

# Market Analysis for Neuro-Inclusive Housing in Park City, UT

January  
2023



**BRIDGE** **21**  
PARK CITY



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# **MARKET ANALYSIS FOR NEURO-INCLUSIVE HOUSING IN PARK CITY, UT**

**JANUARY  
2023**

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BRIDGE 21 PARK CITY HIRED NEURO-INCLUSIVE HOUSING SOLUTIONS TO CONDUCT THIS MARKET STUDY AND ANALYSIS. QUESTIONS ABOUT THE PROCESS AND/OR DATA SHOULD BE ADDRESSED TO [DESIREE@NEUROINCLUSIVEHOUSINGSOLUTIONS.COM](mailto:DESIREE@NEUROINCLUSIVEHOUSINGSOLUTIONS.COM)

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# INTRODUCTION

**Approximately**  
**3,012**  
**People with A/I/DD live in Summit County**



**11x the capacity of the Egyptian Theatre**


Adults with autism and other intellectual/developmental disabilities (A/I/DD) are an integral part of the Summit County community. They are reliable employees, loyal friends and compassionate community members. Special education services equip them to reach their educational potential, yet after graduation, they often experience isolation and limited opportunities for community inclusion.

**76%**  
**Live with a family caregiver**



According to the Center for Disease Control, approximately 6.99% of the population has a diagnosis of autism, intellectual disability or other developmental disabilities.<sup>1</sup> Using this prevalence data for Summit County, an estimated 3,012 households include a family member with autism, Down Syndrome, cerebral palsy or other A/I/DD.<sup>2</sup> The large majority of this population are living with family caregivers who are aging and will not be able to house and support their loved ones indefinitely.<sup>3</sup> In all of Utah, only about 3,300 individuals with A/I/DD are receiving services and living outside of their family home:<sup>4</sup>

**An estimated**  
**512**  
**Live with a caregiver over the age of 60**



**Planning for housing and services urgently needed**

- Less than 1,300 live in their own home
- 445 live in adult foster care
- 1,300 live in a group home setting
- Over 300 live in a nursing facility or state institution

1 - <https://www.cdc.gov/nchs/products/databriefs/db291.htm>  
 2 - <https://www.census.gov/quickfacts/summitcountyutah>  
 3 - <https://stateofthestates.org/wp-content/uploads/documents/Utah.pdf>  
 4 - <https://risp.umn.edu/viz/living-arrangements/ltss-recipientss-by-setting-type-and-year>

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This population can access the daily help they need in their home through Medicaid-funded long term support services. Yet without housing that is safe, affordable, and cognitively accessible, these valuable residents are at high risk of involuntarily displacement, institutionalization or homelessness when their parents pass away. According to estimates from the State of the States in Developmental Disabilities report, 17% of family caregivers in Utah who have a loved one with A/I/DD are over the age of 60.<sup>5</sup> Therefore, **Summit County must plan for the 512 adults with A/I/DD who are at risk of losing their home and primary family caregiver.**

Persons with A/I/DD who currently reside in Park City or Summit County are not segmented in local data reports such as the 2019 Regional Housing Needs Assessment and the 2021 Park City Housing Needs Assessment. These data gaps make this population statistically invisible as a housing need, therefore further exasperating the challenge.<sup>6,7</sup>

Housing affordability is a challenge for much of the working neurotypical population in Park City. Despite the desire to secure employment, adults with A/I/DD are extremely low income, relying largely on Supplemental Security Income (SSI) and low-paying part-time work.

Bridge21 Park City recognizes this critical need in their community and has invested in this market analysis to provide market data on the specific demographics, as well as the needs and preferences of adults with A/I/DD and their families for neuro-inclusive planned communities.

— “ —

**"I would like to have help, but still be independent and be around other people like me. I want friends and a sense of community that "gets" me. I don't want to be in a place like my great-Aunt (assisted living/nursing home) where help is hard to find or people don't help in the ways I want help."**

— ” —

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5 - <https://stateofthestates.org/wp-content/uploads/documents/Utah.pdf>

6 - <https://www.parkcity.org/home/showpublisheddocument/70602/637649877446970000>

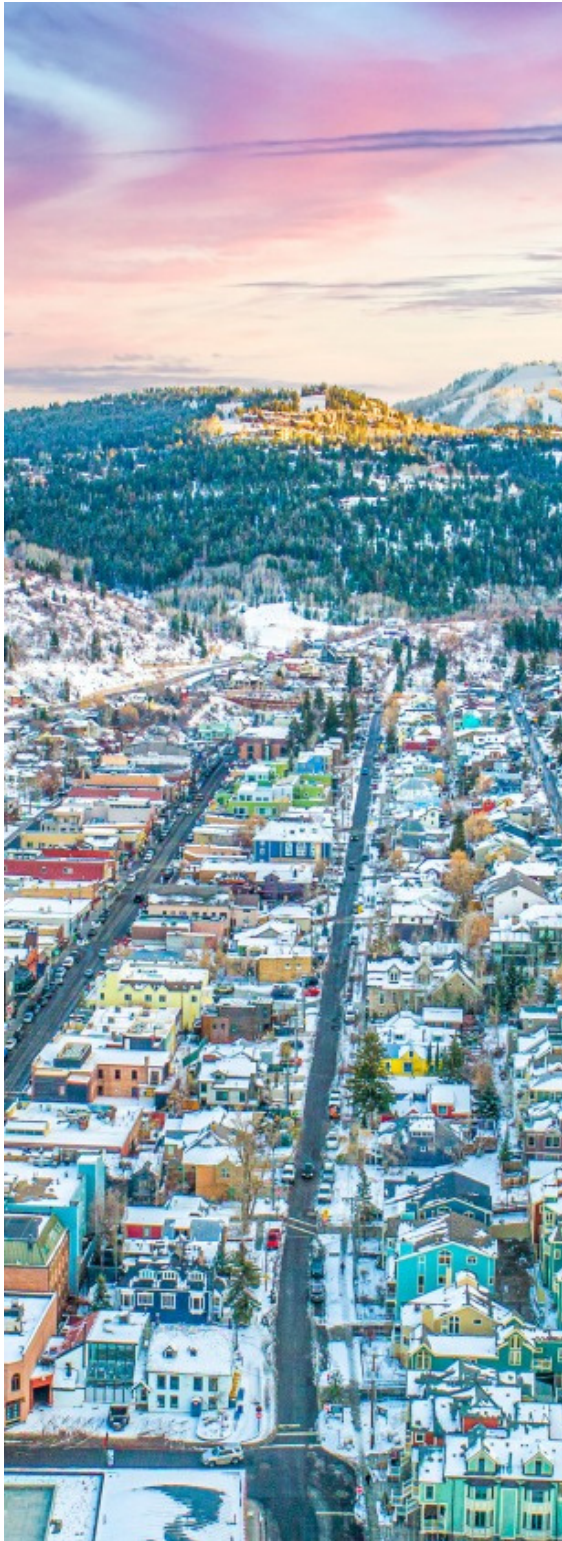
7 - [https://legistarweb-production.s3.amazonaws.com/uploads/attachment/pdf/1286453/Park\\_City\\_Housing\\_Needs\\_Assessment\\_2021.pdf](https://legistarweb-production.s3.amazonaws.com/uploads/attachment/pdf/1286453/Park_City_Housing_Needs_Assessment_2021.pdf)

