderate support needs would likely be eligible for waiver services and accepted by providers for support. However, if they cannot access affordable housing, they may need to be placed in a provider-controlled setting such as an ICF/IID, state supported living center, host or group home that caters to those with 24/7 support needs at a higher cost to taxpayers.⁷⁹

High support: Equally important but often unmet are the service needs of individuals who have high levels of support with challenging behaviors. Participants of the Montgomery County Texas Housing Market Analysis report it is often difficult to find consistent providers in the A/I/DD or behavioral health system that can support those who need one-to-one and/or behavioral support to live outside of the family home and participate in the community. Although representing a smaller subset of the data, those who need memory care are important to consider as a growing support need due to the propensity of older adults with autism and intellectual disability to develop early-onset dementia and Alzheimer’s.¹²³

With such diversity of support needs and service delivery preferences, it is imperative for Texas to begin strategic planning to meet the future needs of Texans with A/I/DD.

Identified Support Needs



See definition of support needs on page 42.

With such diversity of support needs and service delivery preferences, it is imperative for Texas to begin strategic planning to meet the future needs of Texans with A/I/DD.



Support Needs¹⁵

Moderate Support

The individual requires a DSP periodically throughout the day but can be self-sufficient for several hours at a time.

One-to-One Support

The individual requires the full attention and in-person support of at least one DSP at all times.

Drop-In Support

The individual requires a Direct Support Professional (DSP) to check in with them every few days or as requested; the individual is self-sufficient the majority of the time.

Daily Medical Support

The individual requires the attention of a medically trained/certified provider to safely complete daily routine care, such as assistance with eating, breathing (including durable medical equipment), etc.

24/7 Support

The individual has access to a DSP at all times, but the DSP may be shared with others; they are not the only person receiving support from the DSP the majority of the time.

Physical Disability/ADL Needs

Due to a physical disability, the individual may use a wheelchair or mobility device and requires additional DSP assistance with transfers and other activities of daily living.

Low Support

The individual requires a DSP to support them with a few daily tasks but can be self-sufficient most of the day.

Memory Care

Due to symptoms of dementia or Alzheimer's disease, the individual requires a safe environment with additional structure and support to navigate throughout the day.

Challenges Faced by Those with Higher Support Needs

The poorest performing goal measured by the 2022 Texas Statewide I/DD Strategic Plan was Texas disability service providers' ability to meet the needs of those with complex needs.³⁵ People with high support needs are still more likely to live in highly institutionalized environments.^{4,79,124,125} This may be partly due to the perception that the inclusion of adults with more complex or higher support needs is difficult to achieve or will be costly.¹²⁶ Esteban and colleagues (2017) found that individuals with I/DD with high support needs who live in institutional settings have little or no opportunities to make friends.¹²⁴ They also find it difficult to keep in touch with their relatives or engage in their community.

Inclusion in the community of those who require more support improves their adaptive behavior, self-determination and quality of

life.¹²⁷ McCarron and colleagues (2019) and Esteban and Colleagues (2024) found that individuals with I/DD who have high support needs benefited more from the transition to community living than their peers with a disability but less intensive needs.¹²⁸ There were significant improvements in decision-making, community engagement and quality of life. There were also reduced occurrences of maladaptive behaviors. Even when those behaviors occurred, they were less severe.

As evidence by the high rate of failed transitions to community-based residential options from state supported living centers, more advocacy and funding are needed to increase housing options for individuals with A/I/DD who have high support needs.²⁹ Housing options must be accessible and there must be adequate reimbursement rates for service providers to render supportive services that prioritize person-centered planning, self-determination and community engagement.

The poorest performing goal measured by the 2022 Texas Statewide I/DD Strategic Plan was Texas disability service providers' ability to meet the needs of those with complex needs.

Where and with Whom Respondents Live

Respondents were asked where and with whom they live. The chart below shows the distribution of responses.

A total of 76% of respondents identified as living with family. This data is in line with other studies showing that the majority of those with A/I/DD live with family.

Utilization of HCBS Services

In addition to support needs, recipients were asked if they are receiving LTSS through HCBS waivers serving individuals with A/I/DD. Only 30% of respondents indicate they have a waiver. Although a person might meet the criteria for receiving waiver services, those services are not guaranteed.¹³² Due to high demand and scarce resources, most applicants for waiver services are placed on the Texas waitlist.

Supportive amenities can act as a bridge and safety net for those who do not meet eligibility criteria yet need some level of support to remain stably housed and employed.¹⁵ As of the writing of this report, there is no funding source for supportive amenities targeting adults with A/I/DD in Texas.

Earned Income and Government Benefits

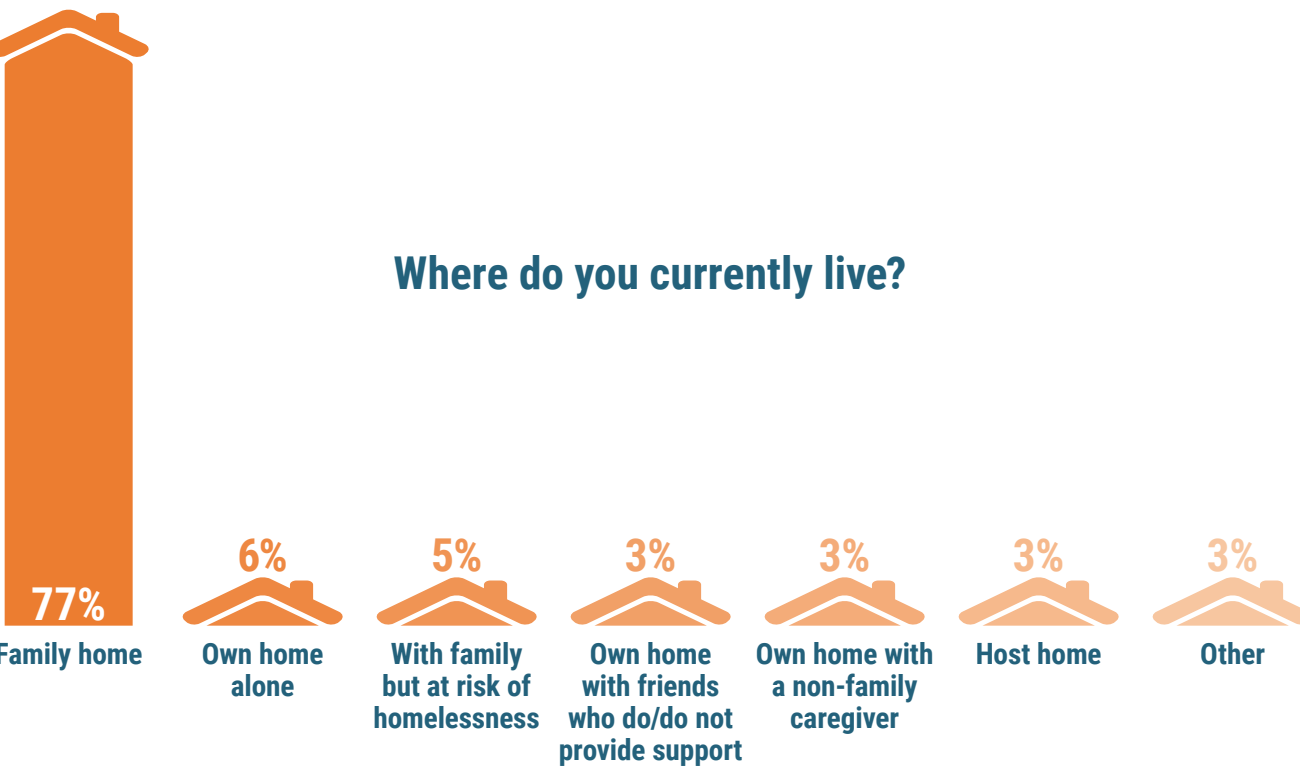
The table on the following page shows respondent earned income. Respondents were asked if they work or volunteer. Those who work were given the option to select their monthly earned income.

In the affordable housing industry, area median income (AMI) is a metric used to determine the median income of a specific geographic area.⁸⁸ It is a crucial factor in affordable housing programs because it helps establish eligibility criteria for housing assistance. These programs often set income limits

based on percentages of AMI—such as 30%, 50% or 80%—to ensure that housing support is targeted toward what the geographic area would consider a low-income household. By using AMI, affordable housing initiatives can more effectively allocate resources and assist those in greatest need.

According to HUD, 30% of AMI for a household of one person considered to be extremely low income in Montgomery County is \$19,900.¹³³ As shown, survey respondent earned income indicates that adults with A/I/DD are extremely low income. With fair market rent at \$1,135 for a one-bedroom unit or \$679 for splitting rent for a two-bedroom unit, less than 2% of total respondents would be able to afford monthly market rent based on earned income.⁸⁵

The use of federal Medicaid waiver dollars to fund room and board is prohibited for those who use waiver-funded services.¹³⁴ Recipients of waiver-funded services must pay for their



Monthly Earned Income of Those Who Work	
\$0-\$299	20%
\$300-\$600	39%
\$601-\$900	2%
\$901-\$1,200	0%
\$1,201-\$1,500	2%
\$1,501-\$2,000	2%
\$2,001+	2%
Work but do not know income or volunteer	33%

Texans with IDD and mental health issues repeatedly failed by state, report finds

by Alex Stuckey, Pulitzer Prize investigative reporter for The Arc of Texas Whole Person Project

The Whole Person Project



The Whole Person Project¹²⁹

An investigative report conducted by The Arc of Texas and Pulitzer Prize investigative journalist Alex Stuckey provides heart-wrenching realities of adults who have a dual-diagnosis of A/I/DD and serious mental illness¹³⁰ in “Out of Options: Addressing Inequities in Care for Texans with IDD and Mental Illness.” The report estimates that 30% of those incarcerated have an I/DD and tells the stories of several adults who lost their lives while incarcerated. Options for those with dual diagnoses—a projected third of the I/DD population in Texas—are even more limited because supporting this population requires additional training and skill sets that typical direct staff earning less than \$11 an hour may not have. It is worth noting that a pilot program called Outpatient Biopsychosocial Approach for I/DD Services (OBI)¹³¹ was funded by 2019’s 86th Legislative Session to provide five LIDDAs with the funding needed to create this outpatient option.¹³¹ The report shares the life-changing impact of OBI and the need for more specific solutions for those with co-occurring A/I/DD and mental illness.

Income of public benefits plus earned income	Total monthly income (earned income + SSI) [°]	% of income needed to afford 1-bedroom market rate rent (\$1,135) ⁸⁵	% of income needed to share 2-bedroom market rate rent (\$679) ⁸⁵
2024 Maximum SSI benefit ¹³⁷	\$943	120%	72%
Avg. SSDI adult child survivor benefits ¹³⁸	\$1,105.12	103%	61%
8 hours/week at minimum wage (\$7.25/hr.) plus SSI	\$232 + \$869.50 = \$1,101.50	103%	62%
16 hours/week as fast-food worker (\$12.95/hr.) plus SSI	\$828.80 + \$571.10 = \$1,399.90	81%	49%
24 hours/week as stocker/order filler (\$17.52/hr.) plus SSI	\$1,681.92 + \$144.54 = \$1,826.46	62%	37%

[°] Calculations: [(Gross Monthly Wages before taxes) - \$85 (general and earned income exclusion)] divided by 2 = Countable Earned Income. SSI Federal Benefit Rate - Countable Earned Income = Reduced SSI Benefit Due to Earned Income. Reduced SSI Benefit Due to Earned Income + Gross Monthly Wages before taxes = Total Gross Monthly Budget amount.

housing, even in provider-controlled settings such as group homes or host homes. This is typically covered using most of their **Social Security Disability Insurance (SSDI)**¹³⁵ and/or **Supplemental Security Income (SSI)**.¹³⁶ Using SSI or other fixed income toward housing still leaves little for other household or primary expenses.

In 2024, the maximum SSI a recipient can receive is \$967.¹³⁷ If the person becomes employed and receives a paycheck, benefits decrease to a 2:1 ratio, as illustrated in the chart above. If an individual receives financial support to cover housing costs, their SSI benefit is reduced by one-third.

Even when working and receiving federal assistance, housing costs for Montgomery County are out of reach for most adults with A/I/DD. To better illustrate the housing affordability challenge, the chart below includes sample income and SSI benefits of adults with A/I/DD based on typical jobs and weekly schedules, for an adult living alone based on typical jobs and weekly schedules.

Other public benefits programs are available to households with very low and extremely low incomes. These programs include SNAP food assistance and **Home Energy Assistance Program (HEAP)**¹³⁹ to help cover increased energy costs and housing choice vouchers, which provide permanent rental subsidies. Although they would be income qualified, few respondents utilized these benefits. See table on the following page.

