

2022



Community Needs Assessment

September 2022

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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 living².

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

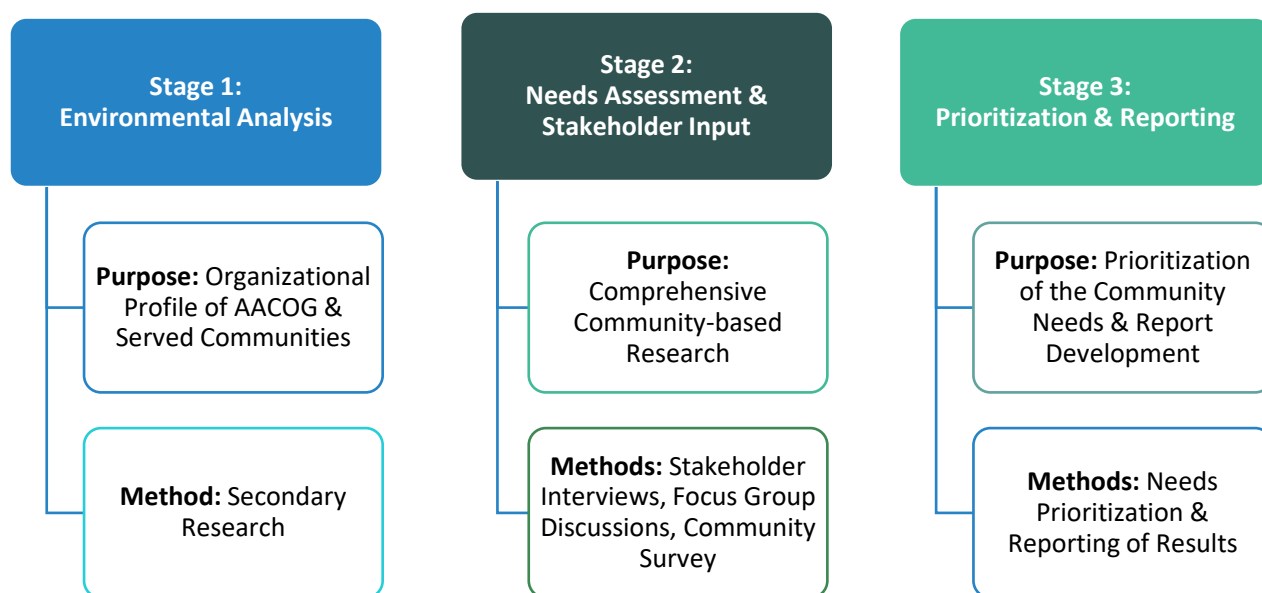
Throughout the community needs assessment research process, a Leadership Group provided oversight and guidance. The Leadership Group was comprised of the following individuals:

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 IDD is 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.

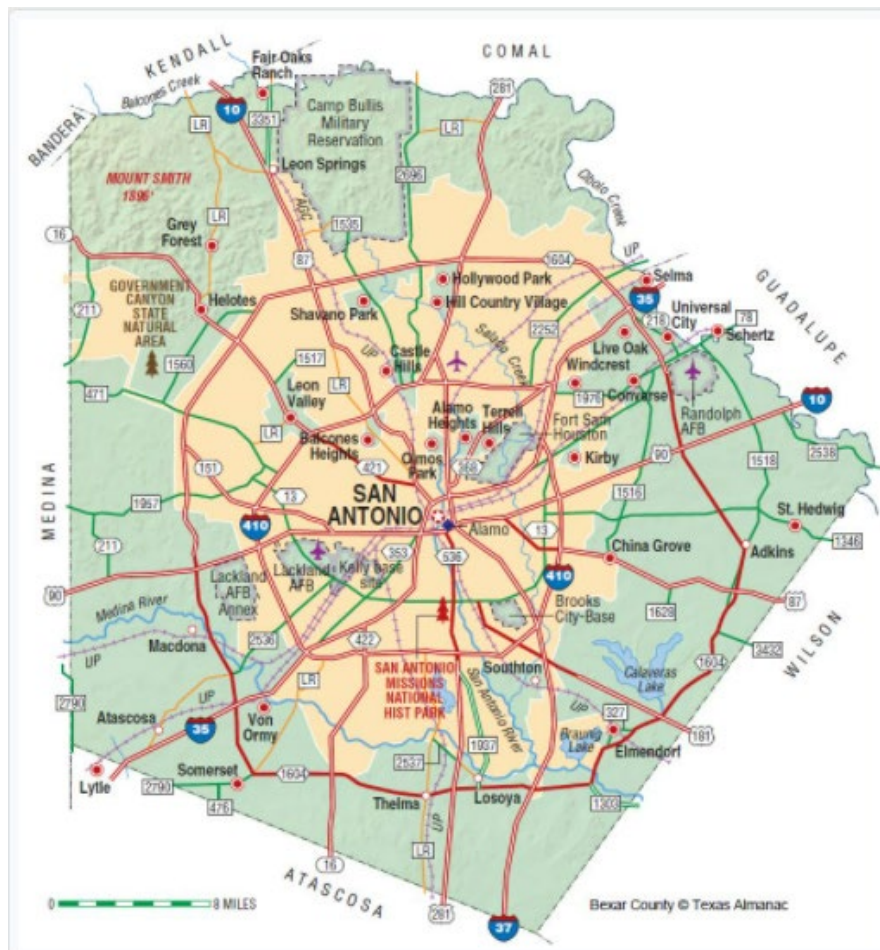
⁴ U.S. Census Bureau, ZIP Code Tabulation Areas (ZCTAs). Link: census.gov/programs-surveys/geography/guidance/geo-areas/zctas.html

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 Almanac⁶

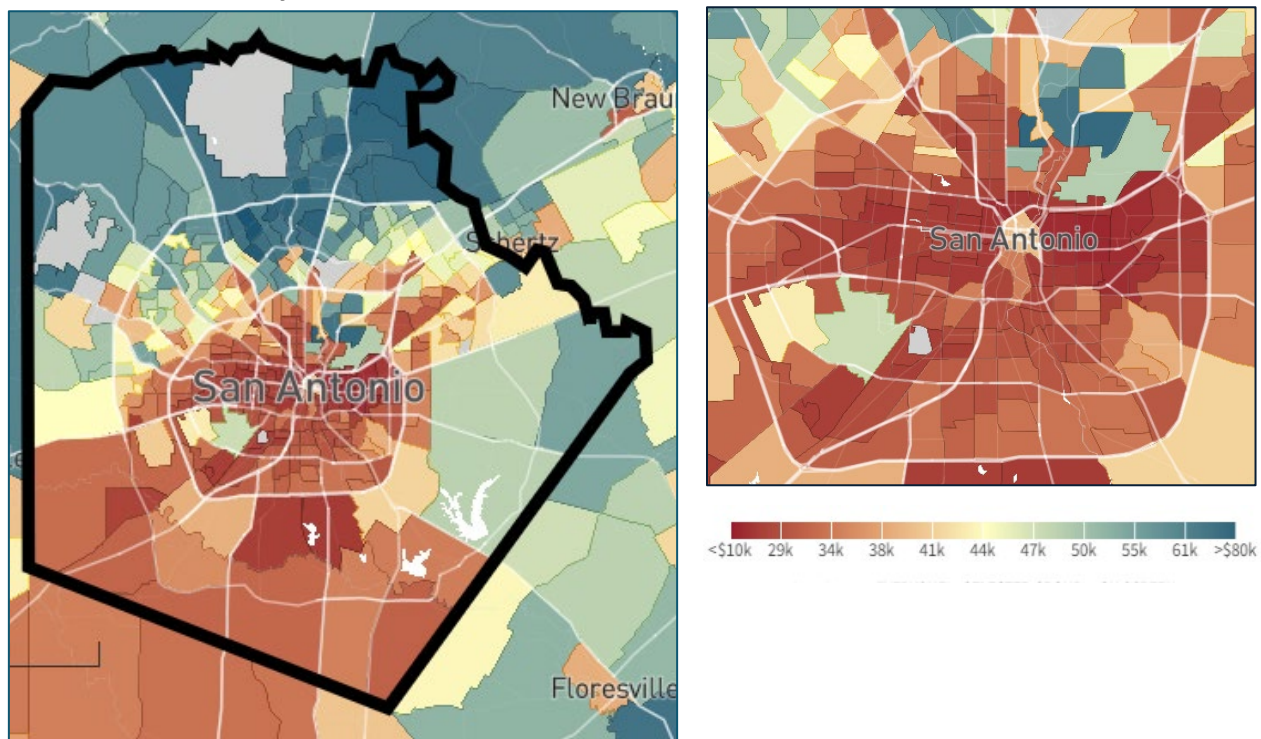
⁶ Texas Almanac.