# NEURO-INCLUSIVE HOUSING FRAMEWORK

Due to the relentless advocacy of adults with A/I/DD and their families, this population can choose a home and access services from their preferred service provider. Instead of trying to fit people into pre-existing programs, person-centered planning puts the adult with A/I/DD at the center of future planning. Neuro-inclusive housing is a key aspect of this planning as it provides supportive, affordable, cognitively accessible units where residents can choose and change their preferred service provider as needed without being forced out of their home. Solutions developed by Bridge21 and its partners have the potential to not only provide Park City and Summit County with desperately needed housing units, but offer greater independence, housing stability, and opportunities for residents with neurodiversities to be active members of their community.



This Neuro-Inclusive Housing Framework helps local public, private and nonprofit organizations plan for needed housing targeting adults with A/I/DD:



### **Housing with Neuro-Inclusive Design**

Many adults with A/I/DD do not have a mobility impairment or need an ADA compliant unit. But instead, accommodations may include planning for cognitive accessibility, sensory-friendly features, and strategic physical amenities to promote safety and social interaction.

### **Long-Term Support Services**

Adults with A/I/DD may have access to Medicaid-funded, individualized services that help them with independent and daily living activities such as household management, meal preparation, scheduling, transportation, supported employment and other direct support assistance.<sup>8</sup> Residents can choose their preferred Utah-approved provider and service delivery model.<sup>9</sup>

### **Supportive Amenities**

Built-in, property-specific supports are what makes supportive housing different from typical housing communities. These supportive amenities are extra technology or human resources that may plan social activities, create community connections, increase life skills and well being, or be a safety net for residents.

8 - <https://medicaid.utah.gov/medicaid-long-term-care-and-waiver-programs/>

9 - <https://dspd.utah.gov/resources/provider-search/>



## SURVEY RESPONDENTS: WHY DO YOU WANT TO LIVE IN A NEURO-INCLUSIVE PLANNED COMMUNITY?

### INDEPENDENCE

- Increase independence for both myself and my parents
- I like to be around people like me and I also like to be independent. I think this is a good option for me
- I'd like to live in a neuro-inclusive community because it can help me with my transition to independent living

### SUPPORT

- For support and friends
- Support and friendship
- So that I can get support but not be in a over-supervised place
- To be with others who understand my needs
- The support options
- I need the assistance and because the other residents will accept me there
- Learn new skills, have needed support to be successful and grow where I can feel safe
- I want a community where people get to know and support my daughter, extra eyes and safety

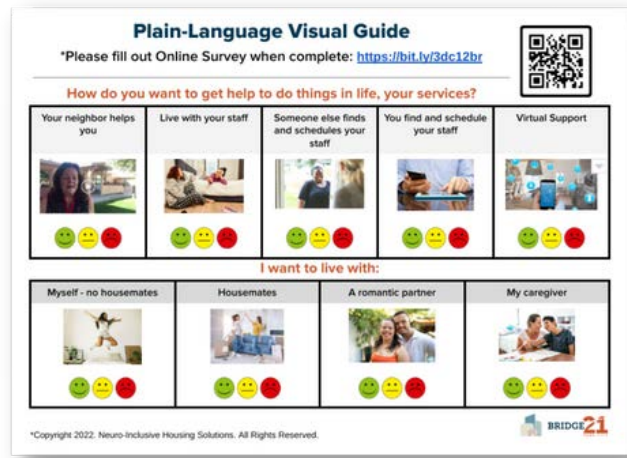
### COMMUNITY

- Sense of community
- I would feel most comfortable living with people that have needs similar to mine because we all get it and accept each other for our strengths and weaknesses
- To be more accepted in my community
- Better option than a group home where you don't know everyone, want to live in a community environment
- Opportunity to make friends
- Facilitated fun activities with other people his age; help getting & keeping work; stability of housing (not losing housing because of lack of social or other skills); life coaching
- Would like to live with friends my age
- Safety, support, and acceptance. Community! because people like me or that are understanding of me are more willing to tolerate me
- I would like to have help, but still be independent and be around other people like me. I want friends and a sense of community that "gets" me. I don't want to be in a place like my great-Aunt (assisted living/nursing home) where help is hard to find or people don't help in the ways I want help.

# MARKET ANALYSIS PROCESS

Most individuals with A/I/DD and their families have not had the opportunity to explore their options for life beyond the family home. To provide meaningful feedback on their needs and preferences, Neuro-Inclusive Housing Solutions conducted an educational presentation informing this population about the benefits and considerations of various elements of residential choices.

Using the nomenclature from [A Place in the World: Fueling Housing and Community Options for Adults with Autism and Other Neurodiversities](#), the educational session was conducted as a live, virtual event. Plain-language materials were also created to provide a more cognitively accessible format for those who may have an intellectual disability or processing difference. It included a visual guide to help participants track their preferences during the pre-recorded presentation. These materials were posted on the Bridge21 Park City website for those who could not attend the live event.



## In What Ways Can People with A/I/DD Access LTSS?

**LTSS Delivery Models:**

- Remote support
- Agency-based rotational staffing
- Self-directed support
- Shared living
- Paid neighbor

Watch the [Expanded Presentation](#)

Watch the [Plain-Language Presentation](#)



After watching the extensive presentation, participants were requested to complete the Park City Needs & Preferences Survey. Approximately 20 community-based organizations were contacted as part of the process of promoting and facilitating the market study. The survey included questions regarding demographics, barriers to community engagement, support needs, as well as housing preferences and utilization of public benefits.

After 40 days, the survey was closed and data was analyzed. Data from self-advocates (people who indicated they have an A/I/DD) and neurotypical respondents were segmented when applicable. Details of this analysis and recommendations are highlighted throughout this report.



