The Daniel Jordan Fiddle Foundation
Adult Autism Public Policy White Paper

Policy Steps Toward Obtaining Affordable and Supportive Housing for Adults with Autism, Intellectual, and/or Developmental Disabilities (AIDD)

Toyosi M. Adesoye
The Daniel Jordan Fiddle Foundation Public Policy Fellow
ASU Morrison Institute for Public Policy Fellow

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07.14.22

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Suggested citation:
Adesoye, T. (2022) The Daniel Jordan Fiddle Foundation Adult Autism Public Policy White Paper: Policy Steps Toward Obtaining Affordable and Supportive Housing for Adults with Autism, Intellectual, and/or Developmental Disabilities (AIDD) [White Paper]. First Place AZ; the Arizona Board of Regents for and on behalf of Arizona State University and its Morrison Institute for Public Policy at the Watts College of Public Service and Community Solutions.

Cover photo: Spectrum Courtyard Apartments in Phoenix, AZ, a multigenerational, affordable housing property developed through a partnership between Foundation for Senior Living and First Place AZ.

Background

The demand for affordable housing has been increasing over time.

Before the COVID-19 pandemic, housing was already unaffordable for over a third of all U.S. households: almost half of all the households who rent are rent burdened (Congressional Publication, 2020; Boyack, 2019). In the wake of the pandemic and ensuing economic crisis, the affordable housing crisis worsened (Fischer et al., 2021). By the beginning of 2021, 1 in 5 adult renters was behind on rent. Given the rising costs of rental units and the rising costs of homes, extremely low-income households suffer the worst of the housing shortages (Davenport, 2003). Among those extremely low-income earners are adults with autism spectrum disorder, intellectual or developmental disabilities (Braddock et al., 2017; Brown & McCann, 2020; Roux et al., 2021).

Adults with autism spectrum disorder and/or intellectual disabilities are more likely to face social challenges resulting in unemployment, low educational achievement, low income, serious illness, and difficulties in navigating complex social service systems (Brown & McCann, 2020; The Department of Health and Human Services, 2017; Roux et al., 2021), all of which are risk factors for homelessness (Piat et al., 2015).

This white paper includes:

An outline of the functional challenges facing adults with autism spectrum disorder (ASD), intellectual and/or developmental disabilities (I/DD)

Systemic challenges they face in obtaining affordable housing and supportive services

A program to help create consumer-controlled housing opportunities while bridging the gap by creating more opportunities to access supportive services for adults with ASD or I/DD

For this paper, the term AIDD refers to those with autism spectrum disorder (ASD), intellectual disabilities (ID) and/or developmental disabilities (DD). Where a study is specific to those with only ASD, only ID, only DD or I/DD in general, the specific terms are used.

Challenges Facing Adults with AIDD

ASD and ID are categories of neurological developmental disorder characterized by functional impairments that vary widely between people based on age, interventions, and contextual demands (Lord et al., 2022).

Shaw and Colleagues (2021) estimated that 1 in 44 children and approximately 2% of adults have been diagnosed with ASD.

2.1 Million

adults over age 22 living with I/DD in the U.S. in 2018.*

50,000

youths with ASD turn 18 and become adults each year.**

450,000

people with ASD between ages 16 and 24**

92.4%

of people with ASD are under age 65.**

The prevalence of ASD and I/DD has been increasing over the years.

(Boat, 2015; Larson et al., 2021; Zablotsky et al., 2019)

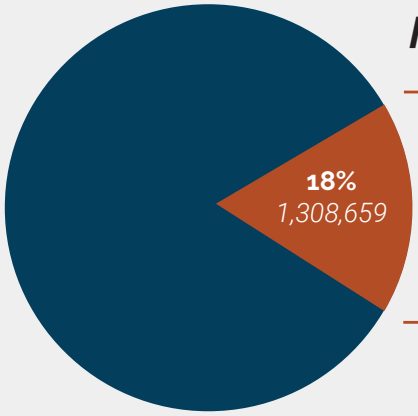
As the rate of diagnosis is increasing, along with the rate of youths with AIDD transitioning to adulthood, there is an increasing need for more resources to help people with AIDD obtain affordable housing and support services (Brown & McCann, 2020; Cronin & Bourke, 2017).

* Larson et al., 2021
** The Department of Health and Human Services, 2017

Functional Challenges Facing Adults with AIDD in Finding Affordable Housing

There are often two main choices of housing presented to adults with AIDD: The first option is to live with family members and the second option is to live away from family. For those who live away from family, the options are to live in a provider-controlled group setting, with a host or foster family, or independently. However, most people with AIDD live with families (Brown & McCann, 2020; Howlin & Moss, 2012; Larson et al., 2021; Salmon et al., 2019).

As of 2018, approximately 7.43 million people were diagnosed with I/DD.



18% received long-term support services through Medicaid.

- 61% of the 18% live with family members;
- 23% in group settings;
- 12% in a home they owned or rented;
- 5% with a host or foster family.

(Larson et al., 2021)

Furthermore, 71% of the total number of people with I/DD reported that they received support from family caregivers (Braddock et al., 2017). Braddock and colleagues (2017) also noted that 1.3 million people with I/DD reported are living with caregivers over the age of 60. A different study of adults with ASD found that 87% of people with ASD live with their families (Roux et al., 2021). Of the adults with ASD who lived with family, about 67% of their family members were 55 years or older. Of those who lived away from family, about 70% lived in group settings, with only about 9% living independently in homes or apartments

Given that many adults with AIDD are living with aging caregivers, the bereavement of family members, particularly caregivers, maybe an early risk indicator or triggering factor for homelessness (Mercier & Picard, 2011). Another pressing concern with aging caregivers is the onset of age-related issues that may arise (Burke et al., 2018). These may include mobility issues, or physical and mental health issues, and may make caregiving to adults with AIDD more difficult.

Additionally, as youths with ID age into adulthood, they become more vulnerable because of low educational attainment and limited employment opportunities (Brown and McCann, 2020). Adults with AIDD are further disadvantaged by their diverse physical and mental health conditions, which contribute to poor health and higher mortality rates (Cooper et al., 2015; Hughes-McCormack et al., 2018; Lord et al., 2022). Co-occurring physical and mental health conditions are common and further increase their vulnerability (Cooper et al., 2015; Truesdale & Brown 2017; Lord et al., 2022; Roux et al., 2021). One study found that people with ID were more likely to have at least one co-occurring mental and/or physical health condition (Cooper et

al., 2015). They also have a higher prevalence of bipolar disorder, schizophrenia, and/or anxiety disorder. The adult family survey by Roux and colleagues (2021) reported that of adults with ASD who lived with family, 25% had high blood pressure, 15% had diabetes, 10% had cardiovascular diseases and 30% had other diagnoses including thyroid conditions, gastrointestinal conditions, and scoliosis.

