

Developmental Disabilities Literature Review for Paso del Norte Health Foundation

FINAL REPORT

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MEADOWS
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Executive Summary

The Meadows Mental Health Policy Institute conducted this literature review to support the Paso del Norte (PdN) Health Foundation’s strategic planning. The review defines developmental disabilities (DD) and identifies challenges, best practices, and opportunities for supporting youth and young adults (YYA) with DD in the region. It incorporates evidence-based and promising practices for supporting YYA with DD drawn from peer-reviewed literature, policy reports, and published program evaluations relevant to the PdN region and similar communities.

Conservative estimates suggest 5,500 YYA ages 14–26 in El Paso County have a DD diagnosis. Additionally, in the 2024-2025 school year, El Paso County schools served more than 18,000 students of all ages with a DD through special education. There are many YYA living in El Paso County and the PdN region who have a DD and can benefit from more robust resources, including coordinated housing, education and employment, health, and mental health services.

This review covers a range of key issues and systems impacting YYA with DD, exploring resources, gaps, and best practices associated with each.

Key Topics Covered in Literature Review

Housing	There is a need for safe, community-based, and less restrictive housing options. Texas has extremely long interest lists for Medicaid waiver programs that help people remain in their community, with some waits exceeding 15 years. Group homes are more common in Texas than nationally, yet these settings face ongoing staffing shortages, low wages, and variable quality. Emerging models—such as intentional communities—offer potential tempered with concerns around segregation and autonomy.
Education and Employment	YYA with DD overwhelmingly want to pursue postsecondary education and competitive, integrated employment, yet they face significant systemic barriers, including low expectations, limited access to inclusive programs, stigma, and lack of accommodations. Evidence shows that early and person-centered transition planning, high school work experience, family trainings, and access to supports such as vocational rehabilitation, supported employment, and customized employment significantly improve outcomes. Texas has growing but uneven access to College-Based Transition Programs (CBTS) and Comprehensive Transition Programs (CTPs), with limited availability in El Paso County.
Physical Health	People with DD experience poorer physical health relative to peers and often encounter fragmented care during the transition from pediatric to adult health systems. Best practices emphasize dedicated transition coordinators, structured transition planning, early introductions to adult providers, and improved training for healthcare professionals on disability-informed care. Oral health and sexual

	health are areas of unmet need, with many providers unprepared to support YYA with DD.
Mental Health	More than one-third of people with DD have co-occurring mental health conditions, yet the mental health system remains ill-equipped to serve them. Few clinicians are trained to treat people with DD, assessment tools are rarely adapted or validated, and DD and mental health service systems are often siloed—leaving many YYA with DD without access to treatment or support. Plus, crisis responses frequently default to law enforcement or emergency departments, both of which lack specialized training for engaging with people with DD.
Provider Workforce	Despite Direct Service Provider wages experiencing a modest increase, they are still well below estimates of a living wage in Texas ¹ and have contributed to staffing challenges, sustainability issues, and group home closures. ² Still, while low wages have created a persistent and widespread workforce challenge, there are strategies that can reduce burnout and job stress. For example, training support staff to promote dignity and respect and to recognize each person as a unique individual has been shown to lead to a significant reduction in the number of challenging behaviors exhibited by people with DD. ³

Improving outcomes for YYA with DD in the PdN region requires coordinated, cross-system action. Opportunities for impact include conducting a DD-focused community needs assessment; systematically elevating youth, family, and provider voices; enhancing navigation and co-location of services; expanding workforce training; improving integration between DD and mental health systems; strengthening access to employment and transition supports; exploring expanded housing models; and long-term opportunities such as the development of University Centers for Excellence in Developmental Disabilities (UCEDD) and the exploration of state and national policy improvements. Identifying opportunities to invest in disability-inclusive program design and ongoing community engagement will be essential as the Paso del Norte Health Foundation refines its strategic approach.

¹ Massachusetts Institute of Technology. (2026). *Living Wage Calculator – Living Wage Calculation for Texas*. Retrieved January 12, 2026, from <https://livingwage.mit.edu/states/48>

² Time to Care Texas. <https://timetocaretx.org/>

³ Carlson, S.R., Munandar, V., & Thompson, J.R. Outcomes for Adults With Intellectual and Developmental Disabilities Receiving Long-Term Services and Supports: A Systematic Review of the Literature. *Intellect Dev Disabil.* 2024 Apr 1;62(2):137-150. doi: 10.1352/1934-9556-62.2.137. PMID: 38545817.

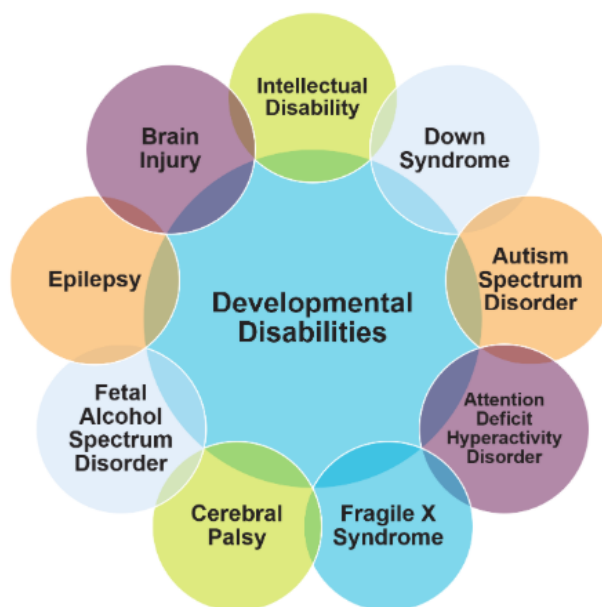
Background

In this section, we define key terms that we use throughout the report.

Developmental disabilities (DD) are defined differently by different systems.^{4,5,6,7,8} In general, DD refers to a diverse range of neurodevelopmental and physical differences that emerge in early development, can affect how a person moves, communicates, learns or processes the world around them, and continue across the lifespan. This includes autism, intellectual disability, cerebral palsy, and other neurological variations (see Figure 1). People can have multiple types of DD. For this report we use the larger umbrella term “DD”, but many systems and documents use “IDD” or “I/DD” for “intellectual and developmental disability”.

According to the Centers for Disease Control and Prevention (CDC), approximately one in six children and adolescents in the United States have one or more DD.⁹ The prevalence estimates for adults with DD are dated and therefore less reliable. A recent publication by the University of Minnesota Research and Training Center on Community Living highlighted the importance of accurate prevalence data stating, “Policymakers need to know how many people have intellectual or developmental disabilities (IDD) and how many need services. Several annual surveys ask if children have IDD but do not ask about adults. U.S. Census Bureau national surveys should ask adults if they have

Figure 1: Developmental Disabilities



⁴ Developmental Disabilities Assistance and Bill of Rights Act of 2000, 42 U.S.C. § 15001 (2000).

⁵ American Psychiatric Association. Diagnostic Statistical Manual – 5. <https://www.psychiatry.org/patients-families/neurodevelopment-disorders>

⁶ Individuals with Disabilities Education Act. Sec. 300.8 Child with a disability. <https://sites.ed.gov/idea/regs/b/a/300.8>

⁷ Centers for Disease Control and Prevention. (2025, June 2). Developmental Disability Basics. <https://www.cdc.gov/child-development/about/developmental-disability-basics.html>

⁸ ICD-10. <https://www.icd10data.com/ICD10CM/Codes/F01-F99>

⁹ Cogswell, M., Coil, E., Tian, L., Tinker, S., Ryerson, A., Maenner, M., Rice, C., & Peacock, G. (2022). Health Needs and Use of Services Among Children with Developmental Disabilities — United States, 2014–2018. Morbidity and Mortality Weekly Report, 71, 453 - 458. <https://doi.org/10.15585/mmwr.mm7112a3>.

intellectual disabilities, autism spectrum disorders, or other developmental disabilities so we can update prevalence estimates for adults.”¹⁰

Nearly 10 percent of the estimated 7.39 million people with DD in the United States live in Texas.¹¹ Conservatively, 5,500 youth and young adults (ages 14 – 26 years old) in El Paso County experience any DD. See Appendix A for additional information.¹²

Receiving a **DD diagnosis** can be complicated as different systems have different processes and definitions. In Texas, the three major systems where diagnoses can happen are (1) schools, (2) Local Intellectual and Developmental Disabilities Authorities (LIDDAs), and (3) medical providers. A diagnosis in one system does not guarantee that another system will recognize that diagnosis. Additionally, some systems require that a DD is diagnosed before age 18, which creates challenges for young adults and adults who were not diagnosed as children and are trying to access services.

The Individuals with Disabilities Education Act (IDEA) is a federal law ensuring public schools provide free appropriate public education (FAPE) to eligible children with disabilities, and mandates tailored special education services, with education provided in the least restrictive environment (LRE) (see Figure 2 below), ensuring all efforts are made for students with disabilities to participate with nondisabled peers in educational environments and extracurriculars.¹³ According to Texas Education Agency (TEA) data from the 2024 -2025 school year, just over 23,000 students in El Paso County schools received special education services, with over 18,000 receiving services due to a DD (see Appendix B for additional information).^{14,15}

¹⁰ Larson, S. A., Neidorf, J., & Sowers, M. (2024). RISP Data Bytes: Prevalence of Intellectual and Developmental Disabilities in the U.S. *Institute on Community Integration Publications*. <https://publications.ici.umn.edu/risp/data-bytes/prevalence-of-idd-in-the-us>

¹¹ Larson, S. A., Neidorf, J., Pettingell, S., & Sowers, M. (2024). Long-term supports and services for persons with intellectual or developmental disabilities: Status and trends through 2020. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

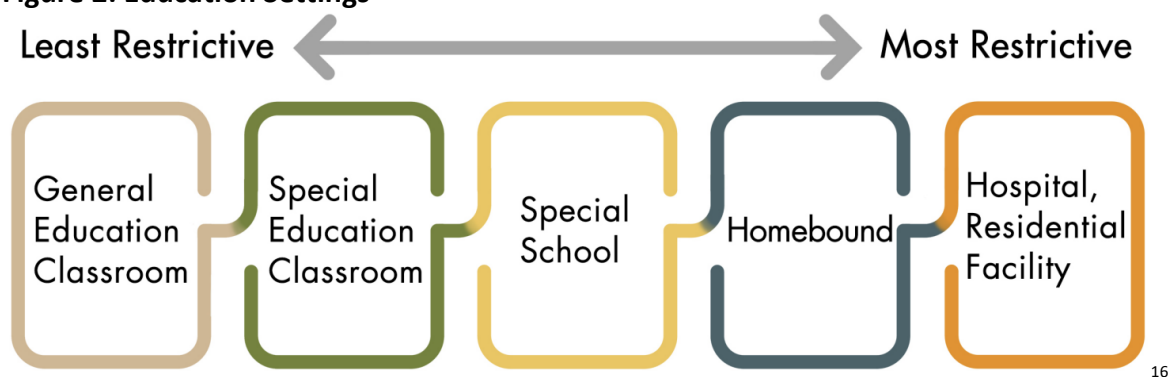
¹² We estimated this based on the prevalence of intellectual disabilities and/or developmental disabilities is 31.7 per 1,000 resident youth. We applied the prevalence rate for children/youth to transition-age youth because TAY are within the average IDD life expectancy (premature mortality among adults with IDD reduces the IDD prevalence rate among adults: Lauer, E., & McCallion, P. (2015). Mortality of people with intellectual and developmental disabilities from select US state disability service systems and medical claims data. *Journal of Applied Research in Intellectual Disabilities*, 28(5), 394-405. <https://doi.org/10.1111/jar.12191>).

¹³ Individuals with Disabilities Education Act. Sec. 300.8 Child with a disability. <https://sites.ed.gov/idea/regs/b/a/300.8>

¹⁴ Texas Education Agency. (2025). *2024 – 2025 Special Education Reports*. Retrieved February 26, 2026, from https://rptsrv1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=adhoc.std_driver1.sas&RptClass=SpecEd&_debug=0&SchoolYr=25&report=StateDistrict&format=html

¹⁵ 34 Code of Federal Regulations (CFR) Part 300; 19 Texas Administrative Code (TAC) Chapters 75, 89

Figure 2: Education Settings



Prior to entering school, children under 36 months of age with developmental delays, disabilities or certain medical diagnoses can access **Early Childhood Intervention (ECI)**.¹⁷ The Paso del Norte Children’s Development Center and Region 19 ECI provide ECI services with a family-centered approach. ECI services include case management and help families plan for next steps, like transitioning to public schools, preschool, Head Start, childcare centers, or other community programs after a child turns three. Anyone who suspects a child may have a developmental delay can refer their caregivers to ECI.

Local Intellectual and Developmental Disabilities Authorities (LIDDAs) serve as the local point of entry for most publicly funded intellectual and developmental disability (IDD) services in Texas. The state’s 39 LIDDAs are responsible for providing eligibility determinations, case management, and access to critical community-based supports, including Medicaid waiver programs.¹⁸ One key function of LIDDAs is to conduct determinations of intellectual disability (DID), a standardized assessment process used to confirm whether an individual meets the criteria for publicly funded services for people with IDD under Texas law. Referrals to LIDDAs at an early age, when DD is suspected, help ensure proper diagnoses, access to local, publicly-funded, services, service coordination, case management and accommodations and legal support.¹⁹ Additionally, a DID before age 18 supports early and appropriate transition planning from school to adult life, including job training and employment supports, independent or supported living services, and early access to and awareness of guardianship or supported decision-making options.

¹⁶ Iris Center. (2019). *Information Brief: Least Restrictive Environment*. https://iris.peabody.vanderbilt.edu/wp-content/uploads/pdf_info_briefs/IRIS_least_restrictive_environment_info_brief.pdf

¹⁷ Texas Health and Human Services. (n.d.). *Early Childhood Intervention Services*. <https://www.hhs.texas.gov/services/disability/early-childhood-intervention-services>

¹⁸ Texas Health and Human Services. (n.d.). *Local IDD Authority (LIDDA)*. <https://www.hhs.texas.gov/providers/long-term-care-providers/local-idd-authority-lidda>

¹⁹ Texas Health and Human Services. (n.d.). *DID Best Practice Guidelines*. <https://www.hhs.texas.gov/providers/long-term-care-providers/local-idd-authority-lidda/did-best-practice-guidelines>

Currently, there is no dedicated funding for DIDs, meaning LIDDAs perform this function out of the same General Revenue funds they must use for many other services. In many communities, there is a wait list for DIDs, causing delays in access to care. LIDDA staff report that insurers, including Medicaid, often deny coverage for the psychological testing component of a DID, a billable service, because they do not recognize it as a covered service when administered outside of a school setting. Increasing funding for LIDDAs to conduct DIDs and increasing referrals for DIDs can ensure people receive essential services, protections, and resources to help them succeed at home, in school, and in the community.

Medical diagnosis of a DD is made by a doctor or other specially-trained clinician, including developmental pediatricians, psychologists, psychiatrists, and neurologists, using the Diagnostical Statistical Manual (DSM-5) and International Classification of Diseases codes (ICD-10).^{20,21} Two important medical providers for children with a suspected or diagnosed DD are (1) developmental-behavioral pediatricians (DBP), physicians with special training in the evaluation and care of children with behavioral and developmental challenges, and (2) child and adolescent psychiatrists, physicians with expert training in diagnosing and treating a wide range of developmental and mental health disorders.

In 2025, there were only two developmental pediatricians serving El Paso County, both of whom specialized in developmental behavioral pediatrics. Notably, the county had no neurodevelopmental disability pediatricians, a subspecialty that addresses neurological, developmental, and behavioral conditions in children and adolescents. This limited workforce supply of developmental pediatricians in El Paso County means that these providers often carry substantially higher patient loads than their peers in other counties. El Paso County developmental pediatricians serve approximately 60 percent more children and adolescents (ages 6-17) than those statewide (80,000 residents per pediatrician vs. 50,000, respectively). Similarly, El Paso's 23 pediatric, child, and adolescent psychiatrists serve approximately 40 percent more children and adolescents than those statewide (7,000 residents per psychiatrists vs. 5,000, respectively) (see Table 1). This disparity highlights a significant gap in access to specialized developmental and psychiatric care for children and adolescents in the county.

²⁰ Centers for Disease Control and Prevention. (2025, June 2). *Developmental Disability Basics*. <https://www.cdc.gov/child-development/about/developmental-disability-basics.html>

²¹ ICD-10. <https://www.icd10data.com/ICD10CM/Codes/F01-F99>

Table 1: Developmental Diagnosticians and Psychiatrists in El Paso County and Texas Statewide (2025)^{22,23,24,25}

Physician Specialty	El Paso County		Texas (Statewide)	
	Number of Providers	Average Child Residents (Ages 6-17) per Provider	Number of Providers	Average Child Residents (Ages 6-17) per Provider
Developmental Pediatricians ²⁶	2	80,000	103	50,000
<i>Developmental Behavioral Pediatrics</i>	2	80,000	79	65,000
<i>Neurodevelopmental Disability Pediatrics</i>	0	-	26	200,000
Pediatric, Child, and Adolescent Psychiatrists	23	7,000	1,009	5,000
Total	25	6,500	1,112	4,600

Neurodiversity describes the differences in how people's brains work. Beginning in the 1990s, through a movement intended to promote acceptance, the term evolved beyond its literal meaning to a term used to identify that many brains work in "atypical" ways, especially for individuals with autism.²⁷ Two terms emerged: *neurodivergent* for people whose brains function differently from what is considered "normal," and *neurotypical* for people whose brain functioning is considered typical or "normal." The term *neurodiversity* frames the concept that there are many ways brains process and respond to information, and these differences influence how people experience and interact with the world around them. This term embraces the perspective that there is no right or wrong way to think, increasing acceptance and reducing stigma associated with differences in ways of thinking and interacting. Neurodiversity gives a brain-based explanation for the challenges many people face in a society that was not created for how they process information.

²² Provider data from the Texas Medical Board Open Records. (2025, April). *Licensed physician database*. <https://orssp.tmb.state.tx.us/Main.aspx>. Providers were considered "Developmental Pediatricians" if their primary or secondary specialty included developmental-behavioral pediatrics, neurodevelopmental disabilities (pediatrics), or neurodevelopmental disabilities (psychiatry & neurology), and an additional child-specific specialty such as pediatrics or child neurology. Providers were considered "Pediatric, Child and Adolescent Psychiatrist" if their primary or secondary specialty included pediatric psychiatric or child and adolescent psychiatry.

