ABSTRACT

Title of Thesis:	BEYOND LABELS: BUILDING INTEGRATED COMMUNITIES FOR COGNITIVE ACCESSIBILITY
	Madison A. LaQuey, Master of Architecture, 2024
Thesis Directed By:	Professor Emeritus, Ralph Bennett, and School of Architecture, Planning, and Preservation

This project aims to create a tailored community for the mentally handicapped. This project will emphasize connectivity, creating a network of spaces to promote mental well-being and social interactions within the community. This planned community would create a living space where the community could live, learn, work and enjoy outdoor spaces. The architecture will prioritize innovative and adaptable designs that cater to the specific needs of the mentally handicapped. Housing will offer flexibility to accommodate diverse needs and ensuring a supportive living environment. Emphasizing independence while maintaining a focus on safety. The incorporation of communal living spaces fosters a sense of community and shared responsibility, contributing to a holistic support system. The planned community incorporates vocational training centers and employment hubs specifically designed to cater to the unique abilities and challenges of this population. These spaces aim to create a supportive work environment that promotes skill development, independence, and a sense of purpose, contributing to the overall inclusion of mentally handicapped individuals in the workforce.

BEYOND LABELS:

BUILDING INTEGRATED COMMUNITIES FOR COGNITIVE ACCESSIBILITY

by

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Dedication

This thesis is dedicated to my cousin Jason and to those with Intellectual and Developmental Disabilities (IDD). Jason, your resilience, strength, tenacity, and exceptional ability for adaptability and learning serve as a continual source of inspiration. Your unwavering determination, no matter the obstacles placed before you, serves as a powerful reminder of the incredible potential within each of us. This thesis is a tribute to you and to everyone like you who reminds the world of the importance of perseverance, inclusivity, and understanding. May this thesis, in its own way, help to create a more supportive and equal society for all.

Acknowledgements

I would like to express my sincere gratitude to my professors, whose commitment and support have been essential along this journey. I am particularly thankful for Professor Bennett for his continuous support, confidence in my abilities, and dedication to guiding his students toward excellence. His commitment to continuously educate, motivate, and improve each of us has significantly influenced my academic growth and personal development. His guidance has been instrumental in my growth as a student, and I am forever thankful for it.

To my mother, my greatest supporter, thank you for your unwavering love and encouragement. You have been my emotional support person, always keeping me calm and collected, even during the most overwhelming moments. You constantly tried to relate to my stress, even when the demands of my workload were impossible to fully convey, and your continuous patience gave me the strength to keep moving forward. Your tireless support, from taking my calls at any hour, providing birthday cakes and dinners to boost my spirits, to assisting with expenses and keeping me motivated and focused, has been the foundation of all my achievements. I express my gratitude to my father for his unwavering support, unconditional love, and encouragement, which have provided strength and solace throughout this experience. I am deeply grateful to my grandparents and extended family, whose combined support and encouragement have been invaluable to me. Your collective support has been the foundation of my success, and I am truly blessed to have such a wonderful family behind me.

Finally, I want to thank God for His unfailing guidance, love and grace. He has been my guiding light, providing me with the strength and perseverance needed to reach this milestone. Without His presence in my life and the blessings He has bestowed upon me, none of this would have been possible. I owe my achievements to the faith, love, and support of everyone who has stood by me on this journey. Thank you all from the depths of my heart.

Table of Contents

This Table of Contents is automatically generated by MS Word, linked to the Heading formats used within the Chapter text.

List of Figures

List of Abbreviations

ACL - Administration for Community Living

ADA – Americans with Disabilities Act

ADHD - Attention deficit hyperactivity disorder

ADL - Activities of daily living

ASD – Autism spectrum disorder

C.A.R.E - Certified Adult Residential Environment

CIL - Centers for Independent Living

CP - Cerebral palsy

CRIPA - The Civil Rights of Institutionalized Persons Act

DD – Developmental Disabilities

FASD - Fetal Alcohol Spectrum Disorder

HCBS - Home and community-based settings

HUD – Department of Housing and Urban Development

ICF – Intermediate Care Facilities

IL - Independent living

IADL - Instrumental activities of daily living

IDD – Intellectual and/or Developmental Disabilities

ID – Intellectual Disabilities

IQ - Intelligence quotient

LTSS – Long-Term Services and Support

Chapter 1: Intellectual and/or Developmental Disabilities in the United States.

Introduction:

Intellectual and/ or developmental disabilities (IDD) refer to a wide spectrum of conditions that impact cognitive and adaptive abilities, creating various obstacles for individuals in the United States. These disabilities may develop at a young age and continue throughout a person's entire life, affecting their ability to learn, communicate, and perform daily tasks. The administration of care for individuals with IDD requires a comprehensive approach that encompasses customized support services, educational initiatives, and efforts that promote community integration. Unfortunately, intellectual and developmental disabilities can also be associated with societal stigma, which obstructs the complete integration and acceptance of these individuals. Overcoming this stigma requires both increasing public knowledge and changing the way care is portrayed. It is crucial to prioritize highlighting the capabilities and potential of individuals with IDD rather than merely concentrating on their limitations. This approach is necessary to promote a society that is more inclusive and caring. Reconceptualizing care involves advocating for independence, accessibility, and understanding. Guaranteeing that individuals with intellectual and developmental disabilities can live satisfying lives within their communities.

Basic Information and Care:

Intellectual Disability (ID) and Developmental Disabilities (DD), although frequently categorized together, possess distinct and separate definitions. Intellectual Disability (ID) is a condition characterized by significant impairments in intellectual functioning, with an IQ of 70 or below, and limitations in adaptive behavior.[1] Adaptive behavior includes essential daily activities such as self-care, ability to read and write, and social skills. These limitations are typically observed before the individual reaches the age of 18.[2] Figure 1 displays the three qualifying criteria used to diagnose an intellectual disability.

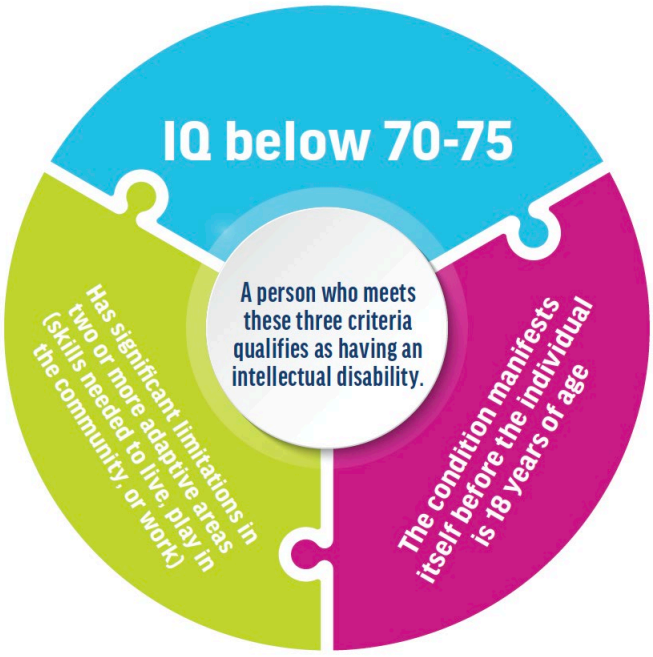

Figure 1 - Qualifying Criteria for ID Diagnosis

[1] Aaidd. Accessed May 14, 2024
[2] Ibid

Developmental Disabilities (DD) are specifically defined by the Developmental Disabilities Assistance and Bill of Rights Act of 2000 as a severe and chronic disability that appears before the age of 22, caused by mental or physical impairments, and is expected to persist indefinitely.[3] Individuals with this diagnosis must demonstrate significant impairments in a minimum of three domains: self-care, communication, learning, mobility, self-direction, independent living, or economic self-sufficiency.[4] DD demands a variety of services, supports, and personalized planning that span a person's entire life or an extended period. Children under the age of 9 who have significant developmental delays or specific conditions may be diagnosed with DD even if they do not meet all the criteria. However, it is expected that they will eventually meet the criteria without the need for additional services and support.[5]

There are over seven million individuals in the United States who have been diagnosed with Intellectual and/ or Developmental Disabilities.[6] According to the information shown in Figure 2, 30% of the population is above the age of 22.[7] These

Figure 2 - Age of People with IDD in the US

[3] Ibid
[4] Ibid
[5] Ibid
[6] "Population Specific Fact Sheet – Intellectual Disability." n.d. National Disability Navigator Resource Collaborative.
[7] RISP Infographics: Age of People with IDD in the US." Age of People with IDD in the US.

neurological issues can result from a wide variety of circumstances that impact brain development either prenatally, during the birthing process, or in early infancy.[8] Although many causes have been discovered, the cause of around one-third of cases remains unknown. Down syndrome, Fetal Alcohol Spectrum Disorder (FASD), and Fragile X syndrome are recognized as significant causes of intellectual disability. Additional disorders such as autism spectrum disorder (ASD), cerebral palsy (CP), attention deficit hyperactivity disorder (ADHD), seizures, and mental illness are also causes of IDD.[9]

The diversity of talents within the spectrum of IDD is complex. A significant number of individuals with intellectual disabilities possess the ability to read, write, make informed choices, utilize technology, sustain jobs, establish relationships, and lead independent lives[10]. However, certain individuals might require significant support to actively participate in their communities. Prejudice and oppression often lead to the development of secondary disorders, such as depression, anxiety, and obesity, in individuals with an intellectual disability. These medical conditions result from acts of exclusion and deliberate mistreatment.[11]

Meeting the needs of individuals with intellectual impairments generally requires a range of therapeutic interventions, including physical, occupational, behavioral, and speech therapy, customized to their unique needs.[12] In addition, individuals with a greater likelihood of combined health and mobility problems, as

[8] "Population Specific Fact Sheet – Intellectual Disability." n.d. National Disability Navigator Resource Collaborative.
[9] Ibid
[10] Ibid
[11] Ibid
[12] Ibid

compared to the overall population, may use various medical devices such as wheelchairs, prostheses, and orthotics.[13] Home modifications, such as the installation of ramps, lifts, and grab bars, are commonly used to improve accessibility. In addition, individuals with intellectual disabilities may require nutritional supplements, feeding tubes, and supplies for incontinence to meet their specific health needs.[14]

Habilitation services are highly beneficial for individuals with intellectual disabilities who require therapies and other health services to develop and sustain important abilities. Habilitation focuses on supporting individuals with IDD in developing, retaining, or improving their skills and abilities for their everyday activities.[15] These services include a variety of therapies such as physical, occupational, and speech-language therapy. They also offer treatments for pain management, audiology services, and other services.[16] Habilitation involves a wide range of services, therapies, and support systems. These services may entail teaching individuals with IDD fundamental social skills, precise fine motor skills for dressing themselves, safe procedures for self-administering medication, understanding their rights to privacy, proper phone usage, asking healthcare professionals questions, and effectively expressing their emotions.[17] Figure 3 displays an example of habilitation

[13] Ibid
[14] Ibid
[15] Ibid
[16] Ibid
[17] Ibid

therapy. The individuals participating in the Gracious Services Day Habilitation program are enhancing their social skills by engaging in a shared lunch.

Figure 3 - Individuals enjoying lunch together at the Gracious Services Day Habilitation Program

People with Intellectual and Developmental Disabilities often need continuous assistance and care, which can be divided into two main areas: activities of daily living (ADLs) and instrumental activities of daily living (IADLs).[18] ADLs include activities that involve personal care and physical mobility, such as walking, bathing, getting dressed, using the bathroom, brushing teeth, and eating.[19] In contrast, IADLs encompass tasks such as food preparation, operating electronic devices, shopping, managing finances, and organizing medication[20]. Individuals with intellectual

[18] Ibid
[19] Ibid
[20] Ibid

disabilities typically need support in performing IADLs to properly manage these everyday activities due to their cognitive impairments.[21] Figure 4 provides a comparative image of these various types of activities.

Figure 4 - Comparative Daily Living Activity Image

Redefining Care:

It is essential to make significant efforts to address and eliminate social stigma and promote inclusivity to create a society where individuals can flourish regardless of their cognitive capacities.[22] When redefining care for individuals with Intellectual and Developmental Disabilities, it is crucial to give the highest priority to inclusivity, comprehension, and empowerment. Communities of people may create a more inclusive society that appreciates variety and recognizes the distinct contributions of each individual by confronting and eliminating existing stigmas related to IDD. Collaborative action is necessary to cultivate consciousness, advance learning, and

[21] Ibid
[22] "Population Specific Fact Sheet – Intellectual Disability." n.d. National Disability Navigator Resource Collaborative.

promote policies that guarantee equitable opportunities and inclusivity for individuals with IDD. By adopting a person-centered approach and prioritizing talents over limits, while actively participating in conversations that reduce stigma, we may foster a cultural transformation towards a society that is more compassionate and inclusive. By combining these focused endeavors, we have the ability to not just reinvent the provision of support for individuals with IDD, but also make a significant contribution to a more extensive societal change that acknowledges and appreciates the intrinsic value and importance of every individual.

Chapter 2: Addressing Stigma and Employment

Introduction:

Employment opportunities for individuals with intellectual and developmental disabilities in the United States face significant obstacles, such as extensive stigmatization and discrimination. Individuals with IDD frequently face obstacles that restrict their chances of obtaining meaningful employment, despite their motivation and capability to work. The unemployment rate among individuals with intellectual disabilities is significantly higher than that of the general population, with a modest 19% of individuals with intellectual disabilities being employed, in contrast to 61.8% of those without disabilities.[23] The disparity is significantly influenced by stigma, as employers and the public continue to hold misconceptions about the abilities of individuals with IDD. To tackle these problems, a comprehensive strategy is needed, encompassing the promotion of awareness, the establishment of improved support networks, and the development of inclusive work environments that acknowledge and appreciate the contributions of individuals with IDD.

Stigma Associated with the IDD Community:

The stigma associated with those who have Intellectual and Developmental Disabilities is a common and deeply established societal concern. Despite significant progress in awareness and inclusivity, lingering misconceptions and stereotypes remain, resulting in the isolation of this diverse community. Individuals with IDD frequently face discrimination, misguided beliefs about their capabilities, and

[23] MyDisabilityJobs. "Intellectual Disability Employment Statistics: Update 2024.".

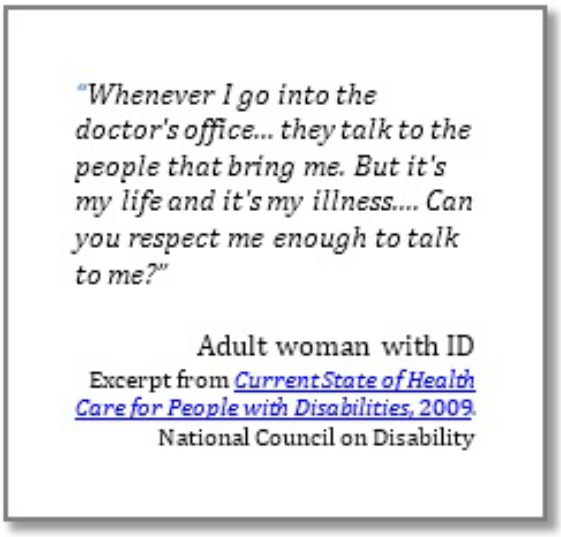

Figure 5- Personal Quote of Individual with IDD

discriminatory attitudes that limit their complete integration into all aspects of society. Figure 5 provides an example of the discrimination experienced by individuals with IDD. The individual described in the quote expresses their daily challenge in overcoming misconceptions about their abilities and comprehension. Challenging and dismantling this stigma is not only crucial for fostering a more inclusive and compassionate community but also for recognizing the unique strengths and potential contributions of individuals with IDD.

Stigma refers to the act of discriminating against, holding prejudiced views about, and excluding people, which in turn affects their acceptance and involvement in a community. This complex issue occurs in different forms, including public stigma, self-stigma, courteous stigma, and affiliate stigma.[24] Public stigma refers to the biased, prejudiced, and stereotyped attitudes and actions that the general population has toward those with IDD.[25] Self-stigma refers to the internalization of negative attitudes and behaviors towards individuals with IDD, leading individuals to believe that they are devalued.[26] Courtesy stigma refers to the bias or mistreatment that people connected to individuals with intellectual and developmental disabilities,

[24] Jansen-van Vuuren, J, and H M Aldersey. "Stigma, Acceptance and Belonging for People with Idd across Cultures."
[25] Ibid
[26] Ibid

such as family and friends, may face.[27] Affiliate stigma happens when these individuals also adopt and support the negative characteristics and stereotypes that exist in society.[28] The negative effects of stigma and exclusion on individuals' engagement, mental health, and overall well-being are significant.[29] It is imperative to create and enforce treatments that foster community acceptance and inclusion of individuals with IDD.

Cultural values, beliefs and practices can also impact individuals with IDD and influence further stigma within the community. Countries with lower incomes often treat individuals with IDD worse than other countries. Instances of abuse towards individuals with intellectual and developmental disabilities have been reported, children with IDD in Ethiopia were subjected to physical restraint and violence.[30] Similarly, in Nigeria, there have been cases of individuals with IDD being abandoned, left without shelter, and deprived of fundamental rights to education, healthcare, and employment.[31] Figure 6 showcases multiple instances of abuse,

Figure 6 - Men, women and Children chained or confined to small cells in Indonesia, Nigeria, Ghana and Morocco due to cognitive disabilities

[27] Ibid
[28] Ibid
[29] Ibid
[30] Ibid
[31] Ibid

featuring a set of photographs portraying individuals enduring extended periods of confinement, lasting from weeks to months, and in some cases, even years, in different countries including Indonesia, Nigeria, Ghana, and Morocco.

Recent research on those with Disabilities emphasizes the significance of community inclusion for those with IDD.[32] Individuals with IDD consider a sense of belonging to be essential for being accepted by the community, actively participating in it, and maintaining general well-being. Belonging includes actively participating in community activities, communicating with individuals who have similar characteristics, navigating significant responsibilities, and discovering a good fit.[33] The significance of relationships and engagement beyond simple inclusion or invitation. Belonging is a multifaceted and subjective concept that focuses on comprehending the individual and their circumstances, encouraging choices and independence instead of employing general methods for inclusion.[34] When designing anti-stigma interventions, it is important to consider cultural values and nuances to include community belonging as a crucial objective.

Addressing Employment within the IDD Community:

The absence of employment within the intellectual and developmental disabilities community is a critical issue, as it is greatly influenced by societal stigma and an absence of opportunities. People with IDD encounter significant challenges when it comes to obtaining employment. Misunderstandings about their capabilities

[32] Ibid
[33] Ibid
[34] Ibid

frequently result in discrimination and their exclusion from the job market. The absence of job prospects not only denies them financial autonomy and a sense of direction but also has a negative impact on their overall well-being and social integration. The rising rates of unemployment and limited participation in the workforce contribute to social isolation and economic disadvantage, intensifying the difficulties experienced by individuals with IDD. The wider community is deprived of the varied viewpoints and potential contributions that individuals with IDD can offer in the professional environment. Employment is essential for all individuals, but it is particularly important for those with intellectual disabilities due to its ability to grant financial autonomy, a sense of direction, and an improved standard of living. Employing individuals with IDD in society serves to dismantle stereotypes, promote inclusion, and create more opportunities for everyone.[35]

Approximately 7 million individuals in the United States experience an intellectual disability.[36] The employment rate for individuals in this particular group stands at a 19.1%, in contrast to the significantly higher rate of 61.8% among those who do not have disabilities.[37] Less than 50% of adults with intellectual disabilities who are of working age are currently employed, and 28% of them have never had any job experience.[38] The unemployment rate among individuals with intellectual disabilities stands at 17%, which is more than twice the rate for individuals with other disabilities and nearly four times higher than the rate for the general population.[39]

[35] MyDisabilityJobs. "Intellectual Disability Employment Statistics: Update 2024."
[36] Ibid
[37] Ibid
[38] Ibid
[39] Ibid

Women with intellectual disabilities encounter heightened difficulties, frequently receiving lower compensation compared to their male peers in employment. Individuals with intellectual disabilities have a median annual income of $11,400, which is considerably lower than the median income of $31,100 for individuals without disabilities.[40] Older individuals with intellectual disabilities face difficulties in securing employment, as their employment rate is lower in comparison to younger adults. The employment rate for individuals aged 45 and older with intellectual disabilities in 2018 was 13.5%, while individuals aged 18 to 44 with intellectual disabilities had a comparatively higher employment rate of 25.4%.[41] Figure 7

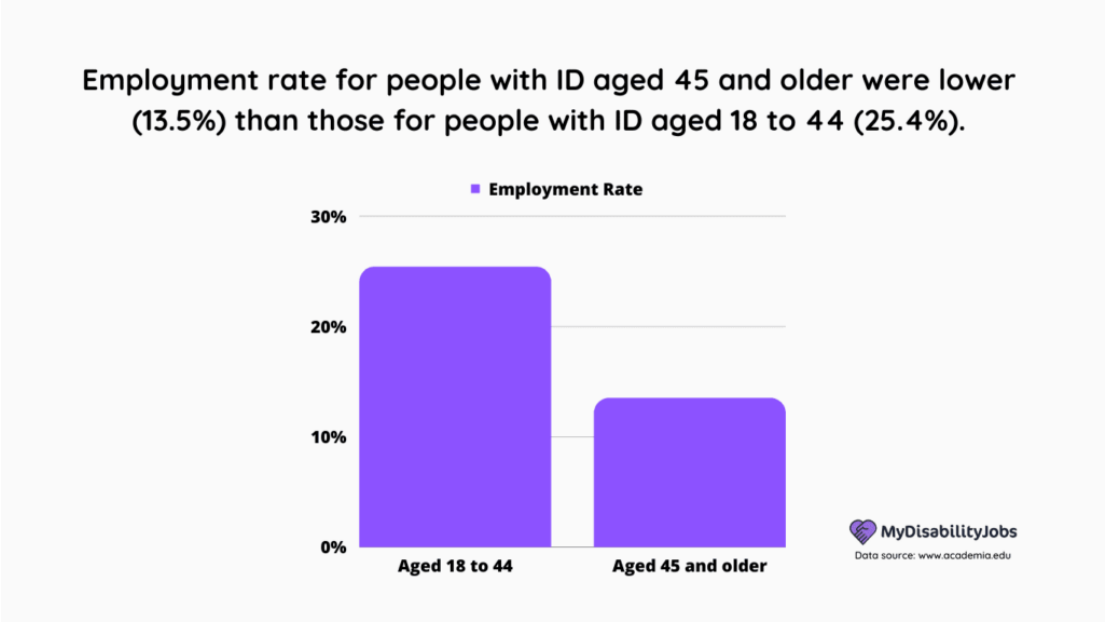

Figure 7 - Employment Rates with IDD Community

illustrates a significant disparity in employment rates between older individuals and younger individuals with the same disability, with older individuals experiencing nearly a 50% lower employment rate.

