Intellectual & Developmental Disability Services Local Provider Network Development Plan SFY 2026 – 2027

ALAMO AREA COUNCIL OF GOVERNMENTS

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FOREWORD

The Alamo Area Council of Governments (AACOG) Intellectual and Developmental Disability Services Local Provider Network Development Plan for SFY 2026 - 2027 is a formal document that communicates service priorities and plans to various audiences including Health and Human Services Commission, people in services and constituency groups, private providers, AACOG's employees, and the general public. This Local Provider Network Development Plan is a dynamic document, which describes the local service delivery system, including the services to be provided and the network of providers who will deliver them; and incorporates Quality Management, Reduction of Abuse/Neglect, Strategic Marketing, and Crisis Respite. This plan is updated as needed.

Fiscal Year Terminology

In this Plan, the term "fiscal year" means the fiscal year for AACOG, which falls congruent with the calendar year from January 1 of a year through December 31 of the same year. It is spelled out the first time it is used in each section, and it is abbreviated "FY" through the rest of that section. The exception is when "state fiscal year" or "federal fiscal year" is also used in the same section, in which case "state fiscal year (SFY)" and "federal fiscal year (FFY)" are used to draw the distinction in time periods. The term "state fiscal year" is used to specify the budget period for the State of Texas, from September 1 of a year through August 31 of the following year. The term "federal fiscal year" is used to specify the budget period for the federal government, from October 1 of a year through September 30 of the following year. The terms are spelled out the first time they are used in a section and are abbreviated for all following uses in that section.

Legislative Citations

For brevity, this Plan uses a short citation for legislative material.

Long Form	**Short Form**
Senate Bill 7, 83rd Legislature, Regular Session,2013	Senate Bill 7 (83-R)
Senate Bill 7, 82nd Legislature, First Called Session, 2011	Senate Bill 7 (82-1)

2010–2011 General Appropriations Act, S.B. 1, 81st Legislature, Regular Session, 2009 (Article II, Health and Human Services Commission, Rider 59)	HHSC's Rider 59 of the 2010–2011 General Appropriations Act (81-R)

The abbreviations "H.B." and "S.B." are established and used if the bill is cited more than one time in a section.

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EXECUTIVE SUMMARY

On September 1, 2006, the Alamo Area Council of Governments (AACOG) became the Local Authority (LA) for Bexar County. This juncture came about as a result of key legislation passed by the 78th Texas Legislature which includes Senate Bill: 1145, Senate Bill 1182, and House Bill 2292. Each of these bills resulted in the change of the LA from the Center for Health Care Services (CHCS) to AACOG. The respective Boards from each agency played a key role in the transition.

Texas Senate Bill 1145, 78th Texas Legislative Session, allows a LIDDA authority to develop and prioritize its available funding for a system to divert members of the priority population, including those members with co-occurring substance abuse disorders, before their incarceration or other contact with the criminal justice system, to services appropriate to their needs.

Texas Senate Bill 1182, 78TH Texas Legislative Session, mandates a Community Center to develop a plan:

- that maximizes the authority's services by using the best and most cost- effective means of using federal, state, and local resources
- that is consistent with the purposes, goals, and policies stated in the law
- that solicits input from the community
- with goals to minimize the need for state hospital and community hospital care.
- with goals to ensure a person with intellectual or developmental disabilities (IDD) is placed in the least restrictive environment
- providing opportunities for innovation
- that has goals to divert people of services from the criminal justice system
- that has goals to ensure a child with mental illness remains with the child's parents or guardians as appropriate to the child's care

Texas House Bill 2292, 78th Texas Legislative Session mandates:

- the assembling of a network of service providers, a Local IDD authority, LIDDA, may serve as a provider of services only as a provider of last resort
- the development of a plan to privatize all services by intermediate facilities for persons with IDD and all related waiver services programs operated by the authority
- the local authority to ensure the provisions of assessment services, crisis services, and intensive and comprehensive services using disease management practices for adults within the priority population; and
- the local authority incorporates jail diversion strategies into the authority disease management practices.

Since assuming its role as the LIDDA, AACOG has been responsible for the actions and directions contained within this Local Provider Network Development Plan. As the Local IDD Authority for the Bexar County service area, AACOG is responsible for providing community-based IDD services and assisting individuals and families with access to certain Medicaid funded services, as a part of the State Medicaid Plan.

The University Health System (UHS) is one of the two sponsoring agencies for AACOG and supports AACOG with local funds generated through the public hospital district. The local city and county officials have also joined with AACOG in recognizing that services should be provided to persons with IDD, in lieu of incarceration in jails or prisons. According to the Center on Crime, Communities and Culture, approximately 670,000 mentally ill people are admitted to US jails each year. This is nearly eight times the number of patients admitted to state mental hospitals. (Center on Crime, Communities, and Culture Research Brief, 1996).

Section I: General Description/History of Center

MISSION

The mission of the Alamo Area Council of Governments (AAOCG) Intellectual and Developmental Disability (IDD) Services is to ensure individuals with IDD who live in Bexar County receive necessary quality services.

VISION

AACOG seeks to create and foster a partnership of stakeholders to develop options responsive to immediate needs.

VALUES

Individual Worth
We affirm that everyone has common human needs, rights, desires and strengths. We celebrate our cultural and individual diversity.

Quality
We commit ourselves to the pursuit of excellence in everything we do.

Integrity
We believe that our personal, professional and organizational integrity is the basis of public trust.

Dedication
We take pride in our commitment to public service and to better the lives of the people we are privileged to serve.

Innovation
We are committed to developing an environment which inspires and promotes innovation, fosters dynamic leadership and rewards creativity among the people we serve, our staff, and volunteers.

Teamwork
We present our individual talents, skills, and knowledge to work together for the benefit of all.

Education
We recognize the power of knowledge and pledge to increase our knowledge and make opportunities to share it with people in services, family members, professional service providers, policy makers, stakeholders, and the Bexar County community.

Family-based
We believe in the family. Our base of service is the family as defined by the people in services.

PRINCIPLES

Capitalizing on the Mission, Vision, and Goals for AACOG IDD Services, the Board of Directors and AACOG staff has developed the following principles:

Personal Choice
The development, expansion and maintenance of a Provider Network will provide people with choice and access to services. AACOG will ensure choice, access and best value.

Personal Input
With input from people in services, families, and other stakeholders in the community, AACOG will continue with the development of a network of providers.

Personal Access
AACOG will provide people in services with convenient access to services.

Driven by People in Services
People in services are to be active partners with AACOG in treatment planning, policy-making and Local Provider Network Development Planning.

STRATEGIC GOALS

AACOG has reviewed all requirements required by law and the HHSC Performance Contract.

The primary goal for SFY 2026-2027 is to provide people seeking services with quality care utilizing the most effective and cost-efficient models of care.

Objective 1: During SFY 2026-2027, AACOG IDD Services will enhance community engagement efforts.

Objective 2: During SFY 2026-2027 AACOG will implement activities focused on community mobilization to develop and strengthen partnerships focused on self-advocacy, support groups, peer support, and volunteerism.

Objective 3: During SFY 2026-2027 AACOG will enhance employment initiatives for individuals who desire employment.

Objective 4: During SFY 2026-2027, AACOG will continue to implement and enhance the Crisis services program, including Crisis Intervention and Crisis Respite. AACOG will also explore opportunities to increase the availability of inpatient and outpatient psychiatric services for IDD individuals with dual diagnosis.

Objective 5: SFY 2026-2027, AACOG will collaborate with the community to increase awareness of AACOG services and the waiver program application process.

HISTORY OF IDD SERVICES IN BEXAR COUNTY

In 1963, Congress enacted the Community Mental Health Centers Construction Act (Public Law 88-1640). The legislation authorized the appropriation of $150 million to finance the planning and development of comprehensive community mental health and IDD centers throughout the United

States. The signing of this Act by President John F. Kennedy initiated a new era in the treatment and care of the mentally ill and intellectually disabled.

In July 1966, seventeen of the forty eligible local taxing agencies of Bexar County came together as sponsors to appoint a Local Authority Board Selection Committee. The Committee's task was to select nine interested Bexar County citizens to form a Board of Trustees for mental health and IDD Services. The Board held its first meeting in November 1966 to explore ways to meet the challenge of coordinating mental health and IDD services within Bexar County. This Board defined two crucial concepts that dominated the Local Authority's first Comprehensive Plan and continue to influence today's Plan. These concepts are to ensure that a full array of services would be offered and provided in close proximity to the neighborhoods; and that all services would be coordinated to ensure people in services could move seamlessly through the system.

From 1966 until 1972, most of the IDD services provided in Bexar County were accomplished through contracts. In 1972, the LIDDA began providing in-house services in areas of Alcohol and Drug Treatment, IDD, and Mental Health. These programs were subsequently restructured into four operating programs: Adult Mental Health, IDD, Children's Services, and Substance Abuse.

By the close of the 20th Century, the Center had distinguished itself as the Bexar County Specialists in Mental Health and IDD. The TDMHMR recognized the MHMR's excellence on June 26, 1997, by granting it Local Authority status. This designation was a direct result of Texas House Bill 2377, 74th Texas Legislative Session, 1995, which allowed TDMHMR to designate Mental Health Authorities (MHAs) within each of the local service areas. A MHA is defined as the entity designated by the department to direct, operate, facilitate or coordinate services to persons with mental illness as required to be performed at the local level by state law and by TDMHMR contract. The MHMR is charged with the responsibility of ensuring continuity of services for people from this area.

On January 8, 1998, the TDMHMR again recognized the MHMR's community leadership by recognizing it as the Single Portal Authority. Individuals seeking admission to the hospital are first screened by the appropriate MHA to determine the least restrictive treatment environment. This includes individuals served by private providers. The MHA, as a single portal authority, and in collaboration with the judiciary, has the final authority on who may be referred to state hospitals for possible admission. The MHA communicates pertinent information to the state hospitals, including patient identifying information, legal status, medical and medication information, behavioral data and other information relevant to treatment.

Early in January 1998, the Board of Trustees convened a Policy Maker Taskforce comprised of community leaders including a State Senator, a State Representative, members of City Council, County Commissioners, University Hospital officials, family members and providers. The primary objective of the Taskforce was to develop a strategic plan for providing mental health, IDD, and substance abuse services within Bexar County. Its goals included identifying services and duplication of services, the population served and the gaps in services. On April 1, 1999, the Policy Maker Taskforce presented its final document calling for the consolidation of efforts between the two largest providers of Mental Health services: the University Health System and the Center for Health Care Services.

In early 2000, the Bexar County Commissioners, the MHMR's Board of Trustees, and the University Health System Board of Directors, acting on the recommendations of the Policy Maker Taskforce began developing a plan to restructure the sponsorship of the Center for Health Care Services. Over time, it was agreed that the appointment authority to the MHMR's Board would be reduced from five sponsors to two. The remaining two sponsors would be the County of Bexar, and the University Health System and the Board would consist of five members appointed by the County, and four members appointed by the University Health System. In May 2000, the County Commissioners and the University Health System appointed their respective board members and in June 2001 the new board held its first meeting.

The new Board of Trustees charged the new Executive Director to move full speed toward the development and implementation of an Authority/Provider model for service delivery in Bexar County and to explore ways to eliminate duplication of services between the Center and the University Health System. The instructions were clear: ensure the Board's compliance with state and federal mandates and ensure that our individuals have choice and access to cost-efficient services that represent best value for the taxpayer's dollar.

In May 2003, the Texas 78th Legislative Sessions passed Senate Bill 1145, Senate Bill 1182, and HB 2292 which has major impact on the organization, structure and financing of Community MHMR Centers. The primary fiscal focus of the Texas Legislation is to use these public funds for mental health and IDD services in the most cost-efficient manner, including the development of a network of providers to deliver effective services. Their intent is evident in the language of House Bill 2292, 78th Texas Legislative Session, 2003. In other words, the expectation of the State for the MHMR is to get the best value for public funds. The creation of multiple providers ostensibly will provide for choice and competition, thus improving outcomes and cost and requiring Community Centers to be providers of last resort. On November 1, 2002, the TDMHMR designated the MHMR as the Mental IDD Local Authority entrusting it with oversight of all State funded IDD community activities. Prior to designating the MHMR as the MRLA, TDMHMR retained the authority to evaluate and approve service plans for people enrolled in the Home and Community-based Support Medicaid Waiver Program. Unfortunately, House Bill 2292 mandated the authority previously granted to community centers be returned to TDMHMR.

In House Bill 2292, 78th Texas Legislative Session, there is also a heightened expectation that public input is solicited, analyzed and utilized to shape the nature and scope of services. The collective input of this community, including that of the Planning Advisory Committees, the Network Advisory Committee, and the Medical Advisory Committee is considered an excellent example within the State of forward thinking in establishing the use of public input as a policy weathervane. This public input has also guided the direction of this report.

In 2005, as a result of the passage of Senate Bill 1145, Senate Bill 1182, and House Bill 2292, discussions began with AACOG to assume the MRLA role in Bexar County.

Councils of Governments/Regional Planning Commissions were created by legislation in 1966. AACOG was certified as a Council of Governments on March 1, 1967. On September 1, 2006, AACOG was certified as the Bexar County MRLA. AACOG is one of 39 LIDDAs located throughout Texas.

In 2010, S.2781 was passed to implement Rosa's Law. Rosa's law changed the references to "mental retardation" in Federal law to "intellectual disability" or "intellectual disabilities". AACOG has adapted to Rosa's Law by implementing People First Language. The "People First" movement began at a conference in 1974 where advocates pushed for people to be placed before their disabilities and focus on a person's individuality. Using People First Language allows AACOG staff to focus on the individual and their personal goals for themselves rather than limiting an individual based on their disability and or diagnoses.

In 2013, Senate Bill 7 passed. Some of the goals of Senate Bill 7 are to provide services in a cost-efficient manner, improve access to services and supports, promote person-centered planning, improve acute care and long-term services and supports outcomes, ensure the availability of a local safety net, and ensure people with the most significant needs are appropriately served in the community.

In 2015, the continued implementation of SB7 was evident in an IDD System redesign that included the creation of Community First Choice, a new program intended to provide habilitation services to those individuals on the interest lists for waiver services. Efforts toward the multi-year goal of transferring oversight of the Medicaid waiver programs to Managed Care Organizations began. Also, alternatives to guardianship became a focus for individuals with IDD as the option to utilize supported decision-making gained favor. Texas Health and Human Services began an intensive reorganization as a result of the HHSC Sunset Provisions that is still being phased in as of early 2017.

COMMUNITY ASSESSMENT

A Community Needs Assessment is a process that examines the underlying causes and conditions of needs in a region while locating the resources to meet those needs. To better serve its community, AACOG needed to understand its strengths and needs, while also identifying distinct areas where problems were greatest. AACOG collaborated with Crescendo Consulting Group to complete a community needs assessment specific to the needs of intellectual and developmental disabilities in Bexar County. AACOG invited the residents, staff, and families from SSLC to participate in focus groups and answer questionnaires. The full assessment can be found as Attachment A to this report.

Section II: Purposes and Functions of the Local IDD Authority

AACOG serves as the designated Local Intellectual and Developmental Disability Authority in Bexar County, and as such fulfills the following purposes and functions:

- to serve as the designated entity to ensure that a continuum of services is available to residents of its region by:
    - providing effective administration and coordination of services; and,
    - being a vital component in that continuum of services which strives to develop services that are effective alternatives to large facilities
- to develop a comprehensive range of services for people who need publicly supported care, treatment, or habilitation through coordination among governmental entities to minimize duplication, and to share in financing by:
    - implementing policies consistent with HHSC rules and standards; and,
    - spending any applicable funds appropriated by the state legislature only for priority populations identified in HHSC strategic plans.
- to assist in carrying out the policies of the state to ensure provision of services to people in their own communities; to ensure that services are the responsibility of local agencies and organizations to the greatest extent possible; and to:
    - provide screening services and ensure the provision of continuing care services for people entering or leaving a state supported living center or a state hospital as required by contract with HHSC and
    - charge reasonable rates and not deny services to people because of their inability to pay.

AACOG supports the Alamo Area Development Corporation (AADC), a Texas 501(c)(3) nonprofit corporation established March 1995. The AADC was established to enhance the lives of all residents in the region by developing effective strategies to meet the many challengers that confront the region and to coordinate regional strengths that offer solutions to these challenges. The AADC has not currently accepted grants, capitated or other at-risk payment arrangements for the provision of any service listed in this section.

Section III: Population to be served

AACOG intends to use available resources to provide services or ensure the provision of services to people in the populations specified in the Texas Health and Safety Code, §534.0015, or in contract with HHSC. These populations include individuals who meet one or more of the following descriptions:

- a person with an intellectual disability, as defined by the Texas Health and Safety Code §591.003
- A person with autism spectrum disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders
- A person with a Related Condition, listed in https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with- hhs/providers/health/icd10-codes.pdf, who is eligible for, and enrolling in the Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID) Program, Home and Community-based Services (HCS) Program, or Texas Home Living (TxHmL) Program;
- A nursing facility resident who is eligible for specialized services for intellectual disability or a related condition pursuant to Section 1919(e)(7) of the Social Security Act
- A child who is eligible for Early Childhood Intervention services through the Health and Human Services Commission
- A person diagnosed by an authorized provider as having a pervasive developmental disorder through a diagnostic assessment completed before November 15, 2015
- A person who resided in a state supported living center on a regular admission status, but who may not be in the priority population

Section IV: Services

LIDDA SERVICES

AACOG is the Single Point of Access (front door) for services and supports for individuals with intellectual and developmental disabilities or related conditions in Bexar County. The LIDDA service array is organized by Authority services, Authority functions, and Provider services.

Authority services array

Screening
The process of gathering information to determine the need for services.

Eligibility Determination
An interview and assessment or endorsement conducted to determine if an individual has an intellectual and developmental disability or is a member of the intellectual and developmental disabilities priority population.

Benefits
Assistance with applying for and maintaining maximum state and federal benefits.

Service Coordination
Assistance in accessing medical, social, educational, and other appropriate services and supports that will help individuals served achieve a quality of life and community participation acceptable to them. Service coordination is ongoing advocacy that leads to linking, coordinating, and collaborating with other agencies for the delivery of outcome-based services and supports to meet the person's needs. The Service Coordinator is involved in a variety of activities that can be categorized into four major service areas: prevention, monitoring, assessments and service planning and coordination. Service Coordination focuses on person-centered thinking and planning, in which the individual (or Legal Guardian if applicable) is the key decision maker requiring the services and supports the individual wishes to receive in order to reach their desired goals. Service Coordination, also known as Targeted Case Management, is performed for the following areas:

- Continuity of Services – Service Coordination provided to:
    - Individuals residing in a state IDD facility whose movement to the community is being planned or
    - for a person who formerly resided in a state facility and is on community-placement status; or
    - an individual enrolled in the HCS or ICF/MR program to maintain the individual's placement or to develop another placement for the individual.
- Service Authorization and Monitoring – Service Coordination provided to an individual who is assessed as having a single need.
- HCS or TxHmL Program – Service Coordination for individuals enrolled in the HCS or TxHmL Program.

- Preadmission Screening and Resident Review – Service coordination provided to an individual being diverted from or admitted to a Nursing Facility.
- Community First Choice – Service coordination provided to an individual enrolled in the CFC program.
- Forensic Service Coordination – Service Coordination provided to an individual under Criminal Code 46B, Incompetency to Stand Trial; and, Family Code 55, Proceedings Concerning Children with Mental Illness or Intellectual Disability

PASRR Evaluation
An evaluation of an individual in a nursing facility to determine if the individual is appropriately placed and whether they have mental health or intellectual and developmental disability that would benefit from alternative placement or supplemental services.

Permanency Planning
A philosophy and planning process that focuses on achieving family support for individuals under 22 years of age by facilitating permanent living arrangements that include an enduring and nurturing parental relationship.

Community Living Options
A process that focuses on providing information on community services and residential options to individuals living in the institutions, such as the State Supported Living Center and Nursing Facilities.

Program Enrollment
- Intermediate Care Facilities for persons with Individuals with Intellectual Disabilities (ICF/IID) – eight to six-bed permanent living environments for persons who qualify for placement.
- Nursing Facilities – provide institutional care to Medicaid recipients whose medical condition regularly requires the skills of licensed nurses. The nursing facility must provide for the total medical, social and psychological needs of each client, including room and board, social services, over-the-counter drugs, medical supplies and equipment, and personal needs items.
- Texas Home Living Waiver – provides selected essential services and supports to persons with intellectual and developmental disabilities that are living in family homes or their own homes.
- Home and Community-based Services (HCS) – provides individualized services and supports to persons with intellectual and developmental disabilities who are living with their family, in their own home or in other community settings, such as small group homes.

Crisis Respite Services

The LIDDA will provide crisis respite services for people with a primary diagnosis of Intellectual and Developmental Disabilities and who may have a co-occurring behavioral health need, are experiencing a behavioral health crisis, and/or have jeopardized or may jeopardize their placement in a least restrictive setting in the community due to negative behavioral manifestations. The Crisis Respite services are an alternative to hospitalization, incarceration and/or institutionalization. The LIDDA plans to provide both Out-of-Home and In-Home Crisis Respite through sub-contracts with appropriate entities.

Authority functions array

Planning and Network Development
Planning includes the development of the Local Provider Network Development Plan and the writing of Requests for Information (RFI), Proposals (RFP), and Applications (RFA). The Senior Director and other assigned staff will serve as staff liaisons to the IDD Services Advisory Committee (IDDSAC) and participate in all planning meetings. Planning and Network Development goals include:

- Continue to seek community providers to expand network offering choice.
- Continue to evaluate program to determine best value which ensures balance between quality and access.
- Continue community input through the IDD Services Advisory Committee (IDDSAC) and Provider meetings. The IDDSAC acts in an advisory capacity to the IDD Services department and the AACOG Board of Directors by:
    - Contributing, reviewing, and making recommendations to the development and content of the Local Provider Network Development Plan for services for people with Intellectual and Developmental Disabilities (IDD) in Bexar County
    - Ensuring objectivity in the ongoing Implementation of the network development processes, and provider monitoring activities; and
    - Preparing biannual reports for the AACOG Board of Directors on issues related to the needs and priorities of the local service area and implementation of plans and contracts.

Resource Development and Allocation
The primary sources of income are general revenue from the Texas Health and Human Services (HHSC) and Medicaid. Additional sources of revenue come from the University Health System, local match funds and payments from people in services based on a “monthly ability to pay schedule”. To implement a strategy for maximizing existing revenue, the AACOG is actively engaged in developing collaborations with partners to reduce duplication and waste and maximize opportunities for funding from alternate sources.

Community Partnership Development
Partnerships with State and local agencies, non-profit community organization and the business sector have been established and serve as co-collaborators in the development and application for funding from Federal, State and local sources, Potential community partnerships may include, but are not limited to:

- Disability Rights Texas (Previously Advocacy Inc.) (DRTX)
- Alamo Community College District (ACCD)
- Autism Society of San Antonio (AST)
- Bexar Area Agency on Aging (Bexar AAA)
- Bexar County Juvenile Probation Department (BCJP)
- Catholic Charities (CCAOSA)
- Center for Health Care Services (CHCS)
- City of San Antonio/Division of Community Initiatives
- Community Resource Coordination Group (CRCG)
- Private Providers Association of Texas (PPAT)
- Region 20 – Texas Education Association (ESC-20)
- San Antonio Housing Authority (SAHA)
- San Antonio Lighthouse for the Blind (SALBVI)
- San Antonio Self Advocacy Group (SALSA)
- Texas Center for Disability Studies (TCDS)
- Texas Council for Developmental Disabilities (TCDD)
- Texas Department of Criminal Justice (TDCJ)
- Texas Health and Human Services (HHS)
- Texas Workforce Commission – Vocational Rehabilitation Services (TWC-VRS)
- United Way of San Antonio and Bexar County (UWSA)
- University of Texas Health Science Center (UTHSC)
- University Health System (UHS)
- VIA Bus Medical Transportation

Contract Management

The purpose is the development of contracts and the provision of contract oversight to ensure compliance with State and Federal regulations. After a review of the community needs and a determination of the services required by the Local Authority to meet the mandates of the HHS contract, the Board of Directors, with input from the community, authorized the release of several Requests for Proposals (RFPs). These RFPs were designed to develop, evaluate and maintain services, and supports in meeting community priorities. As the Local Authority continues to review the community priorities on an ongoing basis, all attempts will be made to continue to assemble a network of providers who will meet these priorities. As the network is developed, key issues such as demographics, service cost, and capacity are reviewed. The IDDSAC continues to evaluate external services to determine if they meet the community's priorities and assist the AACOG in reaching its goals. The current contracts have been developed because of community identification and the open enrollment process. Contracted IDD Service Providers include:

- ABA Center for Excellence
- ABA and Behavioral Services, LLC
- ABA & Behavioral Support

- Angel Care of San Antonio, Inc
- ARC of San Antonio
- Behavior Saviors
- Care Warriors
- Eva's Heroes
- Distinctively Remembered
- Jennifer Garrett, BCBA
- Kidz Treehouse Pediatric Therapy
- Lifeline Care and Services, LLC
- Mission Road Developmental Center
- Reaching Maximum Independence, Inc.
- San Antonio Fitness Independent & Recreational Environment
- Shaping Solutions
- South Texas Behavioral Institute
- The Wood Group
- The Local ABA
- Unicorn Centers, Inc.
- Helping Hands

Corporate Compliance
It is the policy and practice of the AACOG to fully comply with federal, state, and local regulations and applicable laws, to adhere to sound ethical and moral standards in its business activities. This office identifies and assesses compliance issues, plan for development of service specific procedures and provides support for educational programs.

Continuity of Care for State Hospitals and State Supported Living Centers
These programs are designed to have active utilization management, discharge planning and aftercare development of all people with IDD entering either the State Hospital or the State Supported Living Facility.

Credentialing Services
Credentialing activities follow HHS policy concerning credentialing of all licensed staff.

Utilization Management
Utilization Management staff authorize and monitor general revenue services, levels of care, specialized therapies and benefit by design.

Quality Management Plan
The Quality Management Plan emphasis is one of continuous improvement based upon data. (Attachment A) Data and cost analysis are the basis of the efforts to profile individual, unit, program and performance levels.

LIDDA Crisis Respite Plan

The LIDDA Crisis Respite Plan (Attachment B) describes how the current fiscal year funding for crisis respite will be used to arrange and ensure the provision of crisis respite in fiscal year. The plan also indicates the estimated service targets for the fiscal year identified by In-Home Respite and Out-of-Home Respite. Additionally, the plan provides a timeline for the revised crisis respite plan implementation since HHSC has approved the LIDDA's plan. Lastly, the plan describes efforts for expanding crisis respite services.

Provider services array

Community Support
Individualized activities that are consistent with the person's person-directed plan and provided in the individual's home and community locations. Supports include:

- Habilitation and support activities
- Activities for the individual's family that help preserve the family unit and prevent out-of-home placement
- Transportation for individuals served between home and their community employment or habilitation site
- Transportation to facilitate the individuals' employment and participation in community activities.

Behavioral Supports
The systematic application of behavioral techniques regarding an individual to decrease or eliminate targeted behavior.

Respite
Planned or emergency short term relief services provided to the individual's unpaid caregiver when the caregiver is temporarily unavailable to provide support due to non- routine circumstances.

Employment Assistance
Assistance to individuals served in locating paid, individualized, competitive employment in the community setting.

Supported Employment
Provided to a person who has paid, individualized, competitive employment in the community.

Day Habilitation & ISS
Assistance with acquiring, retaining, or improving self-help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life.

Specialized Therapies
Specialized therapies are assessment and treatment by licensed or certified professionals for social work services, counseling services, occupational therapy, physical therapy, speech and language therapy, audiology services, dietary services and behavioral health

services other than those provided by a local mental health authority; and training and consulting with family members or other providers.

SERVICES FOR INDIVIDUALS OUTSIDE OF PRIORITY POPULATION

Aging Services
AACOG is the gateway to Aging Resources for Bexar County. As the operator of the Area Agency on Aging in Bexar County, AACOG can provide services for adults aged 60 and above; unpaid caregivers; adults aged 55 and above raising children; and veterans 60 and above and their spouses. Services include Information, Referral and Assistance; Benefits Counseling; Legal Assistance; Ombudsman Assistance; Care Coordination; and Family Caregiver training

Weatherization Services
The AACOG Weatherization Assistance Program is designed to help low-income households overcome the high cost of energy. This is accomplished through the installation of weatherization or energy conservation measures at no cost to the household. Weatherization assistance may include attic, wall, and/or floor insulation; weather-stripping and caulking; window glass pane repair; and replacement of gas water heaters, space heaters, HVAC, or window air conditioning units that are operating inefficiently.

Transportation Services
Alamo Regional Transit provides non-emergency medical and contract transportation bus service within Bexar County and provides public transportation bus services to all residents in the service region. Service to and from Bexar County and San Antonio is also provided. ART provides demand response, curb-to-curb transportation service. Door-to- door service may be requested for those customers needing additional mobility assistance.

ADMINSTATIVE SUPPORT SERVICES

Finance
This office provides oversight of internal and external financial reporting processes, and the cost, financial, and grants analysis. In addition, this office manages accounts payable, accounts receivable, and payroll. The staff actively participates in all aspects of the budget process. It manages client trust funds, initiates audits, and provides staff training. In addition, this office is responsible for billing and Medicaid Administrative Claiming. Accounting also develops or arranges for financial risk management expertise to enable support of the authorization and management care functions.

Human Resources
The Human Resources Department is responsible for all employee matters including benefits, employee record keeping, training, and background checks. Human Resources performs a monthly screening of employees to determine if they are excluded from the Excluded Parties List Service.

Public Relations
The Public Relations office is tasked with the development of internal and external publications, arranging meetings and forums, and resource development. The Community Relations department will assist in educating the community about AACOG's IDD Services goals and objectives.

Procurement and Contracting

Procurement is responsible for handling the purchase of goods and services for all departments in AACOG. This includes taking bid orders, ordering supplies and services, and contracting for services. Vendors who are interested in selling products and services to AACOG should read the Vender Requirements. The Procurement and Contracting department are also responsible for conducting an annual inventory.

Section V: Organizational Plan Elements

ORGANIZATIONAL STRUCTURE

AACOG utilizes a functional organizational structure in which tasks and resources are grouped into programs and departments based on specialty, type of work, and/or funding contract.

Organizational Chart
Available Upon Request

Roles and responsibilities

Role	Responsibilities
Board	• Oversight of the Executive Director's implementation of policies established by the Board. • Monitor, review and make recommendations on matters concerning the Council. • Conduct the Executive Director's annual performance and compensation review. • Ensure the development and monitor the implementation of a comprehensive audit program. • Monitor the fiscal affairs of the Council, which includes but is not limited to the review and approval of financial reports, and draft audit report(s) • Take disciplinary action against the Executive Director.
Executive Director	• Appoint, supervise, and remove all subordinate employees • Direct the day-to-day operations of AACOG • Prepare the annual budget and work program of the Council
Deputy Executive Director	• Aids in assisting with executive director tasks listed above as well as coordinate operations and program administration.
Advisory Committee	• Contribute, review, and make recommendations on the development and content of the Local Provider Network Development Plan for services for people with Intellectual and Developmental Disabilities (IDD) in Bexar County • Ensure objectivity in the ongoing implementation of the network development processes, and provider monitoring activities • Prepare biannual reports for the AACOG Board of Directors on issues related to the needs and priorities

	of the local service area and implementation of plans and contracts.

Location

Operator	Street Address, City, and Zip	County
Alamo Area Council of Governments	2700 NE Loop 410 Suite 101 San Antonio, TX 78217	Bexar

BOARD MEMBERSHIP

The AACOG Board of Directors consists of elected or appointed officials from local governmental units within the Alamo Area State Planning Region 18 which is comprised of Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson counties in Texas. Local governmental units eligible for membership include counties, cities, towns, villages, hospital authorities, districts or other political subdivisions of the State. Membership and composition of the Board of Directors is clearly defined in the AACOG Bylaws to ensure the Board reflects the geographic and ethnic diversity of the region.

Name	Appointing Authority	Role
Dennis, Mary	Mayor, City of Live Oak	Chair
Hedtke, Wade	County Judge, Karnes County	Vice-Chair
Clay-Flores, Rebeca	Commissioner, Bexar County Precinct 1	Member-At-Large
Calvert, Tommy	Commissioner, Bexar County Precinct 4	Member-At-Large
Kelly, Rob	County Judge, Kerr County	Member-At-Large
Cude, Weldon	County Judge, Atascosa County	Member-At-Large
Suarez, Alfred "Al"	Mayor, City of Converse	Member-At-Large
Riley, Chris	Mayor, City of Leon Valley	Member-At-Large
Evans, Richard A.	County Judge, Bandera County	Member-At-Large
Herring, Joe	Mayor, City of Kerrville	Member-At-Large
Gavito, Marina Alderete	Councilwoman, City of San Antonio, District 7	Member-At-Large
Hasslocher, James C.	Board Member, University Health System	Member-At-Large
Dodgen, Donna	Mayor, City of Seguin	Member-At-Large
Jones, Daniel	County Judge, Gillespie County	Member-At-Large
Krause, Sherman	County Judge, Comal County	Member-At-Large
Carpenter, Michael	Commissioner, Guadalupe County	Member-At-Large
Lewis, Lisa	Chief Administrative Officer, CPS Energy	Member-At-Large
Lozano- Camacho, Rochelle	County Judge, Frio County	Member-At-Large

Lutz, Keith	County Judge, Medina County	Member-At-Large
Menendez, Jose	Senator, State of Texas, District 26	Member-At-Large
Moody, Grant	Commissioner, Bexar County Precinct 3	Member-At-Large
Pelaez, Manny	Councilman, City of San Antonio, District 8	Member-At-Large
Rocha Garcia, Dr. Adriana	Councilwoman, City of San Antonio, District 4	Member-At-Large
Schroeder, Darrin	Mayor, City of Castroville	Member-At-Large
Spradley, Lawrence	Councilman, City of New Braunfels	Member-At-Large
Stolarczyk, Shane	County Judge, Kendall County	Member-At-Large
Teal, James E.	County Judge, McMullen County	Member-At-Large
Valdivia, Enrique	Chair, EAA Board of Directors	Member-At-Large
Vasquez Jr., Sylvester	President, Southwest ISD	Member-At-Large
Whitman, Hank	County Judge, Wilson County	Member-At-Large
Guillen, Ryan	Representative, State of Texas, District 31	Ex-Officio Member
Hoffman, Brian	Vice Director, 502d Air Base Wing, JBSA	Ex-Officio Member
de Leon, Suzanne	Mayor, City of Balcones Heights; Former Board of Directors Chair	Ex-Officio Member
Zaffirini, Judith	Senator, State of Texas, District 21	Ex-Officio Member

BOARD BYLAWS

The current Board Bylaws are available upon request.

INTERLOCAL AGREEMENT AMONG SPONSORING AGENCIES

The sponsoring agency of AACOG's Local Intellectual and Developmental Disability Authority is the Bexar County Hospital District, dba University Health System (UHS). As a Hospital District, UHS is also a member of the AACOG Board of Directors. The Interlocal Agreement between AACOG and University Health System and subsequent amendments can be located at is available upon request.

INVOLVEMENT OF PERSONS

PLANNING PROCESS

The approach to the planning process is based on pragmatic realities impacting the organization and the need for rapid adjustments in operations as major external forces such as those mandated by the 78th Texas Legislative Session and the Texas Health and Human Service (HHS). In addition, the planning process involves a review of Bexar County demographics and the allocations of funding to meet the needs of people and families living with intellectual and developmental disabilities.

The AACOG staff and advisory council will review the goals and objectives semiannually to measure progress in reaching the established outcomes. In June 2025, AACOG will

reassess the progress in reaching established outcomes and use the information gathered during the annual budgetary planning cycle to plan for SFY 2026.

PRIORITY SETTINGS

The process of organizing any system typically entails the consideration of an entity's philosophy, vision, and/or the (local) plan; mandated (by law, regulation, standard, or licensure) activities or services; input from the constituent group, in this case, the Planning Network Advisory Committee; sources of revenue; and priorities. These processes are in most cases interdependent with each other.

The statutory purpose of the LIDDA is to serve people with IDD without regards to ability to pay.

PUBLIC INPUT

During the development of the Local Provider Network Development Plan, AACOG uses the input from many stakeholders, including but not limited to people with intellectual disabilities, family members, advisory and professional committees, and other key stakeholders that were used in the previous Local Provider Network Development Plan. AACOG ensures a process for identifying and soliciting input from stakeholders that ensures:

1. Planning efforts are inclusive, and participants represent the diversity of opinion, culture, and ethnicity of the local service area
2. Stakeholders have opportunities to participate effectively in the planning process; and,
3. The Planning and Network Advisory Committee is involved to the maximum extent possible.

Methods for gathering feedback from the community may include focus groups, discussion forums, meetings, surveys, and public hearings. AACOG makes every effort to use a variety of methods, locations, and times to collect information from a representative cross sample of its stakeholders, including, but not limited to:

1. People with disabilities and family members,
2. intellectual and developmental disability service providers,
3. healthcare providers,
4. SSLC (residents, family members, SSLC staff/volunteer services councils),
5. advocacy organizations,
6. representatives of local government,
7. law enforcement, and
8. other interested persons

Public input from previous Local Provider Network Development Plans have indicated the following priorities:

Child and Adolescent IDD Services

Highest Priorities

- Respite
- Crisis Prevention & Management

- Family Support and Training
- Autism Resources

Adult IDD Services

Highest Priorities

- Home and Community Services (HCS) Enrollments
- Outreach for HCS Interest List
- Crisis Prevention & Management
- Person Center Planning:
    - Centralized point of entry (info…referral clearing house)
    - Self-determination approach. (Choice, individualized budgets, money follows needs of the people)
    - Funding for every person with IDD [adequate, safe and affordable housing, transportation funded, medication costs, modified equipment, etc.…]
    - Respite
    - Community Supports & Habilitation
- Intermediate Care Facilities Vacancies
- Diverting individuals with IDD from criminal justice system

Section VI: Financial Plan Elements

APPROVED FISCAL YEAR OPERATING BUDGET

Budget is approved every fiscal year by the Board of Directors. The Fiscal Year 2026 budget is available upon request.

MOST RECENT ANNUAL FINANCIAL AUDIT

Annual financial audits are completed annually. Results are available upon request.

Section VII: Local Contribution

Local Match

SFY	Type	Amount
2024	Funding	$315,202.00
2025	Funding	$315,201.87
2026	Funding	$315,202.00

Section VIII: Assurance of the Board of Trustees

The Local Provider Network Development Plan is hereby submitted by the Alamo Area Council of Governments, for the period of September 1, 2025, through August 31, 2026, (SFY2026/SFY2027). The Board of Directors understands and will comply and enforce compliance with applicable state and federal laws, rules, standards, and regulations. AACOG will assume full authority to develop and administer the Local Provider Network Development Plan in accordance with related State policy. In accepting this authority AACOG assumes the major responsibility for the development and administration of the Local Provider Network Development Plan and serves as an advocate and focal point for individuals with intellectual and developmental disabilities or related conditions in Bexar County.

I hereby certify that the governing body of AACOG has reviewed and approved the Local Provider Network Development Plan.

_____	_____
Signature of Board Chair	Signature of Executive Director
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Date	Date

2022

Attachment A

AACOG

Alamo Area Council Of Governments

Community Needs Assessment

September 2022

crescendo

Contents

Organizational Background

Defined as a political subdivision of the State of Texas, the Alamo Area Council of Governments (AACOG) was established in 1967 under Chapter 391 of the Local Government Code as a voluntary association of local governments and organizations that serves its members through planning, information, and coordination activities. AACOG serves the Alamo Area/State Planning Region 18, which covers 13 counties and 12,582 square miles. Comprising the area planning region are Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, McMullen, and Wilson counties.

The mission of the Alamo Area Council of Governments is to enhance the quality of life of all residents of the Alamo Region in partnership with elected and appointed officials, funders, community partners and beneficiaries.

Values

- Performance with Integrity
- Commitment to Excellence
- Service before Self
- Culture of Appreciation
- Together We Succeed

Services & Programs

AACOG provides general technical assistance to member governments in their planning functions, preparation of applications, and the administration of area-wide programs. In addition, program specific technical assistance for regional planning in the areas of aging services, economic development, 9-1-1 systems, homeland security, criminal justice, resource recovery, air quality, transportation, and weatherization are also offered. AACOG also administers the Local Intellectual and Developmental Disability Authority in Bexar County. In addition, AACOG sponsors special projects in response to local government needs or requests. Support for these activities is provided through local dues, state appropriations, state and federal grants that are matched by local monies, and other public and private funds.[1]

[1] The Alamo Area Council of Governments IDD Services. Link: aacog.com/66/Intellectual-Developmental-Disability-Se

Intellectual & Developmental Disability Overview

In general, the term intellectual and developmental disability (IDD) is considered a subset of the larger category of Disability. The Texas Health and Human Services Commission identifies Intellectual or Developmental Disabilities (DD) as including many severe, chronic conditions that are due to mental and/or physical impairments. A DD can begin at any time, up to 22 years of age, and usually lasts throughout a person's lifetime. People who have DD may have problems with major life activities such as language, mobility, learning, self-help, or independent living[2].

The National Institutes of Health describes IDD as "differences that are usually present at birth and that uniquely affect the trajectory of the individual's physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems. Intellectual disability starts any time before a child turns 18 and is characterized by differences in both:

- Intellectual functioning or intelligence, which includes the ability to learn, reason, problem solve, and other skills; and
- Adaptive behavior, which includes everyday social and life skills.

"… the exact definition of IDD, as well as the different types or categories of IDD, may vary depending on the source of the information."[3]

AACOG IDD Services

The Alamo Area Council of Governments is one of 39 Local IDD Authorities located throughout Texas and provides IDD services to residents of Bexar County. San Antonio is the largest city within Bexar County, and it is also the third largest city in Texas. The Alamo Area Council of Government's IDD Services provide services and supports for eligible adults and children with intellectual disabilities,

PROGRAMS & SERVICES
Eligibility Determination
Consumer Benefits Screening
Service Coordination
Medicaid Waiver Programs such as Home and Community-Based Services (HCS) or Texas Home Living (TxHmL)
Safety Net funded services
Assisted Residential Living
Community Living Options

[2] Texas Health & Human Services. Link: hhs.texas.gov/services/disability/intellectual-or-developmental-disabilities-idd-long-term-care
[3] National Institutes of Health. Link:.nichd.nih.gov/health/topics/idds/conditioninfo#

developmental disabilities, and related conditions and their families in Bexar County.

