Chapter VII

Department of Assistive and Rehabilitative Services External/Internal Assessment

The Texas Department of Assistive and Rehabilitative Services (DARS) was created by the 78th Texas Legislature. The Department began operations on March 1, 2004, combining the expertise of four Texas agencies: the Interagency Council on Early Childhood Intervention, the Commission for the Blind, the Commission for the Deaf and Hard of Hearing, and the Rehabilitation Commission.

The material in this chapter is arranged as follows:

- Challenges and Opportunities;
- Current Activities by Goal:
  - Service Descriptions;
  - Target Populations; and
  - Other Trends and Initiatives;
- Internal Assessment; and
- Strategic Priorities.

For consistency, the same outline is used in each of the agency chapters.

Challenges and Opportunities

Growth in the Aging Population

The aging of the population is an HHS system challenge as discussed in Chapter III, and it has important implications for DARS service delivery to people with disabilities. Aging brings an increased incidence of a wide variety of health conditions, and some of these conditions can impair a person's independence. As baby boomers age, they can be expected to increase the numbers of people experiencing diminished physical and cognitive function. The Department will face increasing challenges to provide services as more people enter this vulnerable age group.

A case in point is the increased demand for independent living (IL) services, which are affected by the *Olmstead* decision and by improvements in medical services and assistive technology. The cost of IL services is increasing, as is the size of the population seeking to live more independently. With no increase in funding, the length of the wait for purchased IL services has continued to increase, and the number of people on the list has continued to grow. At current funding levels, these trends are expected to continue. Centers for Independent Living likewise are struggling to address these same demographic and economic factors with available funds.

Changes in Disability Determination

The Social Security Administration (SSA) plans to revise the disability determination process in the next few years to decrease the time it takes to make a decision. The SSA approach has two parts: changing from a paper case folder to an electronic file, and changing the disability case processing structure. Both initiatives will involve changes to federal law and regulations, and they may impact productivity as they are phased into the process.

The SSA is currently introducing the electronic folder concept, changing the way a claim is received by SSA and transmitted to the Disability Determination Services (DDS). Most case information, including medical evidence, will be stored electronically. In Texas, SSA will begin transitioning to the electronic format in September 2004 and complete the process a year later. Early indications in pilot states show that the disability examiners are less productive, even after a learning curve, mainly because of the increased time it takes to view medical records. Any decrease in productivity because of electronic files must be countered by increasing resources (e.g. disability examiners); otherwise, backlogs of cases will increase dramatically.

Changes to the disability process could include the following:

- Creating a quick decision step to be done by a federal component, for cases in which an obviously disabling impairment is presented. The DDSs would continue to process the remainder of the initial workload with more detailed explanations of denials required.
- Eliminating reconsideration appeals and substituting a reviewing official step. Reconsideration would be replaced by a federal attorney reviewing official, who would either reverse the initial decision or prepare the case for a hearing with an Administrative Law Judge (ALJ). Claimants desiring to appeal the ALJ decision would go directly to the federal courts.

With these changes, the DDS division may experience significant challenges to productivity during the next few years.

The Social Security Advisory Board is considering a recommendation to the President and Congress to change the standard definition of disability in the Social Security Act. This change would make the definition more amenable to returning SSDI/SSI consumers to the workplace. If enacted by Congress, this change would have a profound impact on the way disability cases are adjudicated.

Other Changes in Federal Law and Policy

Vocational Rehabilitation (VR) programs for blind people and for people with other disabilities face an increasing challenge in recruiting and retaining qualified staff. Federal regulations require VR counselors to have or to be working toward a master's degree in rehabilitation counseling or be eligible to take the Certified Rehabilitation Counselor examination, and the time to complete this requirement is limited. Moreover, the federal Rehabilitation Services Administration has outlined specific schedules for completing this requirement. Counselors find it very difficult to meet the federal certification requirements while delivering services to consumers at historical levels. These high standards also make it more difficult to recruit and retain qualified candidates.

As Congress reviews and renews the authorizing statutes of DARS programs, substantial changes could result. Changes in the Individuals with Disabilities Education Act (IDEA) and the Workforce Investment Act (WIA) could have a major effect on services and consumers. For example, new provisions in the IDEA re-authorization could require the evaluation of all children with substantiated cases of abuse or neglect that, in turn, would increase Early Childhood Intervention (ECI) services, referrals, and costs.

As discussed in Chapter IV: Related HHS System Planning Efforts and Initiatives, the U.S. Supreme Court in 1999 decided the *Olmstead* case, affecting how states serve people who have traditionally been institutionalized. The court ruled that states must provide community-based services for persons with disabilities who would otherwise be entitled to institutional services when three conditions are met: state treatment professionals determine that such placement is appropriate; affected persons do not oppose such treatment; and placement can be reasonably accommodated (taking into account the resources available to the state and the needs of others who are receiving state supported disability services). The *Olmstead* decision and subsequent policy developments have impacted DARS service delivery. The Department continues to work closely with stakeholders and other state agencies to ensure seamless services for its consumers.

Implications of a Sluggish Economy

A variety of economic variables affect vocational rehabilitation programs for people with disabilities, including unemployment, inflation, demographics, Texas workforce and labor projections, and the overall health of the state's economy. The current

economic challenges in job creation, for example, severely impact these consumers. When the larger community experiences a high unemployment rate, it is especially hard for people with disabilities to find work. The VR programs prepare consumers for the work world, but in these times consumers face a tighter job market: they are competing for jobs with more people, many of whom have years of experience.