Of adults with ID experiencing homelessness:

56% reported a substance abuse problem

60% reported mental health problems

42% reported physical problems

31% reported legal problems

(Mercier & Picard, 2011)

Different studies have identified risk factors for homelessness including substance abuse problems, mental health issues, cognitive deficits, and problems with the criminal justice system (Brown & McCann, 2020; Mercier & Picard, 2011; Park, Nam & Park, 2017; Maroto et al., 2019). Another study noted that 75% of middle-aged participants with ASD had measured IQ below 70 (Farley et al., 2018). Below-average IQ is a risk factor for homelessness (Bremner et al., 1996). These contribute to a higher risk of poverty and homelessness for adults with AIDD (Park et al., 2017; Maroto et al., 2019).

Another reason for the increased vulnerability of adults with AIDD is due to executive functioning difficulties.

(Demetriou et al., 2019).

Executive functioning is broadly defined as the regulation of goal-directed, future-oriented, high-order cognitive processes. These functions affect various cognitive processes including planning, adaptive behavior, response inhibition, and working memory. In adults with ASD, challenges with executive functioning have been associated with reduced adaptive functioning challenges and co-occurring depression, and anxiety (Wallace et al., 2016). As a result of this deficit, people with ASD may experience maladaptive behaviors that interfere with their daily lives such as being withdrawn, self-injurious, aggressive, uncooperative, or generally destructive (Woodman et al., 2016). These behaviors are more common for people with ASD than for people with other I/DDs (Brereton et al., 2006; Totsika et al., 2011). Lord and colleagues (2022) noted that adults with profound ASD need constant monitoring as they are at increased risk of being abused or maltreated due to their need for help with daily activities and personal care.

The lack of social support that addresses executive functioning accounts for the reduced achievements in social outcomes for adults with ASD.

(Howlin & Moss, 2012)

Adults with ASD often experience significant difficulties in social settings, such as social relationships, navigating opportunities, and finding employment (Farley et al., 2018; Howlin et al., 2013; Howlin et al., 2014; Roux et al., 2021). The adult family survey report from 2018-19 showed only a third of adults with ASD had any paid daytime activities, while one in three adults did not have enough support to work or volunteer (Roux et al., 2021). Though 30% of adults with ASD lived apart from their families and had some paid employment, most reported very low or extremely low income. In general, adults with ASD are either unemployed, underemployed, or unable to work full time. They still had to rely on family members for financial and social support.

The lack of stable housing makes it difficult to negotiate bureaucracies, file applications, and/or keep appointments.

(Bonuck & Drucker, 1998)

The difficulty in accessing services is further compounded by the complexity of navigating the social safety net and the lack of coordination in care between services (The Department of Health and Human services, 2017; Rast et al., 2020). Although a few programs have been established to aid people with support services and housing, the programs have many limitations (Paode, 2020; Roux et al., 2021). Many of the systems of care were built for people with ID or other mental health issues. As a result, the systems could exclude people with ASD or could be insufficient in addressing the needs of people with co-occurring diagnoses of ASD and ID or other mental health issues (Lord et al., 2022).

Photo: First Place® AZ, Good Eye! Media

There is no single source of funding for healthcare, housing, and support services for adults with AIDD.

(Paode, 2020).

This further complicates things as adults with AIDD must navigate different systems to obtain services (Paode, 2020; Roux et al., 2021). There is also no streamlined or coordinated government program specifically for adults with ASD and I/DD (Paode, 2020). Most of the funding for state developmental disabilities services is a combination of revenues and Medicaid's Home and Community-Based Services (Burke et al., 2018). This helps provide financial assistance for medically necessary supportive services for eligible adults with AIDD (Paode, 2020). However, the eligibility process for services differs among states.

In determining eligibility for states' developmental disabilities services, some states use the categorical approach, which may exclude ASD in the eligibility definition. The other approach is the functional skills approach, which determines eligibility based on an individual's adaptive skills such as self-care or the ability to perform daily tasks (Hall-Lande et al., 2011). It should be noted that some states use a combination of the categorical approach and the functional limitations approach to determine eligibility. However, when the diagnosis of ASD is not specified in the eligibility criteria, the eligibility of individuals with ASD rests on whether the individual has a co-occurring intellectual disability. Consequently, individuals with ASD who have average or above-average cognitive abilities are typically ineligible for home and community-based services. Burke and colleagues (2018) noted that even when individuals are eligible for services, they may not be able to get them due to a long wait for services. In 2016, there were approximately 424,000 people on waitlists for home and community-based services nationwide. People with I/DD made up 65% of those on waitlists nationwide. The average wait time was estimated to be about four years. Larson and Colleagues estimated that the number of people with I/DD on the waitlist as of June 30, 2018, was approximately 209,000. Of those waiting for Medicaid waiver-funded supports, only 19% received Medicaid state plan-funded targeted case management service while waiting.

In addition to the difficulties in obtaining services, there are also systemic barriers adults with AIDD face in obtaining affordable housing.

Systemic Challenges Facing Adults with AIDD in Obtaining Affordable Housing

Three main federal programs help provide rental assistance in the U.S. These programs are administered through the U.S. Department of Housing and Urban Development (HUD). The programs are Public Housing, Section 8 Project-Based Rental Assistance, and the Section 8 Housing Choice Voucher (Center for Budget and Policy Priorities, 2022a). Other housing programs serve specific populations. Those programs include but are not limited to, the Non-Elderly with Disabilities vouchers program and the Housing Opportunities for Persons with AIDS (Center for Budget and Policy Priorities, 2022a).

3 *main federal programs for affordable housing*

(Center for Budget and Policy Priorities, 2022a)

Public Housing

Public housing consists of about 958,000 units nationwide available to extremely low-income households (Center for Budget and Policy Priorities, 2021). Extremely low-income households are those whose income is at or below 30% of the area median income (Congressional Research Services (CRS), 2016b). Most tenants for public housing pay about 30% to 40% of their income for rent and utilities, while the government subsidizes the rest (Center for Budget and Policy Priorities, 2021).

It should be noted that public housing may be designated for the elderly only, persons with disabilities only, or a mix of both (CRS, 2016b). However, there are no public housing developments that target the accessibility needs of adults with ASD and/or ID/D.

