EXECUTIVE SUMMARY

In 2019 the New York Alliance for Inclusion and Innovation (NY Alliance) was awarded a three-year housing grant from the New York State Developmental Disabilities Planning Council (DDPC). A deliverable within the grant was the creation of a “Master Housing Navigator” (MHN) to provide housing navigation services to people with intellectual and developmental disabilities (I/DD) seeking to live more independently. Through the grant, one MHN candidate was appointed for each of the five New York State Office for People With Developmental Disabilities (OPWDD) regions. In each of the three years of the grant, 2019 through 2021, the NY Alliance recruited a minimum of three people with I/DD in each of the regions to work with the MHNs. Despite significant disruption to services arising from the COVID-19 pandemic, 26 people were able to successfully transition, with 12 other people close to completing their housing journey when the project concluded.

The people transitioning reported a significant increase in their autonomy and quality of life. In addition to the increase in quality of life there was also a return on the investment with a decrease in state expenditure.

THE NEW YORK STATE DEVELOPMENTAL DISABILITIES PLANNING COUNCIL (DDPC)

As part of its long-term planning and policy initiatives, the NYS Developmental Disabilities Planning Council (DDPC) has examined ways in which housing options for people with I/DD could be increased. Taking its cue from the Centers for Medicare and Medicaid 2015 bulletin, “Coverage of Housing Related Activities and Services for Individuals with Disabilities” the DDPC funded a grant, which included a pilot program using Housing Navigation to help people seeking to live more independently in the community.

THE NEW YORK ALLIANCE FOR INCLUSION AND INNOVATION (NY ALLIANCE)

The NY Alliance is a statewide association representing one hundred and fifty (150) not-for-profit agencies serving people with disabilities of all ages. The NY Alliance works closely with the NYS OPWDD and its Developmental Disabilities Regional Office (DDROs) and member agencies to target gaps in services, staff training, and government supports. The NY Alliance provides a broad range of technical assistance services including comprehensive training initiatives, advocacy, policy development and identification of and implementation of best practices for the I/DD field.
HOUSING NAVIGATION

Housing Navigation is a focused, outcome oriented and time limited service that helps people with I/DD who need or want to move to community-based housing to obtain and maintain stable long-term housing of their choice.

Navigation services include:
- Developing an individualized person-centered housing plan.
- Developing an individual housing budget including the optimization of benefits and financial consulting, if necessary.
- Implementing a housing action plan which includes the person’s housing vision and housing budget.
- Finding a home in the person’s community of choice.
- Coordinating a move.
- Developing a housing sustainability plan and transition to ongoing service providers.
- Long term housing support.

THE PILOT PROGRAM

The purpose of the pilot program was to examine how Housing Navigation services could be implemented most effectively to help people with I/DD move into more independent housing of their choice.

THE METHOD

JUNE 2017:
DDPC approved a motion to issue a grant to assist in the development of non-certified housing options for individuals with I/DD.

JANUARY 2018:
DDPC issued an RFP pursuant to the June 2017 motion.

JUNE 2018:
NY Alliance was awarded the grant to begin January of 2019.

JANUARY 2019:
The NY Alliance announced the position of a Master Housing Navigator (MHN). The applicants were required to be certified Housing Navigators and have direct experience of assisting people with I/DD in their housing search. The applicant was expected to:
- work directly or as an advisor with three people and their circle of support each year to assist in creating their individualized home.
- assist in monitoring each housing plan development and execution of key indicators; provide guidance in each step of the process from development to moving into a new home, working to resolve barriers that arise during the process.

Applications could be independent Housing Navigators or a staff member at an agency. They were expected to work approximately .20 FTE on the grant, (which also included assistance in supporting Regional Housing Collaboratives, Community Education, and Technical Assistance to provider agencies).

Applications for the MHN position were reviewed by a team that included NY Alliance staff and OPWDD professionals, parents, providers, and outside consultants. The team of five MHNs were selected by March 2019. Two of the MHNs were affiliated with provider agencies and three were independent.
THE PILOT

In early 2019, the NY Alliance convened a five-person Advisory Board consisting of family members, housing professionals and developmental disability professionals to provide guidance on aspects of the grant, including recruitment of Housing Navigators and pilot participants.