A slow economy also results in more conservative budgets to serve an increased number of consumers. When funds are inadequate to serve all VR consumers, federal law requires the implementation of an Order of Selection, to serve those consumers with the most significant disabilities. To adhere to the law requiring an Order of Selection, DARS will monitor funding for the adult VR programs and will develop a plan for this potential change in policies and procedures.

As medical and higher education costs increase, it is more difficult to maximize limited dollars to serve the increased number of consumers, especially in difficult economic times. The VR program uses a rate schedule based on Medicare and Medicaid rates for the majority of procedures purchased. Using the Medicare or Medicaid rates may generally lessen the financial impact of the rising costs of medical services, but it may further widen the gap between the allowable rates and the prevailing rates, making it increasingly difficult to identify qualified practitioners who will treat VR and other consumers.

The cost of interpreters and other communication access services has been rising. These increased costs could have a negative impact on individuals with hearing loss, who may have trouble with necessary daily activities. This trend could put a greater burden upon the agency as it seeks alternative ways to provide access to services.

Accurate Employment Data for People with Disabilities

The accuracy of employment data for people with disabilities is an issue of growing concern to members of the National Council of State Agencies for the Blind (NCSAB), including DARS. Specifically, their concern is that the repeated use of the unsubstantiated statistic of a 70 percent unemployment rate for people with disabilities contributes to an erroneous, negative perception of the nation's public VR programs. The NCSAB asked to be part of the effort to research accurate statistics, to help to tell the true story of the productivity of people with disabilities.

Emerging data tell a more positive story. The U.S. Census Bureau gathered data in 2000 indicating that more than half of people with disabilities were working. According to *Disability Status: 2000*, published in March 2003, the employment rates for people with disabilities were 60.1 percent for men and 51.4 percent for women. Also, a recent longitudinal study conducted for the U.S. Department of Education's Office of Special Education showed positive outcomes for people receiving VR services. According to the survey of 8,500 participants, the employment rate for

participants at the third annual follow-up was 78 percent for people exiting into competitive employment and 70 percent for people in non-competitive employment.

Rehabilitation programs benefit consumers and society alike. A rehabilitated consumer no longer draws money from society but instead contributes to the strength of the marketplace and pays taxes, and over time that person repays many times the investment made through the VR program. Measuring the return on this investment illustrates clearly just how much empowering people with disabilities serves the whole community. The return-on-investment concept is also a force behind the work of the Texas Workforce Investment Council, in their document *Destination 2010: FY2004-FY2009 Strategic Plan for the Texas Workforce Development System*, addressed in Appendix G. Continuing this work will document the benefits of government investment in people with disabilities.

Increased Rates of Premature and Low Birth Weight Births

The state of Texas had the second highest birth rate in the United States in 2002, with about 17 births per 1,000 Texas residents. Among newborns, several factors increase the likelihood of health problems and developmental disabilities or delays, including premature (preterm) births and low birth weight. The rate of preterm birth in Texas increased more than 20 percent from 1992 to 2002. In 2002, 13.3 percent of Texas babies (49,500) were born prematurely, or before 37 weeks gestation – higher than the national average of 12 percent. Preterm births are influenced in part by the rising rate of multiple births.

Nationally, the rate of low birth weight infants (less than 2,500 grams) increased to 7.8 percent in 2002, the highest level reported in three decades. The percentage of low birth weight infants in Texas in the same year was 7.7 percent of live births, up from 7.0 percent in 1992. Thus, there were almost 28,600 low birth weight infants born to Texas residents in 2002. Almost 5,000 births, or 1.3 percent of live births in Texas, were very low birth weight (under 1,500 grams).

Premature birth / low birth weight is the leading cause of newborn death in Texas and can cause lifelong health problems for some babies who survive, including cerebral palsy, mental retardation, or blindness. However, as a result of early intervention services, many children attain significant and lasting developmental progress and meet developmental outcomes.

Current Activities: Services, Target Populations, Trends, and Initiatives by Goal

DARS Goal 1: Children with Disabilities

DARS will ensure that families with children with disabilities receive quality services enabling their children to reach their developmental goals.

Early Childhood Intervention Services

Service Description

Early Childhood Intervention (ECI) services include comprehensive services, follow-along services, and respite. The following array of services is required by the Individuals with Disabilities Education Act (IDEA), Part C:

- Assistive technology;
- Audiology;
- Early identification, screening, and assessment;
- Family counseling;
- Family education;
- Health services;
- Home visits;
- Medical services;
- Nursing;
- Nutrition;
- Occupational therapy;
- Physical therapy;
- Psychological services;
- Service coordination;
- Social work services;
- Developmental services;
- Speech language therapy;
- Transportation; and
- Vision services.

Children are referred for early intervention services by family physicians, hospitals, family friends, or others familiar with the child and early intervention services, such as social workers or day care providers. After entering services, families and service providers work together to develop an Individualized Family Service Plan. Family-centered services are provided to help achieve the goals of the child and the family that are identified in the plan. Children and their families generally receive services

in natural environments—where children typically learn, live, and play, and where children without disabilities participate in daily activities.

In fiscal year (FY) 2003, comprehensive services were provided to 42,458 children with developmental disabilities or delays. Services were provided through 62 community-based programs. These programs include the following public and private service providers:

- 31 Community/state mental health and mental retardation centers;
- 16 Private non-profit service organizations;
- 7 Regional educational service centers;
- 5 Local independent school districts; and
- 3 Others.

