**COMMUNITY HEALTHCORE**

**NEEDS ASSESSMENT FOR RESIDENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITY**

**2024**

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**Introduction**

This Needs Assessment aims to provide a comprehensive overview of the current state of the catchment area, with a specific focus on individuals with intellectual and developmental disabilities (IDD). The assessment examines key demographic, socioeconomic, health, and mortality indicators to identify disparities, barriers to care, and opportunities for improving services and outcomes for the IDD population. The catchment area is comprised of nine (9) Texas counties: Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, and Upshur.

**Findings**

Findings in this report highlight the need for enhanced social services, health interventions, and economic support within the catchment area. The disparities within the catchment area, particularly in health and socioeconomic outcomes, suggest that focused, community-driven strategies will be essential in promoting mental health, preventing substance abuse, and supporting vulnerable populations.

**Strengths**

Social connectivity is a notable strength, with 91.4% of individuals with IDD reporting that they feel connected to others. This indicates strong family and community ties that help provide emotional and social support. Additionally, housing stability is relatively high, as 97.6% of respondents report living in secure housing, primarily with family members. While this suggests a strong reliance on familial support, it also reduces the risk of homelessness for individuals with IDD. Healthcare utilization appears positive, as most individuals have access to necessary medical care, with only 1.4% reporting that they have postponed doctor visits. Furthermore, 55.7% of respondents are enrolled in IDD-specific support programs, such as Home and Community-Based Services (HCS), ensuring access to essential care and resources. Community support services, including case management and respite care, are well received by families, with many caregivers expressing appreciation for the responsiveness and reliability of service providers.

**Area for Improvement**

Despite these strengths, significant gaps remain in employment, financial stability, healthcare access, mental health, service awareness, housing quality, and transportation. Employment opportunities for individuals with IDD are extremely limited, with only 9% of survey respondents reporting that they have a job. Limited access to vocational training programs and employer awareness about accommodations may be contributing factors. Additionally, educational attainment is low, as many individuals do not pursue higher education, which further reduces career prospects.

Financial hardship is another critical issue, with 67.1% of individuals earning less than $15,000 annually and 15.8% living below the poverty line. This financial instability makes it difficult for individuals with IDD to afford necessities such as food, transportation, and independent housing. Healthcare access is also a major concern, particularly due to a shortage of providers. The mental health provider-to-population ratio is alarmingly high at 3,419:1, far exceeding state (640:1) and national (320:1) averages. This shortage leads to delays in treatment and inadequate mental health care. Additionally, mental health concerns are prevalent, with 19% of adults reporting frequent mental distress and a high suicide rate of 20.4 per 100,000 people. Loneliness also affects 17.6% of respondents, indicating a need for more structured social engagement programs.

Many families struggle with navigating available services due to a lack of awareness and complex application processes. Caregivers reported feeling overwhelmed by the amount of paperwork required to access IDD programs, and some were unaware of essential resources available to them. Housing quality is another area of concern, as environmental hazards such as mold, pest infestations, and water leaks were reported by some individuals, posing potential health risks. While housing stability is high, these conditions highlight the need for better housing oversight and maintenance programs.

Lastly, limited transportation options present a barrier to employment, healthcare, and social engagement. Without reliable, accessible transportation, individuals with IDD face difficulties attending medical appointments, job opportunities, and community activities, further reducing their independence. Addressing these challenges through targeted interventions will be essential in improving the quality of life and increasing opportunities for individuals with IDD in the Community Healthcore catchment area.

**Secondary Data**

**Demographics**

**Age and Race**

Tables 1 and 2 show the age and racial makeup of the catchment area. The total catchment area includes about 452,578 individuals from Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, and Upshur counties. Most individuals living in the counties are between 18 to 64 years old, but some counties have lower and higher rates of youth and older adult populations than others. Marion County has the lowest percentage of youth under 18 (17.2%) and the highest share of adults 65 and older (27.1%), while Gregg County has the highest youth population (25.7%) and the lowest percentage of older adults (15.7%). Overall, the catchment area has fewer youth under 18 than Texas but aligns with national averages, while the percentage of older adults exceeds both state and national levels.

Table 2 showcases the racial makeup of the catchment area. Most of the catchment area identifies as White (69.6%), with a much smaller percentage identifying as Black or African American (18.6%), and Hispanic or Latino (13.2%). This is a substantially higher percentage of White individuals than statewide (59.1%), and nationally (65.9%), and a substantially lower percentage of Hispanic or Latino individuals statewide (39.9%), and slightly lower than nationwide (18.7%).

**Table 2. Age Range, US Census Bureau: American Community Survey 5 Year Estimates,**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age** | | **Under 18 years** | **18 years to 64 years** | **65 years and over** | **Total Population** |
| **Bowie** | 23.7% | | 59.3% | 17.1% | 92,747 |
| **Cass** | 22.4% | | 55.4% | 22.2% | 28,637 |
| **Gregg** | 25.7% | | 58.6% | 15.7% | 124,245 |
| **Harrison** | 24.3% | | 58.8% | 17.0% | 69.098 |
| **Marion** | 17.2% | | 55.7% | 27.1% | 9,668 |
| **Panola** | 23.1% | | 56.6% | 20.2% | 22,540 |
| **Red River** | 20.1% | | 54.0% | 25.9% | 11,627 |
| **Rusk** | 22.4% | | 60.8% | 16.8% | 52,755 |
| **Upshur** | 23.8% | | 57.9% | 18.3% | 41,261 |
| **Texas** | 25.3% | | 61.8% | 12.9% | 29,243,342 |
| **United States** | 22.1% | | 61.4% | 16.5% | 331,109,593 |

**Table 1. Race and Ethnicity, U.S. Census Bureau: American Community Survey 5 Year Estimates,**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Race/Ethnicity** | **Hispanic or Latino** | **White alone** | **Black or African American alone** | **American Indian and Alaskan Native alone** | **Asian alone** | **Native Hawaiian and Other Pacific Islander alone** | **Some other race alone** | **Two or more races** | **Total Population** |
| **Bowie** | 8.1% | 66.8% | 25.3% | 0.5% | 1.3% | 0.1% | 2.3% | 3.7% | 92,747 |
| **Cass** | 5.3% | 77.8% | 15.1% | 0.5% | 2.6% | 0.0% | 0.6% | 3.5% | 28,637 |
| **Gregg** | 19.6% | 64.3% | 19.5% | 0.2% | 1.1% | 0.1% | 1.8% | 13.0% | 124,245 |
| **Harrison** | 13.9% | 67.0% | 20.6% | 0.4% | 0.6% | 0.0% | 3.5% | 7.9% | 69,098 |
| **Marion** | 4.6% | 71.4% | 21.9% | 0.7% | 0.6% | 0.1% | 1.6% | 3.7% | 9,668 |
| **Panola** | 9.4% | 76.0% | 12.6% | 0.1% | 0.7% | 0.0% | 1.1% | 9.6% | 22,540 |
| **Red River** | 7.8% | 77.4% | 15.6% | 1.8% | 0.3% | 0.0% | 1.5% | 3.3% | 11,627 |
| **Rusk** | 17.9% | 69.9% | 15.6% | 0.1% | 0.4% | 0.1% | 1.9% | 12.0% | 52,755 |
| **Upshur** | 9.3% | 83.9% | 7.5% | 0.1% | 0.5% | 0.1% | 2.2% | 5.7% | 41,261 |
| **Texas** | 39.9% | 59.1% | 12.1% | 0.6% | 5.2% | 0.1% | 7.8% | 15.1% | 29,243,342 |
| **United States** | 18.7% | 65.9% | 12.5% | 0.8% | 5.8% | 0.2% | 6.0% | 8.8% | 331,097,593 |

