



ADVANCING AN INTEGRATED IDD STRATEGY IN THE BORDER REGION

*Local Voices, Lived Experience, and
Opportunities for Growth*

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Executive Summary

PdN Children's is pleased to present the final report for the IDD strategic planning and thought-partnership project led by Chief Programs Officer, Laura Marquez.

Youth and young adults with intellectual and developmental disabilities (IDD) share common goals and aspirations as their non-disabled peers. Among them, the desire to work, pursue education, live independently, and participate meaningfully in their communities. While strengths exist, especially informal and grassroots networks, systems remain fragmented, difficult to navigate, and insufficiently aligned with real-life needs.

Key Findings and Opportunities

This final report highlights several consistent themes emerging across data analysis, community listening sessions, stakeholder review activities, and comparisons with the Meadows Mental Health Policy Institute's IDD Literature Review.

Transition to Adulthood Remains the Most Critical Gap

Youth, families, providers, and advocates consistently identified the transition from school to adulthood as the region's most significant challenge. While schools provide structure, services, transportation, and social connections, many young adults encounter a dramatic decline in support after exiting the K-12 system. Participants described this experience as a "cliff," often resulting in social isolation, unemployment, limited postsecondary opportunities, and reduced engagement in community life.

System Fragmentation Creates Barriers to Access

Families repeatedly described difficulty finding and navigating services due to a lack of coordination across education, healthcare, workforce, behavioral health, and social service systems. While many resources exist within the region, information is often scattered across organizations, requiring families and providers to rely on informal networks to identify and access available supports.

Independence Limited by Employment, Housing, and Transportation Obstacles

Youth and young adults with IDD expressed strong aspirations to work, pursue education, and live independently. However, participants identified employer misconceptions, inadequate job matching, limited housing options, and transportation barriers as major obstacles to achieving these goals. Families also expressed significant concern regarding long-term housing options and future planning as caregivers age.

Mental Health, Social Isolation, and Caregiver Burden Require Greater Attention

Local participants reinforced findings from the Meadows literature review regarding the high prevalence of co-occurring mental health challenges among individuals with IDD. Stakeholders

emphasized that loneliness, anxiety, depression, and social isolation often increase after leaving school and can be compounded by limited community opportunities. At the same time, caregiver stress emerged as a significant issue affecting family well-being and long-term stability.

Strong Grassroots Networks and Supports

Despite these challenges, participants identified important community assets that provide a strong foundation for future work. These assets include engaged families, peer-to-peer support, active advocacy organizations, emerging cross-sector partnerships, youth leadership initiatives, and providers committed to improving outcomes for individuals with IDD throughout the region.

Opportunities for Strategic Direction and Investment

This report identifies ten evidence-based, promising, and emerging models that address key areas including service navigation, transition to adulthood, employment pathways, social connectedness, housing, transportation, and caregiver support. Together with local findings, these models inform a strategic roadmap designed to support future investments, strengthen cross-sector collaboration, improve service coordination, and advance opportunities for individuals with IDD and their families.

Laura Marquez, Chief Programs Officer of Paso del Norte Children's Development Center, led this project and developed the final deliverables on behalf of the Paso del Norte Health Foundation. The recommendations and opportunities outlined in this report reflect not only Ms. Marquez's nearly 20 years of experience serving the disability community, but also the nearly 80-year legacy of PdN Children's in improving the lives of children, youth, and families through early intervention, education, behavioral health services, family support, community partnerships, and systems advocacy. As the region continues to explore opportunities to build a more coordinated and responsive IDD system, Ms. Marquez and PdN Children's remain committed to fostering collaboration, expanding access to services, improving outcomes, and creating pathways to lifelong inclusion and opportunity for individuals with IDD across the lifespan.

Deliverables Crosswalk

1. Perform a minimum of three listening sessions that center experiences of people with IDD and their families; as well as advocates and professionals working to improve services. A minimum of 30 stakeholders will be engaged.			
Activity	Date	Details	Stakeholders Reached
Community Listening Session #1	April 17 th 2026	Hosted in partnership with the Autism Hope Young Adult Group. Participants included youth ages 8-27 years old and their caregivers.	13
Community Listening Session #2	April 20 th 2026	Hosted in partnership with RelentlessIQ and Down Syndrome Coalition of El Paso. Participants included youth with IDD, family members, advocates, and providers.	37
Community Listening Session #3	April 27 th 2026	Hosted in partnership with Children's Disabilities Information Coalition, Youth Leadership Forum. Participants included two youth leaders and one service provider.	3
2. Identify a minimum of 10 evidence-based models, best practices, or emerging IDD services to assess for scalability. (*A total of 12 programs were identified)			
San Antonio IDD Services Site Visit		Met with key leadership from Mission Road Ministries-Unicorn Center, Respite Care San Antonio, and Morgan's Multi-Assistance Center to assess scalability of program models.	
Phoenix Community-Based Housing		Met with key leadership from Treasure House , a community-based semi-independent living facility for adults with IDD. Discussion centered on housing model, staffing, funding, and scalability.	
Regional, State, and Nationwide Models		Eight models in addition to the four above include: Project SEARCH, Career and Life Skills Academy, Individual Placement and Support, Disability Chamber of Commerce – Rio Grande Valley, PEERS Social Skills Program, Broadening Horizons Brighter Futures, Camphill Communities, and On-Demand Assisted Rideshare address areas related to service navigation, transition & post-secondary programs, employment, housing, transportation, and caregiver respite.	
3. Convene local disability advocates and sector leaders to provide feedback on literature review and begin coalition development. Group will be convened a minimum of two times before the initial project period ends.			
Activity	Date	Details	Members
Convening #1	April 24 th 2026	Participants gathered to provide lit review input and determine initial scope and purpose of the coalition which is to guide the development and ongoing advancement of the region's IDD strategy.	Laura Marquez, PdN Children's Priscilla Estrello, Down Syndrome Coalition of EP Gilda Gil, YMCA of El Paso Gail Gale, Bridges Academy Beverley Calvo, University of Texas at El Paso Andrea Ramirez, Amistad
Convening #2	Projected for early August.	An additional meeting is planned for early August to share results of the local report and determine next steps for the coalition. A meeting invite will be distributed to a larger group of stakeholders in the disability community. Prospective members/organizations listed. *List is not exhaustive.	Laura Marquez, PdN Children's Tim Davenport-Herbst, Project Vida Andrea Ramirez, Amistad Priscilla Estrello, Gilda Gil, Gail Gale, Adam Tires, University of Texas at El Paso, Down Syndrome Coalition, Emergence Health Network (EHN), RelentlessIQ, Desert ADAPT, Grupo Dignidad, Igualdad, Oportunidad, Volar Center for Independent Living (CIL), PEN Project, Children's Disabilities Information Coalition (CDIC), El Paso Visually Impaired and Blind Experience (VIBE), Autism Society of El Paso, Autism Hope, The Arc of El Paso, Angel's Mission