Target Population

The ECI services are available to all eligible children and their families. In Texas, children are eligible for comprehensive ECI services if they are under three years of age and have any of the following conditions:

- A diagnosed physical or mental condition that has a high probability of resulting in a developmental delay;
- A documented delay in one or more of the following areas of development: cognitive, physical/motor, speech/language, social/emotional, and adaptive/self-help; or
- Atypical development.

The division for ECI services estimates that approximately three percent of all children statewide have a medically diagnosed condition or developmental delay that would make them eligible for comprehensive early intervention services.

Blind Services for Children

Service Description

The Blind Children's Vocational Discovery and Development (BCVDD) Program in the Division for Blind Services (DBS) provides habilitative services for blind or severely visually impaired children and their families.

Specialized services include information, support, training, educational support, developmental equipment, and counseling and guidance. These services foster vocational discovery and development while promoting the child's self-sufficiency. Fewer vocational rehabilitation resources and specialized services will be needed when children have a solid foundation entering the world of work. The program emphasis is on serving children who are permanently and severely visually impaired.

The program served 7,358 children in FY 2003. Already in FY 2004, an Order of Selection has been implemented in the BCVDD Program, because the budget was inadequate to serve all eligible children with visual impairments. This is the first time an Order of Selection has been necessary in this program.

Target Population

The BCVDD Program focuses on services for children from birth through age nine. Youth ages 10 and over are referred to the DBS Transition Services program. However, the BCVDD Program continues to provide services for those children ages 10-21 who do not meet the eligibility criteria for the Transition Services program. Projected population data for the planning period include the following.

Table 7.1. Estimates of Child Blindness and Visual Impairment in Texas

Age	2005	2006	2007	2008	2009
0-9	14,643	14,784	14,945	15,118	15,284

Table 7.1: DARS Division of Blind Services, 2004.

DARS Goal 1 Trends and Initiatives

Trends in the Early Childhood Intervention Services Population

Evidence indicates that the ECI target population has increasingly complex and specialized needs. These specialized needs include autism, infant mental health concerns, intensive medical needs, and auditory and/or visual impairments. Often these children require more frequent and intensive services. Although some local programs have developed teams of individual service providers that specialize in planning and delivering services to children and their families with specialized needs, resource limitations continue to be a statewide concern.

Since 1999, the monthly enrollment for early intervention services has increased by at least 10 percent annually. However, recent changes in eligibility criteria mandated by the legislature and the implementation of a family cost share for early intervention services are expected to slow the growth in the number of children receiving eligibility determination services and comprehensive services.

Table 7.2.
Trends in Referrals and Enrollment
in Early Childhood Intervention Comprehensive Services

Fiscal Year	Referrals	Percent Change	Average Monthly Enrollment	Percent Change
1998	25,377	10.4 %	12,103	8.7 %
1999	29,929	17.9 %	13,315	10.0 %
2000	32,947	10.1 %	14,829	11.4 %
2001	36,924	12.1 %	16,723	12.8 %
2002	41,867	13.4%	18,714	11.9%
2003	45,060	7.6%	20,630	10.2%

Table 7.2: DARS Division of Early Childhood Intervention Services, 2004.

In the future, population growth rates, including birth rates, will vary across the state. For example, the racial/ethnic distribution of the birth-to-three population will become increasingly Hispanic. The percentage of children in the birth-to-three age group who were Hispanic was 45 percent in 2000, and is projected to increase to 48 percent in 2005 and 51 percent in 2010. As Texas continues to become more racially, ethnically and culturally diverse, the ECI service system must be responsive to these changes to maintain its effectiveness. Similarly, regional differences in overall population growth rates must be considered in state and local planning efforts.

Trends in the Blind Children's Target Population

The number of babies born with severe visual impairments and blindness is increasing.[1] With advances in modern technology, more babies with multiple disabilities are surviving. These children have complex needs and require a variety of service delivery options. With an average caseload size of 72 permanently and severely visually impaired children, specialists face multiple challenges when delivering the array of services required by these children and their families. To serve them, specialists must have comprehensive knowledge of information on resources, disabilities, interventions, training, assistive technology, and support systems for the families.

[1] Brigitte Volmer, et. al., "Predictors of Long-term Outcome in Very Preterm Infants: Gestational Age Versus Neonatal Cranium Ultrasound," Pediatrics, November 2003.

DARS Goal 2: Persons with Disabilities

Provide persons with disabilities quality services leading to employment and living independently.

This section discusses vocational rehabilitation (VR) and independent living (IL) services for adults and youth. These services are available for people with disabilities through the Division for Rehabilitation Services. The Division for Blind Services offers specialized services for the blind. The services provided by the Division for Deaf and Hard of Hearing are also described in this section.

Vocational Rehabilitation Services

Vocational Rehabilitation—Blind

Service Description

The Vocational Rehabilitation (VR) – Blind program, through its VR counselors, provides services for eligible individuals consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Work-related services are based on individual needs and are geared toward providing eligible adults with the wide range of skills, goods, and services they need to enter employment, keep their jobs, or return to the workforce after losing their vision. Some of the available specialized services are listed below:

- Assistive technology;
- Orientation and mobility training;
- Personal and home care training;
- Job retention services;
- Vocational training; and
- Intermediary assistance with existing and potential employers.

Advances in technology have opened many doors in the world of work for people who are blind or visually impaired. As part of its overall consumer training program, DBS maintains an Assistive Technology Unit. This unit evaluates consumer needs and provides the consumer and the VR counselor with recommendations regarding the best equipment to meet their needs.