**Sub-Populations**

Table 3 showcases the language makeup in the catchment area, where 82.4% of households speak only English. Spanish is the most common non-English language, spoken by 10.1% of the population, ranging from 2.5% in Marion County to 14.1% in Gregg County. Other languages, including Indo-European and Asian languages, each make up less than 1% of the population. Compared to Texas (60.7%) and the U.S. (73.8%), the catchment area has a higher proportion of English-only speakers, indicating lower linguistic diversity.

**Table 3. Languages, U.S. Census Bureau: American Community Survey 5 Year Estimate,**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Language** | **English only** | **Spanish** | **Other Indo-European languages** | **Asian and Pacific Islander languages** | **Other languages** | **Total Population** |
| **Bowie** | 87.9% | 4.3% | 0.9% | 0.7% | 0.1% | 92,747 |
| **Cass** | 89.3% | 2.5% | 0.9% | 1.6% | 0.1% | 28,637 |
| **Gregg** | 77.5% | 14.1% | 0.7% | 1.0% | 0.2% | 124,245 |
| **Harrison** | 84.9% | 8.5% | 0.3% | 0.3% | 0.2% | 69,098 |
| **Marion** | 93.0 | 2.5% | 0.4% | 0.6% | 0.0% | 9,668 |
| **Panola** | 86.2% | 6.9% | 0.4% | 0.8% | 0.0% | 22,540 |
| **Red River** | 89.3% | 3.9% | 0.7% | 0.1% | 0.0% | 11,627 |
| **Rusk** | 81.3% | 12.4% | 0.4% | 0.4% | 0.1% | 52,755 |
| **Upshur** | 89.4% | 4.3% | 0.2% | 0.4% | 0.0% | 41,261 |
| **Texas** | 60.7% | 26.6% | 2.2% | 2.9% | 1.0% | 29,243,342 |
| **United States** | 73.8% | 12.5% | 3.5% | 3.3% | 1.1% | 331,097,593 |

Table 4 provides insights into the veteran and disability status across various counties within a catchment area, compared to state and national averages. The table shows the percentage of the civilian population over 18 years who are veterans alongside the percentage of the civilian non-institutionalized population with a disability, set against the total population of each area. The veteran population within these counties varies, with Marion County having the highest percentage of veterans at 9.4%, which is nearly double the state average of 4.8% and well above the national average of 5.1%. This indicates a significant veteran presence in Marion compared to other regions. On the other hand, Rusk County has the lowest veteran population at 5.1%. Disability rates show even more variability. Cass County reports the highest disability rate at 20.7%, which is nearly double the national average of 12.7% and far exceeds the state average of 11.5%. This high rate could suggest specific health challenges or accessibility issues within this county. Marion County also stands out with a 22.0% disability rate. Overall, the catchment area shows an average veteran presence of 6.1% and a disability rate of 15.0%, both figures are higher than the respective state and national averages, reflecting unique demographic characteristics that might influence local policies and healthcare services.

**Table 4. Veteran and Disability Status, US Census Bureau: American Community Survey 5 Year Estimates,**

|  |  |  |  |
| --- | --- | --- | --- |
| **Veteran & Disability Status** | **Civilian population over 18 years who are veterans** | **Civilian non-institutionalized population with a disability** | **Total Population** |
| **Bowie** | 6.6% | 11.8% | 92,747 |
| **Cass** | 7.5% | 20.7% | 28,637 |
| **Gregg** | 5.2% | 12.8% | 124,245 |
| **Harrison** | 5.8% | 17.3% | 69,098 |
| **Marion** | 9.4% | 22.0% | 9,668 |
| **Panola** | 6.9% | 16.6% | 22,540 |
| **Red River** | 7.1% | 16.6% | 11,627 |
| **Rusk** | 5.1% | 14.0% | 52,755 |
| **Upshur** | 6.9% | 19.7% | 41,261 |
| **Texas** | 4.8% | 11.5% | 29,243,342 |
| **United States** | 5.1% | 12.7% | 331,097,593 |

**Education and Economic Factors**

**Table 5. Economic Indicators, U.S. Census Bureau: American Community Survey 5 Year Estimates, 2022**

Table 5 from the ACS Demographic and Housing Estimates provides an overview of economic indicators across the catchment area, comparing them to state and national data for 2022. The median household income varies widely, from $44,583 in Red River County to $63,811 in Gregg County, with a catchment area average of $56,628, significantly lower than the Texas ($73,035) and U.S. ($75,149) averages.

Household structures differ, with married-couple households averaging 18.8% and cohabiting couples ranging from 0.5% to 6.8%. Marion County has the highest percentage of female-headed households (13.7%). Technology access is also lower, with 33.5% of households owning a computer and 30.1% having broadband, both below state and national levels. Gregg County has the highest access, while Red River lags.

Overall, the catchment area faces lower incomes, diverse household structures, and limited technology access, highlighting socioeconomic challenges that may impact residents’ quality of life and economic opportunities. Figure 1 illustrates how all counties fall below state and national median incomes, with Red River and Marion counties trailing by over $30,000.

**Table 5. Economic Indicators, US Census Bureau: American Community Survey 5 Year Estimates,**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Economic Indicators** | **Households** | **Median Household Income** | **Household with a computer** | **Household with a broadband Internet subscription** |
| Bowie | 34,486 | $56,628.00 | 31.4% | 28.5% |
| Cass | 11,530 | $54,303.00 | 35.2% | 31.6% |
| Gregg | 47,008 | $63,811.00 | 35.3% | 32.7% |
| Harrison | 24,993 | $63,427.00 | 33.3% | 28.2% |
| Marion | 4,014 | $48,040.00 | 35.7% | 31.7% |
| Panola | 8,062 | $58.205.00 | 30.9% | 29.3% |
| Red River | 4,662 | $44,583.00 | 32.5% | 27.1% |
| Rusk | 17,792 | $61,661.00 | 30.3% | 24.6% |
| Upshur | 14,969 | $60,456.00 | 33.6% | 31.5% |
| Texas | 10,490,553 | $73,035.00 | 34.0% | 31.7% |
| United States | 125,736,353 | $75,149.00 | 35.7% | 33.6% |

Table 6 breaks down education levels from less than a 9th-grade education to graduate or professional degrees, providing insight into the educational landscape of the catchment area. Within the catchment area, the percentage of the population with less than a 9th-grade education averages 6.3%, on par the national average of

3.2% but lower than the Texas average of 4.9%. Red River County has the highest percentage in this category at 3.9%, indicating a significant portion of the population with very limited education. Conversely, Cass County has one of the lowest percentages at 2.4%.