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

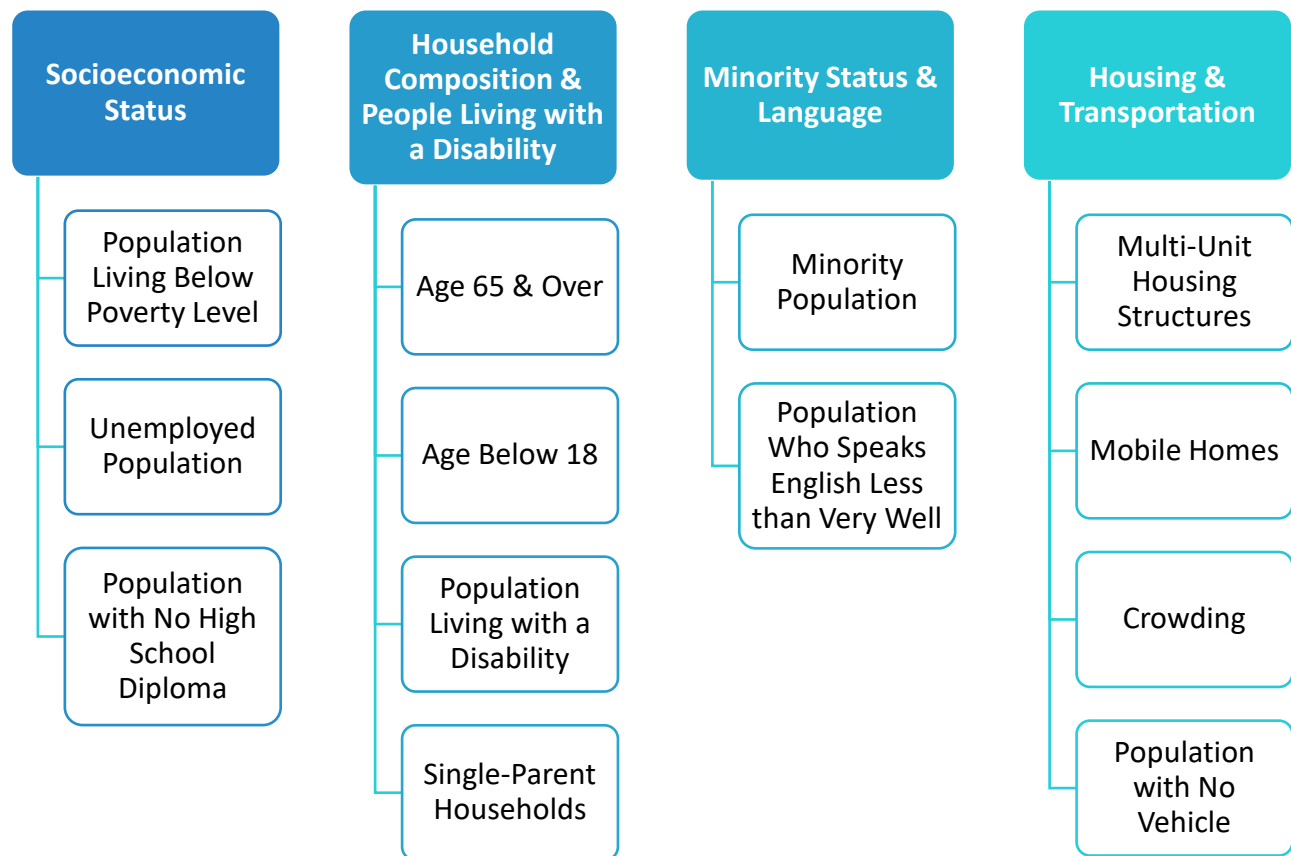


Source: The Opportunity Atlas ⁷

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 Race¹³

	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

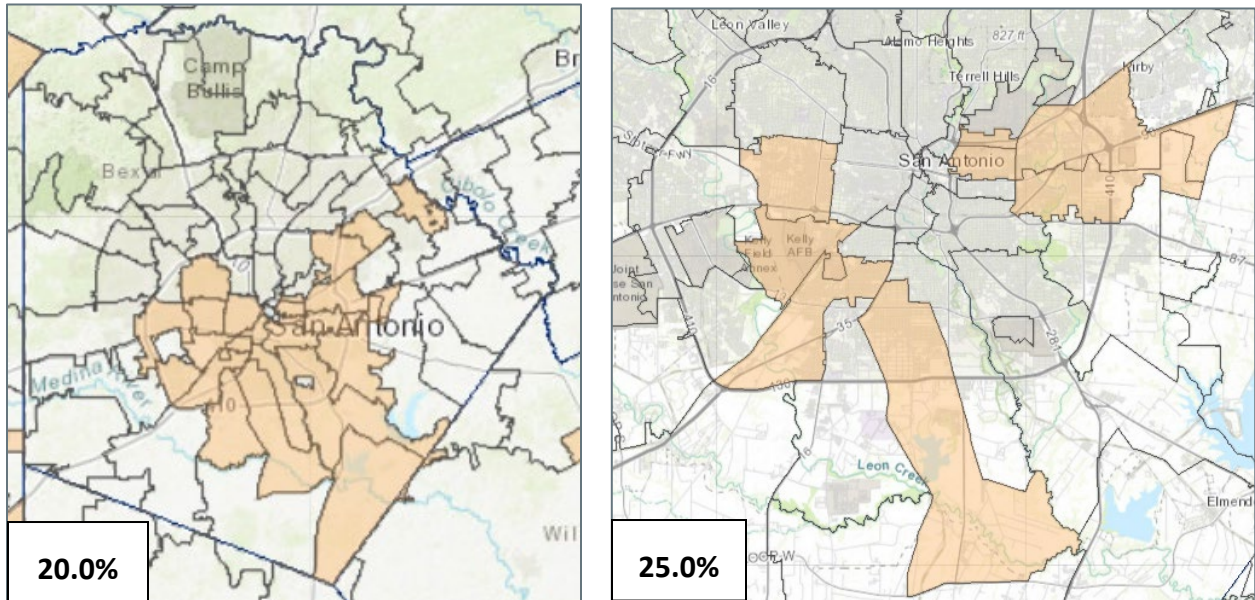
- Over half of the population aged 75 and older living in Texas and in Bexar County are living with a type of disability. Bexar County also presents higher percentages of children and young adults LWD - most noticeable for those aged five to 34.
- Unlike most of the older adult population, people aging 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

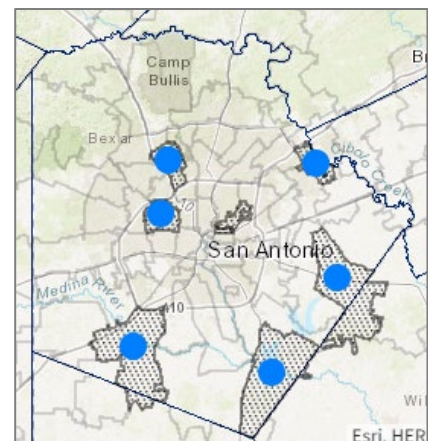


Source: UDS Mapper. U.S. Census Bureau American Community Survey five-year estimates for ZCTAs, 2015-2019

Exhibit 10: Highest Concentration of People Living With a Disability

Zip Code	Location	PLWD
78073	Van Army	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%

estimates for ZCTAs, 2015-2019



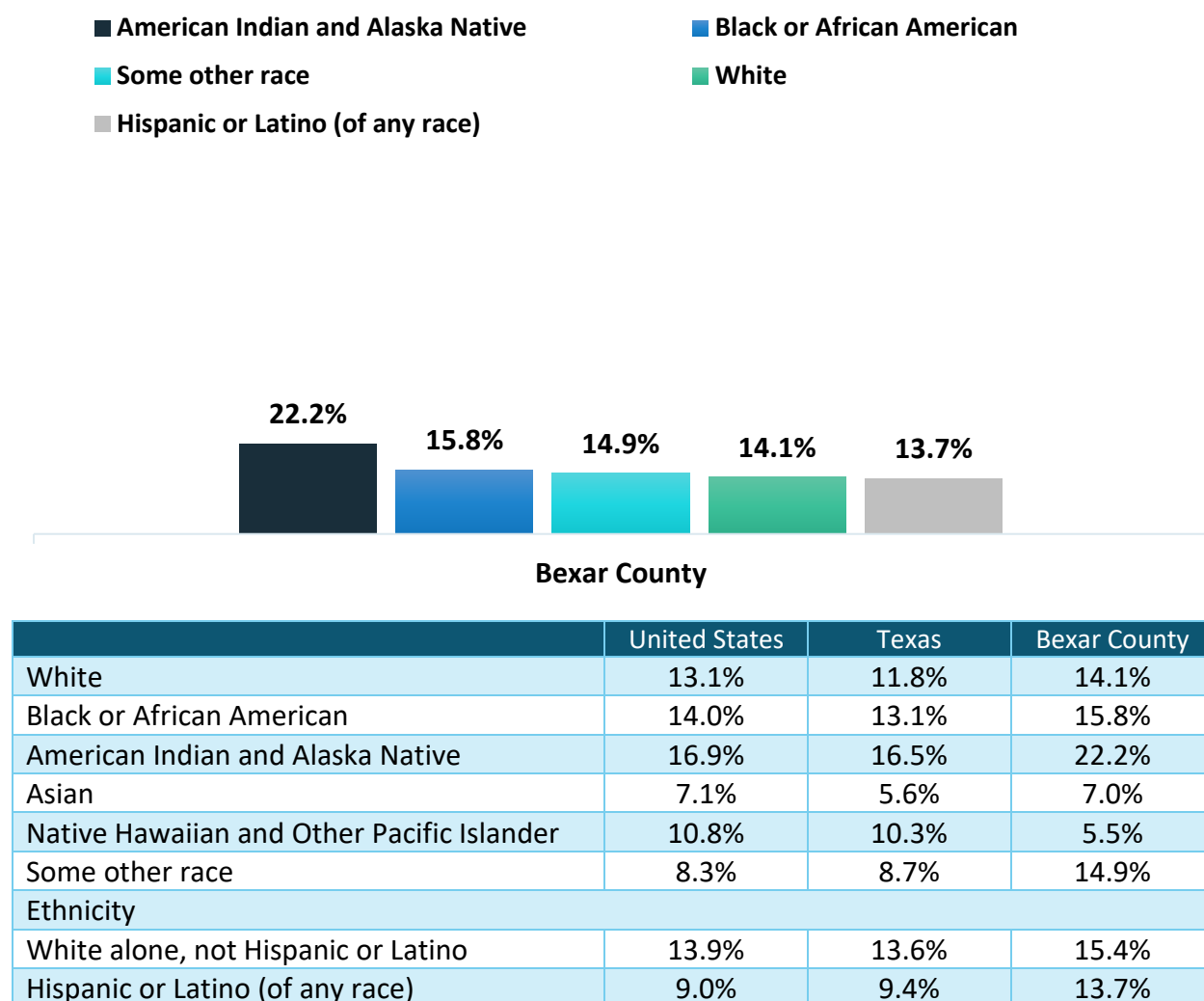
Source: UDS Mapper. U.S. Census Bureau American Community Survey five-year