Community Needs Assessment Methodology

The methodology for this community needs assessment (CNA) includes a combination of quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders and consumers – especially those from underserved populations.

Leadership Group

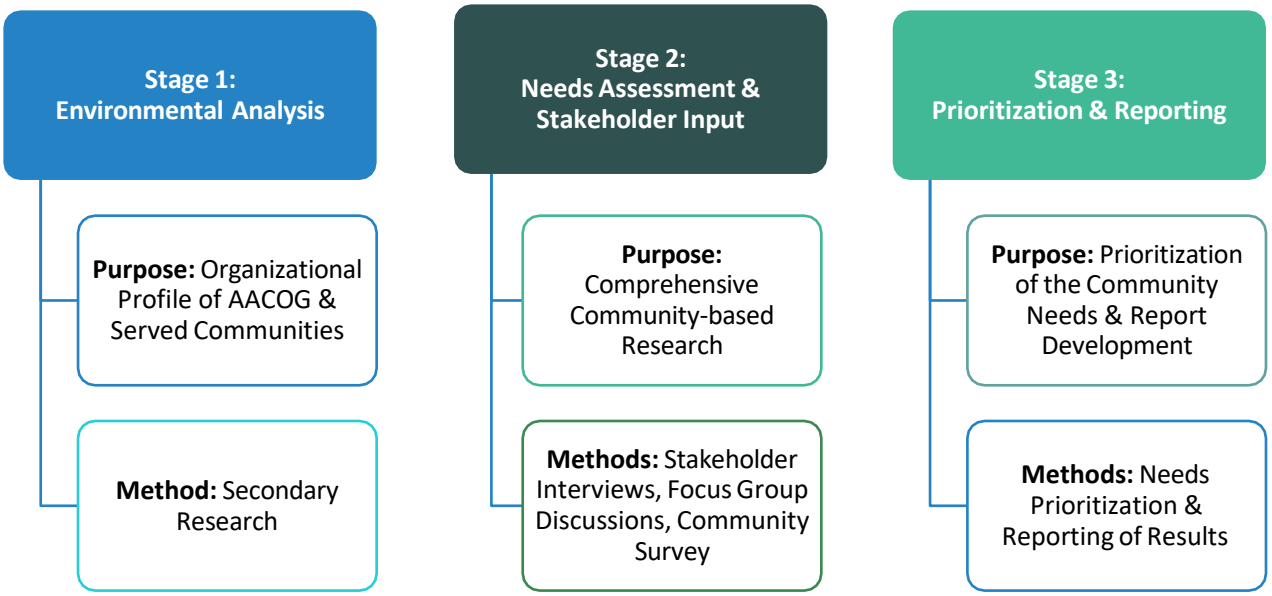
Throughout the community needs assessment research process, a Leadership Group provided oversight and guidance. The Leadership Group was comprised of the following individuals:

Name	Job Title	Organization
Diane Rath	Executive Director	AACOG
Jacob Ulczynski	Sr. Director, IDD Services & Agency Coordinator	AACOG
Virginia Charles	Assistant Director of IDD Services	AACOG
Rebecca Clay-Flores	Bexar County Commissioner	AACOG Board Member, Bexar County Representative
Trish DeBerry	Bexar County Commissioner	AACOG Board Member, Bexar County Representative
Jimmy Hasslocher	Board Member	AACOG Board Member, University Health System Representative
Cara Magrane	Director of Initiatives and Partnerships	Kronkosky Foundation
James Meadours	Chair	AACOG, IDD Services Advisory Committee
Bill Robinson	Vice Chair	AACOG, IDD Services Advisory Committee
Mary Hanlon-Hillis	Past Chair	AACOG, IDD Services Advisory Committee

It should be noted that one defining characteristic of this analysis and report is that it was completed during the ongoing COVID-19 pandemic. The pandemic has had a major impact on the IDD community in Bexar County and across the country as many service providers had to close due to lockdowns, staffing shortages, and more. Additionally, individuals with IDD and their caregivers have been directly impacted.

The project methodology components are outlined on the following page. The research used a three-stage approach to prioritize the needs and establishes a basis for continued community engagement by developing a broad, community-based list of needs.

The major phases of the research methodology and their components include the following:



Definitions & Data Limitations

As noted above IDDs are described as "differences that are usually present at birth and that uniquely affect the trajectory of the individual's physical, intellectual, and/or emotional development."

Throughout this report, the term IDD may be used to describe a group, an individual, or the disability itself, e.g. an IDD can begin at any time. However, State and Federal databases may vary in their disability definitions and/or the specific conditions that are understood as an IDD. For the purposes of this report, data focused on people living with a disability (PLWD) was gleaned from multiple sources of information to provide the most in-depth image of this population. In some instances, definitional differences may result in slightly different data totals.

The U.S. Census Bureau American Community Survey determines disability status by employing questions to identify populations representing persons at risk for participation difficulties including those who receive Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI).

Throughout this assessment, data by zip code tabulated area, or ZCTAs, are utilized to provide the most granular population data. ZCTAs are generalized areal representations of United States Postal Service zip code service areas. The USPS zip codes identify the individual post office or metropolitan area delivery station associated with mailing addresses. USPS zip codes are not areal features but a collection of mail delivery routes.[4]

Overall, community needs assessments utilize the most up-to-date secondary data sets available. The dramatic changes throughout 2020, 2021, and continuing into 2022 caused by the COVID-19 pandemic have impacted traditional projection tools and data collection methodology. The U.S. Census American Community Survey (ACS), which provides essential detailed population-based information related to service area communities, revised its messaging, altered mailout strategies, and made sampling adjustments to accommodate the National Processing Center's staffing limitations.[5]

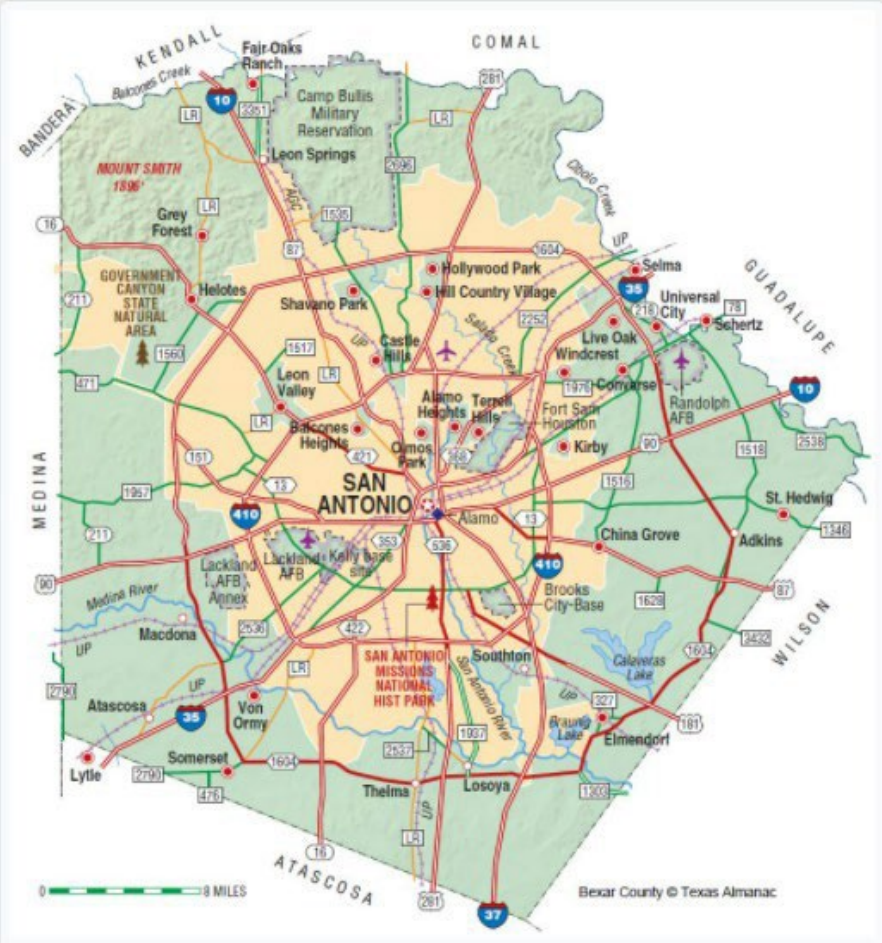
Additionally, the release date for data reflecting 2016 to 2020 has been delayed past the traditional December 2021 deadline. Where relevant, the impacts of new data due to the COVID-19 pandemic are noted throughout this report. In addition, while some of the qualitative research was conducted in person, attendance may have been impacted by the ongoing pandemic.

[4] U.S. Census Bureau, ZIP Code Tabulation Areas (ZCTAs). Link: census.gov/programs-surveys/geography/guidance/geo-areas/zctas.html
[5] U.S. Census Bureau. Link: www2.census.gov/ces/wp/2021/CES-WP-21-02.pdf

Bexar County

The Alamo Area Council of Governments (AACOG) serves a demographically diverse area with a rapidly growing population of more than 2.5 million residents. While the population continues to grow, poverty rates have remained stubbornly high in San Antonio and Bexar County. In addition, while the number of single-parent households at the state and national levels has fallen over the past 10 years, the percentage has remained the same in San Antonio and Bexar County.

Exhibit 1: Service Area Map



Source: Texas Almanac[6]

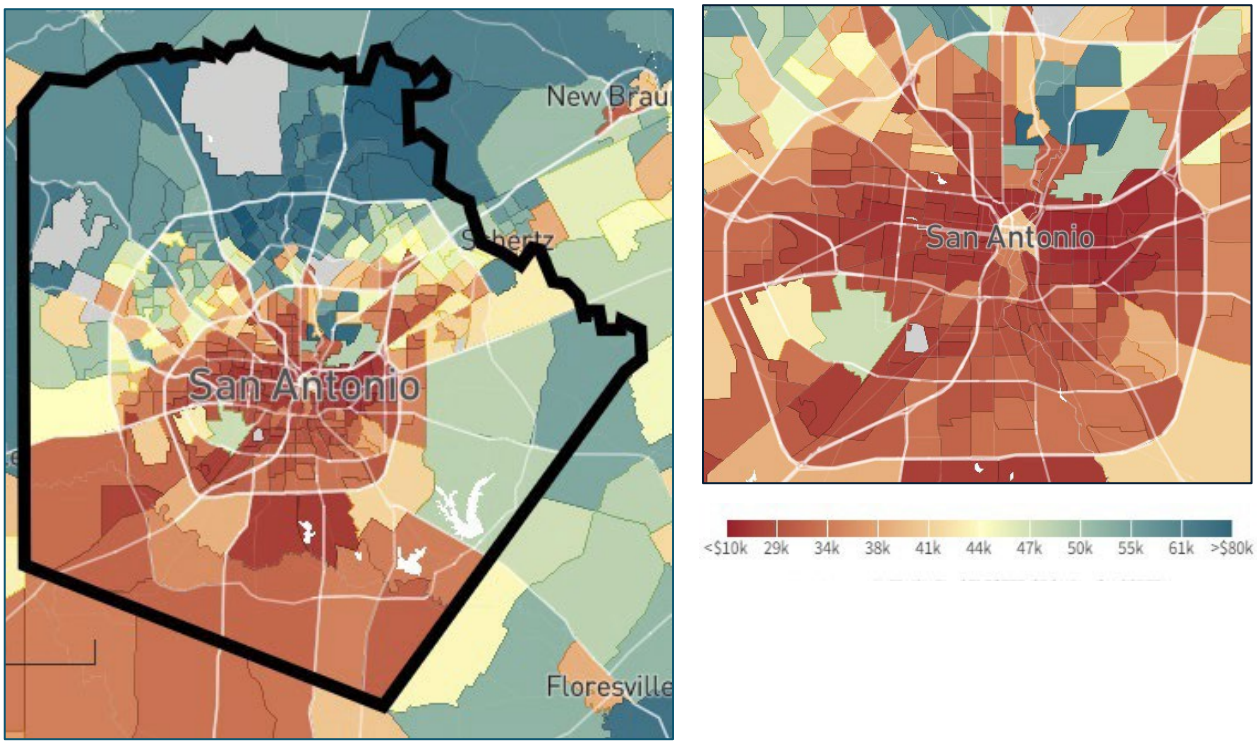
[6] Texas Almanac.

The Opportunity Atlas

The Opportunity Atlas is a useful tool for analyzing census data to track economic and social factors among individuals born in distinct geographic regions. To further illustrate the needs and disparities of AACOG's service areas, Exhibit 2 from the Atlas captures the median household income at age 35 in Bexar County. Blue and green colors represent higher income opportunities for children raised in a respective area, while orange and red indicate lower income opportunities.

Bexar County residents experience both prosperity and economic strain. Economic hardship is more common within the heart of San Antonio, where the median income for a 35-year-old is as low as $20,000 to $30,000 per year. Median income increases toward the north of Bexar County, with the highest in areas such as North Central, Shavano Park, and Elm Creek, San Antonio ($78,592, $75,121, respectively).

Exhibit 2: Bexar County

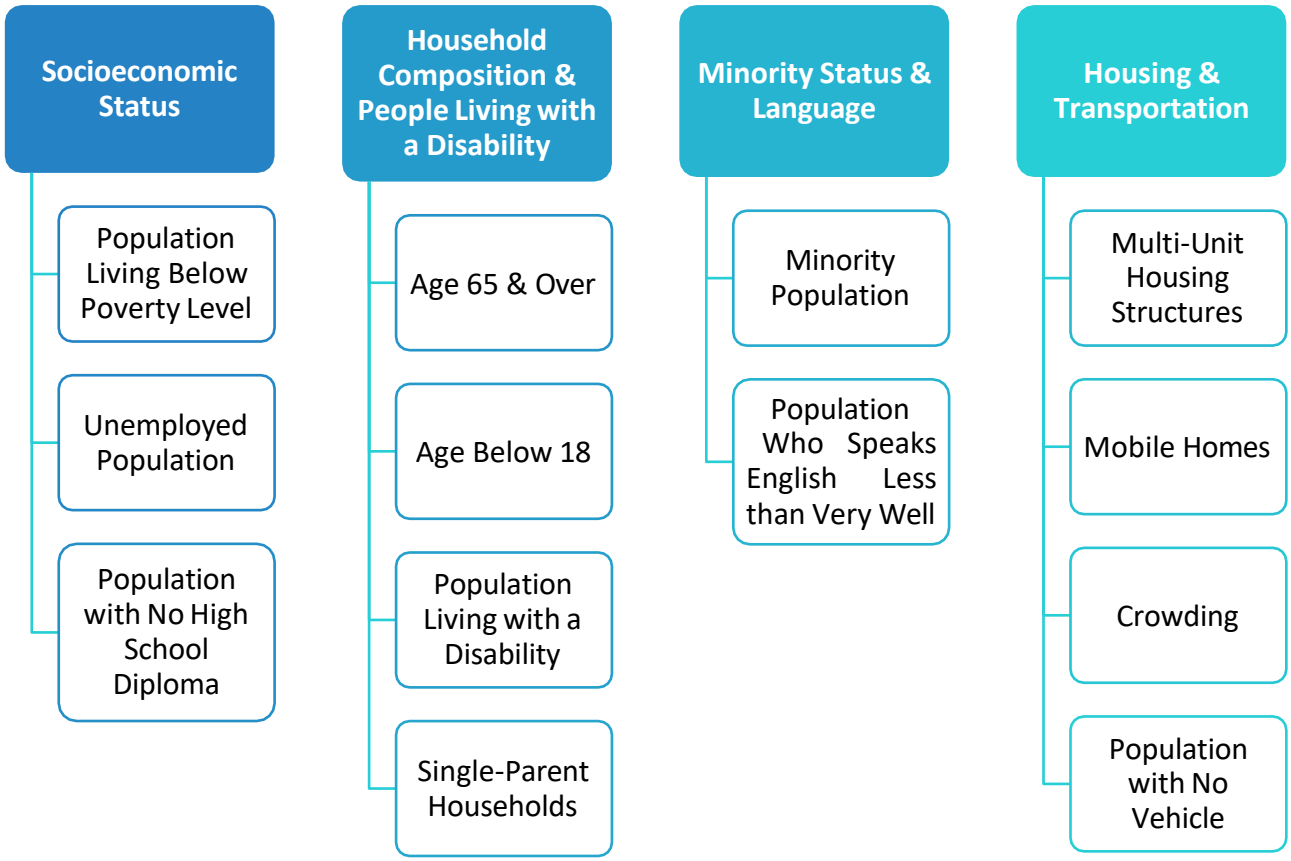


Source: The Opportunity Atlas [7]

[7] The Opportunity Atlas.

The Social Vulnerability Index

The Social Vulnerability Index (SVI) helps identify areas of community health need. Developed by the Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations, the SVI's measures are described within four domains. The measures are listed below in the domains of Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and Housing and Transportation. The Index may be used to rank overall population well-being and mobility relative to county and state averages. It can also be used to determine the most vulnerable populations during disaster preparedness and global pandemics.



The SVI measures are seen in Exhibit 3 for Bexar County, Texas, and the United States.

The data in this table comes from the 2019 American Community Survey 5-Year Estimates, with trends and changes noted by arrows ↑↓. An upward arrow (↑) indicates an increase of more than 10.0% from the 2010 American Community Survey 5-Year estimate, and a downward arrow (↓) indicates a decrease of more than 10.0%. If no arrow is present, there is no identified change from 2010.

Exhibit 3: Social Vulnerability Index

	United States	Texas	Bexar County
Below Poverty	13.4%↓	14.7%↓	15.7%
Unemployed [8]	3.9%	5.0%	3.8%
No High School Diploma	5.1%	8.2%	7.3%
Uninsured	8.8%	17.2%	15.2%
Median Household Income	$62,843	$61,874	$57,157
65 & Older	15.6%↑	12.3%↑	11.8%↑
17 or Younger	22.6%	26.0%	25.7%
People Living With a Disability	12.6%	11.5%	14.1%
Single-Parent Households	29.0%↓	28.3%↓	31.6%
Ethnic Minority [9]	39.3%↑	58.0%	72.3%
Limited English [10]	8.4%	13.7%	11.8%
Multi-Unit Housing Structures	26.3%	25.0%	29.1%
Mobile Homes	6.2%	7.1%	2.6%↓
Crowding [11]	2.2%	3.6%	3.0%
Group Quarters	3.9%	2.1%	1.9%↓
No Vehicle	8.6%	5.3%↓	7.2%↓

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Notable changes shown in the SVI table indicate an increased total population aged 65 and older in Bexar County, as well as a rise in median household income. The median income rose in Bexar County from $47,048 to $57,157, respectively, growing at similar rates to state and national averages.

However, median incomes in Bexar County are still much lower than Texas and national medians ($61,874 and $62,843, respectively). Additionally, poverty rates have fallen at the state and national levels but remained the same in Bexar County.

[1] U.S. Bureau Of Labor Statistics. December 2021 Unemployment Rates (Seasonally Adjusted). Link: bls.gov/news. Release/pdf/laus.pdf
County-Level Data: U.S. Bureau Of Labor Statistics. Fred Economic Data (Not Seasonally Adjusted). Link: fred.stlouisfed.org/series/TXBEXA9URN
[9] Population Who Identifies As A Race Other Than White.
[10] Age five & Over Who Speak English Less Than "Well".
[11] Housing Units With More Than One Person Per Room. Occupants Per Room, 1.01 To 1.50.

Community Demographics Summary

The percentage of adults 65 and older living in Bexar County is in line with the national and state percentages (11.8%). It is important to note that while all age groups have unique and ever-changing health needs, older populations are more likely to require more health care services. Generally, health care spending increases in tandem with increases in age. In 2019, the average annual cost of an individual's health care was approximately $7,180 for ages 45 to 54, compared to approximately $13,050 for those older than 65.[12]

The median age for a Bexar County resident is nearly five years younger compared to the U.S. and a year younger than the state median. Bracketed age-related data indicates that the most populated age group within Bexar County is between 25 to 34, followed by 35 to 44.

Exhibit 4: Population by Age & Gender

	United States	Texas	Bexar County
Total Population	324,697,795	28,260,856	1,952,843
Male	49.2%	49.7%	49.4%
Female	50.8%	50.3%	50.6%
Median Age	38.1	34.6	33.6
5 to 9	6.2%	7.2%	7.1%
10 to 14	6.4%	7.4%	7.2%
15 to 19	6.5%	7.1%	7.2%
20 to 24	6.8%	7.1%	7.4%
25 to 34	13.9%	14.7%	15.9%
35 to 44	12.6%	13.5%	13.5%
45 to 54	13%	12.5%	12.1%
55 to 59	6.7%	5.9%	5.6%
60 to 64	6.2%	5.3%	4.9%
65 to 74	9.1%	7.4%	7.1%
75 to 84	4.6%	3.6%	3.4%
17 or Younger	22.6%	26.0%	25.7%
65 & Older	15.6%	12.3%	11.8%
85 & Older	1.9%	1.3%	1.4%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

[12] Peterman-KFF Health System Tracker.

Bexar County is predominantly comprised of those who identify as White followed by almost 9% of those who identify as Black or African American. Similarly to Texas, Bexar County has an exceptionally high Hispanic-Latino population (60.2%), creating an ethnically diverse culture. In Bexar County, English is the primary spoken language (60.4%), and Spanish is the second most spoken language (35.7%). This presents an additional layer of diversity, especially for those seeking health care and community-based services.

Exhibit 5: Population by Race[13]

	United States	Texas	Bexar County
White	75.3%	76.3%	82.3%
Black or African American	14.0%	13.2%	8.9%
American Indian and Alaska Native	1.7%	1.2%	1.5%
Asian	6.6%	5.5%	3.9%
Native Hawaiian and Other Pacific Islander	0.4%	0.2%	0.3%
Some Other Race	5.5%	6.4%	6.8%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 6: Population by Ethnicity

	United States	Texas	Bexar County
Hispanic or Latino	18.0%	39.3%	60.2%
Mexican	11.2%	33.6%	53.0%
Puerto Rican	1.7%	0.7%	1.5%
Cuban	0.7%	0.3%	0.3%
Other Hispanic or Latino	4.3%	4.7%	5.5%
Not Hispanic or Latino	82.0%	60.7%	39.8%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 7: Language Spoken

	United States	Texas	Bexar County
English Only	78.4%	64.5%	60.4%
Don't Speak English	8.4%	13.7%	11.8%
Speaks A Language Other Than English			
Spanish	13.4%	29.3%	35.7%
Indo-European Language(s)	3.7%	2.2%	1.5%
Asian and Pacific Islander Language(s)	3.5%	3.0%	1.9%
Other	1.1%	1.0%	0.6%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

[13] Each Race Indicates People Who Reported Each Race As Their Only Entry In The Race Question.

People Living with a Disability

Previously noted, the term intellectual and developmental disability (IDD) is considered a subset of the larger category of disability. To provide in-depth population data, information has been gleaned from multiple data sources. In some instances, slight definitional differences may result in different data totals.

The U.S. Census Bureau American Community Survey determines disability status by employing questions to identify populations representing persons at risk for participation difficulties including those who receive Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI). Texas Health and Human Services Commission identifies Intellectual or Developmental Disabilities to include many severe, chronic conditions that are due to mental and/or physical impairments.

In 2019, Texas recorded the second largest number of people living with a disability (PLWD) in America (3.18 million). Overall, Bexar County has a higher percentage of people living with a disability compared to Texas (14.1%, 11.5%, respectively) and the United States (12.6%).[14]

Exhibit 8: Total Population Living With a Disability Summary

	United States	Texas	Bexar County
Total Population Living With a Disability	40,335,099	3,187,623	270,763
Percent of Population Living With a Disability	12.6%	11.5%	14.1%
Male	12.5%	11.4%	14.2%
Female	12.7%	11.5%	13.9%
Age			
Under	0.7%	0.7%	0.8%
5 - 17	5.5%	5.4%	7.3%
18 - 34	6.3%	5.9%	8.2%
35 - 64	12.6%	11.9%	16.0%
65 - 74	24.8%	27.9%	31.0%
75 & Older	48.4%	52.0%	53.7%

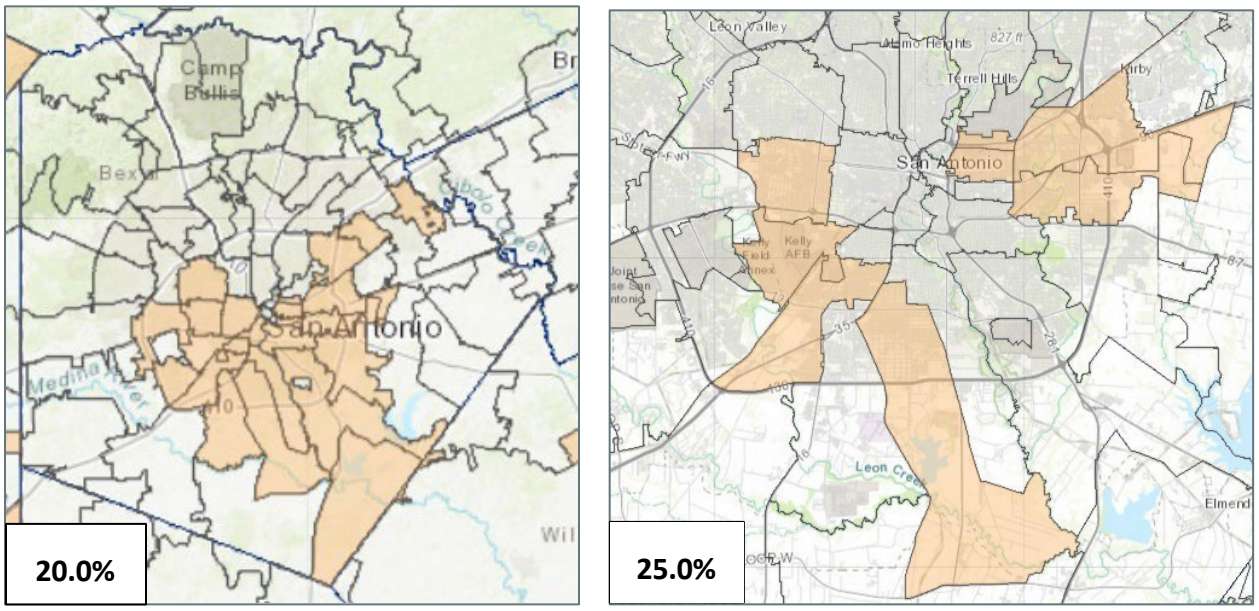
Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

- Over half of the population aged 75 and older living in Texas and in Bexar County are living with a type of disability. Bexar County also presents higher percentages of children and young adults LWD - most noticeable for those aged five to 34.
- Unlike most of the older adult population, people aging with an IDD are more likely to be vulnerable to conditions that may make growing older more difficult. For example, the National Institute on Health estimates 50.0% of people with Down Syndrome will develop Alzheimer's as they age.[15]

[14] Texas Workforce Investment Council. People With Disabilities: A Texas Profile, 2019
[15] National Institute On Aging. (2017, May). Alzheimer's Disease In People With Down Syndrome.

Exhibit 9 indicates zip code tabulated areas where at least 20.0 percent (left map) and 25.0 percent (right map) of the population is living with any type of a disability. Both maps indicate that central San Antonio is home to a large population of PLWD.

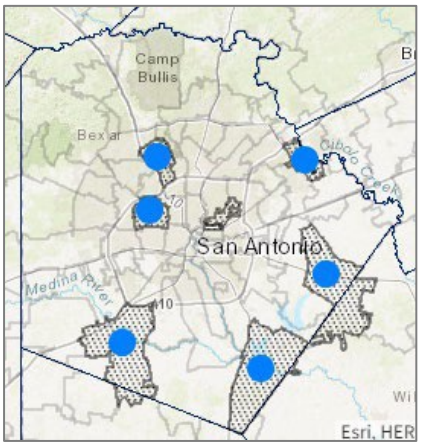
Exhibit 9: People Living With a Disability by Zip Code Tabulated Areas



Source: UDS Mapper. U.S. Census Bureau American Community Survey five-year estimates for ZCTAs, 2015-2019

Exhibit 10: Highest Concentration of People Living With a Disability

Zip Code	Location	PLWD
78073	Van Ormy	30.1%
78101	Adkins	29.5%
78112	Elmendorf	27.9%
78148	Universal City	27.2%
78150	Randolph Air Force Base	25.7%
78148	Universal City	20.9%
78208	Elmendorf	20.0%
78228	Atascosa	19.9%
78230	Lytle	18.2%
78234	Converse	18.0%



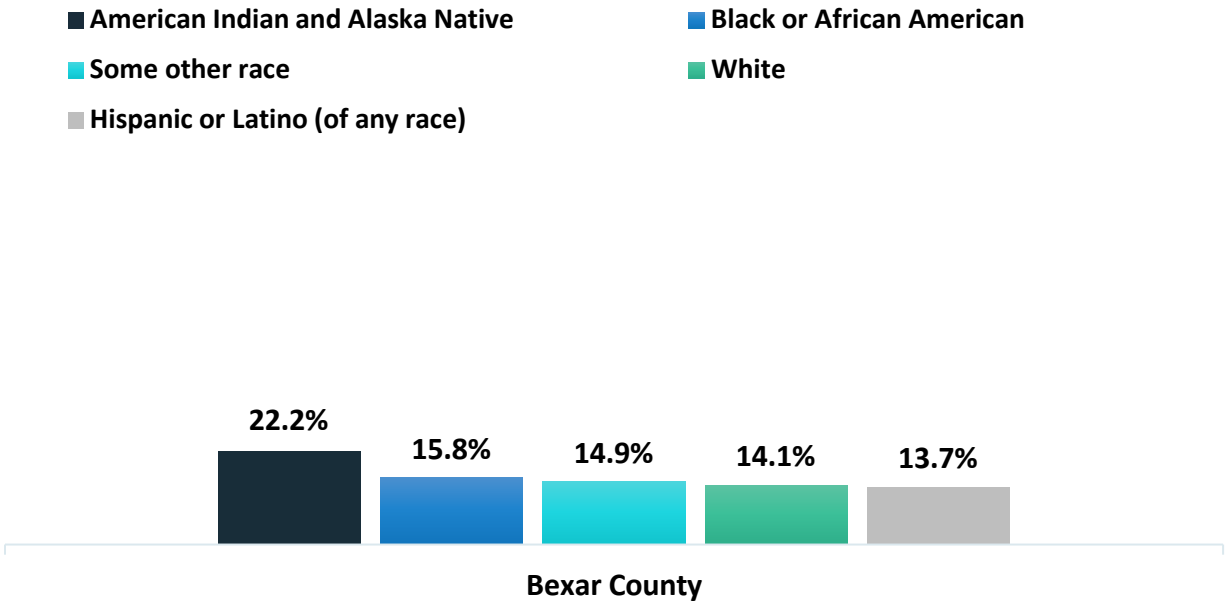
Source: UDS Mapper. U.S. Census Bureau American Community Survey five-year estimates for ZCTAs, 2015-2019

- The table above lists 10 zip codes that present the highest concentration of PLWD within Bexar County. At least ten zip codes within Bexar County comprise of 18.0 to 30.0 percent of PLWD, the highest in Van Ormy, Adkins, and Elmendorf.

Recognizing racial and ethnic characteristics of PLWD is critical to identifying the needs of this population. Research suggests that there are disparities in disability identification by race and ethnicity, as Black or African American students are 40.0 percent more likely, and American Indian students are 70.0 percent more likely, to be identified as having disabilities compared to their peers.[16]

People living with a disability in Bexar County predominately identify as American Indian or Alaskan Native, despite comprising of just 0.2 percent of the total population.

Exhibit 11: People Living With a Disability by Race & Ethnicity



	United States	Texas	Bexar County
White	13.1%	11.8%	14.1%
Black or African American	14.0%	13.1%	15.8%
American Indian and Alaska Native	16.9%	16.5%	22.2%
Asian	7.1%	5.6%	7.0%
Native Hawaiian and Other Pacific Islander	10.8%	10.3%	5.5%
Some other race	8.3%	8.7%	14.9%
Ethnicity			
White alone, not Hispanic or Latino	13.9%	13.6%	15.4%
Hispanic or Latino (of any race)	9.0%	9.4%	13.7%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

[16] Child Trends. Five things to know about racial and ethnic disparities in special education, 2017. Link: childtrends.org/publications/5-things-to- know-about-racial-and-ethnic-disparities-in-special-education

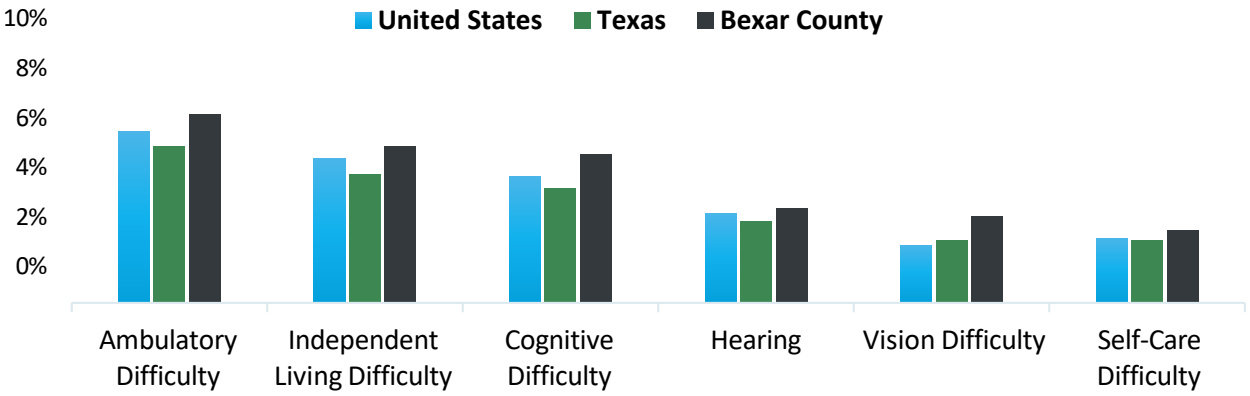
Each diagnosis represented in the IDD community (e.g. cerebral palsy, Down syndrome, Fragile X syndrome, and autism spectrum disorders (ASDs)) presents its own unique challenges. The percentage of residents who experience Ambulatory (7.6%) or Independent Living (6.3%) difficulties account for a majority of residents who report living with a disability in Bexar County. Ambulatory difficulties are identified in the U.S. Census Bureau American Community Survey (ACS) as having serious difficulty walking or climbing stairs, while independent living difficulties imply that because of a physical, mental, or emotional problem, having difficulties doing errands alone such as visiting a doctor's office or shopping.[17] Those who experience ambulatory and independent living difficulties may face greater financial barriers due to the high costs of home modifications and other services as it is estimated that a household containing an adult living with a disability (that limits their ability to gain employment) requires approximately 28.0 percent more income (or an additional $17,690 a year) to obtain the same standard of living as a similar household without a member with a disability.[18]

Please note, these factors will be further analyzed within this report.

The cognitive disability type is based on the ACS question asked of persons ages five and older: "Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?"

While categories may not be mutually exclusive, in many cases people with an IDD may experience several of these difficulties.

Exhibit 12: People Living With a Disability by Type



	United States	Texas	Bexar County
Total Population Living With a Disability	12.6%	11.5%	14.1%
Ambulatory Difficulty	6.9%	6.3%	7.6%
Independent Living Difficulty	5.8%	5.2%	6.3%

[17] U.S. Census Bureau. Disability Glossary, Ambulatory. Link: https://www.census.gov/topics/health/disability/about/glossary.html#par_textimage_952582087

[18] National Disability Institute; The Extra Costs Of Living With A Disability In The U.S. Resetting The Policy Table, 2020

Cognitive Difficulty	5.1%	4.6%	6.0%
Hearing	3.6%	3.3%	3.8%
Vision Difficulty	2.3%	2.5%	3.5%
Self-Care Difficulty	2.6%	2.5%	2.9%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Disability Type by Age

Age is an important indicator to understand the needs of PLWD, as growth in life expectancy has resulted in a rise in the population of older adults with IDD. It is projected the number of Americans aged 60 and older with IDD will nearly double from 850,600 in 2010 to 1.4 million in 2030. Comparable to the general older adult population, many older adults with an IDD experience age-related health conditions and a decline in physical and cognitive functions.

In 1950, the life expectancy in the United States was approximately 68 years old and by 2019 (pre-pandemic), life expectancy had risen to nearly 79 years old.[19] Older adults with an IDD have similar needs as the general older adult 16 population for long-term care support and desire to remain active and engaged in their community. [20] The following tables provide a more in-depth overview of the total population living with a disability by type and age.

Exhibit 13: Cognitive Difficulty

	United States	Texas	Bexar County
Cognitive Difficulty	5.1%	4.6%	6.0%
Under 18	4.2%	4.0%	5.1%
Under 5	4.4%	3.8%	5.4%
5 - 17	4.0%	3.5%	4.5%
18 - 64	4.7%	4.1%	6.0%
18 - 34	8.6%	9.6%	10.3%
35 - 64	5.1%	4.6%	6.0%
65 & Older	4.2%	4.0%	5.1%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 14: Ambulatory Difficulty

	United States	Texas	Bexar County
Ambulatory Difficulty	6.9%	6.3%	7.6%
Under 18	0.6%	0.6%	0.8%
Under 5	4.9%	4.5%	5.9%
5 - 17	1.3%	1.3%	1.8%
18 - 64	7.0%	6.5%	8.8%
18 - 34	21.9%	24.5%	27.2%
35 - 64	6.9%	6.3%	7.6%
65 & Older	0.6%	0.6%	0.8%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

[19] Https://Www.Macrotrends.Net/Countries/Usa/United-States/Life-Expectancy
[20] Texas Statewide Intellectual And Developmental Disabilities Strategic Plan, 2022.

- Over a quarter of the population living with a disability between the ages of 18 and 34 in Bexar County identified as having ambulatory living difficulties. Additionally, there are more adults with independent living difficulties in Bexar County compared to Texas.

Behavioral Risk Factor Surveillance Survey Profile

The annual Behavioral Risk Factor Surveillance Survey (BRFSS) is used to monitor health-related behaviors and diseases including valuable data on the population living with a disability on the state and county level.[21] This data is especially helpful when comparing PLWD to the population at large. Below are the results from the 2020 BRFSS. Please note that, the sample size includes all survey respondents except those with missing, "don't know," or "refused" answers.

Exhibit 15: Behavioral Risk Factor Surveillance Survey, People Living With a Disability Profile

N = 422	Texas	Bexar County
Total Population With a Disability	26.3%	27.0%
Male	24.7%	22.5%
Female	27.9%	31.2%
Age		
30 - 44	18.4%	20.3%
45 - 64	28.6%	39.9%
65 & Over	42.5%	35.8%
Annual Income		
Less Than $25,000	39.3%	43.6%
$25,000 - $49,999	29.4%	27.5%
$50,000 +	15.7%	15.5%
Education		
High School Graduate	30.0%	30.1%
Some College	26.2%	20.2%
College Graduate	14.1%	21.9%
Ethnicity		
White, Non-Hispanic	26.2%	22.1%
Hispanic	29.0%	31.0%
Health Insurance		
Uninsured	29.3%	41.6%
Insured	25.3%	23.0%
Employment Status		
Not Employed	36.9%	38.8%
Employed	18.4%	20.6%

Source: Texas Behavioral Risk Factor Surveillance System, 2020

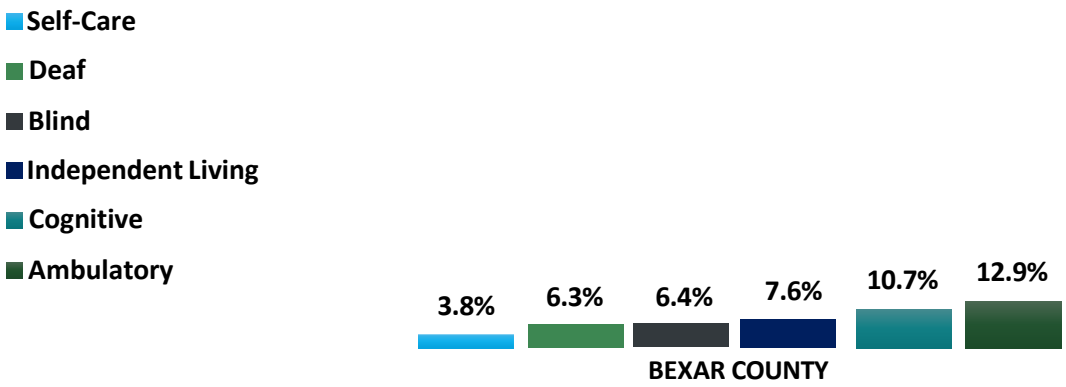
- Bexar County presents a much higher percentage of residents between the ages of 45 and 64, but a lower percentage of seniors living with a disability.

[21] Texas Behavioral Risk Factor Surveillance System. Link: dshs.texas.gov/chs/brfss/

- More PLWD in Bexar County earn an annual income of $25,000 or less compared to Texas. Over 40.0% of people living with a disability in Bexar County earn an annual income of $25,000 or less, indicating that nearly half of this population could be living in extreme poverty. There are more PLWD in Bexar County who identify as Hispanic compared to White, Non-Hispanic.

The 2020 BRFSS captured responses from individuals on various types of disabilities in Bexar County. Most respondents reported having an ambulatory difficulty (difficulty walking or climbing stairs), followed by cognitive difficulty.