In April 2019, the NY Alliance announced an open invitation to people with I/DD and their families or circles of support to participate in the pilot program. The invitation was distributed through multiple channels including the NY Housing Resource Center’s mailing list, NY Alliance membership and parent advocacy groups. There were some 160 initial applications. NY Alliance kept the application window open until September 2021 and eventually received 312 applications.

Candidates were initially selected based on their eligibility, (e.g., did they currently receive any OPWDD services, did they have SSI). The application review gave preference to people who had been out of school for several years. It sought to address a range of people who were in certified settings, in addition to people who were living in the community and people who were living with their families.

At the end of 2019, 15 participants were enrolled in the pilot program. In the years that followed, new participants were added based on the person’s eligibility and the availability and capacity of the MHN. During the course of the pilot project there were 84 people enrolled, 28 people decided that for various reasons that they did not want to continue. The main reasons cited were that the family didn’t feel that the person was ready, that the economics were not realistic, especially as they related to the Housing Subsidy, or that the path was just too complicated.

At the conclusion of the pilot there were 26 people who had completed their housing goals, 12 who were on housing waiting lists or otherwise very close to completion, and 18 who would need more time than the pilot would accommodate, including 8 who were only at the beginning of their journey and in some cases still waiting for initial approval for Self-Direction. The MHNs continued to work with some of the participants and took measures to ensure that their housing journey continued to receive support.

In March 2020, New York State began a series of lockdowns due to the Covid-19 virus. Among other effects of the pandemic, the recruitment and meeting process became more difficult.

The Project Manager and Director held weekly meetings with each MHN through 2020 before switching to a bi-weekly schedule. Meetings were conducted by phone or Zoom. Each meeting included discussion of new pilot applicants, work performed with each participant and their issues and concerns.

The Project Manager and Director and the five MHNs met every other week by phone or Zoom to compare notes, and to provide each other with information and advice.

The Advisory Board met periodically throughout the course of the grant.

The Project Manager and Director reported to the DDPC liaisons throughout the course of the grant.
On this journey to living independently we met someone who is living with a family and wanted to live on their own. The vision for their housing became clearer once they saw an apartment that their friend had. Through this connection, resource information on this type of housing setting is shared. Happy to share that the person has moved in and is enjoying her new home and community.
THE HOUSING PLANNING INSTRUMENT

The NY Alliance developed a “Housing Planning Instrument” (HPI). The instrument was designed to follow the stages of a typical housing journey.

The HPI was coupled with a spreadsheet-based calculation of income, savings, expenses and housing costs. The HPI and the spreadsheet were maintained by the MHNs and periodically reviewed by the Project Manager and Director. Over the course of the pilot the HPI was adapted and revised based on feedback from the MHNs and the pilot participants and is now an important element in the Housing Navigator training program.

THE JOURNEY

STAGE 1:
An intensive period of Person-Centered planning to understand the person’s needs and desires, the extent of available paid and unpaid support and how to build the person’s circle of support and their social capital.

STAGE 2:
Understanding the person’s financial position including their earnings and ways to retain earnings while optimizing public benefits based on income; public benefits arising from their disability and any other resources that could be used to create long term sustainability.

STAGE 3:
Explore areas where the person might need paid and unpaid support for themselves or shared with others. This included a review of Assistive / Enabling Technology and environmental modifications. Discussion would include whether the person sought to live alone or to live with others.

STAGE 4:
Planning for housing including a discussion of where someone might live, whether they were seeking to rent or own, what they might need for furniture and appliances, and funding available to them for transition.

STAGE 5:
Transition. Whether the person was moving from their family home or from a certified residence, the transition required careful collaboration with multiple State and voluntary agencies to ensure that all of the elements came together when needed.

STAGE 6:
Sustaining. The Housing Navigator remains involved but gradually fades as other paid and unpaid supports sustain the person.
**MULTI SYSTEM COORDINATION**

New York State’s service delivery system assigns a range of functions to different providers. For a person using Self-Directed funding, which was the case for most of the participants, the required professionals will include a Self-Direction broker, a Care Manager and a Fiscal Intermediary. The person’s team may also include a Representative Payee, who may be a family member, a trusted lay person or a professional. It may include a guardian of the person and/or their property. Other recommended professionals who might be involved from time to time may include a Person-Centered Planner and a benefit adviser. The MHNs found that there was frequent confusion as to who did what, with the professionals unclear as to their responsibilities, making the goal of a holistic approach difficult to achieve. There were also inconsistencies between how needs were addressed by the five OPWDD regional offices.