- 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 Army, 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



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

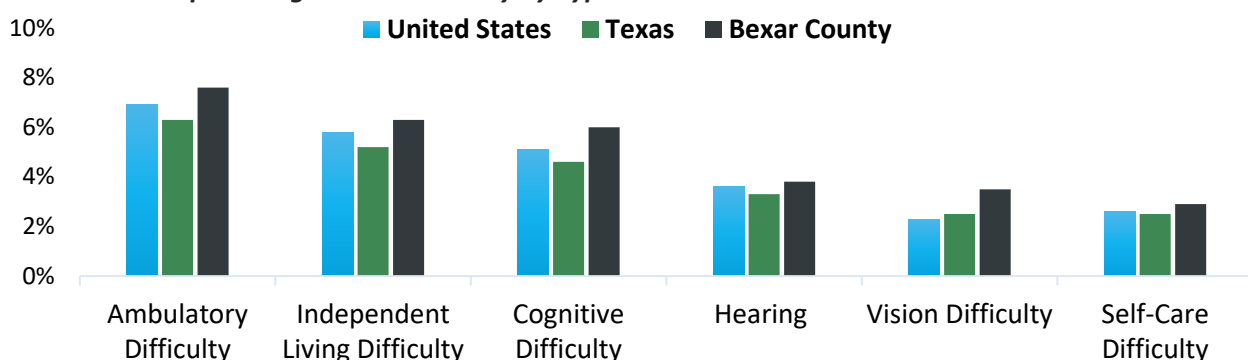
Please note, these factors will be further analyzed within this report.

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

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

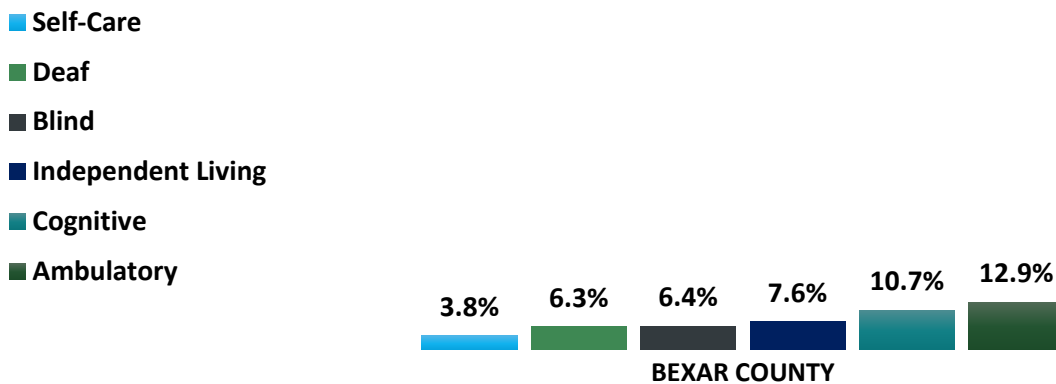
- Bexar County presents a much higher percentage of residents between the ages of 45 and 64, but a lower percentage of seniors living with a disability.

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

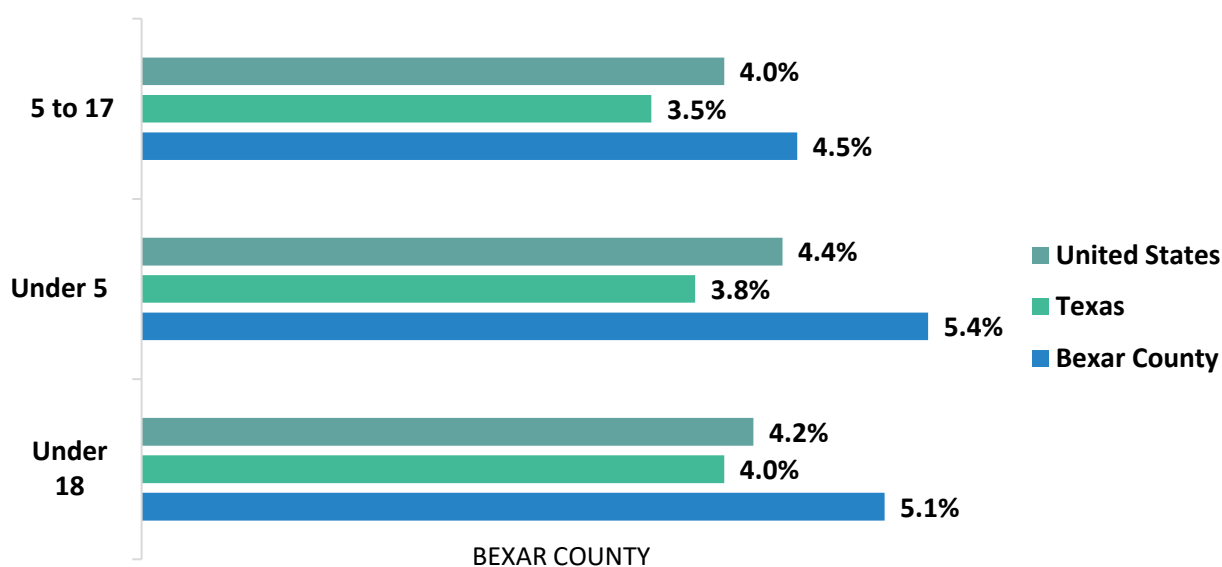
Additional demographic data for each disability type, can be found at <https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/brfss>.

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: https://www.census.gov/topics/health/disability/about/glossahttps://www.census.gov/topics/health/disability/guidance/data-collection-ac.htmlr.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>

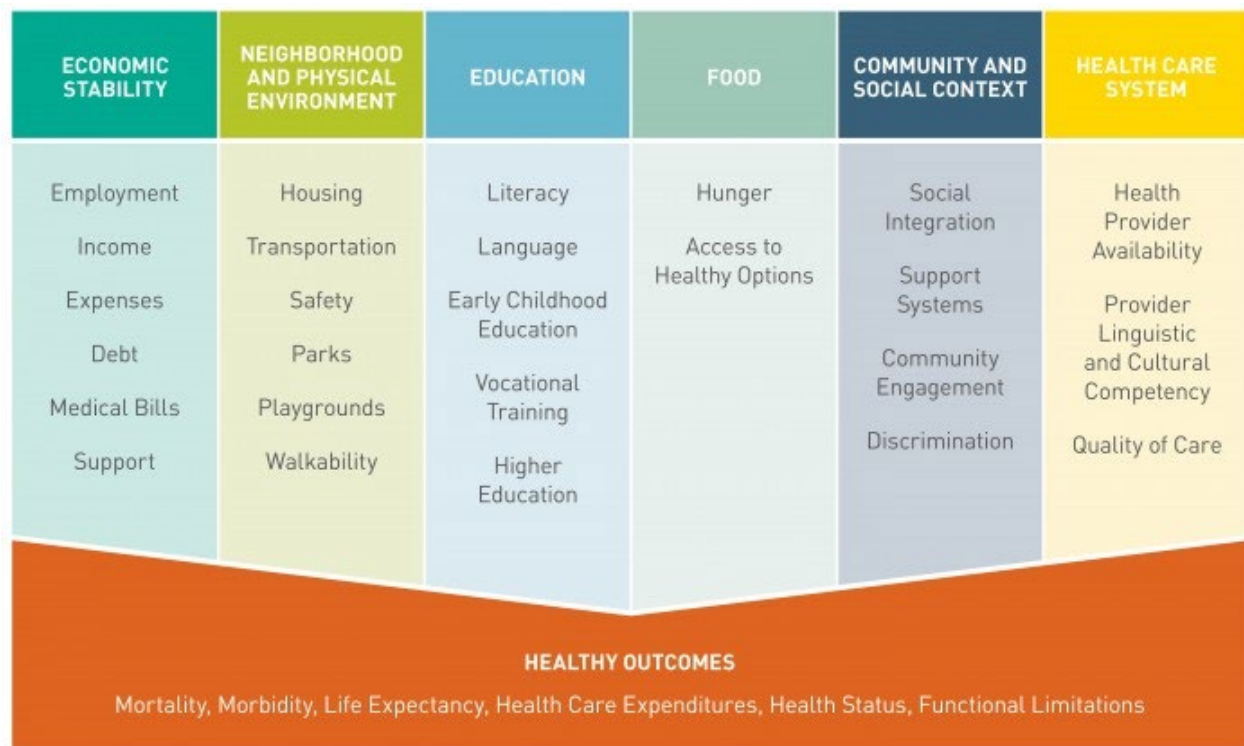
³⁶ Texas District & County Attorneys Association. Significant changes from the DSM-IV to the DSM-5, 2013.

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-txmhm#~: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.



