

DARS

2008 ANNUAL REPORT

REHABILITATION SERVICES
EARLY CHILDHOOD INTERVENTION SERVICES
BLIND SERVICES
DISABILITY DETERMINATION SERVICES



DARS



TABLE OF CONTENTS

2 Introduction

3 Commissioner's Message: *Five Years Later*

DARS Culture

5 Our Vision, Mission, Our Guiding Principles, and Our Employees

Our Business: *What We Do... What We Provide*

9 Rehabilitation Services

15 Early Childhood Intervention Services

21 Blind Services

26 Disability Determination Services

30 Budget

Program Statistics

32 Rehabilitation Services

36 Early Childhood Intervention Services

37 Blind Services

41 Disability Determination Services

44 Councils, Committees, and Boards

48 Executive Staff Profiles

52 Contact Information

INTRODUCTION



The Department of Assistive and Rehabilitative Services (DARS) administers programs that ensure Texas is a state where people with disabilities and children who have developmental delays enjoy the same opportunities as other Texans to live independent and productive lives.

The Department has four program areas:

- **Rehabilitation Services**
- **Blind Services**
- **Early Childhood Intervention Services**
- **Disability Determination Services**

Through these program areas, DARS provides services that help Texans with disabilities find jobs through vocational rehabilitation and ensure that Texans with disabilities live independently in their communities. We also work with families to help children with disabilities and developmental delays reach their full potential.

The 2008 Annual Report is a comprehensive resource for readers who want to know about DARS operations. The report features descriptions of each of our programs and introduces readers to some of the consumers who have benefited from those programs. It also includes statistics on DARS employees, brief biographies of the Department's executive management team, and information on the Department's advisory councils and committees.

It is a fundamental value of DARS to listen, to learn, and to be responsive to our stakeholders and our consumers in an ongoing effort to make programs and services even better.

If you have suggestions or comments about DARS, please call the Inquiries Unit at 1-800-628-5115, or email: DARS.Inquiries@dars.state.tx.us. If you have comments about the 2008 Annual Report, please email: CCEA@dars.state.tx.us.



COMMISSIONER'S MESSAGE

Five Years Later

Terrell I. Murphy, Commissioner

As 2008 comes to a close, the Department of Assistive and Rehabilitative Services is approaching an important milestone. March 2009 marks five years since the Texas Legislature created DARS.

DARS was the product of legislation that reorganized the state's health and human services agencies. When the Legislature started contemplating this reorganization, health and human services were provided through a complex and confusing system. Twelve separate agencies spent an estimated \$19.5 billion per year to administer more than 200 programs, employed about 50,000 state workers, and operated from more than 1,000 different locations.

Facing a \$10 billion budget shortfall, the Legislature took action. The 12 HHS agencies were consolidated into five to reduce administrative costs and spend tax dollars more effectively, and at the same time, improve client services and strengthen accountability. DARS brought together the Texas Rehabilitation Commission, Commission for the Blind, Commission for the Deaf and Hard of Hearing, and the Interagency Council on Early Childhood Intervention.

So how are we doing five years later?

By developing and sustaining a culture of excellence and improving administrative support, we've made remarkable progress in initiatives to enhance consumer services. For example:

- We received a federal grant to increase the number of qualified working people with disabilities who get health care through the Medicaid Buy-In program.
- We increased the number of consumers who receive services following traumatic spinal cord or traumatic brain injuries.
- We increased the number of consumers who receive deaf and hard-of-hearing services, and help transitioning from school to work.
- We provided assistive technology that helps disabled Texans live more independently in their homes and avoid nursing homes or other institutions.
- We reached out to children who are abused or neglected and infants who have hearing loss.
- We established a single "front door" for people seeking services by integrating information, referral, and complaints-handling functions into one office.

More accomplishments are described in the pages of the 2008 Annual Report, a comprehensive look at who we are, what we do, and who we serve. I salute our employees and our partners who helped DARS achieve success in 2008 and during the past five years. And I look forward to continued progress in 2009.

DARS CULTURE

The word 'DARS' is rendered in large, bold, serif capital letters. The 'D' is purple, the 'A' is light blue, the 'R' is orange, and the 'S' is light green. The letters are slightly overlapping and have a soft, glowing effect.

Our vision, mission, our guiding principles, and our employees.



VISION, MISSION, AND GUIDING PRINCIPLES

DARS Vision

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 Mission

To work in partnership with Texans with disabilities and families with children who have developmental delays to improve the quality of their lives and to enable their full participation in society.

Guiding Principles

- The DARS mission, principles, and values will guide our decisions.
- Consumers and their families, when appropriate, will be active participants in planning the services they receive.
- We will deliver quality services in innovative and creative ways, individually suited to our consumers' needs, and delivered with respect and courtesy.
- Stakeholders, consumers, staff, and service providers will have meaningful opportunities to provide input on agency policies and services.
- We will celebrate our successes and learn from our mistakes – as one team.
- We will promote efficiency, effectiveness, and quality service delivery by building a program support system that aligns with the DARS mission.
- We will create and maintain a work environment characterized by respect, trust, and open communication between staff and management.

DARS EMPLOYEES: WHO WE ARE



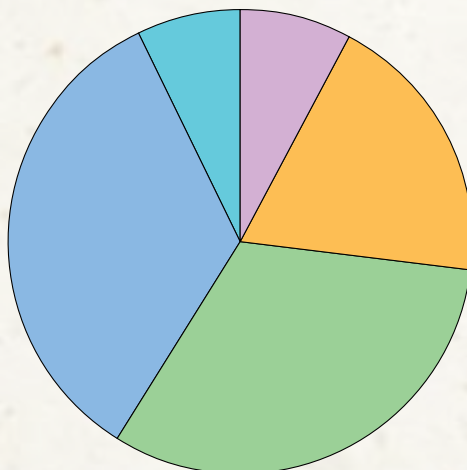
DARS enjoys a stable, long-tenured workforce. More than half of our employees have at least 10 years of state service.

DARS is the smallest agency in the HHS System. DARS currently employs approximately 3,100 full and part-time employees, with the majority of DARS employees (approximately 2,800) assigned to direct service delivery and geographically dispersed throughout Texas. The remaining 300 employees, or 9.7 percent, are assigned to Central Office in Austin.

The DARS Division for Rehabilitation Services (DRS) has approximately 1,300 employees. The Division for Disability Determination Services has approximately 930 employees. The Division for Blind Services employs approximately 530 staff, including teachers, counselors, and various specialists. The Division for Early Childhood Intervention has approximately 40 employees who provide oversight and support to contractors who provide services throughout the state.

Within the Health and Human Services Enterprise (comprising DARS, the Health and Human Services Commission, and the Departments of State Health Services, Aging and Disability Services, and Family and Protective Services), DARS has the lowest employee turnover rate (10.7 percent).

DARS Workforce by Age



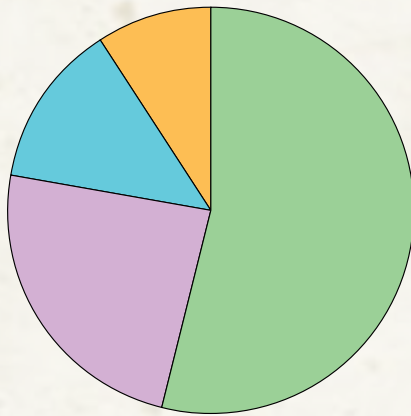
AGE	Percent
30 years and under	8
31 to 40 years	19
41 to 50 years	32
51 to 60 years	34
61 years and over	7

Average age: 48 years



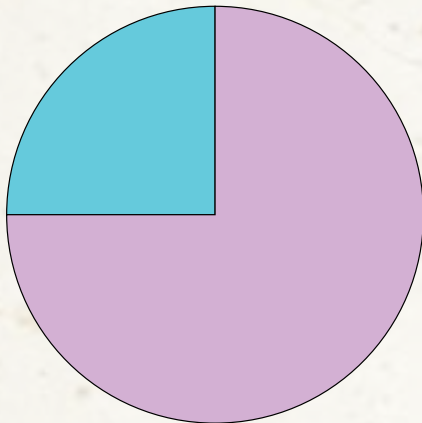
DARS EMPLOYEES: WHO WE ARE

DARS Workforce by Length of State Service



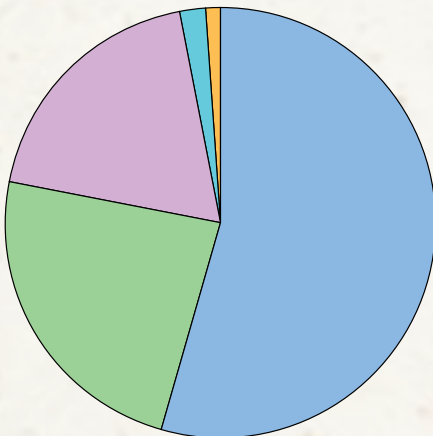
STATE SERVICE	Percent
10 or more years	54
5 to 9 years	24
2 to 4 years	13
Less than 2 years	9

DARS Workforce by Gender



GENDER	Percent
Female	75
Male	25

DARS Workforce by Race



RACE	Percent
White	55
Hispanic	24
Black	19
Asian	2
Native American	1

Sources: HHSAS Database, as of 8/31/07; DARS Request for Legislative Appropriations, Fiscal Years 2010 and 2011; State Auditor's Office FY2007 Turnover Statistics

OUR BUSINESS



What we do...
What we provide.

REHABILITATION SERVICES



REHABILITATION SERVICES

MISSION, OVERVIEW, AND PROGRAMS

Rehabilitation Services Mission

To work in partnership with Texans with disabilities to assist them in achieving their goals of suitable employment, living independently, and eliminating barriers to communication and community access.

DRS Overview

The DARS Division for Rehabilitation Services (DRS) is designated as the state's principal authority on the vocational rehabilitation of Texans with disabilities, except persons with visual impairments and those who are legally blind. DRS provides services through the following programs:

- Vocational Rehabilitation***
- Centers for Independent Living***
- Independent Living Services***
- Comprehensive Rehabilitation Services***
- Deaf and Hard of Hearing Services***

DRS employees are located in a central office in Austin, five regional offices, and 118 field offices throughout Texas. The Rehabilitation Council of Texas (RCT), which is federally mandated by the Rehabilitation Act, joins in a partnership with DRS to review, analyze, and advise DRS on policy and the effectiveness of vocational rehabilitation services. The RCT also contributes to the preparation of the DRS State Plan for Vocational Rehabilitation.

For more information about DRS programs and services and eligibility requirements, call the DARS Inquiries Unit at 1-800-628-5115 or visit the DARS Web site at www.dars.state.tx.us and select Division for Rehabilitation Services or Office for Deaf and Hard of Hearing Services.