The percentage of individuals who have completed high is notably high across the catchment area, with an average of 24%, which is significantly above the state average of 15.8% and the national average of 18%. Marion County stands out with the highest proportion of high school graduates at 30.3%, while Gregg County is on the lower end with 18.5%. This suggests that high school completion is a common educational achievement in the catchment area, possibly reflecting local educational priorities or opportunities. When examining higher education, the catchment area lags behind both Texas and the national averages. The average percentage of the population with a bachelor’s degree in the catchment area is 8.7%, which is below the Texas average of 13.4% and the national average of 14.3%. Marion County, however, surpasses the catchment average with 10.1% of its population holding a bachelor’s degree, indicating a higher concentration of college-educated residents. In contrast, Red River County is at the lower end with only 6.8% holding a bachelor’s degree, which may suggest fewer opportunities for higher education or other socioeconomic factors at play. Graduate or professional degree attainment is similarly lower in the catchment area, averaging 3.7% compared to 7.5% in Texas and 9.2% nationwide. Bowie County stands out with 5.5% of its population holding advanced degrees, significantly higher than the catchment average. On the other hand, Marion County has the lowest percentage of graduate or professional degree holders at just 2.1%, highlighting potential disparities in access to or pursuit of advanced education across the catchment area.

Overall, the educational attainment in the catchment area shows a strong emphasis on high school education but lower levels of college and advanced degrees compared to state and national averages. This pattern may reflect regional economic conditions, access to educational resources, and local cultural values surrounding education. The disparities between counties within the catchment area, particularly in higher education, suggest varying degrees of educational opportunities and socioeconomic influences across the region.

**Table 6. Education, U.S. Census: American Community Survey 5 Year Estimates,**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Education, Population 25 years and over** | **Less than 9th grade** | **9th to 12th grade, no diploma** | **High school graduate (includes equivalency)** | **Some college, no degree** | **Associate’s degree** | **Bachelor’s degree** | **Graduate or professional degree** |
| Bowie | 2.3% | 4.5% | 23.9% | 16.5% | 5.5% | 9.5% | 5.5% |
| Cass | 2.4% | 6.3% | 29.6% | 14.4% | 5.3% | 8.6% | 3.4% |
| Gregg | 3.7% | 5.1% | 18.5% | 17.1% | 5.7% | 9.8% | 4.6% |
| Harrison | 2.3% | 4.8% | 21.6% | 17.0% | 5.6% | 10.0% | 4.7% |
| Marion | 2.7% | 7.2% | 30.3% | 16.2% | 6.3% | 10.1% | 2.1% |
| Panola | 3.1% | 8.0% | 19.8% | 19.8% | 6.3% | 8.0% | 3.0% |
| Red River | 3.9% | 6.9% | 29.2% | 17.6% | 5.0% | 6.8% | 3.4% |
| Rusk | 3.4% | 7.4% | 22.6% | 17.7% | 6.5% | 7.1% | 3.7% |
| Upshur | 2.9% | 6.3% | 22.7% | 18.2% | 6.8% | 8.4% | 3.3% |
| Texas | 4.9% | 4.7% | 15.8% | 13.5% | 4.9% | 13.4% | 7.5% |
| United States | 3.2% | 4.2% | 18.0% | 13.5% | 6.0% | 14.3% | 9.2% |

Table 7 gives an overview of socioeconomic challenges faced by these populations, particularly in terms of economic stability and access to health care. The average unemployment rate across the catchment area is 5.4%, slightly higher than the state average of 5.2% and the national average of 5.3%. Marion County exhibits the highest unemployment rate at 10.7%, indicating significant economic distress in that region. In contrast, Panola County reports the lowest unemployment rate at 2.9%, suggesting better employment opportunities or economic conditions in that area. These figures highlight the varying economic landscapes within the catchment area, with some counties facing more severe unemployment than others.

When examining poverty levels, the catchment area has an average poverty rate of 15.8%, which is notably higher than the Texas average of 13.9% and the national average of 12.5%. Red River County stands out with a poverty rate of 20.2%, the highest in the region, signaling a critical area of need. On the other hand, Franklin County has the lowest poverty rate at 8.6%, which is well below the catchment area average, indicating relatively better economic conditions. The disparity in poverty levels among these counties reflects significant economic inequalities within the region.

Looking at poverty among different age groups, children (those 18 years or younger) appear to be particularly vulnerable in the catchment area, with an average of 22.6% living below the poverty level, compared to 19.3% in Texas and 16.7% nationally. Red River County again shows the highest rate, with 27.4% of children living in poverty, suggesting substantial challenges for families in that area. Rusk County, however, reports the lowest rate at 13.4%, which is below state average, indicating better support or economic conditions for families with children. For adults aged 18 to 64 years, the average poverty rate in the catchment area is 14.3%, higher than the state average of 12.2% and the national average of 11.7%. Red River County remains the most affected, with 17.7% of this age group living in poverty, while Rusk County reports the lowest rate at 13.4%. This suggests that economic hardships are more pronounced in certain counties, potentially due to factors such as limited job opportunities or lower wages.

**Table 7. Poverty and Unemployment, U.S. Census Bureau: American Community Survey 5 Year Estimates,**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Poverty Level** | **Unemployment Rate** | **People whose income is below the poverty level in past 12 months (All People)** | **Those 18 years or younger under the poverty level in past 12 months** | **Those 18 to 64 years under the poverty level in the past 12 months** | **Those 65 years and older under the poverty level in past 12 months** | **Civilian non-institutional population without Health Insurance Coverage Rate** |
| Bowie | 4.0% | 17.4% | 22.8% | 15.9% | 14.3% | 15.5% |
| Cass | 7.2% | 18.5% | 29.0% | 17.3% | 10.6% | 13.7% |
| Gregg | 3.7% | 16.5% | 23.7% | 15.3% | 9.2% | 17.0% |
| Harrison | 6.1% | 16.3% | 24.4% | 14.6% | 10.8% | 16.3% |
| Marion | 10.7% | 15.7% | 25.3% | 14.0% | 13.0% | 11.6% |
| Panola | 2.9% | 14.0% | 23.6% | 11.1% | 10.8% | 19.9% |
| Red River | 3.8% | 20.2% | 27.4% | 17.7% | 19.7% | 18.9% |
| Rusk | 5.5% | 13.4% | 20.6% | 11.0% | 11.4% | 15.8% |
| Upshur | 4.3% | 14.6% | 16.6% | 14.5% | 12.0% | 16.4% |
| Texas | 5.2% | 13.9% | 19.3% | 12.2% | 11.4% | 17.6% |
| United States | 5.3% | 12.5% | 16.7% | 11.7% | 10.0% | 8.7% |

**Mental Health**

Tables 8-10 provide an overview of several health outcomes and social factors in the catchment area compared to Texas and the United States. These tables feature data from the 2024 County Health Rankings & Roadmaps, which primarily uses the latest available trend data between 2016 and 2023 for reporting.

