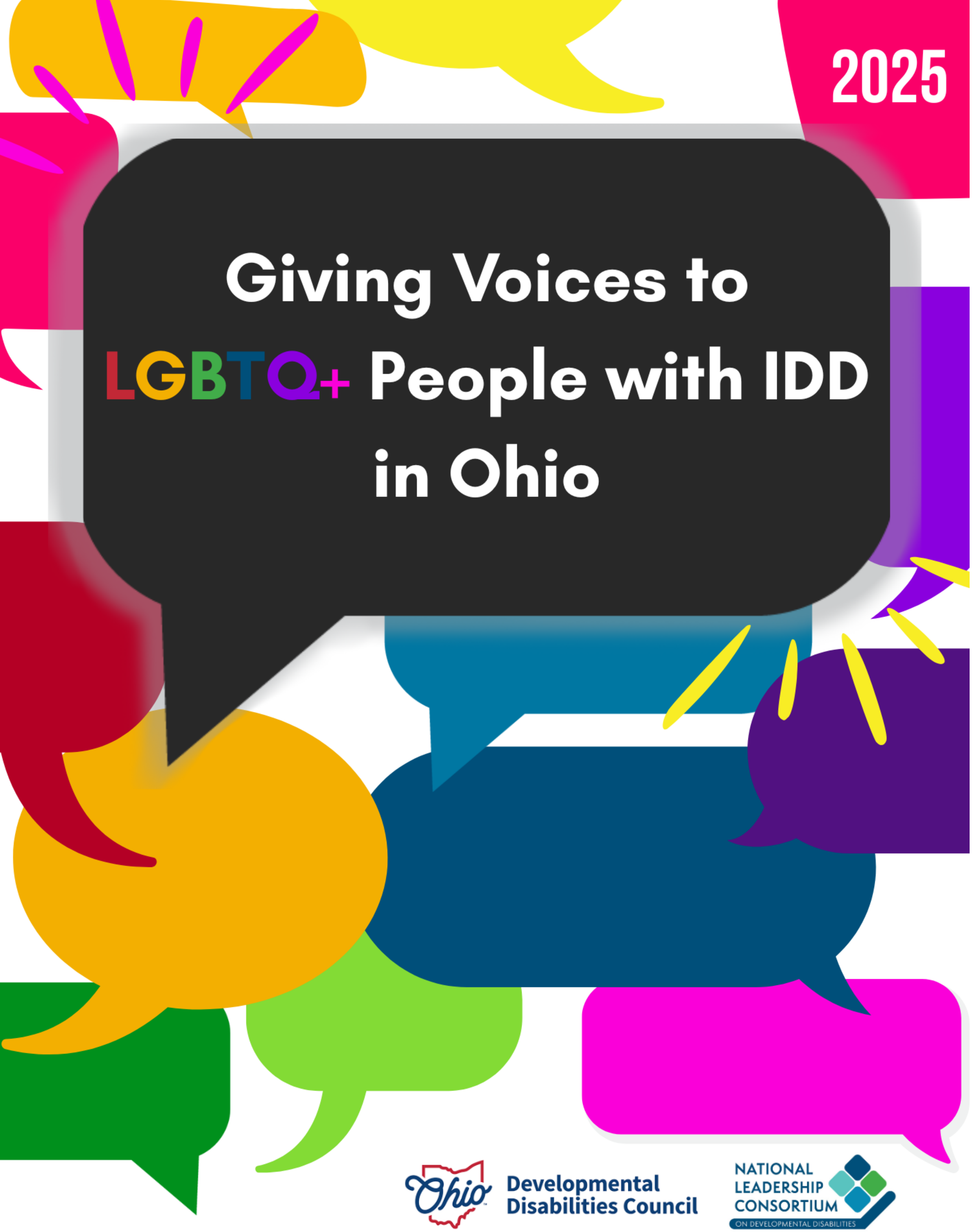

2025

Giving Voices to LGBTQ+ People with IDD in Ohio

Ohio Developmental Disabilities Council

National Leadership Consortium on Developmental Disabilities

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Plain Language Summary of the Project

About the Project

LGBTQ+ people with intellectual and developmental disabilities (IDD) in Ohio have extra challenges getting and keeping services. Some people are treated unfairly and are not accepted because of their disability, gender, or who they love. Fear of rejection or mistreatment can make it hard to share who they are and get the support they need.

The project aimed to learn more about:

- Barriers to getting services
- Experience with service providers
- Current support systems
- What support is needed in the future

An Advisory Committee of LGBTQ+ people with IDD, service providers, and advocates helped guide the project. The Ohio Developmental Disabilities Council funded the project, and research was led by the National Leadership Consortium on Developmental Disabilities.

Who Participated

- **Survey**: 122 people, including LGBTQ+ people with IDD, family members, and professionals
- **Interviews**: 3 people, including two LGBTQ+ people with IDD and one family member

Key Findings

- About half of the participants thought that being LGBTQ+ made it harder to find a good service provider.
- About half of the participants had stopped using a provider or had a negative experience because of their LGBTQ+ identity.
- Positive experiences happened when providers listened, respected identities, and created safe spaces.
- Friends and family are very important support systems for LGBTQ+ people with IDD.
- Professional support is less consistent for supporting LGBTQ+ needs.
- Only about one-third of participants felt that providers understood or supported their LGBTQ+ needs.

Recommendations

- **Make services easier to use**
  Do more to help people get the right support, keep their information private, and make it easy to update names and gender in paperwork.
- **Improve service provider quality**
  Train staff to understand and respect LGBTQ+ people, use the right names and pronouns, and make services safe and welcoming.
- **Workforce development**

Hire staff who have lived experience, keep teaching staff about LGBTQ+ issues, and host support groups where people can meet and share their experiences.

- **Build supports**
  Offer safe ways to meet people and make friends, give help when people feel unsafe, improve transportation, and provide emergency housing if needed.

Why This Project Matters

Learning about the experiences of LGBTQ+ people with IDD and what support they want will help remove barriers, make services welcoming, and support diversity. This will help LGBTQ+ people with IDD live safely, independently, and with dignity.

About the Study

Lesbian, gay, bisexual, transgender, and queer, questioning, intersex, asexual, and + (LGBTQ+) people with intellectual and developmental disabilities (IDD) in Ohio often face additional challenges that compromise their access to services and their wellbeing. In addition to ableism, LGBTQ+ people with IDD may also encounter stigma related to their sexual orientation or gender identity, leading to discrimination or a lack of acceptance in care settings. Service providers may lack training or awareness on how to support people at the intersection of LGBTQ+ and IDD identities, resulting in inadequate, inaccessible, and even discriminatory services. Fear of rejection from both disability and LGBTQ+ communities can also prevent people from disclosing their full identities and accessing affirming care. According to the Human Rights Campaign's analysis of the 2020 Behavioral Risk Factor Surveillance System[1], a nationally representative survey of adults across the nation, about one-third (36%) of LGBTQ+ adults self-reported having a disability. Yet, little is known about this population and their experiences in Ohio.

This research project, funded by the Ohio Developmental Disabilities Council and led by the National Leadership Consortium on Developmental Disabilities, aimed to learn more about the experiences of LGBTQ+ people with IDD across Ohio by investigating service access barriers, their experience and impressions of service providers, and the support systems that are currently used, and what is needed in the future. Ultimately, we hope this research will contribute to culturally competent practices in service delivery, leading to accessibility, safety, independence, outreach, and community inclusion for LGBTQ+ people with IDD in Ohio.

An advisory committee of people with IDD who identify as LGBTQ+, LGBTQ+ service providers, and other advocates met four times throughout the project to inform and guide project activities, such as designing survey and interview questions, participant recruitment, and developing recommendations based on research results. Co-production with a committee of people with lived experience ensured that the project initiatives were relevant, culturally competent, and effectively addressed the needs of LGBTQ+ people with IDD.

Statewide Survey | Together, the advisory committee and NLCDD researchers developed a web-based survey to identify service needs, gaps in current services, factors that discourage service use by LGBTQ+ people with IDD, LGBTQ+ people's impressions of service providers, and support systems for LGBTQ+ people with disabilities. One hundred twenty-two (122) people participated in the survey, including LGBTQ+ people with IDD, people with IDD, family members of people with IDD, and field professionals who work closely with people with IDD. The survey included 39 multiple-choice and short-answer questions, with 11 questions specifically related to experiences of LGBTQ+ people with IDD. Descriptive statistics were used to analyze quantitative data from the survey. See Appendix A for the survey constructs and indicators.

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[1] Human Rights Campaign. (2022, August 12). *Understanding disability in the LGBTQ+ community*. HRC. Retrieved from https://www.hrc.org/resources/understanding-disabled-lgbtq-people

Survey Participants | Responses from 122 survey participants were included in this study. About 63% of survey participants identified as LGBTQ+ and 39% said they were transgender (see Table 1). A little more than half (51%) were male, 43% were female, 5% were non-binary or third gender, and 1% are unknown. More than a quarter (26%) of respondents were 30-35 years old, 24% were 25-29, 25% were 18-24, 19% were older than 36, and 6% of respondent's ages were unknown. More than a quarter (27%) lived in Southeast Ohio, 22% lived in Northeast Ohio, 23% lived in Central Ohio, 14% lived in Southwest Ohio, and the remaining 14% lived in the West and Northwest regions of Ohio. Most participants (66%) were Black, along with 34% White, 2% American Indian, 2% Hispanic, and 1% Asian. Many survey participants identified as belonging to historically underserved communities, with 24% living in rural areas, 41% as BIPOC, 55% as low income, 11% non-native English speakers, and 32% also having a physical disability.

Table 1 *Survey Participant Demographics*

Variable	n	%
Age		
18-24	30	24.59%
25-34	47	38.52%
35-49	33	27.05%
50+	4	3.28%
Unknown	8	6.56%
Race/Ethnicity		
American Indian or Alaska Native	2	1.64%
Asian	1	0.82%
Black or African American	42	34.43%
Hispanic or LatinX/Latine	2	1.64%
Native Hawaiian or Other Pacific Islander	0	0.00%
White	80	65.57%
Other	1	0.82%
I Prefer Not to Answer	0	0.00%
Gender		
Male	62	50.82%
Female	52	42.62%
Non-Binary/Third Gender	6	4.92%
I Prefer Not to Answer	1	0.82%
Unknown	1	0.82%
Region		
Central	28	22.95%
Northeast	27	22.13%
Northwest	8	6.56%
Southeast	33	27.05%
Southwest	17	13.93%
West	9	7.38%

Person Completing Survey		
Adult with IDD	55	45.08%
Related to Adult with IDD	52	42.62%
Work with Adult with IDD	15	12.30%
LGBTQ+ Identity		
Identifies as LGBTQ+	77	63.11%
Does Not Identify as LGBTQ+	44	36.07%
Not Sure	1	0.82%
Trans Identity		
Identifies as Trans	48	39.34%
Does Not Identify as Trans	74	60.66%
Historically Underserved Identities		
Live in Rural Area	29	23.77%
BIPOC	50	40.98%
Low-Income	67	54.92%
Non-Native English Speaker	13	10.66%

This study collected survey data from both LGBTQ+ people with IDD and non-LGBTQ+ people with IDD in the hopes of comparing the experiences of these groups. However, there were not enough non-LGBTQ+ responses to the survey to conduct these analyses. Because the central focus of this study was to investigate the perspectives and experiences of LGBTQ+ people with IDD, those results are featured in the report. See Appendix B for additional results, including all survey responses. Future research is needed to conduct a study to compare the responses of LGBTQ+ people with IDD with the responses of others.

Interviews | Interviews with LGBTQ+ people with IDD and their family members were conducted to gather experiences and challenges encountered in navigating the service system. The interview questions reflected the themes of the survey, building on the unique insights and stories of people with lived experience. A multi-method approach was used to analyze short responses from the survey and interview data that combined content analysis (to identify themes, patterns, and common ideas within the data), the constant comparison method (to examine similarities and differences across responses), and discourse analysis (to explore how language was used in context) to analyze and interpret the data.[2] See Appendix C for the Interview Schedule.