²³ Population data were obtained from the U.S. Census Bureau. (2024, December). American Community Survey 2019-2023 5-year estimates. <https://www.census.gov/data/developers/data-sets/acs-5year.2023.html>.

²⁴ All Texas population estimates are rounded to reflect uncertainty in the American Community Survey estimates.

²⁵ The resident-to-provider rate represents the number of residents aged six and 17.

²⁶ Two physicians in Texas specialized in both developmental behavioral and neurodevelopmental disability pediatrics. Due to these providers, the sum of rows will not equal the total row.

²⁷ Miller, C., Martin, C., & Lee, S.A., (2024, March 8). *What Is neurodiversity? And how can parents support kids who are neurodivergent?* Child Mind Institute. <https://childmind.org/article/what-is-neurodiversity/>

Mental health challenges are common for people with DD; it is estimated that over one third of individuals with DD have a co-occurring mental health condition.²⁸ Research shows that people with DD experience traumatic and stressful events at higher rates than people without DD and are more likely to struggle with depression, anxiety, and suicidal ideation.^{29,30,31} Despite being disproportionately affected by mental health challenges, people with DD often have less access to mental health treatment due to systemic issues, such as a lack of well-trained, specialized providers, insurance coverage limitations, and difficulties navigating complex service systems.^{32,33,34} Inclusive communities, where people with disabilities and those without disabilities can live, work, and enjoy a self-directed life, help prevent mental health challenges.

Youth and young adults (YYA) are young people transitioning from adolescence into adulthood. The age range for this period can vary but is often defined as being between the ages of 14 and 26 years old (see Table 2 for examples of how age ranges vary by program). This time is defined by great opportunity and great vulnerability, especially for YYA with DD. Many YYA with DD have similar aspirations to their non-disabled (or neurotypical) peers, including achieving life milestones such as financial independence and living on their own. One study that included youths' voices and compared parent and youth perspectives found that, while parents were primarily concerned about their children's access to services, teens and young adults were concerned about specific life domains including work, college, housing, finances, and friendship.³⁵

²⁸ Mazza, M.G., Rossetti, A., Crespi, G., & Clerici, M. Prevalence of co-occurring psychiatric disorders in adults and adolescents with intellectual disability: A systematic review and meta-analysis. *Journal of Applied Research in Intellectual Disabilities*. 2020;33(2):126–138. doi: 10.1111/jar.12654

²⁹ Brendli, K.R., Broda, M.D., and Brown, R. (2021). Children with intellectual disability and victimization: A logistic regression analysis. *Child Maltreatment*, 27(3), 320–324. <https://doi.org/10.1177/1077559521994177>

³⁰ National Child Traumatic Stress Network. (n.d.). Intellectual and Developmental Disabilities. <https://www.nctsn.org/what-is-child-trauma/populations-at-risk/intellectual-and-developmental-disabilities>

³¹ Ludi, E., Ballard, E. D., Greenbaum, R., Pao, M., Bridge, J., Reynolds, W. & Horowitz, L. (2012). Suicide Risk in Youth with Intellectual Disabilities. *Journal of Developmental & Behavioral Pediatrics*, 33 (5), 431-440. <https://doi.org/10.1097/DBP.0b013e3182599295>

³² Administration for Community Living. (2022, September 30). ACL launches center to improve support for people who have both intellectual and developmental disabilities and mental health disabilities. <https://acl.gov/news-and-events/announcements/acl-launches-center-improve-support-people-who-have-both-intellectual>

³³ Brendli, K.R., Broda, M.D., and Brown, R. (2021). Children with intellectual disability and victimization: A logistic regression analysis. *Child Maltreatment*, 27(3), 320–324. <https://doi.org/10.1177/1077559521994177>

³⁴ Ludi, E., Ballard, E. D., Greenbaum, R., Pao, M., Bridge, J., Reynolds, W. & Horowitz, L. (2012). Suicide Risk in Youth with Intellectual Disabilities. *Journal of Developmental & Behavioral Pediatrics*, 33 (5), 431-440. <https://doi.org/10.1097/DBP.0b013e3182599295>

³⁵ Hurd, C., Evans, C., & Renwick, R. (2018). "Having friends is like having marshmallows": Perspectives of transition-aged youths with intellectual and developmental disabilities on friendship. *Journal of Applied Research in Intellectual Disabilities*, 31(6), 1186–1196. <https://doi.org/10.1111/jar.12493>

Transition planning refers to strategically preparing for the future and typically begins around age 14 as a young person is entering adulthood. However, advocates and transition specialists maintain it is best practice to begin transition planning much earlier, at 8 years old or younger, and to include the young person in age-appropriate transition planning discussions. Table 2 describes the different types of transition supports that may be available to youth and young adults (YYA) with DD.

The specific definition of transition planning, support, and timeline varies based on the system involved (e.g., schools, Medicaid), but transition planning should always be person-centered, meaning the planning process revolves around what the person receiving services wants for their life. Effective, person-centered planning helps a person develop and explain their vision for their future, explores different paths to reach their goals, involves decision-making and problem solving, regularly monitors progress, and adjusts as needed.³⁶

Table 2: Transition Supports and Differences Across the Systems

Brief System Description	Ages Served
Schools: Transition services are a coordinated set of activities designed to help YYA who have an Individualized Education Plan (IEP) move from school to post-school activities, including postsecondary education, vocational education, integrated or supported employment, continuing and adult education, adult services, independent living, or community participation. The planning should be based on the individual child's needs, considering the child's strengths, preferences, and interests. ³⁷	Ages 14 - 22
State General Revenue (GR) Funded Services: Availability of services varies by LIDDA ³⁸ and may include transition support like determination of eligibility for IDD services and supports, crisis services (crisis intervention specialist and crisis respite), service coordination, community support, respite, employment assistance and supported employment, nursing, behavioral supports, specialized therapies, vocational training, and day habilitation.	Varies by service
Texas Department of Child and Family Services - Child Welfare: Services include <u>Circles of Support</u> , <u>Preparation for Adult Living (PAL)</u> , <u>Education and Training Vouchers (ETV)</u> , <u>College tuition and fee waivers</u> (available lifelong if the YYA initiate use of the waiver before their 27 th birthday), <u>Extended Foster</u>	Young people ages 14 -26 who are currently or formerly in foster care.

³⁶ Administration for Community Living. (2024, September 19). *Person-Centered Planning*. <https://acl.gov/programs/consumer-control/person-centered-planning>

³⁷ Texas Education Agency. (n.d.). *Secondary Transition Guide*. <https://tea.texas.gov/academics/special-student-populations/special-education/programs-and-services/state-guidance/secondary-transition-guidance>

³⁸ Texas Health and Human Services. (2025, August). *Explanation of Intellectual and Developmental Disability Services and Supports*. <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/lidda/iddserviceseng.pdf>

Brief System Description	Ages Served
<u>Care</u> , and other related services and support for young people who are currently or formerly in foster care, or transitioning out of care.	
Health Care Systems: Every hospital / health care system has different policies or even no policies regarding the age of transition from the pediatric to the adult health care systems. Children can remain on parents' private insurance through age 26.	Varies
Public Insurance: <u>Children's Medicaid</u> and CHIP provide health coverage up to a child's 19th or 21st birthday, depending on the program. Many children with disabilities are enrolled in the <u>STAR Kids Medicaid managed care program</u>, which serves eligible children with disabilities up to age 21. At that time, STAR Kids members are automatically enrolled in the adult <u>STAR+PLUS Medicaid managed care program</u>. In addition to health benefits, STAR Kids and STAR+PLUS Medicaid also provides some long-term services and supports (LTSS) such as assistance with activities of daily living. There are significant managed care organization (MCO) requirements regarding transition activities, including starting transition planning by age 15, coordination between the STAR Kids and STAR+PLUS MCOs, and coordination with other programs and services, including Medicaid waiver programs, general revenue (GR)-funded services, and school-based services. Some YYA in Medicaid are also receiving LTSS through a Medicaid waiver program (see below for more information). These programs offer service coordination and case management which also offer transition support as youth become adults and move out of school and into adult systems.	Varies

When considering the needs of YYA with DD, Texas's seven Medicaid home and community-based services (HCBS) waiver programs play an important role in providing supports in key life domains. Medicaid HCBS waivers are designed to allow individuals with disabilities or chronic illnesses to receive long-term care in their own homes or community settings rather than in institutions like nursing homes or other facilities. These waivers waive certain Medicaid rules to provide tailored support.

Texas waivers include:

- Community Living Assistance and Support Services (CLASS) provides HCBS services as a cost-effective alternative to placement in an intermediate care facility for individuals with an intellectual disability or a related condition (a disability, other than an intellectual disability, that originated before age 22 and that affects a person's ability to function in daily life).

- Deaf Blind with Multiple Disabilities (DBMD) provides HCBS services, with a focus on improving communication, to people who are deafblind with multiple disabilities as a cost-effective alternative to institutional placement.
- Home and Community-based Services (HCS) provides individualized services and supports to persons with intellectual disabilities who are living with their family, in their own home or in other community settings, such as small group homes.
- Medically Dependent Children Program (MDCP) provides services to families caring for children and young adults age 20 and younger who are medically dependent, including respite, flexible family support services, minor home modifications, adaptive aids, transition assistance services, employment assistance, supported employment and financial management services through a STAR Kids or STAR Health managed care organization.
- STAR+PLUS Home and Community-Based Services (HCBS) (sometimes referred to as STAR+PLUS Waiver) provides in-home supports or assisted living services to people who are aging or have a physical disability who would otherwise need to be in a nursing facility.
- Texas Home Living (TxHmL) provides services and supports to people with intellectual and developmental disabilities or a related condition so they can continue to live in their own home or with their families.
- Youth Empowerment Services (YES) provides intensive services delivered within a strengths-based team planning process called Wraparound to children and youth with serious mental, emotional and behavioral difficulties.³⁹

CLASS, DBMD, HCS, and TxHmL are all specifically geared towards children and adults with DD. The other waivers target other populations (physical disabilities or mental health) but may also include people with DD.

Beginning in the late 1960s, deinstitutionalization and promoting community integration became a primary goal of people with disabilities and their families and advocates. Later, in the 1980s and 1990s, Medicaid funding was dedicated to HCBS waivers to help people move out of institutions and into more family- and community-based settings.⁴⁰ While not everyone with a DD will have Medicaid, LTSS waivers are critical to helping many YYA with DD and their families as youth transition into adulthood. Each of the seven LTSS waivers listed above have the same goal: to keep people with disabilities in their communities and out of institutions, and to

³⁹ Texas Health and Human Services. (n.d.). *Waivers*. Retrieved March 16, 2026, from <https://www.hhs.texas.gov/regulations/policies-rules/waivers>

⁴⁰ Larson, S. A., Neidorf, J., Pettingell, S., & Sowers, M. (2022). Long-term supports and services for persons with intellectual or developmental disabilities: Status and trends through 2019. University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

provide funding and critical supports to people with disabilities.⁴¹ The Arc of Texas provides a helpful overview of the DD waivers.⁴²

Each legislative session, the Texas legislature determines the number of slots that will be available in each of the waivers. Because waiver capacity is determined by legislative appropriations (the funding decisions the Texas legislature makes every two years), there has always been greater demand for the waivers than funded waiver slots. The state maintains “interest lists” and LIDDAs can help people place their own or a family member’s name on the waiver interest lists. While each waiver program is different, the wait time for the DD waivers is long, with people waiting for 17-18 years for the HCS and CLASS waiver programs. As of early 2026, there are over 130,000 people waiting to be assessed for eligibility for services under Texas’s HCS waiver, and over 17,000 of those people have been waiting over 15 years.⁴³ While there are HCS crisis diversion slots, which a LIDDA can request if a person meets specific qualifications, these slots are extremely limited.⁴⁴

Accordingly, it is critical that families get their child on the lists as early as possible. Unfortunately, many families are unsure of what services their child may need in the future and / or they do not know they need to get on the waiver lists so early in their child’s life. House Bill 1188, passed in 2025 for Texas schools to implement in the 2025-2026 school year, requires school districts to connect families to LIDDAs during the first admission, review, and dismissal (ARD) committee meeting during which the individualized education program (IEP) is developed for a student.⁴⁵ While this should help families understand the Medicaid waiver interest lists and get their child on these lists earlier, more education and awareness about the waiver interest list process is needed.

⁴¹ Texas Health and Human Services. (n.d.). *Texas Long-Term Service and Supports (LTSS) Waiver Programs*. Retrieved January 12, 2026, from <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/resources/ltss-waivers.pdf>

⁴² The Arc of Texas. *Medicaid waivers for Texans with disabilities*. <https://www.thearcoftexas.org/resources/medicaid-waivers/>

⁴³ Texas Health and Human Services. (n.d.). *Interest List Reduction*. Retrieved March 8, 2026, from <https://www.hhs.texas.gov/about/records-statistics/interest-list-reduction>

⁴⁴ Texas Health and Human Services. (2024, September 30). *12000, Protocol for Offering an HCS Crisis Diversion Slot*. <https://www.hhs.texas.gov/handbooks/local-intellectual-developmental-disability-authority-handbook/12000-protocol-offering-hcs-crisis-diversion-slot>

⁴⁵ Texas Education Agency. (n.d.). *Connecting to Community Supports: Texas SPED Support*. <https://spedsupport.tea.texas.gov/resource-library/connecting-community-supports>

Some Medicaid waiver programs include funding for in-home and out-of-home respite, so family caregivers can take a planned break from caregiving. However, finding respite providers can be challenging for families. Texas Health and Human Services (HHS) provide the [Take Time Texas Respite Search](#), with the closest respite provider for people over age 18 in El Paso County being in Alpine.

Additionally, some LIDDAs provide crisis respite, short-term services to help stabilize a person with an intellectual and developmental disability experiencing crisis. Some LIDDAs offer in-home crisis respite for a person who can be stabilized within 72 hours and/or connect families to out-of-home crisis respite for people who need 24-hour supervision for up to 14 days. LIDDAs may also be able to help a person get access to a HCS crisis slot. The [HHSC Crisis Services Guide](#) provides additional details on crisis services.

Best Practices for Supporting Youth and Young Adults with Developmental Disabilities in the Community

This literature review focuses on four key aspects of a person's life: (1) housing, (2) education and employment, (3) physical health, and (4) mental health. Each of these are critical to a person's quality of life and were prominent topics in the literature related to supporting YYA with DD in the community. Additionally, in 2018, the El Paso community created a Continuum of Care for People with Intellectual and Developmental Disabilities (see Appendix C) and many of the top challenges identified for people with DD align with these four categories. The following spotlights key findings, best practice interventions, and promising programs across each of the four categories.

Housing

Considering housing options becomes increasingly important as youth enter young adulthood and families are exploring opportunities for more independence. It is paramount that people with DD have safe housing in the least restrictive setting possible. Most often this is their own or a family home with support that helps them fully participate in the community. Similar to the least restrictive setting goals in K-12 education, it is important that there are housing options that do not restrict people's right to independence and choice. The American Association on Intellectual and Developmental Disabilities (AAIDD) and the Arc, a policy and advocacy organization for people with DD, have a joint position statement on housing:

*"People with intellectual and developmental disabilities (IDD), like all Americans, have a right to live in their own homes, in the community. Children and youth belong with families. Adults should control where and with whom they live, including having opportunities to rent or buy their own homes, and must have the freedom to choose their daily routines and activities."*⁴⁶

The AAIDD and the Association of University Centers on Disabilities (AUCD) have another statement on community living and participation that articulates the rights of people with developmental disabilities:

"Community living and participation means being able to live where and with whom you choose; work and earn a living wage; participate in meaningful community activities based on personal interests; have relationships with friends, family and significant others; be physically and emotionally healthy; be able to worship where and with whom you choose (if desired); have opportunities to

⁴⁶ American Association on Intellectual and Developmental Disabilities. (2023). *Housing*. <https://www.aaid.org/news-policy/policy/position-statements-2/housing>

learn, grow and make informed choices; and carry out responsibilities of citizenship such as paying taxes and voting.”⁴⁷

Types of Housing

Far too often, adults of any age with DD do not have a choice when it comes to where they live and who they live with, and this is even more common for people with higher support needs.^{48,49} Before exploring housing types, it is important to note that almost half of the people experiencing homelessness across the country have a disability—more than 2.5 times the rate seen in the general U.S. population. U.S. Department of Housing and Urban Development (HUD) does not collect DD specific data related to homelessness, but those with intellectual and developmental disabilities (IDD) are of particular concern due to higher risks for exploitation and the added challenges of accessing services through complex systems.⁵⁰

Table 3, below, outlines the different types of residences for people receiving Medicaid LTSS and Figure 3 orders the residence types from less restrictive to more restrictive. Less restrictive options generally provide a person with more control over their life and how they spend their time, while more restrictive settings tend to be highly structured with less decision-making options for people living there. It is important to note that this does not cover all housing situations for people with DD.

Table 3: Long Term Services and Supports Recipients with DD by Residence Type (2020)⁵¹

	National		Texas	
	Number of Individuals in Housing Type	% in Housing Type	Number of Individuals in Housing Type	% in Housing Type
Family home	869,870	62%	9,735	22%
Own home	155,231	11%	3,176	7%
Host/Foster Family	65,990	5%	14,338	33%

⁴⁷ American Association on Intellectual and Developmental Disabilities. (2016). *Community Living and Participation for People with Intellectual and Developmental Disabilities*. <https://www.aaid.org/news-policy/policy/position-statements-2/community-living-and-participation>

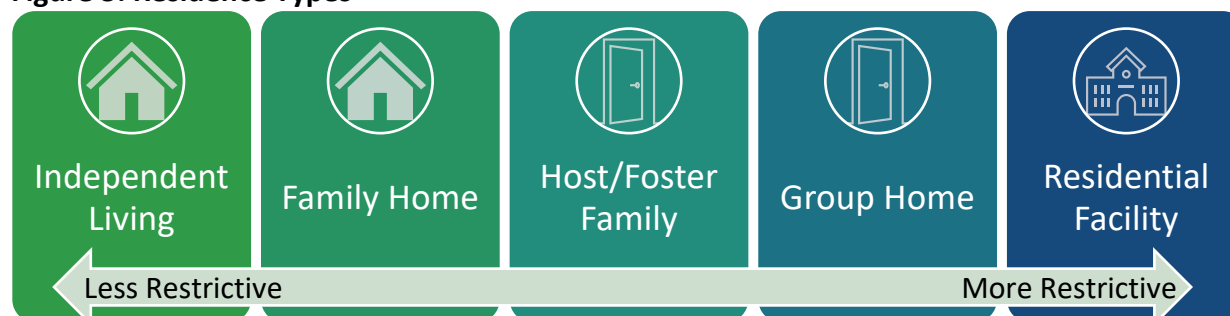
⁴⁸ Carlson, S.R., Munandar, V., & Thompson, J.R. Outcomes for Adults With Intellectual and Developmental Disabilities Receiving Long-Term Services and Supports: A Systematic Review of the Literature. *Intellect Dev Disabil*. 2024 Apr 1;62(2):137-150. doi: 10.1352/1934-9556-62.2.137. PMID: 38545817.

