The Economic Case for Supporting Individuals with IDD in Bexar County

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Executive Summary

Bexar County is at a pivotal moment in its support for individuals with intellectual and developmental disabilities (IDD). This white paper presents the economic challenges and opportunities associated with strengthening services, workforce support, and policy structures for individuals with IDD and their caregivers. Based on statewide prevalence rates, an estimated 40,000-60,000 individuals in Bexar County likely have IDD, many of whom rely on aging family caregivers.

The IDD Champions Community Survey of over 800 stakeholders reveals a fractured care system with steep economic costs: 32% of caregivers have quit jobs, 43% of Direct Support Professional (DSP) positions remain unfilled, and 75% of families struggle to access services when needed. These deficiencies contribute to preventable workforce dropout, reduced economic productivity, avoidable emergency reliance, and mounting public costs.

Investing in inclusion is both a moral and economic imperative. Coordinated services, caregiver supports, inclusive childcare, and workforce investment can strengthen families, stabilize employers, reduce preventable crisis costs, and build a more resilient Bexar County economy.

Key Numbers at a Glance

40K-60K Estimated individuals in Bexar County likely living with IDD	**32%** Caregivers who have quit jobs entirely due to care demands	**43%** DSP positions countywide currently unfilled
75% Families who struggle to access services when needed	**$754M** Texas Medicaid spending on potentially preventable emergency department visits in 2022	**$7.40** Average return for every dollar strategically invested

Introduction

The IDD Champions Community Survey emerged from unprecedented collaboration when the Texas Cavaliers and a major foundation asked what systemic improvements the IDD community most needed. Rather than compete, five organizations - Brighton Center, The MAC, Respite Care of San Antonio, The Arc of San Antonio, and SA Life Academy - chose partnership, forming a coalition that surveyed over 800 families, caregivers, educators, and service providers.

Their findings outline both the urgency and the economic opportunity in supporting individuals with IDD and their families. The survey quantifies the current costs of system failure while pointing toward practical public-private solutions that can improve independence, workforce stability, and long-term outcomes.

Economic Overview of IDD in Bexar County

Based on statewide prevalence rates, an estimated 40,000-60,000 individuals in Bexar County likely have IDD. The IDD Champions survey reveals substantial workforce impacts among these households, even though families report typical county-level incomes with a median of $70,000, comparable to Bexar County's median of $70,571 according to U.S. Census data.

According to statewide data, disability-related healthcare costs in Texas total $56.7 billion annually, averaging $17,189 per person with a disability. Many of these costs fall to families, particularly while they wait for Medicaid waiver services. The result is a cycle of financial strain, reduced employment, and increasing reliance on crisis systems.

Economic Snapshot

40K-60K	$56.7B	$17,189
Estimated individuals in Bexar County likely living with IDD	Annual disability-related healthcare costs in Texas	Average annual cost per person with a disability

Key Economic Indicators

- 32% of caregivers have quit jobs entirely due to caregiving demands.
- 23% have reduced work hours to manage care responsibilities.
- 17% report hindered career advancement due to caregiving.
- 15% declined job offers because of caregiving obligations.

More than 70% of adults with IDD live with family caregivers according to statewide data, and many are not engaged in competitive or integrated employment. The caregiving demands placed on family members result in workforce attrition, reduced household income, and increased financial stress.

Economic Cost of Inaction

The IDD Champions survey quantifies the economic consequences of failing to invest in inclusive childcare, DSP workforce stabilization, family navigation, respite care, and flexible caregiving support. Without intervention, Bexar County absorbs higher long-term costs through emergency services, Medicaid spending, institutional placements, reduced tax revenue, and preventable caregiver workforce exits.

Direct Support Professional Crisis

- 43% vacancy rate across DSP positions countywide.
- Annual turnover rates of 43-77% according to National Core Indicators data.
- High turnover costs in recruitment, training, and service disruption could be reduced through stronger reimbursement rates and workforce development.