Introduction

Advancing an Integrated IDD Strategy in the Border Region

Individuals with intellectual and developmental disabilities (IDD) are an important part of the Paso del Norte community and contribute to the educational, social, cultural, and economic life of the region. However, many individuals and families continue to face barriers to accessing services, navigating systems, securing employment, obtaining appropriate housing, and fully participating in community life. Fragmented systems, limited coordination, transportation challenges, workforce shortages, and service gaps often compound these barriers.

To better understand local needs and opportunities, the Paso del Norte Health Foundation engaged PdN Children's Chief Programs Officer, Laura Marquez, to conduct a local assessment in support of the Foundation's emerging IDD strategic planning efforts. This assessment complements the Meadows Mental Health Policy Institute's IDD Literature Review by incorporating local data, community perspectives, and regional context to better understand how these issues affect individuals and families in the Paso del Norte region.

The project included quantitative data analysis, community listening sessions with youth and young adults with IDD and their families, stakeholder review activities, coalition development efforts, site visits, and a review of evidence-based, promising, and emerging practices.

Findings strongly reinforce the Meadows literature review, confirming key challenges related to transition to adulthood, employment, housing, transportation, mental health, workforce capacity, and system navigation. Participants also highlighted additional priorities, including social isolation, caregiver burden, community inclusion, and the needs of underserved and disconnected populations.

This report includes:

- Local data and focus group methodology
- Community perspectives and lived experiences
- Comparison of local findings with the Meadows literature review
- Evidence-based models, promising practices, and emerging service approaches
- Strategic recommendations and investment opportunities
- Coalition development and future partnership opportunities

The report is intended to serve as both a reflection of community voice and a roadmap for action. Together, these findings provide a framework for strengthening the regional IDD ecosystem, improving coordination across sectors, and expanding opportunities for individuals with IDD and their families across the lifespan.

Local Data & Focus Group Methodology

Quantitative Data

A combination of local administrative data, federal population estimates, and regional indicators of child and family well-being to provide a comprehensive understanding of the needs of individuals with intellectual and developmental disabilities (IDD) in the Paso del Norte region.

Key datasets include:

- Region 19 Special Education Data (2025–2026), which provides detailed information on the number and characteristics of students receiving special education services in El Paso County, including disability categories such as autism, intellectual disability, and learning disabilities.
- U.S. Census Bureau American Community Survey (2024), which offers population-level estimates of disability prevalence across the lifespan, including demographic breakdowns and functional limitations among residents of El Paso County.
- Paso del Norte Regional Data Profile on the State of Children (2025), which contextualizes disability within broader social determinants of health, including poverty, health insurance coverage, and access to services across the El Paso–Juárez region.

Youth and young adults with IDD participate in all areas of community life, including education, health care, and workforce systems; with the largest IDD system being El Paso County public schools. In the 2024-2025 school year, El Paso County schools provided special education services to over 24,800 students with disabilities including autism, intellectual disability, learning disability, orthopedic impairment, hearing or vision loss, and other developmental disabilities.¹ Hundreds of students with disabilities transition out of the K-12 setting and into post-secondary life each year. However, based on 2023 ACS data, only about 5.5% of youth with disabilities statewide are attending post-secondary school, with only 6.1% of youth in the labor force.² Stakeholders refer to this steep drop in services and engagement as a “cliff,” due to the abruptness at which this change occurs.

Population and Disability Prevalence

El Paso County serves a large population of individuals with disabilities across the lifespan, with 24,863 students receive special education services locally.

¹ Texas Education Agency. (2025). *2024 – 2025 Special Education Reports*. Retrieved May 12, 2026, from https://pdnchildrens-my.sharepoint.com/:x/r/personal/laura_marquez_pdnchildrens_org/_layouts/15/doc2.aspx?sourcedoc=%7BA804C9B1-5B41-4527-A3D2-390F3D55B6DD%7D&file=SpecEd%20Region%2019%20Data.xlsx&action=default&mobileredirect=true

² Texas Workforce Investment Council. (2025). *People with Disabilities: A Texas Profile*. Retrieved May 22, 2026 <https://gov.texas.gov/uploads/files/organization/twic/People-With-Disabilities-2025.pdf>

Advancing an Integrated IDD Strategy in the Border Region

Disability categories include:

- ✓ 9,130 with learning disabilities
- ✓ 4,529 with speech impairments
- ✓ 3,905 with autism
- ✓ 2,212 with intellectual disability³

Across the Broader Population

- 13.9% of residents live with a disability⁴
- Disability prevalence begins in childhood and increases significantly with age

Socioeconomic Context

Children with disabilities grow up in a region facing systemic challenges:

- 24% of children live in poverty
- 17% lack health insurance⁵

These conditions can delay diagnosis, limit access to services, and negatively affect long-term outcomes.

Hidden Populations

Stakeholders identify a significant group of adults with likely IDD who remain outside formal systems:

- Individuals experiencing homelessness
- Individuals involved in the justice system
- Individuals without diagnosis or documentation

These populations remain largely invisible in existing data and services.

Data Gaps

Although several data sources were available, significant limitations remain in understanding the needs of youth and young adults with IDD in El Paso County. While school districts (e.g., Region 19/TEA) provide the most reliable counts, it only captures students identified under a single “primary disability,” which underestimates the true IDD population and excludes youth who are undiagnosed, categorized differently, or ineligible for services based on educational need.

³ Texas Education Agency. (2025). *2024 – 2025 Special Education Reports*. Retrieved May 12, 2026, from https://pdnchildrens-my.sharepoint.com/:x:/r/personal/laura_marquez_pdnchildrens_org/_layouts/15/doc2.aspx?sourcedoc=%7BA804C9B1-5B41-4527-A3D2-390F3D55B6DD%7D&file=SpecEd%20Region%2019%20Data.xlsx&action=default&mobileredirect=true

⁴ U.S. Census Bureau. (2024). "Disability Characteristics." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1810, Retrieved June 1, 2026 <https://data.census.gov/table/ACSST1Y2024.S1810?q=el+paso+county+Texas+disability+&g=040XX00US48>.