DRS Programs

Vocational Rehabilitation (VR)

The VR Program helps people with disabilities prepare for, find, and keep jobs. Services are individualized and may include counseling, training, medical services, assistive devices, job placement assistance, and other services. The VR Program partners with businesses to retain employment of workers with disabilities and cultivate new employment opportunities for VR consumers. VR counselors work with public school personnel on campuses across the state to transition eligible students with disabilities from school to work and serve consumers who need ongoing support to maintain employment.

REHABILITATION SERVICES

MISSION, OVERVIEW, AND PROGRAMS



Deaf and Hard of Hearing Services (DHHS)

DHHS works in partnership with people who are deaf or hard of hearing to eliminate communication barriers and ensure equal access within their communities. DHHS helps people of all ages who are deaf or hard of hearing express their freedoms, participate in society, and reduce their isolation. This assistance is offered regardless of the consumer's location, socioeconomic status, or degree of disability. The Office maintains a network of community partners to coordinate and facilitate service delivery.

Independent Living Services (ILS) and Centers for Independent Living (CILs)

ILS and CILs concentrate on self-sufficiency and quality of life. ILS and CILs promote self-sufficiency for individuals with significant disability by providing improved mobility, communication, personal adjustment, and self-direction. CILs throughout the state provide assistance through peer counseling, information and referral, advocacy support, independent living skills training, and other services.

Comprehensive Rehabilitation Services (CRS)

Comprehensive Rehabilitation Services (CRS) provides intensive therapies to people who cannot function independently due to traumatic spinal cord brain injuries.

DRS at a Glance

For every dollar spent on vocational rehabilitation, consumers generate more than \$9 in personal taxable income through the remainder of their work lives. By retirement, the average rehabilitated consumer will have repaid the cost of services at least four times through taxes paid.





REHABILITATION SERVICES

DRS CONSUMER STORY

High Hopes

Imagine having to climb 2,000 feet straight up to get to your job. That's what Peter Augustin, a military-trained communications technician, was doing before his accident.

Peter came to the DARS Waxahachie office after receiving severe injuries from his right shoulder to his right leg when he fell from a communications tower. He was unable to return to his old job and had to reevaluate his vocational options.

Vocational Rehabilitation Counselor Mimi Stevenson assessed Peter's abilities and limitations in the aftermath of his injuries. She also reviewed his education and the skills that he could use in a new job.

Described as "a quick learner" and "fearless," Peter likes experiencing new situations and adapts easily to changes. He has extensive knowledge of electronics, and he speaks five languages.

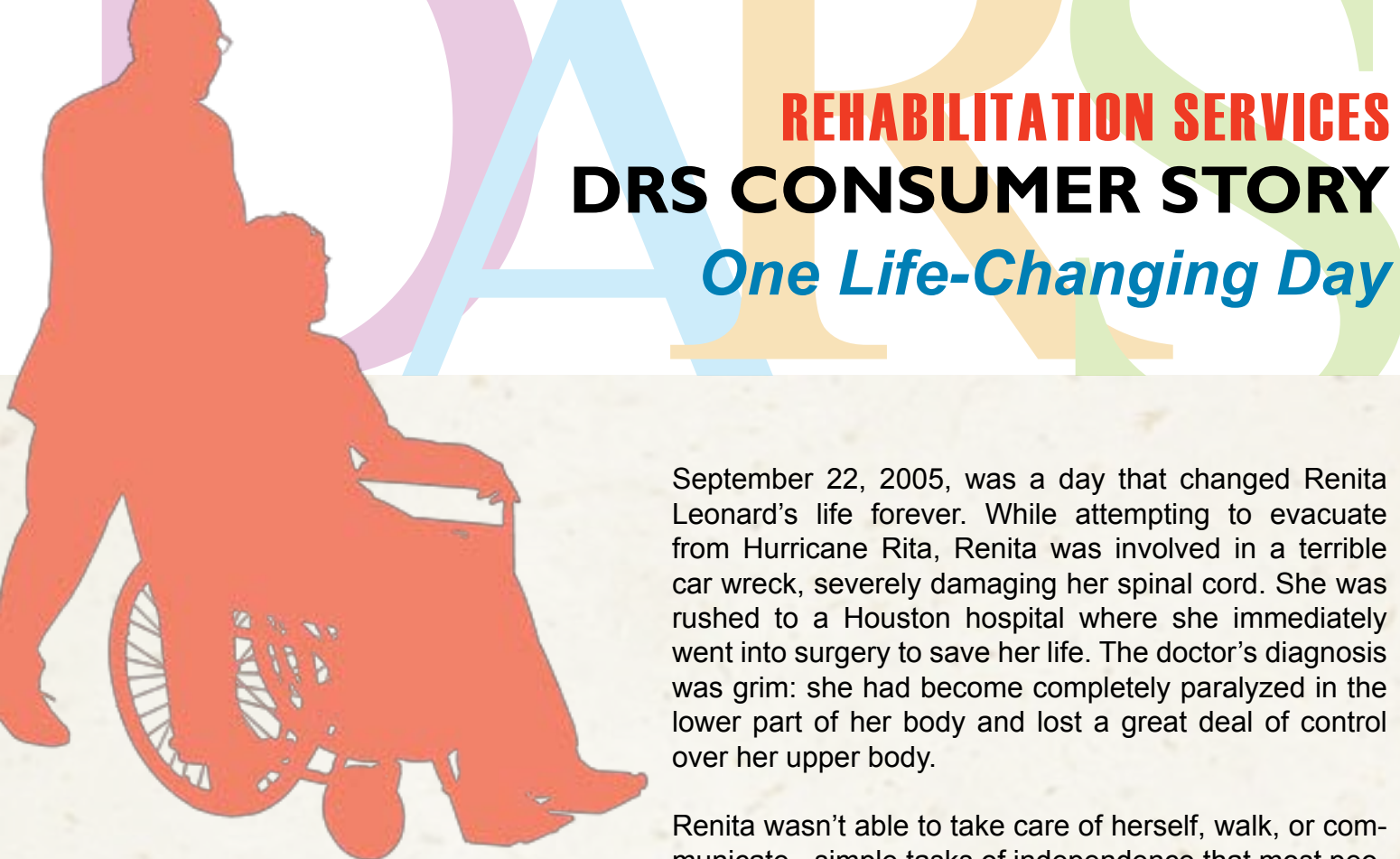
Mimi considered training Peter for a new career, but an opportunity soon presented itself. The DARS Waxahachie office and the local Walgreens Distribution Center had partnered to provide employment opportunities for people with disabilities. Peter was interested, but he was concerned about weakness in his injured limbs and his ability to work at the center. To help him advance in his rehabilitation and prepare to return to work, DARS provided pain management, nutritional and living skills training, and work conditioning.

Work conditioning provides educational sessions, an exercise program, and simulated work activities. Consumers help set their own weekly goals and are expected to meet those goals. Peter's goals were to increase his stamina and improve his muscle tone and overall physical condition. His case provided the model for the work conditioning program now being implemented at Walgreens.

Peter was pleased with the outcome of this treatment. "It is the best I ever had," he said. He was one of the first DARS consumers placed in a position at the Waxahachie Walgreens Distribution Center.

Peter enjoys his job and is pleased with the response of the Walgreens staff in identifying his skills and finding places where he can use them. He thinks it's a "great company to work for."

Peter thanks DARS for helping him through a very difficult time.



REHABILITATION SERVICES

DRS CONSUMER STORY

One Life-Changing Day

September 22, 2005, was a day that changed Renita Leonard's life forever. While attempting to evacuate from Hurricane Rita, Renita was involved in a terrible car wreck, severely damaging her spinal cord. She was rushed to a Houston hospital where she immediately went into surgery to save her life. The doctor's diagnosis was grim: she had become completely paralyzed in the lower part of her body and lost a great deal of control over her upper body.

Renita wasn't able to take care of herself, walk, or communicate - simple tasks of independence that most people granted. Her spinal injury meant that she needed help coping with the daily challenges of regaining her independence. Renita's doctors felt she would benefit from DARS' Comprehensive Rehabilitation Services (CRS) program, which helps people with spinal cord and traumatic brain injuries.

Renita's treatment team set out a plan of care for her, which included both inpatient and outpatient therapies. This was followed by intensive rehabilitation that focused on rebuilding occupational, physical, and speech skills. Once she successfully completed her services, the DARS CRS program provided Renita with assistive devices such as a shower chair, power wheelchair, and a hospital bed. She continues to receive services and ongoing therapies from the DARS CRS program on an outpatient basis.

Her rehabilitation therapists report that Renita now is able to transfer herself from her bed to her chair with minimal assistance, and she is brushing her teeth, combing her hair, and bathing with some assistance. She understands her injuries and continues to learn more skills to live independently.

Today, Renita wants to start her own non-profit company to help women who have experienced life-changing events like her own. She plans to go through the DARS Vocational Rehabilitation program so she can gain the skills to work toward that goal.

Even through times of uncertainty and frustration, Renita remains motivated and driven to gain the skills needed for independence. "I am grateful for all the help, guidance, support, and medical equipment that DARS provided me," she said. "I appreciate everything."



REHABILITATION SERVICES

DRS CONSUMER STORY

Lines of Communication

At 74, Harry Richard of Dallas is a DARS consumer who had a frustrating and possibly dangerous experience going to his medical appointments. His problem was not getting to the appointments; it was communicating with his healthcare providers.

Harry's deafness created a communication barrier that became extremely dangerous when he went to a hospital emergency room after experiencing heart problems. The hospital did not have a deaf interpreter on staff, and they didn't bring one in. Instead, they gave him a brochure explaining his diagnosis and sent him home. No one could answer his questions, and the brochure only left him with more questions.

Harry called DARS for help. A Deaf and Hard of Hearing Services (DHHS) resource specialist reviewed the information the hospital gave Harry and called them on his behalf. Afterwards, hospital personnel met with Harry and an interpreter. Together, they conveyed the seriousness of his heart condition and that he needed immediate surgery. The interpreter helped Harry understand his situation so he could make an informed decision about this crucial operation.

The resource specialist also explained to the hospital about requirements under the Americans with Disabilities Act. She informed them about their legal obligation to provide accommodations (in this case, effective communication) to their patients. She also explained more about deaf culture and the consequences of ineffective communication. Hospital personnel soon realized the importance of providing communication access to its patients who are deaf or hard of hearing.

At first, Harry was unsure about having the surgery because he didn't know what to expect. But after thorough explanations about his condition, Harry decided to have the life-saving surgery.

With a qualified interpreter present, Harry is happy to know that he will be accommodated with communication access before, during, and after his surgery. With this intervention, the hospital also learned of their responsibility to provide Harry with a captioned TV and text telephone and subsequent interpreter services as he needs them.

Thanks to the DARS DHHS resource specialist, the hospital's staff will be providing communication access to future patients who are deaf and use sign language.

OUR BUSINESS

DAIERS

What we do...
What we provide.