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# DEMOGRAPHICS

*Unless otherwise specified, the following section provides demographic information about adults with A/I/DD and their families who indicated interest in Bridge21 proposed neuro-inclusive housing developments and completed the Park City Needs & Preferences Survey. It is not a representation of the needs of adults with A/I/DD and their families in other geographic areas or who prefer other types of housing solutions.*



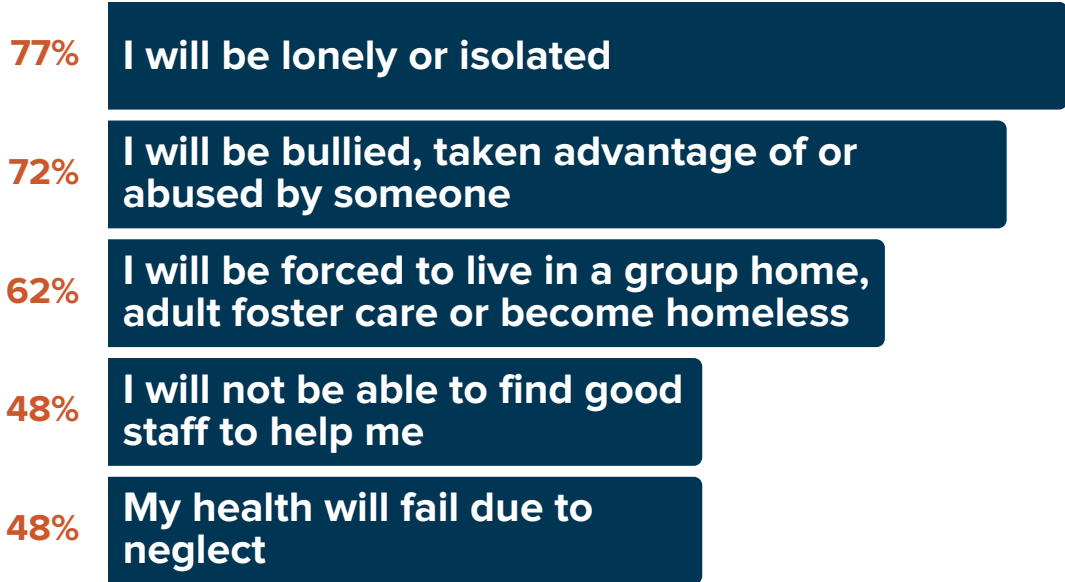
As city planners, developers and architects design housing and other community assets to be inclusive of adults with A/I/DD, it is imperative to understand the current barriers that this population faces when engaging their community. Understanding these concerns and limitations, which are often environmental in nature and are not due to disability or impairment, can help leaders rethink how to develop spaces and places that may unintentionally be excluding their constituents. With intentional design and using the data to re-engineer the challenges they face, neuro-inclusive properties can become a model for a more neuro-inclusive future for all Park City developments.

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# FUTURE CONCERNS

*\*Respondents could select multiple responses*



Personal safety and social isolation are the greatest concerns reported by adults with A/I/DD and their families. Statistics show that these concerns likely stem from past experience and trauma. In a study conducted on mate crime (befriending someone to harm or exploit them), 100% of autistic respondents 16-25 years old reported they can not distinguish between someone who is a friend or someone who is a bully or exploiting them.<sup>10</sup> 66.5% of autistic adults and 62.5% of those with I/DD report having been victims of physical, emotional, or sexual abuse.<sup>11</sup> The U.S. Department of Justice reports that adults with A/I/DD are at significantly greater risk of being the victims of both simple assault and a serious violent crime than other persons with disabilities.<sup>12</sup>

10 - <https://www.autismtogether.co.uk/matecrime/>

11 - <https://openminds.com/wp-content/uploads/indres/090113disabilityabusesurvey.pdf>

12 - [https://www.ncjrs.gov/ovc\\_archives/ncvrv/2017/images/en\\_artwork/Fact\\_Sheets/2017NCVRW\\_PeopleWithDisabilities\\_508.pdf](https://www.ncjrs.gov/ovc_archives/ncvrv/2017/images/en_artwork/Fact_Sheets/2017NCVRW_PeopleWithDisabilities_508.pdf)

## BEST PRACTICE RECOMMENDATION:



**A pedestrian-oriented community keeps parking isolated to one area and includes common paths where residents may pass each other on their way home. This site planning strategy can help foster a sense of safety and belonging. When possible, a small front porch with a visual barrier offers an outdoor place to wave to neighbors and build rapport while maintaining variation from public to private space.**

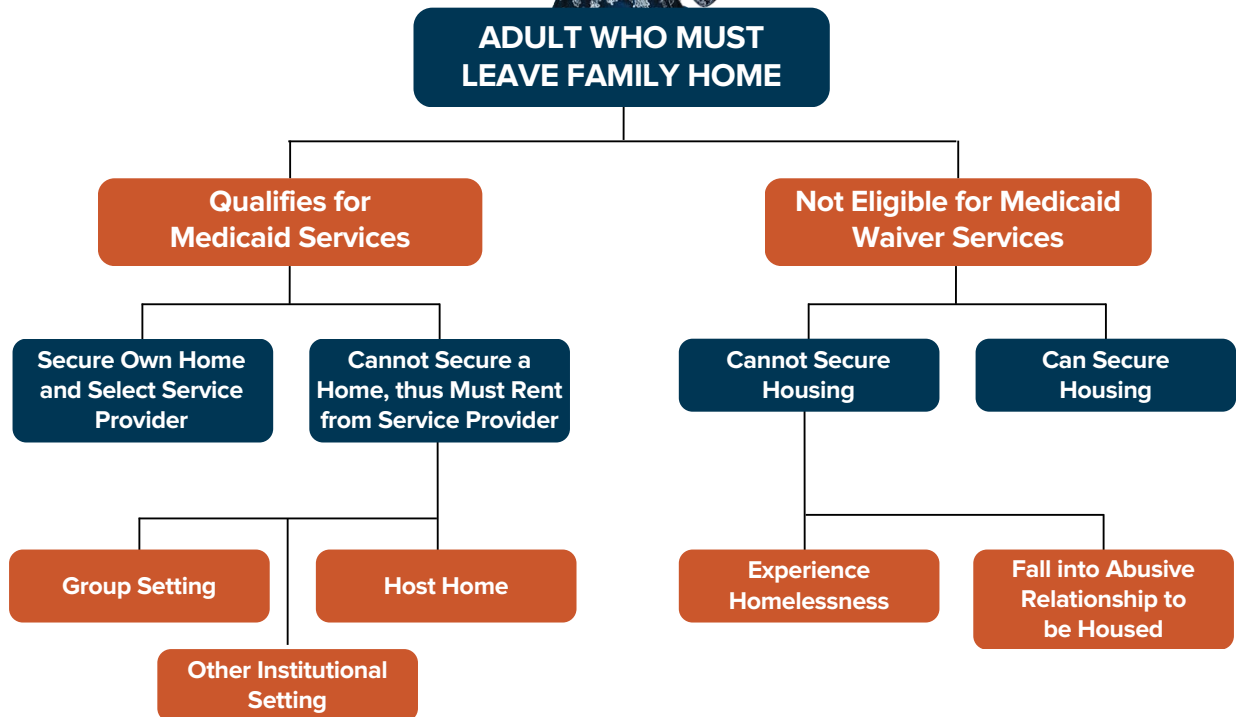
Housing itself cannot prevent abuse or isolation as people -not properties- abuse or isolate others. Research does show that the built environment has an impact on the well-being, mental health and socialization of tenants.<sup>13</sup>