Given that most respondents have extremely low or no income, more respondents could be utilizing benefits like SNAP, housing choice vouchers or **Lifeline**.¹⁴⁰ One reason for low enrollment may be that most respondents live at home with family caregivers. Living with others may drive up household income, potentially making adults with A/I/DD ineligible for benefits like LIHEAP.

Given low incomes of adults with A/I/DD, most will need public benefits and housing assistance or affordable housing units if no other arrangements have been made with family members when a crisis occurs.

Planning for the Future

Not all families can help their loved ones with A/I/DD pay for their living costs across the lifespan. A 2023 study from The Arc reported less than half of the 3,000 survey respondents had a plan for supporting their family members when they no longer could.¹⁴¹ Planning for adults with A/I/DD should focus on the person's financial stability and continuity of care, as well as the development of ongoing social and emotional support.

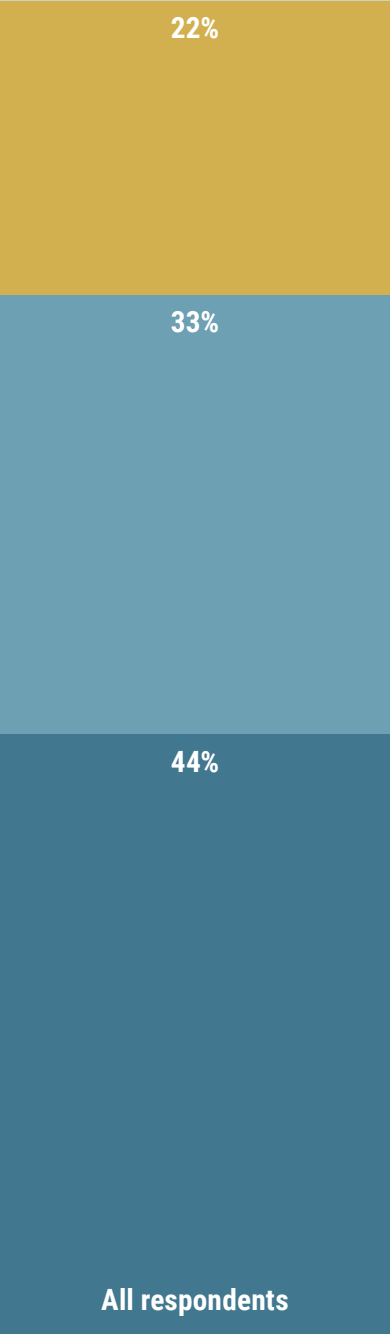
A 2021 study of barriers to financial planning for individuals with disabilities and their families indicated the following top barriers: too hard or expensive to set up, fear of losing other benefits and not knowing enough about the tools.¹⁴² Financial and legal tools, such as a **special needs trust**¹⁴³ or an **Achieving a Better Life Experience (ABLE) account**,¹⁴⁴ can be implemented to assist with living costs across the lifespan. ABLE accounts, like a 529 savings account, could also be used to save money toward the purchase of a home without the additional funds affecting their means-tested benefits.¹⁴⁵

Given the estimated 10,091 individuals with A/I/DD living in Montgomery County with caregivers over age 60, initiatives to assist aging family caregivers prepare for the time they will no longer be present is critical to preventing the traumatic displacement of their loved one.

Public benefits or assistance utilized by survey respondents	
Medicaid	38%
SSI	38%
Not currently enrolled	23%
SSDI	22%
Medicare	21%
Texas Workforce Commission Vocational Rehabilitation	16%
SNAP (food assistance)	14%
Unit with rental assistance	4%
Housing Choice Voucher	4%
Low Income Home Energy Assistance Program (LIHEAP)	1%
Lifeline	1%
Comprehensive Energy Assistance Program (CEAP)	0%

^{*} Does not total 100% because respondents could choose more than one answer.

Do you engage in social activities in your community?



Yes, I enjoy activities
Sometimes
No

Barriers to Community Engagement

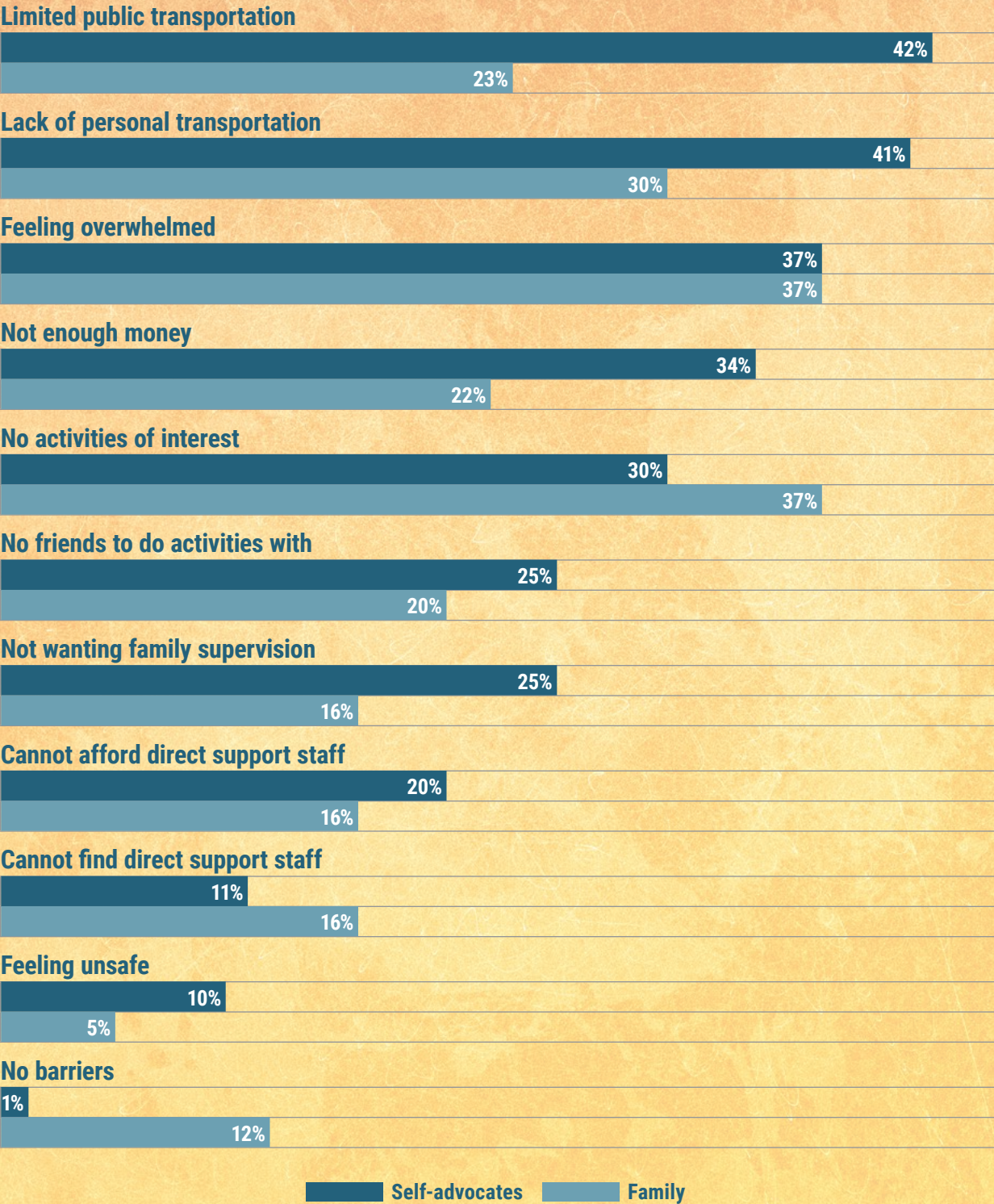
The tables show whether participants engage in social activities in their communities.

The distribution indicates that 44% responded that they engage in their communities, 33% responded they do but only sometimes and 22% shared they do not engage in social activities. It is important to note that respondents were largely drawn to participate in this study by organizations that host social events or support those with A/I/DD; thus, the larger population of Montgomery County adults with A/I/DD may be even more isolated and disengaged.

Despite significant progress improving physical accessibility in community buildings and facilities, the top barriers adults with A/I/DD face for community engagement are not related to accommodations like ramps or braille. Whether a self-advocate or caregiver respondent, the top five barriers to participating in community life include sensory overload or social anxiety, lack of access to needed public or private transportation, inability to find activities that meet their interests and lack of money in their budget.

Noted in the data and in need of addressing is the greatest barrier adults with A/I/DD face when engaging their community: feeling overwhelmed. These barriers can be mitigated by developing more sensory-friendly experiences and/or neuro-inclusive spaces for relationship building. Whether in public spaces such as recreational centers or addressed in intentional design in future community assets, community integration and the feeling of belonging do not happen spontaneously for people with and without disabilities in a geographic location. It requires intentional community building and practice that solicits continuous feedback from self-advocates, family members and the broader community to understand the accommodations needed to create more neuro-inclusive environments.

Barriers to Community Engagement



TOP 5

Barriers to engaging in social activities

1



Feeling overwhelmed by crowds or over stimulation.

2



Lack of personal transportation.

3



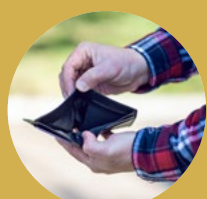
No activities of interest.

4



Limited public transportation.

5



Not enough money.

Transportation

Access to transportation plays a key role in people's lives. Whether taking them to and from work or school, visits with friends, healthcare appointments or participation in other recreational events, lack of transportation is linked to increased feelings of isolation and loneliness, diminished health, stress, obesity and other negative outcomes that can exacerbate physical or mental health conditions.^{146,147} One study found that 3.6 million people in the U.S. delayed or avoided care each year due to lack of transportation, with approximately 25% of people missing appointments.¹⁴⁸

Most individuals with A/I/DD are unable to drive and experience additional unique challenges, including difficulty anticipating and planning transportation needs, managing social tasks such as asking family/friends/caregivers for assistance or risking social vulnerability by asking a stranger for help.¹⁴⁹

"Properly run SSLCs serve an important function in Texas. They provide a more supportive setting for individuals with high support needs, as do ICFs. The state has had significant funding for both types of settings. There are 13 SSLCs and numerous ICFs in Texas."

— Mark Olson President & CEO, LTO Ventures
Appointed Member of the Texas Intellectual and Developmental Disability System Redesign Advisory Committee (IDD SRAC)

In the chart below, respondents were asked how they get to where they want to go.

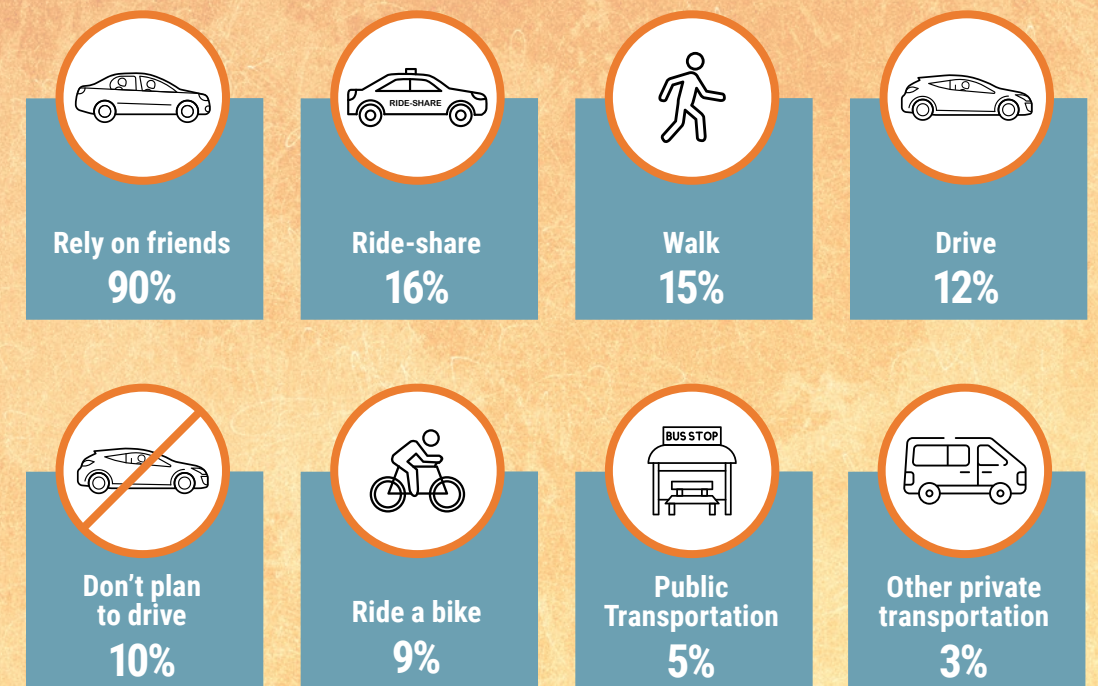
Montgomery County lacks public transportation and most respondents cannot use transportation services funded through a waiver, so 90% of respondents must rely on friends and family to go places. In facilitating community engagement among adults with A/I/DD, the importance of access to transportation cannot be understated. The top concern shared by self-advocate and caregiver respondents was not being able to go places. Most states offer nonmedical, community transportation, often including a cap on the number of trips.¹⁵⁰

Future neuro-inclusive properties in Montgomery County would benefit from **transit-oriented developments**¹⁵¹ or walkable

locations. Emerging developments can use this data for site selection, include sheltered pick-up/drop-off areas or offer transportation options to popular places in the community as a valuable supportive amenity. New Danville, a planned community in Montgomery County, subsidizes transportation along the Interstate 45 corridor to assist individuals in participating in its programs, as well as traveling to work and/or social activities. Montgomery County funds a senior transportation program through Community Development Block Grants, a program that could be expanded to include individuals with A/I/DD.

