

MEADOWS
MENTAL HEALTH
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Community Action Guide: Supporting the mental health and wellbeing of youth and young adults with developmental disabilities

JULY 2024

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Introduction

Why This Work Matters

People with developmental disabilities (DD) experience trauma and stressful events at higher rates than do people without DD.¹ While people with and without DD experience mental health challenges at similar rates, mental health treatment for people with DD is often not accessible due to a few key reasons: the division between mental health and DD services, that mental health concerns in this population can be overlooked or minimized, and the lack of mental health service providers who feel confident working with people with DD. Transition-age youth (ages 14–24) with DD are particularly vulnerable as many of the resources and supports that were available to them as children often abruptly end around age 18. Improving how we identify and treat the mental health needs of youth with DD is something that requires community-wide action to ensure these young people have every opportunity to live happy and healthy lives as they become adults.

Project Background

With funding from the Texas Council for Developmental Disabilities (TCDD), we, the Meadows Mental Health Policy Institute or the Meadows Institute, conducted research to better understand the relationship between trauma, mental health, and DD for youth and young adults. Activities of this project included facilitating focus groups with young adults with DD and mental health concerns, and hosting three community convenings in Austin, Texas. The convenings brought together community stakeholders and focused on working together as a community to identify mental health resources for young people with DD and jointly identifying solutions to create a more trauma-informed system of mental health care for this group of young people. The convenings occurred in late 2023 and early 2024 and included self-advocates, family members, service providers, educators, and other stakeholders. We also used the information we gathered through these activities to develop a [comprehensive list of existing resources in the Greater Austin area](#) that support the mental health and wellbeing of youth and young adults with DD.

Who Can Use This Guide?

This guide is for anyone interested in improving how we care for the mental health needs of young people with DD, particularly transition-age youth 14–24 years old. This includes:

- People with lived expertise with DD and mental health concerns
- Family members of people with DD and mental health concerns
- Community leaders
- Direct service professionals
 - Mental health service providers
 - Intellectual and/or developmental disability (IDD) service providers
 - Health care providers
 - Educators
 - First responders

¹ Brendli, K.R., Broda, M.D., and Brown, R. (2021). Children with intellectual disability and victimization: A logistic regression analysis. *Child Maltreatment*, 27(3), 320–324. <https://doi.org/10.1177/1077559521994177>

[How to Navigate This Guide](#)

Section One of this guide includes resources for anyone who would like to conduct community convenings and host conversations around the topics of DD, trauma, and mental health. These resources include:

[The Importance of Language](#)

Definitions to consider using if you are interested in working on issues that impact people with DD.

[Top 5 Tips to Plan Successful Community Convenings](#)

Tips, tricks, and examples to help make a community convening a success.

[Activities to Replicate](#)

Steps, templates, and a checklist for replicating two activities that proved impactful at our convenings.

Section Two of this guide highlights key insights we learned from the Austin community about the mental health and wellbeing of youth and young adults with DD. This section also includes a brief overview of activities and initiatives we have planned for 2024–2025 related to supporting the mental health of young people with DD and the broader systems that serve them.

[Key Learnings From This Project](#)

A summary of what we learned from the activities of this project, including the top 10 community challenges, strengths, assets, and opportunities for the community to improve systems, services, and supports for young people with DD.

The [Appendix](#) includes materials, information, and art related to our Austin convenings.

[Agendas From Community Convenings](#)

[Example Initial Invitation to an Advisory Group](#)

[Combining Art and Data Activity Materials](#)

[List of Participants in Austin Convenings](#)

[Community Resource List \(Greater Austin Area\)](#)

[Ideal Children's Mental Health System](#)

The Importance of Language

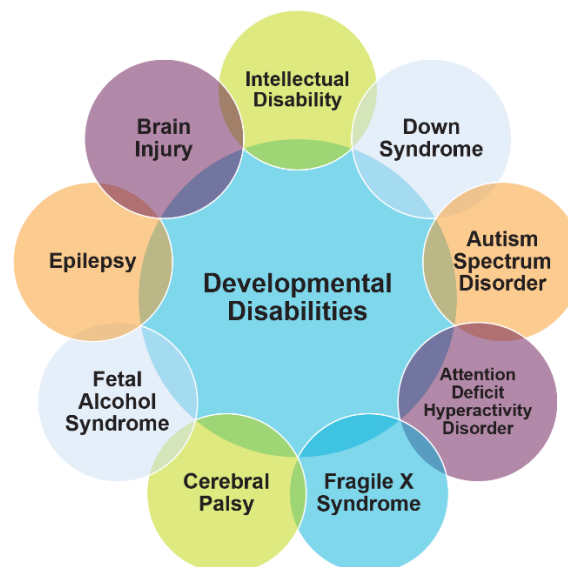
The Importance of Language

Language shapes perceptions and experiences, sets a tone, and is key to fostering understanding and empathy. When working to support the mental wellbeing of youth and young adults with developmental disabilities or DD, it is important to use respectful and inclusive language and to clearly define the terms being used. There are a few things to consider when choosing language. First, it is essential to engage people with DD in defining terms and to ask for their preferences. Second, know that identifying and defining key terms is a process that takes time and flexibility. New terms regularly emerge and need to be defined, and accepted terms and definitions evolve. Third, while there is value in identifying shared terms and definitions, it is important to note that individuals with DD differ in their preferences and identities. As such it is always good practice to ask an individual about their preferred terms when possible.

This section includes some definitions to consider using if you are interested in working on issues that impact people with DD.

Developmental Disabilities (DD)

Definition: The term developmental disabilities refers to a group of conditions associated with an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime. Conditions include, but are not limited to, intellectual disabilities, autism spectrum disorder, attention deficit hyperactivity disorder, Down syndrome, fragile x syndrome, cerebral palsy, fetal alcohol syndrome, and epilepsy.²



² Center for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/developmentaldisabilities/index.html>

Advantages of this term and definition: The term developmental disabilities is inclusive of several different types of conditions. Using the terms intellectual and/or developmental disabilities (IDD or ID/DD) can be confusing and may lead people to think you are interested in discussing resources and supports specifically for people with an intellectual disability. An intellectual disability is just one of the many types of developmental disabilities. If you are interested in increasing access to mental health services for people with a variety of developmental disabilities, we found using the term DD instead of IDD is most inclusive.

Disadvantages of this term and definition: Some people may feel the term DD and definition embrace a deficit-based perspective and are too focused on medical diagnosis. Many prefer to use the term neurodivergent to celebrate and describe the differences between each person's brain. This is an example of how language is always changing and evolving. It is important for individuals to engage in ongoing learning about what terms are appropriate or preferred. Through that learning, it is acceptable and encouraged to ask an individual about their preferred term(s).

Neurodiversity

Definition: Neurodiversity describes the differences in how people's brains work. Beginning in the 1990s through a movement intended to promote acceptance, the term evolved beyond its literal meaning to a term to identify that many brains work in "atypical" ways, especially for individuals with autism.³ Two terms emerged: *neurodivergent* for people whose brains function differently from what is considered "normal," and *neurotypical* for people whose brain functioning is considered typical or "normal."

Advantages of this term and definition: This term helps people to understand there are many ways brains process and respond to information, and these differences influence how people experience and interact with the world around them. This term embraces that there is no right or wrong way to think, increasing acceptance and reducing stigma associated with differences in ways of thinking and interacting. Neurodiversity gives a brain-based explanation for the challenges many people face in a society that was not created for how they process information.