On average, the catchment area had a slightly lower rate of excessive drinking (17%) compared to Texas and the US (18%), with Rusk County having the highest rate (19%) and Cass and Red River Counties having the lowest rate (16%). However, the catchment area reported a considerably greater percentage of children in poverty (24%) compared to Texas (19%) and the US overall (16%), with a range from 32% in Marion County to 19% in Panola. Likewise, the catchment area also had a higher average rate of reported frequent mental distress among adults (19%) compared to Texas (14%) and nationally (15%). Teen births were also considerably higher in the catchment area, with an average of 31.1 per 1,000 females ages 15-19 compared to only 24 in Texas and 17 in the US. Bowie County had the highest rate of teen births (37), while Marion County had the lowest (28).

**Table 8. Health Outcomes & Social Factors, County Health Rankings & Roadmaps,**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Excessive Drinking**  % of adults reporting binge or heavy drinking (age-adjusted) | **Children in Poverty**  % of people under age 18 in poverty | **Frequent Mental Distress**  % of adults reporting 14 or more days of poor mental health per month (age-adjusted) | **Teen Births**  # of births per 1,000 female population ages 15-19 |
| **Bowie** | 17% | | 26% | 17.1% | 37 |
| **Cass** | 16% | | 27% | 22.2% | 30 |
| **Gregg** | 18% | | 23% | 15.7% | 35 |
| **Harrison** | 18% | | 23% | 17.0% | 30 |
| **Marion** | 15% | | 32% | 27.1% | 28 |
| **Panola** | 18% | | 19% | 20.2% | 28 |
| **Red River** | 16% | | 27% | 25.9% | 35 |
| **Rusk** | 19% | | 22% | 16.8% | 29 |
| **Upshur** | 18% | | 21% | 18.3% | 30 |
| **Texas** | 18% | | 19% | 12.9% | 24 |
| **United States** | 18% | | 19% | 16.5% | 17 |

Note: 2024 County Health Rankings used data from 2016-2022 for these measures.

Total life expectancy was nearly 4 years less in the catchment area (73.3 years) compared to Texas (77.2 years) and the US (77.6 years). Child mortality is also notably higher on average in the catchment area (76.7) than in Texas and the US (50), with Red River County having the highest rate of 160 per 100,000 population under the age of 20. However, the catchment area did have lower rates of drug overdose deaths per 100,000 population (10.7) compared to the state (14) and the country overall (27). On average, there was a higher rate of disconnected youth in the catchment area (16%) than in Texas (8%) and the US (7%). The catchment area also had a higher rate of suicides per 100,000 population (20.4) compared to the state and nationally (14). Cass County had the highest rate of suicides (30), while Harrison and Rusk Counties had the lowest rates (16). Additionally, the catchment area reported an average of one (1) more total poor mental health days per month (5.6) compared to the state of Texas (4.6) and the US (4.8).

**Table. 9 Poor Mental Health, County Health Rankings & Roadmaps,**

|  |  |
| --- | --- |
|  | **Poor Mental Health Days** Average number of mentally unhealthy days reported in past 30 days (age-adjusted) |
| **Bowie** | 5.8 |
| **Cass** | 6.1 |
| **Gregg** | 5.5 |
| **Harrison** | 5.6 |
| **Marion** | 5.8 |
| **Panola** | 5.7 |
| **Red River** | 5.9 |
| **Rusk** | 5.5 |
| **Upshur** | 5.8 |
| **Texas** | 4.6 |
| **United States** | 4.8 |

Note: 2024 County Health Rankings used data from 2021 for these measures.

Access to healthcare providers can impact health and social outcomes. Compared to Texas and the US, counties in the catchment area had much higher ratios of population members to number of available healthcare providers, including primary care physicians, dentists, and mental health providers. For example, in the catchment area there were (on average) 3,419 members of the population for every 1 mental health provider, compared to 640:1 in Texas and only 320:1 nationally. Likewise, there were 3,442 individuals for every 1 primary care physician in the catchment area, but this was 1,660:1 in Texas and 1,330:1 in the US. This indicates individuals in the catchment may have more difficulty accessing primary care, dental, and mental health providers as there are, on average, fewer providers per person in the catchment counties.

**Table. 10 Ratio of Healthcare Providers, County Health Rankings & Roadmaps,**

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| **Ration of Population to Providers** | **Primary Care Physicians** | **Dentists** | **Mental Health Providers** |
| **Bowie** | 1,380:1 | 1,610:1 | 770:1 |
| **Cass** | 4,760:1 | 3,170:1 | 2,850:1 |
| **Gregg** | 1,100:1 | 1,000:1 | 2,000:1 |
| **Harrison** | 3,290:1 | 4,120:1 | 2,000:1 |
| **Marion** |  | 9,560:1 | 9,560:1 |
| **Panola** | 4,540:1 | 3,780:1 | 5,670:1 |
| **Red River** | 3,850:1 | 3,850:1 | 2,310:1 |
| **Rusk** | 4,400:1 | 2,960:1 | 2,960:1 |
| **Upshur** | 4,640:1 | 7,080:1 | 2,500:1 |
| **Texas** | 1,660:1 | 1,590:1 | 640:1 |
| **United States** | 1,330:1 | 1,360:1 | 320:1 |

**Note: 2024 County Health Rankings used data from 2021-2023 for these measures.**

**Conclusion**

The catchment fares worse on many measures of health. Total life expectancy was nearly 4 years less in the catchment area compared to the state and nationally. Teen births were considerably higher in the catchment area, as was child mortality. Individuals residing in the catchment area may also have more difficulty accessing primary care, dental, and mental health providers as there were, on average, fewer providers per person in those counties.

Additionally, the catchment area had poor outcomes for mental health. The catchment had a higher average rate of adults reporting frequent mental distress compared to Texas and nationally, and there were also higher rates of disconnected youth. The catchment area reported an average of at least one additional poor mental health day per month and a higher rate of suicides as well.