Section 8 Project-Based Rental Assistance

The section 8 project-based rental assistance program is a program in which private owners and developers enter multi-year contracts with HUD to provide housing units to extremely low-income families (Center for Budget and Policy Priorities, 2022b). The program allows property owners and developers to designate units for use by elderly residents and tenants with disabilities (CRS, 2016b). Under this program, tenants pay 30% of their income for rent and utilities, or a minimum of $25 per month, while federal subsidy payments to the owner cover the difference in rent and the cost of operating the property (Center for Budget and Policy Priorities, 2022b). However, since the contract is with specific developers for specific housing units, a person previously living in project-based rental assistance housing who moves loses the rental assistance.

Section 8 Housing Choice Voucher Program

The Housing Choice Voucher Program created in 1975 was designed to reduce the concentration of poverty by giving poorer households opportunities to access higher-income neighborhoods. It was also designed to prevent discrimination and segregation in housing (Tighe et al., 2017). The voucher program allowed the federal government to subsidize rent for low-income households in the private market. The voucher program provides rental assistance to about 2.2 million households each year (Ellen, 2020). Despite this, the voucher program has not been able to meet the increasing demand for affordable housing (Congressional Publication, 2020; Ellen, 2020; Oliveri, 2019; Tighe et al., 2017).

The voucher program is the largest rental assistance program in the country (McClure & Schwartz, 2021). Recipients of the vouchers are required to pay at least 30% of their income toward housing costs, while the government program covers the rest of the housing cost up to the maximum determined by the fair market rent in the area (McClure & Schwartz, 2021; Tighe et al., 2017). The income limits of applicants for vouchers are calculated based on the area median income. Applicants are eligible to receive vouchers if the applicant's household income does not exceed 50% of the area's median income. This means the household must be either a very low- or an extremely low-income household. However, 75% of housing vouchers must be given to extremely low-income households (Ellen, 2020; Tighe et al., 2017). In the state of Arizona, for example, the very low and extremely low-income limit for a household of three who could be eligible to receive a housing voucher is $32,950, and $19,750 respectively (HUD, 2021).

Vouchers for Non-Elderly Persons with Disabilities

A subset of housing vouchers for which adults with AIDD may qualify are the voucher for non-elderly persons with disabilities. According to the Center for Disease Control and Prevention (CDC; 2020), more than 61 million adults live with a disability and about 11% of the total number of adults with disabilities live with a serious cognitive disability. According to the annual homelessness report in 2016, a point in time survey showed that about 550,000 people were experiencing homelessness. (HUD, 2016) The report noted that in that year, an estimated number of 1,421,196 people experienced sheltered homelessness. 47.3% of individuals experiencing sheltered homelessness reported that they had a disability (HUD, 2016).

The Non-Elderly with Disabilities Voucher program was created to provide affordable housing to very low- and extremely low-income households with one or more non-elderly person(s) with disabilities (CRS, 2016b). HUD has awarded about 55,000 vouchers to non-elderly people with disabilities; however, it is not clear how many adults with AIDD have received this voucher (Paode, 2020).

Limitations of Housing Vouchers

Rental rates and the costs to purchase a home have been rapidly increasing over the years and as a result, over 38 million households spend more than 30% of their income on housing costs (Boyack, 2019). As of 2015, the number of very low-income households increased by approximately 4.2 million. About 2.5 million of that increase was from extremely low-income households. The Government Accountability Office estimated that in 2017, 48% of all U.S. households were rent burdened (Congressional Publication, 2020). This means they paid over 30% of their income for rent and utilities. From 2001 to 2015, the median rental rates across the country increased by 8.6% (Boyack, 2019; Congressional Publication, 2020).

With the increase in the number of extremely low-income households, there was also a nationwide increase in the demand for affordable housing and housing vouchers. This created a market constraint for voucher recipients (Tighe et al., 2017).

Households on waitlists for vouchers face multiple challenges, including living in overcrowded rental spaces, squatting in units with substantial quality issues, eviction, and other physical and economic hardships (Acosta & Gartland, 2021; Congressional Publication, 2020). According to Oliveri (2019), only 25% of people who qualify for vouchers receive them. Additionally, the shortage of affordable rental units reduces the utilization of vouchers. For every 100 extremely low-income households, there were only 37 affordable units available (Boyack, 2019).

Even if housing choice vouchers could meet the demand for affordable housing, the utilization of housing vouchers is limited by the discrimination of voucher users based on their source of income (Langowski et al., 2020). The lack of federal and state sources of income (SOI) protection laws has led to the discrimination of those whose housing is partially financed by vouchers. Source of income protection laws prohibit landlords from discriminating against a tenant or potential tenants simply because they intend to pay a portion of the rent through federal aid. While federal law does not require landlords to accept vouchers, some states, counties, and cities ban discrimination based on SOI (Tighe et al., 2017).

Only 2

of 50 of the largest housing agencies that distributed housing vouchers had an average wait time that was under a year.*

The longest wait time to receive a voucher was

8 Years*

75%

of the public housing authorities distributing vouchers had closed their waitlists in 2016.**

80%

of 83 cities had closed their voucher waitlists in 2016.**

The average wait time to receive a voucher was

2½ Years*

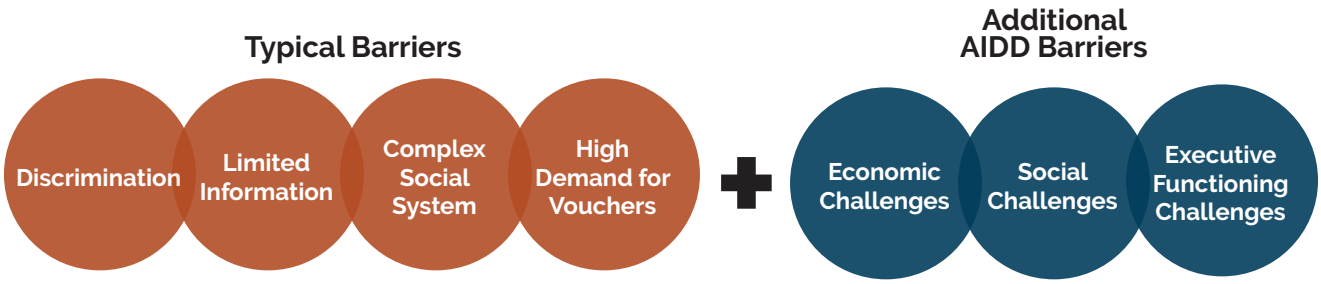
*Acosta & Gartland, 2021
**Tighe et al., 2017

Discrimination affects voucher recipients because it can delay them from finding housing during the time allowed for a housing search (Langowski et al., 2020). If the time for the search elapses without recipients finding a suitable unit, the vouchers expire for that recipient. The voucher is then reassigned to the next family on the waitlist (Tighe et al., 2017). Cunningham (2018) found that vouchers were more likely to be denied in low poverty areas than in higher poverty areas. This limits voucher recipients' housing options. Other studies have suggested that discrimination may prevent voucher recipients from moving to neighborhoods that may offer better educational and economic opportunities (McClure et al., 2015; Schwartz et al., 2016; Tighe et al., 2017).