EARLY CHILDHOOD
INTERVENTION SERVICES



EARLY CHILDHOOD INTERVENTION SERVICES

MISSION, OVERVIEW, AND PROGRAMS

Early Childhood Intervention Services Mission

ECI assures that families with young children with developmental delays have the resources and supports they need to reach their goals.

ECI Overview

The DARS Division for Early Childhood Intervention Services (ECI) coordinates a statewide system of services for families with children, from birth to age 36 months who have developmental delays or disabilities. ECI provides services in all Texas counties through contracts with 58 local community agencies and organizations. These include mental health/mental retardation community centers, school districts, education service centers, and private nonprofit organizations.

Eligibility is determined by a team that includes ECI professionals and family members. Children are eligible for services if they meet one of the following criteria:

Developmental delay: Children with delays in one or more areas of development (cognitive, motor, communication, social-emotional, or self-help skills).

Atypical development: Children whose patterns of development are unusual or different from their peers. This group may include children with unusual sensory-motor or language patterns and children with an auditory and/or visual impairment.

Medically diagnosed conditions: Children who have conditions such as Down syndrome or spina bifida.

ECI services are funded through federal, state, and local funds; Medicaid; private insurance; and a family cost share system.

To make a referral or for more information, call the DARS Inquiries Line at 1-800-628-5115 or visit the DARS Web site at www.dars.state.tx.us and select Early Childhood Intervention Services.



EARLY CHILDHOOD INTERVENTION SERVICES MISSION, OVERVIEW, AND PROGRAMS

Referral

Most ECI referrals come from the medical community or directly from families. Other referral sources include the Department of Family and Protective Services, child care providers, and social service agencies.

Individualized Planning Process

In a location chosen by the family (home, childcare center, or other), an interdisciplinary team conducts evaluations and assessments to determine eligibility and develop an individualized family service plan.

Family-Centered Services

Services may include family education and support; audiology and vision services; nursing and nutrition services; and physical, occupational, and speech-language services. ECI teams made up of family members and professionals work to promote development through daily activities.

Service Coordination

ECI service coordinators help families locate community services for the child and family and coordinate services received from other agencies. They also provide additional resources as the family's needs change.

Home and Community Settings

Services are provided in familiar and comfortable surroundings where children live, learn, and play. This may include the family's home or child care center, neighborhood parks, library, or other community settings.

ECI Professionals

Licensed or credentialed specialists, including early intervention specialists, speech and language pathologists, physical and occupational therapists, nurses, dietitians, social workers, counselors, and hearing and vision specialists are part of ECI teams.

Beyond ECI

As children near age three, when ECI stops providing services, the team, including the family, reviews options and decides on the next step. Children may transition to public school services, preschool programs, Head Start, child care centers, or other community activities and programs.

EARLY CHILDHOOD INTERVENTION SERVICES

MISSION, OVERVIEW, AND PROGRAMS



ECI At A Glance

Families Speak

“The impact that you have on families is... it is huge. No words can even give it justice. You guys give us the tools because there is nobody that cares more about your kid than you. And there is nobody that knows your kid better than the parent. We have the motivation to do whatever we can, and you guys help provide us the tools.”

“We have enjoyed and benefited enormously from the ECI staff who have come to our house. It has changed my child’s life in the most positive way by allowing her to grow and learn how to do things as a ‘normal’ child. All of our workers have been very professional.”

“Our developmental and speech therapists have done excellent work helping our son improve in all areas, including working with the individual needs for our family. We appreciate all their hard work. Our son is really catching up fast to his peers.”

“I am very satisfied with the assistance that I have received for the past two years. I am also pleased at how flexible they are with time and days and also how well they helped me understand my child’s needs.”





EARLY CHILDHOOD INTERVENTION SERVICES

ECI CONSUMER STORY

Loads of Love

For 20 years, Bill and Angie Hamilton have opened their home as foster parents to over 30 children in desperate need of a loving and caring home. Many of the children they cared for have received services from the Division for Early Childhood Intervention Services (ECI). Marc was only two and a half months old when he came to their home. He was their first foster child with Down syndrome.

Angie explained that they weren't fully aware of what Marc's needs would require, but ECI Service Coordinator and Registered Nurse Debora Mears provided valuable assistance. Debora scheduled them to attend a local training course that was extremely beneficial to the family.

At two and a half years old, Marc can only say three to five words, but his ECI speech therapist recognized his capability to understand and learn sign language. Currently, Marc can sign over 30 words.

To help overcome Marc's motor skills problems, the ECI physical therapist helped the parents learn a technique to strengthen his back and lower body so he could become more coordinated, helping him develop his muscles. When Marc was younger, the family used what they called a "Boppy Seat," a doughnut shaped seat cushion that helped Marc sit up. It is through these types of practical suggestions that ECI has been so beneficial to the Hamilton family.

Debora considers the Hamilton family very unique. Whenever possible, they work together with Marc's biological parents with hopes that he and his parents will be reunited in the future. "You can't have too many people loving them," Angie said.

Marc will turn three soon, and ECI is helping plan his transition to public school. "It's been great to have Debora present when we talk to the special needs coordinator, speech therapist, and school staff," Angie said. "She has been a tremendous help, and we are so grateful to ECI."

Marc's a lucky little boy. The Hamiltons have provided him a home where he can thrive and grow. He is happy, alert, and enthusiastic; he takes instruction well and brings fun and excitement into their home.

(The names in this story have been changed at the request of the family.)

EARLY CHILDHOOD INTERVENTION SERVICES

ECI CONSUMER STORY

Defying the Odds



Erica and Robin Steele of Austin were thrilled and couldn't wait to welcome their new addition to the family. This was Erica's first pregnancy, and everything was going fine. She didn't plan on having a sonogram, but Robin insisted, just to make sure everything was OK.

The test results showed that something was wrong. "We didn't know what to think," Erica recalled. "The sonogram was showing a severe abnormality."

Two months later, their daughter Kennady was born with Alobar Holoprosencephaly. This is the most severe form of a disorder in which the fetal brain does not develop as it is supposed to during early pregnancy. She was given a life expectancy of six months or less. But Kennady made remarkable improvement and left the hospital six weeks later.

The Division for Early Childhood Intervention Services (ECI) was on hand to recommend and coordinate services for Kennady and her family. She could not speak or walk and had minimal use of her hands. Physical, occupational, and speech therapists recommended activities that the family could include in their daily routines to help Kennady. While progress was slow, the family was ecstatic. "ECI staff was awesome," said Erica. "They always reconfirmed that Kennady would be able to learn. They shared the weight with our family and never gave up."

At a year and a half, Kennady began aspirating when eating and eventually had to use a feeding tube. The family still received support from a speech therapist to help their daughter improve oral function and to continue working on vowel sounds.

Leaving home and making sure Kennady had everything she needed was always a huge undertaking for Erica. The availability of ECI services provided in Kennady's home and other familiar places were a tremendous help. As Kennady approached age three, ECI helped with the transition to public school.

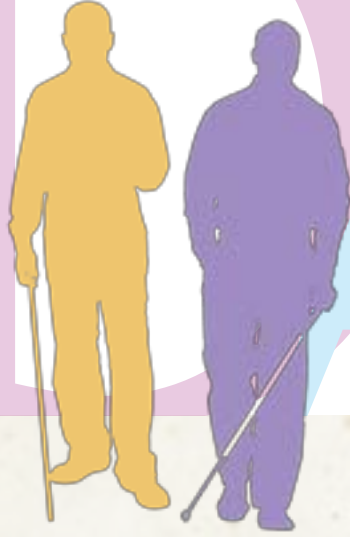
Kennady defied the odds. She is a happy six-year-old who loves Blue's Clues, music, and her younger brothers. She enjoys interacting with others at school and playing games. "I don't know what we would have done without ECI," said Erica. "We're so thankful."

OUR BUSINESS



What we do...
What we provide.

BLIND SERVICES



BLIND SERVICES

MISSION, OVERVIEW, AND PROGRAMS

Division for Blind Services Mission

To work in partnership with Texans who are blind or visually impaired to reach their goals.

DBS Overview

The DARS Division for Blind Services (DBS) helps individuals of all ages who are blind or visually impaired and their families. Depending on their goals and needs, DBS offers services to help Texans live independently and participate fully in community life, find a high-quality job, or receive the training needed to be successful in school and beyond.

In a society designed by sighted people for sighted people, barriers are inadvertently created for people who are without sight. To overcome these barriers, a person who is blind or severely visually impaired must have specialized adaptive skills and a high level of personal confidence. An extensive continuum of services and an effective partnership between the consumer and DBS are the keys to successfully acquiring these skills and bolstering personal confidence.

No person's rehabilitation plan is the same as another's, and DBS strives to ensure that each rehabilitation program is tailored to fit the needs of the consumer. Services must be matched to the consumer's choices, skills, aptitudes, and capabilities to assure success.

The Division for Blind Services envisions a Texas where people who are blind or visually impaired enjoy the same opportunities as other Texans to pursue independence and employment. For more information about DBS programs and services and eligibility requirements, call the DARS Inquiries Unit at 1-800-628-5115 or visit the DARS Web site at www.dars.state.tx.us and select Division for Blind Services.

DBS Programs

Vocational Rehabilitation (VR)

The VR Program is designed for adults whose visual impairment limits their ability to begin or continue work. Services may include counseling and guidance, physical or mental restoration, vocational diagnostics, vocational and adaptive skills training, adjustment to blindness services, orientation and mobility training, Braille skills, services to individuals who are deafblind, Transition Program services to provide educational and career guidance to youths and young adults, assistive technology and employment assistance services, supported employment services, and assistance in obtaining employment.



BLIND SERVICES

MISSION, OVERVIEW, AND PROGRAMS

Business Enterprises of Texas (BET)

BET is a federally sponsored program that is administered by the state. It provides food service management opportunities for Texans who are blind.

Independent Living (IL)

The IL Program helps adults who are blind or visually impaired learn adaptive skills to continue to live independently and confidently with vision loss. Services focus on information about vision loss and related resources, learning alternative ways to perform daily life activities, participation in social and recreational activities in the community, and adaptive devices (low and high technology) to help individuals achieve their independent living goals.

Criss Cole Rehabilitation Center (CCRC)

CCRC, a residential program located in Austin, offers intensive training in basic skills for Texans who are blind.

Blind Children's Vocational Discovery and Development

This program provides opportunities for children who are blind or severely visually impaired to learn the skills required for personal independence, potential employment, and other life pursuits.

Blindness Education, Screening, and Treatment (BEST)

BEST works to help Texans keep their vision healthy and prevent blindness. This program is funded with voluntary donations when Texans renew their driver licenses.

DBS at a Glance

For business, finding and keeping good employees is one of the keys to success and is a major challenge in today's market.

Helping individuals who are blind or significantly visually impaired go to work is at the core of the DBS mission.