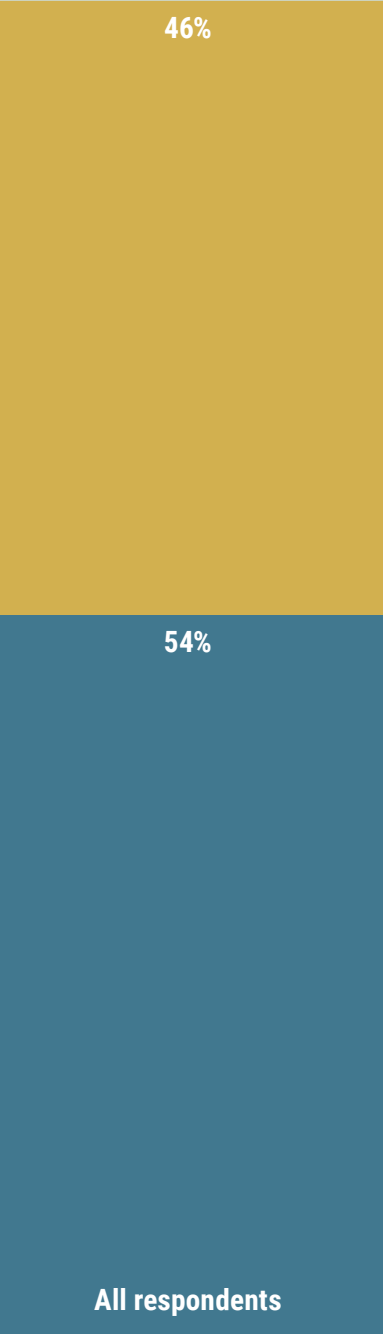
Montgomery County could also consider exploring **land banking**¹⁵² properties for future neuro-inclusive development.

What type of transportation do you prefer?



*Does not total 100% because respondents could choose more than one answer.

Do you have friends?



■ Yes, I have some friends
■ No

Drivers of Loneliness

Social interaction evolves from a basic human need to belong and progresses through friendships, one's natural support system.¹⁵³ A lack of social interaction can lead to social isolation or loneliness. Though no generally accepted definition of loneliness exists, one researcher defines it as "the immediate awareness of being fundamentally separated from other people."¹⁵⁴ This study defines loneliness as the lack of having one's social needs met through friendships. Respondents were asked if they have friends beyond paid staff and family members. Secondly, respondents were asked to indicate if they experience loneliness and barriers to friendship.

It is significant that 78% of survey respondents indicated that they or their family members with A/I/DD experience loneliness. Loneliness is a major public health concern and has a significant ripple effect on one's mental health and support system. In May 2023, U.S. Surgeon General Dr. Vivek Murthy released a Surgeon General Advisory calling attention to the public health crisis of loneliness, isolation and lack of connection in our country.¹⁵⁵ The physical health consequences of loneliness are equivalent to smoking 15 cigarettes a day, 29% increased risk of heart disease, 32% increased risk of stroke, 50% increased risk of developing dementia for older adults and more than 60% increased risk of premature death.

Adults with A/I/DD often experience cognitive or social impairments due to their disability, making forming and maintaining social connections more difficult for them than their neurotypical peers.¹⁵⁶ Studies indicate that children with autism have significantly fewer reciprocal relationships or friendships than their typically developing peers.¹⁵⁷ Among autistic students included in social interactions in class and activities, they

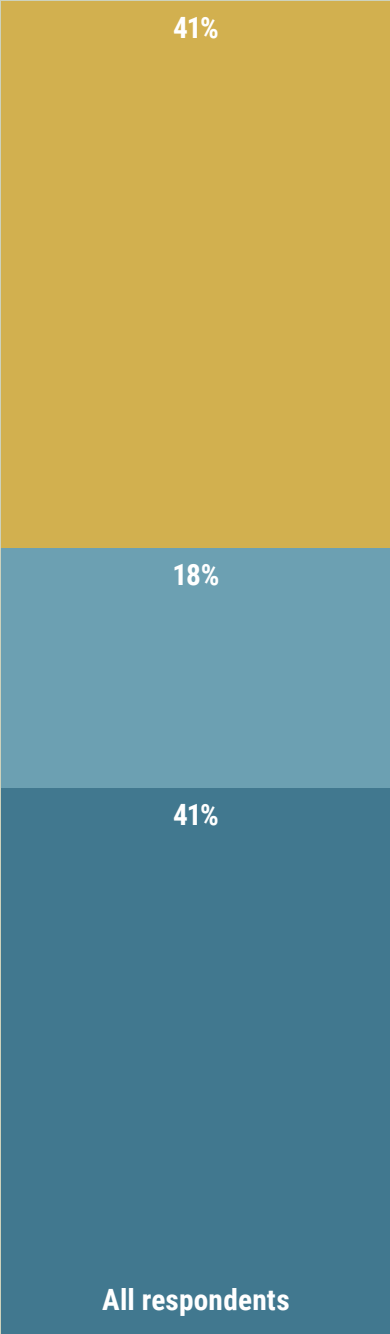
are more likely to be placed in the periphery and experience more social isolation. Another study found that children who are rejected and lack friends in elementary school are more likely to be lonely in adolescence.¹⁵⁸ With adults with A/I/DD already experiencing physical and mental health disparities, decreasing loneliness in this population can have significant positive effects.

Creating spaces and places is critical for neurotypical adults and adults with A/I/DD to connect within the greater community and build **neurodiverse**¹⁵ relationships. In developing housing, more common areas and activities can be designed to create avenues for **soft social interactions**¹⁵⁹ within the built environment (e.g., clustered mailboxes, lawn games in open spaces, pedestrian-oriented site planning, etc.). This can include supportive amenities to facilitate more significant opportunities for social engagement, including life skills or fitness classes and such positions as activities coordinator or community navigator.

“Some of the direct support professional (DSP) wages in the waiver program are lower than the lowest-paying job you can find. Sadly, the primary qualifications for being a DSP for someone with a disability is a background check and a pulse.”

— Survey Respondent

Of those who have friends: Do you hang out with them?



■ Yes, I engage with friends
■ No
■ Sometimes



Future Concerns

Respondents were also asked about their future concerns. See the chart to the right.

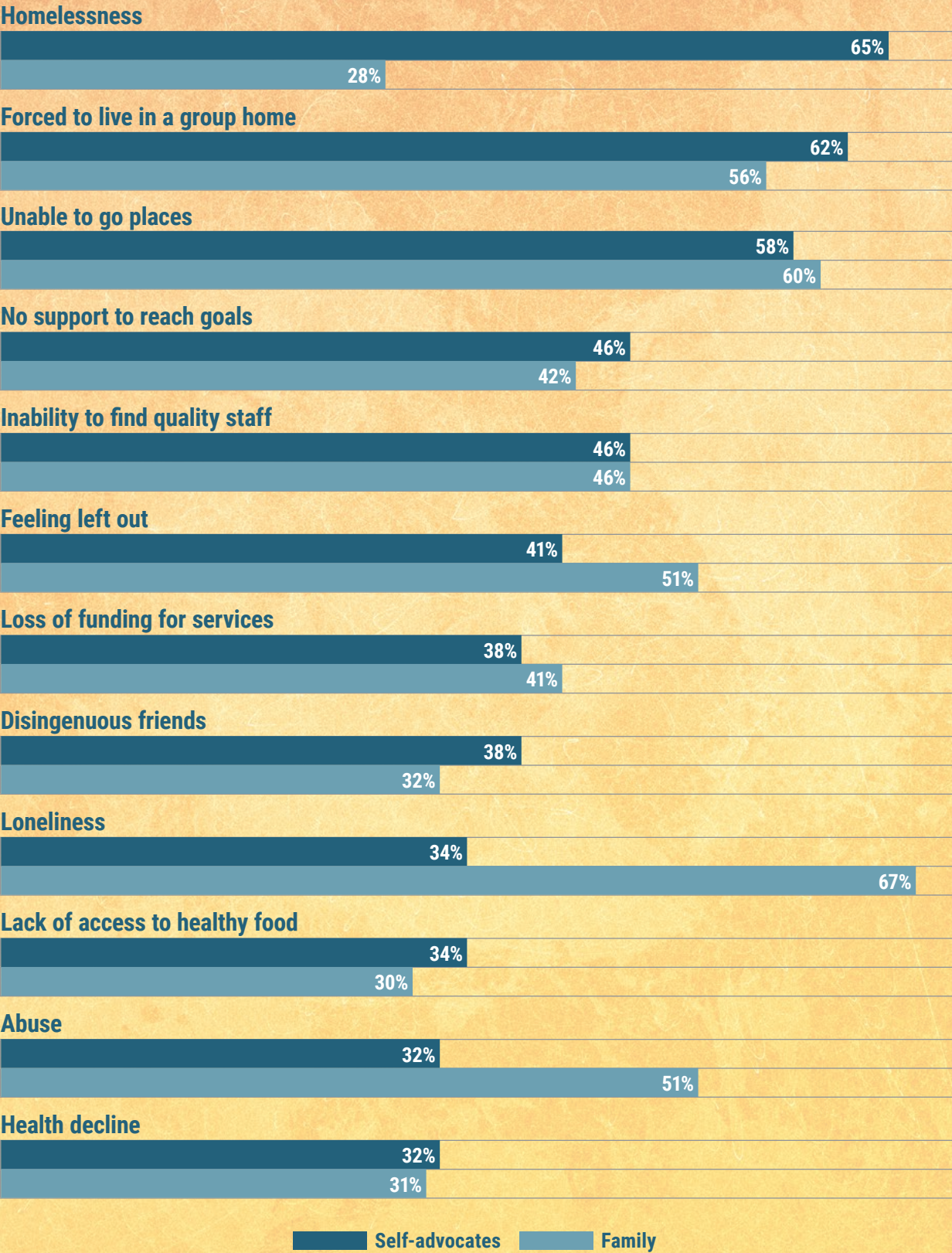
The top two concerns shared by self-advocate respondents was becoming homeless or being forced to live in a provider-controlled setting due to lack of housing options. In addition to lack of transportation options, the inability to find quality staff or support to reach their goals rounded out self-advocates' top five concerns.

Family caregivers' top concern was that their loved one would be lonely. They shared the fear of being forced to live in a provider-controlled setting and lack of transportation but differed in their top five concerns regarding abuse or being left out.

These concerns are substantiated and echoed by the 2023 Texas I/DD Ombudsman report, which described the following in FY23:¹⁶⁰

- The IDD Ombudsman received 888 complaints about services and service refusal.
- At least 99 of these cases cited an inability to hire and retain staff as a reason for delaying services or refusing to serve individuals.
- HHS Regulatory Services Provider Investigations (PI) referred 881 allegations to the IDD Ombudsman because they didn't meet the PI definition of abuse, neglect or exploitation. The result was more reports of abuse handled by PI than the 881 referrals alone.

Future Concerns



“ It is very important to make legislators aware of the dire need to fund private, intentional communities. They are an option for living a quality life—just like 55+ communities. I am willing to help advocate for these types of communities however I can.”

— Survey Respondent



HOUSING & SUPPORT PREFERENCES

Adults with A/I/DD and their families have similar desires in seeking housing options that neurotypical residents of Montgomery County may take for granted: safety, desirable location, good neighbors and the freedom to make decisions. The sections below address respondent housing preferences, service delivery preferences and desirable supportive amenities.