[40] Ibid
[41] Ibid

During the COVID-19 pandemic, individuals with intellectual disabilities experienced a disproportionate impact on their employment in comparison to the general population, with numerous people experiencing job losses or reduced working hours. Individuals with IDD encounter substantial difficulties in obtaining health insurance and taking medical leave. Based on a 2017 report from the National Council on Disability, individuals with disabilities have a higher likelihood of lacking health insurance compared to those without disabilities.[42] Currently, 16.6% of individuals with disabilities are uninsured, while only 7.7% of individuals without disabilities lack health insurance.[43] Although unemployment rates are high, individuals who are employed typically enjoy a reasonable level of job security. Around 62% of adults with intellectual disabilities employed in competitive environments have held their current job for a duration of three years or longer.[44]

Individuals with intellectual disabilities are employed in various industries, although some industries have a higher concentration of IDD workers than others. Based on a 2017 report from the National Core Indicators, people with intellectual disabilities are mainly employed in service occupations, which make up about 26.8% of their employment.[45] Approximately 12.3% of adults with intellectual disabilities are employed in production jobs, whereas professional jobs account for a significantly smaller proportion of only 4.4%.[46] Typical sectors of employment for individuals with intellectual disabilities encompass food service, janitorial services, and retail.[47]

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[42] Ibid
[43] Ibid
[44] Ibid
[45] Ibid
[46] Ibid
[47] Ibid

The employment rates for individuals with intellectual disabilities exhibit substantial variation across different states. Vermont has the highest employment rate at 42.7%, followed by Oregon at 40.8% and Minnesota at 37.3%. In contrast, Arkansas has the lowest employment rate, standing at 10.8%. Alabama and Mississippi follow closely behind, with rates of 11.2% and 11.5%.[48]

There are multiple obstacles that limit the employment of individuals with intellectual disabilities: Limited education and training, individuals with intellectual disabilities often face barriers in accessing education and training, which reduces their ability to gain essential skills and qualifications. Limited employment prospects, numerous employers exhibit reluctance in hiring individuals with intellectual disabilities because of insufficient understanding of their capabilities and inadequate knowledge on how to provide necessary accommodations.[49] Stigma and discrimination, individuals with intellectual disabilities often encounter stigma and discrimination from employers, colleagues, and society, which poses difficulties in obtaining and retaining employment.[50] Insufficient support services, individuals with intellectual disabilities frequently require additional assistance and adjustments, which depend on services that are frequently underfinanced or inaccessible, limiting their success in employment.[51] Despite these difficulties, individuals with intellectual disabilities have the potential to be dependable, committed, and diligent workers who contribute distinctive viewpoints and abilities to the workforce. Employing individuals with intellectual disabilities can yield advantages for businesses, as

[48] Ibid
[49] Ibid
[50] Ibid
[51] Ibid

numerous companies have discovered that it enhances employee morale and customer satisfaction.

The employment data relating to individuals with intellectual disabilities highlights the substantial obstacles they encounter when seeking employment opportunities. Individuals with intellectual disabilities are frequently disregarded because of societal prejudice and a limited comprehension of their abilities, despite their possession of valuable skills and talents. This is evident in the lack of employment and high unemployment rates among individuals with disabilities, as well as their comparatively lower median annual earnings in comparison to individuals without disabilities.

Chapter 3: Historical Context – Using Architecture for Mental Healing

Introduction:

The development of mental asylums in the United States is a complex narrative defined by changing ideologies, treatment methods, and cultural attitudes toward mental health. The practice of institutionalizing individuals with mental disorders gained popularity in the early 19th century, primarily due to prominent individuals such as Dr. Thomas Kirkbride, shown in figure 8. Kirkbride, a distinguished physician and advocate for sympathetic care of individuals with mental illness, made a lasting impact on the architectural design of asylums with his influential "Kirkbride Plan".[52] The architectural concept focused on creating large, well-ventilated buildings surrounded by calming environments, to promote the recovery and rehabilitation of patients.[53] This chapter analyzes the historical development of mental asylums in the United States, with particular focus on Dr. Thomas Kirkbride's efforts to promote sympathetic and humane care for patients. This study analyzes the development of asylum design from the 19th century to the present day, exploring the impact of architectural principles on the experiences

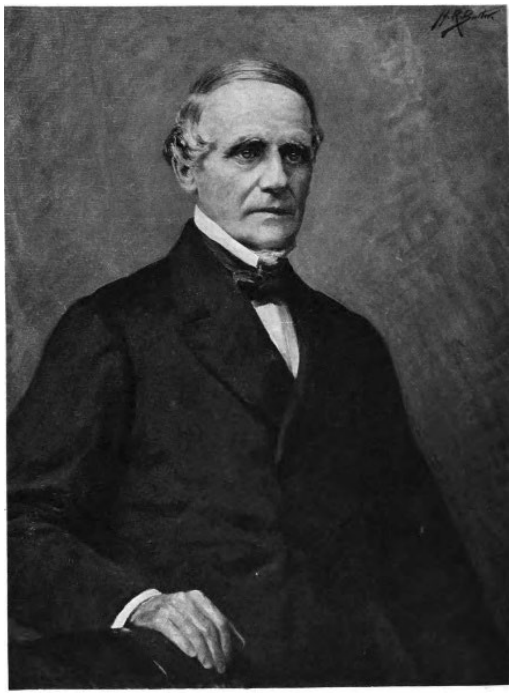

Figure 8- Dr. Thomas Story Kirkbride circa 1861

[52] "DR. THOMAS STORY KIRKBRIDE." n.d. PENN MEDICINE.
[53] Ibid

of patients. The chapter also examines the influence of asylum design on the well-being and treatment outcomes for individuals with mental disorders, highlighting the crucial importance of the therapeutic environment in promoting healing and rehabilitation. This analysis offers a deeper understanding of the dynamic relationship between architecture, mental healthcare, and cultural perspectives on mental disorders.

Dr. Thomas Kirkbride:

While mental institutions have existed for several centuries, it was during the 1800s that public awareness and acceptance of mental hospitals greatly increased. Traditionally, individuals impacted by mental disorders were predominantly cared for by members of their families within the safety of their own residences.[54] However, in many cases, families were unable to offer the required level of care, resulting in circumstances where individuals with mental disorders lacked sufficient assistance and, in some cases, were homeless.[55] In response to these issues, asylums were established with the purpose of offering safety and support for individuals experiencing these circumstances.[56]

Historically mental institutions are known for their utilization of severe therapeutic techniques and poor living circumstances, frequently subjecting patients to cruel and violent procedures.[57] These practices included restraining patients by chaining them to walls, placing them in constant restraints in beds for twenty-four

[54] "Diseases of the Mind." U.S. National Library of Medicine.
[55] Ibid
[56] Ibid
[57] Ibid

Figure 9- Use of Coercion Chair, Lexington, Kentucky

hours, administering electroshock therapy, sedating individuals, using patients as objects for public entertainment, unjustly institutionalizing women who were considered problematic to their husbands and families, use of ice baths, administering drugs against their will, and enforcing isolation as a method of control.[58] Figure 9 represents the mistreatment of patients by displaying the use of coercion chairs on female patients in Lexington, Kentucky.

During the late 1700s, tradesman and philanthropist William Tuke founded a privately owned psychiatric facility known as "The Retreat", shown in figure 10.[59]

Figure 10 - Samuel Tuke's "The Retreat."

Located around York, England, the institution was among the first organizations to implement moral management, an approach that advocated for the limited utilization of techniques such as

[58] Ibid
[59] Ibid

constraints.[60] Despite the good intentions of William Tuke and similar individuals, asylums were faced with several challenges. In 1829, a patient named William Scrivinger, who was being treated at Lincoln Asylum in Lincolnshire, England, was left restrained to his bed by a strait jacket overnight.[61] Unfortunately, the next morning, asylum staff found him dead. He had been strangled by his restraints throughout the night.[62] This resulted in the Lincoln Asylum adopting a non-restraint approach, which had a significant impact on the reform of asylums in the 1800s.[63] In response to tragedies like the death of William Scrivinger, the treatment of patients underwent significant improvement in the mid-19th century, with moral care being the new standard for asylum operations.[64] However, issues such as overpopulation resulted in an overall decrease by the end of the century, with previous approaches such as the use of restraints, padded cells, sedatives, and in certain cases, lobotomies, returning and becoming more severe.[65]

By the mid 1800's mental institutions began taking on a new form, emphasizing the adoption of more compassionate and ethical care for those with mental disabilities. The appointment of Dr. Thomas Kirkbride as superintendent of the newly formed Department for the Insane within the Pennsylvania Hospital became a pivotal moment in the history of mental institutions.[66] Dr. Kirkbride passionately advocated for the idea of "moral treatment," which emphasized

[60] Ibid
[61] Ibid
[62] Ibid
[63] Ibid
[64] Ibid
[65] Ibid
[66] "DR. THOMAS STORY KIRKBRIDE." n.d. PENN MEDICINE.

compassion and respect for individuals suffering from mental illness. His goal was to create an empathetic atmosphere where all individuals, regardless of their socioeconomic background, were treated with respect, since he believed that increased freedom would encourage improved behavior among patients.[67] Kirkbride emphasized the cultural benefits associated with investing resources in efficient medical care, highlighting that the expenses were significantly lower when compared to providing lifelong support for untreated chronic cases.[68] During his time as superintendent, he began to take notice of the physical buildings in which these patients were being treated. The new facilities were considered “ill-planned in regard to creating a restorative ambiance”.[69]

As the patient population continued to expand by the early 1850s, Kirkbride was provided the opportunity to convince hospital governors to fund a new facility which would be designed based on his own theories of healing.[70] This marked the beginning of "The Kirkbride plan", as seen in figure 11, which would later influence the construction of over 300 mental asylums throughout North America in the following decades.[71] Every

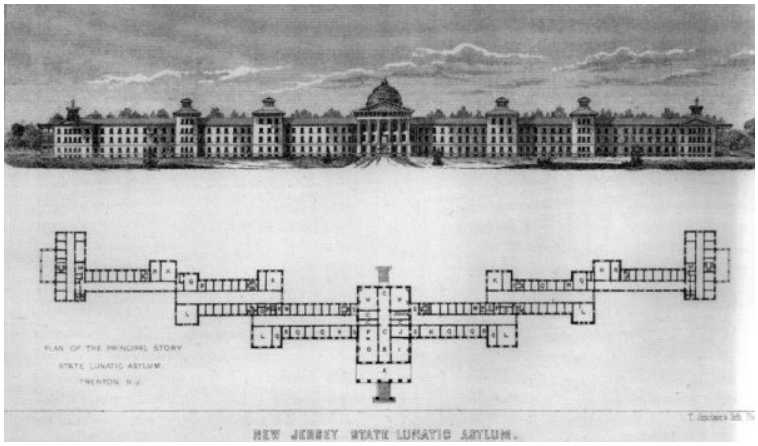

Figure 11 - Kirkbride Plan - New Jersey State Lunatic Asylum

[67] Ibid
[68] Ibid
[69] “The Kirkbride Plan.” 2023. Trans-Allegheny Lunatic Asylum.
[70] Ibid
[71] “Kirkbride Buildings - Historic Insane Asylums,” n.d.

part of the design was carefully considered to create a setting that promotes productivity and a sense of "respectable decorum".[72] Located in remote areas surrounded by extensive grounds, “many of these insane asylums seemed almost palace-like from the outside”.[73] The most notable feature of the Kirkbride plan is the V -shape plan. The V-shaped plan featured two groups of wards or "pavilions" that extended outwards from a central administration zone.[74] Upon arrival, new patients report to the central administrative offices located at the core of the V-shaped building.[75] Afterward, they would be separated based on gender, with men guided to one side and women to the other. Additional separation based on the seriousness of their condition would then occur, classified into four separate categories of need. The pavilions located furthest from the central area would accommodate patients in need of the most intensive therapy.[76]

Due to the strategic placement of each pavilion, every room in the hospital would benefit from optimal ventilation and sunlight throughout the day. The reduced points of contact between areas also provided fire protection by enabling the separation of any specific area of the facility from other areas.[77] Kirkbride advocated for the asylum to be

Figure 12 - Landscape surrounding a "Kirkbride" Asylum

[72] Ibid
[73] Ibid
[74] Pi. 2019. “The Kirkbride Plan - 99% Invisible.” 99% Invisible
[75] Ibid
[76] Ibid
[77] Ibid

surrounded by green space, as he believed that nature has healing properties. Figure 12 displays a postcard portraying the "pleasure grounds" that surround a Kirkbride plan asylum.

This would allow patients to experience the therapeutic effects of nature as they traveled the building's multi-level corridors. Tall ceilings and frequent window placement allowed patients to view the surrounding landscape and sky.[78] The Kirkbride plan used Victorian homes as a model for the design, each ward was “structured like an ideal Victorian family unit”,[79] focusing on communal activities. The doctor, representing a paternal role typical of Victorian times, dined with them at the head of the table, while the nurse or matron, representing a maternal figure, sat at

Figure 13 - Typical Dining Room Layout

[78] Ibid
[79] Ibid

the opposite end, promoting a sense of family. Figure 13 depicts the typical layout of a dining room in a Kirkbride asylum.

In addition to the impressive size of these structures, the surrounding grounds were considerably more extensive. Several Kirkbride hospitals maintained fully functional farms, which included vegetable gardens, greenhouses, dairies, animals, and bakeries. Kirkbride expressed the significance of involving patients in meaningful activities that support their recovery.[80] As a result, patients engaged in agricultural labor and other necessary activities to ensure the daily operations of the asylum. Kirkbride hospitals also offered a range of impressive facilities including ballrooms, bowling lanes, and baseball diamonds.[81]

Asylum Design: 20th Century

The Kirkbride asylum design significantly changed during the 20th century as a result of significant overcrowding and shifts in treatment ideologies.[82] A particular asylum in Buffalo, which had initially been built to house 600 residents, was providing medical care for 3,600 patients.[83] State mental hospitals built in the early 20th century expanded in size, ultimately resembling institutional structures, such as prisons, which contradicted Kirkbride's original idea.[84] Pilgrim State Hospital, seen in figure 14, located on Long Island, was the most extensive facility of its kind, accommodating more than 14,000 patients at its peak.[85] In 1955, the population of

[80] Ibid
[81] Ibid
[82] Ibid
[83] Ibid
[84] Ibid
[85] Ibid

Figure 14- Pilgrim State Hospital - Long Island Daily Press 1955

Americans residing in state mental hospitals had exceeded half a million.[86] Simultaneously, psychiatrists shifted their attention towards addressing what were now recognized as mental disorders, giving priority to physical interventions such as lobotomies, insulin comas, electroshock therapy, and eventually, drugs sold as psychiatric medications.[87]

Ultimately, the medical advances of the 1950s were more successful in reintegrating patients into social life than a hundred years of architectural innovation.[88] In the 1960s, the passing of new laws made it illegal for psychiatric patients to participate in work-related tasks, causing an end to all patient labor and severely impacting the functioning of numerous hospitals. Following the 1970s, American state mental hospitals experienced a substantial reduction in financing and began the process of deinstitutionalization, resulting in their closure and abandonment. The Kirkbride in Buffalo was shut down because of this trend, and its surviving

Figure 15- Photo Courtesy of Christopher Payne- Abandoned Kirkbride style Asylum.

[86] Ibid
[87] Ibid
[88] Quinlan, Patrick. "Asylum: The Architecture That Aimed to 'Cure Insanity.'

patients were transferred to a newer, smaller institution across the street in 1974. Over time, the initial purpose of these structures, as well as establishments, became abandoned. [89] Figure 15 displays an abandoned asylum designed in the Kirkbride architectural style. Despite being unharmed, these walls have not witnessed any human activity for several decades.

Conclusion:

In the early 1900s, there was a significant increase in the number of mental asylums around the country, which represented an increasing belief in the effectiveness of institutionalized treatment. However, the conditions within these facilities frequently failed to meet the humane standards established by Kirkbride. The presence of over population, insufficient financial resources, and a shortage of well-trained personnel resulted in incidents of neglect and mistreatment, therefore reinforcing the negative stigma associated with mental illness. In the mid-20th century, there were significant changes in mental health care, driven largely by improvements in psychiatric medicine and changing societal attitudes. In the 1950s, there was a growing movement towards deinstitutionalization, which was motivated by the idea that individuals with mental illnesses might be better cared for through community-based care and outpatient treatment. When examining the path of mental asylums from the 19th century to the present, it becomes clear that the history of mental health treatment in the United States is closely connected to larger societal influences, medical progress, and changing views on mental disorders.

[89] Pi. 2019. "The Kirkbride Plan - 99% Invisible." 99% Invisible

Chapter 4: Redefining Healing Architecture

Introduction:

Healing Architecture, a term established in the 19th century by Dr. Kirkbride, is a belief that intentionally constructed therapeutic environments and the unique emotions they communicate can enhance the process of patient healing. Healing architecture is an area that combines design, health, and well-being, emphasizing the significant impact that our constructed surroundings can have on improving our daily lives. Healing architecture is based on the belief that environments can have an impact on physical, mental, and emotional healing.[90] This requires a holistic approach to design, focusing on the requirements and comfort of the people who use the space. Architectural features such as the use of natural light, ventilation, and green space are intentionally integrated to enhance relaxation and recovery.[91] Healing architecture goes beyond just appearance, incorporating factors such as accessibility, and inclusion to provide fair and equal access to healing spaces for everyone. This chapter will focus on ineffective healing architectural designs and examine the influence of social development and spatial organization on the effectiveness of healing environments.

Failure in Design

Dr. Thomas Kirkbride, a psychiatrist known for the "Kirkbride Plan",[92] had a significant influence on the design of mental asylums. He held the belief that the

[90] Simonsen, Thorben Peter, and Cameron Duff. 2019. "Healing Architecture and Psychiatric Practice: (Re)Ordering Work and Space in an In-patient Ward in Denmark."
[91] "DR. THOMAS STORY KIRKBRIDE." n.d. PENN MEDICINE.
[92] "The Kirkbride Plan." 2023. Trans-Allegheny Lunatic Asylum.

physical structure, surroundings, and placement of the hospital had a curative impact on patients, which he referred to as the "therapeutic landscape", depicted in figure 16.[93] Kirkbride later introduced a design concept that served as the foundation for plans for mental hospitals, leading to the construction of numerous asylums following this model.[94] Due to the belief that architecture played a crucial role in the treatment process, numerous prominent architects and landscape architects of that era actively participated in the construction of asylums.[95] During the latter part of the 19th century, more than 150 asylums were constructed throughout the United States.[96] Moral treatment lost popularity by the late 19th century, and the concept of therapeutic landscape was also abandoned. Instances of mistreatment and neglect of the patients were also prevalent, conditions in the asylums worsened, leading to the development of a negative image of asylums that continues today. These initial efforts to establish a “sanctuary” were unsuccessful due to poor treatment methods.[97] The theory that buildings could aid in the treatment of mental illness would ultimately be abandoned, along with thousands of unmarked graves of

Figure 16- Asylum formal garden, 1880. Courtesy of Frank Cousins Collection.

[93] “[Asylum: The Huge Psychiatric Hospital in the 19th Century U.S].”
[94] Ibid
[95] Ibid
[96] Ibid
[97] Ibid

past patients.[98] Figure 17 displays a vast image of the abandoned state institution cemetery in Cranston, Rhode Island, where hundreds of people were put to rest. The abandonment of this theory was due to architectural designs falling short of the promises made on its effectiveness to heal.

Figure 17 - State Institution Cemetery No. 2, Cranston, Rhode Island

As overcrowding occurred in these asylums, adjustments were made to accommodate more patients. The architectural design of asylums began expanding in size and complexity. The Kirkbride plan transitioned into the pavilion-echelon style. The Echelon Plan, which arose around 1880, became popular due to its design that arranged wards, offices, and services along a central corridor, seen in figure 18.[99] This style of asylum was monumental in size, and was constructed to be cost-efficient, but had little to no emphasis on providing treatment or achieving a cure.[100] There were two main

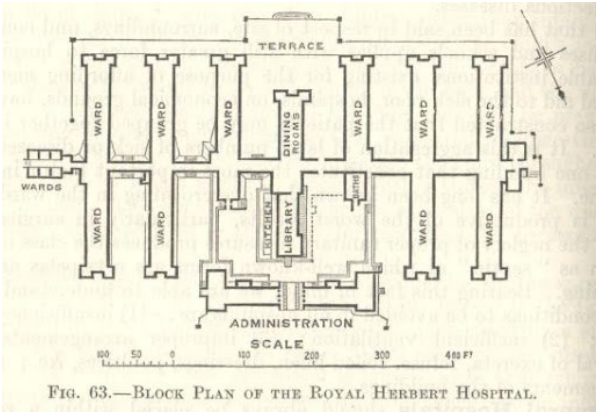

FIG. 63.—BLOCK PLAN OF THE ROYAL HERBERT HOSPITAL.

Figure 18 - Plan of Royal Herbert Hospital

[98] Quinlan, Patrick. "Asylum: The Architecture That Aimed to 'Cure Insanity.'
[99] "Asylum Architecture." 2022. TheTimeChamber.
[100] Quinlan, Patrick. "Asylum: The Architecture That Aimed to 'Cure Insanity.'

iterations of this design: the broad arrow and the compact arrow. Figure 19 shows the two plans. The left image depicts a plan view of High Royds Hospital, which serves as an example of the broad arrow plan. The image on the right depicts a plan view of Claybury Hospital, which serves as an example of the compact arrow plan.

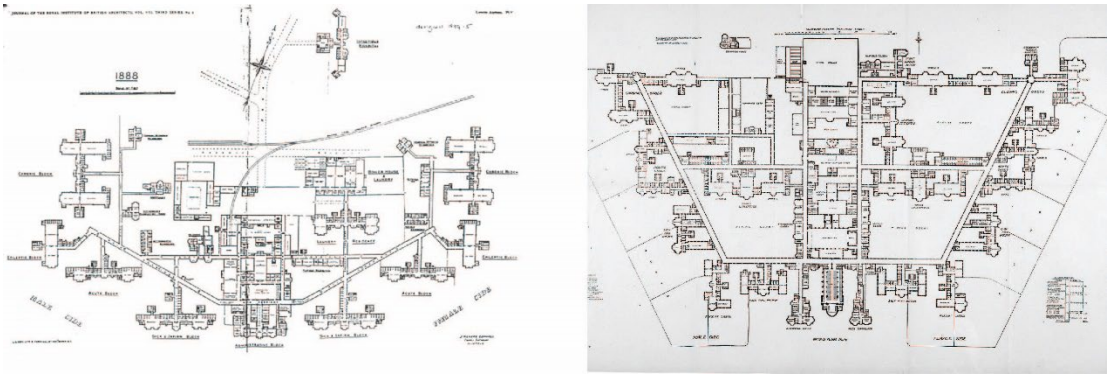

Figure 19 - Left Image: High Royds Hospital Right Image: Claybury Hospital

The Broad Arrow was an early draft of the Echelon Plan that featured the distribution of facilities and wards across a large area. It was designed to have pavilion blocks connected by short corridors branching off from a main corridor. Only two iterations of the Echelon Plan were constructed, Claybury and the High Royds in Menston.