DBS programs help business find the right match to fill business needs.

By focusing on business needs, DBS is better able to meet the employment needs of people who are blind or significantly visually impaired.

DBS CONSUMER STORY

Never Give Up

At the young age of 27, Earl Oaks of Lubbock is already very successful.

Earl earned his bachelor's degree in sociology in only three and a half years. He then received a law degree from Texas Tech University Law School. Even before graduation, he assisted local lawyers and was offered a job as a public defense attorney in New Mexico.

To fully appreciate Earl's accomplishments, you must understand that he has been blind since he was five. He has been receiving DARS services since he was a child, learning skills to increase his self-confidence and independence.

When he was ready to begin college, the DARS Vocational Rehabilitation Program helped him apply for tuition exemption and provided assistance for purchasing the textbooks, supplies, and other services he needed.

In addition to supporting his academic progress, DARS provided assistive technology. DARS purchased a small, handheld computer known as BrailleNote that Earl used to take notes during class, then printed on a Braille embosser. DARS also provided him with a notebook computer that reads and speaks the text on the computer screen.

Although he had been living by himself for a number of years, his counselor discovered that Earl relied on fast food for virtually all his meals. So a DARS VR teacher taught him skills to prepare his own meals.

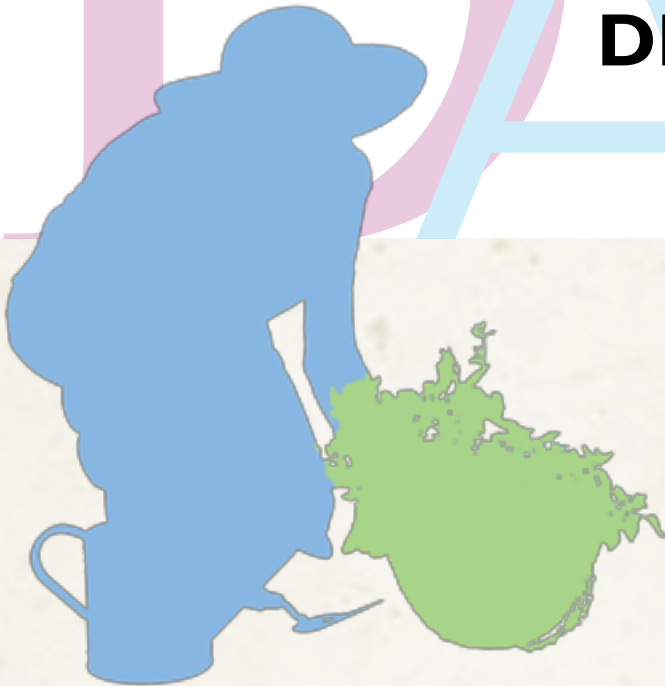
Earl also was given orientation and mobility training to ensure he could safely get around the campus and around his neighborhood. He used his mobility skills during a recent trip to Washington, D.C.

When he received his diploma, Earl was treated to a standing ovation by his classmates. He has taken the Texas Bar exam and is awaiting the results so he can begin his law career.

Earl told *Texas Tech Today Daily News* that he believes in drive and determination to reach your goals. He teaches this philosophy to the children he mentors at a local elementary school. He tells them: "Never give up, never say never, and find ways to overcome obstacles."

DBS CONSUMER STORY

Growing Success



If you go to the Kingwood Landscape Supply and Nursery in Kingwood, Texas, you'll probably see Kathryn Kowalik caring for flowers and plants. It's a job she loves, and she got it with help from DARS.

Kathryn is deaf-blind and also has mental retardation and orthopedic and speech impairments. These limitations, plus the fact that she can't drive, presented significant barriers to finding a job. In 2002, Kathryn and her family requested services from the Division for Blind Services (DBS).

Kathryn already was getting work experience in high school. She worked in a greenhouse while attending the Texas School for the Blind and Visually Impaired in Austin. Back home, her mother located a part-time job at a local florist. DARS Transition Counselor Shirley Evans helped the florist learn how to work with people who are visually impaired, and Kathryn got the job. She also volunteered at the Kingwood Garden Club and the Kingwood Library's Garden of Hope.

Later, Kathryn commuted 65 miles a day to participate in the Lighthouse of Houston Summer Transition Program. Her mother drove, and DARS assisted with travel expenses.

After Kathryn finished high school, DARS provided assistive technology so she could attend Houston Community College. Shirley arranged for Kathryn to receive hands-on instruction in propagating and growing plants at nearby Mercer Arboretum and Botanical Gardens. Kathryn also attended lectures in Mercer's Lunch Bunch program.

A number of Kathryn's required college classes were cancelled due to insufficient enrollment, so she chose to pursue employment. With a referral from Shirley, Kathryn received supported employment services. Supported employment is a two-part process: first, the consumer is placed in a job; and second, job training and support are provided.

DBS helped Kathryn achieve independence and vocational success. With support from her family and DARS, Kathryn found work she loves.

Kathryn and her parents are grateful to DARS for helping her achieve her dream.

OUR BUSINESS

D **A** **R** **S**

What we do...
What we provide.

DISABILITY DETERMINATION SERVICES



DISABILITY DETERMINATION SERVICES **MISSION, OVERVIEW,** **AND PROGRAMS**

Disability Determination Services Mission

To improve the quality of life for Texans with disabilities who apply for or receive Social Security Administration disability benefits by making timely and accurate disability determinations.

DDS Overview

The DARS Division for Disability Determination Services (DDS), funded entirely through the Social Security Administration (SSA), makes disability determinations for Texans with severe disabilities who apply for Social Security Disability Insurance and/or Supplemental Security Income. Texans with physical and/or mental impairments apply for benefits at their local SSA field office, and their applications are forwarded to DDS, which determines whether the applicant is disabled, according to federal criteria. SSA is responsible for making final decisions as to whether a person is eligible to receive benefits.

DDS develops medical evidence and makes the determination as to whether a claimant is disabled under the law. Usually, the division first tries to obtain evidence from the claimant's own medical sources. If that evidence is unavailable or insufficient to make a determination, arrangements are made for a consultative examination to obtain additional information. After completing its development of the evidence, trained staff makes the disability determination and returns the case to the field office for appropriate action. If the staff determines that the claimant is disabled, SSA completes an eligibility determination, computes the benefit amount, and begins paying benefits. If the claimant was found not to be disabled, the file is kept in the field office in case the claimant decides to appeal the determination.

To apply for disability benefits, call the Social Security Administration at 1-800-772-1213 or visit their Web site at www.socialsecurity.gov to learn more about the application process. If you already have filed a disability claim with Social Security, you may contact DDS at (512) 437-8000 or 1-800-252-7009 to obtain information or ask questions concerning your claim.

DDS Programs

SSA administers two disability programs that pay cash benefits and provide medical coverage to people who are unable to work because they have severe physical or mental impairments. These cash benefits are designed to replace part of the income lost if a person becomes disabled. Many people are qualified to apply for both of these programs. Regardless of the program, DDS makes the disability determination for SSA, but only SSA can determine who is eligible to receive benefits.



DISABILITY DETERMINATION SERVICES MISSION, OVERVIEW, AND PROGRAMS

Social Security Disability Insurance (SSDI)

SSDI is related to work. A person earns coverage for themselves and family members by paying Social Security tax.

The program covers workers age 18 – 65 who are disabled, disabled widows/widowers, and disabled adult children of workers.

Claimants must wait five months from the onset of their disability before getting their first check; they must wait 24 months after the first check before Medicare starts.

Supplemental Security Income (SSI)

SSI is related to means – what a person has or owns. A person who does not own much or have much income may qualify for this program. SSI covers adults 18 – 65 years of age and children from birth to age 18. There is no waiting period for benefits to start; Medicaid coverage for medical care begins with the first check.

DDS AT A GLANCE

Texans receive \$511.4 million each month in Social Security disability benefits.
(Source: SSA Office of Research, Evaluation, and Statistics)

In 2008, DDS received numerous awards and recognitions. Of significant note, DDS was presented with the highest award bestowed upon a DDS by the Social Security Administration. A Commissioner's Citation was awarded for exemplary performance in accuracy, timeliness, and productivity in providing exceptional service to the disabled citizens of Texas.

The Texas DDS is the largest centralized DDS in the United States.

As measured by SSA, the Texas DDS achieved an accuracy rate of 96.2 percent for federal fiscal year 2008. This compares to the national average of 94.4 percent.
(Source: SSA Office of Quality Performance)



DISABILITY DETERMINATION SERVICES

DDS SUCCESS STORY

Make It Quick

The number of Social Security disability claims has increased significantly over the past five years, and the growth is expected to mushroom as aging baby boomers reach their most disability-prone years. Fortunately, the Division for Disability Determination Services (DDS) is part of a national initiative that anticipated this growth and meets it head on with a system to expedite claims processing.

The Quick Disability Determination (QDD) process puts certain claims on the fast track by almost instantly identifying claimants who are most likely to qualify for benefits. A computer-based predictive model identifies claimants who have medical conditions that:

- reflect a high probability that the claimant is disabled and
- can be verified easily and quickly.

After a disability claim is taken by a SSA Field Office in Texas, it is electronically transmitted to DDS. At the same instant the disability file is transmitted, the predictive model accesses the information in the electronic folder and scores it. If the score is high enough, it is identified as a QDD case. This happens almost instantly so that when the case is received at DARS DDS it already has been flagged as a QDD.

After receipt at DDS the QDD case is immediately assigned to a disability specialist (DS). The DS reviews the allegations and whatever medical evidence has been submitted at the time of filing. If additional evidence is needed, the DS gets it. Then the DS, in coordination with a medical consultant, prepares a determination and returns the electronic folder to the SSA Field Office.

The national goal of the QDD process is to make a final, favorable disability determination within 20 days. Between November 2007 and May 2008, DDS processed 2,043 QDD cases. Of these, 87.8 percent were awarded disability benefits and 92.6 percent were processed in fewer than 20 days.

“These results demonstrate that the QDD process is working,” said Assistant Commissioner Mary Wolfe. “As a result, claimants who have the most obvious disabling impairments are receiving timely and favorable decisions.”