⁴⁹ Friedman, C. (2019). There’s no place like home: A national study of how people with intellectual and/or developmental disabilities and their families choose where to live. Washington, DC and Towson, MD: The Arc of the United States and CQL | The Council on Quality and Leadership

⁵⁰ Thurman, W., Heitkemper, E., Hutson, T., Preston, A., & Hecht, J. (2023). "The System Tends to Scoop You Up and Spit You Out and They're Done With You": The Intersection of Intellectual/Developmental Disability and Homelessness From the Perspectives of Service Providers. *Qualitative health research*, 33(11), 1017–1029. <https://doi.org/10.1177/10497323231186880>

⁵¹ "RISP State Profiles FY 2023: Texas." *Texas | State Profiles*. <https://publications.ici.umn.edu/risp/state-profiles/texas>

Group Home for 1 - 6	219,368	16%	12,736	29%
Group Home for 7 - 15	49,574	4%	454	1%
Group Home for 16+	36,172	3%	3,034	7%
TOTAL	1,396,205		43,473	

Figure 3: Residence Types

The Autism Housing Network maintains a housing directory that includes existing and emerging housing models across the country. The directory organizes properties based on many factors, including if the setting is controlled by the “consumer” (person with a disability) or the service provider. Table 4, below, highlights some of the key differences that arise based on who controls the setting. This is important to keep in mind when considering housing options because settings that allow for more control by people with DD are less restrictive and provide more opportunities for choice and autonomy.

For Medicaid-funded home and community-based services (including waiver programs), federal regulations released in 2014, referred to as the “Settings Rule,” require a baseline level of self-determination for all participants, even in provider-owned and controlled settings. For example, people must be allowed to receive visitors at any time, access food on their own schedule, and have doors that lock, unless their person-centered service plan documents exceptions to these rights. The regulations also require all participants to be integrated into the community and not be segregated based on their disability status. With the 2024 change from “day habilitation” to “individualized skills and socialization” Texas is in compliance with the regulations.⁵²

⁵² Texas Health and Human Services “HCBS Settings Rule” accessed March 8, 2026 at: <https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-resources/home-community-based-services-hcbs#:~:text=HHSC%20has%20determined%20that%20day,individualized%20skills%20and%20socialization%20providers.>

Table 4: Comparison of Consumer-Controlled and Provider-Controlled Residential Settings

	Consumer-Controlled Residential Setting (i.e., private home, apartment, condo, some intentional communities)	Provider-Controlled Residential Setting (i.e., group homes, assisted living, ICF)
Lease Holder	Individual/Family	Provider/Agency or sub-leased by the person
Service Selection	Independent - the tenant chooses services and can change service providers without moving because services are not tied to property / housing.	Restricted/Limited – services are often tied to housing and changing services and/or providers may require moving because services are connected to specific housing.
Autonomy/Choice	High (person has control over visitors, person develops and follows their own schedule)	Lower (subject to provider policies)

Independent living provides people the most control over their life decisions, from daily activities such as grocery shopping and choices in transportation, to longer term goals such as on-going education and employment.⁵³ Living independently may not be an option for everyone, but if a person wants to and can safely live independently, there should be supports in place to help them achieve that goal.

HUD offers the Housing Choice Voucher (HCV), also often referred to as Section 8 housing, which helps people afford housing in the private market and offers long-term permanent housing options for individuals, including those with DD.⁵⁴ HUD also has the Permanent Supportive Housing (PSH) program which provides permanent, long-term leasing or rental assistance and supportive services to assist households with at least one member (adult or child) with a disability in achieving housing stability. HUD-funded PSH programs require documentation of the person's disabling condition, which can be challenging to get, especially if the person was not diagnosed as a child. Current shifts in HUD policies have greatly reduced PSH funding, which will likely negatively impact housing support for people with disabilities.⁵⁵

Compared to other states, Texas ranks close to last in percentage of LTSS recipients **living with family members**. As shown above in Table 3, Texas has significantly more people living in

⁵³ Mann, D., & Wang, M. (2021). What happens after high school? A review of independent living practices to support youth with disabilities transitioning to adult life. *Journal of Vocational Rehabilitation*, 55, 169 - 184. <https://doi.org/10.3233/JVR-211155>.

⁵⁴ U.S Department of Housing and Development. (n.d.). *HCV applicant and tenant resources*. Retrieved January 12, 2026, <https://www.hud.gov/helping-americans/housing-choice-vouchers-tenants>

⁵⁵ U.S. Department of Housing and Urban Development. (n.d.). *HUD Exchange: Permanent Supportive Housing*. Retrieved on January 12, 2026, <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/permanent-housing/permanent-supportive-housing/>

host⁵⁶/foster family homes⁵⁷ and group homes than the U.S. as a whole, where most people are living in family homes. Texas also has fewer people with DD living in their own home compared to the national rate. Research has shown that people with DD living in their own home or a family home experience more positive outcomes, including lower rates of mental health and physical health conditions, and improvement in adaptive skills.^{58,59} Furthermore, when people with DD live in family homes, Medicaid waiver expenditures are lower because there is not a need for around the clock (24/7) paid staff.⁶⁰ Although fewer Texans are living in family homes compared to the U.S., for those that do have a family member serving as a caregiver, it is important to help that family develop a contingency plan in the event the family caregiver passes away or becomes unable to care for the individual due to the caregiver's own health issues. It is also important to seek opportunities to alleviate family caregiver stress.

Adult foster homes (AFCs), another type of housing for people with DD, can house up to three adults in foster care before they must be licensed by the state. AFC in Texas is typically for older adults and is only available for people in the STAR+PLUS HCBS Medicaid waiver. AFC providers must live in the same household and share a common living area with the residents. Medicaid waivers can be used to pay AFC providers for room and board.⁶¹

Group homes vary in size and offer more opportunities for independence than institutional settings, but less than living independently or in a family home. The smaller residential settings typically provide more opportunities for choices, better access to the community, and higher levels of integrated employment.⁶² Self-advocates, however, often criticize group homes

⁵⁶ In Texas, when people are in a waiver, once they are adults their parents can serve as the host home if the parents aren't the legal guardian.

⁵⁷ Texas Health and Human Services. (n.d.). *Adult Foster Care*. <https://www.hhs.texas.gov/providers/long-term-care-providers/adult-foster-care-afc>

⁵⁸ Mohan, A., & Roberts, J. Associations Between Residence Type and Health Outcomes for Individuals with Developmental Disabilities Following the COVID-19 Pandemic: A Quantitative Analysis. *Dela J Public Health*. 2024 Dec 23;10(5):32-41. doi: 10.32481/djph.2024.12.06. PMID: 40070382; PMCID: PMC11892719.

⁵⁹ Larson, S., Lakin, C., & Hill, S. (2013). Behavioral Outcomes of Moving from Institutional to Community Living for People with Intellectual and Developmental Disabilities: U.S. Studies from 1977 to 2010. *Research and Practice for Persons with Severe Disabilities*, 37(4), 235-246. <https://doi.org/10.2511/027494813805327287> (Original work published 2012)

⁶⁰ RISP Data Bytes: Estimated Annual per Person Medicaid Expenditures by Living Arrangement for Adults with I/DD, FY 2020. *Estimated Annual Per Person Medicaid Expenditures by Living Arrangement for Adults with I/DD, FY 2020 | Institute on Community Integration Publications*. <https://publications.ici.umn.edu/risp/data-bytes/estimated-annual-per-person-medicare-expenditures-by-living-arrangement-for-adults-with-idd-in-2020>

⁶¹ Texas Health and Human Services. (n.d.). *Adult Foster Care*. <https://www.hhs.texas.gov/providers/long-term-care-providers/adult-foster-care-afc>

⁶² Carlson, S.R., Munandar, V., & Thompson, J.R. Outcomes for Adults With Intellectual and Developmental Disabilities Receiving Long-Term Services and Supports: A Systematic Review of the Literature. *Intellect Dev Disabil*. 2024 Apr 1;62(2):137-150. doi: 10.1352/1934-9556-62.2.137. PMID: 38545817.

because they find them overly structured with limited choices for people living there. Group homes have faced many challenges over the years, including staffing challenges and serious safety concerns.⁶³

Promoting and incentivizing the use of evidence-based practices like trauma-informed care and person-centered planning is critical for improving overall well-being and is especially important in group homes and other congregate settings where people with DD may live. The Traumatic Stress Institute offers models and training related to implementing trauma-informed care in IDD-focused organizations and systems, with the goal of improving the culture and environment for both those served and for staff.

Improving the safety and quality of group homes, unquestionably a complex topic, was explored in detail by Texas HHSC in a 2022 Report on Group Home Regulation.

Intentional Communities or **Supportive Communities** are a newer type of housing option for people who would like to live more independently while maintaining access to services and supports. The Autism Housing Network defines these communities as communities or properties that center “on shared social values and/or interests”. They often feature common areas and aim for a high level of social cohesion and interaction. In communities where some or most residents have an DD and/or other disability, there may be an emphasis on natural support among neighbors and peer advocacy. These communities aim to promote independence, choice, and social connections and friendships, and are generally considered less restrictive than group homes. Visit the Autism Housing Network website to see an updated list of intentional communities across the country. The Neuro-Inclusive Housing Solutions, in partnership with the Inclusive Housing Coalition of Colorado and the Autism Housing Network and with funding from the Colorado Developmental Disabilities Council, did a comprehensive analysis of intentional communities in Colorado.

Despite positive aspects of these communities, intentional communities have been critiqued for being a form of segregated housing, with some referring to these communities as “neo-institutions” because these communities often segregate people with disabilities from the broader society.⁶⁴ In Texas, intentional communities have had challenges overcoming the HCBS settings rule to allow for Medicaid waiver services to be delivered there.⁶⁵ Ensuring the

⁶³ U.S. Department of Health and Human Services: Office of Inspector General. (2022, December 7). *Group Homes*. Retrieved January 12, 2026, from <https://oig.hhs.gov/reports/featured/group-homes/>

⁶⁴ Chavisory. (2024, February 20). The Appropriation of “Intentional Community”. <https://chavisory.wordpress.com/2024/02/20/the-appropriation-of-intentional-community/>

⁶⁵ Centers for Medicare and Medicaid Services <https://www.medicare.gov/medicaid/home-community-based-services/downloads/tx-final-appvl.pdf>

inclusion of people with lived experience in decision making about where they would like to live is critical.

Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition (ICF/IID) are federally designated, Medicaid-funded residential facilities for people with intellectual disabilities or a related condition who have very high support needs and require treatment in a 24/7 supervised setting. **State Supported Living Centers (SSLCs)** are a type of large ICF/IID operated by the state, and Texas state law limits admissions to SSLCs to only people with an intellectual disability.⁶⁶ ICF/IID and SSLCs are considered institutional settings. El Paso has six privately owned and operated ICF/IID facilities, and one state-operated SSLC. As of early 2026, the SSLC in El Paso houses 105 people.⁶⁷ LIDDAs are required to complete the Community Living Options Information Process (CLOIP) for all people over the age of 22 years living in an SSLC. CLOIP's aim is to help people live in the least restrictive environment and includes providing the LIDDA serving the person, or their legally authorized representative, with community living options information at least once per year.⁶⁸ In El Paso, Emergence Health Network (EHN) is the LIDDA required to complete this process.

Centers for Independent Living (CIL) provide several core services including information and referral, independent living skills training, individual and systems advocacy, and peer counseling. The CIL in El Paso is Volar Center and there is also the Texas State Independent Living Council which “provides for the development, monitoring, and the evaluation of the State Plan for Independent Living that establishes the framework and guides the Network’s delivery of Independent Living Services.”

Education and Employment

For YYAs with DD, education and work have a positive impact on many aspects of life, including supporting mental wellbeing, and therefore ensure opportunities to pursue both should be a priority.⁶⁹ There are many programs that support YYAs with disabilities, including those with DD, to continue their education beyond high school and/or find and maintain employment at any

⁶⁶ Texas Health and Human Services. (2025, August). *Explanation of Intellectual and Developmental Disability Services and Supports*. <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/lidda/iddserviceseng.pdf>

⁶⁷ Texas Health and Human Services. (n.d.). *El Paso State Supported Living Center*. <https://www.hhs.texas.gov/services/disability/intellectual-or-developmental-disabilities-idd-long-term-care/state-supported-living-centers-sslcs/el-paso-state-supported-living-center>

⁶⁸ Texas Health and Human Services. (n.d.). *10000, Community Living Options Information Process*. <https://www.hhs.texas.gov/handbooks/local-intellectual-developmental-disability-authority-handbook/10000-community-living-options-information-process-cloip>

⁶⁹ Schall, C., Sima, A. P., Avellone, L., Wehman, P., McDonough, J., & Brown, A. (2020). The effect of business internships model and employment on enhancing the independence of young adults with significant impact from autism. *Intellectual and Developmental Disabilities*, 58(4), 301-313. <https://doi.org/10.1352/1934-9556-58.4.301>

age. In this section we highlight key findings from the literature and provide an overview of employment and education outcomes for YYA with DD, barriers they face, and different types of programs and services that promote continued education and employment for YYAs with DD.

Individuals with DD, and particularly YYA with DD, overwhelmingly want to pursue postsecondary education and/or employment, as these activities can provide financial independence, a sense of purpose, social connection, and improved quality of life.⁷⁰ Postsecondary education is one of the pathways to competitive integrated employment, higher paying jobs, economic independence, and independent living for YYA with DD. Despite this, YYA with DD are significantly less likely to finish high school, enroll in postsecondary education, or obtain employment than are their peers without DD.⁷¹ According to the Bureau of Labor Statistics, Clearinghouse for Labor Evaluation and Research (CLEAR), “when compared to people without disabilities, individuals with disabilities are more likely to be unemployed, receive lower wages when employed, have lower levels of education and work experience, and require income and other governmental support.” CLEAR also notes that a major challenge of research around interventions to support employment of people with disabilities is that many studies lack a clear definition of disabilities and include a wide variety of different disabilities in their studies.⁷²

Postsecondary education and employment outcomes for people with DD are impacted by several factors:

- YYA with DD and their parents tend to have low expectations for post-high school goals, including postsecondary education, with parent expectations being even lower than youth’s own expectations. In one study, half of youth with DD did not plan to pursue any type of postsecondary education, and over 60 percent of parents did not expect them to participate in any education or training opportunities after high school.⁷³
- Employment outcomes are influenced by disability diagnosis and support needs. Specifically, people with more significant intellectual disability, those with

⁷⁰ Hennessey, R.E., & Goreczny, A.J. Employment preferences of individuals with intellectual and developmental disabilities: An evaluation of gender and age differences. *J Appl Res Intellect Disabil*. 2022 May;35(3):878-888. doi: 10.1111/jar.12992. Epub 2022 Mar 22. PMID: 35318779.

⁷¹ Cheng, L., & Richardson, K. (2023). The 2023 youth transition report: Outcomes for youth and young adults with disabilities. Washington, D.C.: Institute for Educational Leadership. <https://iel.org/iel-youth-transition-reports-outcomes-for-youth-and-young-adults-with-disabilities-2023/>

⁷² CLEAR (Clearinghouse for Labor Evaluation and Research) Disability Employment Policy Research Synthesis. https://clear.dol.gov/sites/default/files/Disability%20Employment%20Research%20Synthesis%20Brief_May2024.pdf

⁷³ Yi-Chen, W., Qian, X., Lee, S., Johnson, D.R., & Thurlow, M.L.. (2024). Postschool Goal Expectations for Youth With Intellectual and Developmental Disabilities. *Am J Intellect Dev Disabil*; 129 (2): 151–168. <https://doi.org/10.1352/1944-7558-129.2.151>

communication and mobility support needs, and those with a guardian are much less likely to have an employment goal, which is a key predictor of being employed.⁷⁴

- Many people with disabilities face concerns about maintaining benefits (i.e., Social Security Insurance, Medicaid) and having employment that pays a living wage.⁷⁵ For people with DD in low-wage positions, the system creates a tradeoff: limit hours to preserve benefits or work full-time and still fall short financially.
- Parents need and want support to understand the types of transition interventions and supports that are available for their children as they move from school-based supports to adult services. Parents also want training on how to advocate for their children as they transition.⁷⁶ Providing parents with training and support could help improve employment outcomes for YYA with DD.
- YYA with DD face stigma, lack of school- or work-based accommodations, and mental health challenges such as anxiety.⁷⁷

Ensuring that people with DD have access to competitive, integrated employment should remain a priority across systems and services.

“Systems change efforts need to provide direct access to services that are known to improve integrated employment outcomes, such as career exploration, benefits planning, job development, and referral to vocational rehabilitation. Most individuals who receive day or employment supports from a state IDD agency are engaged in unpaid facility-based or community activities, and the most frequent service continues to be facility-based nonwork services.”⁷⁸

Systems, providers, and programs can further improve the employment and education supports they are providing to individuals with DD by championing **competitive integrated employment (CIE)**. CIE is a broad category of work that includes full or part-time employment for people with disabilities that ensures equitable compensation (at or above minimum wage), access to benefits and career

⁷⁴ Carlson, S.R., Munandar, V., & Thompson, J.R. Outcomes for Adults With Intellectual and Developmental Disabilities Receiving Long-Term Services and Supports: A Systematic Review of the Literature. *Intellect Dev Disabil.* 2024 Apr 1;62(2):137-150. doi: 10.1352/1934-9556-62.2.137. PMID: 38545817.