Interview Participants | Three Ohio residents, two LGBTQ+ people with IDD and one family member of an LGBTQ+ person with IDD, were interviewed, offering firsthand insights from people with lived experience. The number of interviews and focus group participation was

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[2] Onwuegbuzie, A., Dickinson, W.B., Leech, N.L. & Zoran, A.G. (2009). A Qualitative Framework for Collecting and Analyzing Data in Focus Group Research. *International Journal of Qualitative Methods,* 8 (3), 1-21.

lower than anticipated, despite heavy recruiting attempts. Although participants were reassured in recruitment materials and the survey introduction that their personally identifying information would not be shared, the constantly changing political climate may have made people feel it was not safe to share their identities and opinions. Because of low interview and focus group participation by LGBTQ+ people with IDD and their family members, data collection was expanded halfway through the study to include provider agency professionals to learn about their perspectives and practices related to LGBTQ+ people with IDD. However, while some service provider professionals signed up for interviews, ultimately, no service providers were interviewed. Learn more about recruitment efforts in Appendix C.

LGBTQ+ Experience

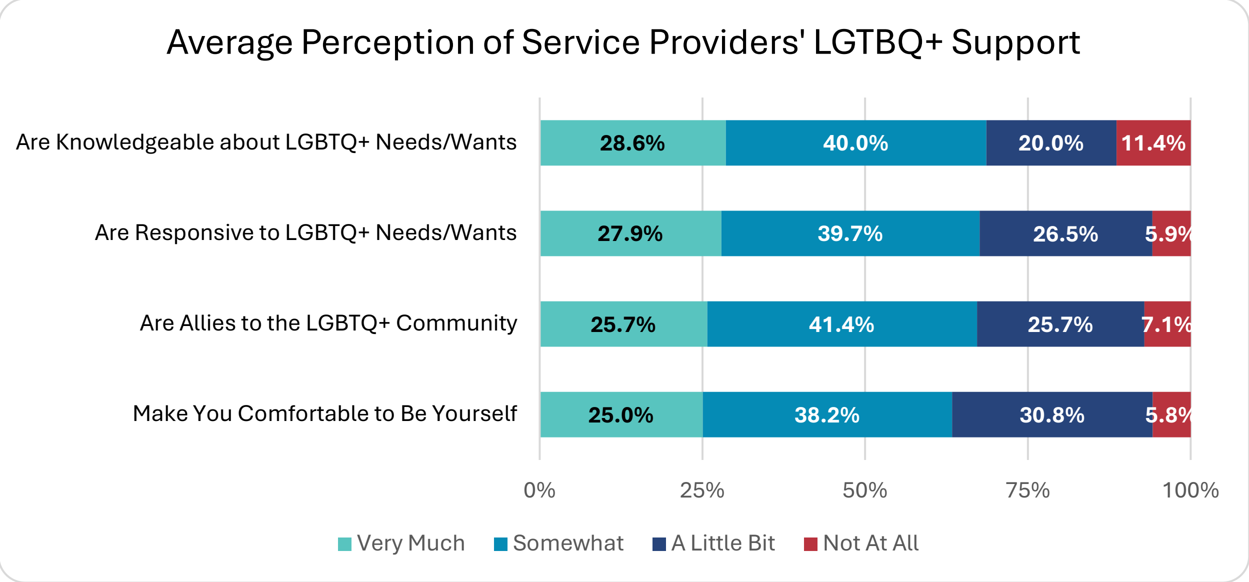
Central to this project was understanding the experiences of LGBTQ+ people with IDD related to their service providers and services. This included perceptions about how welcomed LGBTQ+ people feel by service providers, how they think being LGBTQ+ has impacted their services, and what they think providers could do to make LGBTQ+ people with IDD feel more comfortable.

LGBTQ+ Experience with Service Providers

Survey participants were asked, “*In general, do you feel that your service providers are KNOWLEDGEABLE about possible needs or wants related to LGBTQ+ people?”* and “*In general, do you feel that your service providers are RESPONSIVE to your needs or wants related to being LGBTQ+?*” About one-third (31.4%) of participants felt that their service providers were only “*a little bit”* (20.0%) or “*not at all*” (11.4%) knowledgeable about the needs or wants of LGBTQ+ people, and about one-third of participants (32.4%) felt that their service providers were only “*a little bit*” (26.5%) or “*not at all*” (5.9%) responsive to their LGBTQ+ needs and wants (see Figure 10).

Participants responded similarly when asked, “*In general, do you feel that your service providers are ALLIES to the LGBTQ+ community?”* and “*In general, do you feel that your service providers make you comfortable enough to be yourself with them?”* with 32.8% and 36.2% rating their providers low in these categories. While the majority of respondents felt that their service providers were “*somewhat*” or “*very much*” knowledgeable (68.6%), responsive (67.6%), allies (67.1%), and made them feel comfortable to be themselves (63.2%), it is troubling that one-third of LGBTQ+ people with IDD feel that their LGBTQ+-related needs and wants are unsupported by their service providers.

Figure 10 *Average Perception of Service Providers’ LGBTQ+ Support*



LGBTQ+ Identity Impact on Services

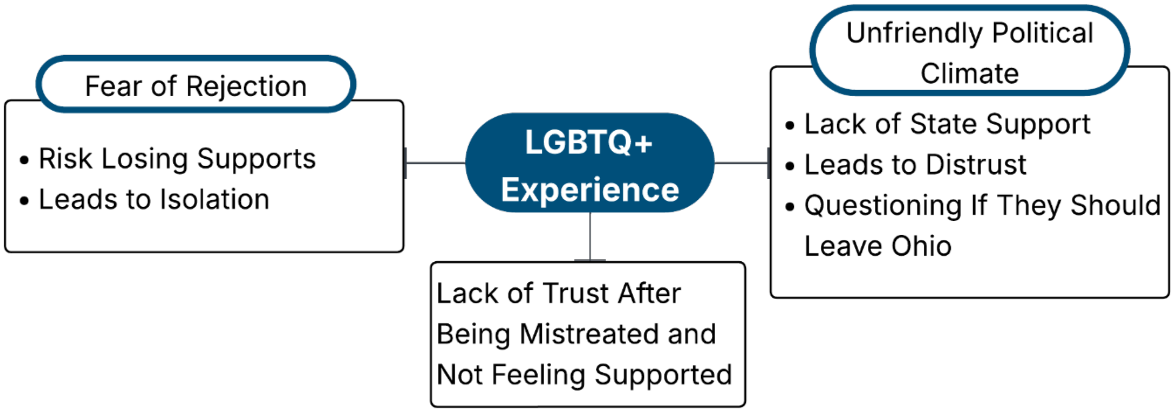
More than half (52.1%) reported they thought being LGBTQ+ makes it harder to find a disability service provider that will fit their needs (see Figure 11). About half (47.9%) of respondents said that they had stopped going to a service provider because they did not feel comfortable with them because they are LGBTQ+, and 45.1% of participants said they had a negative experience with a service provider that they thought was because they were LGBTQ+. Nearly half of LGBTQ+ people with IDD in this study reported that their identity contributes to them encountering barriers to services is significantly concerning.

Figure 11 *Average LGBTQ+ Person with IDD's Negative Experiences with Service Providers*

LGBTQ+ Experience from the Interviews

LGBTQ+ people with IDD and their family members shared profound concerns about their safety and well-being related to their identities, both at home and in their communities. Participants spoke about their fear of rejection after coming out to people in their lives, living in what they perceive as an unfriendly political environment, and losing trust after being mistreated and not feeling supported (see Figure 12).

Figure 12 *Interview Themes about the LGBTQ+ Experience with Service Providers*



Many described living with constant fear of rejection or harm because of their identity. One participant shared, *“For someone with IDD, coming out is doubly hard — you risk losing the lifeline you depend on.”* This fear often led to significant isolation. For example, one person’s family member explained, *“She really does not go outside at this point, except for she makes it to her doctor's appointments. We'll go out for a walk occasionally, but it must be late in the day, or otherwise relatively dark, because she doesn't want to risk encountering people.”*

This sense of vulnerability was amplified by a broader political climate that many participants felt was hostile and dangerous. One person described this fear starkly: *“Ohio hates me. If it could unalive me as a disabled nonbinary person, the state government would have already done it.”* Another shared how both political rhetoric and proposed policies intensified stress and mistrust: *“She has basically zero trust in the people in Ohio actually having her best interests at heart. We have had the conversation about, ‘Do we stay, or do we go?’ And ‘When do we stay, or do we go?’ Because we're both trans. We're both also autistic, and it is not a comfortable time to be hearing about the possibility of federal autism registries and seeing Ohio try and put definitions that are counter to our experience in a budget bill.”*

Participants also described challenges in accessing supportive services. A lack of respect for their identities by providers eroded trust and created additional barriers to meaningful support. One participant explained, *“I try to assume best intent, but even after I told her appropriate pronouns and the name to refer to her, that did not get changed, for in some cases ever. She was regularly referred to inappropriately, and she just really wasn't given any kind of support. It impacted our trust.”* These experiences illustrate how systemic discrimination, political hostility, and interpersonal invalidation intersect to create significant obstacles to safety, trust, and access to care for LGBTQ+ people with IDD in Ohio.

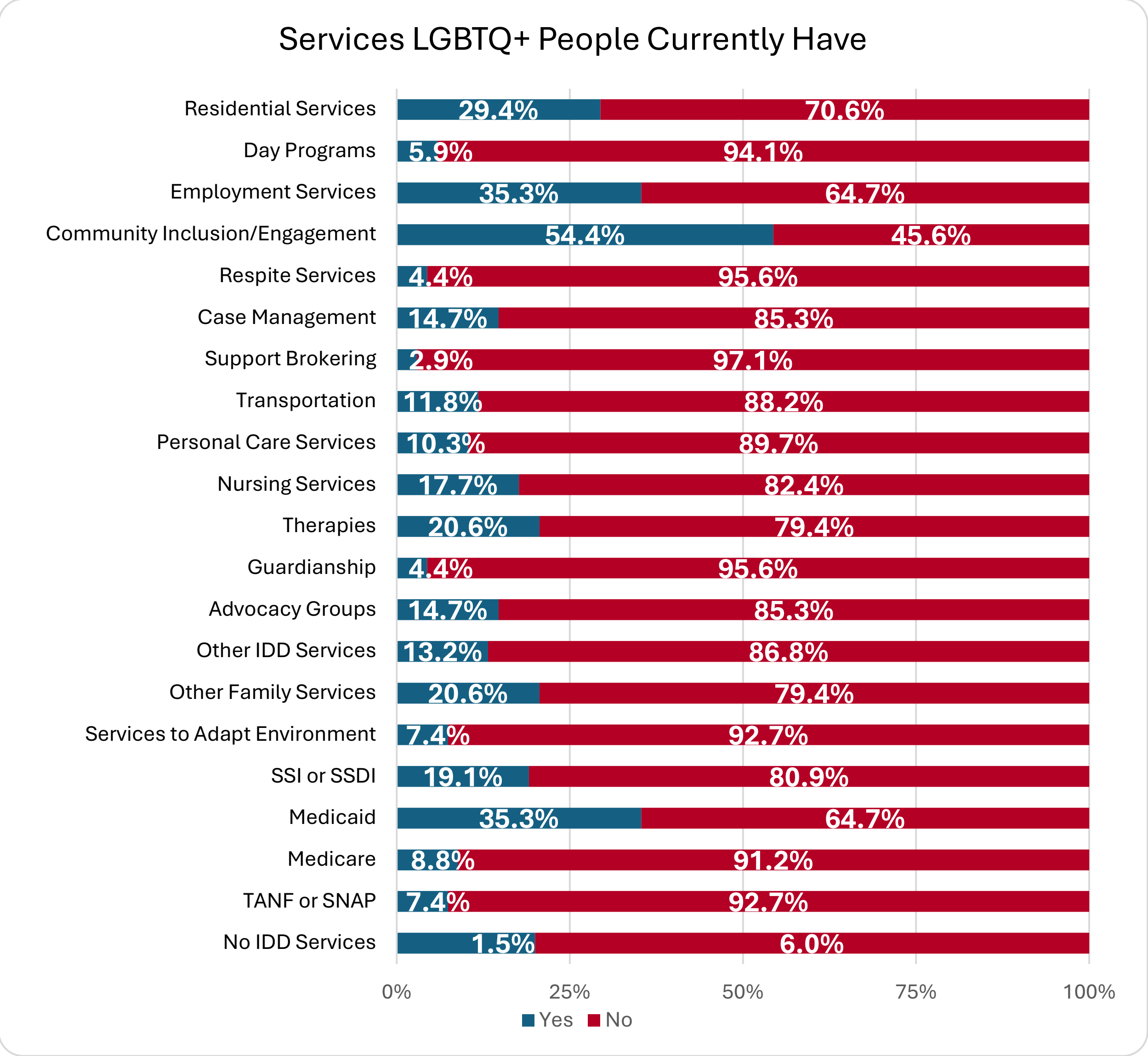
Service Accessibility

Getting Connected to Services

Because finding services and navigating service systems is a well-documented challenge for people with intellectual and developmental disabilities (IDD), survey and interview participants were asked about how they got connected to services, including the process to find out about services, what services they currently have, what services they would like to have, and why they could not get services.

