Key takeaways from Autism Housing Pathways' 2022 housing survey[1]

The survey results represent 359 Massachusetts autistic adults. The results shine a light on service gaps, including:

- Half have too many skills to qualify for 24/7 residential supports from the Department of Developmental Services (DDS) or for MassHealth's state plan services but lack the skills to live independently.
- There is no housing pipeline for individuals with intensive support needs who lack an intellectual disability.
- Residential staff need training to work with individuals with intensive support needs.
- Drop-in services for prompting through daily living activities are not available in most housing situations.
- Workforce shortages impact the ability of individuals to live with support in the community.
- Innovative approaches are needed to support those who have difficulty with initiating skills or who freeze when something goes wrong.
- Without adequate support for appointment, paperwork, and money management, individuals risk falling through the safety net.
- A lack of environmental modifications in rental housing puts individuals and families at risk of eviction.
- People lack awareness of existing benefits, and especially of affordable housing programs.

What do people want?

- Almost half would prefer a different housing arrangement; research indicates the current situation puts them at higher risk of costly ED visits.
- Most do not want to live alone.
- Many of those with who need more support want to be with family; but to access DDS Shared Living, MassHealth Adult Foster Care, or to rent from family with a voucher, the person needs to be in a legal separate unit.
- Most of those who prefer not to live with family would like at least some peers with a disability present.
- For those with intensive support needs, almost twice as many would prefer a group home controlled by families to one controlled by the state or a vendor agency.

Possible strategies to improve the situation include:

- Create vocational high school programs that allow students to graduate as both a Registered Behavior Technician and a Certified Nursing Assistant; training should also cover the use of communication systems and visual supports.
- Create a pipeline of Shared Living providers for reverse Shared Living (where the housing is a permanent home for the individual), possibly by working with college programs in human services or nursing, where providers only commit to a year.
- Modify the MassHealth Personal Care Attendant program to cover drop-in services for prompting.
- Require a % of units in new multi-family rental housing to include the most needed environmental modifications.
- Create a specialized group home model serving the most vulnerable individuals with complex medical and behavioral needs using highly trained staff; some ideas are discussed at: here.
- Require that a percentage of housing funded through the Qualified Allocation Plan and/or the Facilities Consolidation Fund serve DDS clients who do not require an institutional level of care.
- Direct the Executive Office of Housing and Livable Communities to disseminate information to local housing authorities about prioritizing persons with disabilities for Section 8 vouchers as a best practice.
- Include training about the full range of affordable and subsidized housing programs as part of the curriculum for the Department of Elementary and Secondary Education (DESE) Transition Specialist Endorsement.
- Provide training in autism to Options and Shine counselors, and to staff at Housing Consumer Education Centers.
- MassHealth could create an online repository for members to upload copies of critical documents needed to complete housing applications, such as a birth certificate, Social Security card, and state ID card.

[1] Modified 2024 to reflect legislative changes, including Accessory Dwelling Units as a by-right use and free community college.