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# Housing Needs for Individuals with Intellectual and Developmental Disabilities in Washington State

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SHB 1080 Sec. 1068 (6) (a) (b) (c) (d) Chapter 332, Laws of 2021

December 1, 2022

Prepared for and in partnership with the  
Washington State Department of Social and Health Services  
Developmental Disabilities Administration

# Acknowledgments

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# Table of Contents

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<b>1. SUMMARY</b>	<b>4</b>
POLICY BACKGROUND	4
KEY FINDINGS	5
KEY RECOMMENDATIONS AND ADDITIONAL SUGGESTIONS	7
<b>2. INTRODUCTION</b>	<b>12</b>
METHODOLOGIES	12
KEY DEFINITIONS	13
<b>3. NUMBER AND CHARACTERISTICS OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES</b>	<b>15</b>
ESTIMATING THE TOTAL POPULATION WITH IDD IN WASHINGTON STATE	15
WASHINGTON DSHS DDA SERVICE CASELOADS AND “HIDDEN” POPULATIONS	16
DEMOGRAPHICS OF PEOPLE WITH IDD IN THE STATE OF WASHINGTON	19
COMMENTS FROM STAKEHOLDER ENGAGEMENT	20
PROJECTIONS OF IDD POPULATION IN WASHINGTON STATE BY 2040	21
<b>4. HOUSING OPTIONS FOR PEOPLE WITH IDD</b>	<b>22</b>
HOUSING PREFERENCES AND CHOICE	22
COMMENTS FROM STAKEHOLDER ENGAGEMENT	22
HOUSING OPTIONS FOR DSHS DDA CLIENTS	23
COMMENTS FROM STAKEHOLDER ENGAGEMENT	24
<b>5. HOUSING CHALLENGES</b>	<b>25</b>
CHALLENGES RELATING TO THE HIGH COSTS OF HOUSING	25
COMMENTS FROM STAKEHOLDER ENGAGEMENT	29
CHALLENGES RELATED TO HOUSEHOLD INCOMES	29
OTHER CHALLENGES RELATED TO HOUSING	30
ESTIMATING THE NUMBER OF ADULTS WITH IDD FACING HOUSING INSECURITY	31
<b>6. HOUSING DEVELOPMENT FOR ADULTS WITH IDD</b>	<b>34</b>
CHALLENGES DEVELOPING REGULATED AFFORDABLE HOUSING	34
COMMENTS FROM STAKEHOLDER ENGAGEMENT	38
NEEDED IDD UNITS BY COUNTY	39
<b>7. APPENDICES</b>	<b>41</b>
APPENDIX A. STAKEHOLDER ENGAGEMENT PLAN AND RESULTS	42
APPENDIX B. CHALLENGES IN IDENTIFYING INDIVIDUALS WITH IDD	50
APPENDIX C. REGULATED AFFORDABLE HOUSING INFORMATION	58
APPENDIX D. MAJOR RESIDENCE TYPES AND HOUSING NEEDS FOR ADULTS WITH IDD	64

# 1. Summary

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## Policy Background

In recent years policymakers have been increasingly concerned about two trends that threaten housing choice and stability for the population of adults with intellectual and developmental disabilities— a population that already encounters acute housing-related challenges. These two macro trends are: 1) the aging of the “baby boomer” cohort of caregivers who may not have adequate access to resources to plan housing for their family members with intellectual developmental disabilities (IDD) after they are gone and, 2) the rising cost of housing in tight markets like Washington.

These trends threaten the housing security of many adults with IDD. For those who wish to live independently – some needing rent assistance and or wraparound services – the affordability crisis and demand for regulated affordable housing limits choice. Those who live with aging caregivers may struggle to find alternatives when a caregiver passes or is unable to continue providing care. Without affordable and accessible housing options, many who seek independent living may turn to settings that are less independent than desired, more expensive than they can afford, or face homelessness.

Recognizing these challenges, in 2021 the Washington Legislature tasked the Department of Social and Health Services (DSHS), Developmental Disabilities Administration (DDA) with the responsibility of generating two reports to advise on the housing needs of people with intellectual developmental disabilities (IDD). Specifically, substitute House Bill 1080: Capital Budget (Section 1068 Page 42 to page 43) directed DSHS to:

- Estimate the number of adults with intellectual and developmental disabilities who are facing housing insecurity,
- Make recommendations for how to improve housing stability for adults with intellectual and developmental disabilities who are facing housing insecurity, and
- Make recommendations for how to increase the capacity of developers to support increasing the supply of housing that meets the needs of the intellectual and developmental disabilities population.

In October 2022, the Washington DSHS DDA submitted its report, the [Housing Fund Priority Study](#), to the Legislature and Governor’s Office with a focus on funding prioritization for housing for individuals with IDD. This report fulfills the directive of substitute House Bill 1080. To help execute this directive, Washington DSHS DDA contracted with ECONorthwest to conduct stakeholder outreach, conduct a literature review, analyze internal and publicly available data, and help provide recommendations sought by the Legislature on how to improve housing stability for the estimated population of adults with IDD facing housing insecurity. In addition, DSHS collaborated closely with key partners, the Department of

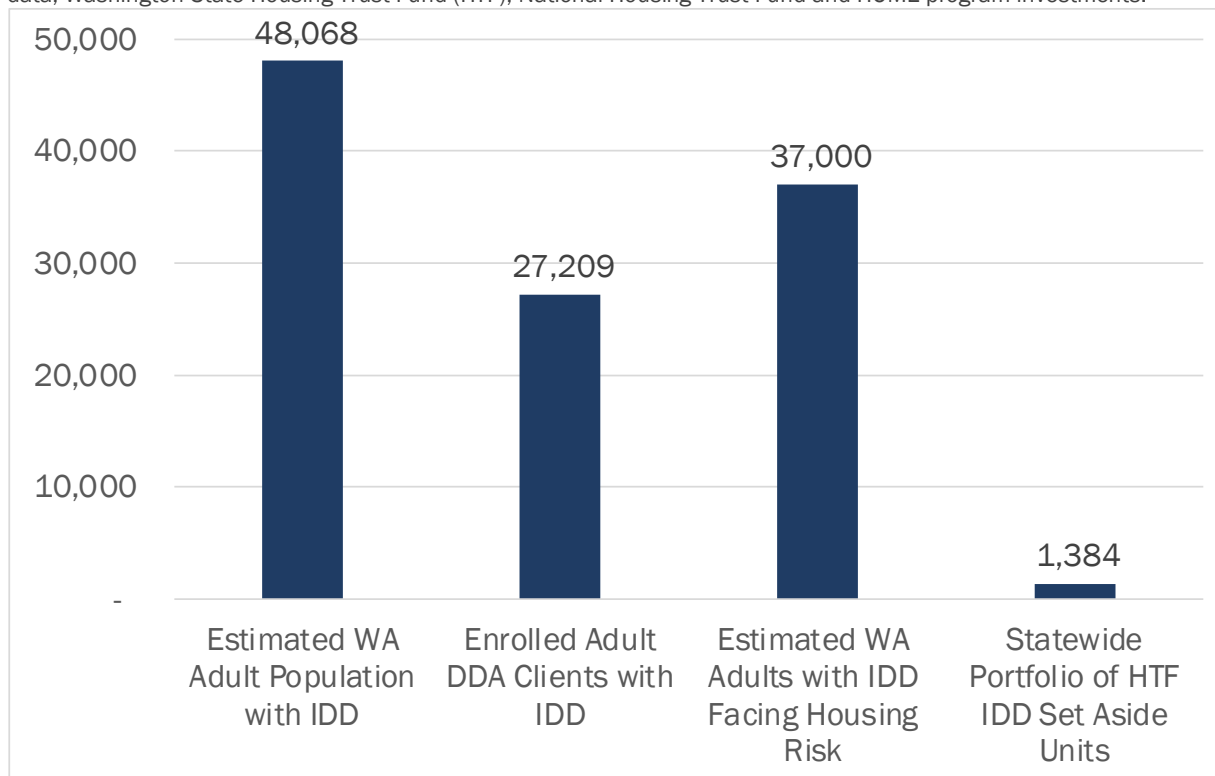
Commerce, Developmental Disabilities Council and the Arc of Washington to complete this study and develop recommendations.

## Key Findings

- **It is likely that more than 37,000 adults with IDD in Washington State are facing housing insecurity.** This estimate assumes all adults with IDD who live with an elderly family caregiver (aged 60+) and about one-third of those living independently or with a roommate, face housing insecurity. Additionally, while more than 36,000 DDA enrolled clients received state or federally funded services, very few of these individuals reside in affordable housing. This lack of affordable housing limits their choice for more independent living options and impacts their quality of life.

**Figure 1. 2022 Washington State Adult Population with IDD and Housing at a Glance**

Source: ECONorthwest analysis of data from the Washington Office of Financial Management using adult prevalence rates from Larson et al., 2022 Caseload Information from the Washington DSHS DDA, U.S. Census Bureau PUMS 2019 5-year data, Washington State Housing Trust Fund (HTF), National Housing Trust Fund and HOME program investments.



- **Housing unit production specifically for adults with IDD declined during the 2010s to levels well below those of the 1990s and 2000s.** Developers built roughly 28 units per year for adults with IDD during the last decade—down from an annual average of 57 and 54 units during the 1990s and 2000s, respectively. While these trends were already insufficient to meet the need for housing, the downward trend is concerning.
- **A small number of developers have built the largest share of units designed for adults with IDD.** During the last thirty years, only three developers have built more than 150

IDD-related units. The experience with production drops off significantly from there — with the fourth highest producer having built 66 units. The expertise in navigating complex applications and financing is exceedingly thin.

- **Housing Trust Fund (HTF) resources — a key input to targeted development — is difficult to access.** Conversations with Washington DSHS DDA, developers, and Housing Trust Fund staff indicate that the Housing Trust Fund application is complex and difficult to use. Many consider the overwhelming paperwork, predevelopment costs, and funding leverage requirements to be a barrier for new developers to enter the market and submit a successful HTF application.
- **Washington’s Qualified Action Plan (QAP), which governs the Low-Income Housing Tax Credit (LIHTC) program, does not call out specific prioritization or funding boosts for projects that include set-asides for people with IDD.** The QAP offers critical application points to new construction project applications if the development includes at least 20% of its units for “special needs populations, such as large households, the elderly, the homeless and/or the disabled.” However, not only does it not specify between disability types, unit set-asides for people with disabilities must compete for prioritization against these other populations, who also have specific housing needs.
- **Washington’s chronic underproduction of housing, low vacancy rates, and rising rents exacerbate already challenging housing conditions for adults with IDD.** Washington has the lowest ratio of housing units to households in the United States. Chronic underproduction of housing has resulted in low vacancy rates and high prices. The generally tight market conditions make an already difficult goal — stable, independent living — harder to reach for adults with IDD.
- **Without adequate housing choices, many adults with IDD live with less independence than they might desire.** While qualitative data on housing preferences and choices are slim, anecdotal evidence and national literature suggest that there are not enough affordable, accessible housing options near family and preferred community. As a result, many adults with IDD default to living in group homes or remain with family members and are challenged by curtailed independence.

## Key Recommendations and Additional Suggestions

The following key recommendations and additional suggestions serve three major goals:

- Improve housing stability for adults with IDD facing housing insecurity,
- Improve housing and service coordination for this population, and
- Recruit new IDD housing developers to Washington State.

### Key Recommendations:

- **Create a separate and distinct HTF funding round or review process tied to the IDD set-aside allocated by the Legislature.** The Housing Trust Fund is an invaluable source of funding for housing that is specifically tailored to the unique needs of individuals with IDD. However, utilization of Housing Trust Funds for this critically needed housing is declining and IDD housing projects have much lower award rates (30% in the 2021 funding round which will create 8 IDD units) than typical multifamily affordable housing projects (which saw a 54% award rate in the 2021 round and will create 1,281 units).

The Washington DSHS DDA has stated goals of providing smaller-scale homes that successfully meet residents' needs and align with community integration requirements (Code of Federal Regulations: [Title 42, Chapter IV, Subpart C, 441.530 Home & Community-Based Settings](#)). However, these smaller, scattered site development models are not competitive in traditional funding applications – they are unable to leverage other public funding and have much higher costs per square foot. Scoring these projects against the same criteria as typical multifamily projects puts them at a severe disadvantage and leaves funding on the table.

The complexity of the Housing Trust Fund application also acts as a barrier to entry for newer developers seeking to build housing for the IDD community. This limits innovation, incremental approaches, and those families seeking public funds for housing. Given the scale of the need and the availability of funding, streamlining the Housing Trust Fund application could help unlock development potential across the state. DSHS DDA should also be included in the review of applications for IDD set-asides from the Housing Trust Fund. DSHS DDA involvement with these applications will ensure that the unique needs of people with IDD and the unique development considerations are considered.

- **Provide better access to grants or forgivable loans through the HTF IDD set-aside.** Offering financial grants instead of loans to developers of housing specific to adults with IDD could unlock development potential. Many housing projects specifically designed to serve people with IDD face financial operating limitations that make it prohibitive to service debt.

- Individuals with developmental disabilities often have incomes well below 30% of Area Median Income (AMI) or even below 15% of AMI. Because rent is set at a maximum of 30% of the clients' monthly income, there is not enough rent revenue to pay for debt service payments after operations.
- Projects serving individuals with IDD often face very high operating costs, such as maintenance and repair costs, insurance, or turnover costs (when tenants move out and the unit must be refreshed).
- Scattered site IDD projects are often small in size and scale, with only 3-4 units to provide rent revenues. This limits the public funding that developers can obtain (e.g., tax credit financing).
- **Improve strategic housing planning.** Washington DSHS DDA should conduct more strategic planning around housing to dive deeper into growth trends for the IDD population, DSHS DDA enrollment trends, and housing market trends to better understand future housing needs. Despite the severe housing insecurity for tens of thousands of DSHS DDA clients, DSHS DDA does not currently have a strategic plan that addresses this need. DSHS DDA is beginning to develop more formalized planning within current resources, but much more work is needed.
  - With better strategic planning, data, and projections, DSHS DDA can be a better partner to agencies and organizations providing much needed housing around the state. Improved coordination and strategic planning with the Housing Trust Fund could also help DSHS DDA become more proactive in assisting families as they plan for their future housing and service needs.
  - DSHS DDA should also consider working with staff from the Office of Financial Management (for population projections) or the Department of Commerce's Growth Management division (for housing needs and planning).
  - The Legislature should identify a state agency to establish and maintain a statewide database to track all affordable housing units for all low-income and special needs populations across the state. Such a database should include location, size, bedroom configuration, income served, population served, developer, management company, year constructed, funding program(s), and accessibility characteristics.<sup>1</sup> This would help to provide accurate and up-to-date information on the number of regulated affordable housing units across the state to better assess housing need for individuals with IDD.
- **Strengthen DSHS DDA's housing service workforce and improve coordination between affordable/accessible housing and support services.** Stakeholders expressed a strong interest in better integration between housing and DSHS DDA's waiver services for people with disabilities, better circles of support from both housing and traditional

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<sup>1</sup> The Oregon Housing and Community Services Department maintains the Oregon Affordable Housing Inventory, which could serve as a template. The data visualization can be seen here: <https://data.oregon.gov/Health-Human-Services/Affordable-Housing-Inventory/bq26-qyg4>



DSHS DDA service providers, and more assistance navigating complex regulations and applications.

- Reinforce DSHS DDA’s housing service workforce. DSHS DDA has recently created a full-time position responsible for coordinating with the Department of Commerce’s Housing Trust Fund Unit, supporting IDD housing developers across the state, and helping to navigate housing support services to DSHS DDA clients and families. The agency needs long-term funding to add additional staff and expand its ability to conduct outreach to clients, families, and developers. Specifically, regional housing specialists would allow DSHS DDA to gain a better understanding of the housing needs of people with IDD at the regional level. It would also serve to strengthen connections with local housing developers.
- Provide family caregivers—especially aging caregivers—resources and education to prepare for care transitions. Stakeholders who were caring for family members with IDD expressed concerns about transitions in care and housing when they age and can no longer care for their IDD loved one. DSHS DDA should coordinate with county liaisons and nonprofit partners to ensure that families have access to educational materials and transition planning information. DSHS DDA should provide better support to families through education or financial and end-of-life planning resources for families to get their estates in order. While these are difficult topics, they are necessary to prevent sudden, traumatic transitions in care.
- **Create a strategy to attract more housing developers to Washington State who specialize in developing units for people with IDD.** Expanding the pool of affordable housing developers in Washington State will be essential to help close the gap between supply and demand for IDD-specific housing. Commerce and DSHS DDA should create a recruitment strategy to identify and attract housing developers, nationwide, who specialize in providing housing for individuals with IDD. Commerce does not currently receive funding to provide technical assistance or solicit specialized support for IDD housing.

The strategy should include an assessment of incentives and needed technical assistance to better attract IDD housing developers.

### Additional Suggestions:

- **Formally educate and communicate the needs of adults with IDD to the Washington State Housing Finance Commission.** Acknowledge and incorporate the needs of people with IDD in the Qualified Action Plan update. The severe shortage of units, the need for accessibility, and the looming housing insecurity crisis for people with IDD should be made clear. The Low-Income Housing Tax Credit (LIHTC) is the largest source of

funding for newly constructed affordable housing in the nation,<sup>2</sup> but Washington's Qualified Action Plan (QAP), which governs the distribution of the funds, does not call out specific prioritization or funding boosts for set-asides for people with IDD. People with IDD are under-represented in this affordable housing stock.

- **Create an IDD Affordable Housing Committee.** The Committee will advise the Department of Commerce, DSHS DDA, and the Legislature on future housing planning to ensure the IDD population is represented and specialized home environments and needed support services are accounted for and accommodated. The committee should include individuals with IDD (lived experience), their families, IDD housing developers, and service providers.
- **Perform more housing developer outreach across the state.** The Department of Commerce and DSHS's DDA should ensure that all affordable housing developers in Washington State are aware of the need for IDD-specific housing and waiver-funded in-home support services. Affordable housing developers looking to build units for households with incomes below 30% of AMI often have difficulty securing funding for the resident services that help tenants thrive. Commerce and DSHS DDA should expand education and outreach to ensure that all affordable housing developers in Washington are aware of the need for IDD-specific units and the waiver-funded in-home services that individuals with IDD typically receive.
- **Establish a risk mitigation fund to support IDD housing development.** One challenge associated with developing and operating housing specific to the IDD population is often associated with very high insurance costs. This limits client choice in the type of housing that is developed. Developers reported that the pool of insurers willing to contract with housing specific to the IDD population is limited.
  - When operating costs are high, the cost of development is high. This creates challenges for leveraging public funding. One way that the state could mitigate these costs is by establishing a risk mitigation fund pool where qualified participants can file eligible claims instead of submitting claims with their insurers and seeing premiums and deductibles rise.
- **Conduct further studies.** Commerce and DSHS DDA should conduct further studies on several topics related to the provision of affordable housing for those with IDD.
  - Identify ways to increase Housing Trust Fund utilization, including technical assistance to ensure new developers are successful.
  - Explore the possibility of universal design and conduct life cycle cost analysis to understand the cost-benefit trade-offs associated with using more durable materials in development.