Person With Lived Expertise

Definition: Both the terms "lived experience" and "lived expertise" are used in the field. Lived experience means that a person has a certain condition or has had a certain life experience. This could include a medical condition, a mental health diagnosis, a living situation such as homelessness, a developmental disability, and more. Lived expertise goes further to include the deep knowledge, understanding, and skill a person had acquired because of their experiences. For this project and guide, a person with lived expertise refers to someone with DD and their family members. They are also often referred to as self-advocates.

³ Miller, C., Martin, C., & Lee, S.A., (2024, March 8). *What Is neurodiversity? And how can parents support kids who are neurodivergent?* Child Mind Institute. <https://childmind.org/article/what-is-neurodiversity/>

Advantages of this term and definition: This term and definition are meant to prioritize the experiences of people with DD and emphasize that the person with DD is the expert in their experience of navigating life with DD. Embracing this concept helps to ensure there are intentional, thoughtful efforts to get feedback and input from the true experts, people who live with DD every day. To prioritize this expertise in projects, you might create an [advisory group](#) with people who have lived expertise, plan a panel discussion that includes people with lived expertise with DD and a co-occurring mental health diagnosis, and facilitate focus groups with youth with lived expertise to get input on their experiences accessing mental health care.

Disadvantages of this term and definition: This term could make people with DD feel like they must share more about their personal experiences than they would like to, should have all the answers and solutions, or are being asked to speak on behalf of all people with DD.

Trauma

Definition: Trauma includes a frightening, dangerous, or violent event that poses a threat to a person's life, and includes witnessing an event that impacts a loved one. Examples of trauma include physical, sexual, or psychological abuse and neglect (including trafficking), natural and technological disasters, family or community violence, terrorism, mass violence, discrimination, prejudice, racism, the sudden or violent loss of a loved one, substance use disorder (personal or in the family), traumatic separation (including as part of an immigration journey or incarceration), serious accidents, life-threatening illness, and medical trauma.⁴

Advantages of this term and definition: This definition is from the National Child Traumatic Stress Network (NCTSN) and is inclusive of a wide range of events and experiences. This definition helps to open conversations about the types of traumas that may be more common for people with DD and types of traumas that are missing from the list. As an example from our project, when we shared the definition of trauma from NCTSN, several people shared their experience with medical trauma, which we added as an example of trauma in future discussions.

Trauma-Informed

Definition: Trauma-informed programs, organizations, or systems are ones that:

- **Realize** the widespread impact of trauma and understand potential paths for recovery.
- **Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices.
- **Resist** by actively avoiding practices that are re-traumatizing.⁵

⁴ National Child Traumatic Stress Network. (n.d.). *About Child Trauma*. <https://www.nctsn.org/what-is-child-trauma/about-child-trauma>

⁵ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Advantages of this term and definition: The term trauma-informed and this definition provide people with the easy to remember 4 R's that are the basis for trauma-informed practice. The definition is also actionable and provides clear steps for everyone involved in programs, organizations, and systems on how to create safer environments and practices for people who have experienced trauma.

Additional Resources

- [American Psychology Association - Inclusive Language Guide](#)
- [The National Child Traumatic Stress Network - Intellectual and Developmental Disabilities](#)

Top 5 Tips to Plan Successful Community Convenings

Top 5 Tips to Plan Successful Community Convenings

Community convenings are an opportunity to bring together a diverse group of stakeholders to share their expertise, give feedback on ideas, and collaborate on a given topic or need. For this project, the [Meadows Institute hosted community convenings](#) to bring people together to discuss how the community could better support the mental wellbeing of young people with developmental disabilities (DD).

This section gives tips, tricks, and examples to help make a community convening a success.

1. Develop Your Ideal Guest List

To ensure people with different perspectives are represented at community convenings, dedicate time early in the planning process to consider who you want to attend, how you might reach them, and the different ways you could engage them in the convenings. Next is a list of people we engaged early in our planning process.

People with lived expertise, including:

- Youth and young adults with DD and mental health diagnoses or concerns.
- Parents/caregivers whose children have DD and mental health diagnoses or concerns.
- Other family members of youth and young adults with DD and mental health diagnoses or concerns.

Professionals, who are also often people with lived expertise, including:

- Mental health service providers.
- Health care providers.
- First responders (law enforcement, emergency medical responders, emergency mental health responders).
- Education leaders (e.g., Texas Education Agency staff, education service center staff, school district staff, principals, school counselors, special education teachers).

2. Conduct Virtual Pre-Meetings

To engage and prepare the people you want to attend the convening, and to gather initial input from diverse groups, we recommend scheduling virtual pre-meetings with as many different people as possible prior to a convening. Before scheduling the virtual pre-meetings, it is helpful to think through the goals of these conversations. The goals for our pre-meetings included:

- Introduce the Meadows Institute and our professional and personal interests in the intersection of youth and young adult mental health, trauma, and DD.
- Briefly share what we have learned about the intersection of DD, trauma, and mental health.

- Share the main purpose of the upcoming convenings, which was to bring the community together to identify strengths and opportunities to improve the mental wellbeing of youth and young adults with DD.
- Allow plenty of time for each person to provide feedback and ideas for the convenings.

Engaging Young Adults With Lived Expertise With DD and Mental Health Concerns

Our [Advisory Group](#) played a key role in helping us meaningfully engage with youth with lived expertise with DD and mental health concerns. With support from the Advisory Group, we successfully included a young adult in a panel discussion and implemented focus groups with seven young adults to ensure their voices were represented. One of the focus groups occurred in person at a community resource center, and included youth who were very involved in the center's activities. The second focus group was virtual and consisted of individuals who were a little older and had more experience navigating community resources. Both groups were an opportunity for our team to learn from those with lived expertise and their feedback was incorporated into the [Key Learnings section of this guide](#).

3. Develop an Advisory Group

Forming an advisory group is a useful way to engage diverse stakeholders and community members. Our project's Advisory Group helped us develop the goals and [agendas for each convening](#), and provided feedback on how we could continuously improve our planning process and activities. From the virtual pre-meetings described in step 2, we identified potential advisory members who expressed interest and excitement for the project and who were well-informed on resources and gaps in the greater Austin community. The Advisory Group was critical to the success of the convenings as they assisted with outreach, planning, and information dissemination.

To ensure the success of your advisory group, we recommend recruiting group members who represent diverse backgrounds and areas of expertise, and that you clearly define each member's role prior to sending invitations.

Our Advisory Group consisted of eight people with personal and/or professional expertise related to transition-age youth with DD and mental health concerns.

Our Advisory Group Members



Listed left to right

Christine A. Price, Austin Community College, STEPS Program Coordinator

Anna Beavers, LCSW-S, Dell Children's, Developmental Behavioral Pediatrics, Social Worker

Elizabeth Tucker, EveryChild, Executive Director

Leah Kelly, CFP, Integral Care, school-based support

Nidia Heston, LMSW, CFP-M, Texas Health and Human Services Office of Mental Health Coordination, Family Engagement Specialist-Texas System of Care

Caleb Alford, The Arc of the Capital Area, Director of Community Services

Cynda Green, Texas Parent to Parent, Program Director and Transition Coordinator (not pictured)

Sarah Kuykendall, Integral Care, IDD Practice Manager (not pictured)

In the Appendix, you can find our [initial invitation to the project Advisory Group](#). In this letter, we recommend including a clear project description, details on what will be asked of the members, and a timeline of activities. Sharing this information will help potential members determine if it is the right opportunity for them.

4. Create a Safe Space

When asking community members, especially those with lived expertise, to engage in conversations about mental health, trauma, and DD, it is important to intentionally create a space that promotes safety, trust, and inclusivity. To cultivate a safe environment at the community convenings, the Meadows Institute and our Advisory Group developed trauma-informed shared commitments. Additionally, we requested feedback at the end of each convening to identify other ways to promote safety and ensure the format and process gave opportunities for participants to provide input.