⁵ U.S. Census Bureau. (2024). "Disability Characteristics." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1810, Retrieved June 1, 2026 <https://data.census.gov/table/ACSST1Y2024.S1810?q=el+paso+county+Texas+disability+&g=040XX00US48>.

Outside of the education system, there is no integrated dataset that tracks individuals across health, workforce, and social service systems, making it difficult to quantify how many youth access services such as Medicaid waivers (Emergence Health Network), behavioral health supports, or vocational rehabilitation (Workforce Solutions Borderplex). Workforce data, in particular, lacks publicly available county-level detail on youth participation and outcomes, obscuring the transition from school to employment. Additionally, federal sources like the American Community Survey provide only broad disability categories (e.g., “cognitive disability”) and cannot precisely identify IDD populations at the local level. These gaps result in an incomplete picture of service utilization, unmet need, and post-school outcomes, especially for youth ages 18–24, where data coverage drops off significantly, limiting the ability of local stakeholders to plan, target, and evaluate effective interventions.

Qualitative Data

Gathering local, lived experience from youth and young adults with IDD and their families was a central component of this project, especially in the face of significant quantitative data barriers. Too often, the voices and perspectives of people with IDD remain on the periphery while decisions are made, often with adverse impacts. The project team used a community-based participatory research approach for each focus group, ensuring that voices with lived experience were centered in the process. CBPR is collaborative research approach used in disciplines like social work, psychology, public health, and others as a means to achieve equitable, person-centered, community-driven research outcomes.⁶ Existing and newly developed partnerships were critical to the success of each listening session.

- Autism Hope is a community-based organization that provides support, resources, and inclusive programs for autistic youth and their families, helping them build skills, social connections, and access to services in El Paso. A listening session was conducted as an informal, story-based focus group designed to center the lived experiences of youth and families of youth with IDD in El Paso. The discussion focused on topics like employment, education, housing, recreation, transportation, health, and safety and invited participants to introduce themselves and share personal narratives rather than respond to rigid survey questions. This session was conducted in a round-table format, where caregivers and youth described what has worked well, what has been challenging, and what supports or programs they have used, while facilitators periodically prompted with open-ended questions (e.g., “What would an ideal day look like?” “How did school handle your IEP?” “What kind of job would you want?”). A total of 13 youth and caregivers participated in the discussion, sharing their own experiences with schools, community programs, workforce services, law enforcement, and recreation, allowing themes to emerge organically.

⁶ Collins, S. E., Clifasefi, S. L., Stanton, J., The LEAP Advisory Board, et al. (2018). Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research. *American Psychologist*, 73(7), 884–898.

- RelentlessIQ is a nonprofit whose mission is to empower individuals with disabilities by fostering connections, teaching life skills, and providing essential community resources so they can lead fulfilling, independent lives. The team from RelentlessIQ collaborated to host a convening with their stakeholders. This session was held at a local recreation center where RelentlessIQ currently hosts many of its gatherings. Families, self-advocates, and providers first engaged in a dot-voting exercise across six domains (transition, employment, housing, supports/services, recreation/social, transportation) to prioritize areas of greatest need. Participants, 37 in all, then worked in small table groups using color-coded sticky notes to capture specific experiences, resources, and pain points within each domain. These notes were posted to themed boards, allowing for visual clustering of ideas. Large-group discussion followed, where the facilitator synthesized patterns (e.g., service gaps, communication issues, waiver challenges) and invited targeted input from key stakeholders (parent leaders, providers, advocates).
- The Children’s Disabilities Information Coalition (CDIC) Youth Leadership Forum (YLF) is a program that empowers youth and young adults with disabilities to develop leadership and self-advocacy skills. It provides training, mentorship, and interactive experiences that help participants build confidence, independence, and communication skills. This session used a qualitative, semi-structured listening format with a small group of adults with disabilities and CDIC staff and focused on lived experience rather than fixed survey items. As with previous sessions, the conversation anchored around key domains identified in the literature review and emerging strategic priorities (e.g., transition from high school, postsecondary education, employment, independent living, Medicaid waivers, social/recreational life, and service gaps), but allowed participants to respond in their own words and follow topics that felt most relevant to them. Open-ended prompts, reflective follow-ups, and clarification questions (for example, asking “what would be the ideal organization” or “what one support service would help you most”) to elicit both personal narratives and concrete ideas for systems change.

Each session was recorded, with consent, transcribed, summarized, and synthesized with existing research to inform the Health Foundation’s IDD strategic plan. A total of 53 participants including youth/young adults with IDD, family members, service providers, and cross sector partners provided input.

Community Voices Centered

Community listening sessions revealed consistent themes across youth with IDD, family members, providers, and advocates. Participants described a system that is fragmented and difficult to navigate, with limited coordination across education, healthcare, workforce, and social services. The transition from school to adulthood surfaced as a critical failure point, often resulting in a loss of structure, services, and opportunity. At the same time, barriers related to employment, housing, and transportation limit independence and community participation,

often leading to greater isolation. Despite these challenges, participants also highlighted strong community assets, including engaged families, dedicated providers, and emerging partnerships that offer a foundation for a more coordinated, responsive system moving forward.

What's working...

Advocacy and Leadership Programs

Participants highlighted the impact of leadership and self-advocacy programs in building confidence, skills, and civic engagement among youth and young adults with IDD. These programs create pathways for individuals to move from participation to leadership roles, demonstrating the region's capacity to cultivate voices and future advocates.

Engaged Families and Providers

Families and providers are deeply engaged, often going above and beyond to navigate systems, share information, and support one another. Informal networks, social media groups, peer support, and proactive advocacy efforts play a critical role in connecting families to resources and sustaining services across the region.

Cross-Sector Partnerships

The region is beginning to build promising cross-sector collaborations across nonprofits, schools, workforce systems, and local government. These partnerships are already demonstrating how coordinated efforts can create meaningful opportunities, particularly in employment, training, and community inclusion.

- Dedicated providers and community organizations
- Strong parent and advocacy networks
- Emerging employment and recreation programs
- Youth leadership and self-advocacy initiatives

What needs improvement...