OUR BUSINESS

DARS

THE DARS BUDGET



DARS ADMINISTRATION

THE BUDGET FOR DARS

Costs & Breakdown by Program Areas

BUDGET BY DIVISION	SFY 2008	Million \$
DRS		250.0
ECI		154.1
DDS		109.3
DBS		59.5
Program Support		25.3
TOTAL		598.2

METHOD OF FINANCE	SFY 2008	Million \$
Federal Funds		465.4
General Revenue Related		113.4
Other Funds		19.4
TOTAL		598.2

EXPENDITURES BY CATEGORY	SFY 2008	Million \$
Services/Grants		380.0
Salaries/Wages		141.6
Operating Expenses		76.6
TOTAL		598.2

Source: LAR for 2010 – 2011

OUR BUSINESS

DARS

PROGRAM STATISTICS



DARS PROGRAM STATISTICS

REHABILITATION SERVICES

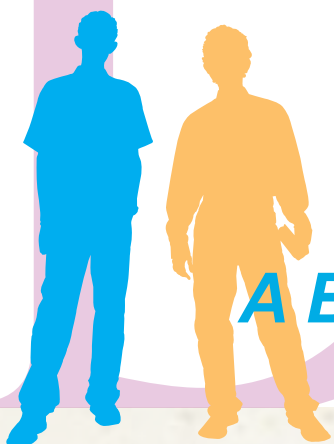
A Breakdown of Numbers & Services

VR ELIGIBLES SERVED BY PRIMARY DISABILITY Disability Group (Primary Disability Only)	SFY 2008 Percent
Musculo-Skeletal	25
Cognitive	19
Mental/Emotional	17
Deaf & Hard of Hearing	10
Neurological	5
Substance Abuse	4
Traumatic Brain Injury/Spinal Cord Injury	3
Cardiac/Respiratory/Circulatory	2
Other Impairments	14
TOTAL	100

VR EMPLOYMENT OUTCOMES	
Employment Type	Percent
Competitive Employment	98.6
Self Employment	1.4
TOTAL	100

*Total number served - 84,433 Total number of successful closures - 11,568
 Note: Data as of 10/9/07 for SFY 2007 Source: DRS Case Management System*

SERVICES PURCHASED FOR VR PROGRAM Based on Total Encumbered for Program VR & Budget Year 2008	
	Percent
Restoration Services	32.84
Training	31.46
Assistive Technology	14.01
Diagnostic & Evaluation	9.64
Maintenance & Transportation	4.69
Other	7.37
TOTAL	100



DARS PROGRAM STATISTICS

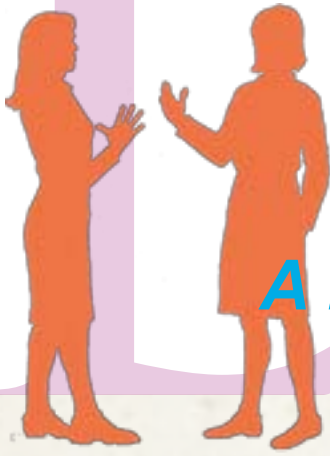
REHABILITATION SERVICES

A Breakdown of Numbers & Services

VR SUCCESSFUL CLOSURES BY OCCUPATION	
Occupation	Percent
Service	21.41
Professional, Technical & Managerial	16.70
Office & Administrative Support	17.67
Healthcare Related	10.36
Transportation & Material Moving	7.53
Construction, Maintenance & Repair Related	7.35
Sales & Related	8.47
Production	7.74
Protective Service & Military	2.26
Farming, Fishing, & Forestry	0.40
Homemaker or Unpaid Family Worker	0.12
TOTAL	100

CENTERS FOR INDEPENDENT LIVING	
Service	Number of Services Provided *
Information & Referral	13,289
IL Skills Training	8,011
Peer Counseling	5,835
Advocacy	3,312
Housing Referral & Home Modifications	3,242
Recreation Services	2,651
Youth Services	1,837
Transportation Services	1,659
Vocational Services	1,537
Children's Services	1,484
Relocation Services	1,025
Other	6,147
Total Number of Services:	50,029

* CIL consumers (with a plan or waiver) may have tapped these services multiple times; each instance the service was provided is reflected in these statistics. Additional services (e.g., information and referral) also were provided to many more individuals throughout the state, but the numbers reported in this chart were those provided to the 6,977 CIL consumers reported as the total served for SFY 2008. *Source: Centers for Independent Living*
 Total number served - 6,977 in SFY 2008 *Source: Key Performance Measure Report*

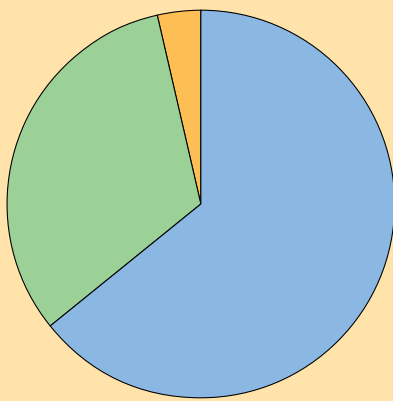


DARS PROGRAM STATISTICS

REHABILITATION SERVICES

A Breakdown of Numbers & Services

COMPREHENSIVE REHABILITATION SERVICES (CRS)



- Traumatic Brain Injury (TBI) 64.23%
- Spinal Cord Injury (SCI) 32.43%
- TBI + SCI 3.34%

265 consumers who received Comprehensive Rehabilitation Services in SFYs 2006, 2007, and/or 2008 were transferred to vocational rehabilitation.

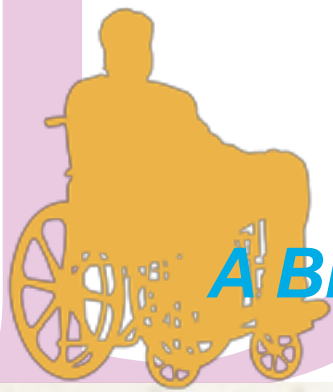
Total number served: 629

Source:
Key Performance Measure Report

DEAF AND HARD OF HEARING SERVICES

Service	Number Served
Communication Access Services	47,095
Consumer Education & Interpreter Training	1,195
Interpreter Certificates Issued	1,796
Equipment/Service Vouchers Issued	23,748
Total Number Served:	73,834

Source: Contractor reports and consumer sign-in sheets



DARS PROGRAM STATISTICS

REHABILITATION SERVICES

A Breakdown of Numbers & Services

INDEPENDENT LIVING SERVICES

DRS ILS Expenditures by Service Category

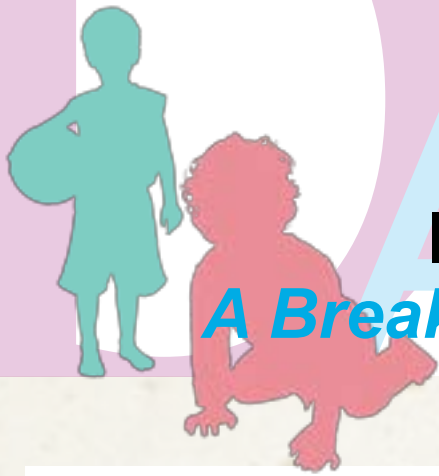
Service	Amount	Percent of Expenditures
Assistive Technology	\$3,359,982.97	75.74
Other Restoration Services	\$861,470.61	19.42
Diagnostic & Evaluation Services	\$152,015.91	3.43
Vocational Adjustment Training	\$19,953.30	0.45
Surgery & Hospitalization	\$16,886.37	0.38
Maintenance & Transportation	\$12,601.36	0.28
Academic Training	\$10,431.92	0.24
Other Services	\$2,834.93	0.06
Total Services	\$4,436,177.37	100

DRS ILS Assistive Technology Expenditures by Subcategory*

Subcategory	Amount	Percent of Expenditures
Durable Medical Equipment	\$2,183,868.03	65
Vehicle Modifications	\$587,467.27	17
Assistive Technology	\$289,488.56	9
Home Modifications	\$299,159.11	9
Total	\$3,359,982.97	100

*Expenditures are all SFY 2008 expenditures for ILS program services

Total Number Served: 2,275 Source: DRS Consumer Case Management System, as of 11/18/08

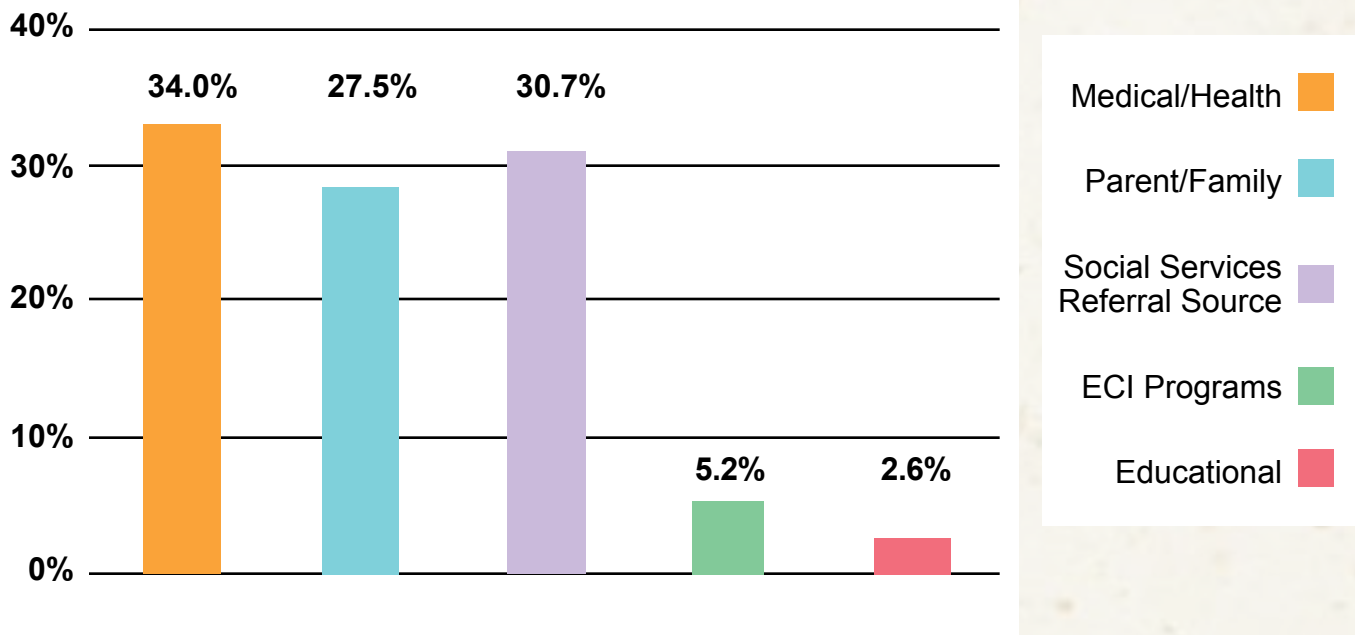


DARS PROGRAM STATISTICS

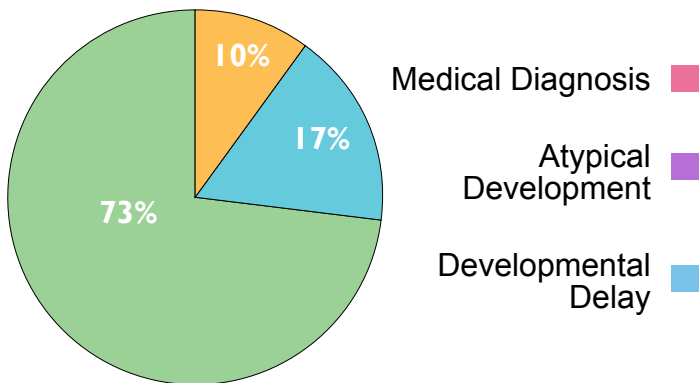
EARLY CHILDHOOD INTERVENTION SERVICES

A Breakdown of Numbers & Services

SOURCE OF REFERRALS TO ECI SERVICES - SFY 2008

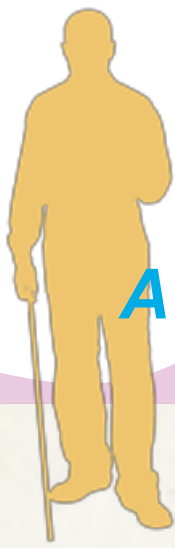


REASON FOR ELIGIBILITY FOR CHILDREN ENROLLED IN ECI SERVICES: SFY 2008



Based on a random sample of families who responded to the most recent Family Outcomes Survey (SFY 2007):