Intentionally designed, neuro-inclusive housing can aim to foster opportunities for soft social interactions, building stronger natural support systems, friendships and relational community. Bridge21 already creates pathways and facilitates neurodiverse relationship building. These efforts support the neurotypical Park City community to recognize how to better include and develop relationships with future employees, friends and consumers who have a neurodiversity. When parents are no longer able to be the eyes and ears of their loved ones, friends and those who are in each others lives daily can help identify if their community members are being taken advantage of, abused, or exploited.

## BEST PRACTICE RECOMMENDATION:

**Ask self-advocates to identify a fun social activity (e.g. Show and Tell over Tea, Urban Hiking Group, Disney Watchparty and Trivia). Plan and promote this event at the same location, time and day of the week to foster relationships and make planning easier for everyone.**

Forced displacement or homelessness is the third greatest concern (62%) and a real threat for adults with A/I/DD due to lack of affordable, accessible housing. The employment rate of adults with A/I/DD in Utah is higher than the national average, but only 24% are employed for an average of 19 hours a week at \$9.30hr.<sup>14</sup> Even if an individual is accessing the maximum SSI and working, they would still be considered extremely low income in Summit County. Furthermore, a person working full time providing personal care to adults with A/I/DD are likely also categorized as low income in Summit County.<sup>15</sup> When an individual is unable to afford rent, yet is eligible to receive Medicaid-funded long-term support services, they are often placed in the “next empty bed” of a provider-controlled setting such as a group home or adult foster care. Due to limited supply, this could be counties away, disconnecting them from the natural support system that they have built in their community.



14 - [https://www.thinkwork.org/sites/default/files/files/state\\_data\\_2021\\_F.pdf](https://www.thinkwork.org/sites/default/files/files/state_data_2021_F.pdf)

15 - <https://www.summithousing.us/wp-content/uploads/2022/04/2022-AMI-Summit-County.pdf>

| Income   | Total monthly income (includes deduction of SSI due to earned income) <sup>16</sup> | % of income needed to afford market rate rent (\$1,070) in Summit County: | Monthly housing costs considered to be “affordable” (30% of income for housing costs) |
|--|---|---|---|
| 2023 Maximum SSI benefit <sup>17</sup>                                       | <b>\$914</b>  | <b>117%</b>   | <b>\$274</b>  |
| Average SSDI benefit <sup>18</sup>   | <b>\$980</b>  | <b>109%</b>   | <b>\$294</b>  |
| 8hrs a week at minimum wage (\$7.25hr), plus SSI                             | <b>\$232.00 + \$840.50<br/>= \$1,072.50</b>   | <b>100%</b>   | <b>\$322</b>  |
| 19hrs a week at average wage paid to people with A/I/DD (\$9.40hr), plus SSI | <b>\$714.40 + \$599.30<br/>= \$1,313.70</b>   | <b>81%</b>  | <b>\$394</b>  |
| 24hrs a week at \$15.11hr, plus SSI  | <b>\$1,450.56 + \$231.22<br/>= \$1,681.78</b>                                       | <b>64%</b>  | <b>\$505</b>  |
| 40 hrs a week at \$14.80hr   | <b>\$2,368<br/>(Earned too much to receive SSI)</b>                                 | <b>45%</b>  | <b>\$710</b>  |

16 - Calculations: [(Gross Monthly Wages before taxes) - \$85 (general and earned income exclusion)] divided by 2 = Countable Earned Income. SSI Federal Benefit Rate - Countable Earned Income = Reduced SSI Benefit Due to Earned Income, Reduced SSI Benefit Due to Earned Income + Gross Monthly Wages before taxes = Total Gross Monthly Budget amount.

17 - [www.ssa.gov/oact/cola/SSI.html#:~:text=The%20monthly%20maximum%20Federal%20amounts,%24458%20for%20an%20essential%20person](http://www.ssa.gov/oact/cola/SSI.html#:~:text=The%20monthly%20maximum%20Federal%20amounts,%24458%20for%20an%20essential%20person)

18 - [www.ssa.gov/policy/docs/quickfacts/stat\\_snapshot/](http://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/)

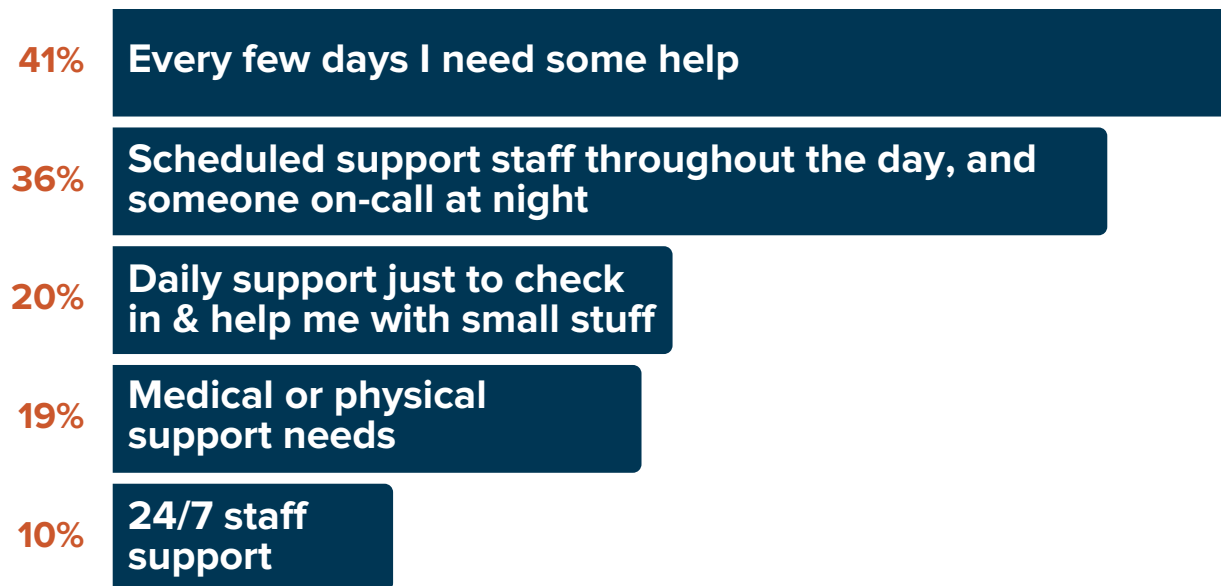


If an adult with A/I/DD does not have access to Medicaid-funded long-term support services due to ineligibility or having not applied, they are at high risk of experiencing homelessness. It is unknown how many individuals with A/I/DD in Utah are experiencing homelessness, but research shows approximately 12-39% of people with an intellectual disability or autism experience homelessness.<sup>19,20</sup>

Some families indicated they can financially support their loved one in the future. Approximately 10% of family caregiver respondents indicated that they have set up a Special Needs Trust and about 42% indicated that they can financially support their loved one in the future to afford market rate rent.