⁷⁵ Fabian, E., Havewala, M., Deschamps, A., Owens, L., & Horton, N. (2021). *The Road to Work: Youth With Disabilities and Their Views on Employment and the ADA*. AD A-Info. <https://www.adainfo.org/wp-content/uploads/imported/Road-to-Work-Youth-Disabilities-published-report.pdf>

⁷⁶ Carlson, S.R., Munandar, V., & Thompson, J.R. Outcomes for Adults With Intellectual and Developmental Disabilities Receiving Long-Term Services and Supports: A Systematic Review of the Literature. *Intellect Dev Disabil.* 2024 Apr 1;62(2):137-150. doi: 10.1352/1934-9556-62.2.137. PMID: 38545817.

⁷⁷ Fabian, E., Havewala, M., Deschamps, A., Owens, L., & Horton, N. (2021). *The Road to Work: Youth With Disabilities and Their Views on Employment and the ADA*. AD A-Info. <https://www.adainfo.org/wp-content/uploads/imported/Road-to-Work-Youth-Disabilities-published-report.pdf>

⁷⁸ Butterworth, J., Winsor, J.E., Kamau, E., Migliore, A., & Mahoehey, D. The State of Employment for People With IDD: Implications for Practice, Policy, and Equity. *Intellect Dev Disabil* 1 June 2024; 62 (3): 225–240. <https://doi.org/10.1352/1934-9556-62.3.225>

advancement comparable to nondisabled peers, and meaningful integration in community workplaces with colleagues both with and without disabilities.

The University of North Texas, **Texas Beacons of Excellence** project provides Texans with disabilities a path into the competitive workforce, with a goal of moving Texans with disabilities currently receiving subminimum wages into CIE. The project offers support to people with disabilities and their families, educators, staff and vocational rehabilitation professionals, and employers.

Education and Employment Programs

Many different programs and services exist with the aim of helping people with DD pursue educational and employment goals. Some of these programs are provided through schools themselves (secondary and postsecondary), others are state-run, and others are evidence-based practice models that are inconsistently available. These programs and services are described briefly in the table below and in greater detail following the table.

Table 5: Summary of Education and Employment Programs and Services

Type of Program or Service	Brief Description
<u>High School Transition Services</u>	Offered in K-12 setting to help youth move from school to post-school activities.
<u>18+ Programs</u>	Typically operated by school districts and helps students with disabilities who are at least 18 years old until their 22 nd birthday that have not met state graduation requirements as defined in the Texas Administrative Code.
<u>Day Habilitation</u>	Designed for people who are not going to school or working, but some day habilitation services may include working on job related skills. Day habilitation is often included in <u>Medicaid waiver programs</u> (HSC, CLASS, DBMD, TxHmL) and may be part of programming if a person lives in a group home or other residential setting. Programs are typically focused on daily living skills, personal care, and socialization.
<u>College-Based Transition Services (CBTS)</u>	Allows dual enrollment in high school and college and provides students with intellectual disabilities access to college courses, internships, and employment, as well as access to other college campus activities during their final two to three years of high school.
<u>Comprehensive Transition Programs (CTP)</u>	Provide a structured, inclusive, postsecondary experience leading to a certificate or other credential, focusing on academic, vocational, and independent living skills. CTP programs are federally approved programs making students eligible for federal financial aid.
<u>Vocational Rehabilitation (VR)</u>	Texas Workforce Commission often provides services to help people with disabilities get ready for, find, or keep a job and assist businesses in hiring and supporting employees with disabilities. VR can be offered as part of other programs and is covered by many Medicaid waivers.

Type of Program or Service	Brief Description
Supported Employment (SE)	Includes job coaching, training, and adaptations to help people with disabilities find and keep competitive employment, ensuring they earn at least minimum wage. SE programs often include a benefits counseling component to help prevent losing benefits if a person gains full-time employment.
Customized Employment (CE)	Uses a person-centered approach to help employers understand the strengths, interests, and needs of an individual with a disability and ensure jobs align with those strengths, interests and needs.

High school transition services are offered to help the youth move from school to post-high school activities, including postsecondary education, vocational education, integrated or supported employment, continuing and adult education, adult services, independent living, or community participation.⁷⁹ Research has identified a number of aspects and factors that increase the effectiveness of these services in helping youth achieve employment. Some of these include high-school work experience, fostering independence and autonomy through skill building, meaningful student involvement in the IEP and transition planning process as early as possible, parental support for the student to achieve employment, and setting a goal of competitive employment in the IEP.⁸⁰ Further, evidence suggests that something as simple as talking to young people about their work and school goals increases the chances that they will engage in postsecondary education and/or work.⁸¹ Ensuring that these and other evidence-based approaches to improve employment and education outcomes are included in high school transition services is critical.⁸² Effective, person-centered transition planning helps a person develop and explain their vision for their future and explores different paths to reach their goals, which often include education or employment.

18+ programs are typically operated by school districts and help students with disabilities who are at least 18 years old until their 22nd birthday. In Texas, 18+ programs are for students with disabilities that have not met state graduation requirements as defined in the Texas Administrative Code. These programs may include internships, apprenticeships, paid jobs, support services, postsecondary education and training, and health care and travel training. The

⁷⁹ Texas Education Agency. (n.d.). *Secondary Transition Guide*. <https://tea.texas.gov/academics/special-student-populations/special-education/programs-and-services/state-guidance/secondary-transition-guidance>

⁸⁰ Lee, D., Ramírez, M., Castruita-Rios, Y., Chen, X., & Tansey, T. (2023). *Effective secondary services in transition-age youth with disabilities: A systematic review of the literature*. Rehabilitation Research, Policy, and Education, 37(1). <https://worksupport.com/research/documents/pdf/80full.pdf>

⁸¹ Narayan, S., Goreczny, A. J., Haggey, T., & Suess, P. (2023). Supporting employment desires of individuals with intellectual disability: Communication is key. *Inclusion*, 11(4), 258–270. <https://doi.org/10.1352/2326-6988-11.4.258>

⁸² Transition planning for youth with an IEP should ideally begin at eight years old or younger and must begin by age 14 under state and federal requirements.

programs may be campus-based, district-based, or community-based⁸³ and often focus on functional skills (e.g., daily living skills such as cooking and paying bills). Building functional abilities is often a key aspect of these programs and is important to independence; adults with fewer functional abilities were more likely to live in group homes rather than independently.⁸⁴

College-based transition services (CBTS), or dual enrollment in high school and college programs, provide students with intellectual disabilities access to college courses, internships, and employment, as well as access to other college campus activities during their final two to three years of high school.⁸⁵ Think College, based out of the Institute for Community Inclusion at UMass Boston, is a leader in expanding college options for students with intellectual disabilities. One study found that participation in one year of the Think College model of CBTS substantively increased self-determination (i.e., making things happen in your life based on what you want and need) in students with intellectual disabilities aged 18–21 years.⁸⁶ Self-determination is important for students with an intellectual disability as it has been found to predict positive transition outcomes, including postsecondary competitive employment.⁸⁷ State and local education agencies should ensure students and parents are provided with access to information about CBTS.⁸⁸

As of late 2025, there are 20 college programs in Texas that specifically support students with intellectual disabilities, including Project HIGHER at El Paso Community College.

Comprehensive Transition Programs (CTP) provide a structured, inclusive, postsecondary experience leading to a certificate or other credential, focusing on academic, vocational, and independent living skills. Students enrolled in CTP programs are eligible for federal financial aid. Currently there are only a handful of these programs in Texas, including Aggie ACHIEVE in

⁸³ Texas Education Agency. (n.d.). *Defining 18+ Adult Transition Services*.

<https://spedsupport.tea.texas.gov/resource-library/defining-18-adult-transition-services>

⁸⁴ Burke, M., Lee, C.E., Chung, M.Y., Rios, K. (2017). Individual and Family Correlates of Community Living Options Among Adults With Intellectual and Developmental Disabilities. December 2017. *Inclusion* 5(4):279-292 doi: 10.1352/2326-6988-5.4.279

⁸⁵ Think College. (n.d.). *College-Based Transition Services*. <https://thinkcollege.net/resources/resources-by-topic/dual-enrollment>

⁸⁶ Schillaci, R., Parker, C., Grigal, M., & Paiewonsky, M. (2021). College-Based Transition Services' Impact on Self-Determination for Youth With Intellectual and Developmental Disabilities.. *Intellectual and developmental disabilities*, 59 4, 269-282. <https://doi.org/10.1352/1934-9556-59.4.269>.

⁸⁷ Burke, K., Blaskowitz, M., Amaya, A., Licata, A. M., Pustorino-Clevenger, A., Johnson, J., ... Miller, N. (2024). Self-Determination and Inclusive Postsecondary Education for Students with Intellectual Disability: A Review of the Literature. *Journal of Inclusive Postsecondary Education*, 6(1). <https://doi.org/10.13021/jipe.2024.3548>

⁸⁸ Schillaci, R., Parker, C., Grigal, M., & Paiewonsky, M. (2021). College-Based Transition Services' Impact on Self-Determination for Youth With Intellectual and Developmental Disabilities. *Intellectual and developmental disabilities*, 59 4, 269-282. <https://doi.org/10.1352/1934-9556-59.4.269>.

College Station, TU CASA (Transition University for Career Advancement and Successful Adulthood) in San Antonio, UNT ELEVAR (Empower, Learn, Excel, enVision, Advance, Rise) in Denton, and VAST (Vocational Advancement and Skills Training) Academy in Houston, with none in El Paso. However, with the new Building Better Futures Program created during the 2025 Texas legislative session, there will likely be an increase in the number of approved CTPs available across Texas, including in El Paso.⁸⁹

Vocational Rehabilitation (VR) services help people with disabilities get ready for, find, or keep a job and assist businesses in hiring and supporting employees with disabilities. Over a decade ago, the Texas Workforce Commission (TWC) adopted an employment-first policy and committed to promoting competitive employment of people with disabilities, at least partially through the administration of VR services. One of TWC's many programs is the VR Program for Youth and Students, which helps people ages 14-22 with disabilities prepare for life after high school. Their Pre-Employment Transition Services (Pre-ETS) include supports such as counseling on job and college opportunities, internships, training to develop workplace skills, self-advocacy skill development, and customized services based on an individual's needs.⁹⁰ Despite promise, studies have demonstrated mixed results on the effectiveness of VR, with some showing increased competitive employment and wages and others showing no impact.⁹¹ This highlights the need for ongoing program evaluation to better understand the mechanism for increasing competitive employment rates and wages, as well as ensuring that state-run VR programs are following evidence-based models.

Supported Employment (SE) programs include job coaching, training, and adaptations to help people with disabilities find and keep competitive employment, ensuring they earn at least minimum wage. Notably, SE programs most often include a benefits counseling component, addressing the concerns people with DD have about losing benefits if they gain full-time employment. SE, and particularly the Individual Placements and Supports Model (IPS), is highly-evidence based, though primarily for people with mental illness.⁹² The body of research examining SE for people with disabilities is smaller, but promising. The Texas Health and Human Services (HHS) and TWC are committed to ensuring people with disabilities have access to

⁸⁹ HB 2081, 89th Leg., Reg. Sess. (Tex. 2025). <https://capitol.texas.gov/tlodocs/89R/billtext/html/HB02081F.htm>

⁹⁰ Texas Workforce Commission. (n.d.). Employment-First Policy. Retrieved January 12, 2026, from <https://www.twc.texas.gov/agency/laws-rules-policy/employment-first-policy>

⁹¹ CLEAR - Clearinghouse for Labor Evaluation and Research. (2024). Research Synthesis: What do we know about the effectiveness of disability employment interventions? https://clear.dol.gov/sites/default/files/Disability%20Employment%20Research%20Synthesis%20Brief_May2024.pdf

⁹² Bond, G.R. (2004). Supported employment: evidence for an evidence-based practice. *Psychiatry Rehabil J.* 2004 Spring;27(4):345-59. doi: 10.2975/27.2004.345.359. PMID: 15222147.

meaningful employment services.^{93,94} SE in Texas is offered through various systems and providers, including all Medicaid waiver programs, various Arc local chapters, TWC, and Local Mental Health Authorities (LMHAs); Emergence Health Network (EHN) is El Paso's LMHA and the local Arc chapter, The Arc of El Paso.

A systematic review of the literature on LTSS found disparities in who is most likely to receive SE services. Specifically, services are more likely to be provided to men, those who have higher IQ scores, and those who have lower incidences of emotional and behavioral problems. That same systematic review found that females, younger people, and all racial and ethnic minority groups received less employment support.⁹⁵ These findings highlight the potential presence of bias in program delivery and the importance of ensuring equal access.

Customized Employment (CE) is based in the thought that individuals have contributions that they can make to their communities and the workforce regardless of their disabilities. CE uses a person-centered approach to help employers understand the strengths, interests, and needs of an individual with a disability. In one randomized control trial, CE was found to increase independence in home living, employment, and self-advocacy (making choices and decisions, speaking up for oneself), meaning the participants needed less assistance completing activities in these areas after participating in CE.⁹⁶ Ensuring that providers and systems use a CE approach is critical.

Additionally, there are trainings and credentialing programs that aim to improve the quality of employment services. Examples include training certified through the Association of Community Rehabilitation Educators (ACRE) or a Certified Employment Support Professional (CESP) credentialed through the Association of People Supporting Employment First.⁹⁷

Promising interventions to improve employment and earnings outcomes for people with DD:

- Broadened Horizons, Brighter Futures (BHBF)

⁹³ Texas Health and Human Services. (n.d.) Employment First. Retrieved March 10, 2026, from <https://www.hhs.texas.gov/services/disability/employment-people-disabilities/employment-first>

⁹⁴ Texas Workforce Commission. (n.d.). Employment-First Policy. Retrieved January 12, 2026, from <https://www.twc.texas.gov/agency/laws-rules-policy/employment-first-policy>

⁹⁵ Carlson, S.R., Munandar, V., & Thompson, J.R. (2024). Outcomes for Adults With Intellectual and Developmental Disabilities Receiving Long-Term Services and Supports: A Systematic Review of the Literature. *Intellect Dev Disabil.* 2024 Apr 1;62(2):137-150. doi: 10.1352/1934-9556-62.2.137. PMID: 38545817.

⁹⁶ Inge, K.J., Avellone, L., Wehman, P., Broda, M., & Joy, J. Effects of Customized Employment on the Independence of Youth With Intellectual and Developmental Disabilities. *Intellect Dev Disabil* 1 December 2023; 61 (6): 481–491. <https://doi.org/10.1352/1934-9556-61.6.481>

⁹⁷ Butterworth, J., Winsor, J.E., Kamau, E., Migliore, A., & Mahoehey, D. The State of Employment for People With IDD: Implications for Practice, Policy, and Equity. *Intellect Dev Disabil* 1 June 2024; 62 (3): 225–240. <https://doi.org/10.1352/1934-9556-62.3.225>

- Employment Intervention Demonstration Program (EIDP)
- Individual Placement and Support (IPS) Supported Employment
- Postsecondary Education and Rehabilitation Transition (PERT) Program
- Promoting Readiness of Minors in Supplemental Security Income (PROMISE)
- Substantial Gainful Activity (SGA)
- Work Incentives Benefits Counseling
- Project SEARCH plus ASD Supports^{98, 99, 100}

Physical Health

Research shows that people with DD tend to have poorer physical health compared to those without disabilities.^{101,102,103} As such, tailoring physical healthcare to better meet the needs of people with DD is imperative. This section summarizes key areas of opportunity for improving engagement in physical healthcare and physical health outcomes for YYA with DD.

Due to the higher rates of physical health concerns in people with DD, there should be a focus on improving access in general, but especially access to care providers who are trained in supporting this population. It can be extremely difficult to navigate health care transitions (HCT) for YYA with DD, as they move out of a child-based system that is often more robust, coordinated, and supportive into an adult system that can be more fragmented, less robust, and regularly confusing. Ensuring that young people are prepared and set up for success as they age-out of pediatric care and into adult care is critically important. Promoting policies and practices that formalize HCT, provides supportive services related to HCT, and dedicated staff and resources to HCT should be a priority in healthcare systems. Unfortunately, many healthcare systems do not have practices, policies, or staff in place to facilitate this process.

⁹⁸ Schall, C., Sima, A. P., Avellone, L., Wehman, P., McDonough, J., & Brown, A. (2020). The effect of business internships model and employment on enhancing the independence of young adults with significant impact from autism. *Intellectual and Developmental Disabilities*, 58(4), 301-313. <https://doi.org/10.1352/1934-9556-58.4.301>

⁹⁹ Mann, D., & Wang, M. (2021). What happens after high school? A review of independent living practices to support youth with disabilities transitioning to adult life. *Journal of Vocational Rehabilitation*, 55, 169 - 184. <https://doi.org/10.3233/JVR-211155>.

¹⁰⁰ CLEAR - Clearinghouse for Labor Evaluation and Research. (2024). Research Synthesis: What do we know about the effectiveness of disability employment interventions?

https://clear.dol.gov/sites/default/files/Disability%20Employment%20Research%20Synthesis%20Brief_May2024.pdf

¹⁰¹ McLean, K. J., Koenig, J., Wolpe, S., Song, W., & Bishop, L. (2025). Health disparities persist for adults with developmental disabilities: NHIS insights, 1999-2018. *Health affairs scholar*, 3(4), qxae158. <https://doi.org/10.1093/haschl/qxae158>

¹⁰² Hsieh, K., Rimmer, J. H., & Heller, T. (2014). Obesity and associated factors in adults with intellectual disability. *Journal of intellectual disability research: JIDR*, 58(9), 851–863. <https://doi.org/10.1111/jir.12100>

¹⁰³ Landes S. D., Stevens J. D., Turk M. A. (2019). Heterogeneity in age at death for adults with developmental disability. *Journal of Intellectual Disability Research*, 63(12), 1482–1487. 10.1111/jir.12672

Information and resources related to guardianship and supported decision making are critical for many YYA with DD and their families as they are navigating important health care decisions. Supported decision making allows people with disabilities to make their own life choices with assistance from trusted supporters rather than relying on legal guardianship. One recent survey of YYA with co-occurring DD and mental health, their families members, and community-based service providers and health care professions found that increasing access to supported-decision making and support understand and addressing legal issues related to guardianship were at the top of the list of key issues that respondents felt would help with the transition to adult health care.¹⁰⁴ Other key findings from the survey included the need for peer support, person-center approach, provider support, self-advocacy/independence, advocate or non-family support, individual training, and communication strategies.¹⁰⁵

The Center for Transition to Adult Health Care for Youth with Disabilities is attempting to bridge this gap. They are a national HCT resource that provides data, toolkits, and additional resources for people interested in improving HCTs for YYA with DD.¹⁰⁶ There are several key HCT supports for YYA with DD:

- Having a transition coordinator that collaborates with DD providers and specialists.
- Developing a unique/tailored HCT plan with clear transfer plans for the various types of care.
- Identifying providers with the expertise to serve people with DD, and long-term planning to support independence and to help the young person maintain decision making power.¹⁰⁷
- Having the young adult with DD to meet with new adult clinic physician prior to transfer.^{108,109}

Efforts to systematically incorporate these practices and focus on transition coordination have shown to have a positive impact on both the young person as well as their associated

¹⁰⁴ Mirzaian, C. B., Deavenport-Saman, A., Hudson, S., & Betz, C. L. (2024). Health care transition recommendations for young people with intellectual and developmental disabilities and co-occurring mental health conditions: Stakeholder survey findings. *Health care transitions*, 2, 100075. <https://doi.org/10.1016/j.hctj.2024.100075>

¹⁰⁵ Mirzaian, C. B., Deavenport-Saman, A., Hudson, S., & Betz, C. L. (2024). Health care transition recommendations for young people with intellectual and developmental disabilities and co-occurring mental health conditions: Stakeholder survey findings. *Health care transitions*, 2, 100075. <https://doi.org/10.1016/j.hctj.2024.100075>

¹⁰⁶ Center for Transition to Adult HealthCare for Youth with Disabilities. <https://movingtoadulthealthcare.org/>

¹⁰⁷ Betz, C. (2023). Health care transition planning for adolescents and emerging adults with intellectual disabilities and developmental disabilities: Distinctions and challenges. *Journal for specialists in pediatric nursing: JSPN*, e12415. <https://doi.org/10.1111/jspn.12415>.