Fragmented Systems

Services in the region are widely described as fragmented, with information, programs, and supports existing across multiple organizations without a clear point of entry. Families and providers emphasized that while resources do exist, they are difficult to find and navigate, often requiring informal networks to access them.

- "Information is everywhere, but not centralized."
- "Many of us are doing great work, but it's scattered...we need one place to consolidate information."

Transition Becomes a Breaking Point

The most urgent gap is the transition from school to adulthood. Each year, youth exit a highly structured school system and encounter:

- Loss of peers, therapies, daily routines, and transportation
- Limited access to adult services
- Few clear pathways to employment or higher education

Participants consistently described a “cliff” after high school, where the loss of structure, services, and social connection results in:

- Isolation
- Unemployment
- Skill regression
- Declining physical & behavioral health

Many described the major breakdown between school-based services and adult systems. The transition out of high school is often abrupt, with limited planning, coordination, or continuity of supports, leaving many youth and families unprepared for adulthood.

- “Once you graduate, that’s it—what are you going to do?”
- “On their 22nd birthday [or sooner] there’s no bus, no school, no services...”

Employment Barriers

While youth expressed strong interest in working, participants highlighted systemic barriers in workforce systems, including poor job matching, limited employer understanding, and concerns about exploitation. Employment pathways are often not aligned with individual strengths or long-term goals.

- “There are places that hire people with disabilities, but sometimes they take advantage of them—low pay, long hours, or not treating them fairly.”
- “She was qualified in other areas, but they placed her in stocking...She left after two and a half days.”

Housing Limitations

Families expressed significant concern about the lack of accessible, affordable, and appropriate housing options for individuals with IDD. The system does not currently offer a clear continuum of housing supports, especially as youth transition into adulthood and independent living.

- “What will happen when parents can no longer provide care?”

Transportation Constraints

Transportation is a critical barrier affecting access to employment, services, and community life. Participants described both infrastructure limitations and unreliable transit systems that make consistent participation difficult.

- “Programs are useless if people cannot get there.”
- “Riders are on [paratransit’s] time...pickup and drop-off schedules are inconsistent.”

Underserved Populations

Several groups remain underserved, including individuals without formal diagnoses, adults navigating systems for the first time, and families hesitant to engage due to stigma. These factors contribute to significant inequities in access to services.

- “A diagnosis in one system does not guarantee that another system will recognize that diagnosis.”
- “Some families want information but don’t want to be ‘labeled.’”

Family Dynamics and Independence

Some youth experience limited opportunities to build independence due to overprotection or concerns about benefits.

Invisible Populations Remain Unserved

Stakeholders also identified a critical gap in the current system:

Adults with likely IDD who are:

- Experiencing homelessness
- Involved in the justice system
- Cycling through crisis services

Many lack access to formal diagnoses or documentation and are therefore excluded from eligibility-based services. These individuals remain largely invisible in current data and systems, despite significant need.

Connecting Research to Local Reality

A stakeholder review panel composed of local providers, family leaders, and advocates was convened following an initial synthesis of findings. The panel reviewed key themes from the Meadows literature review alongside local focus group insights and identified areas of alignment, remaining gaps, and strategic priorities. Panelists affirmed the accuracy of major findings while emphasizing the need to elevate **social isolation**, **caregiver burden**, and **navigation challenges** as central issues. Their feedback directly informed the refinement of themes, the addition of mental health considerations, and the prioritization of navigation and transition strategies in this final report. Stakeholders noted strong alignment between the report’s findings and both local

data and lived experience, while emphasizing how local context deepens and complicates findings, particularly in regions like El Paso where resource limitations, geographic factors, and system fragmentation intensify existing challenges.

What Research Says...	What the Community Says...
Transition is a major system gap	Described as a “cliff” with loss of structure, services, and peers.
Employment outcomes are low without early planning	Youth want to work, but face misaligned placements, employer barriers, caregiver hesitance, risk of loss of benefits.
Housing options are limited	Families expressed urgent concern around long-term care and housing.
Systems are fragmented	Families rely on informal networks; no clear entry point.
Mental health needs are high	Isolation, anxiety, and depression increase after exiting K-12 education system.
Workforce shortages limit service	Providers noted gaps in staffing and service availability.

Local findings strongly affirm the Meadows evidence base while highlighting the intensity of these challenges in a border region with fragmented systems and limited infrastructure.

Social Isolation and Community Belonging

“Many young adults experience few friendships, limited social opportunities, and increased loneliness.”

Panelists emphasized that the report underrepresents the impact of isolation, loneliness, and lack of peer networks.

- Social connection is not just a quality-of-life issue
- It is a driver of mental health and long-term outcomes

Panelists stressed that success should not be defined solely by access to services, but also by:

- Meaningful relationships
- Recreation and community participation
- Personal development and belonging

These elements were viewed as essential to support positive long-term outcomes.

Caregiver Burden and System Strain

“Families are increasingly asking: ‘What happens when I’m no longer here?’”

Caregiver fatigue remains a cross-cutting issue linking multiple system gaps:

- Emotional and financial strain
- Lack of respite and support
- Long-term uncertainty about adult services

Panelists noted that caregiver well-being should be treated as a system-level issue, not an individual burden.

Mental Health & IDD

Youth and young adults with IDD in the region experience significant mental health challenges, often driven by social isolation, limited opportunities for community engagement, and the abrupt loss of support systems after high school. Participants described increased anxiety, depression, and loneliness, particularly during the transition to adulthood. Caregiver stress often compounds these challenges, as families navigate complex systems with limited respite or support. These findings align with broader research showing high rates of co-occurring mental health conditions among individuals with IDD and highlight the need for integrated, disability-informed mental health services.

Undiagnosed and “Invisible” Populations

“Many...have no diagnosis, no paperwork...they fall through the cracks.”

A critical gap identified was the absence of focus on adults who:

- Were never diagnosed
- Lack documentation
- Are disconnected from formal systems

These individuals often:

- Cycle through homelessness, justice systems, or crisis care
- Are ineligible for services due to lack of documentation

Economic Framing and Workforce Potential

“We need to show they can be contributors...with the right supports and opportunities.”

