



# **TEXAS GOVERNOR'S COMMITTEE ON PEOPLE WITH DISABILITIES**

*POLICY RECOMMENDATIONS FOR THE 2013-2015 BIENNIUM*

*83RD LEGISLATIVE SESSION: JANUARY 2013*

# Texas Governor's Committee on People with Disabilities

2013-2015 Biennium

## Policy Recommendations

Presented to Governor Rick Perry in fulfillment of Section 115.009 (3) of the Texas Human Resources Code which requires that the Governor's Committee on People with Disabilities shall: *“before the end of each even-number year, submit to the Governor, and to the Legislature, a report that includes (c) any recommended changes in State laws relating to persons with disabilities.”*

### About Our Covers

**Front:** North side of the Texas Capitol building. Photo credit, Angi English

**Back:** Wordle image of the Committee's 83<sup>rd</sup> Legislative Session policy recommendations. A Wordle is a word cloud created to support an image of key concepts in a document; the larger the text, the more prominent the concepts. Image description of key concepts are *words “disabilities, community, Texas, people, services and accessible.”*

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# TEXAS GOVERNOR'S COMMITTEE ON PEOPLE WITH DISABILITIES

## POLICY RECOMMENDATIONS FOR 2013-2015

### *ABOUT THE TEXAS GOVERNOR'S COMMITTEE ON PEOPLE WITH DISABILITIES*

In existence since September of 1950, the Texas Governor's Committee on Employment of the Handicap was created by Allan Shivers. The Committee was continued by Governor Dolph Briscoe in 1978 through Executive Order DB-40. Executive orders by Governors William P. Clements in 1981 (WPC-14A) and 1987 (WPC 87-16) and Mark White in 1983 (MW-10) continued the Committee, with Executive Order MW-10 changing the name to Governor's Committee for Disabled Persons. In 1991, the Texas Governor's Committee on People with Disabilities was renamed and created statutorily by [Senate Bill 381](#).

[The Texas Governor's Committee on People with Disabilities](#) (GCPD) works toward a State where people with disabilities have the opportunity to enjoy full and equal access to lives of independence, productivity and self-determination. The Governor appoints [twelve members](#) to serve on the Committee, seven of whom must be people with disabilities. Representatives from six State agencies serve as ex-officio or advisory members. The Committee makes recommendations to the Governor and Legislature on disability issues; promotes compliance with disability-related laws; promotes a network of local committees doing similar work; and recognizes employers for employing with disability; and media professionals and students for positively depicting Texans with disabilities. The members and staff also provide technical assistance, information and referral services to citizens of Texas on issues affecting Texans with disabilities. Members of the Committee work on issues related to Access, Communication, Education, Emergency Management, Health, Housing, Recreation, Transportation, Veterans and Workforce. The Committee's enabling law is outlined in the [Human Resources Code, Chapter 115](#).

### *MISSION*

The Texas Governor's Committee on People with Disabilities envisions a State where people with disabilities have the opportunity to enjoy full and equal access to lives of independence, productivity and self-determination.

## *PRINCIPLES*

The Committee is guided by the following Principles:

- First and foremost, Texas matters most. That is the over-arching, guiding principle by which decisions are made. Our State, and its future, is more important than party, politics or individual recognition.
- Government should be limited in size and mission, but it must be highly effective in performing the tasks it undertakes.
- Decisions affecting individual Texans are best made by those individuals, their families, and the local government closest to their community.
- Competition is the greatest incentive for achievement and excellence. It inspires ingenuity and requires individuals to set their sights high. And just as competition inspires excellence, a sense of personal responsibility drives individual citizens to do more for their future and the future of those they love.
- [The Committee] will be open and honest, pursuing the high road rather than the expedient course. And just as citizens should shoulder responsibility for their own decisions, [the Committee] will be accountable to the taxpayers for its actions.
- Finally, government should be humble, recognizing that all of its power and authority is granted to it by the people of Texas, and those who make decisions wielding the power of the state should exercise their authority cautiously and fairly.<sup>1</sup>

# EXECUTIVE SUMMARY

## ***INTRODUCTION***

In its enabling statute the Texas Governor's Committee on People with Disabilities [*The Committee*] in Section 115.009 (3) of the [Human Resources Code](#) requires that the Governor's Committee shall: *"before the end of each even-number year, submit to the Governor, and to the Legislature, a report that includes (c) any recommended changes in State laws relating to persons with disabilities."*

## ***OVERVIEW***

For the 2013-2015 biennium, the Committee offers 140 recommendations for its ten issue areas which include "Overview" and "Background and Purpose" sections which are meant to give an introduction, background, data and purpose for the following policy recommendations. The policy recommendations are stated in action-related terms in order to facilitate any legislation that may stem from them. The Committee feels strongly that its recommendations should be based on data which identifies the needs of Texans with disabilities. Our recommendations strive to leverage strategic federal, state, public and private partnerships to develop resources, reduce fragmentation in the service delivery system, address needs in a coordinated and comprehensive manner, provide choice and implement strategies that help people remain independent and involved in community life. Since last legislative session, the Committee carefully considered data from a variety of sources, including input from citizens. The Committee has sought win-win solutions to challenges facing our State and our citizens. Each of the appointed Committee members chose one of the ten issue areas as an area of focus during the biennium.

The recommendations focus on vital concepts important to Texans with disabilities in order to:

- Generate whole-community solutions that help foster full inclusion of people with disabilities in civic, cultural and social activities
- Create awareness and promote use of programs, services and resources for people with disabilities in Texas
- Support integrated opportunities for people with disabilities to participate in the full continuum of educational opportunities
- Support accessible housing options that are affordable, appropriate and safe
- Provide accessible, affordable, reliable and safe transportation
- Adjust the physical and recreational environment for inclusiveness and accessibility
- Increase employment, volunteer and educational opportunities
- Ensure access to key health, wellness and support services
- Promote effortless communications by, among and with people with disabilities in person and online

In summary, the following policy recommendations attempt to address these issues and many more facing Texans with disabilities with unanimous support of all Committee members. Our recommendations focus on key elements of Texas communities that promote the health, well-being, and independence of Texans with disabilities across the age spectrum.