¹⁰⁸ Fremion, E., Cowley, R., Berens, J., Staggers, K., Kemere, K., Kim, J., Acosta, E., & Peacock, C. (2022). Improved health care transition for young adults with developmental disabilities referred from designated transition clinics. *Journal of pediatric nursing*, 67, 27-33. <https://doi.org/10.2139/ssrn.4002249>.

¹⁰⁹ Bloom, S. R., Kuhlthau, K., Van Cleave, J., Knapp, A. A., Newacheck, P., & Perrin, J. M. (2012). Health care transition for youth with special health care needs. *Journal of Adolescent Health*, 51(3), 213–219. <https://doi.org/10.1016/j.jadohealth.2012.01.007>

healthcare costs. Indeed, youth with special healthcare needs who received care from a clinic that provided transition coordination had decreased hospitalization and emergency department visits and therefore decreased the per-member-per-month cost for their insurance provider compared to those not engaged in this program.¹¹⁰

Another opportunity for improvement in physical healthcare for YYA with DD is sexual health. YYA with DD often do not receive appropriate sex education through their healthcare provider or otherwise (e.g., through school), despite being at higher risk for sexual abuse and violence. There are few studies that have explored best practices for promoting sexual health in youth with DD, warranting more attention to and research on this topic. There is a resource available, however, that can help clinicians provide better sexual and reproductive healthcare to people with disabilities: The National Coalition for Sexual Health's Clinician's Guide to Disability-Informed Care.¹¹¹ Additionally, SAFE in Austin, TX created an adapted curriculum on sexual health for people with disabilities.

Self-Advocate Central's Seen and Heard video series aim to create a place for self-advocates voices to be heard. Rather than focusing on teaching people with IDD how to keep themselves safe, the aim of this project is to educate individuals without disabilities on how to be good allies. People with DD share their stories and hold frank conversations about their experiences with everything ranging from dating to contending with sexual assault to feelings of suicidal ideation and how to cope.

Oral health, which is deeply connected to overall wellbeing and physical health but is often overlooked as a health care priority, is another area for improvement. Many people with DD are at risk of poor oral health and need support to maintain optimal oral health outcomes.¹¹² Transitioning to an adult dentist should be part of the YYA HCT. The greatest reported barrier for children and youth transitioning to adult dental care is finding a general or family dentist who is comfortable and able to meet their special health care needs and accepts their insurance.¹¹³ Pointing, in part, to a need for better training around providing dental care to youth and adults with DD. To this end, NICHE-MED leads the largest inclusive curriculum

¹¹⁰ Maeng, D. D., Snyder, S. R., Davis, T. W., & Tomcavage, J. F. (2017). Impact of a Complex Care Management Model on Cost and Utilization Among Adolescents and Young Adults with Special Care and Health Needs. *Population Health Management*, 20(6), 435–441. <https://doi.org/10.1089/pop.2016.0167>

¹¹¹ National Coalition for Sexual Health. (n.d.). Clinician's Guide to Disability-Informed Care. Retrieved on January 13, 2026, from <https://www.nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/disability-informed-care-guide/>

¹¹² Wilson, N., Lin, Z., Villarosa, A., Lewis, P., Philip, P., Sumar, B., & George, A. (2019). Countering the poor oral health of people with intellectual and developmental disability: a scoping literature review. *BMC Public Health*, 19. <https://doi.org/10.1186/s12889-019-7863-1>.

¹¹³ Weber-Gasparoni K. (2021). Transitioning Adolescent Patients with Special Health Care Needs from Pediatric to Adult Dental Care. *Dental clinics of North America*, 65(4), 719–729. <https://doi.org/10.1016/j.cden.2021.06.010>

initiative offering grants and resources to medical educators and medical school students to expand access to inclusive curriculum.¹¹⁴ In El Paso, EHN's partnership with Texas Tech Dental Oral Health Clinic is a great example of helping train dental professionals in adaptations to better treat people with DD. Another example of adapting to meet the health needs of people with disabilities is the Practice Without Pressure (PWP) Model, funded by UnitedHealthcare Community Plan of Texas, which aims to reduce the use of sedation or restraint by adjusting to individual needs and sensitivities and assigning Practice Specialists to practice health care routines with patients in advance.^{115,116}

Mental Health

Research shows that people with DD experience traumatic and stressful events at higher rates than people without DD, and are more likely to struggle with depression, anxiety, and suicidal ideation.^{117,118,119} It is estimated that over one third of people with DD have a co-occurring mental health condition.¹²⁰ People with DD can also have co-occurring substance use disorders (SUD), with additional risk factors including being male, having a family history of SUD, being exposed to peers who use substances, having psychiatric comorbidities, and having mild/borderline IDD.^{121,122} Despite being disproportionately affected by mental health challenges, people with DD often have less access to mental health treatment due to systemic

¹¹⁴ NICHE: A Curriculum Initiative of AADMD. <https://www.nichecurriculum.org/>

¹¹⁵ Morgan's MAC Multi-Assistance Center. (n.d.) Practice Without Pressure. Retrieved on March 10, 2026, from <https://morgansmac.org/practice-without-pressure/>

¹¹⁶ United Healthcare. (2022). Practice Without Pressure Model eases stress for patients with anxiety. Retrieved on March 10, 2026, from <https://www.uhcommunityandstate.com/content/state-profiles/texas-profile/practice-without-pressure-model-eases-stress-for-patients-with-a>

¹¹⁷ Brendli, K.R., Broda, M.D., and Brown, R. (2021). Children with intellectual disability and victimization: A logistic regression analysis. *Child Maltreatment*, 27(3), 320–324. <https://doi.org/10.1177/1077559521994177>

¹¹⁸ National Child Traumatic Stress Network. (n.d.). Intellectual and Developmental Disabilities. <https://www.nctsn.org/what-is-child-trauma/populations-at-risk/intellectual-and-developmental-disabilities>

¹¹⁹ Ludi, E., Ballard, E. D., Greenbaum, R., Pao, M., Bridge, J., Reynolds, W., & Horowitz, L. (2012). Suicide Risk in Youth with Intellectual Disabilities. *Journal of Developmental & Behavioral Pediatrics*, 33 (5), 431-440. <https://doi.org/10.1097/DBP.0b013e3182599295>

¹²⁰ Mazza, M.G., Rossetti, A., Crespi, G., & Clerici, M. Prevalence of co-occurring psychiatric disorders in adults and adolescents with intellectual disability: A systematic review and meta-analysis. *Journal of Applied Research in Intellectual Disabilities*. 2020;33(2):126–138. doi: 10.1111/jar.12654

¹²¹ Bhatt, N. V., & Gentile, J. P. (2021). Co-occurring intellectual disability and substance use disorders. *AIMS public health*, 8(3), 479–484. <https://doi.org/10.3934/publichealth.2021037>

¹²² Fulda, K., Walters, S., Barnett, T., Fleming, M., Espinoza, A., Muzaffar, O., Jones, K., Arellano, E., Rivera, J., & Manning, S., Substance Use Disorder among People with Intellectual and Developmental Disabilities: A Narrative Review *The Annals of Family Medicine* Jan 2023, 21 (Supplement 1) 3897; doi: 10.1370/afm.21.s1.3897

issues, such as a lack of well-trained, specialized providers, insurance coverage limitations, and difficulties navigating complex service systems.^{123,124,125}

YYA with DD and co-occurring mental health conditions experience unique challenges. Unfortunately, many studies about transitions for YYA with DD do not focus on mental health as a top priority, focusing instead on “economic participation as opposed to a person-centered and multidimensional understanding of transition that includes mental health.”¹²⁶ One study found that more services or supports were needed for YYAs with co-occurring mental health conditions than those with DD alone. In that same study, nearly all stakeholder types identified the lack of adult providers with the expertise to provide services to YYAs with DD and those with DD and co-occurring mental health conditions for health care and mental health care as a HCT barrier.¹²⁷

Developing strong social connections and avoiding isolation are key to promoting mental wellbeing. The **Autism Program for the Education and Enrichment of Relational Skills** (PEERS), funded by the Paso del Norte Foundation, is a great example of a program aimed at improving the mental health of teens with autism by helping them make friendships and critical social connections. The program is provided through the New Mexico State University (NMSU) Papen-Aprendamos Autism Diagnostic Center (ADC).

Training for mental health providers working with people with DD is extremely limited, and as such, providers often lack confidence to work with this population.¹²⁸ This decreases availability of providers willing to work with people with DD and mental health needs and ensures that many of those who will take clients with DD lack training to effectively support them. Due to

¹²³ Administration for Community Living. (2022, September 30). ACL launches center to improve support for people who have both intellectual and developmental disabilities and mental health disabilities. <https://acl.gov/news-and-events/announcements/acl-launches-center-improve-support-people-who-have-both-intellectual>

¹²⁴ Brendli, K.R., Broda, M.D., and Brown, R. (2021). Children with intellectual disability and victimization: A logistic regression analysis. *Child Maltreatment*, 27(3), 320–324. <https://doi.org/10.1177/1077559521994177>

¹²⁵ Ludi, E., Ballard, E. D., Greenbaum, R., Pao, M., Bridge, J., Reynolds, W. & Horowitz, L. (2012). Suicide Risk in Youth with Intellectual Disabilities. *Journal of Developmental & Behavioral Pediatrics*, 33 (5), 431-440. <https://doi.org/10.1097/DBP.0b013e3182599295>

¹²⁶ Dimov, S., Shields, M., & Sutherland, G. (2025). Re-thinking transitions: why mental health should be a priority for young people with intellectual disability. *The Lancet regional health. Western Pacific*, 61, 101662. <https://doi.org/10.1016/j.lanwpc.2025.101662>

¹²⁷ Mirzaian, C.B., Deavenport-Saman, A., Hudson, S., & Betz, C.L. (2025). Intellectual and Developmental Disabilities Health Care Transition: Stakeholder Perspectives. *Intellect Dev Disabil* 1 August 2025; 63 (4): 299–314. <https://doi.org/10.1352/1934-9556-63.4.299>

¹²⁸ Administration for Community Living. (2022, September 30). ACL launches center to improve support for people who have both intellectual and developmental disabilities and mental health disabilities. <https://acl.gov/news-and-events/announcements/acl-launches-center-improve-support-people-who-have-both-intellectual>

the lack of training, support, and evidence-based interventions, this workforce is at risk of higher-than-usual rates of burnout and turnover. Ongoing staff shortages add more stress on existing staff and contribute to gaps in care for YYA with DD. These challenges may also lead to under diagnosis or misdiagnosis, nonexistent or inadequate treatment, and an over-reliance on behavioral management rather than addressing underlying mental distress in YYAs with DD.¹²⁹

Additionally, there are few evidence-based mental health **screenings, assessments, and interventions** that have been tailored for use with YYAs with DD (see Appendix D). Most standard mental health screenings (including for suicide risk), assessments, and treatments have not been validated for use with YYA with DD and often miss key signs of distress in this population. One article stated, “there is a critical need for more tailored assessment tools alongside assessment of their appropriateness that accurately capture the unique mental health challenges faced by young people with IDD, particularly during the vulnerable post-school transition period.”¹³⁰ Effective screenings and assessments should consider biological factors like hunger and sleep, behavioral changes, functional skill level (daily living tasks, self-care, communication, and social interactions), outward behaviors (an increase in frequency of repetitive behaviors, agitation, anger or irritability), loss of a family member, abuse, conflict, loneliness, and input from both the individual and caregivers to get a full picture of their needs.^{131,132}

Even when the mental health needs of youth with DD are correctly identified, many mental health services have **eligibility criteria** that exclude individuals based on IQ scores or perceived functional abilities. Further, there is a disconnect among service offerings for those with both a DD and a mental health diagnosis. With most LMHA and LIDDA services (public mental health and IDD authorities and providers) in Texas, IDD services and mental health services are bifurcated. For those who are routed to the IDD side of the service array, few or oftentimes no mental health services are offered. One important service offered by LMHAs that would be helpful to families with YYA with DD is Family Partner Support Services provided by certified family partners (CFP). CFPs help families understand the mental health treatment process, teach and model advocacy skills, provide skills training, and help to identify supports for the

¹²⁹ ScienceDirect. (n.d.). *Diagnostic Overshadowing*. <https://www.sciencedirect.com/topics/psychology/diagnostic-overshadowing>

¹³⁰ Dimov, S., Shields, M., Dickinson, H., Kavanagh, A., White, B., & Sutherland, G. (2024). Mental health and post-school transitions for young people with Intellectual and Developmental Disabilities (IDD): A scoping review. *Journal of child and adolescent mental health*, 1-30. <https://doi.org/10.2989/17280583.2024.2424198>.

¹³¹ Earixson, D. Q., Hall, K. C., Marraccini, M. E., & Calhoun, C. D. (2024). Adapting suicide safety plans for youth with intellectual and developmental disabilities. *Journal of Applied Research in Intellectual Disabilities*, 37(2), e13198-n/a. <https://doi.org/10.1111/jar.13198>

¹³² Ludi, E., Ballard, E. D., Greenbaum, R., Pao, M., Bridge, J., Reynolds, W., & Horowitz, L. (2012). Suicide Risk in Youth with Intellectual Disabilities. *Journal of Developmental & Behavioral Pediatrics*, 33 (5), 431-440. <https://doi.org/10.1097/DBP.0b013e3182599295>

child and family and make referrals. Increasing access to CFPs for families with YYA with DD would help families to better navigate complex systems and ultimately better support the YYA.

The **Outpatient Biopsychosocial Approach** for Intellectual and Developmental Disabilities (I/DD) Services (OBI) pilot was established utilizing funding from the 86th legislature to maintain and expand the I/DD crisis continuum of care. OBI aims to increase access to outpatient mental health services and supports for individuals with I/DD. As of early 2026, five LIDDAs participated in a pilot to develop the model and identify the resources needed to offer these specialized services. The OBI sites provide collaborative care case management and skills training to participants and, if needed, their circles of support (e.g., family and friends); develop biopsychosocial assessment tools; and engage community partners through education and training opportunities.

Positive outcomes include:

- Decreased days in emergency departments.
- Decreased number of interactions with law enforcement.
- Decreased days of incarceration.
- Increase in social interaction and community participation.

In June 2025, the 89th Texas legislature allocated over \$10 million dollars to fund the expansion of OBI Services through an Exceptional Item for Mental Health Resources for People with IDD.

When mental health needs go unrecognized or untreated, people are more likely to experience escalating distress that can result in crisis situations. Historically, **crisis response** for YYAs with DD has been left to systems that were not designed to meet their unique needs and that are unnecessarily restrictive. Law enforcement is often the default responder due to a limited supply of mental health crisis response resources, and law enforcement officers generally have limited specialized training in de-escalation strategies tailored to people with DD.¹³³ Similarly, in schools, teachers and staff are rarely given the training needed to understand and properly intervene with mental health crises for students with DD, often leading to the use of restrictive interventions like seclusion and restraint to manage resulting behaviors. Such practices result in further trauma and erode trust with families and youth.¹³⁴ LIDDAs have crisis intervention specialists to help prevent crises and support other LIDDA staff, Mobile Crisis Outreach Teams

¹³³ Tint, A., Palucka, A. M., Bradley, E., Weiss, J. A., & Lunsby, Y. (2017). Correlates of Police Involvement Among Adolescents and Adults with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 47(9), 2639–2647. <https://doi.org/10.1007/s10803-017-3182-5>

¹³⁴ Friedman, C., & Crabb, C. (2018). Restraint, Restrictive Intervention, and Seclusion of People With Intellectual and Developmental Disabilities. *Intellectual and Developmental Disabilities*, 56(3), 171–187. <https://doi.org/10.1352/1934-9556-56.3.171>

(MCOT), law enforcement, and more when a person with DD is in crisis.¹³⁵ However, there are not enough crisis intervention specialists to support every person in crisis, coordination is often lacking between these specialists and other providers, and there exists confusion around roles.

The 988 Suicide and Crisis Lifeline launched in 2022, and the Office of the Assistant Secretary for Planning and Evaluation recognized there may be adaptations necessary to ensure this new service met the needs of anyone who may need crisis services. In late 2024, the OAPE released a report highlighting partnerships and strategies of five states (Connecticut, Georgia, New Jersey, Pennsylvania, and Virginia) that have focused on developing crisis services for people with unique needs, including those with DD.¹³⁶

The lack of community-based supports for YYA with DD experiencing mental health crisis gives families little choice but to go to hospital emergency departments (EDs) for crisis support. Unfortunately, EDs are typically ill-equipped to provide appropriate care for youth with DD, leading to prolonged stays, unnecessary hospitalizations, or discharge without meaningful intervention and/or plans.^{137,138} Such experiences leave families and youth with DD feeling unsupported, unheard, and unsure of where to turn.