As of 2018, eleven states including Connecticut, Maine, Massachusetts, Minnesota, and Utah, have enacted state statutes that specifically prohibit discrimination against vouchers. There are also sources of income protections laws in Washington D.C. that prohibit discrimination against housing vouchers (Bell et al., 2018). In 2019, California amended its source of income protection laws to include housing vouchers (Poverty & Race Research Action Council, 2022). Other states like Delaware, Maine and Minnesota have limited protection under their laws, or have statutes that have been weakened by court interpretation. Wisconsin on the other end has income protection laws that does not include housing vouchers. About 50 cities and counties have also established SOI laws (Poverty & Race Research Action Council, 2022). Bell and colleagues (2018) estimated that only one in three households using housing vouchers is protected by non-discrimination laws. States with SOI laws in place had lower rates of voucher denials than states without them. Washington, D.C. and Newark had significantly lower denial rates than Texas and California (Oliveri, 2019). The lower denial rate made it easier for households to find units to rent. According to Bell and colleagues (2018), households covered by SOI law were 12% more likely to succeed in finding a unit than households not covered by the laws.

In general, very low- and extremely low-income households experience multiple barriers to obtaining and utilizing vouchers.

(Acosta & Gartland, 2021; Freeman, 2011; Oliveri, 2019; Tighe et al., 2018; Wood, 2021)



(Brown & McCann, 2020; Demetriou et al., 2019)

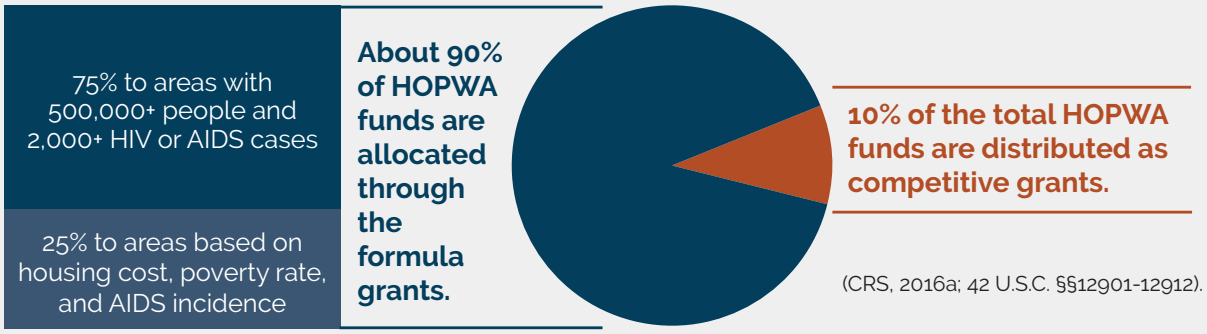
Typical barriers, including discrimination, limited information in navigating the complex social system, and the high demand for vouchers, are the very same barriers experienced by adults with AIDD. However, these barriers are further compounded by the economic, social, and executive functioning challenges experienced by adults with AIDD (Brown & McCann, 2020; Demetriou et al., 2019). Individuals with ASD experience a broad spectrum of intellectual, behavioral, social, functional, and emotional limitations that, without supportive structures, are exacerbated within the existing systems (Farley et al., 2018; Hall-Lande et al., 2011). While there are few specialized rental assistance programs, there is no rental assistance program tailored to the needs of adults with AIDD (Paode, 2020).

Housing Opportunities for Persons with AIDS (HOPWA)

One of the designated programs administered under HUD is the Housing Opportunities for Persons with AIDS. Because of the AIDS epidemic in 1992, HOPWA was enacted to create housing for people with acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) (ICF Consulting, 2000). The program is administered by HUD and was created because of the limited availability of affordable housing for people living with HIV or AIDS (CRS, 2016a). People living with HIV or AIDS were at risk of homelessness because they had increased medical expenses, became unable to work, and often experienced discrimination in housing (CRS, 2016a).

The HOPWA program funds short-term and permanent housing, together with supportive services, for individuals living with HIV/AIDS, as well as family members (CRS, 2016a). The funding is provided either through formula grants or competitive grants (CRS, 2016a). About 90% of HOPWA funds are allocated through the formula grants to metropolitan statistical areas that meet the minimum HIV and AIDS case requirement provided by the CDC. Application for this is through the Consolidated Plan process. Eligible areas may apply for the funds through HUD by submitting a single Consolidated Plan. The formula funds are awarded in such a way that the base funds, 75% of total available formula funds, are awarded to metropolitan statistical areas and states with populations exceeding 500,000 persons with at least 2,000 cases of HIV or AIDS. The remaining 25% of the funds (the bonus funds) are allocated to states and metropolitan statistical areas based on factors such as housing cost, poverty rate, and AIDS incidence in the state or area (CRS, 2016a; 42 U.S.C. §§12901-12912).

HOPWA Program Funds Distribution



(CRS, 2016a; 42 U.S.C. §§12901-12912).

Competitive grants accounting for 10% of the total HOPWA funds are distributed as competitive grants to states and local governments that propose to provide or currently provide short-term, transitional, or permanent supportive housing to people in areas that are not eligible for formula allocations. The grants are also awarded to states, local governments, or non-profit organizations that propose "special projects of national significance" (CRS, 2016a; see also, 42 U.S.C. §12903(c)(3)). Because HUD is required to renew expiring contracts for permanent supportive housing before awarding funds for new projects, HOPWA funds for new projects are not awarded every year.

Individual eligibility for HOPWA-funded programs and housing has only two major restrictions. The first restriction is that HOPWA beneficiaries must qualify as extremely low income. This means that the household income of the recipients must be below 30% of the area median income. The second restriction is that the recipient must either be HIV positive or have AIDS. Family members of persons living with HIV or AIDS are also considered eligible for services. Grantees can then add priorities or target assistance to sub-populations of eligible persons (HUD, 2013; ICF Consulting, 2000; CRS, 2016a).

HOPWA grantees may use the funds for housing, social services, program planning, and development. However, supportive services must be provided with housing. Formula grantees may choose to provide only supportive housing (CRS, 2016a). Eligible uses for HOPWA funds include the development and operation of multi-unit community residences; short-term rental, mortgage, and utility assistance to people living with HIV or AIDS who are homeless or at risk of homelessness; project-based or tenant-based rental assistance for permanent supportive housing; and supportive services including health assessment (HUD, 2013; CRS, 2016a; See also, 42 U.S.C. §§12901-12912).