## LEVEL OF SUPPORT NEEDS

*\*Respondents could select multiple responses*



The level of support that an individual needs should not preclude them from living in their own home as Medicaid-funded long-term support services are individualized for each resident. Understanding the fluctuating level of support needs can offer additional input about the number of people who may be in a home providing support at one time. It is also important in planning for supportive amenities as these built-in supports are most valuable to those who are ineligible for Medicaid-funded long-term support services.

19 - <https://doi.org/10.1111/jar.12815>

20 - <https://doi.org/10.1177/1362361318768484>

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**BEST PRACTICE RECOMMENDATION:**

**Designing for the lifespan so an individual can age-in-place is key for housing stability and tenancy as support needs change. For example, grab bars do not have to be installed at the time of move-in, but being structurally ready for installation when needed is valuable. Zero-entry and designing for full visitability of the entire property is not only necessary for residents who use a wheelchair today, but will keep any additional mobility challenges of residents in the future from forcing an undesirable move.**

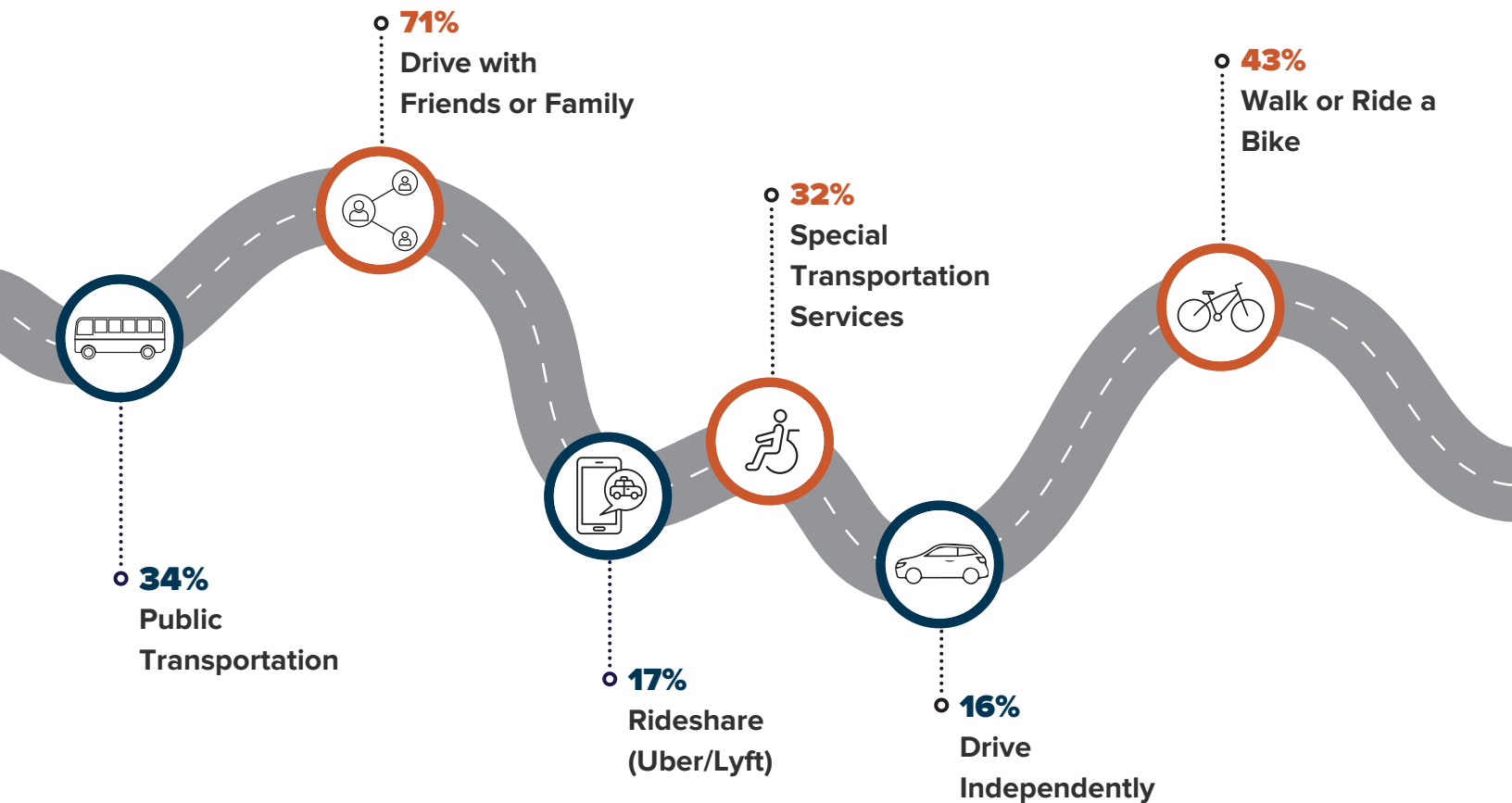
The 41% who reported needing assistance only every few days are also the population most likely to be found ineligible or denied services funded by Medicaid. Without this support, they can easily fall through the cracks to homelessness if they cannot earn a living wage or are unable to manage day-to-day needs due to executive functioning impairments. Supportive amenities for this population are highly valuable for housing tenancy, employment stabilization and overall well-being.

56% of respondents reported having low to moderate daily support needs. This will likely include areas of independent living such as meal planning, cooking, organizing one's budget or schedule, home upkeep, etc. Thus, interior design strategies should consider ample kitchen counter space for two people to work together side-by-side.

Approximately 29% of respondents indicated that they have medical, physical or 24-7 support needs. This may indicate that staff could be helping them with activities of daily living such as transferring from their bed, taking a shower, and likely spending more time in a residents bedroom or bathroom to offer assistance needed. Therefore, unit size considerations and inclusion of additional ADA-compliant units should take into account offering additional space for in-person support in these areas of the home.