Figure 20- High Royds Hospital, Menston

Among these, the High Royds is the only structure that was completely constructed, as seen in figure 20.[101] The Compact Arrow transformed asylum design and construction in the UK, establishing GT Hine as an influential architect in the field.[102] The Broad

[101] Asylum Architecture." 2022. TheTimeChamber.
[102] Ibid

Arrow's extended corridors were preserved, but wards were positioned closer together, reducing the need for shorter corridors. Services remained centralized in the plan.[103] This design not only created a spacious and well-ventilated setting, which is essential for mental health treatment, but also introduced two different options: one with ward blocks resembling pavilions set away from the corridors, and another with interconnected wards that allow staff to move efficiently[104]. The Compact Arrow design later included villas tailored to certain patient groups, ultimately creating the foundation for the colony layout characterized by open corridors.[105]

The Kirkbride Plan, known for its extensive focus on therapeutic surroundings, eventually lost popularity, indicating a more widespread failure in the historical approach to designing asylums.[106] This transformation represented a significant change in the understanding and management of mental health, emphasizing the complexity involved in creating environments that genuinely promote healing. The plan's inflexible framework and the changing requirements of mental health care made it outdated, leading to the development of contemporary mental health facilities that promote adaptability, patient-focused treatment, and community integration. Contemporary architectural strategies for mental health centers prioritize healing architecture, which aims to integrate environmental design with therapeutic goals. This transformation demonstrates a deeper understanding of the psychological influence of place and the necessity for settings that promote restoration, respect, and integration into society. When considering the impact of the

[103] Ibid
[104] Ibid
[105] Ibid
[106] "The Kirkbride Plan." 2023. Trans-Allegheny Lunatic Asylum.

Kirkbride Plan and its predecessors, it is evident that achieving good mental health care involves more than just treatment methods. It also requires the creation of settings that represent compassion and encourage recovery.

Social Development:

Young adults who are dealing with mental disabilities often face the risks of social isolation and stigmatization. The lack of adequate healthcare services has worsened the gap between ordinarily developing young individuals and those with mental disabilities.[107] These adults are often hidden or placed in distant facilities, which not only limits their ability to discover their full potential but can additionally worsen the issues they are experiencing. The primary objective of optimal mental health institutions is to empower young individuals through the instruction of vital life skills, the creation of opportunities for social engagement, the encouragement of independence, and the facilitation of their successful reintegration into the wider community.[108] To be effective, such a facility would have to accurately replicate the organization, operations, and career prospects found in society, while also establishing relationships with the local community and encouraging active participation within it.[109] Figure 21 displays a schematic illustration of the factors that influence sheltered care systems. This diagram illustrates the relationship between multiple variables. The institutional context is intimately linked to every aspect of the social environment. The diagram illustrates a clear link between the institutional

[107] Makki, Ayman H. Healing architecture: Designing for the mentally ill ayman H
[108] Ibid
[109] Ibid

context and the physical and architectural features, as well as the policy and program factors. These factors are also connected to the characteristics of the staff and residents, as well as the social environment of the facility. Each component contributes to the improvement of the social environment, as they are interconnected and mutually influential.

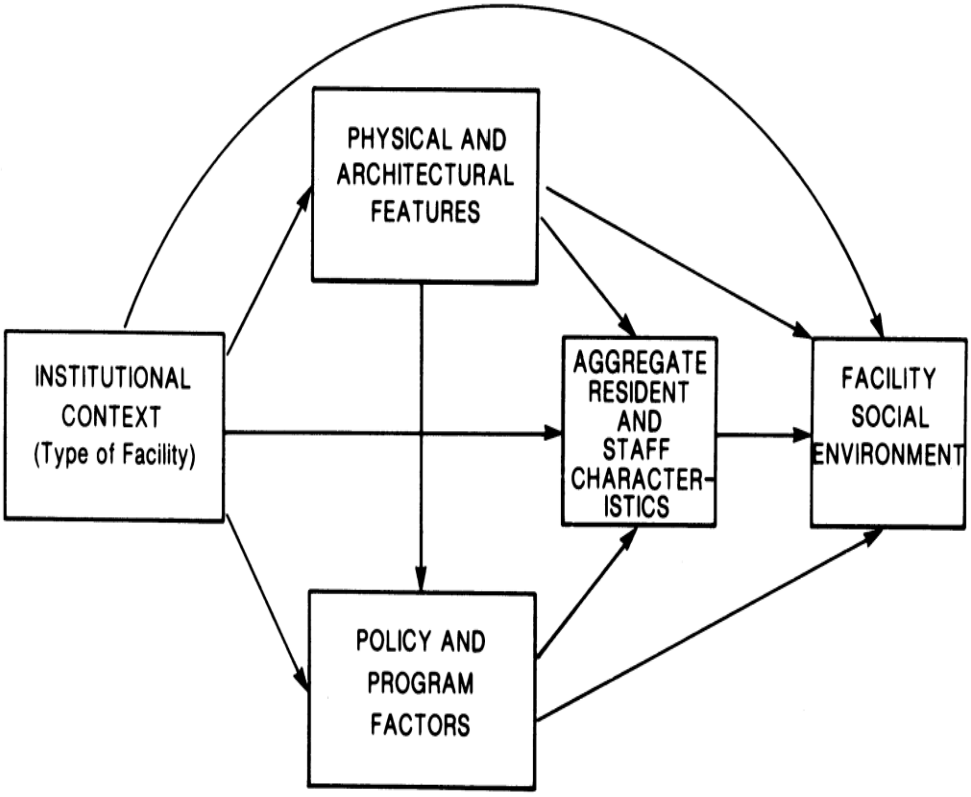

Figure 21- Determinates of sheltered care settings' social environment.

Socialization is essential for the reintegration process. Public spaces in institutions are primarily designed to promote social contacts, recreational activities, self-expression, and the development of social skills.[110] Specialized design and

[110] Ibid

structure of public spaces can reduce feelings of isolation and promote interactions among individuals, including staff and patients. “Sense of place”[111] becomes an important term in relationship to social development. The concept of "creating a sense of space through the socialization of space"[112] emphasizes the importance for architects to design environments that encourage social interactions within communities naturally inclined towards solitude.[113] Minor design details, like the positioning of a vending machine, can serve as stimulants for social contact by shaping the locations and manner in which people congregate.[114] Exhibiting patients' artwork in shared spaces can initiate conversations, while the configuration of furniture has a notable impact on promoting or impeding connection, depending on whether it enables eye contact or can be readily rearranged.[115] The level of social engagement is influenced by the size of the room, as larger rooms tend to have less interaction, while excessively confined and congested settings might result in negative interactions, such as aggressiveness and frustration.[116] Figure 22 illustrates a prototype of an optimal learning setting designed specifically for students with Intellectual and Developmental Disabilities. In this model, furniture is employed to define space and establish a sense of connection with others. Different materials are utilized for sensory purposes. Audible and visible elements are incorporated to

[111] Ibid
[112] Ibid
[113] Ibid
[114] Ibid
[115] Ibid
[116] Ibid

enhance comfort and promote positive interactions.

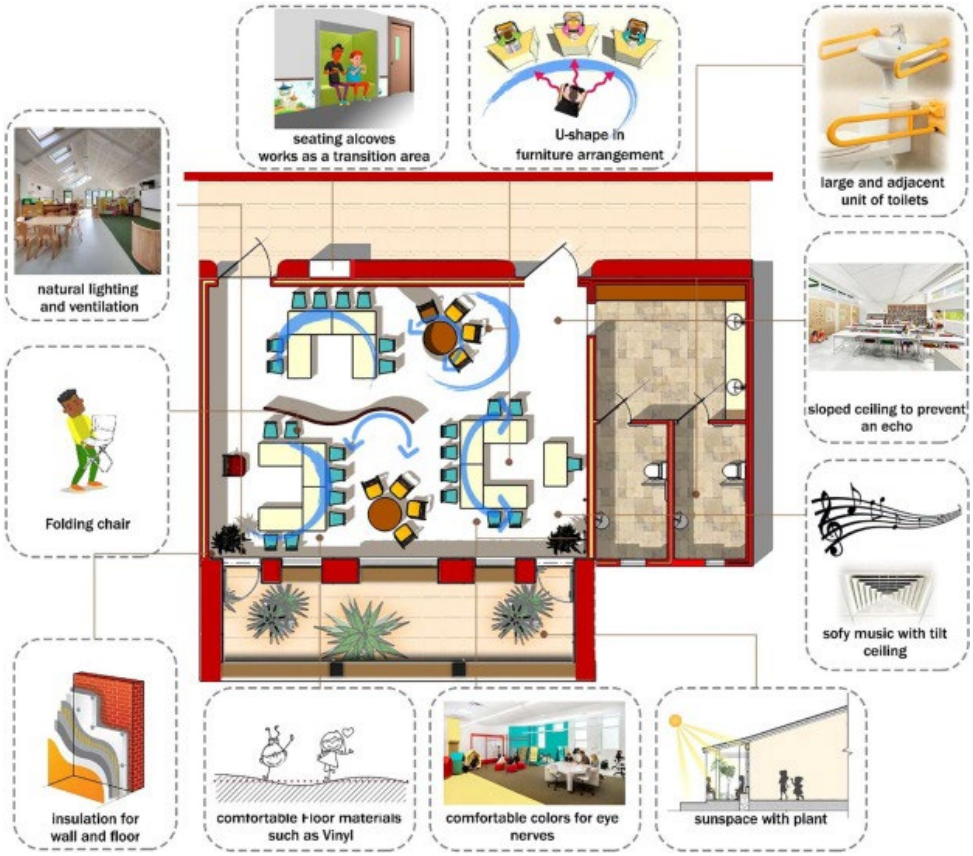

Figure 22 - Model of Ideal classroom for IDD Students

Individuals diagnosed with mental disabilities experience reality in unique manners, resulting in specific behavioral, social, and physical needs. By studying the behavior of individuals with IDD, designers can uncover essential design factors and customize elements based on these individuals' requirements. Spatial design can be adapted to accommodate various needs for everyone, emphasizing the necessity for distinct design approaches for diverse mental health problems.

Spatial Organization:

The organization of physical space plays an important role in the field of healing architecture, particularly for those with Intellectual and Developmental

Disabilities. An intelligently designed environment can have a substantial influence on the health, convenience, and recovery of individuals with IDD, providing them with a well-organized setting that responds to their distinct requirements. Architects and planners may significantly improve the therapeutic experience by carefully creating settings that are both secure and engaging, while also being easy to understand. These environments promote self-reliance, support education, and stimulate social engagement, which are crucial elements for the advancement and growth of individuals with IDD. The intentional arrangement of physical space becomes a crucial element in designing therapeutic environments that cater to the varied requirements of individuals with IDD, thereby enhancing their ability to flourish and engage with their surroundings.

There are multiple architectural elements within the study of spatial organization that influence the behavior and health of individuals. The first element that should be applied when designing for people with IDD is a stimulating environment.[117] Stimulation refers to the informational content that exists in an environment that affects the individuals residing in it. Inadequate stimulation can result in boredom and a weakened relationship with the environment, while excessive stimulation can overwhelm the senses, leading to disorientation.[118] Optimal well-being is generally attained in situations that have moderate amounts of visual and audible stimuli, including factors such as colors, lighting, noise, and patterns.[119] The

[117] Ibid
[118] Ibid
[119] Ibid

second element is a legible space, or a simplified space. The arrangement of spaces should be clear and uncomplicated to avoid misunderstanding and disorientation.[120]

Figure 23 - Example of "wayfinding" at the Barbican Centre

It is crucial to simplify the design by eliminating confusing features. The use of navigational aids, such as unique sculptures or plants, and obvious architectural cues, such as picture coding, can greatly assist in defining the purpose and navigation of places.[121] Figure 23 displays a legible space. Wayfinding refers to architectural features that assist individuals in navigating through a given area. Architects devised a plan to enhance the building's legibility. Due to the building's densely packed

[120] Ibid
[121] Ibid

concrete columns, architects were able to incorporate striking graphic elements to assist people in navigating the building.

Cohesion, control, and restorative qualities of space are also dimensions that should be included within a design. Establishing a cohesive and predictable environment with distinct limits is crucial for those with IDD, as it promotes a feeling of security and a strong bond with their surroundings.[122] This is accomplished by giving patients the ability to customize their environment, and by designing the architecture in a way that promotes visual and functional coherence, which helps establish order. Segmented zones allocated for various activities aid patients in establishing clear physical and psychological boundaries between different elements of their lives, such as therapeutic sessions and outdoor activities.[123] Figure 24 depicts

Figure 24 - Manhattan Star Academy Plan

the design plan of the Manhattan Star Academy. This plan incorporates subtle visual

[122] Ibid
[123] Ibid

aids and navigational elements. The chosen surfaces showcase complex textures. The wave-like sculpted accent tiles on the walls serve as a way for students to navigate through the space by connecting different paths with a shared material. The utilization of diverse colors and patterns serves as a navigational aid for the students and effectively divides different sections of the building for specific activities. Architectural strategies that provide patients with the ability to have control and make choices, such as clearly separating private and public areas and allowing for modifications to the space, empower patients and promote their mental well-being.[124] Design factors such as comfortable furniture, calming colors, and views of nature help to the creation of a therapeutic environment. In addition, retreat areas provide a peaceful refuge from excessive stimulation, while safety measures, such as strategic window placement, provide a healing environment without the potential for self-harm.[125] These principles emphasize the significance of architecture in designing environments that have therapeutic functions and improve the well-being of patients.

Conclusion:

It is necessary to reevaluate the concept of the therapeutic landscape, which includes the architecture of the hospital building and the surrounding property as vital components of the treatment process, as well as the aesthetic value of a mental health facility.[126] The progression of asylum architecture from previous eras to the present symbolizes a shift from insufficiency to understanding of this unique population,

[124] Ibid
[125] Ibid
[126] "[Asylum: The Huge Psychiatric Hospital in the 19th Century U.S]."

illustrating a deeper comprehension of the complexities of the care for individuals with IDD. Traditionally, the designs of asylums were flawed due to their focus on seclusion and confinement, neglecting to acknowledge the healing possibilities of architecture. These designs frequently worsened the conditions they intended to improve, resulting in surroundings that hindered rather than facilitated healing. The identification of these limitations has prompted a shift towards healing architecture, which involves the integration of social development and spatial organization to create spaces that promote rehabilitation and well-being. Design principles are carefully coordinated with the requirements of individuals. Contemporary architecture aims to address the deficiencies of previous architectural styles by giving priority to places that encourage social interaction, privacy, and autonomy. This transition is seen in the focus on community integration, therapeutic environments, and adaptable spatial utilization, all of which contribute together to a whole healing process. The knowledge gained from previous experiences has accelerated a proactive transition towards designs that honor and improve human experience. This suggests a future where architecture plays a crucial role in promoting mental health recovery and societal participation.

Chapter 5: Cultivating Inclusivity through Community Engagement

Introduction:

Inclusivity is crucial for individuals with Intellectual and Developmental Disabilities as it guarantees them equitable access to engage in any element of community life, including education, employment, recreational and social activities. By recognizing their worth and the positive impact they have on society, it cultivates a feeling of inclusion and approval, which is essential for their emotional and mental well-being. In addition, inclusivity reduces obstacles, allowing individuals with IDD to obtain the assistance and resources necessary for leading fulfilling lives, and promoting fairness and integrity in our communities.

Fostering inclusivity within our communities is not only a desirable goal but also a crucial step towards constructing a society that values and assists all its members, including individuals with IDD. Various strategies can be employed to promote inclusivity, with transitional housing, supportive housing communities, and community-based treatment programs being particularly effective. Transitional housing provides individuals with IDD an opportunity to gradually move towards independence. It offers an organized and supportive setting where they can learn and develop at their own pace. Supportive housing communities enhance inclusivity by establishing integrated environments that incorporate housing, services, and personalized support for individuals with IDD. This approach creates a strong sense of belonging and community among residents. Community-based treatment aims to provide therapeutic and support services to individuals with IDD in their local

communities. This approach ensures that personalized care is delivered while maintaining strong connections to the community. These initiatives collectively reflect a comprehensive strategy for embracing diversity and creating an inclusive environment where individuals, regardless of their abilities, may thrive.

Supportive Housing Communities:

Supportive housing communities provide a combination of low-cost housing along with support services specifically designed to help vulnerable individuals live stable and satisfying lives in their communities. These services are customized to address the diverse needs of residents, including individuals with IDD, the homeless population, and others who are confronting complex difficulties.[127] The primary goal of supportive housing is not solely to offer shelter, but rather to guarantee access to essential assistance that enables residents to succeed, maintain stability, and fully integrate into the wider community.[128] Figure 25 shows the utilization of supportive housing to assist individuals with Intellectual and Developmental Disabilities in living more satisfying lives.

Figure 25-Residential Services for Individual with Developmental Disabilities - The Foundling New York

[127] Dohler, Ehren, Peggy Bailey, Douglas Rice, and Hannah Katch. 2016. "Supportive Housing Helps Vulnerable People Live and Thrive in the Community."
[128] Ibid

Supportive housing residents show lower dependence on costly services, such as emergency healthcare, and exhibiting decreased rates of incarceration.[129] This approach not only enhances healthcare accessibility for individuals with disabilities but also facilitates the desire of seniors to stay in their communities as they grow older, and aids families in preventing the need to place children in foster care.[130]

The main feature of supportive housing is its permanence and affordability to their residents. In supportive housing, tenants typically contribute no more than 30% of their income to rent and have similar rights and responsibilities to traditional renters.[131] This includes acquiring leases in their names, a right to privacy within their residences, and safeguards against eviction for reasons unrelated to their obligations as tenants.[132] Supportive housing services prioritize assisting residents' ability to obtain and sustain housing, which includes aiding in the search for suitable residences, encouraging positive interactions with landlords, and knowing the responsibilities associated with tenancy.[133] These services are broad, as they cover tenants' health, legal, and employment needs through a team of professionals from different backgrounds. This ensures that the support provided is customized to each individual's specific circumstances.[134] While it is not mandatory to participate in these services to maintain housing, the strategy is hands-on, with providers actively

[129] Ibid
[130] Ibid
[131] Ibid
[132] Ibid
[133] Ibid
[134] Ibid

reaching out to offer assistance, to keep tenants involved and supported in different areas of their lives.[135]

Residents in supportive housing have the freedom to live in their preferred apartments or houses in local communities, while also having convenient access to necessary amenities such as public transportation, shops, and parks. Supportive services are adaptable and provided directly to residents' homes or preferred community locations, guaranteeing ongoing accessibility even if they relocate, minimizing the potential consequences of decreased use of services caused by inaccessibility.[136] With a large emphasis on resident's personal choice, supportive housing allows individuals to choose the housing options and services they desire. Residents typically have the freedom to come and go as they wish and have control

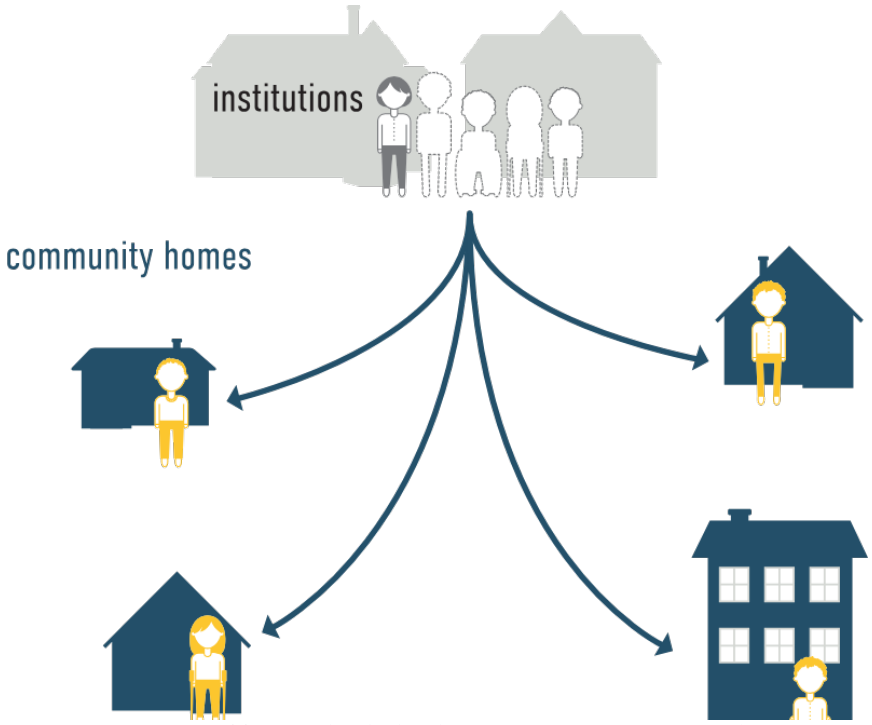

Figure 26 - Four out of five people who lived in an institution in 1987 were living in a community home by 2019.

[135] Ibid
[136] Ibid

over their daily routine, including mealtimes and visits from others.[137] Figure 26 shows the shift from residing in an institution to living in a community home, with 4 out of 5 individuals who previously lived in an institution now residing in a community home.

Supportive housing communities are becoming increasingly popular nationwide as an effective solution for offering stable and affordable living conditions, along with necessary supportive services. The increasing popularity of this model can be linked to its effectiveness in meeting the needs of vulnerable populations, such as individuals with disabilities, seniors, and at-risk families. By combining housing with customized assistance, these communities not only enhance the well-being of their residents but also generate wider social and economic advantages for the surrounding areas.