When asked what services they currently had, "*community inclusion and engagement*" (54.4%), "*Medicaid*" (35.3%) and "*employment services*" (35.3%) were the most reported supports used by participants who were LGBTQ+ people with IDD (see Figure 1).

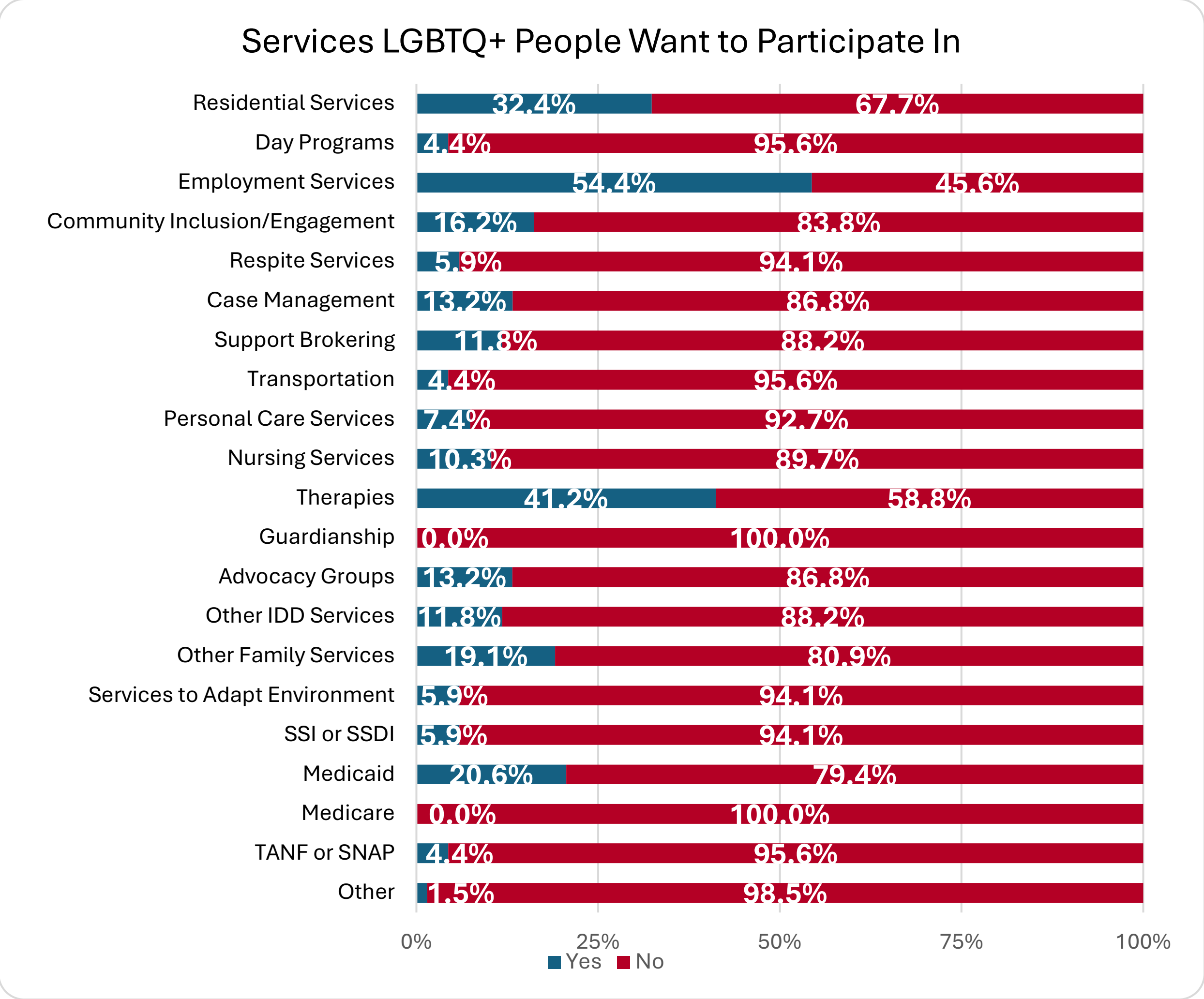
Figure 1 *Services that LGBTQ+ People with IDD Currently Have*



In contrast, very few participants reported using "*support brokering*" (2.9%), "*guardianship*" (4.4%), "*respite services*" (4.4%), or "*day programs*" (5.9%), making them the least accessed services overall. The low use of guardianship, respite, and day programs and high use of community inclusion and employment services suggest that most LGBTQ+ people with IDD taking this survey may live independently and have opportunities to fully participate in the community. The low use of support brokers highlights an area, self direction, which could be strengthened in the future, since 23.4% of respondents said they did not know how to get the services they wanted (see Figure 3).

When asked which services they would like to participate in, but are not right now, LGBTQ+ people with IDD expressed the highest interest in "*employment services*" (54.4%), "*therapies*" (41.2%), and "*residential services*" (32.4%) (see Figure 2).

Figure 2 *Services that LGBTQ+ People with IDD and Non-LGBTQ+ People with IDD Want to Participate In*



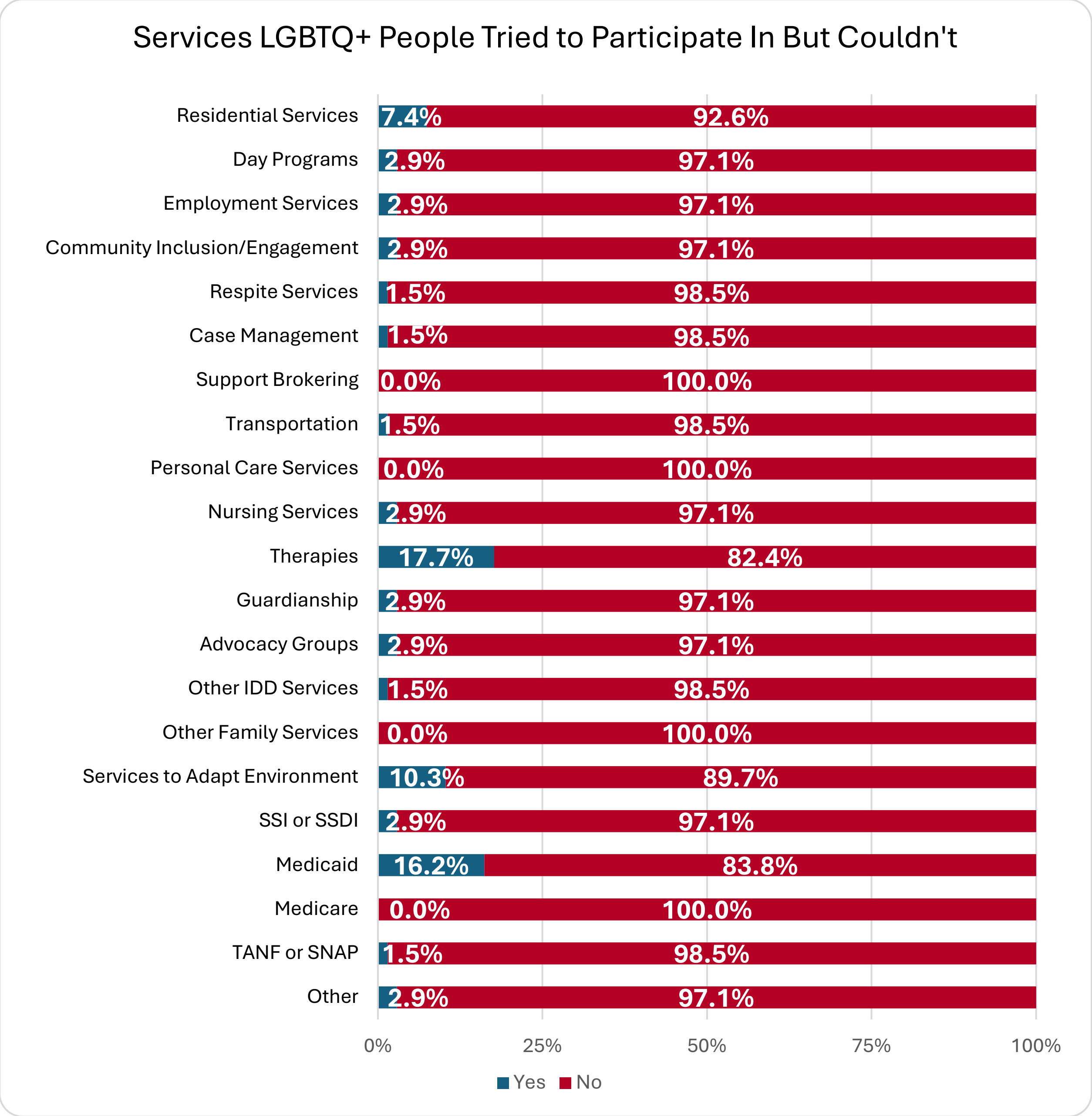
People were also interested in Medicaid (20.6%) and other family services (19.1%), while other services, such as TNF/SNAP, transportation, guardianship, and Medicare had very low or no expressed interest. These findings highlight that participants are most interested in supports that increase independence, stability, and opportunities for inclusion related to work, health, and housing.

The survey asked, *"How do you find the disability services you need?"* and participants were asked to pick all that apply from nine choices, and were given an "*other*" option to fill in their own responses and an option of selecting, "*I have never looked for disability services*." The most popular sources about disability services selected were "*my own search (online, books, or other resources*)" (45.5%), "*service providers*" (39.0%) and "*friend*" (37.7%) (see Figure 3). While it makes sense for people to search the internet and other sources on their own because there is so much information online and because they can go at their own pace when they explore independently, this finding points to the opportunity for state and disability organizations to take initiative and increase outreach efforts. It also reveals the need to prioritize the development of online and written materials that are up-to-date, accurate, and accessible.

Figure 3 *Top 3 Survey Responses for How LGBTQ+ People with IDD Find the Disability Services They Need*

Participants were also asked to identify disability services or programs that they had tried to participate in but couldn't. The results show that LGBTQ+ people with IDD most frequently reported being unable to participate in "*therapies*" (17.7%), "*Medicaid*" (16.2%), "*services to adapt the environment*" (10.3%), and "*residential services*" (7.4%) (see Figure 4). Very few reported barriers to accessing "*employment services*," "*advocacy groups*," "*transportation*," or "*respite care*," with participation barriers ranging from 1.5% to 2.9%. No respondents indicated unsuccessful attempts to access "*Medicare*," "*personal care services*," "*family services*," or "*support brokering.*" It should be noted that "*no*" or low responses here might also mean that LGBTQ+ people with IDD never attempted to get these services because they did not know how or did not need the services.