“I think if agencies were encouraged to focus non-certified housing for people who have less needs (for example those with ISPM scores of 1) through funding to create those options and funding to re-create certified housing (accessible homes, smaller settings, behavioral supports, etc.) to support those with higher needs you would see a more natural “flow” from certified to non-certified.”

*Master Housing Navigator*

**EVERYONE IS UNIQUE**

Per the Medicaid Redesign team 2017 Final Utilization Report on OPWDD’s Expansion Program “This program serves persons with developmental disabilities (n=51), most of which fall under the ICD-9 category of mental disorders. However, 61% additionally have an active SMI (Severe Mental Illness) diagnosis. Forty-one percent of this population has a chronic medical condition, and 10% have a substance use disorder. None have HIV. Four percent have a mental health diagnosis, a substance use disorder, and a chronic medical condition in addition to their developmental disability. Only 29% do not have any of these conditions.”

This experience was borne out in the pilot. In addition to the health and mental health concerns of some of the participants, there were issues arising from a history of imprisonment and encounters with law enforcement, homelessness and histories of emotional and financial abuse. Several participants had difficult histories of medication adherence and anti-social behavior. In several instances these issues were not apparent from the person’s residential “packet” or from the narratives provided by their residence managers, staff or their Care Managers.

One advantage of the deeply person-centered planning provided by the MHNs was that these issues were surfaced and were addressed in the planning process.

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INSTITUTIONAL BIAS

Provider agencies report that when a vacancy arises in a certified system, they may experience pressure from their regional office to accommodate a person who may have a higher level of need than the former or continuing tenants, or the setting is not appropriate for the person or there is an unfunded increase in service requirements. This has the effect of incentivizing certified housing to retain tenants they are comfortable with, who may be considered “easy” rather than housing people with, for example, higher behavioral needs. MHNs report that consciously or unconsciously there were instances of certified residential teams and family members delaying or stalling a person’s transition to more independent housing. This may result from an overabundance of caution, an institutional mindset, or financial incentives. The reality is that there are no incentives for providers to help people to move into more independent housing, but rather many disincentives leading them to maintain the status quo.

Access to OPWDD services, including Self-Direction, are often approved, or denied at the regional office based upon that local office’s policy and beliefs. In one instance a person seeking to be more independent and to use Self-Direction to move into the community was denied the opportunity because the regional office felt that their impairments were too disabling for them to ever leave their group home. This some 22 years after the Olmstead decision.

The rental subsidy, held at the 2012 HUD FMR levels, is inadequate. It is significantly below the housing subsidy levels provided to support people living in certified housing who have similar needs to people living in the community.

In higher cost areas of the State, it can be as little as 50% of the HUD FMR. One effect of the pandemic was to increase housing demand in the suburbs around New York City. As rents increased the housing subsidy became less and less adequate.

In Suffolk and Nassau counties in particular, families gave up on their housing planning due to the impossibility of funding their plan with the limited resources available.

In the January 2022 Executive Budget, it is proposed that the OPWDD Housing Subsidy be adjusted to align with U.S. Housing and Urban Development Fair Market Rents (HUD FMR).

[iii] The two Long Island counties. Combined population 2.8M

[iv] In the January 2022 Executive Budget, it is proposed that the OPWDD Housing Subsidy be adjusted to align with HUD FMR.
Getting the “no” people out of the room.
One of the most frustrating things I come across is sitting in a room full of “team members” giving reasons why a person can’t do something.

We work for the people we serve and if we aren’t going to support them in becoming the best version of themselves then new team members need to be identified.”

Master Housing Navigator

FAMILY

While some of the participants had no family members in their lives, most did, whether they were still living with their family or living in certified housing. Some of the factors that impede transition from certified settings are also present in family situations. Some would have preferred a certified setting but saw the pilot as their only option given the scarcity of certified housing. Several felt that their son or daughter were just not ready to move, although almost uniformly they were pleasantly surprised by the transformation that a change in living circumstances led to with their adult son or daughter. There were instances where the person with I/DD’s income was a consideration in remaining in the family home, and, at the other end of the economic spectrum, where parents or family members offered housing opportunities from their own resources, or which served their own financial purposes.

“Getting the “no” people out of the room. One of the most frustrating things I come across is sitting in a room full of “team members” giving reasons why a person can’t do something.