Shared Commitments

Developed with the [six principles of trauma-informed care from SAMHSA](#) in mind.

Promote safety. We will help people feel physically safe and we will be kind in our interactions with one another.

Build trust. We will be transparent about our intentions; we will be honest. We ask people to point out stereotypes and biases to help the group to move past these biases.

Value lived expertise. We welcome those with lived expertise to engage in conversations at whatever level they feel comfortable. We recognize the unique strengths and experiences of each person.

Facilitate collaboration. We value the input of everyone equally and support new connections and relationships.

Getting feedback provides an opportunity to cultivate safety, and was imperative for improving our convenings and adjusting them to meet the community's needs. We recommend making a feedback survey available through multiple and easily accessible means. For example, you may provide a QR code to an electronic survey as well as physical, printed copies for anyone who prefers to hand write their responses.

5. Carefully Consider Event Location, Date, and Time

The goal is to have as many diverse community members and stakeholders participate in the community convenings as possible, so you will want to carefully consider logistics of the convenings to ensure they are widely accessible. Below are suggestions and considerations when planning the location, date, and time of convenings, and other strategies to facilitate engagement.

Location

- Tour the space before the convening to make sure it will adequately serve the intended purpose.
 - Think about physical accommodations that may be needed for those with disabilities. Consider the types of chairs and how people will or won't be able to move throughout the space.
- Consider a central location, or rotating locations if you are hosting multiple events, so more people can attend without having to travel long distances for each event.
- Consider transportation.
 - What is the parking situation? How many parking spaces designated for people with disabilities are available?
 - Is the location on a bus route?

Date, Time, and Refreshments

- Avoid holidays.
- Consider school schedules.

- Consider food. If the event starts early, will you provide breakfast and coffee? If the event is midday, will you provide lunch? At any time, we recommend providing snacks.
- Ensure your guests will have access to water and consider providing coffee or other beverages.

Other Engagement Strategies

- Offer continuing education credits to increase attendance by professionals.
- Keep it focused, engaging, and interactive.
 - How long does the event need to last to meet your goals?
 - *We found that three hours was a good amount of time to keep the participants engaged and interested.*
 - How can you share the information you want to share and get the information you want to gather in the most interactive way?
 - Develop clear goals and use those goals to guide the activities you develop.
- Provide fidgets.
- Offer breaks.



Activities to Replicate

Activities to Replicate

The following reflections, takeaways, and insights are based on what we learned through facilitating the Austin-based convenings in late 2023 and early 2024. Below are steps for replicating two activities we employed at the convenings that proved impactful: (1) an activity that combined data with art and (2) a panel discussion. These activities are discussed below, along with a checklist and examples for replicating each activity.

#1: Combining Art and Data Activity

We wanted to have a community conversation around existing data on mental health trends among youth with DD, and we recognized that processing such data can be difficult. To help participants incorporate different parts of their brains in analyzing the data, we paired pieces of visual artwork with mental health data and opened discussion around both things.

See [Appendix for the art and data](#) we used for this activity.

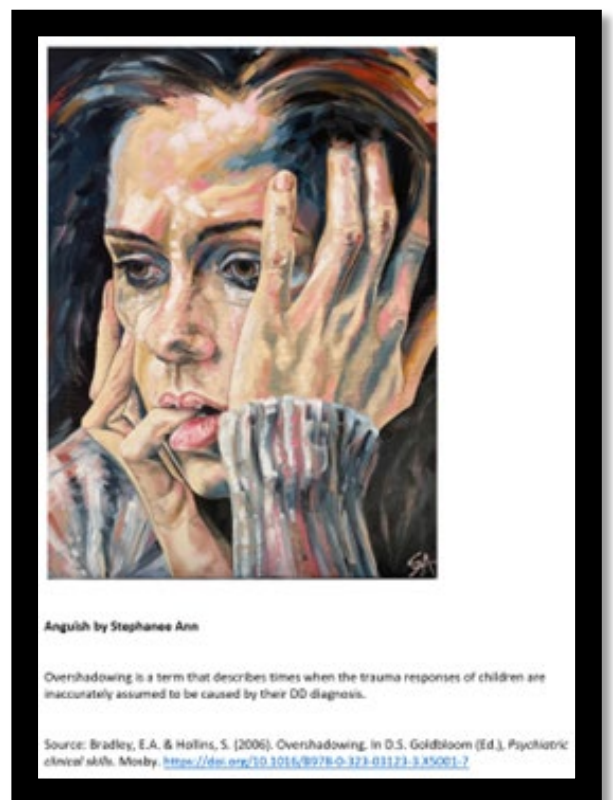
Checklist for Combining Art and Data Activity

Preparation

- ✓ Identify your activity goal(s).
Sample goals:
 - *Share and discuss information about the prevalence of mental health needs and the relationship between trauma, mental health, and DD.*
 - *Generate reflection and conversation about individual experiences surrounding the intersection of trauma, mental health, and DD.*

- ✓ Choose data points that relate to your goal(s).
 - Use data points that are current and from trusted sources.
 - Consider presenting the same data point from multiple sources if there is variation.

- ✓ Choose one or two art pieces to represent each data point.
 - Include the name of the piece of art and the artist's name.
 - We displayed art from the [Texas Mental Health Creative Arts Contest](#).



- ✓ Determine ahead of time how you will break the audience into small groups.
 - Consider organizing groups in ways that promote interaction among people with diverse perspectives, but also be mindful of power imbalances for those with lived expertise.
- ✓ Prepare in advance for the facilitation of these small group conversations and the types of interactions that will help achieve the identified goal(s).
 - Choose which data/art pair will be assigned to each group for reflection. (You may choose for all groups/participants to reflect on the same or different data and art.)
 - Identify guided questions to facilitate conversation.

Sample guided questions: When you read this and/or see this image what is the first thing that comes to mind? Do you agree or disagree with the statement? How does this statement or image connect to your life and/or work?
 - Determine time allotted for the small group conversations.
 - Determine additional materials needed to achieve the identified goal(s). For example, a visual timer may be useful.
 - Assign note taker(s) for each small group.
- ✓ Allocate time in the agenda for small group share outs and full group discussion.
 - If time allows, plan to have everyone come back together as a full group and ask a representative from each small group to share a key takeaway from their small group conversation.
 - Determine how much time each small group representative will have to share. A visual timer may be useful.

Implementation

- ✓ Facilitate the small group conversations.
 - At the start, set norms and expectations. Since this topic can evoke emotion, [create a safe space](#) for participants to share.
 - Break the audience into the pre-determined small groups.
- ✓ If not all attendees you expected are present, you can adjust the size or composition of certain groups to maintain balance.
 - Have note takers introduce themselves and identify that they will take notes.
 - Ask the groups to review the guiding questions one at a time, allowing all participants the opportunity to respond if desired.
- ✓ Bring the full group back together.
 - Allow time for a representative from each small group to share what the group discussed and reflect on themes that emerged. Providing a target time limit per group and using a visual timer may be useful so people know how long they have to share.
 - Gather notes from notetakers.

“The activity connecting art [and data] was great. Thanks for associating and promoting [systems of care] SOC that way.”

After the Convening

- ✓ Identify themes.
 - Review the notes.
 - Identify and document key takeaways and themes.
 - Share key takeaways and themes back with participants and key stakeholders as appropriate.

#2: Panel Featuring Lived and Professional Expertise

At our first convening, we hosted a panel discussion to disseminate information about mental health supports for young people with DD. The panel included a group of experts with diverse backgrounds and experiences. It was important that the panel be accessible, engaging, and relevant to young people with DD, their loved ones, and people who work with young people with DD. Next, we provide a checklist for replicating such a panel discussion.