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<sup>2</sup> Scally, Gold, and DuBois, *The Low-Income Housing Tax Credit: How It Works and Who It Serves*, (Washington, DC: The Urban Institute, July 2018),

[https://www.urban.org/sites/default/files/publication/98758/lithc\\_how\\_it\\_works\\_and\\_who\\_it\\_serves\\_final\\_2.pdf](https://www.urban.org/sites/default/files/publication/98758/lithc_how_it_works_and_who_it_serves_final_2.pdf).

- Study vacancies in the IDD-specific housing portfolio across the state and compare these to industry standards and standards in other states. Study ways to shorten vacancy-fill delays so that units are occupied as much as possible.
- Study the housing needs associated with dual diagnoses (IDD and mental/behavioral health,) and identify how to create more accessible and affordable housing units/licensed settings in community, likely scattered single-family or duplex, or specially designed group homes, to serve this population.

## 2. Introduction

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Individuals with intellectual and developmental disabilities (IDD) desire to live in housing of their choice—whether independently, with a caregiver, or in group home settings. Housing with the right levels of independence, affordability, and support can be life-affirming and maximize wellbeing in any household, not just those with IDD.

This report sheds light on the population with IDD in Washington who face housing insecurity, evaluates housing options and market trends across the state, newly identifies the needs of organizations that develop housing for adults with IDD, and advances recommendations to improve housing security for this population.

### Methodologies

We evaluate a variety of quantitative and qualitative data to describe the housing situations and needs of individuals with IDD in Washington State.

**Quantitative Data.** We analyzed a variety of data for this report, using publicly available data and analyses of DSHS DDA client data and Housing Trust Fund portfolio information. The methods for analyses are described in the narrative around charts and tables with sources.

**Qualitative Data.** Our previous work identifying housing needs for individuals with IDD highlighted the severe lack of data available about this population, their housing situations, and housing preferences. The best data to measure the prevalence rates of IDD in the adult population are 25 years old, and national information on housing options and preferences for this population are conducted at the national and state levels. This limits our ability to shed light on sub-state conditions and the important context related to Washington State’s varied housing markets.

Knowing that housing-focused data would be a challenge, this study included an emphasis on stakeholder engagement to hear first and second-hand about the challenges and opportunities that individuals and families across Washington face as it relates to housing, as well as policy changes and recommendations from those developing housing.

Assisted by DSHS DDA, we connected with 41 stakeholders: 36 individuals with IDD, IDD organization representatives, or IDD-related agency representatives joined our two focus groups, and five people were reached via direct interviews. We connected with self-advocates, family members and family caregivers, service providers, and housing providers representing wide-ranging and multicultural perspectives. Outreach was conducted by DSHS DDA and entirely in English which is a limitation in the study and an area for further work. We connected with self-advocates through focus groups, however, they were in the minority. Although families, advocates, and service providers have close relationships with individuals with IDD, their insight cannot replace direct self-advocacy.

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Appendix A. Stakeholder Engagement Plan and Results on page 42 describes the stakeholder engagement process.

Appendix B. Challenges in Identifying Individuals with IDD on page 50 highlights challenges and limitations in data available to identify the population with IDD.

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## Key Definitions

### Intellectual Disability & Developmental Disability

The Revised Code of Washington 71A.10.020(5) defines a developmental disability as: “a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.”

**Figure 2. Eligible Conditions Specific to Age**

Source: Washington DSHS DDA, Eligible Conditions with Age

Condition	0 to 3	4 to 9	10 to 17	18 and older
Developmental Delays	X	x		
Intellectual Disability (ID)		x	X	X
Cerebral Palsy		x	X	X
Epilepsy		x	X	X
Autism		x	X	X
Another neurological or other condition similar to Intellectual Disability		x	X	X

### Housing Definitions

- Area Median Income (AMI)/ Median Family Income (MFI).** Every year the U.S. Housing and Urban Development (HUD) produces a median family income to determine affordability thresholds for a given metro area (sometimes these geographies are HUD-specific). Affordable housing projects’ income limits, rent limits, loans, and other characteristics will be based on this MFI (e.g., units affordable to households earning 30% of MFI or 50% of MFI).<sup>3</sup>
- Cost Burdened.** When housing costs exceed what a household can typically afford, that household is considered housing cost-burdened, which is also called rent burdened. The U.S. Department of Housing and Urban Development (HUD) considers the affordability threshold to be 30% of a household’s gross monthly income on all housing costs, including utilities and maintenance.

<sup>3</sup> See this note from HUD about AMI vs MFI. “HUD estimates Median Family Income (MFI) annually for each metropolitan area and non-metropolitan county. The metropolitan area definitions are the same ones HUD uses for Fair Market Rents (except where statute requires a different configuration). HUD calculates Income Limits as a function of the area’s Median Family Income (MFI). The basis for HUD’s median family incomes is data from the American Community Survey, table B19113 - Median Family Income in The Past 12 Months. The term Area Median Income is the term used more generally in the industry. If the term Area Median Income (AMI) is used in an unqualified manor, this reference is synonymous with HUD’s MFI. However, if the term AMI is qualified in some way - generally percentages of AMI, or AMI adjusted for family size, then this is a reference to HUD’s income limits, which are calculated as percentages of median incomes and include adjustments for families of different sizes.” Source: HUD. 2018. “FY 2018 Income Limits Frequently Asked Questions.” <https://www.huduser.gov/portal/datasets/il/il18/FAQs-18r.pdf>

- **Severe housing cost burdening** occurs when a household pays more than 50% of its income on housing. While cost burdening can occur for homeowners, the issue is more prescient for renters since rents can change month to month or year to year while mortgages are generally fixed for a longer period. Housing cost burdening is particularly challenging for low-income households who, after paying for housing costs, have insufficient income remaining for other necessities.
- **Housing Insecurity.** Describes situations where an individual may be at risk of losing their housing and face challenges in acquiring new housing. Specifically, in this report, an individual is considered housing insecure when they live alone or with a roommate and experience cost burdening (see definition), or when they are living with a family caregiver who is over age 60.
- **Housing that is Affordable** means that a household pays no more than 30% of its income on housing costs (rent, utilities, insurance, etc.).
- **Naturally Occurring Affordable Housing.** Housing that is affordable to low-income households but not regulated or restricted by a funding source. These housing units are often affordable because of their location, condition, age, or amenities offered nearby.
- **Regulated Affordable Housing.** Income or rent-restricted to ensure the housing is occupied by households earning a certain income. Regulations are set according to the types of funding used to develop the housing, such as the Low-Income Housing Tax Credit, or HUD funding. Most rent-restricted affordable housing is restricted to be affordable to households earning under 80% of MFI, but these restrictions vary. We refer to regulated affordable housing and rent-restricted affordable housing interchangeably.

### 3. Number and Characteristics of People with Intellectual and Developmental Disabilities

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This section draws on research and DSHS DDA data to estimate the population of individuals with IDD in Washington, describes DSHS DDA clients, estimates the population not receiving state services, and offers projections of the IDD population in 2040.

#### Estimating the Total Population with IDD in Washington State

Academic and professional literature contains a range of prevalence rates for intellectual and developmental disabilities in the general population, and estimated rates are higher for children than adults. The wide range of findings, methods, and sources calls into question the validity of the estimates as well as the state of data collection on this population. The most cited prevalence rates for adults with IDD in the nation come from a 2001 study conducted by Larson et al, which estimated 7.9 individuals with IDD per 1,000 adults in the wider population.<sup>4</sup> The most cited prevalence rates for children come from a 2017 study by Zablotsky, et al finding 69.9 children with IDD per 1,000 children in the wider population.<sup>5</sup> While children are not the focus, we want to highlight the likely gap between the rates to underscore the evolving data. Neither study included residents of institutions in their prevalence estimates, so people who live in congregate settings are added to the calculations to arrive at a total population with IDD (see formula).

$$\begin{aligned} & \text{Child Prevalence Rate} * \text{Child Population} \\ & + \text{Adult Prevalence Rate} * \text{Adult Population} \\ & + \text{People with IDD Living in Congregate Settings} \\ \hline & \text{Estimated Total Population with IDD} \end{aligned}$$

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See Appendix B (page 42) for more information on the analytic challenges in identifying this population.

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Applying these rates to the Washington Office of Financial Management’s 2021 estimated population, we arrive at around 117,601 children and 48,068 adults with IDD, respectively.<sup>6</sup> Additionally, DSHS DDA caseload data identifies another 4,966 of all ages living in congregate settings (Figure 3).

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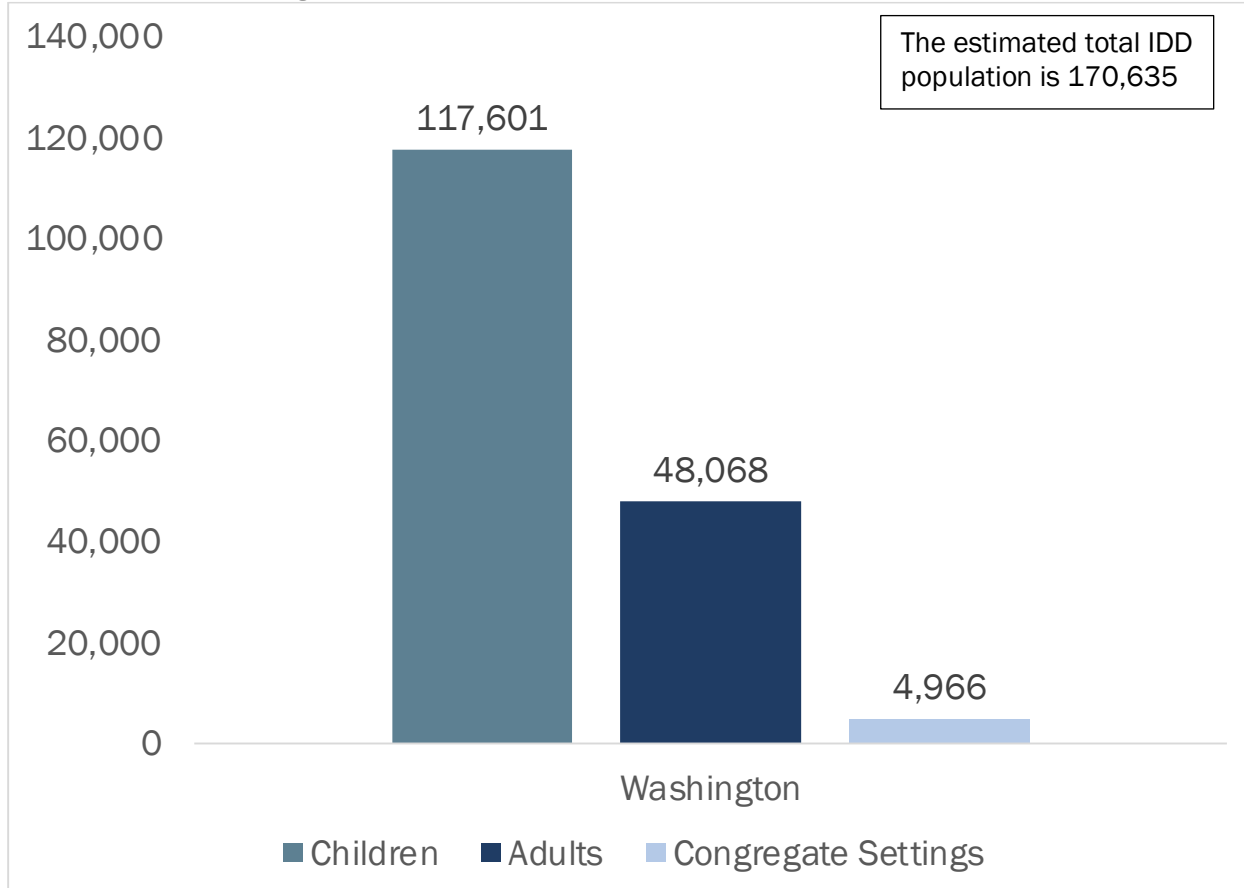
<sup>4</sup> Larson, Lakin, Lahti Anderson, Kwak, Hak Lee, and Anderson, “Prevalence of Mental Retardation and Developmental Disabilities: Estimates From the 1994/1995 National Health Interview Survey Disability Supplements,” *American Journal of Mental Retardation* 106, no.3 (June 2001): 231-252, DOI: 10.1352/0895-8017(2001)106<0231:POMRAD>2.0.CO;2.

<sup>5</sup> Zablotsky, Black, and Blumberg, “Estimated Prevalence of Children with Diagnosed Developmental Disabilities in the United States, 2014–2016,” *National Center for Health Statistics Data Brief*, No. 291 (November 2017): 1-8, <https://pubmed.ncbi.nlm.nih.gov/29235982/>

<sup>6</sup> Washington Office of Financial Management 2021 Estimates, <https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/estimates-april-1-population-age-sex-race-and-hispanic-origin>.

### Figure 3. Estimates of the 2022 Population with IDD in Washington State

Source: ECONorthwest analysis of data from the Washington Office of Financial Management using adult prevalence rates from Larson et al., 2001, and child prevalence rates from Zablotsky, Black, and Blumberg, 2017; 2022 Caseload Information from the Washington DSHS DDA.



Notes: This estimate of total people with IDD living in congregate settings includes individuals in: Adult Family Homes, Child Foster Home/Group Care, Residential Rehabilitation Centers, Nursing Facilities, Group Homes, State Operated Community Residential Settings, Adult Residential Care and Assisted Living Facilities, Licensed Staffed Residential Settings, Correctional Facility/Jails (City or County), Psychiatric Hospitals, Medical Hospitals, Community ICF/IID settings, and Enhanced Services Facilities; also people experiencing homelessness and people with IDD living in “Other” settings.

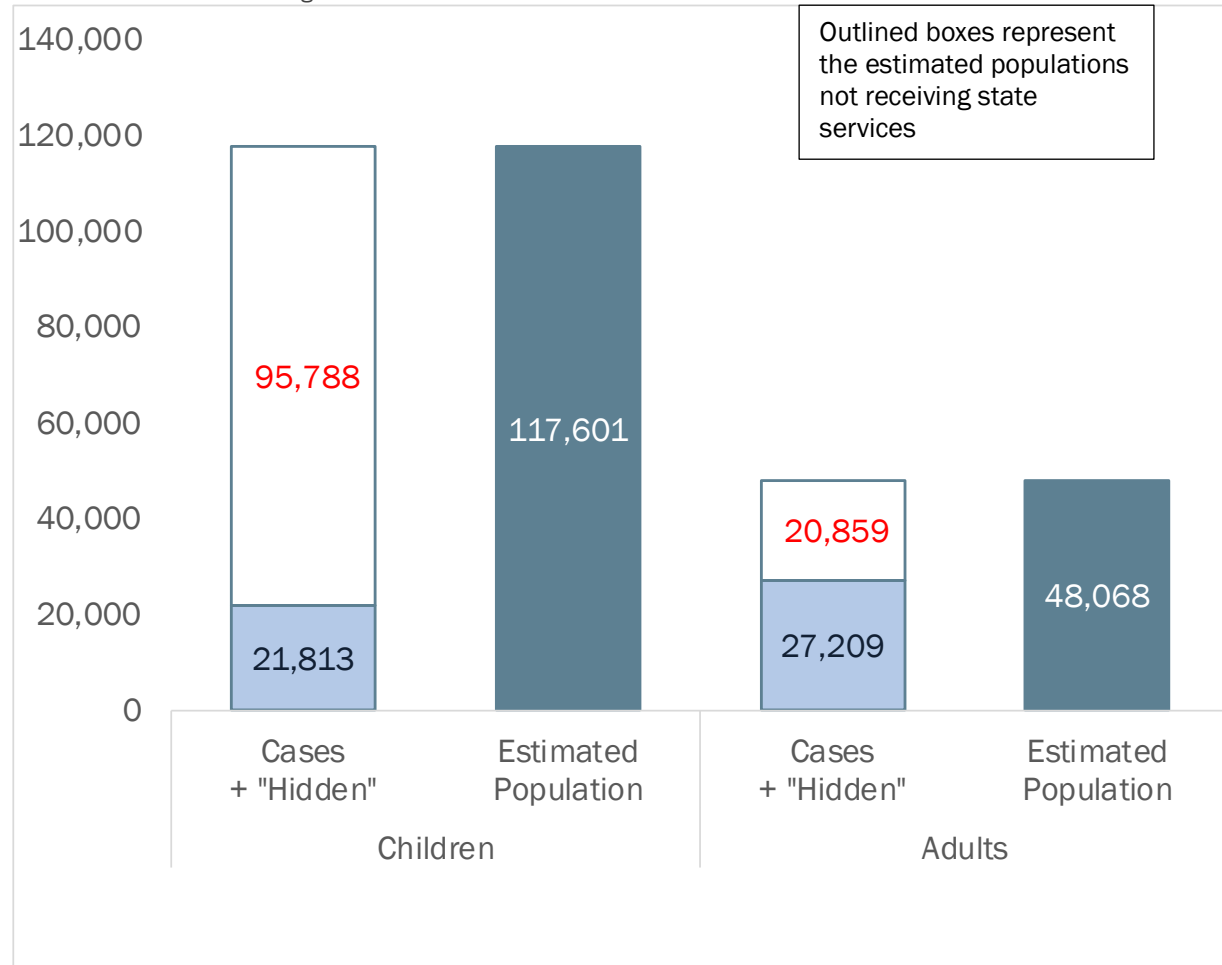
## Washington DSHS DDA Service Caseloads and “Hidden” Populations

Comparing Washington caseloads to the prevalence rates estimated above suggests that not all individuals with IDD receive state services: there may be upwards of 95,000 children with IDD in Washington who are not enrolled in state agency services, as well as another 20,800 adults (Figure 4). These are likely undercounts. We say “upwards” because the number of people with IDD is likely higher due to outdated prevalence rates.



### Figure 4. 2022 Unenrolled IDD Population Estimates, Washington

Source: ECONorthwest analysis of data from the Washington Office of Financial Management using adult prevalence rates from Larson et al., 2001, and child prevalence rates from Zablotsky, Black, and Blumberg, 2017; 2022 Caseload Information from the Washington DSHS DDA.



Notes: Individuals living in congregate settings are included in caseload information.

Research and anecdotal evidence suggest that nationally, as many as 80% of people with IDD do not receive state agency services.<sup>7</sup> The State of Washington appears to serve fewer people than the national average; we calculate that about 70% of the estimated population of individuals with IDD (of all ages) in Washington are not receiving DSHS DDA services. When focusing only on adults, we estimate that Washington served 57% of the estimated number of adults with IDD in 2022 (using the Larson Study prevalence rate to estimate the total). If an

<sup>7</sup> See: The State of the States in Intellectual and Developmental Disabilities, "Washington State Profile," (Broomfield, CO: University of Colorado, 2020), <https://stateofthestates.org>;

Larson, Eschenbacher, Anderson, Pettingell, and Hewitt, "In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends Through 2016," (Minneapolis, MN: The Residential Information Systems Project, 2018), <https://risp.umn.edu/>;

Anderson, Larson, Mapel Lentz, Hall-Lande, "A Systematic Review of U.S. Studies on the Prevalence of Intellectual or Developmental Disabilities Since 2000," *Intellectual and Developmental Disabilities* 57, no. 5 (October 2019): 421-438, <https://doi.org/10.1352/1934-9556-57.5.421>

updated study were to show higher rates of IDD in the adult population, estimated program participation rates would fall and the “hidden,” unserved population would grow.