Service System Breakdown

- 75% of families struggle to access services when needed.
- Average wait times include 6-12 months for therapy and 14 months for respite care.
- 29% of caregivers have no help taking breaks from caregiving responsibilities.
- Nearly 50% report service coordination as "not well" or "not at all" effective.

Crisis Intervention Costs

In 2022, Texas Medicaid spent approximately $754 million on 1.58 million potentially preventable emergency department visits. Individuals with IDD contribute disproportionately to these costs, often because families are forced to use emergency departments as the safety net when outpatient care, respite, and coordination are unavailable.

System Pressure Snapshot

43%	75%	6-12 mos	14 mos
DSP vacancy rate countywide	Families struggling to access services	Average wait time for therapy	Average wait time for respite care

Bottom Line for Bexar County

Doing nothing is not cost-neutral. When services fail, families lose income, employers lose workers, Medicaid absorbs preventable costs, and individuals with IDD lose opportunities for stability and independence.

Promising Solutions

States investing strategically in IDD supports see average returns of $7.40 for every dollar invested. Proven models show that coordinated investment can reduce crisis costs while improving caregiver employment, service quality, and long-term independence.

Investment Signals

$7.40	$4.20	$3.60
Average return for every dollar invested	Emergency interventions prevented per respite dollar	Reduced emergency costs per $1 invested in navigation

1 Expand Inclusive and Specialized Childcare Options

- **The crisis:** 89% of parents of children with IDD have been denied childcare services, forcing 67% to reduce work hours or leave employment entirely.
- **Economic evidence:** Massachusetts increased IDD childcare funding by $12 million and generated $47 million in increased caregiver earnings within two years.
- **Solution:** Expanded childcare subsidies, provider technical assistance, and co-located therapies can improve school readiness while enabling family workforce participation.

2 Create Flexible Respite and Short-Term Care Solutions

- **The crisis:** 29% of caregivers have no one to help them take breaks, with average wait times of 14 months for respite services.
- **Economic evidence:** Colorado invested $23 million in respite expansion and generated $67 million in Medicaid savings plus $89 million in increased caregiver earnings.
- **Solution:** Evening, weekend, and short-term care options help caregivers maintain jobs, attend appointments, and avoid costly crisis placements.

3 Support Workplace Flexibility & Caregiver Employment Rights

- **The crisis:** 55% of respondents report difficulty balancing work and caregiving, often forcing families into unstable employment or single-income households.
- **Economic evidence:** Companies with robust caregiver support see 67% lower turnover, 13% higher productivity, and 31% less absenteeism.
- **Solution:** Caregiving leave, job sharing, remote options, and caregiving stipends can reduce workforce exits and recruitment costs.

4

Improve Navigation and Access to Services

- **The crisis:** Families describe being referred in circles, retelling their child's story repeatedly, and acting as full-time care coordinators.
- **Economic evidence:** Utah's "No Wrong Door" system reduced service access time by 73% and decreased crisis referrals by 45%.
- **Solution:** Bilingual navigation, centralized information hubs, and warm handoffs can reduce crisis referrals and family administrative burden.

5

Strengthen the Direct Support Workforce

- **The crisis:** The 43% DSP vacancy rate directly correlates with service access failures reported by families.
- **Economic evidence:** The Arc of Texas analysis shows raising DSP wages by $3/hour would save $200 million over 10 years statewide.
- **Solution:** Increase reimbursement rates, build community college workforce pipelines, and create career pathways that stabilize the DSP workforce.

6

Expand Financial Support for Families

- **The crisis:** Families report significant out-of-pocket caregiving expenses even while maintaining employment.
- **Economic evidence:** Supplemental childcare vouchers return $4.30 for every dollar invested through increased family earnings.
- **Solution:** Refundable caregiving tax credits, transportation support, and targeted vouchers can improve family stability and workforce participation.