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# TRANSPORTATION



As reflected in the data, the majority of adults with I/DD do not drive. Only 16% of respondents indicated that they currently drive and may need a parking spot in the future. Although staff of residents may need parking, requesting parking variances to decrease unnecessary asphalt and include more outdoor amenities, green space or additional units should be considered.

## BEST PRACTICE RECOMMENDATION:

As the majority of respondents rely on others for transportation, it is valuable to create spaces for individuals who will be catching rides, using rideshare or special transportation services to have a designated area where they can wait with others. Orienting paths to the closest public transportation stops and/or offering a covering that is line-of-sight to the public transportation location will make life easier for potential residents who use public transportation.

# BARRIERS TO COMMUNITY ENGAGEMENT

*\*Respondents could select multiple responses*



**Only 10% of respondents reported not having any barriers to engaging the community.**





Not having a friend to go do things with is the greatest barrier that respondents face in engaging with their community. With limited exposure to coworkers, often excluded from attending post-secondary educational opportunities, and living largely within one's family home, this population does not have access to the social capital typical in the neurotypical population. In addition, developing friendships may be more difficult for individuals who have cognitive, communication or

social impairments related to their disability. It takes a high level of executive functioning, transportation and disposable income to build relationships. For example: they must leave their home to go somewhere to meet someone new, have the social skills to ask for contact information, communicate and plan an activity that one can afford, and then schedule transportation to meet the person again. To build relationships and friendship requires that this process is done repeatedly. It is for these reasons that a neuro-inclusive planned community can be valuable by providing the physical places and creating the relational spaces to develop friendship.

A close second barrier reported is lack of transportation, which is often cited as one of the greatest barriers to engaging in one's community. Living within walking distance to main public transportation routes as well as possible employment, fun things to do, a grocery store, etc. removes the transportation barrier and will significantly shift the ability for a resident to engage more freely in their community.

— “

**“I need a safe place  
with my friends and  
doing different things  
each day.”**

— ” —



— “ —

**“We are excited to have any opportunity so close to our home. Our daughter would be able to live near lifelong friends and attend her current day program in her current community Old Town Park City. She is a lifelong resident.”**

— ” —

The third barrier to community engagement relates to the need for more intentional inclusion and neuro-inclusive design within the greater community. As Bridge21 Park City continues to develop relationships with local businesses, organizations and public entities – small strategies can be implemented to help decrease the overstimulation of sensory input or social anxiety that this population may face. Examples include dimming lights and lowering music for certain sensory-friendly hours, it may include allowing for reservations of a particular table in a quieter area of a restaurant, or building a relationship where a weekly activity can be scheduled so this population gets to know the same people over time to allow for more comfortable social experiences.

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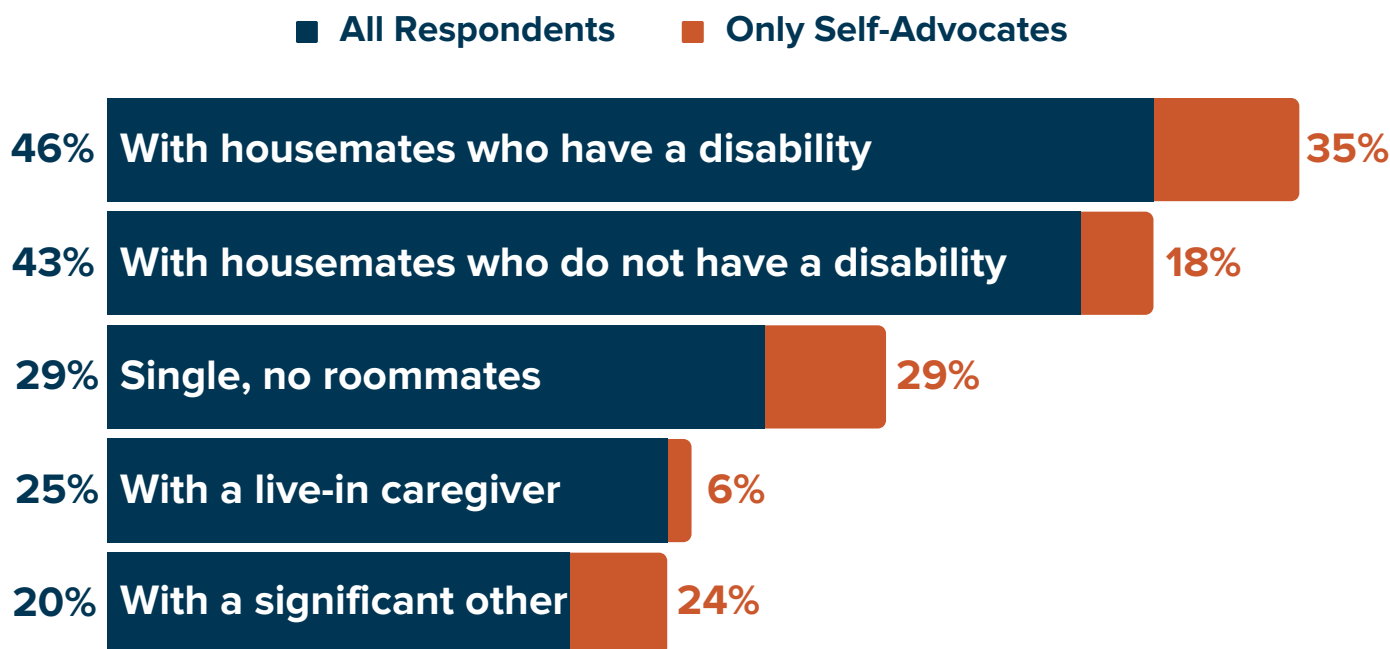
# PREFERENCES

Some of the preferences below include segmentation of self-advocates to better understand the preferences directly from people with disabilities who have the capacity to advocate for themselves. It should be noted that there are many adults with A/I/DD who are unable to articulate or participate in this market study directly due to their cognitive limitations. Thus, parents, siblings and other caregivers responded with what they believed to be the preferences of the person with A/I/DD.

For those with A/I/DD living in a neuro-inclusive housing community, studios or one-bedrooms are typically recommended for the majority of units due to the sensory and social differences that make roommate matching and tenancy more challenging to navigate. As there is a strong desire by respondents, two-bedroom units should also be considered and included. Since shared living arrangements (live-in caregiver) are preferred as a service delivery model by some, a limited number of three-bedrooms could also be considered.