The existing health and social disparities in the catchment may indicate underlying socioeconomic challenges that could impact the quality of life and economic opportunities available to residents. The disparities between counties within the catchment area also suggest varying degrees of educational opportunities and socioeconomic influences across the region. Data show a strong need for prevention services, mental health treatment, and mental health promotion.

**Methodology for the Needs Assessment**

A mixed-methods approach was undertaken consisting of a community survey, key informant interviews (KIIs), and review of secondary community outcomes data. Primary data collection occurred from February 2024 through January 2025. The survey was administered via paper copy to clients with IDD in the Community Healthcore catchment area and received 271 responses.

**Key Informant Interviews (KII)**

Personal interviews were conducted with six community stakeholders to develop a deeper understanding of the health issues and needs facing people with IDD across our catchment area. These individuals were identified by Case Mangers for persons with IDD and included guardians of a person with IDD with knowledge of the challenges and needs facing people with intellectual and developmental disabilities. All interviews were conducted by Community Healthcore worker in January 2025. Community Healthcore (CHC) developed an interview guide which included a set of key questions.

Interviewees included self-advocate (person with IDD) and guardian of a person with IDD. Interviews were conducted over the telephone, based on the preference of the interviewee, and were audio-recorder with prior consent. All interviews were between 8-20 minutes in length and were transcribed by the CHC team.

**Survey of Needs of People with IDD**

Community Healthcore conducted a survey to evaluate the needs of the Intellectual and Developmental Disabilities (IDD) population. To ensure broad participation, we distributed the survey through a mailed survey approach, sending 1,751 survey packets to individuals identified as part of the IDD community within our catchment area. Each packet included a printed survey, a pre-addressed stamped return envelope, and a cover letter explaining the survey’s purpose and confidentiality assurances. Recipients were encouraged to complete and return the survey by the specified deadline, and [mention any follow-up actions, such as reminder postcards or phone calls, if applicable] were implemented to improve response rates. A total of 271 completed surveys were returned, resulting in a response rate of 15.5%. Once received, the surveys were logged and analyzed using Excel to identify key trends, service gaps, and priority needs within the IDD community.

**Survey questions are summarized below:**

* **Demographics**, including age, gender, race/ethnicity, primary language, communication preference, marital status, and county of residence.
* **Service Needs:** Healthcare access, daily living support, transportation, housing, employment, mental health, and assistive technology.
* **Community Engagement:** Participation in social activities, resource accessibility, and preferred support methods.
* **Additional Feedback:** Open-ended section for specific needs and concerns.

**Demographic of Survey Respondents**

Most respondents (56.1%) identified as male. In terms of race, 21.4% identified as Black/African American and 50.9% reported being White (Non-Hispanic). Three percent identified as Hispanic or Latino ethnicity

Gregg County has the highest percentage of residents at 27.31%, followed by Bowie (13.22%), Harrison (11.89%), and Upshur (10.57%). These four counties collectively account for over 60% of the total population.

Smaller portions of the population reside in Cass (4.85%), Panola (4.41%), Red River (6.17%), Rusk (7.05%), and Marion (1.32%). An additional 13.22% of individuals fall under the “Other” category, suggesting residence in counties not specifically listed.

**Communication Preference**

Verbal communication is the most preferred method, used by 89% of CHC individuals with IDD. Written communication accounts for 4%, while non-verbal communication make up 6%. Augmented devices are used by only 1%, and sign language is not used at all (0%).

**Living Arrangements**

Most individuals with IDD (76.2%) live with family or relatives, which suggests a strong reliance on familial support for daily living. A small percentage (7.1%) reside in group homes, while 6.7% live independently. Only 1% of respondents share housing with non-relatives, and 2.4% live in nursing facilities. Notably, there were no reports of homelessness or residence in medical facilities. While family support remains essential, the low percentage of individuals living independently highlights potential barriers to transitioning to self-sufficient housing, emphasizing the need for supportive housing initiatives.

**Housing Stability and Environmental Conditions**

A vast majority (97.6%) of individuals report stable housing, with only 2.4% expressing concern about losing their housing within the next two months. However, some respondents reported environmental concerns, including bug infestations (2.9%), mold (2.4%), and water leaks (2.4%). Additionally, a small percentage of respondents (1.4%) reported non-functioning smoke detectors, and 1% cited inadequate heating. While housing stability appears high, the presence of environmental hazards poses potential health risks, indicating a need for improved housing inspections and maintenance programs.

**Financial Stability**

Economic hardship is a significant concern within the IDD community, as 74.6% of individuals earn less than $15,000 annually, and an additional 12% fall within the $15,000-$24,999 income bracket. Only 1.6% of respondents reported an income above $50,000, indicating limited economic mobility.

**Diagnosis Information**

Among the surveyed population, 67.6% have been diagnosed with an intellectual disability, while 36.9% have autism spectrum disorder and 43.8% have a learning disorder. Additionally, 26.2% have been diagnosed with a mental health condition, 16.7% have a seizure disorder, and 16.7% have an orthopedic disorder such as cerebral palsy.

**IDD Services Enrollment**

More than half of the respondents (55.7%) are enrolled in Home and Community-Based Services (HCS), making it the most widely used support program. Community Living Assistance & Support Services (CLASS) is utilized by 18.6%, while Texas Home Living (TxHmL) supports 7.6%. Other services, such as PASRR and CFC, have lower enrollment rates, each serving less than 6% of the IDD population.

**Access to Healthcare**

Access to medical care appears to be relatively stable within the IDD community, with only 1.4% reporting that they have put off or neglected doctor visits. Similarly, only 1% of respondents cited childcare responsibilities as a barrier to work or study. While these numbers indicate that most individuals are receiving necessary healthcare services, even a small percentage of healthcare neglect can lead to long-term health disparities, highlighting the importance of continued accessibility to medical resources and routine health check-ups.

**Food Insecurity**

Approximately 3.3% of respondents experienced the threat of losing their utility services within the past year, and 0.5% had their utilities shut off. Food insecurity remains an issue for a subset of the population, with 2.4% reporting that they “often” lacked money for food, while 6.7% stated they “sometimes” struggled with food access. The vast majority (90.9%) did not experience food insecurity.