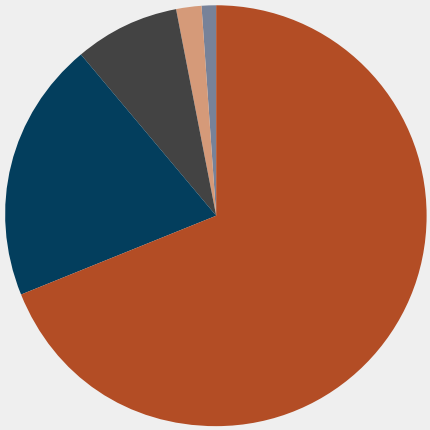
Since the establishment of HOPWA, the program has been successful in providing support services and housing assistance to adults and children living with HIV and AIDS.

60,234
households received housing assistance through HOPWA.

124,000
received supportive services.

95%
received permanent housing assistance.

(HUD, 2010)



2015 HOPWA Funds

- 69% Housing assistance
- 20% Supportive services
- 8% Administration & management services
- 2% Housing information
- 1% Housing development

(CRS, 2016a; HUD, 2015)

Proposal to Create Housing and Supportive Amenities for Adults with AIDD

Access to affordable housing for adults with AIDD can be addressed by creating a program in HUD whose purpose would be to provide housing and supportive amenities for adults with AIDD.

Though federal rental assistance programs have helped about 5.3 million households obtain affordable housing, 16 million very low-income and extremely low-income households do not receive any assistance (Gartland, 2022). This is largely due to the funding limitations of the programs (Gartland, 2022). There is a need for more supportive services and housing for adults with AIDD (Brown & McCann, 2020). There is also a need for a nationally coordinated policy for homelessness particularly tailored to the needs of the population of people with AIDD (McKenzie et al., 2019).

The Housing Opportunities for Persons with Autism, Intellectual, and/or Developmental Disabilities (HOPAIDD) could perform functions similar to the existing HOPWA program.

Under the HOPAIDD programs, the total available funds could be divided into two portions. The first portion of the fund could be used to create housing vouchers specifically for adults who have been diagnosed with ASD or I/DD. These vouchers would be allocated to metropolitan statistical areas and states with a population exceeding 500,000 with prevalent cases of people living with ASD and/or I/DD. Factors that may help determine how many vouchers to be allocated to each metropolitan area

Photo: First Place ® AZ, Good Eye! Media

could include housing cost, poverty rate and the number of adults with a known diagnosis for ASD or I/DD within the area. As with other voucher programs, these housing vouchers could be allocated through local housing authorities in the area. In allocating vouchers, local housing authorities may also consider and prioritize applicants who are at risk of displacement, such as those who currently live with aging family caregivers, are homeless, or live in temporary housing.

The remaining portion of the total funds for HOPAIDD could be awarded as competitive grants to nonprofit organizations. Eligible uses for the funds could include the development and operation of multi-unit community residences, and short-term rental, mortgage, and utility assistance for adults with ASD or I/DD who meet the individual eligibility for the HOPAIDD program. It could also include use in the development or rehabilitation of permanent supportive housing. The physical amenities for housing can include common areas for socializing, recreational spaces, cognitive accessibility features, sensory-friendly designs, smart home technology, and security features (Resnik & Galloway, 2020).

Grantees may also use awards to provide supportive amenities for adults with ASD or I/DD. These amenities would in no way replace the existing services available through home and community-based services. Instead, these amenities could be used as a supplement and could be provided to those who do not qualify for Medicaid long-term support services, or those on the waitlist for the home and community-based services.

The supportive amenities under the HOPAIDD program may include counseling services on benefits, community navigators, resident assistants, community life and planned social activities, health, and fitness activities; life skills and independence training, prepared meal service, and vocational support (Brown & McCann, 2020; Resnik & Galloway, 2020). Supportive amenities can also include programs to create organized recreational activities, and licensed behavioral and mental health professionals who can assist with behavioral interventions. Funds could also be used to pay support staff at supportive housing developments for adults with AIDD. Where supportive amenities are provided in consumer-controlled housing development for adults with AIDD, eligible recipients must have the option to customize what supports they utilize and how they access these supports.

Individual eligibility for HOPAIDD-funded programs and housing could have two major restrictions. The first restriction is that beneficiaries must qualify as very low-income or extremely low-income households according to the standards set by HUD. The second restriction is that the recipient must have a diagnosis of ASD or I/DD. Grantees can then add priorities such as those at risk of homeless or without supportive amenities. These priorities can be tailored toward prioritizing assistance to sub-populations of eligible persons most in need of housing and support.

Lastly, to ensure the effectiveness of vouchers under this program, states should enact a statute or amend their Fair Housing Acts to include housing vouchers as protected sources of income. Housing vouchers can be added under the protected categories for which discrimination is prohibited (Oliveri, 2019). In amending the Fair Housing Act, landlords would be prevented from turning away voucher holders simply because of their income source.

The proposed HOPPAID program would make it easier for adults with AIDD to access the services and support needed on their path to independence. With the urgent, growing need for affordable and supportive housing for adults with AIDD, HOPAIDD can provide both support services and housing assistance for adults with AIDD. Implementing this program, based on the existing voucher and the HOPWA programs, has the potential for creating supportive consumer-controlled housing for thousands of adults with AIDD.

HOPAIDD Programs Overview

Housing Vouchers
(for adults diagnosed with ASD or I/DD)

Allocation: Metropolitan statistical areas and states with a population exceeding 500,000 with prevalent cases of people living with ASD and/or I/DD

Allocated by: Local housing authorities

Factors: Housing cost, poverty rate, and the number of adults with a known diagnosis for ASD or I/DD within the area

Considerations: Prioritize applicants who are at risk of displacement, such as those who currently live with aging family caregivers, are homeless, or live in temporary housing.

Competitive Grants
(for nonprofit organizations)

Eligible uses: Development and operation of multi-unit community residences, and short-term rental, mortgage, and utility assistance for adults with ASD or I/DD who meet the individual eligibility for the HOPAIDD program

Additional uses: Development or rehabilitation of permanent supportive housing including physical and supportive amenities

Qualifying physical amenities: Common areas for socializing, recreational spaces, cognitive accessibility features, sensory-friendly designs, smart home technology, security features

Qualifying supportive amenities: Counseling services on benefits, community navigators, resident assistants, community life and planned social activities, health, and fitness activities; life skills and independence training, prepared meal service, vocational support

Major Restrictions:

1. Beneficiaries must qualify as very low-income or extremely low-income households according to the standards set by HUD.
2. Recipient must have a diagnosis of ASD or I/DD.