Exhibit 16: Behavioral Risk Factor Surveillance Survey, Disability by Type Survey Questions



N = 428	Survey Question	Bexar County
Deaf	Are you deaf or do you have serious difficulty hearing?	6.3%
Blind	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	6.4%
Cognitive	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	10.7%
Ambulatory	Do you have serious difficulty walking or climbing stairs?	12.9%
Self-Care	Do you have difficulty dressing or bathing?	3.8%
Independent Living	Because of a physical, mental, or emotional condition, do you have difficulties doing errands alone such as visiting a doctor's office or shopping?	7.6%

Source: Texas Behavioral Risk Factor Surveillance System, 2020

Additional demographic data for each disability type,

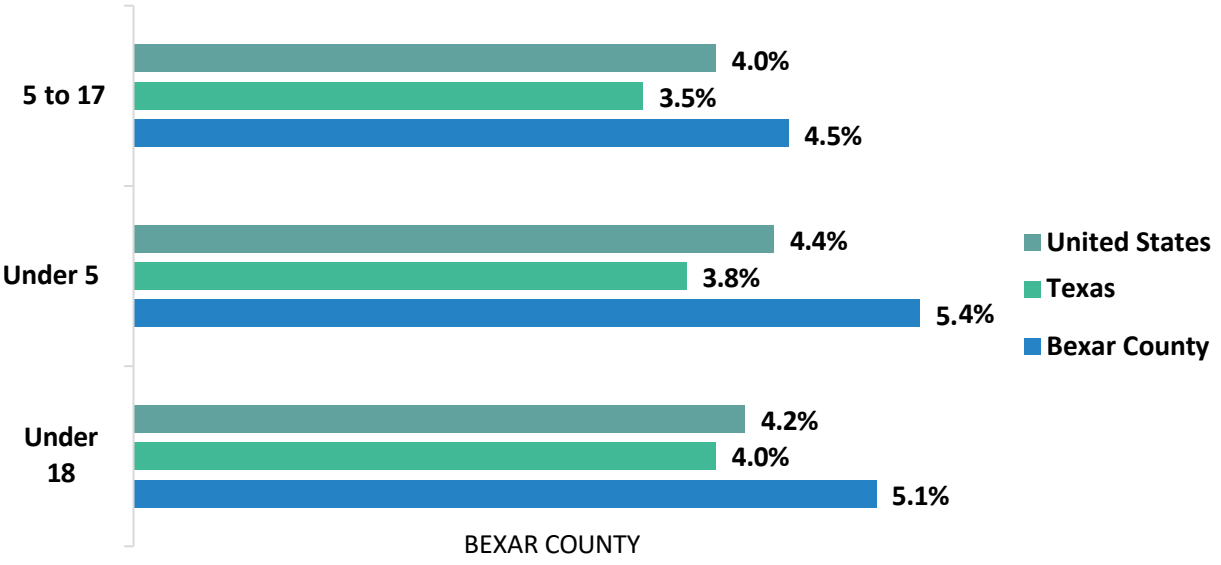
can be found at https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/brfss .

Children With Intellectual & Developmental Disabilities

In Bexar County, approximately 26,342 children aged five to 17 are living with a disability, and 1,117 children aged five and under.[22] From an early age, children with IDD experience challenges with daily tasks including personal care skills (getting dressed, going to the bathroom, eating), communication and social skills (having conversations, using the phone), learning routines, asking for help, and using money.[23]

Children with IDD also face a higher risk of out-of-home placement than other children, particularly at higher risk of placement in residential facilities. Infants and young children develop optimally through a strengthened relationship with a parenting figure which cannot be replicated by frequently changing caregivers.[24]

Exhibit 17: Children Living With a Disability



Age	United States	Texas	Bexar County
Under 18	4.2%	4.0%	5.1%
Under 5	4.4%	3.8%	5.4%
5 - 17	4.0%	3.5%	4.5%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

- Bexar County presents a higher percentage of children LWD in every age bracket compared to the state and national percentages.

[22] U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019 (DP05).
[23] American Academy Of Pediatrics. Section On Developmental And Behavioral Pediatrics, 2015.
[24] Texas Statewide Intellectual & Developmental Disabilities Strategic Plan, 2022.

The data indicates that most children LWD experience cognitive difficulties. As previously shared in this report, cognitive difficulty is defined by the U.S. Census as having a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decision.[25]

Exhibit 18: Children Living With a Disability in Bexar County by Difficulty

	Under 5	5 to 17	Under 18
Total Children Living With a Disability	0.8%	7.3%	8.1%
Ambulatory	5.9%	1.8%	0.8%
Cognitive	5.4%	4.5%	5.1%
Hearing	0.6%	0.7%	0.6%
Vision	0.5%	1.9%	1.5%
Self-Care	2.2%	1.0%	1.1%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Early Childhood Intervention Services

The Alamo Area Council of Governments provides services to children who are eligible for the Early Childhood Intervention (ECI) services through the Texas Health and Human Services Commission. The ECI program assists and supports families with children from birth up to age three with developmental delays, disabilities or certain medical diagnoses that may impact development.[26] Analysis of enrollment data for the statewide ECI program provides an additional overview of the need for services, more specifically for pre-k children. There are three facilities through Bexar County that provide ECI services, all within the San Antonio area. In 2021, over 85,000 children aged three and younger in Texas were referred to ECI. Statewide, over 86,000 children were referred to ECI services. Note: Percentages total more than 100% because many children have delays in more than one area.

Exhibit 19: Early Childhood Intervention Services, Bexar County

Birth to 3 Population	Comprehensive Services	Children Served by Follow Along	Total Served	Population Served: Comp	Total Population Served
124,699	7,130	79	7,209	6.0%	6.0%

Source: Texas Health and Human Services. Early Childhood Intervention Services by County, 2019

[25] U.S. Census Bureau. Disability Glossary, Cognitive Difficulty. Link: census.gov/topics/health/disability/about/glossahttps:/www.census.gov/topics/health/disability/guidance/data-collection-acs.htmlry.html#par_textimage_952582087

[26] Texas Health & Human Services, Early Childhood Intervention Programs.

Exhibit 20: Early Childhood Intervention Statewide Consumer Profile

Texas	State Fiscal Year, 2021
Total Children Referred	86,319
Children With a Medical Diagnosis	14.5%
Congenital Anomalies – Musculoskeletal & Other	20.3%
Chromosomal Anomalies	18.7%
Conditions Originating in Perinatal Period	17.2%
Diseases of the Nervous System	12.3%
Congenital Anomalies – Brain/Spinal Cord	7.8%
Symptoms/Ill-Defined Conditions	7.6%
Autism Spectrum Disorders	7.5%
Congenital Anomalies - Other	3.8%
Congenital Anomalies – Facial Clefts	3.0%
Endocrine, Nutritional, and Metabolic Diseases	1.8%
Children With a Developmental Delay	83.9%
Children With Hearing or Vision Difficulty	1.2%
Speech/Communication	79.7%
Physical/Motor	65.2%
Cognitive	54.6%
Adaptive/Self-Help	43.5%
Personal/Social	33.8%
Hearing	1.1%
Vision	0.3%

Source: Texas Health & Human Services. ECI Consumer Profile Fiscal Year, 2021

Children with IDD experience trauma from physical abuse, sexual abuse, exploitation, neglect, seclusion and restraint, institutionalization, abandonment, and bullying at rates higher than the general population.[27]

Exhibit 21: Rate Of Confirmed Victims Of Child Abuse

Age 17 & Under	Texas			Bexar County		
Per 1,000 Children	2018	2019	2020	2018	2019	2020
	9.0	9.1	9.1	11.3	10.2	10.3

Source: The Annie E. Casey Foundation. Kids Count Data Center

- Health care providers face a higher level of complexity when assessing and treating trauma in children with IDD as professionals may not want to devote the time and resources needed. Too few professionals (mental health and IDD) understand the impact of trauma on children with IDD and lack the skills and expertise to assess, diagnose, and treat. [28]

[27] The National Child Traumatic Stress Network, Intellectual & Developmental Disabilities.
[28] Texas Parent To Parent, An Unseen Population: IDD And Trauma.

Diagnosis-Specific Overview of Served Populations

As mentioned previously in this report, AACOG provides programs and services to both adults and children diagnosed with an Intellectual and/or Developmental Disabilities Pervasive Developmental Disorder such as Autism and Asperger's Syndrome. This section provides a high-level overview of select diagnoses that recipients of AACOG services frequently experience.

Autism Spectrum Disorder

While there are several definitions of autism spectrum disorder (ASD), the Texas Health and Human Services defines ASD as a group of complex and lifelong neurodevelopmental disorders which are characterized by varying degrees of pertinent deficits in two areas: social communication and social interaction impairment as well as repetitive and/or restrictive behaviors.[29]

According to the 2019 Report of the Texas Autism Council, the prevalence (or incidence or both) of autism is currently 1 in 592 and continues to grow. Approximately 3.0% of children in the U.S. and almost 2.0% of children in Texas received an autism diagnosis in 2016. Additionally, conservative estimates suggest there are at least 250,000 individuals with autism in Texas. The projected growth of this population will require more services and supports from childhood to adulthood. For example, within the Texas Vocational Rehabilitation services, the number of individuals with autism receiving services doubled from 3,000 to 6,000 between 2010 and 2017.

**Most recent numbers are from 2017-2018*

***No comprehensive estimate is available. Prevalence is likely underestimated and is based on a rough estimate from 20 years of exit data from special education services.*

Exhibit 22: Estimated Prevalence of Autism Spectrum Disorder

Texas	Estimated Numbers
Children with ASD, Birth to Age Three	26,129*
Children with ASD, K-12 Education	71,951
Adults with ASD	125,000**
Estimated Number of Individuals with ASD	223,080 to 250,000 +

Source: Texas Autism Council, Report of the Texas Autism Council, 2019

- The prevalence of children with ASD receiving special education services in Texas grew from 1.6 per 1,000 children in 2000 to 12.2 in 2018.[30]

[29] Texas Health & Human Services, Autism Spectrum Disorder.
[30] National Center On Birth Defects & Developmental Disabilities, Centers For Disease Control & Prevention.

- Students with ASD eligible for Special Education services have increased in number and proportion with 13.5% of students in 2018-2019 receiving an autism diagnosis (71,951 total) – an increase from 9.0% of students in 2012-2013 (41,206).[31]

Down Syndrome

Down syndrome, also known as Trisomy 21, is a genetic condition that is commonly caused by an extra copy of the 21st chromosome. People with Down Syndrome grow and develop like other people but meet milestones later than a typical child. The mental, behavioral, and developmental progress of people with Down syndrome varies widely and cannot be predicted before a person is born. The average life expectancy for people with Down syndrome is about 60 years. According to the National Birth Defects Prevention Network, between 2014 and 2017 approximately 2,210 babies were born with Down Syndrome in Texas.[32]

Individuals with Down Syndrome are more likely to experience complex health challenges, including:

- **Heart Defects:** Found in 40% to 60% of people with Down Syndrome; some minor and treatable with medication; some serious and requiring surgery.
- **High Incidence of Infection:** Greater frequency of colds, bronchitis, sinus infections, and pneumonia.
- **Loss of Mental Functioning:** Alzheimer-like issues, such as memory loss, more likely with aging.

UT Southwestern Medical Center

UT Southwestern Medical Center

Exhibit 23: Prevalence of Down Syndrome Texas

2014-2017	White, Non-Hispanic	Black, Non-Hispanic	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	Total
Per 10,000 Live Births	12.0	11.7	16.3	10.6	10.4	14.0
Count	639	219	1,219	87	3	2,210

Source: National Birth Defects Prevention Network. Birth Defects Data Tables & Directory, 2014-2017

[31] Texas Education Agency, Student Data And Reports.
[32] National Birth Defects Prevention Network. Birth Defects Data Tables & Directory, 2014-2017.

While the cause of the extra full or partial chromosome is still unknown, maternal age is the only factor that has been linked to an increased chance of having a baby with Down syndrome.[33] Older mothers are more likely to have a baby with Down syndrome compared to younger mothers. In 2015, the prevalence among babies born to mothers under age 30 was seven to eight per 10,000 live births, while the prevalence among babies born to mothers aged 40 or older was approximately 122 per 10,000 live births.[34]

Exhibit 24: Prevalence of Babies Born With Down Syndrome by Maternal Age

Age	Per 10,000 live births	Texas (Count)
Less than 35	8.2	1,109
35 & Older	48.2	1,101
Total	14.0	2,210

Source: National Birth Defects Prevention Network. Birth Defects Data Tables & Directory, 2014-2017

Exhibit 25: Maternal Age Chart

Maternal Age	Incidence of Down syndrome	Maternal Age	Incidence of Down syndrome	Maternal Age	Incidence of Down syndrome
20	1 in 2,000	30	1 in 900	40	1 in 100
21	1 in 1,700	31	1 in 800	41	1 in 80
22	1 in 1,500	32	1 in 720	42	1 in 70
23	1 in 1,400	33	1 in 600	43	1 in 50
24	1 in 1,300	34	1 in 450	44	1 in 40
25	1 in 1,200	35	1 in 350	45	1 in 30
26	1 in 1,100	36	1 in 300	46	1 in 25
27	1 in 1,050	37	1 in 250	47	1 in 20
28	1 in 1,000	38	1 in 200	48	1 in 15
29	1 in 950	39	1 in 150	49	1 in 10

Source: National Down Syndrome Society

[33] National Down Syndrome Society, What Is Down Syndrome?
[34] Texas Department Of State Health Services. The Texas Birth Defects Monitor: An Annual Data & Research Update, 2015.

Intellectual Disability

This section of the report contains data and insight from the Texas Health and Human Services legacy agency, the Department of Mental Health and Mental Retardation (TXMHMR), a state-run program that offers an array of services responding to the needs of individuals with mental illness and intellectual disabilities, to enable this population to make choices resulting in lives of dignity and increased independence.[35] In 2013, the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) replaced the term 'mental retardation' with 'intellectual disability', or intellectual developmental disorder (IDD).[36]

For the purposes of this report, state language has been updated to reflect the latest terminology for this community.

The department's mission is to offer an array of services responding to the needs of individuals with mental illness and mental retardation, enabling them to make choices resulting in lives of dignity and increased independence. The priority population for IDD services consists of the 70,840 Texans considered to be the most in need. In Texas, there are approximately 26,000 persons with IDD in the priority population who currently require the agency's services and are not receiving them.[37]

[35] Handbook Of Texas Medicine. Texas Department Of Mental Health And Mental Retardation, 2020. Link: https://www.tshaonline.org/handbook/entries/texas-department-of-mental-health-and-mental-retardation

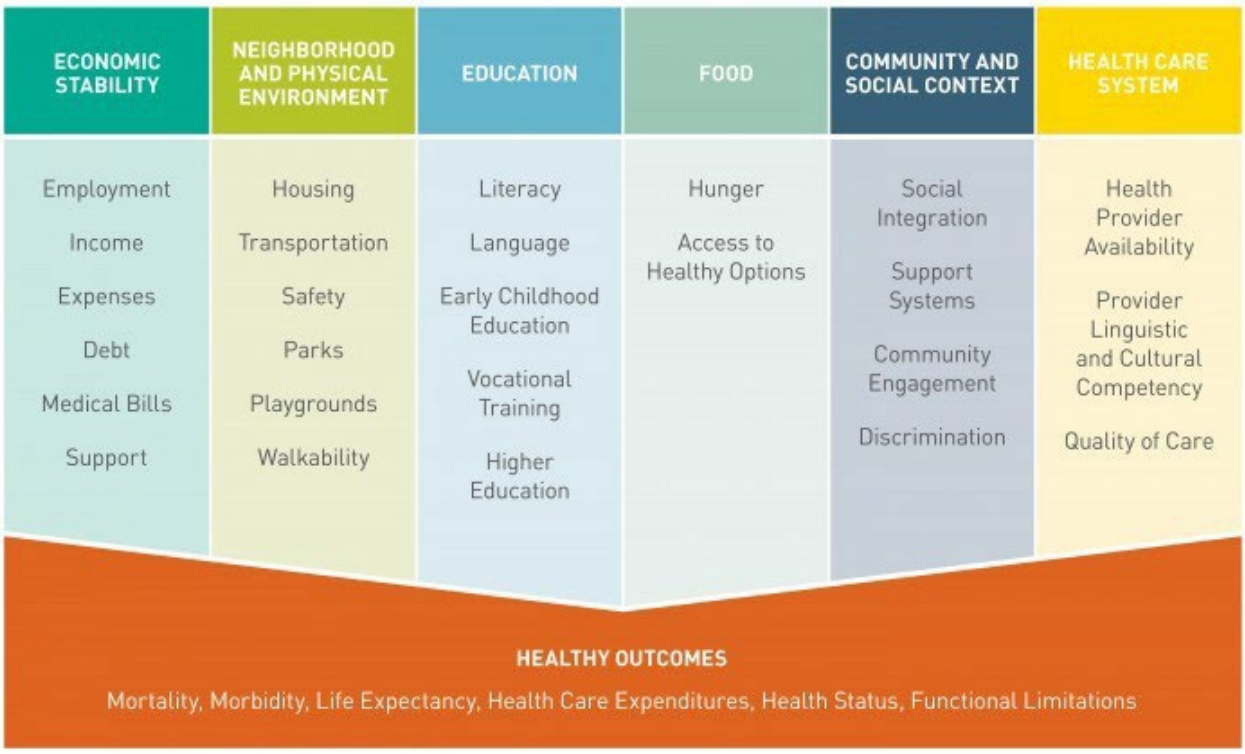
[36] Texas District & County Attorneys Association. Significant changes from the DSM-IV to the DSM-5, 2013.

[37] The Texas Department Of Mental Health & Mental Retardation. 40 Tex. Admin. Code § 72.204, 2022. Link: https://casetext.com/regulation/texas-administrative-code/title-40-social-services-and-assistance/part-1-department-of-aging-and-disability-services/chapter-72-memorandum-of-understanding-with-other-state-agencies/subchapter-b-memorandum-of-understanding-concerning-coordination-of-services-to-persons-with-disabilities/section-72204-texas-department-of-mental-health-and-mental-retardation-txmhmr#:~:text=That%20is%20approximately%2015%25%20of,and%20are%20not%20receiving%20them

Social Determinants of Health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and grow older. These factors affect a wide range of health, functioning, and quality-of-life outcomes and risks. These conditions contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity, and even lowers life expectancy relative to people who do have access to healthy foods.[38] Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

Addressing these inequities is essential for improving health and reducing long-standing disparities for people with disabilities. Where appropriate, this report incorporates data related to people living with disabilities into the Social Determinants of Health.



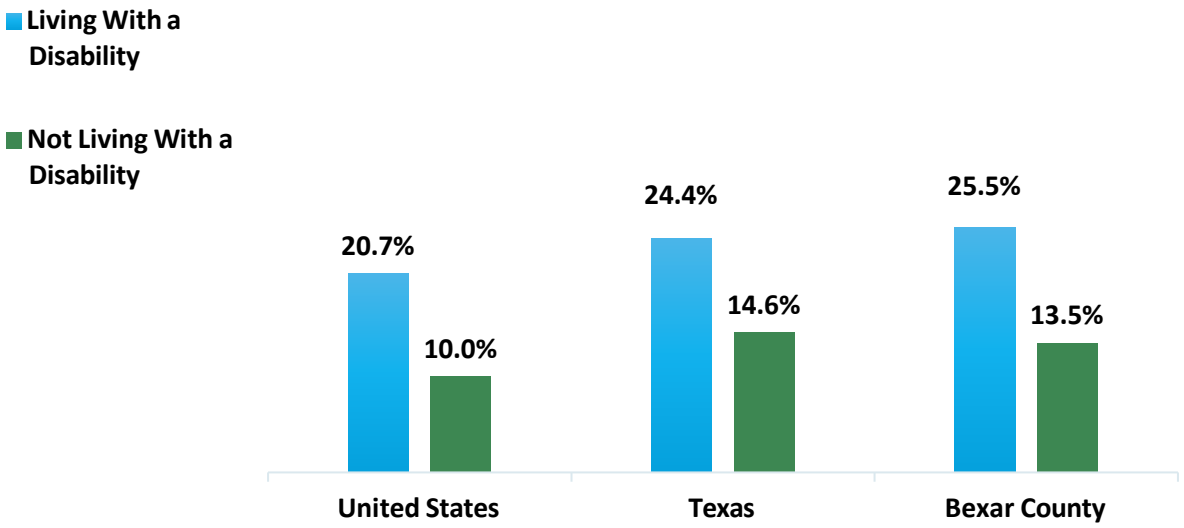
Source: Kaiser Family Foundation

[38] U.S. Department of Health and Human Services. Healthy People 2030, Social Determinants of Health.
Link: health.gov/healthypeople/objectives-and-data/social-determinants-health

Education Access & Quality

Educational attainment is typically a strong indicator of future economic status. Comparing the population living with a disability to those are who have limited education, highlight inequities. More individuals aged 25 and over living with a disability graduate high school or earn an equivalent certification compared to the general population. Approximately a quarter of the population living with a disability does not have a high school diploma, compared to 13.5% of the general population.

Exhibit 26: Population With Less Than a High School Graduation



Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

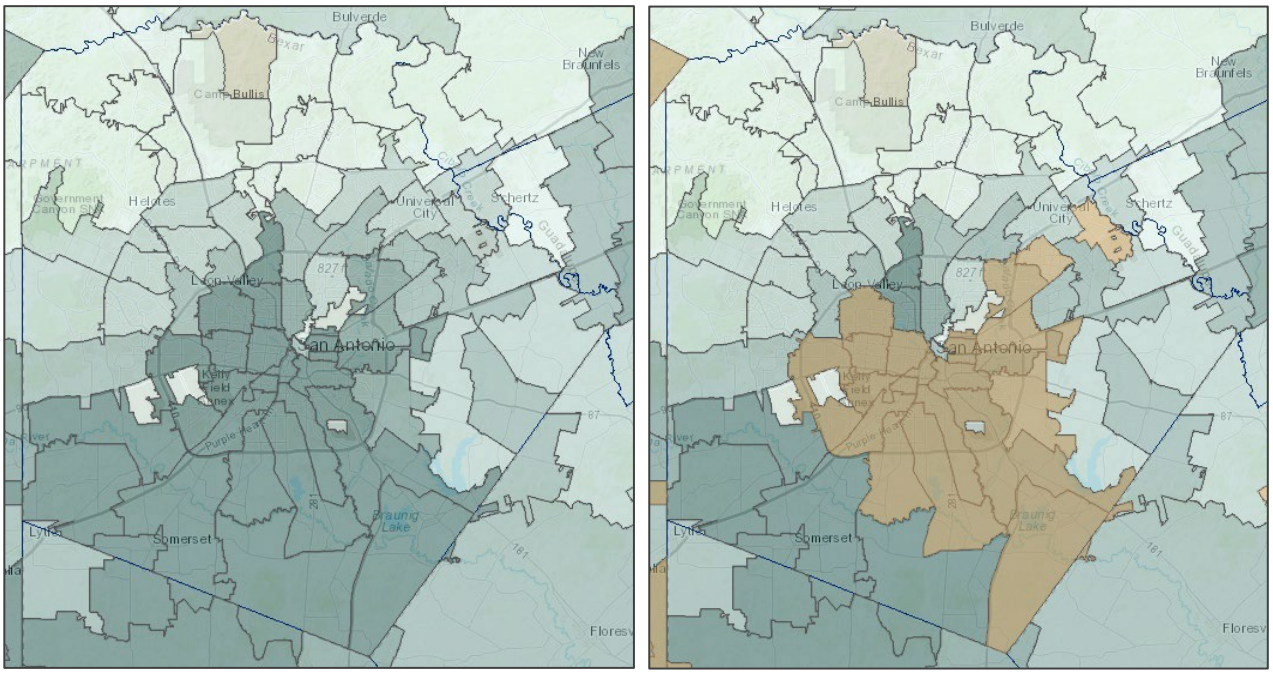
Exhibit 27: Educational Attainment

	United States	Texas	Bexar County
Population 25+ Not Living With A Disability	181,149,668	15,023,614	997,141
Less Than High School Graduate	10.0%	14.6%	13.5%
High School Graduate (Includes Equivalency)	25.4%	23.8%	24.7%
Population 25+ Living With A Disability	35,375,300	2,726,914	228,726
Less Than High School Graduate	20.7%	24.4%	25.5%
High School Graduate (Includes Equivalency)	33.9%	29.9%	29.0%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

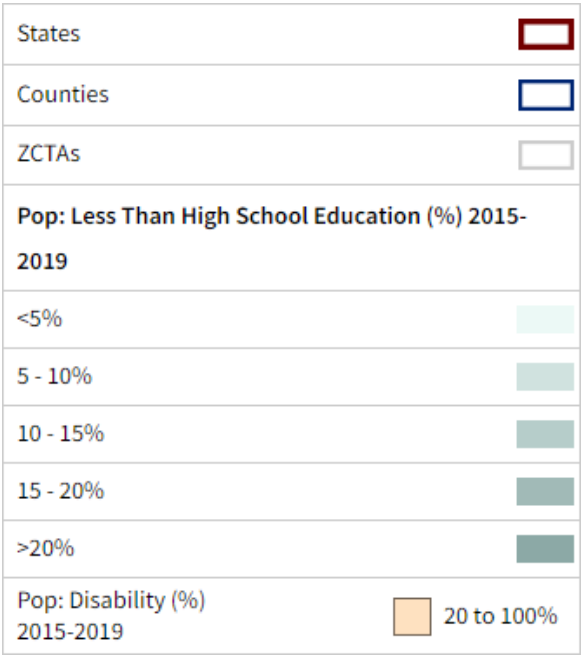
The maps below display the percentage of the total population with limited educational attainment (percent of residents aged 25 and older who have not completed high school), followed by ZCTA's within Bexar County where at least 20.0% or higher of the population is living with a disability.

Exhibit 28: Map of Population With Less Than High School Education & PLWD



Source: UDS Mapper. U.S. Census Bureau, American Community Survey five-year estimates for counties or ZCTAs, 2015-2019

- The deep green shaded areas indicate where 20.0% or more of the population with less than a high school education is located within the county.
- The zip codes where 20.0% of the population is living with a disability is extremely similar. This further highlights the disparity between disability status and educational attainment.



Special Education

Having an intellectual disability affects a child's ability to learn, think, and solve problems. Children with IDD also face challenges with the ability to build skills necessary to live independently (often called adaptive skills). These include language, self-control, social skills, attention, and practical skills like how to handle money and time, or the way they take care of themselves. Often, children with an IDD will have fewer adaptive skills than their peers with typical development; this disability will begin at age 17 or younger, and they are unlikely to outgrow it.[39] During the 2020-2021 school year, 43,347 students in Bexar County were reported to be receiving special education services through the Texas Education Agency.

Nearly 13.0% of students in Bexar County receiving special education services were diagnosed with autism (12.8%) and 9.6% of enrolled children had a form of intellectual disability. Autism is a developmental disability which significantly affects verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance.[40]

[39] Navigate Life Texas, Children With Intellectual Disabilities.
[40] Special Education Information Center, Autism Spectrum Disorder.

Exhibit 29: Students Receiving Special Education Services

County Public School Districts Including Charter Schools	Bexar County
Total Students Living With a Disability	43,347
Autism	5,562
Intellectual Disability	4,164
Emotional Disturbance	3,005
Auditory Impairment	302
Visual Impairment	207
Orthopedic Impairment	165
Traumatic Brain Injury	66
Deaf/Blind	13
Speech Impairment	9,001
Noncategorical Early Childhood[41]	646
Other Health Impairment[42]	6,060

Source: Texas Education Agency, 2020-2021 Special Education Reports[43]

For more information on the types of impairments listed in Exhibit 29, please visit the https://www.spedtex.org/index.cfm/parent-resources/disabilities/autism-spectrum-disorder/

[41] A Child Between The Ages Of 3-5 Who Is Evaluated As Having An Intellectual Disability, Emotional Disturbance, A Specific Learning Disability, Or Autism May Be Described As Non-Categorical Early Childhood (Ncec).
[42] A Student With Other Health Impairment Is One Who Has Been Determined To Meet The Criteria Due To Chronic Or Acute Health Problems Such As Asthma, Attention Deficit Disorder Or Attention Deficit Hyperactivity Disorder, Diabetes, Epilepsy, A Heart Condition, Hemophilia, Lead Poisoning, Leukemia, Nephritis, Rheumatic Fever, Sickle Cell Anemia, And Tourette's Disorder As Stated In 34 Cfr, §300.8(C)(9).
[43] Tea, 2020-2021 Special Education Reports.

Exhibit 30 indicates the number and percentage of students enrolled in special education services within Bexar County. Please note that the table indicates 15 schools with the highest percentage of enrollment, not all schools.

Exhibit 30: Special Education Enrollment by Independent School District & Charter Schools

Independent School Districts (ISD)	# of Special Education Students	% of Special Education Students
Inspire Academies	109	19.0%
Southwest ISD	2,141	15.9%
Southside ISD	847	15.1%
Lackland ISD	123	13.8%
Judson ISD	3,295	13.8%
Northside ISD	14,125	13.7%
Fort Sam Houston ISD	202	13.5%
Positive Solutions Charter School	16	13.4%
Brooks Academies Of Texas	411	13.3%
San Antonio ISD	6,003	13.1%
George Gervin Academy	113	13.0%
San Antonio Preparatory Schools	27	12.5%
Edgewood ISD	1,144	12.5%
Northeast ISD	7,423	12.3%
East Central ISD	1,183	12.1%

Source: Education Service Center, Region 2020

Exhibit 31: Head Start & Early Head Start Enrollment

Number of Children Enrolled	Texas	Bexar County
Head Start	67,908	9,185
Early Head Start	11,374	1,582

Source: The Annie E. Casey Foundation. Kids Count Data Center, 2018-2019

- While the percentages of children registered in either program is unavailable, the 2018-2019 figures for Bexar County reflect an increase of nearly 1,500 children enrolled in Head Start enrollment in 2017-2018, and an increase of 136 children enrolled in Early Head Start.[44]

[44] The Annie E. Casey Foundation. Kids Count Data Center, Head Start Enrollment In Bexar. Link: datacenter.kidscount.org/data/tables/3076- head-start-enrollment?loc=45&loct=5#detailed/5/6529/false/1696,1648,1603,1539,1484,1457,1228,1070,1022,892/any/8041

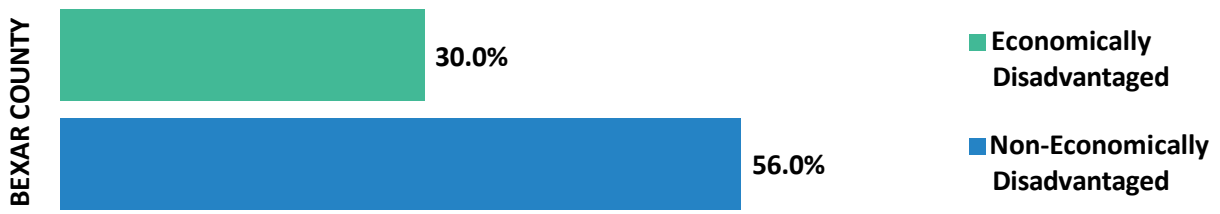
Exhibit 32 indicates the percentage of 3rd grade students passing the Reading component of the State of Texas Assessments of Academic Readiness (STAAR) exams by economic status of students. Economically disadvantaged students are eligible for free or reduced-price lunch or other public assistance. Passing rates are based on Level II: Satisfactory Academic Performance standards at the final recommended phase-in.

Exhibit 32: Third Grade Students with Satisfactory Reading Ability

Texas		Bexar County	
Non-Economically Disadvantaged	Economically Disadvantaged	Non-Economically Disadvantaged	Economically Disadvantaged
60%	33%	56%	30%

Source: The Annie E. Casey Foundation. Kids Count Data Center, 2018-2019

Exhibit 33: Bexar County Third Grade Students with Satisfactory Reading Ability



Source: The Annie E. Casey Foundation. Kids Count Data Center, 2018-2019

Economic Stability

Low socioeconomic status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates, and other poor health outcomes.[45] Texans LWD/IDD are more likely to live at or below the poverty level due to a high unemployment rate, lack of affordable housing, challenges with transportation, sometimes high and expensive medical needs, and limited government benefits.[46]

Approximately 27.0% of people living with a disability are involved in the workforce, in line with the state percentage and greater than the national percentage. Bexar County has a median annual income of $57,157, lower than the statewide median ($61,874), and the national median ($62,843).

Exhibit 34: Employment Status of People Living With a Disability

	United States		Texas		Bexar County	
	PLWD	People Not LWD	PLWD	People Not LWD	PLWD	People Not LWD
In Labor Force	23.8%	67.2%	26.5%	68.0%	26.9%	68.4%
Not in Labor Force	73.2%	29.3%	70.6%	28.6%	69.7%	28.1%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 35: Median Annual Household Income

United States	Texas	Bexar County
$62,843	$61,874	$57,157

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

[45] Healthy People 2030, Economic Stability. Link: health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability
[46] Texas Statewide Intellectual And Developmental Disabilities Strategic Plan, Special Education.

Employment Opportunities

In 2021, 19.1% of persons with a disability were employed, an increase from 17.9% in 2020. For persons without a disability, 63.7%. The unemployment rates for people with and without a disability both declined from 2020 to 2021, to approximately 10.0% and 5.0%, respectively, a reflection of the impact of the COVID-19 pandemic on the labor market.[47]

Exhibit 36: Occupation Overview of People Living With a Disability[48]

	United States		Texas		Bexar County	
	PLWD	People Not LWD	PLWD	People Not LWD	PLWD	People Not LWD
Management, business, science & arts occupations	29.9%	39.1%	30.1%	37.1%	28.4%	35.9%
Service occupations	21.6%	17.5%	21.4%	17.0%	25.1%	19.5%
Sales and office occupations	22.3%	21.6%	22.4%	22.2%	22.7%	23.9%
Natural resources, construction & maintenance occupations	9.3%	8.8%	10.9%	10.8%	10.2%	9.8%
Production, transportation & material moving occupations	16.9%	13.0%	15.3%	12.9%	13.7%	11.0%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 37: Population Age 16 & Over With Earnings

	United States		Texas		Bexar County	
With earnings	PLWD	People Not LWD	PLWD	People Not LWD	PLWD	People Not LWD
Population, 16 & Over	10,785,966	158,489,724	918,967	13,483,206	79,327	905,534
$1 to $4,999 or less	16.1%	8.8%	14.5%	8.3%	15.1%	8.8%
$5,000 to $14,999	20.0%	13.3%	19.6%	13.6%	20.0%	14.6%
$15,000 to $24,999	15.0%	13.4%	15.6%	14.7%	16.6%	16.3%
$25,000 to $34,999	12.4%	13.3%	12.6%	13.7%	14.8%	15.2%
$35,000 to $49,999	12.6%	15.1%	12.6%	14.5%	12.4%	14.9%
$50,000 to $74,999	12.1%	16.3%	12.4%	16.3%	12.1%	16.3%
$75,000 or more	11.9%	19.8%	12.8%	18.9%	9.1%	13.9%
Median Annual Earnings	$24,106	$36,066	$25,194	$34,662	$23,882	$31,370

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

[47] Persons With A Disability: Labor Force Characteristics, 2021.
[48] U.S. Census Bureau. Table S1811: Selected Economic Characteristics For The Civilian Noninstitutionalized Population By Disability Status.

- In Texas, PLWD make almost $10,000 less in annual earnings compared to people not living with a disability. This disparity is also present in Bexar County, as there is a gap in annual earnings of approximately $7,488.

Impoverished Communities

Disability is both a cause and consequence of poverty. Texans with an IDD are more likely to live at or below the poverty level due to a high unemployment rate, lack of affordable housing, challenges with transportation, sometimes high and expensive medical needs, and limited government benefits.[49] Impoverished communities have limited access to health care and other preventative services. Comparing the population 16 and over who are both living with a disability and living in poverty to those without a disability shows a clear inequity between these two populations. In Bexar County, the percentage of impoverished people with a type of disability is nearly twice as high compared to those without a disability (12.2%, 21.3%, respectively).

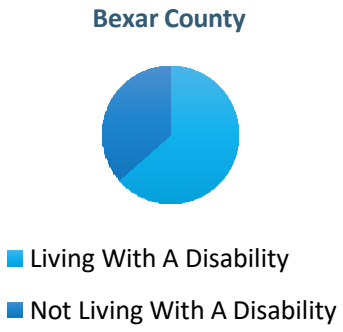


Exhibit 38: People Living in Poverty (100% Below the Federal Poverty Level)

United States		Texas		Bexar County	
People Not LWD	PLWD	People Not LWD	PLWD	People Not LWD	PLWD
10.7%	19.9%	11.7%	19.3%	12.2%	21.3%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

[49] Texas Statewide Intellectual & Developmental Disabilities Strategic Plan, 2022.

Exhibit 39: Total Population in Poverty by Age, Race & Ethnicity

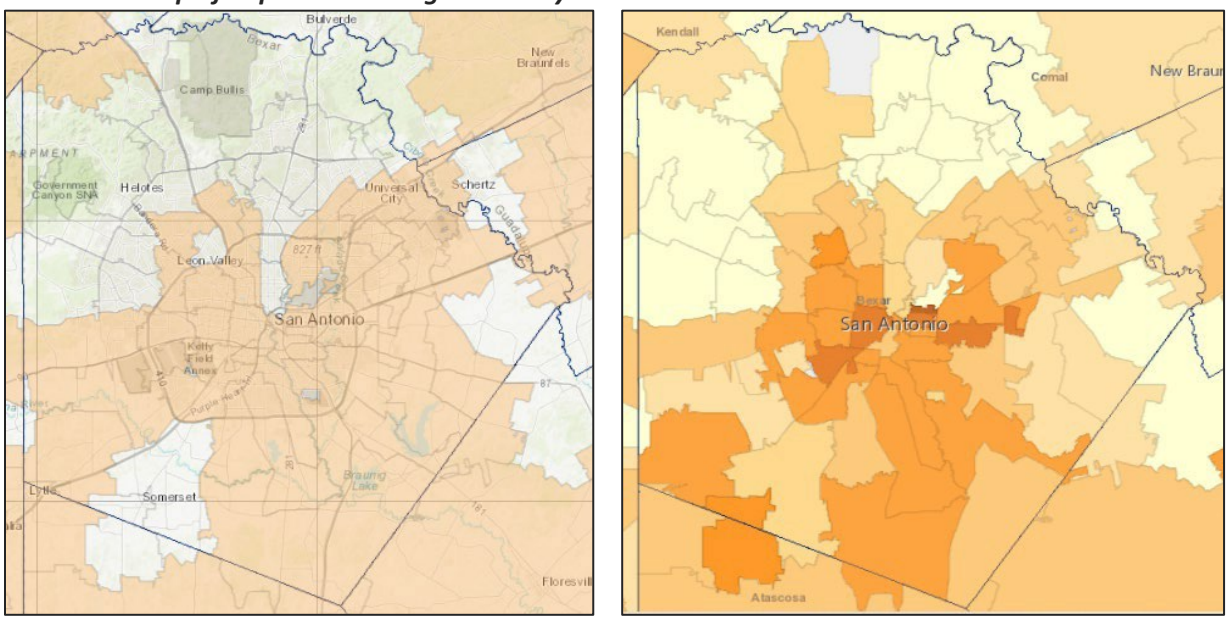
	United States	Texas	Bexar County
Total Population Living in Poverty	13.4%	14.7%	15.7%
Under 5	20.3%	22.7%	24.6%
Under 18	18.5%	20.9%	22.3%
65 & Over	9.3%	10.6%	11.5%
Race & Ethnicity			
White	9.6%	8.4%	9.5%
Black or African American	23.0%	19.3%	18.1%
American Indian or Alaska Native	24.9%	17.1%	27.3%
Asian	10.9%	10.2%	13.5%
Native Hawaiian or Pacific Islander	17.5%	18.8%	14.7%
Other	21.0%	21.0%	17.3%
Hispanic or Latino	19.6%	20.7%	18.6%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

- Approximately 15.7% of the total population of Bexar County is living in poverty, twice as high compared to those identifying as White. Nearly 20.0% of individuals within the Hispanic or Latino community, the majority population of Bexar County (60.2%), lives in poverty.

To further highlight the socioeconomic disparities within the AACOG service area, Exhibit 40 indicates zip code tabulated areas within Bexar County with a disability rate of 15.0% or higher, while the map on the left provides an additional layer of data indicating zip code tabulated areas where residents are living 100.0% below the Federal Poverty Level. Geographically, this population mostly resides in the heart of San Antonio and continues to spread south.

Exhibit 40: Map of Population Living in Poverty & PLWD



Source: UDS Mapper. U.S. Census Bureau, American Community Survey five-year estimates for counties or ZCTAs, 2015-2019

States	
Counties	
ZCTAs	
Pop: Poverty (%) 2015-2019	
<10%	
10 - 20%	
20 - 30%	
30 - 40%	
>40%	
Pop: Disability (%) 2015-2019	15 to 100%

Social & Community Context

Personal relationships with family, co-workers, friends, and the community as a whole have a major impact on health and well-being. Many people face environmental challenges they can't control such as unsafe neighborhoods, discrimination, or trouble affording the things they need.[50] These challenges are amplified and nearly unattainable for some community members living with a disability.

Communities are implementing approaches to address SDoH by focusing on the following factors:

- ***Civic Participation***
- ***Discrimination***
- ***Incarceration & Crime***
- ***Social Cohesion & Social Connectedness***
- ***Community Capacity***

Incarceration of Individuals with IDD

Historically, people with disabilities are three times more likely to be the victim of violent crimes compared to people without disabilities. A 2021 nationwide study by the U.S. Department of Justice concluded that in 2019, the rate of violent crimes against persons with disabilities was nearly four times the rate for persons without disabilities (49.2 compared to 12.4 per 1,000 age 12 or older).[51] The Arc of Texas estimates that 50.0% to 80.0% of police encounters involve people with some type of disability. This disparity is exacerbated by race and ethnicity; youth who identify as Black or African American with a disability have a 55.0% chance of being arrested compared to 37.0% for those without a disability.[52] Additionally, when entering the system, professionals may be unaware of a disability, thus overlooking a person's needs for accommodation and misinterpreting a person's presence or actions.

In 2019, a Task Force established by the Texas Commission on Jail Standards was formed to study best practices for the detention of a person with an intellectual or developmental disability. The task force found several barriers to collecting this critical data including a lack of policies, as the Texas Jail Association does not currently collect data on inmates with IDD. This is exacerbated by a lack of staff and the fact that jails do not differentiate between intellectual or

[50] Healthy People 2030, Social & Community Context.
[51] U.S. Department Of Justice, Office Of Justice Programs Bureau Of Justice Statistics. Crime Against Persons With Disabilities, 2009–2019 – Statistical Tables, 2021.
[52] The Arc Of Texas, Disability Awareness Training: A Train The Trainer Program For First Responders.