FAMILIES:	PERCENT
Felt very comfortable participating in meetings with professionals to plan services	88
Reported that ECI services helped their family effectively communicate their child's needs	91
Reported that ECI services helped their family be able to help their child develop and learn	93



DARS PROGRAM STATISTICS

BLIND SERVICES

A Breakdown of Numbers & Services

VR EMPLOYMENT OUTCOMES SFY 2008

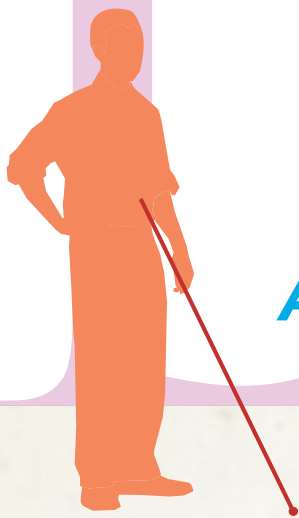
Occupations	Percent
Professional, Technical & Managerial	23.6
Service	18.3
Office & Administrative Support	14.1
Production	11.6
Construction, Maintenance & Repair Related	7.7
Homemaker or Unpaid Family Worker	6.9
Sales & Related	6.6
Healthcare Related	6.1
Transportation & Material Moving	3.2
Farming, Fishing & Forestry	1.2
Protective Service & Military	0.7
TOTAL	100

PERCENTAGE OF TOTAL SERVED SFY 2008

Programs	Percent
Vocational Rehabilitation	60
Independent Living	20
Blind Children's Vocational Discovery & Development	20
TOTAL	100

Total number served - 16,162

Source: DBS Case Management System



DARS PROGRAM STATISTICS

BLIND SERVICES

A Breakdown of Numbers & Services

VOCATIONAL REHABILITATION

BLIND SERVICES AT THE NATIONAL LEVEL

Consumers Receiving Planned Services *

STATE	Total
Texas	6,403
Florida	3,415
North Carolina	2,927
New York	2,449

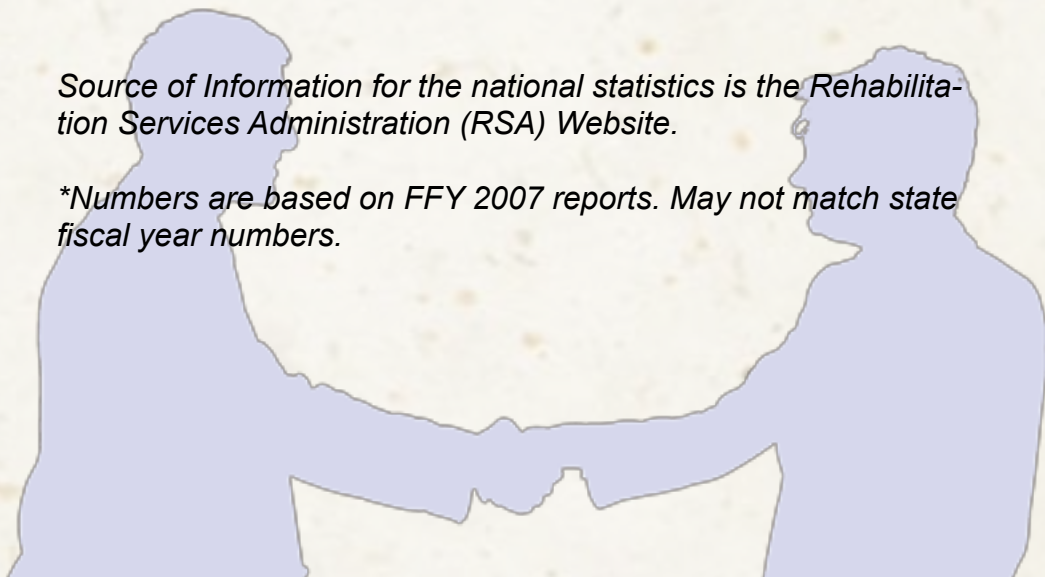
Consumers Closed Successfully

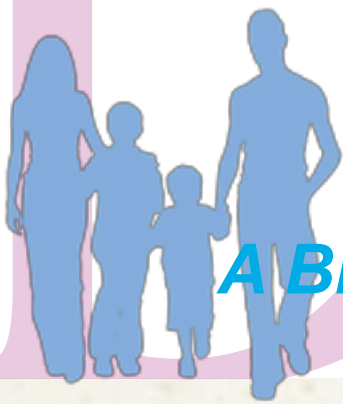
Employed

STATE	Total
Texas	1,385
Florida	710
North Carolina	700
New York	655

Source of Information for the national statistics is the Rehabilitation Services Administration (RSA) Website.

**Numbers are based on FFY 2007 reports. May not match state fiscal year numbers.*





DARS PROGRAM STATISTICS

BLIND SERVICES

A Breakdown of Numbers & Services

Blind Children’s Vocational Discovery and Development Program

Every year, hundreds of Texas families turn to the DARS Division for Blind Services Blind Children’s Vocational Discovery and Development Program (BCVDDP) for information and support to help their children grow and thrive. A blind children’s specialist – an expert in providing services for children with visual impairments – works with each child and family to create a family service plan.

BCVDDP offers a wide range of services that are tailored to each child and family’s needs and circumstances. Services are associated with six major program components: adjustment to blindness, independent living skills, travel, communication, support system, and vocational discovery and development. We think of them as stepping stones to an independent, productive, and satisfying life.

BCVDDP Expenditures by Service Category

Service	Amount	Percent of Total Expenditures
Assessments	\$15,765	3.5
Training	\$110,483	24.6
Restoration	\$33,296	7.4
Developmental Equipment	\$239,690	53.4
Maintenance and Transportation	\$49,436	11.1
TOTAL	\$448,670	100

BCVDDP

Consumer Profile

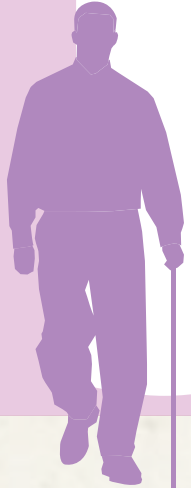
Age	Number of Consumers	Percent of Consumers
0 - 9	2,377	73.14
10 - 17	778	23.94
18 - 22	95	2.92
Total Served:	3,250	100

95 of the children served in FY 2008 moved on to the Vocational Rehabilitation Program.

DARS PROGRAM STATISTICS

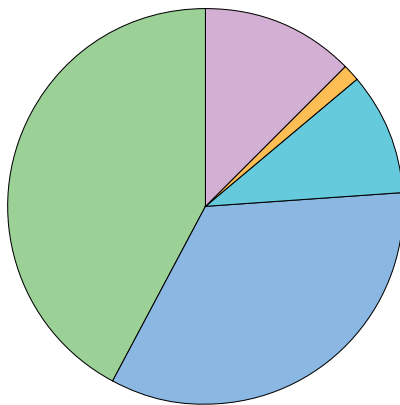
BLIND SERVICES

A Breakdown of Numbers & Services



IL Program Expenditures for Purchased Services for SFY 2008*

Case Services Budget



Expenditures

% of Budget

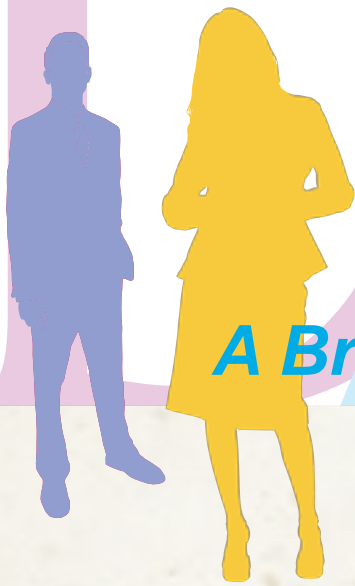
■	\$74,281	12.5
■	\$9,040	1.5
■	\$59,498	10
■	\$200,347	34
■	\$246,866	42

Total Case Services Budget: \$590,032 100

BUDGET CATEGORIES

- Medical & functional assessments to determine diagnosis & impact of disabling condition (e.g., eye exam, low vision exams, orientation & mobility evaluation, diabetes educator evaluation)
- Assistance with expenses related to participation in diagnostic procedures &/or training (e.g., lodging, transportation)
- Eye glasses, low vision devices, & other prosthetic devices
- Training in performing daily living tasks (e.g., information & referrals, learning to prepare meals, travel safely in home & community, identify medication)
- Low to high - technology adaptive products that facilitate independent living (e.g., large-dial telephone, talking alarm clock, closed circuit television)

*Services are provided directly by agency staff as well as through purchased services.
Total number served - 3,224 Source - Key Performance Measure Report