Checklist for Developing a Meaningful Panel Discussion

Preparation

- ✓ Identify the goals of your panel.
Sample panel goals:
 - *Highlight positive experiences participating in or providing mental health supports for young people with DD.*
 - *Educate attendees on ways to increase access to high-quality mental health supports for youth and young adults with DD.*

- ✓ Identify the appropriate length of time for your panel.
 - Consider your audience and what length of time may maintain their interest and attention.
 - Consider how much time you would like to allocate for questions.
 - Determine if you will allow questions throughout or wait until the end of the discussion.

- ✓ Identify your ideal panelists to help you meet your goals.
 - Consider including at least 1 or 2 young people with DD who have lived expertise with DD and a mental health diagnosis, 1 or 2 mental health service providers who specialize in mental health treatment for youth and young adults with DD, and a parent of a young adult with DD and a mental health condition.
 - *Special consideration:* When selecting a parent and young people for the panel, you may choose a parent who is not the parent of a young adult also on the panel. Family dynamics may impact a young person's responses if their parent is also on the panel.

- ✓ Draft the questions you want to ask your panelists.
 - Some questions may be for all panelists, and some may only be for specific panelists. You may consider giving more questions to panelists with DD to amplify their voices, and you should also allow them ample time to answer first when they feel comfortable.*Sample questions:*
 - *What does neurodiversity mean to you?*
 - *How do you prefer people talk about neurodiversity, developmental disabilities, and/or mental health diagnoses?*

- *For people who want to learn more about using practices that support and respect neurodiversity, what do you recommend? Where would you point them to learn more?*
 - *What supports your personal mental health and wellbeing?*
 - *When you think about youth who are transitioning to adulthood (14–24-ish years) who have an intellectual or developmental disability and a mental health condition, what are the biggest challenges for them here in Austin? And what are the biggest opportunities?*
 - *Can you talk about some of the mental health supports and services that are available to youth after high school graduation and how they can get access to those?*
 - *From each of your perspectives, how can we support families so they can better support the mental health of their teens and young adults with developmental disabilities?*
- ✓ Determine who will facilitate the panel discussion and ask the questions you develop.
 - ✓ Invite the panelists.
 - Be clear on what you are asking of the panelists. Consider including the following information in your invitation:
 - When and where the panel will take place.
 - How long they will be asked to speak.
 - Who will be in the audience.
 - Who else is being invited to be on the panel.
 - What topic(s) the panel will focus on.
 - What questions they might be asked.
 - Next steps – if they are interested, what they can expect to happen next.
 - ✓ Prior to the panel, meet with the panelists to prepare.
 - Consider meeting with the panelists as a full group, multiple smaller groups, or individually prior to the panel.
 - Review panel questions and answer any questions they have about the event. Ask for their input and if there are any questions they would like added or removed.
 - Talk about logistics of the event: where the event will be, where to park, how the room will be set up, if there will be microphones, who they should ask for when they arrive, and any other details that will help the panelist feel more comfortable.

Sample planning document we created to help a young adult panelist prepare for the event:

WHERE: Education Service Center Region 13 - 5701 Springdale Rd, Austin, TX 78723

WHEN: Thursday, October 26th from 1 pm to 4 pm

- Please arrive by 2:30 pm at the latest. If you would like to join us for the full event, it starts at 1 pm.

The goal of the panel is to share positive experiences participating in or providing mental health supports for young people with an intellectual and/or developmental disability. We want people to know what has worked well for you.

The panel will include 2 mental health providers, a parent, and you (a young adult with lived expertise).

You will have about 5-7 minutes to introduce yourself and answer the following questions:

1. Your name	
2. Your age	
3. Tell us about your lived expertise to the degree you are comfortable. (Example: You can share that you have autism and a bipolar diagnosis and you can describe that in as little or as much detail as you would like.)	
4. Tell us about a time or two when you received mental health services, and it went well. Tell us what went well and what made you feel heard and safe.	

Implementation

- ✓ Ensure you have met any panelist requests, or communicated with them if there is a request you cannot accommodate.
- ✓ Identify a point person responsible for greeting the panelists and helping them get ready.
- ✓ Carry out the panel using the plan you developed.

“I liked the active participation. And the panel with those with lived experience was an eye-opening presentation.”

After the Convening

- ✓ Send a thank you email or call the panelists to thank them for their time and expertise.
- ✓ Offer time to debrief on how the panel went and time for panelists to talk about their experience and offer feedback.
- ✓ Keep the panelists updated on your work as it continues and think about opportunities to continue to engage them.



Key Learnings from This Project

Key Learnings from This Project

For this project, we brought individuals together, including [community members, people with lived expertise, mental health professionals, and many other service providers](#) to facilitate conversations around the resources, challenges, and opportunities for meeting the mental health needs of young people with DD. In this section, we summarize key themes that emerged from the community convenings and focus groups, including challenges that were raised, existing resources, and ways participants felt the community can work together to better support the mental health and wellbeing of youth and young adults with DD in the Greater Austin area.

Top 10 Community Challenges Identified from the Convenings and Focus Groups

Below we summarize key challenges raised by the community related to supporting the mental health needs of youth and young adults with DD. These themes are based on conversations we facilitated through the Austin-based community convenings and focus groups in this project. We hope this list offers an opportunity for agencies and communities to better understand potential barriers and challenges experienced by youth with DD in getting support for their mental health needs.

1. Developmental disability services and mental health services are fragmented.
 - Participants at the convenings and focus groups noted that services for DD and mental health are often funded through different sources and are administered and overseen by different entities. At the local level, DD services, such as service coordination, social and daily living skills, and employment services, are also often physically separate from mental health services, even at agencies that provide both types of services. Participants shared that because DD services usually are not integrated with mental health services, getting mental health specific care is especially difficult. Others noted a general lack of mental health options for young people with DD.
2. There is a service cliff for transition age youth.
 - Participants expressed that during the transition to adulthood (i.e., between 18 to 20 years old), many young adults age out of children's services, public health programs (e.g., Medicaid or the Children's Health Insurance Program), and may lose cash assistance from Social Security Insurance (SSI). Participants indicated that losing access to the health coverage and financial assistance they relied on increases stress and can make mental health concerns worse at the same time they are losing access to treatment.

3. Trauma responses and mental health needs are often inaccurately assumed to be symptoms of a person's DD diagnosis.⁶
 - Participants shared experiences of having the mental health needs of youth and young adults with DD overlooked. They further shared how professionals sometimes misattributed their symptoms to their DD diagnosis rather than the result of unaddressed trauma or mental health needs. Others shared that these misconceptions not only impede early detection of emerging mental health needs, but that related overshadowing⁷ can make it harder to get needed mental health services and can negatively impact one's motivation to seek care.
4. Professionals in many fields (mental health, health, crisis services/first responders, education) lack ongoing professional training to better support people with DD.
 - Professionals who attended the community convenings reflected upon how the lack of training they have received makes it more difficult to meet the mental health needs of individuals with DD. People with lived expertise similarly expressed encountering professionals who lacked training on serving individuals with DD, which some shared was particularly problematic among crisis response services.
5. Young adults and their families experienced difficulty navigating existing resources.
 - Participants described complex and challenging processes to access existing resources due to differing eligibility requirements (e.g., age, income, diagnosis), extensive waitlists, and regional differences in terms of available services.
6. Youth and young adults with DD experience a number of barriers to accessing mental health services.
 - Some of the barriers participants reported included: providers lacked training in working with young people with DD; families could not find a provider who accepted their insurance; the cost for services was too high; social anxiety prevented some youth from meaningfully engaging with a provider; the distance to the provider's office was too far; telehealth was not accessible; and providers had limited or no availability in their schedules.
7. Youth and young adults with DD may have negative experiences at school.⁸
 - Participants, especially young people with lived expertise, reflected that youth with DD often have negative experiences at school, including being secluded or put into

⁶ Dell'Armo, K., & Tassé, M. J. (2024). Diagnostic Overshadowing of Psychological Disorders in People With Intellectual Disability: A Systematic Review. *American Journal on Intellectual and Developmental Disabilities*, 129(2), 116–134. <https://doi.org/10.1352/1944-7558-129.2.116>

⁷ Overshadowing is a term used to describe when a behavior is assumed to be associated with a developmental disability diagnosis rather than a symptom of a separate mental health condition.