Empowerment is the key to a consumer's success in employment and living independently. It is critically important for the consumer to have a positive attitude, high expectations, and mastery of basic blindness skills. Most of society believes that blindness severely restricts an individual's capabilities, resulting in the common misconception among employers and others that blind people cannot work or even live independently. The ultimate goal of the rehabilitation program is to help

consumers to use all their options and to instill in them the confidence to move ahead with life independently.

To meet the vocational needs for individuals with the most severe disabilities, supported employment services are provided to help consumers obtain competitive employment. Specially-trained job coaches/trainers provide consumers with individualized, on-going support needed to maintain employment.

The VR counselors work with a variety of sources to ensure that individuals gain the independent living skills, experience, training, and education to reach their employment outcome. The program served 11,055 blind people in FY 2003.

The Transition Services program provides age-appropriate VR services to eligible youths at least 10 years of age and over. Transition services is an outcome-oriented process promoting movement from school to post-school activities, including secondary education, vocational training, integrated employment, continuing education, independent living, and community participation. This program prepares youth, including those with multiple disabilities, to make informed decisions about their future. Consumers develop appropriate skills to transition from the educational environment to the adult community successfully. The program served 1,236 youth in FY 2003.

The Business Enterprises of Texas (BET) program, authorized under the federal Randolph-Sheppard Act, develops and maintains business-management opportunities for legally blind persons in food-service operations and vending facilities located on public and private properties throughout the state. This program assisted 110 individuals in food service employment in FY 2003.

The Criss Cole Rehabilitation Center is the agency's comprehensive rehabilitation facility in Austin, serving blind people from across the state. Services are typically provided in a residential setting. At the center, consumers receive individualized, intensive training and support in developing the confidence to use these skills and techniques. Training includes Braille, orientation and mobility, technology, college preparatory classes, preparation for BET skills training, daily living skills, and career guidance. Upon completion of training, consumers return to their communities and use their new skills and confidence to move on to employment, college, additional vocational training, or other opportunities commensurate with their goals. This program served 593 individuals in FY 2003.

Target Population

The DBS assists Texas adults and youth who are either blind or severely visually impaired, according to established criteria. The division offers a variety of skills training, accommodations, and adaptations, which are tailored to each consumer's needs, abilities, and inclinations. The principle of informed consumer choice guides the choice and provision of services, with the ultimate goal of helping consumers

function independently as possible in employment consistent with their skills, abilities, and interests.

The Texas population growth has a direct impact on the blind and visually impaired population. The number of people potentially eligible for services is estimated to increase by 40,000 persons during this planning period. The largest increase is expected in the VR program population, followed by the age 65 and over group, where the majority of consumers are served by the IL program. Projected prevalence rates for blindness and severe visual impairment are included in the following chart.

Table 7.3.
Estimates of Blindness and Severe Visual Impairment for Youth and Adults in Texas

Age	2005	2006	2007	2008	2009
10-21	21,159	21,285	21,379	21,457	21,555
22-64	282,115	287,103	292,049	296,750	301,341
65 plus	227,201	231,276	235,537	240,719	246,103
TOTAL	*530,475*	*539,664*	*548,964*	*558,926*	*568,999*

Table 7.3: DARS Division for Blind Services, 2004.

Vocational Rehabilitation-General

Service Description

The VR-General program, a state-federal partnership since 1929, helps eligible Texans with disabilities overcome vocational limitations and enables them to prepare for, find, and keep jobs. Together, a consumer and a counselor determine the kind of job the consumer wants and can achieve.

Work-related services are based on individual needs and may include a variety of services, including the following:

- Medical, psychological, and vocational evaluation to determine the nature and degree of the disability and the consumer's job capabilities;
- Counseling and guidance to help the consumer and the family plan vocational goals and adjust to the working world;

- Training to learn job skills in trade school, college, university, on the job, or at home;
- Hearing examinations, hearing aids, and other communication equipment, aural rehabilitation, and interpreter services for the deaf and hearing impaired;
- Medical treatment and/or therapy to lessen or remove the disability;
- Assistive devices such as artificial limbs, braces, and wheelchairs to stabilize or improve functioning on the job or at home;
- Rehabilitation technology devices and services to improve job functioning;
- Training in appropriate work behaviors and other skills to meet employer expectations;
- Job placement assistance to find jobs compatible with the person's physical and mental ability; and
- Follow-up after job placement to ensure job success.

The principle of informed client choice guides the individual's plan that the consumer and counselor develop together.

As part of the VR program, counselors across the state provide transition planning services to eligible students with disabilities to assist with the transition from high school to the work world or further education. These counselors actively seek students with disabilities enrolled in regular and special education, to provide them information about the availability of VR services. Each region has a Regional Program Specialist available to counselors to facilitate cooperation with local school districts and other state agencies promoting transition-planning services. Each year, 6,820 students are served.

Target Population

To be eligible for the VR-General program, an individual must:

- Have a physical or mental disability that results in a substantial impediment to employment;
- Be employable after receiving services; and
- Require services to achieve an employment outcome.

Table 7.4.
Service Population Data for Vocational Rehabilitation—General

	2005	2006	2007	2008	2009
Service Population	1,555,623	1,583,037	1,610,205	1,636,047	1,661,289

Table 7.4: DARS Division for Vocational Rehabilitation Services, 2004.