### ***TEXAS GOVERNOR’S COMMITTEE CITIZENS’ INPUT SURVEY***

The Committee implemented a Texas Governor’s Committee Citizens’ Input Survey from July to September of 2012 related to its ten issue areas. The survey asked citizens to provide input into the policy recommendations process and rank issues that had been identified by the Committee members for the 83<sup>rd</sup> Legislative Session. Citizens were also given the opportunity to provide open-ended responses to any issue important to them. There were 1,131 citizens who responded to the survey. (Full survey responses in the Appendix A)

Citizens identified the following as issues of “high importance” to them for the upcoming session and “strongly agreed” with the following concepts: (rank order of importance)

- Access to efficient and quality healthcare **(90.1 percent)**
- Access to affordable healthcare **(89.9 percent)**
- Ensure that emergency notification and warnings are provided in multiple formats, including formats that are accessible to people who are blind, deaf, hard-of-hearing, or use American Sign Language **(85.7 percent)**
- Increased employment opportunities for people with disabilities **(85.6 percent )**
- Accessible evacuation transportation **(84.9 percent)**
- Adequate, efficient Special Education programs, services and procedures **(84.7 percent)**
- Emergency planning processes that include people with disabilities **(84.2 percent)**
- Ensure appropriate (educational) accommodations are available during testing **(83.2 percent)**
- Education of employers about disability rights law related to employment **(82.3 percent)**
- Accessible post-disaster housing **(82.2 percent)**
- Integrate people with disabilities in the planning process for emergencies at the State and local level **(82.0 percent)**
- More resources and support for family caregivers, including respite services **(80.0 percent)**
- Strengthening existing anti-bullying laws in schools related to students with disabilities **(79.1 percent)**
- Aging-in-place (initiatives that would allow older Texans to remain in the community and homes, rather than in an institution or nursing care facility) **(78.6 percent)**
- Affordability of accessible, safe housing **(77.5 percent)**
- Increase financial assistance for people with disabilities to acquire assistive technology, including hearing aids **(77.3 percent)**
- Increased services for veterans with traumatic brain injuries **(76.1 percent)**

- Availability of community-based, integrated housing for people with intellectual or developmental disabilities **(76.0 percent)**
- Transit-oriented development (developing communities with accessible mass transportation to goods and services and a variety of pedestrian-friendly options) **(75.6 percent)**
- Affordability of accessible and timely transportation **(75.1 percent)**
- Support collaborative efforts between State and federal agencies to provide long-term care for Veterans with disabilities **(75.0 percent)**
- Improve availability of information on services for Veterans with disabilities, including job placements **(75.0 percent)**
- Increase training for medical professionals about Post-Traumatic Stress and traumatic brain injuries **(74.4 percent)**
- Increase availability of caregiver services of Veterans with disabilities **(74.3 percent)**
- Increased capacity for education providers in Positive Behavior Support training **(73.9 percent)**
- Accessible, affordable and safe housing and communities **(73.4 percent)**
- Enhance the physical environment for communities that are walk-able, roll-able, bike-able, which encourages physical activity, social engagement and aging-in place **(72.8 percent)**
- Increase affordability of hearing aids and other assistive listening devices **(72.7 percent)**
- Increase the participation of people with disabilities in State government and in their communities through the use of accessible technology **(72.5 percent)**
- Accessibility of information on State government websites (for example, information related to renewing or applying for a driver's license) **(71.8 percent)**
- Physical access to public buildings, programs and services **(67.6 percent)**
- Encourage the creation of complete streets (streets that safely allow for pedestrian, bicycle and scooter traffic) **(69.4 percent)**
- Amend programs' and services' participation policies for full inclusion of people with disabilities in recreational opportunities **(69.2 percent)**

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## DESCRIPTION OF THE COMMITTEE'S TEN POLICY ISSUE AREAS

The Committee structures its work into ten broad issue areas which are: Access, Communication, Education, Emergency Management, Health, Housing, Recreation, Transportation, Veterans and Workforce. In the next section we describe issues and functions that fall under the issue heading and the state, federal or local entities that we work with to help citizens across the state access services and programs they need or to address solutions to problems that arise

### ACCESS

State and federal laws strive to guarantee that people with disabilities can access the same places and services as the rest of the population. The Committee examines the physical accessibility of places and programmatic access to services. The scope of this examination includes any services that fall under [Title II of the Americans with Disabilities Act](#) (ADA), which covers State and local governments, and [Title III of the ADA](#), which covers most business enterprises, known as public accommodations. The Committee looks at other important sub-issues in this area, such as [accessible voting](#) and the use of [service animals](#). Key State and federal agencies that the Committee partners with are the [Texas Department of Licensing and Regulation](#) (TDLR) and the [U.S. Department of Justice](#) (DOJ).

### COMMUNICATIONS

People with disabilities deserve effective communication, whether they are applying for jobs, speaking to their doctors, or receiving emergency alerts. For this reason, accessible communication and the assistive technologies that make this communication possible are of vital importance in all of the Committee's issue areas. The Committee examines the accessibility of websites, e-learning tools, and emergency notifications, to name just a few, and monitors new and emerging assistive technology devices. The Committee is also dedicated to promoting "[People First language](#)," which emphasizes the dignity of each person by putting the person before the disability in descriptive language. Key State and federal agencies that the Committee partners with are the [Texas Department of Information Resources](#) (DIR), the [Texas Public Utilities Commission](#) (PUC), the [Federal Communications Commission](#) (FCC), and the [U.S. Access Board](#).

### EDUCATION

Students with disabilities can face educational challenges from the moment they begin pre-school through the day they sit for a professional licensing examination. The Committee supports inclusion and accommodation of people with disabilities at all ages and levels of the educational process. The

Committee’s work in this area covers services provided under the [Individuals with Disabilities Education Act](#) (IDEA); the special education process as administered by the Texas Education Agency; anti-discrimination under [Section 504 of the Rehabilitation Act of 1973](#); and accessible educational technologies. The key State and federal agencies that the Committee partners with are the [Texas Education Agency](#) (TEA) and the [U.S. Department of Education](#).

### **EMERGENCY MANAGEMENT**

Texas faces a wide range of potential hazards; since [1953, it has experienced more Presidentially-declared disasters than any other state](#). The Committee covers all aspects of emergency management for Texans with disabilities, including planning for natural, man-made, and disease-related disasters. The Committee plays an instrumental role in the Functional Needs and Support Services committee at the [Texas Division of Emergency Management](#) (TDEM). This interdisciplinary committee of experts continually updates comprehensive guidance on meeting the needs of the Whole Community, including citizens with functional and access needs, during an emergency. The key State and federal agencies that the Committee partners with are TDEM, the [Texas Health and Human Services Commission](#) (HHSC), the [Texas Department of State Health Services](#) (DSHS), the [Texas Public Utility Commission](#) (PUC), the [Federal Emergency Management Agency](#) (FEMA) and the [U.S. Department of Homeland Security](#) (DHS).