Individualized Long-Term Services & Supports

As discussed in the Background section of this report, housing and LTSS providers may or may not be connected. One can live in a provider-controlled setting where the service provider secures and maintains housing for those they serve; or one can select a consumer-controlled setting where they find and manage their preferred home and location

before selecting a service provider and method of service delivery.

The same single-family home in a typical neighborhood or part of a **neuro-inclusive planned community**¹⁵ could have various LTSS arrangements individualized for residents. In this housing arrangement example, Lauren's parents bequeathed their home, so she and her housemates pay rent to a special needs trust that financially manages the home. This is a consumer-controlled setting because Lauren can change her service delivery model and/or service provider and stay in her home.

Examples of possible living arrangements and service delivery options:

(A) Lauren lives with two housemates who have A/I/DD; all choose to hire the same service provider who schedules rotating staff to meet their individual and collective needs.



LTSS Delivery Model¹⁵

Self-Directed Support

An individual who needs LTSS is given a budget to spend on their LTSS based on an assessment of their support needs. They are responsible for recruiting, hiring, training, scheduling and firing support staff. Some states allow family members to be hired as support staff.

Rotational Staffing

An individual who needs LTSS selects an agency that provides LTSS to recruit, hire, train, schedule and fire support staff for them.

Shared Living

An individual with LTSS needs invites a person or family member(s) to live in their home to provide LTSS. Because private homes are consumer-controlled settings, the individual can ask their LTSS provider to move.

Host Home

An individual with LTSS needs lives in the home of their LTSS provider. As a provider-controlled setting, the LTSS provider (host) can ask the individual to move.

Paid Neighbor

A person who lives on the same property (but not in the same home) as an individual with LTSS needs, who can offer LTSS on a scheduled or on-call basis. This is also referred to as a resident assistant.

Remote Support/Monitoring

When possible, an individual may have their LTSS needs met via remote service, using technologies such as video conferencing, smart-home devices and other **enabling technology**.

B) Lauren lives with her caregiver and the caregiver's child in a **shared living**¹⁵ arrangement.

C) Lauren lives with two housemates. One of the housemates does not have A/I/DD. Lauren and her support team hire staff through self-direction and her neurotypical roommate might be paid to assist as needed. The third housemate uses a different LTSS agency that provides remote support.¹⁵

In this study, respondents were asked whom they want to control their housing. As underscored by the concerns of forced displacement into a provider-controlled setting, the majority of self-advocate and family caregiver respondents preferred to control their own home to living in a provider-controlled setting.

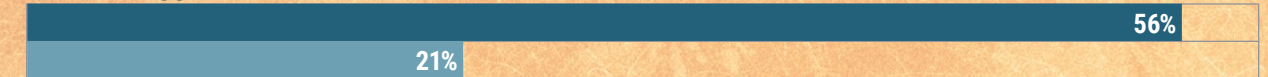
Fewer than 3,200 adults with A/I/DD receive residential support in Texas to live in their own consumer-controlled homes.²⁶ Despite the wave of regulations and funding toward deinstitutionalization since the 1980s, there has been no equivalent effort to develop supportive housing options or provide rental assistance needed to make housing more affordable to adults with A/I/DD.²³ In order to meet the needs of almost 10,000 adults with A/I/DD living in Montgomery County alone, a major funding source must be developed and implemented to prevent homelessness or displacement into provider-controlled settings from becoming reality.

Who do you want to control your housing?

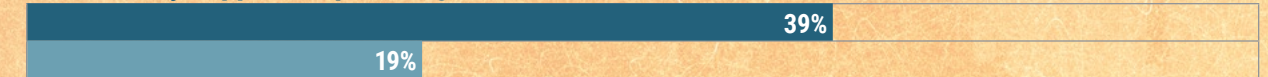
Consumer-controlled	65%
Provider-controlled	35%

Preferred Service Delivery Model

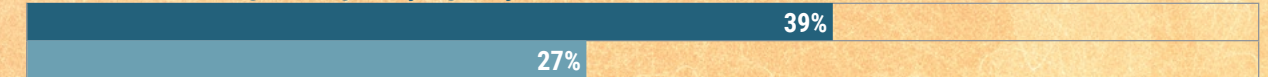
Remote support



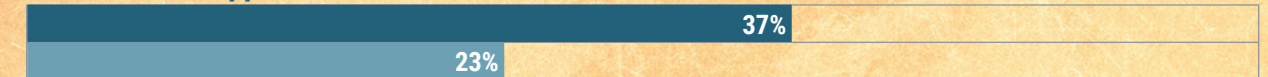
Intentionally supportive/paid neighbor



Rotational staffing managed by agency



Self-directed support¹⁴



Host home (provider-controlled)



Shared living (consumer-controlled)



Self-advocates Family

Service Delivery Models

After being informed of the considerations and benefits of various service delivery models, self-advocates and family members indicated their preferred service delivery models.

Respondents desire diverse service delivery models. Unlike some of the other questions, when segmented into self-advocate and family caregiver respondents, there were significant differences in preferences. This may be due to family caregivers responding to the survey as a proxy for their loved one with higher support needs who could not complete the survey without assistance.

Family caregivers' top two preferences for service delivery models were a live-in

caregiver in a host home or shared living arrangement. However, these were least desired for most self-advocate respondents, who preferred remote support, followed by a paid neighbor, agency-based rotational staffing and self-direction.

There are several discrepancies between service delivery options preferred by survey respondents and what is predominantly used and potentially available in the future in Texas:

- An intentionally supportive/paid neighbor service delivery model was indicated as desirable by 29% of respondents. However, this model is unavailable as a waiver-funded service in Texas. This is an opportunity for Texas to expand its service delivery models as other states offer a waiver-funded, paid neighbor model.¹⁶⁶



Development Type¹⁵

Bequeathed Home

The home in which a neurodiverse family currently resides is maintained as the primary residence for the adult family member/s with A/I/DD when other family members pass away or move out.

Scattered-Site Housing

A residential unit located within the general housing fabric of a community. It is not part of a housing development that serves a specific residential market. In affordable housing circles, scattered-site housing also refers to affordable housing dispersed throughout the community.

Planned Community

Small- or largescale, planned property with multiple residential units and amenities that meets the targeted demand of neurodiverse tenants. Property management helps maintain housing and common spaces with the intent of making life as convenient and enjoyable as possible while supporting connection and belonging.

Mixed-Use Community

Largescale residential development of commercial, public and private uses with robust, curated amenities to give residents the experience of living in a self-contained community. Amenities are open to the public and may provide additional community engagement or employment opportunities.

Cohousing

A neighborhood or apartment/condominium created by its residents. Cohousing communities typically feature private residential units, a large community center or common house with amenities and pedestrian-oriented design. The property is designed and managed by residents. Many host weekly common meals and events prepared/organized by residents.

- Although rated most desirable by self-advocate respondents, remote support is also unavailable as a waiver-funded service in Texas. Thirty states now offer waiver-funded remote support/monitoring service delivery models.¹⁶⁷ Remote support/monitoring is defined as the use of technology to provide real-time assistance by a direct support professional from a remote location. This service often reduces the number of in-person personal care services needed by an individual while enabling safety, privacy and independent task completion.

Renting Versus Homeownership

By developing tools and housing stock targeting renters and homeowners with A/I/DD or their families, housing stability can be insured and the limited resource of housing choice vouchers or subsidized units preserved for those who cannot buy or prefer a rental option in the typical housing stock. Incentives should be created for landowners, developers and families to drive the development of both rental and attainable homeownership options.

Do you want to rent or buy in the future?		
Option	Self-Advocate	Family
Rent	1%	43%
Buy	17%	12%
Stay in current family home	13%	11%
Either	41%	21%
Other (group home/assisted living)	27%	11%
Unsure/does not understand	1%	2%

Homeownership and rental subsidies for those who prefer to rent should be incorporated into plans to meet the housing needs of adults with A/I/DD. Only a small percentage of families could purchase a home on behalf of their dependent loved one without assistance. Public housing authorities can offer homeownership vouchers to assist individuals in attaining homeownership.¹⁶⁸

It is important to note that a portion of those who indicated they would prefer to buy a home want to **bequeath a home**¹⁶⁹ or add an **accessory dwelling unit (ADU)**¹⁷⁰ to a current family or friend's property. For those who prefer to remain on a property controlled by a family or friend, allowing **use-by-right**¹⁷¹ ADUs for dependent family members, individuals with A/I/DD or seniors can be a viable alternative and help increase housing options. Vouchers can also be applied to renting ADUs as reasonable accommodation under certain circumstances. Providing training, financial tools, tax-benefits or other incentives for families who can afford to invest in housing for their loved one may also offer additional, naturally occurring affordable housing for others.

“ I’m looking for a place where my son can live as independently as possible. Where he can develop friendships and grow. I want him to be happy and not abused.”

— Survey Respondent

Living Arrangements

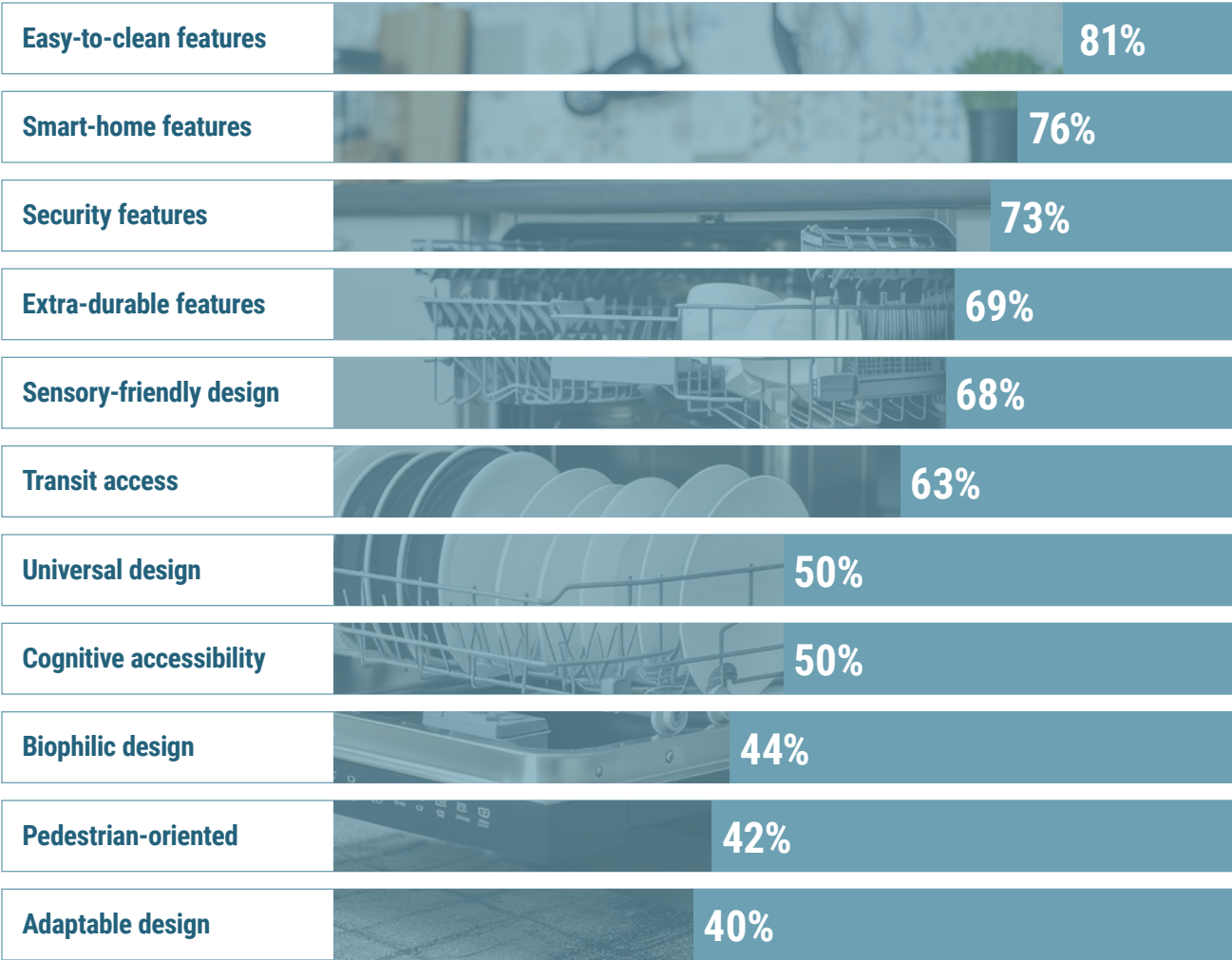
Individuals with A/I/DD are often expected to live with multiple, unrelated individuals with disabilities in a group setting to access services or afford housing. This may include sharing a bedroom and bathroom with those they did not select as roommates. Nondisabled adults often experience this type of living situation by choice in student housing during early adulthood; but sharing a bedroom or bathroom should not be expected of adults with A/I/DD unless it is with a significant other or someone they choose.