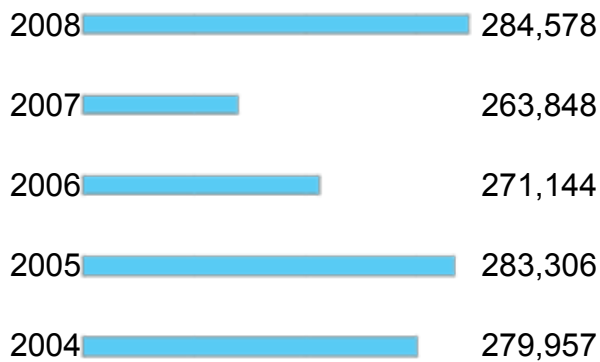


DARS PROGRAM STATISTICS

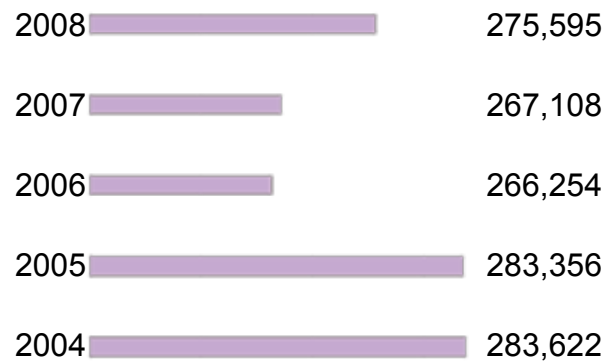
DISABILITY DETERMINATION SERVICES

A Breakdown of Numbers & Services

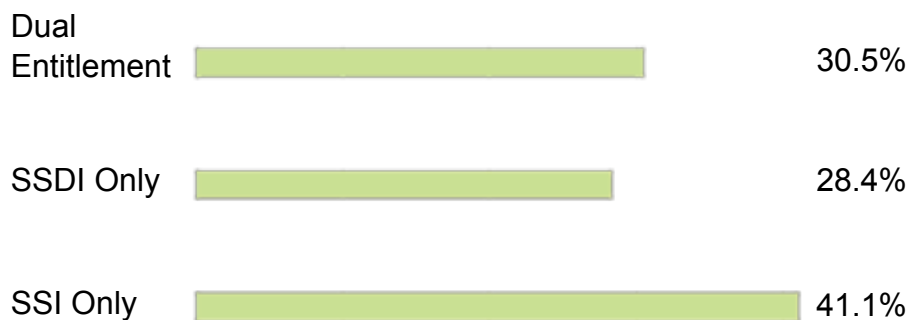
**DDS TOTAL CASES PROCESSED
FFY 2008**



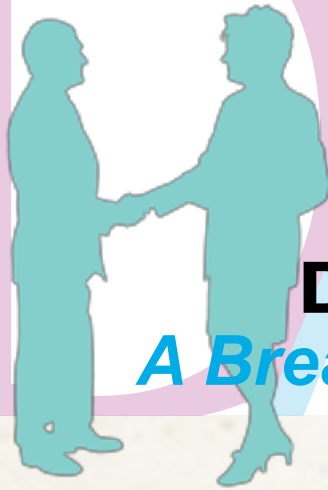
**DDS TOTAL CASES RECEIVED
FFY 2008**



DDS TYPES OF DISABILITY CASES Received – FFY 2008



Source: State Agency Operations Report published by SSA (09/26/08)

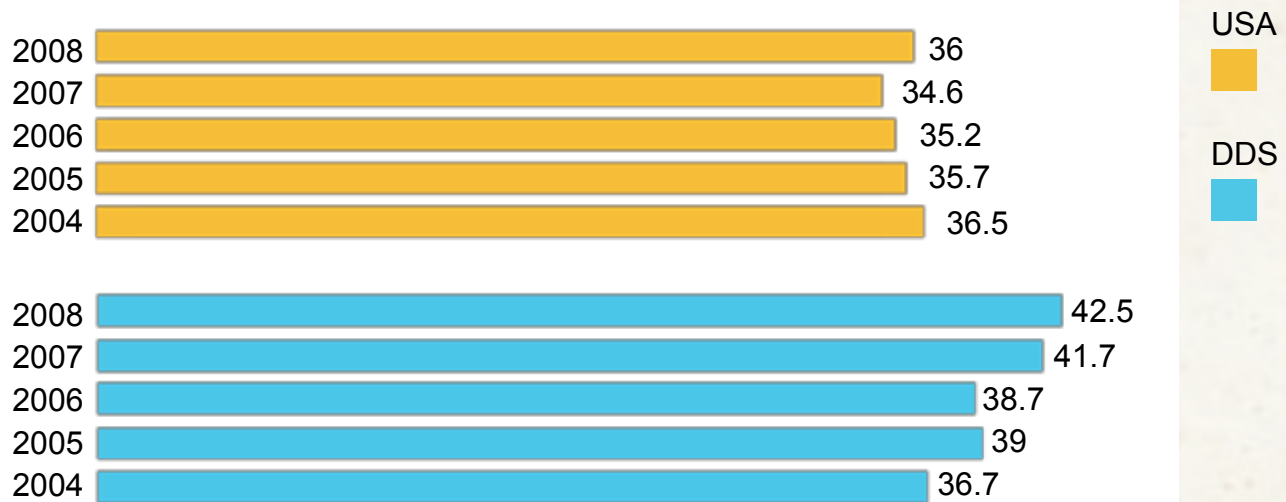


DARS PROGRAM STATISTICS

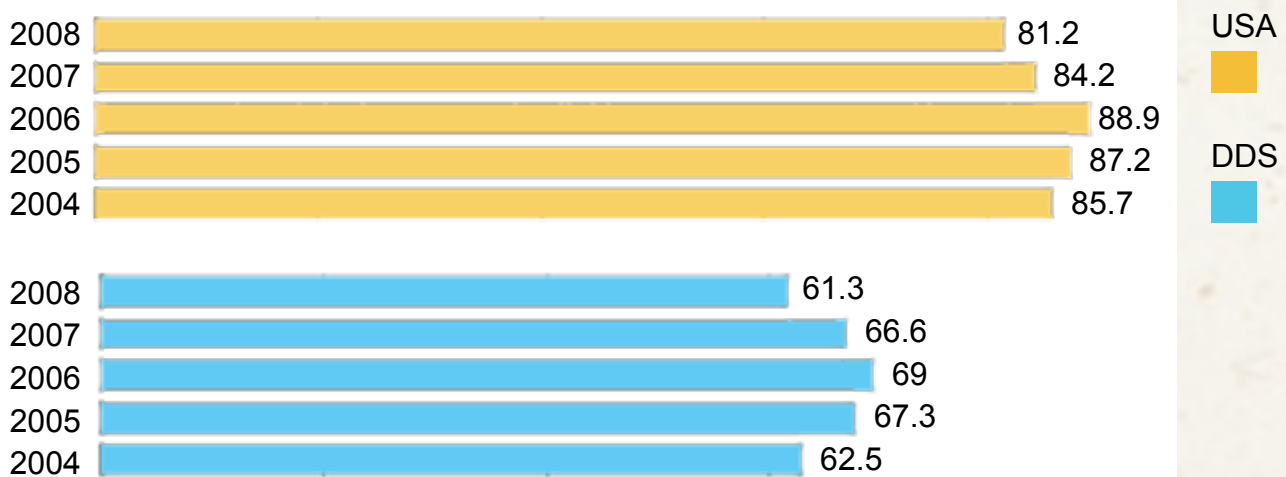
DISABILITY DETERMINATION SERVICES

A Breakdown of Numbers & Services

PERCENT OF INITIAL DISABILITY CASES ALLOWED COMPARED TO NATIONAL AVERAGE



AVERAGE INITIAL CASE PROCESSING TIME - in days



Source: SSA Office of Disability Programs, DDS Performance Management Report (09/26/08)

OUR BUSINESS

DAIRS

What we do...
What we provide.

**COUNCILS, COMMITTEES,
AND BOARDS**



DARS ADMINISTRATION COUNCILS, COMMITTEES, AND BOARDS

The DARS Council

The DARS Council helps the Commissioner develop rules and policies for the Department. The council is composed of nine members of the public appointed by the Governor. To be eligible for appointment to the council, a person must have demonstrated an interest in and knowledge of problems and available services related to early childhood intervention services or to people with disabilities other than developmental delay and mental retardation and people who are blind, deaf, or hard of hearing.

More information on the council is available on the internet at:
<http://www.dars.state.tx.us/news/darscouncil.shtml>.

Members

Timothy J. Flannery, Seabrook, presiding officer
David Coco, Austin
Lance L. Goetz, Dallas
Connie Hughes, Idalou
Joseph Muniz, Harlingen
Diane M. Novy, Sugar Land
Robin Riccardi, Kingwood
Lee Chayes, El Paso
1 vacancy

Early Childhood Intervention Advisory Committee

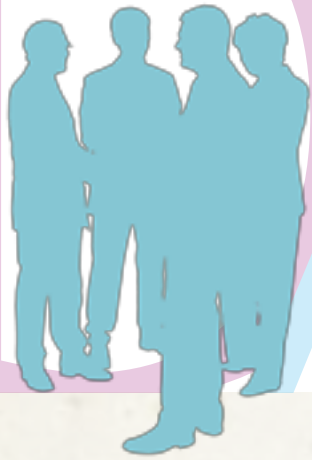
The ECI Advisory Committee assists the DARS Division for Early Childhood Intervention Services in the development and implementation of policies that constitute the statewide ECI system. The Governor appoints the members of the committee.

More information on the committee is available on the internet at:
<http://www.dars.state.tx.us/ecis/advisorycommittee.shtml>.

Members

Katherine (Kathy) Lee, Temple, chair
Richard Adams, MD, Dallas
Terry Beattie, Austin
Yvonne Caldera, Lubbock
Dorothy Jean Calhoun, Houston
State Rep. Myra Crownover, Denton





DARS ADMINISTRATION COUNCILS, COMMITTEES, AND BOARDS

Katrina Daniel, Austin
Kathy de la Peña, Edinburg
Peter W. Ellis, San Antonio
Beth Engelking, Austin
Barbara Fountain, Austin, ex officio
Michelle Gee, Austin, ex officio
Dottie Goodman, Austin
Teresa Hernandez, Austin
Rachel Hernandez-Reynolds, Weslaco
Connie Hughes, Idalou
Barbara W. James, Austin

Diane Kazlow, McKinney
Laura Logan Kender, Lubbock
Alba A. Ortiz, PhD, Austin
Teresa Petersen, Brazoria
Pamela M. Perez, El Paso
Michelle J. Smith, Justin
Harvey Salinas, Corpus Christi
Lynn Sullivan, Fort Worth
Monica Villegas-Thyssen, Austin
Les Walker, MD, MPH, Austin

Board for Evaluation of Interpreters

The Board for Evaluation of Interpreters advises the DARS Division for Rehabilitation Services, Office for Deaf and Hard of Hearing Services, in administering the interpreter certification program. The DARS Commissioner appoints the board members.

More information on the board is available on the internet at:
<http://www.dars.state.tx.us/dhhs/bei.shtml>.

Members

Allison Randolph, Fort Worth, chair
Roger Brown, Austin, vice chair
Sharon Grigsby Hill, Houston, secretary
Kristin Lund, Austin

Marcus Myers, Corpus Christi
Daniel Diffie, Fort Worth
1 Vacancy

Rehabilitation Council of Texas

The Rehabilitation Council of Texas reports to and advises the DARS Commissioner and the Health and Human Services Executive Commissioner regarding the Department's performance in providing vocational rehabilitation services for individuals with disabilities. Council members are appointed by the state's Health and Human Services Executive Commissioner.

More information on the council is available on the internet at:
<http://www.dars.state.tx.us/announcements/rct.shtml>.