In FY 2003, the VR-General program served people with a wide range of disabilities that had interfered with their employment including:

- 27 percent had musculo-skeletal disabilities;
- 19 percent had mental/emotional disabilities;
- 14 percent had substance abuse disabilities;
- 14 percent had cognitive disabilities;
- 6 percent were deaf or hard of hearing;
- 3 percent had neurological disabilities;
- 3 percent had traumatic brain/spinal cord injuries; and
- 2 percent had cardiac/respiratory/circulatory disabilities.

The remaining 12 percent of consumers had a variety of other disabilities. Ninety percent of the consumers served had significant disabilities.

As a result of services provided by the VR-General program, consumers found work in a variety of occupations:

- 31 percent in service industries;
- 21 percent in clerical work or sales;
- 18 percent in professional or managerial positions;
- 11 percent in miscellaneous positions;
- 8 percent in structural work;
- 5 percent in machine trades;
- 2 percent in processing work;
- 2 percent in agricultural work; and
- 2 percent in benchwork.

Diabetes and obesity are two examples of conditions that are increasing in prevalence and can interfere with a person's work. A recent Rand Health study found that the number of people ages 30-49 who were disabled in their ability to care for themselves or perform other routine tasks increased by more than 50 percent from 1984 to 2000. After a careful review of the participants, the only factor researchers could identify to explain the large jump in disability is obesity. Musculoskeletal problems such as chronic back pain, which are linked to obesity, are one of the nation's leading causes of disability. Obesity is also a major factor in the development of diabetes, which accounts for a small number of disability claims.[2]

[2] Lakdawalla, D. N., Bhattacharya, J. & Goldman, D. P. (2004). "Are The Young Becoming More Disabled?" *Health Affairs*, Vol 23, Issue 1, pp. 168-176. http://www.rand.org/health/healthpubs/disability.html (accessed March 30, 2004).

Comprehensive Rehabilitation Services

Service Description

Comprehensive Rehabilitation Services (CRS), developed for people with traumatic brain injury and traumatic spinal cord injury, include inpatient comprehensive medical rehabilitation, outpatient rehabilitation services, and post-acute brain injury rehabilitation services. These services are necessary to increase an individual's ability to function as independently as possible within the family and the community. These time-limited services are designed to assist the consumer with daily living skills and to prevent secondary disabilities such as respiratory problems, pressure sores, and urinary tract infections, thereby increasing the consumer's ability to function independently.

The CRS program is financed through a stream of dedicated state general revenue, coming from court costs assessed on misdemeanor and felony convictions. In FY 2004, just over $10 million was appropriated for this program.

Target Population

The CRS target population includes people with traumatic brain injury and traumatic spinal cord injury who experience a catastrophic effect on motor functions, which require a special set of services. The CRS program projects the following caseload.

Table 7.5.
Service Population Data for Comprehensive Rehabilitation Services

	2005	2006	2007	2008	2009
Service Population	6,091	6,198	6,308	6,417	6,527

Table 7.5: DARS Division for Rehabilitation Services, 2004.

Independent Living Services

Independent Living Services—Blind

Service Description

The DBS Independent Living (IL) Services—Blind program offers specialized services to eligible people whose independence is threatened because of vision

loss. It helps people to avoid institutionalization and to remain in the community. A variety of services address the amount and kind of assistance needed:

- Information about adaptive techniques and resources related to vision loss;
- Referral to other community resources related to aging, disability, and other individualized concerns;
- Group training to encourage self-confidence building experiences;
- One-on-one in-home adaptive skills training; and
- Peer support development.

In FY 2003, 4,875 people were served.

Target Population

The target population for the Independent Living Services-Blind program is people who are predominantly older, or no longer able to work, and who are experiencing serious limitations in their functional capacities because of severe visual loss. Individuals receive in-home instruction from trained professionals on adaptive techniques with which to resume taking care of critical tasks themselves. The need for public-funded nursing care and assisted living is reduced to the extent Texans who are blind or visually impaired are independent within their homes and communities.

Projected prevalence rates for the Independent Living Services-Blind program are included in the Estimates of Blindness and Severe Visual Impairment for Youth and Adults in Texas.

Table 7.6.
Estimates of Blindness and Severe Visual Impairment for Youth and Adults in Texas

Age	2005	2006	2007	2008	2009
10-21	21,159	21,285	21,379	21,457	21,555
22-64	282,115	287,103	292,049	296,750	301,341
65 plus	227,201	231,276	235,537	240,719	246,103
TOTAL	*530,475*	*539,664*	*548,964*	*558,926*	*568,999*

Table 7.6: DARS Division for Blind Services, 2004.

Independent Living Services—General

Service Description

The Independent Living (IL) Services-General and Centers for Independent Living (CILs) provide a broad array of services promoting increased self-sufficiency and enhancing quality of life for persons with significant disabilities. With assistance from IL Services, people with disabilities become more independent within their communities. Examples of IL services include counseling and guidance, durable medical equipment, communications aids, prostheses, rehabilitation technology, and IL skills training.

Consumers control the decision-making, service delivery, and management of community-based CILs, which promote practices that increase self-help, strengthen self-advocacy, and actively develop peer relationships and role models. Core CIL services include information and referral, IL skills training, peer counseling, and individual and systems advocacy.

Target Population

Independent Living consumers are people who have significant disabilities resulting in a substantial impediment to their ability to function independently in the family and/or in the community. These individuals face barriers that severely limit their choices for quality of life. Some barriers are obvious—a curb with no ramp for people who use wheelchairs, or lack of interpreters or captioning for people with hearing impairments. Less obvious barriers such as assistance with personal hygiene care can be even more limiting. Misunderstandings about disability can prevent people with disabilities from living lives of independence.