We work for the people we serve and if we aren’t going to support them in becoming the best version of themselves then new team members need to be identified.”

Master Housing Navigator

Families cited the complexity of medication administration rules as a disincentive. Once medication stops being administered by a family member, New York State’s Nurse Practice Act requires that it can only be administered by an agency registered to offer a nurse who provides training under his/her license to a staff person and adheres to the Medications Administration process developed under the Nurse Practice Act within OPWDD (there are very few agencies that signed up for this because they are not reimbursed for it) within a certified setting, or by receiving services through the Consumer Directed Personal Assistance Program (CDPAP), requiring an extra level of applications and administration.

The most commonly reported cause of parental reluctance, whether the person was coming from the family home or from certified housing, was the intimidating complexity of the various systems they needed to understand, even with the help of the Housing Navigator and other professionals.

This was particularly true of people encountering Self-Direction for the first time. Families were also reluctant to commit given the inadequacy of the State Housing Subsidy which had not been increased in ten years, despite considerable inflation in real estate costs, and increases in federal government HUD subsidies.
People transitioning from their family home, or a group home are confronted with a complex array of systems, eligibilities, and entitlements. For example, a person moving from a group home might need to understand changes in their Supplemental Security Income, Social Security Disability benefit, Childhood Disability Benefit, Pooled Trust, Representative Payee roles, the Self-Direction system, Housing Subsidy, SNAP, HEAP, Environmental Modifications, and this when some may not have learned the independent living skills such as cooking and cleaning that they need. The complexity lengthens the process of transition.

In some parts of the State, it may take up to a year to have a Self-Direction budget confirmed. Environmental modifications, such as wheelchair access cannot be paid for until the person has moved into their new home, which they may not be able to do until the modifications are made. In one instance, a person remained in a higher cost group home for many months longer than necessary while the Environmental Modification process led to circular dithering over a minor cost element. In order to obtain the Housing Subsidy a person may have to provide OPWDD with a copy of a lease, which they will not be able to obtain from a landlord unwilling to keep an opportunity open until OPWDD responds.

This complexity is compounded by a lack of familiarity with the systems on the part of the person, their family, and advocates and frequently by the professionals they are engaged with. Many professionals are unfamiliar with some basic issues such as transition subsidies, housing subsidy calculation, employment and benefit optimization. These issues continue to be made more complex and difficult by the addition of new checklists and participation agreements for housing subsidies. The MHNs report spending considerable time on education and training of people in the various professional roles, including OPWDD staff.

“E-Mods. We have an approved e-mod for a bathroom remodel to give someone an accessible shower. The bid process of obtaining three bids took its usual time, and the state paid us through Quick Pay. For whatever reason, the job wasn’t completed last fall and was pushed off through the winter and spring, partly due to the pandemic. I reached out to the winning bidder and asked if he was still interested. He gave us an updated bid that went up $900 due to increases in materials, and when OPWDD was notified of this, they stated we needed to send back the entire amount of money they originally paid us in order to amend the contract. We sent the money back and they also wanted us to obtain two other bids, despite the winning bidders new bid still being lower than the other two bids. They even acknowledged that it would be easier to send us the amended amount of $900 instead of collecting the entire amount back and going through the process again but said it is due to each contract amount having separate numbers.”

Master Housing Navigator
THE IMPACT OF COVID-19

The first participants joined the program in the summer of 2019. In March of 2020, New York State went into lockdown and has experienced a range of restrictions due to the COVID-19 pandemic that continue at the time of this writing (February 2022). People living in certified settings were highly restricted as visits were limited and day programs were cancelled. Provider agencies have struggled to keep staff throughout the pandemic. CCOs, FIs, and provider agencies as well as OPWDD went virtual with their services. All of the inconveniences endured by the general public were magnified by the constraints of the I/DD system. The pilot program also experienced delays in interviewing applicants, planning with participants, convening the supports, arranging eligibilities and entitlements and finding housing. This delayed the process for the pilot participants and for all of the people involved in their housing journey.