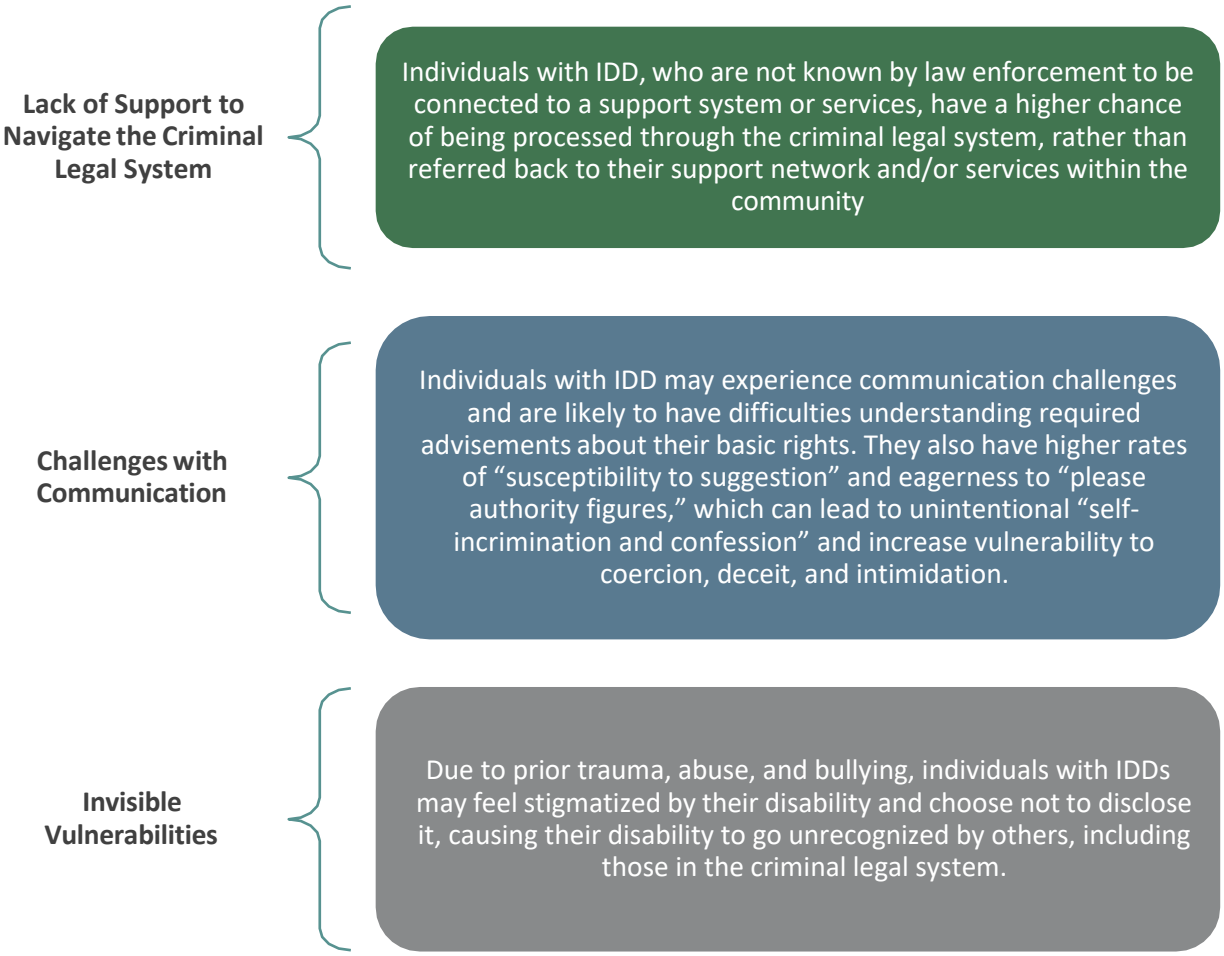
developmental disability and mental health diagnosis. Additionally, as of 2019, nearly two decades after the U.S. Supreme Court deemed it unconstitutional to execute those with intellectual disabilities, Texas still had no process for determining whether death penalty defendants are intellectually disabled and therefore ineligible for execution.[53]

When people with an intellectual and/or developmental disability enter the justice system in America, they are likely to experience a multitude of complex difficulties.

Exhibit 41: Bexar County Incarceration Rates

Per 100,000 Population, Aged 15 - 64	United States	Texas	Bexar County
Incarceration Rate	772	1,041	1,126

Source: Vera Institute of Justice. Incarceration Trends, Bexar County, 2021



Source: Texas Commission on Jail Standards. Detention Of Persons With IDD, 2020

[53]The Texas Tribune. Texas Still Doesn't Have A Law On Intellectual Disability And The Death Penalty. Will That Change This Year? 2019.

Read the full Texas Commission on Jail Standards Report on Detention of Persons With IDD

https://www.tcjs.state.tx.us/wp-content/uploads/2020/12/Detention_of_Persons_with_IDD.pdf

Discrimination, Social Cohesion & Social Connectedness

Social cohesion refers to the strength of relationships and the sense of solidarity among members of a community. One indicator of social cohesion is the amount of shared group resources, like a friend-of-a-friend's knowledge of a job opening.[54] Research has shown that stigma remains a major barrier to acceptance and inclusion for people with IDD and PLWD regardless of culture, though there appears to be progress in terms of using diverse approaches to support acceptance and belonging. People with intellectual and developmental disabilities experience stigma that can limit social inclusion and increase disparities with the general population. Stigma involves discrimination, prejudice, and exclusion of people in various forms, and often affects how one is accepted or can participate within a community.[55]

Policies & Regulations

The Americans with Disabilities Act (ADA) protects the rights of people with disabilities regarding access to facilities such as public buildings, government offices and schools, as well as private businesses open to the public, like malls, restaurants, hotels, and stadiums. The ADA guidelines also protect the access to services, transportation, employment, housing, child support, education, and more.[56] However, in the past few years, Texas legislatures have allowed changes to policy in the past few years that have had a significant negative impact on access to care for people living with a disability who are already underserved and vulnerable.

[54] Healthy People 2030, Social Cohesion. Link: health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries
[55] Nature Public Health Emergency Collection. Stigma, Acceptance & Belonging For People With Idd Across Cultures, 2020. Link: ncbi.nlm.nih.gov/pmc/articles/PMC7326393/
[56] Texas Law Help, Disability Rights. Link: texaslawhelp.org/article/disability-rights

In October of 2020, the Texas state regulatory board's decision agreed to remove protections for LGBTQ+ clients and clients with disabilities who seek social work services.[57] The Texas State Board of Social Work Examiners (TSBSWE) unanimously agreed to change a section of its code of conduct that establishes when a social worker may refuse to serve someone. For the community, the change meant that the code will no longer prohibit social workers from turning away clients on the basis of disability, sexual orientation, or gender identity. In 2021, the Texas Attorney General issued a nonbinding opinion, indicating that the TSBSWE "doesn't have to make the change, but it wouldn't be illegal if it did." Additionally, the Attorney General stated that the TSBSWE may issue a Code of Conduct removing the prohibition of discrimination based on disability and LGBTQ+ status, and that the TSBSWE "may not even have the authority to prohibit that same discrimination."[58]

> ***"There's now a gray area between what's legally allowed and ethically responsible," he said. "The law should never allow a social worker to legally do unethical things."***
>
> *Houston-based LCSW*

Neighborhood & Built Environment

The neighborhood and community environments people live in have a major impact on their health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks.[59]

Housing

Historically, individuals in the IDD community were commonly institutionalized in congregate living facilities. A common barrier to individuals seeking relocation from an institutional setting is the lack of affordable, accessible, and integrated housing. [60]

Access to affordable and safe housing has become a national conversation, as concerns about the availability of affordable housing for Americans have outpaced worries about other community issues. The percentage of adults who say affordable housing is a major problem where they live is larger than the shares who say the same about drug addiction (35.0%), the economic and health impacts of COVID-19 (34.0% and 26.0%, respectively) and crime (22.0%).[61] Naturally, this problem is exacerbated for PLWD, who already faced severe housing challenges,

[57] The Texas Tribune. Texas attorney general says state board can't ban social workers from discriminating against people who are LGBTQ or have a disability, June 14, 2021.
[58] The Arc of Texas. Texas disability advocates call on social work board to protect rights, June 28, 2021. Link: thearcoftexas.org/texas-disability- advocates-call-on-social-work-board-to-protect-rights/
[59] Healthy People 2030, Neighborhood & Built Environment.
[60] Texas Statewide Intellectual & Developmental Disabilities Strategic Plan, 2022.
[61] Pew Research Center. A Growing Share Of Americans Say Affordable Housing Is A Major Problem Where They Live, 2022.

as services have expanded and developed, housing options for this community have lagged behind.

Finding safe and affordable housing for people living with a disability is extremely difficult, as each type of disability presents unique challenges.[62]

For people with ambulatory difficulty, housing may require accessibility improvements such as ramps, widened hallways and doorways, and installation of grab bars.

People with hearing difficulty require modifications to auditory notifications like fire alarms and telecommunication systems while visually impaired individuals require tactile components in the design and elimination of trip hazards.

Housing for people that have difficulty with cognitive functions, self-care, and independent living often requires assisted living facilities, services, and staff to be accessible.

Alternative housing options for living with aging parents.

[62] The Atlantic. Nowhere To Go: The Housing Crisis Facing Americans With Disabilities, 2015.

The Harvard Joint Center for Housing Studies 2022 America's Rental Housing Report identifies that nationwide, approximately 36.0% of households headed by a person aged 65 and over, and 20.0% of households headed by a person aged 50 to 64 include a member with a mobility disability. In 2019, 12.0% of renters between the ages of 65 and 79, and 23.0% of renters aged 80 and over reported difficulties entering the home, moving from room to room, or using the kitchen, bedroom, or bathroom. Across all age groups, 2.5 million renter households include at least one person with these challenges.[63]

One of the primary barriers to successful relocation from an institutional setting is the lack of affordable, accessible, and integrated housing. Federal resources are the primary source of funding available to support access to affordable housing for people with disabilities with a lower socioeconomic status. In 2019, 20.0% of adults with disabilities in Texas were helped by federal rental assistance. However, due to funding limitations, three out of four low-income at-risk renters did not receive federal rental assistance.

Exhibit 42: Share of Texas Rental Units Under $600 Per Month

Year	Low-Income Rental Units
2019	15.6%
2018	17.8%
2017	19.2%
2016	21.5%
2015	24.1%
2014	27.9%
2013	30.8%
2012	33.7%
2011	35.4%

2011-2019 % Change
- 49.0%

Source: Joint Center for Housing Studies of Harvard University, America's Rental Housing 2022

[63] Joint Center For Housing Studies Of Harvard University, America's Rental Housing 2022.

The Directory of Accessible Housing

The Directory of Accessible Housing, created in collaboration with the Fair Housing Council of Greater San Antonio and The Enterprise Foundation, enables aging older adults and PLWD to find safe, affordable, and appropriate rental housing. Additionally, this resource shares information about accessible units, eligibility criteria, price ranges, amenities, school districts, nearby businesses, and more, for apartment complexes and housing facilities in San Antonio and Bexar County.[64]

The Directory of Accessible Housing

The minimum wage in San Antonio is only $7.25 per hour. An individual earning minimum wage would thus have to work 111 hours each week in order to afford a two-bedroom apartment at Fair Market Rent. Additionally, more than 38,000 San Antonio households receive an average SSI disability payment of $771 per month, which alone is insufficient to afford housing and other costs of living such as food and transportation to the San Antonio-New Braunfels Metropolitan Statistical Area.

2020 Strategic Plan to Respond to Homelessness in San Antonio & Bexar County

A search for a single-family rental home or rental duplex with wheelchair accessible features resulted in no matching records, despite having a price range of $200 to upwards of $1,200 per month in all areas of Bexar County. The lowest price for a rental one-bedroom apartment complex or townhouse, also with wheelchair accessible features, anywhere in the county was priced from $272 to $840. However, it is extremely likely these facilities have lengthy waiting lists and have eligibility criteria that may prove more difficult for PLWD.

Search the Directory of Accessible Housing Property

http://www.accessiblehousing.org/property_search.asp

[64] The Fair Housing Council Of Greater San Antonio, The Directory Of Accessible Housing.

Unsheltered Population

In 2020, the City of San Antonio's Department of Human Services published a five-year strategic plan in response to homelessness within the city and Bexar County. The report highlights further disparities and barriers the IDD community and other PLWD may face accessing safe affordable housing. While benefits through Social Security Disability Insurance are available for people with physical disabilities, the amount of funds is not sufficient to maintain the basic costs of living in San Antonio. People living with a disability also have difficulty finding affordable housing that is accessible to individuals with disabilities, particularly those in wheelchairs or with mobility devices. [65]

The 2020 Point-in-Time Count

Bexar County experienced a 32% increase in adults aged 50 and older living with a physical disability who were considered chronically homeless between 2019 and 2020.

Exhibit 43: Chronically Homeless Population Living With a Psychical Disability

Age 50 & Over	Bexar County
2020	340
2019	258

Source: South Alamo Regional Alliance for the Homeless , Aging Adults, 2020

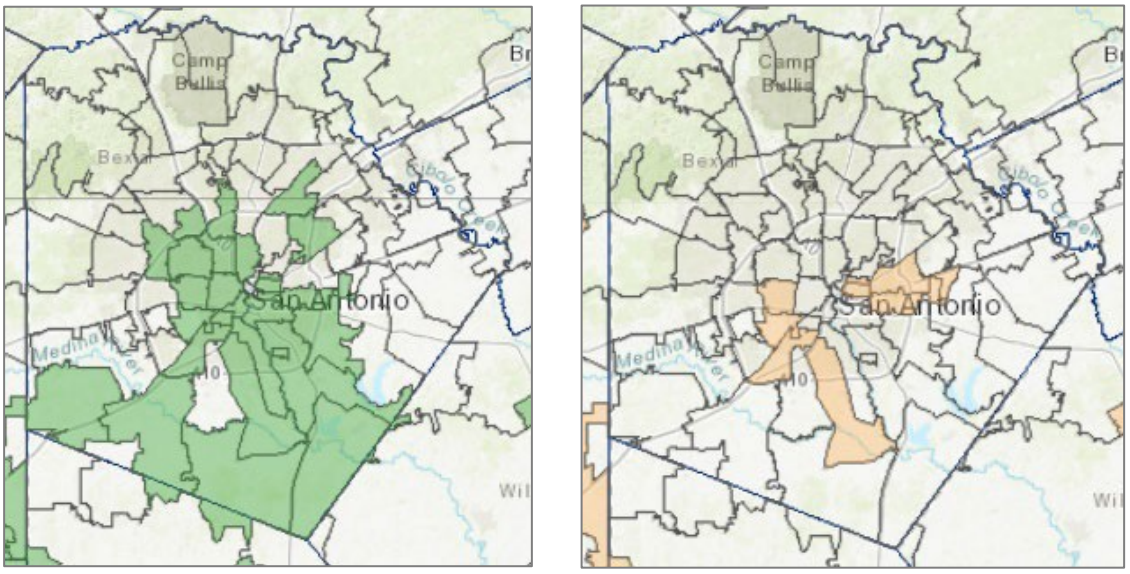
[65] City Of San Antonio. Department Of Human Services, 2020 Strategic Plan To Respond To Homelessness In San Antonio And Bexar County.

Broadband Internet

Approximately 62.0% of adults with a disability reported owning a desktop or laptop computer, compared with 81.0% of those without a disability. There is a gap of 16 percentage points between those with a disability and those without a smartphone (72.0%, 88.0%, respectively).[66]

Exhibit 44 further highlights this disparity. The map to the left indicates communities (shaded in green) where least 25.0% of households do not have broadband, compared to communities (shaded in orange) where at least 25.0% or higher of the population are living with a disability.

Exhibit 44: Map of Population With No Broadband Access



Source: UDS Mapper. American Community Survey (ACS) 2015-2019 5-year estimates at the ZIP Code Tabulation Area

[66] Pew Research Center. Americans With Disabilities Less Likely Than Those Without To Own Some Digital Devices, 2021.

Exhibit 45: Access to Broadband

	United States	Texas	Bexar County
Total households	120,756,048	9,691,647	636,245
With a computer	90.3%	91.0%	91.1%
With a broadband Internet subscription	82.7%	81.9%	81.3%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Health Care Access

In Texas, there are more uninsured people than any other state in the country, whether you count in raw numbers (about 5.4 million) or in the uninsured percentage of the total population (18.4%), the highest rate in the country, and double the national average of 9.2%.[67] Texas is also one of 12 states that have not expanded Medicaid. According to the U.S. Census Bureau, in 2020 nearly 9.0% of all adults did not have health insurance in states that had expanded Medicaid, compared to 17.6% in the states that hadn't.

Due to this disparity, the percentage of people in Texas in 2020 without disabilities and health insurance coverage (86.9%) was lower than the percentage of PLWD and health insurance (89.6%). The gap of 2.6 percentage points is likely due to the availability of public health insurance via Medicaid and Medicare. This gap appears to stay the same between 2018 and 2019 at -2.6 percentage points.[68]

Exhibit 46: Health Insurance Status

	United States	Texas	Bexar County
With Private Health Insurance	67.4%	61.8%	61.7%
With Public Coverage	35.4%	28.3%	31.2%
No health insurance coverage	9.2%	18.4%	16.9%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

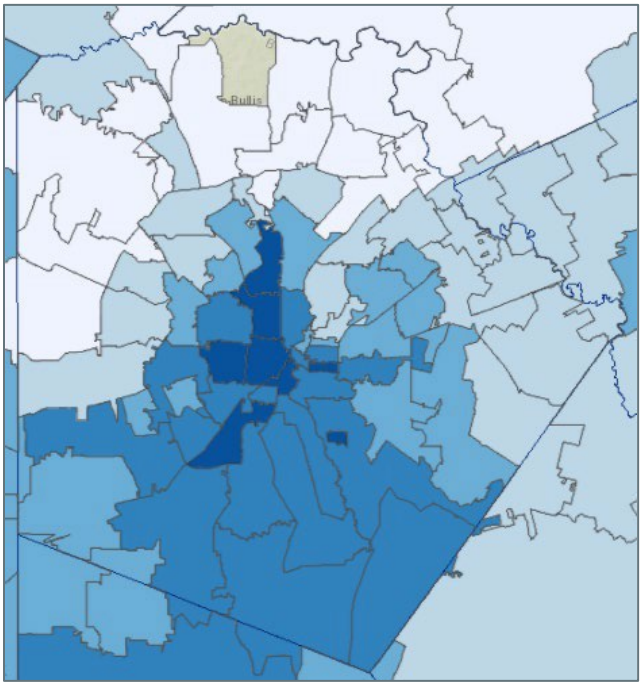
Exhibit 47: Population Living with a Disability Health Care Access

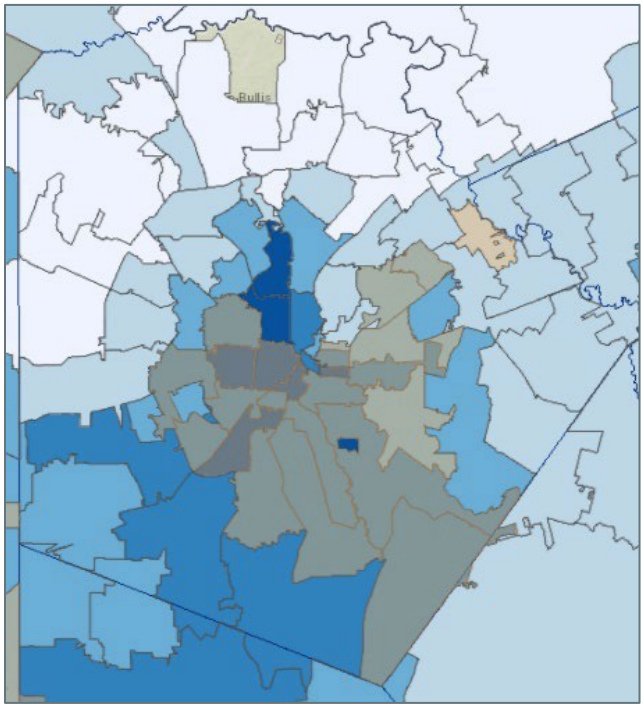
Age 18 to 64	Texas	Bexar County
No health insurance coverage	36.4%	39.7%
Needed to see a doctor but could not because of the cost	23.3%	21.3%

Source: Texas Behavioral Risk Factor Surveillance System, 2020

[67] U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019.
[68] Kaiser Health News. Census Data: Texas' Uninsured Rate Is Twice National Average, 2022.

Exhibit 48: Map of Uninsured Population & PLWD





States	
Counties	
ZCTAs	
Pop: Disability (%) 2015-2019	20 to 100%
Pop: Uninsured, Est. (%) 2019	
<10%	
10 - 15%	
15 - 20%	
20 - 25%	
>25%	

Source: UDS Mapper. U.S. Census Bureau, American Community Survey five-year estimates for counties or ZCTAs, 2019

Health Care Workforce

There is a maldistribution of behavioral health providers nationwide that has been exacerbated by the COVID-19 pandemic. According to the 2020 Texas Behavioral Health Workforce Workgroup Report, the behavioral health workforce shortage in Texas is not a new issue within the state's mental health and substance use system as there are several barriers to increasing the workforce.[69] Some of these barriers include lack of treatment facilities and resources in rural areas, lack of job assistance programs for significant others when moving to rural and/or medically underserved areas and lack of career advancement within some geographic areas of the state.

The ratio of primary care physicians and dentists represents the number of individuals served by one provider if the population was equally distributed across providers within a country, state, or county. For example, if a county has a population of 50,000 and has 20 primary care physicians, the ratio would be 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one primary care physician in the county, and zero indicates there are no primary care physicians in the county.

Exhibit 49 indicates that in Bexar County, there are approximately 530 mental health providers per resident – a better ratio than the United States in general.

Exhibit 49: Primary Care & Mental Health Care Provider Ratios[70]

	United States	Texas	Bexar County
Primary Care Providers	1,010:1	1,630:1	1,310:1
Mental Health Providers	250:1	760:1	490:1

Source: County Health Rankings & Roadmaps

[69] Texas Behavioral Health Workforce Workgroup Report, 2020.
[70] Primary care providers, 2019 Data. Mental health providers, 2022 Data.

The Health Professional Shortage Area (HPSA) map tool identifies locations in the U.S. experiencing a shortage of health care providers working in a select variety of health care disciplines. Scores range from 0 to 26, and the higher the score indicates the greater the priority. Exhibit 50 illustrates swaths of Bexar County experiencing a shortage of primary care providers, primarily in Western and Southern towns. Most areas with the exception of the northeast, around Bexar County also experience a lack of primary health care providers.

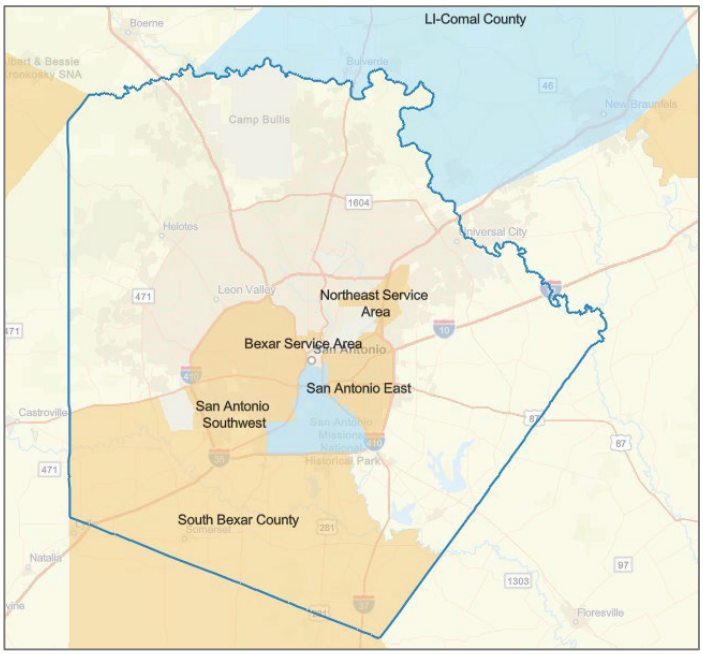
Exhibit 50: Primary Care Health Provider Shortage Areas

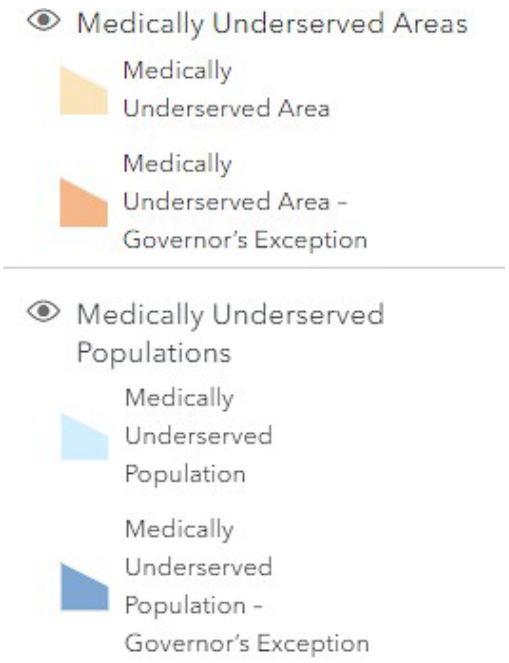
Source: Health Resources & Services Administration, HRSA Map Tool (5/11/2022)

Medically Underserved Areas and Medically Underserved Populations (MUAs/MUPs) identify geographic areas and populations with a lack of access to primary care services.

These designations help establish health maintenance organizations or community health centers. MUPs specifically have a shortage of primary care health services for a specific population subset within a geographic area. These groups may face economic, cultural, or language barriers to health care.

Exhibit 51: Medically Underserved Areas & Populations





Source: Health Resources & Services Administration, HRSA Map Tool (5/11/2022)

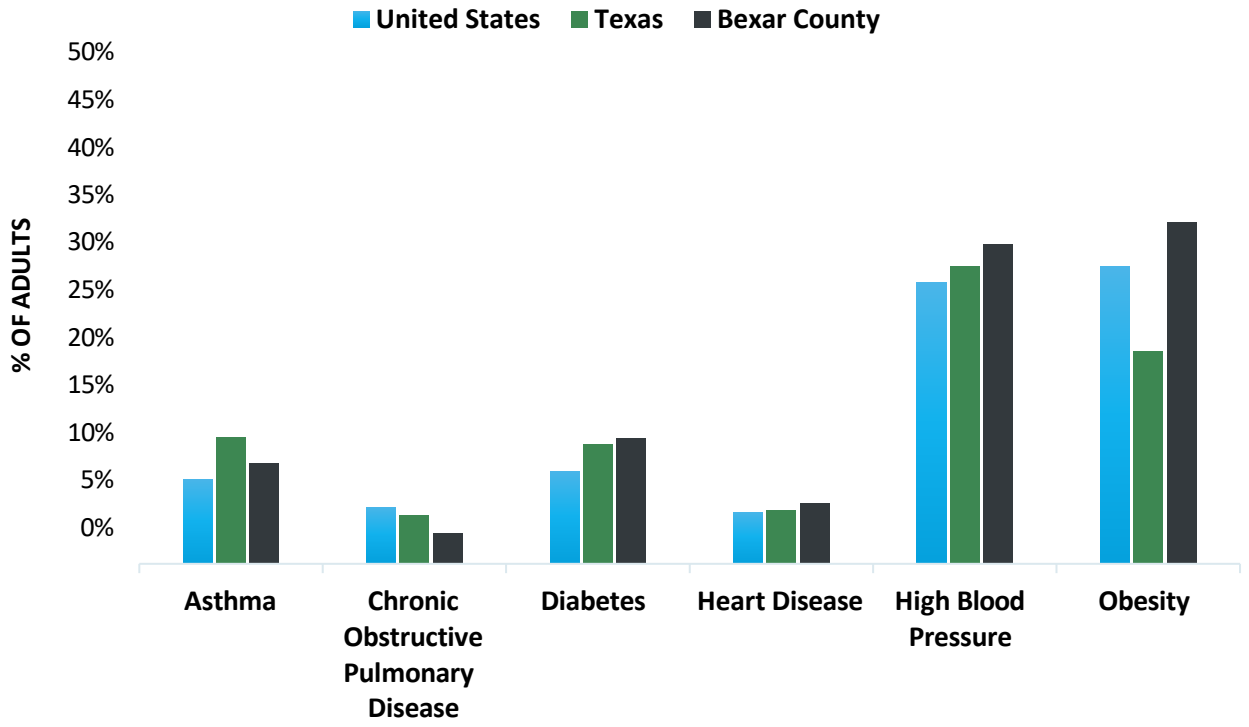
Find the most updated HPSA scores
https://data.hrsa.gov/maps/map-tool/

Health Status Profile

Exhibit 52 displays the prevalence of select chronic diseases within Texas and Bexar County. The variance columns indicate the difference between state and county-wide percentages – negative numbers indicate prevalence less than the state average.

Overall, adults living with a disability are more likely to have been diagnosed with a chronic disease with the exception of Asthma.

Exhibit 52: Adult Chronic Disease Summary



	United States	Texas	Bexar County	County Variance (%) to Texas
Asthma	8.9%	13.3%	10.6%	2.7%
Chronic Obstructive Pulmonary Disease	5.9%	5.1%	3.2%	1.9%
Diabetes	9.7%	12.6%	13.2%	-0.6%
Heart Disease	5.4%	5.6%	6.4%	-0.8%
High Blood Pressure	29.6%	31.3%	33.6%	-2.3%
Obesity	31.3%	22.3%	35.9%	-13.6%

Sources: Texas Behavioral Risk Factor Surveillance System, 2020. National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health. PLACES, 2019

Mental Health Wellness for People Living IDD Community

In 2021, Texas had the second lowest reported prevalence of adults diagnosed with any type of mental illness in the U.S. (16.2%).[71] Any mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Any mental illness includes persons who have mild mental illness, moderate mental illness, and serious mental illness. [72] In Bexar County, it is estimated that the rates for any mental illness are even higher.

In 2016, the detailed Bexar County Mental Health Assessment by the Methodist Healthcare Ministries of South Texas, Inc. and the Meadows Mental Health Policy Institute noted that,

"Among all 254 Texas counties in the most recent year for which statistics are available, Bexar County had the fourth highest prevalence of people with the most severe needs – adults with serious mental illnesses (just over 60,000 or 4.5% of the overall adult population) and children with serious emotional disorders (just over 37,500, 7.8% of the overall population under age 18)."[73]

Since the pandemic began in March of 2020, there have been dramatic increases in mental health diagnoses, substance use, and suicidal ideations. Children with IDD are particularly vulnerable to the negative psychological impacts of disasters such as the COVID-19 pandemic. For example, children with autism spectrum disorder and neurocognitive disability reported becoming frustrated due to disruptions in their daily routines. Children were more likely to show problematic behaviors such as irritability, aggression, and social withdrawal.

The indicators below are telling measures on the perspective of community members' mental health in Bexar County. Frequent Mental Distress is the percentage of adults who reported 14 or more days in response to the question,

"Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

Poor Mental Health and Physical Health Days measures the percent of the population reported to have poor mental or psychical health days 14 or more out of the past 30 days. The Bexar County population reports more poor mental and physical health days compared to Texas.

[71] Mental Health America. Prevalence Of Mental Illness 2021.
[72] Mental Health America. Prevalence Of Mental Illness 2021.
[73] The Meadows Mental Health Policy Institute, 2016.

Exhibit 53: Self-Reported Poor Mental Health Indicators

	United States	Texas	Bexar County
Frequent Mental Distress[74]	ND	12.0%	13.0%
Poor Physical Health Days	ND	9.4%	9.1%
Poor Mental Health Days	ND	13.2%	14.1%

Source: Texas Behavioral Risk Factor Surveillance System, 2020

[74] County Health Rankings & Roadmaps, 2018.

Mental Health Disorders & Substance Use

People in the IDD community and others living with a disability can have co-occurring mental health or substance use disorders as they experience the same behavioral health conditions as the people not living with an IDD or other disability. However, symptoms may present differently or be overshadowed due to a focus on their IDD or maladaptive behaviors. People with IDD are at increased risk for experiencing emotional neglect and physical and sexual abuse, which can result in mental health and substance use disorders.[75] Research indicates that approximately 30.0% to 35.0% of all people with intellectual or developmental disabilities have at least one psychiatric disorder.[76]

An IDD/MI dual diagnosis refers to individuals with an intellectual/developmental disability who concurrently experience a mental health condition. While the exact prevalence is unknown, most professionals accept that roughly 35.0% of people with intellectual disabilities also experience mental health challenges. Approximately 35.0% of people with IDD have a co-occurring behavioral health disorder often exhibiting substantial challenges requiring additional support beyond the array of services typically provided within IDD community programs.[77]

In Texas, trauma- and stress-related disorders increased by over 117.1% from 2014 to 2019. It is estimated these numbers have risen again during the COVID-19 pandemic. A June 2020 study found that 40.9% of the general public reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder (30.9%).

[75] Texas Statewide Intellectual & Developmental Disabilities Strategic Plan, 2022.
[76] Munir K. M. The Co-Occurrence Of Mental Disorders In Children & Adolescents With Intellectual Disability/Intellectual Developmental Disorder. Current Opinion In Psychiatry, 2016.
[77] Naad. What Is An IDD/MI Dual Diagnosis?

Exhibit 54: Mental Health Diagnoses in Texas

Mental Health Diagnosis	2014	2015	2016	2017	2018	2019	% Change
Trauma and stressor related disorders	25,360	21,910	35,383	40,628	47,665	55,049	117.1%
Anxiety disorders	33,940	28,882	45,127	50,611	59,724	71,052	109.3%
Attention deficit/Hyperactivity disorder	31,918	22,739	37,309	39,744	41,944	42,982	34.7%
Mood disorders	152,812	117,372	157,071	162,768	165,855	176,505	15.5%
Bipolar disorders	77,843	56,070	68,916	69,241	69,143	73,344	-5.8%
Depressive disorders	77,023	62,643	88,939	94,971	98,623	104,728	36.0%
Personality disorders	21,385	14,675	13,863	13,201	13,173	12,230	-42.8%
Schizophrenia and other psychotic disorders	49,355	32,425	51,057	52,438	52,058	53,982	9.4%
Other mental health disorders	102,668	64,387	40,547	39,614	43,472	44,033	-57.1%

Source: Texas Mental Health National Outcome Measures, SAMHSA Uniform Reporting System

Exhibit 55: Mental Health Trends, 2020-2021

	United States (2020)	Texas (2020)	Texas Rank in the U.S. (2020)		United States (2021)	Texas (2021)	U.S. Rank (2021)
Adults with serious thoughts of suicide	4.2%	3.7%	4		4.3%	3.7%	3
Adults experiencing any mental illness (AMI)	18.6%	16.2%	2		19.0%	16.2%	2
Adults with AMI reporting an unmet need for treatment (% of AMI)	23.6%	19.9%	3		21.6%	19.9%	3
Adult with substance use disorder in the past year	7.7%	6.3%	1		7.7%	6.3%	1
Adults with cognitive disability who could not see a doctor due to cost	28.7%	34.6%	46		18.6%	34.6%	46
Youth with at least one major depressive episode (MDE), past 12 months	13.0%	12.2%	13		13.8%	13.2%	15
Youth with a substance use disorder, past year	4.1%	3.6%	7		3.8%	3.2%	3
Youth with past year depression who did not receive treatment	59.6%	67.1%	47		61.2%	67.1%	47

Source: Texas Mental Health National Outcome Measures, SAMHSA Uniform Reporting System

- Of the people treated, most are diagnosed with depression (27.8%), bipolar disorders (10.8%), anxiety (19.8%), or psychotic disorders including schizophrenia (11.5%). Many people have more than one diagnosis.
- In Texas, of those treated, there are higher reported diagnoses for depression (37.3%), bipolar disorders (26.1%), trauma and anxiety (25.4%).

Veterans Community

San Antonio is home to one of the largest concentrations of military bases in the United States and is often referred to as the "Military City." [78] The Joint Base San Antonio (JBSA) is one of the most diverse and largest joint bases in the nation's Department of Defense. Comprised of four primary locations, the JBSA includes over 65,000 members and supports over 250 mission partners. Bexar County presents a larger veteran population compared to the U.S. and Texas averages. Exhibit 56 indicates that that over a quarter (28.5%) of the Bexar County veteran population is living with a disability and living in poverty (100.0% below FPL).

Exhibit 56: Veteran Population

	United States	Texas	Bexar County
Total Veteran Population	18,230,322	1,453,450	145,733
Percent of Veteran Population	7.3%	7.0%	10.2%
Percent of Non-Veteran Population	92.7%	93.0%	89.8%

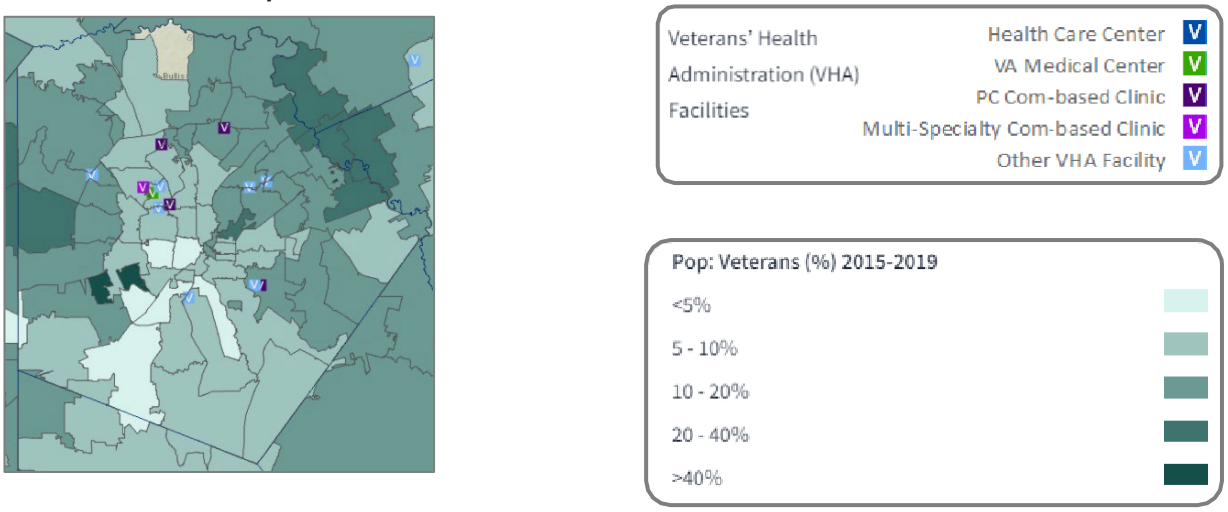
Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 57: Veterans Living With a Disability

United States		Texas		Bexar County	
PLWD	People Not LWD	PLWD	People Not LWD	PLWD	People Not LWD
29.3%	70.7%	28.9%	71.1%	28.5%	71.5%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 58: Veteran Population



Source: UDS Mapper. U.S. Census Bureau, American Community Survey five-year estimates for counties or ZCTAs, 2015-2019

[78] Visit San Antonio, Military City USA.

Qualitative Research

The qualitative primary research methodology consisted of one-on-one interviews and focus group discussions.

Forty one-on-one individual interviews lasted approximately 20 to 30 minutes with a wide range of individuals in the Bexar County community including health systems, advocacy and advisory groups, organizations specifically providing services for those with IDD, as well as educational institutions. These interviews provided the opportunity for in-depth discussions concerning the challenges and barriers facing the IDD community in Bexar County and Texas, and ways to potentially address them.

Additionally, three in-person focus groups were held in Bexar County to gain additional "on-the-ground" insights and personal stories. The conversations included approximately 30 to 40 individuals ranging from parents and caregivers to AACOG staff and leadership.

An approved discussion guide was used to ensure consistency across the different audiences. Appendix B contains both the key stakeholder interview guide and the focus group moderator's guide.

Participant Groups

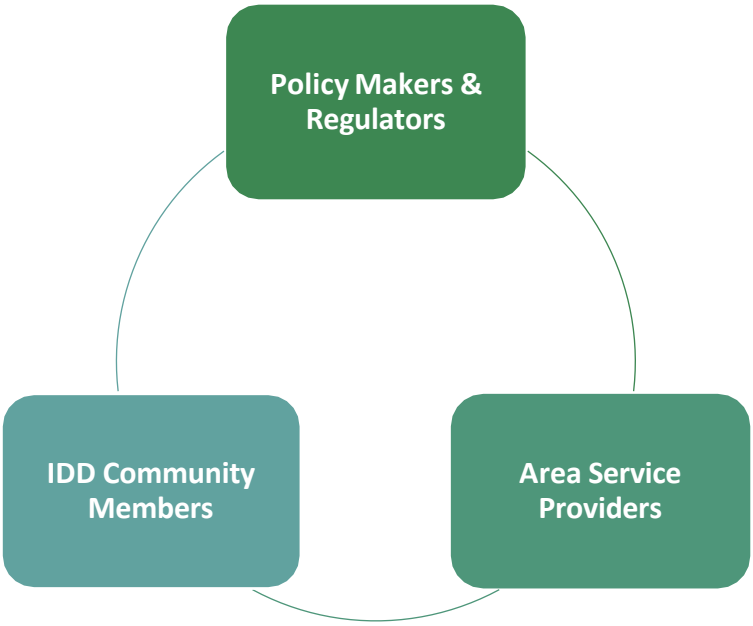
Through the stakeholder interviews and focus groups, a diverse group of community organizations provided valuable insight into the challenges and barriers the IDD population may experience. The following is a small sample of organizations that participated in the qualitative data collection process.

University Health System
SA Life Academy
Haven for Hope
The Arc of San Antonio
IDD Services Advisory Committee
South Texas Behavioral Institute
Children's Association for Maximum Potential
Haven for Hope
San Antonio Lighthouse for the Blind
St. Mary's School of Law

Any Baby Can
BlueSprig
Medical Center
Respite Care of San Antonio
Reaching Maximum Independence
The Center for Health Care Services
Southwind Fields
Children's Association for Maximum Potential
Autism Lifeline Links
Southwest Texas Regional Advisory Council
Angel Care

Intersecting Qualitative Action Areas by Audience

The combination of qualitative methodologies resulted in several similar topics being raised that cut across different audiences and highlight action areas to address needs. Each of the qualitative action areas contain de-identified illustrative observations that are representative of respondents' consensus perspectives. In several cases, the observations provide examples of potential interventions. The following high-level action areas are most representative of respondents' consensus in both qualitative interviews and focus group discussions. While overlapping, these identified action areas can be seen in terms of three distinct audiences.



Their overlapping interests can be seen as follows:

Action Area	Policy Makers & Regulators	Area Service Providers	IDD Community Members
Waitlists and Access to Texas Long-Term Service & Supports Waiver Programs	X	X	X
Access to Health Care & Behavioral Health	X	X	
Housing Opportunities	X	X	
Awareness & Navigation of Services		X	X
Respite Care		X	X
Transitional Services		X	
Social Connectedness			X
Transportation			X
Impacts of COVID-19			X

Waitlists & Access to Texas Long-Term Service & Supports Waiver Programs

The IDD community cited the waitlist - more than a decade-long – to access the Texas Long-Term Service and Supports (LTSS) waiver programs as the most devastating and challenging

barrier to care. It was the topic in almost every stakeholder conversation and focus group discussion.