The state of Maryland offers many resources for individuals with IDD. One resource that is becoming more popular is Project Home, also known as C.A.R.E, Certified Adult Residential Environment.[138] This resource is a supportive housing initiative designed for individuals with mental illness or disabilities. It offers an adult foster family model of care, providing a stable and family-like living arrangement within the community.[139] Project Home offers a residential option that resembles a home environment and is less expensive compared to nursing homes, psychiatric hospitals, and other institutional facilities.[140] The program offers residents an atmosphere that promotes personal development, intellectual engagement, and

[137] Ibid
[138] "Project Home." Maryland Department of Human Services.
[139] Ibid
[140] Ibid

adaptability while minimizing constraints.[141] Clients are encouraged to cultivate self-sufficiency in their daily lives, whenever it is suitable. The program also provides case management services to the residents, connecting each resident with suitable community activities and resources.[142]

Individuals who are 18 years of age or older, have a disability, and possess the capability and willingness to reside in a family environment are eligible to apply for this program.[143] Many residents receive financial aid. Documentation related to disability, income, and functional capability is necessary.[144] Residents who require medication must have the ability to administer it themselves or be capable of learning the necessary skills with guidance and instruction. Providers are selected, evaluated, and authorized to welcome adults who can thrive in the community with supervision and assistance.[145] Providers supply accommodations, meals, aid with daily tasks, leisure and social engagements, oversight of medication, and support with transportation for medical visits. Providers must demonstrate a willingness to collaborate with the case manager from the local Department of Social Services and the individual resident in order to create and execute a treatment plan.[146] Providers are required to engage in training sessions organized by the local Department of Social Services and exhibit an attitude of inclusivity towards individuals from diverse backgrounds.[147] Providers receive fixed rates of reimbursement for room, board,

[141] Ibid
[142] Ibid
[143] Ibid
[144] Ibid
[145] Ibid
[146] Ibid
[147] Ibid

supervision, and assistance. They must also show evidence of additional income to support their own needs.[148]

The organization ARC also offers a program to aid individuals with disabilities to find adequate housing. People with disabilities including IDD are facing a housing crisis due to the inability to find affordable and accessible housing within their community. This program actively works with organizations like HUD and lawmakers to increase access to housing for these individuals.[149] ARC advocates for independence and rights for people with IDD. Within their mission statement they state, "Adults with IDD should receive the supports they need to transition out of the family home when they wish to do so. Housing for people with IDD must be coordinated with home and community-based support systems, including transportation services, and should ensure access to other typical public resources. There must be adequate funding of services to support people to live in the community. Funding must be stable and not subject to arbitrary limits or cuts. People with IDD must not be subjected to unnecessary institutionalization or removal from their homes and communities due to state budget cuts. Public policy should promote small, typical living situations for people with IDD. Information about innovative housing models that promote independence should be widely disseminated. Housing for people with disabilities should be scattered within typical neighborhoods and communities and should reflect the natural proportion of people with disabilities in the general population. Public funds must be shifted from restrictive institutional

[148] Ibid
[149] Arc. 2021. "Housing Position Statement | The Arc."

settings to community support. Institutional settings and large congregate living arrangements are unnecessary and inappropriate for people with IDD, regardless of type or severity of disability. Affordable housing options must be available to people with IDD, including those with very low incomes. Affordable housing programs must be expanded and funded to eliminate long waiting lists. Public policies must ensure that people with IDD receive their fair share of all local, state, and national housing resources. Universal design and visibility standards should be adopted for all new housing. New and significantly renovated multifamily housing should include fully accessible units in numbers that reflect the natural proportion of people with disabilities in the general population. People with IDD have the right to be free from housing discrimination, and there must be robust education, outreach, and enforcement of that right. People with IDD must have opportunities comparable to those of people without disabilities to rent or buy their own homes."[150]

Community Based Treatment:

Adopting community-based treatment offers the potential for improving the overall welfare of individuals with Intellectual and Developmental Disabilities. This approach prioritizes individualized care delivered in community settings, which enhances healthcare accessibility, fosters social integration, and empowers individuals with intellectual and developmental disabilities to live more meaningful lives. Customized to address the distinct requirements of every individual, community-based treatment emphasizes the significance of incorporating individuals

[150] Ibid

with IDD into their communities, enabling them to flourish with appropriate assistance and resources.

Historically, people with disabilities experienced segregation that limited their ability to live in the community, often resulting in institutionalization.[151] The significant 1999 Supreme Court ruling in Olmstead v. L.C. acknowledged that segregating individuals with disabilities is a form of discrimination according to the Americans with Disabilities Act (ADA).[152] This decision prompted widespread efforts across the country to include these individuals in community settings and transition healthcare services from institutions to home- and community-based care.[153] The lack of housing options that are inclusive and provide support for individuals with disabilities continues to be a major challenge. This emphasizes the importance of having affordable, integrated housing that allows people with disabilities to live alongside those without disabilities and have access to basic amenities.[154] The Department of Housing and Urban Development (HUD) places significant value on the importance of choice and self-determination for individuals with disabilities regarding their housing and support programs.[155] This dedication is essential as an increasing number of states strive to transition individuals from isolated environments to inclusive community living. Providing a range of housing options, including scattered-site apartments with supportive services, tenant-based rental assistance, and a variety of apartments in public and multifamily developments,

[151] "Providing Integrated, Community-Based Settings for Individuals With."
[152] Ibid
[153]Ibid
[154] Ibid
[155] Ibid

is crucial for offering meaningful choices.[156] This approach differs from segregated settings, which frequently resemble institutions in their restrictions on privacy, autonomy, and community involvement.[157]

Transition from Intermediate Care facilities to Home and Community Based Housing:

Over the past 30 years, there has been a significant transition in housing options for individuals with intellectual and developmental disabilities from institutional settings, like Intermediate Care Facilities (ICF), to home and community-based settings (HCBS).[158] The shift towards community living has been motivated by an increasing acknowledgment of the advantages it offers to individuals with IDD. These benefits include greater personal independence, improved overall well-being, and enhanced social inclusion. Public funding has been instrumental in this process, as both federal and state programs have progressively provided financial support for home and community-based services (HCBS).[159] These services empower individuals to reside in less confining settings, engage more comprehensively in their communities, and receive customized assistance tailored to their specific requirements.

People with IDD have received additional funding to assist them in living in HCBS housing. This shift primarily results from federal and state initiatives designed to encourage deinstitutionalization and improve community integration. Medicaid's

[156] Ibid
[157] Ibid
[158] "RISP Infographics: Age of People with IDD in the US." Age of People with IDD in the US | Institute on Community Integration Publications.
[159] Ibid

HCBS waivers offer financial aid to individuals with IDD, enabling them to receive personalized support and services in community settings instead of institutional care.[160] These waivers encompass a variety of services, such as personal care, transportation, and employment support, that are crucial for allowing the independence and full participation of individuals with IDD in their communities. The increased funding has not only enabled the transition from institutional settings to more inclusive environments but also enhanced the standard of living for numerous individuals with IDD by equipping them with the essential resources to succeed in a community-based setting.[161]

Out of the adults with IDD who are registered with state agencies, 71% of them were granted financial assistance through a Medicaid HCBS waiver. State agencies allocated a total of $45.1 billion to deliver Medicaid HCBS to a population of 930,356 individuals with IDD, resulting in an average expenditure of $48,458 per person.[162] The Medicaid Intermediate Care Facilities for Individuals with IDD provided services to a total of 67,498 individuals, with a total expenditure of approximately $9.5 billion. This translates to an average cost of $140,210 per person.[163] In 1987, many individuals with Intellectual and Developmental Disabilities who received Medicaid-funded support resided in institutional settings. Currently, 90% of individuals reside in home and community-based settings, this

[160] Ibid
[161] Ibid
[162] Ibid
[163] Ibid

transition is depicted in Figure 27.[164]

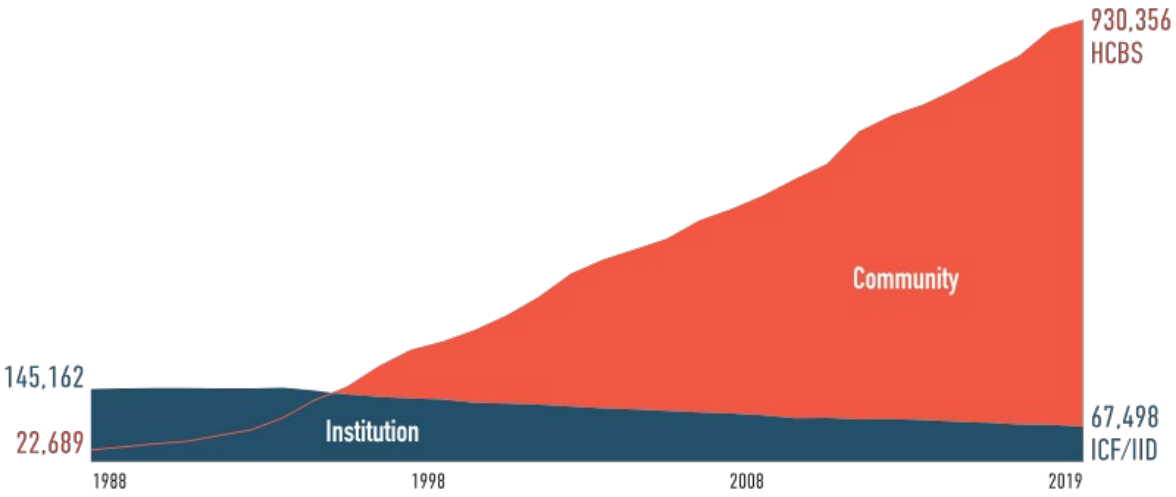

Figure 27 - Change in Medicaid HCBS Waiver and ICF/IID Recipients between 1988 and 2019

Conclusion:

Developing an inclusive atmosphere for individuals with Intellectual and Developmental Disabilities by implementing community-centered care and accommodating housing embodies the fundamental principles of independence and integration. Initiatives such as The Arc, which adhere to the principles of the Olmstead decision, in conjunction with HUD's supportive programs, facilitate the integration of individuals with IDD into their communities, enabling them to lead meaningful lives. These endeavors not only advocate for the rights to independence, freedom of choice, and ease of use but also validate a common responsibility to foster inclusive communities where every individual, regardless of their capabilities, is valued and supported.

[164] Ibid

Chapter 6: Federal Civil Rights Legislature – Ensuring Equal Opportunity

Introduction:

The United States has implemented an extensive set of disability rights laws designed to protect and empower individuals with intellectual disabilities. The Americans with Disabilities Act (ADA) of 1990[165] is a fundamental component of this framework. It explicitly forbids discrimination based on disability in various important areas such as employment, public services, public accommodations, and telecommunications. In addition to the ADA, the Fair Housing Act enforces equal treatment in housing and requires appropriate adjustments for people with disabilities.[166] The Voting Accessibility for the Elderly and Handicapped Act guarantees that individuals with disabilities are provided with accessible voting facilities. The Civil Rights of Institutionalized Persons Act protects the rights of individuals with disabilities who are residing in state-operated facilities, advocating for their care and the conditions of their placement.[167] These acts, along with other laws and regulations, create a strong legal protection that supports the rights and ensures respectful treatment of individuals with intellectual disabilities. They promote an inclusive and equal environment in different aspects of life. Figure 28 displays a chronological breakdown of significant legislation and policies that have contributed

[165] "Guide to Disability Rights Laws." 2024. ADA.Gov. April 18, 2024.
[166] Ibid
[167] Ibid

to the support and protection of individuals with disabilities, including those with IDD.

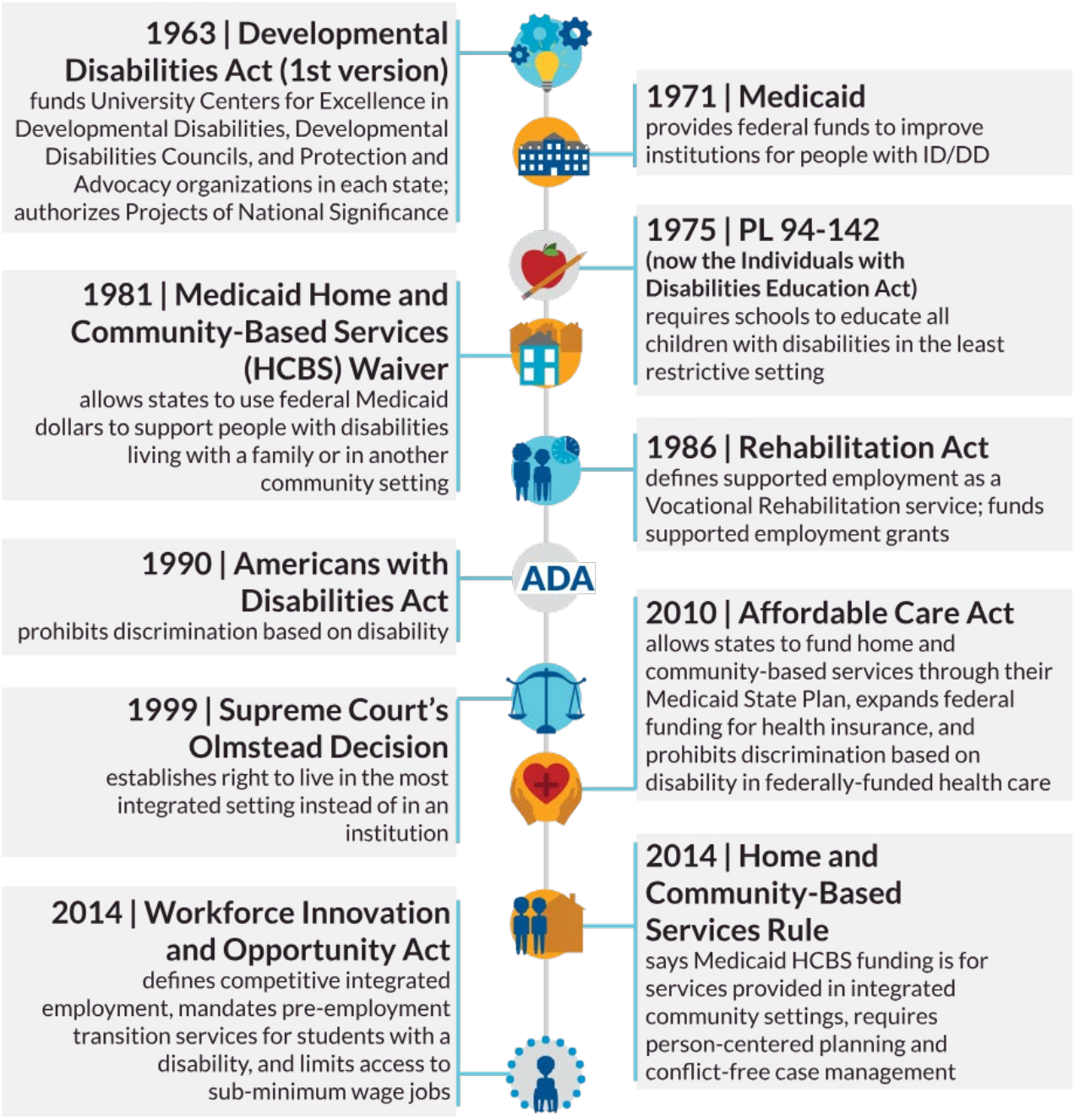

Figure 28 - Key Policy Milestones

The First Wave of Disability Legislature:

Disability rights serve to protect the freedoms and aspirations of individuals with physical and intellectual disabilities within the United States. Prior to the enactment of any Disability Act, individuals in the United States who had disabilities were consistently denied service at restaurants, unable to borrow materials from

Figure 29- People with Physical Disabilities Fighting for Equal Rights

public libraries, and frequently denied access to public buildings and transportation. Figure 29 shows a group of individuals with physical disabilities engaging in a public protest to advocate for equal access and rights. Disabled individuals also encountered other forms of inequality such as employment rejection, inadequate compensation, and restricted access to public restrooms due to their limited size.

The Rehabilitation Act of 1973 was an important turning point in how people with disabilities, including those with intellectual disabilities, were treated and viewed.[168] The Rehab Act, is a federal law that forbids discrimination against people with disabilities in federal agencies, programs that receive federal funding, or by

[168] "Rehabilitation Act | ACL Administration for Community Living." n.d.

federal contractors.[169] This legislation is widely acknowledged as a predecessor to the Americans with Disabilities Act of 1990. ADA increases the area of discrimination laws to include public services and establishments open to the public, such as restaurants, hotels, and theaters.[170] Additionally, it requires employers to make reasonable adjustments to facilitate the job performance of employees with disabilities.[171] The standards of the Rehab Act closely correspond to those of the ADA, despite the Rehab Act having a more limited scope. Both legislations protect individuals with physical or mental disabilities that significantly restrict one or more crucial activities in their everyday lives and require reasonable adjustments to perform essential job responsibilities.[172]

Americans with Disabilities Act (ADA):

ADA prohibits the act of treating individuals unfairly or unfavorably due to their disability in various significant domains, such as employment, state and local government operations, public accommodations, commercial facilities, transportation, and telecommunications.[173] Figure 30 is an illustrative graphic showcasing the

Figure 30 - ADA Protections Provided to Individuals with Disabilities

[169] "Rehabilitation Act of 1973." n.d. LII / Legal Information Institute.
[170] Ibid
[171] Ibid
[172] Ibid
[173] "Guide to Disability Rights Laws." 2024. ADA.Gov. April 18, 2024.

protections offered to individuals with disabilities, as well as the mandatory accommodations that state and local governments must provide for disabled individuals. It also has influence over the United States Congress. In order to be protected under the ADA, an individual must either possess a disability themselves or have a connection or relationship with someone who does.[174] Figure 31 displays the

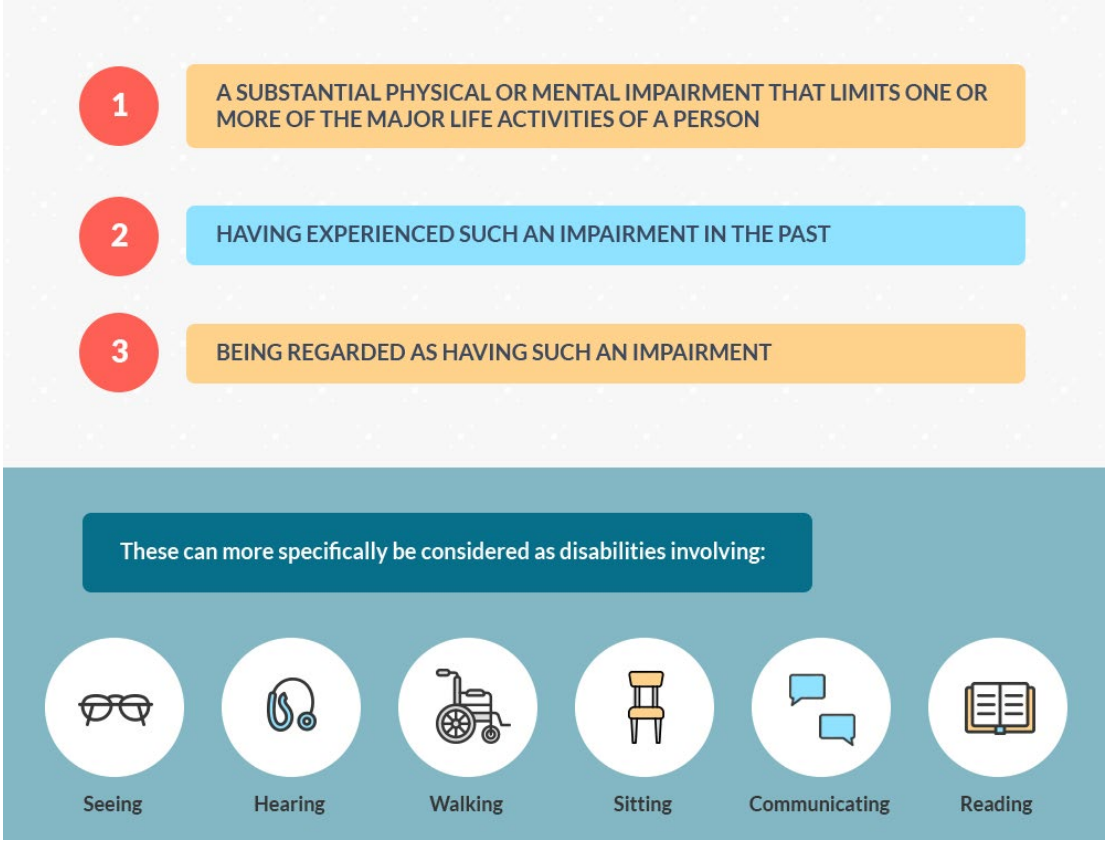

Figure 31 - List of Disabilities Covered Under ADA

three criteria for protection under the Americans with Disabilities Act, as well as certain disabilities that are protected. According to the ADA, a person with a disability is someone who faces substantial restrictions in important daily activities because of a physical or mental impairment, has a past record of such an impairment,

[174] Ibid

or is perceived by others to have such an impairment.[175] Under Title I of the ADA, employers with a workforce of 15 or more are required to offer equal employment opportunities to individuals with disabilities who meet the necessary qualifications. This includes the rule of equal treatment in different aspects of employment, including recruitment, advancement, and other benefits associated with employment.[176] This legislation governs the process of asking about a disability during the hiring process and requires employers to provide reasonable accommodations for employees with disabilities unless it would create significant difficulty or expense. Religious organizations that have a workforce of 15 or more individuals are also subject to the regulations and oversight of Title I.[177]

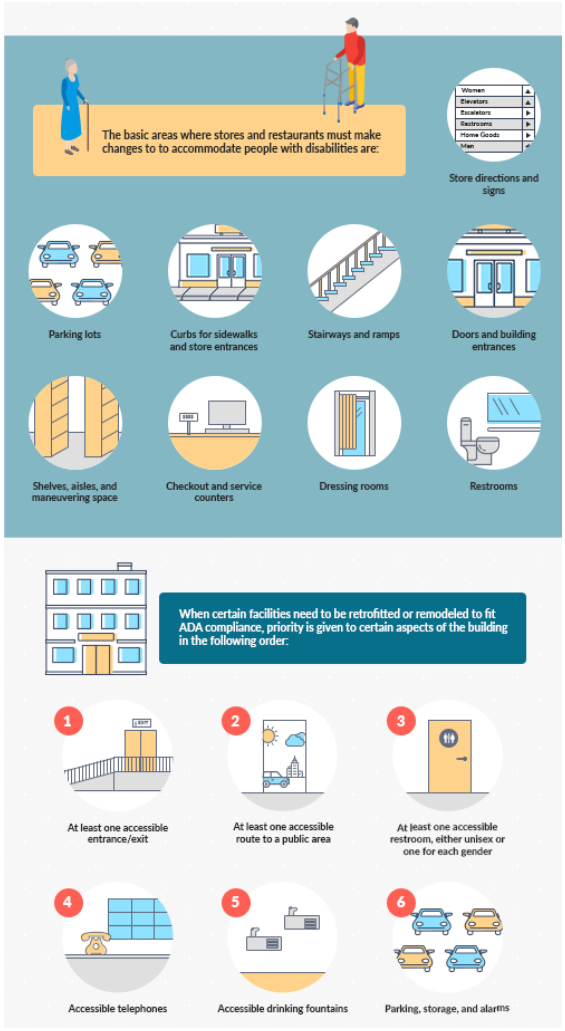

Figure 32 - General Building and Facilities Guidelines of the ADA

Title II requires that all actions taken by state and local governments be made available to individuals with disabilities, regardless of the government entity's size or its receipt of federal

[175] Ibid
[176] Ibid
[177] Ibid

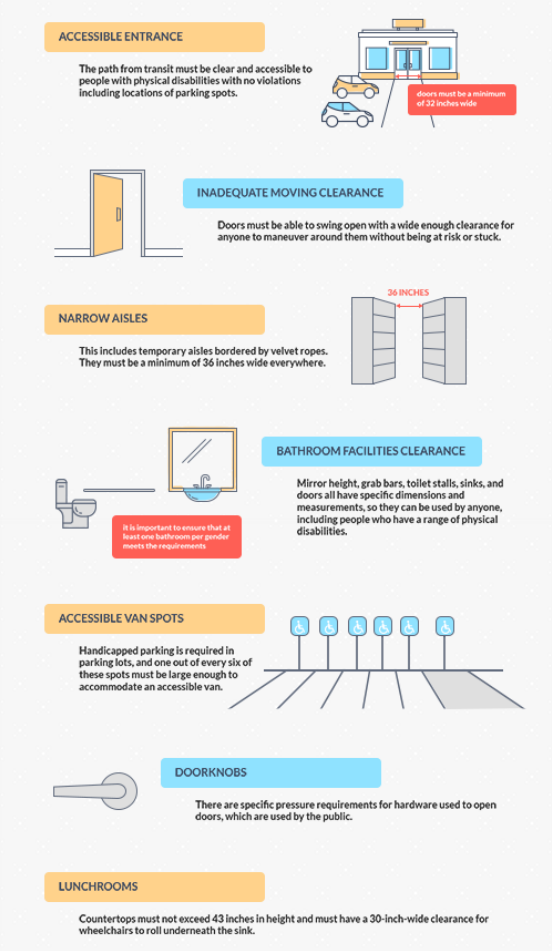

Figure 33 - Common ADA Compliance Issues

funding.[178] It requires the availability of readily available new building projects and adjustments, efficient communication with individuals who have hearing, vision, or speech impairments, and reasonable adaptations to policies and practices.[179] Title III specifically addresses public accommodations that are privately operated, encompassing a wide range of establishments such as retail stores, hotels, and private educational institutions.[180] The policy enforces essential rules against discrimination, enforces compliance with architectural guidelines for new and modified structures, and necessitates the elimination of barriers in existing buildings when easily attainable.[181] Figures 32 and 33 represent general building and facility guidelines for ADA compliance and highlight common issues encountered in public buildings. The modification of buildings for ADA compliance involves various factors that must be carefully considered to ensure equal access and enjoyment of public spaces for all individuals. Title III also includes privately operated transportation and requires that new or

[178] Ibid
[179] Ibid
[180] Ibid
[181] Ibid

leased vehicles be accessible, as well as requiring genuine attempts to provide paratransit services.[182]

Fair Housing Act:

The Fair Housing Act, revised in 1988, prohibits housing discrimination on the grounds of race, color, religion, sex, disability, family situation, or national origin.[183] This legislation encompasses privately owned residential properties, housing that receives financial assistance from the federal government, and housing that is managed by state and local authorities.[184] Discrimination in housing sales or rentals based on disability, whether it is against the individual, someone associated with them, or someone planning to live there, is prohibited by law.[185] This prohibition also applies to other activities related to housing, such as financing, zoning practices, design of new construction, and advertising.[186]

According to this legislation, housing providers are required to make reasonable adjustments in their regulations and activities to ensure equal housing opportunities for individuals with disabilities.[187] For instance, a landlord who has a policy prohibiting pets may be required to make an exemption for a visually

Figure 34 - Service Animal Registration Card

[182] Ibid
[183] Ibid
[184] Ibid
[185] Ibid
[186] Ibid
[187] Ibid

impaired tenant to accommodate their guide dog. Figure 34 displays the proper identification of a service animal. Animals must be properly registered to be eligible for this accommodation. In addition, the Act requires landlords to allow tenants with disabilities to make essential modifications to their private living areas and shared spaces for accessibility purposes.[188] However, the expenses associated with these modifications are not the landlord's responsibility.[189] Additionally, the legislation mandates that newly built multifamily residences consisting of four or more units must include features that ensure accessibility. The features included in this design include easily accessible communal spaces, doorways with enough clearance to accommodate wheelchairs and kitchens and bathrooms specifically designed to be functional for wheelchair users, along with other adaptable design elements.[190] Figure 35 displays the diverse modifications required to establish an ac accessible dwelling unit or home. In this diagram, entrances are expanded and feature ramps, bathrooms are designed to comply with ADA standards and include grab bars and transfer seats in the shower, kitchens have accessible sinks and cabinets, and bedrooms are equipped with patient lifts and bed safety rails.