Grantees can then add priorities such as those at risk of homeless or without supportive amenities. These priorities can be tailored toward prioritizing assistance to sub-populations of eligible persons most in need of housing and supportive amenities.

Reference List

A

Acosta, S., & Gartland Sonya Acosta Areas of Expertise, E. (2021, July 22). *Families wait years for housing vouchers due to inadequate funding*. Center on Budget and Policy Priorities. Retrieved January 14, 2022, from https://www.cbpp.org/research/housing/families-wait-years-for-housing-vouchers-due-to-inadequate-funding

B

Bell, A., Sard, B., & Koepnick, B. *Prohibiting Discrimination Against Renters Using Housing Vouchers Improves Results* (Center on Budget & Policy Priorities, December 2018). Available at: https://www.cbpp.org/sites/default/files/atoms/files/10-10-18hous.pdf

Boat, T. F. (2015, October 28). *Prevalence of intellectual disabilities*. Mental Disorders and Disabilities Among Low-Income Children. Retrieved January 30, 2022. https://www.ncbi.nlm.nih.gov/books/NBK332894/https://www.ncbi.nlm.nih.gov/books/NBK332896

Bonuck, K. A., & Drucker, E. (1998). Housing issues of persons with AIDS. *Journal of Urban Health*, *75*, 170–183. https://doi.org/10.1007/BF02344937

Boyack, A. J. (2019). *Responsible devolution of affordable housing*. FLASH: The Fordham Law Archive of Scholarship and History. Retrieved January 19, 2022, from https://ir.lawnet.fordham.edu/ulj/vol46/iss5/4/

Braddock, D. L., Hemp, R. E., Tanis, E. S., Wu, J., & Haffer, L. (2017). The state of the states in intellectual and developmental disabilities: 2017. American Association on Intellectual and Developmental Disabilities.

Bremner, A. J., Duke, P. J., Nelson, H. E., Pantelis, C., & Barnes, T. R. (1996). Cognitive function and duration of rooflessness in entrants to a hostel for homeless men. *The British Journal of Psychiatry*, *169*, 434–439. https://doi.org/10.1192/bjp.169.4.434

Brereton, A. V., Tonge, B. J., & Einfeld, S. L. (2006). Psychopathology in children and adolescents with autism compared to young people with intellectual disability. *Journal of Autism and Developmental Disorders*, *36*(7), 863–870. https://doi.org/10.1007/s10803-006-0125-y

Brown, M., & McCann, E. (2020). Homelessness and people with intellectual disabilities: A systematic review of the international research evidence. *Journal of Applied Research in Intellectual Disabilities*. Advance online publication. https://doi.org/10.1111/jar.12815

Burke, L., Lulinski, A., Jones, J., & Gallus, K. (2018). A review of supports and services for adults with intellectual and developmental disabilities (IDD) and their families in the United States: Past and present contexts impacting future research, practice and policy. *International Review of Research in Developmental Disabilities*, *54*, 137–176. https://doi.org/10.1016/bs.irrdd.2018.07.005

C

Center on Budget and Policy Priorities. (2016). *Vouchers help people of all racial and ethnic backgrounds afford modest housing*.

Center on Budget and Policy Priorities (2021). *Policy basics: Public housing*. Retrieved from https://www.cbpp.org/research/public-housing

Center on Budget and Policy Priorities. (2022a). *Policy basics: Federal rental assistance*. Retrieved from https://www.cbpp.org/research/housing/federal-rental-assistance

Center on Budget and Policy Priorities (2022b). *Policy basics: Section 8 project-based rental assistance*. Retrieved from https://www.cbpp.org/research/housing/section-8-project-based-rental-assistance

Centers for Disease Control and Prevention. (2020). *Disabilities Impact All of Us - Centers for Disease Control and Prevention*. https://www.cdc.gov/ncbddd/disabilityandhealth/documents/disabilities_impacts_all_of_us.pdf

Congressional Publication. (2020). *Rental housing: As more households rent, the poorest face affordability and housing quality challenges*.

Cooper, S. A., McLean, G., Guthrie, B., McConnachie, A., Mercer, S., Sullivan, F., & Morrison, J. (2015). Multiple physical and mental health comorbidity in adults with intellectual disabilities: Population-based cross-sectional analysis. *BMC Family Practice*, *16*(1), 110. https://doi.org/10.1186/s12875-015-0329-3

Cronin, & Bourke, J. (2017). Value for money? An examination of the relationship between need and cost in intellectual disability services. *Health & Social Care in the Community*, *25*(3), 1227–1236. https://doi.org/10.1111/hsc.12425

CRS Report. (2016a). Housing for persons living with HIV/AIDS.

CRS Report. (2016b). *Section 811 and other HUD housing programs for persons with disabilities*.

Cunningham, M. (2018). *A pilot study of landlord acceptance of Housing Choice Vouchers: executive summary*. *U.S. Department of Housing and Urban Development, Office of Policy Development and Research*

D

Davenport, J. (2003). The effect of demand and supply factors on the affordability of housing. *The Park Place Economist:* Vol. 11 Available at: https://digitalcommons.iwu.edu/parkplace/vol11/iss1/15

Davids, R. C., Groen, Y., Berg, I. J., Tucha, O. M., & van Balkom, I. D. (2016). Executive functions in older adults with autism spectrum disorder: Objective performance and subjective complaints. *Journal of Autism and Developmental Disorders*, *46*(9), 2859–2873. https://doi.org/10.1007/s10803-016-2831-4

Demetriou, E. A., DeMayo, M. M., & Guastella, A. J. (2019). Executive function in autism spectrum disorder: History, theoretical models, empirical findings, and potential as an endophenotype. *Frontiers in psychiatry*, *10*, 753. https://doi.org/10.3389/fpsyt.2019.00753

E

Ellen, I. G. (2020). What do we know about housing choice vouchers? *Regional Science and Urban Economics*, *80*, Article 103380. https://doi.org/10.1016/j.regsciurbeco.2018.07.003

F

Farley, M., Cottle, K. J., Bilder, D., Viskochil, J., Coon, H., & McMahon, W. (2018). Mid-life social outcomes for a population-based sample of adults with ASD. *Autism Research*, *11*(1), 142–152. https://doi.org/10.1002/aur.1897

Fischer, W., Acosta, S., & Gartland, E. (2021). *More housing vouchers: Most important step to help more people afford stable homes*. Center on Budget and Policy Priorities. Retrieved from https://www.cbpp.org/research/housing/more-housing-vouchers-most-important-step-to-help-more-people-afford-stable-homes

Freeman, L. *The impact of source of income laws on voucher utilization*, HUD Office of Policy Development and Research Report, (2011). Available at: https://www.huduser.gov/publications/pdf/freeman_impactlaws_assistedhousingrcr06.pdf