> ***"My son is a second-grader; my son won't even have access to services when he graduates high school."***
>
> *Bexar County Parent*

The IDD community predominantly views the waiver program as an essential key to entering the system of care and the primary pathway to accessing vital services for individuals with IDD such as in-home care, home, and car modifications, respite care, and therapies.[79] Texans who receive these long-term services and supports also get full Medicaid health care benefits which is a great financial, health, and mental health relief for children and adults who have complicated medical needs and no other health insurance. The waiver program is managed by the Health and Human Services Commission and the Department of State Health Services and allows Texas to use Medicaid funds for long-term home and community-based services for people with disabilities or special health care needs in order to help them live in the community.[80]

There is a broad range of policy-driven consequences rooted in the extensive waitlist. The community members explained that it takes over a decade to even be considered for one of the seven waiver programs, which can have devastating consequences on those with IDD, parents, and caregivers, the health care system, and society overall. Several community members reflected on the importance of getting an individual diagnosed and added to the waitlist as quickly as possible, as most won't be assessed for eligibility until their late high school years. Stakeholders also indicated that awareness of the waiver programs is not equally distributed to all parts of the community, and some individuals do not learn about the opportunity to apply for these programs until adulthood – potentially setting back the possibility of services for another 10 years. Disability-related health care costs in Texas account for approximately $56.7 billion per year, or up to 32.0% of the state's total health care spending. This also equals out to approximately $17,189 per person with a disability.[81]

Stakeholders shared that there is a high financial burden associated with paying high and out-of-pocket costs – even with insurance – for necessary services that would be covered under the waiver programs. The IDD community of parents and caregivers also communicated the incredible amount of stress and toll on their mental health as they navigate locating, funding, and navigating resources themselves.

[79] Texas Health & Human Services, Home & Community-Based Services (HCS).
[80] Navigate Life Texas, Medicaid Waivers Overview.
[81] Centers for Disease Control & Prevention, National Center on Birth Defects & Developmental Disabilities. Disability & Health U.S. State Profile, Data for Texas (Adults 18+ years of age).

- “The waitlists are a huge deal and it’s getting worse. It used to be, 20 years ago, a five-year waitlist. Even to get an intake done through AACOG it’s a two-year wait just to get assessed. It’s simply a lack of funding. My son is a second grader, so my son won’t even have access to services when he graduates high school.”
- “If you have a family that is economically limited, care is ungodly expensive. If they have very limited resources, plus the waitlists for assessments to determine a diagnosis, then to get services you are added the waiver list - Medicaid waiver waitlists are up to eight to 10 years.”
- “Getting people into services early is a barrier; some of the services have waitlists of 10+ years and it's unacceptable, and I’m shocked there hasn’t been a class-action lawsuit.”
- “In the school system, they don't start hearing about services until 18 to 22, then they are put on the waiting list and won't have services until age 35 to 40. The state doesn’t intermingle with other states - if you move out to Texas and then move back, you start the process over.”
- “It's harder to find resources as adults, and if they haven't received the waiver, the wait is 15 years. The Arc of Texas helps them get on the waitlist when they're young. People may not get service until they're 30 years old.”
- “The real disservice is when and where they learn about these programs including AACOG and the waivers. It’s not shared at all [with] schools or especially in physician offices or resource events. People don’t know they need to sign up for a waiver and the list is 10 years long.”
- “We need a formalized way of making sure when a kid is diagnosed, they get on the waitlist for long-term services. We depend on AACOG, schools, and doctors to get it done, but many parents of adults with autism now have 17-year waitlists for Medicaid waiver services. Texas doesn't do a good job of funding these kinds of services.”
- “Transition planning is underfunded. Getting them attached to the Medicaid waiver program and related funding is a big need. Resources exist but there is a 15-year waiting list for long-term community support.”

Access to Health Care & Behavioral Health

A Policy & Regulatory Focus

Community members expressed a lack of providers willing to accept patients with an intellectual or developmental disability – primarily attributable to low reimbursement rates paid to providers by policy makers through the Medicaid program. Additionally for the low rate, there is an increased and complex level of care that people with IDD often need which creates further disincentives for providers.

Research has shown that Medicaid recipients are known to experience lower access-to-care than privately insured patients because of higher difficult medical needs, low Medicaid reimbursement rates, payment delays, or other difficulties with the Medicaid billing process. Additionally, during the pandemic (February 2020 to October 2021), the number of Texans covered by Medicaid increased by approximately 1.2 million.[82] Secondary data also indicates that approximately 39.7% of Bexar County residents with a disability are uninsured according to the 2020 Behavioral Risk Factor Surveillance System.

The reluctance of providers to care for individuals with IDD enrolled in Medicaid has had distressing consequences for the IDD community. A lack of access to health care providers due to insurance has often led to delayed diagnoses, increased risk of mental health crisis situations, greater economic strain for families and caregivers, and unnecessary strain on the Bexar County health care system.

- "Many patients have Medicaid and most providers don't take Medicaid. There have been fewer and fewer developmental pediatricians - most are in Austin because they're paid more. So, families move to Austin."
- "There are about 50 providers in town [who take Medicaid] when you add IDD qualifications on top of it - you're chipping away at the list and the numbers get smaller. We have a crisis right now due to lacking human capital. Ratios and reimbursement rates are huge challenges."
- "Behavioral services are required to be provided by Health and Human Services, but there is no support staff as they make minimum wage. There is a shortage of psychiatrists. People don't go into this field due to low reimbursement rates."
- "There's a lack of pediatricians who take Medicaid. Providers don't want to deal with Medicaid, it's too burdensome. Diabetes is a major issue for kids, and the wait for a

[82] National Bureau of Economic Research. Increased Medicaid Reimbursement Rates Expand Access to Care, 2019. Link: nber.org/bh- 20193/increased-medicaid-reimbursement-rates-expand-access-care

pediatric endocrinologist who takes Medicaid is two years. There is a general lack of access and programs to fill the safety net."

- "Most are on Medicaid so trying to find a good mental health counselor is very difficult - most of them don't accept Medicaid. We try to offset that with volunteer counselors but those are hard to get long-term. It's a major struggle for us. Medication management is easier to find but just counseling is very difficult."
- "A school diagnosis is not supportive enough and a doctor's diagnosis is not valid for the schools. It could take up to two years to get a diagnosis."
- "There is now inadequate reimbursement for providers and not enough financing to provide patients with behavioral specialists. If people are living in group homes, many who go into crisis don't have specialists on-site, so the provider or parent takes the patient to the hospital emergency room, but the hospital doesn't have the resources to provide the right services.

Area Service Providers Focus

> ***"We need ways to make it easier, versus climbing a mountain & then climbing Mt. Everest right after."***
>
> *Bexar County Parent*

Community discussions concluded that finding qualified health care and behavioral health care providers to address the needs of IDD patients is an extremely difficult process for families and caregivers, in addition to the challenges related to access already rooted within state policies and regulations as previously discussed.

Stakeholders noted that Bexar County has an adequate number of primary care physicians, but there are very few developmental-behavioral pediatricians specializing in the IDD population. Stakeholders also indicated the lack of specialized providers can lead to misdiagnosis in children – setting them back on the time-constraining complex process to enter the state's system of care. The lack of providers has contributed to delayed diagnosis in children, especially due to the three-year setback caused by the COVID-19 pandemic.

The community was exceptionally concerned with a delay in autism spectrum disorder (ADS) diagnoses, as data previously indicated a growing increase in the prevalence of autism diagnoses in children.[83] Research shows that early diagnosis of and interventions for autism are more likely to lead to positive health and quality of life outcomes.[84] The lack of care providers of all disciplines is also exacerbated by the lack of transportation for families and individuals that need to seek care outside of Bexar County, as some families are required to travel outside their means to access qualified providers. A diagnosis is essential to accessing state, community, and school-based services and becoming eligible for the Medicaid waiver program. The lack of providers impacts individuals' and families' ability to enter the state's support system (and the waiver programs) and lengthens the years-long waitlists for individuals who need an initial assessment and diagnosis to access services.

- "We have plenty of primary care physicians, but not developmental pediatricians. There's a waitlist for neurologists or psychiatrists, so specialty care can take a little while."
- "Early intervention and the initial referral process are difficult. We need ways to make it easier versus climbing a mountain and then climbing Mt. Everest right after. Providers jump to conclusions, like ADHD, and they give them the wrong medication. It's a band-aid, and it's not even helping the right diagnosis. It's harmful to their futures."

[83] National Center On Birth Defects & Developmental Disabilities, Centers For Disease Control & Prevention. Link: cdc.gov/ncbddd/autism/data/index.html#data

[84] U.S. Department of Health & Human Services. National Institutes of Health, Early Intervention for Autism. Link: nichd.nih.gov/health/topics/autism/conditioninfo/treatments/early-intervention

- “The biggest need are providers who are familiar with the IDD community as very few physicians can provide care for an IDD child or diagnose it. There is a variety of quality of care and services in the schools.”

A secondary aspect of this community challenge involves the behavioral health needs of specific members of the IDD community who have a co-occurring mental health disorder. Community members expressed a lack of qualified behavioral health care professionals willing to work with the IDD population because mental health services are often designed for short-term behavioral care, not persistent needs like those the IDD community members experience. In short, for people with a dual diagnosis of an IDD and a mental health or substance use disorder diagnosis, there are even more barriers to receiving support and care.

- “We have plenty of primary care physicians, but not developmental pediatricians. There's a waitlist for neurologists or psychiatrists, so specialty care can take a little while. We don't have a psychiatrist on staff at AACOG. We don't have a crisis stabilization unit in Bexar County.”
- “The Southwest Texas Regional Advisory Council has a good system for a psychiatric crisis. They get out of the emergency department quicker but may stay in the psych unit for several months waiting for placement.”
- “There is a dual diagnosis clinic at our local mental health authority, but it doesn’t have adequate capacity. There is also nothing for folks with an IDD and SUD. Psych units will decline someone with IDD because they don’t see that they will be able to participate in the group. We don’t have a SUD clinic – so they are untreatable. If we had an alternative other than our psych units, it would be really helpful. No one has the capacity to help people with IDD. You need to get upstream and see them as early as possible.”
- “In our dual diagnosis clinic, it's medication management because you have to actively participate in the mental health side, and on the IDD side then that is something that is very challenging. Facilities available for that are very limited.”
- “People with a dual diagnosis often go into crisis, mostly due to mental health. There aren’t any facilities, and the only qualifier is suicidal thoughts. The emergency department is the only place for them, and providers are not always trained. The facilities are state living centers – not the best places for people.”

Housing Opportunities

Policy & Regulatory Perspectives

> ***"I have to decide between dealing with behaviors that may be too much or giving my son to someone that doesn't care about him."***
>
> *Bexar County Parent*

Focus groups and one-on-one interviews advised that complex policies and regulations prevent the IDD community from accessing safe, affordable, and appropriate housing on a range of levels. The Home and Community-based Services (HCS) is one of the seven waiver programs, which provides individualized services and support to Texans with IDD or a related condition so that they can live in the community.[85] These services include group homes, supported home-living, transportation, and host home/companion care. Stakeholders cited that even if you are accepted to receive the LTSS waiver for the Home and Community-based Services (HCS) program, the services are often complex and difficult to navigate.

- "Finding available housing that their personality matches are challenging. Home and Community-based services can be confusing, and the waiting list is long."
- "If you're in a waiver program, you have more places to choose from but not in the waiver program, people are very limited unless you can pay out of pocket. Day hab becomes a safety net for parents because it's a safe place while they are at work, but the good places are limited."
- "The Medicaid Waiver program provides group homes, supervised living, and assisted living. But if you don't have the waiver, the housing authority situations are very limited."

Qualitative data also suggests a lack of oversight and enforced safety regulations within day habilitation programs, group homes, and homes within the foster care system. Parents and caregivers shared personal experiences with local day habilitation and group home facilities in the Bexar County community. The staff of facilities was frequently cited as not being adequately trained due to staffing shortages caused by low pay and reimbursement rates.

- "My son is in a day hab and he doesn't do anything. He broke his arm because he fell off a chair and the behaviorist said she was unhappy with the way he was treated. He's not getting any support or any help, going around in clothes that don't fit him, and losing

[85] Texas Health & Human Services. Home & Community-based Services (HCS). Link: hhs.texas.gov/providers/long-term-care-providers/home- community-based-services-hcs

weight. I'm very frustrated. Day hab programs aren't licensed and there is no oversight. The quality of day programs in our city is lacking and monitoring the ones that aren't good needs to be effective."

- "Some of these homes are the un-safest locations that I have visited. I won't visit clients at certain times of the day because it's not safe. All accessible housing is in high crime areas, and they are scared to leave home or do laundry at certain times. Locations need to be more thought through and visited. By the door, there are bullet holes from where people have been randomly shot."
- "You are giving your son to someone else, but we also have to keep an eye on them. You see the quality of care going down and services diminishing. I have to decide between dealing with behaviors that may be too much or giving my son to someone that doesn't care about him. I have a provider, caseworker, and mental health providers still involved. In group homes, other kids are there to kind of tell you what's wrong with the facility, but in foster care, it's one-on-one and we can't trust them."
- "Because of the funding, people aren't trained and don't have the right mindset. My sons have been abused by caregivers before. Employees are just there for paychecks and aren't held accountable. Incentives need to be provided for the good employees."

Stakeholders shared thoughts on a new bill to be implemented by March of 2023 that will heavily impact the access and existence of day habilitation services statewide, as part of the waiver program for individuals with IDD.

"Transition of Day Habilitation Services" or "Rider 21" is a state-wide bill requiring the Texas Health and Human Services Commission to develop a plan to replace day habilitation services in Medicaid 1915(c) home and community-based services (HCBS) waiver programs for individuals with intellectual and developmental disabilities with more integrated services that maximize participation and integration of individuals with IDD in the community. The bill is meant to move the needle towards more integrated services in place of day habilitation services, commonly referred to as promoting "individualized skills and socialization" (ISS).[86] While draft regulatory rules are not yet formalized, programs will need to apply for "Day Activity Health Services" license and follow regulations outlined by the Health and Human Services Commission.

Implementation of ISS requires changes to:

- Include an off-site component.
- Lower provider staffing ratios to support individuals in participating in activities consistent with the goals in their person-centered plan.
- Implement an hourly rate rather than a daily rate to provide greater flexibility in scheduling of an individual's day.
- Create a registry as an initial step towards oversight of ISS programs.

Despite the bill attempting to get those with IDD more immersed in their communities, many challenges that come along with this change will have strong impacts on people with IDD and their families. Many parents and caregivers expressed complete unawareness of up-and-coming changes to in-state waiver day habilitation services. Those directly involved in day habilitation services expressed the staffing issues that will be exacerbated by the requirements of this bill, as there are several "small-scale" privately owned day habilitation and group home services that can serve up to 100 community members. There will be a decrease in the already "mixed-bag" of quality day habilitation services – making it even more challenging to access these services.

- "There is a big change coming next year. Day habilitation services are going away, as the service is going to be more about getting the people out of the facilities and into the communities. It's going to be expensive. A lot of these mom-and-pop places are probably going to close down."

[86] Texas Health & Human Services. Transition of Day Habilitation Services, 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019.

- “The rates are too low. The day habilitation providers and other HCS providers - the reimbursement rates aren't enough. If you have an 8:1 ratio in a facility then it's manageable but if they are being taken into the community, then ratios need to be smaller like 4:1, and then need more vehicles – plus gas prices. Where are you going to take them? What are we going to do with them when we take them into the community?”
- “Choice and availability are going to get worse. There are already long waitlists - often due to staffing. The community-based program isn't a bad idea. It will help close down the "bad" day habilitation programs. But it adds challenges – where do you take them to the bathroom? Especially if they are an adult in a wheelchair. Behaviors, keeping them safe. Some parents don't even take their child into the community, and they expect us to do it?”
- “We need day habilitation, especially for adults or people with complex needs; it doesn't have to be babysitting but could be more valuable, in addition to group homes for people who need a higher level of care during transition times from childhood to adulthood. When they're bigger and need different services. People who need lifelong care for their disabilities, especially for people with communication disabilities who need ongoing interventions.”

Area Service Providers Focus

Stakeholders indicated a lack of appropriate housing stock within the community, and more importantly, housing opportunities for individuals with mobility or behavioral health challenges.

Supported Living Centers, Community-based Intermediate Care Facilities, Group Homes or Host Homes, and Companion Care are housing options specifically for those living with intellectual disabilities or related conditions in Texas.[87] Within the past decade, there has been a national effort to deinstitutionalize people living with a disability and in 2004, the Texas government was required by law to make long-term community-based

Housing Challenges for the IDD Community

- Accessibility improvements such as ramps, widened hallways and doorways & installation of grab bars.
- Modifications to auditory notifications like fire alarms & telecommunication systems
- Tactile components in the design & elimination of trip hazards.
- Alternative housing options for living with aging parents.

[87] Texas Health & Human Services. Brochure for Individuals with an Intellectual Disability or Related Condition.

services and supports more accessible and create more waiver slots in order to speed up the process of deinstitutionalization.[88]

However, community members shared the feeling that finding housing opportunities that match the individual's needs is bleak and difficult. Additionally, there are even fewer options for those with parents and caregivers who are no longer able to care for the needs of the individual with IDD due to aging or simply passing away. This creates an exceptionally vulnerable position for those with IDD that often leads to homelessness.

- "Housing is very limited in Bexar County. It's quite difficult at times as they break relationships with a caregiver or provider as many providers have multiple homes. Resources that understand the community and understand IDD and what they need are very limited."
- "Affordable housing is in decreasing supply, and even affordable housing isn't realistic for people with IDD because of mobility issues. Older housing stock may be more affordable based on location or age, but was it built with accessibility? It may have been built before accessibility codes. Do homes take into account the support systems that people with IDD have?"
- "In-betweeners don't need group homes and want to live as independently as possible with supervision. People need a huge variety of services. People are high functioning, enough that they don't qualify for services, so they are in that gray area."
- "In-betweeners are special. They don't need group homes, but they need some supervision (not necessarily 24/7). Education-wise, some have master's degrees but can't manage their own budget or don't remember how to shower. They may need someone to cook and clean, but not have regular supervision. They are at the top of the list for the risk of homelessness because people don't understand what they're up against because they appear so "normal" then something affects their life (death of a friend or family member, etc.). They don't have the same number of safety nets. How do you identify people on this crisis precipice? Finding them is the hardest part."
- "There needs to be supportive housing. Boarding homes are not great and for nursing homes, you need a medical issue as well. We have a great homeless shelter system. It's really the support part we're missing."

[88] Community Integration and Deinstitutionalization for Texans with Intellectual and Developmental Disabilities (IDD), 2018.

- "At some point these guardians of this population pass. It can be scary because when this does happen, they are left to fend for themselves. We see a lot of them become homeless, unfortunately, there are no supports to keep that from happening."
- "There's a correlation between low socioeconomic status and the foster system. You are seeing an increase of foster kids with IDD - they have a way harder time finding a home. That in itself is a huge barrier. Those individuals have very limited access to anything formal. They stay with mom and dad or grandparents. They have no protective community centers."

Awareness & Navigation of Services

Area Service Providers Focus

> ***"Schools aren't equipped for dealing with this population. They train the student to accommodate the teachers, not the other way around."***
>
> *Bexar County Community Member*

The focus groups illustrated a fairly dysfunctional relationship between local school systems, health care providers, other community-based support systems, and the families and caregivers, which adds an additional layer of challenges concerning awareness of opportunities and navigation of services.

Stakeholders shared that there is an absence of communication and an exchange of information between the entities providing services to support the needs of children with IDD. The lack of knowledge about navigating the various organizations and programs in Bexar County can extend the period of time an individual with an IDD goes without the proper services. Further this communication breakdown obscures the awareness of opportunities and services for students with IDD and the IDD community. Parents and caregivers are often unaware of the rights and services required to be provided to students, such as an Individualized Education Program (IEP). Stakeholders cited that the community often feels that schools primarily aren't equipped for addressing the needs of the IDD student population and often lack the willingness to collaborate and communicate with external organizations, including AACOG, that work to further support and provide resources to IDD students. One community member felt that the system trains the student to accommodate the teachers, not the other way around. In addition, a genuine lack of awareness of AACOG services was frequently cited as well. Stakeholders also stated that having a network of support systems in place, rather than siloes of care, is exceptionally critical, as the prevalence of children receiving special education services has been increasing statewide and creating a

safety net for exceptionally vulnerable children is essential. During the 2020-2021 school year,

43,347 students in Bexar County alone were reported to be receiving special education services.[89]

The qualitative conversations also indicated a stronger need for AACOG to market programs and services to the community and especially in priority populations such as low-income families. Additionally, stakeholders cited the need for more assistance navigating the programs AACOG offers.

- "School systems are starting to make an effort to provide support for this population with autism units, behavioral units, and emotionally disturbed units in school. They are making progress, but they won't allow therapists into the schools – teachers are trying to handle it themselves."
- "If parents don't know their rights in the schools, then the schools won't read them their rights. Such as, you have the right to take longer on tests or one-on-one help, etc. The school is focusing on getting them out and passed on to someone else. Every district is underfunded, every teacher has basically quit, and it's all subs who make about $100 a day. They don't know how to work with children with special needs."
- "The school systems don't include us [AACOG] unless the family invites us. If we're not there, then we can't advocate for the individuals and families. Most schools won't pick up the phone and call. Families don't know their rights and that creates a barrier."
- "School districts don't have the support they need from districts – the funding, proper training, guidance, and leadership. There is zero leadership, and the pandemic has exposed that for our special needs population."
- "We have transplants here all the time. The schools don't inform families about AACOG so a lot of the services and supports we offer go underutilized. There is also a lot of miscommunication. Across the board in schools, schools don't share the awareness of AACOG or are placed on the board of human services waitlist. The special ed director likely knows but that information doesn't trickle down to the teachers."
- "Our responsibility is to educate the community, direct care staff, and stakeholders. But our real responsibility is to educate the leadership court, CEOs, etc. We

[89] Texas Education Agency, 2020-2021 Special Education Reports[89]

haven't scratched the surface yet. There is avoidance and gap."

- "Families don't know enough to get the resources that they can get. Once they get out of high school, the funding isn't there. The education needs to be there to sign up and get on the waiver list. The school districts need to hire a person to serve as the "case manager" to help them apply for resources. It's the district's responsibility to do this."
- "We approached every school district to establish a formal relationship. The reception was very cold. Very few responded, and some said that the service coordinators would disrupt the learning environment."
- "I think AACOG does a great job of marketing services, but people still don't know about it; it's very surprising."
- "It is hard to enter AACOG; it's a long and tedious process. We need literature on what they can do, and the process to access their services. There is a disconnect between AACOG and care. It's hard that services are divided between AACOG and other sites, so education is needed for the community and providers; we need a can-do attitude from AACOG."

IDD Community Members Focus

This section focuses on the voices of those with IDD, parents, and caregivers and illustrates how awareness and navigation barriers affect them and their families. Bexar County residents who participated in the qualitative data process shared personal insight and experiences to help identify and validate the great needs of the IDD community. Focus groups and interview participants expressed deep frustration with the lack of awareness of services and assistance with navigating a maze of state and local programs.

Population demographics indicate that there are more people living with a disability in Bexar County who identify as Hispanic compared to White or non-Hispanic. Cultural and socioeconomic factors are often left out of services and programs according to residents in the IDD community. Additionally, approximately 15.7% of the total population of Bexar County is living in poverty, twice as high compared to those identifying as White. Nearly 20.0% of individuals within the Hispanic or Latino community, the majority population of Bexar County (60.2%), lives in poverty.

- “We need more money, why aren't dollars there? Because the population is misunderstood, people make assumptions about the population and have low expectations, and don't see hope or potential. Corporations also don't see the potential in the population, but rather give money to homelessness, teen pregnancy, etc.”
- “Access to care here is ridiculous for a child with special needs. What we do here and how hard it is here, we'll continue to work hard. It feels like we are fighting against the government. We find a solution and then it changes.”
- “There is a fear of reaching out to any services and agencies because of legal, financial, and cultural reasons. Hispanic community members don't want help for cultural reasons. Being able to have service coordinators speak the languages of families is important. There is a lot of fear, especially with law enforcement. Undocumented community members are worried about sharing information because they're worried about being deported.”
- “My son fell through the cracks; he was diagnosed in 1990 and Asperger’s wasn’t even a term. In 2014, he committed suicide. You never learn how to navigate your options and manage your life. He was content with himself but everyone else had an issue with him.”

Respite Care

Community members referred to respite as a critical form of community support and indicated a strong need for respite care opportunities for caregivers, parents, siblings, as well as those with IDD of all ages.

Respite opportunities such as after-school programs for middle and high school students, overnight and weekend programs for parents, and hybrid models that typically allow family members to get a break while the individual with IDD gets to socialize in a community setting with the proper supervision are not available in the Bexar County community. Respite care provides the opportunity for caregivers of those with IDD to take a break from their usual tasks and allows time for stress reduction and self-care.[90] A common barrier to finding respite care is the lack of affordable and available programs, as well as finding placement for those in the IDD community with behavioral challenges. Community members cited that in addition to a lack of facilities and programs for respite care, staffing presents a challenge in finding a qualified workforce for this already vulnerable population.

- "Respite care is one of the biggest needs, especially during COVID. Respite is becoming a lot bigger need lately, it is so much and with COVID there is a shortage of providers, relying on caregivers to step into that role; it's hard to find people to fill the roles."
- "The general issue is a lack of respite services and respite beds for caregivers and patients. If a provider drops someone off at the hospital for acting out, and then disappears and doesn't pick them up, the patient has nowhere to go. Or, if someone gets picked up by police and brought to the hospital but the patient isn't admitted, the hospital has no one to discharge them to. AACOG has some funding but not enough, [and] can't commit to consistent funding. People end up in homeless shelters or marginalized due to IDD."
- "We need more respite care, especially for those of low socioeconomic status. There are no respite or rehab services. There is a respite company AACOG contracted with, but there is inadequate capacity and minimal quality."
- "Mental health breaks and respite is needed. You need to pay pretty high babysitting wages if you want to have someone come into your home. We can't just call up the 13-year-old girl down the street."
- "For parents of children under 21, it's really the respite care. They can't stay home by themselves, and

[90] Texas Health & Human Services Commission. Take Time Texas, What is Respite?

parents often have multiple kids or are single parents and can't do it alone. Many of my clients have behavioral problems and people don't want to work with them."

- "The Medicaid waiver allows people to hire someone to watch for respite, but it's harder to do for someone with aggressive behaviors."
- "We don't have a crisis hotline, but we have a crisis team and part of that structure is crisis respite. We only have six beds but it's really four half the time due to the needs of the various individuals."
- "We see a lot of crises due to managing the individual in the home. We have very limited resources and providers in the community. I think we have about two providers; they typically end up in the ED or a psych bed."

Community members indicated that a lack of respite often leads to negative outcomes such as a decrease in overall mental health for the caregiver and other members of the family. It can lead to an increase in crisis situations.

- "Caregivers never have a break; they are constantly caring for an adult-size person with a child intellect generally. Any level of aggression or outburst that the family can't handle due to the family getting older. Caregivers can develop mental health conditions as well."
- "We need more respite providers for people with IDD. It would help with preventive programs to give caregivers a break. We need to equip caregivers with information and skills and help the individual stabilize."

Transitional Services

Stakeholders indicated a lack of adequate local transitional services, creating delays and disruptions to achieving an increased quality of life, which leads to an even greater challenge for the IDD community.

Transitional Services are a coordinated set of activities for a child with a disability that are designed to be within a results-oriented process and focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including post-secondary education, vocational education, integrated employment, continuing and adult education, adult services, independent living, or community participation.[91] Barriers to transitional care include a growing gap in qualified providers and community resources, within the school system particularly. Fragmented continuity of care deepens the lack of support the individual with IDD often feels, and care is rarely provided in a timely manner.

- "There are not a lot of resources for transitioning out of schools and into adulthood. People aren't trained to help them. Money, time, and effort has gone into early intervention, but these kids become adults and a lot of intermediate supports are not there. There isn't a lot of support for parents trying to raise adult kids at home and get them more independent."
- "When students age out of high school, especially in rural areas, they go home and not into the workforce or day programs. There is no bridge for them to stay active in the community, get employment, etc. They sit on the couch and that's not good for them."

[91] American Association on Intellectual and Developmental Disabilities, IDEA, Transition Planning, and the SIS.

- "What I'm seeing with former clients and ones who are transitioning to adults is the lack of continuation of intense services and programs. We are limited with things open and available. It really sucks because there are parents and caregivers that struggle with what is next because they didn't get the support and resources at an earlier age for their kids. It makes it more difficult when their kids get older."
- "Even transitioning to high school, there is not a lot of support. We can't even visit the [school] campuses because of COVID and they don't understand – they aren't your neurotypical kids. My son asks me every day when he gets to go to his new school."
- "Young adults transitioning out of high school are isolated, and they lose skills that they worked years on building. Students want to do something, but they may not be aware of it, or there's nowhere to go after age 24 – at least without considerable planning."

Social Connectedness

Stakeholders within the IDD community shared challenges around being able to connect with others in their community and to easily form supportive relationships.

Evidence suggests that being embedded in high-quality close relationships and feeling socially connected to the people in your life is positively associated with a decreased risk for all-cause mortality as well as a range of disease morbidities.[92] For the IDD community, obtaining meaningful employment can be a barrier to accessing a higher quality of life. Community members cited a long-standing stigma people have when it comes to individuals that present differently, especially in the workforce. Stakeholders shared challenges involving local law enforcement that prevent people with IDD to feel socially connected to their communities.

- "Some people are dismissive of our skills. Sometimes when people look at someone with several diagnoses, they assume we don't know much. People need to get over their biases and see them as a human just as equal as they are. People also have to have the same expectations as others – they can be scientists and engineers but society has to help them foster that expectation."
- "We need to normalize people with IDD. San Antonio is a community of color, but everyone is struggling to get a diagnosis. Money doesn't trickle down to us. Our community needs to be active, register to vote, and advocate for this population. Our local leadership can do what they can but without funding, nothing will happen."

[92] Holt-Lunstad, et. al. Advancing social connection as a public health priority in the United States. The American psychologist, 72(6), 2017.

- "I feel constantly judged. Historically, people used to blame the mother. There is also a stigma for people using government services"
- "Culturally, people with disabilities are seen as 'less than.' Parents can be in denial, and it can take a while to snap out of it and focus on what is best for the kid. Negative words are used. Adults with IDD is difficult because society treats them differently."
- "Job training has gotten better, but there are not a lot of places to work or companies that want to spend the time or money for these individuals. Some companies do, like coffee shops, florists, etc., but some people believe it's 'someone else's problem.' The goal is to get more companies willing to have a student and trainer who are paid by state agencies to do some work."
- "The system is a binary approach (can or can't work), but this isn't realistic for people with disabilities. It may not be worth it for them to work due to receiving full disability benefits. Many employers may not be aware of obligations re non-discriminatory hiring, and other employment-related issues."
- "People are learning skills that can put them at six-figure jobs, but there's no bridge from job training programs to get them in front of employers. Having a bridge program to get them into careers would be really helpful."
- "Part of it is the hours – a lot of people with IDD can only work specific hours. The time it takes for some people to train and accomplish activities may take longer compared to other people. The stress levels of some environments can be unmanageable to some people with IDD. Employers are happy but then get nervous about hiring someone with an IDD."

Transportation

Transportation was cited as a major issue for individuals with an IDD and caregivers. Stakeholders referred to local transportation systems as "unreliable."

In 2019, the Texas Health and Human Services Commission developed satisfaction indices to better describe potential areas for improvement in the Texas IDD system. Satisfaction indices

by respondent type indicated that 28.4% of family and friends, 39.5% of providers, and 40.7% of agencies and organizations expressed dissatisfaction with transportation. [93]

The 2022 Texas Statewide Intellectual and Developmental Disabilities Strategic Plan identified transportation as a major gap in statewide IDD services and supports. The report states that when services, jobs, and community activities are spread over a large geographic area, like Bexar County, reliable and accessible transportation becomes essential. Even urban areas that may seem rich in resources and opportunities are not accessible to people with IDD who do not have consistent transportation options. Adequate transportation allows people with IDD to utilize services, be involved in the community, and maintain employment.

- "Even if they have the service then the problem is getting there. It's an issue for kids to get to respite and medical appointments."
- "Transportation is hard from West, East, and South to downtown. Not much public transportation and don't want to travel from South to North for services."
- As adults age, mobility becomes more of an issue. The VIA Trans is in Bexar County, and they've expanded its footprint, but people who use wheelchairs sometimes wait for two hours. What should be a 20-minute ride is now 2.5 hours, and this was pre-COVID; now it's exponentially worse. People with IDD are so isolated and there's no transportation to make it easy to see family and friends. There is no spontaneous transportation, and they can't rely on transportation for jobs."
- "Transportation is a huge issue for patients and families. Adaptive vans are needed but extraordinarily expensive. Any company that sells services or products for IDD - it's a racquet. They must rely on Medicaid transportation to get to a doctor's appointment but it's unreliable. Services are only good for people who are medically stable but is open to anyone with a special need."

The Impact of COVID-19

The past three years has been exceptionally challenging for the IDD community. Services and programs that contributed greatly to the quality of life not only for those with IDD, but parents and caregivers as well, came to a halt.

The IDD community is an exceptionally vulnerable population to the outcomes of COVID-19. Research indicates that individuals with intellectual disabilities are at substantially increased risk of dying from COVID-19. Socioeconomic factors, obstacles to receiving the full amount of

[93] Texas Statewide Intellectual & Developmental Disabilities Strategic Plan, 2022.

health care, and obstacles to effective advocacy for this population may contribute to an inability to receive appropriate and effective health care, which in turn leads to increased morbidity and mortality.[94] Furthermore, preliminary research highlights that people with IDD, especially those living in residential settings experienced higher case-fatality rates from COVID-19 than the general population – a housing situation common in Bexar County.[95]

Stakeholders, primarily service programs, caregivers, and parents, reflected on the difficulties of explaining COVID-19 guidelines, especially masks to individuals with IDD. Telehealth was not as effective for this community compared to others, creating further barriers and setbacks to critical health and behavioral health care.

- "We shut down for a month at the beginning and a lot of providers went to telehealth and that doesn't work for many of my clients as they are non-verbal. Some are just now getting services. I have a client that needs OT and you can't do telehealth."
- "They don't understand they need to wear masks or do COVID testing. It can get a little frustrating for staff. We tend to work a little more of a gray area with them. There has been limited resources for them to access. I feel more people with IDD are coming into Haven. It could be family at home that can't handle them. I know detention centers have gone up in population as well."
- "My daughter's world shut down. She was at home in pj's every day for two years. Everything shut down and no one would let volunteers in. She was locked in the house for two years and it was hard to get her out."
- "All those individuals attending the day habs couldn't go anymore. They had no socialization. Now coming out of the pandemic, programs aren't accepting new clients. Kids lost two years of their lives until they got the vaccine, but they regressed tremendously. If we don't work with them, they aren't going to get that back. Who is trained to do this? It's too much to put on our teachers."

[94] The New England Journal of Medicine . The Devastating Impact of Covid-19 on Individuals with Intellectual Disabilities in the United States, 2021. Link: catalyst.nejm.org/doi/full/10.1056/CAT.21.0051

[95] National Library of Medicine. COVID-19 case-fatality disparities among people with intellectual and developmental disabilities: Evidence from 12 US jurisdictions, 2021. Link: ncbi.nlm.nih.gov/pmc/articles/PMC8436051/#:~:text=Conclusions,population%20across%20multiple%20US%20jurisdictions.

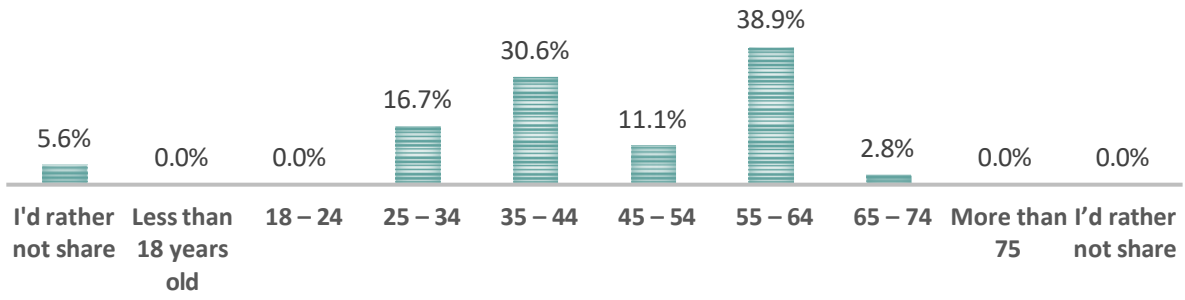
Community Survey

For this assessment, the community survey served as a practical tool for capturing the insights of individuals in the Bexar County IDD community. A community survey was available both virtually through Survey Monkey and paper-based through Bexar County to better understand the needs of individuals with an intellectual or developmental disability in AACOG' s service area. It is important to note that the sample size of respondents was extremely low and does not ensure an accurate representation of the IDD population and supports. Please note, the sample size included in each chart (n) indicates the number of survey respondents who answered each question.

Survey Respondent Demographics

Approximately 38.9% of survey respondents were between the ages of 55 and 64, and 30.6% were between the ages of 35 and 44.

Exhibit 45: Survey Respondents by Age



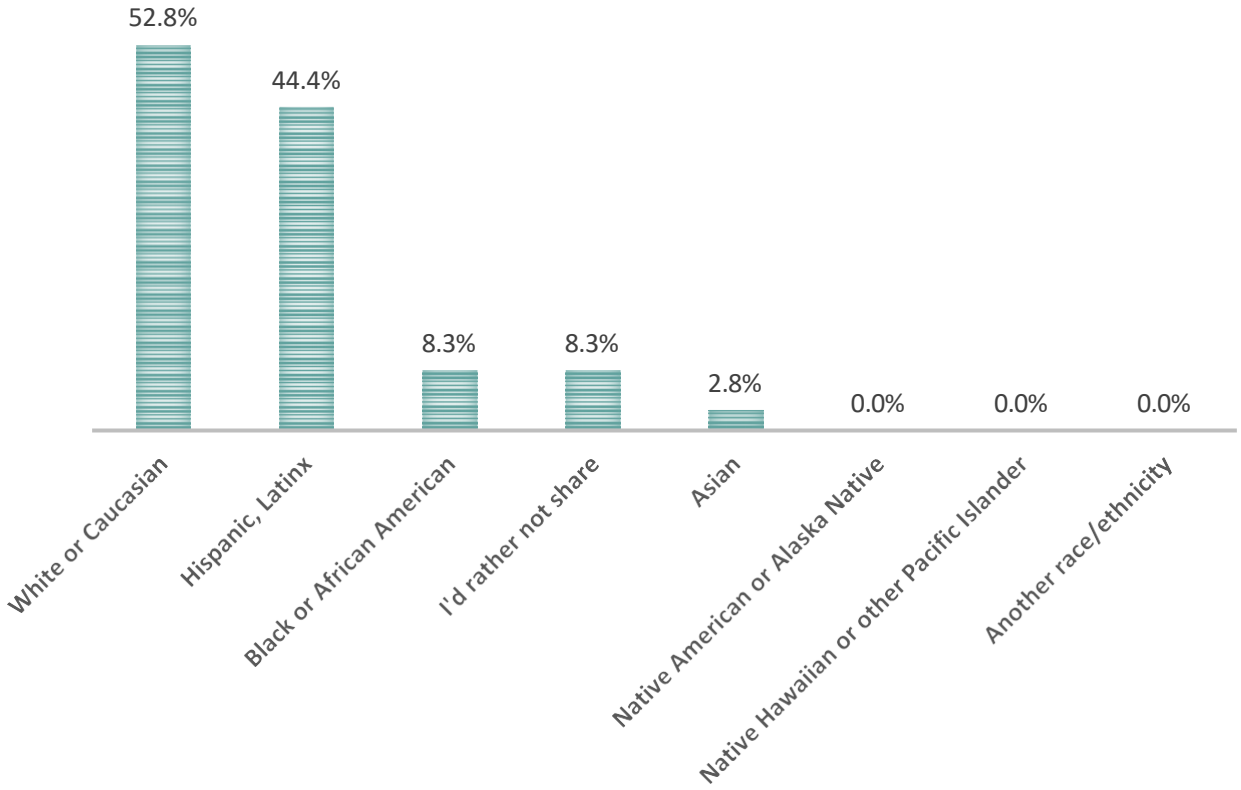
n=36	Respondents
Female	61.1%
Male	33.3%
Non-binary	0.0%
I'd rather not share	5.6%
Less than 18 years old	0.0%
18 – 24	0.0%
25 – 34	16.7%
35 – 44	30.6%
45 – 54	11.1%

55 – 64	38.9%

65 – 74	2.8%
More than 75	0.0%
I'd rather not share	0.0%

A majority of survey respondents identified as female, approximately 61.1%. Just over half of respondents identified as White or Caucasian (52.8%), followed by Hispanic or Latino.

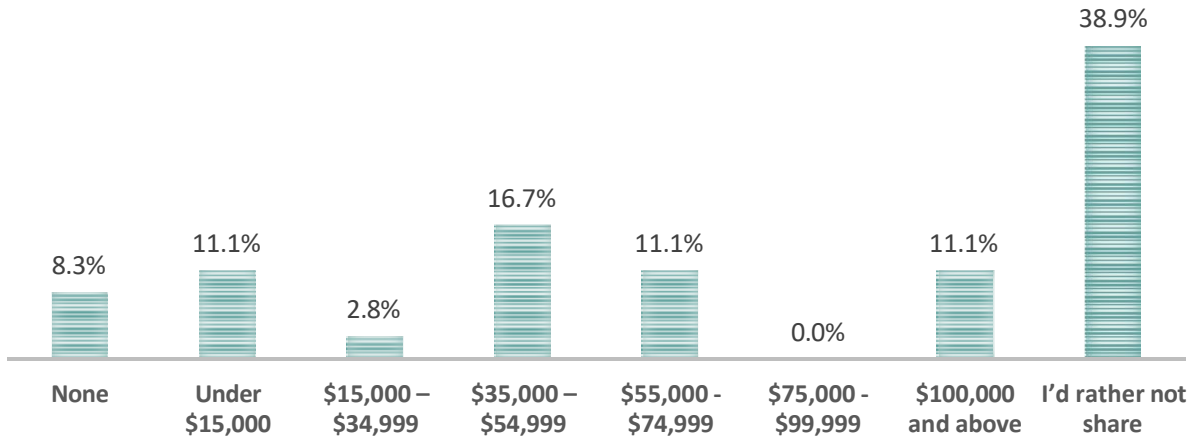
Exhibit 59: Survey Respondents by Race & Ethnicity



n=36	Respondents
Hispanic or Latino	44.4%
White or Caucasian	52.8%
Black or African American	8.3%
Asian	2.8%
Native American or Alaska Native	0.0%
Native Hawaiian or other Pacific Islander	0.0%
Another race/ethnicity	0.0%
I'd rather not share	8.3%

Although most respondents chose not to share their annual income, 16.7% reported an annual household income between $35,000 and $54,999.