⁸ Iyanda A. E. (2021). Bullying Victimization of Children with Mental, Emotional, and Developmental or Behavioral (MEDB) Disorders in the United States. *Journal of child & adolescent trauma*, 15(2), 221–233. <https://doi.org/10.1007/s40653-021-00368-8>

isolation and experiencing exclusionary discipline and bullying. Participants noted that each of these negatively impacted their mental health.

8. Texas students can continue schooling up to age 21 if they qualify based on their disability.⁹ These programs are often referred to as 18+ Transition Services by school districts, and the programs exist to help youth continue developing important life skills, but participants shared that mental health supports are often lacking for these older students.
 - Teachers and staff of 18+ Transition Services shared that they often lack necessary support and resources to provide the individualized support students need, that students with DD who are 18 years and older do not have access to the same mental health supports that exist in the K–12 system, and that community supports are difficult to find for this age group.
9. Young adults with DD often want paid employment, but reported struggling to find job opportunities.
 - Participants who discussed employment challenges shared how important having a job can be for a young person’s sense of self and purpose, and that a lack of employment opportunities often has a significant and negative impact on their overall mental well-being.
10. Community and social connections for youth and families are limited.
 - Participants, especially young people with lived expertise, conveyed that youth and young adults with DD want more places where they can connect with others and be their authentic selves, but that there is a lack of these spaces. They also shared that they need support in social situations to gain confidence due to social anxiety.

⁹ Education Code, Texas Stat. § 29.003 (2021). <https://statutes.capitol.texas.gov/Docs/ED/htm/ED.29.htm>

Community Strengths and Assets

Though challenges were identified throughout the community convenings and focus groups, there are also many resources that support the mental wellbeing of youth and young adults with DD in the greater Austin area/Travis County. With input from many community members, the Meadows Institute developed a [Community Resource List](#) to capture existing resources that support the mental wellbeing of youth and young adults with DD in Greater Austin/Travis County. *It is important to note that these services exist within a dynamic environment, and as such the availability, capacity, and scope of the services in the Community Resource List are subject to change. This is not an exhaustive list of organizations or services but is based on the input of community members about resources available at the time of development.*

The list is organized into the following categories:

- Screening & Identification of Mental Health Concerns
- Assessment, Diagnosis, & Mental Health Treatment
- Mental Health Supports in Schools & Post-Secondary Education
- Social Connectedness & Wellbeing
- Family & Caregiver Supports
- Mental Health Crisis Services
- Community Education & Outreach

These listed categories were developed based on the following research-based resources:

- [Ideal Children's Mental Health System](#), developed by the Meadows Institute. This framework was developed to demonstrate how a full continuum of mental health services and supports should look. The Meadows Institute's Ideal Children's Mental Health System emphasizes the importance of universal mental health supports in home and community settings and the need for specialized mental health services to be available in the event a child requires more complex care.
- [START Model, from the University New Hampshire](#). This model is an evidence-based, community crisis prevention and intervention service model for people aged 6 and older with intellectual and developmental disabilities and mental health needs.
- [Navigate Life Texas](#), a website developed by parents, for parents. This website is supported by Texas Health and Human Services Commission (HHSC) to inform and empower parents of children with disabilities or special health care needs.
- Advice and feedback from the [Advisory Group Members](#).

Community Opportunities Identified from the Community Convenings and Focus Groups

Below is a list of issue areas and related opportunities that were raised in conversations the Meadows Institute facilitated through Austin-based community convenings and focus groups. This list reflects a wide variety of opportunities to better support the mental health needs of youth with DD. Some of these opportunities individual providers and community members can do with few resources, whereas others may require organizational change or state-wide policy change. This section memorializes ideas from Austin area participants. It is meant to provide inspiration and ideas for consideration for other communities interested in taking action to improve the mental health of young people with DD.

Screening, Assessment, Diagnosis, & Mental Health Treatment

- Participants indicated an opportunity and need for increased access to mental health screening tools tailored to people with DD.
- Participants communicated an opportunity to increase training and resources to mental health clinicians on assessments and interventions tailored to meet the needs of people with different DD diagnoses.
 - The following organizations were identified through conversations with professionals with expertise providing mental health services to people with DD. The Meadows Institute has not vetted these organizations, but we are providing links to their websites as many offer training resources specific to people with DD and mental health concerns:
 - [The Link Center](#)
 - [National Association of State Directors of Developmental Disabilities Services](#)
 - [The National Association for the Dually Diagnosed](#)
 - [The Ohio State University Nisonger Center \(Rehabilitation Research and Training Center on Health and Function for People with Intellectual and Developmental Disabilities\)](#)
 - [National Center for START Services](#)
- Participants elevated the importance of including individuals with lived expertise in staffing and building programs. Some ideas that were suggested included:
 - Hire people with lived expertise as consultants on clinical services to ensure people with DD and their families receive high-quality, well-informed mental health care.
 - Hire Certified Peers and Family Advocates at organizations where mental health services are provided.
- Participants suggested ensuring continued and coordinated access to mental health care following a young person's transition from pediatric to adult care.
 - Suggestions included strategies that might require less resources to implement, such as training on how to have a conversation with young adults about transitioning to adult care, and others that would require more substantial resources, such as developing clinics that support people with DD during this transition or across the lifespan (e.g., [Baylor Transition Clinic in Houston](#) and [Morgan's MAC \(Multi-Assistance Center\)](#)).
 - [Got Transition](#) was identified by participants as a resource for how to improve coordination of care across this transition from pediatric to adult care.

Mental Health Supports in Schools

- Participants recommended broader outreach to parents about the availability of Counseling as a Related Service for youth with DD in K–12 public schools and that this service can be included in their child’s individualized education program (IEP) if there are mental health concerns.
- Participants suggested school personnel receive increased training around working with youth with DD, especially those with behavioral concerns.
- Participants recommended mental wellbeing be included in transition planning for youth with IEPs.

Social Connectedness & Wellbeing

- Participants communicated a need for increased opportunities for youth to build connections, create their community, and build a sense of belonging (e.g., more youth peer groups and volunteer opportunities).
 - Navigate Life has resources to explore including information on [friendships](#) and [recreation](#).
- Participants suggested that a local neurodiverse-friendly business list would be a useful tool to help young people with their job searches.
 - The [Community Resource List](#) is a resource to identify who might be included in the development and maintenance of list such as this.

Family and Caregiver Supports

- Participants indicated an opportunity for communities and/or organizations to bring service providers (health, mental health, education, workforce, recreation, etc.) together to develop a streamlined referral process and identify ways to better coordinate care.
 - The [Community Resource List](#) is a resource to identify who might be included in those types of conversations.

Mental Health Crisis Services

- Participants recommended crisis responders (e.g., crisis hotlines, mobile crisis teams, emergency responders, and police) be trained in crisis response techniques specific to youth and young adults with DD
 - Training topics shared by participants included: how to identify and navigate communication differences, how to support someone who uses an assistive communication device, and best practices for working with family members of youth with DD in a crisis.