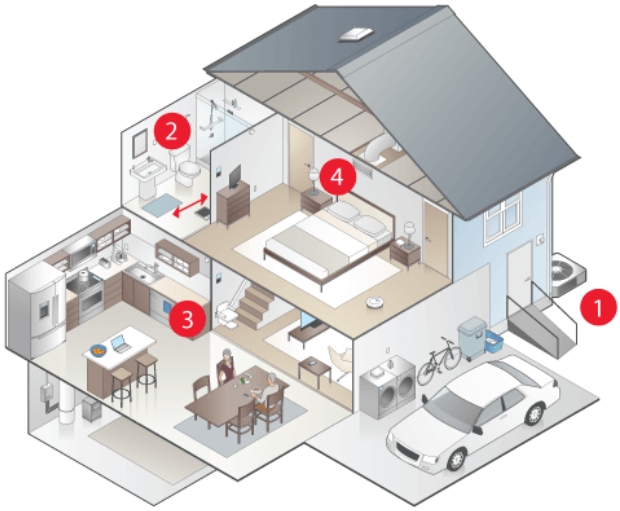

Figure 35 - ADA Home Modifications

[188] Ibid
[189] Ibid
[190] Ibid

The Civil Rights of Institutionalized Persons Act (CRIPA):

CRIPA grants the U.S. Attorney General the authority to investigate the living conditions in state and local government facilities, including prisons, jails, pretrial detention centers, juvenile correctional facilities, publicly operated nursing homes, and institutions for individuals with psychiatric or developmental disabilities.[191] The main objective of CRIPA is to identify and address systemic deficiencies that present major risks to the well-being and security of individuals residing in institutions. The jurisdiction of the Attorney General under CRIPA does not encompass the investigation of singular occurrences or the legal representation of individualized institutionalized individuals.[192] If there are valid reasons to believe that the conditions are extremely and obviously bad, resulting in serious harm to residents, and indicate a consistent behavior of denying residents their constitutional or federal rights—including those protected under Title II of the ADA and Section 504 of the Rehabilitation Act— the Attorney General has the power to start civil lawsuits.[193]

Disability Rights Legislature and Their Impact on Community Planning:

Legislation aimed at protecting the rights of individuals with disabilities, such as the Rehabilitation Act of 1973, ADA, the Fair Housing Act, and CRIPA, have created an important framework for the development of programs that improve the quality of life for people with intellectual disabilities. These laws have implemented a legal structure that requires accessibility and forbids discrimination in multiple areas

[191] Ibid
[192] Ibid
[193] Ibid

of public life, including education, employment, housing, and institutional care. By establishing these standards, they not only protect the rights of individuals with disabilities but also promote the advancement of supportive services and accommodations. This legal support guarantees that individuals with IDD are provided with the essential resources and settings for growth, promoting inclusivity and equitable opportunities in all aspects of society. These actions have played a crucial role in changing societal perspectives towards a more equitable treatment of all individuals, regardless of their disabilities. One movement that was supported by funding due to legislature is Centers for Independent Living.

Centers for Independent Living (CILs):

CILs have played an important part in empowering individuals with intellectual disabilities by promoting inclusivity and independence in their everyday lives. These centers provide a wide range of resources, such as programs for developing skills and support with accessibility, which are essential for individuals who are working towards maintaining their independence.[194] This approach is in line with the broader concept of supportive housing communities, which offer secure and accommodating environments for individuals with disabilities to receive individualized care while also promoting a sense of community. Community-based treatment programs enhance these services by providing therapeutic services in familiar, non-institutional environments. These facilities and programs provide both

[194] "Rehabilitation Act | ACL Administration for Community Living." n.d.

practical assistance and opportunities for individuals with IDD to live independent and fulfilling lives.

CILs, managed by individuals with disabilities, play a crucial role in delivering services that support and encourage self-sufficiency for individuals with disabilities.[195] CILs, which are important to the Administration for Community Living's independent living programs, advocate for the independence and inclusion of individuals with disabilities in their communities.[196] These programs are based on the principle that every individual is entitled to live with dignity, exercise freedom of choice, and actively participate in society. The organization provides individuals with disabilities the necessary resources and assistance to fully integrate into their communities, promoting equal opportunities, self-determination, and respect.[197]

The administration for Centers of Independent Living allocate 354 discretionary grants to CILs, which are private nonprofit agencies that provide independent living (IL) services.[198] These agencies are consumer-controlled, community-based, cross-disability, and nonresidential. These centers are required to provide essential IL services, such as information and referrals, IL skills training, peer counseling, individual and systems representation.[199] They also offer services that aid in transitioning from institutional settings to community living, assist individuals who are at risk of being placed in institutions, and support young people in transitioning to higher education life.[200] In order to maintain eligibility for CIL program funding,

[195] Ibid
[196] Ibid
[197] Ibid
[198] Ibid
[199] Ibid
[200] Ibid

centers are required to show compliance with certain standards. These standards include promoting the IL philosophy, offering IL services for individuals with various disabilities, supporting IL goals chosen by users, expanding community-based IL options, providing core IL services, strengthening the community's ability to assist individuals with significant disabilities, and actively seeking additional funding through resource development.[201] The distribution of funds for these grant programs is determined by a formula that takes into account the population of each state.[202] Assuming there is enough funding, ACL guarantees that grants will be maintained at the same funding levels as before, and will also include adjustments for the cost of living. New centers receive funding through a competitive process that considers the requirements of the State Plan for Independent Living and the availability of adequate funds.[203]

Conclusion:

The ADA, Rehabilitation Act, Fair Housing Act, and CRIPA are important laws that have played an important part in shaping the support systems and funding mechanisms for individuals with intellectual disabilities. These laws have established the foundation for fair and equal treatment in different areas and have also guaranteed that individuals with disabilities are provided with the essential adjustments and assistance to lead self-sufficient and respectable lives. These legal frameworks have facilitated a more inclusive society by implementing mandated accessibility, anti-

[201] Ibid
[202] Ibid
[203] Ibid

discrimination protections, and specific rights to educational and community resources. In addition, they have facilitated the growth of funding sources that guarantee the continued success of these assistance programs. These legislative efforts demonstrate a dedication to improving the quality of life for individuals with intellectual disabilities. They aim to empower them to fully participate in society and ensure that community support systems are strong and responsive to their needs.

Chapter 7: Program

Abstract

This chapter explores the development of an inclusive and supportive environment with the goal of assisting people with distinct needs, while promoting community engagement and personal development. This effort primarily prioritizes the establishment of areas for exploration, promoting freedom of movement within a secure controlled setting. The design incorporates secure and stable housing, offering occupants a reliable and safe living environment that fosters well-being and independence.

The program intends to improve residents' quality of life by integrating mixed-use elements, integrating residential, recreational, and retail spaces to produce a dynamic and cohesive community. Parks and open green areas are intentionally located to provide restorative settings and facilitate physical exercise and relaxation. Community spaces function as centers for social interaction, promoting relationships and collaboration among residents, caregivers, and the wider community.

The program emphasizes cognitive stimulation through meticulously crafted spaces and activities, fostering development, participation, and a feeling of purpose. The presence of caregivers guarantees individualized support, allowing residents to thrive while preserving a balance between autonomy and assistance. This holistic strategy addresses the urgent needs of people while establishing a foundation for a sustainable, inclusive community that prioritizes social relationships and human dignity.

Precedents

Cross Bridge Point

Location: Zionsville, IN
Year: 2023
Description: Neighborhood that features approximately 20 homes with 75% of those homes set aside for adults with IDD. The remaining homes would be for adults without disabilities who choose to live as intentional neighbors and provide support to residents. Homes are individual ownership properties with Drop – In level support for residents.

Figure 36 - Cross Bridge Point Site Plan

Figure 37 - Cross Bridge Exterior Rendering of Single Family Home

Hogeweyk - Dementia Village

Location: Netherlands
Year: 2009
Description: A unique care facility designed for individuals with severe dementia. It mimics everyday life, featuring 23 themed homes, communal spaces like a grocery store, café, and gardens, and professional caregivers integrated as neighbors or staff. The village provides a safe, supportive environment where residents can live with dignity, fostering autonomy, social interaction, and meaningful engagement. It serves as a global model for innovative, person-centered dementia care.

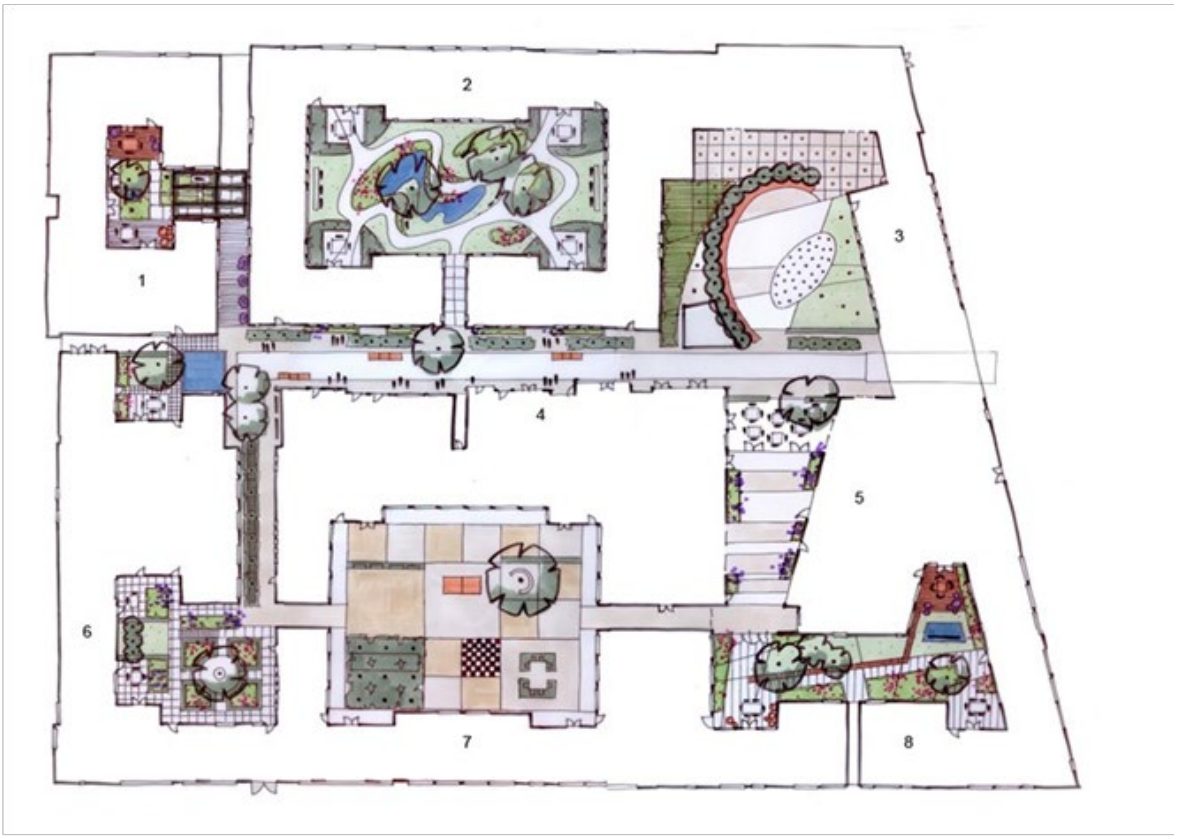

Figure 38 - Site Plan of Hogeweyk

Weinberg Commons

Location: Cherry Hill Township, NJ
Year: 2023
Description: Weinberg Commons is a newly developed rental community for adults aged 55 and older, located in Cherry Hill, NJ. The community offers one- and two-bedroom apartment homes, with select units designated as special needs suites for individuals with developmental disabilities. These units are available to applicants regardless of age. All residents benefit from access to on-site supportive services and enjoy amenities such as a welcoming community room, fitness center, computer lab, and on-site laundry facilities.

Figure 39 - Exterior view of Weinberg Commons

Figure 40 - Weinberg Commons Special Needs Floor Plan

Sweetwater Spectrum Community

Location: Sonoma, CA
Year: 2013
Description: Sweetwater Spectrum is a new national model of supportive housing designed by Leddy Maytum Stacy Architects for 16 adults with autism. The 2.8-acre site includes four 3,250-square-foot homes, a community center, a therapy pool, spas, and an urban farm, orchard, and greenhouse.

Figure 41 - Sweet Water Spectrum Site Plan

Figure 42 - Sweet Water Spectrum Bioclimatic Design Section Diagram

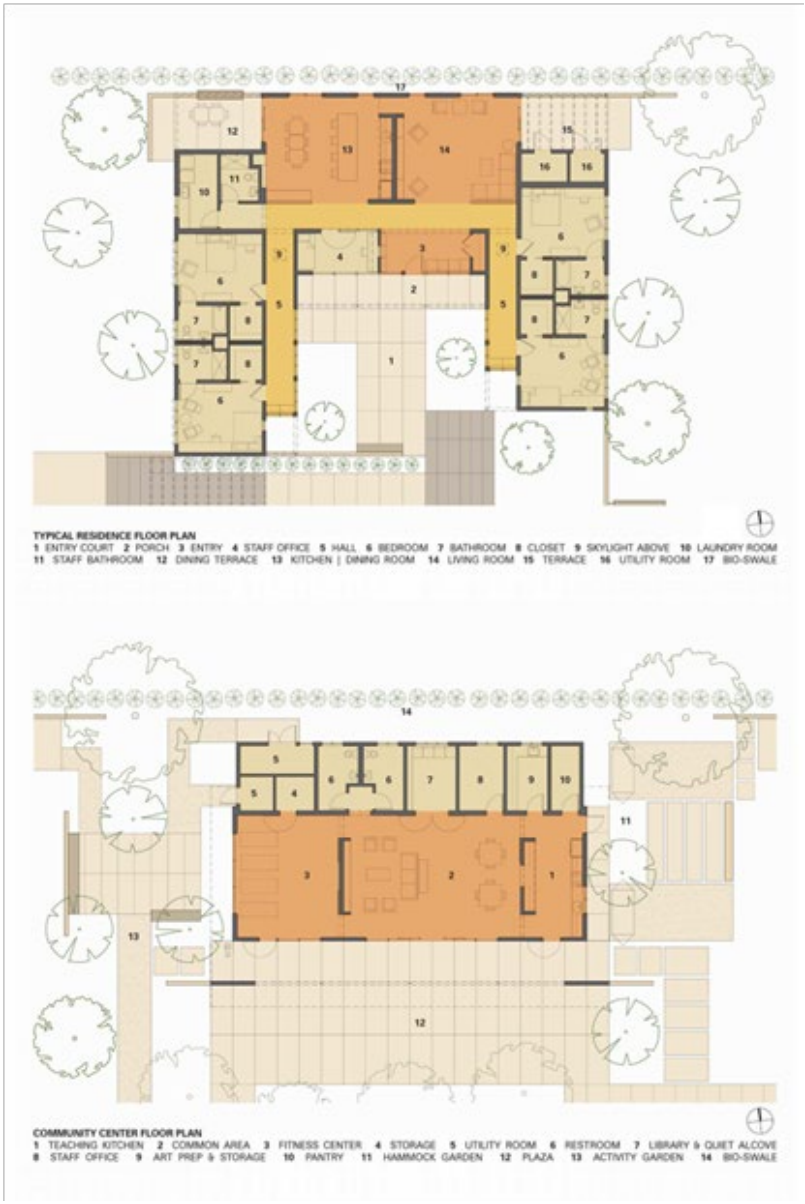

Figure 43 - Sweet Water Spectrum Typical Floor Plans

Copenhagen – new homes for young adults with special needs

Location: Copenhagen
Year: 2023
Description: Focus on indoor climate, sustainability, and accessibility. The 24 homes will give young residents the privacy they need as each resident will have a private room and bathroom. In addition to this, however, the buildings will also include communal kitchens to encourage socialization.

Figure 44 - Copenhagen – Interior Rendering

Figure 45 - Copenhagen – Bird's Eye View of Housing

Danish Farm Complex

Location: Denmark
Year: 2022 Renovated (1930 Original)
Description: A studio has designed a series of self-contained apartments with kitchenettes and en-suite bathrooms to replace small accommodation units with shared bathrooms. The project reinterprets the historical grouping of stables, cowsheds, coach, and guest houses into a new master plan that reinforces spatial connections between existing buildings, courtyards, gardens, and new housing. The first floor now houses offices and meeting rooms for staff, while the second floor provides space for six apartments arranged around a shared living room. The new organization supports neighborly interactions and a sense of community within the housing complex.

Figure 46 - Danish Farm Complex Exterior View

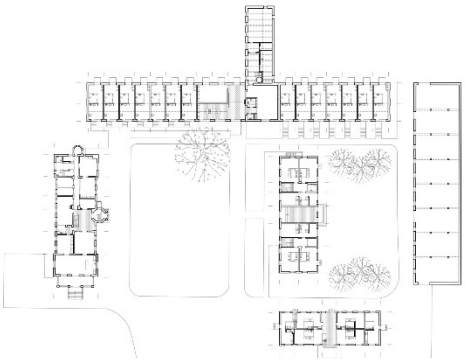

Figure 47 - Danish Farm Complex Floor Plan

Proposed Program

Housing		Quantity	SQFT		Total SQFT		
Single Family Homes		30	2000		40000		
	Two Bedroom	5					
	Three Bedroom	10					
	Four bedroom	15					
Townhomes		40	2000		80000		
	Two Bedroom	5					
	Three Bedroom	15					
	Four Bedroom	20					
Community Living Building		10	5000		50000		
Communal Kitchen / Living		10	1500		15000		
Lobby		10	500		5000		
Admin Spaces		10	250		2500		
Public Restrooms		10	200		2000		
Courtyards		10	500		5000		
Storage		10	200		2000		
Staff Apartments		10	500		5000		
						206500	

Figure 48 - Conceptual Proposed Housing Program (Source Author)

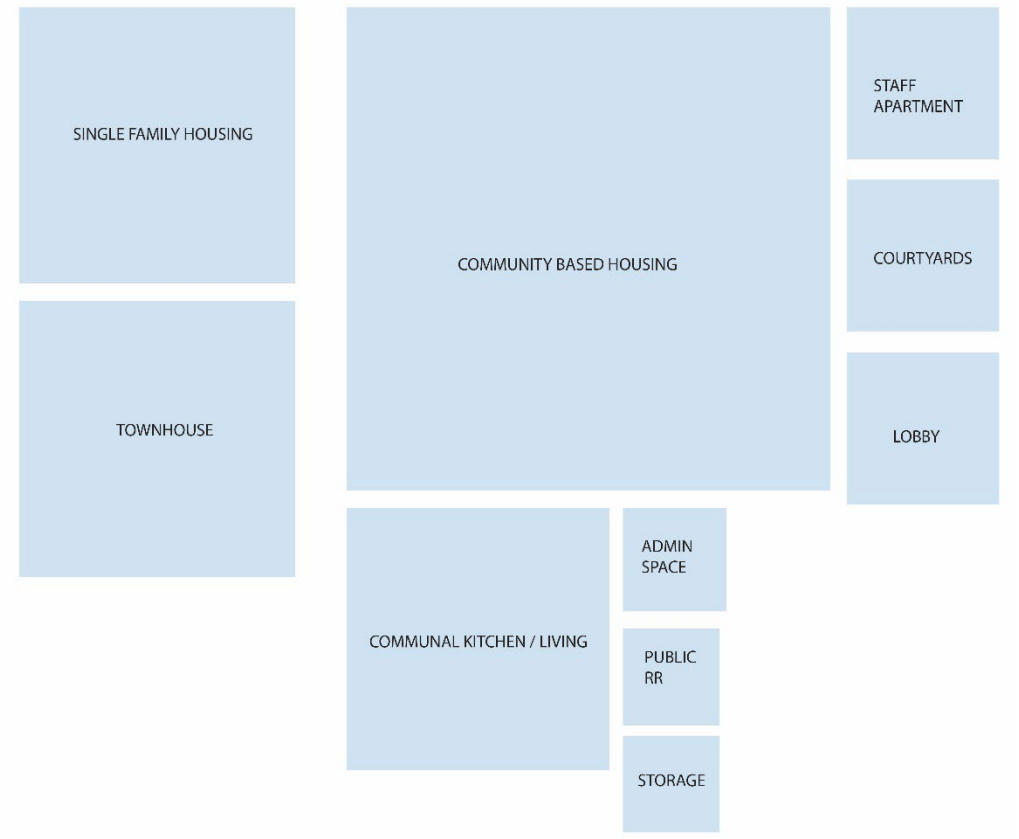

Figure 49 - Conceptual Proposed Housing Program (Source Author)

Other:						
Wellness clinic	5	500		2500		
Occupational Therapy	5	1000		5000		
Office Space	5	250		1250		
Recreational Space	10	1000		10000		
Retail	5	1500		7500		
Community Center	1	5000		5000		
Community Garden	1	10000		10000		
Mechanical	10	300		3000		
Parks / Green Space	5	500		2500		
					46750	
Total Net					253250	
Circulation				15%	30487.5	
Total Gross					283737.5	

Figure 50 - Conceptual Proposed Program (Source Author)

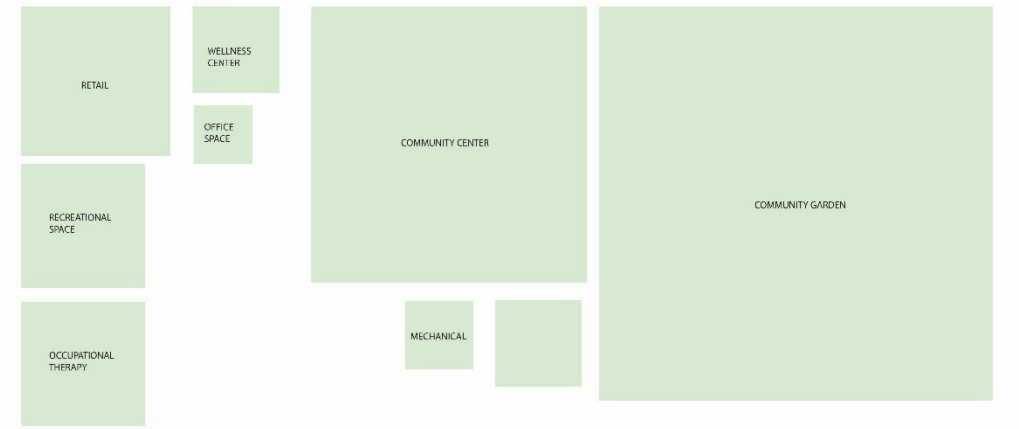

Figure 51 - Conceptual Proposed Program (Source Author)

Conclusion

In conclusion, the proposed program incorporates fundamental concepts of inclusive and supportive design to meet the specific needs of residents while promoting community involvement and personal growth. The program prioritizes secure, stable, and adaptive living settings to promote residents' safety, independence, and general well-being. The design draws inspiration from innovative examples like

Cross Bridge Point, Hogeweyk Dementia Village, and Sweetwater Spectrum Community, emphasizing an engaging combination of residential, recreational, and communal areas that foster independence, meaningful relationships, and social connectedness. The program includes:

Housing Options: 30 single-family residences and 40 townhouses, with two to four-bedroom dwellings, covering a total of 120,000 square feet of living area.