## Caseloads by County

DSHS DDA offers information on the number of adults and children with IDD served by the agency in each county. Counts are highest in the most populous counties across the state, where services, employment opportunities, and other amenities are greatest. The counties with the most adult clients are King, Pierce, Snohomish, and Spokane counties. In most counties, the number of adult clients is greater than the number of children.

Figure 5 demonstrates the variation and concentration of DSHS DDA’s adult client populations across counties, displaying adult clients, the total adult population in each county, and the ratio of clients per 1,000 adults. Figure 5 demonstrates that DSHS DDA serves fewer clients than the national adult prevalence rate would predict (7.9 per 1,000 people). Statewide, DSHS DDA is only serving 4.5 adults with IDD per 1,000 adults in the total population. Only one county comes close to the national prevalence rate of 7.9; in Columbia County DSHS DDA serves 7.04 clients per 1,000 adults in the total population.

**Figure 5. DSHS DDA Adult Clients by County per 1,000 Total Adults, 2022**

Source: ECONorthwest analysis of data from the Washington Office of Financial Management; 2022 Caseload Information from the Washington DSHS DDA.

Geography	DDA Adult Clients	Total Adult Population	Enrolled DDA Adults Per 1,000 Pop
State	27,209	6,084,554	4.47
Adams	63	14,037	4.49
Asotin	92	17,992	5.11
Benton	829	156,215	5.31
Chelan	257	62,356	4.12
Clallam	380	65,365	5.81
Clark	1,633	395,315	4.13
Columbia	23	3,265	7.04
Cowlitz	492	86,552	5.68
Douglas	108	32,748	3.30
Ferry	26	5,843	4.45
Franklin	324	68,467	4.73
Garfield	6	1,853	3.24
Grant	376	72,297	5.20
Grays Harbor	341	61,173	5.57
Island	230	71,556	3.21
Jefferson	95	29,155	3.26
King	6,472	1,831,338	3.53
Kitsap	925	221,176	4.18
Kittitas	177	36,520	4.85
Klickitat	63	18,543	3.40
Lewis	338	64,664	5.23
Lincoln	37	8,676	4.26
Mason	235	53,322	4.41
Okanogan	152	33,312	4.56
Pacific	69	19,628	3.52

Geography	DDA Adult Clients	Total Adult Population	Enrolled DDA Adults Per 1,000 Pop
Pend Oreille	46	10,943	4.20
Pierce	3,431	715,623	4.79
San Juan	18	15,375	1.17
Skagit	469	102,537	4.57
Skamania	33	9,512	3.47
Snohomish	2,573	648,787	3.97
Spokane	2,911	423,616	6.87
Stevens	229	36,639	6.25
Thurston	1,157	234,112	4.94
Wahkiakum	18	3,721	4.84
Walla Walla	279	49,339	5.65
Whatcom	820	180,483	4.54
Whitman	108	36,267	2.98
Yakima	1,250	186,231	6.71

## Demographics of People with IDD in the State of Washington

Increasingly, research shows disparities exist in care across racial and ethnic backgrounds, sex and gender identity and representation as well as sexual orientation.<sup>8</sup> Understanding who is and is not receiving services and the outcomes of these services by demographic information could help identify underserved or unserved individuals.

However, little reliable state-level information on the demographic makeup of the IDD population exists. The following figures use demographic data for DSHS DDA clients, but since it does not serve the whole population, this data is not necessarily representative of all individuals with IDD in Washington.

Focus group participants spoke about experiences of differential service access based on these identities and other than English language use within Washington.

### Figure 6. DSHS DDA Clients by Age Group, 2022

Source: Washington DSHS DDA, 2022 Caseload Data

Age Group	Count	% Share
Less Than 3 Years	10,051	21%
3 to 18 Years	11,762	24%
18 to 21 Years	2,488	5%
21 to 62 Years	21,887	45%
Greater Than or Equal to 62 Years	2,834	6%
<b>Total</b>	<b>49,022</b>	<b>100%</b>
<b>Total Adults (18+)</b>	<b>27,209</b>	<b>56%</b>

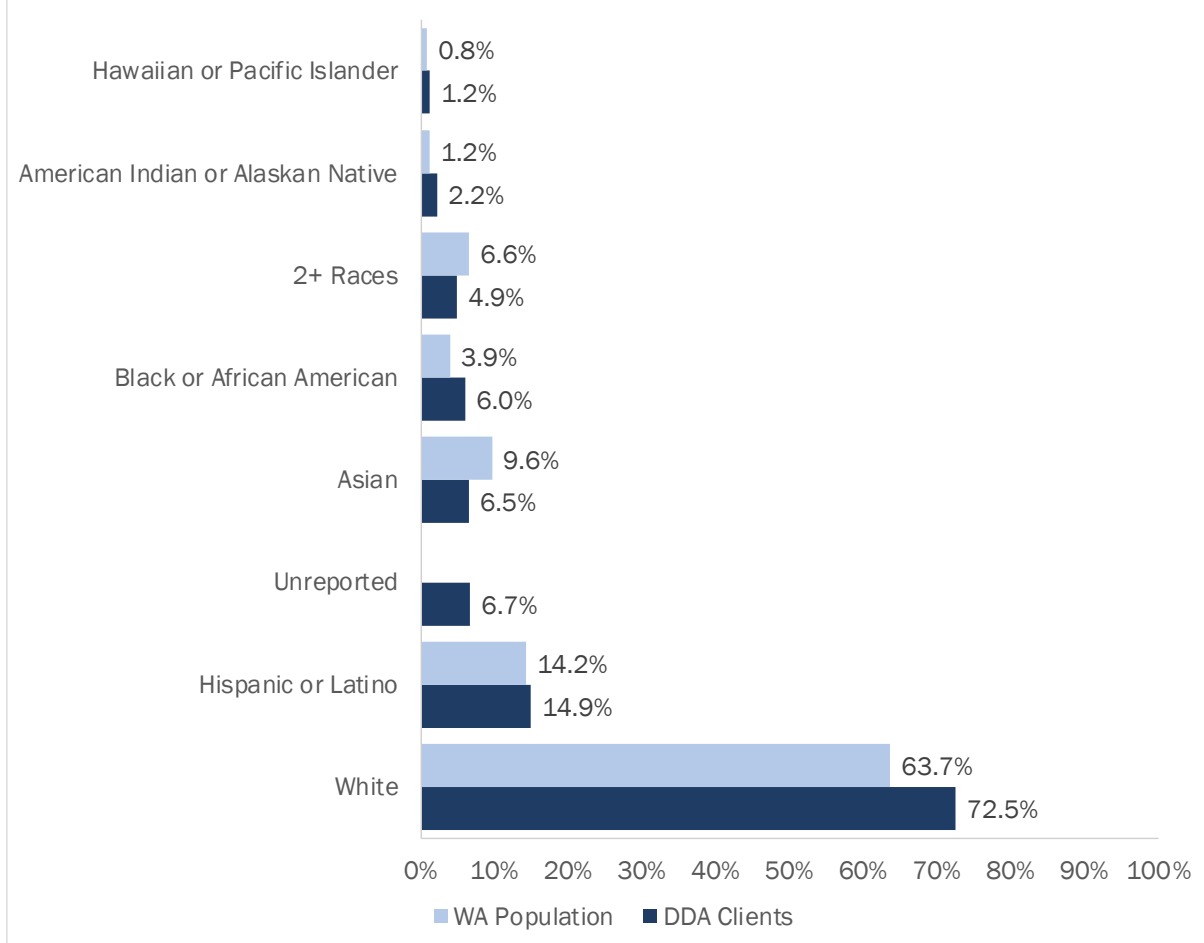
According to DSHS DDA's data, clients speak 93 different languages, with 89% indicating they speak English, and write in 69 different languages, with 84% indicating they write in English.

<sup>8</sup>The Georgetown University National Center for Cultural Competence (NCCC), 2017, *A Resource Guide to Respond to Disparities in Intellectual and Developmental Disabilities Services And Supports*  
[https://nccc.georgetown.edu/documents/NCCC\\_DD\\_Guide1\\_Collaboration.pdf](https://nccc.georgetown.edu/documents/NCCC_DD_Guide1_Collaboration.pdf)

Approximately 73% of DSHS DDA clients, identify as white, which is a greater share than the population breakdown statewide, indicating that other races may be underrepresented in DSHS DDA services (see Figure 7).

**Figure 7. DSHS DDA Clients in Washington State by Race and Ethnicity, 2022**

Source: Washington DSHS DDA 2022 Caseload Data and Washington Office of Financial Management 2021 Estimates



## Comments from Stakeholder Engagement

Participants described the lack of access to opportunities as discrimination. People with IDD should have the opportunities that those without IDD have, and it is discrimination that people do not have access based on their disability. Some of these lacking opportunities include lacking access to independent living, opportunities for home ownership or housing for people with IDD that have partners, children, and families of their own. Participants viewed housing as a very important part of what makes a full and healthy life—something that everyone should be given the opportunity to have.

*“And I think that is an injustice to folks that are IDD, and that should have the right to live their lives as you and I do. [...] And they are fully capable of doing that but if these resources are not made available to them, you know that it just, it falls on that line at discrimination.”*

– Focus group participant

## Projections of IDD Population in Washington State by 2040

Without better data on life expectancy and population growth rates *within the IDD community itself*, estimating the future population of individuals with IDD in Washington simply requires applying the prevalence rate to future population projections by age. To do this, we use the Larson Study 7.9-per-1,000 estimate of adult prevalence and population data from the Washington Office of Financial Management. These data include estimates of the number of individuals with IDD living in congregate settings for Washington State.

A rough projection of population growth within the IDD community finds that the number of children with IDD (under age 18) could grow from roughly 117,600 in 2021 to about 122,000 by 2040, a change of about 5,000 people. The adult population could grow from about 48,000 in 2021 to roughly 58,000 in 2040, or about 10,000 people.

## 4. Housing Options for People with IDD

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This section discusses current housing options for people with IDD in the State of Washington using data from the DSHS DDA, as well as qualitative information from focus groups.

### Housing Preferences and Choice

Limited publicly available information exists offering insight into the housing preferences and desires of adults with IDD (DSHS DDA does not collect this information from clients). A few surveys, conducted nationally and locally, can shed light on some of the conditions, preferences, and levels of satisfaction surrounding housing choices for people with IDD. However, these surveys have relatively small sample sizes and cannot necessarily be extrapolated to wider populations. In addition, survey results can be skewed if the person with IDD is not the individual actually responding (e.g., if a family member is responding on someone's behalf). A 2021 survey conducted by Open Doors for Multicultural Families found that 38% of individuals with disabilities surveyed wished to live alone or on their own.<sup>9</sup> Participants were not limited to

### Comments from Stakeholder Engagement

Within our focus groups, participants expressed preferences for housing with more independence. Many commented on the importance of being able to stay in their community and having choices in the type of housing available – from detached housing to apartments. Co-housing was a popular option for some as well. Being located near public transportation, medical services, welcoming businesses, and other amenities was particularly important for individuals with IDD.

Participants emphasized the need for choices and options across the full lifecycle, including housing for young adults as well as families with children. People with IDD should be able to have a choice in who they live with as well as the housing model and their desired level of independence. Participants spoke about improving options for people with IDD to be able to have choices of the geography they live in, for example, the closeness to their family as well as urban vs rural locations. Many participants spoke about wanting to be able to stay within their community and that often this choice is limited by housing.

Participants spoke about how DDA and other groups often will use the language of person-centered or individualized but that they often fall short of providing service to that standard.

*“We’re trying to focus on homes where individuals have choices around their roommates, have choices about where they live geographically, have choices about the conditions that they live in, such as whether or not they want to live in an apartment. We want individuals to have more autonomy within their homes and choices. It really needs to be individualized to the person; one model is not going to do at all.”*

- Focus Group Participant

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<sup>9</sup> Open Doors Multicultural Village Survey Responses DRAFT Community Input Survey, 2022. Note: The Parent or Caregivers and Persons with Disability surveys represent the needs of at least 1,276 people including 441 with disabilities.

those with IDD however this represents a higher proportion than current rates of living independently (31% of DSHS DDA clients, see Figure 8). In addition, only 16% of surveyed family members, caregivers and people with disabilities felt their housing needs were fully met.

## Housing Options for DSHS DDA Clients

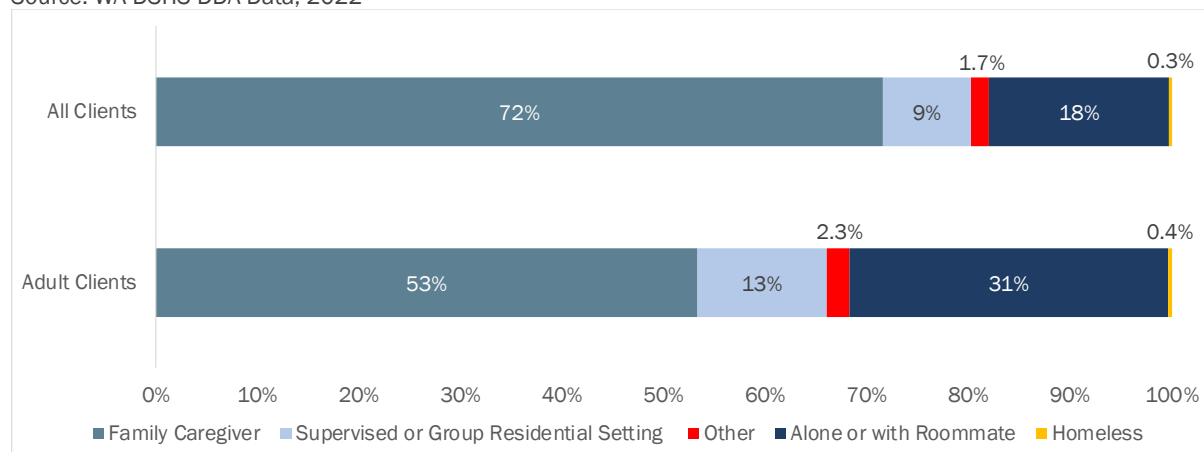
Adults with IDD choose their housing based on location, family and community proximity, housing type, size, desire for independence, affordability, and accessibility (e.g., in accordance with Americans with Disabilities Act standards). However, some people with IDD have limited choices constrained by a lack of affordable, available, and accessible housing, or discrimination.

Without enough affordable, available, and accessible housing options, individuals with IDD may end up choosing a setting that has less independence than desired – such as a group home, foster care home, or with family. These settings can limit independence for those who cannot find affordable housing options elsewhere while providing important support and housing options for individuals who want and need it.<sup>10</sup> Agencies transitioning individuals out of institutional settings cite a lack of affordable and available housing options as a challenge, and research also points to this as a challenge for individuals seeking to move out of family homes.<sup>11</sup>

For DSHS DDA clients of all ages, the majority live with a family caregiver (72%), or alone or with a roommate (18%). When looking at only adult clients, fewer live with a family caregiver (53%), and more live alone or with a roommate (31%).

**Figure 8. Share of Individuals with IDD by Living Arrangement, 2022**

Source: WA DSHS DDA Data, 2022



As shown in Figure 8, approximately 72% of DSHS DDA clients of all ages live with a family caregiver. The University of Denver Coleman Institute for Cognitive Disabilities' *State of the*

<sup>10</sup> Coughlin, Ward, Denny-Brown, Hagen, Maurer, Morris, Smoot, Steiner, and Perez, *Money Follows the Person Demonstration: Overview of State Grantee Progress, January to December 2016*, (Cambridge, MA: Mathematica Policy Research, September 2017), [www.mathematica.org/our-publications-and-findings/publications/money-follows-the-person-demonstration-overview-of-state-grantee-progress-january-to-december-2016](http://www.mathematica.org/our-publications-and-findings/publications/money-follows-the-person-demonstration-overview-of-state-grantee-progress-january-to-december-2016).

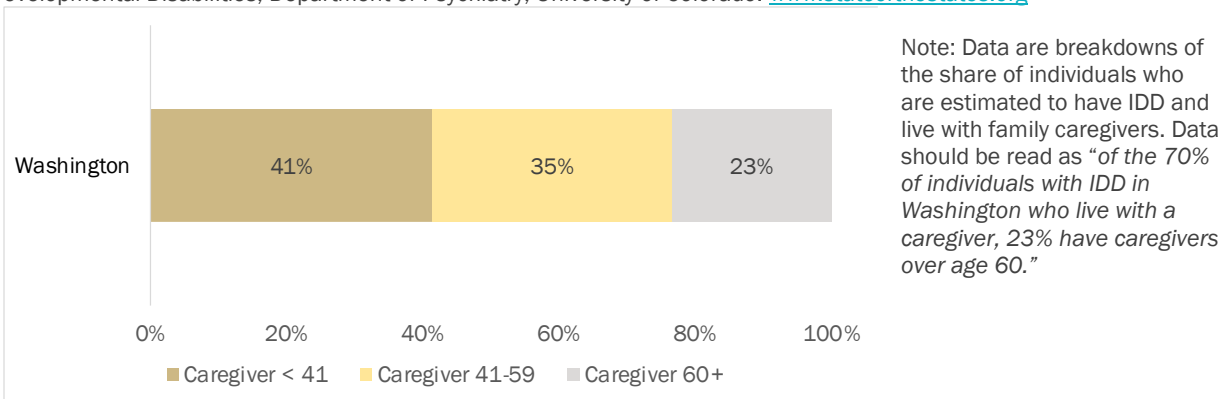
<sup>11</sup> Connery, *Disability Housing: What's happening? What's challenging? What's needed?* (Cambridge, MA: Harvard Joint Center for Housing Studies, April 2016).

*States in Intellectual and Developmental Disabilities* project is a longstanding study evaluating housing options for individuals with IDD (among other topics). This study provides an estimate of the age of caregivers for those with IDD in each state. In 2017 (the latest data available), the study estimated that 35% of those living with family caregivers had a caregiver between the ages of 41 and 59, while 23% lived with caregivers over the age of 60 in Washington (see Figure 9). The breakdown of caregiver age in Washington State mirrors the national averages.

This research provides an insightful lens into the housing situations of many people with IDD in Washington State. Importantly, it also sheds light on the housing risk for individuals with IDD who live with aging caregivers (explored in section 5 on page 31).

**Figure 9. Share of Individuals with IDD who are Living with Caregivers, by Caregiver Age, 2017**

Source: Tanis, E.S., Lulinski, A. & Wu, J., Braddock, D. & Hemp, R. (2021). *The State of the States in Intellectual and Developmental Disabilities*, Department of Psychiatry, University of Colorado. [www.stateofthestates.org](http://www.stateofthestates.org)



## Comments from Stakeholder Engagement

Focus group participants reported very limited housing availability, suggesting that low vacancy limits the suitability of available options for people with IDD (e.g., available units are in disrepair). Additionally, participants suggested that accessible housing units are also very limited - even basic ADA compliance can be insufficient and that higher levels of ADA compliance are sometimes needed. Beyond accessibility, affordability is also an issue for many people with IDD since many have incomes supported by SSI. Market rents are largely out of reach since many landlords require tenants to earn three times the monthly rent, which is nearly impossible for most DSHS DDA service recipients.

Other barriers to market-rate housing include low or no credit score, previous housing evictions, and income requirements even when there is a voucher that will guarantee rent. Participants also suggested that parents and other family members may also be low income, limiting their ability to financially support their family member with IDD. Participants also spoke about ‘missing middle housing’, referring to insufficient duplexes, triplexes, and cottage-style housing that tends to be more affordable.