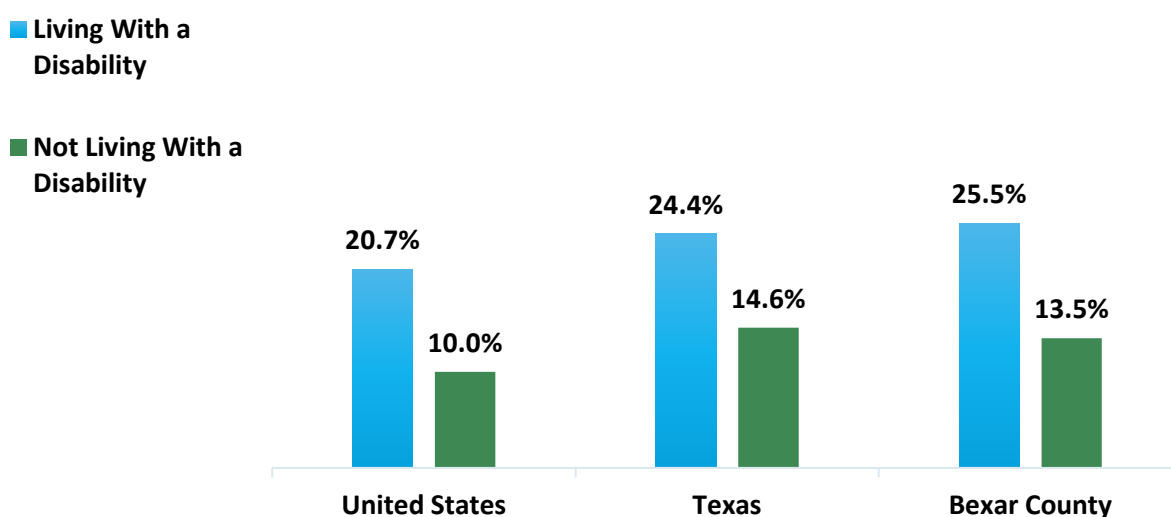
Source: Kaiser Family Foundation

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 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

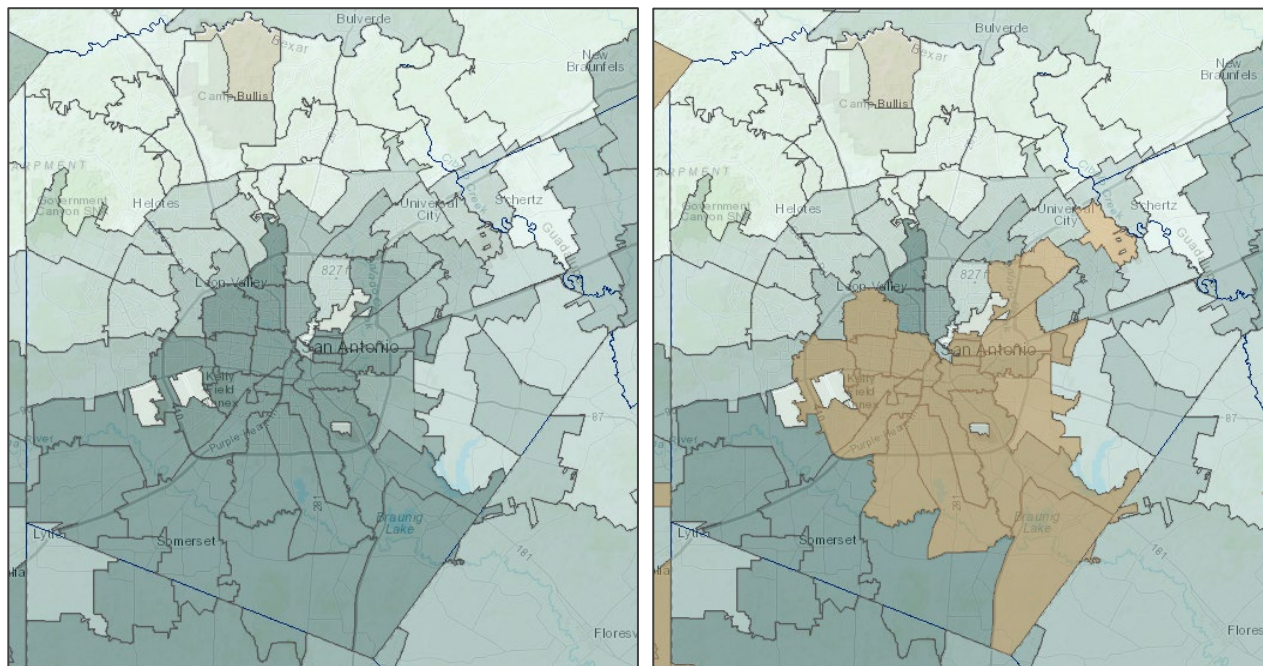
Exhibit 27: Educational Attainment

	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

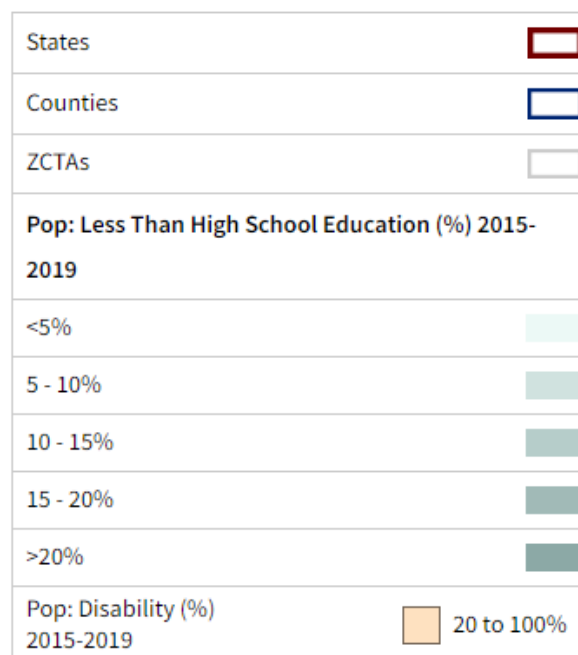
The maps below display the percentage of the total population with limited educational attainment (percent of residents aged 25 and older who have not completed high school), followed by ZCTA's within Bexar County where at least 20.0% or higher of the population is living with a disability.

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 Reports⁴³

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&loc=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 Disability⁴⁸

	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	
	PLWD	People Not LWD	PLWD	People Not LWD	PLWD	People Not LWD
With earnings						
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).

Bexar County



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

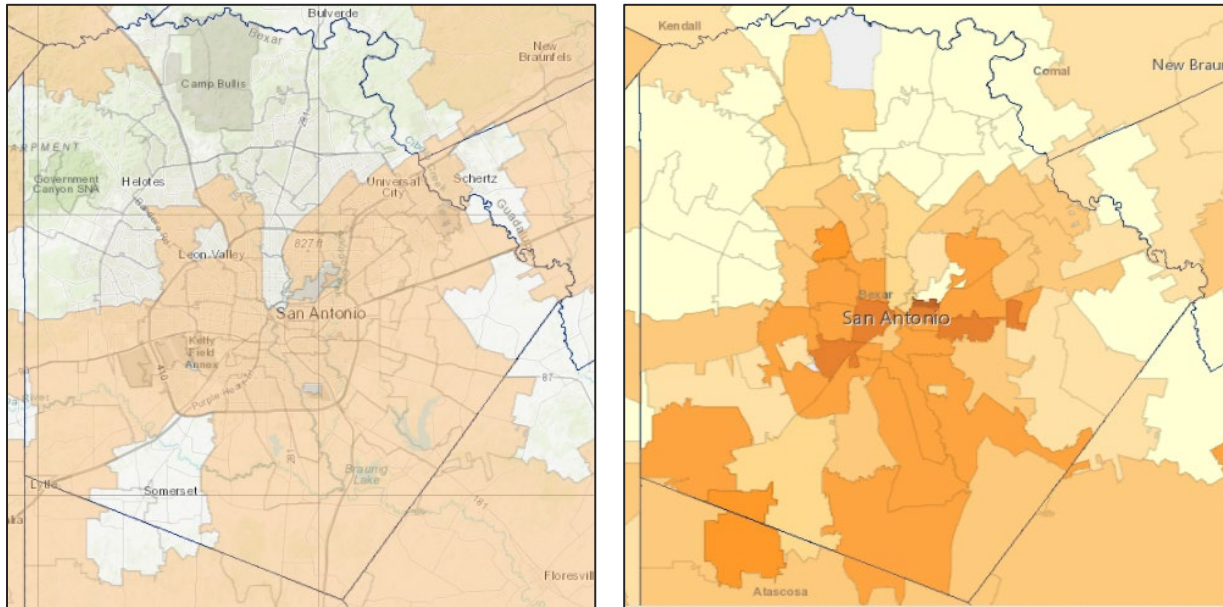
	United States	Texas	Bexar County
Total Population Living in Poverty	13.4%	14.7%	15.7%
Under 5	20.3%	22.7%	24.6%
Under 18	18.5%	20.9%	22.3%
65 & Over	9.3%	10.6%	11.5%
Race & Ethnicity			
White	9.6%	8.4%	9.5%
Black or African American	23.0%	19.3%	18.1%
American Indian or Alaska Native	24.9%	17.1%	27.3%
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.

