Models

The following models have been reviewed by the think tank planning committee, and deemed consistent with the consensus housing principles for people with autism. Participants in the think tank will be evaluating these models as options for a broad range of people with autism. For those models deemed most promising for an individual profile, participants will identify possible design and technological features that could improve success, while also identifying barriers to implementation, and suggesting potential funding streams. Participants will also have the opportunity to suggest additional models.

Included with some of the models are lists of short video clips, explaining the model, describing a potential exemplar, or outlining ways in which supports might be provided. These models are embedded in the think tank website page at:

http://mahousingthinktank.org/best-practices/#models

Participants are expected to have read the list of models prior to the think tank. Participants should consider watching the video clips to broaden their understanding of the models.

1) Small legal multi-unit owned by a family or families, a special needs trust, or a 3rd party not providing the services. May take the form of a duplex, an accessory unit attached to the family home, or a triple decker. Units might be re-configurable, to facilitate changes in support needs. Videos:
   a) Using Adult Foster Care to create living options outside the family home
   b) Accessory apartment attached to the family home
   c) James’ cool space
   d) Triple decker
   e) Duplex, combining Shared Living in one unit, with AFC in another
   f) Configurable housing

2) Shared living in a single family home owned or leased by a family, individual, or a 3rd party not providing the services. It could involve substantially separate space, with a shared kitchen. Videos:
   a) Shared living in a family-owned home with a lease agreement with a provider
   b) Shared living with substantially separate living space

3) Licensed congregate living owned by families or a 3rd party not providing the services, with services from a provider chosen by residents/families. May be suite-based with multiple common areas that are shared and can be reserved. Videos:
   a) Homes for Life and The Arc of Delaware
   b) Constellation Cooperative Housing

4) Individual apartments or condos in the community, located close enough to one another to permit socialization. A facilitator and a neighbor are both paid to facilitate connections and provide support. Video:
   a) Changing Housing into Community (CHIC)

5) Intergenerational housing, co-locating elderly with younger adults with disabilities. Video:
6) **Transitional housing that trains residents in the skills they need to live independently**
   a) SUCCEED and Safety Connection

7) **Rural housing that facilitates active involvement with the land and animals, while maintaining community involvement.** Video:
   a) Shared Living Collaborative

8) **Co-housing in which people with and without disabilities choose to live in community, while having their own living spaces**
   a) Brooklyn Street

9) **Large inclusive multi-unit housing.**
   a) **Developments that are inclusive, but have providing supported housing for those needing autism-friendly features as a core mission from the project’s inception.**
      Videos:
      i) Hope House: 24/7 on site supports
      ii) Dave Wright Apartments: services available during certain hours
      iii) First Place: concierge services for permanent residences as well as onsite transitional housing
   b) **Percentage of units with autism-friendly design features incorporated into new construction of multi-family housing.** Ideally, other autism-friendly features are implemented into common areas. Units could be one-, two-, or three-bedrooms, to meet the needs of a range of people, including those not DDS eligible, DDS set-asides, or families with children with autism. Video:
      i) Set asides in new units, including for families with autistic children

10) **Inclusive, small footprint units, resulting in lower housing costs, with trained management and/or support providers.** These could be either new construction or retrofits, possibly of existing 4-6 unit multi-families. Videos:
    a) Micro-units
    b) Single Room Occupancy

11) **Co-provision of medical and behavioral supports.** For those with medical issues that may present either alongside or as maladaptive behaviors, staff or support providers with both training in behavioral supports and as Certified Nursing Assistants may be critical. In theory, any of the models above could co-provide medical and behavior supports. Video:
    a) Medically and behaviorally intensive

12) “**Smart homes**, in which assistive technology has been deployed to the fullest extent required to provide optimum support to the resident.” (In theory, any of the other models described could be a smart home.) **Participants who have not viewed the webinar slides or webinar on the technology page should view this video:**
    a) Smart homes