### **HEALTH**

The Committee is dedicated to promoting health and wellness among Texans with disabilities, including those who face financial, attitudinal, or physical barriers to quality healthcare. The Committee provides analysis and guidance in the areas of health insurance, public benefit programs such as Medicaid and Medicare, and physical accessibility of medical facilities and equipment. The Committee is also dedicated to promoting mental health and addressing the particular needs of those experiencing mental illness. Further, as the population of Texas ages, more Texans have increased and varied health care needs. The Committee supports solutions that allow Texans to “age in place,” supported by their family and community. The key State and federal agencies that the Committee partners with are the [Texas Department of State Health Services](#) (DSHS), the [Texas Department of Assistive and Rehabilitative Services](#) (DARS), the [Texas Department of Aging and Disability Services](#) (DADS), and the [Centers for Medicaid and Medicare Services](#) (CMS).

## [HOUSING](#)

A stable, accessible home can allow a Texan with a disability to live a productive life of independence within the community. The Committee supports affordable, accessible housing options and compliance with the [Fair Housing Act](#) and local visitability ordinances. The Committee also provides information on home modifications, financial assistance for housing, and tax credits and exemptions. The key State and federal agencies that the Committee partners with are the [Texas Department of Housing and Community Affairs](#) (TDHCA) and the [U.S. Department of Housing and Urban Development](#) (HUD).

## [RECREATION](#)

Recreation promotes physical and mental wellness for all Texans. The Committee supports accessible recreational opportunities for Texans with disabilities and provides information on physical access to recreational facilities, including parks, sports arenas and arts organizations. The Committee also applauds the involvement of people with disabilities on sports teams and as artists, actors and musicians. The key State and federal agencies the Committee partners with are the [Texas Parks and Wildlife Department](#) (TPWD) and the [U.S. Access Board](#). There are also independent organizations contracted by the [U.S. Department of the Interior](#), such as the [National Park Service](#) and the [National Center on Accessibility](#), that provide consultation on accessible recreational opportunities.

## [TRANSPORTATION](#)

Because people with disabilities are more active in their communities than ever before, they deserve reliable and accessible transportation to allow for their full participation in a wide range of activities. The Committee examines all forms of transportation, from the everyday issues of accessible parking and paratransit services, to planning for business and recreational travel by airplane and ship. Key State and federal agency partners are the [Texas Department of Transportation](#) (TxDOT), the [Texas Department of Motor Vehicles](#) (DMV), the [Texas Department of Public Safety](#) (DPS), the [Federal Highway Administration](#) (FHWA), the [U.S. Department of Transportation](#) (DOT), the [Federal Transit Administration](#) (FTA), the [Aviation Consumer Protection and Enforcement Division of the U.S. Department of Transportation](#), and the [U.S. Department of Justice](#) (DOJ).

## [VETERANS](#)

Texas is currently home to around 1.7 million Veterans, many with disabilities. The Committee looks at all aspects of Veteran's services, including housing, medical care, benefits determination, employment and health. The 82<sup>nd</sup> Legislature created the Texas Coordinating Council for Veterans Services to

improve the coordination of services for Texas Veterans, service members and their families. The key State and federal agencies that partner with the Committee are [Texas Workforce Commission Veterans Services](#), the [Texas Veterans Commission](#) (TVC), and the [U.S. Department of Veterans Affairs](#) (VA).

## **WORKFORCE**

Texans with disabilities represent a valuable and skilled labor market that is sometimes overlooked by employers. The Committee supports compliance with [Title I of the ADA](#), which prohibits discrimination against applicants or employees with disabilities by covered entities. The Committee also supports innovative approaches to integrating people with disabilities into the workforce, including the use of reasonable accommodations, assistive technologies, and trainings in best practices for both employers and employees. The key State and federal agencies that partner with the Committee are the [Texas Workforce Commission](#) (TWC), the [Equal Employment Opportunity Commission](#) (EEOC), and the Department of Labor, particularly the [Office of Disability Employment Policy](#) (ODEP).

# **BACKGROUND, PURPOSE AND POLICY RECOMMENDATIONS RELATED TO THE GOVERNOR'S COMMITTEE ON PEOPLE WITH DISABILITIES**

## ***ACCESS***

### ***GOAL***

Enhance participation of people with disabilities in Texas life through increased access.

### **Overview**

On July 26, 2012, the disability community celebrated the 22<sup>nd</sup> anniversary of the passage of the Americans with Disabilities Act (ADA). The ADA was a landmark piece of civil rights legislation, recognizing the rights of people with disabilities in many areas of American life, including the right of access to programs and facilities. In the 22 years since the passage of the ADA, the United States has seen great progress toward full access for people with disabilities; today, it is hard to remember a time when public parking lots did not contain designated parking places for drivers and passengers with disabilities or when most buildings were not required to include ramps at their entrances. Those two examples are just the tip of the iceberg when it comes to access for people with disabilities, though. In the last two decades, our collective understanding of what it means to be a person with a disability has widened considerably. Today, the concept of accessibility encompasses not just access to the built environment, but also access to communication, information, programs, services and more.

Despite continued progress, there are still areas in need of improvement when it comes to accessibility in Texas. Sixty-eight percent of respondents to the Governor's Committee Citizens' Input Survey rated "physical access to public buildings, programs and services" as "high importance" to them, with another 12 percent rating it as "moderate importance."<sup>2</sup> The open-ended responses demonstrated a wide range of access issues that citizens believe merit further attention, including a desire for more enforcement of current accessible parking laws and the creation of provisions that would restrict use of van-accessible spots to those actually using a van with a lift, rather than to any vehicle with a placard or plate. Citizens also mentioned the completion of new sidewalks and better maintenance of existing sidewalks as priorities. Other comments reflected the evolving understanding of disability, as respondents commented on access needs beyond physical requirements, including sensory considerations for people with autism.

The need for improvement in these areas cannot be blamed solely on a dearth of legal authority on the subjects. Rather, it is worthwhile to examine how the relevant laws are usually enforced. The ADA is enforced in two ways—through voluntary compliance and through citizen complaints submitted to federal enforcement agencies. These two methods of implementation require awareness of the existing law, as well as a willingness on all of the affected parties to engage in the process of bringing facilities and practices into compliance.

The need to comply with relevant law is certainly one reason to enhance accessibility, but there are other compelling reasons beyond legal requirements. Designing with universal accessibility in mind enhances

participation not just by people with disabilities, but also by older Texans, children, people who do not speak English as a first language, and any other population who experiences access challenges. Participation by all of these groups leads to a richer civic life. Further, accessible communities promote health and wellness among members of the community and reduce the usage of motor vehicles.