Independent Living services contribute to the independence of people with disabilities in the community as well as support for their movement from nursing homes and other institutions to community-based settings.

As baby-boomers age, this population is growing faster than any other age group, which will increase demand for IL Services. The following chart estimates the growing IL Service population of adults over age 16 in the next five years.

Table 7.7.
Service Population Data for Independent Living Services—General Program

	2005	2006	2007	2008	2009
IL Services—General Population	439,771	447,597	455,501	464,085	472,780

Table 7.7: DARS Division for Rehabilitation Services, 2004.

Blindness Education, Screening, and Treatment

Blindness Education

Service Description

Created in 1997, the Blindness Education, Screening, and Treatment (BEST) Program assists uninsured adults to pay for urgently needed medical treatment to prevent blindness. The BEST Program is supported by Texans who donate funds when they renew their drivers' licenses. Individuals applying for BEST services must apply through their physician or optometrist. In FY 2003, 13,150 individuals received vision screenings, and 515 received eye medical treatment.

Target Population

The BEST target population includes uninsured adult Texas residents who are unable to pay for eye medical treatment due to diabetic retinopathy, glaucoma, detached retina, or other eye diseases determined to be an urgent medical necessity by the applicant's eye doctor and the DBS State Medical Consultant. Projected prevalence rates of the eligible consumers of the BEST program are included in the Estimates of Blindness and Severe Visual Impairment for Youth and Adults in Texas chart below.

Table 7.8.
Estimates of Blindness and Severe Visual Impairment for Youth and Adults in Texas

Age	2005	2006	2007	2008	2009
22-64	282,115	287,103	292,049	296,750	301,341
65 plus	227,201	231,276	235,537	240,719	246,103
TOTAL	*509,316*	*518,379*	*527,586*	*537,469*	*547,444*

Table 7.8: DARS Division for Blind Services, 2004.

Deaf and Hard of Hearing Services

Service Description

To provide services to individuals who are deaf or hard of hearing, the Division for Deaf and Hard of Hearing Services (DHHS) contracts with 34 community-based councils that provide interpreter services, information and referral services, and

services to older persons, and to persons who are deaf and hard of hearing. To facilitate access to needed services and to remove barriers between individuals needing services and the service providers, the DHHS division implemented the Regional Specialist Program in each of the 11 HHS regions in FY 2003.

The DHHS division certifies and monitors interpreters of varying levels of skill and expertise. The division maintains lists of certified interpreters for courts, schools, service providers, and other interested entities. There are currently 1,508 certified interpreters in the state, 964 of whom are certified at Level I, the basic entry level. Most situations require more advanced skills, primarily Levels III, IV or V, of which only 382 interpreters are certified at such levels. At least one-third of this higher certification group are working in administrative or teaching functions and not readily available for interpreting. Of the 382, only 169 are court-certified by DHHS for interpreting in court.

The DHHS division administers the Specialized Telecommunication Assistance Program, authorized by the 75th Texas Legislature in 1997. The voucher program, funded by the Universal Service Fund, provides telecommunication access equipment for persons who are deaf or hard of hearing, who are speech impaired, or who have any other disability that interferes with telephone access.

The Senior Citizens Services program is designed to bridge communication barriers and reduce isolation for individuals ages 60 and over who are deaf or hard of hearing. Because their communication challenges are unique, older deaf and hard of hearing people have historically been unable to access other programs. Services in this program vary from area to area in the state, and may include coping skills training, independent living services, and recreational activities.

Communication Access Services may be provided to individuals who are deaf or hard of hearing for essential services and community participation in daily life activities. This service includes sign language or oral interpreters and Computer Assisted Real-time Transcription (real-time captioning) for situations where no other funding source is available.

Target Population

The DHHS division promotes and regulates an effective system of services for individuals who are deaf or hard of hearing, and it evaluates and certifies interpreters. The DHHS division estimates that there are currently 1.9 million persons (or 8.7 percent of the population) who are deaf or hard of hearing, some of whom receive VR services.

The primary service recipients are adults who are limited economically and educationally, some of whom may be older persons. The greater the extent and the earlier the onset of hearing loss, the more likely persons are to need and seek services. In most cases, individuals who are deaf or hard of hearing can receive services without having to verify the existence of the hearing loss.

The DHHS division projects the following prevalence rates for the planning time period.

Table 7.9.
Estimates of Deaf and Hard of Hearing in Texas (in millions)

Disability	2005	2006	2007	2008	2009
Deaf or Hard of Hearing	2.02	2.05	2.08	2.12	2.15

Table 7.9: DARS Division for Deaf and Hard of Hearing Services, 2004.

DARS Goal 2 Trends and Initiatives

Comprehensive Rehabilitation Trends

The CRS program has operated with essentially level funding since 1998. However, the number of persons who survive traumatic brain injury and traumatic spinal cord injury continues to increase. Similarly, consumers are requiring more of the services provided by the CRS program over longer periods of time. Consequently, the waiting list for purchased CRS services continues to grow, as does the length of the wait.

Diabetes Increasing Blindness

Demand for blind services is impacted by several factors, in addition to those discussed in the Challenges and Opportunities section. Diabetes is the leading cause of blindness in adults ages 20 to 74. People with diabetes have a greater risk of experiencing vision loss from diabetic retinopathy, cataracts, and glaucoma. Studies indicate that diabetes affects ethnic groups differently, with African Americans and Hispanics having higher prevalence rates than Anglos. Moreover, the Hispanic population is growing faster than other ethnic groups, which will likely impact the number of Texans who are diagnosed with diabetes and who may lose significant vision as a result of the disease.