Limitations of This Project

When we began this project, we asked ourselves who we needed to engage to get a comprehensive and clear perspective of the challenges and opportunities present in the greater Austin community related to mental health needs and care for young people with DD. While we were intentional about who was included in the [Advisory Group](#) and in our outreach for the convenings and focus groups, we also identified several gaps in terms of who we successfully engaged. The following are examples of important groups we did not hear from and would work to include with additional time and resources.

- Non-English-speaking youth and families.
- Faith-based organizations.
- Youth with lived expertise that were engaged through different organizations. (We had amazing feedback from our focus groups, but all participants came from a single organization).

Next Steps for the Meadows Mental Health Policy Institute

Like all youth and young adults, those with DD often interact with multiple systems including K–12 education, juvenile justice, higher education, and crisis response systems. Young people with DD have unique realities which these systems need to be equipped to thoughtfully and strategically address. In 2024–2025, the Meadows Institute is leading projects to this end and across these systems, specifically aimed at improving mental health supports in K-12 and post-secondary education, exploring diversion opportunities in juvenile justice and exclusionary discipline, and expanding the crisis continuum of care. Through these projects and through our continued work with the TCDD, the Center for Child and Family Wellness at the Meadows Institute will continue to explore how these systems currently support the mental health and wellbeing of youth and young adults with DD and work in partnership with systems to create more integrated system of care grounded in a trauma-informed framework.

Appendix

Appendix

Agendas From Community Convenings

Examining Assumptions and Clinical Understanding Related to Mental Health Treatment for Youth with IDD in Austin

AGENDA
THURSDAY, OCTOBER 26

Meeting Goals

- Explore research about trauma, IDD, and mental health.
- Share examples of trauma-informed care.
- Learn about ways to support the mental health of youth with IDD.
- Make new connections.

Meeting Agenda

Time	Duration	Activity/Discussion
1:00-1:15 pm	15 minutes	Welcome
1:15-1:45 pm	30 minutes	Activity 1: Reacting to the Research: Trauma, IDD, and Mental Health
1:45-2:30 pm	45 minutes	Activity 2: What does Trauma-Informed Care mean to you, your profession, and/or your organization?
2:30-2:45 pm	15 minutes	Break
2:45-3:30 pm	45 minutes	Success Stories – A Panel Discussion and Q & A
3:30-4 pm	30 minutes	Wrap Up & Networking

THIS WORK IS SUPPORTED BY THE TEXAS COUNCIL FOR DEVELOPMENTAL DISABILITIES THROUGH A GRANT FROM THE U.S. ADMINISTRATION FOR COMMUNITY LIVING (ACL), DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS), WASHINGTON, D.C. 20201, WITH A 100% FEDERAL FUNDING AWARD TOTALING \$6,121,860. COUNCIL EFFORTS ARE THOSE OF THE GRANTEE AND DO NOT NECESSARILY REPRESENT THE OFFICIAL VIEWS OF NOR ARE ENDORSED BY ACL, HHS, OR THE U.S. GOVERNMENT.

Mental Health Community Support Mapping for Young People with IDD

AGENDA
THURSDAY, FEBRUARY 8, 2024

Meeting Overview

- Interactive mapping session to identify mental health resources for young people with IDD in Austin.
- Co-develop a community support map that shows existing areas of support for youth with IDD, gaps in available supports, and opportunities for improvement.
- Make new connections.

Meeting Agenda

Time	Duration	Activity/Discussion
9:00–9:20 am	20 minutes	Welcome and Introduction
9:20–9:40 am	20 minutes	Overview of Community Support Map
9:40–10:05 am	25 minutes	Small Group Brainstorm #1
10:05–10:30 am	25 minutes	Small Group Brainstorm #2
10:30–10:45 am	15 minutes	Break
10:45–11:15 am	30 minutes	Discussion
11:15–11:35 am	20 minutes	Interactive Mapping Activity
11:35 am–12 pm	25 minutes	Next Steps Activity and Closing



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Example Initial Invitation to an Advisory Group

[Greeting & Recipient Name]

Project Background

The Texas Council for Developmental Disabilities (TCDD) helps people with developmental disabilities (DD) achieve their potential for independence, productivity, and integration into their communities through the development of a comprehensive system of services and supports. TCDD is one of 56 state councils on developmental disabilities in the U.S. and its territories created through the Developmental Disabilities Assistance and Bill of Rights Act. TCDD is governed by a 27-member board and among its many tasks it approves grant projects and activities supported by federal funds.

The Meadows Mental Health Policy Institute (the Meadows Institute) is an independent and nonpartisan organization working at the intersection of policy and programs to create equitable systemic changes so all people in Texas, the nation, and the world can obtain the health care they need. **The Meadows Institute has been awarded a grant from TCDD, and is launching the second year of a project focused on trauma-informed mental health care for transition age youth (14–24 years old) with DD.** The first year of the project included a literature review and key informant interviews and culminated in a Community Action Guide. For the second year of our grant from TCDD (August 2023 to July 2024), the Meadows Institute will conduct a series of three community convenings in Austin to develop a community strategy for increasing trauma-informed mental health care for youth with DD. We are creating an Advisory Group to help guide the planning and implementation of the convenings.

Role of Advisory Group Members

- Provide feedback on the topics, content, and format of the convenings.
- Help identify how we can improve event accessibility and inclusivity.
- Identify people we should invite to the convenings and extend a personal invitation when appropriate.
- Participate in the convenings, if possible.

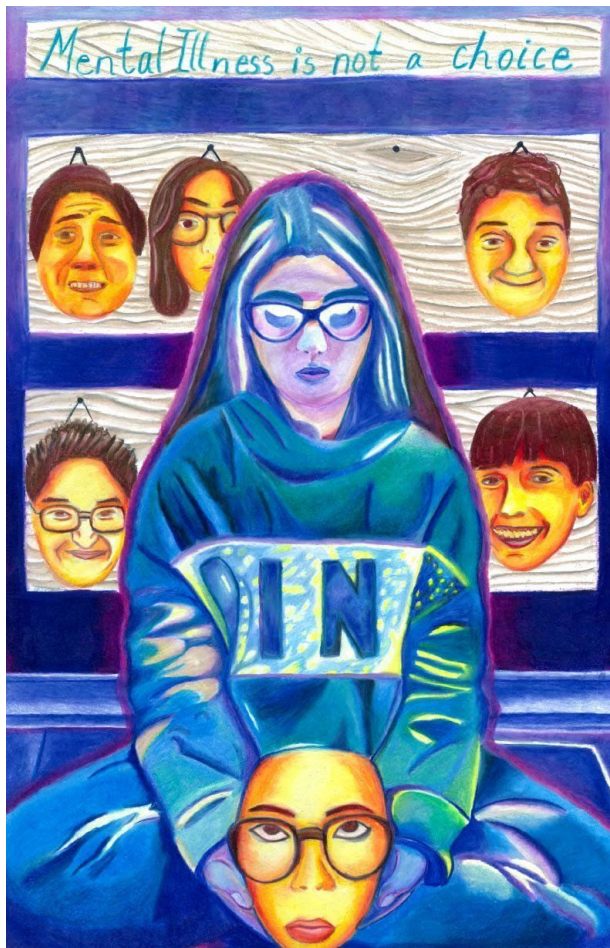
Timeline for Advisory Group Engagement

- September–Early October: One to two individual or small group virtual meetings/calls prior to October 26th to provide feedback.
- October 26th first convening: Attend if possible.
- Early November: One call to debrief convening and get feedback.
- December–Jan: One to two individual or small group virtual meetings prior to Feb 8th
- February 8th second convening: Attend if possible.
- Mid-Late February: One call to debrief convening and get feedback.
- March–April: One to two individual or small group virtual meetings prior to April 18th
- April 18th third and final convening: Attend if possible.
- Late April: One call to debrief final convening and get feedback.
- May: One call to debrief the full series of convenings and get feedback.