As discussed in the Background section of this report, most adults with A/I/DD are either unemployed or underemployed due to systemic, executive function and/or other physical or mental health challenges. Consequently, most adults with A/I/DD cannot afford fair market rent for a one-bedroom unit. However, some might be able to afford a two- or three-bedroom apartment if shared with their chosen housemates who may or may not have disabilities.

When planning to meet the needs of individuals with A/I/DD who may prefer to live with a roommate, best-practice strategies include same-size bedrooms in two-plus-bedroom units. Ideally, each bedroom would have its own bathroom. It is also recommended that bedrooms not share walls in consideration of privacy and sound sensitivities of adults with A/I/DD.

This model can be considered in different development types. See definitions of development types on the left.

What type of physical amenities would be helpful?



Physical Amenities & Design Preferences

In developing housing options, it is important to consider home features, structural features or physical amenities that could better support adults with A/I/DD, as well as increase inclusivity and accessibility.¹⁷² One study found that the physical environment of young adults with Down syndrome impacted their socialization more than their social environment.¹⁷³

When accessible housing is discussed in the housing industry, it is typically related to compliance with the ADA and ensuring access

to those with mobility devices.¹⁷⁴ However, most adults with A/I/DD do not have accessibility needs related to mobility. Their accessibility needs have a different origin of impairment, often impacting safe social interaction, independent living skills, atypical sensory perception, etc. The survey included asking respondents about designing homes accessible to those with neurodivergence.

The percentages in the chart above represent survey responses indicating the following physical features are important or extremely important when considering housing.

Features that meet the preferred accessibility needs of adults with A/I/DD include extra-durable and easy-to-clean features for easier maintenance and longevity of fixtures. Smart-home features include reminders if an oven is left on or a door is open, remote temperature control and door-locking capabilities. Mate crime and bullying necessitate the incorporation of security features such as keycard access entry or a video doorbell system for a trusted person to help them decide if it's safe to open the door to someone they do not recognize due to face blindness. A sensory-friendly home may feature soft and dimmable lighting, ample storage for minimal clutter, soundproofing and calming colors to create a soothing environment for individuals with sensory sensitivities.

Although supportive for adults with A/I/DD, such modifications and design strategies may also be attractive to neurotypical residents, just as curb cuts required by the ADA also serve as a convenience for those using a stroller or grocery cart. Everyone can benefit when housing and community spaces are designed to be more neuro-inclusive.

Supportive Amenities

Supportive amenities are not individualized, long-term support services. Supportive amenities are available to all residents who live at a specific property; they offer additional needed support that individualized long-term support service providers often do not offer. They could also offer an alternative supportive option for individuals ineligible for waiver services who need assistance to remain housed, employed and connected to their community without falling into homelessness or being institutionalized due to lack of affordable housing and access to services. Thirty states across the nation provide some form



Physical Amenities¹⁵

Easy-to-Clean Features

The building and/or residential unit includes features that make cleaning and maintenance easier.

Smart-Home Features

The residential unit and/or building includes devices, appliances and other technologies that can be customized to enhance residents' comfort, safety and independence.

Pedestrian-Oriented

The building and/or development is located in a walkable neighborhood with intentional limits on vehicle traffic. Walkable neighborhoods can be safer for residents (adults and children) who may not recognize street crossings..

Extra-Durable Features

The building and/or residential unit includes extra-durable features, such as graffiti-resistant paints, floor drains and sealed surfaces (for water play), solid-wood furniture without sharp corners and more.

Sensory-Friendly

Sensory-friendly spaces take into account environmental factors that contribute to sensory overload, accounting for all five senses.

Universal Design

The residential unit and/or building includes design features that most people can use regardless of age, agility or ability. It seeks to optimize accessibility and continues to evolve with advancements, including enabling technologies.

Would these supportive property amenities help you?



[°]Community Life: planned social activities or organized weekly gatherings based on resident interests. ^{**}Community Navigator: a front desk and/or designated person in the building who can help residents connect with the community or problem solve.

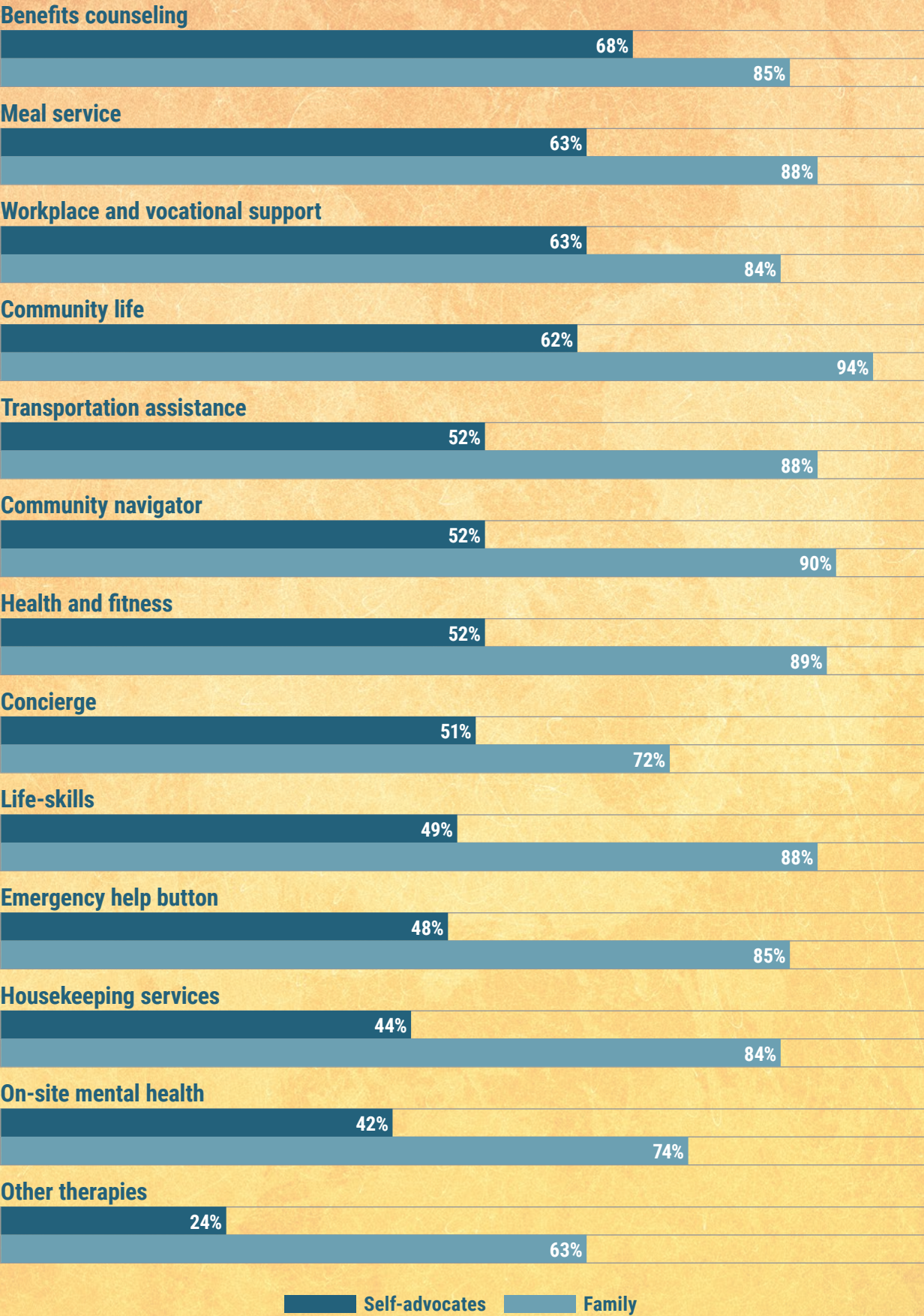
of Medicaid-funded HRS for waiver recipients to explore, secure, transition to and maintain tenancy in housing.¹¹³ These include pre-tenancy supports, housing stabilization services, transitional housing services and tenancy-sustaining services.

The percentages in the chart above represent responses indicating that the following supportive amenities are important

or extremely important when considering housing. These amenities should be voluntary to all residents.

The data was also segmented to determine which supportive amenities self-advocates and their families considered important. The chart on the right reflects their responses.

Would these supportive properties amenities help you?





The Low-Income Housing Tax Credit (LIHTC)¹⁶¹ program is a federal initiative that incentivizes private investment in affordable housing by providing tax credits to developers who build or rehabilitate rental housing for low-income households.¹⁶² The LIHTC program surpasses any other public program in creating affordable rental units in the U.S.¹⁶³ In FY24, the Texas TDHCA awarded nearly \$95.5 million in housing tax credits through the highly competitive (9%) Housing Tax Credit Program.¹⁶⁴ These awards will help finance the development or rehabilitation of 4,475 units in 63 multi-family rental properties.

Every state must create a Qualified Allocation Plan (QAP)¹⁶⁵ that details state priorities to guide developers in planning the type of developments the state needs. The Texas QAP currently prioritizes supportive housing for people with disabilities, giving additional points to properties utilizing Section 811 PRA funding, as well as properties in rural areas. Montgomery County should convene affordable housing developers, local service providers and other community-based organizations serving adults with A/I/DD to build a vision for more neuro-inclusive housing through the potential use of the LIHTC program.

Although certain supportive amenities were ranked higher than others, it is important to note that supportive amenities within housing options were highly desired overall.

Worth noting are supportive amenities not required to be available through Medicaid providers, property management or housing developers. Local community-based organizations like Project Beacon can also provide them. The city can support nonprofit organizations serving adults with A/I/DD to provide supportive amenities in affordable housing developments. Housing developers can also collaborate or partner with community-based organizations that offer them. Residents can voluntarily opt in to receive supportive amenities.

Community Amenities

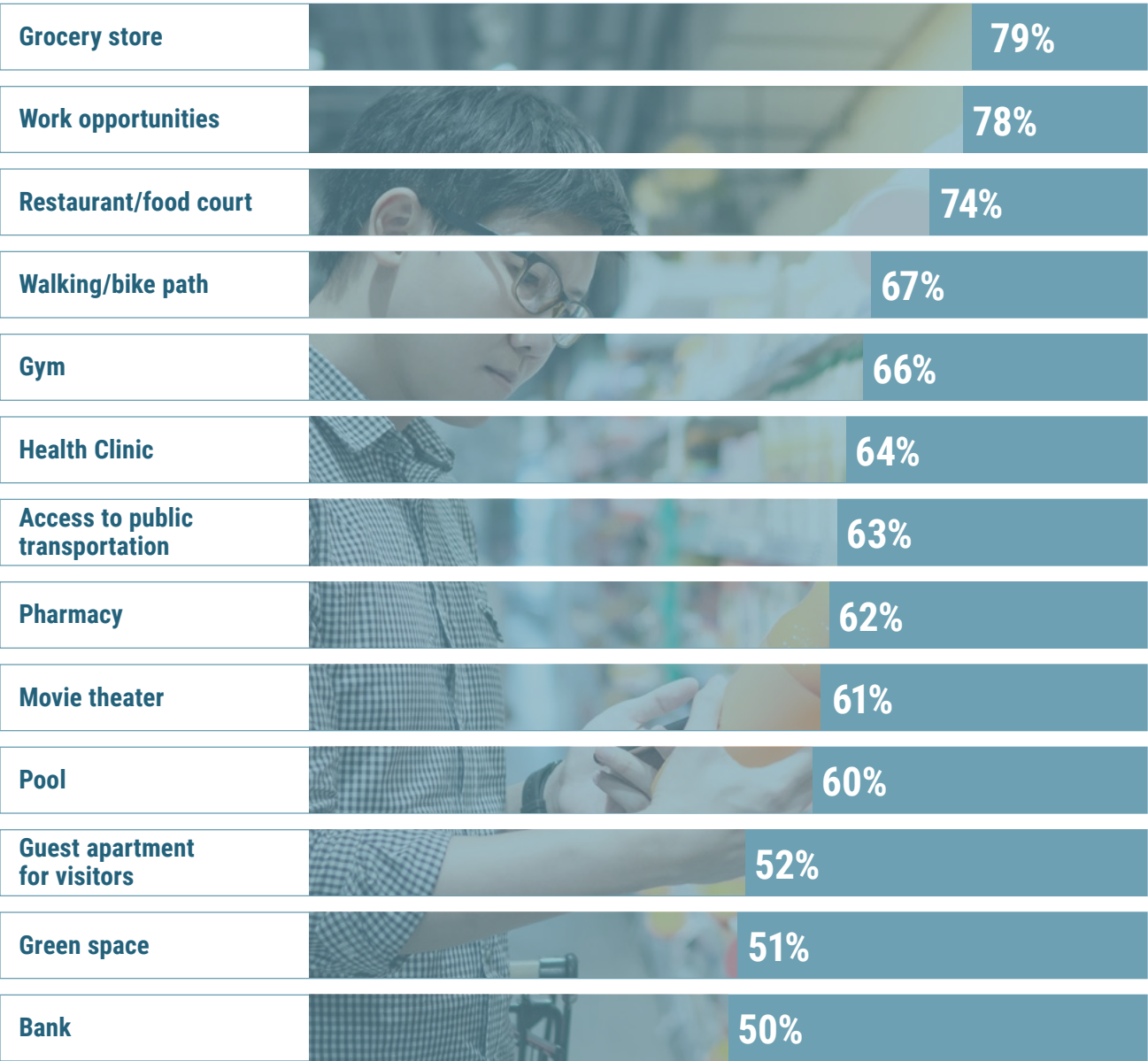
Respondents were also asked about community amenities—features in or near the communities where they want to live. The chart to the right shows the responses.