Exhibit 45: Survey Respondents Annual Household Income



n=36	Respondents
None	8.3%
Under $15,000	11.1%
$15,000 – $34,999	2.8%
$35,000 – $54,999	16.7%
$55,000 - $74,999	11.1%
$75,000 - $99,999	0.0%
$100,000 and above	11.1%
I'd rather not share	38.9%

Exhibit 60: Survey Respondents Role in the Community

n=46	Respondents
Advocate	13.0%
Caregiver of a youth (under age 22) with an IDD	0.0%
Caregiver of an adult with an IDD	6.5%
Medical provider (i.e., pediatrician, psychiatrist, dentist, etc.)	0.0%
Person with an IDD (self-advocate)	8.7%
Provider of services for persons with IDD (i.e., day hab, group homes, counseling, etc.)	30.4%
School-based provider (i.e., special education teacher, in-school support, etc.)	4.3%
Other	37.0%

- Of the majority of individuals who completed the survey, 30.4% self-identified as a provider of services for people with and 37.0% identified as "Other." It is important to note that several survey respondents who selected "Other" identified as a legal guardian or parent of someone with IDD. Other respondents self-identified as case managers and probation officers.

The survey asked respondents to identify common challenges using a five-point scale by answering the following question:

"The past two years have been a challenge for all of us. Currently, are you having any challenges with the following? Please use the following scale to respond:

5 = I struggle with this issue daily

4 = This is a common challenge for me

3 = I frequently struggle with this issue but generally manage fairly well

2 = I occasionally struggle but am generally doing well in this area of my life

1 = I'm doing well in this area of my life."

Most respondents report struggling with physical or fitness activities (23.5%) on a daily basis. A common challenge identified is leisure activities (18.8%), and physical fitness activities (17.7%).

Exhibit 61: Community Challenges

n=36	I struggle with this issue daily	This is a common challenge for me
Physical or fitness activities	23.5%	17.7%
Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one or major illness	9.4%	9.4%
Establishing and maintaining trusted relationships	6.1%	3.0%
Feeling lonely	5.9%	11.8%
Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks	3.1%	6.3%
Leisure activities	3.1%	18.8%
Getting along well with friends and family members	3.1%	3.1%
Getting along with people at work or in the community	2.9%	2.9%
Performing adequately well at school or work	0.0%	17.7%

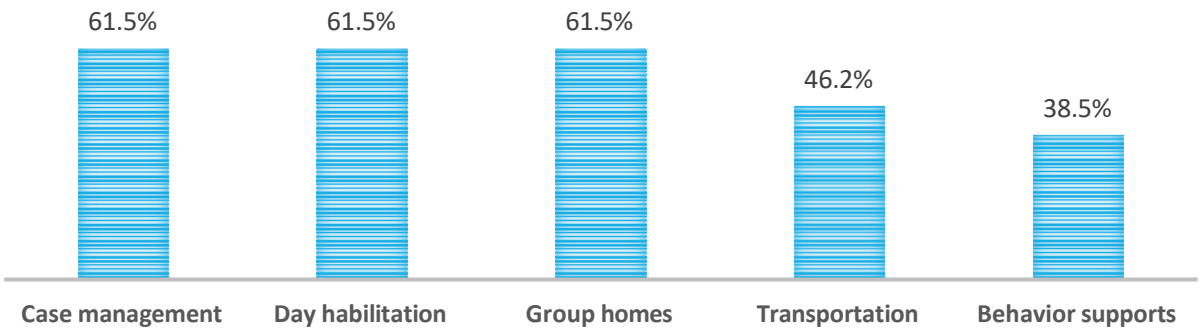
Respondents were asked to select all of the services they provide to the IDD community. Of the 13 people who answered, most deliver case management, day habilitation, and group home

services (61.5%). This is followed by transportation (46.2%), and behavioral supports (38.5%). The individual who selected "Other" provides host home services.

Exhibit 62: Services Respondents Provide to the IDD Community

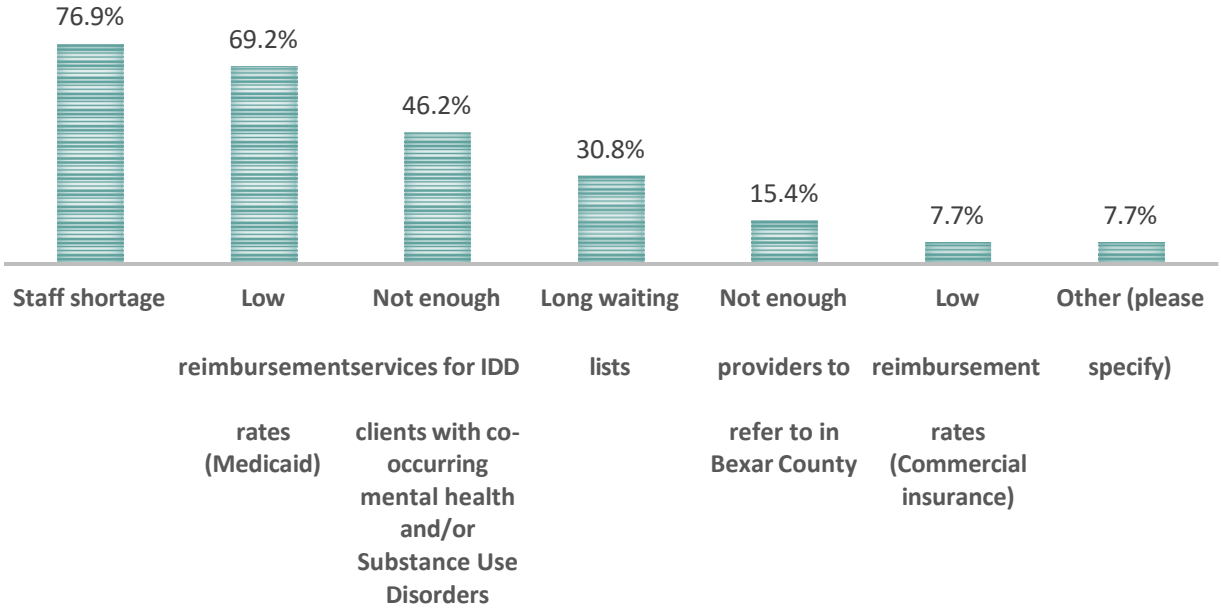
n=13	Respondents
Case management	61.5%
Day habilitation	61.5%
Group homes	61.5%
Transportation	46.2%
Behavior supports	38.5%
Individual community support	30.8%
Group community support	30.8%
Respite care	30.8%
Service or care coordination	23.1%
Family supports	23.1%
Employment services	15.4%
Mental health services, such as counseling, psychiatry	15.4%
Substance use, such as treatment, counseling	15.4%
Clinical services, such as primary care, specialty medical care, and dental	7.7%
State Supported Living Center (SSLC)	7.7%
Allied health services, such as occupational therapy, physical therapy, speech pathology	7.7%
Applied Behavior Analysis	7.7%
Other (please specify)	7.7%
Education	0.0%

Exhibit 63: Top Five Services Respondents Provide to the IDD Community



Respondents were asked to pick the top two challenges they currently experience in providing services for the IDD community. Of the 13 respondents, the majority identified staff shortages and low reimbursement rates.

Exhibit 64: Top Challenges Service Providers Experience



n=13	Respondents
Staff shortage	76.9%
Low reimbursement rates (Medicaid)	69.2%
Not enough services for IDD clients with co-occurring mental health and/or substance use disorders	46.2%
Long waiting lists	30.8%
Not enough providers to refer to in Bexar County	15.4%
Low reimbursement rates (commercial insurance)	7.7%
Other (please specify)	7.7%

The survey asked how COVID-19 has impacted the IDD community in Bexar County. Twenty-eight respondents submitted open-ended responses. Challenges included a sudden decrease of visitation hours contributing to the already isolating environment. Increased isolation was cited as a root cause of an increased amount of negative behaviors. Staff shortages impact quality and continuity of care. Respondents also mentioned that this population experienced more isolation as most have underlying medical conditions which puts them at higher risk.

Verbatim responses are exhibited below:

- "For a long time, we couldn't visit him personally, but my husband could drop off treats for our son weekly at the front entrance."
- "COVID-19 affected my family's ability to visit, particularly in the 2020- through mid-2021 time frame, before vaccines were available."
- "It has caused many struggles for visitors and daily problems."
- "Having fewer activities and staying in place is difficult for my son who has autism."
- "Lack of community outings had a major impact on the IDD community, especially because most of them love to be in the community, and stores were closed, and everything was changed to drive-throughs. "
- "Limited their social interactions with day hab closures and visitor restrictions in group homes."
- "It has been a challenge because they have been isolated away from the community. Most of our individuals look forward to going out in the communities into the stores, into the restaurants, and living a normal life. Due to COVID-19, a lot of those privileges have been taken away from them."
- "Individuals are home bound in fear of getting sick. Individuals have issues wearing a mask so public places are off limits."
- "IDD providers continue to struggle with staff shortages from direct care to roles to management roles."
- "Staff shortages, lack of financial support from the state. We are having to compete with each other for the federal funds the state received to help us keep up with the increase in wages so that we can be competitive."
- "Agencies that provide specialized therapies to our community are now giving support through telehealth options instead of face-to-face due to the pandemic."

Community Needs Prioritization Approach

Prioritizing the needs identified through qualitative and quantifiable data is a unique process essential to building consensus between internal organizational leadership and staff, community members, and partnering agencies on which interventions to initiate and implement within service areas. This process incorporates the following research to inform the list of needs:

The secondary and primary research techniques generated an extensive list of community needs, service gaps, barriers to services, and recommendations to address them. In order to synthesize material and create consensus among AACOG's leaders regarding the recommendations, AACOG utilized the following prioritization process.

The research identified 29 community needs. A significant, common challenge faced by communities at this point is that the final prioritization is often based on positional authority, non-representative quantitative ranking, or some other process that does not fully incorporate disparate insights and build consensus among the stakeholders. To address this potential challenge, Crescendo worked with AACOG's leadership to implement a needs prioritization process.

The results: 1) clearly identify the core impact areas, 2) create a prioritized list of needs to be addressed, and 3) develop a sense of ownership of the ongoing initiatives developed to address the needs.

There were two steps or "rounds" in the process. The first round involved a short survey disseminated electronically and completed anonymously with comments. The second step was a virtual prioritization session to draw conclusions that would be consistent with the organization's strategic planning process.

Prioritized Needs

After completing the needs prioritization process of the 29 community needs, the Leadership Group identified the following 20 community needs to collectively focus their resources, capacity, and advocacy work to meet the needs of residents across Bexar County.

Rank	Community Need	Nexus of Control
1	Limited funding for IDD services	State
2	High staff turnover at group homes and day hab programs	State
3	Limited access to acute care behavioral health services for individuals with dual-diagnosed IDD and BH conditions	State
4	Long wait times to receive waiver program services	State
5	Improving identification diversion for people with IDD from jail and coordinating services	AACOG
6	Limited awareness of AACOG services and waiver program application process	AACOG
7	Limited case management services available	AACOG
8	Limited respite care capacity	Local Community
9	Delayed or missed diagnosis due to COVID	Community
10	Lack of engagement and support from local K-12 school districts with AACOG	Local Community
11	Limited transportation options for persons with IDD	Local Community
12	Limited social programs for persons with IDD during COVID	Local Community
13	Lack of affordable and appropriate housing options for persons with IDD, including group homes	Local Community
14	Limited job opportunities for persons with IDD	Local Community
15	Limited resources for adults with IDD transitioning out of the school systems into adulthood	State
16	Limited number of providers (medical, dental, mental health) who will see persons with IDD	Local Community
17	Stigma (community, employment, etc.)	Local Community
18	Long wait times to see providers (i.e., medical, mental health, etc.)	Local Community
19	Lack of caregiver supports, including financial, estate planning, and burnout/mental health	Local Community
20	Inconsistent quality of day hab programs / Lack of oversight of day hab programs	State

Appendices

Appendix A: Technical Assistance Service Area

Appendix B: Stakeholder Interview & Focus Group Moderators Guide

Appendix C: Community Survey

Appendix D: Service Use Data

Appendix A: Technical Assistance Service Area

As part of AACOG's Local IDD Authority Functions, AACOG serves as the Transition Support Team for an area consisting of Atascosa, Bandera, Bexar, Blanco, Calhoun, Comal, DeWitt, Dimmitt, Edwards, Frio, Gillespie, Goliad, Hays, Jackson, Karnes, Kendall, Kerr, Kimble, Kinney, La Salle, Lavaca, Llano, Mason, Maverick, McMullen, Medina, Menard, Real, Refugio, Schleicher, Sutton, Uvalde, Val Verde, Victoria, Wilson, Zavala counties.

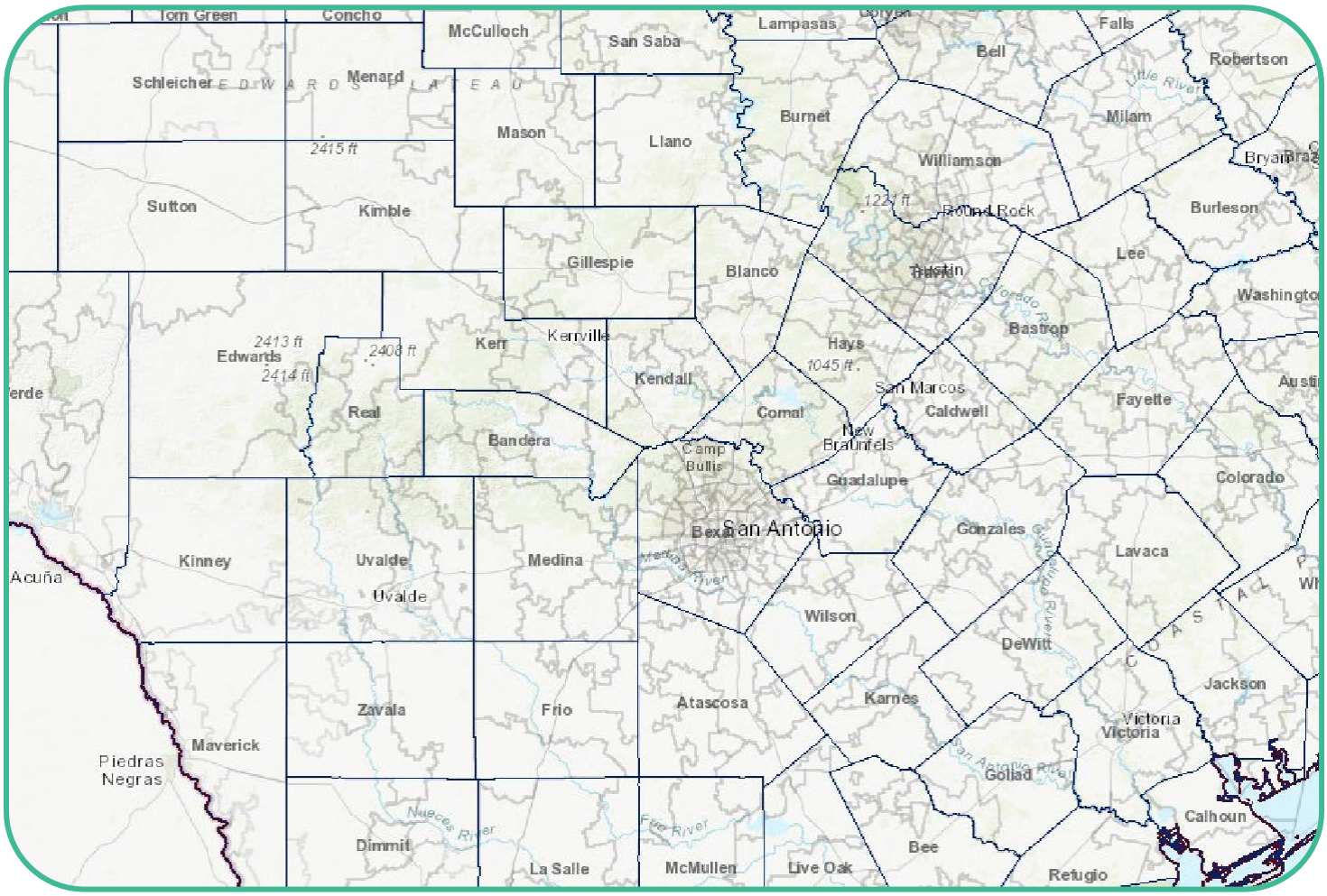
The Transition Support Team provides medical, behavioral, and psychiatric supports to local intellectual and developmental disability authorities (LIDDAs) and Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program providers that serve individuals with intellectual and developmental disabilities (IDD) at risk of being admitted into an institution, and those who have moved from institutional settings, including state supported living centers (SSLCs) and nursing facilities (NFs). Supports provided by the team include:

Training (Educational events and materials, such as webinars, videos and other correspondence, focused on increasing the expertise of LIDDA and Provider staff in supporting the individuals described above)

Technical assistance (on specific disorders and diseases, with examples of best practices and evidence-based services for individuals with significant medical, behavioral and psychiatric challenges); and

Case-specific peer review (to support service planning teams that need assistance planning and providing effective care for an individual).

Exhibit 65: Map of Surrounding Counties



Source: UDS Mapper

Exhibit 66: Social Vulnerability Index

	Total Population	Below Poverty	Unemployed	Median HH Income	No High School Diploma
United States	324,697,795	13.4%	5.4%	$62,843	6.9%
Texas	28,260,856	14.7%	5.3%	$61,874	7.4%
Atascosa County	49,528	14.8%	7.2%	$55,366	6.4%
Bandera County	22,215	15.7%	7.1%	$58,661	8.1%
Bexar County	1,952,843	15.7%	5.7%	$57,157	8.6%
Blanco County	11,478	9.0%	4.9%	$66,390	7.7%
Calhoun County	21,668	13.7%	4.3%	$58,776	11.9%
Comal County	141,642	7.6%	4.0%	$79,936	13.1%
DeWitt County	20,340	16.0%	6.7%	$55,357	10.7%
Dimmit County	10,438	33.7%	7.9%	$27,161	6.8%
Edwards County	1,918	8.7%	0.0%	$40,766	8.2%
Frio County	19,871	23.3%	7.5%	$46,729	5.6%
Gillespie County	26,459	9.5%	4.3%	$59,155	8.5%
Goliad County	7,565	13.1%	4.2%	$60,690	8.9%
Hays County	213,366	13.7%	5.5%	$68,717	8.2%
Jackson County	14,816	13.4%	4.8%	$62,806	4.7%
Karnes County	15,545	17.7%	3.5%	$56,127	4.0%
Kendall County	43,769	5.6%	4.3%	$84,747	5.5%
Kerr County	51,843	11.7%	4.3%	$55,990	9.5%
Kimble County	4,373	22.3%	3.2%	$43,328	9.6%
Kinney County	3,659	19.6%	1.1%	$26,738	9.3%
La Salle County	7,416	17.0%	2.8%	$50,151	4.1%
Lavaca County	20,021	10.7%	3.3%	$54,403	4.4%
Llano County	21,047	10.6%	6.5%	$53,411	3.8%
McMullen County	774	11.8%	5.2%	$62,000	10.9%
Mason County	4,186	10.7%	5.3%	$42,276	11.3%
Maverick County	58,174	26.9%	7.7%	$39,625	10.6%
Medina County	50,057	11.3%	3.3%	$62,599	8.2%
Menard County	2,119	13.3%	4.5%	$36,395	7.9%
Real County	3,408	24.7%	1.0%	$35,862	8.5%
Refugio County	7,145	16.5%	6.3%	$50,076	9.6%
Schleicher County	2,983	15.7%	16.4%	$53,229	7.3%
Sutton County	3,824	13.9%	6.3%	$54,306	11.7%
Uvalde County	26,920	17.9%	4.9%	$41,679	15.8%
Val Verde County	48,969	20.3%	4.0%	$46,147	18.0%
Victoria County	92,109	15.0%	5.2%	$56,834	12.5%
Wilson County	49,173	9.6%	4.0%	$76,692	5.9%
Zavala County	12,039	33.8%	4.4%	$34,459	6.9%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Social Vulnerability Index Continued

	Aged 65 & Over	Aged Under 18	Living With a Disability	Single-Parent Households	Minority Population
United States	15.6%	22.6%	12.6%	21.3%	39.3%
Texas	12.3%	26.0%	11.5%	21.5%	58.0%
Atascosa County	14.3%	27.5%	11.7%	20.9%	66.7%
Bandera County	26.4%	17.1%	20.1%	21.5%	22.2%
Bexar County	11.8%	25.7%	14.1%	24.6%	72.3%
Blanco County	25.0%	18.3%	16.5%	17.0%	23.0%
Calhoun County	17.4%	24.7%	18.6%	21.6%	57.7%
Comal County	17.9%	22.7%	14.1%	15.0%	32.5%
DeWitt County	19.4%	22.6%	17.1%	13.7%	45.2%
Dimmit County	16.9%	29.4%	23.3%	23.5%	89.0%
Edwards County	30.6%	14.8%	29.4%	0.0%	56.7%
Frio County	12.4%	23.9%	16.6%	30.2%	83.7%
Gillespie County	29.3%	20.1%	13.9%	15.9%	25.3%
Goliad County	22.0%	21.7%	15.3%	12.6%	41.7%
Hays County	10.7%	23.1%	9.3%	14.8%	46.2%
Jackson County	17.4%	25.5%	17.8%	18.4%	41.5%
Karnes County	14.0%	20.8%	13.4%	25.6%	64.2%
Kendall County	18.9%	23.7%	13.3%	16.8%	27.7%
Kerr County	27.1%	19.3%	17.9%	22.6%	31.3%
Kimble County	29.0%	21.3%	20.2%	12.4%	24.3%
Kinney County	24.7%	12.8%	26.7%	34.9%	59.4%
La Salle County	17.0%	20.2%	21.3%	12.9%	86.8%
Lavaca County	23.3%	23.7%	16.1%	14.6%	26.5%
Llano County	36.4%	15.0%	24.4%	11.9%	13.6%
McMullen County	18.3%	28.9%	16.9%	23.1%	50.9%
Mason County	24.4%	23.8%	14.4%	29.3%	25.8%
Maverick County	11.5%	31.5%	14.1%	26.1%	97.5%
Medina County	16.5%	23.2%	17.1%	16.1%	56.4%
Menard County	31.4%	12.6%	28.2%	11.8%	45.2%
Real County	28.6%	25.7%	25.3%	15.6%	26.9%
Refugio County	21.6%	23.2%	21.6%	26.0%	58.4%
Schleicher County	18.8%	26.4%	11.2%	4.5%	53.9%
Sutton County	18.1%	26.4%	10.1%	29.1%	65.9%
Uvalde County	16.7%	27.1%	17.2%	32.5%	73.8%
Val Verde County	14.1%	28.5%	15.4%	22.0%	84.7%
Victoria County	15.8%	25.5%	15.4%	20.5%	55.3%
Wilson County	15.4%	24.5%	12.8%	13.9%	43.0%
Zavala County	13.8%	29.5%	21.0%	36.9%	94.9%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Social Vulnerability Index Continued

	Speaks English Less Than Well	Multi-Unit Housing Units	Mobile Homes	Group Quarters	No Vehicle

United States	8.4%	3.6%	6.2%	2.5%	8.6%
Texas	13.7%	1.9%	7.1%	2.1%	5.3%
Atascosa County	14.6%	2.4%	32.8%	0.7%	5.7%
Bandera County	3.7%	0.4%	28.7%	0.9%	1.3%
Bexar County	11.8%	1.6%	2.6%	2.0%	7.2%
Blanco County	3.7%	1.5%	14.7%	0.6%	2.8%
Calhoun County	12.6%	1.9%	15.5%	1.0%	3.5%
Comal County	4.4%	2.1%	10.0%	1.1%	3.3%
DeWitt County	5.3%	1.8%	15.3%	7.5%	5.8%
Dimmit County	14.6%	1.0%	20.8%	1.7%	10.7%
Edwards County	6.6%	0.5%	27.2%	0.8%	1.9%
Frio County	22.6%	2.6%	19.5%	18.0%	8.3%
Gillespie County	8.8%	0.3%	11.7%	1.3%	4.4%
Goliad County	5.0%	1.1%	17.2%	1.2%	8.5%
Hays County	6.7%	1.8%	9.1%	3.7%	2.9%
Jackson County	8.2%	0.9%	17.4%	2.6%	5.3%
Karnes County	15.6%	1.8%	17.3%	19.8%	5.7%
Kendall County	4.7%	0.9%	8.5%	1.9%	2.8%
Kerr County	4.8%	1.7%	18.3%	3.7%	3.1%
Kimble County	5.3%	0.7%	19.9%	0.2%	4.2%
Kinney County	16.3%	3.6%	23.7%	12.2%	5.5%
La Salle County	16.1%	4.3%	27.7%	18.7%	3.8%
Lavaca County	4.7%	2.1%	16.5%	2.0%	5.7%
Llano County	2.6%	2.5%	13.0%	0.8%	4.5%
McMullen County	3.1%	0.0%	26.4%	0.0%	4.1%
Mason County	7.7%	1.4%	11.2%	0.2%	3.0%
Maverick County	35.9%	4.6%	8.7%	0.8%	6.1%
Medina County	6.6%	1.4%	25.9%	4.3%	4.9%
Menard County	12.5%	0.5%	17.0%	1.7%	8.9%
Real County	4.3%	0.6%	26.5%	3.1%	4.7%
Refugio County	4.2%	1.6%	9.4%	1.1%	7.7%
Schleicher County	7.8%	0.0%	17.7%	0.7%	3.0%
Sutton County	10.8%	1.9%	17.0%	0.2%	4.3%
Uvalde County	14.4%	2.3%	17.6%	3.2%	7.3%
Val Verde County	19.0%	4.1%	12.1%	4.0%	6.4%
Victoria County	5.5%	2.2%	11.5%	1.3%	6.7%
Wilson County	7.0%	0.6%	23.6%	0.9%	2.9%
Zavala County	16.9%	7.3%	25.8%	0.2%	9.7%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 67: Median Age

	Median Age
United States	38.1

Texas	34.6
Atascosa County	35.4
Bandera County	52.2
Bexar County	33.6
Blanco County	50.4
Calhoun County	37.7
Comal County	42.2
DeWitt County	41.0
Dimmit County	34.3
Edwards County	49.1
Frio County	31.2
Gillespie County	50.0
Goliad County	46.1
Hays County	32.0
Jackson County	37.7
Karnes County	35.4
Kendall County	41.4
Kerr County	47.4
Kimble County	52.1
Kinney County	49.8
La Salle County	36.5
Lavaca County	43.4
Llano County	57.4
McMullen County	38.2
Mason County	46.3
Maverick County	29.6
Medina County	39.0
Menard County	51.8
Real County	47.4
Refugio County	43.3
Schleicher County	36.2
Sutton County	38.6
Uvalde County	33.7
Val Verde County	31.8
Victoria County	35.9
Wilson County	40.2
Zavala County	32.9

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 68: Race

	White	Black or African American	Asian	American Indian or Alaskan Native	Other Race
United States	60.7%	12.3%	5.5%	0.7%	0.2%
Texas	42.0%	11.8%	4.7%	0.3%	0.2%

Atascosa County	33.3%	0.3%	0.3%	0.1%	0.0%
Bandera County	77.8%	0.7%	0.3%	0.4%	0.1%
Bexar County	27.7%	7.1%	2.7%	0.2%	0.2%
Blanco County	77.0%	0.0%	1.4%	0.1%	0.0%
Calhoun County	42.3%	2.3%	5.3%	0.0%	0.0%
Comal County	67.5%	2.0%	1.1%	0.1%	0.2%
DeWitt County	54.8%	9.3%	0.0%	0.0%	0.0%
Dimmit County	11.0%	0.0%	1.4%	0.0%	0.1%
Edwards County	43.3%	0.0%	0.0%	0.1%	0.0%
Frio County	16.3%	3.2%	0.8%	0.0%	0.1%
Gillespie County	74.7%	0.1%	0.1%	0.3%	0.1%
Goliad County	58.3%	4.9%	0.7%	0.0%	0.0%
Hays County	53.8%	3.8%	1.5%	0.2%	0.2%
Jackson County	58.5%	6.5%	1.0%	0.0%	0.0%
Karnes County	35.8%	6.4%	1.0%	0.1%	0.0%
Kendall County	72.3%	0.5%	0.9%	0.1%	0.0%
Kerr County	68.7%	1.4%	0.8%	0.3%	0.4%
Kimble County	75.7%	1.1%	0.0%	0.0%	0.4%
Kinney County	40.6%	0.1%	0.0%	0.0%	0.0%
La Salle County	13.2%	1.5%	0.2%	0.0%	0.0%
Lavaca County	73.5%	6.2%	0.5%	0.0%	0.0%
Llano County	86.4%	0.7%	0.3%	0.6%	0.0%
McMullen County	49.1%	0.0%	0.0%	1.2%	0.0%
Mason County	74.2%	0.0%	2.4%	0.0%	0.0%
Maverick County	2.5%	0.3%	0.5%	1.2%	0.2%
Medina County	43.6%	2.5%	0.7%	0.2%	0.0%
Menard County	54.8%	0.0%	0.0%	0.1%	0.0%
Real County	73.1%	0.6%	0.1%	0.0%	0.0%
Refugio County	41.6%	6.5%	0.3%	0.1%	0.0%
Schleicher County	46.1%	0.5%	0.0%	0.0%	0.0%
Sutton County	34.1%	0.1%	0.0%	0.0%	0.0%
Uvalde County	26.2%	0.3%	0.9%	0.2%	0.1%
Val Verde County	15.3%	1.3%	0.7%	0.1%	0.0%
Victoria County	44.7%	5.6%	1.1%	0.1%	0.2%
Wilson County	57.0%	1.2%	0.3%	0.1%	0.1%
Zavala County	5.1%	0.3%	0.0%	0.0%	0.0%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 69: Ethnicity

	Hispanic or Latino	Not Hispanic or Latino
United States	18.0%	82.0%
Texas	39.3%	60.7%
Atascosa County	64.3%	35.7%

Bandera County	18.8%	81.2%
Bexar County	60.2%	39.8%
Blanco County	19.4%	80.6%
Calhoun County	48.9%	51.1%
Comal County	27.4%	72.6%
DeWitt County	35.4%	64.6%
Dimmit County	86.9%	13.1%
Edwards County	56.6%	43.4%
Frio County	79.3%	20.7%
Gillespie County	23.2%	76.8%
Goliad County	35.8%	64.2%
Hays County	38.9%	61.1%
Jackson County	33.1%	66.9%
Karnes County	54.7%	45.3%
Kendall County	23.9%	76.1%
Kerr County	26.9%	73.1%
Kimble County	21.8%	78.2%
Kinney County	59.3%	40.7%
La Salle County	84.1%	15.9%
Lavaca County	18.9%	81.1%
Llano County	10.4%	89.6%
McMullen County	49.7%	50.3%
Mason County	22.2%	77.8%
Maverick County	95.2%	4.8%
Medina County	52.0%	48.0%
Menard County	41.7%	58.3%
Real County	26.3%	73.7%
Refugio County	50.4%	49.6%
Schleicher County	53.0%	47.0%
Sutton County	65.6%	34.4%
Uvalde County	71.7%	28.3%
Val Verde County	82.0%	18.0%
Victoria County	46.9%	53.1%
Wilson County	39.7%	60.3%
Zavala County	93.9%	6.1%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 70: Population Living With a Disability

	Population With a Disability	Percent of Population Living With a Disability	Male	Female
United States	40,335,099	12.6%	12.5%	12.7%
Texas	3,187,623	11.5%	11.4%	11.5%
Atascosa County	5,741	11.7%	12.6%	10.8%
Bandera County	4,420	20.1%	24.4%	15.6%

Bexar County	270,763	14.1%	14.2%	13.9%
Blanco County	1,878	16.5%	17.2%	15.7%
Calhoun County	3,979	18.6%	19.3%	17.8%
Comal County	19,749	14.1%	14.0%	14.2%
DeWitt County	3,147	17.1%	18.3%	16.0%
Dimmit County	2,402	23.3%	23.0%	23.5%
Edwards County	561	29.4%	34.2%	24.4%
Frio County	2,594	16.6%	17.7%	15.3%
Gillespie County	3,639	13.9%	15.2%	12.8%
Goliad County	1,144	15.3%	15.5%	15.2%
Hays County	19,691	9.3%	9.3%	9.3%
Jackson County	2,598	17.8%	18.1%	17.5%
Karnes County	1,688	13.4%	14.7%	11.9%
Kendall County	5,773	13.3%	13.7%	12.9%
Kerr County	9,111	17.9%	19.2%	16.6%
Kimble County	876	20.2%	24.2%	16.3%
Kinney County	903	26.7%	33.8%	17.5%
La Salle County	1,376	21.3%	23.1%	19.3%
Lavaca County	3,148	16.1%	15.6%	16.5%
Llano County	5,074	24.4%	24.2%	24.5%
McMullen County	131	16.9%	24.2%	8.6%
Mason County	602	14.4%	14.2%	14.7%
Maverick County	8,150	14.1%	13.9%	14.3%
Medina County	8,138	17.1%	17.4%	16.8%
Menard County	584	28.2%	32.4%	23.0%
Real County	836	25.3%	30.4%	21.3%
Refugio County	1,505	21.6%	21.2%	21.9%
Schleicher County	333	11.2%	13.4%	8.9%
Sutton County	383	10.1%	7.5%	13.0%
Uvalde County	4,541	17.2%	19.8%	14.6%
Val Verde County	7,086	15.4%	13.7%	17.0%
Victoria County	14,005	15.4%	14.9%	15.8%
Wilson County	6,230	12.8%	13.2%	12.4%
Zavala County	2,491	21.0%	20.6%	21.4%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 71: Population Living With a Disability, by Age

	Under 5	5 to 17	18 to 34	35 to 64	65 to 74	75 & over
United States	0.7%	5.5%	6.3%	12.6%	24.8%	48.4%
Texas	0.7%	5.4%	5.9%	11.9%	27.9%	52.0%
Atascosa County	3.1%	3.8%	4.6%	12.5%	29.2%	49.7%
Bandera County	0.0%	9.2%	10.6%	19.9%	28.9%	43.0%
Bexar County	0.8%	7.3%	8.2%	16.0%	31.0%	53.7%

Blanco County	0.0%	6.6%	7.1%	14.0%	33.9%	36.6%
Calhoun County	1.3%	6.7%	7.3%	20.6%	35.6%	65.7%
Comal County	0.6%	5.1%	8.6%	13.7%	22.7%	52.0%
DeWitt County	2.0%	4.1%	8.8%	16.9%	33.0%	56.1%
Dimmit County	0.0%	7.2%	22.6%	23.0%	57.7%	55.3%
Edwards County	0.0%	9.4%	12.9%	27.8%	40.6%	67.8%
Frio County	1.7%	7.4%	12.7%	15.1%	40.8%	49.0%
Gillespie County	0.0%	3.8%	8.9%	9.3%	18.1%	43.8%
Goliad County	0.0%	3.4%	4.6%	14.3%	30.0%	48.5%
Hays County	0.3%	6.0%	4.6%	10.1%	24.5%	42.5%
Jackson County	0.0%	6.4%	10.5%	18.5%	26.1%	67.6%
Karnes County	0.4%	5.8%	5.6%	12.1%	23.1%	62.8%
Kendall County	2.7%	5.1%	11.1%	8.6%	24.4%	55.6%
Kerr County	0.0%	6.2%	9.8%	17.1%	22.0%	48.5%
Kimble County	0.0%	15.2%	7.5%	15.9%	31.3%	47.8%
Kinney County	0.0%	9.2%	26.1%	22.9%	41.9%	45.4%
La Salle County	0.0%	10.0%	15.1%	15.5%	67.2%	41.7%
Lavaca County	2.2%	12.2%	6.0%	11.9%	26.1%	52.5%
Llano County	0.0%	8.1%	17.1%	21.8%	26.2%	50.7%
McMullen County	0.0%	0.0%	20.3%	12.8%	38.6%	61.0%
Mason County	0.0%	3.3%	0.0%	12.5%	30.3%	47.8%
Maverick County	0.0%	4.0%	9.0%	15.5%	42.4%	65.8%
Medina County	0.9%	5.8%	6.4%	17.8%	38.0%	59.9%
Menard County	0.0%	3.9%	12.9%	24.4%	39.2%	64.1%
Real County	5.7%	6.8%	5.1%	26.1%	40.2%	67.4%
Refugio County	0.0%	13.2%	2.3%	22.8%	38.0%	68.5%
Schleicher County	0.0%	0.0%	0.0%	13.5%	33.2%	41.2%
Sutton County	0.0%	8.8%	4.0%	5.9%	24.4%	40.0%
Uvalde County	2.3%	12.5%	9.4%	14.8%	36.6%	58.2%
Val Verde County	1.3%	5.2%	6.0%	18.1%	31.4%	67.3%
Victoria County	0.9%	10.5%	7.6%	14.0%	36.0%	51.9%
Wilson County	1.2%	7.0%	6.6%	12.9%	24.8%	48.7%
Zavala County	2.4%	10.3%	5.8%	30.5%	37.3%	71.4%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 72: Population Living With a Disability by Race & Ethnicity

One Race Alone	White	Black or African American	American Indian & Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some other race	White alone, not Hispanic or Latino
United States	13.1%	14.0%	16.9%	7.1%	10.8%	8.3%	13.9%
Texas	11.8%	13.1%	16.5%	5.6%	10.3%	8.7%	13.6%
Atascosa County	11.7%	18.3%	41.0%	0.0%	ND	17.2%	14.6%
Bandera County	19.9%	73.2%	16.8%	0.0%	ND	35.8%	20.9%
Bexar County	14.1%	15.8%	22.2%	7.0%	5.5%	14.9%	15.4%
Blanco County	16.4%	ND	13.9%	26.1%	100.0%	2.5%	16.9%
Calhoun County	18.7%	28.3%	100.0%	12.9%	100.0%	16.6%	24.9%
Comal County	14.4%	15.1%	17.8%	7.5%	0.0%	9.4%	14.8%
DeWitt County	18.6%	20.6%	5.4%	0.0%	ND	12.3%	18.5%
Dimmit County	25.4%	0.0%	ND	2.0%	ND	5.3%	31.1%
Edwards County	29.3%	ND	ND	ND	ND	100.0%	24.8%
Frio County	17.6%	ND	ND	22.7%	ND	7.3%	25.6%
Gillespie County	14.7%	5.6%	0.0%	0.0%	ND	11.6%	16.1%
Goliad County	15.4%	16.2%	ND	0.0%	ND	15.0%	16.9%
Hays County	9.4%	8.3%	11.1%	4.8%	0.0%	9.7%	10.0%
Jackson County	17.2%	25.1%	ND	0.0%	100.0%	15.3%	20.5%
Karnes County	13.7%	12.6%	57.7%	0.0%	ND	12.6%	14.7%
Kendall County	13.4%	10.3%	20.7%	13.8%	29.1%	0.0%	12.9%
Kerr County	18.3%	20.3%	21.2%	1.2%	0.0%	5.9%	20.2%
Kimble County	18.9%	56.5%	0.0%	ND	ND	21.7%	21.4%
Kinney County	27.8%	0.0%	ND	ND	ND	0.0%	26.1%
La Salle County	22.8%	ND	ND	ND	ND	7.7%	53.4%
Lavaca County	16.1%	17.9%	44.4%	3.2%	0.0%	15.9%	16.8%
Llano County	25.2%	0.9%	0.0%	0.0%	ND	18.1%	26.4%
McMullen County	17.1%	ND	0.0%	ND -	ND	ND	24.7%
Mason County	15.0%	ND	22.6%	0.0%	ND	14.3%	16.2%
Maverick County	14.2%	43.7%	11.4%	0.0%	0.0%	10.7%	18.5%
Medina County	17.1%	15.0%	17.8%	10.8%	0.0%	14.6%	18.5%
Menard County	29.2%	ND	ND	ND	ND	0.0%	28.3%
Real County	26.0%	11.8%	ND	0.0%	ND	10.1%	28.8%
Refugio County	22.5%	25.9%	55.0%	0.0%	ND	10.2%	23.9%
Schleicher County	15.3%	50.0%	ND	ND	0.0%	3.8%	15.9%
Sutton County	12.3%	50.0%	57.1%	ND	0.0%	5.7%	11.7%
Uvalde County	17.0%	40.5%	42.6%	0.0%	0.0%	21.9%	21.0%
Val Verde County	15.6%	0.0%	52.9%	7.7%	100.0%	13.9%	18.1%
Victoria County	15.2%	19.2%	18.4%	11.9%	0.0%	12.1%	15.6%
Wilson County	12.7%	31.5%	12.6%	32.9%	0.0%	18.9%	12.4%
Zavala County	21.0%	0.0%	ND	0.0%	ND	7.7%	28.2%