Panelists highlighted the need to shift narrative from cost to contribution:

- Individuals with IDD are often viewed as a burden
- They should be positioned as contributors to the economy and workforce

Overall, panel feedback affirmed the Meadows literature review as a strong foundation, while emphasizing that local lived experience highlights additional priorities—particularly around social

connectedness, caregiver support, navigation, and inclusion—that are critical to building a truly responsive and effective IDD system.

The Path Forward: Evidence-Based Models, Promising Practices, & Emerging Services

Improving outcomes for youth and young adults with IDD requires coordinated investments across transition, employment, housing, and social participation. Research consistently shows that multicomponent, person-centered, and community-integrated models are most effective in supporting long-term independence, employment, and well-being.⁷

The following models were selected based on their relevance to priorities identified through the Meadows literature review, community listening sessions, stakeholder review panel discussions, and regional site visits. Together, they represent a range of evidence-based, promising, and emerging approaches to addressing key challenges related to transition, employment, social connectedness, housing, transportation, caregiver support, and system navigation. While no single model is intended to be replicated in its entirety, each offers components and lessons that may inform future investment, partnership development, and strategic planning in the Paso del Norte region.

Model 1: Project SEARCH

Location: National model implemented at more than 500 sites worldwide.

Population Served: Transition-age youth and young adults with intellectual and developmental disabilities (IDD).

Classification: Evidence-Based

What It Does: Project SEARCH is a school-to-work transition model that combines classroom instruction, workplace readiness training, and immersive internships within a host business. Participants receive hands-on work experience and individualized job coaching while developing skills needed for competitive integrated employment.

Why It Works: Research has consistently demonstrated strong employment outcomes for Project SEARCH graduates, including higher rates of competitive employment and long-term job retention compared to traditional transition services.⁸

⁷ Clearinghouse for Labor Evaluation and Research. (2024). *What do we know about the effectiveness of disability employment interventions?* Retrieved June 5, 2026
https://clear.dol.gov/sites/default/files/Disability%20Employment%20Research%20Synthesis%20Brief_May2024.pdf

⁸ Whittenburg, H. N., Xu, J., Thoma, C. A., & Cimera, R. E. (2023). Employment outcomes of Project SEARCH graduates with intellectual and developmental disabilities. *Journal of Vocational Rehabilitation*, 58(3), 263–275. doi.org

Relevance for El Paso: Project SEARCH directly addresses one of the most significant local challenges identified in both the Meadows review and community listening sessions—the transition from school to adulthood and employment.

Key Lesson: Students achieve better employment outcomes when transition services occur in real workplace settings rather than classroom-only environments.

Model 2: Career and Life Skills Academy (CLSA)

Location: Doña Ana Community College, Las Cruces, New Mexico.

Population Served: Young adults with developmental disabilities who have completed high school.

Classification: Promising

What It Does: CLSA is a postsecondary transition program that combines career exploration, life-skills development, independent planning, internships, and community engagement. Participants develop a personal roadmap for education, employment, and adulthood while gaining hands-on experience in real-world settings.

Why It Works: The model incorporates self-determination, work-based learning, and individualized planning, all recognized best practices for successful transition outcomes.

Relevance for El Paso: As a neighboring regional program, CLSA presents a realistic and scalable example of how postsecondary opportunities could be expanded for young adults with IDD in the Paso del Norte region.

Key Lesson: Transition programs are most effective when they focus on both career preparation and personal development.

Model 3: Individual Placement and Support (IPS)

Location: National and international implementation.

Population Served: Individuals with disabilities and behavioral health conditions seeking employment.

Classification: Evidence-Based

What It Does: IPS is a supported employment model that emphasizes rapid placement into competitive jobs, individualized job matching, benefits counseling, and ongoing employment supports.

Why It Works: IPS is considered the gold standard in supported employment and has been validated through numerous randomized controlled trials demonstrating significantly higher employment rates than traditional vocational models.

Relevance for El Paso: Employment is a major community priority. IPS provides a proven framework that could strengthen employment outcomes while supporting long-term workforce participation.

Key Lesson: Successful employment outcomes are achieved when individuals are placed in jobs quickly and supported over time.

Model 4: Disability Chamber of Commerce Rio Grande Valley

Location: Rio Grande Valley, Texas.

Population Served: Individuals with disabilities, employers, and workforce partners.

Classification: Promising

What It Does: The Disability Chamber of Commerce works directly with businesses to promote inclusive hiring, workforce development, employer education, networking, and disability-inclusive employment practices.

Why It Works: The model addresses a critical barrier often overlooked in employment systems: employer readiness and engagement. It focuses on creating demand for inclusive employment rather than solely preparing job seekers.

Relevance for El Paso: The model aligns closely with community calls for greater employer engagement and more meaningful employment opportunities.

Key Lesson: Improving employment outcomes requires engaging employers as active partners in workforce development.

Model 5: PEERS® Social Skills Program

Location: Developed at UCLA; implemented internationally.

Population Served: Adolescents and young adults with autism and social communication challenges.

Classification: Evidence-Based

What It Does: PEERS is a structured social skills curriculum that teaches friendship development, communication strategies, conflict resolution, and relationship-building through guided practice and caregiver involvement.

Why It Works: PEERS is one of the most extensively studied social skills interventions for autistic adolescents and young adults and has demonstrated improvements in social engagement and friendship formation.

Relevance for El Paso: Social isolation and loneliness emerged consistently during listening sessions and stakeholder review discussions.

Key Lesson: Social connection is a critical component of long-term mental health, employment success, and quality of life.

Model 6: Broadening Horizons, Brighter Futures

Location: Transition-focused disability programs nationally.

Population Served: Youth and young adults with disabilities.

Classification: Promising

What It Does: The model emphasizes career exploration, self-advocacy, mentorship, work readiness, and individualized planning to prepare young people for adulthood.

Why It Works: Research demonstrates that transition programs combining career exposure, work experience, and individualized supports improve employment and educational outcomes.

Relevance for El Paso: Supports local priorities related to transition planning, workforce readiness, and independent living.

Key Lesson: Youth benefit most from transition services that combine skill development with practical, real-world experience.

Model 7: Unicorn Centers Campus

Location: San Antonio, Texas.

Population Served: Adults with intellectual and developmental disabilities.

Classification: Promising

What It Does: The Unicorn Centers Campus combines employment supports, life-skills development, recreational programming, volunteer opportunities, and community engagement activities for adults with IDD.

Why It Works: The model promotes independence and meaningful community participation while providing structured support opportunities for adults beyond the school years.