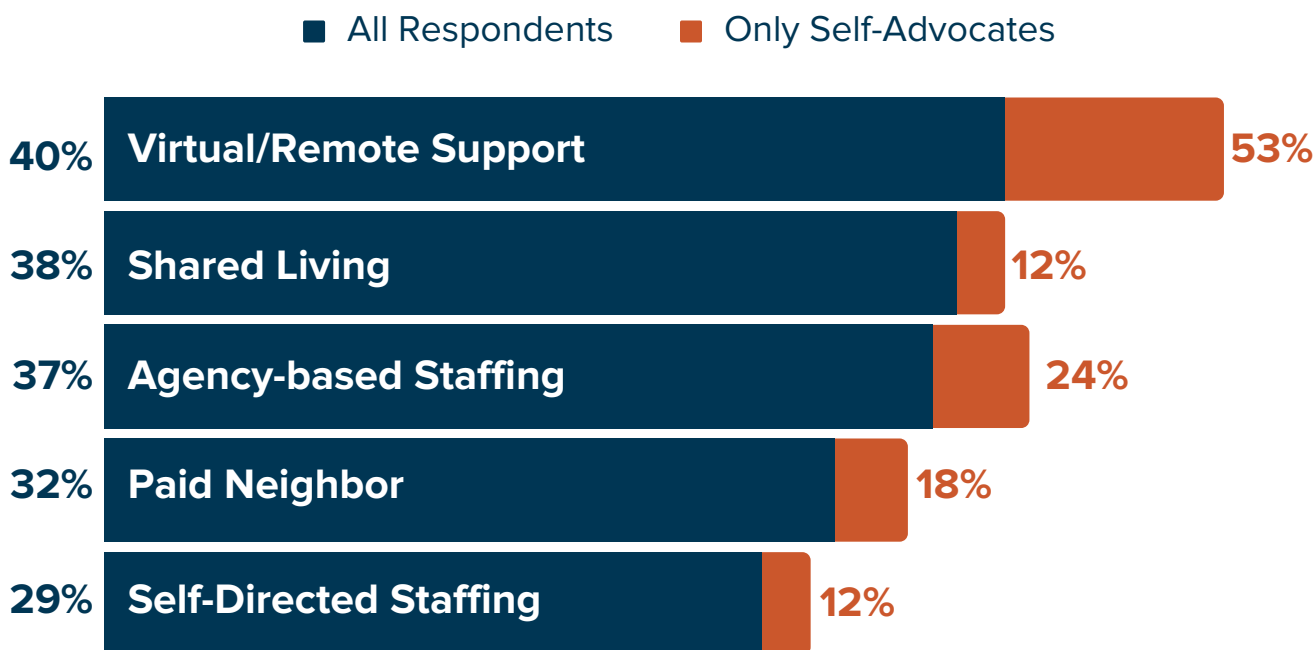
## PREFERRED LIVING ARRANGEMENTS

*\*Respondents could select multiple responses*



# PREFERRED SERVICE DELIVERY MODEL

*\*Respondents could select multiple responses*



As remote support is so highly ranked as a preferred service delivery model, identifying a location for a large TV screen and placing electrical outlets approximately 4 feet from the floor can help decrease visual clutter by keeping electrical wires placed behind the screen instead of climbing the wall as a potential trip or fall hazard. The location of this screen and camera should be in a place where a remote support monitor could view the person without substantial backlighting or glare.

Utah does not have a Medicaid-funded paid neighbor program (like other states offer), but reserving or setting aside units for "Resident Assistants" could be considered. A Resident Assistant, similar to RA's in a college dormitory, are designated residents who can provide in-person assistance in emergencies or immediate support for everyday questions.

# DESIRED PHYSICAL AMENITIES

*\*Respondents could select multiple responses*



88% of respondents wanted to have features that would help keep them safe. Examples may include security cameras across the property and in common spaces, access to emergency on-call help if needed, video doorbells, emergency help button, and a front-desk or system to check-in and check-out when leaving the property.

81% desired a common space to hang out with friends. This could be a multi-purpose community center and could include elements such as a kitchenette to come together and share meals with others, a large TV screen to watch movies or game together, and storage for tables and chairs to host activities or classes.



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72% desired easy to clean features including countertops that do not have grouting, flooring that can be easily cleaned and/or replaced such as carpet tiles, waterproofed bathroom (see Recommendation below) and other durable fixtures that do not require special maintenance.

### **BEST PRACTICE RECOMMENDATION:**

**Bathrooms have many sensory and safety hazards that can be accommodated for in design. High horizontal windows add natural light, but also offer greater ventilation. Adding a large drain in the bathroom floor or roll-in showers makes cleaning the bathroom and assisting people easier while also accounting for potential water accidents or overflowing toilets. Anti-slip flooring or coating can help prevent slips and falls as well.**

## **DESIGN CONSIDERATIONS FOR COGNITIVE ACCESSIBILITY:**

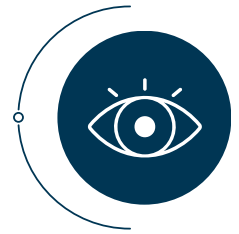
- Wayfinding strategies such as using colors or graphics in addition to text to identify building location or mailboxes is helpful for individuals with an intellectual disability or for those who cannot read.
  - Pedestrian orientation of the site plan is extremely valuable for those who may have difficulty identifying vehicular traffic or have challenges with depth perception and allows those who may otherwise be isolated in their home to walk freely in their neighborhood.
  - Creating at least a visual perimeter of the site with single or limited access points increases the feeling of safety and belonging within a planned community. This parameter is not a barrier to keep people from leaving the property, but instead is a design feature to thwart unaccompanied, non-residents whose presence may make residents feel unsafe.
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# DESIGN CONSIDERATIONS FOR SENSORY-FRIENDLY SPACES:

## Visual:

Using natural and neutral color schemes is more sensory-friendly than loud contrasting colors. Decrease visual clutter by ensuring enough storage space for clutter to be behind a door or cabinet. Optimizing use of natural light and using dimmable LED lighting is less visually hostile.



## Sound:

Maximize opportunities for sound insulation so residents' stimulating or repetitive behaviors or vocalizations do not disturb neighbors and vice versa. The use of additional sound absorption panels is helpful in common areas where groups of people gather.



## Smell:

Use of low-odor or low VOC materials is valuable as this population may be more sensitive to smell.



## Proprioception:

Nooks or bench seating with a wall or solid surface behind the head is comforting for those in which a sense of "place in space" is challenging. In common social areas, having half walls to provide smaller seating areas provide a visual and physical barrier to a potentially overstimulating social event. This can help those who want to be present and participate, but may need a sensory buffer at times.