Diverse Needs for Deaf and Hard of Hearing Services

The high demand for interpreters and the lack of certified interpreters at higher levels of skill has resulted in a severe shortage of qualified interpreters, particularly in specialty areas such as certified court interpreters and trilingual interpreters. Advanced training opportunities must be made available to interpreters through as many avenues as possible to assist those who wish to become court-certified interpreters.

The DHHS must maintain its strong ties with the 14 Interpreter Training Programs and local school districts that provide sign language programs throughout the state. The need for interpreters could be a market niche for vocational rehabilitation consumers with the appropriate combination of skills and abilities.

Regional Specialists serve the deaf and hard of hearing in each of the 11 HHS regions by providing advocacy, referral, and troubleshooting services. These specialists are contracted through local councils and function as an extension of the DARS Deaf and Hard of Hearing division. Funding levels vary for the different programs of the agency and are based on the population of the respective region. The availability of service providers and services varies greatly, especially in economically disadvantaged areas. To improve service levels overall, the Deaf and Hard of Hearing division must seek adequate and stable funding to support the Regional Specialist projects statewide as well as consistent funding for all communication access services. Current funding for these services is inadequate, and the need will continue to grow.

DARS Goal 3: Disability Determination

Enhance service to persons with disabilities by achieving accuracy and timeliness within the Social Security Administration Disability Program guidelines and improving the cost-effectiveness of the decision making process in the disability determination services.

Disability Determination Services

Service Description

When a person is not able to work due to a disability, that person may apply for federal Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). The Disability Determination Services (DDS) division of DARS processes the applications for these benefits under an agreement between the state and the U.S. Social Security Administration (SSA).

Each application for SSDI/SSI originates in an SSA field office and is forwarded to the DDS. There it is developed and adjudicated by a trained disability examiner, who reviews the disability forms and gathers medical evidence from the claimant's treating sources. Usually the examiner receives enough evidence from the applicant’s sources to make a decision. If more evidence is needed, a consultative examination is arranged and paid for by the DDS with funds from the SSA.

The examiner and a medical consultant together review all the information and determine whether an applicant is disabled as defined by SSA. In FFY 2003, the DDS processed 180,313 initial cases, determining that 69,442 people, or 39 percent, met the SSA criteria for disability. For quality control, SSA reviews a sample of initial

DDS determinations. In FFY 2003, the DDS achieved a 95 percent accuracy rate. After completion of the review process, the case is sent to the local Social Security office, and the applicant is notified by mail.

Currently, applicants who have been denied benefits may request reconsideration, the first step in the appeal process. Reconsideration cases are reviewed in the DDS by a different examiner and doctor from those who processed the initial application. In FFY 2003, the DDS reviewed 50,319 reconsideration cases, of which 7,958, or 15.8 percent, were allowed, meaning that the initial decision to deny benefits was reversed.

The DDS allowance rates for both initial and reconsideration cases were better than the national average. The national allowance rate was 36.7 percent, and for reconsideration cases, it was 15.1 percent. This means that, in terms of percent, the Texas DDS allowed more cases compared to the national average.

Target Population

For Social Security purposes, disability means a medical condition preventing a person from working, or in the case of a child, preventing the child from engaging in age-appropriate activities. The medical condition must be so severe that it will last at least 12 continuous months or result in death, and it must be documented by objective medical evidence.

The division administers two disability programs on behalf of SSA. The first program, SSDI, is related to work. Workers earn coverage for themselves and family members by paying Social Security tax. The program covers workers who have a disability, widows/widowers who have a disability, and workers' adult children who have a disability.

The second program, SSI, is related to means—what a person earns and owns. People who meet the criteria for disability and have low incomes and few assets may qualify for SSI benefits, which supplement SSDI benefits.

Table 7.10.
Estimated Caseload for Disability Determination Services

	2005	2006	2007	2008	2009
Estimated Cases That Will Be Processed	289,274	295,118	302,214	309,492	316,797

Table 7.10: DARS Division for Disability Determination Services, 2004.

In December 2002, 293,030 Texans with disabilities were receiving an average monthly SSDI benefit check of $826. At that time, there were 323,136 Texans receiving SSI disability/blind benefits at the rate of $375 each month. While in some instances a person with a disability may be receiving both SSDI and SSI benefits, the numbers reported reflect two separate populations.[3]

DARS Goal 3 Trends and Initiatives

The most significant trend impacting the DDS will be the significant increase in the number of SSA disability claims expected due to population growth and the aging of the baby boomers. As the population grows, so will the total number of disability claims filed, and the U.S. Census Bureau estimates the Texas population growth is one of the highest in the country. Further, as aging baby boomers reach a more vulnerable stage in life, they will likely apply for disability benefits in increasing numbers.

In a report published by the Government Accounting Office, SSA predicts an increase of 35 percent in SSDI recipients and 16 percent growth in SSI beneficiaries between 2002 and 2012. Disability claims in Texas have gone up approximately 10 percent each of the last three years, and this trend is expected to continue. If DDS processing efforts are to meet this increased need, SSA will have to provide increased funding. The state, in turn, will have to authorize increases in FTEs for the DDS, to ensure sufficient staff is available.