Relevance for El Paso: Addresses locally identified gaps in adult services, community participation, and vocational opportunities.

Key Lesson: Adult services can successfully integrate employment, social participation, and skill development in a community-based setting.

Model 8: Camphill Communities

Location: International network with communities across North America and Europe.

Population Served: Individuals with intellectual and developmental disabilities across the lifespan.

Classification: Promising / Emerging

What It Does: Camphill communities integrate housing, employment, social connection, and daily living supports into intentional communities where individuals with and without disabilities live and work together.

Why It Works: The model promotes belonging, community engagement, meaningful work, and long-term quality of life.

Relevance for El Paso: Provides an example of how housing, employment, and social participation can be integrated into a comprehensive community living model.

Key Lesson: Housing solutions are most effective when paired with opportunities for work, relationships, and community participation.

Model 9: On-Demand Assisted Rideshare (Companion Ride Model)

Location: Emerging implementation in multiple U.S. communities.

Population Served: Individuals with disabilities, older adults, and paratransit users.

Classification: Emerging

What It Does: This model supplements traditional paratransit through technology-enabled, on-demand transportation with door-through-door assistance and caregiver communication capabilities.

Why It Works: The model addresses longstanding transportation challenges including inflexible scheduling, long wait times, and limited same-day transportation options.

Relevance for El Paso: Transportation was one of the most commonly cited barriers affecting employment, healthcare access, and community participation.

Key Lesson: Flexible transportation systems can significantly expand access to employment, healthcare, and community life.

Model 10: Morgan's Multi-Assistance Center (MAC)

Location: San Antonio, Texas.

Population Served: Individuals with disabilities and special healthcare needs across the lifespan.

Classification: Promising

What It Does: Morgan's MAC is a centralized service hub that integrates navigation, healthcare, therapy, workforce supports, and social services through a coordinated, person-centered care model.

Why It Works: The model reduces fragmentation by providing a single point of access and coordinated care across multiple systems.

Relevance for El Paso: Directly addresses one of the strongest themes identified locally—the need for a centralized navigation and coordination infrastructure.

Key Lesson: Families experience better outcomes when services are coordinated through a centralized navigation and support system.

Strategic Roadmap for Strengthening the IDD Ecosystem

The recommendations in this roadmap are grounded in both the findings of the Meadows IDD Literature Review and the experiences shared by local families, youth, providers, and community partners. While the Meadows report identified evidence-based opportunities across key domains, local engagement helped clarify which challenges are most pressing in the Paso del Norte region and where investments may have the greatest impact. Consistent themes informed the recommendations that follow, including transition to adulthood, employment, housing, transportation, mental health, caregiver support, and system navigation. Together, the research and local findings provide a framework for action that is both evidence-informed and responsive to community needs.

Priority Area	Issue Identified	Recommended Action	Potential Lead Partners	Expected Outcome	Timeline
Navigation & Service Coordination	Families struggle to navigate fragmented systems	Develop a regional navigation hub and coordinated resource platform	PdN Health Foundation, EHN, providers,	Increased access to services and reduced duplication	Short-Term (1–2 yrs.)

			family organizations		
Transition to Adulthood	Services decline significantly after school exit	Create coordinated transition pathways linking schools, workforce, and adult services	School districts, Region 19, Workforce Solutions, VR	Improved employment and postsecondary outcomes	Short-Mid Term (1–5 yrs.)
Employment & Postsecondary Pathways	Limited workforce opportunities and employer engagement	Expand supported employment, internships, and employer partnerships	Workforce Solutions, employers, colleges, VR	Increased competitive employment	Short-Mid Term
Mental Health & Well-Being	Limited IDD-informed behavioral health services	Train providers and expand peer support and crisis alternatives	EHN, behavioral health providers, universities	Improved mental health access and reduced crises	Short-Mid Term
Family & Caregiver Support	Caregiver fatigue and limited respite	Expand respite, support groups, and future planning services	Family-serving organizations/nonprofits	Reduced caregiver stress	Short-Term
Housing & Independent Living	Limited housing options across the continuum	Develop housing strategy and pilot supported living models	Housing authorities, developers, nonprofits	Increased housing opportunities	Mid-Long Term (3–10 yrs.)
Transportation	Transportation limits employment and participation	Improve paratransit reliability and pilot innovative mobility solutions	Sun Metro, healthcare systems, municipalities	Greater mobility and independence	Mid-Term
Workforce Development	Provider shortages and training gaps	Create workforce recruitment and professional development initiatives	Colleges, providers, healthcare systems	Increased service capacity	Long-Term

IDD Coalition Development and Next Steps

Through listening sessions, stakeholder convenings, and follow-up discussions, this project established the foundation for a regional IDD coalition in the Paso del Norte region.

Initial Coalition Activities:

- Convenings embedded within listening sessions (April 2026)

Advancing an Integrated IDD Strategy in the Border Region

- Participation from families, providers, workforce partners, and advocates
- Focus on shared challenges across transition, employment, housing, and navigation

Proposed Coalition Functions:

- Centralize information and resources
- Align systems across education, workforce, and health
- Coordinate outreach and parent education
- Serve as an ongoing feedback loop for families and self-advocates

Proposed Roadmap:

1. Formalize coalition membership (providers, schools, families)
2. Convene quarterly meetings
3. Launch a shared priority initiative (e.g., navigation hub or transition pilot)
4. Establish accountability metrics

Conclusion

El Paso possesses strong community assets, dedicated providers, engaged families, and emerging partnerships that can support a more coordinated IDD ecosystem. However, the current system remains fragmented and difficult to navigate, particularly during key life transitions.

The findings from the Meadows literature review and local community engagement suggest that meaningful progress will not require building entirely new systems. Rather, it will require aligning existing resources, strengthening cross-sector partnerships, expanding proven models, and centering the lived experiences of individuals with IDD and their families.

By investing in navigation, transition planning, employment pathways, mental health supports, housing, transportation, and workforce development, the Paso del Norte region can build a coordinated continuum of support that enables individuals with IDD to thrive throughout their lives and contribute fully to their communities.