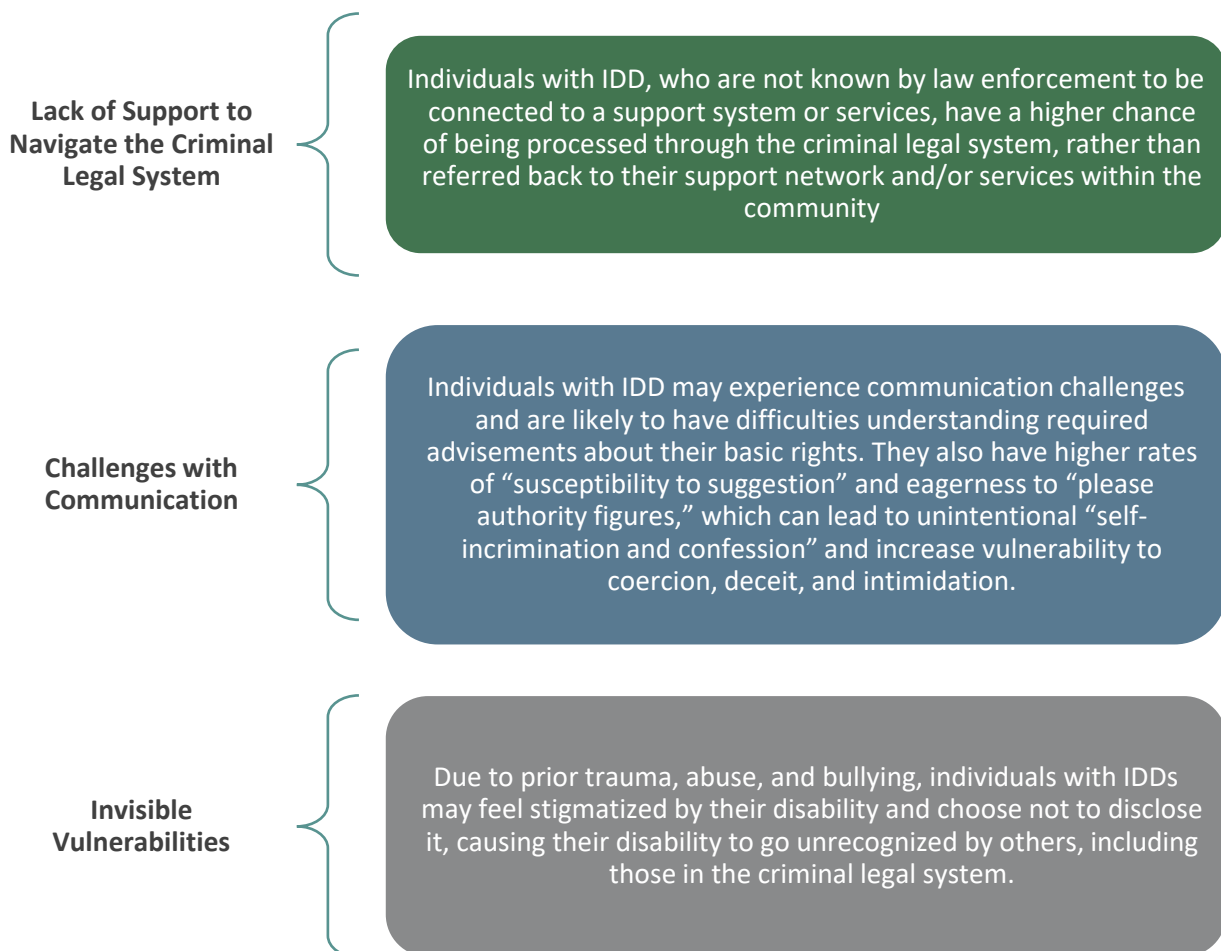
developmental disability and mental health diagnosis. Additionally, as of 2019, nearly two decades after the U.S. Supreme Court deemed it unconstitutional to execute those with intellectual disabilities, Texas still had no process for determining whether death penalty defendants are intellectually disabled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

⁵³The 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

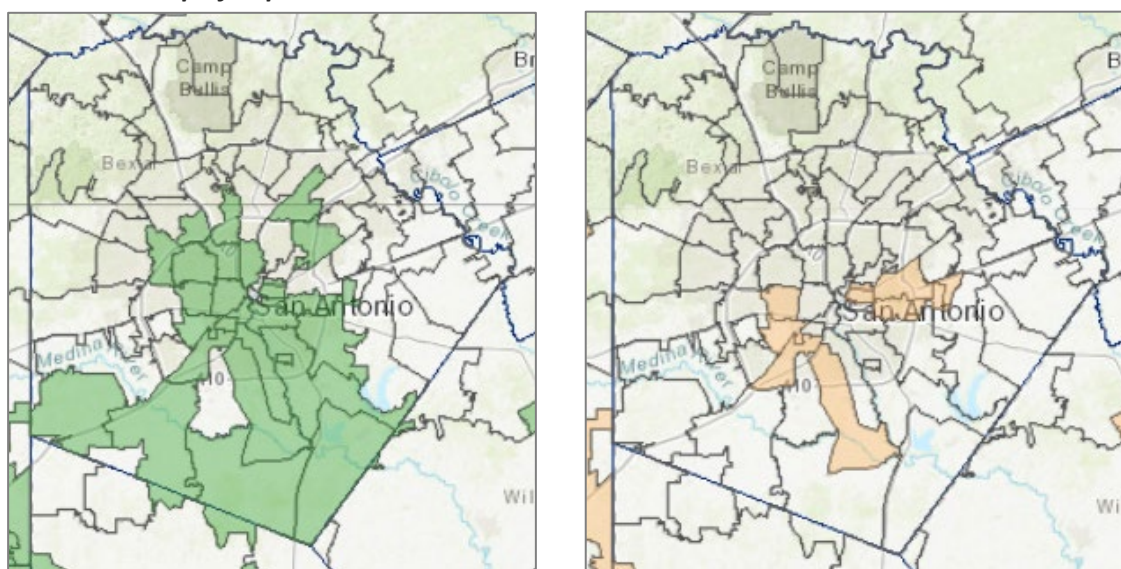
⁶⁵ City Of San Antonio. Department Of Human Services, 2020 Strategic Plan To Respond To Homelessness In San Antonio And Bexar County.

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

States	
Counties	
ZCTAs	
Pop: Disability (%) 2015-2019	 25 to 100%
Pop: Households With No Broadband (%) 2015-2019	 25 to 100%

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

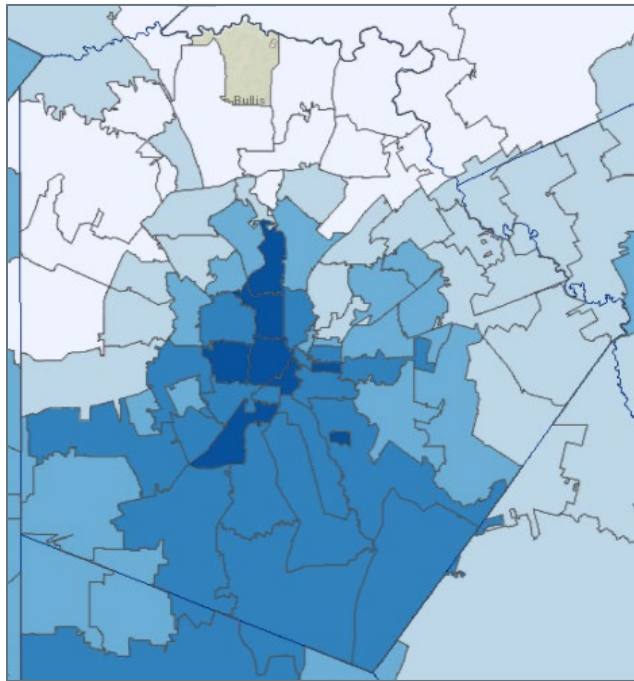
Age 18 to 64	Texas	Bexar County
No health insurance coverage	36.4%	39.7%
Needed to see a doctor but could not because of the cost	23.3%	21.3%

Source: Texas Behavioral Risk Factor Surveillance System, 2020

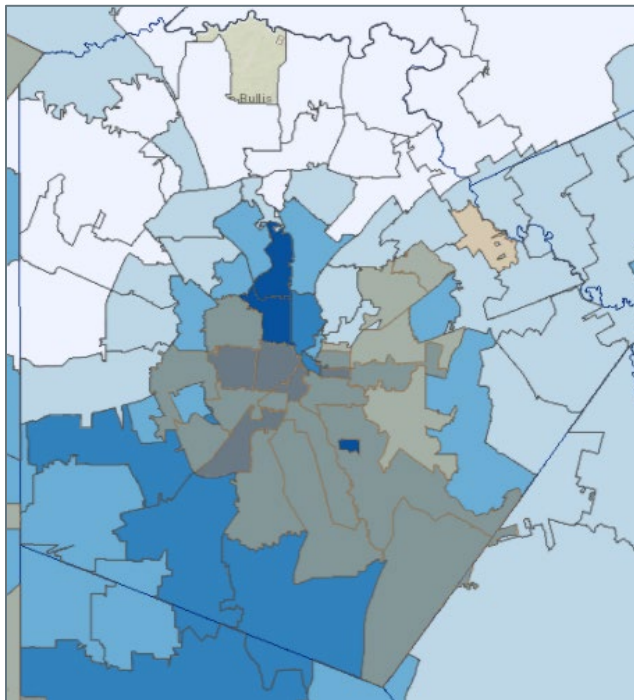
⁶⁷ U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019.

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.

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.