Despite these challenges, there is a growing number of evidence-based **mental health interventions** and approaches to support young people with DD. These include Facing Your Fears Program IDD (FYF IDD), Experiential Therapies, Applied Positive Psychology, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Individuals with IDD (see Appendix D for additional information). Further, researchers are increasingly exploring the impact of other modalities for people with DD, an area that warrants ongoing investment and prioritization.

Behavioral Health Stratified Treatment (B.E.S.T.) is a behavioral health intervention delivery program designed for integration into care coordination programs focused on improving mental health and

¹³⁵ Texas Health and Human Services. (n.d.). *19200 Duties of a Crisis Intervention Specialist*.

<https://www.hhs.texas.gov/handbooks/local-intellectual-developmental-disability-authority-handbook/19000-crisis-intervention-specialist#19200-duties-of-a-crisis-intervention-specialist>

¹³⁶ Collins Higgins, T., Wishon, A., DiMilia, P., & Frye, B. (2024). *Innovative 988 Crisis Service Systems for Children, Youth, and People with Disabilities (Final Report)*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Retrieved March 19, 2026, from <https://aspe.hhs.gov/sites/default/files/documents/0c5931fc7861a682bf1e2c1c6056c44a/innovative-988-crisis-service-systems.pdf>

¹³⁷ Kalb, L. G., Beasley, J. B., Caoili, A., McLaren, J. L., & Barnhill, J. (2021). Predictors of Mental Health Crises Among Individuals With Intellectual and Developmental Disabilities Enrolled in the START Program. *Psychiatric Services (Washington, D.C.)*, 72(3), 273–280. <https://doi.org/10.1176/appi.ps.202000301>

¹³⁸ Marquis, S., Lunskey, Y., McGrail, K. M., & Baumbusch, J. (2023). Population level administrative data evidence of visits to the emergency department by youth with intellectual/developmental disabilities in BC, Canada. *The American Journal of Emergency Medicine*, 69, 52–57. <https://doi.org/10.1016/j.ajem.2023.04.006>

helping youth with intellectual and/or developmental disabilities transition to adulthood. The effectiveness of this treatment is currently being studied.

In addition to clinical treatment interventions and approaches, **peer support** also shows promise for YYA with DD. Peer support for YYA with DD and mental health concerns shares many similarities with peer support for other populations. Specifically, it provides social, emotional, and practical supports through connection with an individual with lived experience. Peer support models may need to be adapted to meet the cognitive support needs of young adults with DD and mental health concerns and might include visual cues, checklists, and modification of concepts (e.g., coping strategies, self-monitoring, mental health symptoms).¹³⁹ A systematic review of 15 studies focused on peer-support programs for autistic people age 12 and up found that the peer-support programs in those studies generally had positive impacts on people. The improvements highlighted included improved self-esteem, academic performance, and overall well-being.¹⁴⁰ Peer supports were found to help young adults with DD better identify and describe their feelings and manage their emotions, all skills that help with self-regulation and can help reduce symptoms of anxiety and depression. It is important to match mentors and mentees based on preferences for communication and interpersonal interaction style. Training of peer mentors should ensure they have a “positive sense of self, in relation to, rather than in spite of their disabilities and mental health challenges.”^{141,142,143}

Recreational therapy can improve community participation, interpersonal life, including community, civic, and social life. Certified Therapeutic Recreation Specialist (CTRS) interventions decrease barriers to community participation of youth and young adults with DD and help them overcome accessibility issues, limited community and natural supports. CTRS

¹³⁹ Schwartz, A., Kramer, J., Rogers, E., McDonald, K., & Cohn, E. (2020). Stakeholder-driven approach to developing a peer-mentoring intervention for young adults with intellectual/developmental disabilities and co-occurring mental health conditions. *Journal of applied research in intellectual disabilities: JARID*. <https://doi.org/10.1111/jar.12721>.

¹⁴⁰ Verkooijen, M. H., Ketelaar, M., van Woerden, M., Staal, W. G., Tendolkar, I., & Zinkstok, J. R. (2025). Impact of peer-support programs for individuals with autism: A systematic review. *Autism, 0*(0). <https://doi.org/10.1177/13623613251374971>

¹⁴¹ Schwartz, A., Kramer, J., Rogers, E., McDonald, K., & Cohn, E. (2020). Stakeholder-driven approach to developing a peer-mentoring intervention for young adults with intellectual/developmental disabilities and co-occurring mental health conditions. *Journal of applied research in intellectual disabilities: JARID*. <https://doi.org/10.1111/jar.12721>.

¹⁴² Schwartz, A., Davern, N., Herer, A., Peace-Urquilla, M., Corey, J., Muthuramalingam, D., & Vallabhaneni, N. (2025). Exploring the Acceptability of a Peer-Delivered Mental Health Intervention to Support Young Adults With Intellectual and/or Developmental Disabilities. *Journal of applied research in intellectual disabilities: JARID*, 38 1. <https://doi.org/10.1111/jar.70014>.

¹⁴³ Self-Advocate Network. (2025, October 6). Substance use risk factors for people with IDD. Retrieved January 13, 2026, from <https://selfadvocatenetwork.com/substance-use-risk-factors-for-people-with-idd/>

also help decrease negative perceptions of individuals with disabilities among community members.¹⁴⁴

All these findings emphasize the critical need for more training and workforce development for the mental health workforce on working with individuals with DD, investment in research on adapting evidence-based assessments and interventions for this population, and greater accessibility of services and supports that have been shown effective such as peer support and evidence-based therapies.

Provider Workforce

This section reiterates the importance of recognizing the current and future workforce challenges when it comes to meeting the needs of YYA and people of all ages with DD. Expanding and enhancing approaches to strengthen the DD provider and support workforce is vital to the success of programs and other interventions. Integrating model provider training and building career pathways for lifelong learning in the DD arena is key to achieving positive health outcomes and quality of life for individuals with DD and their families. This section touches briefly on the key issues related to the DD provider workforce, including low wages, provider shortages, and the need for additional training and expansion of best practices. The arena is ripe for new and innovative ways to foster a strong, caring provider and support base for the Paso del Norte region and other areas of the state and nation.

Direct Service Providers (DSPs), who provide support to people with disabilities, have historically been paid low wages. Over the last two years, a coalition of community organizations and advocates came together to create Time to Care Texas, a coalition committed to advocating for increasing the DSP wages paid by Medicaid. DSPs who work in group homes, family homes, and other non-state settings are now paid an average of \$13.00 per hour, up from \$10.60 prior to the 2025 legislative session, and DSPs who work in State Supported Living Centers (SSLCs) make \$17.50. Despite wages experiencing a modest increase, they are still well below estimates of a living wage in Texas¹⁴⁵ and have contributed to staffing challenges, sustainability issues, and group home closures.¹⁴⁶ Still, while low wages have created a persistent and widespread workforce challenge, there are strategies that can reduce burnout and job stress. For example, training support staff to promote dignity and respect and to

¹⁴⁴ Perez, T., & Crowe, B. (2021). Community Participation for Transition- Aged Youth with Intellectual and Developmental Disabilities: A Systematic Review. *Therapeutic recreation journal*, 55. <https://doi.org/10.18666/TRJ-2021-V55-I1-10296>.

¹⁴⁵ Massachusetts Institute of Technology. (2026). *Living Wage Calculator – Living Wage Calculation for Texas*. Retrieved January 12, 2026, from <https://livingwage.mit.edu/states/48>

¹⁴⁶ Time to Care Texas. <https://timetocaretx.org/>

recognize each person as a unique individual has been shown to lead to a significant reduction in the number of challenging behaviors exhibited by people with DD.¹⁴⁷

As stated earlier in this review, in 2025, there were only two developmental behavioral pediatricians serving El Paso County. Notably, the county had no neurodevelopmental disability pediatricians, a subspecialty that addresses neurological, developmental, and behavioral conditions in children and adolescents. This limited workforce supply of developmental pediatricians in El Paso County means that these providers often carry substantially higher patient loads than their peers in other counties (see Table 1). This disparity highlights a significant gap in access to specialized developmental and psychiatric care for children and adolescents in the county.

As emphasized in the physical and mental health sections, there is a critical need for more training and workforce development to help providers feel more confident working with individuals with DD. Investments in research on adapting evidence-based assessments and interventions for this population, and greater accessibility of services and supports that have been shown effective such as peer support and evidence-based therapies are needed.

Moving Forward

The success of people with DD depends on systems that believe in the importance of autonomy and self-determination, employ and make accessible support services that meet their unique needs and amplify their strengths, and provide adequate transition supports as young people move into adulthood. As the PdN Foundation considers its role in supporting the needs of YYAs with DD we offer the following opportunities for impact. The PdN Foundation should explore the following opportunities.

Opportunities for Impact

Short Term Opportunities

Opportunity 1: YYA-DD Community Needs Assessment and Strategic Plan

Support a community needs assessment specific to this population (YYA with DD) to outline additional details about the El Paso community and/or PdN region (i.e., what is available, what is missing) and develop a strategic plan for addressing top community identified challenges. Consider incorporating the following into the needs assessment and strategic plan:

¹⁴⁷ Carlson, S.R., Munandar, V., & Thompson, J.R. Outcomes for Adults With Intellectual and Developmental Disabilities Receiving Long-Term Services and Supports: A Systematic Review of the Literature. *Intellect Dev Disabil.* 2024 Apr 1;62(2):137-150. doi: 10.1352/1934-9556-62.2.137. PMID: 38545817.

- Involve youth and young adults with developmental disabilities, their families, and providers to develop strategies to address key challenges unique to El Paso.
- Build on previous mapping by doing virtual community conversations to engage new voices.¹⁴⁸
- Do a deep dive into the need for navigation support and colocation of services to identify if this is needed in the El Paso community.
- Based on needs and areas of focus identified by the community, explore models included in this literature review and beyond to identify right fit. This will include exploring financial considerations for implementing evidence-based practices in El Paso, such as those highlighted in this report and beyond.
- Research other "bright spots" in the state - where other communities are providing a robust continuum of services for individuals with DDs and identify what should be replicated in El Paso.

PdN Health Foundation Value Proposition: A regional assessment specific to people with DD, along with the most up to date literature review and available data creates a strong foundation for guiding strategic health improvement actions.

Possible Partners: PdN Center at Meadows Institute, Paso del Norte Children's Development Center, El Paso Behavioral Health Consortium partners and other regional consortia working to improve mental health and emotional well-being.

Measurable Outcomes: Easily accessible assessment and reference material to inform strategic next steps for regional partners working to improve conditions for individuals with DD and their families.

Opportunity 2: YYA-DD Provider Learning Community and Workforce Development

Establish a learning community within the El Paso Behavioral Health Consortium to equip providers across systems (e.g., primary care, mental health, education, community providers, other health care providers) with the expertise, skills, support, and confidence necessary to serve youth and young adults with DD. There is a need to increase access to providers who can care for YYA with DD and those with co-occurring mental conditions. Increasing access through additional training of care providers may improve comfort and reduce stigma and bias when working with and caring for YYA with DD.

- Specific to mental health, explore opportunities to increase access to quality mental health treatment options that are proven to work for people with DD (see Appendix D).

PdN Health Foundation Value Proposition: Increasing availability of trained service providers contributes to improved access and quality of care for individuals with DD and their families.

Possible Partners: TTUHSC El Paso, UTEP, NMSU, EL Paso Community College, PdN Children's Development Center, PdN Center at Meadows Institute, El Paso Behavioral Health Consortium partners, mental health service providers, primary care providers

Measurable Outcomes: Increased number of available model workforce training programs in the PdN region and increased number of professionals with skills to better meet the needs of people with DD.

¹⁴⁸ Schwartzman, B.C., Schutz, M., Carter, E.W., & McMillan, E.D. Virtual Community Conversations as Catalysts for Improving Transitions for Youth With Intellectual and Developmental Disabilities. *Intellect Dev Disabil* 1 August 2024; 62 (4): 306–322. <https://doi.org/10.1352/1934-9556-62.4.306>

Opportunity 3: Medicaid Waiver Awareness and Early Enrollment Initiative

Explore opportunities to raise awareness about waiver interest list processes to ensure families understand the Medicaid waiver interest lists and get their child on these lists earlier. Begin by considering current Foundation partners and projects that serve youth, young adults, and families of people with DD to identify opportunities to raise awareness about what waivers are, how to be added to the list and what to expect from the interest list process. Consider how to include this in future funding opportunities.

PdN Health Foundation Value Proposition: Informing, and where appropriate, educating stakeholders, families and others who serve individuals with DD on the existence of Medicaid waiver interest lists contributes to timely connection with waiver options for health and well-being support.

Possible Partners: Regional behavioral health consortia, Emergence Health Network, regional mental health and DD service providers, family advocacy groups

Measurable Outcomes: Number of organizations and stakeholders informed about Medicaid waivers and their interest lists and how individuals with DD are added to these lists.

Opportunity 4: Disability-Inclusive Research and Program Design

Ensure disability-inclusive designs in any forthcoming (or existing) assessments, evaluations, or pilot projects the Foundation funds. This recommendation stems from the fact that historically, people with disabilities have been excluded from research. Embracing a disability-inclusive design in future Foundation-funded projects will ensure the outcomes of the projects are beneficial to a wide range of people.

PdN Health Foundation Value Proposition: This inclusion is critical to the Foundation helping to decrease discrimination and explicit and implicit bias against individuals with disabilities.¹⁴⁹

Possible Partners: PdN Center at Meadows Institute, Paso del Norte Children's Development Center

Measurable Outcomes: Number of Foundation funded interventions that consider disability-inclusive designs.

Opportunity 5: Service Coordination and Navigation Enhancement

In existing PdN projects, focus on supporting better coordination of existing services. There is a wide range of services that people with DD need access to, but they are often disconnected and very confusing to navigate.

- Expand and enhance programs such as the PdN Children's Development Center's efforts with Help Me Grow and efforts with the Paso del Norte Health Information Exchange (PHIX) to improve resource referral and navigation for individuals with DD and their families.

¹⁴⁹ Mirzaian, C., Deavenport-Saman, A., Hudson, S., & Betz, C. (2024). Barriers to Mental Health Care Transition for Youth and Young Adults with Intellectual and Developmental Disabilities and Co-occurring Mental Health Conditions: Stakeholders' Perspectives. *Community Mental Health Journal*, 60, 1104 - 1116. <https://doi.org/10.1007/s10597-024-01262-x>.

- Focus on how to improve integration between systems that support mental health conditions and systems that support YYA with DD.

PdN Health Foundation Value Proposition: Strengthening regional navigation and resource referral systems through training and technology enhancements contributes to timely care and support for individuals with DD and their families.

Possible Partners: PdN Children's Development Center, PHIX, Emergence Health Network, Primary care providers, El Paso Behavioral Health Consortium and other regional consortia

Measurable Outcomes: Track progress indicators of successful resource referral and bi-directional connections for individuals with DD and their families.

Opportunity 6: TTUHSC Emergence Dental Access Partnership

Continue supporting Texas Tech University Health Sciences Center (TTUHSC) Hunt School of Dental Medicine and their partnership with Emergence Health Network to improve access and quality of dental services for people with DD.

PdN Health Foundation Value Proposition: Strengthening service learning opportunities that provide preventive health interventions for individuals with DD contributes to their overall health and quality of life as well as creates a sustainable service structure.

Possible Partners: TTUHSC El Paso, Emergence Health Network, Paso del Norte Children's Development Center, Volar, Amistad

Measurable Outcomes: Number of individuals served by the School of Dental Medicine, number of dental medicine students trained to served individuals with DD and their families.

Opportunity 7: PEERS Program Support and Expansion

Continue supporting the Autism Program for the Education and Enrichment of Relational Skills (PEERS) at New Mexico State University (NMSU) Papen-Aprendamos Autism Diagnostic Center (ADC) and, based on evaluation of the program, consider opportunities to expand the program throughout the PdN region.

- Relatedly, the Foundation should explore opportunities to collaboration with SAFE in Austin, TX who has developed a sexual health curriculum for people with disabilities.

PdN Health Foundation Value Proposition: Increasing availability of model programs contributes to health and quality of life of individuals with DD and their families.

Possible Partners: NMSU, PdN Children's Development Center, Emergence Health Network, nonprofit mental health service providers, PdN Center at Meadows Institute

Measurable Outcomes: Increased number of organizations trained to offer the PEERS program, and number of individuals with DD and their families in the region served by trained staff.

Mid-Term Opportunities

Opportunity 1: Policy Focus: DPS Wages and Medicaid Waiver Access

Explore policy barriers and opportunities for change. Key issues to explore include:

- Increasing Direct Service Provider (DSP) wages. Consider engaging with [Time to Care Texas](#) around DSP wage advocacy and strategy.
- Decreasing the wait time for LTSS/Medicaid waiver services.

PdN Health Foundation Value Proposition: Improving policy at local, state and national levels related to care and support contributes to improved health and quality of life for individuals with DD and their families.

Possible Partners: Paso del Norte Center at Meadows Institute, PdN Children's Development Center, El Paso Delegation and other community public officials, El Paso Behavioral Health Consortium, other regional consortia.

Measurable Outcomes: Number of policy improvements that lead to lasting improved care and support options for individuals with DD and their families.

Opportunity 2: Improving Pediatric-to-Adult Transitions

Explore opportunities to improve the transition from pediatric to adult health care, such as supporting the expansion of transition coordinators in health settings. This may include funding training and technical assistance for El Paso healthcare providers on how to provide evidence-based transition services in a health care setting.

- Health clinics in Texas that support people with DD across the lifespan and during transition from pediatric to adult healthcare that may serve as models include the [Baylor Transition Clinic in Houston](#) and [Morgan's MAC \(Multi-Assistance Center\)](#).
- [Got Transition](#) is another resource for how to improve coordination of care during the transition from pediatric to adult care.

PdN Health Foundation Value Proposition: Increasing availability of trained support staff for healthcare providers improves coordination and quality of care for individuals with DD and their families.

Possible Partners: Local healthcare providers, TTUHSC El Paso, El Paso Community College, PdN Children's Development Center, PdN Center at Meadows Institute, Emergence Health Network

Measurable Outcomes: Increased number of transition coordinators in health settings.

Opportunity 3: Enhancing Family Support for YYA with DD

Increase support for caregivers of YYA with DD by increasing the availability of family supports such as Certified Family Partners.

- Identify community-based organizations already offering these services and explore ways to expand reach and capacity.

- Explore opportunities with the Texas Certification Board to develop CFP sub-specialty, or other ways to recognize expertise in DD.