*“It’s really hard for our families to find housing for their loved ones.”*

– Focus group participant



## 5. Housing Challenges

Housing unaffordability has two components: 1) an unusually high cost of housing because of market conditions, government regulatory policy, or both, and 2) low incomes of the people prevent access to the housing. In Washington generally, many adults with IDD face challenges on both fronts. This section explores housing conditions in Washington combining market data, data from the research literature, and comments from our stakeholder engagement.

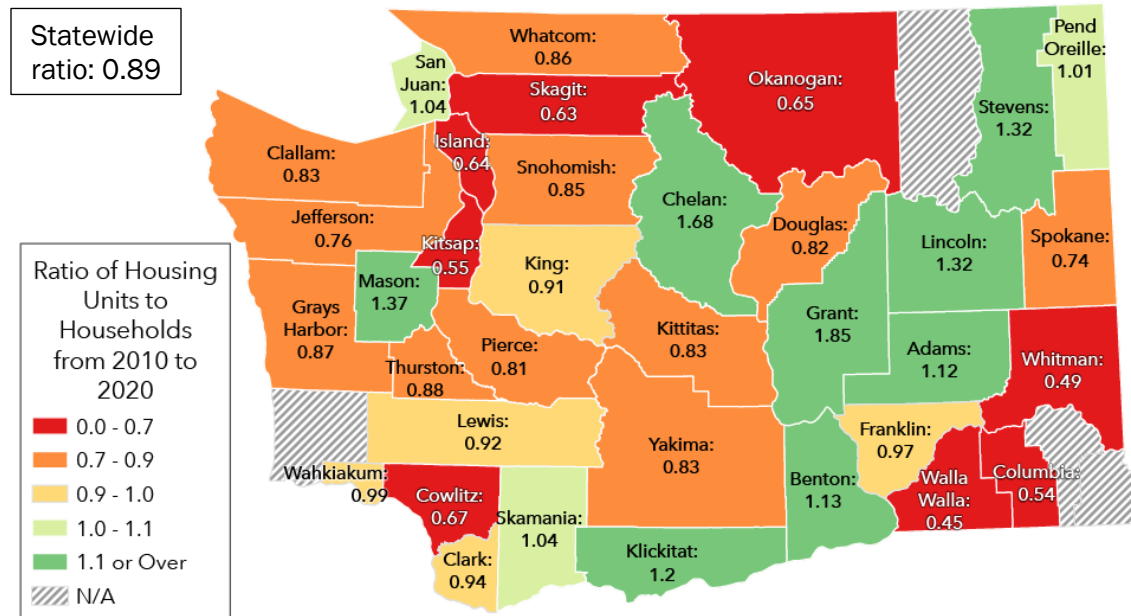
### Challenges Relating to the High Costs of Housing

#### Underproduction of Market Rate Housing

Washington State has not been producing enough housing, which creates a cascading effect that leaves those with limited incomes or other disadvantages with too few options. Between 2010 and 2020, the state developed only 0.89 housing units for each new household, and only eight counties produced more than 1.10 units for every new household formed (see Figure 10).<sup>12</sup> This is well below the national average of 1.10 units during 1960-2017—a level of building that allows construction to keep pace with household formation and provides a cushion for vacancy and demolitions of older, unsafe stock. This housing underproduction has decreased vacancy rates, put upward pressure on housing costs, contributed to high rents, and helped put half of the region’s renters in cost-burdened status.

**Figure 10. Housing Underproduction Ratio 2010 to 2020, By County in Washington**

Source: Baron, Buchman, Kingsella, Pozdena, and Wilkerson, *Housing Underproduction in Washington State*, (Washington, DC: Up for Growth National Coalition). Note: Areas marked n/a have seen declines in household formation.

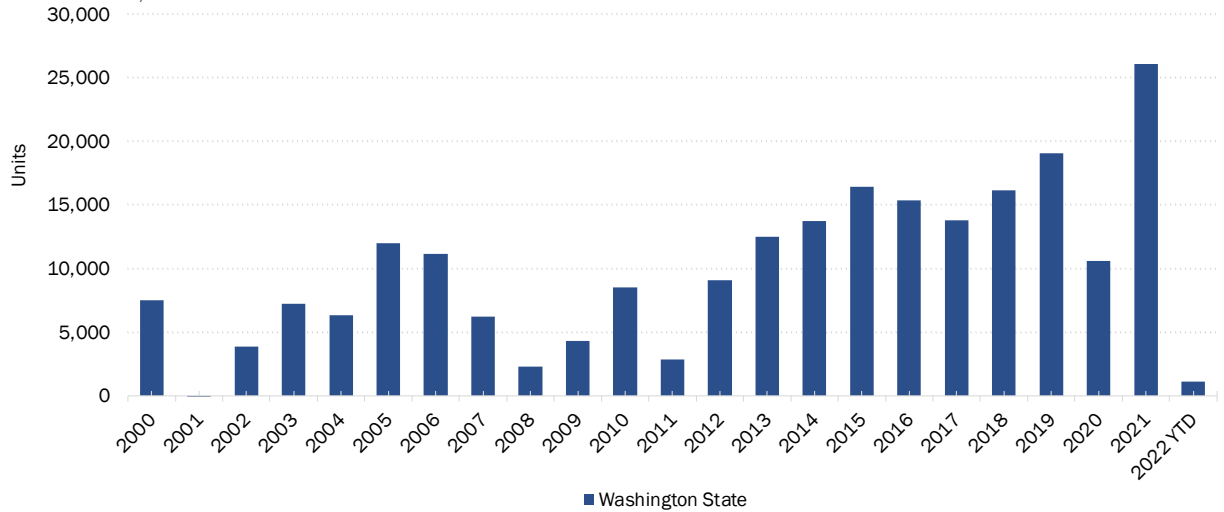


<sup>12</sup> Baron, Buchman, Kingsella, Pozdena, and Wilkerson, 2020, *Housing Underproduction in Washington State*, (Washington, DC: Up for Growth National Coalition).

The multifamily sector, which contributes to the market’s rental stock and helps affordability, produced only 246,783 units since 2000, or an average of less than 10,729 per year (Figure 11).<sup>13</sup>

**Figure 11. Multifamily Unit Deliveries in Washington, 2000-2022**

Source: CoStar, March 2022



Underproduction occurs for many reasons, but one of the largest is that developing housing in one area is less profitable (or riskier) than developing in another area. In the aftermath of the Great Recession, housing developers were limited in where they could build due to tight credit and labor shortages, so they built in areas with high rents and or lower construction costs. Areas with comparatively lower rents or comparatively higher costs did not attract developer interest. Washington State has numerous programs and policy studies evaluating growth management and housing provision in the state. While it has implications for housing options for individuals with IDD, a deeper analysis of the barriers to housing supply in Washington State is beyond the scope of this work. A description of the challenges in developing regulated affordable housing is provided on page 34.

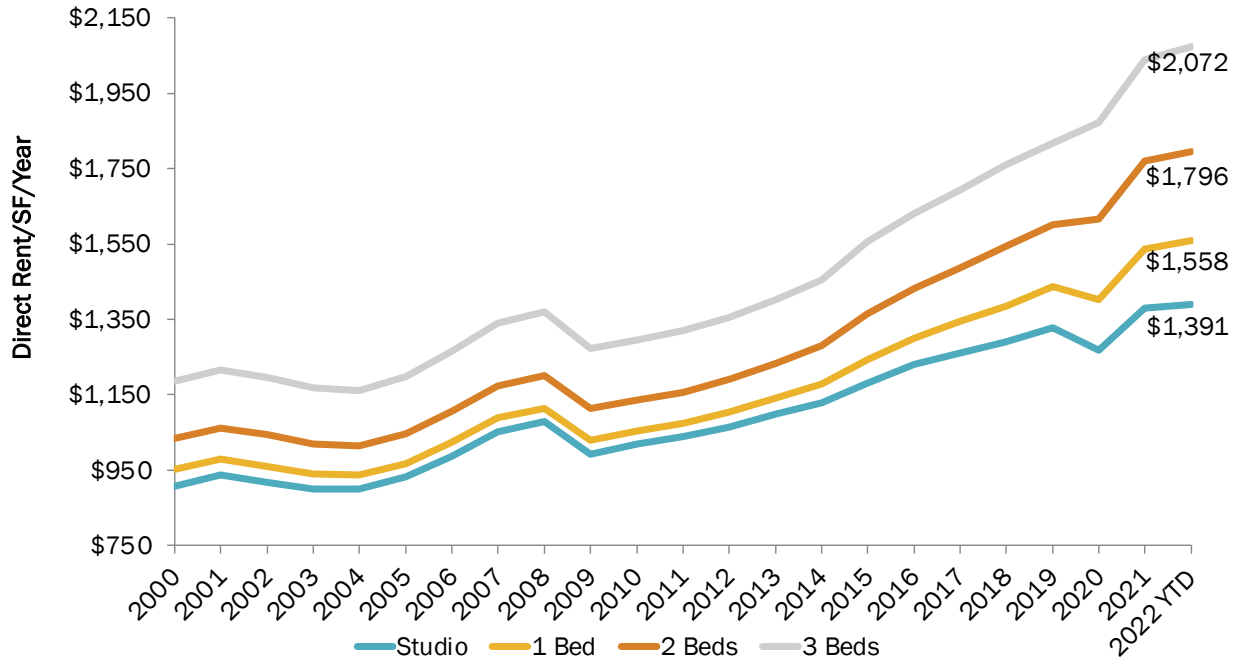
The natural consequence of this housing underproduction is an imbalance in supply and demand causing price increases. Multifamily vacancy rates declined gradually during 2000-2022 (see Figure 12) and are lowest along the Interstate 5 corridor, in Southwest Washington, and the Columbia River Valley (see Figure 13).

<sup>13</sup> CoStar is a proprietary data provider for the real estate industry. Of its residential data, it focuses on multifamily properties with 4+ units. While CoStar is one of the best sources for multifamily data, it has gaps and limitations. Newer buildings and those that are professionally managed are more likely to have reliable information, while smaller, older buildings may have incomplete or missing data.



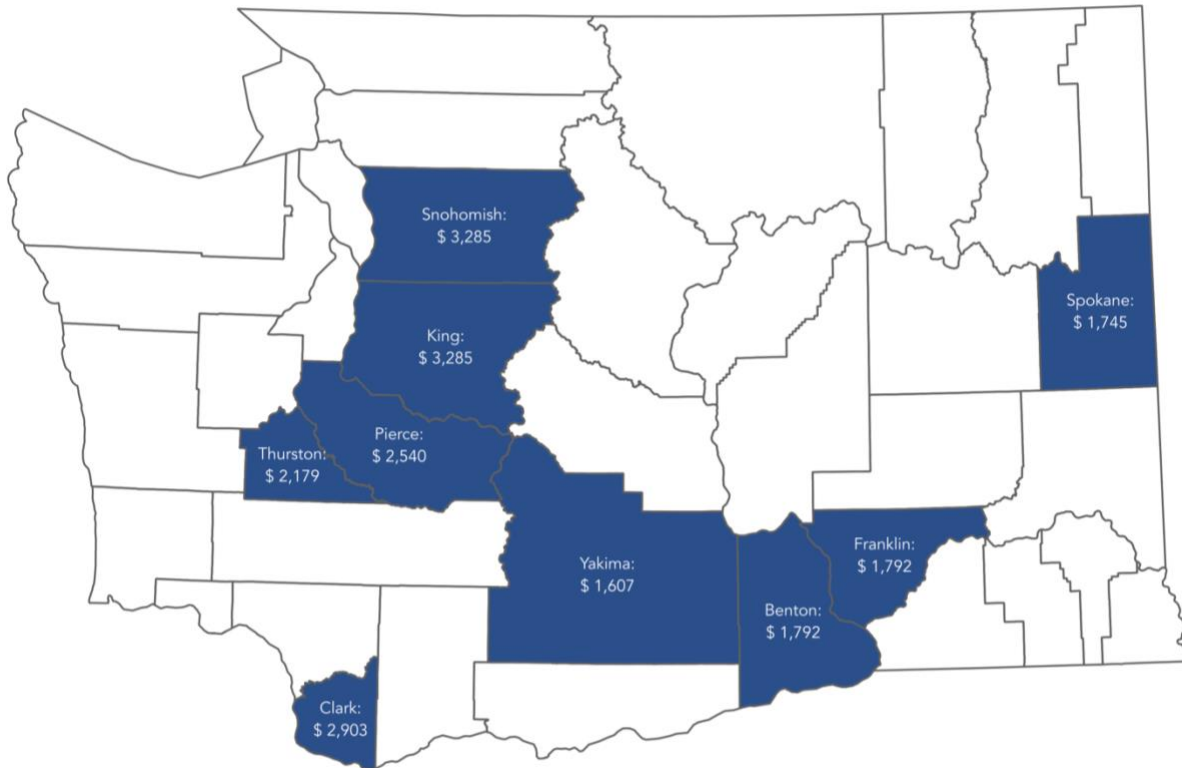
**Figure 14. Rents for Multifamily Units by Number of Bedrooms, Washington State, 2000 to 2022**

Source: Costar March 2022



**Figure 15. FY 2022 Washington Fair Market Rent (4BDR) By County**

Source: HUD



## Insufficient Affordable Housing for Low-Income IDD Population Households

In addition to underproducing housing, Washington State (like many states) has underinvested in regulated affordable housing for decades.<sup>15</sup> The 2019 Affordable Housing Update (latest available) from the Department of Commerce’s Affordable Housing Advisory Board reports a shortage of 165,345 units affordable and available to households earning 30% of the MFI.<sup>16</sup> Regulated affordable housing is critical to any area’s housing stock and is intended to serve people with extremely low incomes or other characteristics that make it challenging to compete for market-rate housing. Without sufficient regulated affordable housing, low-income households must rent housing units where rental prices can change with the overall market. This leaves many at risk of becoming cost burdened<sup>17</sup> and paying too much income on rent.

A deeper discussion of regulated affordable housing development in Washington, including the development of units specifically geared toward individuals with IDD, is found on page 34.

### Comments from Stakeholder Engagement

Focus group participants spoke of experiences of long waitlists for affordable housing and difficulties in being offered suitable units that were accessible and connected to other important amenities such as public transportation. Most of the affordable housing is not universally designed and is unable to meet the needs of the IDD population.

*“I really don't believe that traditional housing is going to be the answer. Normally I'm like a rose glasses sort of person, and I don't see it right now. I think that we really, truly have to think outside of the box and create housing villages or accommodations that are going to truly meet the needs of people with IDD.”*

- Focus Group Participant

## Challenges Related to Household Incomes

Low household income also contributes to housing unaffordability. Data provided by DSHS Research and Data Analysis (RDA) division demonstrate that 45% of DSHS DDA adult clients have incomes below 15% of their area’s AMI and 86% of clients have incomes below 30% of their area’s AMI. This puts most clients in poverty. DSHS DDA data also demonstrate that 42% of adult clients rely on supplemental security income (SSI) as a main source of income, which is regularly insufficient to meet basic needs, including housing costs. According to a report from The Arc, “over 10 million people nationwide qualified for social security on the basis of a

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<sup>15</sup> Defined on page 10.

<sup>16</sup> Washington State Department of Commerce, 2020, “Affordable Housing Update: 2019 Affordable Housing Update Pursuant to RCW 43.185B.040,” <https://www.commerce.wa.gov/wp-content/uploads/2020/03/2019-AHAB-Annual-Report.pdf>

<sup>17</sup> Defined on page 10.

disability, including over 850,000 adults who qualify on the basis of intellectual disability.”<sup>18</sup> Across Washington, SSI ranges from just 12% to 22% of the area median income and a 1-bedroom apartment would require 76% to 192% of the SSI payment, depending on location (see Figure 16). Statewide, the SSI is just 16% of median income and an average 1-bedroom apartment would require 150% of the SSI payment.

**Figure 16. SSI and Housing Costs in Washington, 2021**

Source: The Technical Assistance Collaborative’s 2021 *Priced Out* report.

Housing Market	SSI Monthly Payment	SSI as % of Area Median Income	% SSI for 1BR Apt.	% SSI for Efficiency Apt.
National	\$830	18%	128%	115%
Statewide	\$834	16%	150%	139%
Bellingham	\$834	17%	117%	109%
Bremerton-Silverdale	\$834	16%	137%	117%
Columbia County	\$834	21%	94%	82%
Kennewick-Richland	\$834	18%	99%	81%
Lewiston	\$834	21%	81%	70%
Longview	\$834	22%	93%	81%
Mount Vernon-Anacortes	\$834	18%	117%	101%
Olympia-Tumwater	\$834	17%	123%	122%
Pend Oreille County	\$834	21%	88%	77%
Portland-Vancouver-Hillsboro*	\$834	15%	160%	149%
Seattle-Bellevue	\$834	12%	192%	183%
Spokane	\$834	19%	93%	81%
Stevens County	\$834	21%	76%	68%
Tacoma	\$834	17%	135%	121%
Walla Walla County	\$834	20%	100%	87%
Wenatchee	\$834	21%	104%	88%
Yakima	\$834	21%	95%	87%
Non-Metropolitan Areas	\$834	21%	87%	76%

## Other Challenges Related to Housing

Focus group conversations demonstrated many additional challenges that adults with IDD have in finding safe, suitable, and affordable housing.

- **Insufficient credit history or deposits.** Aside from low incomes, individuals with IDD often lack sufficient credit history. Even with a waiver guaranteeing their rent, they may be disqualified for not having income three times the monthly rent, the usual standard requested by landlords.
- **Landlord skepticism.** Some landlords may not be aware of or may be confused by the waiver services that are provided to support individuals with IDD. Some may be wary of the additional wear and tear on a unit that can come from client behaviors or the sustained presence of additional people in the home, such as caregivers, even if they are not an official tenant.

<sup>18</sup> National Policy Matters and The Arc. “Social Security and SSI for People with I/DD and Their Families.” [http://www.thearc.org/wp-content/uploads/forchapters/NPM-SocialSecurity\\_SSI\\_4.pdf](http://www.thearc.org/wp-content/uploads/forchapters/NPM-SocialSecurity_SSI_4.pdf)

- **Criminal justice records.** In some cases, interaction with the criminal justice system places additional restrictions, such as not being able to live close to schools or playgrounds. Community care plans in the case of sex offenders have been successful in mitigating the risk of re-offense.
- **Challenges with housing insecurity.** Access to DSHS DDA services also requires a fixed address. Individuals who are homeless can lose access to services for this reason.
- **Supported living service providers cannot be landlords for their clients.** In Washington State, state rules prevent supported living providers from providing both support services and housing to the individuals they support. Under the supported living model, housing, including affordable housing, must be developed and managed by an independent entity. While this model helps to ensure residential settings are integrated, it also presents complex challenges for affordable housing expansion and sustainability.
- **Challenges in the caregiving industry.** There are burdensome certification requirements for supportive living providers. Even qualified caregivers can lack sufficient training specific to the IDD population. The industry suffers from high turnover and labor shortages due to onerous regulation, low wages, and an emotionally and physically demanding job. In addition, caregivers may be expected to support development of the individual in areas of social and community life or employment.
- **Navigating care systems is onerous.** Family members seeking assistance and services must navigate a complex and bureaucratic system, requiring considerable time and resources – which may or may not be possible based on the situation of those individuals. In some cases, the result is an individual with IDD living less independently than desired because there is not enough support to change their situation. Access to caseworkers to assist in these systems can be helpful but is limited.