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: Primary Care & Mental Health Care Provider Ratios⁷⁰

	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

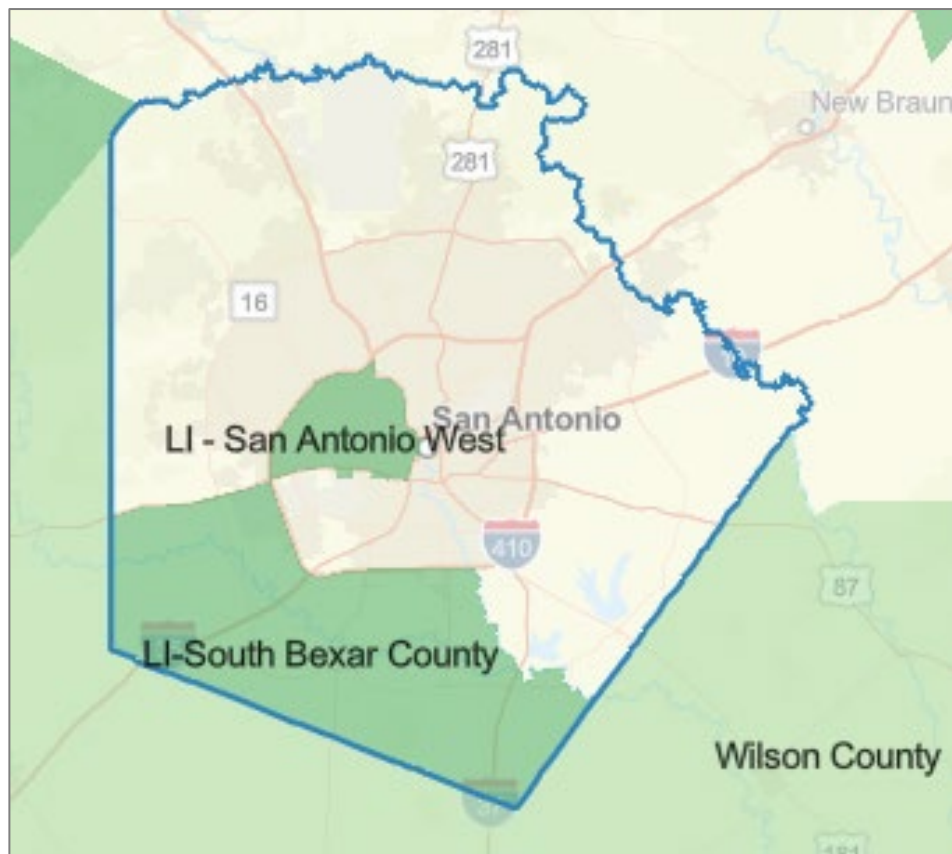
Source: County Health Rankings & Roadmaps

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



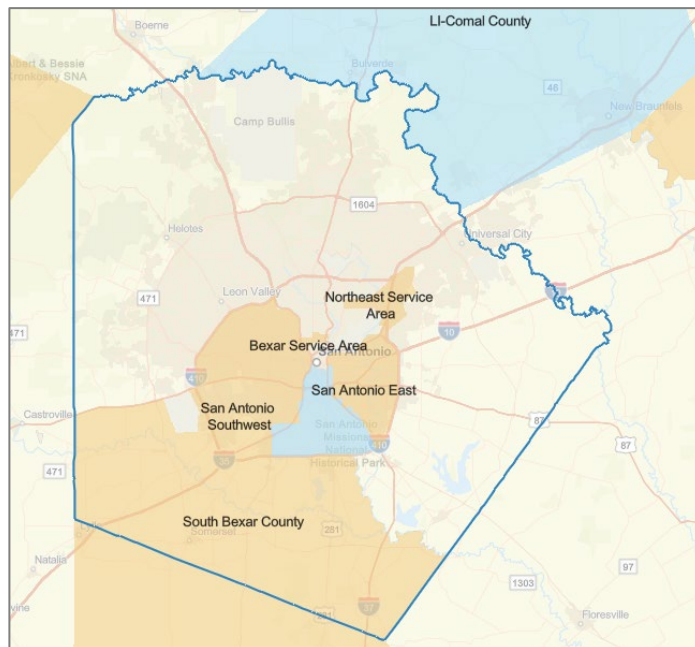
Source: Health Resources
& Services Administration, HRSA Map Tool (5/11/2022)



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



👁 Medically Underserved Areas

Medically Underserved Area

Medically Underserved Area - Governor's Exception

👁 Medically Underserved Populations

Medically Underserved Population

Medically Underserved Population - Governor's Exception

Source: Health Resources & Services

Administration, HRSA Map Tool (5/11/2022)

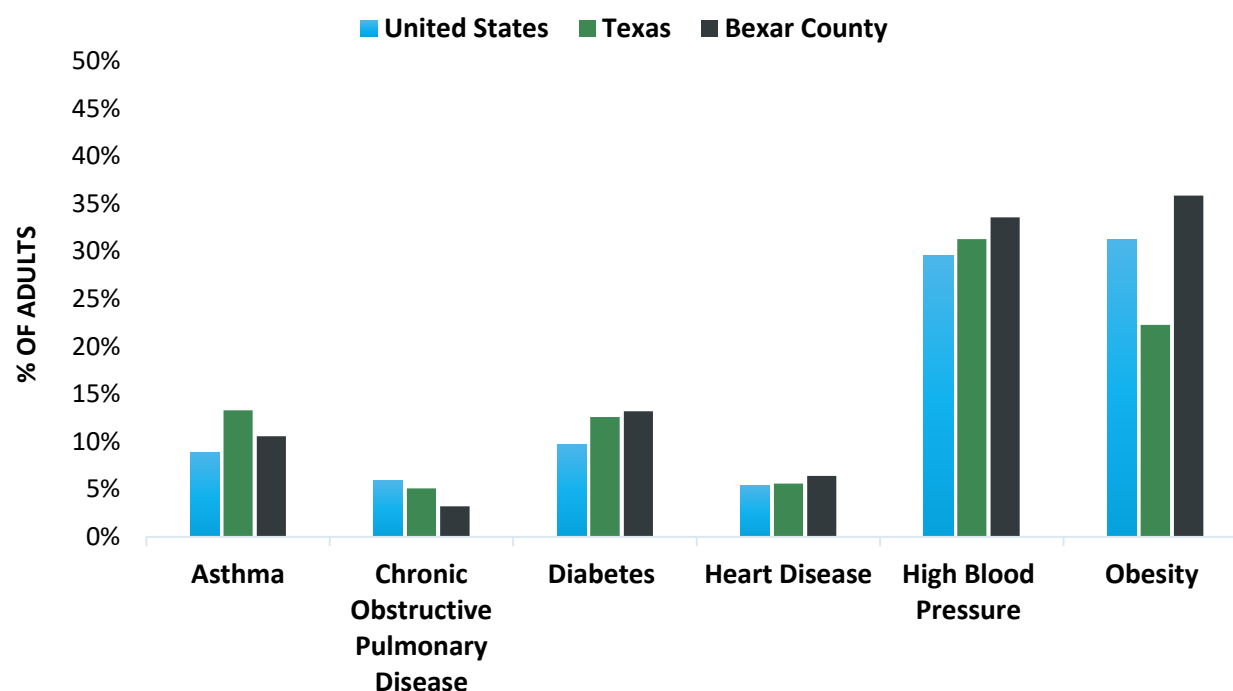
Find the most updated HPSA scores
<https://data.hrsa.gov/maps/map-tool/>

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 physical 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%

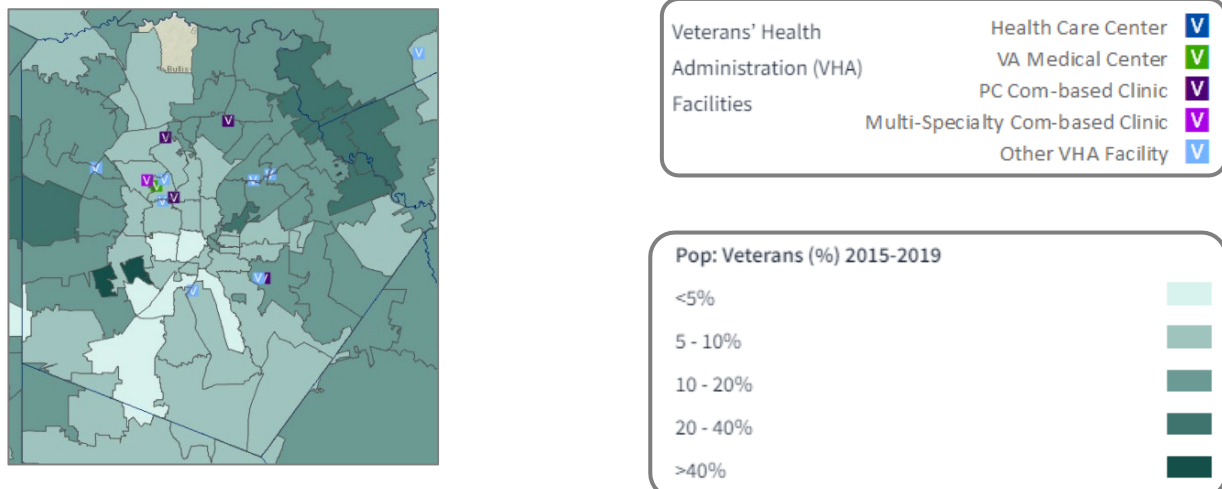
Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2015-2019

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.



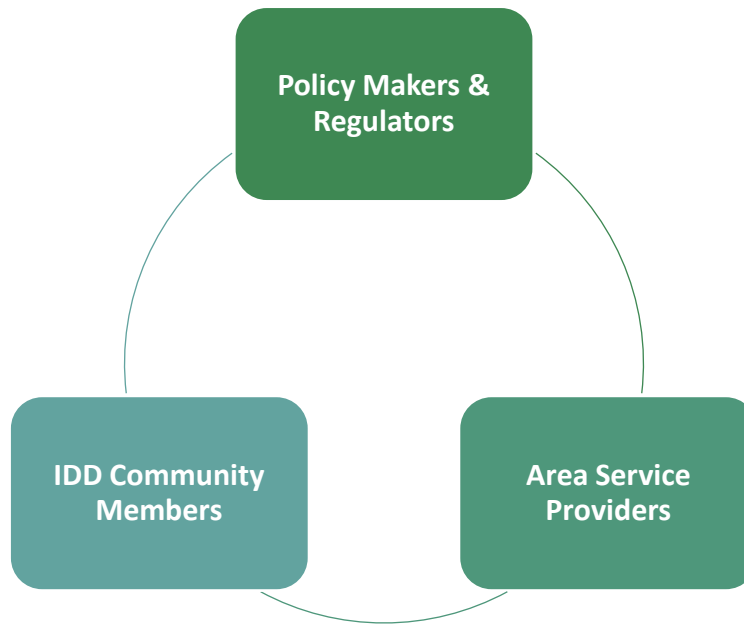
Participant Groups

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	Any Baby Can
SA Life Academy	BlueSprig
Haven for Hope	Medical Center
The Arc of San Antonio	Respite Care of San Antonio
IDD Services Advisory Committee	Reaching Maximum Independence
South Texas Behavioral Institute	The Center for Health Care Services
Children's Association for Maximum Potential	Southwind Fields
Haven for Hope	Children's Association for Maximum Potential
San Antonio Lighthouse for the Blind	Autism Lifeline Links
St. Mary's School of Law	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

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 need ways to make it easier, versus climbing a mountain & then climbing Mt. Everest right after.”