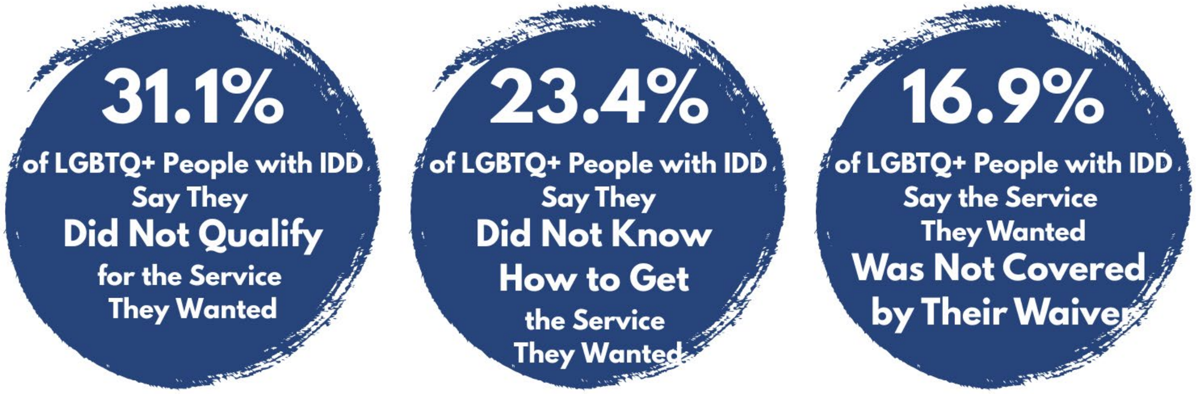
Figure 4 *Services that LGBTQ+ People with IDD and Non-LGBTQ+ People with IDD Tried to Participate in But Could Not*



While percentages of people who tried and failed to access needed services are relatively low (0-18%), these results still suggest structural or access barriers concentrated around healthcare and daily living supports, especially therapies, Medicaid, and residential services.

Survey participants were asked the follow-up question of: "*Why couldn't you use these services?*" and given 15 response options and an "*other*" write-in response option. The top three most selected barriers to getting the services they wanted were "*I did not qualify for the* *service*" (31.1%), "*I did not know how to get services*" (23.4%), and "*Service was not covered by my waiver*" (16.9%) (see Figure 5). These results suggest a need for broader eligibility criteria, clearer service navigation guidance, and expanded coverage options.

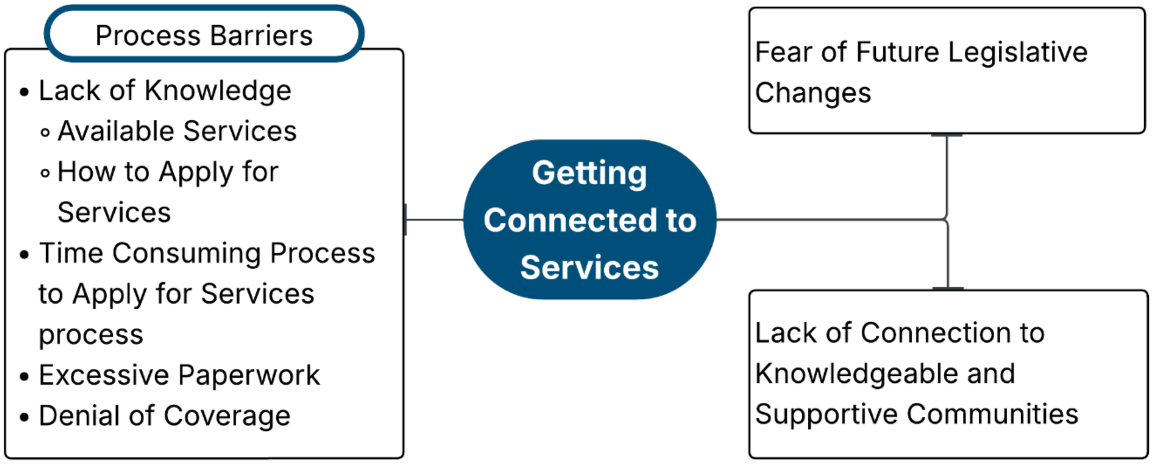
Figure 5 *Top 3 Survey Responses of Barriers for LGBTQ+ People with IDD to Get the Disability Services They Want*



Getting Connected to Services from the Interviews and Survey Open Responses

Interview participants shared how they had experienced process barriers, fear of future legislative changes, and lack of connection to knowledgeable and supportive communities while trying to get connected to services and supports (see Figure 6).

Figure 6 *Interview Themes about Getting Connected to Services*



For All People with IDD

The interview participants who completed the open-ended survey responses and interviews described using or wanting to use a range of formal (paid) and informal (unpaid) supports to help them or their loved one live the life of their choosing. The informal or unpaid supports included friends, family, and community groups. The formal or paid services that were used by interview and survey participants included special education supports such as IEP's and 504 plans, vocational supports, home and community-based supports and waiver services, assistive technology, and medical devices. The formal or paid supports desired but not currently used by some of the survey respondents and interview participants included support groups for survivors of sexual assault, respite services, and some types of medical devices. One said, *"I don't think there is any respite services for me. Ohio is hesitant to even give me SNAP."*

Participants identified multiple barriers to initially accessing these services. Participants shared that despite being involved in the service system for some time, they were *"still not entirely clear with what services are available, or she would be eligible for*." One described that when they lost their health insurance, they could not access any services, and getting reconnected was difficult. The largest barrier came in the form of bureaucratic red tape, excessive paperwork and complex service request process that often resulted in initial denial of services or coverage. As one participant stated, *"It should not be a full-time job trying to find services for your kid… If we both manage to survive as sane as we went into it, I'll be glad*."

Additionally, several participants described that access to "good" health insurance providers and knowledgeable case managers made accessing services significantly easier. One said, *"A knowledgeable case manager makes a big difference*."

Several participants feared that legislative changes creating work requirements for Medicaid would exacerbate the burdensome paperwork and bureaucratic complexity of accessing services.

Specific to LGBTQ+ Identity

The participants described that accessing services that could support them to live full lives, required authenticity about who they were and what they wanted. However, they faced several barriers to disclosing their full identity when accessing services and finding services that matched their needs or experiences.

Some of the challenges described by the participants in accessing needed supports and services cut across all gender identities and sexual orientations. These included personal lack of knowledge about what services were available and how to apply; complex service request processes, burdensome paperwork, and bureaucratic red tape; frequent initial benefit denials; and a fear that future legislative changes to Medicaid would increase denials and exasperate burdensome paperwork.

Participants described the connected challenges of fear of disclosure of their identity due to family rejection that may lead to a loss of housing or essential care. One said, *"Though I wasn't worried my family member hurting me [physically] if they found out [I was gay], I was worried* *about my safety. I rely on my family for a lot of my care. What would happen if they kicked me out?"* They described how the lack of privacy upon initial meetings with case managers or service providers contributed to that fear.

Some participants noted that they knew very few, if any, LGBTQ+ people who were also disabled. For some, this lack of visibility exacerbated that shame and fear. One said that to be open about what they want and need, *"People need to know that nothing is wrong with them—that they are good people."*

Additionally, for trans people, some shared that the process of changing their legal name and identity resulted in paperwork errors and initial denial of services and benefits. One parent shared, *"Even after her legal name change, official notices kept coming with the wrong name. We sent the court order multiple times, but they ignored it. That may have been why we were denied SSI."*

A trans participant also noted that many non-disability-specific community services were gender segregated, leaving nonbinary people unable to access needed supports. One participant described this challenge in the context of supports for survivors of sexual violence. They said, *"For example, yoga for survivors of R/SA [rape/sexual assault] is either for women or men, no trans or nonbinary groups, and I fear triggering a fellow survivor."*

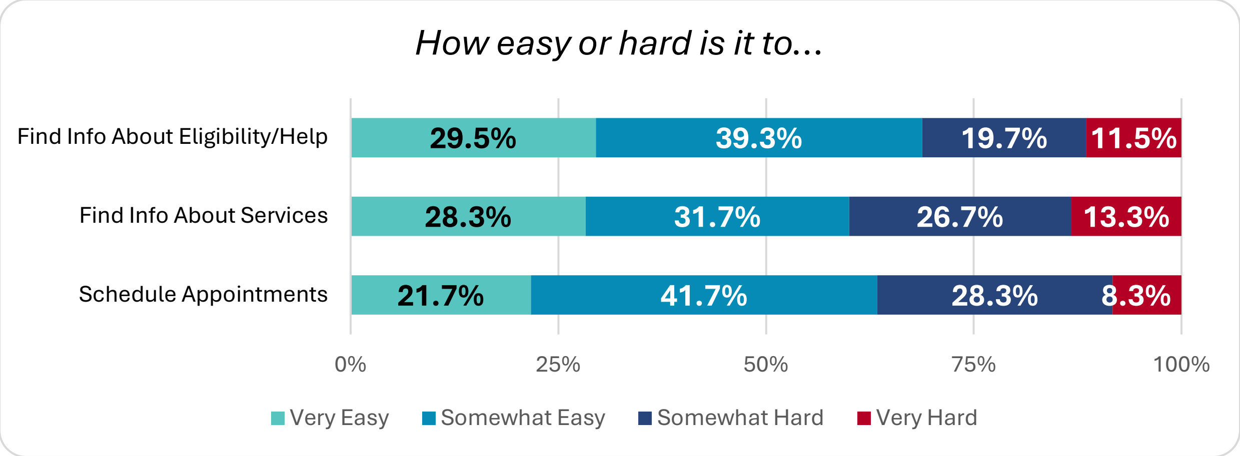
Although no supports to learn about and access services specific to LGBTQ+ identity were mentioned, several organizations made access in general easier. These included Supportive community networks (faith communities, advocacy groups). As one participant shared, *"The Jewish Community Center, specifically Jewish Family Services, has been very helpful."* Others noted that their state's Developmental Disability Councils and the Central Outreach Office were helpful in learning about and accessing services.

Access to Services

Access to services is a critical factor in improving and maintaining the health, independence, and quality of life of LGBTQ+ people with IDD. Participants were asked a series of questions to understand access challenges, which provides important context for interpreting service use and unmet needs.

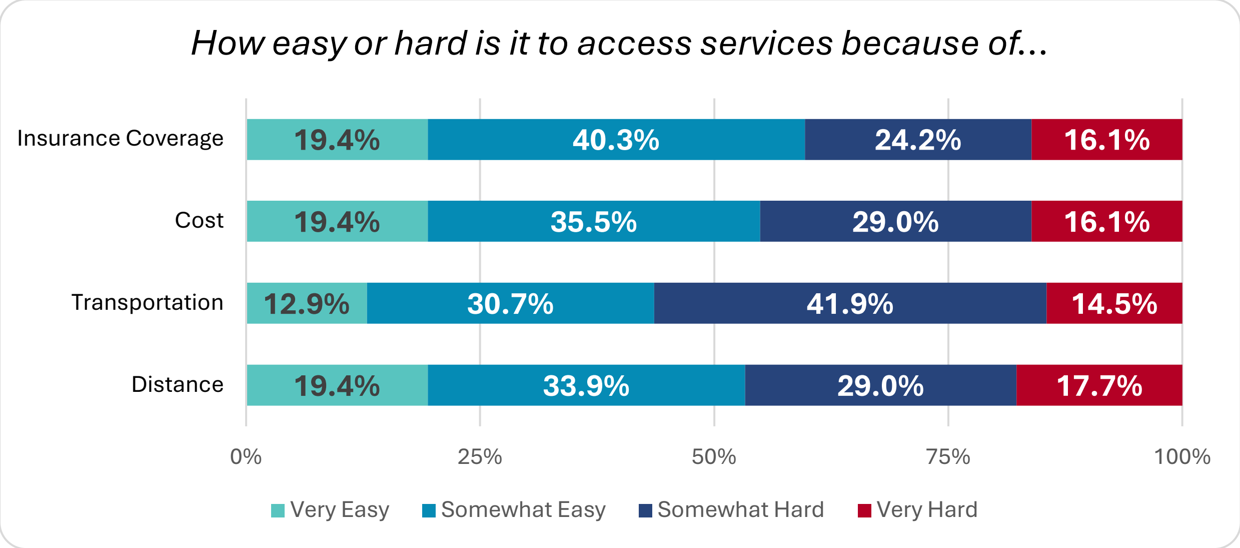
Participants were asked in four separate questions, "*How easy or hard is it to access services because of the…distance/transportation/cost/insurance coverage*?" and were asked to respond on a scale from "*very easy*" to "*very hard*." Participants reported mixed experiences with navigating services. Scheduling appointments was generally manageable, with 63.4% finding it "*very easy*" or "*somewhat easy*," though nearly 37% still found it "*somewhat hard*" or "*very hard*" (see Figure 7). Finding information about services and eligibility or help was slightly easier overall, with about two-thirds or participants rating these tasks, but significant proportions, about one-third, still reported difficulty. These results highlight that while many people are able to access information and appointments without major issues, a large number still continue to encounter barriers that make service navigation challenging. Clearer communication, more user-friendly information resources, and dedicated service navigation support could help reduce confusion and improve access.