## Estimating the Number of Adults with IDD Facing Housing Insecurity

Estimating the number of adults with IDD facing housing insecurity is a central question of this report, but numerous gaps in the data must be bridged using some rough assumptions. The team uses the *State of the States in Intellectual and Developmental Disabilities*’ data on housing settings to isolate the number of adults with IDD who are living in unstable housing in Washington, along with the following assumptions:

- Assume 2021 statewide trends from the *State of the States* data are not significantly different from 2017 trends (the latest data available).
- Assume all people with IDD who live in supervised residential settings have stable conditions. This is a big assumption but an analysis of the stability in the context of desirability of residential setting or choice is outside the scope of this effort.
- Assume nearly all people with IDD living with caregivers over age 60 are adults (see methods on page 33). Assume all adults with IDD who live with elderly caregivers are housing insecure.

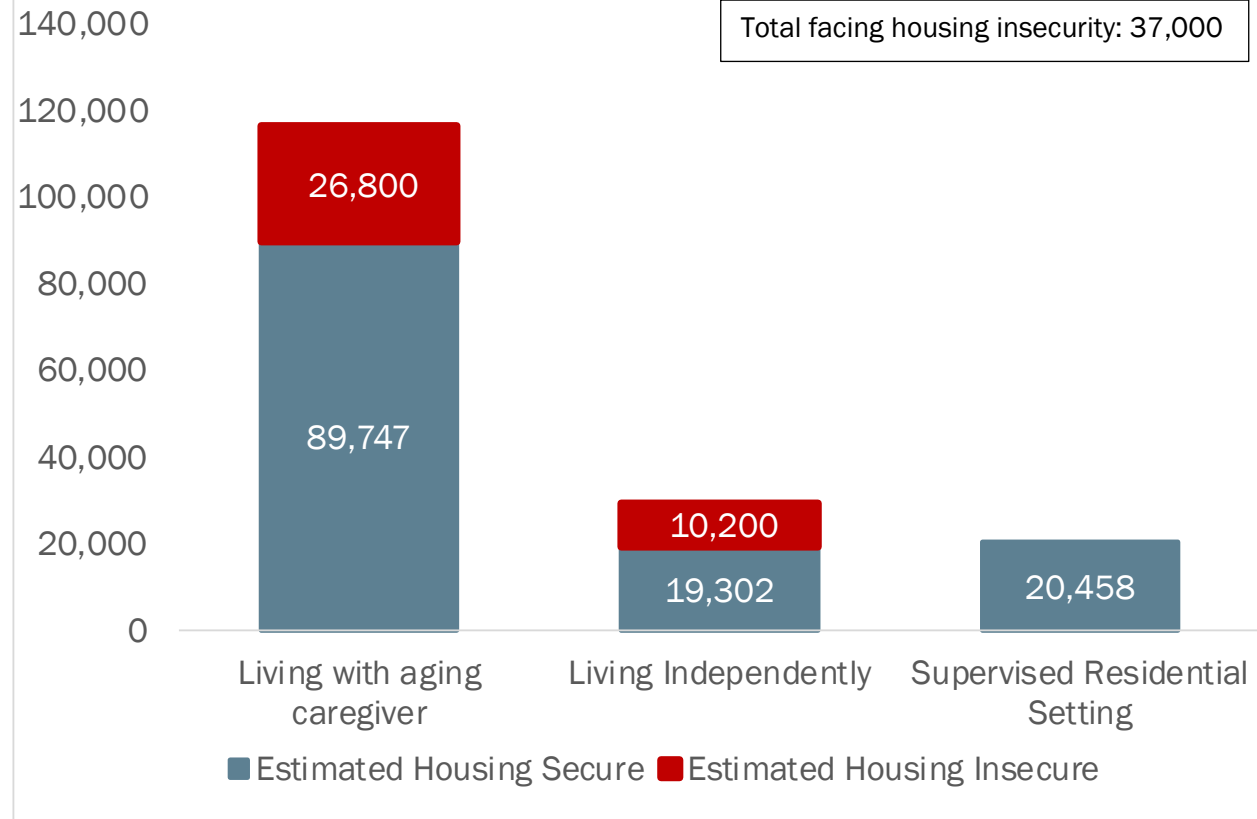


- Assume all people with IDD living alone or with a roommate are adults. Cost burdening can estimate housing insecurity – it occurs when a household spends more than 30% of its gross income on housing costs. A rough estimate is that 35% of adults with IDD in Washington are cost burdened (see methods on page 33).

This approach generates an estimate that approximately 37,000 adults with IDD in Washington may have been living in unstable housing in 2022 or about 77% of the estimated adult population (see Figure 17). While about three-fourths of this at-risk group are living with caregivers, the proportion of housing insecure is greater for those living independently: roughly 35% compared to about 23% living with caregivers. This estimate of housing insecurity draws on calculations from the periodic *State of the States* report. That method excludes people with IDD who are experiencing homelessness.

**Figure 17. Estimate of Adults with IDD in Washington Facing Housing Risk by Living Arrangement**

Source: ECONorthwest analysis of data from *The State of the States in Intellectual and Developmental Disabilities, 2017* Washington profile, U.S. Census Bureau PUMS 2019 5-year data, and Washington State Office of Financial Management.



The bottom line: these rough estimates point to more than 37,000 adults with IDD in the state who are housing insecure. At best, these should be characterized as sketch estimates. Any estimate has risks that the actual number is higher or lower, but here, most signs point to a higher number—primarily because it appears that the adult population with IDD is undercounted. If future surveys were to conclude that adult prevalence rates are closer to those recently measured for children, then the acknowledged population with IDD would grow and the number who are housing insecure would increase alongside it.



## Methods:

To estimate the share of adults with IDD living with a caregiver over age 60, we use a proxy from Census data. We use the Public Use Micro Sample (PUMS) data to calculate the number of adults and the number of children with a “cognitive difficulty” who are living with a related head of householder aged 60 or older. Of the total number of individuals meeting these criteria, approximately 98% in Washington were adults. To estimate cost burdening for people with IDD, we use a proxy cost burdening rate from Census. We use PUMS data to calculate the cost burdening rate for individuals over age 18, living alone or with a roommate but not with family, who have a “cognitive difficulty” in Washington. The calculation results in an estimate that 35% of adults with IDD in Washington are cost burdened.

This method is a proxy and is an imperfect assessment of cost burdening. One major challenge with this approach is that the “cognitive difficulty” variable catches a wide array of health conditions. It is defined in the survey questionnaire as “cognitive difficulty: because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.” This variable may include people who have IDD but may also include people with traumatic brain injuries or people suffering from dementia or Alzheimer’s disease. However, given data limitations on individuals with IDD, it is the most appropriate proxy we can devise.

## 6. Housing Development for Adults with IDD

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This section evaluates the challenges of building more housing for individuals with IDD, including a discussion of the challenges of developing regulated affordable housing, an assessment of the major funding sources for IDD-specific housing, a review of IDD-specific units produced over time, a review of developers in Washington, and a high-level evaluation of IDD units needed in each county.

### Challenges Developing Regulated Affordable Housing

As noted, the Department of Commerce’s 2019 Affordable Housing Update reports a shortage of 165,345 units affordable and available to households earning 30% of the MFI.<sup>19</sup> Developing more regulated housing is one way to overcome some of the housing challenges identified in the prior section because it is income or rent-restricted to ensure a low-income household can afford to rent the unit without being severely cost burdened or risking rent increases.

However, developing regulated affordable housing is a complex, expensive, and lengthy process. Often, building this housing is as expensive or more expensive than developing market rate housing but, because the rental revenue at the property is lowered so that rents are affordable to low-income households, developers need to overcome a funding gap. Covering this gap requires applying for competitive public funding and layering in additional philanthropic funding such as low-cost loans or grants. This takes time and effort – some properties require five, six, or seven layers of public funding to make a project development work. This extra effort carries into the operations of the property due to reporting and compliance requirements, inspections, or other regulations that accompany the public funding. In addition, regulated affordable housing properties often face opposition when they are slated to be developed in a neighborhood. These are just some of the challenges of building regulated affordable housing.

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Appendix C on page 58 provides an in-depth review of the regulated affordable housing production process and specific funding programs that aid development.

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### Possible Regulated Affordable Housing Funding Programs for Individuals with IDD

Two main programs fund the development of regulated affordable housing: the Washington State Housing Trust Fund (HTF) and the Low-Income Housing Tax Credit (LIHTC).

#### Low-Income Housing Tax Credit Program

The LIHTC program is the largest source of funding for newly constructed affordable housing in the nation, but Washington State’s Qualified Action Plan (QAP), which governs the LIHTC program, does not call out specific prioritization or funding boosts for projects that include set-

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<sup>19</sup> Washington State Department of Commerce, 2020, “Affordable Housing Update: 2019 Affordable Housing Update Pursuant to RCW 43.185B.040.” [www.commerce.wa.gov/wp-content/uploads/2020/03/2019-AHAB-Annual-Report.pdf](http://www.commerce.wa.gov/wp-content/uploads/2020/03/2019-AHAB-Annual-Report.pdf)

asides for people with IDD. Washington’s QAP offers additional points to new construction project applications if the development includes at least 20% of its units for “special needs populations, such as large households, the elderly, the homeless and/or the disabled,” but not only does it not specify between disability types, unit set-asides for people with disabilities must compete for prioritization against these other populations, who also have important housing needs. Without this prioritization, very few units of housing set aside for people with IDD are built using this funding source.

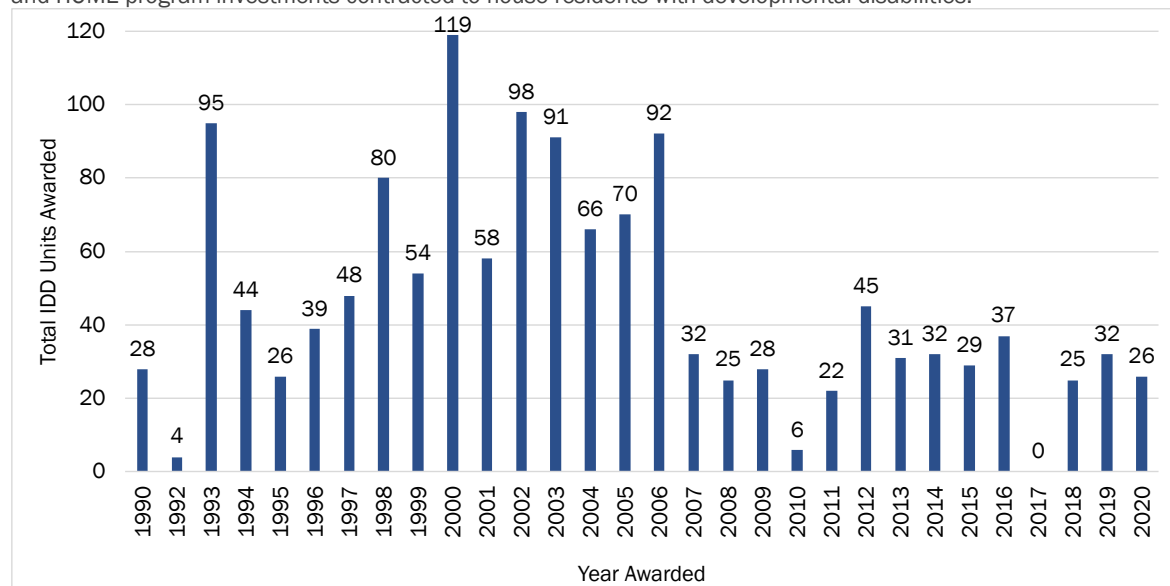
### Housing Trust Fund Program

The HTF has fewer funds than the LIHTC program but does have a specific reservation available for housing for people with IDD. The amount varies and is about \$15 million for the 2021 – 2023 biennium. Projects for the IDD community can also receive direct appropriations from the Legislature, but this is uncommon. The Housing Trust Fund funds the creation and preservation of affordable multifamily rental housing and homeownership units across a variety of programs, not just new construction, and unit creation. Typically, households living in Housing Trust Fund-funded properties must earn less than about 80% of MFI, but often these properties serve much lower incomes. Funding is generally limited and is allocated through annual funding applications called Notice of Funding Availability which are very competitive.

The Housing Trust Fund is an important source of funding for the IDD community as it offers specific set-asides for housing specific for this population. However, the set-asides (and funding) are insufficient to meet the need: in 20 years only 1,382 units have been developed in 166 properties (see Figure 18). Unfortunately, the rate of development has declined substantially since the program began: 39% of the units were awarded funding during 1990-1999, 41% were awarded funding between 2000 and 2009, and only 20% of all units were awarded funding between 2010 and 2020 (development typically lags funding awards by 2-3 years).

**Figure 18. Commerce Housing Finance Unit Portfolio IDD Housing Units Awarded, 1990 to 2020.**

Source: Data provided by WA DSHS DDA and include Washington State Housing Trust Fund, National Housing Trust Fund, and HOME program investments contracted to house residents with developmental disabilities.



## Other Housing/Funding Programs

A variety of other regulated affordable housing funding sources exist, but these programs are not focused on the IDD community and face steep competition from numerous other populations needing housing. Many interviews and government staff indicated that at present, the media and local governments are focused on other pressing priorities, such as permanent supportive housing and homeless shelters, which can make competition for public funding harder for other populations.

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Appendix C. Regulated Affordable Housing Information on page 58 offers a much more detailed review of the affordable housing development process and specific funding programs in Washington.

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Additionally, people with IDD can live in public housing or use Federal Housing Choice Vouchers to obtain housing, but like regulated affordable units, vouchers are scarce, and waitlists are long. The Association of Washington Housing Authorities reports the average wait time for public housing was 43 months in 2019 and the average wait time for housing choice vouchers was 34 months.<sup>20</sup>

Focus group participants also identified that the time limit to find an accessible unit and use an available housing voucher posed issues for people with IDD. Participants spoke about struggling to set up the necessary caregiving and other supports within the time frame.

## Recipients of Housing Trust Fund Dollars Analysis

A key goal of this research study is to help DSHS DDA identify ways that the current IDD housing development community (the groups that build housing for this population) can scale and increase capacity to meet the growing need and recent increases in funding.

In the 2021 Legislative session, a record amount of funding – about \$15 million – was appropriated for building housing for people with IDD, but the current development community is already operating at near capacity. There are barriers for IDD housing developers to access this fund. This section explores the development community for IDD housing, including trends in the Housing Trust Fund applications, and bottlenecks in production.

According to data provided by DSHS DDA, since 1990, 62 developers have built housing specifically for the IDD population using the Housing Trust Fund set-aside dollars. The average number of units per developer is 22, while the median is only 9 units, meaning that the data is skewed by a few large developers who have built a lot of housing, but most developers have built very few units at all. Only three developers have built more than 100 units over time using this funding, whereas 60% of developers have built 10 or fewer units over time. Only 7 IDD housing developers received Department of Commerce funds to create 83 new IDD units during the past five years. The top 10 developers contracted for the Housing Trust Fund IDD set-aside are shown in Figure 19.

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<sup>20</sup> Association of Washington Counties, 2022, “Affordable Housing Crisis: Demand for Affordable Housing Assistance Far Exceeds Supply.” <http://www.awha.org/wa-housing-crisis.html>

**Figure 19. Top 10 Housing Trust Fund Applicants Awarded for Housing Units for the IDD population, 1990 to 2020**

Source: Data provided by DSHS DDA

Applicants	Units
Inland Empire Residential Resources	298
Parkview Services	168
Options for Supported Housing	161
Next Step Housing	66
Turning Pointe Survivor Advocacy Center	50
Community Homes Incorporated	43
Metropolitan Development Council	34
Blue Mountain Action Council	31
Downtown Emergency Service Center	29
Shalom Ecumenical Center	28

Conversations with DSHS DDA, developers, and Housing Trust Fund staff indicate that the Housing Trust Fund application is complex and difficult to use, and many consider this to be a barrier to entry for new developers or those who are not sophisticated and experienced with public funding. To explore this further, we reviewed the past four years of applications to the Housing Trust Fund Traditional Funding program (see below). In the past four funding rounds, 11 awards were made for affordable housing projects that included units set aside for individuals with IDD out of 32 applications (a 34% award rate). This compares to 87 awards made for non-IDD uses out of 168 applications to the Traditional Housing Trust Fund program (a 52% award rate).

**Figure 20. IDD and Total Multifamily Housing Applications and Awards to the Traditional Housing Trust Fund, 2017-2020**

Source: Traditional Housing Trust Fund Applicants and Awards 2017-2020 (multifamily rental projects), available from <https://www.commerce.wa.gov/building-infrastructure/housing/housing-trust-fund/applying-to-the-housing-trust-fund/>

Note: Data was unavailable to show the number of IDD units set aside in applied but unawarded projects due to multiple set-asides per building.

Group		2017	2018	2019	2020	Total Projects
Projects with IDD Unit Set-Asides	Applied	9	3	11	9	32
	Awarded	2	1	6	2	11
	Award Rate	22%	33%	55%	22%	34%
Projects without IDD Unit Set-Asides	Applied	48	14	53	53	168
	Awarded	27	8	30	22	87
	Award Rate	56%	57%	57%	42%	52%
All Projects	Applied	57	17	64	62	200
	Awarded	29	9	36	24	98
	Award Rate	51%	53%	56%	39%	49%

Very few of these applications were for IDD units specifically; the majority are for housing developments serving mixed populations. Comments from our interviewees, as well as DDA, suggest that applications for development funding for IDD housing are often treated the same as all other multifamily housing applications, despite these developments having important considerations on:

- Size and scale: fewer units overall, fewer units per building,
- Layering funding: with lower total development costs and smaller scale developments, IDD-focused housing projects are less able to layer and leverage other public funding
- Layout: such as wider doorways, more bedrooms, or accommodations for Americans with Disabilities Act (ADA) compliance,

- Construction materials: such as increased durability in materials, inclusion of ramps, or roll-in showers, and
- Siting: more often scattered site development (to meet the Center of Medicaid Services' integrating rule) rather than one large building.

Each of these aspects – scale, layering, layout, construction materials, and siting – tends to increase overall construction costs, particularly on a per-unit basis, which is an important aspect for application scoring.

Affordable housing development is often highly localized. This is particularly important when developing smaller properties, scattered sites, and housing for a population with unique needs. Developments for individuals with IDD do not scale and are not typically uniform – these factors make it hard for out-of-state or institutional builders to develop in unfamiliar areas.

Increasing the development capacity for IDD housing will likely require scaling the capacity of existing developers of this housing. Interviewees and government staff all acknowledged the lack of capacity as an urgent issue. Recently, the Department of Commerce considered consulting assistance to evaluate the Housing Trust Fund application, provide technical assistance to applicants, and make overall improvements to the process of developing IDD-specific housing.