Bexar County Parent

- “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

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.

“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

- “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.

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.”

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.

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

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,

“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*

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 Reports⁸⁹

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 racket. 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.

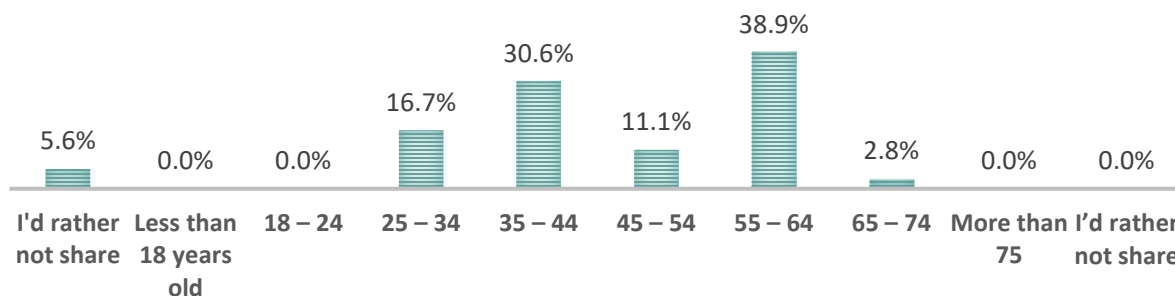
Community Survey

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

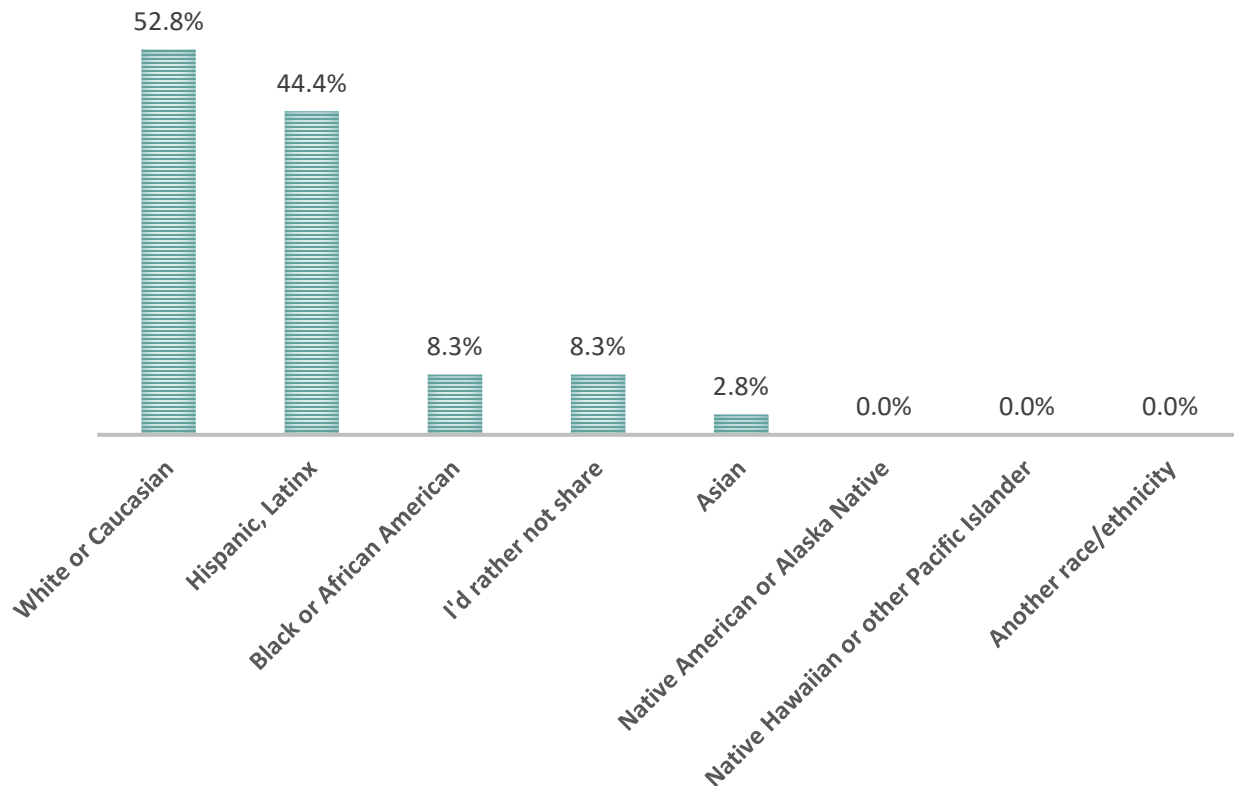


n=36	Respondents
Female	61.1%
Male	33.3%
Non-binary	0.0%
I'd rather not share	5.6%
Less than 18 years old	0.0%
18 – 24	0.0%
25 – 34	16.7%
35 – 44	30.6%
45 – 54	11.1%
55 – 64	38.9%

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

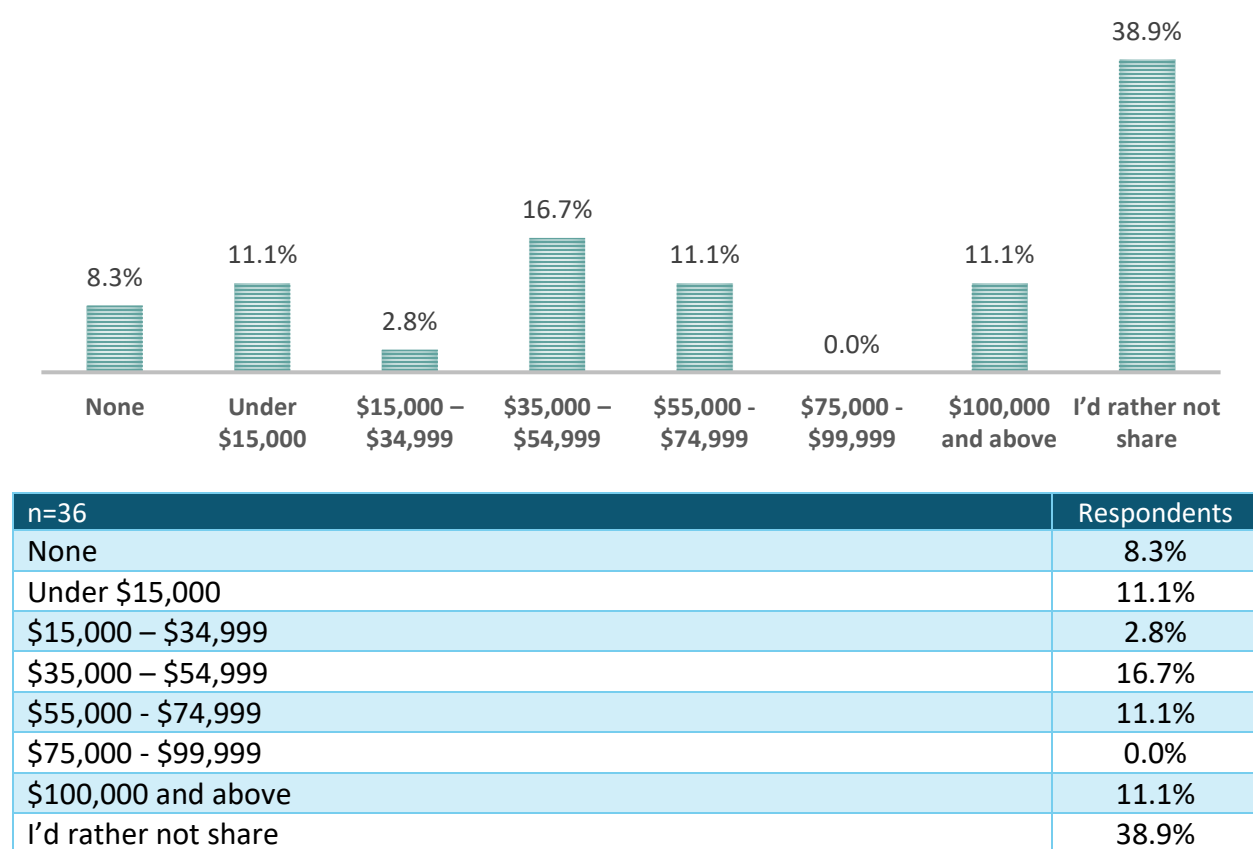


Exhibit 60: Survey Respondents Role in the Community

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%

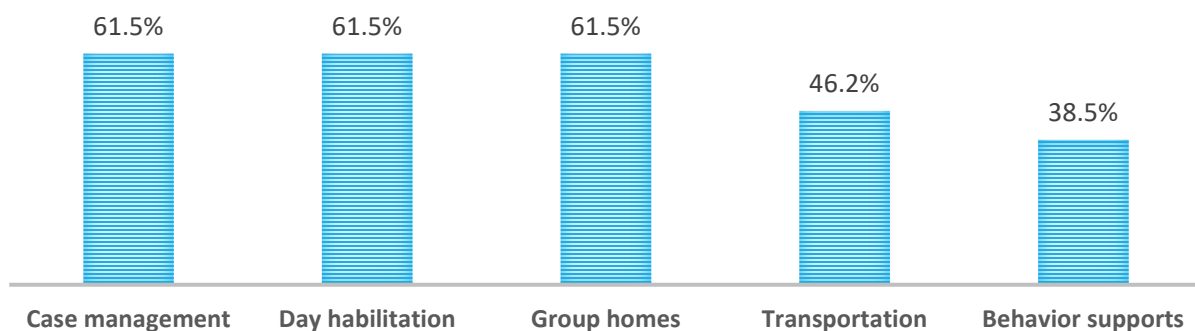
Respondents were asked to select all of the services they provide to the IDD community. Of the 13 people who answered, most deliver case management, day habilitation, and group home