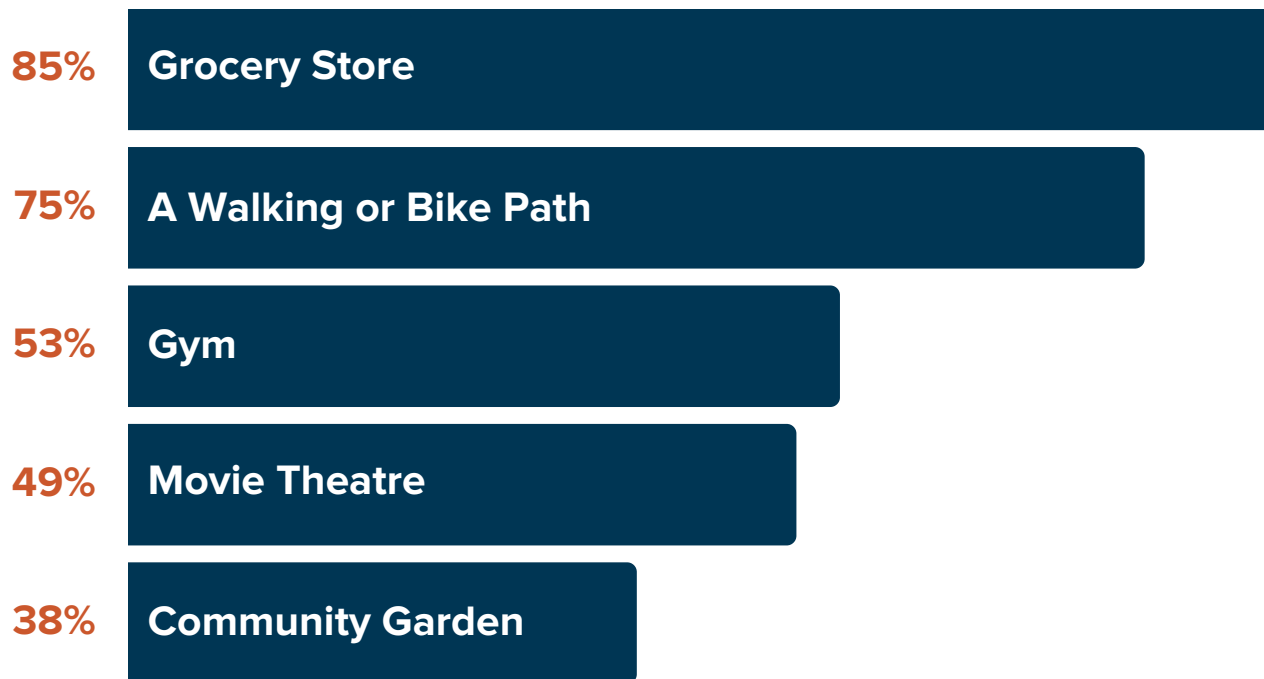


# DESIRED SUPPORTIVE AMENITIES



The majority of the respondents who have expressed interest in living in a neuro-inclusive planned community indicated that supportive amenities would be valuable. It is important to underscore that supportive amenities are not individualized long-term support services, but enhancements the property offers that aim to increase community engagement, social interactions and independent living skills. Residents who have additional support needs to live independently would control and coordinate their preferred service provider for individualized services. Supportive amenities should be available to all residents and can be provided by Bridge21 or other community-based organizations on a monthly or activity-based fee basis.

# TOP 5 DESIRED COMMUNITY ASSETS CLOSE BY



For a population that does not drive, being in a walkable area and/or close to transportation options are highly valuable assets. A multi-use common amenity space, such as a community center, at a property should be highly considered for a place to watch movies, gather for meals with others, or offer a fitness area as all these features are highly ranked in the market analysis.

— “ —  
**“Ensuring I can age in place as my needs change is important to me.”**  
— ” —



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# CONCLUSION

There is an overwhelming demand for neuro-inclusive housing in Park City, Utah. Local leaders, along with community-based partners, should create an actionable plan to address the housing needs of the estimated 3,012 adults with A/I/DD living in Summit County. Without access to housing that is accessible and that they can afford, these adults are at high risk of homelessness or displacement from their community into the "next empty bed" of a group home or adult foster care.

Investing in neuro-inclusive housing will not only prevent the trauma of displacement or homelessness, but it will enhance the diversity of Summit County neighborhoods and provide a model for neuro-inclusivity in future community developments. Incorporating neuro-inclusive design strategies like easy-to-clean features, enhanced security measures, and smarthome technology does not just make housing more accessible to individuals with A/I/DD, but improves housing design for all across the lifespan. It can also address the loneliness experienced by adults with A/I/DD as well as the neurotypical population. Housing that includes supportive amenities such as planned activities, a community center and intentional community outreach with businesses within Park City will help create the spaces and places needed for neurodiverse relationship building. This enhanced social web may have surprising outcomes in physical health, mental well-being and greater community engagement for all Park City residents.

Neuro-inclusive housing will change the lives of its residents with A/I/DD, but it will also enhance the vision of greater social equity articulated for the future of Park City. When housing and community is designed to include this population, it creates more accessible spaces and places where all belong.



**Bridge21 seeks to create housing opportunities for neurodiverse adults in Park City that integrates quality of life within a supportive community. Visit [www.Bridge21ParkCity.com](http://www.Bridge21ParkCity.com) to learn more.**



# ABOUT NEURO-INCLUSIVE HOUSING SOLUTIONS



Started by Desiree Kameka Galloway, a recognized disability housing expert, Neuro-Inclusive Housing Solutions, LLC seeks to advance neuro-inclusive community development by providing subject matter expertise to industry professionals. As the Director of the Autism Housing Network for the Madison House Autism Foundation, she spent over a decade researching the barriers and identifying unique opportunities to increase residential options for adults with intellectual/developmental disabilities, has led national advocacy efforts on issues of autism in adulthood and has positively influenced policy development at national and state levels. Having visited over 120 residential opportunities and social enterprises across the USA, and led a

network of over 250 organizations, Desiree uses this experience and network to help individuals and local leaders understand supportive housing options, service delivery models and strategies for neuro-inclusive community development.

Desiree is also the proud co-author and co-editor of the groundbreaking report, *A Place in the World: Fueling Housing and Community Options for Adults with Autism and Other Neurodiversities*. Her work in housing is included among international academics and professionals. She has been invited to speak on panels at the World Human Rights Cities Forum by UN-Habitat, the United Nations World Autism Awareness Day, Great Minds Coming Together on Autism International Conference, and at the National Institute of Mental Health (NIMH) to the Interagency Autism Coordinating Committee (IACC) on Autism After 21 and was an invited member of the IACC Housing Taskforce. She is also a certified cohousing consultant.

Desiree's vision is that every person with autism or other neurodiversity can access a home in their community that actively fosters relationships and meaningful inclusion. This vision drives Neuro-Inclusive Housing Solutions, LLC to conduct local market analysis, support advocacy efforts and coalition building, connect professionals and provide consulting services to housing developers for data-driven housing solutions across the country.

