

System and Policy Challenges for Adults with Intellectual Disability Disorder who are Experiencing Homelessness



KEY FINDING:

Adults who are experiencing homelessness with intellectual and developmental disability perpetually navigate under-funded, broken public systems embedded with structural ableism and bootstrap mentalities.

BACKGROUND

- Intellectual and developmental disability (IDD) is characterized by impairment of cognitive, emotional, and/or physical function that results in daily living limitations.
- Adults with IDD face barriers to meeting basic needs and must navigate multiple public systems to access critical services.
- The housing affordability crisis has contributed to a disproportionate overrepresentation of adults with IDD who are also people experiencing homelessness (PEH).
- Little evidence has articulated the unique systems- and policy-level issues facing PEH with IDD.

OBJECTIVE

- The purpose of this study was to examine the systems and policies that impact service delivery and care coordination between disability, homelessness, and social care services for PEH with IDD.

METHODS

- This qualitative study interviewed professionals providing disability, homeless, and/or social care services to adults experiencing homelessness between March-June 2021.
- Data was analyzed using content analysis.
- Nvivo software provided an audit trail and facilitated coding.

RESULTS

Table 1. Participant characteristics

Characteristic	N=18	%, SD
• Female	11	61%
• Age (Mean)	44	13.9
• Job/Role:		
○ Clinician	5	28%
○ Case manager	7	39%
○ Other	6	33%

Figure 1. Critical systems for PEH with IDD

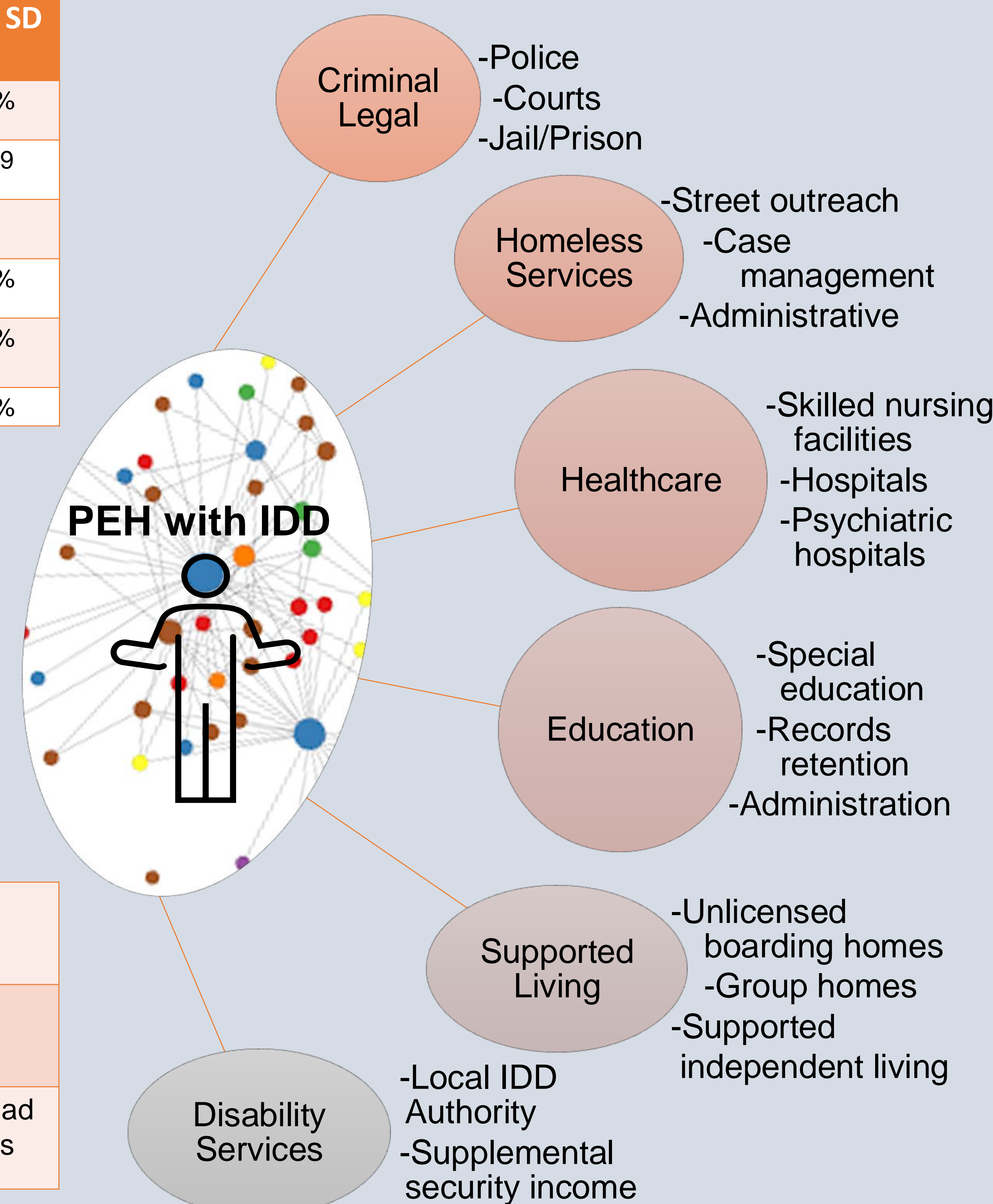


Table 2. Policy findings

1.	Current policies harm more than help
2.	Policies focus on only acute problems
3.	Funding priorities, instead of need, dictate services

Figure 2. Key systems issues and data

Theme 1: Obtaining services requires individual engagement

“What’s missing is when people label it as personal choice when the fact that the care [and assistance] that they’re being offered isn’t very good and requires a lot from them.”

Theme 2: Provider burnout and apathy

“The more people that get piled on each case manager...the more clogged the machine becomes...the harder it is to do the work well and really care.”

Theme 3: Lack of communication and coordination

“It’s very difficult, um, to get information shared...and we don’t have a shared database.”

Theme 4: Lack of specific services and training

“There are no specific programs [for PEH with IDD] that I’m familiar with. There’s also no programs that have specific training on the issue for providers.”

CONCLUSIONS

- Findings highlight the importance of moving away from a crisis-driven model of care to a cohesive care ecosystem.
- Future research is needed to develop and test models of care that eliminate system churn so that all individuals are supported.

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