

## AN OVERVIEW OF ADULT LIVING ARRANGEMENTS FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

The spectrum of living options for adults with developmental disabilities in California was originally based on the idea of having a continuum of services, reaching from the state institution on one end to independent living on the other. The idea was that a continuum would ensure a range of increasingly less restrictive services would be available, allowing individuals to be served wherever their requirements fell on the scale of need. With the continuum model, individuals were placed in homes based upon their service needs and generally had little choice with regard to the type of living arrangement. Individuals who wished to live in their own homes rather than in a home controlled by an agency were required to demonstrate readiness to live in a more independent setting. In recent years, the increasing focus on individual choice and empowerment has produced less clear distinctions between service types, and the development of the supported living service model has allowed individuals to establish their own housing arrangements and receive the services and supports they need to live successfully in that setting.

The following overview provides a brief summary of the various types of living arrangements currently available in California:

**State Developmental Centers:** Once known as State Hospitals, the Development Centers are state owned and operated facilities which primarily serve individuals with complex health needs and/or serious behavioral or psychiatric difficulties. The State of California has a long standing commitment to depopulate the Developmental Centers and is gradually closing these facilities with an ongoing effort to transfer as many individuals as possible to community based settings. Generally, individuals are only admitted to a developmental center as a result of court action because their needs are such that they cannot be safely served in the community.

**Health Licensed Facilities:** A range of care facilities known as Intermediate Care Facilities (ICFs) offering varying degrees of clinical services are available for individuals with some combination of specialized health care needs, substantial limitations in self care abilities and significant behavioral challenges. ICF facilities range from larger skilled nursing type facilities to group homes with specialized staffing. All are funded through Medicaid.

**Community Care Residential Facilities:** For the most part, community care facilities in California consist of group homes serving from 3 to 6 residents. Many are individual homes owned and operated by a couple, where others are part of a network of facilities managed by an agency. All provide basic board and care services and staff supervision whenever residents are present. Community Care Facilities (CCFs) are licensed by the Department of Social Services, Community Care Licensing and are funded in part by the resident's Social Security/SSI Benefits and in part by the Regional Centers. There are four levels of CCFs with most individuals with developmental disabilities residing in facilities designated as Level 2 through Level 4. In general terms, Level 2 facilities offer a 1:6 staff to client ratio; Level 3 facilities offer a 1:3 ratio; and Level 4 facilities offer a minimum of a 1:3 ratio with specialist staff services. Because the rates increase with the level, individuals are usually limited to facilities up to the level that is deemed to be commensurate with their service needs.

**Independent Living:** In the heyday of the continuum approach to residential services, independent living was seen as the ultimate goal for people with developmental disabilities. Although the idea was that people would ultimately achieve a level of independence that would not require staff support, experience has demonstrated that most people with developmental disabilities need to have access to some level of support in order to live successfully in the community. Most of the independent living programs that remain are more properly described as semi-independent living. These programs include cluster apartment programs with living skills training programs and itinerant support programs that provide a generic level of scheduled staff support for individuals residing in apartments. These programs are usually funded by the Regional Centers. [NOTE: Some agencies operate support service programs that provide a predetermined level of support for all participants and may be termed supported living programs. Because the services and supports are not individually defined, however, these programs must be considered to be independent living rather than supported living.]



**Supported Living:** Supported Living is the newest development in residential services for people with developmental disabilities. Supported living is unique in that the housing and the staff support are separated by design. Individuals with disabilities obtain and maintain their own homes (often with roommates) and pay their rent, food, and other routine living expenses from their public benefits and earnings. A schedule of services and supports is tailored specifically to meet the particular needs of each person. Services are most commonly provided by an agency, although an increasing number of family and consumer operated supported living arrangements are being developed. Services and supports can range from a few hours/week to 24 hour care as dictated by individual requirements. Supported living uniquely permits individuals to change the provider of their supportive services without leaving their home. Supported Living Arrangements are primarily funded by the Regional Centers, although most also incorporate In-Home Supportive Services (IHSS) to provide an element of the staff support.

**With Family:** The predominate living arrangement for adults with developmental disabilities remains residence in a home with parents or other family members. The nature of such arrangements varies broadly. Because most of the residential support is provided by family members, these types of living arrangements are usually the least costly in terms of public expense. Despite the economy of supporting family residences, both funding and supportive services are limited and in short supply for people who live in these settings. Individuals contribute to their housing costs in varying degrees through their public benefits and earnings. If additional staff support is required, it must be secured separately. Additional supports are most commonly identified through the Individual Program Plan (IPP) process and funded by the Regional Centers.

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