LESSONS LEARNED

Examining the effect of COVID-19 on the I/DD system is not in the scope of this work, however there were several lessons learned for people involved in creating independent housing:

- Telehealth works and spreading the availability of Telemedicine would be a cost-effective way to provide people with more independence and autonomy.
- While videoconferencing should not replace in-person meetings, it can be used effectively to save time and make it easier to convene stakeholders.
- People in larger congregate settings appear to be more vulnerable to the disease possibly due to exposure to more staff and housemates.
- While some providers went to great lengths to support people living in the community, some people were nonetheless underserved in comparison with people living in certified settings with similar levels of need. There was a lack of clarity as to the role of the CCO, the Self-Direction broker, the FI and the State in providing support.

ASSISTIVE AND ENABLING TECHNOLOGY

New Yorkers, in many cases, were ill prepared for the social isolation that the COVID public health emergency presented to people with I/DD living on their own. With the suspension of work and day programs, people remained at home, many without access to smart technology that would provide remote connections to friends and family and their programs and supports.

In addition, people who had the smart technology did not have the education and learning opportunities to show them how to use the devices and apps for remote connection e.g., Zoom.

One of the benefits of the pandemic experience is knowing now that the above is needed and can be built into the fabric of the work.
Two lifetime friends, coming from different types of housing, had a desire to live together and create their home. Creating a home took the support of parents, agency staff and the friends. Their home, which was purchased by a relative, required modifications to the environment which took over one year to complete.
FINANCIAL IMPACT OF HOUSING NAVIGATION

Over a period of nearly three years, the MHNs in each region were able to support the successful transition of 26 people to independent housing arrangements that met their needs.

There was sufficient post transition data to follow up with 20 of them. In a future report, we will review the finances of the six who transitioned most recently and any others who transition in the first months of 2022.

Twelve (12) of the 20 people transitioned from a certified residential setting. Of those, 1 came from a State Operated Supervised IRA, 3 came from voluntary operated Supervised IRAs, 8 from voluntary operated Supportive IRAs. One person came from an apartment where they had been living independently to a much better location and accommodation. The remaining 7 people had been living in their family homes, receiving different levels of support from other family members ranging from significant care and attention to neglect and financial abuse.

The fiscal analysis of this pilot project sought to quantify the total amount of government-related housing support each person received prior to, and post housing transition. The results of the fiscal analysis indicate a significant decrease in the amount of overall government spending on housing-related supports as people transitioned to more independent, community-based living arrangements. More specifically, people transitioning from certified settings drove a majority of the government-related housing savings while the pilot participants who transitioned from non-certified settings experienced slightly higher government spending on housing as indicated in the chart below:

<table>
<thead>
<tr>
<th>DDPC Master Housing Navigator Pilot Fiscal Summary</th>
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<tbody>
<tr>
<td>Transitioning From</td>
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<tr>
<td>Certified (12)</td>
</tr>
<tr>
<td>Non-Certified (8)</td>
</tr>
<tr>
<td>Pilot Total (20)</td>
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METHODOLOGY FOR FINANCIAL ANALYSIS

The pre- and post-transition costs were verified via each person’s respective regional MHN. The following factors were considered when determining housing costs:

- Public Benefits and Entitlements – Federal SSI, SSDI/CDB, SNAP, HEAP, etc.
- OTDA State Supplement Program (SSP) Payment
- OPWDD services related to housing – Residential Habilitation, Residential Replacement Reserve, Room & Board Supplemental payments, OPWDD Housing Subsidy
- Self-Direction total Personal Resource Account (PRA), including Community Habilitation
- Self-Direction budgeted services
- Environmental modifications and assistive technology costs
- Other miscellaneous expenses as applicable

At times it was necessary to make reasonable assumptions based on historic spending data as to the percentage of certain budgeted amounts that were allocated toward housing for each person. For example, the utilization of each person’s Self-Direction PRA amount is unknown, and for the purpose of this fiscal analysis, it is assumed to be 50 percent of the total amount. Additionally, 75 percent of approved community habilitation services, whether self-hire, agency-supported, or direct provider, were attributed to housing.

With regard to environmental modifications and assistive technology improvements, the estimated life cycle for each improvement is assumed to be 10 years with the appropriate amortization included to arrive at a monthly cost for each improvement where applicable.