## Comments from Stakeholder Engagement

Participants emphasized that a variety of housing models was important for people with IDD to have a choice in type while remaining affordable. Some expressed preferences for single-family homes and more space. Integrated co-housing housing was the most popular in its ability to create community connectedness within an independent living setting. This was the ideal situation for many participants to have the benefits of proximity such as sharing caregivers and support while being a part of an integrated community. In this setting, community members care about each other, and individuals with IDD are not segregated but are able to have independence while units may be cross subsidized within the project to support affordability. Broadly, participants spoke about the desire for IDD/non-IDD integrated housing with more community education and understanding. Access for diverse communities was also raised, such as supporting multicultural housing projects and non-English language-focused developments.

Because individuals with IDD often are low-income, participants expressed a need for low-income development to work more closely with the IDD community to better understand its needs in a specific location. Participants felt promoting the use of universal design standards in these and other developments would be beneficial for everyone. If DDA were able to work more closely with housing developers, participants felt they would be able to create housing that is appropriate and set aside for people with IDD. Participants also supported DDA acquiring or leasing more homes that could be run by non-profits.

*“We need more affordable, suitable housing that people can live in the physical place, but you can't separate it from the services and supports that are needed in the community. Those are two pieces, and you can't tackle one without tackling the other. You could put up a bunch of houses tomorrow but if we don't have the support to put the people in the houses, it will fail.”*

– Focus Group Participant

## Needed IDD Units by County

Comparing the number of adult DSHS DDA clients in each county to the number of housing units set aside for this population is one way to get a quick snapshot of the scale of need across the state. However, it is an imperfect analysis.

- On the one hand, we know that individuals with IDD can live in a variety of settings – they may own their own home, live in market-rate housing, live in general regulated affordable housing, or live in units that are specifically set aside for people with IDD. Thus, the supply of units for this population is greater than just those units set aside for them.
- On the other hand, as described on page 17, we estimate that DSHS DDA is serving about 57% of all adults with IDD, based on caseloads and national prevalence rates. Thus, demand for housing is also greater than these data imply.

Without more nuanced data on housing need, comparing units available to DSHS DDA’s adult client population can be a decent starting place to demonstrate where there are concentrations of people and or scarcity of units. The table in Figure 21 displays this information, showing the number of units set aside for people with IDD in each county, the number of adults with IDD receiving DSHS DDA services in each county, and the ratio between the two. The data caveats above suggest that these ratios likely overstate the true need for housing, since people with IDD can live in more housing types than just units specifically set aside for them.

**Figure 21. Adult DSHS DDA Clients Current Housing Conditions by County, 2022**

Source: 2022 WA DSHS DDA Client Caseload Data, Department of Commerce Housing Trust Fund data on IDD unit set-asides funded between 1990 and 2020.

Geography	# Of IDD-specific units	Adult DDA Clients	Ratio of Clients to Units
State	1,384	27,085	20
Adams	0	63	-
Asotin	2	92	46
Benton	37	829	22
Chelan	11	257	23
Clallam	5	380	76
Clark	89	1,633	18
Columbia	6	23	4
Cowlitz	45	492	11
Douglas	6	108	18
Ferry	4	26	7
Franklin	0	324	-
Garfield	0	6	-
Grant	18	376	21
Grays Harbor	0	341	-
Island	0	230	-
Jefferson	9	95	11
King	470	6,472	14
Kitsap	39	925	24
Kittitas	0	177	-
Klickitat	0	63	-
Lewis	23	338	15
Lincoln	0	37	-
Mason	50	235	5



Geography	# Of IDD-specific units	Adult DDA Clients	Ratio of Clients to Units
Okanogan	6	152	25
Pacific	0	69	-
Pend Oreille	5	46	9
Pierce	96	3,431	36
San Juan	0	18	-
Skagit	19	469	25
Skamania	0	33	-
Snohomish	76	2,573	34
Spokane	145	2,911	20
Stevens	0	229	-
Thurston	61	1,157	19
Wahkiakum	0	18	-
Walla Walla	41	279	7
Whatcom	20	820	41
Whitman	23	108	5
Yakima	78	1,250	16

As Figure 21 demonstrates, statewide, there are more than 20 adult DSHS DDA clients for each accessible and affordable unit that has been set aside for this population. Thirteen counties do not have any units set aside for IDD households despite having DSHS DDA clients. While adults with IDD can live in a variety of unit types, the size of the housing insecurity issue for this population (roughly 37,000 adults as described on page 31) calls for a dire need for more units with specific set-asides, design considerations, and funding.



## 7. Appendices

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Appendix A. Stakeholder Engagement Plan and Results .....	42
Appendix B. Challenges in Identifying Individuals with IDD .....	50
Appendix C. Regulated Affordable Housing Information.....	58
Appendix D. Major Residence Types and Housing Needs for Adults with IDD .....	64

## Appendix A. Stakeholder Engagement Plan and Results

Our previous work on identifying housing needs for individuals with IDD highlighted the severe lack of data available about this population, their housing situations, and their housing preferences. The best data to measure the prevalence rates of IDD in the adult population are 25-years old, and national information on housing options and preferences for this population are conducted at the national and state levels. This limits our ability to shed light on sub-state conditions and the important context related to Washington State's varied housing markets.

Knowing that housing-focused data would be a challenge, this study included an emphasis on stakeholder engagement to hear first and second-hand about the challenges that individuals and families across Washington face as it relates to housing opportunities and challenges as well as policy changes and recommendations from those developing housing.

### Stakeholder Engagement Priorities

The goal of this outreach is to better understand a variety of perspectives about housing needs and housing challenges for individuals with IDD from within the system, including families and advocates, supportive living providers, and housing developers. We sought a range of perspectives in the focus group and interviews. We made every attempt to ensure that the voices and experiences of Washington residents experiencing disabilities are fully understood by recruiting self-advocates, or other advocates who have regular experience supporting or working with people with disabilities. Our approach was committed to providing access, opportunity, and reasonable accommodation for individuals with disabilities of any kind in meetings and materials. We employed the following principles to guide our engagement, data collection and analysis, and report writing: people-first language, asset-based approach, trauma-informed research, and an emphasis on cultural competence.

### Stakeholders Identified

We identified the following types of stakeholders to connect with to highlight the housing needs in Washington State for individuals with IDD:

- Self-advocates
- Advocates
- Family members
- Housing providers
- Service providers
- Nonprofit developers

### Methods

We held two focus groups on March 1st and March 2nd, 2022 (both virtually) to gather experiences of the IDD community related to housing across the state. DSHS DDA staff helped us to identify and connect with organizations supporting the IDD community, service providers, and housing providers representing wide-ranging and multicultural perspectives.

Outreach was conducted by DSHS DDA and entirely in English. DSHS DDA was not invited to directly participate or attend the focus groups to ensure that participants could speak freely about areas of improvement.

Fifty-one participants registered for the event. Ultimately 36 participants joined. Each focus group was broken into smaller breakouts. For the first focus group, we separated into three: (1) Self-advocates and family members, (2) CBOs and housing and service providers, and (3) Government staff. In the second focus group, we separated participants into two groups: (1) Self-advocates and family members, and (2) CBOs, housing and service providers, and government staff.

The focus groups were conducted outside the presence of DSHS DDA staff and with confidentiality for participants. During the focus groups, we took extensive notes on the participants' experiences, their responsibilities and opportunities, the challenges they face, and areas in which they would like to see changes and improvements. Notes were analyzed for recurring themes as well as insight from unique positions within the system.

We also conducted four phone interviews with five housing developers who specialize in providing housing for individuals with IDD in Washington, Oregon, and California.

## Findings

### Housing Market and Stock

Participants reported very limited housing availability and that housing options are limited for everyone. Vacancy is low and participants reported that what is available often is not suitable for people with IDD. Housing that may be available is often in disrepair. Participants spoke of children with IDD who grow up, wish to live independently from their parents, and can do so but are unable to find a suitable place. For those with IDD, participants spoke about being close to a community or family network, public transportation, job opportunities, healthcare, and other services as being essential to successful housing. Additionally, housing units that are accessible are also limited, participants noted that even basic ADA compliance is not always sufficient and that higher levels of ADA compliance (beyond Level A) are needed.

Within the housing market, rents are too high for many people with IDD to afford. Since many people with IDD have incomes principally supported by SSI, market rent is largely out of reach. Many landlords require tenants make 3x the rent, which is nearly impossible with income only from these programs. Other barriers to market housing include low or no credit score, previous housing evictions, and income requirements even when there is a voucher that will guarantee rent. Participants also mentioned that parents and other family members are often not able to contribute financially to support an individual with IDD because they themselves are low-income. Participants also spoke about 'missing middle housing', referring to insufficient duplexes, triplexes, and cottage-style housing that tends to be more affordable. They also discussed developers building housing that does not address the needs of their communities and not being inclusive in development.

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Participant comment:

"It's really hard for our families to find housing for their loved ones."

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## Intersecting Cultural/Discrimination barriers

Barriers to housing fall at an intersection of identities for many people with IDD. Participants brought up experiences of racism as well as language and cultural barriers that intersect with the ablism they've experienced in trying to find housing. Structural racism creates barriers for families and individuals with IDD in accessing homes, home ownership, and housing generally in communities of color. Participants spoke about the ways that systems of exclusion along the lines of race, ethnicity, language, and other identities made finding housing even harder within an already difficult situation for people with IDD.

People with IDD are limited in what they can earn without losing benefits however there is a large gap between when people are eligible for benefits and when people are able to afford the care they need. People with IDD often have high medical expenses and/or a need for caregivers but because the income threshold for Medicaid eligibility is based on the general population, many individuals with IDD cannot make enough money to pay for housing without losing access to government programs and yet being unable to afford replacing that medical coverage. Marriage to another person can also put both spouses in a situation of limiting their income to retain benefits thereby limiting what housing they can afford.

Participants described the lack of access to opportunities as discrimination. People with IDD should have the opportunities that those without IDD have, and it is discrimination that people do not have access based on their disability. Some of these lacking opportunities include lacking access to independent living, opportunities for home ownership or housing for people with IDD that have partners, children, and families of their own. Participants viewed housing as an important part of what makes a full and healthy life—something that everyone should be given the opportunity to have.

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Participant comment:

“And I think that is an injustice to folks that are IDD, and that should have the right to live their lives as you and I do. [...] And they're fully capable of doing that but if these resources are not made available to them, you know that it just, it falls on that line at discrimination.”

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## Combine Support and Housing

Focus group participants were very clear about the need for circles of support being connected to housing access and that a major barrier to successful housing is the difficulty of piecing together both the physical space and the caregiving elements. A support and caregiving system needs to be integrated into potential housing solutions. The Basic Plus waiver provides limited support for independent living. Many people with IDD can't afford to private pay for all necessary support they need to live independently. Participants reported that parents often remained the sole people who hold the pieces of their child's caregiving, housing, and financial situations together and compatible. This has placed stress on many parents who feel that if they are no longer able to play this role for any reason, their child will not have anyone who can fit these aspects together while not just caring for their child but caring about their child. Many families feel that they have no safety net, including financially and regarding the housing and caregiving situation they have at present. As many parent-caregivers are aging, participants find this to be an urgent and increasing issue.

From applying for access to receiving approval and then finding the right people, it can take years to put supportive services into place. This can impact housing, especially if housing is being accessed through a voucher program. Participants spoke about experiences of having vouchers expire because they are not able to bring together both a housing unit and the caregiving team in time. Some participants also noted that bringing caregiving and housing resources together can be more difficult in rural areas of the state relative to urban ones.

Community support is not limited to caregivers but also includes supportive businesses, neighbors, healthcare providers, and other community members who increase the safety and access for people with IDD in a location. Participants seek ways for individuals with IDD to be connected to the broader community and expand the circle of people in a community who know and care about them. Housing needs to be connected to ways for individuals with IDD to be supported in creating these connections. Many participants brought up preferring options with mixed IDD/non-IDD housing, including roommate models to multicultural villages and co-housing. These types of housing can bring together community circles of support which participants spoke about as being valuable in successful housing for individuals with IDD.

Participants described the importance of supporting the development of individuals with IDD and providing opportunities to improve their ability to live more independently or in a more independent housing situation. This included programs that would teach life skills to adults such as how to fill out a job application or pay bills. Although some of these types of educational opportunities are available for people in school, access to such programs is rare for adults with IDD. Individuals with IDD are empowered through this type of development.

### **Person-Centered and Directed, Access to Choices**

The person-centered and person-directed approach was very important to participants. Participants consistently described that it was paramount to have individualized approaches and that there would never be a one-size-fits-all solution. People with IDD are a diverse group with diverse and diverging needs and preferences. Participants emphasized the need for choices and options across the full lifecycle, including housing for young adults as well as families with children. People with IDD should be able to have a choice in who they live with as well as the housing model and their desired level of independence. Participants spoke about improving options for people with IDD to be able to have choices of the geography they live in, for example, the closeness to their family as well as urban vs rural

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Participant comment:

“We need more affordable, suitable housing that people can live in the physical place, but you can't separate it from the services and supports that are needed in the community. Those are two pieces, and you can't tackle one without tackling the other. You could put up a bunch of houses tomorrow but if we don't have the support to put the people in the houses, it will fail.”

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Participant comment:

“We're trying to focus on homes where individuals have choices around their roommates, have choices about where they live geographically, have choices about the conditions that they live in, such as whether or not they want to live in an apartment. We want individuals to have more autonomy within their home and choices. It really needs to be individualized to the person; one model is not going to do at all.”

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locations. Many participants spoke about wanting to be able to stay within their community and that often this choice is limited by housing.

Participants spoke about how DSHS DDA and other groups often will use the language of person-centered or individualized but that they often fall short of providing service to that standard.

## Caregivers

Aging parents pose an increasing challenge to housing for individuals with IDD according to participants. A large percentage of individuals with IDD live at home with their parents, and as those parents age, they may no longer be able to support their child living at home. Participants who are parents describe being deeply concerned about what will happen to their child if they are no longer able to care for them. This is a serious source of stress and an emotional burden for many as they cannot see an option for their loved ones with IDD to receive the support that they need.

Service providers describe that with the requirements for such low wages in a demanding job as being a caregiver, they have trouble both hiring and retaining caregiving staff. Participants noted that finding caregivers outside of the I-5 corridor is particularly difficult as well. Participants also spoke about the lack of IDD-specific training and described that some caregivers have received training focused only on elderly patients which is insufficient to adequately care for a person with IDD even if there are overlapping needs.

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Participant comment:

“The tidal wave is coming that those [caregivers] are aging population seniors and also people with disabilities [...] We’re going to see a lot of crises happening in our community, we’re already seeing it.”

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## Navigating Government Services

Participants spoke about their difficulties in accessing DSHS DDA provided and other services both in general and for access to housing in particular. For many, the process of trying to receive housing support was confusing, overwhelming, frustrating, and drawn out. Participants shared experiences of spending months to years attempting to receive services even when they were urgently needed. Participants within and outside of government agencies spoke about a lack of communication or coordination between government offices. This resulted in difficulties for clients who struggle to navigate the disparate systems that must come together for a client to have success in housing. Participants expressed a desire for government entities, especially those serving the same population of IDD individuals, to work together. A more ideal situation would be to aggregate resources and services to make them easier to access. Creating clearer and more navigable pathways for clients to receive services could also improve clients’ experiences and allow them to be more empowered within the system.

Compared to other states, participants felt that Washington has relatively strict definitions of IDD that leave many people without access to services that would benefit from them. Participants felt that the process of being classified with IDD felt difficult and restrictive even for those that qualify. SHB 2008 passed by the Legislature in 2022 directs DSHS DDA to remove IQ consideration entirely for eligibility determination by July 1, 2025.



Participants also brought up that because the services offered are not adequate for those who do have access, increasing awareness of existing programs will not be sufficient. Participants highlighted that government services for people with IDD, including in accessing housing support, need to be more innovative and willing to try new ideas that have worked well elsewhere.

In accessing housing through the state, participants spoke about additional barriers based on intersecting identities as well. Housing through the state generally assumes that individuals with IDD are single adults and does not provide housing for people with IDD who have partners or families of their own. Navigating housing systems requires more than just translating documents but also being culturally connected with communities. Participants brought up that people from multicultural backgrounds do not access services or waivers at the same rates, in part for these reasons, and expressed a desire for DSHS DDA to be intentional about acting more inclusively as DSHS DDA's mission already states. Participants spoke about the discrepancy in DSHS DDA's values and practices around inclusion. Participants shared that providing culturally connected housing navigators, that could potentially tap into local case management, would improve outcomes for clients.

Within interactions with DSHS DDA, participants also brought up the importance of including the voices of people with IDD. Multiple participants brought up feeling like they were often asked for feedback but just to 'check a box' and not to truly listen or change anything based on the response. Some participants described feeling that without changes and progress based on their input, they are less and less likely to wish to continue to participate. Participants also highlighted that when outreach for engagement opportunities is conducted entirely in English, the voices of community members with limited English are left out. In the future, participants support better funding for multicultural and community-connected engagement.

## **State-Run Housing Programs**

Many participants spoke about the difficulties that they experienced with state-run housing programs. Participants expressed that people with IDD not living with family are often reliant on state-owned housing with controlled rents or housing vouchers and highlighted both the need for these programs to continue and for there to be innovation and more options available. Waitlists for access to existing programs are very long and participants had concerns about the quality of care especially due to high rates of turnover in caregivers and caregivers not having appropriate (IDD-specific) training. Many participants described situations where the options available to them through the state were either too restrictive to be appropriate, not supportive enough, or not in a location that would allow for the community and social supports needed including being far from family. Housing vouchers with limited timeframes left some participants unable to make use of them as they were not able to set up caregiving services needed in time. Within Section 8 housing vouchers, participants noted that people with IDD did not have any set-asides or priority. Within low-income housing, units that are ADA accessible or appropriate for an individual with IDD are also not prioritized to go to people with those needs.

A few participants expressed concerns about the sustainability of the supportive living program and described it as only accessible for those in crisis, not its intended use more broadly. Adult family homes worked for some people but not for everyone. Participants shared experiences with adult family homes that tend to focus on support only for daily living activities which was not usually sufficient for people with IDD since supporting community connectedness is critical for this population. Additionally, placements were not able to consider a good or even appropriate fit between roommates. Participants emphasized the need to overcome isolation and segregation for people with IDD. Participants were glad of the shift away from the institutionalization of people with IDD and hoped this shift would continue. Some participants expressed that the current models that exist for state-run housing are appropriately funded but that people with IDD need new models and types of support.

### **Housing/Housing Development Models**

Participants emphasized that a variety of housing models was important for people with IDD to have a choice in housing type while remaining affordable. Some expressed preferences for single-family homes and more space. Integrated co-housing was the most popular one in its ability to create community connectedness within an independent living setting. This was the ideal situation for many participants to have the benefits of proximity such as sharing caregivers and support while being a part of an integrated community. In this setting, community members care about each other, and individuals with IDD are not segregated but are able to have independence while units may be cross subsidized within the project to support affordability. More generally, participants spoke about the desire for IDD/non-IDD integrated housing with more community education and understanding. Access for diverse communities was also raised, such as supporting multicultural housing projects and non-English language-focused developments.