Community Living Facilities: Ten 5,000-square-foot Community Living Buildings with community kitchens, lobbies, administrative areas, and staff housing, delivering necessary services and promoting social interaction.

Supportive Services: Designated sections for wellness clinics, occupational therapy, recreational facilities, and office spaces, including 34,250 square feet to meet physical and cognitive requirements.

Green & Recreational Areas: Parks, green spaces, courtyards, and a community garden covering over 15,000 square feet to promote physical exercise, relaxation, and community engagement.

The incorporation of parks, green spaces, and mixed-use elements fosters healing activities and collaboration, cultivating flexible surroundings for residents, caregivers, and the broader community. The program employs carefully designed

cognitive stimulation environments and personalized support, harmonizing independence with aid, so promoting a sense of purpose and dignity. The program addresses both immediate and long-term needs, creating a progressive framework for sustainable, inclusive communities that prioritize human interactions, accessibility, and quality of life. The entire net area is 253,250 square feet, and with a circulation rate of 15%, the gross total reaches 283,737.5 square feet, providing sufficient room for all program components to foster a lively, inclusive community.

Chapter 8: Site Selection and Analysis

Abstract

The site selection for this thesis is driven by the urgent need to address the housing challenge faced by individuals with IDD. Individuals with IDD may have considerable difficulties in securing appropriate housing. These challenges may include limited affordable and accessible housing options, extensive waiting lists for specialized housing programs, insufficient support services for independent living, financial and emotional strain on families, financial barriers, discrimination, and insufficient community-based resources.[204] Many families struggle balancing caregiving responsibilities, limiting their ability of constant assistance, while individuals with IDD frequently face institutional obstacles that restrict their independence and quality of life.

In 2019, 849,104 beneficiaries of Long-Term Services and Support (LTSS) with IDD resided with a family member, while 553,186 occupied alternative living arrangements. Individuals residing outside of family care frequently cohabited with an average of 2.2 people, indicating a distinct necessity for personalized and supportive living arrangements.[205] The proposed approach directly targets those weaknesses by providing secure, stable, and accessible housing within a community-oriented framework.

[204] "Defining the Problem – Welcome to Casa Familia

[205] "RISP Infographics | Medicaid HCBS Spending in FY 2020."

The project comprises 30 single-family residences and 40 townhouses, including a total of 120,000 square feet of varied living environments, purposefully crafted to foster independence and social integration. Supporting facilities, including communal living areas, wellness clinics, recreational spaces, and parks, guarantee that people have access to essential support services and chances for cognitive and physical interaction.

The site selection process is critical to achieving these goals and includes the following criteria: overall population – population density, population of people with cognitive disabilities, cognitive disability resources available in area, proximity to public recreation, mixed-use, and residential spaces, proximity to retail and commercial space, public transportation resources, proximity to hospital or doctor office, median age, median income, median rent prices in area, value of homes in area, average mortgage cost, homes that are owner occupied, site contains an existing planned community, rural vs urban site location, possibility of project to integrate into existing community, available space for growth of community, space for staff amenities, square acreage available, open air, daylight, walkability, green space – park locations, security – crime index, proximity to main highways, places for safe wandering, and historical context.

This thesis is essential as it fosters a supportive environment in which individuals with intellectual and developmental disabilities may flourish while maintaining a balance between independence and support. By integrating residential, recreational, and supporting components, it reduces the financial and emotional strain on families and caregivers, while promoting a feeling of purpose, dignity, and

belonging for those with IDD. The integrated strategy establishes a standard for sustainable, inclusive communities that tackle housing disparities and enhance the quality of life for one of society's most marginalized populations.

Site Options

King Farm, Rockville Maryland

King Farm, situated in Rockville, Maryland, is a master-planned neighborhood that seamlessly combines residential, business, and recreational areas, promoting a dynamic welcoming atmosphere. Although exact demographic statistics for King Farm are not easily accessible, the larger Rockville region has an estimated population of over 70,000 residents.[206] The design of King Farm prioritizes higher density living, including various dwelling styles to provide a unified community environment.[207] Montgomery County provides several services for those with intellectual disabilities, including day programs, employment assistance, and residential treatment. Entities like the Montgomery County Department of Health and Human Services offer resources to assist these individuals and their families.[208]

King Farm features many parks and open areas, notably the extensive Mattie J.T. Stepanek Park, which provides sports fields, playgrounds, and picnic facilities.[209] The King Farm Village Center functions as the community's commercial core, including a diverse array of stores, restaurants, and necessary services within

[206] U.S. Census Bureau quickfacts: Rockville City, Maryland.
[207] "The Village Shopping Center and More." KF,.
[208] "Montgomerycountymd.Gov." Montgomery County - Department of Health and Human Services - Intellectual and Developmental Disabilities Commission.
[209] "The Village Shopping Center and More." KF,.

pedestrian reach for residents. Residents enjoy quick access to medical services, with neighboring institutions such as the Shady Grove Medical Center. The neighborhood is effectively linked through the Shady Grove Metro Station, providing access to the Washington D.C. metropolitan region. In addition, King Farm provides a shuttle bus service for residents, improving local transportation.[210] The vicinity of Interstate 270 and Route 355 enables convenient access to adjacent areas, making King Farm a strategically positioned neighborhood for commuters. King Farm is exceptionally walkable, including pedestrian-friendly walkways that link different areas of the neighborhood, promoting an active lifestyle.

The median age of Rockville is around 39 years, signifying a varied age demographic within the town.[211] Rockville has a median household income of around $100,000, indicating a very wealthy demographic. The mean residential property appraisal in King Farm is around $661,375, with properties often selling within 18 days after listing, signifying a competitive real estate market.[212] The median rent costs in the region are competitive, offering a variety of alternatives to suit diverse income levels. A substantial percentage of homes in King Farm are owner-occupied, enhancing community stability and involvement.[213]

Covering over 430 acres, King Farm provides a significant spread suitable for diverse applications and prospective projects.[214] Although King Farm is predominantly established, there may be potential for redevelopment or infill

[210] "The Village Shopping Center and More." KF,.
[211] U.S. Census Bureau quickfacts: Rockville City, Maryland.
[212] Ibid
[213] Ibid
[214] "The Village Shopping Center and More." KF,.

developments, facilitating community expansion. In summary, King Farm is a cohesive, amenity-rich community that meets certain standards for housing development, especially for initiatives designed to assist those with cognitive impairments.

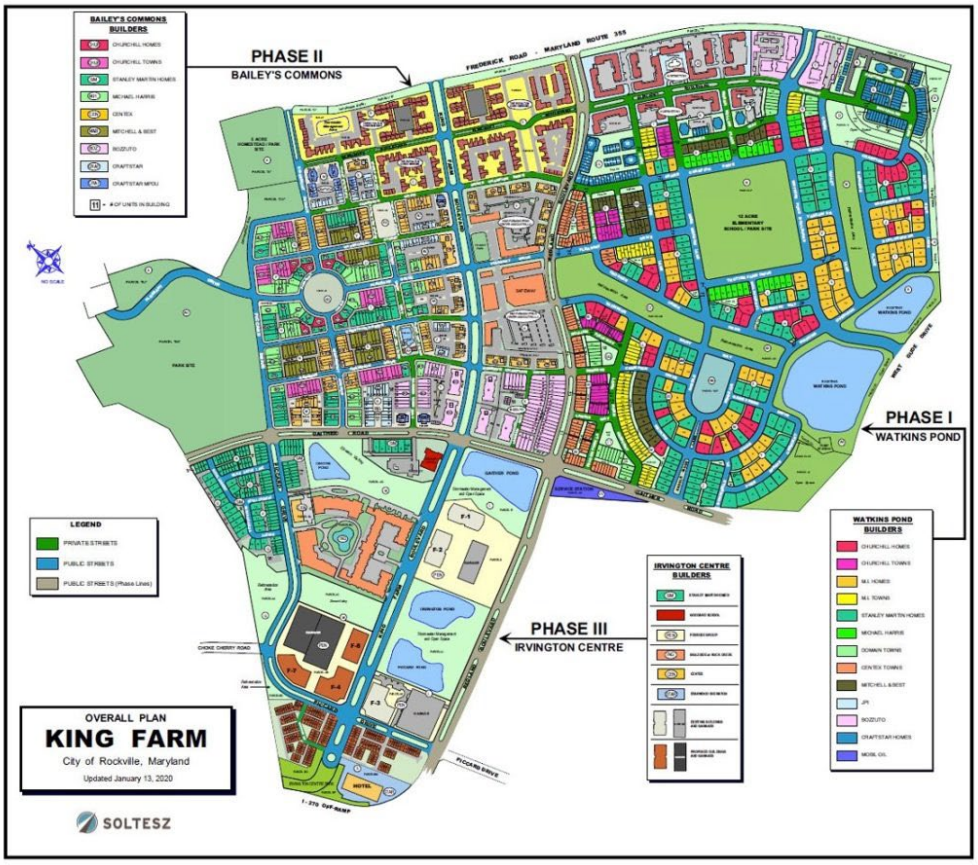

Figure 52 - King Farm Overall Community Map

Figure 53 - King Farm Shuttle Bus

Kentland's, Gaithersburg Maryland

Kentland's, located in Gaithersburg, Maryland, is a master-planned community. The new urban design combines residential, commercial, and recreational areas into an integrated and pedestrian-friendly neighborhood.[215] The area has a population of around 4,864 residents, exhibiting a high population density of 21,641.5 individuals per square mile, suggestive of a dynamic, cohesive community.[216] Montgomery County, home to Kentland's, provides many supports for adults with intellectual and developmental disabilities, including employment help, day services, and residential care programs.[217] Local groups, like Kentland's Psychotherapy, aid those with cognitive difficulties, making the neighborhood notably welcoming.[218]

The community offers many facilities, located near various parks, walking trails, and lakes, providing extensive chances for public pleasure. Kentland's has a lively downtown district of stores, restaurants, and services in proximity, establishing a mixed-use setting that promotes convenience and interaction. Residents have access to nearby healthcare facilities, including hospitals and clinics in Gaithersburg and the adjacent Montgomery County region. Transportation is readily accessible, with Metro bus routes linking to the adjacent Shady Grove Metro Station and major thoroughfares like Interstate 270 providing seamless regional connection.

[215] "Kentlands - DPZ: CODESIGN." DPZ,
[216] "Kentlands." The List Realty.
[217] "Maryland Resident Resources." Maryland.gov
[218] "Kentlands." The List Realty.

The typical age of Kentland's is around 43 years, characterized by a very affluent demographic with a median individual income of $80,741.[219] The housing in Kentlands mostly consists of owner-occupied single-family residences and townhouses. The average property value in Kentlands is around $661,375, and rental alternatives, though few, are comparatively competitive with comparable communities in Maryland.[220] Walkability is a fundamental characteristic of Kentland's, with pedestrian-friendly routes that link homeowners to parks, green spaces, and local facilities.

Developed in the late 1980s and early 1990s, Kentland's was among the first towns constructed according to New Urbanist ideals, emphasizing pedestrian-friendly designs, mixed-use zoning, and a robust feeling of community.[221] Although options for extensive development may be constrained by the area's maturity, infill developments and redevelopment offer opportunities for additional growth, including the incorporation of staff facilities and associated infrastructure. Kentland's presents an optimal environment for inclusive housing initiatives, providing a secure, accessible, and active atmosphere that fosters independence, social interaction, and well-being for those with intellectual disabilities.

[219] "Kentlands." The List Realty.
[220] Ibid
[221] Ibid

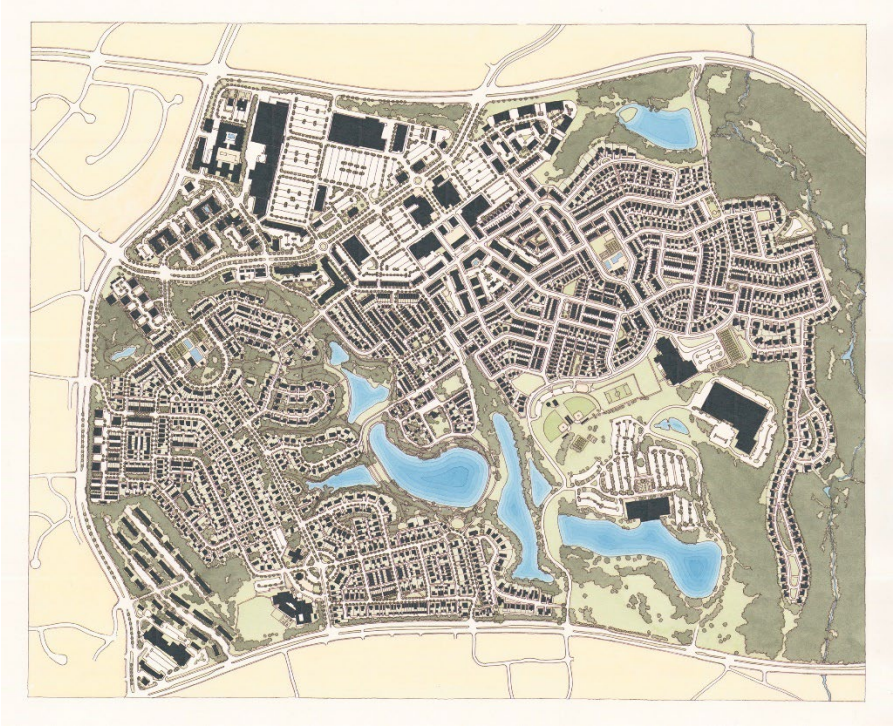

Figure 54 - Kentland's Master Plan

PROJECT DATA

LAND USE INFORMATION

Site Area: 352 acres
Total Dwelling Units Planned: 1,655
Total Dwelling Units Completed: 1,040
Gross Density: 4.7 units per acre
Average Net Density: 7.0 units per acre

LAND USE PLAN

	Acres	*Percent of Site*
Single-family residential	109	31%
Multifamily residential	28	8
Roads	48	14
Common open space	56	16
Kentlands Square Shopping Center	37	11
Other commercial/mixed-use	54	15
Civic uses	20	6
Total	352	100%

RESIDENTIAL UNIT INFORMATION

Unit Type	*Unit Size (Square Feet)*	*Number of Units Planned/ Built*	*Range of Current Sales Prices/Rents*
Detached single-family	1,200-6,000[1]	477/325[1]	$275,000-500,000
Townhomes	1,200-3,000	378/242	$215,400-319,900
Condominiums	1,000-1,400	560/233	$126,990
Apartments[2]	650-1,200	240/240	$815-1,385

Figure 55 - Kentland's Project Data

Mt. Airy, Maryland

Mount Airy, Maryland, is a town with a population of around 9,889 residents, showing a slight increase in recent years.[222] The town spans an area of 4.12 square miles, producing a population density of around 2,341.5 individuals per square mile.[223] The median age in Mount Airy is 38.1 years, reflecting a balanced age distribution among its residents.[224] Mount Airy has a median household income of $148,779.[225] The median value of owner-occupied dwelling units is $459,500, accompanied by a high owner-occupancy rate of 90.2%, indicating a stable housing market with a strong predisposition towards owning.[226] The typical gross rent for tenants is $1,606.[227]

The community is well equipped with amenities that improve the residents' quality of life. Public recreational facilities, like parks and community centers, are easily accessible, offering places for leisure and communal interaction. The Mount Airy Senior and Community Center provides an array of events and services for senior citizens.[228] The town's closeness to retail and business establishments guarantees residents quick access to shopping as well as essential services. The transportation infrastructure of Mount Airy enables connectivity to major urban areas. The average commute duration for residents is around 35.7 minutes, suggesting that

[222] U.S. Census Bureau quickfacts: Mount Airy Town, Maryland.
[223] Ibid
[224] "Mount Airy, MD." Data USA.
[225] Ibid
[226] U.S. Census Bureau quickfacts: Mount Airy Town, Maryland.
[227] Ibid
[228] "Mt. Airy Senior and Community Center - Community Resource Help Guide."

several individuals go to nearby cities for work.[229] Although public transportation options in the town are restricted, major roads are readily accessible, enabling travel to and from the region.

Healthcare requirements are met by local clinics and the availability of specialists in several disciplines. Individuals with intellectual disabilities can get outpatient mental health treatments, including help for learning problems, at the Carroll Counseling Centers in Mount Airy. The Carroll County Bureau of Aging & impairments provides senior centers that offer organized activities for elderly individuals with intellectual and physical disabilities.[230] Mount Airy is distinguished by its suburban-rural environment, with wide open areas and an integrated community feel. The town's historical background, originating in the early 19th century, increases its appeal and charm. The crime rate in Mount Airy is very low, with 98 total offenses documented in the last reporting year, yielding an overall crime rate of 1,034.6 per 100,000 individuals, which is below the national average. [231]

In conclusion, Mount Airy offers a combination of historic small-town appeal and proximity to urban conveniences. The robust economic statistics, elevated homeownership rate, and accessibility of services provide an attractive location for residents pursuing a balanced lifestyle. The availability of resources for those with intellectual disabilities further enhances its appropriateness as an inclusive community.

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[229] U.S. Census Bureau quickfacts: Mount Airy Town, Maryland.
[230] Library, Carroll County Public. "Organization Full Listing." Carroll Counseling Centers - Mount Airy.
[231] "Mount Airy, MD Demographics and Statistics: Updated for 2023."

Figure 56 - Aerial View of Mt. Airy

Figure 57- Aerial View Showing the nearby Highway

Springfield, Sykesville Maryland

The Springfield Hospital Center, located in Sykesville, Maryland, is a regional psychiatric facility that has addressed the mental health needs of Maryland citizens since its founding in 1896.[232] The hospital was established on the Springfield estate, which was formerly a 3,000-acre vacation residence and plantation owned by William Patterson, a pioneer of the B&O Railroad.[233] The estate was later obtained by Frank Brown, who rose to the position of Governor of Maryland. During his term, Brown transferred the land to the state for the establishment of a mental health center.[234] The Springfield Hospital Center spans a significant area and consists of several buildings constructed in Georgian and Colonial Revival architectural styles. The Warfield Complex, a component of the hospital, has buildings from the early 20th century.[235]

The hospital provides a wide range of psychiatric treatments, with specialist facilities like the Deaf Unit, the only facility in Maryland focused on delivering mental health care to deaf or hard-of-hearing individuals.[236] In recent years, parts of the historic hospital building have been repurposed to enhance community service. The Warfield Complex is being redeveloped into a mixed-use community that includes residential, office, retail, and park areas. This effort seeks to maintain the site's historical importance while fostering local economic and communal advancement.[237] The hospital's location in Sykesville situates it within a suburban-

[232] "Maryland Department of Health Springfield Hospital Center." Maryland.
[233] Ibid
[234] Ibid
[235] Ibid
[236] "Springfield State Hospital." Springfield State Hospital - Asylum Projects.
[237] Brian. "Historic Springfield Hospital Center in Sykesville to Be Repurposed into Residential, Office and Park Space."

rural environment, distinguished by wide open spaces and an interconnected atmosphere. The current redevelopment initiatives aim to harmoniously blend with the existing neighborhood, improving local facilities and safeguarding the area's historical legacy.[238]

The Springfield Hospital Center is accessible by Maryland Route 32 and is near major highways, providing easy transit choices for patients, staff, and visitors. The reconstruction plans prioritize walkability and the establishment of green areas, consistent with contemporary urban planning ideas.[239] The historical buildings on the site have been protected by the National Park Service and the Maryland Historical Trust, guaranteeing that redevelopment initiatives respect and maintain the architectural and cultural importance of the original structures.[240]

In conclusion, the Springfield Hospital Center possesses a distinguished history of delivering mental health care in Maryland. Ongoing redevelopment initiatives have transformed sections of the historic complex into a dynamic, mixed-use community, maintaining its historical importance while improving its integration within the Sykesville region.