### ***Background and Purpose: Livable Communities and Complete Streets for the Whole Community***

One avenue toward fuller inclusion of people with disabilities is the creation of [“Livable Communities.”](#) The term “Livable Communities,” as used in this document, refers to communities that are designed to promote civic engagement; active, healthy lifestyles; and a sense of place through safe, sustainable community planning and transportation options. Livable Communities are of considerable interest to the survey respondents of the Governor’s Committee Citizens’ Input Survey: 73 percent of respondents indicated that they “strongly agree” with the proposal to “enhance the physical environment for communities that are walk-able and encourage physical activity, social engagement, and aging-in-place (“Livable Communities”) and 15 percent indicated that they “somewhat agree.”<sup>3</sup>

A Livable Community designed with the Whole Community in mind is a community that:

- Provides affordable, appropriate, accessible housing
- Ensures accessible, affordable, reliable, safe transportation
- Adjusts the physical environment for inclusiveness and accessibility
- Provides work, volunteer, and education opportunities
- Ensures access to key health and support services
- Encourages participation in civic, cultural, social and recreational activities<sup>4</sup>

Brennan et al described the value of Livable Communities in this way:

We all want to live in a livable community. Each of us has his or her own image of what such a community should look like. That image is shaped, in part, by our reaction to the communities in which we now live or used to live. For older residents, a livable community would include elements that help them to maintain independence and quality of life.

The physical characteristics of a community often play a major role in facilitating our personal independence. A safe pedestrian environment, easy access to grocery stores and other shops, a mix of housing types, and nearby health centers and recreational facilities are all important elements that can positively affect our daily lives. However, poor community design can make it difficult for us to remain independent and involved in the community around us. For instance, a limited mix of housing types can be a challenge to

aging within the same community; poorly maintained sidewalks can be a personal safety concern; and physical barriers, such as busy highways and high walls, can divide and isolate communities.<sup>5</sup>

An important aspect of the success of a Livable Community is the way that people move about within the community. Accessible street design and an assortment of transportation options allow for ease of movement and full participation by all people, including people with disabilities. Smart Growth America discusses the concept of [“Complete Streets.”](#) one of the tenets of the Livable Communities idea. Complete Streets are streets that provide people with a range of transportation options. By contrast, incomplete streets, which we find in many of our communities, feature unpaved surfaces and sidewalks that are disconnected from one another, narrow, or in poor condition. These streets and sidewalks are difficult for people with disabilities, especially people who use wheelchairs, walk slowly, or have diminished hearing or seeing, to travel safely. Pedestrian walkways spanning broad intersections may not provide enough time for all people to cross safely before the vehicular traffic begins again. Pedestrian crosswalk signals that provide only a visual cue, such as the illuminated “walk” symbol without an accompanying chirping sound or voiced directions, can be dangerous for pedestrians with limited or no vision.<sup>6</sup>

It may seem at first that these considerations would affect only a small percentage of our population, but Smart Growth America states that almost one in five Americans faces at least one physical challenge that makes navigation of incomplete streets difficult.<sup>7</sup> Further, planning with Complete Streets in mind is likely to benefit the Whole Community, not only people with disabilities. Developing Complete Streets may be a cost-saving device, as it is likely to reduce the use of expensive services such as paratransit and Medicaid taxi service. Another benefit of planning with Complete Streets in mind is that it affords older Texans the opportunity to age-in-place; as Texans age and potentially lose the ability to drive a car, they will not be put off from visiting friends, neighbors, the grocery store, or pharmacy, if the neighborhood allows for safe navigation on foot or on a small, motorized device.

Smart Growth America describes the benefits of Complete Streets to the whole community:

Streets that are truly “complete” provide all of us with a choice of mobility options. They allow everyone to travel to and from work, school, and other destinations with the same level of safety and convenience, whether or not they have mobility, vision, or cognitive disabilities. Complete Streets also help people who are coping with temporary disabilities as well as those pushing strollers, pulling wheeled luggage, or managing large packages.

Complete Streets policies provide flexibility to transportation professionals and give room to be creative in developing solutions that promote accessible travel. Operating under a policy can prompt a deeper analysis and encourage them to work with community members with disabilities. In roadway design, Complete Streets means attention to details at intersections, such as installing curb ramps, audible or tactile signals for blind pedestrians, and/or providing longer crossing times; along pedestrian

routes by providing smooth sidewalks free of obstacles, with usable benches; and at transit stops with ample space to approach, wait, and board safely.

Complete Streets policies remove barriers to independent travel by considering the needs of all users at the outset of every transportation project. Providing transportation choices for everyone, including those with disabilities, improves livability by connecting citizens to their community and by reducing dependence on more costly alternatives, such as paratransit or private transportation service.<sup>8</sup>

When Texas State and local government entities undertake long-range planning for the development and maintenance of communities, they would do well to keep the principles of Livable Communities and Complete Streets in mind.

### **Policy Recommendations:**

- **Recommendation 1.1:** Encourage the principles of “Livable Communities” in the long-range regional planning and development of communities in Texas, including emphasizing accessible transportation options and “Complete Streets.”
- **Recommendation 1.2:** Promote safe and accessible mobility options for drivers, public transportation vehicles and patrons, bicyclists, and pedestrians of all ages and abilities in all planning, programming, design, construction, reconstruction, retrofit, operations and maintenance activities and products conducted at the city, county or State level.

### ***Background and Purpose: Accessible Design for All***

Federal and State laws contain standards for designing, building and maintaining structures and facilities in a manner that maximizes accessibility for people with disabilities. Just as local building codes contain minimum acceptable levels of requirements related to safety and public health, the Americans with Disabilities Act (ADA) and the [Texas Accessibility Standards \(TAS\)](#) contain minimum acceptable levels of requirements related to access for people with disabilities.

The standards contained in the ADA and the TAS are periodically updated to bring the standards in line with evolving best practices. On March 15, 2012, updates to both the implementing regulations of the ADA and the TAS came into effect. The new ADA standards, known as the [2010 ADA Standards of Accessible Design](#), both deepened and broadened the existing law. The standards deepened the law by enhancing and clarifying existing requirements for entities that were previously covered under the old standards. Some of these clarifications included issues related to reachable ranges, toilet room dimensions and accessible routes. The standards broadened the law by applying ADA regulations to certain kinds of entities for the first time. The 2010 ADA Standards of Accessible Design set

requirements for fixed or built-in elements in amusement park rides, boating facilities, golf and miniature golf facilities, public swimming pools and play areas.