PdN Health Foundation Value Proposition: Increasing the number of individuals trained in model programs and peer support contributes to timely access to care and support for individuals with DD and their families.

Possible Partners: Paso del Norte Children's Development Center, PdN Center at Meadows Institute, regional mental health nonprofits

Measurable Outcomes: Increased availability of identified model programs and family peer support across the PdN region.

Opportunity 4: Strengthening Education and Employment Opportunities

Partner with and consider funding organizations that can provide parents with training and support related to education and employment opportunities for their children, such as those highlighted in this report.

PdN Health Foundation Value Proposition: Improving knowledge surrounding the opportunities available to individuals with DD contributes to a more inclusive society.

Possible Partners: Local mental health serving nonprofit organizations, PdN Children's Development Center, The Arc of El Paso, Emergence Health Network, PdN Center at Meadows Institute

Measurable Outcomes: Increased knowledge on the availability of model education and employment support programs in the Paso del Norte region and beyond.

Opportunity 5: Evidence-Based Transition Support for Education and Employment

Explore opportunities to ensure evidence-based approaches to improve employment and education outcomes are included in high school transition services. Any employment efforts should include training and support for employers on how to hire, support and retain employees with a variety of disabilities.

PdN Health Foundation Value Proposition: Increasing opportunities for gainful employment for individuals with DD contributes to overall health and quality of life of the individual and their family.

Possible Partners: El Paso Chambers of Commerce, local employers, El Paso Community College, Paso del Norte Children's Development Center, Ready One Industries, PdN Center at Meadows Institute

Measurable Outcomes: Increase in the number of employers actively seeking and hiring individuals with DD. Increase in the number of people with DD enrolled in postsecondary education programs and employed.

Long-Term Opportunities

Opportunity 1: Advancing UCEDD Development in the El Paso de Norte Region

Support the University of Texas at El Paso or Texas Tech University Health Sciences Center at El Paso in exploring their readiness to apply to become a University Center of Excellence in Developmental Disabilities (UCEDD), or at the very least develop a closer relationship with existing UCEDDs.

UCEDDs envision a country where people with disabilities participate fully in communities. Funded by the Administration for Community Living (ACL), UCEDD's are tasked with carrying out four core functions: (1) interdisciplinary pre-service preparation and continuing education of students; (2) community services, including training, technical assistance, and/or demonstration and model activities; (3) research; and (4) dissemination of information. There are currently 68 UCEDDs in the country and only two in Texas, one at Texas A&M University and the other at The University of Texas at Austin.

PdN Health Foundation Value Proposition: Improving opportunities to create a trained workforce sensitive to the needs of individuals with DD and with knowledge and skill to contribute to reducing negative bias and delivering improved service options.

Possible Partners: UTEP, NMSU, TTUHSC, PdN Children's Development Center, EPCC, Emergence Health Network, PdN Center at Meadows Institute

Measurable Outcomes: The Paso del Norte region having a designated UCEDD active and benefiting the region.

Opportunity 2: Comprehensive Housing Analysis

If housing for people with DD is something the community would like to focus on, the Foundation could fund a similar comprehensive analysis on types of housing and communities that was done in Colorado.¹⁵⁰

PdN Health Foundation Value Proposition: Increasing availability of high quality housing models in the Paso del Norte region contributes to improved health and quality of life for individuals with DD and their families.

Possible Partners: Housing Authorities (City and County), Texas Council on Developmental Disabilities, organizations and researchers who completed the Colorado study, regional behavioral health consortia, landlords and mental health service providers.

Measurable Outcomes: Number of regional collaborations working to scale model housing programs in the PdN region.

¹⁵⁰ Neuro-Inclusive Housing Solutions. (2025). *Neuro-Inclusive Intentional Communities in Colorado: Investigating Demand & Policy Recommendations*. https://9201adbd-4ef1-4fff-af06-224c0d97357b.filesusr.com/ugd/dda112_bff55792b5964e2a9e0f307d27428f37.pdf

Appendix A: Conservative Baseline Prevalence Estimates for El Paso, TX I/DD Prevalence among Youth and Young Adults (YYA) in El Paso, Texas

As shown in the Table below, an estimated 4,300 adults¹⁵¹ and 5,500 YYA in El Paso County experience any Intellectual or Developmental Disability (IDD).¹⁵²

Table A1: Estimated Prevalence of Intellectual and Developmental Disabilities among Youth and Young Adults in El Paso County, Texas^{153,154,155}

	Intellectual Disability (ID) Only	Developmental Disability (DD) Only	Any Intellectual or Developmental Disability (IDD)
Adults (26+)	2,800	3,100	4,300
Youth and young adults (14-26 years)	3,600	3,500	5,500
Total	6,500	6,500	10,000

Prevalence of Intellectual and Developmental Disabilities

The Meadows Institute's estimates were based on research conducted by Larson and colleagues,¹⁵⁶ which employed a limited definition of what constitutes an intellectual or developmental disability (IDD).¹⁵⁷ Therefore, the numbers provided above should be considered conservative estimates of the number of transition-age youth and adults with IDD in El Paso County.

¹⁵¹ We estimated this based on the prevalence of intellectual disabilities and/or developmental disabilities is 7.9 per 1,000 resident adults.

¹⁵² We estimated this based on the prevalence of intellectual disabilities and/or developmental disabilities is 31.7 per 1,000 resident youth. We applied the prevalence rate for children/youth to transition-age youth because TAY are within the average IDD life expectancy (premature mortality among adults with IDD reduces the IDD prevalence rate among adults: Lauer, E., & McCallion, P. (2015). Mortality of people with intellectual and developmental disabilities from select US state disability service systems and medical claims data. *Journal of Applied Research in Intellectual Disabilities*, 28(5), 394-405. <https://doi.org/10.1111/jar.12191>).

¹⁵³ The El Paso County population of transition-age youth and adults were abstracted from the U.S. Census Bureau. (2024, December). American Community Survey 2019-2023 5-year estimates. <https://www.census.gov/data/developers/data-sets/acs-5year.2023.html>

¹⁵⁴ Larson, S. A., Lakin, K. C., Anderson, L., Kwak Lee, N., Lee, J. H., & Anderson, D. (2001). Prevalence of mental retardation and developmental disabilities: Estimates from the 1994/1995 National Health Interview Survey Disability Supplements. *American Journal on Mental Retardation*, 106(3), 231-252. [https://doi.org/10.1352/0895-8017\(2001\)106<0231:POMRAD>2.0.CO;2](https://doi.org/10.1352/0895-8017(2001)106<0231:POMRAD>2.0.CO;2)

¹⁵⁵ All estimates are rounded to reflect uncertainty in the underlying American Community Survey estimates and weighted data presented in Larson et al. (2001). Previously Cited. Because of this rounding, row or column totals may not equal the sum of their rounded counterparts.

¹⁵⁶ Larson, S. A., Lakin, K. C., Anderson, L., Kwak Lee, N., Lee, J. H., & Anderson, D. (2001). Prevalence of mental retardation and developmental disabilities: Estimates from the 1994/1995 National Health Interview Survey Disability Supplements. *American Journal on Mental Retardation*, 106(3), 231-252. [https://doi.org/10.1352/0895-8017\(2001\)106<0231:POMRAD>2.0.CO;2](https://doi.org/10.1352/0895-8017(2001)106<0231:POMRAD>2.0.CO;2)

¹⁵⁷ Larsen's definitions not largely rely on specific conditions and instead reflected functional limitations in three or more major life activities (such as the capacity for independent living) and align with the Developmental Disabilities Assistance Act.

Our estimates of developmental and intellectual disabilities (IDD) were generated using the definitions and methodology outlined in detail by Larsen and colleagues (2001).¹⁵⁸ An abbreviated description of definitions and classification methods are included below.

What is a Developmental Disability (DD)?

A DD is a serious, long-term condition that affects someone's ability to function in everyday life.

To be classified as a DD, the condition must:

- Begin before age 22;
- Be caused by mental and/or physical impairments;
- Be expected to last indefinitely (at least 12 months);
- Create substantial challenges in at least three of these seven life areas: taking care of yourself, communicating, learning, moving around, making decisions, living independently, and supporting yourself financially;¹⁵⁹ and,
- Require ongoing, specialized services and support tailored to the individual.

What is an Intellectual Disability (ID)?

ID refers to individuals with below-average intelligence test results combined with limited social and behavioral skills. Researchers identified people with ID through several methods, including self-report by any household member or identifying conditions strongly associated with it (like Down syndrome, cerebral palsy, or autism) combined with serious learning difficulties.¹⁶⁰ Those who had one or more related conditions, self-reported having a learning disability and a significant functional learning limitation were considered to have ID.

¹⁵⁸ Larson, S. A., Lakin, K. C., Anderson, L., Kwak Lee, N., Lee, J. H., & Anderson, D. (2001). Prevalence of mental retardation and developmental disabilities: estimates from the 1994/1995 National Health Interview Survey Disability Supplements. *American Journal on Mental Retardation*, 106(3), 231-252. [https://doi.org/10.1352/0895-8017\(2001\)106<0231:POMRAD>2.0.CO;2](https://doi.org/10.1352/0895-8017(2001)106<0231:POMRAD>2.0.CO;2)

¹⁵⁹ "Serious difficulty" is defined as problems in the following domains:

- **Self-care:** Major problems with dressing, eating, bathing, moving around the house, or using the toilet
- **Communication:** Trouble being understood by family, understanding others, or using the telephone (for adults)
- **Learning:** Difficulty learning things that others the same age can learn, having intellectual disabilities or autism, or needing special education
- **Movement:** Problems walking, climbing stairs, or getting in and out of chairs
- **Making decisions:** Needing reminders or supervision for daily tasks, requiring a case manager, or (for children) having trouble paying attention or controlling behavior in school
- **Independent living** (adults only): Needing help with cooking, shopping, managing money, or doing housework
- **Economic independence** (adults only): Being unable to work or having difficulty finding or keeping a job due to mental or emotional challenges

¹⁶⁰ Adults with related conditions were not classified as having ID group based on their related condition if they completed more than one year of postsecondary education or if they suffered from Alzheimer's disease (because that condition may have been the cause of their learning limitations).

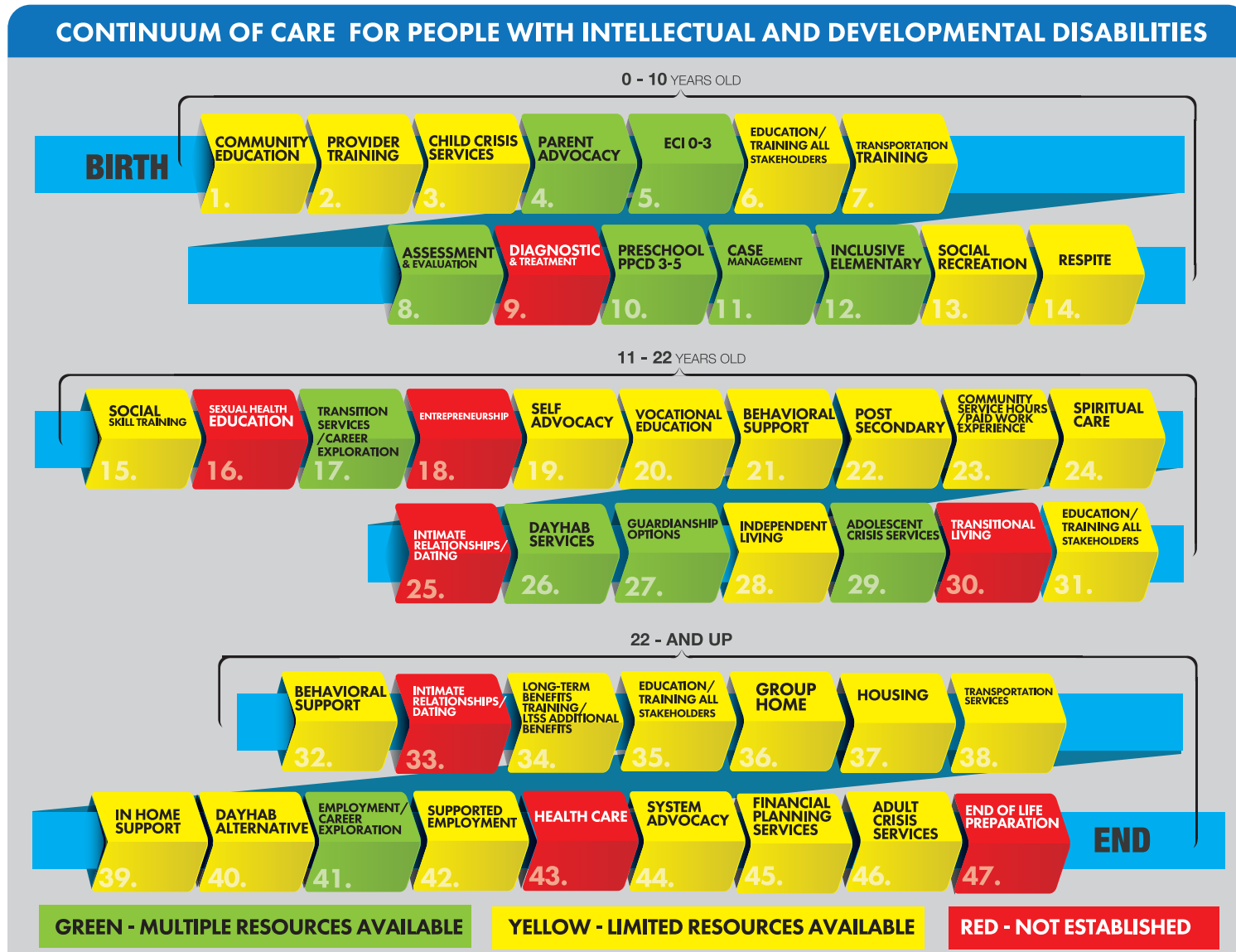
Appendix B: El Paso County Special Education Data^{161,162}

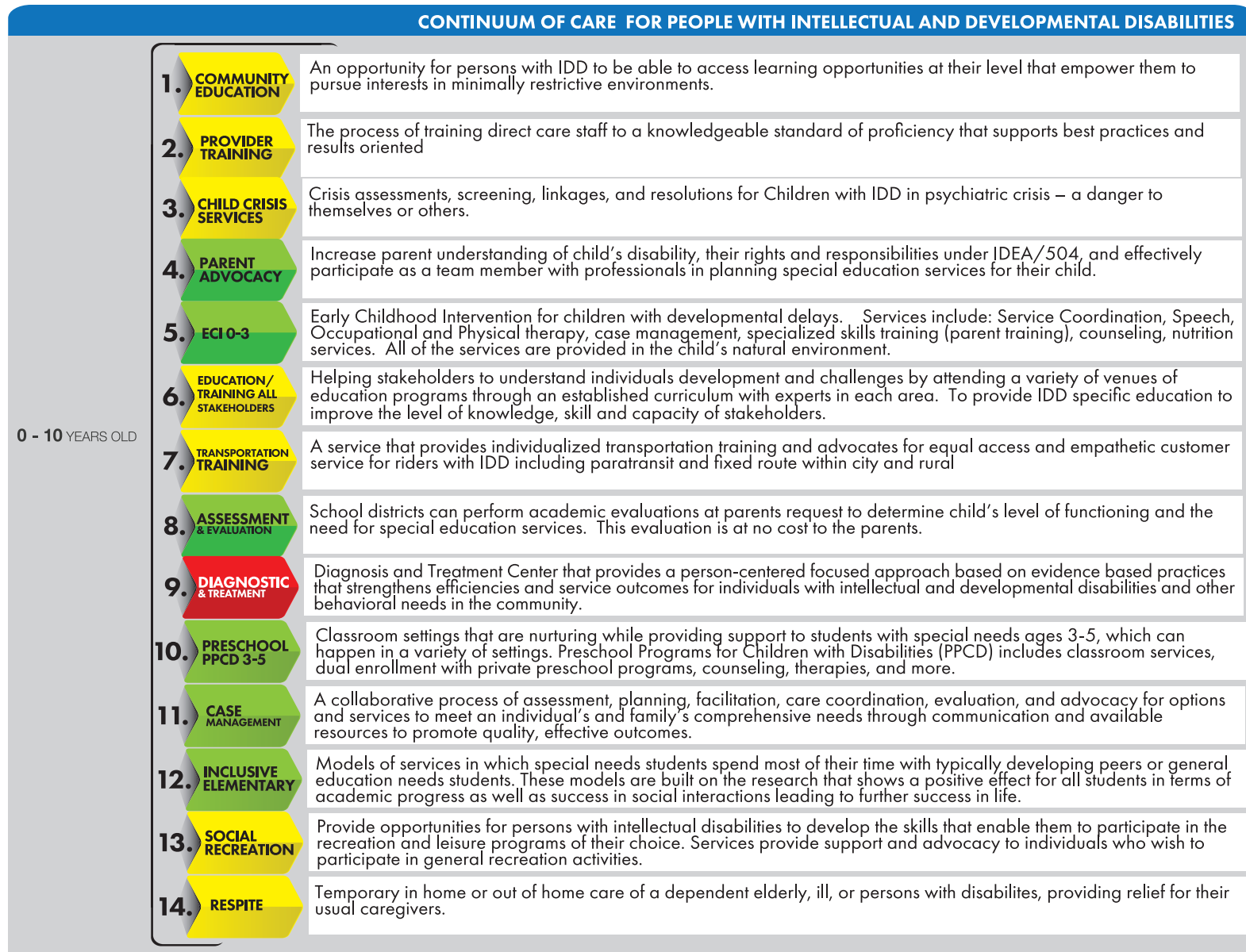
School District	Developmental Disabilities					Other Disabilities
	Intellectual Disability	Specific Learning Disability	Speech or Language Impairment	Autism	TOTAL Developmental Disabilities	
Anthony ISD	N/A	60	13	19	92	N/A
Burnham Wood Charter School District	N/A	22	29		51	N/A
Canutillo ISD	60	200	162	123	545	228
Clint ISD	139	952	268	162	1,521	446
El Paso Academy	N/A	20	-	-	20	24
El Paso ISD	814	2,009	1,266	1,033	5,122	1,381
El Paso Leadership Academy	N/A	11	N/A	N/A	11	N/A
Fabens ISD	32	105	74	44	255	49
Harmony Public Schools – West Texas	30	223	112	54	419	83
La Fe Preparatory Academy	-	N/A	12	N/A	12	N/A
San Elizario ISD	27	219	117	40	403	56
Socorro ISD	580	2,432	1,347	1,110	5,469	1,194
Tornillo ISD	15	39	22	N/A	76	17
Triumph Public High Schools – West Texas	N/A	18	-	N/A	18	12
Vista Del Futuro Charter School	N/A	N/A	N/A	N/A	0	N/A
Ysleta ISD	539	1,562	1,332	903	4,336	1,543
TOTAL	2,236	7,872	4,754	3,488	18,350	5,033

¹⁶¹Texas Education Agency. (2025). *2024 – 2025 Special Education Reports*. Retrieved February 26, 2026, from https://rptsrv1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=adhoc.std_driver1.sas&RptClass=SpecEd&_debug=0&SchoolYr=25&report=StateDistrict&format=html

¹⁶² "Developmental Disabilities" includes Intellectual Disability, Specific Learning Disability, Speech and Language Impairment, Autism, and Developmental Delay. "Other Disabilities" includes students with Orthopedic Impairments, Other Health Impairment, Deaf and Hard of Hearing, Visual Impairments, Deaf-Blindness, Traumatic brain Injury, Noncategorical Early Childhood, and Emotional Disturbance.