Some participants had good experiences with other models based on roommate matching, especially as an option for supported independence. The changes in Wage and Hour laws that require long-term care workers to be paid overtime when they work more than 40 hours in a week, coupled with the directive to control overtime expenditures in RCW 74.39A.525, can make sharing one caregiver challenging. More than one caregiver may need to be retained. Finding enough care workers to meet the needs of people with IDD is currently a challenge. In some cases, it would be multiple people with IDD matched together but sharing a caregiver. In other examples, an individual with IDD was able to have a caregiver as a roommate, though some noted the importance of setting clear boundaries and expectations for all parties in that situation. In some cases, an individual with IDD may have access to housing with an additional bedroom and is able to offer free housing to a caregiver in addition to caregiving hours, which created benefit and stability for both the individual with IDD and the caregiver. The opportunity for special state Medicaid contracts that allow for caregiving to support independent living was of interest to participants as a potentially beneficial option. Participants were also interested in ways that DSHS DDA could support or facilitate these different types of roommate-matching to make it more accessible.



Participants supported improving access to and supporting ADU development as one option for individuals with IDD to gain more independence of living although it is only possible for some. A few participants did note that an ADU on a parent’s property is not always enough independence of living though it could be for others.

Because individuals with IDD often are low-income, participants expressed a need for low-income housing development to work more closely with the IDD community to better understand its needs in a specific location. Promoting the use of universal design standards in these and other developments participants felt would be beneficial for everyone. If DSHS DDA were able to work more closely with housing developers, participants felt they would be able to create more housing that is appropriate and set aside for people with IDD. Participants also supported DSHS DDA acquiring or leasing more homes that could be run by non-profits.

Some participants also mentioned the difficulties of certification and starting new adult family homes that limited their ability to contribute to more housing access. In some cases, participants spoke about the difficulties of not being allowed to be both a housing and service provider. In some cases, participants found these rules to simply be an extra complication to work around.

## **Innovation and Investment**

Participants emphasized that innovation and investment are needed to address the high level of need within the IDD population for housing access that supports individuals with IDD living full and healthy lives. Within this area, participants spoke about working within the realities of the current housing system and designing solutions with that in mind. This included building solutions that do not expect market rents to decrease, vacancy to increase or people with IDD to have access to more income than what is available through SSI. Participants experienced DSHS DDA as being generally unwilling to try new approaches but that instead of relying on traditional housing to be the answer, participants supported DSHS DDA thinking outside the box. Participants raised the possibility of creating an office for innovation within DSHS DDA or other methods of supporting and implementing innovative practices such as through pilot project programs.

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Participant comment:

“I really don't believe that traditional housing is going to be the answer. Normally I'm like a rose glasses sort of person, and I don't see it right now. I think that we really, truly have to think outside of the box and create housing villages or accommodations that are going to truly meet the needs of people with IDD.”

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## **Government Partnership and Collaboration**

To move forward, participants spoke about desires for DSHS DDA to support more partnerships for housing. This included incentives and funding for partnerships between housing developers and IDD organizations. Participants also discussed interdepartmental visioning and support so that the government agencies serving the IDD population have a coordinated plan for improvement, potentially even requiring that different offices work together.

## Appendix B. Challenges in Identifying Individuals with IDD

Assessing the housing conditions of people with IDD necessarily starts with a basic question: *how many people in the region live with IDD?* Unfortunately, that is a difficult question to answer.

Research and anecdotal evidence point to a large population of individuals with IDD who are unknown to state agencies, living with family, and receiving no support for housing, medical costs, or daily living services.<sup>21</sup> These individuals, and their family caregivers, are often invisible to the state agencies that administer funding and provide services. As such, relying on state agency caseload information to estimate the IDD population is inadequate.

Census-style national surveys are also insufficient to provide a reliable estimate of the population with IDD in the U.S. In general, survey questions are not specific enough to identify this population, and there is “no national effort to collect such surveillance information” by including relevant questions or categories on existing national surveys.<sup>22</sup> While this is not a new issue – the U.S. Surgeon General called for better data in 2001<sup>23</sup> – progress has actually waned: in 2019, the Survey of Income and Program Participation (SIPP) and the National Health Interview Survey (NHIS) both removed questions that could identify an individual with IDD from their annual surveys.<sup>24</sup><sup>25</sup> Therefore, the best way to estimate the full population of individuals with IDD is through prevalence rates applied to an entire population. Unfortunately, however, sufficiently detailed data upon which to estimate prevalence rates has not been collected in national surveys since the mid-1990s.

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This appendix comes from another ECONorthwest study, entitled *Housing Needs for Individuals with Intellectual and Developmental Disabilities*, that was prepared for the Kuni Foundation in Summer 2020.

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### Defining Intellectual Disability & Developmental Disability

One of the barriers to properly understanding the population of people with IDD is the wide-ranging definitions of intellectual disabilities and developmental disabilities. Often, these types of disabilities are grouped and referred to as *intellectual and developmental disabilities* and capture people who have either or both disabilities. Grouped together, IDD includes several separate diagnoses and conditions under one larger umbrella. This report refers to people with IDD unless otherwise stated.

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<sup>21</sup> See Footnote 7 on page 14.

<sup>22</sup> Havercamp, Krahn, Larson, Fujiura, Goode, Kornblau, and the National Health Surveillance for IDD Workgroup, 2019.

<sup>23</sup> Office of the Surgeon General (US), National Institute of Child Health and Human Development (US) and Centers for Disease Control and Prevention (US), “Closing the Gap: A National Blueprint to Improve the Health of Persons with Mental Retardation: Report of the Surgeon General’s Conference on Health Disparities and Mental Retardation,” (Washington, DC: US Department of Health and Human Services, 2002), [www.ncbi.nlm.nih.gov/books/NBK44346/](http://www.ncbi.nlm.nih.gov/books/NBK44346/).

<sup>24</sup> Havercamp, Krahn, Larson, Fujiura, Goode, Kornblau, and the National Health Surveillance IDD Workgroup, 2019.

<sup>25</sup> Bonardi, Krahn, Morris, and the National Workgroup on State and Local Health Data, 2019.

The research literature commonly defines ID as “significant limitations in both intellectual functioning and adaptive behavior that are evident before the age of 18,” and DD as:<sup>26</sup>

- “A severe, chronic disability of an individual that is attributable to a mental or physical impairment or combination of mental and physical impairments,
- Manifested before age 22,
- Likely to continue indefinitely,
- Results in substantial functional limitations in three or more of the following areas of major life activity:
  - (1) self-care,
  - (2) receptive and expressive language,
  - (3) learning,
  - (4) mobility,
  - (5) self-direction,
  - (6) capacity for independent living,
  - (7) economic self-sufficiency,
- And reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and individually planned and coordinated.”

Generally, these definitions include individuals with cerebral palsy, epilepsy, autism, and other neurologically disabling conditions.

In the state of Washington, [RCW 71A.10.020\(5\)](#) defines a developmental disability “as *Intellectual Disability, Cerebral Palsy, Epilepsy, Autism, or another neurological or other condition similar to Intellectual Disability. The disability must: have originated before you turned eighteen, continued or can be expected to continue indefinitely, and results in substantial limitations.*”

## Wide Variation in IDD Prevalence Rates Estimated Since 2000

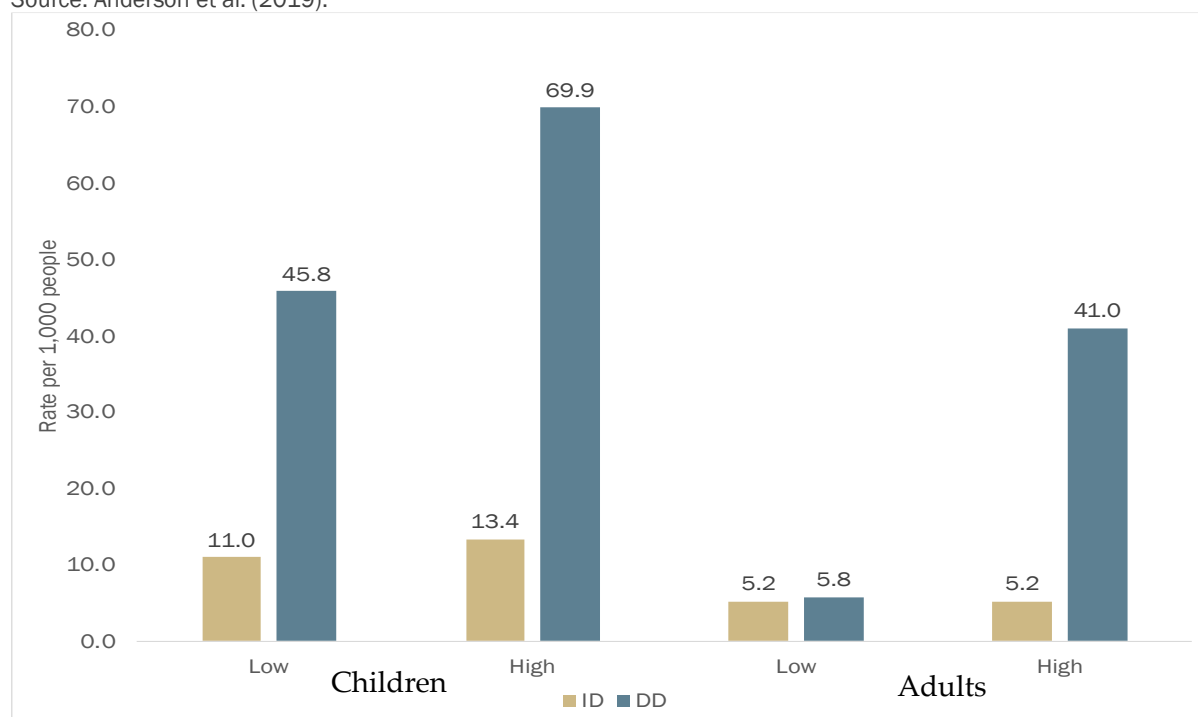
A 2019 meta-analysis of 14 U.S. studies on IDD published since 2000 demonstrates the variation across studies in estimated prevalence rates by age and diagnosis (see Figure 22). Differences in classifications, terminology, study scopes, study years, and the underlying data upon which these prevalence rates rely make it incredibly challenging to summarize and align the findings. The large variations shown below demonstrate the lack of consensus in the research.

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<sup>26</sup> Gloria Krahn, “A Call for Better Data,” *Intellectual and Developmental Disabilities* 57, no. 5 (October 2019): 357-375, <https://doi.org/10.1352/1934-9556-57.5.357>.

**Figure 22. High and Low Variation in Prevalence Rates for ID and DD from U.S. Studies Since 2000**

Source: Anderson et al. (2019).



The 69.9 children’s DD prevalence comes from a 2017 study by Zablotsky, Black, and Blumberg (see page 10). This rate is for “any developmental disability” including “intellectual disabilities.” The 2019 meta-analysis shows this as the DD rate in its abstract, which is how it is reported here. However, other researchers use this as the children’s IDD prevalence rate.

These 14 studies illustrate the range in perspectives on the prevalence of both ID and DD. Of these, two studies stand above the rest and are widely used in top IDD research centers: a 2001 study by Larson et al. (“Larson Study”)<sup>27</sup> that is considered to be the most reliable IDD prevalence rate for adults and for “all ages,” and a 2017 study by Zablotsky, Black, and Blumberg (“Zablotsky Study”)<sup>28</sup> that is considered to be the best estimate of IDD in children.

### The 2001 Larson Study: Estimating Adult IDD Prevalence Rates

In 2001, a study by Larson et al. used 1994-1995 NHIS survey data to estimate a prevalence rate for IDD across numerous age ranges, finding an IDD prevalence rate of 38.4 for children under age five, a rate of 31.7 for children ages 6-17, a rate of 7.9 for adults over age 18, and a blended rate of 15.8 for all ages.<sup>29 30</sup>

In 1994-1995, the NHIS conducted a two-year disability supplemental survey along with the regular NHIS annual survey. It occurred in two phases after the core NHIS interview, with in-

<sup>27</sup> Larson, Lakin, Lahti Anderson, Kwak, Lee, and Anderson, 2001.

<sup>28</sup> Zablotsky, Black, and Blumberg, 2017.

<sup>29</sup> Havercamp, Krahn, Larson, Fujiura, Goode, Kornblau, and National Health Surveillance for IDD Workgroup, 2019.

<sup>30</sup> Bonardi, Krahn, Morris, and the National Workgroup on State and Local Health Data, 2019.

person visits and follow-up interviews conducted with the individuals who had disabilities (20% used proxies) to narrow in on key abilities, skills, and self-direction topics (see Figure 23).

**Figure 23. Larson et al. Table showing NHIS and NHIS-D Question Topics**

Source: Larson et al. 2001. Table 1

NHIS Core Survey Topics	Disability Supplement Phase 1 Topics	Disability Supplement Phase 2 Topics
<ul style="list-style-type: none"> <li>• Housing arrangements and household composition</li> <li>• Demographics</li> <li>• Health and medical information</li> <li>• Abilities and limitations in activities of daily living</li> <li>• Limitations or specific conditions among household members, service needs and access, and related information</li> </ul>	<ul style="list-style-type: none"> <li>• Type of disability: sensory, communication, or mobility limitations, specific conditions, activities of daily living, functional limitations, mental health, services and benefits, early child development, education, perceived disabilities, etc.</li> <li>• Immunizations</li> <li>• Family resources</li> <li>• Year 2000 objectives: environmental health, tobacco, occupational health and safety, clinical preventative services, family, firearm safety</li> <li>• AIDS knowledge and attitudes</li> </ul>	<ul style="list-style-type: none"> <li>• Work, school experiences, or vocational rehabilitation</li> <li>• Services used: home care services, transportation, work childcare, medical services, assistive devices, educational services, other, coordination</li> <li>• Assistance with key activities</li> <li>• Participation in social activities</li> <li>• Mental health services and needs</li> <li>• Physical activity limitations</li> <li>• Personal adjustment skills</li> <li>• Family structure and relationships</li> <li>• Impact on the family</li> <li>• Health insurance</li> <li>• Housing and long-term care services</li> <li>• Transportation</li> <li>• Self-direction</li> </ul>

The supplemental survey asked detailed questions on individuals’ health conditions and abilities and generated nationally representative data on the “characteristics, service use, needs, circumstances, and experiences of non-institutionalized people with disabilities in the United States.”<sup>31</sup> The depth and breadth of the data gathered through the supplemental survey allowed researchers to estimate a prevalence rate for non-institutionalized individuals with IDD.

Unfortunately, whether due to funding limitations, political will, or other reasons, the supplemental disability survey has not been repeated as part of the annual NHIS, and data do not exist to update these estimates.

Despite the fact that the underlying data is now 25-years old, leading research projects – including the University of Minnesota’s Residential Information Systems Project (RISP) and the Coleman Institute’s *State of the States in Intellectual and Development Disabilities Project* – continue to consider the 2001 Larson Study to have the best estimates available for adult IDD prevalence rates and for “all ages” prevalence rates.

<sup>31</sup> Larson, Lakin, Lahti Anderson, Kwak, Lee, and Anderson, 2001.

However, given the age of the data informing the Larson Study adult prevalence rate and the fact that demographics, diagnostic criteria, and medical practices have all changed in that time, the Larson adult prevalence rate is very likely an undercount of the true population. A 2015 study conducted in Ohio using state Medicaid data found an adult prevalence rate for DD (not IDD) of 41.0 people per 1,000 – more than five times higher than the Larson Study.<sup>32</sup> If the true adult IDD prevalence rate is closer to 41.0, then the estimates would increase more than five-fold to almost 250,000, adults with IDD in Washington.

### **The 2017 Zablotsky Study: Estimating Child (Age 3-17) IDD Prevalence Rates**

In 2017, a study by Zablotsky, Black, and Blumberg used 2014-2016 NHIS survey data to estimate an updated prevalence rate for IDD in children ages 3-17, finding that as many as 69.9 children in 1,000 had “any developmental disability” (which includes intellectual disabilities, autism spectrum disorders, or other developmental delays) in 2016.<sup>33</sup> This was a statistically significant increase from the study’s 2014 rate of 57.6 per 1,000 children. The overall increase comes from increases in diagnoses of “developmental delays other than autism spectrum disorder or intellectual disabilities” as those prevalence rates were constant over the years studied.

### **Lack of Demographic Data**

In addition, while different prevalence rates have been estimated by age, less research exists studying differences across gender, race, ethnicity, or location (e.g., states). The Larson study did not estimate different prevalence rates for adults across these demographics, but instead estimated one prevalence rate for the nation. Subsequent research has shown that prevalence rates vary by gender, race, and ethnicity, including the Zablotsky Study (see Figure 24).<sup>34</sup> Variations across race and ethnicity would also suggest that different locations in the U.S. should have different prevalence rates, but most research uses this national rate applied across all geographies.

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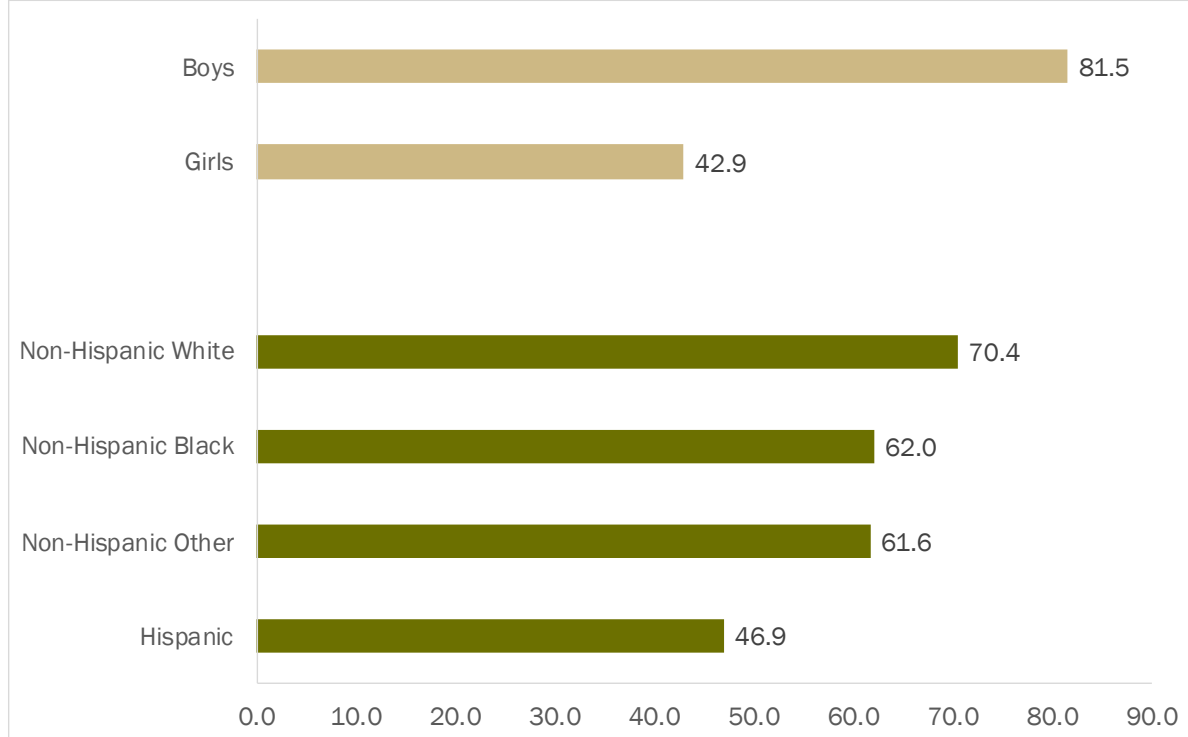
<sup>32</sup> RTI International, 2015.

<sup>33</sup> Zablotsky, Black, and Blumberg, 2017.