Figure 7 *Ease of Accessing Entry to Services for LGBTQ+ People with IDD*



Distance, transportation, cost, and insurance coverage were barriers for a notable portion of respondents, with about 40-45% finding these issues "*somewhat hard*" or "*very hard*" to manage (see Figure 8).

Figure 8 *Ease of Accessing Ongoing Services for LGBTQ+ People with IDD*

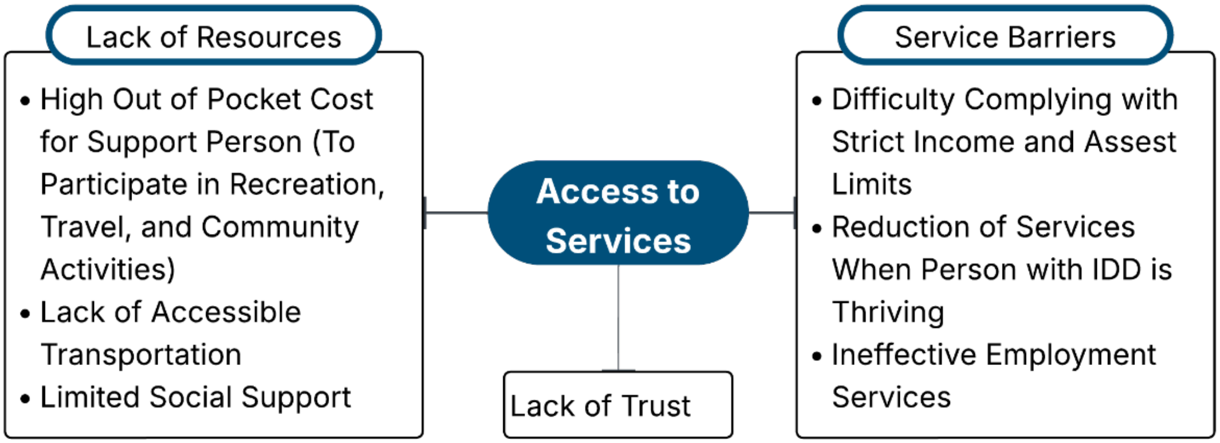


Transportation stood out as the most significant challenge, with more than half (56.4%) reporting it was "*somewhat hard*" or "*very hard*." While some participants reported that these factors were easy to navigate, the data suggests that practical barriers, especially transportation, remain major obstacles to needed services. To address these issues, expanding transportation supports, reducing cost burdens, and providing clearer insurance coverage guidance could help reduce access challenges.

Access to Services from the Interviews and Survey Open Responses

Interview and survey participants identified several challenges in accessing services that significantly impacted their social participation and quality of life. Themes discussed included lack of resources, service barriers experiences, and lack of trust (see Figure 9).

Figure 9 *Interview Themes about Access to Services*



For All People with IDD

A recurring theme was the difficulty of staying within strict income and asset limits while still trying to meet basic needs. As one participant explained, *"Income is a barrier, because legally, if I want to make extra money, I can only make $65 a month before my benefits are affected."* This financial strain was compounded by additional expenses, especially when staff support was required for travel for recreation. Another participant shared, *"I always need to consider the cost of bringing staff along. I can't go on vacation without my staff, but then I need to think about the cost not just of my ticket but theirs as well."*

Communication issues also created significant frustration and limited timely access to care and information. Participants described difficulties with provider communication systems and long phone call wait times. One person expressed, *"The lack of effective communication channels prevented me from obtaining information or help in a timely manner,"* while another added, *"Definitely the phone call wait times for certain providers makes it hard. The anxiety I have with phone calls doesn't help."*

These challenges were further complicated by transportation challenges and the distance to providers. As one participant explained, *"The distance of my providers being in Cleveland or Westlake most of the time when we already have transportation issues."* For some, transportation barriers meant they could not participate fully in opportunities, including advocacy work, as highlighted by one person: *"My roommate has a wheelchair accessible van, but it only can accommodate one wheelchair. That means if we both get invited somewhere for advocacy work or something else, only one of us can go."*

Another concern was the reduction or loss of services when people were perceived as "doing too well." This practice left participants feeling destabilized and unsupported. One family member explained, *"You can't just take accommodations and supports away from her just because she's doing well. She's doing well, so let's keep doing the things that let her do well."* Participants also noted a lack of inclusion for people with sensory disabilities, as well as inadequate and impersonal vocational services. One participant stated, *"There's a lack of inclusion for people with sensory disabilities,"* while another reflected on the need for more meaningful employment support: *"The vocational services that we did get were not very helpful. There was not much conversation around what really drives you. What motivates you? What are you aiming for in life?"*

Finally, participants emphasized the importance of social connections and feeling respected by providers. Some shared experiences of not being taken seriously by doctors or support staff, while others highlighted the essential role of friendships and community. As one person summarized simply, *"Without friends, you have nothing."* These experiences illustrate the complex web of barriers, including financial, logistical, relational, and systemic, that people face in trying to access and maintain the services they need.

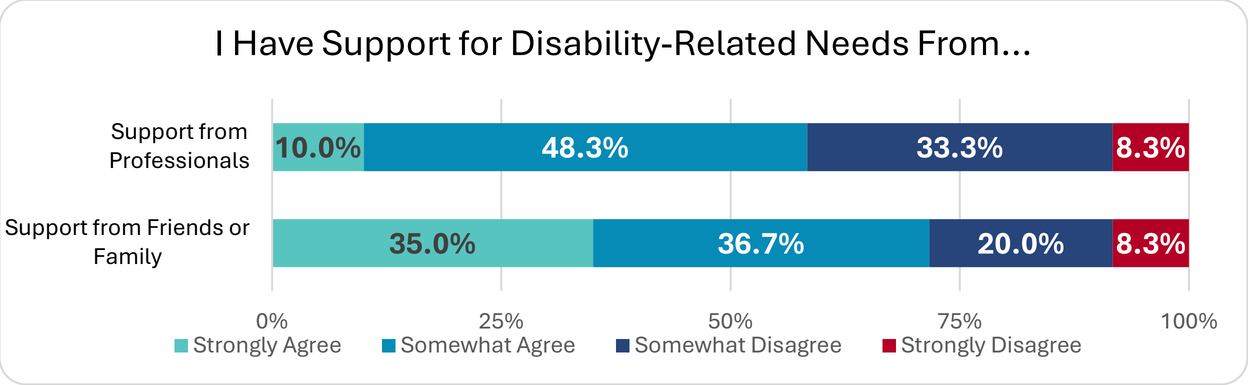
IDD and LGBTQ+ Support Systems

IDD Support Systems

Support systems play a vital role in the lives of LGBTQ+ people with IDD, helping to shape their ability to live safely, independently, and with dignity. Professional supports such as case managers, therapists, or direct support staff provide critical assistance in navigating services and meeting daily needs, while friends and family often serve as an anchor to emotional, social, and practical support. For LGBTQ+ people with IDD, support networks can be especially important, as they often face additional barriers related to discrimination, isolation, and access to affirming support. Examining levels of support from both professional and personal relationships helps highlight the gaps that persist and offers insight into how to strengthen support systems that sustain members of the LGBTQ+ community.

Participants were asked if they have friends or family and professionals who support their disability-related needs. Most LGBTQ+ people with IDD reported having some level of support from both friends or family and professionals, though patterns differed. A majority (71.7%) agreed, either "*strongly agree*" (35.0%) or "*somewhat agree*" (36.7%), that they have support from friends or family for their disability-related needs, which 28.3% expressed disagreement (see Figure 13).

Figure 13 *Amount of Disability Support from Friends, Family, and Professionals for LGBTQ+ People with IDD*



By contrast, professional support was not as strong, with only 10.0% saying they "*strongly agree*" and 48.3% saying they "*somewhat agree*" that professionals supported their disability-related needs, while over 40% felt they lacked professional support. These findings show that while personal networks provide a relatively strong base of support for disability-related needs, many LGBTQ+ people with IDD experience weaker or inconsistent support from professionals, pointing to a gap in formal systems of support.

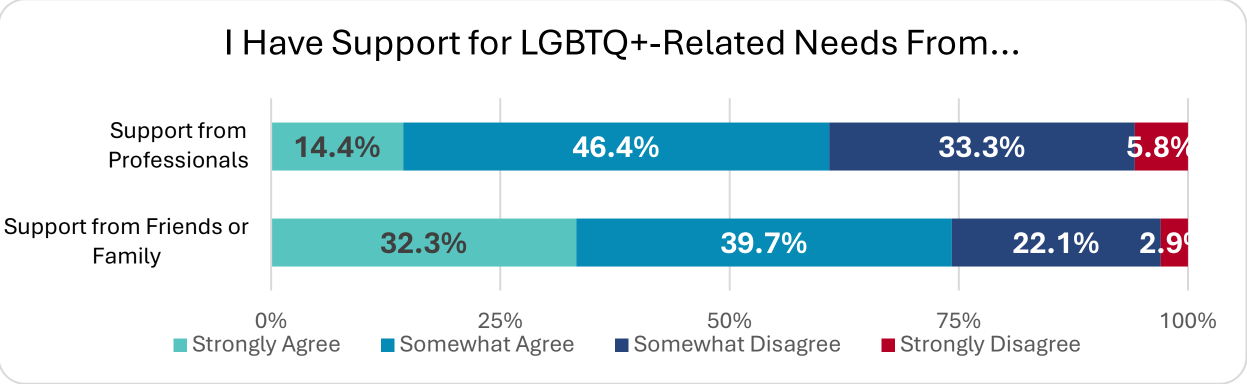
When participants were asked, "*Who helps support your disability-related needs?*" most (56.6%) said that "*therapists*" helped, and about half (51.7%) said that "*doctors*" and "*psychologists*" helped them with their disability-related needs (see Figure 14).

Figure 14 *Top 3 Survey Responses for Who LGBTQ+ People with IDD Say Helps with Their Disability-Related Needs*

LGBTQ+ Support Systems

Participants were also asked about the amount of support they received from friends or family and professionals for their LGBTQ+-related needs. Most reported having some level of support, but gaps remain. For friends or family, more than 70% agreed that they have support (32.3% "*strongly agree*" and 39.7% "*somewhat agree*"), while about one-in-four (22.1% "*somewhat disagree*" and 2.9% "*strongly disagree*") indicated less support (see Figure 15).

Figure 15 *Amount of LGBTQ+-Related Support from Friends, Family, and Professionals for LGBTQ+ People with IDD*



Professional support was even less, with only 14.4% who "*strongly agree*" that they have professionals who support their LGBTQ+-related needs and 46.4% "*somewhat agree*" that they have support, and nearly 40% (33.3% *"somewhat disagree"* and 5.8% "*strongly disagree*") saying they lack support from professionals. These results suggest that personal networks continue to be a stronger source of support for LGBTQ+-related needs, but professional systems may not consistently provide the support needed, underscoring the importance of strengthening formal services and supports for LGBTQ+ people with IDD.