Appendix C: Continuum of Care for People with Intellectual and Developmental Disabilities





CONTINUUM OF CARE FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

11 - 22 YEARS OLD

15. SOCIAL SKILL TRAINING	A social skill is any competence facilitating interaction and communication with others where social rules and relations are created, communicated, and changed in verbal and nonverbal ways. The process of learning these skills is called socialization.
16. SEXUAL HEALTH EDUCATION	Adapting sexual health education to the individual's level of understanding to include their physical bodies, their emotions, self-worth, self-image and how that all correlates with their interrelations with others.
17. TRANSITION SERVICES / CAREER EXPLORATION	Working and planning with ISD staff on post secondary education training or employment
18. ENTREPRENEURSHIP	Entrepreneurship would be the capacity & willingness to develop, organize & manage a New Business.
19. SELF ADVOCACY	A service that provides ongoing instruction to individuals with IDD on developing skills to express needs, wants, and desires in order to improve quality of life.
20. VOCATIONAL EDUCATION	Vocational Education would be training for a Specific vocation in an Industry
21. BEHAVIORAL SUPPORT	The process of systemically applying interventions to improve positive socially acceptable behaviors
22. POST SECONDARY	Education and training are for students who want to continue to learn in another environment after high school.
23. COMMUNITY SERVICE HOURS / PAID WORK EXPERIENCE	Time volunteered by an individual or an organization to benefit the people of a community or its institutions that may be linked to a requirement of an education training program or the findings of a court of law. / A career preparation activity at a work location giving participants the opportunity to perform real work for a customary wage while the participants are held to the same expectations as other work location employees as evidenced by the use of evaluations conducted by the workplace supervisor.

CONTINUUM OF CARE FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

11 - 22 YEARS OLD
(CONT)

24.	SPIRITUAL CARE	Dynamic principles developed throughout the lifespan that guide a person's view of the world; influence his or her interpretation of a higher power, hope, morals, loss, faith, love, and trust; and provide structure and meaning to everyday activities
25.	INTIMATE RELATIONSHIPS/ DATING	Education on developing and maintaining healthy respectful intimate relationships
26.	DAYHAB SERVICES	Assistance with acquiring, retaining, or improving self help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life.
27.	GUARDIANSHIP OPTIONS	Texas Guardianship options: supported decision making , rep payee, power of attorney, trust and saving accounts, person centered planning
28.	INDEPENDENT LIVING	A service or set of services that teaches independent living skills and empowers people with IDD to maintain control over their own life.
29.	ADOLESCENT CRISIS SERVICES	Crisis assessments, screening, linkages, and resolutions for Adolescents with IDD in psychiatric crisis – a danger to themselves or others.
30.	TRANSITIONAL LIVING	A service or set of services that teaches individuals with disabilities necessary skills to seek accessible and affordable housing, manage their household, and access community-based resources
31.	EDUCATION/ TRAINING ALL STAKEHOLDERS	Helping stakeholders to understand individuals development and challenges by attending a variety of venues of education programs through an established curriculum with experts in each area. To provide IDD specific education to improve the level of knowledge, skill and capacity of stakeholders.

CONTINUUM OF CARE FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

22 - AND UP

32.	BEHAVIORAL SUPPORT	Using a positive behavior management system to address an individual's complex behavioral health challenges within IDD population
33.	INTIMATE RELATIONSHIPS/DATING	Education on developing and maintaining healthy respectful intimate relationships
34.	LONG-TERM BENEFITS TRAINING/LTSS ADDITIONAL BENEFITS	A system with a variety of community resources to educate people with disabilities about long term services and supports that address acute and/or chronic health conditions and training on independent living skills.
35.	DAYHAB SERVICES	Assistance with acquiring, retaining, or improving self help, socialization, and adaptive skills necessary to live successfully in the community and to participate in home and community life.
36.	EDUCATION/TRAINING ALL STAKEHOLDERS	Helping stakeholders to understand individuals development and challenges by attending a variety of venues of education programs through an established curriculum with experts in each area. To provide IDD specific education to improve the level of knowledge, skill and capacity of stakeholders.
37.	GROUP HOME	Group home is congregate living comprised of 2-6 individuals in a residential home and is one category in a broader continuum of Long-Term Services and Supports (LTSS).
38.	HOUSING	A house, apartment, group home, intermediate care facility or other place of residence that provides shelter and, if applicable, assistance with activities of daily living.
39.	GUARDIANSHIP OPTIONS	Texas Guardianship options: supported decision making , rep payee, power of attorney, trust and saving accounts, person centered planning
40.	TRANSPORTATION SERVICES	A public or private service that moves individuals from one location to another. Transportation services are provided throughout the city and county, and can be accessed at designated locations (bus stops) or curb to curb (Sun Metro Lift, Amistad, taxi, or Uber).

CONTINUUM OF CARE FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

22 - AND UP
(CONT)

41.	IN HOME SUPPORT	In-home support consists of an array of services delivered in the family home with the goal of serving the individual at home and in the community
42.	DAYHAB ALTERNATIVE	Community Habilitation as an alternative that provides training in a variety of skills to become more independent and integrated in the community for individuals with IDD residing in their homes
43.	EMPLOYMENT/ CAREER EXPLORATION	assistance with labor market information and services to obtain and maintain employment of choice
44.	SUPPORTED EMPLOYMENT	Competitive employment in a community integrated setting that requires ongoing support services for long term job retention
45.	HEALTH CARE	increased need of IDD informed healthcare
46.	SYSTEM ADVOCACY	Aim to make positive changes to attitudes, policies, and systems to promote the rights and interests of IDD population.
47.	FINANCIAL PLANNING SERVICES	Planning for the future and creating mechanisms such as a trust fund that will allow individuals with IDD to have additional resources while maintaining eligibility for government benefits.
48.	ADULT CRISIS SERVICES	Crisis assessments and linkages to individuals in psychiatric crisis – a danger to themselves or others.
49.	END OF LIFE PREPARATION	advanced care planning regarding future health and medical care such as advanced directives, living wills and power of attorney

FOR MORE INFORMATION SCAN THE QR CODE:



GREEN - MULTIPLE RESOURCES AVAILABLE

YELLOW - LIMITED RESOURCES AVAILABLE

RED - NOT ESTABLISHED

Appendix D: Mental Health Assessments and Treatment / Interventions

Mental Health Related Assessments Created or Adapted for Youth with DD	
Assessment Name	Description
Social Skills and Behavioral Assessments	
<u>Developmental Behavior Checklist 2</u>	Assesses emotional and behavioral disturbances in children and adolescents (4-18 years) with DD.
<u>Aberrant Behavior Checklist 2</u>	Measures challenging behaviors in children and adults with DD.
<u>Child Behavior Checklist (CBCL preschool and CBCL school-age)</u>	Assesses emotional and behavioral problems in children ages 1.5-18 years through parent and teacher reports.
<u>Behavior Problems Inventory (BPI-01) and BPI-S (short version)</u>	Measures self-injurious, stereotypical, and aggressive behaviors in individuals with DD.
<u>Nisonger Child Behavior Rating Form (available for free)</u>	Assesses adaptive and maladaptive behaviors in children with DD.
<u>Moss Psychiatric Assessment Schedules (Moss-PAS (ID))</u>	Assesses individuals with intellectual disabilities who have limited language or reduced cognitive development for a wide range of mental health concerns.
<u>Strengths and Difficulties Questionnaire (SDQ)</u>	25-item behavioral screening tool for children ages 2-17 years. Parents/caregivers, teachers, and young people can complete.
Mental Health Symptom Assessments	
<u>Anxiety, Depression, and Mood Scale (ADAMS)</u>	Caregiver-reported measure assessing anxiety and mood disorders in people over 10 years of age with an intellectual disability specifically.
<u>Anxiety Disorder Interview Schedule-Child/Parent Autism Spectrum Addendum (ADIS/ASA)</u>	Assesses for anxiety in youth with Autism Spectrum Disorder (ASD). Distinguishes between traditional anxiety disorders and symptoms that may be related to ASD.
<u>Screen for Child Anxiety-Related Emotional Disorders (SCARED) (available for free)</u>	Evaluates anxiety symptoms in children ages 8-18. Used with youth with ASD and those who have lower support needs.
<u>Spence Children's Anxiety Scale (SCAS) – child version and parent version and a brief version of each²⁴ (available for free)</u>	Used to assess the severity of anxiety symptoms in children.
<u>Generalized Anxiety Disorder 7 Item Scale (GAD-7)</u>	Used to screen for Generalized Anxiety Disorder (GAD) and assess for severity in youth ages 11 - 17. Relies on self-report and clinicians must consider that anxiety may manifest differently for youth with DD.
<u>Pediatric Symptom Checklist (PSC) (available for free)</u>	Questionnaire to screen for issues like anxiety, depression, and ADHD for children ages 4 – 18

Mental Health Related Assessments Created or Adapted for Youth with DD	
Assessment Name	Description
	years. Has long and short versions and self-report version.
Trauma Screener	
<u>Trauma Symptom Checklist for Young Children</u>	Measures trauma symptoms in children 3-12.
<u>Child and Adolescent Trauma Screen (CATS) (available for free)</u>	Caregiver-reported and self-report to screen for trauma with children ages 3-17 years old.
<u>Child Stress Disorders Checklist – Short Form (CSDC – Short Form) (available for free from gleen.saxe@nyumc.org)</u>	Helpful brief screener using parent report. Not specifically developed for youth with DD.
<u>Lancaster and Northgate Trauma Scale (LANTS) (available for free)</u>	Includes self-report and informant version. Assesses for adverse life events and trauma for people with mild to moderate intellectual disabilities specifically.
<u>Young Child PTSD Screen (YCPS) (available for free)</u>	Short parent report screener for children ages 6 and under. For use within 2-4 weeks of a potentially traumatic event.
Trauma and PTSD Assessments	
<u>Impact of Events Scale – Intellectual Disabilities (IES-IDs) (available for free)</u>	Measures PTSD in individuals with intellectual disabilities. Not specifically designed for children.
<u>UCLA PTSD Reaction Index for DSM-5</u>	Assesses PTSD symptoms in children ages 6-18.
<u>Columbia-Suicide Severity Rating Scale (C-SSRS) (available for free)</u>	Assesses suicidal ideation and behaviors, which can be linked to trauma-related distress in youth aged 6-18.
Social Skills/Behaviors Assessments	
<u>Vineland Adaptive Behavior Scales, Third Edition</u>	Assesses adaptive behaviors, daily living skills, communication, and socialization in children with DD. Interview and Parent / Caregiver for use with people of all ages. Teacher Form for people ages 3-21 years old.
<u>Social Responsiveness Scale, Second Edition (SRS-2)</u>	Measures social impairments related to ASD in children 2.5+ years.
Developmental and Social-Emotional Assessments	
<u>Ages and Stages: Social-Emotional, Second Edition (ASQ:SE-2)</u>	Screens for social-emotional challenges in children ages 1 month to 6 years. Use with ASQ-3 for comprehensive assessment of a child's development.
<u>Devereux Early Childhood Assessment (DECA)</u>	Measures social-emotional strengths and behavioral concerns in children ages 2 to age 6.
<u>Child and Youth Resilience Measure (CYRM) (available for free)</u>	Measures resilience in children and youth by assessing individual, relational, communal, and cultural resources that support coping and well-being.

Mental Health Related Assessments Created or Adapted for Youth with DD	
Assessment Name	Description
Adaptive Behavior and Functional Skills Assessments	
<u>Adaptive Behavior Assessment System, Third Edition (ABAS-3)</u>	Measures adaptive functioning and life skills in children and adults with DD.
Historical Experiences and Current Functioning Assessment	
<u>Neurosequential Model (NMT)</u>	A way to organize a child's history and current functioning to determine the primary problems, identify strengths, and determine what type of intervention may be needed.

Evidence-Based Mental Health Interventions for Youth with DD		
Intervention	Focus Area	Description
<u>Facing Your Fears Program IDD (FYF IDD)</u>	Anxiety management	Based in Cognitive Behavioral Therapy (CBT), FYF is an intervention for youth with intellectual disabilities and autism spectrum disorders who experience anxiety. This program uses visuals, modeling, and personalized adjustments to meet the cognitive and communication needs of children.
<u>Parent-Child Interaction Therapy (PCIT) for Children with Autism</u>	Behavior challenges, parent-child relationship	This intervention improves parent-child interactions and reduces challenging behaviors. It uses structured routines, special interests, visual supports, simplified language, and sensory supports. It includes modified discipline strategies, interactive play, parent training, and coordination with other services such as speech and occupational therapy.
<u>The National Center for START Services</u>	Complex mental health needs, crisis prevention	Premier hub for the exchange of innovative best practices in IDD-mental health (MH) grounded in the philosophy and principles of the START model (including assessment, treatment, and crisis prevention and intervention services). START brings together professionals and providers, researchers, policy makers, people with lived experience of IDD-MH, and family members. START offers a variety of training courses on different interventions including <u>Applied Positive Psychology</u> .
<u>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Children with IDD</u>	Trauma	TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. This intervention has been successfully adapted for use with children and caregivers with limitations in cognitive, language and other executive functions.
<u>Solution-Focused Brief Therapy (SFBT) Pilot (for Autistic adults)</u>	Anxiety and Depression	Pilot happening now (2026) through UT Austin School of Social Work, Texas Center for Disability Studies. Solution-focused brief therapy (SFBT) is a strengths-based and goal-oriented framework. A team of researchers, students, clinicians, and

Evidence-Based Mental Health Interventions for Youth with DD		
Intervention	Focus Area	Description
		autistic self-advocates adapted the SFBT protocol for autistic adults and developed and tested a new protocol.
<u>Cognitive Behavioral Therapy (CBT)</u>	Wide variety of mental health conditions	The National Association of State Directors of Developmental Disabilities Services offers helpful information on adaptive strategies for the common interventions - CBT and DBT.
<u>Dialectical Behavior Therapy (DBT)</u>	Wide variety of mental health conditions, common for people with borderline personality disorder	

Appendix E: Additional Resources

Texas Specific Resources

- [Statewide IDD Strategic Plan](#) release in 2022, meant to serve as a roadmap for a statewide and strategic approach for addressing gaps in IDD services and policy in the state of Texas.
- [Mental Health Wellness for Individuals with IDD \(MHW-IDD\)](#), a free training course for direct service workers and healthcare professionals supporting individuals with DD and behavioral health needs.
- [Navigate Life Texas](#), a website developed by parents, for parents. This website is supported by Texas Health and Human Services Commission (HHSC) to inform and empower parents of children with disabilities or special health care needs.
- [The Arc of Texas](#) provides advocacy for individuals with intellectual and developmental disabilities.

National or International Resources

- The [American Association on Intellectual and Developmental Disabilities \(AAIDD\)](#) has professional development resources and publications for working with individuals with DD.
- The [Association of University Centers on Disabilities \(AUCD\)](#) has various training programs for professionals supporting individuals with disabilities.
- The [Link Center](#) works to improve supports available to children and adults with intellectual and developmental disabilities (I/DD), brain injuries, and other cognitive disabilities with co-occurring mental health conditions. The Link Center provides training and technical assistance and advances system change that will increase access to effective services and supports for people with co-occurring conditions.
- The [MHDD National Training Center](#) offers training modules for providers and clinicians to enhance skills in working with individuals with disabilities.
- The [National Leadership Consortium on Developmental Disabilities](#) works in partnership with [the major national developmental disability organizations](#) to offer a variety of short-term, intensive leadership development experiences, a resource-rich website, an on-line community of practice, technical assistance, and research on best practices and innovations in disability leadership.
- The [National Child Traumatic Stress Network's \(NCTSN\) Road to Recovery Toolkit](#) integrates trauma-informed care into treatment practices for people with IDD and the toolkit is currently being adapted for use with adults.
- The [National Association for the Dually Diagnosed \(NADD\)](#) is a leader in education, consulting, and training related to IDD and mental health diagnoses. They host conferences, run a research journal, and publish the Diagnostic Manual – Intellectual Disability (DM-ID-2), a diagnostic textbook designed to accompany the DSM-5 and help practitioners accurately diagnose mental health conditions in people with IDD.

- The National Association of State Directors of Developmental Disabilities Services (NASDDDS) promotes and assists state agencies in developing effective, efficient service delivery systems that provide high-quality supports to people with intellectual and developmental disabilities.
- Ohio's Mental Illness/Intellectual Disabilities Coordinating Center of Excellence provides support to professionals throughout Ohio looking to learn more about trauma-informed care as it pertains to people with IDD and mental health concerns, as well as access to assessments and recommendations.
- The Ohio State University Nisonger Center hosts online trainings aimed at combatting disparities that exist for people with disabilities and is also a Rehabilitation Research and Training Center.
- Open Future Learning is a UK-based learning platform for people with DD, their families, and support staff. Their training modules cover a wide array of topics, including mental health concerns. They are particularly notable for their frank, person-centered approach to difficult topics other training platforms hesitate to address, such as dating and sexuality as well as abuse prevention training.
- The STRYDD Center (Supporting Trauma Resilience in Youth with Developmental Disabilities) in New York is a leader in efforts to expand provider and family knowledge on how to treat trauma in youth with DD. STRYDD provides advanced training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for people with DD.
- The Traumatic Stress Institute (TSI) of Klingberg Family Centers works to promote trauma-informed services and treatment culture nationally and internationally.