G

Galvez, M. M. (2011). *Defining choice in the housing choice voucher program: The role of market constraints and household preferences in location outcomes* (Publication No. 3459703) [Doctoral dissertation, New York University]. ProQuest Dissertation Publishing

Gartland, E. (2022). *Chart book: Funding limitations create widespread unmet need for rental assistance*. Center on Budget and Policy Priorities. Retrieved from https://www.cbpp.org/research/housing/funding-limitations-create-widespread-unmet-need-for-rental-assistance

Grancich, D. D. (2014). *Exploring urban design theory: A qualitative study integrating "autism-friendly environments" as an emerging perspective* (Order No. 1569839). Available from ProQuest Dissertations & Theses Global. (1640768918). http://login.ezproxy1.lib.asu.edu/login?url=https://www.proquest.com/dissertations-theses/exploring-urban-design-theory-qualitative-study/docview/1640768918/se-2?accountid=4485

H

Hall-Lande, J., Hewitt, A., & Moseley, C. R. (2011). A national review of home and community based services for individuals with autism spectrum disorders. *Policy Research Brief.*, *21*, 1–11.

Hourigan, S., Fanaghan, S., & Caraiosa, K. (2018). Annual report of the national intellectual disability database committee 2017 main findings. Health Research Board.

Howlin, P., & Moss, P. (2012). Adults with autism spectrum disorders. *Canadian Journal of Psychiatry*, *57*(5), 275–283.

Howlin, P., Moss, P., Savage, S., & Rutter, M. (2013). Social outcomes in mid- to later adulthood among individuals diagnosed with autism and average nonverbal IQ as children. *Journal of the American Academy of Child and Adolescent Psychiatry*, *52*, 572–81. https://doi.org/10.1016/j.jaac.2013.02.017

Howlin, P., Savage, S., Moss, P., Tempier, A., & Rutter, M. (2014). Cognitive and language skills in adults with autism: A 40-year follow-up. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *55*, 49–58. https://doi.org/10.1111/jcpp.12115

Hughes-McCormack, L. A., Rydzewska, E., Henderson, A., MacIntyre, C., Rintoul, J., & Cooper, S. A. (2018). Prevalence and general health status of people with intellectual disabilities in Scotland: A total population study. *Journal of Epidemiology and Community Health*, *72*(1), 78–85. https://doi.org/10.1136/jech-2017-209748

I

ICF Consulting. (2000). *National Evaluation of the housing for persons with AIDS program*. Prepared for The Office of Policy Development and Research and Department of Housing and Urban Development. Retrieved January 4, 2022, from https://www.huduser.gov/publications/pdf/hopwa_0101.pdf

K

Koslowski, N., Klein, K., Arnold, K., Kösters, M., Schützwohl, M., Salize, H. J., & Puschner, B. (2016). Effectiveness of interventions for adults with mild to moderate intellectual disabilities and mental health problems: Systematic review and meta-analysis. *The British Journal of Psychiatry*, *209*(6), 469–474. https://doi.org/10.1192/bjp.bp.114.162313

L

Langowski, J., Berman, W., Brittan, G., LaRaia, C., Lehmann, J.-Y., Woods, J., & Apply, Q. R. N. N. (2020). Race and voucher discrimination in the metro boston rental housing market. The Boston Foundation.

Larson, S.A., van der Salm, B., Pettingell, S., Sowers, M., & Anderson, L.L., (2021). *Long-term supports and services for persons with intellectual or developmental disabilities: Status and trends through 2018*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

Lau, A. (2021, April 2). *Law standardization needed to prevent housing voucher discrimination*. Georgetown Public Policy Review. Retrieved January 20, 2022, from http://gppreview.com/2021/04/02/law-standardization-voucher-discrimination/

Lord, C., Charman, T., Havdahl, A., Carbone, P., Anagnostou E., Boyd, B., Carr, T., de Vries, P. J., Dissanayake, C., Divan, G., Freitag, C.M., Gotelli, M. M., Kasari, C., Knapp, M., Mundy, P., Plank, A., Scahill, L., Servili, C., Shattuck, P., Simonoff, E., Singer, A. T., Slonims, V., Wang, P. P., Ysrraelit, M. C., Jellett, R., Pickles, A., Cusack, J., Howlin, P., Szatmari, P., Holbrook, A., Toolan, C., McCauley, J. B., The Lancet Commission on the future of care and clinical research in autism. Lancet. 2022 Jan 15;399(10321):271-334. doi: 10.1016/S0140-6736(21)01541-5. Epub 2021 Dec 6. PMID: 34883054.

M

Maroto, M., Pettinicchio, D., & Patterson, A. C. (2019). Hierarchies of categorical disadvantage: Economic insecurity at the intersection of disability, gender, and race. *Gender & Society*, *33*(1), 64–93. https://doi.org/10.1177/0891243218794648

McClure, K., & Schwartz, A. (2021). *Movement toward high opportunity and racial and ethnic integration for hispanics in the housing choice voucher program*. Retrieved from https://www.huduser.gov/portal/periodicals/cityscpe/vol23num3/ch5.pdf

McClure, K., Schwartz, A. F.. & Taghavi, L. B. (2015). Housing choice voucher location patterns a decade later. *Housing Policy Debate*, *25*(2), 215-233. https://doi.org/10.1080/10511482.2014.921223

McKenzie, K., Murray, G., Wilson, H., & Delahunty, L. (2019). Homelessness-'It will crumble men': The views of staff and service users about facilitating the identification and support of people with an intellectual disability in homeless services. *Health & Social Care in the Community*, *27*, e514–e521. Advance online publication. https://doi.org/10.1111/hsc.12750

Mercier, C., & Picard, S. (2011). Intellectual disability and homelessness. *Journal of Intellectual Disability Research*, *55*(4), 441–449. https://doi.org/10.1111/j.1365-2788.2010.01366.x

O

Oliveri, R. C. (2019). Vouchers and affordable housing: The limits of choice in the political economy of place. *Harvard Civil Rights-Civil Liberties Law Review*, *54*(2), 795-811

P

Paode, P. (2020). Housing for Adults with Autism and/or Intellectual and Developmental Disabilities: Shortcomings of Federal Programs. In D. D. Resnik & D. Kameka Galloway (Eds.), A place in the world: Fueling housing and community options for adults with autism and other neurodiversities (pp. 143-173). First Place AZ; Madison House Autism Foundation; the Arizona Board of Regents for and on behalf of Arizona State University and its Morrison Institute for Public Policy at the Watts College of Public Service and Community Solutions.