When asked, “*Which of these people or groups do you feel are supportive of you as an LGBTQ+ person?”* most participants (61.8%) said that “*psychologists*” were helpful with their LGBTQ+-related needs (see Figure 16). The second most selected support from respondents was “*family members*” (32.4%), with “*doctors*” being the third most popular (30.9%) type of support person for LGBTQ+-related needs. Close fourth and fifth most selected choices were “*friends*” (29.4%) and “*social media*” (29.4%). These results indicate a need to strengthen informal support systems, for example, programs to provide family and peers with education, resources, and opportunities to connect with affirming communities and networks. Similarly, if psychologists and doctors are trusted resources, more training in LGBTQ+ cultural competency could strengthen those supports for LGBTQ+ people with IDD.

Figure 16 *Top 3 Survey Responses for Who LGBTQ+ People with IDD Say Supports Their LGBTQ+ Needs*

Support Systems from the Interviews

Participants highlighted a range of general supports that were essential for all people with disabilities and some that were specifically for those belonging to the LGBTQ+ community. They named supportive professionals, natural supports, and supportive systems that recognized legal names and gender changes as being supportive to their wellbeing (see Figure 17). These supports created a foundation for stability, continued access to care, and a sense of belonging in the community.

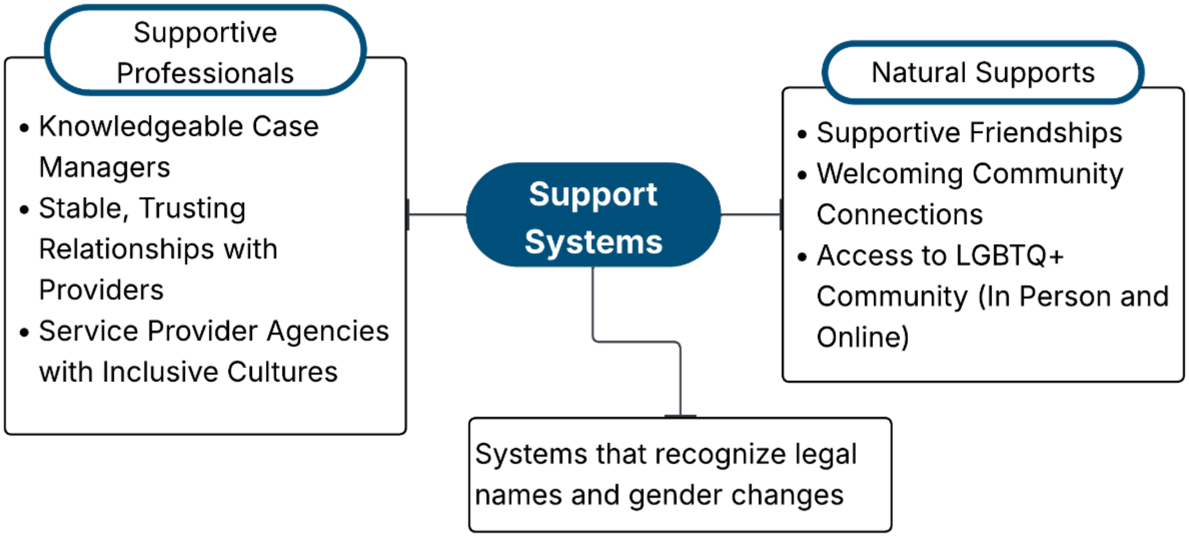


Figure 17 *Interview Themes about the Support Systems*

For All People with IDD

A key factor was having knowledgeable case managers who could help people and families navigate complex systems and stay connected to necessary services. One participant shared, *"Our case manager helps us stay connected and navigate things."* Organizations such as the Ohio Developmental Disabilities Council were also described as important sources of guidance and support. As one person explained, *"The DD Council has been a big support."*

Access to health insurance and clear resources about coverage were also critical for maintaining needed services and benefits. Participants described how insurance not only provided access to healthcare but also helped them maintain overall well-being. One person reflected, *"I believe being enrolled in insurance like CareSource helps me keep much-needed healthcare along with other benefits."* Having information about coverage in a way that was easy to understand made it simpler for people to make informed decisions and get the care they needed.

Social connections played an equally important role. Participants emphasized the value of welcoming community spaces and supportive friendships. These relationships helped reduce isolation and offered emotional support during challenging times. As one participant said, *"My friends have been wonderful, and it makes a big difference with everything."*

Trusting relationships with providers further strengthened these support systems. When people felt respected and understood by their providers, they were more likely to engage in services and advocate for their needs. Together, these elements helped to create a network of support that helped people with disabilities live fuller, more connected lives.

Specific to LGBTQ+ Identity

Participants described several key supports that helped them, as LGBTQ+ people with IDD, to access services and live full, meaningful lives. One of the most important factors was being connected to agencies with inclusive cultures where both staff and people receiving services could openly express their identities. This sense of safety and authenticity created a foundation for trust and belonging. As one participant explained, *"People who work at agencies need to feel comfortable being out too for the people they support to feel comfortable."*

For some people, inclusive environments meant their services remained consistent and respectful even after disclosing their sexual orientation or gender identity. One participant shared, *"I would say my services right now are as good as before they knew that I was gay. I've not really experienced a change in my services. At least everybody that I've worked with directly is not giving me any reason to feel inadequate in any way or otherwise."* Another described how their fears about coming out to agency staff were met with understanding and care: *"When I actually did finally tell some people at the agency, who I'm close to, that I am gay, and that I was worried about telling them — in all frank honesty, they were incredibly supportive. They did all that they could to make sure that they were supportive of me."*

Access to stable, affirming relationships with providers was also vital. Participants emphasized how important it was to have providers who consistently respected their identities, including legal names and gender markers. One person highlighted the need for systems that are accurate and affirming, saying, *"There needs to be a system where we are not always correcting people. One that accurately reflects all aspects of her identity."* These respectful practices helped build trust and reduced the emotional labor of constantly advocating for oneself.

In addition to formal support systems, many participants found strength and connection through the broader LGBTQ+ community, both in person and online. For some, virtual communities provided a lifeline when in-person spaces were inaccessible or unsafe. One participant's family member explained, *"He normally follows [LGBTQ+] communities on social media, and that pretty much keeps him going."*

Together, these supports, affirming agency cultures, accurate recognition of identity, reliable provider relationships, and access to LGBTQ+ networks, created the conditions for people with IDD to feel safe, valued, and empowered to live the lives they designed.

Recommendations

Research participants, expert advisors on the project, and advisory committee members for the project offered a range of recommendations for improving the disability service system, with some specific to the needs of LGBTQIA+ people and others aimed at creating a stronger, more inclusive system for everyone. Recommendations were categorized into four themes: 1) Improving system navigation and access, 2) Improving service provider quality, 3) Workforce development, and 4) Developing formal and informal supports (see Figure 18). These recommendations reflect both lived experiences and collective visions for a future where services are more accessible, affirming, and supportive.

Figure 18 *Recommendations from Research Participants, Expert Advisors, and Advisory Committee*

	Who Carries Out the Recommendation	Recommendation
Improving Service Navigation and Access	State Systems	Easier connection to knowledgeable case managers
		Increased access to people who know eligibility criteria and benefits that are available to help guide people to apply for services
		Enforce privacy when people speak with case managers, even if they are under guardianship care
		Use technology systems that easily and quickly update names and gender information on files
		Remove dead names (names that are no longer used) from files and encourage staff conversations with and about people to use preferred names and pronouns
		More coverage for services, more options of Medicaid buy in (without earnings cap)
		Higher payments to doctors so more doctors take Medicaid
		Use a unified database system that can make name changes across programs or systems
		Offer specialized training for service providers about LGBTQ+ issues, terminology, trauma-informed care, and best practices to increase understanding, competency, and inclusion
	Ohio DD Council	Create a list of LGBTQ+-friendly provider organizations
		Share LGBTQ+-related national hotlines and resources
		Promote and support self-advocacy groups for LGBTQ+ people with IDD

Improving Service Provider Agency Quality	Service Providers	Encourage safe disclosure practices like private conversations with employees about personal matters
		Commit to supporting individuals over compliance with harmful legislation
		Challenge biological essentialism (people's identity being reduced to their biology) and affirm diverse identities
		Encourage an agency culture where employees and people served feel comfortable being open about their LGBTQ+ identities
		Avoid assumptions about gender identity or sexual orientation when creating person-centered plans or providing support
		Use inclusive language and avoid prejudice or judgment in all materials, communication, and day-to-day conversations
		Make sure that questions asked of people using services about their sexuality and identity are relevant to support needs
		Care about the whole person by supporting them in ways that are specific to who they are
		Remove dead names from files and encourage staff conversations with and about people to use preferred names and pronouns
		Post flags or symbols of support to signal safe spaces and create a welcoming environment
		Have all gender, accessible bathrooms
		Peer mentoring and training
		Provide a welcoming environment so people have confidence that the service provider is open and accepting to all identities
		Use trauma-informed approaches
Workforce Development	Service Providers	Offer specialized training for employees about LGBTQ+ issues, terminology, trauma-informed care, and best practices to increase understanding, competency, and inclusion
		Hire more LGBTQ+ people with lived experience
		Encourage employees to be respectful and responsive to individual needs
		Listen when people share their identity and/or sexuality and be affirming and supportive
		Host or support cultural competency training
		Host or support implicit bias training
		Host support groups for LGBTQ+ people with IDD

Developing Informal and Formal Supports	Service Providers and/or Ohio DD Council	Support dating and relationship opportunities that are developed for and with LGBTQ+ people
		Apply personalized approaches to alleviating fear and concerns for safety
		Increase available transportation
	State Systems	Increase responsive crisis housing and supports for people who are displaced after disclosing their LGBTQ+ identities

Improving Service Navigation and Access

Recommendations focused heavily on the role of state systems in reducing barriers and making services more accessible, affirming, and responsive to individual needs. A priority is to strengthen pathways to knowledgeable case managers and system navigators who understand the complexities of eligibility criteria and available benefits. Proper guidance will help people avoid unnecessary delays or confusion when applying for critical supports. Some participants expressed frustration about not knowing how to navigate systems or access needed resources. *"If it were easier to find case management, then that would be huge. I really did not know how to access any kind of case management,"* one person explained.

Equally important is enforcing privacy during these conversations, including for people under guardianship care, so they can share personal information safely and with dignity. Participants stressed the need for safe, one-on-one conversations without fear of judgment or family interference: *"People need to be able to talk to staff one on one, maybe without their family or caregiver there, in order to feel safe. And the person they come out to needs to be supportive and tell them they are a good person."*

State systems should also aim to modernize their technology infrastructure. Updating names and gender information across multiple files and databases should be quick, seamless, and respectful. Removing dead names and ensuring employees consistently use preferred names and pronouns are both vital for affirming people's identities and building trust. One participant explained, *"Too much misgendering and deadnaming, not enough education for staff about the basics."* Additionally, a unified database system would allow for name changes to be reflected across all programs and would reduce redundancy and errors. More advanced technology may also help streamline onboarding processes. An interview participant recommended, *"Streamlining the service request process to reduce paperwork and wait times."*

In addition to administrative updates, legislative and funding changes to support service access must also be implemented. This includes expanding coverage options, increasing Medicaid buy-in opportunities without earning caps, and raising provider reimbursement rates so more doctors will accept Medicaid.

Improving Service Provider Quality

Project participants called for service providers to take proactive steps in shaping organizational culture, practices, and physical environments so that LGBTQ+ people with IDD feel welcome, affirmed, and safe. Providers should offer, encourage, or incentivize specialized staff training in LGBTQ+ issues, terminology, trauma-informed approaches, and best practices to appropriately support LGBTQ+ people with IDD. One participant said, *"My wish for service providers is to attend local workshops on inclusion for both LGBTQIA+ and folks who have different types of disabilities—physical, mental, emotional, and more."* Another recommended hiring *"more people with lived experience as counselors and providers."* Adding peer mentoring programs could also help build the capacity of agencies looking to support people holistically.