[238] "Smart Growth." Smart Growth | Sykesville, MD.
[239] Ibid
[240] Ibid

Figure 58 - Map of the Springfield Property

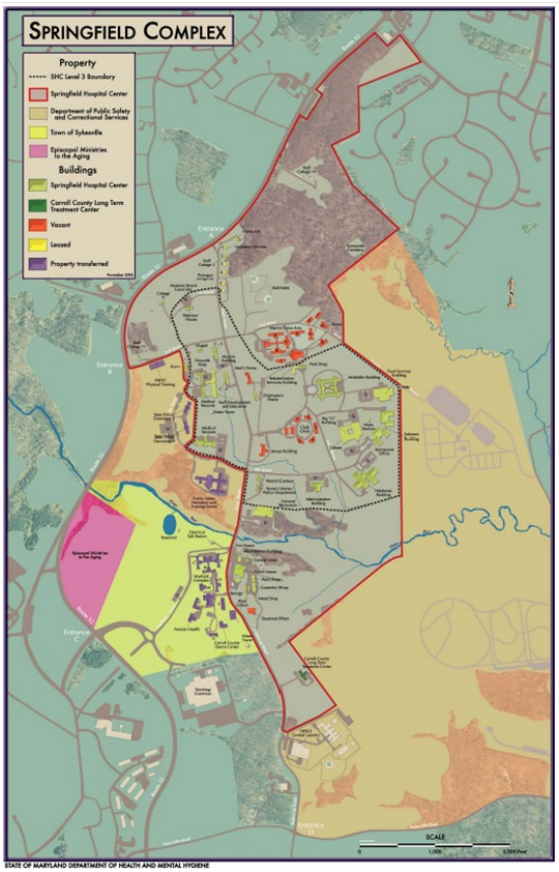


Figure 59 - Building Use Map

Figure 60 - Historic Aerial View

Site Matrix

	10	5	0
POPULATION	10 MEDIUM POPULATION	5 SMALL POPULATION	0 OVERLY POPULATED
COGNITIVE DISABILITIES	10 LARGE POPULATION		0 NONE
COGN RESOURCES	10 MORE THAN 2 IN 10 MILES	5	MORE THAN 2 IN 20 MILES
PUBLIC RECREATION,MIX USE AND RE	HAS MANY	A FEW	NONE
PROX TO RETAIL	WALKING DIST	1 MILES	OVER 5 MILES
PUBLI TRANS	BUSES ON SITE	CLOSE DISTANCE TO METRO	NONE
HOSITAL LOCATION/DR OFFICE	ON SITE, 5 MILE FROM SITE	10 MILES	OVER 20 MILES
DEMOGRAPHICS	LESS THAN 50% WHITE	LESS THAN 75	MOST WHITE
AGE	35 TO 45	25 TO 34, 45 TO 55	STLY CHILDREN OR ELDERLY
INCOME	AROUND 90000	100 TO 120	OVER 150
RENT PRICES	LESS THAN 2000	2200 TO 2500	OVER 2750
VALUE OF HOME	400000 OR LESS	400 TO 500	OVER 650
AVG MORTGAGE	LESS THAN 2000	2500	OVER 3000
OWNER OCCUPIED	75 OR HIGHER	50 TO 75	LESS THAN 50
EXISTING LANNED COMM	YES	IN THE WORKS	NONE
RURAL VS URBAN	MIXED	URBAN	MOSTLY RURAL
INTEGRATION TO COMM	DIRECT LINKS	POSS OF LINKS	NO LINKS
AVAIL SPACE FOR GROWTH	YES	SOME	NO
SPACE FOR STAFF	YES	SOME	NO
SQ ACREAGE AVAIL	OVER 50	OVER 50	LESS THAN 10
OPEN AIR	MORE RURAL, LESS BUILT	SEMI BUILT	VERY BUILT
DAYLIGHT			
WALKABILITY	HIGH WALKING SCORE		LOW
GREEN SPACE	GREEN AREAS OVER 5 ACRES	OVER 2 ACRES	
SECURITY CRIME	LOW		HIGH
APPROX TO MAIN HIGHWAYS	MULTIPLE MILES	2-5	VERY CLOSE 1 MILE
PLACES FOR SAFE WANDERING	NOT CLOSE TO ROADS	LIKE A LONG WALK AWAY	CLOSE TO ROADS/NONE

Figure 61 - Site Matrix Criteria (source Author)

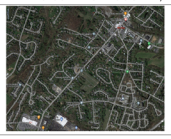
	KING FARM ROCKVILLE, MD	KENTLANDS GAITHERSBURG, MD	WARFIELD SYKESVILLE, MD	MT. AIRY FREDERICK/CARROLL COUNTY, MD
				
POPULATION	3	2	10	10
COGNITIVE DIABILITIES	5	5	5	5
COGNITIVE RESOURCES	10	10	10	7.5
PUBLIC RECREATION (MIXED USE)	10	5	5	5
PROXIMITY TO RETAIL	10	8	5	7.5
PUBLIC TRANSPORTATION	10	6	0	0
HOSPITAL / DOCTOR PROXIMITY	10	10	10	7.5
DEMOGRAPHICS	10	10	5	2.5
MEDIAN AGE	10	10	10	10
MEDIAN INCOME	4	4	7	4
AVERAGE RENT PRICE	0	2	10	10
AVERAGE HOME VALUE	2	0	10	9
AVERAGE MORTGAGE	3	3	7.5	6
OWNER OCCUPIED	5	5	10	10
EXISTING PLANNED COMMUNITY	10	10	7	2.5
RURAL VS URBAN	5	5	10	8
INTEGRATION TO COMMUNITY	10	8	5	5
AVAILABLE SPACE FOR GROWTH	5	5	10	7.5
SPACE FOR STAFF	5	5	10	7.5
SQ ACREAGE AVAILABLE	7	5	10	10
OPEN AIR	5	5	10	10
DAYLIGHT	5	5	10	10
WALKABILITY	8	8.5	5.5	6
GREEN SPACE	10	2	10	8
SECURITY / CRIME RATE	7	7	6	7
PROXIMITY TO MAIN HIGHWAY	3	3	5	7.5
PLACES FOR SAFE WANDERING	5	5	10	8
HISTORICAL CONTEXT	5	5	10	8
SCORE:	174/280	158.5/280	223/280	174/280

Figure 62 - Site Matrix (Source Author)

Chapter 9: Convergence

Introduction

This chapter addresses the integration of the proposed program into the unique setting of the Springfield Hospital site in Sykesville, Maryland. Utilizing the site's extensive acreage, historical significance, and redevelopment possibilities, the design process includes organizing and arranging the various program elements to meet the spatial and functional requirements of the project. The historical buildings are not repurposed; instead, they serve as a framework to position the program in a way that promotes relationships with the hospital and the adjacent community. The design achieves a unified, accessible, and balanced plan by carefully positioning housing, staff facilities, green spaces, and community resources throughout various areas of the property. The current historical structures are carefully evaluated to preserve their architectural significance as reference points, using modern components that align with the program's objectives. This strategy optimizes the site's potential for growth, enhances walkability, and interacts smoothly with the surrounding community, establishing a basis for a sustainable and inclusive environment that emphasizes well-being and connectedness.

Site Blocking Option 1

The first iteration of blocking and stacking on the Springfield Hospital site shows an organized arrangement of programming elements to enhance connectivity, accessibility, and spatial efficiency. The Community Living zones are strategically located along the western perimeter of the property, utilizing the large space for extensive community activities. Housing is strategically located to the north and

south, offering housing units that provide closeness to communal facilities while preserving privacy. The Retail component is strategically positioned at the center of the plan, serving as a focal point that connects the adjacent programs and promotes engagement between residents and visitors. Adjacent to the retail areas, Recreation and Therapy zones are combined to create a unified central core, promoting interaction, activity, and wellbeing for people. Ultimately, Townhomes are positioned around the eastern perimeter, establishing a transitional barrier that links the new development to the neighboring residential area. This layout effectively utilizes the available space, strengthens ties to the surrounding environment, and blends the needs of residential, recreational, and supporting activities within the site.

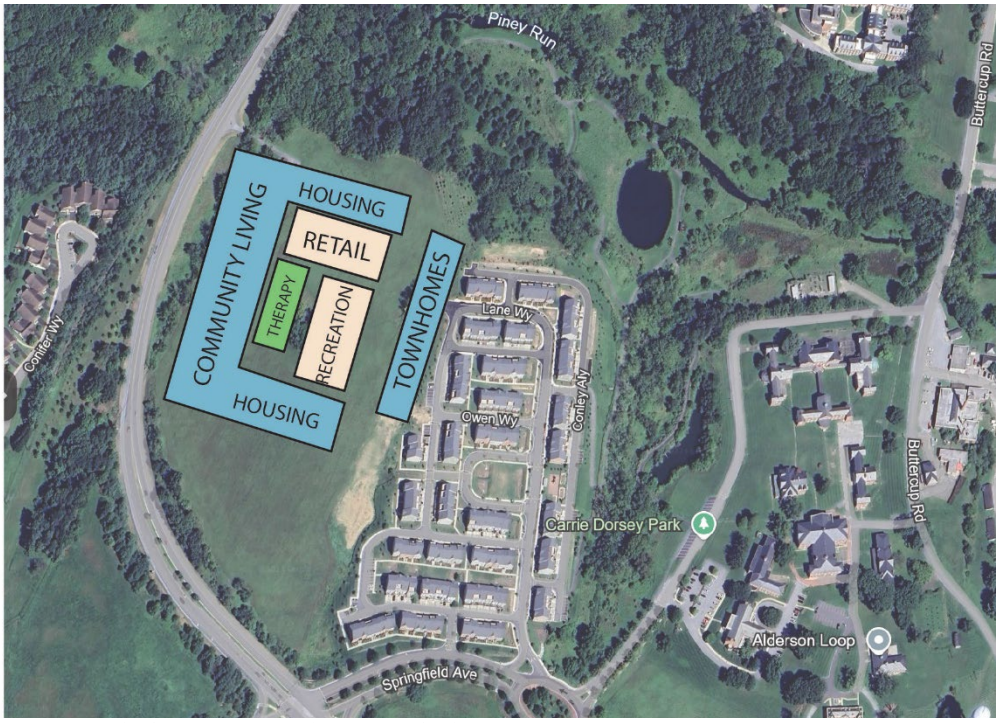


Figure 63 - Blocking Iteration 1 (Source Author)

Site Blocking Option 2

This iteration of blocking and stacking positions the proposed program at the heart of the Springfield Hospital complex, near the Hitchman Building and southeast of Clark Circle. The design establishes a strong link with the existing hospital facilities while arranging the programmatic components into a compact, unified structure. The Community Living and Therapy areas are situated along the northern perimeter of the block, near to the hospital structures, promoting accessibility to vital services and preserving a distinct link to the site's historical background. Residential structures are strategically positioned to the east and south, establishing a consistent residential presence that defines the development and forms a barrier between functional areas and open land. The Recreation area, situated centrally, serves as a hub that links adjacent programs, providing accessible avenues for physical activity and social interaction. To the southwest, retail areas function as a community anchor, facilitating interaction among residents, visitors, and the broader surrounding area. The Townhomes, located at the southeastern perimeter, create a transitional border between the program and open green areas, allowing interaction with the surrounding landscape. This layout utilizes the site's central position while ensuring walkability, accessibility, and distinct programmatic links.

Figure 64 - Blocking Iteration 2 (Source Author)

Site Blocking Option 3

In this iteration of blocking and stacking locates the program at the northern end of the site, adjacent to the McKeldin Building and around the Martin Cross Complex, which historically functioned as the men's housing. This design thoughtfully addresses the old structures, establishing an integrated and unified program that honors the site's legacy while incorporating modern functionality. The Community

Living spaces and Therapy areas are situated in the northeastern section of the campus, near the open green space, offering a peaceful and therapeutic environment. The Retail components are strategically positioned to serve as a community hub, promoting contact among residents and visitors, while the Recreation area is situated adjacent to establish an accessible center for social and physical activities. Residential housing and townhomes are situated throughout the perimeter, creating an uninterrupted residential boundary that encircles the historic Martin Cross Complex and integrates well with the surrounding nature. This design optimizes the utilization of the northern land, preserves strong visual and physical links to the old structures, and incorporates green areas to enhance accessibility, walkability, and community harmony.

Figure 65 - Blocking Iteration 3 (Source Author)

Conclusion

The blocking and stacking diagrams have been essential in analyzing the spatial and functional relationships of the proposed program throughout the Springfield Hospital site. Each iteration yielded significant insights that collectively informed a unified vision for the project. The initial iteration, which oriented the program to the west, highlighted a spacious design that utilized open areas for Community Living, Housing, and Recreation, while fostering a connection with the neighboring residential projects. This strategy emphasized accessibility and a direct link to adjacent parks and green areas, establishing the basis for a balanced and resident-centered environment.

The second iteration redirected attention to the central area of the property, near to the Hitchman Building and southeast of Clark Circle. This arrangement established a more powerful visible and physical connection with the existing hospital infrastructure, centralizing the Recreation and Retail components while strategically situating Housing and Community Living along the perimeter. This arrangement, by positioning the program in the hospital complex's center, strengthened historical ties, improved access to essential services, and promoted integration with the wider community.

The third iteration relocated the program to the northern section of the site, around the Martin Cross Complex and positioned north of the McKeldin Building. The layout examined the possibility of centering the new construction around the existing men's housing, balancing reverence for the site's architectural legacy with present programmatic requirements. The Community Living and Therapy spaces

were deliberately situated in quieter green-adjacent locations, while Retail and Recreation provided a primary core for activity. The housing and townhomes established a residential boundary, enhancing a feeling of continuity and connectivity to the historic complex.

Together, these iterations emphasize the program's flexibility and adaptability in addressing the site's distinct limits and potential. The iterative approach uncovered important principles: the significance of utilizing open space for community purposes, preserving visual and physical links to historical landmarks, and incorporating the program to enhance walkability, accessibility, and a sense of belonging. Each diagram established a basis for comprehending spatial ties, circulation patterns, and site-specific options, guiding a more detailed and deliberate approach forward.

Future phases of the design process will utilize these iterations to inform essential decisions concerning program placement, size, and hierarchy. The design will develop by integrating insights from each layout to meet the needs of users, improve site integration, and honor historical context. Next stages will concentrate on enhancing circulation networks, maximizing green areas, and guaranteeing that each programming component fosters a comprehensive and inclusive environment. These layouts will function as a template, allowing a deliberate, educated strategy for establishing a dynamic, sustainable, and community-focused development at the Springfield Hospital location.

Chapter 10: Conclusion: Thesis Design Solution

Proposed Plan

The final design iteration was significantly influenced by a radial strategy focused around the historic Patterson Building. Utilizing the Patterson Building as the point of reference, a radius was drawn to guide the layout of space and program distribution. This radial structure establishes clear sections that specify various programming zones, including Housing, Community Spaces, and Green Space.

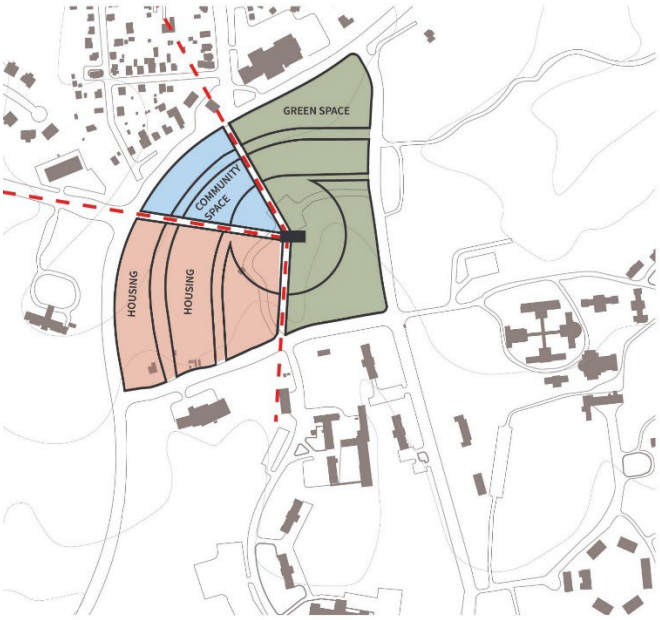


Figure 66 - Parti Diagram

In this radial design, the housing components are situated to the west and southwest, creating two distinct segments that support the residential sections and provide proximity to both community amenities and adjacent natural environments. Community Space is strategically positioned at the center of the radial layout, serving as a hub that promotes interaction and connectivity among people. To the north, a

significant amount of space is devoted to Green Space, fostering a rejuvenating atmosphere that promotes recreation, physical exercise, and serves as a visual buffer linking to the adjacent open fields and wooded regions. This division fosters an efficient and coherent arrangement, harmonizing density with accessibility to natural components.

Along the radial layout, the design emphasizes unity through the extension of new roadways. These roads facilitate circulation inside the property and strengthen connections to the communities next to Maryland Route 32, so reinforcing the relationship between the new development and the surrounding region. This enhanced infrastructure guarantees that the community is not isolated but rather completely connected with its environment. The radial design, together with these infrastructure additions, effectively integrates historical respect, functional zoning, and community integration, creating a cohesive and interconnected environment for future residents.

Masterplan

The masterplan provides a carefully structured, community-oriented design that integrates residential, recreational, and natural areas to promote an inclusive and sustainable environment. At the core of the design are 12 community living buildings, thoughtfully designed to function as the primary organizing axis of development. Among them, four buildings feature mixed-use areas on the ground floor, enabling social interaction, community amenities, and vital services such as café spaces and adaptable communal zones. This mixed-use element transforms these buildings into

active community hubs, guaranteeing service accessibility and promoting a lively, integrated community.

Flanking the center spine are townhomes, positioned on each side of the community living buildings. This spatial design establishes a clear framework that balances density while preserving a robust sense of privacy for residents. The townhomes serve as a barrier between the development's center and the adjacent landscape while enhancing the community's overall unity. A key architectural element is the addition of substantial green spaces situated between groupings of buildings, providing residents with access to outdoor places for relaxation, fun, and engagement with nature. These green areas function as vital extensions of living environments, improving the physical and emotional health of the community's residents.

The core of the project is a thoughtfully planned 1-acre sensory park, serving as the centerpiece for the whole community. This extensive and versatile park is meant to cater to people of all abilities, offering a variety of activities and areas that promote involvement and diversity. The sensory park incorporates aspects of play and leisure, such as a playground, a half-court basketball court, and shuffleboard courts, providing inhabitants of all ages with chances for physical activity and enjoyment. The park also has meditation spaces and gazebos, providing quiet spots for contemplation, relaxation, and social interaction. This varied combination of programs within the park guarantees its function as both a lively communal hub and a rejuvenating space for the neighborhood.

Figure 67 - Aerial View of Park

The design incorporates diverse site amenities that address residents' demands, thus improving the quality of life inside the community. These include walking trails and a designated bike path, which encourage healthy and sustainable transportation methods while motivating residents to interact with the natural surroundings. A community garden with a greenhouse is incorporated into the design, offering inhabitants chances for growing and cultivating a connection to the earth. A dog park for pet owners provides a welcoming setting for pleasure and social interaction, highlighting the community's dedication to inclusion and accessibility.

The concept prioritizes natural buffers and connection to guarantee seamless interaction with the surrounding landscape and infrastructure. An abundance of trees is deliberately positioned along every roadway, serving as a natural barrier that improves aesthetics, diminishes noise, and offers shade. A 70-foot buffer of trees and

grassy land is preserved between the townhomes and Route 32, successfully reducing noise pollution and creating a peaceful protected atmosphere for its residents. This buffer improves the site's livability while creating a visual and biological connection to the broader environment, so maintaining the site's natural character.

The design includes street parking along the primary roadways of the neighborhood, enabling easy access for both residents and visitors while preserving a pedestrian-friendly environment. This considerate strategy for parking guarantees that the community stays accessible while maintaining its walkability and openness. The use of green space, paths, and buffers in the masterplan cultivates a strong connection between the constructed environment and the adjacent landscape, producing a cohesive and balanced design.

The concept effectively reaches an ideal balance of residential density, community programming, and natural integration. The central axis of communal dwelling structures, strengthened by mixed-use areas, serves as the core of the development, offering both practical and social opportunities. The adjacent townhomes, together with extensive green areas and facilities like the sensory park, community garden, walking paths, and dog park, establish an active and inclusive atmosphere centered around well-being, engagement, and accessibility. The strategic positioning of trees and the 70-foot buffer separating the townhomes from Route 32 emphasize the significance of privacy, noise reduction, and ecological consideration, while on-street parking provides convenience for all users.

Figure 68 - Proposed Masterplan

Building Typologies

Townhomes

The townhouse typology within the masterplan has two unique designs, providing variation and adaptability to accommodate various living requirements. The first townhouse variant has three bedrooms and two bathrooms on the third level, a generous kitchen and living space on the second level, and a garage accompanied by a studio apartment on the ground level. This arrangement offers substantial living space for families and includes an extra apartment that may function as a rental or guest suite.

Figure 69 - Townhouse 1 Floorplans

Figure 70 - Townhouse 1 Elevation

The second townhouse type features two bedrooms with adjoining bathrooms and an office on the third level, a kitchen and living area on the second floor, and an open space with a garage on the ground floor. This configuration is optimal for compact homes or people desiring designated work-from-home areas while preserving flexibility on the ground floor for supplementary storage or

multifunctional purposes.

Figure 71 - Townhouse 2 Floorplans

Figure 72 - Townhouse 2 Elevations

Both townhouse designs are carefully incorporated into the neighborhood, prioritizing the vistas and connections to the adjacent environment. Each property features both a rear and front balcony, providing optimal views of the community's

open areas, facilities, and natural environment.

Figure 73 - Front Porch View

Figure 74 - Front Porch View

Figure 75 - Back Porch View

Figure 76 - Street View

These amenities improve inhabitants' quality of life by offering private outdoor areas that promote relaxation and visual engagement with the surrounding neighborhood. The townhomes provide varied layouts to suit different living arrangements, while seamlessly fitting into the masterplan's architectural language.

The townhomes, together with plentiful facilities, green areas, and strong buffers, are essential in fostering a lively and inclusive residential atmosphere that emphasizes comfort, connectedness, and well-being.

Community Living Buildings

The Community Living Building 1 is a carefully designed residential complex that emphasizes comfort, accessibility, and community involvement. The structure has eight distinct bedrooms, each furnished with complete bathrooms, providing privacy and independence for occupants. Each level provides tenants with a large common kitchen and living space, promoting social contact, collaborative activities, and communal meals. A staff apartment is strategically located on each level to facilitate building operations and address resident requirements through on-site help and monitoring. The building has laundry facilities, ideally situated for residents' convenience. Communal amenities, including an entertainment room and flexible space, enrich the living experience by providing venues for exercise, reading, leisure, other varied activities. The incorporation of these communal areas nurtures a strong feeling of community and enhances both physical and mental health. The building's design achieves a balance among private, semi-private, and social spaces, establishing it as a focal point for residential life within the concept.