Exhibit 73: Population Living With a Disability, by Disability Type

	With a hearing difficulty	With a vision difficulty	With a cognitive difficulty	With an ambulatory difficulty	With a self-care difficulty	With an independent living difficulty
United States	3.6%	2.3%	5.1%	6.9%	2.6%	5.8%
Texas	3.3%	2.5%	4.6%	6.3%	2.5%	5.2%
Atascosa County	3.0%	2.2%	4.5%	6.5%	2.1%	6.1%
Bandera County	6.9%	3.4%	6.8%	9.6%	2.9%	8.3%
Bexar County	3.8%	3.5%	6.0%	7.6%	2.9%	6.3%
Blanco County	6.1%	3.1%	5.1%	8.6%	2.2%	5.0%
Calhoun County	6.6%	4.0%	7.3%	11.2%	3.4%	8.5%
Comal County	4.7%	2.6%	5.4%	7.8%	3.0%	6.2%
DeWitt County	5.4%	4.0%	5.2%	11.2%	3.0%	7.3%
Dimmit County	5.9%	8.2%	6.6%	12.2%	5.4%	11.9%
Edwards County	8.1%	8.0%	4.6%	23.4%	7.8%	10.0%
Frio County	5.4%	6.0%	7.0%	9.5%	2.9%	7.0%
Gillespie County	5.1%	1.8%	4.0%	7.9%	2.9%	6.3%
Goliad County	5.7%	3.5%	3.8%	9.4%	2.8%	6.8%
Hays County	3.0%	1.8%	4.2%	4.6%	1.9%	4.0%
Jackson County	5.3%	3.0%	6.6%	10.4%	3.0%	8.6%
Karnes County	4.4%	3.1%	5.2%	8.5%	3.8%	6.6%
Kendall County	4.6%	2.3%	5.1%	6.4%	2.4%	5.6%
Kerr County	6.0%	2.4%	6.7%	10.2%	2.8%	7.1%
Kimble County	6.9%	2.6%	7.4%	11.0%	3.2%	7.0%
Kinney County	8.1%	3.4%	6.0%	22.2%	4.8%	6.5%
La Salle County	8.5%	4.5%	7.7%	11.6%	5.6%	11.3%
Lavaca County	5.8%	2.8%	3.8%	7.7%	2.2%	7.3%
Llano County	8.6%	3.8%	9.0%	14.1%	4.5%	9.1%
McMullen County	9.3%	5.6%	4.4%	11.7%	4.4%	9.3%
Mason County	4.4%	1.9%	6.0%	9.6%	3.7%	6.2%
Maverick County	5.0%	4.9%	6.3%	8.0%	5.2%	8.7%
Medina County	5.8%	4.3%	5.8%	11.1%	3.4%	6.2%
Menard County	12.0%	3.5%	3.9%	17.7%	1.2%	7.4%
Real County	11.7%	6.9%	9.9%	15.1%	4.6%	10.1%
Refugio County	8.2%	4.3%	7.0%	12.9%	3.9%	6.5%
Schleicher County	5.8%	2.0%	0.8%	3.7%	1.2%	3.7%
Sutton County	4.1%	2.0%	3.5%	4.6%	1.5%	5.6%
Uvalde County	5.6%	4.1%	7.2%	8.4%	2.0%	6.5%
Val Verde County	4.4%	6.7%	6.1%	8.1%	4.2%	7.7%
Victoria County	4.5%	3.4%	6.0%	8.7%	3.0%	5.6%
Wilson County	3.6%	1.4%	5.3%	6.2%	2.5%	5.8%
Zavala County	6.1%	5.9%	7.3%	13.5%	3.8%	8.0%

Exhibit 74: Highest Level of Educational Attainment

	Less than 9th grade	9th to 12th grade, no diploma	High school graduate (includes equivalency)	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
United States	5.1%	6.9%	27.0%	20.4%	8.5%	19.8%	12.4%
Texas	8.2%	8.1%	25.0%	21.6%	7.2%	19.5%	10.4%
Atascosa County	11.0%	11.9%	38.7%	19.3%	4.7%	10.2%	4.3%
Bandera County	3.9%	6.8%	32.3%	26.0%	8.2%	15.5%	7.3%
Bexar County	7.3%	8.5%	25.4%	22.7%	8.1%	17.8%	10.3%
Blanco County	5.1%	4.7%	30.3%	25.2%	8.1%	17.4%	9.0%
Calhoun County	11.2%	9.5%	33.0%	25.0%	7.0%	9.1%	5.1%
Comal County	3.3%	4.1%	25.0%	22.9%	7.9%	24.2%	12.6%
DeWitt County	8.3%	10.9%	39.1%	22.5%	6.6%	9.2%	3.4%
Dimmit County	25.4%	8.2%	36.2%	14.0%	2.6%	9.0%	4.6%
Edwards County	18.4%	9.6%	22.7%	20.3%	11.0%	15.1%	3.1%
Frio County	18.0%	15.8%	34.2%	17.0%	7.7%	3.9%	3.4%
Gillespie County	5.1%	5.9%	29.9%	20.8%	6.1%	23.1%	9.1%
Goliad County	10.4%	6.6%	26.5%	29.2%	10.0%	12.5%	4.7%
Hays County	4.0%	5.9%	23.3%	23.5%	6.0%	24.4%	12.8%
Jackson County	7.3%	10.3%	31.1%	27.7%	7.1%	12.2%	4.3%
Karnes County	12.5%	11.8%	36.9%	18.6%	4.9%	11.6%	3.8%
Kendall County	4.1%	3.1%	20.6%	22.3%	7.7%	27.0%	15.1%
Kerr County	4.5%	6.9%	27.2%	27.2%	6.9%	17.5%	9.8%
Kimble County	5.8%	9.1%	32.9%	23.9%	5.8%	12.6%	9.9%
Kinney County	10.5%	11.0%	36.8%	25.1%	4.6%	6.6%	5.5%
La Salle County	15.7%	20.8%	38.6%	15.0%	2.5%	6.2%	1.2%
Lavaca County	6.3%	8.1%	40.9%	20.4%	7.7%	12.9%	3.7%
Llano County	5.3%	8.9%	26.5%	26.7%	7.3%	18.1%	7.1%
McMullen County	2.4%	4.8%	32.7%	24.2%	7.1%	15.5%	13.3%
Mason County	7.5%	4.8%	26.7%	28.2%	5.2%	20.0%	7.6%
Maverick County	24.7%	15.8%	22.6%	17.9%	6.3%	9.9%	2.8%
Medina County	7.1%	9.7%	31.0%	24.0%	8.3%	12.6%	7.2%
Menard County	14.7%	7.4%	36.1%	19.2%	4.7%	11.7%	6.4%
Real County	9.4%	7.3%	30.4%	25.7%	9.8%	12.5%	4.9%
Refugio County	7.0%	12.7%	38.4%	21.8%	8.5%	8.1%	3.4%
Schleicher County	13.0%	7.5%	24.8%	31.8%	6.5%	13.8%	2.8%
Sutton County	14.0%	12.1%	33.0%	18.8%	5.0%	11.0%	6.1%
Uvalde County	13.3%	10.9%	29.3%	20.6%	8.0%	14.0%	3.9%
Val Verde County	20.4%	11.3%	24.4%	19.6%	5.8%	12.9%	5.5%
Victoria County	7.1%	9.2%	30.8%	23.6%	9.4%	13.4%	6.6%
Wilson County	5.0%	7.5%	36.1%	22.4%	7.3%	14.7%	7.1%
Zavala County	19.9%	13.2%	32.7%	17.5%	5.8%	7.6%	3.2%

Exhibit 75: Population Living Below the Poverty Level

	Total Population Living in Poverty	Under 18	65 & Over
United States	42,510,843	18.5%	9.3%
Texas	4,072,194	20.9%	10.6%
Atascosa County	7,196	21.1%	12.6%
Bandera County	3,455	29.8%	7.0%
Bexar County	301,755	22.3%	11.5%
Blanco County	1,015	15.3%	6.2%
Calhoun County	2,923	18.9%	14.4%
Comal County	10,712	10.4%	5.2%
DeWitt County	2,946	18.3%	18.4%
Dimmit County	3,477	52.5%	26.9%
Edwards County	165	0.0%	11.3%
Frio County	3,618	40.1%	19.0%
Gillespie County	2,476	16.1%	6.0%
Goliad County	980	16.4%	13.5%
Hays County	28,214	13.9%	6.5%
Jackson County	1,942	16.6%	8.5%
Karnes County	2,199	26.0%	17.2%
Kendall County	2,411	8.1%	6.0%
Kerr County	5,880	19.5%	4.0%
Kimble County	964	33.8%	9.7%
Kinney County	667	43.2%	9.4%
La Salle County	1,098	24.0%	16.7%
Lavaca County	2,083	14.9%	10.2%
Llano County	2,211	14.1%	8.7%
McMullen County	91	9.8%	9.2%
Mason County	447	17.2%	9.2%
Maverick County	15,616	36.7%	32.5%
Medina County	5,372	17.8%	11.2%
Menard County	276	12.4%	9.3%
Real County	780	39.9%	8.4%
Refugio County	1,148	24.3%	9.9%
Schleicher County	467	13.6%	23.6%
Sutton County	531	21.4%	11.9%
Uvalde County	4,737	25.8%	14.4%
Val Verde County	9,536	28.5%	24.4%
Victoria County	13,620	20.3%	9.4%
Wilson County	4,652	13.0%	5.8%
Zavala County	4,011	59.6%	33.4%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 76: Population Living Below the Poverty Level by Race & Ethnicity

One Race Alone	White	Black or African American	American Indian & Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some other race	Hispanic or Latino origin of any race	White alone, not Hispanic or Latino
United States	11.1%	23.0%	24.9%	10.9%	17.5%	21.0%	19.6%	9.6%
Texas	13.8%	19.3%	17.1%	10.2%	18.8%	21.0%	20.7%	8.4%
Atascosa County	15.2%	9.2%	62.3%	0.0%	ND	10.7%	17.0%	10.4%
Bandera County	13.5%	70.4%	51.5%	0.0%	ND	17.7%	25.3%	13.2%
Bexar County	15.5%	18.1%	27.3%	13.5%	14.7%	17.3%	18.6%	9.5%
Blanco County	9.1%	ND	0.0%	12.1%	0.0%	0.0%	11.6%	8.5%
Calhoun County	12.1%	27.6%	0.0%	32.9%	100.0%	12.8%	14.8%	8.3%
Comal County	7.3%	4.0%	7.6%	5.9%	0.0%	16.3%	12.5%	5.8%
DeWitt County	12.7%	18.2%	0.0%	25.0%	ND	25.2%	23.9%	11.3%
Dimmit County	32.9%	100.0%	ND	0.0%	ND	49.5%	34.7%	31.7%
Edwards County	8.7%	ND	ND	ND	ND	0.0%	5.3%	13.1%
Frio County	22.3%	ND	ND	22.7%	ND	32.0%	24.6%	17.6%
Gillespie County	8.4%	11.1%	28.3%	0.0%	ND	25.2%	20.3%	6.1%
Goliad County	11.1%	25.8%	ND	0.0%	ND	22.8%	17.5%	9.3%
Hays County	13.9%	15.9%	0.0%	7.7%	38.5%	17.2%	17.1%	11.4%
Jackson County	13.6%	15.4%	ND	0.0%	0.0%	7.1%	21.8%	8.5%
Karnes County	17.0%	0.0%	0.0%	0.0%	ND	25.7%	25.5%	8.7%
Kendall County	3.9%	4.6%	0.0%	19.4%	37.2%	15.8%	9.6%	4.2%
Kerr County	10.2%	46.0%	5.1%	17.2%	39.0%	21.6%	19.5%	7.7%
Kimble County	23.0%	0.0%	0.0%	ND	ND	21.7%	38.2%	18.4%
Kinney County	19.5%	0.0%	ND	ND	ND	23.7%	27.3%	9.4%
La Salle County	18.2%	ND	ND	ND	ND	10.6%	19.2%	4.1%
Lavaca County	7.9%	26.9%	0.0%	14.9%	100.0%	16.0%	19.2%	7.2%
Llano County	10.0%	0.9%	6.2%	12.3%	ND	26.2%	19.1%	9.5%
McMullen County	11.9%	ND	0.0%	ND	ND	ND	13.5%	10.3%
Mason County	11.1%	ND	10.7%	0.0%	ND	32.7%	13.5%	10.0%
Maverick County	27.5%	0.0%	24.3%	0.3%	100.0%	24.1%	27.4%	18.9%
Medina County	11.5%	7.0%	0.0%	5.7%	100.0%	7.6%	13.2%	9.3%
Menard County	13.9%	ND	ND	ND	ND	11.5%	20.9%	8.3%
Real County	22.4%	0.0%	ND	100.0%	ND	87.2%	37.9%	19.9%
Refugio County	14.4%	38.5%	40.0%	0.0%	ND	7.9%	18.2%	11.3%
Schleicher County	11.7%	50.0%	ND	ND	0.0%	22.0%	16.7%	14.2%
Sutton County	9.8%	100.0%	0.0%	ND	0.0%	21.1%	20.1%	2.0%
Uvalde County	17.1%	30.7%	24.8%	5.1%	100.0%	32.9%	21.3%	8.8%
Val Verde County	20.8%	11.7%	30.0%	4.6%	0.0%	19.0%	22.1%	12.5%
Victoria County	15.2%	17.8%	3.1%	5.3%	0.0%	8.8%	21.9%	7.8%
Wilson County	9.0%	26.6%	0.0%	33.5%	0.0%	5.5%	13.1%	6.4%
Zavala County	33.6%	0.0%	ND	0.0%	ND	33.0%	32.3%	60.2%

Exhibit 77: Adult Chronic Disease Prevalence

Age-Adjusted Rate	Heart Disease	High Blood Pressure	Current Asthma	Diagnosed Diabetes
United States (Crude prevalence)	3.9	32.3	9.7	8.7
Texas	3.1	30.8	7.0	11.8
Atascosa County	5.8	32.4	8.0	14.4
Bandera County	5.7	31.8	8.4	11.0
Bexar County	5.6	33.6	7.8	14.3
Blanco County	5.5	31.0	8.2	10.4
Calhoun County	6.1	34.2	8.0	14.1
Comal County	5.0	28.5	7.8	9.9
DeWitt County	6.4	34.3	8.4	13.6
Dimmit County	7.6	36.6	8.8	19.5
Edwards County	6.7	33.8	8.3	15.2
Frio County	6.7	35.0	7.8	17.0
Gillespie County	5.3	30.3	8.0	10.2
Goliad County	5.7	32.2	8.3	12.3
Hays County	5.2	29.0	7.8	11.3
Jackson County	5.8	34.0	8.4	12.1
Karnes County	6.2	33.6	7.8	14.5
Kendall County	4.7	28.6	7.7	9.4
Kerr County	5.7	31.0	8.2	11.3
Kimble County	6.6	33.8	8.7	12.9
Kinney County	7.2	35.6	8.0	16.5
La Salle County	6.1	33.0	7.6	16.1
Lavaca County	5.7	32.8	8.6	11.1
Llano County	5.9	33.0	8.8	10.5
McMullen County	5.6	30.2	7.3	11.6
Mason County	7.1	31.3	8.1	11.1
Maverick County	5.1	35.0	8.4	18.6
Medina County	5.4	32.0	7.7	12.8
Menard County	6.1	32.6	8.4	13.0
Real County	7.2	35.6	9.2	14.1
Refugio County	6.0	33.0	8.1	14.0
Schleicher County	5.6	31.1	7.9	12.9
Sutton County	5.6	31.3	7.7	13.5
Uvalde County	6.3	32.9	8.1	15.5
Val Verde County	6.5	34.5	8.1	16.8
Victoria County	5.7	33.4	8.1	13.5
Wilson County	5.2	30.8	7.8	11.8
Zavala County	8.1	37.7	8.7	20.7

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 78: Mental & Behavioral Health Status

	Percent of Frequent Mental Distress	Poor Mental Health Days	Poor Physical Health Days
United States	ND	3.8	3.4
Texas	12%	3.8	3.8
Atascosa County	14%	4.3	4.3
Bandera County	14%	4.3	4.0
Bexar County	13%	4.2	4.1
Blanco County	13%	4.2	3.8
Calhoun County	14%	4.3	4.3
Comal County	12%	4.1	3.5
DeWitt County	15%	4.6	4.5
Dimmit County	16%	4.7	5.3
Edwards County	14%	4.4	4.4
Frio County	14%	4.4	4.8
Gillespie County	13%	4.2	3.8
Goliad County	14%	4.4	4.2
Hays County	13%	4.3	3.7
Jackson County	14%	4.4	4.1
Karnes County	14%	4.3	4.5
Kendall County	12%	3.8	3.4
Kerr County	14%	4.3	4.1
Kimble County	15%	4.7	4.5
Kinney County	16%	4.7	5.1
La Salle County	13%	4.1	4.5
Lavaca County	15%	4.5	4.1
Llano County	15%	4.5	4.1
McMullen County	12%	4.0	3.8
Mason County	14%	4.5	4.2
Maverick County	15%	4.6	5.2
Medina County	13%	4.1	3.9
Menard County	14%	4.3	4.1
Real County	16%	4.8	4.8
Refugio County	15%	4.5	4.5
Schleicher County	13%	4.2	4.0
Sutton County	12%	4.0	3.8
Uvalde County	15%	4.5	4.7
Val Verde County	14%	4.3	4.7
Victoria County	14%	4.4	4.3
Wilson County	13%	4.3	3.8
Zavala County	17%	4.9	5.8

Source: County Health Rankings & Roadmaps

Exhibit 79: Ratio of Mental Health Providers[96]

	Mental Health Providers	Primary Care Providers
United States	250	1,010
Texas	760	1,630
Atascosa County	2,250	5,680
Bandera County	850	4,620
Bexar County	490	1,310
Blanco County	3,070	2,390
Calhoun County	4,200	1,940
Comal County	680	1,500
DeWitt County	5,040	1,830
Dimmit County	2,480	2.530
Edwards County	1,920	1,930
Frio County	4,080	5,080
Gillespie County	4,040	820
Goliad County	3,810	ND
Hays County	920	2,350
Jackson County	4,950	1,380
Karnes County	7,780	3,900
Kendall County	550	1,160
Kerr County	310	1,120
Kimble County	4,400	1,080
Kinney County	ND	ND
La Salle County	1,880	ND
Lavaca County	6,780	1,440
Llano County	1,830	1,450
McMullen County	720	740
Mason County	2,170	ND
Maverick County	3,430	4,190
Medina County	2,490	4,300
Menard County	ND	2,140
Real County	3,410	1,730
Refugio County	6,880	6,950
Schleicher County	2,760	ND
Sutton County	ND	940
Uvalde County	1,780	2,670
Val Verde County	1,890	2,880
Victoria County	600	1,330
Wilson County	2,600	2,320
Zavala County	1,970	11,840

[96] Mental Health Providers: The 2022 County Health Rankings used data from 2021 for this measure. Primary Care Providers: The 2022 County Health Rankings used data from 2019 for this measure.

Source: County Health Rankings & Roadmaps

Exhibit 80: Adult Health Risks

Age-Adjusted Rates	Obesity	Current Tobacco Smokers
United States	32.4%	15.3%
Texas	34.0%	14.7%
Atascosa County	39.7%	16.4%
Bandera County	35.2%	17.3%
Bexar County	35.9%	14.3%
Blanco County	34.6%	16.3%
Calhoun County	39.7%	17.7%
Comal County	33.1%	14.2%
DeWitt County	37.8%	19.1%
Dimmit County	44.2%	19.7%
Edwards County	40.0%	17.9%
Frio County	41.6%	18.5%
Gillespie County	33.1%	15.4%
Goliad County	36.9%	16.8%
Hays County	33.4%	13.1%
Jackson County	37.9%	17.6%
Karnes County	39.5%	17.5%
Kendall County	31.3%	13.5%
Kerr County	36.4%	16.4%
Kimble County	38.3%	19.1%
Kinney County	41.7%	18.5%
La Salle County	40.6%	16.7%
Lavaca County	37.3%	19.0%
Llano County	34.1%	18.5%
McMullen County	35.9%	16.3%
Mason County	41.5%	18.2%
Maverick County	35.8%	13.6%
Medina County	38.2%	15.7%
Menard County	37.6%	17.6%
Real County	39.3%	20.7%
Refugio County	38.3%	17.2%
Schleicher County	37.2%	15.1%
Sutton County	37.5%	15.4%
Uvalde County	40.6%	16.5%
Val Verde County	41.3%	17.0%
Victoria County	38.4%	17.7%
Wilson County	37.0%	15.1%
Zavala County	46.0%	19.9%

Source: Division of Population Health, National Center for Chronic Disease Prevention & Health Promotion. PLACES Interactive Map, 2019

Exhibit 81: Insurance Status

	Uninsured Population (Ages 19 to 64)	Uninsured Children (Under 19)
United States	12.4%	5.1%
Texas	23.3%	10.8%
Atascosa County	25.5%	10.6%
Bandera County	26.5%	13.4%
Bexar County	21.2%	8.0%
Blanco County	23.3%	17.9%
Calhoun County	27.0%	14.1%
Comal County	16.1%	8.5%
DeWitt County	22.8%	6.6%
Dimmit County	34.3%	9.6%
Edwards County	31.0%	19.7%
Frio County	32.1%	11.7%
Gillespie County	26.1%	28.8%
Goliad County	13.3%	10.3%
Hays County	17.4%	8.8%
Jackson County	21.9%	12.3%
Karnes County	18.4%	14.3%
Kendall County	13.4%	8.4%
Kerr County	25.5%	12.6%
Kimble County	32.8%	10.8%
Kinney County	17.3%	4.7%
La Salle County	28.5%	10.9%
Lavaca County	15.6%	7.3%
Llano County	30.3%	11.8%
McMullen County	22.1%	21.4%
Mason County	29.6%	16.5%
Maverick County	42.6%	22.7%
Medina County	19.9%	9.9%
Menard County	47.3%	34.4%
Real County	49.5%	16.1%
Refugio County	24.4%	11.0%
Schleicher County	26.1%	27.5%
Sutton County	28.0%	7.9%
Uvalde County	25.8%	10.5%
Val Verde County	27.2%	10.1%
Victoria County	23.7%	11.6%
Wilson County	18.0%	7.8%
Zavala County	27.2%	3.7%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

Exhibit 82: Head Start Enrollment

2018-2019	Number of Children Enrolled in Head Start
United States	ND
Texas	67,908
Atascosa County	3
Bandera County	0
Bexar County	9185
Blanco County	0
Calhoun County	0
Comal County	252
DeWitt County	0
Dimmit County	586
Edwards County	0
Frio County	0
Gillespie County	132
Goliad County	0
Hays County	369
Jackson County	0
Karnes County	0
Kendall County	83
Kerr County	85
Kimble County	0
Kinney County	0
La Salle County	0
Lavaca County	0
Llano County	0
McMullen County	0
Mason County	0
Maverick County	40
Medina County	0
Menard County	0
Real County	0
Refugio County	0
Schleicher County	0
Sutton County	0
Uvalde County	0
Val Verde County	346
Victoria County	0
Wilson County	256
Zavala County	0

Source: The Annie E. Casey Foundation. Kids Count Data Center

Exhibit 83: Percent of Third Graders with Proficient Reading Ability

2018-2019	Percent of 3rd Graders with Proficient Reading Ability
United States	ND
Texas	39.0%
Atascosa County	28.3%
Bandera County	39.7%
Bexar County	38.8%
Blanco County	56.5%
Calhoun County	50.4%
Comal County	54.4%
DeWitt County	31.1%
Dimmit County	45.2%
Edwards County	39.5%
Frio County	29.9%
Gillespie County	49.4%
Goliad County	32.4%
Hays County	45.6%
Jackson County	37.5%
Karnes County	37.5%
Kendall County	59.6%
Kerr County	46.9%
Kimble County	30.0%
Kinney County	41.9%
La Salle County	35.2%
Lavaca County	41.7%
Llano County	25.2%
McMullen County	52.4%
Mason County	52.8%
Maverick County	41.2%
Medina County	45.1%
Menard County	41.7%
Real County	18.6%
Refugio County	42.2%
Schleicher County	42.9%
Sutton County	40.0%
Uvalde County	31.7%
Val Verde County	30.8%
Victoria County	31.7%
Wilson County	39.7%
Zavala County	30.3%

Source: The Annie E. Casey Foundation. Kids Count Data Center

Exhibit 84: Child Abuse & Neglect

2020	Rate per 1,000 children aged 17 and younger
United States	ND
Texas	9.1
Atascosa County	17.9
Bandera County	14.0
Bexar County	10.3
Blanco County	8.5
Calhoun County	9.7
Comal County	10.9
DeWitt County	6.6
Dimmit County	11.8
Edwards County	2.5
Frio County	17.6
Gillespie County	10.6
Goliad County	12.4
Hays County	8.7
Jackson County	6.8
Karnes County	14.4
Kendall County	5.1
Kerr County	3.8
Kimble County	18.3
Kinney County	20.0
La Salle County	9.3
Lavaca County	33.4
Llano County	10.6
McMullen County	24.4
Mason County	7.9
Maverick County	12.6
Medina County	21.3
Menard County	8.8
Real County	19.9
Refugio County	1.2
Schleicher County	14.4
Sutton County	8.7
Uvalde County	11.4
Val Verde County	6.4
Victoria County	12.3
Wilson County	24.4
Zavala County	7.9

Source: The Annie E. Casey Foundation. Kids Count Data Center

Appendix B: Stakeholder Interview & Focus Group Moderators Guide

Community Needs Assessment

Key Stakeholder Interview & Focus Group Moderators Guide

Introduction

"Good morning [or afternoon]. My name is [NAME] from Crescendo Consulting Group. We are working with the Alamo Area Council of Governments to evaluate needs, gaps, and barriers of the Intellectual and Developmental Disabilities (IDD) community in Bexar County. The purpose of this call is to learn more about your insights regarding currently available resources, services that are working well, service gaps, and ways to better meet community needs.

[Define IDD if person is not as familiar with the term – Intellectual and Developmental Disabilities (IDD) are disabilities that manifest before the person reaches 22 years or age and is characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. Common developmental disabilities include: Intellectual Disability, Fragile X Syndrome, Down Syndrome, and Autism.]

Thank you for sharing your thoughts with us. Do you have any questions for me before we start?

1. Please tell me a little bit about yourself.
   PROBE: How long have you worked for your organization? How long have you been in San Antonio/Bexar County?

Access to Services Specific to the IDD Population

2. Thinking broadly about the IDD community in Bexar County, what are the top needs or service gaps? [Probe: Capacity, continuity of care, housing, social services, etc.]
3. At a high level, how would you describe the current availability of services and providers who understand and support the specific needs for patients in the IDD community for _____?

   PROBE FOR EACH OF THE FOLLOWING:
   - For children and adolescents
   - For adults

- For older adults / seniors
- Primary care
- Specialty care (i.e., cardiology, endocrinology)
- Care coordination post inpatient discharge
- Mental health and substance abuse treatment
- Social and related community support or guidance
- Transitional housing / Permanent supportive housing
- Peer support services
- Crisis services
- Other services

4. From your perspective, how well does care coordination among various providers and/or hospitals work? What are some of the "pain points"?

Current Systems of Care and Service Needs

5. In general, how easy is it for people to get the care they need? How do they enter the "system of care"? [Probe: Are there enough providers? Is scheduling pretty easy to do? Are wait times reasonable?]

6. When you think of barriers to care, what comes to mind?
   PROBE: Transportation, insurance / financial, language barriers, wait times to see a provider, cultural issues, knowing where to find help.

7. How difficult is it to find a provider that understands and is willing to see someone with a IDD diagnosis? What about a patient with both an IDD and another behavioral health diagnosis?

8. Are many providers trained with the Trauma-Informed Care model?

9. Since COVID, what would you say are the two or three most pressing issues facing the IDD community?

   PROBE: Mental Health, Family stresses, Unemployment and job training, housing, food insecurity

Population Subgroups, Stigma and Communications

10. What populations are especially vulnerable and/or underserved in the IDD community?
    PROBE:
    - People living in specific geographic areas (ex. 78207)

- LGBTQ
- Uninsured or low socioeconomic status
- Undocumented
- Seniors
- People with co-occurring medical or behavioral health conditions

11. How do consumers generally learn about access to and availability of services in the area?

    PROBE:

    - Agency Websites
    - Primary care physicians
    - Other direct care providers
    - Municipal Activity Guide, Booklet
    - Social Media
    - Community outreach worker
    - Public safety or fire department worker
    - Word of Mouth (Friends and relatives)
    - Other

Social Determinants of Health

12. What are some of the housing challenges that the IDD community may face in Bexar County?

13. What are some of the transportation challenges or barriers that someone from the IDD community may experience?

14. What are some of the employment challenges or barriers? Educational opportunities or challenges for the adult community?

15. What are some of the challenges that school age students with an IDD diagnosis face? Or challenges that their parents or siblings face?

Caregivers

16. What are some of the challenges that a caregiver and/or family may experience? [Prompt: Respite care for family members, support groups, access to information,

access to financial support or adequate insurance, case management to help guide complex family needs or other situations]

17. What services for caregivers and/or family are available in Bexar County? What is missing?

Magic Wand Question

18. If there was one issue that you personally could change for the IDD community in the area with the wave of a magic wand, what would it be?

Thank you for participating in this important project!

Appendix C: Community Survey

The Alamo Area Council of Government (AACOG) is currently conducting a Community Needs Assessment to better understand the needs of individuals with an intellectual or developmental disability (IDD) in Bexar County. We would like to your input!

Please complete this short survey by April 24, 2022. It will take approximately 10 minutes to complete.

If you have any questions, please contact our research partner at katelynm@crescendocg.com.

Thank you for your participation!

1. Are you a….
   - □ Person with an IDD (self-advocate)
   - □ Caregiver of a youth (under age 22) with an IDD
   - □ Caregiver of an adult with an IDD
   - □ Provider of services for persons with IDD (i.e., day hab, group homes, counseling, etc.)
   - □ Medical provider (i.e., pediatrician, psychiatrist, dentist, etc.)
   - □ School-based provider (i.e., special education teacher, in-school support, etc.)
   - □ Advocate
   - □ Other (please specify)

Person with IDD

1. How old are you?
   - □ Under 13
   - □ 14 – 17
   - □ 18 – 22
   - □ 23 – 29
   - □ 30 – 39
   - □ 40 – 49
   - □ 50 – 59

- □ 60 or older

2. Do you attend school?
   - □ Yes, I am currently in Middle School
   - □ Yes, I am currently in high school
   - □ Yes, I am currently in college or graduate school
   - □ No, but I graduated high school
   - □ No, and I did not graduate high school
   - □ No, I do not go to school

3. Do you work at a job?
   - □ Yes, I currently work full-time
   - □ Yes, I currently work part-time
   - □ No, but I am looking for a job
   - □ No, and I am not looking for a job

4. Where do you live?
   - □ I live in my own home
   - □ I live with my family
   - □ I live in a group home
   - □ I live in an assisted living facility
   - □ Other (please specify)

5. Do you have a caregiver other than your family who helps you on a regular basis?
   - □ Yes
   - □ Sometimes
   - □ No

6. Do you go to a Day Hab program --- that is, a place where you go and learn self-help and social skills.?
   - □ Yes
   - □ Sometimes
   - □ No

7. How do you get around Bexar County? (Check all that apply)
   - □ I drive my own car
   - □ My friend or family drives me
   - □ My caregiver drives me
   - □ I take the public bus
   - □ I take VIATrans
   - □ I walk
   - □ Other (please specify)

8. How would you rate your health?
    - □ Excellent
    - □ Very good
    - □ Fairly good
    - □ Poor

9. What types of services do you receive? (Check all that apply)
    - □ Residential supports such as a group home
    - □ Service coordination
    - □ Employment services
    - □ Individual community support/habilitation
    - □ Group community support/habilitation
    - □ Clinical services
    - □ Transportation
    - □ Family supports
    - □ Behavior supports
    - □ Respite care
    - □ Other (please specify)

10. Is there some other type of service that you would like to receive? If so, what would it be?

Caregiver of Youth (Under age 22) with IDD

1. What is your relationship with the person who has an IDD?
    - □ Parent of child
    - □ Private guardian
    - □ Public guardian
    - □ Other (please specify)

2. How old is the youth with an IDD that is in your care?
    - □ Under 5
    - □ 6 – 12
    - □ 13 – 17
    - □ 18 – 22

3. What is your primary means of communicating with the youth with an IDD?
    - □ Spoken

- □ Gesture / Body language
- □ Sign language/finger spelling
- □ Communication aid/device
- □ Other (please specify)

4. Is the youth currently in school?
    - □ Yes
    - □ No
    - □ Other (please specify)

5. What types of services do the youth receive? (Check all that apply)
    - □ Residential supports such as a group home
    - □ Service coordination
    - □ Employment services
    - □ Individual community support
    - □ Group community support
    - □ Clinical services
    - □ Transportation
    - □ Family supports
    - □ Behavior supports
    - □ Respite care
    - □ Other (please specify)

6. How often does the youth require medical care?
    - □ At least once a week or more
    - □ At least once a month of more
    - □ Less than once a month
    - □ Once or twice a year
    - □ Other (please specify)

7. What are some of the common barriers or challenges that youth might experience when it comes to receiving medical or dental care in Bexar County? (Check all that apply)
    - □ Providers refuse to treat someone with an IDD
    - □ Providers are not adequately trained to treat someone with an IDD
    - □ Too few providers trained to treat co-occurring mental health and/or Substance Use Disorders
    - □ Lack of specific providers, such as psychiatrists or pediatric cardiologists
    - □ Cost of services / Not covered by insurance or Medicaid
    - □ Long waiting lists
    - □ Transportation
    - □ Limited office hours / Scheduling conflicts
    - □ Other (please specify)

8. As a caregiver, what are some of your concerns or challenges when it comes to caring for someone with an IDD? (Check all that apply)
    - □ Lack of caregiver support
    - □ Lack of respite care
    - □ Long-term care / Aging caregivers
    - □ High costs of caring for someone with an IDD
    - □ Other (please specify)

9. Is there some other type of service that you think clients would like to receive? If so, what would it be?

Caregiver of Adult with IDD

1. What is your relationship with the adult with an IDD?
    - □ Parent of child
    - □ Private guardian
    - □ Public guardian
    - □ Other (please specify)

2. How old is the adult with an IDD that is in your care?
    - □ 23 - 29
    - □ 30 - 39
    - □ 40 - 49
    - □ 50 – 59
    - □ 60 or older

3. What is your primary means of communicating with the adult with an IDD?
    - □ Spoken
    - □ Gesture / Body language
    - □ Sign language/finger spelling
    - □ Communication aid/device
    - □ Other (please specify)

4. What types of services does the adult receive? (Check all that apply)
    - □ Residential supports such as a group home
    - □ Service coordination
    - □ Employment services
    - □ Individual community support
    - □ Group community support

- □ Clinical services
- □ Transportation
- □ Family supports
- □ Behavior supports
- □ Respite care
- □ Other (please specify

5. How often does the adult require medical care?
    - □ At least once a week or more
    - □ At least once a month of more
    - □ Less than once a month
    - □ Once or twice a year
    - □ Other (please specify)

10. What are some of the common barriers or challenges that adults with an IDD might experience when it comes to receiving medical or dental care in Bexar County? (Check all that apply)
    - □ Providers refuse to treat someone with IDD
    - □ Providers are not adequately trained to treat someone with IDD
    - □ Too few providers trained to treat co-occurring conditions in someone with an IDD
    - □ Lack of specific providers, such as psychiatrists or pediatric cardiologists
    - □ Cost of services / Not covered by insurance or Medicaid
    - □ Long waiting lists
    - □ Transportation
    - □ Limited office hours / Scheduling conflicts
    - □ Other (please specify)

6. As a caregiver, what are some of your concerns or challenges when it comes for caring for someone with IDD? (Check all that apply)
    - □ Lack of caregiver support
    - □ Lack of respite care
    - □ Long-term care / Aging caregivers
    - □ High costs of caring for someone with IDD
    - □ Other (please specify)

7. Is there some other type of service that you think the person you care for would like to receive? If so, what would it be?

Provider of services for persons with IDD (i.e., day hab, group homes, counseling, etc.)

1. What type of services do you provide to the IDD community? (Check all that apply)
    - □ Service or care coordination
    - □ Case management
    - □ Individual community support
    - □ Group community support
    - □ Clinical services, such as primary care, specialty medical care, and dental
    - □ Transportation
    - □ Family supports
    - □ Behavior supports
    - □ Day habilitation
    - □ Respite care
    - □ Group homes
    - □ Employment services
    - □ Education
    - □ Mental health services, such as counseling, psychiatry
    - □ Substance use, such as treatment, counseling
    - □ Allied health services, such as occupational therapy, physical therapy, speech pathology
    - □ Applied Behavior Analysis
    - □ Other (please specify)

2. If you had to pick the top two challenges you currently experience in providing services for the IDD community, what would they be? (Please pick two)
    - □ Low reimbursement rates (Medicaid)
    - □ Low reimbursement rates (Commercial insurance)
    - □ Staff shortage
    - □ Not enough providers to refer to in Bexar County
    - □ Not enough services for IDD clients with co-occurring mental health and/or Substance Use Disorders
    - □ Long waiting lists
    - □ Other (please specify)

Medical provider (i.e., pediatrician, psychiatrist, dentist, etc.)

1. How many patients do you currently serve with an IDD diagnosis?
    - □ Zero
    - □ Under 5
    - □ 6 – 10
    - □ 11 – 24
    - □ 25 – 49
    - □ Over 50

2. Do you feel adequately trained to treat patients who also have an IDD diagnosis?
    - □ Yes
    - □ Somewhat
    - □ No
    - □ Other (please specify)

3. Is your staff adequately trained to treat patients who also have an IDD diagnosis?
    - □ Yes
    - □ Somewhat
    - □ No
    - □ Other (please specify)

4. If you had to pick the top two challenges you currently experience in providing services for the IDD community, what would they be? (Please pick two)
    - □ Low reimbursement rates (Medicaid)
    - □ Low reimbursement rates (Commercial insurance)
    - □ Staff shortage
    - □ Not enough providers to refer to in Bexar County
    - □ Not enough services for IDD clients with co-occurring mental health and/or Substance Use Disorders
    - □ Long waiting lists
    - □ Other (please specify)

5. What are some of the most common medical and/ or dental concerns that you commonly see in persons with IDD?

    [Open ended response]

6. Is there some other type of service that you think patients with an IDD you care for would like to receive? If so, what would it be?

The school-based provider (i.e., special education teacher, in-school support, etc.)

1. What type of services do you provide students with IDD?
    - □ Special education
    - □ Support aid
    - □ Speech
    - □ Other (please specify)

2. How many youths with an IDD do you currently provide services for?
    - □ Zero
    - □ Under 5
    - □ 6 – 10
    - □ 11 – 24
    - □ 25 – 49
    - □ Over 50

3. What are some of the most important factors that make school-based providers successful with students with and IDD?
    - □ 1
    - □ 2
    - □ 3
    - □ 4
    - □ 5

4. What are some of the biggest challenges that you face with serving students with an IDD?
    - □ 1
    - □ 2
    - □ 3
    - □ 4
    - □ 5

5. Based on your understanding of students with an IDD and the life challenges they face, what additional supports or services are most needed?
    - □ 1
    - □ 2
    - □ 3
    - □ 4
    - □ 5
    - □ 6
    - □ 7
    - □ 8
    - □ 9
    - □ 10
    - □ Other

[NOTE: Skip logic would bring everyone back to the next set of question]

Impacts of COVID-19

2. The past two years have been a challenge for all of us. Currently, are you having any challenges with the following? Please use the following scale to respond:

    5 = I struggle with this issue daily
    4 = This is a common challenge for me
    3 = I frequently struggle with this issue but generally manage fairly well
    2 = I occasionally struggle but am generally doing well in this area of my life
    1 = I'm doing well in this area of my life

Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks	
Performing adequately well at school or work	
Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one or major illness	
Leisure activities	
Physical or fitness activities	
Getting along well with friends and family members	
Getting along with people at work or in the community	
Feeling lonely	
Establishing and maintaining trusted relationships	

3. How has COVID-19 impacted the IDD community in Bexar County?

    Open Ended Response

Basic Demographics

1. What is your age?
    - Less than 18 years old
    - 18 – 24
    - 25 – 34

- 35 – 44
- 45 – 54
- 55 – 64
- 65 – 74
- More than 75
- I'd rather not share

4. What is your gender?
   - Female
   - Male
   - Non-binary
   - I'd rather not share

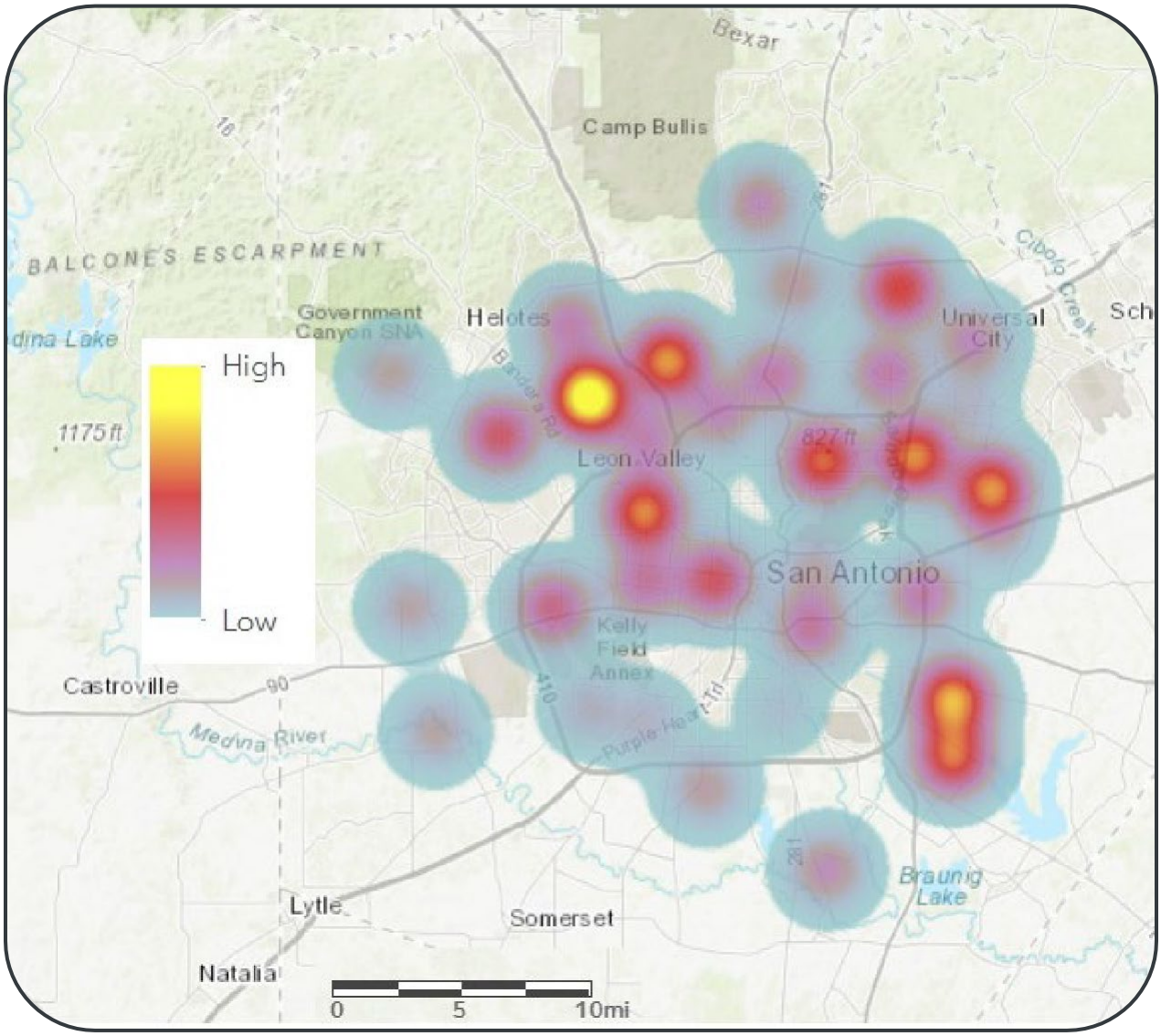
5. What is your race/ethnicity? [Check all that apply]
   - Hispanic, Latinx
   - White or Caucasian
   - Black or African American
   - Asian
   - Native American or Alaska Native
   - Native Hawaiian or other Pacific Islander
   - Another race/ethnicity
   - I'd rather not share

6. Which of the following ranges best describes your total annual household income in the past year?
   - □ None
   - □ Under $15,000
   - □ $15,000 – $34,999
   - □ $35,000 – $54,999
   - □ $55,000 - $74,999
   - □ $75,000 - $99,999
   - □ $100,000 and above
   - □ I'd rather not share

Appendix D: Service Use Data

The data below provides a high-level profile of program service utilization of AACOG's clients. The Community Needs Assessment leadership team provided a series of de-identified data to Crescendo Consulting for analysis. The heat map below indicates that AACOG's clients are more concentrated on the northern tier of the service area with a smaller concentration to the southeast of San Antonio.