Provider agencies should prioritize safe disclosure practices, such as providing private opportunities for employees and people served to share personal matters, rather than forcing disclosure during meetings or other contexts that may feel unsafe. It was also recommended that providers commit to supporting people even when navigating restrictive or harmful legislation to ensure that the needs and dignity of the person are upheld. One participant described this as a moral responsibility, saying, *"I think, for the well-meaning folks right here in this moment, over compliance is a massive issue. I understand that service providers cannot also be lawyers… but knowing the accurate current status of laws, what they need to do, or what they don't need to do, would be really helpful. At the end of the day, the way you beat fascism is not compliant in advance. Moral obligation is to the person, not to the immoral, probably going to be overturned executive orders and laws anyway."*

By cultivating cultures where employees and people receiving services both feel comfortable being open about their LGBTQ+ identities, agencies can model inclusion and belonging. Participants recommended that providers work to shift away from biological essentialism, the idea that people's identities can be reduced solely to their biology. This recommendation reflects a desire for services that affirm diverse identities and align with the social model of disability. As one person powerfully stated, *"If I had a magic wand, I would break bioessentialism right here and now and just be done with it. That doesn't just impact the LGBTQ+ community. The idea that our bodies are ourselves goes totally against the social model of disability. It really, it's outlived its helpfulness."* Service providers should ensure that all materials, communication, and interactions reflect inclusive, nonjudgmental language and avoid assumptions about gender identity or sexual orientation, especially during person-centered planning, where people's needs and choices should drive decision making.

Service providers are encouraged to update their systems and practices to remove dead names from files and prioritize using preferred names and pronouns. Support can also be offered through environmental cues like flags, posters, or small symbols that mark spaces as welcoming and affirming, as well as offering safe physical spaces like accessible, all-gender restrooms.

Above all, providers should strive to recognize and care for the whole person they are supporting, ensuring that services are personalized and responsive to the full spectrum of a person’s identity.

Workforce Development

Building a respectful and responsive workforce is an essential part of advancing inclusive services for LGBTQ+ people with IDD. For LGBTQ+ people with IDD, participants emphasized the importance of having services with employees who recognize and affirm their identities. Employees across service systems must be trained to engage respectfully, listen attentively, and affirm people when they share their identities or sexualities. Communicating acceptance, particularly during sensitive moments like the first time someone reveals an identity to someone else, can have a profound impact on people’s sense of belonging and safety.

Training is another critical component toward advancing service delivery and support. Specialized education for service providers should include cultural competency training to help deepen understanding of LGBTQ+ experiences, histories, current issues, terminology, and needs, implicit bias training to allow staff to reflect on and correct unintentional prejudices that may affect their interactions, and trauma-informed care training and best practices to increase both competency and inclusion. These types of training not only build professional skills but also signal to people seeking services that they are entering environments where they will be understood and respected. Training should not be seen as a one-time requirement, but as part of an ongoing commitment to learning and accountability. Together, these workforce development practices build confidence, competence, and compassion within the service system.

Developing Formal and Informal Supports

Expanding the landscape of not only services, but also formal and informal supports that are available to LGBTQ+ people is necessary to support the whole person with IDD. Hosting support groups specifically for LGBTQ+ people with IDD provides safe spaces to build community and reduce isolation. Opportunities for socialization, including dating and forming relationships, which are developed collaboratively with LGBTQ+ people themselves ensure they reflect the needs and desires of participants. *“If we have a mixer or speed dating thing, it needs to be clear it's for everyone and not just straight people,”* one participant noted. Personalized approaches are encouraged to address fears and concerns related to safety, which were expressed in the study as a common barrier to full participation in community life.

The need for peer support and community connection was repeated throughout the interviews and survey responses. Many people expressed a desire for LGBTQIA+ focused support groups to reduce isolation and create safe spaces for sharing resources and experiences. As one participant put it, *“A lot of people don’t know other people who are like them. I told [the organization] they are allowed to give out my number because it starts with support… Too many people feel alone. We need peer support. People need opportunities to connect so they don't feel alone.”* Another added simply, *“We could use a support group.”*

State systems also play a critical role in ensuring that practical supports are available. This includes increasing accessible and reliable transportation, which remains a persistent barrier for many people seeking services or community connections. Another urgent recommendation is to expand responsive crisis housing and supports, particularly for people who may be displaced after disclosing their LGBTQ+ identities. One participant explained, *“If we want more people to come out, we need safe houses or places where people can go and get the support they need if their family doesn't support them after they come out.”* Providing immediate safe housing options demonstrates a tangible commitment to safety, dignity, and well-being for LGBTQ+ people with IDD.

Additionally, the Ohio DD Council can provide an essential supporting role by creating and disseminating resources. This includes compiling lists of LGBTQ+-friendly provider organizations and sharing national hotlines and other resources. These efforts will strengthen both formal and informal networks of support and increase visibility of affirming services.

Conclusion

This project confirms that LGBTQ+ people with IDD in Ohio face additional challenges in accessing services, receiving appropriate and supportive services, and feeling welcomed and included in IDD spaces and society as a whole. Recommendations included in this report create a vision of more inclusive systems and communities where LGBTQ+ people with IDD are respected, affirmed, and fully supported in their identities. They highlight the critical need for safe spaces, visible community, and inclusive practices that affirm disability and LGBTQ+ identities and their intersection.

True equity requires not only structural policy changes, but also deep cultural shifts within provider agency, ongoing workforce training, and the intentional creation of spaces, both formal and informal, that affirm the wellbeing and dignity of every LGBTQ+ person with IDD in Ohio. There are many opportunities to move from vision to action. By implementing the recommendations included in this report, Ohio can lead the way in building service systems that not only remove barriers but also actively celebrate diversity, strengthen communities, and ensure that no person is left unseen or unsupported.

APPENDIX A: Survey Constructs and Indicators

Construct	Indicators
Demographics	• Identify as part of a traditional underserved group (live in rural area, BIPOC, low-income, non-native English speaker, also have physical disability) • Gender • Trans identity • Age • Race/Ethnicity • County
Types of Services Needed	• Current service usage • Desired services • Unmet needs related to services • Barriers to service usage • How do people find disability services
LGBTQ+ Experience	• Perceptions of service providers related to their knowledge about and responsiveness to LGBTQ+ needs and wants • Comfort level with service providers • Negative impact of culturally incompetent services related to LGBTQ+ identity • Recommendations about how service providers can be more welcoming and accepting to LGBTQ+ people with IDD
Service Access	• Factors that make it hard to get or keep disability services • Factors that make it easy to get or keep disability services
Support Systems	• Types of support systems that address disability-related needs • Types of support systems that address identity-related needs • People who help support disability-related needs • People who help support identity-related needs • Recommendations for other supporters or support systems that would be helpful

APPENDIX B: Interview Schedule

1. Can you please describe any disability services you are getting right now?
2. What has been your experience as an LGBTQ+ person with the people and agencies that provide services?
3. Can you describe to me some ways that service providers have been responsive to your needs or wants related to being LGBTQ+?
4. Are there any other disability services you'd like to be getting but aren't right now? Which services?
5. Why aren't you getting those services right now?
6. Please tell me about any problems getting services you've had or things that have stopped you from getting other services. (distance, transportation, cost, insurance, scheduling, etc.)
7. Are there any other experiences related to other aspects of your background like race, ethnicity, age, income, where you live, that influenced your services that you'd like to share?
8. Can you tell me about what you wish service providers would do to make LGBTQ+ people with IDD feel more comfortable?
9. What types of support systems do you have in place to help you with your disability-related needs? [For example, friends, family, different professionals]
10. What types of support systems do you have in place to help you with your LGBTQ+-related needs? [For example, friends, family, different professionals]
11. What other types of support would help you with your disability or identity-related needs?

APPENDIX C: Study Recruitment

This study aimed to reach LGBTQ+ people with IDD, as well as their family members and direct support professionals, to capture their perspectives on their experiences with providers, their access to services, and their support systems. Recruitment was conducted through outreach to both disability-focused and LGBTQ+ organizations across Ohio. In total, we contacted more than 170 organizations, including more than 115 county boards of developmental disabilities and disability service providers, as well as over 50 LGBTQ+ community centers, advocacy groups, and support networks. Outreach strategies included posting to listservs and social media, direct engagement with organizational leadership, and personal connections through the project's advisory committee. Researchers also sought guidance from the Ohio DD Council about who to contact. By leveraging this broad network of disability and LGBTQ+ organizations, the study sought to engage participants across diverse geographic locations and communities to ensure that findings reflected the voices of people with lived experience.

Disability Organizations
National Leadership Consortium on Developmental Disabilities (posted to listserv and social media)
Advisory Committee (personal connections)
Ohio Developmental Disabilities Council (posted to listserv and social media)
The Ability Center
The Access Center
The Center for Disability Empowerment
Independence Alliance
Independent Living Center
LEAP
MOBILE
Services for Independent Living
Society for Equal Access
SOCIL
Advancing Independence Network
Western Reserve Independence Living Center
OPRA (Ohio Provider Resources Association)
Ohio Department of Developmental Disabilities
Capabilities
UCP of Greater Cleveland
Capabilities
Cuyahoga County Board of Developmental Disabilities
Welcome House, Inc.
Echoing Hills Village, Inc.

Blossom Hill, Inc
All Ways Caring
Ohio Department of Developmental Disabilities: Division of Policy & Strategic Direction
UCP of Greater Cleveland
REM Ohio/Sevita Health
Wright State University
OADSP
UCCEDD University of Cincinnati Center for Excellence in Developmental Disabilities
Marketing firm for the Ohio DD Council
People First Ohio
Leaders in Action
Medina County Project S.T.I.R
People First of Cuyahoga County
People First of Toledo
Self Advocates of Delaware County
APSE Ohio
The Arc of Ohio
The Autism Society
Disability Rights OH (SABE)
Equality Ohio
Visionaries and Voices Cincinnati
CILO Cincinnati
Hamiton County Developmental Disabilities Provider Support
SSA at Ham Co DD- has queer clients
Timothy Freeman Center for Developmental Disabilities at UC Health
Board of Developmental Disability Services
OACB
Adams County Board of Developmental Disabilities
Allen County Board of Developmental Disabilities
Ashland County Board of Developmental Disabilities
Ashtabula County Board of Developmental Disabilities
Athens County Board of Developmental Disabilities
Auglaize County Board of Developmental Disabilities
Belmont and Harrison and Noble County Board of Developmental Disabilities
Brown County Board of Developmental Disabilities
Butler County Board of Developmental Disabilities
Carroll County Board of Developmental Disabilities
Champaign County Board of Developmental Disabilities
Clermont County Board of Developmental Disabilities

Clinton County Board of Developmental Disabilities
Columbiana County Board of Developmental Disabilities
Coshocton County Board of Developmental Disabilities
Crawford County Board of Developmental Disabilities
Cuyahoga County Board of Developmental Disabilities
Darke County Board of Developmental Disabilities
Defiance County Board of Developmental Disabilities
Delaware County Board of Developmental Disabilities
Clark County Board of Developmental Disabilities
Erie County Board of Developmental Disabilities
Fairfield County Board of Developmental Disabilities
Fayette County Board of Developmental Disabilities
Franklin County Board of Developmental Disabilities
Fulton County Board of Developmental Disabilities
Gallia County Board of Developmental Disabilities
Geauga County Board of Developmental Disabilities
Greene County Board of Developmental Disabilities
Guernsey County Board of Developmental Disabilities
Hamilton County Board of Developmental Disabilities
Hancock County Board of Developmental Disabilities
Hardin County Board of Developmental Disabilities
Henry County Board of Developmental Disabilities
Highland County Board of Developmental Disabilities
Hocking and Vinton County Board of Developmental Disabilities
Holmes County Board of Developmental Disabilities
Huron County Board of Developmental Disabilities
Jackson County Board of Developmental Disabilities
Jefferson County Board of Developmental Disabilities
Knox County Board of Developmental Disabilities
Lake County Board of Developmental Disabilities
Lawrence County Board of Developmental Disabilities
Licking County Board of Developmental Disabilities
Logan County Board of Developmental Disabilities
Lorian County Board of Developmental Disabilities
Lucas County Board of Developmental Disabilities
Madison County Board of Developmental Disabilities
Mahoning County Board of Developmental Disabilities
Marion County Board of Developmental Disabilities
Medina County Board of Developmental Disabilities