Appendices

Appendix A: Data Sources

- Region 19 Special Education Data
- U.S. Census Bureau (ACS Disability Data)

ALL TEXAS PUBLIC SCHOOL DISTRICTS INCLUDING CHARTER SCHOOLS

STUDENTS RECEIVING SPECIAL EDUCATION SERVICES

BY PRIMARY DISABILITY

PEIMS DATA 2025-2026

Countywide for EL PASO COUNTY

SCOPE	AGGREGATION LEVEL	YEAR	COUNTY NAME	REGION	Orthopedic Impairment	Other Health Impairment (OHI)	Auditory Impairment	Visual Impairment (VI)	Deaf-Blindness (DB)	Intellectual Disability (ID)	Emotional Disturbance (ED)	Learning Disability (LD)	Speech Impairment Autism (AU)	Autism (AU)	Multiple Disabilities (MD)	Traumatic Brain Injury (TBI)	Non-Categorical Early Childhood (for children ages 3-5)	Total Students Served through Special Education Services
COUNTY	COUNTY	2025-2026	EL PASO COUNTY	19	47	3088	258	100	0	2212	1080	9130	4529	3905	348	0	166	24863

00 indicates counts are not available (i.e. masked) to comply with the Family Educational Rights and Privacy Act (FERPA).

Masked numbers are typically small although larger numbers may be masked to prevent imputation.