Figure 77 - Plan for Community Building 1 Plan

Figure 78 - Second Floor Plan

Figure 79 - Building Elevation

Figure 80 - Exterior Courtyard Perspective

The Community Living Building 2 is a flexible residential building intended to promote both privacy and communal interaction. The building contains 4 individual bedrooms, each with a full, ADA compliant bathroom, and 2 double bedrooms, each with a full bathroom, offering adaptable living configurations to satisfy various resident requirements. A large communal kitchen and living room function as the center of the building, providing residents with an inviting space for

communal dining, social engagement, and leisure. To guarantee operational efficiency and resident help, a staff apartment is situated on the ground level, facilitating on-site support and monitoring. Supplementary amenities comprise laundry facilities for tenant convenience and an array of social areas that enhance daily living. The rooms comprise a reading room for quiet relaxation and study, a therapy area intended for wellness and support services, and a flexible space for diverse activities according to resident requirements. The ground floor has mixed-use rooms that offer potential for commercial or community programming, so enhancing the building's function as a major center within the concept. This mixed-use element enhances the environment by providing residents as well as visitors with supplementary facilities and resources nearby. The deliberate design of Community Living Building 2 achieves a mix of individual residences, social spaces, and necessary support sections, promoting a dynamic, supportive, and inclusive community.

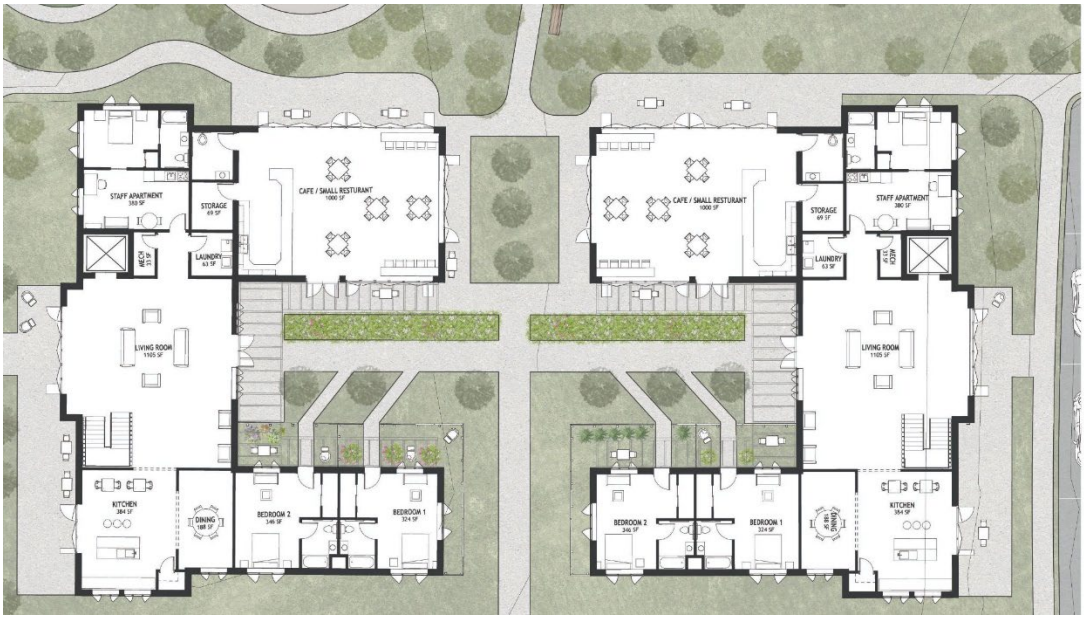


Figure 81 - Community Living Building 2 Plan

Figure 82 - Second Floor Plan

Figure 83 - Building Elevation

Figure 84 - Exterior Courtyard Perspective

Conclusion

The proposed masterplan for the Springfield Hospital site demonstrates a thorough and deliberate strategy for community-focused design. The design integrates residential spaces, green areas, and community facilities to create a integrated environment that emphasizes unity, accessibility, and diversity. The many residential typologies, such as townhomes and communal living buildings, are designed to accommodate the varied demands of people, assuring adaptability, comfort, and practicality. Deliberately designed green spaces, sensory parks, and recreational facilities offer avenues for physical exercise, social interaction, and restorative experiences, enhancing the quality of life for all participants. The concept establishes a sustainable, lively, and inclusive community by carefully integrating programmatic components with the site's historical context and natural environment, setting a benchmark for future development.

Bibliography

Aaidd. Accessed May 14, 2024. https://www.aaidd.org/docs/default-source/default-document-library/pubcat-2020-2021-final-web-version.pdf?sfvrsn=78c63521_0.

Arc. 2021. "Housing Position Statement | The Arc." The Arc. July 14, 2021. https://thearc.org/position-statements/housing/.

"Asylum Architecture." 2022. TheTimeChamber. May 23, 2022. https://www.thetimechamber.co.uk/beta/sites/asylums/asylum-history/asylum-architecture.

"[Asylum: The Huge Psychiatric Hospital in the 19th Century U.S]." 2012. PubMed. 2012. https://pubmed.ncbi.nlm.nih.gov/23234200/.

Brian. "Historic Springfield Hospital Center in Sykesville to Be Repurposed into Residential, Office and Park Space." Economic Development, January 27, 2022. https://carrollbiz.org/historic-springfield-hospital-center-in-sykesville-to-be-repurposed-into-residential-office-and-park-space/?

"Centers for Independent Living | ACL Administration for Community Living." n.d. https://acl.gov/programs/aging-and-disability-networks/centers-independent-living.

"Defining the Problem – Welcome to Casa Familia." n.d. 2024. https://casafamiliainc.org/defining-the-problem/.

"Diseases of the Mind." U.S. National Library of Medicine. Accessed March 28, 2024. https://www.nlm.nih.gov/hmd/diseases/early.html.

Dohler, Ehren, Peggy Bailey, Douglas Rice, and Hannah Katch. 2016. "Supportive Housing Helps Vulnerable People Live and Thrive in the Community." Center on Budget and Policy Priorities. May 31, 2016. https://www.cbpp.org/research/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community.

"DR. THOMAS STORY KIRKBRIDE." n.d. PENN MEDICINE. Accessed February 25, 2024. https://www.uphs.upenn.edu/paharc/timeline/1801/tline14.html.

"Guide to Disability Rights Laws." 2024. ADA.Gov. April 18, 2024. https://www.ada.gov/resources/disability-rights-

guide/#:~:text=The%20Rehabilitation%20Act%20prohibits%20discrimination,employment%20practices%20of%20Federal%20contractors.

Jansen-van Vuuren, J, and H M Aldersey. “Stigma, Acceptance and Belonging for People with Idd across Cultures.” Current developmental disorders reports, 2020. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7326393/.

“Kentlands - DPZ: CODESIGN.” DPZ, November 30, 2023. https://www.dpz.com/projects/kentlands/.

“Kentlands.” The List Realty. Accessed December 17, 2024. https://thelistrealty.com/neighborhoods/kentlands

“Kirkbride Buildings - Historic Insane Asylums.” n.d. Copyright (c) KirkbrideBuildings.Com. https://www.kirkbridebuildings.com/.

“The Kirkbride Plan.” 2023. Trans-Allegheny Lunatic Asylum. June 23, 2023. https://trans-alleghenylunaticasylum.com/the-kirkbride-plan/.

Library, Carroll County Public. “Organization Full Listing.” Carroll Counseling Centers - Mount Airy. Accessed December 17, 2024. https://community.carr.org/fullrecord.asp?record=1725

Makki, Ayman H. Healing architecture: Designing for the mentally ill ayman H ... Accessed March 29, 2024. https://scholar.cu.edu.eg/?q=mmyoussif/files/ayman_makki.pdf.

“Maryland Department of Health Springfield Hospital Center.” Maryland.gov Enterprise Agency Template. Accessed December 17, 2024. https://health.maryland.gov/springfield/Pages/about-shc.aspx.

“Maryland Resident Resources.” Maryland.gov. Accessed December 17, 2024. https://www.maryland.gov/pages/residents.aspx?subcat=Disabilities&view=Health%2Band%2BWellness

“Montgomerycountymd.Gov.” Montgomery County - Department of Health and Human Services - Intellectual and Developmental Disabilities Commission. Accessed December 17, 2024. https://www.montgomerycountymd.gov/HHS-Program/ADS/IDD/IDDCIndex.html.

“Mount Airy, MD Demographics and Statistics: Updated for 2023.” HomeSnacks. Accessed December 17, 2024. https://www.homesnacks.com/md/mount-airy

“Mt. Airy Senior and Community Center - Community Resource Help Guide.” the help list. Accessed December 17, 2024.

https://www.thehelplist.com/helplist/md_21771_mt-airy-senior-and-community-center

MyDisabilityJobs. “Intellectual Disability Employment Statistics: Update 2024.” MyDisabilityJobs.com, January 9, 2024. https://mydisabilityjobs.com/statistics/intellectual-disability-employment/.

Pi. 2019. “The Kirkbride Plan - 99% Invisible.” 99% Invisible. October 10, 2019. https://99percentinvisible.org/episode/the-kirkbride-plan/.

“Population Specific Fact Sheet – Intellectual Disability.” n.d. National Disability Navigator Resource Collaborative. https://nationaldisabilitynavigator.org/ndnrc-materials/fact-sheets/population-specific-fact-sheet-intellectual-disability/#:~:text=There%20are%20over%207%20million,condition%2C%20the%20cause%20remains%20unknown.

“Project Home.” Maryland Department of Human Services. Accessed April 7, 2024. https://dhs.maryland.gov/office-of-adult-services/project-home/.

“Providing Integrated, Community-Based Settings for Individuals With.” n.d. HUD.Gov / U.S. Department of Housing and Urban Development (HUD). https://www.hud.gov/program_offices/fair_housing_equal_opp/integrated_community_based_settings.

Quinlan, Patrick. “Asylum: The Architecture That Aimed to ‘Cure Insanity.’” The Irish Times, August 14, 2021. https://www.irishtimes.com/life-and-style/homes-and-property/asylum-the-architecture-that-aimed-to-cure-insanity-1.4643756.

“Rehabilitation Act | ACL Administration for Community Living.” n.d. https://acl.gov/about-acl/rehabilitation-act.

“Rehabilitation Act of 1973.” n.d. LII / Legal Information Institute. https://www.law.cornell.edu/wex/rehabilitation_act_of_1973#:~:text=The%20ADA%20is%20broader%20than,disabilities%20to%20do%20their%20jobs.

“RISP Infographics | Medicaid HCBS Spending in FY 2020.” n.d. Institute on Community Integration Publications. https://publications.ici.umn.edu/risp/infographics/medicaid-waiver-recipients-and-expenditures.

Simonsen, Thorben Peter, and Cameron Duff. 2019. “Healing Architecture and Psychiatric Practice: (Re)Ordering Work and Space in an In-patient Ward in Denmark.” Sociology of Health and Illness. October 28, 2019. https://doi.org/10.1111/1467-9566.13011.

"Smart Growth." Smart Growth | Sykesville, MD. Accessed December 17, 2024. https://www.townofsykesville.org/2190/Smart-Growth.

"Springfield State Hospital." Springfield State Hospital - Asylum Projects. Accessed December 17, 2024. https://www.asylumprojects.org/index.php/Springfield_State_Hospital

U.S. Census Bureau quickfacts: Mount Airy Town, Maryland. Accessed December 17, 2024. https://www.census.gov/quickfacts/fact/table/mountairytownmaryland/PST045221.

U.S. Census Bureau quickfacts: Rockville City, Maryland. Accessed December 17, 2024. https://www.census.gov/quickfacts/fact/table/rockvillecitymaryland/PST045223.

"The Village Shopping Center and More." KF, December 12, 2023. https://kingfarm.org/village-center-and-more/.

Image Sources:

1. "Disparities in Care for Patients with Intellectual and Developmental Disabilities." Modern Optometry. Accessed May 14, 2024. https://modernod.com/articles/2023-jan-feb/disparities-in-care-for-patients-with-intellectual-and-developmental-disabilities?c4src=article%3Ainfinite-scroll.
2. "RISP Infographics: Age of People with IDD in the US." Age of People with IDD in the US | Institute on Community Integration Publications. Accessed May 14, 2024. https://publications.ici.umn.edu/risp/infographics/how-old-people-with-idd-in-the-united-states.
3. Edayadmin. 2023. "Discover the Benefits of Day Habilitation Programs." Gracious Services, Inc. July 26, 2023. https://www.graciousservicesinc.com/discover-the-benefits-of-day-habilitation-programs/.
4. Jerman, Gal. "IADLs vs Adls: What Is the Difference? - BoomersHub Blog." BoomersHub Blog - The official blog site of BoomersHub, March 13, 2023. https://www.boomershub.com/blog/iadls-vs-adls.
5. "Population Specific Fact Sheet – Intellectual Disability." n.d. National Disability Navigator Resource Collaborative.
6. Sharma, Kriti. 2023. "Living in Chains." Human Rights Watch. May 9, 2023. https://www.hrw.org/report/2020/10/06/living-chains/shackling-people-psychosocial-disabilities-worldwide.
7. MyDisabilityJobs. "Intellectual Disability Employment Statistics: Update 2024." MyDisabilityJobs.com, January 9, 2024. https://mydisabilityjobs.com/statistics/intellectual-disability-employment/.
8. "Thomas Story Kirkbride." 2024. Wikipedia. January 15, 2024. https://en.wikipedia.org/wiki/Thomas_Story_Kirkbride.
9. Logan, Shawn. 2021. "The Historical Use of Restraints in Asylums." Kentucky Historic Institutions. June 17, 2021. https://kyhi.org/2021/06/15/the-historical-use-of-restraints-in-asylums/.
10. Mindham, R.H.S. "The Retreat at York of 1796 – Psychiatry in Pictures." The British Journal of Psychiatry 218, no. 5 (2021): 286–286. https://doi.org/10.1192/bjp.2021.11.
11. Pi. 2019. "The Kirkbride Plan - 99% Invisible." 99% Invisible. October 10, 2019. https://99percentinvisible.org/episode/the-kirkbride-plan/.
12. Pi. 2019. "The Kirkbride Plan - 99% Invisible." 99% Invisible. October 10, 2019. https://99percentinvisible.org/episode/the-kirkbride-plan/.
13. Tracy, Lee and. "The Kirkbride System." Camper Chronicles, October 8, 2020. https://camperchronicles.com/tag/the-kirkbride-system/.
14. "Pilgrim State Hospital | Queens Public Library Digital." n.d. http://digitalarchives.queenslibrary.org/browse/pilgrim-state-hospital.
15. Pi. 2019. "The Kirkbride Plan - 99% Invisible." 99% Invisible. October 10, 2019. https://99percentinvisible.org/episode/the-kirkbride-plan/.

16. England, Buildings Of New. 2020. “Kirkbride – Buildings of New England.” Buildings of New England. May 14, 2020. https://buildingsofnewengland.com/tag/kirkbride/.
17. Miller, G. Wayne. n.d. “Potter’s Fields and the Forgotten Mentally Ill.” https://gwaynemiller.blogspot.com/2016/04/potters-field_17.html.
18. Notes on Asylum Architecture. Accessed May 15, 2024. http://studymore.org.uk/asyarc.htm.
19. Notes on Asylum Architecture. Accessed May 15, 2024. http://studymore.org.uk/asyarc.htm.
20. “Exhibition Gives a Voice to Former High Royds Hospital Patients.” n.d. Leeds City Council News. https://news.leeds.gov.uk/news/exhibition-gives-a-voice-to-former-high-royds-hospital-patients.
21. Moos, Rudolf, and Amnon Igra. “Determinants of the Social Environments of Sheltered Care Settings.” Journal of Health and Social Behavior 21, no. 1 (1980): 88–98. https://doi.org/10.2307/2136697.
22. “The Architectural Strategies of Classrooms for Intellectually Disabled Students in Primary Schools Regarding Space and Environment.” Ain Shams Engineering Journal, October 29, 2020. https://www.sciencedirect.com/science/article/pii/S2090447920301994.
23. Mark, Laura. 2020. “Cartlidge Levene Interview: ‘Wayfinding Isn’t Just about Signs – It Starts with the Architecture.’” The Architects’ Journal. August 7, 2020. https://www.architectsjournal.co.uk/buildings/cartlidge-levene-interview-wayfinding-isnt-just-about-signs-it-starts-with-the-architecture.
24. “Gran Kriegel Associates – Architects and Planners » YAI: Manhattan Star Academy.” n.d. https://www.grankriegel.com/portfolio/yai-manhattan-star-academy/.
25. “Residential Services - The New York Foundling.” 2023. The New York Foundling. May 15, 2023. https://www.nyfoundling.org/what-we-do/our-programs/developmental-disabilities/residential-services/.
26. “RISP Infographics: Age of People with IDD in the US.” Age of People with IDD in the US | Institute on Community Integration Publications. Accessed May 14, 2024. https://publications.ici.umn.edu/risp/infographics/how-old-people-with-idd-in-the-united-states.
27. “RISP Infographics: Age of People with IDD in the US.” Age of People with IDD in the US | Institute on Community Integration Publications. Accessed May 14, 2024. https://publications.ici.umn.edu/risp/infographics/how-old-people-with-idd-in-the-united-states.
28. “RISP Infographics: Age of People with IDD in the US.” Age of People with IDD in the US | Institute on Community Integration Publications. Accessed May 14, 2024. https://publications.ici.umn.edu/risp/infographics/how-old-people-with-idd-in-the-united-states.
29. “Guide to Disability Rights Laws.” 2024. ADA.Gov. April 18, 2024. https://www.ada.gov/resources/disability-rights-guide/#:~:text=The%20Rehabilitation%20Act%20prohibits%20discrimination,employment%20practices%20of%20Federal%20contractors.

30. Christina. 2020. “The Americans with Disabilities Act Turns 30!” The Advocator Group. July 30, 2020. https://www.advocator.com/blog/the-americans-with-disabilities-act-turns-30/.
31. “ADA Compliance Piece | Insights.” n.d. https://cloudcovermusic.com/research/ada-compliance.
32. “ADA Compliance Piece | Insights.” n.d. https://cloudcovermusic.com/research/ada-compliance.
33. “ADA Compliance Piece | Insights.” n.d. https://cloudcovermusic.com/research/ada-compliance.
34. “American Pet Registry Custom Service Dog ID Card & Registration.” n.d. American Pet Registry. https://americanpetregistry.org/products/american-pet-registry-custom-service-dog-id-card-registration-to-service-animal-registry-included-qr-code-ada-ready.
35. “Home-Modifications - Amramp.” 2022. Amramp. June 18, 2022. https://amramp.com/residential/home-modifications/.
36. Autism Housing Network. 2024. “Crossbridge Point - Autism Housing Network.” Autism Housing Network. July 5, 2024. https://www.autismhousingnetwork.org/community/crossbridge-point/.
37. Autism Housing Network. 2024. “Crossbridge Point - Autism Housing Network.” Autism Housing Network. July 5, 2024. https://www.autismhousingnetwork.org/community/crossbridge-point/.
38. Identity, Online. n.d. “DVA De Hogeweyk - Projects - DVA Dementia Village.” https://www.dementiavillage.com/projects/dva-de-hogeweyk/.
39. “Weinberg Commons.” n.d. https://www.pennrose.com/apartments/new-jersey/weinberg-commons/.
40. “Weinberg Commons.” n.d. https://www.pennrose.com/apartments/new-jersey/weinberg-commons/.
41. Sánchez, Daniel. 2024. “Sweetwater Spectrum Community / LMS Architects.” ArchDaily. November 21, 2024. https://www.archdaily.com/446972/sweetwater-spectrum-community-lms-architects.
42. Sánchez, Daniel. 2024. “Sweetwater Spectrum Community / LMS Architects.” ArchDaily. November 21, 2024. https://www.archdaily.com/446972/sweetwater-spectrum-community-lms-architects.
43. Sánchez, Daniel. 2024. “Sweetwater Spectrum Community / LMS Architects.” ArchDaily. November 21, 2024. https://www.archdaily.com/446972/sweetwater-spectrum-community-lms-architects.
44. Themayor. 2021. “Copenhagen Reveals Plans for 24 New Homes for Young People with Special Needs.” *TheMayor.EU*, May 21, 2021. https://www.themayor.eu/en/a/view/copenhagen-reveals-plans-for-24-new-homes-for-young-people-with-special-needs-8005.
45. Themayor. 2021. “Copenhagen Reveals Plans for 24 New Homes for Young People with Special Needs.” *TheMayor.EU*, May 21, 2021.

https://www.themayor.eu/en/a/view/copenhagen-reveals-plans-for-24-new-homes-for-young-people-with-special-needs-8005.
46. Griffiths, Alyn, and Alyn Griffiths. 2024. “Leth & Gori Transforms Danish Farm into Contemporary Supportive Housing.” *Dezeen*, December 9, 2024. https://www.dezeen.com/2022/04/04/leth-gori-stubberupgard-supportive-housing-denmark-architecture/.
47. Griffiths, Alyn, and Alyn Griffiths. 2024. “Leth & Gori Transforms Danish Farm into Contemporary Supportive Housing.” *Dezeen*, December 9, 2024. https://www.dezeen.com/2022/04/04/leth-gori-stubberupgard-supportive-housing-denmark-architecture/.
48. Author
49. Author
50. Author
51. Author
52. “Community Maps.” KF, February 3, 2021. https://kingfarm.org/community-maps/.
53. “Community Maps.” KF, February 3, 2021. https://kingfarm.org/community-maps/.
54. DPZ CoDesign. 2023. “Kentlands - DPZ | CODESIGN.” DPZ | CODESIGN. November 30, 2023. https://www.dpz.com/projects/kentlands/.
55. “Kentlands.” n.d. Report. Great Seneca Development Corporation. https://casestudies.uli.org/wp-content/uploads/2015/12/C024016.pdf.
56. Redfin. “Mount Airy, Md Homes For Sale.” Mount Airy MD Newest Listings Sitemap RSS. Accessed December 17, 2024. https://www.redfin.com/city/29453/MD/Mount-Airy.
57. Redfin. “Mount Airy, Md Homes For Sale.” Mount Airy MD Newest Listings Sitemap RSS. Accessed December 17, 2024. https://www.redfin.com/city/29453/MD/Mount-Airy.
58. Google earth. Accessed December 17, 2024. https://earth.google.com/web/@39.38528541,-76.95992773,155.82852257a,4063.92650361d,30.00104452y,0h,0t,0r/data=CgRCAggBMikKJwolCiExenZKckRocGh2UVZKNXUzSjI5TDJXUndHeG0zRGxiOXUgAToDCgEwQgIIAEoICLqIivQDEAE.
59. Springfield Hospital Center Map. Accessed December 18, 2024. https://health.maryland.gov/springfield/Documents/shcmap.pdf.
60. Mongilio, Heather. “A Place with a Past: Sykesville Buildings Once Housed Thousands of Patients.” Baltimore Sun, June 29, 2019. https://www.baltimoresun.com/2016/10/12/a-place-with-a-past-sykesville-buildings-once-housed-thousands-of-patients/.
61. Author
62. Author
63. Author
64. Author
65. Author
66. Author
67. Author

68. Author
69. Author
70. Author
71. Author
72. Author
73. Author
74. Author