7

Invest in Inclusive Early Intervention and Education

- **The crisis:** Families often identify developmental concerns early but face long delays in diagnosis and services, missing critical intervention windows.
- **Economic evidence:** Every $1 invested in IDEA Part C saves $7 in reduced special education and support service costs; quality early intervention improves later employment outcomes.
- **Solution:** Expand IDEA Part C, inclusive pre-K, pediatric-to-ECI referral pathways, and evaluation workforce capacity.

Policy Recommendations

The following recommendations translate the survey findings and economic evidence into a practical policy agenda. Together, they move the system from crisis response toward prevention, stability, and long-term inclusion.

1

Fund inclusive childcare and early intervention pilot programs.

Why it matters: Local pilots can keep caregivers employed while children receive earlier, more coordinated support during critical developmental windows.

2

Provide tax incentives for caregiver-friendly employers.

Why it matters: Employer flexibility can reduce workforce dropout, turnover, and absenteeism among family caregivers.

3

Expand eligibility and funding for respite care and family navigation services.

Why it matters: Respite and navigation help families avoid crisis, reduce administrative burden, and connect to services before needs escalate.

4

Raise Medicaid reimbursement rates for Direct Support Professionals.

Why it matters: A stronger reimbursement structure is essential to reduce vacancies, stabilize care, and rebuild the workforce families depend on.

5

Invest in community-based DSP workforce pipelines.

Why it matters: Tuition assistance, training partnerships, and career pathways can create a sustainable pipeline of qualified direct support professionals.

6

Increase funding for IDEA Part C and inclusive pre-K.

Why it matters: Early diagnosis and intervention reduce downstream costs while improving school readiness, independence, and long-term employment outcomes.

Implementation Focus

The highest-impact strategy is a coordinated package: stabilize the DSP workforce, expand respite and navigation, protect caregiver employment, and invest early through inclusive childcare and early intervention.

Transition to Action

These policy priorities require shared ownership. Nonprofits, employers, local government, philanthropy, and state leaders each have a practical role in moving these recommendations from paper to implementation.

Action Steps for Stakeholders

Policy change is not the responsibility of government alone. Based on survey findings and proven models, the following actions can strengthen the IDD system in Bexar County:

Nonprofits

Build on the IDD Champions coalition model and collaborate with business leaders, funders, and policymakers to advance shared priorities. Share outcomes data and advocate collectively for sustainable funding.

Employers

Offer job flexibility and caregiving benefits that generate 67% lower turnover rates. Support employees through resource fairs and advocate for tax incentives that make caregiver accommodations financially beneficial.

Local Government

Use local funds to pilot respite or inclusive childcare programs demonstrating economic returns. Coordinate IDD considerations across workforce development, transportation, and housing departments.

Philanthropy

Support inclusive childcare pilot programs to address the 89% denial rate forcing caregivers out of work. Invest in flexible respite care expansion and partner on DSP workforce development with community colleges.

State Leaders

Increase budget appropriations for IDD services, particularly Medicaid reimbursement rates supporting $15-17/hour DSP wages. Fund scalable pilot programs and champion cross-agency reforms positioning Texas as a national leader in IDD economic inclusion.

Conclusion

The IDD Champions Community Survey provides unprecedented economic intelligence about both the challenges and opportunities facing Bexar County. Texas can become a leader in inclusive economic development by supporting families and individuals with intellectual and developmental disabilities.

This moment demands bold leadership across sectors because the survey data shows that doing nothing costs significantly more than strategic investment. The transformation from crisis to economic opportunity starts with acting on evidence rather than continuing to pay for preventable emergencies.

Call to Action

Invest in coordinated IDD supports now. Strategic funding can keep caregivers employed, reduce preventable emergencies, strengthen the service workforce, and build a more inclusive Bexar County economy.

Coalition Statement

The IDD Champions Coalition includes Brighton Center, The MAC, Respite Care of San Antonio, The Arc of San Antonio, and SA Life Academy.

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