The data were also segmented to determine which supportive amenities self-advocates and their families considered as important and very important. The chart on page 68 reflects their responses.

Being within walking distance of a grocery store, a restaurant and a workplace that hires adults with A/I/DD among the top five amenity choices for both self-advocate and family caregiver respondents. A movie theatre, pool and gym rounded out the top five for self-advocates, offering a glimpse into the desire for access to recreational amenities.

One way the state can incentivize developers to incorporate physical and community amenities is through prioritization in its Qualified Allocation Plan (QAP). The QAP details the prioritizations developers use to be more competitive when applying for low-income housing tax credits (LIHTC).

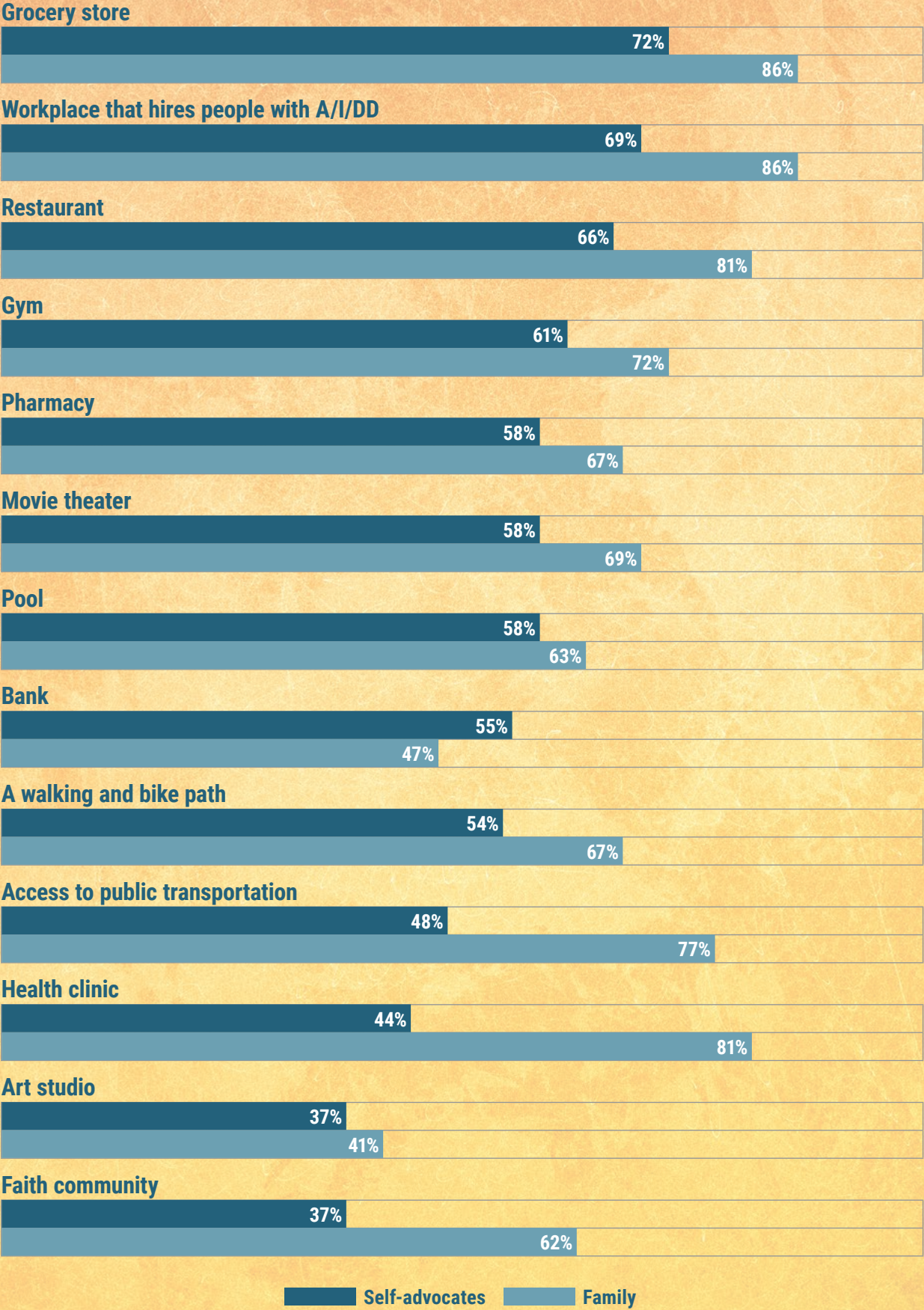
What things would you like on the property or within walking distance?



“I would like a collaboration among neurodiverse people, families and community members who integrate with private, county, state and federal resources to support and provide opportunities for individuals with special needs.”

— Survey Respondent

What things would you like on the property or within walking distance?



Moving from a family home is a big decision for neurotypical and neurodivergent young adults and their families. Adults with A/I/DD may have been living in the family home for years, even decades, and change may be more challenging than for a neurotypical counterpart. Changing environments, daily routines and transportation routes, along with the stress of leaving the stability of the family home, require greater direct support for a transitional period. Evidence from 29 Acres Transition Academy, a Texas residential transition program near Dallas, shared an 81% reduction in needed support due to increased independent living outcomes for participants with A/I/DD.¹⁷⁵ Estimated annual cost savings was nearly \$38,000 per participant in the program.

This chart reflects the results of asking respondents about interest in or previous attendance of a residential transition program.

Would you be interested in a residential transition program to help bridge the gap between the family home and independent living?	
Yes, even if private pay	20%
Yes, if assisted with cost	30%
Unsure	23%
No	21%
Previously attended	6%

The ASD segment of the adult population requires more choices regarding the setting that best meets their needs. Intentional communities can help leverage economies of scale in expertise, supports and staff to promote greater opportunities for success and less isolation.



RECOMMENDATIONS

Goal 4 of the 2024 HHSC Promoting Independence Plan (PIP) is to “Review and promote options to expand the availability of affordable, accessible and integrated housing opportunities.”⁵³ The report includes four activities for Texas to address this goal. These important activities are focused on education and awareness, with an emphasis on the Section 811 program and discrimination. Due to the extremely limited Section 811 funding source and barriers for adults with A/I/DD to access the Section 811 program, it is strongly recommended that Texas take additional actions to increase housing options targeting adults with A/I/DD.

The following in-depth recommendations are derived from focus group feedback and data analysis by First Place Global Leadership Institute researchers and Montgomery County Housing Market Analysis local leaders.

Closing of Data Gaps

- **Identify people with A/I/DD experiencing homelessness.** Request data on those who indicate a developmental disability in the **Texas Homeless Management Information System (HMIS)**.¹⁷⁶ Offer training if needed to those conducting intakes to record disability type. Austin offers an example guide on recording disability in HMIS.¹⁷⁷
- **Understand LTSS needs.** Collect and track data on individuals with A/I/DD, especially those transitioning from the educational system to adulthood and whether they are eligible for waiver funding.

- **Track involuntary displacement.** Modify HHSC case management tools to identify individuals with A/I/DD involuntarily displaced due to the lack of affordable, accessible housing and/or currently living in a provider-controlled setting but desiring a consumer-controlled setting.
- **Plan for loss of caregivers.** Identify adults with A/I/DD living in family caregiver homes. They should be segmented into those who would meet eligibility criteria for Medicaid-funded services and those who do not—or would likely not—meet eligibility criteria but still have supportive housing needs.
- **Track disparities.** Work with partner agencies to determine methods for identifying households by race and ethnicity with a child or dependent adult with A/I/DD living in the home and whether they are housing cost burdened (spending more than 30% of income on housing).
- **Track users with A/I/DD of public benefits.** Consider capturing utilization rates by residents with A/I/DD currently receiving a housing choice voucher, 811 Project Rental Assistance or other permanent rental subsidy, permanent supportive housing or public housing.
- **Understand disparities based on level of supports needed.** Research or data collection should segment the population based on level of support needs to measure disparities.

Long-Term Services and Supports

- **Prioritize access for aging households.** Increase funding and/or legislative action to make waiver services available to all adults with A/I/DD living with a caregiver over age 60, as well as to those at risk of displacement into provider-controlled or more restrictive settings than necessary.
- **Offer cost-saving remote support.** Add remote support and paid neighbors as LTSS option in state-funded Community First Choice and waiver-funded service delivery models.^{166,167}
- **Stabilize DSP workforce.** Increase reimbursement rates and develop career paths to stabilize the direct support workforce.
- **Enhance DSP capacity for high support needs.** Provide needed reimbursement rates to service providers to adequately train and retain staff with evidence-based behavioral strategies to meet the needs of adults with A/I/DD who have high or complex support needs.
- **Investigate forced institutional placements due to lack of community-based options.** Explore if residents of high-cost State Supported Living Centers, state institutions and nursing facilities are forced to live in institutional settings due to lack of housing and/or waiver programming sufficient to meet their needs in the community.³⁰

- **Solutions to prevent homelessness.** Identify a pathway to prevent homelessness of adults with A/I/DD deemed ineligible for LTSS but in need of case management and scheduled drop-in support.
- **Add housing services to waiver options.** Consider adding housing related services (HRS) available in other states for waiver recipients to explore, secure, transition to and maintain tenancy in housing. These include pre-tenancy supports, housing stabilization services, transitional housing services and tenancy-sustaining services.¹¹³
- **Increase OBI funding.** Increase funding for Outpatient Biopsychosocial Approach for OBI, the pilot project targeting adults with A/I/DD and serious mental illness to guard against unnecessary incarceration.¹²²
- **Supportive amenities funding.** Create a funding stream for supportive amenities that community-based organizations can provide in emerging or existing housing developments.
- **Increase awareness of public benefits.** Create an awareness campaign to help individuals with A/I/DD and their families better understand and apply for LTSS and other public benefits.

Rental Subsidies and Affordable Housing Choices

- **Prioritize A/I/DD in existing funding sources.** In local HCV waitlist applications, prioritize low-income individuals with A/I/DD and/or those receiving waiver or other state-funded LTSS services.
- **Prioritize A/I/DD in Section 811.** Include adults with A/I/DD as a prioritized population in the existing Section 811 PRA program.
- **Apply for disability-specific funding.** Advocate with the state to apply for additional Section 811 funding when available and add adults with A/I/DD at risk of displacement or homelessness as another targeted population.
- **Investigate low use of vouchers.** Explore the low utilization rate of HCVs administered by TDHCA to determine if local partnerships could assist in finding receptive landlords for potential voucher holders with A/I/DD.⁹³
- **Educate and empower landlords.** To prevent unintended sources of income discrimination involving HCVs, offer educational opportunities to landlords, property managers and developers so they can better understand how individuals with A/I/DD access their LTSS, what they provide as potential tenants, and their unique financial and legal arrangements.
- **Incentivize homeownership and bequeathing of homes.** Promote homeownership for neurodiverse households through education of existing programs and develop more robust tax incentives.

Increase Development of Neuro-Inclusive Communities

- **Seek project-based voucher solutions.** Explore if unutilized NED and mainstream HCVs administered by TDHCA can be project based for emerging neuro-inclusive housing developments that seek to serve adults with A/I/DD.¹⁷⁸
- **Invest in neuro-inclusive housing development.** Develop a funding source and/or incentives for housing developers to create neuro-inclusive housing or set aside additional units for single or two-person households incorporating universal and neuro-inclusive design elements. This could be implemented via a **community land trust**¹⁵ or by modifying other existing funding mechanisms.
- **Support innovative pilot programs.** Request financial support from appropriations to fund and measure outcomes of several scalable pilot supportive housing developments that are consumer-controlled, neuro-inclusive planned or mixed-use communities that include supportive amenities.