Park, E. Y., Nam, S. J., & Park, S. H. (2017). Income patterns of households including individuals with intellectual disabilities according to poverty dynamics. *Journal of Policy and Practice in Intellectual Disabilities*, *14*(2), 108–117. https://doi.org/10.1111/jppi.12166

Piat, M., Polvere, L., Kirst, M., Voronka, J., Zabkiewicz, D., Plante, M. C., Isaak, C., Nolin, D., Nelson, G., & Goering, P. (2015). Pathways into homelessness: Understanding how both individual and structural factors contribute to and sustain homelessness in Canada. *Urban Studies (Edinburgh, Scotland)*, *52*(13), 2366–2382. https://doi.org/10.1177/0042098014548138

Poverty & Race Research Action Council. (PRRAC, 2022), *Expanding choice: Practical strategies for building a successful housing mobility program*. Retrieved from https://www.prrac.org/pdf/AppendixB.pdf

R

Rast, J. E., Roux, A. M., Anderson, K. A., Croen, L. A., Kuo, A. A., Shea, L. L., & Shattuck, P. T. (2020). *National Autism Indicators Report: Health and autism*. Philadelphia, PA: Life Course Outcomes Program, A.J. Drexel Autism Institute, Drexel University

Resnik, D. D., & Kameka Galloway, D. (Eds.). (2020). A place in the world: Fueling housing and community options for adults with autism and other neurodiversities. Phoenix, AZ: First Place AZ; Madison House Autism Foundation; the Arizona Board of Regents for and on behalf of Arizona State University and its Morrison Institute for Public Policy at the Watts College of Public Service and Community Solutions

Roux, A. M., Rast, J. E., Garfield, T., Shattuck, P., & Shea, L. L. (2021). *National Autism Indicators Report: Family Perspectives on Services and Supports.* Philadelphia, PA: Life Course Outcomes Research Program, A.J. Drexel Autism Institute, Drexel University

S

Salmon, G. I., Garcia Iriarte, E., Donohoe, B., Murray, L., Singleton, G., Barrett, M., & Dillon, M. (2019). Our Homes: An inclusive study about what moving house is like for people with intellectual disabilities in Ireland. *British Journal of Learning Disabilities*, *47*(1), 19–28. https://doi.org/10.1111/bld.12251

Schwartz, A. F., McClure, K., & Taghavi, L. B. (2016). Vouchers and Neighborhood Distress: The unrealized potential for families with housing choice vouchers to reside in neighborhoods with low levels of distress. *Cityscape (Washington, D.C.)*, *18*(3), 207-227.

Shaw, K. A., Maenner, M. J., Bakian, A. V., Bilder, D. A., Durkin, M. S., Furnier, S. M., Hughes, M. M., Patrick, M., Pierce, K., Salinas, A., Shenouda, J., Vehorn, A., Warren, Z., Zahorodny, W., Constantino, J. N., DiRienzo, M., Esler, A., Fitzgerald, R. T., Grzybowski, A., . . . Cogswell, M. E. (2021). Early identification of autism spectrum disorder among children aged 4 years - autism and developmental disabilities monitoring network, 11 sites, united states, 2018. *MMWR. Surveillance Summaries*, *70*(10), 1–14. https://doi.org/10.15585/mmwr.ss7010a1

T

The Department of Health and Human Services. (2017). *Report to Congress: Young adults and transitioning youth with autism spectrum disorder*. IACC. Retrieved January 31, 2022, from https://iacc.hhs.gov/publications/report-to-congress/2017/

Tighe, J. R., Hatch, M. E., & Mead, J. (2017). Source of income discrimination and fair housing policy. *Journal of Planning Literature*, *32*(1), 3-15. https://doi.org/10.1177/0885412216670603

Totsika, V., Hastings, R. P., Emerson, E., Lancaster, G. A., & Berridge, D. M. (2011). A population-based investigation of behavioural and emotional problems and maternal mental health: Associations with autism spectrum disorder and intellectual disability. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *52*(1), 91–99. https://doi.org/10.1111/j.1469-7610.2010.02295.x

Truesdale, M., & Brown, M. (2017). People with learning disabilities in Scotland: Health needs assessment update report 2017. NHS Health Scotland.

U

U.S. Department of Housing and Urban Development. (2010) HOPWA20 *Housing innovations in HIV care*. Retrieved February 19, 2022, from https://www.hud.gov/sites/documents/HOPWA20.PDF

U.S. Department of Housing and Urban Development. (2013). *Housing opportunities for persons with AIDS (HOPWA) rental assistance guidebook - Hud Exchange*. (2013). Retrieved from https://files.hudexchange.info/resources/documents/HOPWARentalAssistanceGuidebook.pdf

U.S Department of Housing and Urban Development. (2015). HOPWA Performance Profile - Formula Program 2014 -2015 – HUD Exchange. Retrieved from https://files.hudexchange.info/reports/published/HOPWA_Perf_NatlForm_2014.pdf

U.S. Department of Housing and Urban Development. (2016). *The 2015 annual homeless assessment report (AHAR) to Congress, Part 2: Estimates of homelessness in the United States*. https://huduser.gov/portal/sites/default/files/pdf/2015-AHAR-Part-2.pdf

U.S. Department of Housing and Urban Development. (2021). Transmittal of fiscal year (FY) *2021* HUD income limits for the public housing and section 8 programs. (2021). Retrieved from https://www.huduser.gov/portal/datasets/il/il21/HUD-sec8-FY21.pdf

W

Wallace, G. L., Kenworthy, L., Pugliese, C. E., Popal, H. S., White, E. I., Brodsky, E., & Martin, A. (2016). Real-world executive functions in adults with autism spectrum disorder: Profiles of impairment and associations with adaptive functioning and co-morbid anxiety and depression. *Journal of Autism and Developmental Disorders*, *46*, 1071–1083. https://doi.org/10.1007/s10803-015-2655-7

Wood, J. H. (2021). Opportunity gap: a survey of state source-of-income protection laws and how they address the challenges facing the federal housing choice voucher program. *University of Richmond Law Review*, *55*(2), 691-712

Woodman, A. C., Smith, L. E., Greenberg, J. S., & Mailick, M. R. (2016). Contextual factors predict patterns of change in functioning over 10 years among adolescents and adults with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, *46*(1), 176–189. https://doi.org/10.1007/s10803-015-2561-z

Z

Zablotsky, B., Black, L. I., Maenner, M. J., Schieve, L. A., Danielson, M. L., Bitsko, R. H., Blumberg, S. J., Kogan, M. D., & Boyle, C. A. (2019, October). Prevalence and trends of developmental disabilities among children in the United States: 2009-2017. *Pediatrics*, *144*(4), e20190811. https://doi.org/10.1542/peds.2019-0811