Source: <https://ipedsr1.tea.texas.gov/data/pepctf/edser.html>

	Texas						El Paso County, Texas					
	Total		With a disability		Percent with a disability		Total		With a disability		Percent with a disability	
Label	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total civilian noninstitutionalized population	30,799,313	±7,496	3,945,765	±42,784	12.8%	±0.1	848,647	±2,739	117,902	±6,136	13.9%	±0.7
SEX												
Male	15,227,284	±13,258	1,954,145	±28,147	12.8%	±0.2	413,632	±3,221	57,474	±4,887	13.9%	±1.2
Female	15,572,029	±12,261	1,991,620	±27,600	12.8%	±0.2	435,015	±3,541	60,428	±3,750	13.9%	±0.9
RACE AND HISPANIC OR LATINO ORIGIN												
White alone	14,553,908	±63,110	2,049,164	±28,363	14.1%	±0.2	251,695	±12,324	32,528	±3,278	12.9%	±1.3
Black or African American alone	3,746,530	±28,560	548,292	±18,789	14.6%	±0.5	28,533	±2,018	4,093	±1,491	14.3%	±5.3
American Indian and Alaska Native alone	263,957	±19,636	40,290	±5,700	15.3%	±1.8	7,983	±3,348	1,095	±536	13.7%	±7.5
Asian alone	1,906,874	±13,394	131,398	±6,867	6.9%	±0.4	10,120	±1,535	905	±444	8.9%	±4.3
Native Hawaiian and Other Pacific Islander	25,730	±4,087	3,232	±1,147	12.6%	±4.4	1,417	±387	176	±55	12.4%	±0.8
Some other race alone	2,903,826	±61,395	318,007	±12,054	11.0%	±0.4	174,963	±13,439	27,715	±5,279	15.8%	±2.6
Two or more races	7,398,488	±80,698	855,382	±19,490	11.6%	±0.3	373,936	±15,635	51,390	±4,574	13.7%	±1.2
White alone, not Hispanic or Latino	11,631,029	±17,342	1,727,476	±24,375	14.9%	±0.2	84,390	±2,084	12,921	±1,786	15.3%	±2.0
Hispanic or Latino (of any race)	12,449,954	±5,397	1,396,891	±25,188	11.2%	±0.2	715,354	±1,222	98,612	±5,928	13.8%	±0.8
AGE												
Under 5 years	1,951,696	±6,261	12,998	±2,579	0.6%	±0.1	54,524	±448	923	±896	1.7%	±1.6
5 to 17 years	5,697,422	±7,358	409,632	±15,163	7.2%	±0.3	165,773	±500	11,381	±2,799	6.8%	±1.7
18 to 34 years	7,389,609	±15,230	628,103	±15,991	8.5%	±0.2	211,232	±2,740	17,837	±2,755	8.4%	±1.3
35 to 64 years	11,493,860	±13,257	1,400,620	±25,215	12.2%	±0.2	298,677	±1,553	43,365	±3,811	14.5%	±1.3
65 to 74 years	2,596,222	±7,267	187,451	±10,980	7.2%	±0.1	70,010	±787	19,846	±2,417	28.3%	±3.5
75 years and over	1,670,504	±5,337	822,361	±11,356	49.2%	±0.7	48,481	±612	24,650	±2,167	50.8%	±4.4
DISABILITY TYPE BY DETAIL												
AGE												
With a hearing difficulty	(X)	(X)	1,068,486	±16,222	3.5%	±0.1	(X)	(X)	32,385	±3,322	3.8%	±0.4
Population under 18	7,649,118	±4,819	45,541	±5,720	0.6%	±0.1	220,247	±284	2,535	±1,395	1.2%	±0.6
Population 18 to 64	1,951,696	±6,261	8,756	±2,181	0.4%	±0.1	54,524	±448	774	±859	1.4%	±1.6
Population 65 years and over	5,697,422	±7,358	36,785	±5,149	0.6%	±0.1	165,773	±500	1,761	±892	1.1%	±0.5
Population 18 to 64	18,883,469	±10,561	396,649	±11,456	2.1%	±0.1	509,909	±2,928	12,468	±2,253	2.4%	±0.4
Population 18 to 64	7,389,609	±15,230	75,793	±6,983	1.0%	±0.1	211,232	±2,740	2,144	±1,070	1.0%	±0.5
Population 35 to 64 years	11,493,860	±13,257	320,856	±10,360	2.8%	±0.1	298,677	±1,553	10,324	±1,746	3.5%	±0.6
Population 65 years and over	4,266,726	±5,924	626,296	±11,162	14.7%	±0.3	118,491	±500	17,382	±2,359	14.7%	±2.0
Population 65 years and over	2,596,222	±7,267	245,523	±17,829	9.5%	±0.3	70,010	±787	6,504	±1,523	9.3%	±2.2
Population 75 years and over	1,670,504	±5,337	380,773	±7,818	22.8%	±0.5	48,481	±612	10,878	±1,692	22.4%	±3.4
With a vision difficulty	(X)	(X)	887,594	±19,869	2.9%	±0.1	(X)	(X)	32,126	±3,986	3.8%	±0.5
Population under 18	7,649,118	±4,819	83,417	±6,441	1.1%	±0.1	220,247	±284	3,233	±1,394	1.5%	±0.6
Population 18 to 64	1,951,696	±6,261	8,323	±2,335	0.4%	±0.1	54,524	±448	286	±345	0.5%	±0.6
Population 65 years and over	5,697,422	±7,358	40,994	±15,390	0.7%	±0.1	165,773	±500	1,847	±1,366	1.1%	±0.8
Population 18 to 64	18,883,469	±10,561	489,540	±15,983	2.6%	±0.1	509,909	±2,928	19,483	±3,364	3.8%	±0.7
Population 18 to 64	7,389,609	±15,230	136,825	±8,948	1.9%	±0.1	211,232	±2,740	5,691	±1,883	2.7%	±0.9
Population 35 to 64 years	11,493,860	±13,257	352,715	±12,938	3.1%	±0.1	298,677	±1,553	13,792	±2,491	4.6%	±0.8
Population 65 years and over	4,266,726	±5,924	314,637	±10,906	7.4%	±0.3	118,491	±500	9,410	±1,727	7.9%	±1.5
Population 65 years and over	2,596,222	±7,267	150,976	±7,801	5.8%	±0.3	70,010	±787	4,076	±1,248	5.8%	±1.8
Population 75 years and over	1,670,504	±5,337	163,661	±7,575	9.8%	±0.5	48,481	±612	5,314	±1,217	11.0%	±2.5
With a cognitive difficulty	(X)	(X)	1,610,779	±29,180	5.6%	±0.1	(X)	(X)	41,460	±4,524	5.5%	±0.6
Population under 18	5,697,422	±7,358	313,990	±15,143	5.5%	±0.3	165,773	±500	7,243	±2,327	4.4%	±1.4
Population 18 to 64	18,883,469	±10,561	396,941	±10,626	5.0%	±0.1	509,909	±2,928	26,884	±3,320	5.3%	±0.7
Population 18 to 64	7,389,609	±15,230	403,528	±12,444	5.5%	±0.2	211,232	±2,740	9,972	±1,853	4.7%	±0.9
Population 35 to 64 years	11,493,860	±13,257	533,413	±16,453	4.6%	±0.1	298,677	±1,553	16,912	±2,822	5.7%	±0.9
Population 65 years and over	4,266,726	±5,924	359,848	±11,299	8.4%	±0.3	118,491	±500	9,333	±1,532	7.9%	±1.3
Population 65 years and over	2,596,222	±7,267	141,996	±6,713	5.5%	±0.3	70,010	±787	3,226	±938	4.6%	±1.3
Population 75 years and over	1,670,504	±5,337	217,852	±9,110	13.0%	±0.5	48,481	±612	6,107	±1,244	12.6%	±2.6
With an ambulatory	(X)	(X)	1,737,814	±23,379	6.0%	±0.1	(X)	(X)	52,560	±3,711	6.6%	±0.5
Population under 18	5,697,422	±7,358	40,179	±4,967	0.7%	±0.1	165,773	±500	822	±690	0.5%	±0.4
Population 18 to 64	18,883,469	±10,561	751,178	±17,530	4.0%	±0.1	509,909	±2,928	21,379	±3,039	4.2%	±0.6
Population 18 to 64	7,389,609	±15,230	89,244	±6,243	1.2%	±0.1	211,232	±2,740	2,522	±1,170	1.2%	±0.7
Population 35 to 64 years	11,493,860	±13,257	661,934	±16,580	5.8%	±0.1	298,677	±1,553	18,857	±2,412	6.3%	±0.8
Population 65 years and over	4,266,726	±5,924	946,457	±12,203	22.2%	±0.3	118,491	±500	30,359	±2,783	25.6%	±2.4
Population 65 years and over	2,596,222	±7,267	408,869	±10,366	15.7%	±0.4	70,010	±787	12,308	±1,918	17.6%	±2.8
Population 75 years and over	1,670,504	±5,337	537,588	±10,300	32.2%	±0.6	48,481	±612	18,051	±2,170	37.2%	±4.5
With a self-care difficulty	(X)	(X)	700,569	±16,175	2.4%	±0.1	(X)	(X)	22,253	±3,334	2.8%	±0.4
Population under 18	5,697,422	±7,358	78,800	±7,349	1.4%	±0.1	165,773	±500	2,856	±1,735	1.7%	±1.0
Population 18 to 64	18,883,469	±10,561	293,221	±9,926	1.6%	±0.1	509,909	±2,928	8,724	±2,128	1.7%	±0.5
Population 18 to 64	7,389,609	±15,230	64,265	±12,120	0.9%	±0.1	211,232	±2,740	1,795	±791	0.8%	±0.4
Population 35 to 64 years	11,493,860	±13,257	228,956	±8,280	2.0%	±0.1	298,677	±1,553	7,019	±2,164	2.4%	±0.7
Population 65 years and over	4,266,726	±5,924	328,548	±9,570	7.7%	±0.2	118,491	±500	10,673	±1,625	9.0%	±1.4
Population 65 years and over	2,596,222	±7,267	118,176	±5,994	4.6%	±0.2	70,010	±787	3,823	±981	5.5%	±1.4
Population 75 years and over	1,670,504	±5,337	210,372	±7,620	12.6%	±0.4	48,481	±612	6,850	±1,295	14.1%	±2.7
With an independent living difficulty	(X)	(X)	1,255,500	±18,372	5.4%	±0.1	(X)	(X)	39,069	±3,936	6.2%	±0.6
Population 18 to 64	18,883,469	±10,561	663,461	±15,863	3.5%	±0.1	509,909	±2,928	18,298	±2,936	3.7%	±0.6
Population 18 to 64	7,389,609	±15,230	234,002	±9,492	3.2%	±0.1	211,232	±2,740	6,802	±1,778	3.2%	±0.9
Population 35 to 64 years	11,493,860	±13,257	429,459	±12,554	3.7%	±0.1	298,677	±1,553	11,996	±2,600	4.0%	±0.9
Population 65 years and over	4,266,726	±5,924	592,039	±12,453	13.9%	±0.3	118,491	±500	20,271	±2,397	17.1%	±2.0
Population 65 years and over	2,596,222	±7,267	204,945	±6,945	7.9%	±0.3	70,010	±787	6,729	±1,129	9.6%	±1.6
Population 75 years and over	1,670,504	±5,337	387,094	±10,384	23.2%	±0.6	48,481	±612	13,542	±2,085	27.9%	±4.4