With fairly comprehensive federal regulations in place, what role do State laws and regulatory agencies play? The Texas Department of Regulation (TDLR) plays a hands-on role in implementing Texas's own accessibility standards, the TAS. TDLR has broad jurisdiction, serving as a licensing agency for more than 20 regulatory programs in Texas, but of particular relevance to the disability community is TDLR's Architectural Barriers Program, which inspects existing buildings and reviews construction plans to help ensure that facilities are accessible to people with disabilities in Texas.<sup>9</sup>

Texas's State law takes a strong position on accessibility requirements; it is a position that lawmakers deserve to be proud of. In Texas, unlike in other states, professionals involved in the building of a new facility are required to submit their construction documents to TDLR for review and inspection related to accessibility before the building begins. This requirement applies to any new project or substantial renovation whose estimated cost is more than \$50,000.<sup>10</sup>

With strong laws in place, what work remains to be done related to physical accessibility in Texas? First, there is a continuing need for increased awareness and compliance coupled with the enforcement of the existing standards and laws. It is easy for affected parties to assume that older buildings are exempt from accessibility requirements because they are "grandfathered in." In fact, the ADA standards do not allow for any "grandfathering;" rather, buildings built before the standards were enacted are subject to an ongoing obligation to come into compliance when it is readily achievable to do so.<sup>11</sup> One open-ended response to the Governor's Committee Citizens' Input Survey summarized this common misunderstanding: "Many older places are inaccessible and it's due to ignorance more than malice. I would like a way for older places to be inspected for access whenever they renew business permits or whatever contact they have with the government, not only when they remodel or build something new."<sup>12</sup>

Second, there is an enforcement problem. As it is, if a facility is out of compliance with either the ADA standards or the TAS, change could be prompted by a private citizen filing a complaint against the facility through either the United States Department of Justice (DOJ) for an ADA violation or through TDLR for a violation of the TAS. This complaint-driven system tends to be slow and inefficient. The DOJ and TDLR staffs are spread thin and unable to respond to every complaint with a full-fledged investigation. Further, some private citizens who observe violations may be reluctant to file a complaint, not wanting to get anyone in trouble, while others may swing in the other direction, and file baseless complaints as an attempted punitive measure.

Preferable to this complaint-driven system would be a system that encourages voluntary compliance on the part of the facilities. In addition to the existing federal tax incentives related to expenses for improving accessibility,<sup>13</sup> the Texas legislature should consider creative ways to encourage compliance efforts. Further, a robust method of assessing compliance through inspections and site visits would help to ensure accessibility requirements are being met.

## **Policy Recommendations:**

- **Recommendation 1.3:** Support local and state implementation and development plans for compliance with the accessibility provisions in the revised ADA and TAS standards, and an ongoing method of assessing compliance.
- **Recommendation 1.4:** Encourage voluntary compliance with the ADA and TAS by creating incentives for compliance.

### ***Background and Purpose: Accessible Voting***

The right to vote is a fundamental American civil right. It may be hard to imagine that logistical obstacles and transportation barriers stand between millions of Americans and their ability to exercise the right to vote, but that is the case for millions of Americans with disabilities each year.

The [2010 U.S. Census data](#) revealed that there are around 56.7 million people with disabilities in the United States. That number represents approximately 19 percent of the U.S. population, making people with disabilities one of the largest minority groups and a potentially powerful voting bloc. Consistently low voter turnout among people with disabilities and the relative rarity with which politicians directly address disability-related issues have left this potential untapped.<sup>14</sup>

A 2012 study of political participation by people with disabilities demonstrated that in 2008, voter participation by eligible people with disabilities was 11 percent lower than participation by those without disabilities. Despite the availability of absentee ballots, accessibility issues at the polls and transportation hurdles account at least in part for low turnout among voters with disabilities.<sup>15</sup> Dismantling the accessibility and transportation barriers that people with disabilities sometimes encounter at the polls could have potentially led to approximately 3 million more voters in 2008 and 3.2 million more voters in 2010.<sup>16</sup>

Barriers getting to and using polling places likely play a large role in discouraging voter turnout among people with disabilities. Despite an array of federal laws that require accessibility of polling places for all eligible voters, including the ADA and the [Help America Vote Act \(HAVA\)](#), a study by the Government Accountability Office (GAO) demonstrated that only 27 percent of polling places on Election Day in 2008 had no potential impediments to access by people with disabilities.<sup>17</sup> In the 2000 election survey, 6 percent of people with disabilities who had voted in the past 10 years reported encountering problems in voting at a polling place, while one-third (33 percent) of all others with disabilities said they would expect problems, compared to only two percent of people without disabilities.<sup>18</sup> By failing to provide accessible polling places, federal, State, and local officials are inadvertently sending the message that people with disabilities are not expected to participate in the democratic process.<sup>19</sup>

It is possible to ensure that people with disabilities are provided the opportunity they deserve to vote privately and independently. Ensuring these opportunities will require officials to think broadly about access.<sup>20</sup> In other words, officials will have to consider the accessibility of all stages of the voting process. How do voters arrive at a polling place; is the polling place on an accessible public transportation route? Further, how will voters enter the building and travel to the polling place? How do voters interact with the voting system itself? Is the voting system accessible to people with diverse disabilities, including visual and mobility disabilities?<sup>21</sup>

In addition to thinking broadly about access, officials may want to start using technology to address transportation and accessibility challenges at polling places. Current advances in technology are already affording new opportunities for people with disabilities to vote in other states. In November of 2011, Oregon became the first state to allow residents who have trouble filling out traditional mail-in paper ballots to electronically vote through Apple's iPad tablet device. Eighty-nine voters with disabilities took advantage of this innovation during a special primary election. The voters used an iPad to mark their ballots. The iPads were provided by election workers, who visited the voters at their residences, then printed the ballots on portable wireless printers. The voters then had the option to mail in their ballots themselves or have the election workers drop the ballots off at election stations. In addition to allowing voters to avoid transportation issues, the iPad also allowed for an array of accommodations for voters with disabilities that affect their ability to cast a traditional ballot. A man who could not hold a pen due to arthritis was still able to use the iPad's touch screen to complete his ballot, and a woman with low vision was able to enlarge the type on her screen to read the choices clearly. The iPad also allows for voters to attach their own joysticks or paddles, translates the ballots for voters who do not speak English, and even reads the ballot aloud for voters who are blind.<sup>22</sup>

Respondents to the Governor's Committee Citizens' Input Survey indicated interest in using technology to increase voting accessibility. Sixty-nine percent of respondents indicated that they "strongly agree" with the proposition to "use technology to make voting more accessible to people with disabilities" and 15 percent indicated that they "somewhat agree" with the proposition.<sup>23</sup>

Equal access to voting has been an ongoing concern for many Texans with disabilities, but a renewed focus on compliance with existing laws and the exploration of emerging opportunities through modern technology could move this cause forward substantially.