Another trend pertains to DDS workforce losses. It generally takes 2-3 years for a disability examiner fully to understand the job. As greater numbers of examiners retire or seek employment in higher-paying jobs, the impact on the workforce will be significant. Currently 50 percent of the examiners have less than three years experience, and this percentage will likely increase in future years. In *Strategic Workforce Planning Needed to Address Human Capital Challenges Facing the Disability Determination Services*, the Government Accounting Office cited three challenges in retaining disability examiners:

- High turnover, with stressful workloads and noncompetitive salaries cited as contributing factors;
- Difficulties in recruiting and hiring; and
- Gaps in key skills, requiring additional training in critical areas.

For the DDS to maintain operations, these challenges must be met.

The SSA is launching two major initiatives which will impact the way the DDS does business. First, SSA is moving toward an electronic folder. Currently the disability

[3] Social Security Administration, "State Statistics for December 2002," http://www.ssa.gov/policy/docs/quickfacts/state_stats/tx.html (accessed June 15, 2004).

folder contains paper forms and medical records. This will be replaced by an electronic version which will contain the same information but only in electronic format. The second major initiative by SSA pertains to the disability process, itself. The Commissioner of Social Security has presented a vision to revamp the disability process. Both initiatives are discussed in more detail in the DARS Challenges and Opportunities section of this plan, under the title "Changes in Disability Determination."

DARS Internal Assessment

This section represents an evaluation of the key internal factors that influence DARS. Below is a discussion of the agency's internal processes and operations, and its perceived strengths and challenges.

DARS Internal Processes

The Department was created by H.B. 2292, consolidating the functions and programs of the Texas Commission for the Blind, the Texas Commission for the Deaf and Hard of Hearing, the Texas Interagency Council on Early Childhood Intervention, and the Texas Rehabilitation Commission. The Department began integrated operations on March 1, 2004 and continues through the transformation process to respond to changes resulting from H.B. 2292.

To manage the transformation process, DARS has established a Department Program Management Office (PMO). The DARS PMO partners with DARS management, its divisions, and the HHS enterprise to develop integration and optimization projects consistent with the goals of the transformation. These transformation projects are designed to provide a structured process by which DARS reviews and analyzes its current programs, operations, and staffing patterns to identify and implement opportunities for improvements. Transformation projects, both integration and optimization, will result in one or more of the following:

- Increased efficiencies;
- Improved service delivery; and/or
- Identified cost savings.

DARS Internal Operations

Department management has developed and approved its basic organizational structure consistent with guidelines established by HHSC and through a period of public participation. Unit and regional structure continues to be refined as DARS develops and implements integration projects. Additional organizational changes will be contingent upon projects and decisions under the direction of HHSC.

As DARS continues to define its internal operations, DARS management is committed to enhancing participation from both internal and external stakeholders. Public hearings, Commissioner visits to regional offices, and employee comments submitted via email are primary tools DARS uses to identify and resolve issues and risks that could impact a successful transformation. To help mitigate the impact on stakeholders, DARS is developing communication plans for each of the transformation projects. These communication plans focus on creating a DARS identity, raising awareness of DARS programs, informing stakeholders of transformation activities, and maintaining open, two-way communication with employees, consumers, and the public.

The Department continues to look for opportunities to optimize its internal operations and service delivery. Optimized operations will advance the vision of DARS, which is a Texas where people with disabilities and families with children who have developmental delays enjoy the same opportunities as other Texans to pursue independent and productive lives.

DARS Internal Strengths and Challenges

To ensure a successful transformation, DARS must build upon established strengths and manage imminent challenges. DARS management is implementing strategies that can both maximize these strengths and resolve, to the extent possible, challenges.

Some of the established strengths with DARS are listed below:

- The Department is fortunate to have experienced, tenured staff in key positions through out the Department including regional and local offices.
- The organization structure minimizes the levels between the staff who deliver services and DARS leadership.
- Department staff at all levels has embraced the new structure and leadership with optimism and enthusiasm.
- Consumer input during the DARS organization design public meetings was strong and indicates a solid commitment to helping DARS management and staff successfully transition into the new structure.

These strengths build the foundation for a successful DARS future and help DARS to maintain quality services in a period of uncertainty and stretched resources.

In contrast, some of the challenges that DARS faces include:

- Additional positive relationships need to be strengthened or built with consumers, stakeholders, providers, and employers.
- The complexity of the federal/state dynamics with regard to the Disability Determination Services division often delays budget development, prevents integration of support services, and limits the state's flexibility.
- The Department has limited technical resources to support the coming implementation of complex automated financial systems.
- Centralized administrative support services are continuing to define their business practices affecting the daily business of the Department.
- Although there are long-term benefits, aspects of the HHSAS financial rollout may reduce the efficiency of program staff during the post-deployment period and will require adequate training activities.
- Ensuring that Department staff have prompt access to administrative training services is a challenge.

The speed and magnitude of change require that DARS attend to the above issues and create internal policy and operations that set a strategic direction for the DARS transformation.

DARS Strategic Priorities

The following priorities express the emphasis that DARS will employ to meet agency goals and fulfill the agency mission:

- A strong partnership with consumers will help DARS improve its services to people with disabilities.
- DARS ultimate goals for services to Texans with disabilities will be employment, confidence, and independence.
- DARS will collaborate with school districts to improve transition planning for eligible students.
- DARS will serve the full range of eligible people with disabilities, including the population with the most significant disabilities.
- DARS will continue to work with stakeholders in developing community based systems for DARS consumers who wish to move from nursing homes and other institutions into the community.
- DARS will identify and serve all children and families who are eligible for early childhood intervention services and strengthen public awareness and child-find efforts in underserved areas of the state.
- DARS management will ensure that employees understand the mission and vision of the Department and their organizational unit and how they contribute to the success of the Department.