**Employment and Education**

Unemployment is prevalent within the IDD population, as only 9% of respondents reported having a job, while 91% were unemployed. Regarding education, 20% of respondents did not complete high school, while 68.6% earned a high school diploma. Only 4.8% pursued higher education, with 0.5% obtaining a bachelor’s degree. These statistics suggest that limited access to post-secondary education and workforce participation are significant barriers to financial independence

**Financial Hardship**

Financial strain is a reality for many individuals within the IDD community, with 5% stating that they “always” struggle to pay bills, while 3% reported experiencing financial hardship “often,” and 9% said they “sometimes” face difficulty covering expenses. However, 77% of respondents reported rarely or never experiencing financial hardship. While many individuals appear to have financial stability, a notable portion still struggles with consistent financial burdens

**Community Safety and Abuse**

Most respondents feel safe in their community, with 85.2% reporting that they “always” feel safe, while 4.3% said they “sometimes” or “rarely” feel safe. Instances of physical harm are rare, with only 1.4% reporting occasional physical harm. However, 1.9% have experienced threats, and 5.2% have faced verbal abuse. Additionally, 3.3% reported being insulted or talked down to regularly. While most individuals experience a secure environment, cases of verbal abuse and mistreatment underscore the importance of advocacy efforts and community awareness to protect the rights and well-being of individuals with IDD.

**Social Connection & Loneliness**

Social connectivity is strong within the IDD community, as 91.4% of respondents feel a connection to others. However, 5.2% do not feel socially connected, and 17.6% have experienced loneliness. While most individuals maintain social relationships, a significant percentage report experiencing loneliness, indicating a need for expanded community engagement programs and social inclusion initiatives.

**Assistance Needs**

Although the majority (87.6%) of respondents do not require additional assistance, 5.2% expressed a need for support with housing, healthcare, or employment services. While this percentage is relatively low, it represents individuals who may be struggling to navigate available resources. Providing targeted outreach and improving access to existing support programs could address these gaps and ensure all individuals receive the assistance they need.

**Key Informant Interview Findings**

Participants expressed deep appreciation for the services provided by Community Healthcore, particularly highlighting the responsiveness and knowledge of case managers. One caregiver noted, “I get quick responses from her coordinator. She is very prompt in returning calls and offering solutions to any problem that arises.” Another caregiver emphasized the importance of case manager consistency, stating, “I hope they don’t start doing revolving door case managers because you get a working rapport, and it sucks when all of a sudden you’ve got a whole different person and you’re having to start over.” Many families also spoke highly of attendant and respite care services, which provide relief for caregivers managing physically demanding responsibilities. One parent shared, “Having access to hire some help has been life changing. My husband is pushing 70, and I’ve had back surgery. Lifting our daughter for years was getting too difficult.”

Despite these strengths, several barriers prevent families from accessing services. A major issue is the lack of awareness about available programs. One caregiver explained, “When we moved to Texas, I had no idea where to look for services. Even my daughter’s doctors didn’t know where to direct me.” Another added, “I thought Community Healthcore primarily provided mental health services because my sister saw a counselor there. I had no idea they worked with kids like my daughter.” Many caregivers also found the application process overwhelming, with one stating, “The sheer amount of paperwork is daunting. My husband and I have master’s degrees, and even we struggle with it. I can’t imagine how hard it is for families without the same level of education.” Additionally, some participants mentioned difficulty in finding healthcare providers, especially after their children aged out of pediatric care. One parent shared, “We had a heck of a time finding a dentist. The only one I could find was a three-hour drive away. I wouldn’t have known about it if my case manager hadn’t told me.” Another common challenge was the lack of clear referral pathways, with one caregiver suggesting, “If doctors’ offices or counselors referred families to Community Healthcore, more people would reach out for help.”

To address these challenges, several recommendations emerged. First, community awareness and outreach efforts should be strengthened by partnering with schools, doctors’ offices, and social work programs to improve referrals. One caregiver suggested hosting informational sessions at schools, stating, “Schools are often the first-place families hear about services. But right now, even they don’t always know where to send parents.” Participation in community health fairs and events was also recommended to increase visibility. Second, simplifying access to services through streamlined paperwork and a centralized resource hub could help families navigate the system more easily. Third, case manager training should focus on advocacy and education, with one caregiver emphasizing, “Case managers should empower parents to speak up. Teach them how to work the system and who to contact when they hit roadblocks.” Finally, expanding program capacity was suggested, particularly increasing availability in day programs and introducing life skills workshops, such as cooking and shopping classes. One caregiver explained, “Some people may not even realize they can teach their kids these skills. A structured program could help.”

**Community Strengths**

**What Services are currently available for Community Healthcore IDD population?**

**Texas Home Living (TxHmL)**

Texas Home Living is a Medicaid Waiver program providing services to individuals with Intellectual and Developmental Disabilities who live in their own home or their family home. Those served can choose from an array of services totaling no more than $17,000, not including Personal Attendant/Habilitation services. Services include Day Habilitation, Employment Assistance, Supported Employment, Nursing, OT, PT, ST, Dietary, Dental, Behavior Support, Respite, Transportation, Adaptive Aids, Minor Home Modifications and Audiology. Services can be self-directed.

**Community Living & Support Services (CLASS)**

Community Living & Support Services (CLASS) is a program for individuals with an IDD diagnosis or a related condition who live at home or on their own. These individuals receive PAS/HAB (attendant care) to assist with daily living skills. The program also offers a variety of therapies including but not limited to physical therapy, speech therapy, occupational therapy, massage therapy, equine therapy, horseback riding therapy, etc.

The CLASS program can also assist families with minor home modifications as well as vehicle modifications. The cap for the CLASS program is $114,736.07 yearly. Community Healthcore is not the service provider. Rather, Community Healthcore is the case management agency, responsible for developing the Individual Care Plan and for monitoring the individual monthly to ensure they are receiving the above services from their Direct Service Agency.

**Community First Choice (CFC)**

Community First Choice (CFC) is a Medicaid Entitlement program for individuals with intellectual or developmental disabilities or a related condition. Community First Choice provides individuals residing in their own home with personal attendant care and habilitation services.

**ICF/IID Residential Group Home**

An ICF/IID program is a residential group home, providing intermediate care facilities for individuals with an intellectual disability or a related condition. The program provides 24-hour residential services, comprehensive and individualized health care including physician, nursing and dental services, skills training, adaptive aides, vocational programs, and day habilitation services to people to promote their independence. Individuals are afforded the opportunity to live in the community and go on community outings such as church, shopping, dates, parties, and vacations. People are served in a six- or twelve-bed setting. There is no waiting list or interest list for this program. A person can select a particular ICF/IID; however, the ICF/IID must have a vacancy, and the provider must approve the admission. Staff are scheduled around the clock to support and assist with daily living activities, so the person gains skills to increase independence.

**Home & Community Based Services (HCBS)**

Home & Community Based Services (HCBS) is a Medicaid Waiver program for individuals with intellectual and developmental disabilities. Individuals served may be living with their family, in their own home, or in other community settings such as small group homes. Those served can select from an array of services, including but not limited to care coordination, nursing, day habilitation, adaptive aids, minor home modifications, host companion care, personal attendant services, habilitation training, therapies, dietary, audiology and respite.