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

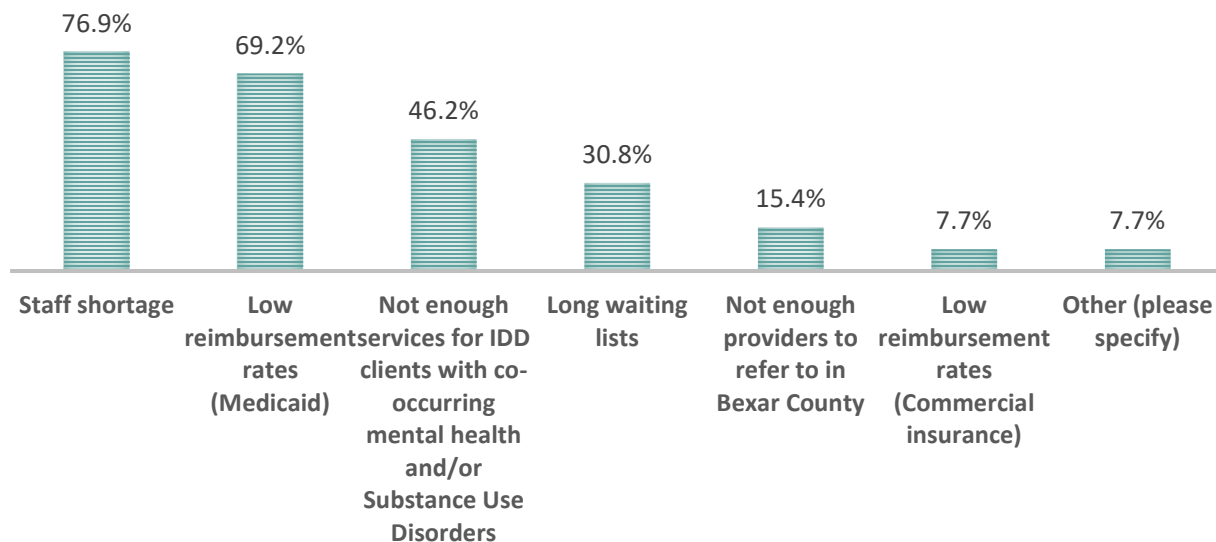
n=13	Respondents
Case management	61.5%
Day habilitation	61.5%
Group homes	61.5%
Transportation	46.2%
Behavior supports	38.5%
Individual community support	30.8%
Group community support	30.8%
Respite care	30.8%
Service or care coordination	23.1%
Family supports	23.1%
Employment services	15.4%
Mental health 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).

A detailed map of Texas showing county boundaries and names. The map is framed by a green border. Major cities and geographical features are labeled. The map is oriented with North at the top. The following table lists the counties shown on the map, along with their approximate locations and any notable features or cities mentioned.

County	Approximate Location	Notable Features/Cities
Tom Green	Northwest	
Concho	Northwest	
McCulloch	Northwest	
San Saba	Northwest	
Lampasas	Northwest	
Bell	Northwest	
Falls	Northwest	
Robertson	Northwest	
Schleicher	Northwest	
EDWARDS	Northwest	2415 ft
Menard	Northwest	
Mason	Northwest	
Llano	Northwest	
Burnet	Northwest	
Williamson	Northwest	122 ft
Milam	Northwest	
Bryant	Northwest	
Braz	Northwest	
Sutton	Northwest	
Kimble	Northwest	
Gillespie	Northwest	
Blanco	Northwest	
Hays	Northwest	1045 ft
Tuskin	Northwest	
Lee	Northwest	
Burleson	Northwest	
Washington	Northwest	
Austin	Northwest	
Edwards	Northwest	2413 ft, 2414 ft
Kerr	Northwest	Kerrville
Kendall	Northwest	
Comal	Northwest	
San Marcos	Northwest	
Caldwell	Northwest	
Fayette	Northwest	
Colorado	Northwest	
Real	Northwest	
Bandera	Northwest	
Kinney	Northwest	
Uvalde	Northwest	
Medina	Northwest	
Bexar	Northwest	San Antonio
Gonzales	Northwest	
Lavaca	Northwest	
Wilson	Northwest	
Karnes	Northwest	
DeWitt	Northwest	
Goliad	Northwest	
Atascosa	Northwest	
Frio	Northwest	
Zavala	Northwest	
Maverick	Northwest	
Dimmit	Northwest	
La Salle	Northwest	
McMullen	Northwest	
Live Oak	Northwest	
Bee	Northwest	
Refugio	Northwest	
Victoria	Northwest	
Calhoun	Northwest	
Acuña	Northwest	
Piedras Negras	Northwest	

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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
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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

	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 Providers⁹⁶

	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.

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%

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 or 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 or 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?

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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

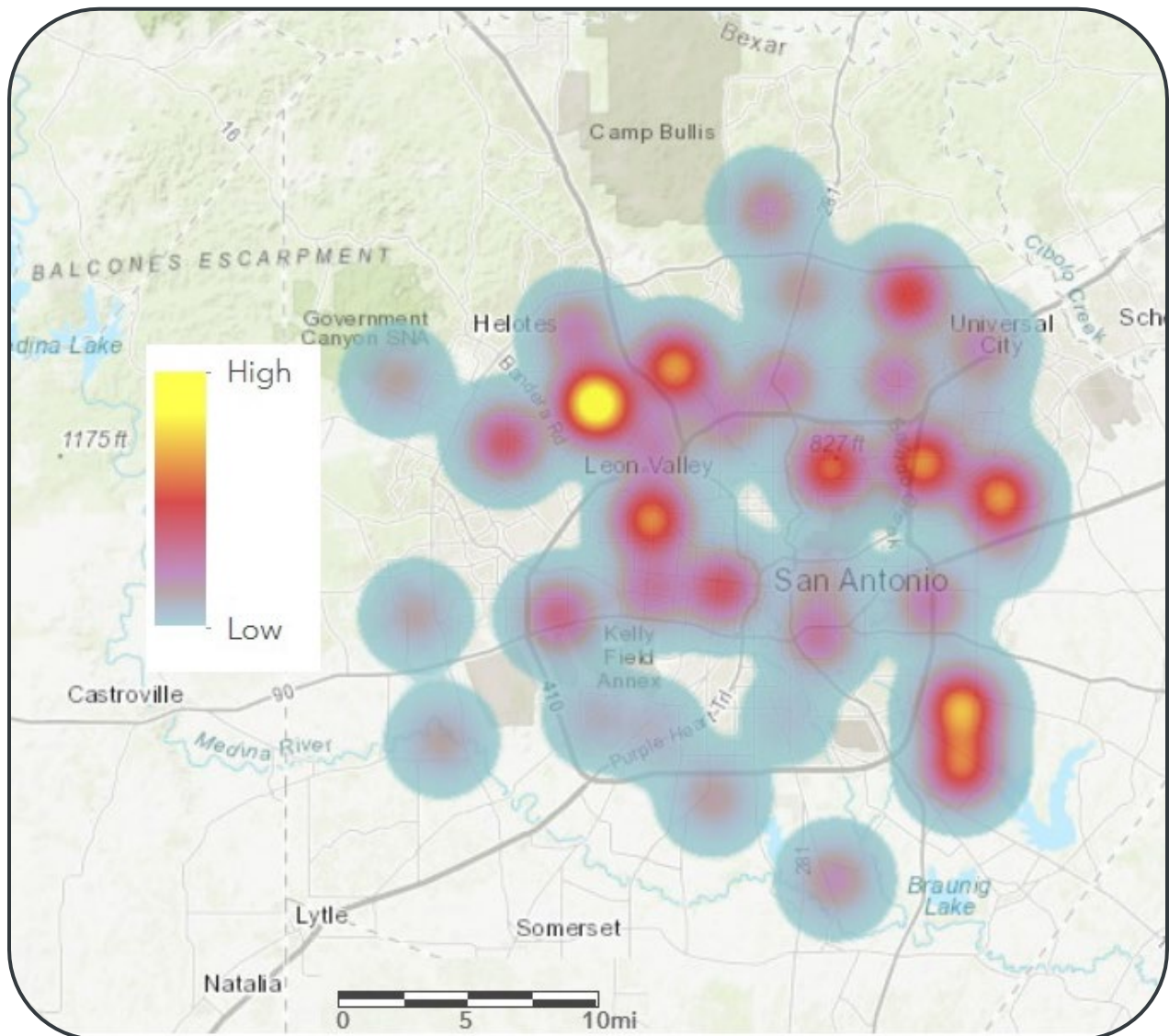
6. Which of the following ranges best describes your total annual household income in the past year?

- ☐ 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 Utilization



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%