DARS ADMINISTRATION COUNCILS, COMMITTEES, AND BOARDS

Members

Shawn Patrick Saladin, Edinburg, chair
Corbett “Chase” Bearden, Austin, vice chair
Jeanette Brayboy-Alexander, Pearland
Lori Henning Crutchfield, Austin
Brenda Lynn Dunn, Austin, ex officio
Roy “Larry” Evans, San Angelo
Elizabeth Ann Gentry, Schertz, ex officio
Rames Gonzalez, Jr., Palmview

Mike Halligan, Georgetown
Richard Giles Hatfield, Austin
Brenda Lightfoot, Austin
Paula Jean Margeson, Plano
William Mullican, Austin
Richard Poe, Austin
Thelma Scott, Houston
Karen Stanfill, Houston

State Independent Living Council

The State Independent Living Council (SILC) is an equal partner with DARS in the development, approval, and implementation of the State Plan for Independent Living. The Texas SILC leads, promotes, and advances the independent living philosophy and advocates for the rights of individuals with disabilities. The Governor appoints council members, with the majority being individuals with disabilities.

More information on the council is available on the internet at:
<http://www.dars.state.tx.us/news/silc.shtml>.

Members

Paula Margeson, Plano, chair
Morgan Talbot, McAllen, vice chair
Marcia Ingram, McAllen, secretary
Dennis Borel, Austin
Michelle Crain, Lubbock
Glenda Embree, Austin, ex officio
Larry Gardner, Austin, ex officio
Marc Gold, Austin, ex officio
Robert Hawkins, Bellmead
Kristen E. Jones, Austin
Donald Landry, Beaumont
Tracey Michol, Fort Worth
Scotty Sherrill, Nacogdoches



OUR BUSINESS

DARS

EXECUTIVE STAFF



DARS ADMINISTRATION EXECUTIVE STAFF

Terry Murphy - Commissioner

Terry Murphy was appointed commissioner of the Department of Assistive and Rehabilitative Services in December 2003. Before his appointment, Commissioner Murphy served more than three decades at the Texas Commission for the Blind. His positions included: placement specialist, mental health/mental retardation (MH/MR) program specialist, assistant state supervisor for community-based MH/MR services, assistant state supervisor for field services, director of field services, deputy director for programs, and executive director. He has served in several national organizations, including the Council of State Administrators for Vocational Rehabilitation, National Council of State Agencies for the Blind, and the American Foundation for the Blind. He also has been on the Advisory Board of the National Rehabilitation Leadership Institute.

Commissioner Murphy recently received the Texas Rehabilitation Action Network's Lifetime Achievement Award for Service in the Public VR Program and the Texas Rehabilitation Association's Professional of the Year Award. In addition to his distinguished career in public service, Commissioner Murphy is a proud veteran who was awarded three Bronze Stars and a Purple Heart during his service in Vietnam. He is a graduate of the University of Texas at Austin.

Debra Wanser - Deputy Commissioner for Executive Support

Debra Wanser joined DARS in July 2007. She works closely with the commissioner on day-to-day operations and provides strategic direction to programs. The DARS Centers for Policy and Innovation, Program Coordination, and Consumer and External Affairs and the DARS Leadership Institute report to Ms. Wanser. Before joining DARS, she was the assistant commissioner for adult protective services at the Department of Family and Protective Services and associate commissioner for family health at the Texas Department of Health. Ms. Wanser has 29 years of direct care and administrative experience in nursing, mental health, public health, and social services. She has degrees from the University of Texas LBJ School of Public Affairs, St. Edward's University, and Oklahoma State University School of Nursing.





DARS ADMINISTRATION EXECUTIVE STAFF



Alvin Miller - Chief Operating Officer

Alvin Miller became chief operating officer for DARS in March 2004. Before coming to DARS, Mr. Miller served in senior management positions with several state agencies. He joined the Comptroller's Field Operations Division in 1973 as a state tax auditor and was promoted to director of field operations in 1981. He also served as director of the State Comptroller's Human Resources, Training, and Revenue Management Divisions. In 1992, Mr. Miller joined the Office of Attorney General (OAG) as chief fiscal officer. While with the OAG, he served as chief administrative officer of the State Employee Workers' Compensation System and director of Information Systems Development, where he led the systems implementation of federal welfare reform. He joined the Texas Commission for the Blind in 1999 as chief financial officer, before assuming the position of chief operating officer for DARS. Mr. Miller is a certified public accountant, a certified governmental financial manager, and a project management professional.

Bill Wheeler - Chief Financial Officer

Bill Wheeler has been the chief financial officer (CFO) for DARS since its inception in 2004. Before that, he was the CFO at the Texas Rehabilitation Commission. He has 14 years of state government experience – all in financial management positions. Before joining the state, Mr. Wheeler spent 15 years in the private sector in financial management positions, including jobs as CFO and budget manager in Dallas, Houston, and Austin. Mr. Wheeler holds a bachelor's degree in economics from the University of Texas at Austin and a master of business administration degree (MBA) from Texas State University. He also is a graduate of the Governor's Executive Development Program.





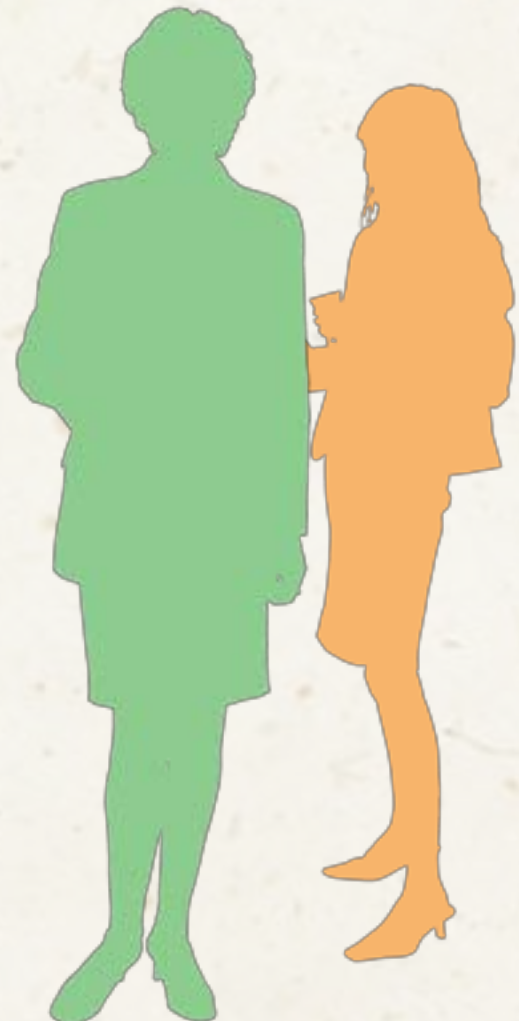
DARS ADMINISTRATION EXECUTIVE STAFF

Jim Hanophy - Assistant Commissioner for Rehabilitation Services

Jim Hanophy began his role as assistant commissioner for rehabilitation services in March 2008. He brings with him more than 27 years of professional and volunteer experience working with children and adults with disabilities in Texas, West Virginia, and Pennsylvania. Mr. Hanophy first came to DARS in 2006 as a program specialist, a position in which his areas of responsibility included customized employment services, case consult, and business development. Before joining DARS, he worked as an organizational consultant with the University of North Texas and was a faculty member in the Department of Rehabilitation, Social Work, and Addictions. Mr. Hanophy holds a bachelor's degree in psychology from Binghamton University and a master's degree in rehabilitation counseling from West Virginia University.

Barbara J. Madrigal - Assistant Commissioner for Blind Services

Barbara J. Madrigal has provided services to Texans who are blind for more than 30 years, working in direct service delivery, program development and implementation, and management. Ms. Madrigal has a bachelor's degree in education for the deaf and master's degrees in counseling and human services administration. She has taught deaf and hearing-impaired students, served as an instructor for the migrant program at St. Edward's University, and worked with the American Red Cross in its services to military families. She is on the Executive Committee of the Council of State Administrators for Vocational Rehabilitation and the National Council of State Agencies for the Blind. Her many honors include Texas Commission for the Blind Employee of the Year, recognition from the Texas House of Representatives for her efforts to enhance employment opportunities for blind Texans, the State Agency Council's Outstanding Women in State Government award in management, and the Texas RehabAction Network 2007 Vernon "Max" Arrell Award for Lifetime Achievement in Public Vocational Rehabilitation.





DARS ADMINISTRATION EXECUTIVE STAFF

Kim Wedel - Assistant Commissioner for Early Childhood Intervention Services

Kim Wedel joined DARS in August 2006 and provides a wealth of experience from the private and public sectors to her leadership role with Early Childhood Intervention Services. For eight years, Ms. Wedel led division work with the Department of Family and Protective Services and the Department of Aging and Disability Services. She provided strategic direction and guided the development of rules and policies and the implementation of statewide service contracting. Before entering the public sector, Ms. Wedel spent 17 years working with community-based nonprofits in California, New York, and Texas. This blend of public and private sector knowledge brings a unique skill set to a system that delivers services to over 49,000 infants and toddlers and their families through contracts with 58 local community based entities. She holds a master's degree in social work (licensed master of social work in Texas) and a master's degree in public administration.

Mary Wolfe - Assistant Commissioner for Disability Determination Services

Mary Wolfe became assistant commissioner for disability determination services (DDS) in March of 2004. Ms. Wolfe started her public service career with the Texas Rehabilitation Commission (TRC). During her 29 years with TRC and DARS, she has held both staff and management positions. Ms. Wolfe worked in various divisions and assignments in the offices/units of DDS field services in regional and satellite offices and the central office in Austin. Also during this time, Ms. Wolfe served as the interim commissioner of TRC and was responsible for administering policy, oversight, and administrative functions for DDS and DRS. Ms. Wolfe received her bachelor of liberal studies degree from St. Edwards University in Austin with a degree in public administration.



GETTING IN TOUCH WITH US

Department of Assistive and Rehabilitative Services

Address:

4800 N. Lamar Blvd.
Austin, TX 78756

Phone:

(512) 424-4000

Email:

DARS.Inquiries@dars.state.tx.us

Inquire toll free about DARS programs and services:

1-800-628-5115
1-866-581-9328 TTY

Additional information about DARS:

Additional information about each of the DARS service divisions is available at www.dars.state.tx.us.

Texas Health and Human Services Commission

Mailing address:

Texas Health and Human Services Commission
Office of the Ombudsman, MC H-700
PO Box 13247
Austin, TX 78711-3247

Physical address/headquarters:

HHSC Headquarters
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78751-2316

Additional information about Health and Human Services:

Call 2-1-1 for access to information about health and human services in your community.

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Inquiries may be made to:

Department of Assistive and Rehabilitative Services

4800 N. Lamar Blvd. Austin, TX 78756

Phone: **(800) 628-5115**

Email: **DARS.Inquiries@dars.state.tx.us**

You may also view this annual report on the Internet at:

<http://www.dars.state.tx.us/>

The Department of Assistive and Rehabilitative Services
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