When people transitioned from their family home, the amount of public support increased. These increases were primarily due to the need for paid DSP support to replace the support that the person had been receiving from their family. Notwithstanding that increase, it is likely that a well-planned transition into more independent housing might be more cost effective than an unplanned emergency transition to certified housing when the caregivers are no longer able to cope, as too often happens.
CONCLUSIONS

TIME.
Housing Navigation takes time. The average length of time that each participant who completed their journey required was 14.5 months, with the shortest being 2 months and the longest 27 months. MHNs noted that if the first move didn’t work out, some people were assisted in more than one move. COVID-19 clearly limited opportunity but was not the only factor in the amount of time required. Other factors included the need to build a professional and informal circle of support, the length of time to be accepted into Self-Direction and the housing subsidy process.

IT’S SOCIAL WORK!
Large State funded systems require specialization of tasks and multiple levels of billing with complex bureaucracy. With the independent funding provided by the DDPC grant the MHNs were able to focus on the person’s needs, rather than the system’s requirements. Meetings did not run in 15-minute increments or have to be in person 50% of the time or include every single professional in the person’s life every time. The relationships were informal, designed to provide the person with the most opportunity to make their own wishes known and to be at the center of the process rather than being the “product”.

OBSTACLES TO HOUSING.
The principle system obstacles are the complexity of the various elements in a person with I/DD’s financial and service life, the institutional bias of the system’s funding mechanisms, and the lack of understanding or training for system professionals at all levels. At the personal level, families are naturally extremely worried that the person for whom they have provided safety and protection for all of their lives might be moving into a situation where there is a higher level of risk.

EDUCATION FOR ALL INVOLVED.
The people who applied to be in the pilot program were a self-selecting group of motivated individuals and families. They were likely more informed than most people about housing options. They were for the most part supported by an array of professionals in reputable provider agencies, Fiscal Intermediaries (FIs), Care Coordination Organizations (CCOs), etc. That said, the level of understanding for many of the people involved was very basic with many misconceptions and misunderstandings of systems and financial issues.
RECOMMENDATIONS

SIMPLIFY THE PROCESS.
When the certified housing system was created it was never envisioned that people with I/DD, who had need of significant support, would ever live in the community. It was also assumed that when a family could no longer support their family member with I/DD then the person would go into a group home. Neither of these scenarios are true any longer, but we have not yet devised a simpler process to help people move into their preferred home. It is intimidating to professionals, many of whom have limited training in housing issues, and it is even more intimidating for families and people receiving supports. As stakeholders we need to work together to find a better way.

EDUCATE AND INFORM.
Despite the best efforts by NYS OPWDD, the University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDDs), the provider associations and providers themselves, there remains a system wide lack of understanding of benefits, eligibilities, entitlements and means to access housing. This can only be remedied by a concerted effort to provide key staff within the various service groups, i.e., CCOs, FIs, Self-Direction brokers, OPWDD, DDROs, with the educational opportunities needed to address this lack of knowledge.

Information about housing opportunities and options needs to be provided to people with I/DD and their families while the person is still a minor and preferably as transition services begin in schools. The information needs to include a realistic assessment of the risks in all settings, including certified, and how those risks can be addressed.

FAIR HOUSING SUBSIDY.
Simply put, the housing subsidy is inadequate by any standard. No family is going to place their son or daughter in housing where the rent subsidy does not support the current and or future rent and require that they spend greater than 50% of their income on housing.

Increase the funding opportunity for affordable and or supportive housing. The funding for Integrated Supportive Housing capital at .15% of the annual spending on I/DD is inadequate to support the needs.

ASSISTIVE TECHNOLOGY.
Provide access to mainstream technology and connectivity to individuals. Ensure that funding is optimized to support Enabling and Assistive technology. In addition, provide robust coaching and education on the use of technology.
RECOMMENDATIONS CONT’D

CLEARING HOUSE FOR STAFF.
Various nonprofits and for profits have tried to create mechanisms to connect people seeking roommates or staff support to each other. They were met with mixed success. There is no funding for providers to undertake the effort. Complex regulations require a DSP to be “cleared” for each employer, which causes delay and extra expense, rather than being maintained in a central registry. A statewide venture to create such a marketplace would require at least initial State funding and a compensation mechanism.

OMBUDSMAN.
The MHNs spent much of their time supplementing the work of other professionals who did not know how to do the work themselves. Because of their independent funding through this project, they were able to provide “wrap around” support that did not rely on billable hours. They were able to work with the person holistically, supporting their housing journey and helping them after they had completed it. This informal but highly effective approach can form the basis of a professional role that can provide systems and personal advocacy for a person with I/DD through their lifetime, and especially once the person’s family is unable to do so.