Exhibit 85: Heat Map of AACOG Client Utlixation



Independent living skills training was the top service utilized by AACOG clients (40.2%), followed by day habilitation services (15.2%).

Exhibit 86: Profile of Encounters by Service

Service	Encounters	Percent
PASRR Spec Svc: Indep Living Skills Trng	9,076	40.2%
GR: Day Habilitation	3,427	15.2%
GR: Respite In-Home, Hourly	1,796	8.0%
PASRR Spec Svc: Behavioral Support	1,694	7.5%
Crisis Respite Out-of-Home, Daily	1,420	6.3%
GR: Community Supports	1,420	6.3%
GR: Behavioral Support	1,418	6.3%
GR: Transportation	1,111	4.9%
GR: Respite Out-of-Home, Hourly	329	1.5%
GR: Day Habilitation Summer Camp	314	1.4%
GR: Speech & Language Services	134	0.6%
GR: ABA Therapy Services	119	0.5%
PASRR Spec Svc: Day Hab (3+hrs)	118	0.5%
Crisis Respite In-Home, Hourly	93	0.4%
GR: Respite In-Home, Daily	53	0.2%
GR: Respite Out-of-Home, Daily	28	0.1%
Crisis Respite Out-of-Home, Hourly	22	0.1%
GR: Head Start Program	9	0.0%
Crisis Respite In-Home, Daily	6	0.0%
Total	**22,587**	**100.0%**

Exhibit 87: Profile of Encounters by Service Activity

Service Activity	Encounters	Percent
Community Supports Services	10,483	46.4%
Day Habilitation Services	3,362	14.9%
Behavior Support	3,104	13.7%
Respite Hourly-In Home	1,795	7.9%
Crisis Respite for IDD	1,535	6.8%
Transportation	1,104	4.9%
Respite Hourly-Out of Home	329	1.5%
Day Hab. Summer Camp	314	1.4%
Speech & Language Services	134	0.6%
ABA Therapy	119	0.5%
Day Habilitation (3-6 Hrs)	118	0.5%
Respite Daily-In Home	53	0.2%
Respite Daily-Out of Home	28	0.1%
Head Start Program	9	0.0%
Referral Activities	2	0.0%
BCBA Assessment	1	0.0%
Consultation with Family/LAR	1	0.0%
No entry	96	0.4%
Total	**22,587**	**99.8%**

ATTACHMENT B: IDD SERVICES QUALITY MANAGEMENT PLAN

1. Introduction

AACOG is committed to continuous quality monitoring and improvement in the overall performance of the organization through an ongoing, comprehensive performance measurement program. This effort requires ongoing communication with people in services, employees, stakeholders, board of directors, & IDDSAC, clinical providers and all levels of management. Furthermore, AACOG supports an effective Quality Management Plan (QMP) consistent with AACOG's mission, values and goals. The QMP is developed and implemented as approved by AACOG's IDD Services Management Team (MT). Decisions concerning program-wide operations are made by the MT and the Senior Director. Information sharing occurs at monthly MT meetings and at monthly Unit Staff meetings. The QMP strives for quality data collection which will assist AACOG's administration and its providers in making judgments relating to policy issues, delivery of care, work load measures, funding and growth; supporting information for insurance and benefits claims; advocating for people in services and providers in legal affairs; promoting cultural competence and educating providers. The implementation and oversight of the QMP is delegated to AACOG's IDD Services MT, Quality Assurance Reviewers and the Senior Director. The IDDSAC receives quarterly status reports on overall achievement of goals and objectives, as well as specific reports that are requested concerning Quality Management (QM) and oversight audit findings.

1.1 Purpose

The purpose of the QMP is to identify quality related objectives, to describe how achievement of these objectives is measured, and to describe the quality related process that is used to assure that the objectives are met.

1.2 Scope

The scope of the objectives, measures and processes described in this plan apply to the entire biennium. Outcomes are reported on a quarterly basis. Data, trend, and cost analysis are the basis of AACOG's efforts to profile performance at the individual, unit, program and provider network levels. Data and trend analysis focuses on root problem identification, correction and follow-up to problem resolution. The QM effort is a continuous process, which will improve and inform the delivery system of outcomes. It demonstrates a commitment to provide quality services for all individuals served within the IDD Services provider network.

1.3 Background

The QMP is developed and implemented as approved by AACOG's IDD Services MT. The QMP must have all objectives in place necessary for AACOG to stay in Performance Contract compliance and ensure quality outcomes to the people served.

1.4 References

The QMP follows all applicable rules including but not limited to the Texas Administrative Code (TAC), Texas Health and Safety Code and Texas Health and Human Services Commission (HHSC) Performance Contract.

1.5 Quality Checkpoints

This section describes in detail the Quality Management Indicators used. AACOG IDD Services has adopted the indicators from statewide initiatives to use as Quality Management Indicators. One set of variables monitored and assessed is derived from the HHSC Quality Assurance Authority Review Protocol. The second set is derived from the protocols used by HHSC to assess risk in the operations and management of AACOG. The third set focuses on the organizational environment.

A. Internal Quality Management Procedures

This plan requires AACOG IDD Services and its provider network to develop Internal Quality Management Procedures (IQMP's) specific to their functions. IQMP's are the foundation of the Quality Management Plan. Each department, whether a provider of services or an authority or administrative support department, develops its own IQMP's that are coordinated, approved and followed by the MT. These will include (internal and external) monitoring of services and charts. All contracted service providers and Quality Assurance Reviewers will complete quarterly chart reviews to ensure compliance with the Performance Contract and billing requirements. The MT will provide department schedules for quarterly reviews and program audits while submitting reports directly to the Senior Director.

AACOG IDD Services establishes benchmarks for excellence, internal and external accountability and ongoing quality improvement efforts by implementation of IQMP's at all provider sites, through the appropriate agency committees and administrative departments. This plan requires contracts with private local providers and internal units to stipulate quantifiable performance measures for contract evaluation.

AACOG will monitor services for all eligible Person's with IDD and related conditions as these applicable services are described in the current HHSC Performance Contract.

These services include:

1. Screening
2. Eligibility Determination
3. Benefits
4. Service Coordination

    Basic Service Coordination

    Continuity of Care / Permanency Planning

    - Continuity of Care System for Offenders with Mental Impairments (46 B Criminal Cases)

    Service Authorization and Monitoring

Texas Home Living (TxHmL)
Home and Community Services (HCS)
Community Living Options Information Process (CLOIP) Pre
Admission Screening and Resident Review (PASRR)

5. Support Services
   Community Support
   Respite
   Supported Employment-Employment Assistance
   Supported Employment-Individualized Competitive Employment Nursing
   Behavioral Support
   Applied Behavior Analysis Therapy Specialized
   Therapies
6. Day Training Services
   Vocational Training* Day
   Habilitation
7. Residential Services
   Residential-Family Living**
   Residential Living **
   Contracted Specialized Residences***
8. Crisis Respite Services
   Out-of-Home Crisis Respite In-
   Home Crisis Respite

* Currently only provided by AACOG and its provider network to eligible PASRR clients
** Not provided by AACOG
*** Crisis Respite Services only

B. Financial

- Ongoing concern finding in independent financial audit
- Days of operation without further funding ratio of less than 30 days
- Unreserved fund balance to total expenditures ratio of less than 30 days
- Long term debt to total fund balance
- Financial Losses in the prior three (3) fiscal years
- Negative unreserved fund
- Net loss on quarterly income statement equal to ten percent (10%) of Year to Date (YTD) budget

C. External Environment

The organizational environment consists of all the elements that exist outside the boundary of the organization that have the potential to affect all or part of the organization. An organization achieves quality in its services and provides choice through the cooperation of its employees and contracted service providers. They must work together toward common goals. The AACOG ensures coordination of services through its collaboration with other agencies, criminal justice entities, other child-serving agencies, family advocacy organizations, local businesses, and community organizations. Establishment and continuity of services is coordinated among AACOG's network of contracted service providers, in accordance with applicable rules. The AACOG strives to support this network through the provision of technical assistance during compliance audits or upon provider's request.

Contracted service providers and the IDD Services MT are responsible for recording their actual monthly and quarterly audits and comparing those figures to the established threshold. A plan of correction will be developed for each indicator whose actual measure does not meet the threshold or benchmark requirement. Providers prepare plans of correction while the Quality Assurance Reviewers follow-up and monitor progress. The MT reviews data through ongoing monitoring. Each indicator is summarized and reported during regular program reviews with the Senior Director.

2. Staffing

2.1 Roles and Responsibilities

This section identifies the general responsibilities of the Quality Assurance Reviewers, the MT, and those of the contracted providers and their staff.

All AACOG IDD Services employees and AACOG administration are responsible for implementing the IDD Services' QMP. All staff levels must commit to providing quality services. The Executive Director, Senior Director, and MT form the structure through which the entire organization participates in continuous quality improvement and the effort to meet quality goals. The QM effort becomes part of normal business activity and is incorporated into routine activities. The Client Rights Office, as an advocate for clients, will be part of the MT and attend meetings as requested/scheduled.

Critical or unusual incidents involving clients must be reviewed by the Client Rights Office for Category I incidents such as physical restraint and seclusion, breaches of confidentiality, quality of client care related to diagnosis and treatment, elopements, exposure to hazardous substances/infectious diseases, medication errors, serious injuries to clients or staff, serious property damage involving client or staff, and Category II incidents such as incidents of sexual contact between clients and staff, and major safety violations. Category II incidents (deaths) are reviewed by the Client Rights Office and the Senior Director. All proceedings and records of the above shall be privileged.

The following describe quality indicators for inter-organizational service/staff:

a. Data Management:

- IDD Services Data Management system and staff will be available for use during normal working hours (8:00 AM to 5:00 PM, Monday – Friday).

b. Information Systems:

- The Help Desk staff will acknowledge receipt of service requests and provide an estimation of when the problem will be resolved.
- The Help Desk staff will resolve most service requests within three working days of submission.

c. Finance:

- Approval will be obtained before any purchase is charged to a unit's accounts.
- Monthly revenue and expense reports will be submitted to the Senior Director within ten working days of end of month.
- Financial reports will be accurate. Unit financials will contain no more than one error per month.
- Fiscal services staff will correct errors and respond within ten working days of receipt of error tracking form.
- Quality Assurance Reviewers will conduct fiscal service audits.

d. Payroll:

- The names of employees no longer employed by the unit are removed from the payroll schedule within five working days of request. The unit receives corrected payroll schedule in time for the next unit payroll calculation.

e. Human Resources:

- Personnel revisions are processed within three working days and a copy of the completed paperwork is given to the Senior Director by the end of the third day.

f. Purchasing:

- Purchase orders will be filled within two weeks. If a vendor is unable to meet this requirement, Procurement Department will locate another vendor who is able to deliver the order within two weeks.

g. Staff Development:

- Training changes are communicated to the affected units within five days of the change.
- Staff is informed of their training needs status by the training department.
- In order to assure compliance, the MT will work collaboratively with the AACOG training department.

h. Maintenance:

- Work orders are addressed within three working days, including notifying requesting party of the status of the work order.

i. Credentialing:

- Staff licensing status is kept current and available by Training Department and Quality Assurance Reviewers for contracted providers.

To comply with Centers for Medicare & Medicaid Services (CMS) direction, all providers of Targeted Case Management for individuals with intellectual and developmental disabilities must use the following state and federal online databases to search for excluded persons prior to hiring and on a monthly basis.

https://oig.hhsc.state.tx.us/Exclusions/Search.aspx http://oig.hhs.gov/exclusions/index.asp

AACOG's HR staff will perform this function. Senior Director has the responsibility to ensure compliance with this item.

j. Medical/Clinical Records:

- The MT will review proposed new forms, and a response regarding their acceptance is provided to the submitting party within one month.
- Once form is approved, notification is sent out to all staff.
- Approved forms are available to all staff via share folder.
- Records Manager will establish and enforce appropriate policies and procedures for the handling of records and HIPAA compliance.

k. Quality Improvement Support Services:

- Audit procedure changes are communicated to affected providers/units within five working days of approval.
- Quality Assurance Reviewers will follow schedules for monthly and quarterly audits/reports.
- All external invoices will be reconciled prior to payment.
-

l. Resource Development:

- Senior Director and MT will conduct and periodically update a gap/need assessment across all direct service programs and discuss Resource Development.
- AACOG will ensure that resource efforts directed at funding opportunities are distributed equally among all programs as applicable.
- AACOG will actively involve the IDDSAC for community gap analysis.
- AACOG will continue to actively recruit new providers and expand the network of choice.

m. Legal Services:

- Legal Services will provide timely information, advice and work product regarding proposed contractual or other proposed actions by AACOG, containing a legal element.

n. Contract Administration:

- Non-Waiver MT will track and follow monetary reports for contracted providers and will report their status to the Senior Director for action as required.
- MT will develop all Contracts and Amendments, RFPs and RFAs.
- Non-Waiver MT will provide an annual Provider Manual as well as intermittent updates.

o. Clinical Services

- Contracted providers will conduct peer reviews to assess the quality of services provided on a monthly basis.
- Quality Assurance Reviewers will conduct scheduled audits of contracted providers.
- All IDD Services Units will participate in HHSC yearly Authority Review Process.

p. Client Rights

- The Client Rights Office (CRO) will monitor and report to appropriate state agencies, via the CARE system, specific reports of alleged abuse, neglect and exploitation upon receipt of same. CRO also functions as liaison between the AACOG and the Department of Family and Protective Services.

q. Crisis Respite Services

- Contracted providers will conduct crisis respite services on an as needed basis at Crisis Respite facility (Serenity House) or in the person's residence.
- Crisis respite services authorization will come from either the IDD Services MT or Crisis Intervention Specialist.
- Quality Assurance Reviewers will follow approved audit schedules for all crisis respite services and contracted service providers.
  Quality Assurance Department to certify crisis respite facility for safety and code requirements on an annual basis.

2.2 Required Skills

All IDD Services field staff is required to have a bachelor's or advanced degree, or an associate degree with major coursework in social, behavioral, human services or health- related field, or a high school diploma or GED and two years of paid or unpaid experience with individuals with intellectual or developmental disabilities is required, as defined in Texas Administrative Code, Title 26, and Rule 331.17. Each member of staff must complete training within the first 90 days of hire and be knowledgeable and able to interpret rules, regulations, and the HHS Performance Contract.

Methodologies and Standards

- As a standard, IQMP's are the foundation for QM efforts. Each IQMP is tailored to the services, processes, requirements, needs and goals of a specific unit, program, contracted provider or department.
- Contracted providers must make their IQMP's available for review by Quality Assurance Reviewer within the first 90 days from the contract start date. Each contracted provider will be audited in the first (1) quarter of the fiscal year for policy and procedures and facility safety, while the third (3) quarter audits will focus on

direct billing and chart audits. Quality Assurance Reviewers will submit summary reports to the MT and the contracted provider. If any standards are below contract requirements, a plan of correction is required for submission within 30 days of receipt of summary report. Quality Assurance Reviewers will review plan with the MT and follow up with additional audits

- The MT meets at least quarterly to review assigned indicators based on their areas of concern from submitted reports. Monitoring and evaluation processes allow collection of data and monitoring of important aspects of care or service. The monitoring process consists of the reporting of these assigned quality indicators and consideration of implications of the reports and taking action to correct/identify causes and/or investigate solutions regarding report results.
- The Senior Director and the MT consider the implications of the reports and direct action as deemed necessary. Findings may be reported to the Board of Directors, the Executive Director, and the IDDSAC at the Senior Director's discretion.
- Addressing quality within the various IDD services and supports include the basic quality improvement process common to any planning process. These five basis steps are:
    1) Identify problem areas
    2) Brainstorm remediation strategies
    3) Develop quality intervention activities
    4) Measure the impact of the intervention
    5) Evaluate the effectiveness of the intervention
- The focus of AACOG's QM efforts is to achieve outcome excellence through analysis of processes and variables that effect desired quality goals. The Senior Director and the MT will define quality goals based on analysis of their customers/stakeholders' expectations. Through ongoing measurement, either by the clinical monitoring and evaluation process or other collection method, service providers and IDD Services MT will monitor their progress toward meeting service quality goals.

Clinical and administrative internal audits/reviews:

- For the internal clinical audits/reviews, the Quality Assurance Reviewers will follow monthly and quarterly audit schedules for randomly selecting a sample (at least 1 per staff per program area depending on volume of program, or as indicated on the current CAO CAP if applicable). Quality Assurance Reviewers will randomly pull audit requirements from MyEvolv and complete program audit forms.

- The complete chart will be subject to audit/review to ensure all supporting documents are in place, are current and meet funding source requirements, TAC, and other requirements for each service in the audit sample. Additionally, other

issues discovered in the process of auditing the identified services may expand the scope of the audit.

- All programs are expected to attain a score of 90% or higher on billable services. This score measures compliance with funding sources and is determined by the audit of progress notes and supporting documents for the selected service. Non- billable services are also expected to reach a target of 90% compliance.

- After completing the monthly or quarterly audit, Quality Assurance Reviewers will complete a report of the findings and submit to the MT.

- All programs/units that score under 90% will be required to complete a Corrective Action Plan (CAP). This plan will specifically outline how the program will correct deficiencies and is due to the Senior Director within ten (10) working days from the date of the final report meeting with the Senior Director.

- Internal Direct Service Fiscal audits are conducted by Quality Assurance Reviewers to confirm appropriate billing documentation and completion of service. These audits link direct service notes, MyEvolv reports, and/or phone records as part of the audit results.

3.1 Quality Assessments and Reviews

The following sections describe the review procedures, criterion and processes, as well as tools used to verify quality. It includes details on assessments and reviews; when they are conducted; who will conduct them; success criteria; QMP reporting formats and monitoring processes.

Monitoring involves the collection of data for the purpose of evaluation. In this plan the data are the performance measures designated by the quality indicators. Actual performance measures are compared to quality indicator benchmark or threshold levels.

Monitoring methods include:

- Unit and Department Reports
- Network Oversight
- Employee Job Performance Evaluations
- Employee/Staff Survey Results
- Clinical Service Reviews and Audits
- Direct Service Fiscal Audits
- On-Site Programmatic & Administrative Reviews
- Business Objects Reports on Performance Indicators
- CARE/TMHP Reports
- HHS Authority Review
- MyEvolv reports

3.2 Oversight Audits/Reviews for Provider Network (Clinical & Administrative); Initial; Follow-up & Final Audits/Reviews

This section describes the provider network review process and procedure.

Purpose:
To ensure people in service receive services that are appropriate and documented in compliance with all AACOG, HHS and other applicable regulatory requirements.

Procedure:

- All programs will be audited by Quality Assurance Reviewer during the first (1) quarter for Policy and Procedure & Facility Safety. During the third (3) quarter, all providers will be audited by Quality Assurance Reviewer for Chart and Billing requirements. All new provider contracts started during the fiscal year will be audited within 45 days of their opening and as scheduling permits. Audit/review protocols are developed from standards set forth by regulatory agencies using the strictest standards as the audit benchmarks.

- Notifications of audits are made prior to the appearance of the Quality Assurance Reviewer. All providers will receive written notice of the audit, the sample list of client case numbers (if applicable), the time period from which the sample was selected (if applicable), copies of the audit/review protocols, and the date and time the audit/review will begin.

- The Quality Assurance Reviewer will meet with the provider at the beginning of the audit to explain the procedure and answer questions regarding the audit procedures and the parameters of the audit. It is requested that providers have knowledgeable staff present during the audit to resolve any questions during the documentation review.

- Upon completion of the audit, the Quality Assurance Reviewer will meet with the provider to discuss the results and possible areas of correction. The Quality Assurance Reviewer will review notes and billing entered in MyEvolv and generate the final report based on findings. Within ten (10) working days of the completion of the audit, the written report of audit findings will be forwarded to the IDD Performance Improvement and Accreditation Administrator, who will authorize distribution of the report to the provider.

- For audits that could result in revenue payback, two categories will be identified; one for billable services (based on funding source requirements) and one for quality of the documentation and provider practices (based on quality standards of the IDD professions, best practice guidelines, HHS Service Definition Manual, etc.). AACOG shall recoup from the provider funds paid for all services determined to be inappropriate for billing. A provider will not be able to bill for services lacking appropriate documentation.

- The quality component reflects AACOG's efforts to monitor and improve the quality of services. This may result in required remedial training in the areas identified.

- Individual providers' scores/deficiencies are reported in the final report. If an individual provider's service report shows not to be in compliance with their AACOG Contract or the Provider Manual, the provider will be required to complete and submit a CAP to the IDD Performance Improvement and Accreditation Administrator. The provider will have 30 working days to submit their CAP for review. Additionally, that provider's services may be suspended from billing until such time as the MT has attested that the staff has been retrained and has demonstrated the ability to adequately document services. Technical assistance from the Quality Assurance Reviewer to assist with the formulation of the CAP can be requested in writing.

- A follow-up audit is conducted within thirty (30) days from the date that the IDD Performance Improvement and Accreditation Administrator accepts the CAP. If the provider fails to submit a CAP, the follow-up audit may be conducted at any time after the deadline for the CAP has passed. The Quality Assurance Reviewer will work with the program to help identify and correct sources of quality problems. Remedial training or technical assistance may be required, depending on the nature of the concern.

- Administrative audits/reviews will identify items not in compliance with acceptable standards. 100% compliance is expected.

Final Audits/Reviews

The provider's CAP outlines how the provider plans to correct deficiencies and is due to the IDD Performance Improvement and Accreditation Administrator within thirty (30) working days from the date of the Final Report. The IDD Performance Improvement and Accreditation Administrator will review the CAP and notify the provider by letter once the plan is accepted.

- A final audit/review is conducted 30 days from the date that the IDD Performance Improvement and Accreditation Administrator accepts the CAP.

- Once 90% compliance for billable services is achieved, the vendor hold will be removed (if applicable).

- If the provider is unable to obtain 90% compliance for billable services after the CAP is reviewed, the audit results are forwarded to the IDD Performance Improvement and Accreditation Administrator and the Senior Director for review for action as appropriate such as continued vendor hold or up to contract termination.

Random Focus Audits/Reviews

Random focus audits may occur at any time with at least a one-day notice. These audits will be triggered if other administrative audits, billing concerns, or documentation concerns identify a need for the collection of additional data of a particular nature or required by a funding source.

- Audit protocols specific to the request are set forth by the MT. These audits/reviews are accomplished by the Quality Assurance Reviewer focusing on improper billing, concerns expressed by people in services/families or non-compliance with contractual or Provider Manual processes.

- Audits will be conducted the same as scheduled audits for focus reviews. Quality Assurance Reviewer will focus on specific audit areas of concerns and report back to provider with written report upon completion of audit.

Surveys

- Client Rights Office coordinates the survey process as determined by HHS and reports results to Senior Director and IDD Performance Improvement and Accreditation Administrator.
- Employee Satisfaction surveys for internal staff is conducted bi-annually.
- Customer Satisfaction Questionnaires for Service Coordination & Case Management services are provided to individuals and families annually during service planning for upcoming renewal periods. All returned questionnaires are provided to Senior Director for reporting purposes.

Contract Obligations

All staff participates in all required audits/reviews as required and/or conducted by funding agencies. Among these are:

- HHSC Local Authority Quality Assurance Reviews
- TX Home Living audits/reviews
- HCS audits/reviews
- State Auditor's Office

Special Note:

Audits, Reviews and Surveys, and Studies are formal activities that result in a written report and may have consequences for the provider/unit or service being audited or reviewed.

In contrast, Technical Assistance is an informal process when initiated by the provider or unit. It is an effort on the part of the provider or unit to monitor and improve the quality of services or procedures. This quality management service is not intended to put the provider at risk for negative consequences. The exception is when fraud or other illegality is found or suspected. In that case, technical assistance will trigger a full audit.

4. Quality Assurance Milestones

This section identifies the QMP deliverables, and the timelines associated with the deliverables. Information like frequency of due dates for each measured item is included.

During the first (1) quarter of each fiscal year, all service providers will review AACOG's standards and regulations and will develop methodologies to ensure that they satisfy those standards and service contract requirements.

Administrative Reviews:
Quality Assurance Reviewer conducts audits/reviews and re-audits/reviews until all identified deficiencies have been corrected. Corrections not made after two re- audit/reviews are forwarded to the Senior Director for appropriate action.

5. Resource Estimates

This section shows an estimate of resources required to perform QMP activities, such as number of staff, hours of effort, direct expenses, etc.

At this time, IDD Services is staffed with 2 Services Managers, 2 Quality Assurance Reviewers, Client Rights Office, and 4 Health Information & Records Clerks and 1 Lead. It is estimated that Quality Assurance Reviewers utilize 80 % of their staff time on internal and external reviews and the remaining 20% on development of continuing improvement plans.

6. Provider Network Controls

This section gives an overview of the QM controls and processes in place for efficiently monitoring providers work products against their contract requirements. AACOG utilizes the following QM controls to efficiently monitor quality and quantity of provider work product:

1. Annual on-site clinical and administrative review
2. Utilization Management reviews of services
3. Fiscal audits on direct services
4. Surveys and Incident report reviews
5. Focus reviews to check:
    i. Data Verification Compliance
    ii. Billing accuracy
    iii. Utilization review

ATTACHMENT C: IDD SERVICES PLAN TO REDUCE ABUSE/ NEGLECT CASES

INTRODUCTION:

The Alamo Area Council of Governments (AACOG) strives to deliver quality services to People with Intellectual & Developmental Disabilities (IDD) and related conditions throughout Bexar County. Basic to this service delivery is the guarantee that individuals served are not abused, neglected, or exploited. To aid in this effort, AAOCG has developed, published, and internalized policies and procedures, which prohibits abusive conduct by its employees, agents, or affiliates. In achieving a safe environment for people in services, AACOG has implemented practices, which recognizes the importance of identifying, hiring, and training a qualified, conscious staff. AACOG has also implemented procedures in contracting with Providers whereby these same tenants are put in place and has developed a detailed, system of checks and balance reviews to identify potential problem areas to preclude adverse situations for our clientele.

STAFFING:

AACOG assures that the contracted private Providers use a staffing model which ensures adequate staffing levels are maintained so that the individual to server ratio are optimized and within standard, when such standards require specific client/server ratios. Through this process, the requisite skills, knowledge, and abilities of staff are evaluated in order to attain the appropriate mix of staff to provide a safe and secure environment. These traits are inculcated in the job description development process, which formalizes the abilities needed to perform specific job tasks, while setting in place a means of articulating performance expectations for care and establishing accountability and responsibility.

Once AACOG has a recognized staff need, we then begin the hiring process to satisfy this need. In doing so, we seek candidates who possess the skills, knowledge, and abilities needed to perform the job and begin the formal hiring process, which includes:

- The hiring process begins at the Services Manager level, and will require on average five separate approvals before the employment offer is made. Candidates are screened to ensure they satisfy the stated requirements for the position for which they apply. When suitable candidates are identified, in person interviews are scheduled and initial hiring decisions are recommended. At this point the candidate will have their references checked and this is documented in the hiring packet.

- Candidates who are recommended for employment will have a criminal history check conducted. The Human Resources Department is responsible for requesting this check and will work through HHSC and TDPS to acquire this information. When the information received shows the existence of a criminal conviction, the conviction is reviewed to determine if the information received would lead a reasonable and prudent person to believe it to be a contraindication of employment. Employees on the job are required to disclose convictions as a

condition of employment and are subject to unannounced re-verification. Criminal violations subject the employee to a management review to determine if continued employment is appropriate. Currently, AACOG utilizes background checks via the employee misconduct registry, County and State databases and the criminal & sex offender databases.

- Senior Director may require pre-employment screening of potential employee candidates for Controlled Substance testing. The failure to pass this screening is a basis for employment offer withdrawal or is reviewed to determine if the employment offer is to be finalized following an acceptable explanation and re- test. AACOG policy does reserve the right to test for suspicion of substance abuse under "reasonable suspicion" (as defined within the policy) and may be required after work-related accidents.

- AACOG recognizes that many potential staff members working in the field of Intellectual and Developmental Disabilities will migrate from one employer to another as they continue their career growth. HHSC has implemented the employee misconduct registry, and the ability to conduct this screen, is vital to the overall well-being of the people in services because many confirmed cases of abuse are not criminal in nature and would not be reported out on the TDPS check.

- In order for people in services and non-AACOG employees to recognize and feel confident of the identity of the staff providing services, AACOG issues picture identification cards to all employees. This identification is worn by staff while on duty and is returned to the Human Resources Department during employment out- processing.

TRAINING:

AACOG believes that the hiring of qualified, dependable, and competent, caring staff is not the end of the process for ensuring that our people in services are safe and are treated with respect. AACOG believes that training and communication is an essential component for ensuring the safety, well-being, and respect that people deserve and need. While many employees receive training, via their formal educational backgrounds, we require IDD Services specific training in compliance with the HHSC Community Services Standards for Individuals with Intellectual & Developmental Disabilities. We require all employees, agents, and affiliates to comply with our training requirements or, to demonstrate competency in the subject matter. Our training program consists of a New Employee Orientation and Refresher Training, which is either annual or bi-annual. We offer training classes to satisfy the recurring/refresher training requirements of AACOG and conduct a New Employee Orientation as needed.
New Employee Orientation is required of all employees prior to their reporting to work within AACOG. New employees attend approximately 64 hours of which a majority are critical in the 1) prevention, detection, and reporting of abuse, neglect, and exploitation 2) ensuring safety and 3) understanding of our programs, people in services, and their needs. Training is given to prevent situations of abuse or neglect and to ensure

quality services to help staff and the public, to see individuals in services first as people and then as people with disabilities.

The majority of training, which HHSC has designed, is utilized by AACOG. The courses we feel support our belief are as follows:

- Client Abuse, Neglect, and Exploitation
- The Rights of Clients
- HIPAA-Confidentiality
- Introduction to IDD
- Cultural Sensitivity
- Customer Service
- Ethics
- SATORI/SAMA
- Infection Control and HIV/AIDS Awareness
- First Aid/CPR (adult and children)
- Introduction to Quality Assurance/Incident Reports
- Safety and Emergency Plan Procedures
- Clinical Records Training
- Sexual Harassment and Sensitivity

Refresher Training is scheduled on a recurring basis and satisfies AACOG's obligations to be in conformance with the various community and licensure standards of HHSC and other agencies for which we provide services. The purpose of refresher training is to keep staff and other participating providers current with changes and to reinforce the importance we place on keeping the people of our service in a safe; and quality assured environment. These classes include:

ANNUAL:

- Client Abuse, Neglect, and Exploitation
- The Rights of Clients
- HIPAA-Confidentiality
- SATORI/SAMA
- Cultural Sensitivity

BI-ANNUAL:

- CPR/First Aid (adult and children)
- Infection Control- HIV/AIDS Awareness

DETECTION AND INVESTIGATION:

All employees, agents, and affiliates are informed that all allegations of abuse, neglect, or exploitation must be reported to the Texas Department of Family and Protective Services within one hour of the event and or Texas Department of Aging and Disability Services for ICF/MR facilities. Additionally, appropriate AACOG staff is notified of incidents concerning our clients. All reports of investigations conducted by DFPS concerning clients of AACOG are sent to AACOG's Client Rights Office (CRO) who reviews the report for material completeness and will follow up with Services Manager and/or Senior Director as necessary. After the DFPS investigator identifies areas of concern or recommendations for care, the CRO, communicates these items to Team Leaders, Service Managers and/or Senior Director, with a requirement that appropriate actions be taken to preclude recurrence.

To insure that the reporting of allegations of abuse, neglect, or exploitation is made without fear of recrimination or reprisal to the reporter, has procedures which maintain the confidentiality of the reporter when needed.

PREVENTION:

AACOG takes a proactive approach to the prevention of abuse, neglect, and exploitation. Because we work in a highly demanding environment, we have made available to our employees specific management training, which helps staff in coping with the pressures of the job. Additionally, we have implemented supervisory training within AACOG which refines the skills of our employees, and imparts to them the skills and knowledge needed to manage increasing numbers of staff members, with and the resultant case load increases which are involved.

AACOG staff actively monitors the behaviors of our clientele and, when warranted, referrals are made to the appropriate Specialized Therapy for individual evaluations of to determine the appropriateness of a Behavior Therapy/Modification Plan. Service Coordinators and Contracted Provider are responsible to monitor the level of change and or modification, based on response and input from people in services accordingly.

AACOG Staff and Contracted Providers are required to interact with people in services in the least restrictive manner. Whenever a volatile situation arises, staffs utilize their training in **S**atori **A**lternatives to **M**anaging **A**ggression (**SAMA)** or equivalent training in Techniques for Prevention and Management of Aggressive Behavior to resolve the conflict. On those occasions when an individual must be restrained, the staff involved must complete an incident report. This report is reviewed by the CRO, Services Manager and/or Senior Director and by the Provider of the Behavioral Services when applicable.

AACOG Clients Rights Office will on a monthly basis provide reports to IDDS Management Team relating to incidents of individual abuse, neglect and exploitation and review of the persons rights. The purpose of the review and discussion is to:

- review trends in aggregate data relating to reports of abuse, neglect, exploitation and complaints
- review and assess information relating to the reports of abuse, neglect, exploitation and complaints
- provide recommendations or solutions for how to reduce the incidents of abuse, neglect, exploitation and complaints and improve rights protection.

Critical Incidents Reports and Reports of PASRR Non-Compliance are submitted to Assistant Director and Compliance Reviewer on a monthly basis for review and discussion. Incidents of Rights restrictions identified in 286: Critical Incident Report are reviewed by Senior Director and Assistant Director IDDS, IDDS Management Team and Compliance Reviewers on a monthly basis. The purpose of the review and discussion is to:

- review trends in aggregate data relating to critical incidents
- review and assess information relating to the reports of critical incidents
- provide recommendations or solutions for how to reduce critical incidents and improve rights protection.

On a Quarterly basis the Clients Rights Office will provide a quarterly review of trends relating to critical incidents, reports of abuse neglect and exploitation, disposition if known, and complaints. The quarters are: Quarter 1-Sept, Oct, Nov; Quarter 2-Dec, Jan, Feb; Quarter 3-Mar, April, May; Quarter 4-June, July, Aug. Data will be analyzed using descriptive statistics and a narrative.

CONTRACTED SERVICES:

AACOG is not a Provider of services. Our service array is expanded through contractual commitments. In meeting our commitment to quality service AACOG takes a proactive approach to the prevention of abuse, neglect, and exploitation of people in services. AACOG has implemented a positive and proactive contract monitoring program. The basis of our monitoring is to ensure that the services that AACOG provides through external agencies meet the same standard of care and safety that we provide internally. Each contract with a service Provider requires that they screen their employees for criminal violations, and that after employment certain criminal violations are reported to AACOG. The list of violations is the same as for HHSC and AACOG employees to self-report. Within each contract, the provider is accountable to AACOG to maintain a safe and secure environment and to provide services, which are appropriate to the person. The contract Provider policies covering the rights and abuse of individuals which are provided to AACOG for review to ensure that they adequately protect and provide the information on the proper reporting of suspected violations.

Lastly, to ensure quality of service delivery, AACOG uses announced and unannounced visits to providers as a means of assuring quality and appropriateness of service provision.

TREND ANALYSIS AND REPORTING:

AACOG has implemented several reporting and review procedures to identify potential areas of high risk to clientele and to AACOG staff.

- √ As they occur, informational incident reports are reviewed and analyzed to determine if AACOG has systemic issues which need resolutions or if this is a onetime occurrence. When indicators are found that lead us to conclude that there is a systems issue, a plan of action is developed to address the situation prior to it developing into a problem which impacts on the care and safety of people in services, visitors, or staff. The types of reports that are reviewed include:
  - ❖ Incident Reports occurring within or involving people of AACOG
  - ❖ Reports of Restraint
  - ❖ DFPS reports of investigation
  - ❖ Monitoring reports of contract providers

EXTERNAL OVERSIGHT:

AACOG's IDD Services Advisory Committee (IDDSAC) has developed into a proactive, independent overseer. The IDDSAC is informed if completed reports of investigations show a high frequency within AACOG or Contracted Providers. This provides AACOG with an independent evaluation of corrective actions and provides feedback on additional actions need, to preclude similar problems.

CONCLUSION:

AACOG is committed to our individuals in services. We strive to provide the highest quality service by employing the best possible staff available and by providing them with the skills, knowledge, and environment to perform their jobs. This same philosophy is incorporated in our contractual links to service providers, and we require them to meet the same standard we set for ourselves. We have in place numerous mechanisms to monitor how well we are doing and to identify areas for improvement. When we encounter a situation of abuse of our clients, we ensure it is thoroughly investigated, and if confirmed, remedies are immediately set in place.

ATTACHMENT D: IDD SERVICES CRISIS RESPITE PLAN

The Fiscal Year 2026 Crisis Respite Plan was submitted to the Texas Health and Human Services Commission, Local IDD Authority Section based on submission deadline. This is available upon request.

ATTACHMENT E: IDD SERVICES EMPLOYMENT PLAN

AACOG's IDDS Employment Services program will provide vocational services through an Employment Services Contract with the Texas Workforce Commission Vocational Rehabilitation (TWC-VR) department. AACOG has employed IDDS Employment Coordination Specialists credentialed thru the University of North Texas (UNT) Workplace Inclusion & Sustainable Employment (WISE) program.

TWC-VR has partnered with UNT WISE to develop a training, credentialing, and endorsement program for AACOG as a service provider. The credentialing and endorsement program ensures AACOG is fully equipped to provide the highest quality services to people with disabilities in Bexar County who need support obtaining and maintaining competitive integrated employment.

A credential is proof that an individual has completed assignments, and a required competency test that demonstrates the individual has base-line knowledge and/or skills related to the subject matter. To maintain TWC-VR credentials, either renewal courses or continuing education units are required every 3 years to support the ongoing professional development and expansion of new knowledge or skills for the credentialed IDDS Employment Coordination Specialist.

For most services included in the TWC-VR Standards, AACOG has at least one individual who obtains and maintains the Director Credential, the IDDS Director. The purpose of the Director Credential is to ensure a person in the contractor's leadership is educated in Vocational Rehabilitation Best Practices, TWC-VR business practices, service delivery requirements, obtaining and maintaining a contract, provider marketing with VR, ethics and other relevant topics.

The Job Skills Training Credential is the first and most basic in the employment service credential series. It is required for any AACOG Employment Coordination Specialist who will be providing work experience training or job skills training to TWC-VR customers. The Job Placement Credential is the second credential in the series and is required for any AACOG Employment Coordination Specialist wanting to provide job placement services to TWC-VR customers.

The Supported Employment Credential is considered an advanced course for individuals who have experience providing employment services and working with individuals with the most significant disabilities. Supported Employment enables customers with the most significant disabilities to obtain and maintain competitive integrated employment.

The Work Readiness Credential is an advanced course currently geared for Vocational Readiness. The Work Readiness Credential will train an individual in skills necessary to address disability issues, interpersonal skills, daily living skills, and vocational impediments that interfere with a TWC-VR customer obtaining and maintaining employment. The course reviews and teaches the skills necessary to implement prescribed curriculums and how to develop curriculums that cover the required content as described in the VR-Standards for Providers.

AACOG IDDS has partnered with Workforce Solutions Alamo (WSA) the Alamo region's Local Workforce Development Board to host annually the Summer Earn & Learn (SEAL) program. This is a no cost program for students with disabilities in the 13

County Workforce Solutions Alamo area. This opportunity is for student's ages 16-22 who have disabilities to connect them with AACOG and complete On-The-Job Training or Work Experience with AACOG for 5 to 8 weeks in the summer.
The WSA Work Experience Program is an opportunity to provide qualified candidates a supervised, structured learning environment to develop work habits and gain occupational skills with the goal of full-time employment potentially with AACOG. The aim is to increase the participating trainee's likelihood of securing regular unsubsidized employment.

Since 2016, AACOG has partnered with the San Antonio Independent School District (SAISD), Children's Hospital of San Antonio (CHSA), Professional Contract Services Inc. (PCSI) and WSA as a Steering Committee member for the Project SEARCH program. Project SEARCH Transition-To-Work Program is a unique, business-led, one year employment preparation program that takes place entirely at CHSA. Total workplace immersion facilitates a seamless combination of classroom instruction, career exploration, and hands on training through worksite rotations. Project SEARCH culminates in individualized job development and integrated competitive employment.

ATTACHMENT F: ORGANIZATIONAL CHART

Available Upon Request

ATTACHMENT G: Disaster Plan

Available Upon Request