Meiga County Board of Developmental Disabilities
Mercer County Board of Developmental Disabilities
Miami County Board of Developmental Disabilities
Monroe County Board of Developmental Disabilities
Montgomery County Board of Developmental Disabilities
Morgan County Board of Developmental Disabilities
Morrow County Board of Developmental Disabilities
Muskingum County Board of Developmental Disabilities
Ottawa County Board of Developmental Disabilities
Paulding County Board of Developmental Disabilities
Perry County Board of Developmental Disabilities
Pickaway County Board of Developmental Disabilities
Pike County Board of Developmental Disabilities
Portage County Board of Developmental Disabilities
Preble County Board of Developmental Disabilities
Putnam County Board of Developmental Disabilities
Richland County Board of Developmental Disabilities
Ross County Board of Developmental Disabilities
Sandusky County Board of Developmental Disabilities
Scioto County Board of Developmental Disabilities
Seneca County Board of Developmental Disabilities
Shelby County Board of Developmental Disabilities
Stark County Board of Developmental Disabilities
Summit County Board of Developmental Disabilities
Trumbull County Board of Developmental Disabilities
Tuscarawas County Board of Developmental Disabilities
Union County Board of Developmental Disabilities
Van Wert County Board of Developmental Disabilities
Warren County Board of Developmental Disabilities
Washington County Board of Developmental Disabilities
Wayne County Board of Developmental Disabilities
Williams County Board of Developmental Disabilities
Wood County Board of Developmental Disabilities
Wyandot County Board of Developmental Disabilities

LGBTQ+ Organizations
Stonewall Center--Community center for LGBTQ+ causes
Greater Dayton LGBT Center
More Than a Hug Ohio

TransOhio
Have A Gay Day Dayton
PFLAG Akron
PFLAG Cincinnati
PFLAG Cleveland
PFLAG Colombus
PFLAG Dayton
PFLAG Delaware
PFLAG Mahoning
PFLAG Oxford
Equitas Health
Equality Ohio
LGBT Community Center of Greater Cleveland
Akron Pride
GLSEN NEO Chapter
Bayard Rustin Center for Social Justice
LGBT Community Center of Greater Cleveland
Stonewall Columbus
LGBT Community Center of Darke County
Equitas Cincinnati
DisabilityQ
Cinci Straddlers Facebook Group
Cinci Queer Networking Group
Caracole
LGBT Center at UC
LGBT Center at NKU
Transform Cincinnati
Transformations Dayton
Cincinnati Pride
Midwestern Lesbian
Soul Bird Consulting
Humans Being Human
Sage Maniates
(T.E.N.) Trans Empowerment Network
CAIN- Churches Active in Northside
TreeHouse
Queer Birders
Sarah World Counseling
Inclusive Counseling

Disability and Queer Advocate in the Cincinnati Community
Thrive Empowerment Center
Transgender Advocacy Council
Transition and Access Pathways at UC (TAP)
Central Clinic
KYC LGBTAQ+ youth and staff

Original recruitment posting for sharing via email, websites, and social media

Respond by May 31st!

WE WANT TO HEAR FROM PEOPLE WITH IDD IN OHIO!

PARTICIPATE IN RESEARCH
TO ADVANCE SERVICES FOR PEOPLE WITH IDD IN OHIO!

With support from the Ohio Developmental Disabilities Council, The National Leadership Consortium is leading a study to learn about the experiences of adults with intellectual and developmental disabilities. We are particularly interested in hearing from LGBTQ+ adults with IDD!

If you are:

- **An adult (18+) with IDD in Ohio**
- **An LGBTQ+ adult with IDD in Ohio**
- **The family member of an LGBTQ+ adult with IDD in Ohio**
- **DSP working closely with an LGBT+ adult with IDD in Ohio**

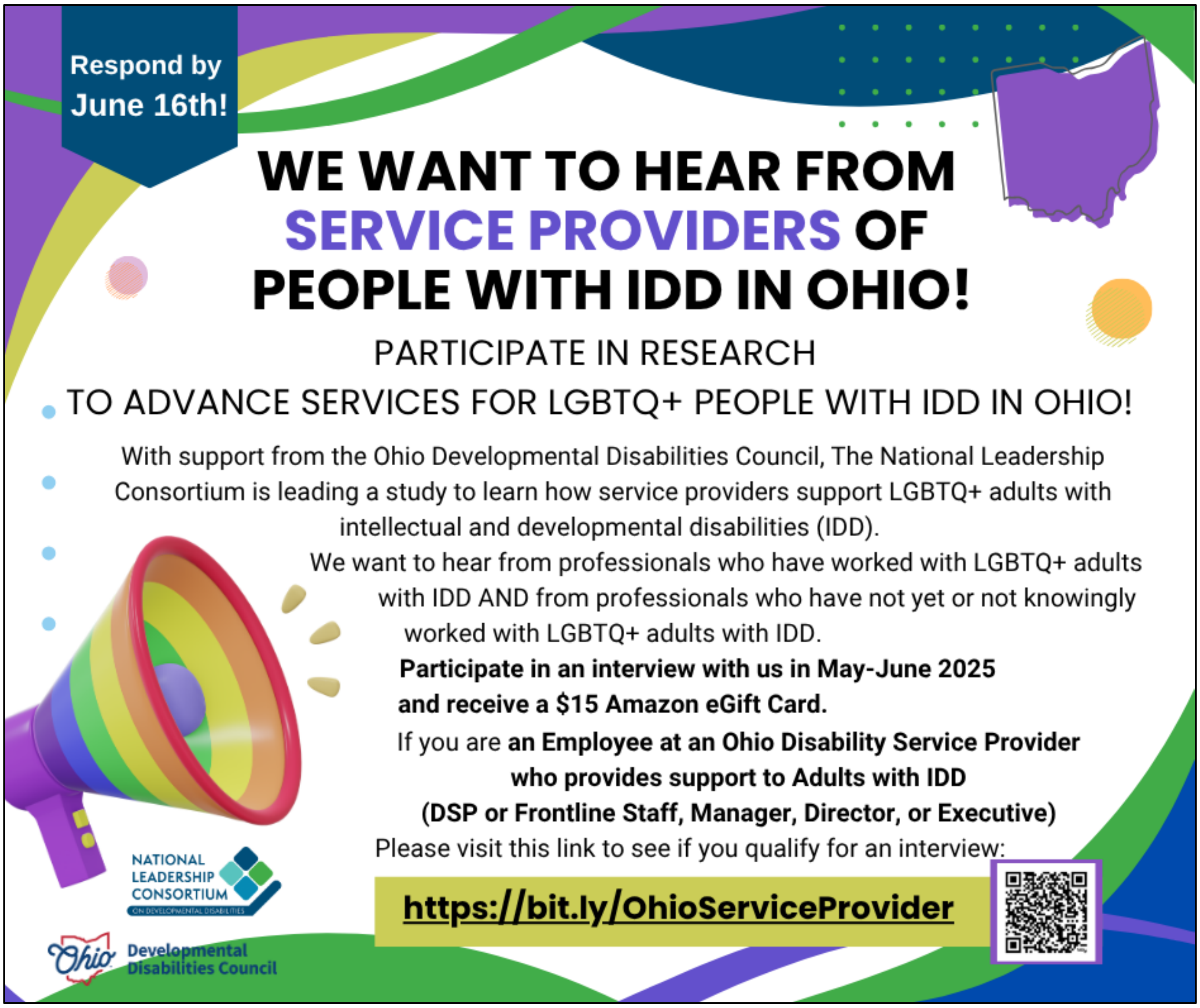
Please visit this link to take the survey:

https://bit.ly/OhioLGBTQIDDStudy

We want to talk more with LGBTQ+ adults with IDD and/or their family members about their experiences!

Participate in an interview or a focus group with us in April-June 2025 and receive a $15 Amazon eGift Card for an interview or a chance to win one of five $25 Amazon eGift Cards for participating in a focus group. Please visit this link to see if you qualify: https://bit.ly/41sW8wd

Recruitment posting added mid-study for sharing via email, websites, and social media



Respond by June 16th!

WE WANT TO HEAR FROM SERVICE PROVIDERS OF PEOPLE WITH IDD IN OHIO!

PARTICIPATE IN RESEARCH
TO ADVANCE SERVICES FOR LGBTQ+ PEOPLE WITH IDD IN OHIO!

With support from the Ohio Developmental Disabilities Council, The National Leadership Consortium is leading a study to learn how service providers support LGBTQ+ adults with intellectual and developmental disabilities (IDD).

We want to hear from professionals who have worked with LGBTQ+ adults with IDD AND from professionals who have not yet or not knowingly worked with LGBTQ+ adults with IDD.

Participate in an interview with us in May-June 2025 and receive a $15 Amazon eGift Card.

If you are **an Employee at an Ohio Disability Service Provider who provides support to Adults with IDD (DSP or Frontline Staff, Manager, Director, or Executive)**

Please visit this link to see if you qualify for an interview:

https://bit.ly/OhioServiceProvider

NATIONAL LEADERSHIP CONSORTIUM ON DEVELOPMENTAL DISABILITIES

Ohio Developmental Disabilities Council

APPENDIX D: Key Findings Infographic

What barriers do LGBTQ+ people with IDD experience with their services?

In 2025, **LGBTQ+ people in Ohio with IDD**, their family members, and their direct support professionals were surveyed and interviewed about their experiences with disability services. Here's what they said about the biggest barriers to inclusive supports related to their LGBGQ+ identities:

About **1 in 3 LGBTQ+ People with IDD** feel that service providers are not welcoming

- **31%** said service providers **are not knowledgeable about LGBTQ+ needs and wants**
- **37%** said service providers **do not make them comfortable to be themselves**
- **32%** said service providers are **not responsive to their LGBTQ+ needs and wants**
- **33%** said service providers **are not allies to the LGBTQ+ community**

About **HALF of LGBTQ+ People with IDD** say their services were affected by non-responsive service providers

- **45%** said they **had a negative experience with a service provider** that they thought was because they were LGBTQ+
- **48%** said they **stopped going to a service provider** because they did not feel comfortable with them because they are LGBTQ+
- **52%** said they think **being LGBTQ+ makes it harder to find a disability service provider** that will fit their needs

> “When you think about someone who doesn't have a disability and how hard it is for them to come out, you gotta think ***for someone with IDD it's doubly hard***. You're not just risking Mom and Dad saying you can't live at home anymore. ***You're risking throwing away the entire lifeline that you depend on for helping you with whatever you need to live.***”

NATIONAL LEADERSHIP CONSORTIUM ON DEVELOPMENTAL DISABILITIES

Ohio Developmental Disabilities Council

This infographic shows results from a 2025 research project by the National Leadership Consortium on Developmental Disabilities about how to advance services and supports for LGBTQ+ people with IDD in Ohio, funded by the Ohio Developmental Disabilities Council. More key findings can be found at ***www.natleadership.org/reports***.

Participant Recommendations to Improve Services:

- Offer specialized training for service providers about LGBTQ+ issues, terminology, trauma-informed care, and best practices to increase understanding, competency, and inclusion
- Use inclusive language and avoid prejudice or judgment in all materials, communication, and day-to-day conversations
- Avoid assumptions about gender identity and sexual orientation when creating person centered plans or providing support
- Make sure that questions asked of people using services about their sexuality and identity are relevant to support needs
- Listen when people share their identity and/or sexuality and be affirming and supportive
- Care about the whole person by supporting them in ways that are specific to who they are
- Remove deadnames from files and encourage staff conversations with and about people to use preferred names and pronouns
- Post flags or small symbols of support to signal safe spaces and create a welcoming environment
- Have all gender, accessible bathrooms

NATIONAL LEADERSHIP CONSORTIUM ON DEVELOPMENTAL DISABILITIES www.natleadership.org
Ohio Developmental Disabilities Council www.ddc.ohio.gov