<sup>34</sup> See for example: Zablotsky, Black, and Blumberg, “Estimated Prevalence of Children With Diagnosed Developmental Disabilities in the United States, 2014–2016,” *National Center for Health Statistics Data Brief*, No. 291 (November 2017): 1-8, <https://pubmed.ncbi.nlm.nih.gov/29235982/> or Lahti Anderson, Larson, MapelLentz, Hall-Lande, “A Systematic Review of U.S. Studies on the Prevalence of Intellectual or Developmental Disabilities Since 2000,” *Intellectual and Developmental Disabilities* 57, no. 5 (October 2019): 421-438, <https://doi.org/10.1352/1934-9556-57.5.421>.

**Figure 24. 2016 Prevalence Rates for IDD by Gender and Race/Ethnicity from Zablotsky Study**

Source: Benjamin Zablotsky, Lindsey I. Black, and Stephen J. Blumberg, 2017.



## Outdated Data

Understanding the challenges inherent in working with old, inadequate data, researchers have been calling for better data since the mid-1990s.<sup>35</sup> However, progress has actually waned: instead of adding questions to national health surveillance surveys to better understand people with IDD in the U.S., two promising national surveys removed questions in 2019 that could help to identify individuals with IDD.<sup>36,37</sup>

For now, leading researchers in the IDD field have settled on using Zablotsky's 69.9-per-1,000 rate for children and Larson's 7.9-per-1,000 rate for adults. But the sizable gap begs a question about the estimates' reliability. While not attempting to fully explain the discrepancy, various ideas about the sharp drop-off in prevalence rates between child- and adulthood include the following:

- Differing definitions of developmental disabilities, with a broader definition applied to children under age 9
- A reluctance for adults to report their disability

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<sup>35</sup> Ibid.

<sup>36</sup> Havercamp, Krahn, Larson, Fujiura, Goode, Kornblau, and the National Health Surveillance for IDD Workgroup, 2019.

<sup>37</sup> Bonardi, Krahn, Morris, and the National Workgroup on State and Local Health Data, 2019.



- Differences in reporting rates for adults self-identifying compared to parents identifying a child
- A more robust research literature on children compared to adults and on autism spectrum disorder compared to other disabilities
- Increased rates of DD and autism spectrum disorder in children
- Ongoing health surveillance programs that monitor children but not adults
- Diagnostic criteria, service eligibility criteria, and definitions used to identify disabilities changing over time

In 2019, researchers, experts, and program staff from national disability agencies gathered for a symposium to evaluate data challenges and opportunities at both the federal and state levels, releasing two papers outlining their findings and recommendations and publishing a focused edition of the journal *Intellectual and Developmental Disabilities* (Volume 57, Issue 5 in October 2019) with numerous papers outlining data challenges and how to improve.

The symposium's report on state-level improvements identified Washington State, along with California, Ohio, and South Carolina, as a leader in implementing enhanced data collection efforts focused on identifying people with IDD in their datasets, collecting expanded race and ethnicity data, and identifying people beyond service-eligibility criteria.

#### Suggested Federal Improvements

- Building a national research agenda to fill gaps in knowledge and improve data collection
- Investing in research to study prevalence rates, the characteristics, and varying service needs of the IDD population
- Disseminating research findings more widely
- Creating new data collection methods focusing on longitudinal studies and program evaluation
- Careful drafting of eligibility criteria and population definitions to ensure alignment with operational definitions and use in program evaluation studies
- Improving existing, repeated, national health surveillance efforts such as the inclusion of questions that can identify people with IDD, questions to identify race, ethnicity, and other characteristics, questions to better

#### Suggested State Improvements

- Expanding administrative data collected to include information on demographics beyond age and gender, such as race, ethnicity, or languages spoken
- Expanding administrative data to include information on living arrangements, preferences, autonomy, and satisfaction, among other factors
- Evaluating performance, monitoring outcomes, and client satisfaction, such as the questions asked in the NCI surveys
- Linking data from different department databases to leverage collection efforts and provide enhanced understanding of the health and service needs of this population
- Harmonizing definitions and eligibility criteria across different state departments so that data can be more flexibly used and analyzed
- Creating databases that can offer real-time analytics and reporting



- understand unmet service needs, and the inclusion of U.S. territories
- Collaborating across federal agencies to support improved data collection, identification, and service implementation as well as to link and analyze data between sources
  - Conducting outreach beyond service-eligible populations and working with community-based organizations or faith institutions to reach families and individuals who are unknown to the state agencies

## Appendix C. Regulated Affordable Housing Information

This section describes the development and financing process for regulated affordable housing and how it differs from market rate development and lists common state and local funding sources for housing in Washington State. It is adapted from ECONorthwest’s work on the *Burien Housing Action Plan*.<sup>38</sup>

### Typical Regulated Affordable Housing Development Process

The development of new, multifamily regulated affordable housing is a long and complex process. It is subject to many of the same development conditions as market-rate development, with added complexity due to lower rents requiring additional, lower-cost funding. The development process begins in predevelopment (design and feasibility, land entitlements, and funding applications) and then enters construction, before beginning operations. The following are typical development phases for regulated affordable housing projects.

#### Design and Feasibility

Affordable housing developers start with an understanding of the need for less expensive housing in an area. How many units are needed at what rent level? What income levels have the biggest gaps in housing supply? What populations are struggling with housing costs the most? Just like market rate developers, affordable housing developers test the financial feasibility of what they hope to build against the local political and economic conditions. They must estimate what it will cost to build, what affordability levels the region needs, and the amount of funding available to build the project. If the project is not financially or politically feasible (i.e., cannot find adequate funding sources or does not meet a neighborhood’s goals), it will struggle to get built. Considerations include cost of land, development allowed on the land (zoning), costs of construction, rents or prices, costs of operations (for multifamily), or local opposition to the project.

#### *How does affordable housing differ?*

Both affordable housing development and market-rate development need to go through design and feasibility. Affordable housing development differs from market-rate development in this stage due to limited funding. With the goal of providing below-market rents, the financing structure (often called the “capital stack”) of an affordable housing development needs to fill a gap (often called a “funding gap”) between what it costs to build the property and what the property’s operations can support. A market-rate development will typically have investor equity and one or two types of debt financing, but an affordable housing development may also need to secure public funding, grants, operating subsidies, and low-cost or forgivable debt on top of competitive investor equity sources (see Figure 25 below). Some affordable housing developers need to secure predevelopment loans or grants as they work out the logistics of

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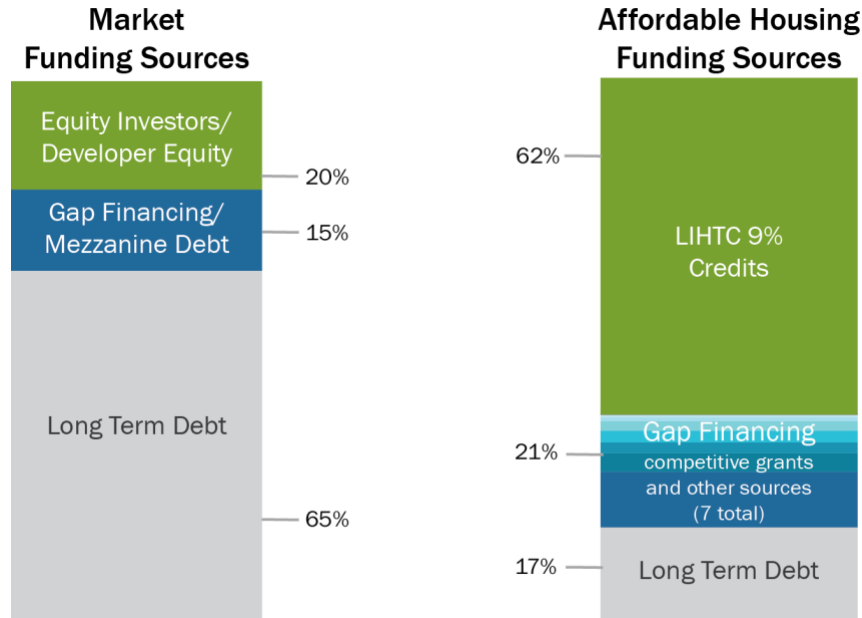
<sup>38</sup> ECONorthwest, 2021. Burien Housing Action Plan.

[https://p1cdn4static.civiclive.com/UserFiles/Servers/Server\\_11045935/Image/Business/Building%20&%20Construction/Burien-Housing-Action-Plan-2021.pdf](https://p1cdn4static.civiclive.com/UserFiles/Servers/Server_11045935/Image/Business/Building%20&%20Construction/Burien-Housing-Action-Plan-2021.pdf)

project feasibility. And sometimes, affordable housing developments are given free or reduced-cost land, which aids feasibility and reduces the amount of debt needed.

**Figure 25. Typical Capital Stacks in a Market Rate and a 9% LIHTC Affordable Housing Development**

Source: ECONorthwest



### Land Use Entitlements

This is the process of getting control of the site (buying land or assembling parcels) and getting the legal authority to develop (zoning and permitting, design review, neighborhood opposition, etc.). This can take months or years depending on the type of project, the required level of public review, the time it takes to obtain permits, the amount of neighborhood opposition, and many other factors. Developers typically take out pre-development loans to cover these costs, meaning that delays incur “carrying costs” (the interest that accrues on the loan each month of the process). This loan may be wrapped into or repaid by the construction loan.

#### *How does affordable housing differ?*

Both affordable housing developments and market-rate developments need to secure land use entitlements. One major way that affordable housing development differs from market-rate development in this stage, is due to neighborhood opposition. It is common for neighborhoods to object to a new affordable housing development, and some may use the slow land use entitlements process to delay or “kill” a project. Some market-rate developments may face opposition in this process, but they may also be in a better financial position to weather delays (e.g., if a market rate developer does not need a pre-development loan, delays do not incur carrying costs).

## Public Funding Applications

This is a unique step required for affordable housing development that does not apply to market-rate development. Often, affordable housing developments receive public funding in exchange for renting to low-income households. With rents set below market, the property will have insufficient rent revenue to cover its operating costs and support the loans needed to pay for development. Thus, the property must apply for a range of low-cost funding, project equity, or grants to reach feasibility and begin construction. This step adds cost, time, complexity, and uncertainty to the development process. Because public funding is limited, these application cycles are very competitive and not all projects will receive the funding to move forward. The policy goals attached to each funding amount can influence the type of housing built (e.g., housing for families or seniors) as well as the income levels served. Most often, a project needs to have site control before it can receive funding.

### *How does affordable housing differ?*

Market-rate developments do not typically need to secure public funding for development.

## Construction

Once a property has site control, entitlements, and a confirmed design concept, it can begin construction. This stage depends on the availability of labor, materials, and equipment, as well as the complexity and size of the development. The project will take out a construction loan to cover these costs, which means that delays in construction incur additional “carrying costs.” The construction loan is repaid by the permanent loan, which is sized based on the net operating income of the project (rent revenues minus operating expenses).

### *How does affordable housing differ?*

Affordable housing projects do not meaningfully differ from market-rate projects in the construction process. However, they may have simpler designs and prioritize faster construction timelines.

## Operations

Once the project is built and leased, it begins operations. Rents are determined at the project feasibility stage and are very important in the project’s operating phase. Feasibility and funding applications can occur several years prior to the project operating. The revenues from property rents need to be high enough to cover the cost of operating the property (including maintenance and repairs, landscaping, taxes, and numerous other fees and costs). The project’s net operating income must also service the monthly debt payments on the permanent loan. Banks generally require an income “cushion” to assure that the property has enough operating income to pay its debts. This means that net operating income must be 15% to 20% higher than the debt payment. Any change in rent revenues (market softening, competition, vacancies, etc.), costs of operations (higher taxes, maintenance costs, capital repairs, etc.) can meaningfully disrupt a property’s operations.

### *How does affordable housing differ?*

Affordable housing properties operate under affordability restrictions for a specified period of time (e.g., 15-99 years), and are typically managed by mission-driven developers or non-profit organizations. In contrast, many market-rate properties will sell to an institutional investor after the property stabilizes (after 5 or 8 years of operations). Another difference in affordable housing operations is that typically, affordable housing properties are required to put a portion of operating funds into reserves (both capital reserves and or operating reserves) which serve as a cushion for unexpected vacancies, disruptions to operations, or major capital repairs. These reserves help prevent most affordable housing properties from defaulting on debt service requirements (LIHTC properties, in particular, have very low default rates). Market rate properties are not required to keep reserves. Lastly, another difference in affordable housing operations, is that often the properties may have insufficient cash flow (funds left over after paying for operating expenses and debt) to pay for any cash-flow dependent line items (e.g., the developer fee, cash-flow dependent loans, etc.) In contrast, market-rate properties seek financial returns from the property, to provide steady cash flow to the owner or investor. While cash flow is not always available due to market rent fluctuations and or vacancies, the deals are structured to seek financial returns.

### Local Affordable Housing Funding Sources

This section describes the state and local affordable housing funding sources available to developers looking to construct affordable housing properties in Washington. Non-financial funding sources, like density bonuses or impact fee waivers, that indirectly provide funding by reducing costs are not included. These incentive programs typically work through the land use or zoning code to reduce the costs of development thereby providing indirect financial benefits to affordable housing development.

In addition, most of these funding sources are directed at the development of multifamily apartments. While these funding sources can be used for the development of scattered site properties or smaller developments (such as single-family homes or a group of townhomes), these project types are less able to scale and their higher development costs per unit make them less competitive in these public funding application rounds (among other challenges).

### Washington State Funding Sources

- **The Washington State Department of Commerce** offers three major funding programs for developing affordable housing.
  - **The Washington State Housing Trust Fund** provides loans and grants to affordable housing projects through annual competitive applications. This program typically funds housing units that are affordable to households earning below 80% of AMI. The Housing Trust Fund offers a set-aside to develop housing for individuals with IDD.

- **The Housing Preservation Program** provides funding for affordable housing rehabilitation, preservation, and capital improvement needs. It is only available for projects that have previously received Housing Trust Funds.
- **The HOME Program** is a federal block grant program funded through the US Department of Housing and Urban Development (HUD). This program offers funding for the preservation and development of affordable rental housing to non-profit organizations, public housing authorities, and local and tribal governments. HOME Funds typically build units that are affordable to households earning below 50% of AMI.
- **The Washington State Housing Finance Commission** offers several funding programs to build multifamily affordable housing.
- **The Low-Income Housing Tax Credit (LIHTC)** program, administered by the Housing Finance Commission, is the largest source of funding. It has two types: the 9% tax credit program is more valuable, but limited, and is awarded competitively through annual funding applications. The 4% bond tax credit program is less valuable for project financing, but the program is not competitive. Any project that can make the funding program work can access the tax credits up to a certain bond cap across the state. These programs typically fund housing units that are affordable to households earning below 60% of AMI.
- **The 80/20 Private Activity Bond** program can fund construction and development costs for affordable housing projects. The interest on the funding is tax-exempt, thereby reducing total development costs and increasing project feasibility. This program typically funds housing units that are affordable to households earning below 60% AMI.
- **Non-Profit Housing Bonds** can assist 501(c)(3) nonprofits in financing numerous housing developments. These funds are more flexible than other financing programs.
- **The Land Acquisition Program** assists qualified nonprofits with purchasing land for affordable housing development.

## Local Funding Sources

Cities and counties can choose to implement the following local funding sources and dedicate the money to affordable housing development.

- **A property tax levy** (RCW 84.52.105) – Allows jurisdictions to place an additional tax up to \$0.50 per thousand dollars assessed for up to ten years. Funds must go toward financing affordable housing for households earning below 50% MFI.
- **A sales tax levy** (RCW 82.14.530) – Allows jurisdictions to place a sales tax up to 0.1%. At least 60% of funds must go toward constructing affordable housing, mental/behavioral health-related facilities, or funding the operations and maintenance costs of affordable housing and facilities where housing-related programs are provided. At least 40% of funds must go toward mental/behavioral health treatment programs and services or housing-related services.

- **A real estate excise tax (REET)** (RCW 82.46.035) – Allows a portion of city REET funds to be used for affordable housing projects and the planning, acquisition, rehabilitation, repair, replacement, construction, or improvement of facilities for people experiencing homelessness. These projects must be listed in city's the capital facilities plan.
- **County Community Development Block Grants (CDBG)** – Many counties receive funding from HUD for these two grant programs. CDBG funds can be used in a variety of ways, including as gap funding for affordable housing development.

## Appendix D. Major Residence Types and Housing Needs for Adults with IDD

In September 2022, DSHS DDA released a review of housing needs titled, [Major Residence Types and Housing Needs for Adults with Intellectual and Developmental Disabilities](#).

<b>Major Residence Types and Housing Needs for Adults with Intellectual and Developmental Disabilities</b> Sept. 23, 2022								
Residence Type	<a href="#">Supported Living (Including SOLA)</a>	State-Operated Living Alternatives (SOLA)	Parental or Relative Home	<a href="#">Group Training Homes (facility-based service)</a>	<a href="#">Alternative Living</a>	Shared Living	Licensed Settings in Community: <a href="#">(Adult Family Homes &amp; Assisted Living Facilities)</a>	Larger Congregate Care Type Facilities /Institutions: <a href="#">(Residential Habilitation Center, Nursing Home)</a>
Preferred Housing Type	Scattered Single Family Home	Scattered Single Family Home	Scattered Single Family Home, Apartment Unit, Possible Accessory Dwelling Unit	Specially Designed Group Home In Community	Apartment Unit, Possible Accessory Dwelling Unit	Scattered Single Family Home	Scattered Single Family Home for Adult Family Homes	N/A
Estimated Affordable Units Needed*	3,000	161	10,000	171	70	Unknown	Unknown	Unknown
Number of Clients Who Can Share the Living Space	Up to 4	Up to 4	Determined by Family	5-12	1	Determined by Families	Up to 8 for Adult Family Home	N/A
DSHS DDA Services and Fund Source	Supported Living Services; Home & Community Based Services Walver (Core)	Supported Living Services; Home & Community Based Services Walver (Core)	Varied paid or No Paid DDA Services	Instruction and Support Services; Home & Community Based Services Walver (Core)	Alternative Living Services; Home & Community Based Services Walver (Core)	Clients may or may not receive DDA services	State Plan	State Plan
Support Hours	Up to 24 Hours Per Day	Typically 24-Hours Per Day	Depends on DDA Services Type	24-Hour Per Day	Up to 40 Hours per Month	Depends on the Family Agreement	24-Hour Per Day	24-Hour Per Day

- Contributors Include:
- Washington State Department of Social and Health Services Developmental Disabilities Administration
  - The Arc of Washington State
  - Washington State Department of Commerce
  - Service Providers
  - Housing Developers

Estimated Affordable Units needed\* Data source: Department of Social and Health Services Developmental Disabilities Administration, State-Operated Living Alternatives program, Department of Commerce, Eco Northwest.

Some adults with IDD choose to live with their families.

Many adults with IDD need specialized home environments, including roll-in showers, hardened surfaces, lowered countertops, wainscoting, ramps, widened doorways, etc. This drives cost/sq ft up due to the need for environmental accommodations.

Code of Federal Regulations: [Title 42, Chapter IV, Subpart C, 441.530 Home & Community-Based Settings](#).

The setting is integrated in and supports full access of individuals receiving Medicaid Home and Community Based Services to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.