### **Policy Recommendations:**

- **Recommendation 1.5:** Require all polling places for voting to fulfill the legal requirements to be fully accessible to people with disabilities.
- **Recommendation 1.6:** Explore ways to locate polling places that are on accessible transportation routes.
- **Recommendation 1.7:** Explore the use of new technologies that will increase accessibility for voters with disabilities.

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# **COMMUNICATIONS**

## **GOAL**

Increase communication access and improve public awareness about people with disabilities.

## **Overview**

Communication brings people together. Enabling easier and more efficient communications has benefits in the workplace, civic discourse and participation, and social settings. However, disabilities can present challenges to effective communications by, among, and with people with disabilities, either by impairing or altering methods for communication. Ensuring that these differences in communication styles do not hinder, but rather enrich, two-way communication is key to creating an accessible society for all of its members. Increasingly, information and communication technologies (ICT) are playing a vital role in mediating communication and it is critical that these advances enhance access by including consideration of disability, rather than serve as a new barrier to people with disabilities.

## ***Background and Purpose: Accessible and Assistive Technologies***

Technology opens the doors of opportunity. With the right services, gadgets, and equipment, people with disabilities can open the doors of opportunity to self-sufficiency, work and play. Ensuring that mainstream technology is accessible and usable by people with disabilities is essential to realizing the full promise of information and communication technologies. To that end, the federal government has passed several laws over the past two decades to ensure that virtual barriers are not erected; the Americans with Disabilities Act; [Section 255](#) of the Communications Act; [Section 508](#) of the Rehabilitation Act; and most recently, the [Twenty-First Communications and Video Accessibility Act \(CVAA\)](#) of 2010. And in 2005, the State of Texas took strong steps to promote the accessibility of technologies used at work and home by passing [House Bill 2819](#), which requires each State agency to develop, procure, maintain and use information and communication technologies that are accessible.

Realizing the promise of these goals needs more work. In the 2012 Texas Governor's Committee Citizens' Input survey with 1,131 citizen respondents, the Texas Governor's Committee on People with Disabilities found that nearly 70 percent of respondents "strongly agreed" that the availability of accessible communications needs to be increased and 77 percent "strongly agreed" that more financial support is required to assist people with disabilities in acquiring assistive technologies. Additionally, 73 percent of respondents "strongly agreed" that improved accessible technology is needed to increase participation by people with disabilities in State government and in their communities. When asked to further explain these views in their own words, 17 percent of respondents cited the lack of availability or burdensome cost of assistive technologies that are designed to meet the needs of people with disabilities (e.g., screen readers, video phones, augmentative and alternative communication [AAC] devices, etc.). Another 10 percent cited mainstream technologies, such as the iPad, that have demonstrated their ability to help people with disabilities, but whose cost is too high.

Many of these new technologies do not work by themselves; they are enabled by high-speed Internet services, either wired directly to the home or workplaces or by wireless broadband. [The National Broadband Plan](#) seeks to promote connectivity across the whole community. In addition, from the 2012 Texas Governor’s Committee Citizens’ Survey, 65 percent of respondents “strongly agreed” that high-speed Internet services need to be expanded and 7 percent comments in the Communications area suggested that broadband be more widely available and that prices made affordable for people with disabilities, especially in rural areas.

### **Policy Recommendations:**

- **Recommendation 2.1:** Encourage the use of accessible technology to reach traditionally underserved populations, including people with disabilities, especially through the use of social media.
- **Recommendation 2.2:** Foster the development of accessible mainstream technology and promote its adoption by people with disabilities, especially for employment, as well as civic and community engagement.
- **Recommendation 2.3:** Promote the awareness of and access to assistive technologies, including mainstream technologies that have a demonstrated track record of meeting the needs of people with disabilities.
- **Recommendation 2.4:** Support programs that increase the availability and affordability of accessible information and communication technologies, including high-speed Internet service, for all Texans.

### ***Background and Purpose: Adopting Best Practices for Accessible Information and Communication Technology***

In 2011, the Department of Labor’s [Office of Disability Employment Policy \(ODEP\)](#) and the [Assistive Technology Industry Association \(ATIA\)](#) concluded a comprehensive study of how to improve the design and development of accessible workplace technologies. The results highlighted several challenges in the implementation of accessibility for information and communications technology (ICT), including:

- lack of organizational commitment
- lack of access to consistent, reliable information
- lack of education/training
- lack of testing tools

To address these issues, efforts to improve policy, planning, education/training, and testing were identified. As a result of [HB 2819](#), Texas is already a leader in policy, but gaps remain in the other areas. The 2012 Governor’s Committee Citizens’ Input Survey conducted by the Texas Governor’s Committee on People with Disabilities found that nearly 70 percent of respondents “strongly agreed” that accessible communication in the workplace, programs, and services should be increased, that State and local websites needed to be more accessible, and that it was of high importance that State websites and public places (e.g., court rooms, government buildings and large venues) have accessible technologies and communications.

### **Policy Recommendations:**

- **Recommendation 2.5:** Provide publicly available educational resources for companies and developers to support the business case for, and the accessible development of, information and communication technology, including examples of market demand, business cases, business and technical requirements, sample code, training and testing tools.
- **Recommendation 2.6:** Encourage information sharing within the technological development community about emerging assistive technologies and best practices.
- **Recommendation 2.7:** Promote the development of standards of professional competence for accessibility practitioners in the area of information and communications technology.
- **Recommendation 2.8:** Support the inclusion of accessibility and Universal Design topics in the higher education curricula for computer science, engineering, design, and architecture.
- **Recommendation 2.9:** Encourage state agencies and state institutions of higher education to enhance opportunities for participation by people with disabilities in government, the workforce, and the community through the use of technologies enabled by ubiquitous access to broadband, “cloud computing,” and related technologies.