[Call to Action, Thank You, & Closing Signature]

Combining Art and Data Activity Materials

All of the art in this section is by artists who participated in the [Texas Mental Health Creative Arts Contest](#), an annual event. At convenings and presentations we presented the art with relevant data on mental health trends among youth with DD, with the recognition that processing such data can be difficult. To help participants incorporate different parts of their brains in analyzing the data, we paired art with data and opened discussion around both things.



Madison's World by Marc M.

Most research indicates that mental health and wellbeing are much worse for those with IDD than for the population overall.

Source: Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data>



Disappearing Act by C.R.B.

Youth typically lose supports and services when they transition from the pediatric to adult health care system.

Sources: Brown, M., Macarthur, J., Higgins, A., & Chouliara, Z. (2019). Transitions from child to adult health care for young people with intellectual disabilities: A systematic review. *Journal of Advanced Nursing*, 75(11), 2418–2434. <https://doi.org/10.1111/jan.13985>

Bindels-de Heus, K. G., van Staa, A., van Vliet, I., Ewals, F. V., & Hilberink, S. R. (2013). Transferring young people with profound intellectual and multiple disabilities from pediatric to adult medical care: parents' experiences and recommendations. *Intellectual and Developmental Disabilities*, 51(3), 176–189. <https://doi.org/10.1352/1934-9556-51.3.176>



The Daily Buzz by Tra' Slaughter

Nurses and doctors report feeling they have inadequate training to serve people with DD, especially people with intellectual disabilities.

Source: Whittle, E. L., Fisher, K. R., Reppermund, S., Lenroot, R., & Trollor, J. (2018). Barriers and enablers to accessing mental health services for people with intellectual disability: A scoping review. *Journal of Mental Health Research in Intellectual Disabilities*, 11(1), 69–102. <https://doi.org/10.1080/19315864.2017.1408724>



Anguish by Stephanie Ann

Overshadowing is a term that describes times when the trauma responses of children are inaccurately assumed to be caused by their DD diagnosis.

Source: Bradley, E.A. & Hollins, S. (2006). Overshadowing. In D.S. Goldbloom (Ed.), *Psychiatric clinical skills*. Mosby. <https://doi.org/10.1016/B978-0-323-03123-3.X5001-7>



Within Arm's Reach by Diane Gonzalez

Increased incidents of mental health disorders, such as depression and anxiety, in transition-age youth with DD, especially for those with intellectual disabilities, make the transition to adulthood even more difficult, increasing the need for caregiver support at a time when a young adult would traditionally be gaining independence.

Source: Austin, K. L., Hunter, M., Gallagher, E., & Campbell, L. E. (2018). Depression and anxiety symptoms during the transition to early adulthood for people with intellectual disabilities. *Journal of Intellectual Disability Research*, 62(5), 407–421.
<https://doi.org/10.1111/jir.12478>

List of Participants in Austin Convenings

Austin Clubhouse
Austin Community College (ACC) - STEPS Program
Austin Independent School District (ISD), Transition and Employment Staff
Bluebonnet Trails
Center for Child Protection
Center for Youth Mental Health (The University of Texas at Austin/Dell Medical School/Amplify Center)
CommUnity Care
CPATH - Cerebral Palsy Awareness, Transition, Hope
Dell Children's, Developmental Behavioral Pediatrics
Disability Rights Texas
Down Home Ranch
Down Syndrome Association of Central Texas
Easterseals - Greenleaf NCC
Education Service Center Region 13 - Special Education Team
Elgin ISD
EveryChild
Former law enforcement officer
Goodwill - Excel Program
Hope House
Hutto ISD
Imagine Art
Integral Care - IDD Services and Crisis Services
Integral Care, Certified Family Partner
Integral Care, Transition Support Teams
Kids Living Well
Liberty Hills ISD
Lone Star Circle of Care
Meadows Mental Health Policy Institute
Parents
Pediatric psychologist - Dell Children's, Developmental Behavioral Pediatrics, Texas Child Study Center and Dell Medical School
People's Community Clinic
SAFE Austin - Disability Services
Self-Advocate Central
Spectrum Social
Texas Council for Community Centers
Texas Council for Developmental Disabilities (TCDD)
Texas Department of Family and Protective Services - Developmental Disability Program
Texas Department of State Health Services
Texas Education Agency, State Transition Program
Texas Health and Human Services Commission (HHSC), Adult and Children's Mental Health, Mental Health and Substance Use Programs

Texas HHSC, IDD Services & Preadmission Screening and Resident Review (PASRR), Local Access and Support

Texas HHSC, Office of Mental Health Coordination, Texas System of Care

Texas Parent to Parent

Texas State University - Bobcat RISE Program

The Arc of the Capital Area, Community Services

The University of Texas at Austin, Texas Center for Disability Studies

The University of Texas at Austin, Texas Technology Access Program, The Texas Center for Disability Studies

Travis County - Community Partners for Children Liaison


Vela

Youth and Young Adults with Lived Expertise

Community Resource List (Greater Austin Area)

While the community faces many challenges, there are also many resources that support the mental wellbeing of youth and young adults with DD in Greater Austin/Travis County. With input from many community members, the Meadows Institute developed this extensive list to capture existing resources that support the mental wellbeing of youth and young adults with DD in Greater Austin/Travis County. *Note: these services exist within a dynamic environment, and as such the availability, capacity, and scope of the services in the Community Resource List are subject to change. This is not an exhaustive list of organizations or services but is based on the input of community members about resources available at the time of development.*

<input checked="" type="checkbox"/> Screening & Identification of Mental Health Concerns
Ideal System Components:
Pediatricians, Adolescent Health Providers, & Adult Health Providers
Developmental Pediatricians
Neurologists
School Personnel
Mental Health Screening Tools (normed for people with developmental disabilities)
Primary Care Providers
Child Psychiatry Access Network (CPAN)
CommUnityCare
Dell Children’s Comprehensive Care Clinic
Lone Star Circle of Care
People’s Community Clinic
The Johnson Center for Child Health and Development
Developmental Pediatricians
Dell Children’s - Developmental Behavioral Pediatrics
Stuart Developmental Pediatrics
Neurologists
Dell Children's/UT Health - Pediatric Neurology Clinic
pediatrix - Child Neurology Consultants of Austin
THINK Neurology for Kids
School Personnel
ACC STEPS
Austin ISD - Transition and Employment staff
Texas Child Health Access Through Telemedicine (TCHAT)
Other Service Providers
Any Baby Can
Center for Child Protection
Department of Family and Protective Services (DFPS) - Developmental Disability Program Staff
Integral Care
OSAR (Outreach, Screening, Assessment, Referral) for Substance Use Services - Bluebonnet
Trails Community Services

 **Assessment, Diagnosis, & Mental Health Treatment**

Ideal System Components:

Mental Health Service Providers

Psychiatrists

Medication Management Support

Certified Peer Support Specialist

Mental Health Care Coordination

Insurance Coverage

Mental Health Service Providers

[Austin Center for Child Psychology](#)

[Austin Child Guidance Center](#)

[Castell Therapy](#)

[Center for Child Protection](#)

[Dell Children's - Developmental Behavioral Pediatrics](#)

[Dell Children's - Emergency Care](#)