- **Prioritize texas families.** Texas has multiple private-pay residential programs that attract residents with varying support needs from across the country. Texans with A/I/DD could have access to these settings instead of out-of-state residents if financial assistance was available when Texas families cannot afford the tuition.
- **Empower local solutions through technical assistance.** Using a model recently launched by the Colorado Housing and Finance Authority, offer **pre-development technical assistance grants**¹⁷⁹ to landowners such as local nonprofits, faith communities, local planning departments and developers to hire consultants and/or conduct feasibility activities in efforts to create local neuro-inclusive solutions.
- **Incentivize public/private/philanthropic partnerships.** Educate and provide incentives to housing developers to partner with community-based organizations or service providers to build neuro-inclusive housing options or set-aside units in planned development for adults with A/I/DD.

Local Community Development

- **Create task forces.** Consider bringing together a task force to evaluate implementing the HHSC Disability Inclusive Communities Toolkit.
- **Prioritize adults with A/I/DD.** Target adults with A/I/DD as a prioritized population to serve in applications for CDBG and other appropriate funding sources. Montgomery County could consider offering incentives or mandates to include how the applying entity aims to be neuro-inclusive in applications and the reporting of these funds.
- **Make A/I/DD visible as a need.** Include data from this HMA and recognition of the estimated housing needs of people with A/I/DD living with family caregivers in future Consolidated Plans and strategic planning documents.
- **Prevent loss of affordable properties.** Bring together local partnerships to prevent the loss of affordable housing units through expiration. According to the **National Housing Preservation Database**,¹⁸⁰ 224 publicly assisted units in Montgomery County will expire in 2024, with nearly 3,300 more in 2025.¹⁸¹

- **Build neuro-inclusive relationships.** Explore how to address the loneliness crisis and increase natural support systems.
- **Connect jobseekers.** Engage the Texas Workforce Commission and the local business community to provide more employment opportunities.
- **Expand transportation options.** Explore if the senior transportation program funded by CDBG awarded to Montgomery County could be expanded to include individuals with A/I/DD.
- **Protect land for neuro-inclusive development.** Practice land banking of properties within walking distance of grocery stores for future affordable, neuro-inclusive planned or mixed-use communities.
- **Incentivize private investment.** Offer a property tax waiver for low-income residents with A/I/DD who live in a **bequeathed home** outside the family home.
- **Increase ADU options.** Modify zoning codes to allow for the addition of an ADU or **tiny home**¹⁸² as a **use by right**¹⁷¹ on property that will house a dependent adult with A/I/DD; offer planning grants, example plans and/or waive fees associated with requesting approval.



“To me, a key next step is to identify and bring together the various stakeholders to agree on a path forward. We don’t want to waste all of the good ideas in this report; they must be put into action!”

— Kevin Gerrity
President & Co-Founder, Project Beacon



CONCLUSION

For individuals with A/I/DD living with aging caregivers, it is not a matter of if they will lose their primary caregiver—it is a question of when. Data, local leaders and A/I/DD advocates are sounding the alarm that the status quo is unsustainable for the diverse needs of Texans with A/I/DD.

To meet the need of adults with A/I/DD living with caregivers over age 60, Texas must urgently react and plan for a rapid increase in people being served with residential supports. The cost of inaction will result in beds taken in emergency rooms, placements in nursing facilities—and heartbreak for Texas families.

Addressing the housing and support needs of adults with A/I/DD is not just a moral imperative, it is a fiscal responsibility for Texas taxpayers and policy leaders. Crisis placements into **state-supported living centers** due to lack of community-based options cost up

to \$1,305 a day or about \$500,000 per person annually.²⁵ Depending on the service delivery model and level of support the individual with A/I/DD needs, community-based services are currently provided at a cost of \$26,484 to \$305,877 annually.⁴² More understanding and more LTSS tools are needed to effectively support the diverse needs adults with A/I/DD in the community to limit high-cost institutional placements.

Combined, there are fewer than 9,000 housing vouchers or Section 811 subsidized units specifically targeting adults with disabilities.^{94,100} Investing in affordable, neuro-inclusive planned or mixed-use communities that include supportive amenities should also be part of strategic planning for housing in Texas. These ancillary supports provide a safety net and stability for those who cannot qualify for a waiver in Texas or when community-based services

fail, serving as important guardrails against displacement into institutional settings, incarceration or homelessness.

Montgomery County, known for its rich history and vibrant community spirit, has the opportunity to lead by example in providing inclusive and supportive housing solutions. By bringing together key players in the neuro-inclusive housing framework, local partnerships can lead to greater innovation.⁷⁶ By prioritizing the needs of adults with A/I/DD, Montgomery County can ensure they live more independently, participate more fully in the community and achieve their potential.

Thanks to the First Place Global Leadership Institute, Project Beacon and Tri-County Behavioral Healthcare, the Montgomery County, Texas Housing Market Analysis offers a launchpad of data detailing the residential needs and preferences of a population that has been invisible for too long.

Seize this opportunity to transform lives and create a brighter future for all residents of Montgomery County. Bringing together public, private, nonprofit and philanthropic partners can ensure no one is left behind and every adult has the resources and supports to live with dignity, work with purpose and participate in their community. May leaders in Montgomery County make a lasting impact and build a more inclusive and thriving county for generations to come, creating the opportunity for adults with A/I/DD to find their place in the world.

For more information and to view other *A Place in the World*® Housing Market Analyses, visit www.firstplace-global.org/housing-community/housing-market-analysis/.

Montgomery County, known for its rich history and vibrant community spirit, has the opportunity to lead by example in providing inclusive and supportive housing solutions. By bringing together key players in the neuro-inclusive housing framework, local partnerships can lead to greater innovation.



GLOSSARY

TERM	DEFINITION	PAGE
811 Project Rental Assistance (PRA)	This program seeks to identify, stimulate and support successful and innovative state approaches to providing integrated supportive housing for people with disabilities. ⁹²	28
Accessory dwelling unit (ADU)	An ADU is a small, independent residential dwelling unit located on the same lot as a stand-alone (i.e., detached) single-family home. It may also be referred to as a casita, granny flat, accessory apartment or secondary suite. It may be a converted portion of an existing home or an addition to a new or existing home. ¹⁷²	61
Achieving a Better Life Experience (ABLE) account	ABLE accounts are tax-advantaged savings programs that allow individuals with disabilities to save and invest money without jeopardizing eligibility for public benefits. ¹⁴⁶	47
Americans with Disabilities Act (ADA)	An act of Congress enacted in March 2010 prohibiting discrimination against people with disabilities in various areas, including employment, transportation, public accommodations, communication and access to state and local government programs and services. ¹⁹	17

TERM	DEFINITION	PAGE
Annual Action Plan (AAP)	The Consolidated Plan is carried out through Annual Action Plans, which provide a concise summary of the actions, activities, and the specific federal and non-federal resources that will be used each year to address the priority needs and specific goals identified by the Consolidated Plan. ¹⁰⁵	30
Area median income (AMI)	AMI is a key metric in affordable housing. It is the midpoint of a specific area's income distribution and is calculated on an annual basis by the Department of Housing and Urban Development (HUD). HUD refers to the figure as median family income, or MFI, based on a four-person household. ⁸⁸	28
Autism and/or intellectual/developmental disability (A/I/DD)	A/I/DD represents differences, usually present at birth, that uniquely affect the trajectory of the individual's physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems. Intellectual disability starts any time before a child turns 18 and is characterized by differences with both intellectual functioning or intelligence, which include the ability to learn, reason, problem solve and other skills; and adaptive behavior, which includes everyday social and life skills. The term developmental disabilities is a broader category of often lifelong challenges that can be intellectual, physical or both. ¹	9
Bequeathed home	A home left through a will or as a gift to someone else. Careful planning is needed for a loved one with a disability. ¹⁷¹	75
Centers for Disease Control and Prevention (CDC)	A federal science-based, data-driven service organization intended to protect public health in the U.S. ⁶	16
Centers for Medicare and Medicaid Services (CMS)	CMS is the federal agency that provides health coverage to more than 160 million individuals through Medicare, Medicaid, the Children's Health Insurance Program and the Health Insurance Marketplace. CMS works in partnership with the entire healthcare community to improve quality, equity and outcomes in the healthcare system. ³⁴	19
Cognitive accessibility	Inclusive practices that remove barriers for individuals whose disabilities affect how they process information. ⁷⁸	26

TERM	DEFINITION	PAGE
Community First Choice (CFC)	Community First Choice offers services and support to individuals enrolled in Medicaid who reside in the community and meet eligibility requirements, including eligibility for Medicaid services, need for help with activities of daily living and need for an institutional level of care. Services offered by CFC include help with daily living and health-related tasks, services to help an individual learn to care for themselves, backup systems or ways to ensure continuity of services and supports, and training on how to select, manage and dismiss attendants. CFC services are available through Medicaid and other managed care organizations. ⁴⁵	20
Community land trust (CLT)	A CLT is a nonprofit organization governed by a board of CLT residents, community residents and public representatives who provide lasting community assets and shared-equity homeownership opportunities for families and communities. CLTs develop rural and urban agriculture projects, commercial spaces to serve local communities, and affordable rental and cooperative housing projects to conserve land or urban green spaces. The goal is to create permanently affordable homes providing successful homeownership opportunities for generations of lower-income families. ¹⁵	74
Community living assistance and support services (CLASS) waiver	The CLASS waiver provides home- and community-based services as an alternative to an intermediate care facility to individuals with A/I/DD who qualify. To qualify for this waiver, an individual must have a diagnosis of an intellectual disability or related condition before age 22, have a qualifying adaptive behavior level, meet the ICF/IID level-of-care criteria, meet certain income and resource levels, not be enrolled in any other Medicaid waiver program and demonstrate the need for one or more services monthly. The CLASS waiver provides a variety of services catered to the individual's needs, including but not limited to adaptive aids, behavioral support, transportation-habilitation, nursing and specialized therapies. ⁴⁴	20
Consolidated plan	A plan designed to help state and local jurisdictions assess affordable housing and community development needs and market conditions, enabling data-driven, place-based investment decisions. This plan is comprised of annual action plans that provide a summary of the actions and activities, along with federal and non-federal resources that will be used each year to address the needs and goals specified in the plan. ¹⁰⁴	30
Consumer-controlled setting	A property where the housing provider is not connected to the LTSS (see Glossary entry) provider. Residents can choose and change their LTSS providers while remaining in the same housing. ¹⁵	17

TERM	DEFINITION	PAGE
Cost-burdened	Spending more than 30% of a household's income on rent and utilities. A household becomes severely cost burdened when spending more than 50% of its income on rent and utilities. ⁶⁸	26
Direct care workforce state index	An online tool provided by PHI that compiles comprehensive information on the state of direct care as a job field by state. This online tool is intended to be used by policymakers, advocates and other stakeholders to understand how states support direct care workers, how they can improve and how they compare to other states. ¹¹⁸	33
Executive function	Higher-level cognitive skills used for control and coordination of other cognitive abilities and behaviors. Executive function is broken down into organizational and regulatory abilities. Organizational abilities include attention, planning, sequencing, problem-solving, working memory, cognitive flexibility, abstract thinking, rule acquisition and the selection of relevant sensory information. Regulatory abilities include initiation of action, self-control, emotional regulation, monitoring of internal and external stimuli, initiating and inhibiting context-specific behavior, moral reasoning and decision-making. ⁸⁰	27
Graded movement	Movements whereby a person uses the appropriate amount of force to complete motor skills. Individuals with A/I/DD may use too much or too little force when performing actions such as opening a door, flushing a toilet, stepping down, etc. ¹¹⁵	33
Group home	A provider-controlled setting where two to six unrelated individuals with disabilities share a home and are supported in their daily living activities. Residents live in this development type through private pay or Medicaid ICF/IID (see Glossary entry). ¹⁵	16
Heightened scrutiny review	The process of evaluating settings seeking to receive/or that are already receiving Medicaid HCBS (see Glossary) funding to ensure they meet all requirements of the HCBS settings rule. These requirements state that all settings receiving Medicaid HCBS funding must: provide access to the broader community, give people choice and control in their daily lives, and provide opportunities for competitive integrated employment. ⁵⁵	23
Home Energy Assistance Program (HEAP)	A federally funded program that helps income-eligible households pay for energy costs, repairs and weatherization. ¹⁴¹	46
Host home	An LTSS (see Glossary) provider's home where an individual with LTSS lives. ¹⁵	18