### ***Background and Purpose: Hearing Technologies***

The number of Americans with hearing problems is rising, particularly due to the aging population, yet according to researchers, 1.4 million children in the United States have hearing problems<sup>24</sup> and 26.7 million Americans over the age of 50 have hearing loss, but only 14.2 percent wear hearing aids.<sup>25</sup> In addition, the Hearing Loss Association of America (HLAA) states that few individuals are aware of current hearing aid technology and that only 69 percent of hearing aids are equipped with telecoils that can be used with telephones and hearing loop systems in public venues.<sup>26</sup>

Hearing loops are thin wires that encircle a room and connect to a sound system. They transmit the audio, using magnetic induction, directly to a telecoil in a hearing aid, cochlear implant, or other assisted

listening device. This arrangement provides much clearer audio to the user, rather than amplifying the ambient noise in the environment. However, to work, the hearing aid needs to have a telecoil and public venues need hearing loops installed. While common in some European countries, the adoption of hearing loops has only recently started to increase in the United States.<sup>27</sup>

The lack of awareness and availability of such technologies is significant to Texas. According to the 2012 Governor's Committee Citizens' Input Survey, 73 percent of respondents "strongly agree" that the affordability of hearing aid technologies needs to be increased and an additional 16 percent of free-response comments stated that Texans needed more information, education, and ability to afford hearing aids. Other states have begun to address these issues. For example, in Arizona, the law requires that hearing aid dispensers inform users about the availability, use and benefits of telecoil technology and about the assistive technology equipment program in the state.<sup>28</sup>

### **Policy Recommendations:**

- **Recommendation 2.10:** Promote the installation of hearing loops in places of public accommodations that have public address systems, spoken broadcasts or other audio programs.
- **Recommendation 2.11:** Support public programs and encourage private programs that assist Texans in the acquisition and the proper use of assistive hearing technologies, especially those with embedded telecoils.

### ***Background and Purpose: Awareness and Inclusion***

In the 2012 Governor's Committee Citizens' Input survey conducted by the Texas Governor's Committee on People with Disabilities respondents were asked if there were any additional issues related to communications that need attention. Fourteen percent of survey participants raised concerns about the perception of, information about, and communications with people with disabilities. An additional 7 percent of survey participants specifically mentioned the need for more education and understanding of American Sign Language and interpreting services.

Public awareness of people with disabilities and their unique circumstances is a key part of communications. [The Barbara Jordan Media Awards](#), hosted by the Governor's Committee, has been an effective means of promoting accurate and positive stories about people with disabilities and the use of People-First language. These same themes were embodied by two laws passed by the 82<sup>nd</sup> Legislature in 2011. [House Bill 3616](#) established October as Persons with Disabilities History and Awareness Month in Texas and [House Bill 1481](#) requires People-First, respectful language in reference to individuals with disabilities in State laws and resolutions. As part of the latter bill, the "legislature finds that language used in reference to persons with disabilities shapes and reflects society's attitudes toward persons with disabilities."<sup>29</sup>

**Policy Recommendations:**

- **Recommendation 2.12:** Promote awareness and knowledge of American Sign Language (ASL) as a secondary language.
- **Recommendation 2.13:** Encourage the inclusion of People-First language in the curricula of mass communication and journalism programs in Texas institutions of higher education.

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## ***EDUCATION***

### ***GOAL***

Support integrated opportunities for people with disabilities to participate in the full continuum of educational opportunities.

### **Overview**

Students with disabilities may face distinct educational challenges from the moment they begin pre-school through their participation in continuing education courses in a professional field. It is critical that students are given the tools to overcome these challenges. Access to education is the foundation to a life of independence and productivity. Further, participation in education is a fundamental part of American society.

As a society, we value the many functions of education. It is a mechanism to keep our economy competitive in the global markets. It is a leveler, a means to offer every student a fair chance to succeed, regardless of background or circumstances. It is also a place to build life skills, to enrich one's mind through study, and to learn principles of integrity and collaboration. Students with disabilities deserve the chance to benefit from all of these functions in the most integrated setting possible.

Students with disabilities are more fully integrated into today's educational system than ever before, but challenges remain. Trends we are currently witnessing in Texas include the rise of virtual learning and the accompanying need to ensure that virtual technology is accessible to students with disabilities; questions about behavioral interventions in schools, especially the use of restraint to discipline students with disabilities; continued concern about the prevalence of bullying in schools; questions about appropriate testing accommodations at every level of education; and general concern about the quality of support available to students receiving special education services.

### ***Background and Purpose: Accessible Educational Technology***

As more and more aspects of daily classroom activities are conducted using technology, some students with disabilities are increasingly left out. "Find your homework assignment online" and "use this computer activity to practice your multiplication tables" are impossible instructions if the educational technologies used are not accessible to students with disabilities, in particular those with visual disabilities.

In this context, "accessible" technology refers to technology that is designed, procured, and maintained in a way that makes it useable by all students, including students with disabilities who use assistive technology or have other particular learning needs. An example of a student with a disability using assistive technology is a student who is blind using a screen-reader. A screen reader is software or other technology that translates text into speech. Other features of accessibility include font sizes and colors

that accommodate students with low-vision or dyslexia and captioning on multimedia presentations for students who are deaf or have a hearing disability.

While much of the recent discussion about accessible virtual education technology has focused on students in postsecondary schools, virtual education is becoming increasingly common in grade schools as well. In the year 2000, the number of kindergarten through twelfth grade students enrolled in at least one online class was approximately 45,000. By 2009, that number had skyrocketed to about 3 million.<sup>30</sup> We have already seen a migration toward virtual education in Texas through the creation of the [Virtual School Network](#), an online network that offers TEA-approved courses to students in public school districts and open-enrollment charter schools. As more coursework migrates to our digital world, it is imperative that steps are taken to ensure that these courses are accessible to students with disabilities at all levels of education.

The State of Texas can take its cue for creating standards for accessible educational materials from standards that the State has already created for other arenas. State agencies and institutions of higher learning are held to accessibility standards related to electronic and information resources contained in Government Code Section 2054 and Texas Administrative Code sections 206 and 213, but corollary standards for K-12 schools do not yet exist in state law. The existing standards require that vendors who wish to seek contracts with Texas state agencies or institutions of higher education make accessibility information available for each of their products under contract through one of several methods. One of these methods is the use of a Voluntary Product Accessibility Template (VPAT). The Committee supports efforts that would extend accessibility standards similar to those that already exist for state agencies and institutions of higher education to K-12 schools.

Solutions to the current and future challenges of accessible educational technology could lie in the establishment of a robust market of instructional tools, designed from the outset to meet a wide range of accessibility requirements. The State of Texas could play a pivotal role in creating a strong market for accessible virtual education by ensuring that technology used in all classrooms, from kindergarten through higher education, is developed, procured, and maintained in an accessible manner.

### **Policy Recommendations:**

- **Recommendation 3.1:** Require electronic textbooks and the [Virtual School Network in Texas](#) be developed and maintained in such a way that students with a variety of disabilities have equal access to all materials and instructions by teachers.
- **Recommendation 3.2:** Require Texas public schools to develop and use a centralized [Voluntary Product Accessibility Template \(VPAT\)](#) that will ensure commitment to procuring accessible products and materials.