**Aging and Disability Resource Centers (ADRCs)**

Aging and Disability Resource Centers (ADRCs) support the Texas No Wrong Door system by serving as a key point of access to person-centered, long-term services and supports, specialized information, referrals, and assistance. Through strong community partnerships fostered by the ADRCs, all individuals and caregivers regardless of age, income and disability will receive consistent and comprehensive information about the full array of options for private and public, community-based long-term services and supports.

**Individualized Skills and Socialization**

In 2014, the Centers for Medicare & Medicaid Services (CMS) issued regulations governing the settings in which Medicaid home and community-based services (HCBS) are provided. To comply with the regulations, HHSC is replacing existing day habilitation services in the waiver programs with a new service for individuals with intellectual and developmental disabilities. This new, more integrated service is called Individualized Skills and Socialization. These waiver programs are authorized by CMS in accordance with 1915© of The Social Security Act and relate to the following:

* DBMD (Deaf Blind Multiple Disabilities) Program
* HCS (Home and Community-based Services) Program
* TxHmL (Texas Home Living) Program

**Vocational Apprenticeship Program (VAP)**

The Vocational Apprenticeship Program seeks to provide training to individuals with intellectual and developmental disabilities and those with behavioral health challenges to prepare those individuals for vocational job opportunities.

**Recommendations**

To improve the quality of life and overall well-being of individuals with IDD, a multi-faceted approach is necessary. Expanding job training and employment programs is crucial, as only 9% of respondents are currently employed. Specialized job training programs tailored to different ability levels should be developed, focusing on vocational skills, technology, customer service, and trades. Additionally, employer education on workplace accommodations and financial incentives, such as tax credits for hiring individuals with disabilities, can encourage inclusive hiring practices. Strengthening supported employment services, including job coaching and workforce transition programs, will help individuals gain and retain meaningful employment. Establishing more partnerships between businesses and vocational schools can also create direct pathways to sustainable jobs.

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| **Timeline** | **Actions to Recommended Intervention** |
| September 2021  To  December 2023 | **Vocational Apprenticeship Services**  Community Healthcore launched a Vocational Apprenticeship Program in partnership with Health and Human Services to help individuals with IDD gain work experience and develop key employability skills. The program includes classroom training and job site placement with local businesses.  Participants receive instruction in soft skills such as workplace communication, time management, critical thinking, budgeting, health and safety awareness, and career planning. These sessions take place twice a week and are complemented by hands-on job training for up to 12 hours a week.  Over 32 individuals have successfully completed the program, and 8 of them have been offered long-term employment with host employers such as Wendy’s, Brookshire’s, Whataburger, and Community Healthcore itself. These partnerships provide a supportive environment for integrated employment.  Additionally, the Employment Navigator Pilot Program was implemented to assist IDD individuals in navigating employment services and supports. The navigator acts as a liaison between job seekers, families, and agencies like TWC and TEA to help individuals reach their career goals. |

**Improve Access to Affordable Housing and Supportive Living Services**

Another key area that needs improvement is housing accessibility and supportive living services. While most individuals report stable housing, issues such as environmental hazards (mold, pest infestations, and water leaks) highlight the need for better housing conditions. Expanding affordable housing programs specifically for individuals with IDD, such as subsidized housing and voucher programs, can improve accessibility. Strengthening independent living support services, including financial literacy education and daily living skill programs, can further help individuals transition into self-sufficiency. Additionally, increasing oversight of group homes and care facilities will ensure that individuals with IDD live in safe, healthy environments. Expanding shared-housing models, where individuals can live independently while sharing resources with roommates, may also provide greater autonomy and community integration.

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| **Timeline** | **Actions to Recommended Interventions** |
| Ongoing | Community Healthcore facilitated conflict resolution and de-escalation training to support stable housing environments, especially in group homes and shared residences. The training addressed conflict triggers and included practical strategies for caregivers and individuals to manage disputes.  This effort also included distribution of counseling resources, caregiver support group connections, and individualized support for managing behavior issues within residential settings.  Participation in Rusk County CRCG meetings enabled the agency to collaborate with other providers to coordinate placement and wraparound services for children and youth with complex needs. These monthly sessions ensure that interagency recommendations support housing stability and better living arrangements.  Additionally, Community Healthcore provided supportive housing services to assist people who are experiencing or facing homelessness and may also be experiencing additional health problems. |

**Strengthen Food and Financial Assistance Program**

Strengthening food and financial assistance programs is necessary to address financial insecurity, as some individuals report struggling to afford food and pay bills. Expanding access to the Supplemental Nutrition Assistance Program (SNAP) and ensuring individuals understand how to apply for and use these benefits can help address food insecurity. Community-based food programs, such as partnerships with food banks and meal delivery services for individuals with disabilities, could further improve food access. In addition, financial literacy programs that teach budgeting and money management skills can empower individuals with IDD to handle expenses more effectively. Emergency financial assistance programs should also be established to provide short-term support for individuals at risk of losing housing, utilities, or other essential services.

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| **Timeline** | **Actions to Recommended Intervention** |
| Ongoing | The Vocational Apprenticeship Program includes financial literacy training that equips participants with budgeting and money management skills. This foundational knowledge helps individuals handle personal expenses, including food and housing costs.  CIS (Crisis Intervention Specialist) also participated in local events such as the City of Marshall Unity Festival and the Pathways to Possibilities Symposium. At these events, staff shared information on community-based resources like SNAP, food banks, and emergency aid programs to help address financial insecurity among IDD individuals and families. |

**Increase Awareness of Mental Health and Social Support Services**

The assessment also highlights the need for increased awareness and accessibility of mental health services and social support programs, given that 26.2% of respondents have a mental health condition and 17.6% have experienced loneliness. Expanding access to counseling and therapy services specifically designed for individuals with IDD can address mental health concerns. Peer support groups, social clubs, and structured recreational activities can also help reduce feelings of isolation. Digital and in-person engagement opportunities, such as online support groups and community-based programs, can provide additional ways for individuals to connect. Training caregivers and healthcare providers on recognizing and addressing mental health issues in individuals with IDD is also crucial to improving outcomes.

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| **Timeline** | **Actions to Recommended Intervention** |
| Ongoing | CIS hosted several workshops focusing on mental and emotional well-being. For instance, the “Developing Healthy Habits” training emphasized practices like gratitude journaling, physical activity, social connection, and mindfulness techniques such as breathing exercises.  The “Emotional Roller Coaster” session addressed seasonal affective symptoms, helping attendees understand emotional fluctuations and learn coping strategies. Real-life scenarios and interactive exercises were used to reinforce emotional self-awareness.  Conflict resolution training sessions were held in smaller group settings to address interpersonal issues and provide support for navigating mental health challenges. Participants were also given access to local and online therapy services, caregiver support networks, and peer resources. |

**Enhance Healthcare Accessibility and Preventive Care**

Enhancing healthcare accessibility and preventative care is another important recommendation. While only 1.4% of individuals reported neglecting doctor visits, ensuring access to routine healthcare remains vital. Strengthening Medicaid and Medicare coverage for individuals with IDD can ensure they receive essential medical, dental, and mental health services. Implementing mobile healthcare services and expanding telehealth options can improve access for individuals who face transportation barriers. Additionally, educating caregivers and individuals on navigating the healthcare system and the importance of preventive care can help reduce long-term health risks.