[Dell Children's - Grace Grego Maxwell Mental Health Unit](#)

[Dell Children's - Texas Child Study Center](#)

[Integral Care - Adult Services](#)

[Integral Care - Child and Family Services](#)

[Integral Care - Community First Choice](#)

[Integral Care - Transition Age Youth Program](#)

[Integral Care - IDD Crisis Intervention Team](#)

[Kaleidoscope](#)

[LifeWorks](#)

[Lone Star Circle of Care](#)

[Providence Behavior Therapy](#)

[Spectrum Services](#)

[Summit Mental Health Clinic](#)

[Texas Child Health Access Through Telemedicine \(TCHAT\)](#)

[Travis County Community Resource Coordination Group \(CRCG\)-Community Partners for Children](#)

[YES Waiver \(payor\)](#)

Individual Health Plans - IDD Service Coordination

[The Missing Peace Clinic](#)

Access to Health Insurance Coverage

[Foundation Communities' Prosper Health Program](#)

Mental Health Diagnosis and Treatment Resources

[2023 Psychotherapy Practice Guidelines: Working with Adults with Intellectual Disability and Cooccurring Mental Health Conditions](#) (The Ohio State University Nisonger Center RRTC on Health and Function)


[National Association of State Directors of Developmental Disabilities Services - Adaptive Strategies Video Series](#)


The Link Center - Therapies and Treatment
Integrated Mental Health Treatment Guidelines for Prescribers in Intellectual and Developmental Disabilities (National Center for START Services)
The National Association for the Dually Diagnosed


 Mental Health Supports in Schools & Post-Secondary Education
Ideal System Components: K-12 Teachers, Special Education Staff, Counselors, Social Workers 18+ Programs Community College Programs University Programs
K-12
Austin ISD - Mental Health Specialist
Austin ISD - Counseling as a Related Service
Austin ISD - Rosedale School
Del Valle ISD - Counseling as a Related Service
Leander ISD - Counseling as a Related Service
Communities in Schools
Education Service Center Region 13 - Autism Support Services
Texas Child Health Access Through Telemedicine (TCHAT)
18+ Programs
Excel Center High School - Goodwill
GO Project at Rosedale School
Greenleaf Neurodiversity Community Center (NCC)
Skills for Enhancing Lifelong Fulfillment (SELF) - Leander ISD
Transition to Life in the Community (TLC) at Rosedale School
Community College Programs
Austin Community College - ACC CARES
Austin Community College - Amplify Center - UT Austin
Foundation Communities College Hub (Succeed Program and Free Minds)
University Programs
UT Austin - E4Texas
UT Austin - Lifelong Learning with Friends
Texas State - Bobcat RISE
Other Education
SAFE Austin - Disability Services
Think College

 Social Connectedness & Wellbeing
Ideal System Components:
Day Programs
Clubs
Paid Employment
Peer Support (for youth)
Day Programs
The Arc of the Capital Area
Art Spark
Imagine Art
Clubs/Group Support
Adventurers Academy
ARCIL - A Resource Center for Independent Living)
Armstrong School of Music - We Are The Chorus
AURA Coaching and Education Services
Austin Clubhouse
Austin Recreation Centers
Autism Society of Texas
Communities in Schools
CPATH - Cerebral Palsy Awareness, Transition, Hope
Down Syndrome Association of Central Texas
Down Home Ranch
Greenleaf Neurodiversity Community Center (NCC) – Easterseals Central Texas
Improve Your Social Skills
J'Miah's Place
Mary Lee Foundation
OutYouth - Young Adult Program
Quirky Buds
Girl Scouts
Boy Scouts
Special Olympics
Spectrum Services
UT Austin - Best Buddies
Vela
Greater Austin YMCA
Paths to Paid Employment
Bloom Consulting
Clifton Career Development School
Goodwill Central Texas
nonPareil (Autism specific)
Sage Art Studio

Summer Youth Employment Program (SYEP)
Texas Workforce Commission Vocational Rehabilitation Program
Texas Workforce Commission: Disability Rights Texas - Client Assistance Program (CAP) can help access TWC-VRS
Imagine Art - Peer Support Curriculum
Self Advocate Central
Summer Programming
2024 Day Camp Guide - English
2024 Day Camp Guide - Spanish
Faith-based supports
Libraries
Local Parks and Recreation
Sammy's House - Youth/Teen Summer Program

 Family & Caregiver Supports
Ideal System Components: Education for Families on Dual Diagnosis (mental health and developmental disabilities) Peer Support (for caregivers) Respite (non-crisis)
Education and/or Peer Support for Families
Austin Child Guidance Center
Autism Society of Texas
Coalition for Special Education Equity in AISD
Communities in Schools
CPATH - Cerebral Palsy Awareness, Transition, Hope
Down Syndrome Association of Central Texas
Family to Family Network
Integral Care - IDD Transition Support Team
Partners Resource Network
NAMI Central Texas
Navigate Life Texas
SAFE Austin - Disability Services
Special Education Family Advisory Committee
Texas Parent to Parent
Vela
Respite Non-Crisis
Integral Care - General Revenue Respite
Integral Care - County Funded Respite - up to 10 hours respite per month

 Mental Health Crisis Services
Ideal System Components: 911 Dispatch - Mobile Crisis Outreach Team Crisis Respite Law Enforcement Health/Mental Health Systems -LMHA Crisis Services -Psychiatric Hospitals
911 Dispatch
Crisis Center Clinician (C3s) co-located at Austin's 911 Call Center
Integral Care - Mobile Crisis Outreach Team (MCOT)
988 Suicide and Crisis Lifeline
School Resource Officers
School Districts w/ Crisis Response Teams Austin ISD Del Valle ISD Manor ISD Pflugerville ISD
IDD Crisis Respite
Integral Care - IDD Crisis Respite Support Professional Team
Integral Care - P.A.C.E.
Davidson Respite House & Najim Home (primarily for children in child welfare and homes are in San Antonio)
Austin Police Department, Office of Community Liaison
Austin Police Department, Crisis Intervention Team
Travis County Sheriff's Office, Crisis Intervention Team
Health/Mental Health Systems
Austin Oaks Hospital - Program for Adolescents
Austin State Hospital - Child and Adolescent Psychiatric Services
Charlie Health
Dell Children's (emergency care, inpatient hospital care, intensive outpatient care - 5 weeks for teens, outpatient care, partial hospitalization care - for 14–17 years)
Integral Care - Crisis Services
Rock Springs Health
Shoal Creek

 Community Education & Outreach
Ideal System Components:
Expert Trainers
Trainees
Strategic Plan for Education and Outreach
Expert Trainers
Center for Child Protection - Trauma Training
Integral Care - Transition Support Teams - customized trainings
Kids Living Well
Texas Parent to Parent
National Association for the Dually Diagnosed (NADD) - Consultation and Training
NAMI Family to Family
Office of Disability Services Coordination, HHSC
Texas Center for Disability Studies - UT Austin Steve Hicks School of Social Work
Texas HHSC - UT Health San Antonio - online training modules on TIC for ICF/IDD
Texas Technology Access Program
Potential Training Opportunities
Trauma Informed Applied Behavioral Analysis (ABA)
Trauma Focused Cognitive Behavioral Therapy (CBT) for youth with IDD
Educate the trauma field about IDD
Educate IDD field of mental health and going beyond behavior modification
Trainees
Police
Mental Health Service Providers
IDD Service Providers
Doctors
School Staff
Families
Individuals with DD/ID
Strategic Planning Connections
Governor's Committee on People with Disabilities
Austin Police Department, Office of Community Liaison

Ideal Children's Mental Health System, developed by the Meadows Mental Health Policy Institute