TERM	DEFINITION	PAGE
Housing choice voucher (HCV)	[The housing choice voucher (HCV) program is the federal government's primary program for assisting very low-income families, the elderly, and persons with disabilities to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the HCV tenant, participants are able to find their own housing, including single-family homes, townhouses and apartments. Housing choice vouchers are administered locally by public housing agencies (PHAs) that receive federal funds from the U.S. Department of Housing and Urban Development (HUD) to administer the HCV program.] Voucher program allowing qualified individuals or families to pay 30% of their income toward rent at a location of their choosing and paying the remainder of rent costs. The property owner of the chosen residence must agree to rent under the HCV program. Qualified recipients include low-income families, the elderly and individuals with disabilities. ⁸⁷	28
Housing related services (HRS)	Any housing-related services offered through Medicaid, including housing navigation, tenancy sustaining services, and more. ¹¹⁰	32
Intermediate care facility for individuals with intellectual disabilities (ICF/IID)	An optional Medicaid benefit created by the Social Security Act (SSA) to fund "institutions" (4 or more beds) for individuals with intellectual disabilities. The SSA specifies that such institutions must provide "active treatment" as defined by the Secretary. Currently, all 50 States have at least one ICF/IID facility. This program serves over 100,000 individuals with intellectual and other disabilities and related conditions. Many are non-ambulatory and/or have seizure disorders, behavior problems, mental illness, visual or hearing impairments, or a combination thereof. All must qualify for Medicaid assistance. ³¹	18
Land banking	Public or community-owned entities created to acquire, manage, maintain and repurpose vacant, abandoned and foreclosed properties. ¹⁵⁴	51
Level of need (LON)	In ICF/IIDs individuals are assigned a level of need to match their care needs while living in an ICF/IID. There are 5 levels of need, LON 1 which is intermittent care, LON 5 which is limited care, LON 8 which is extensive care, LON 6 which is pervasive care, and LON 9 which is pervasive plus. These various levels represent the amount of staff intervention individuals need on a day-to-day basis. Residents can move between these levels of care depending on their needs and behavioral changes. An assignment given by HHSC to an individual upon which reimbursement for host home/companion care, supervised living, residential support, and individualized skills and socialization is based. ⁴¹	19



TERM	DEFINITION	PAGE
Lifeline program	Lifeline is a federally funded program designed to assist individuals with meeting their phone needs. It helps cover a portion of qualifying individuals' phone bills to help them maintain connections through their device(s). ¹⁴²	47
Local intellectual and developmental disabilities authorities (LIDDA)	LIDDAs function as the primary access point for publicly funded intellectual and developmental disability (I/DD) programs, regardless of whether these programs are administered by public or private organizations. These agencies provide or contract to provide various services and supports for individuals with I/DD. They are responsible for enrolling eligible individuals in ICF/IIDs, home- and community-based services and Texas Home Living, and for permanency planning for individuals under age 22 who live in an ICF/IID, state supported living center or a residential setting of the HSC program. ⁴⁶	20
Long-term services & supports (LTSS)	A variety of support services that assist individuals with functional limitations due to various conditions and/or disabilities in their everyday life. ²	15
Low-income housing tax credits (LIHTC)	A federal program that encourages private investment in affordable housing.	66
Mainstream housing choice voucher	A voucher that assists non-elderly individuals with disabilities and operates under the same rules as other housing vouchers. ⁹⁰	28
Medicaid home- and community-based services (HCBS) waiver program	Medicaid-funded state waiver programs developed to meet the needs of individuals who prefer to receive long-term care in their home or community. HCBS waivers are required to meet a variety of criteria including: showcasing that providing waiver services will not exceed the cost of providing the same services in an institution; ensuring the protection of an individual's health and welfare; ensuring adequate and reasonable provider standards to meet the needs of the population served; and ensuring that services adhere to an individualized and person-centered plan of care. ¹⁴	16
Montgomery County Grants & Community Development	A department of Montgomery County, Texas government directed by the Commissioner's Court and overseen by the Houston Field Office of the Department of Housing and Urban Development. ¹⁰⁶	30

TERM	DEFINITION	PAGE
National Housing Preservation Database (NHPD)	An address-level inventory of federally assisted rental housing in the U.S. created by the Public and Affordable Housing Research Corporation and the National Low Income Housing Coalition to provide communities with the information needed to preserve their stock of public and affordable housing. ¹⁸²	75
Neuro-inclusive housing framework	This framework takes three specific elements into account when creating residential housing solutions that includes designing and building neuro-inclusive housing for neurodiverse individuals. 1) Housing, including affordability, renting vs. owning, property type and neuro-inclusive design elements. 2) Individualized long-term support services considering factors like in-person or remote support, Medicaid funding and various other service delivery models. 3) Supportive amenities, including planned activities, community navigators, life skills classes and assistance identifying a natural support system. ⁷⁶	15
Neuro-inclusive planned community	Small- or large-scale, planned property with multiple residential units that meet the needs of neurodiverse individuals. Community also has recreational amenities featuring commercial properties such as restaurants and shops. Property management helps maintain housing and common spaces with the goal of making life as convenient and enjoyable as possible while supporting connection and belonging. ¹⁵	57
Neurodiverse/ Neurodivergent	Of neurological difference that includes ADHD and I/DD, autism, cerebral palsy, Down syndrome and epilepsy. ¹⁵	17
Non-elderly disabled (NED) vouchers	Category 1 NED vouchers enable non-elderly individuals or families to access affordable housing on the private market. Category 2 NED vouchers enable non-elderly disabled individuals currently residing in nursing homes or other healthcare institutions to transition into the community. ⁹¹	28
Olmstead v. L.C.	This 1999 U.S. Supreme Court decision determined that states cannot make institutionalization a condition for publicly funded health coverage unless it is clinically mandated. ¹⁷	10
Outpatient biopsychosocial approach for I/DD services (OBI)	The OBI approach for I/DD services provides outpatient mental health services to individuals with I/DD and mental health needs. This approach offers a holistic perspective focused on a comprehensive understanding of the various aspects that influence mental well-being. This perspective de-emphasizes the person's illness and/or disability and focuses on understanding the whole individual. ¹³²	45



TERM	DEFINITION	PAGE
Out of Reach Report	An annual report created by the National Low Income Housing Coalition (NLIHC) focusing on low-income workers that analyzes the disparity between wages and cost of rental housing. ⁸⁶	27
Person-centered planning	The process of choosing and arranging needed services and supports of an adult with A/I/DD directed by the person receiving the supports. ⁶¹	24
Planned communities	Small- or large-scale, intentionally developed properties with multiple residential units and recreational amenities. These communities can also feature commercial properties such as restaurants and shops. Property management helps maintain housing and common spaces. The goal is to make life as convenient and enjoyable as possible. This development type is typically located in suburban settings. ¹⁵	22
Pre-development technical assistance grant	These grants help catalyze small-scale affordable housing developments by providing access to affordable housing consultants and pre-development grant assistance. Potential small-scale projects of 30 units or less may apply for affordable housing planning and development through pre-development and technical assistance grants. ¹⁸¹	74
Promoting independence plan (PIP)	The PIP is Texas's comprehensive response to the Supreme Court's 1999 Olmstead decision that outlines a vision and guiding principle for providing a system of holistic services and supports fostering independence and self-determination for people with disabilities so that they may be able to live fully integrated into their chosen communities. ⁵³	21
Provider-controlled setting	Property where the housing provider is both property manager and LTSS provider. Residents cannot change their LTSS provider in a provider-controlled setting without moving to a different home. ¹⁵	16
Public Housing Authority	A state, county, municipality or other government entity or agency of entities authorized to engage in the development or operation of low-income housing under the U.S. Housing Act (1973). ⁸⁹	28
Qualified Allocation Plan	A document that states and some local agencies use to allocate federal Low-Income Housing Tax Credits (LIHTC). ¹⁶⁷	60

TERM	DEFINITION	PAGE
Remote support	The use of technology to provide real-time assistance by a direct support provider from a remote location. This service often reduces the number of housekeeping or homemaker personal care services needed by an individual while enabling safety, privacy and independent task completion. ¹⁵	13
Self-directed support	Support given to an individual based on an assessment of their LTSS. They are responsible for recruiting, hiring, training, scheduling and firing support staff. Some states allow family members to be hired as support staff. ¹⁵	58
Self-direction	A model of long-term care service delivery that helps people of all ages, with all types of disabilities, maintain their independence at home. When a person practices self-direction, they decide how, when and from whom their services and supports will be delivered. The self-direction model prioritizes participant choice, control and flexibility. ²¹	17
Sensory-friendly	Accounting for the five senses and taking into account environmental factors that contribute to and prevent sensory overload. ⁷⁷	26
Serious mental illness	A mental, behavioral or emotional disorder resulting in serious functional impairment that substantially interferes with or limits one or more major life activity. ¹³¹	45
Settings Rule	A federal regulation that requires states to ensure that individuals receiving Medicaid HCBS services have access to and choice in community living, services and employment. ⁵⁵	23
Shared living	A living situation where an individual with LTSS needs invites a person or family member(s) to live in their home to provide LTSS. Because private homes are consumer-controlled settings, the individual can ask their LTSS provider to move. ¹⁵	58
Social Security Disability Income (SSDI)	Benefits paid to individuals and certain members of their family if the individual is insured: i.e., they have worked for a specific length of time and paid social security taxes. ¹³⁷	46
Soft social interactions	Surface-level behaviors that reveal a list of latent variables related to personality, social and communication skills, interpersonal skills, leadership skills, decision-making, etc. ¹⁶¹	53



TERM	DEFINITION	PAGE
Special needs trust	A trust created for an individual with disability(ies) by a family member that does not impact that individual's financial qualification for government programs. It is often used after the family member's passing to pay for services that improve/maintain the surviving individual's quality of life. ¹⁴⁵	47
Statewide transition plan (STP)	In 2014, CMS finalized a rule establishing new requirements for the settings in which Medicaid home- and community-based services (HCBS) are delivered (CMS 2014a). Under the rule, states must develop implementation plans, known as STPs, and determine which providers meet the new requirements. ⁵⁴	23
State-supported living centers	These centers provide campus-based direct services and supports to individuals with intellectual and developmental disabilities at 13 locations: Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, Rio Grande, San Angelo and San Antonio. They serve individuals with intellectual and developmental disabilities who are medically fragile and/or have behavioral challenges and/or mental health issues. ²⁵	77
Supplemental Nutrition Assistance Program (SNAP)	A federal program providing nutrition benefits to low-income individuals and families. ⁸³	27
Supplemental Security Income (SSI)	Monthly benefits provided to individuals with limited income and resources who are disabled, blind or age 65 or older. ⁸²	26
Supportive amenities	Supports and features offered by a property that make life easier and/or more enjoyable for those living there. Such services include community life activities, housekeeping and meal services, etc. ¹⁵	26
Texas Department of Housing & Community Affairs (TDHCA)	The state agency responsible for affordable housing, community and energy assistance programs, colonia activities and regulation of the state's manufactured housing industry. The department currently administers \$2 billion through for-profit, nonprofit and local government partnerships to deliver local housing and community-based opportunities and assistance to Texans in need. ⁹⁷	28

TERM	DEFINITION	PAGE
Texas Health and Human Services Commission	The commission that oversees programs that help families with food, healthcare, and safety and disaster services. ³⁶	19
Texas Homeless Management Information System (HMIS)	The information system used to collect data on the supply of housing and services available to unhoused individuals and those at risk of homelessness. ¹⁷⁸	71
Texas Home Living (TxHmL)	A medicaid waiver program that provides crucial services and supports to Texans living with an intellectual disability or related condition to help them live successfully in the community. ⁴³	19
Tiny home	Dwelling units measuring 400 square feet or less in floor area, excluding lofts. ¹⁸⁴	75
Transit-oriented development (TOD)	A pilot program that provides funding to local communities to integrate land use and transportation planning with a new fixed guideway or core capacity transit capital investment. This program strives to improve public transit to address the needs of everyone and helps get people to jobs, school, healthcare, and visits with family and friends. ¹⁵³	51
Use by right	A homeowner's right to use property and structures on their land in accordance with the zoning laws for their area. ¹⁷³	75



“ Despite its well-meaning staff, the current HCS program does not provide proper training or fair compensation, which undermines its ability to support my son’s growth. I must step in and provide guidance and assistance outside of the program to ensure he has what he needs to succeed. This not only creates a burden on our family but also highlights the gap between the program’s intention and its actual impact.”

— Cindy Cooper,
Survey Respondent



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