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| **Timeline** | **Actions to Recommended Intervention** |
| Ongoing | To improve preventive health education, a licensed dental hygienist provided an interactive training session on dental hygiene for over 120 individuals. The session covered brushing, flossing, and the consequences of neglecting oral health. Participants received donated toothbrushes and toothpaste.  This training was adapted and replicated in the Texarkana ISS office to ensure broader access. In addition, CIS organized a virtual session with Texana Center to inform families about behavioral healthcare, intake processes, and residential support services for children in need of intensive treatment.  Community Healthcore’s Core Health Systems offers primary care services for day-to-day health needs at times that are convenient for individuals and families. Welcoming patients from birth and older, Core Health Systems delivers comprehensive healthcare across all age groups. The services include preventive care, chronic disease management, and general wellness support ensuring that individuals with IDD and their families have accessible options for managing their health and receiving timely care. |

**Improve Safety and Advocacy Measures**

Improving safety and advocacy measures is necessary to protect individuals with IDD from abuse and mistreatment, as 5.2% of respondents reported experiencing verbal abuse, while others have faced threats or physical harm. Strengthening legal protections and increasing monitoring of care facilities, group homes, and workplaces will help reduce the risk of mistreatment. Training caregivers, educators, and law enforcement on recognizing and addressing abuse in individuals with IDD is essential. Developing anonymous reporting systems that allow individuals to safely report abuse without fear of retaliation can also be beneficial. Additionally, promoting self-advocacy programs that empower individuals with IDD to recognize and assert their rights can increase their ability to protect themselves in vulnerable situations.

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| **Timeline** | **Actions to Recommended Intervention** |
| Ongoing | A Community Safety and Drug Awareness event was hosted with participation from five Longview Police Department officers. The officers presented on when to call 911, how to safely engage with law enforcement, and general community safety tips. Attendees were allowed to explore a SWAT vehicle and ask questions.  Additionally, a speaker from Substance Use Disorder (SUD) services provided education on drug safety, including videos and a PowerPoint presentation tailored to the IDD population.  CIS staff participated in the 40-hour Crisis Intervention Training (CIT) required for new police officers. The training helped improve first responder understanding of IDD behaviors and best practices in communication. CIS also brought in provider speakers to share real-world perspectives.  Ongoing conflict resolution and advocacy training has empowered individuals to recognize signs of mistreatment, understand their rights, and speak up when they experience abuse or neglect. Safe, anonymous reporting mechanisms and resource referrals were introduced to support self-advocacy. |

**Expand Community Inclusion and Recreational Programs**

To foster a more inclusive and socially engaging environment, expanding community inclusion and recreational programs is necessary. While most individuals feel socially connected, a portion of the population still experiences loneliness. Increasing community events that encourage participation from individuals with IDD, their families, and the public can strengthen social bonds. Expanding recreational and arts programs, including adaptive sports, creative arts workshops, and structured social events, can provide meaningful engagement opportunities. Mentorship and buddy programs that pair individuals with IDD with peers for social support can also help reduce isolation. Additionally, workplace inclusion initiatives can ensure that individuals with IDD have access to a welcoming and socially supportive work environment.

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| **Timeline** | **Actions to Recommended Intervention** |
| Ongoing | Community Healthcore actively promoted social inclusion through public engagement at events like the Unity Festival and Pathways to Possibilities Symposium. These events allowed the organization to connect individuals with IDD to local supports and educate the community about inclusion.  CIS also shared information about IDD programming, handed out flyers, and encouraged participation in self-advocacy and community life. These activities helped reduce stigma and enhance community engagement. |

**Improve Transportation Access**

Lastly, improving transportation access is crucial for increasing independence and access to essential services. While transportation barriers were not explicitly mentioned in the survey, they are a common challenge for individuals with IDD. Expanding accessible public transportation options, such as paratransit services, can help individuals reach employment, healthcare, and social services more easily. Developing partnerships with ride-sharing companies to offer subsidized rides for individuals with disabilities can further increase mobility. Transportation training programs can also help individuals with IDD learn how to safely and effectively use public transit.

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| **Timeline** | **Actions to Recommended Intervention** |
| **Ongoing** | Although transportation challenges weren’t directly raised in the needs assessment, Community Healthcore proactively began working on transportation support strategies.  Planning includes exploring partnerships with ride-share companies for subsidized rides, expanding access to paratransit services, and developing training modules for IDD individuals on how to safely navigate public transit. This effort aims to support increased independence, employment access, and healthcare attendance. |

**Cultural Competence and Sensitivity**

Offer public information and awareness to Community Healthcore catchment area residents to reduce stigma and increase inclusivity within the community for persons with IDD.

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| **Timeline** | **Actions to Recommended Intervention** |
| **Ongoing** | Community Healthcore has actively promoted public awareness and inclusivity through participation in multiple local events, festivals, and symposiums across its catchment area. These events provide platforms to reduce stigma and educate the public about the experiences and contributions of individuals with IDD.  Staff from Crisis Intervention Specialists (CIS) attended the City of Marshall Unity Festival and Pathways to Possibilities Symposium, where they distributed educational materials, hosted booths, and engaged attendees in conversations about IDD programs and services.  These outreach efforts were designed not only to increase visibility of available services but also to enhance community understanding and acceptance of individuals with IDD. By fostering dialogue and engagement, Community Healthcore worked to break down misconceptions and promote a more inclusive environment.  Additionally, CIS continues to incorporate cultural competence into internal and external programming, ensuring that training, support services, and public messaging reflect the diverse backgrounds and needs of the IDD population and their families.  In March, Community Healthcore’s IDD Program hosted its inaugural Developmental Disabilities Awareness Day event, drawing over 260 community members and 17 vendors. This event was part of a board month-long campaign to raise awareness and educate the public about available IDD resources and services. The event served as an engaging platform to promote understanding, foster connections, and reduce stigma associated with developmental disabilities. |

**Conclusion**

The findings from this needs assessment highlight critical areas for intervention, including employment opportunities, housing quality, financial security, healthcare access, and social inclusion. By implementing these expanded recommendations, policymakers, service providers, and community organizations can create a more supportive and empowering environment for individuals with IDD. Addressing these gaps will not only improve quality of life but also foster greater independence, dignity, and inclusion for individuals with IDD in all aspects of society.

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