## ***Background and Purpose: Innovative Learning Models***

The United States educational system faces a paradox: a postsecondary education has never been more necessary for individual or collective success, yet millions of students are failing to graduate from high school and college.

In recent decades, lower-skilled jobs, the kind of jobs that once went to those without college educations, have been forced overseas due to global competition. Meanwhile, the demand for higher-skilled jobs in the United States has increased. By 2018, it is estimated that 63 percent of United States jobs will require some form of postsecondary education. With more jobs requiring postsecondary degrees, competition for jobs without these educational requirements is fiercer than ever. Today's worker without a college education has more difficulty finding employment than his peers did in previous generations. He is also unlikely to find a job that pays a living wage. In 2008, the average wage for a worker with only a high school degree was \$33,618 and \$24,686 for a worker without a high school diploma.

These figures represent the difficulty of earning a livable wage without adequate education. They also represent a collective loss for the United States economy. Studies suggest that if the United States had closed the gap between its educational achievement levels and those of better-performing countries, the United States' Gross Domestic Product in 2008 could have been \$1.3 trillion to \$2.3 trillion higher, a 9 to 16 percent increase.

With every reason for individuals and society to strive for academic achievement, United States schools continue to face drops in their graduation rates. Recent studies show that nearly 30 percent of United States students do not finish high school. The drop-out rate rises to almost 50 percent for students who are African American, Hispanic, or low-income. Of the students who do enroll in college, only 42 percent complete a bachelor's degree by the age of 26. The rate is even lower among low-income students, at 26 percent. These trends represent millions of students who lack the credentials to secure a career-track job that will allow them to support a family.<sup>31</sup>

What explains these disheartening trends? There are many factors at work, but chief among them may be rigid instructional methods that do not account for students' diverse learning needs. Educational models used in many high schools and colleges fail to engage students or help them understand core concepts, retain learned skills, or apply their learning to real-life situations. Further, postsecondary programs are often designed without regard to the real-life challenges students face: work commitments, family obligations and financial constraints.

Students deserve solutions to this educational stagnation that will ensure that high school students are adequately prepared for success in college and that college students complete a degree or certification with real economic value. Forward-thinking groups, such as the Bill and Melinda Gates Foundation (Gates Foundation), have proposed first steps to adoption of breakthrough educational strategies.

Specifically, the Gates Foundation responds to the problems caused by rigid instructional methods by proposing next- generation learning models:

[i]n this paradigm of next-generation learning models, students and teachers—both secondary and postsecondary—will have access to high-quality, relevant and engaging content in a variety of forms. Class time and structure will be more flexible, to adapt to the learning needs of the students. Students will have access to multiple sources of instruction and use assessment and diagnostic tools to help direct the pace and format of their learning. Teachers will tailor their instruction and guidance to ensure progress and mastery for all students, with a focus on those who have historically been underserved.<sup>32</sup>

Innovative learning models can be especially beneficial for students with disabilities, who profit from personalized educational paths suited to their learning styles.

An example of a successful, innovative learning model can be found in [Western Governors University](#) (WGU), an initiative that Governor Rick Perry pioneered, along with 18 other United States Governors. WGU is an accredited online university offering online bachelor’s and master’s degree programs. For more than a decade, WGU has offered self-paced online courses that use a “competency-based” approach that focuses not on a set number of credit hours, but on students’ demonstrated mastery of their fields. Further, WGU has earned praise from United States Secretary of Education Arne Duncan for its affordability and has set a new standard in education. Mr. Duncan acknowledged that innovative, affordable models like WGU are the exception, but stated, “I want them to be the norm.”<sup>33</sup>

The State of Texas can build on the success of Western Governors University and schools like it by acknowledging the diverse learning needs of our student population and by harnessing technology to create innovative, personalized and accessible learning models.

### **Policy Recommendations:**

- **Recommendation 3.3:** Build on the success of Western Governors University and continue to explore the intelligent use of technology to develop innovative, accessible learning models and personal educational pathways, while maintaining standards of educational excellence and student-teacher interaction.
- **Recommendation 3.4:** Educate teaching professionals on the resources available related to electronic textbooks and accessible technology options.

## ***Background and Purpose: Restraint and Seclusion, Anti-Bullying Efforts, and the Effects of Zero Tolerance Policies and Ticketing in Schools***

The United States [Government Accountability Office](#) (GAO) conducted [an investigation in 2009 of seclusion and restraint practices in schools](#). The results of the GAO investigation revealed “hundreds of cases of alleged abuse and death related to the use of these methods on school children during the past two decades.”<sup>34</sup> Further, the GAO closely examined the details of 10 extreme instances of restraint or seclusion, including one that occurred in Texas, and identified the following common themes among these cases:

they involved children with disabilities who were restrained and secluded, often in cases where they were not physically aggressive and their parents did not give consent; restraints that block air to the lungs can be deadly; teachers and staff in the cases were often not trained on the use of seclusions and restraints; and teachers and staff from at least 5 of the 10 cases continue to be employed as educators.<sup>35</sup>

The GAO report demonstrates that restraint and seclusion are used much more commonly as disciplinary interventions on students with disabilities, particularly behavioral disabilities, than on those without. The report states that despite no deliberate effort on the part of the GAO to limit its investigation to only those incidents involving students with disabilities, “most of the hundreds of allegations [it] identified related to children with disabilities. In addition, 9 of [its] 10 closed cases involve children with disabilities or a history of troubled behavior.”<sup>36</sup> Students with disabilities are vulnerable to untrained staff or abusive practices related to restraint and seclusion and deserve the best protections our law and policies can provide.

Texas law currently addresses the restraint and seclusion of students with disabilities in the [Texas Education Code](#) and a [subchapter of the Texas Administrative Code](#). The Texas Administrative Code restricts the lawful use of restraint to emergencies in which a student’s behavior poses a threat of imminent, serious physical harm to the student or others or imminent, serious property destruction.<sup>37</sup> The same rule states that restraint shall be limited to the reasonable force necessary to address the emergency and shall be discontinued when the emergency no longer exists.<sup>38</sup> The law also requires detailed notification of the use of restraint to a student’s parent(s)<sup>39</sup> and requires that a core team of personnel on each campus be trained in the use of restraint.<sup>40</sup> Importantly, the law prohibits the use of restraints that “deprive the student of basic human necessities.”<sup>41</sup>

[Texas’s law on the use of seclusion](#) is direct and to-the-point: school personnel may not place a student in seclusion.<sup>42</sup> Seclusion is defined as “a behavior management technique in which a student is confined in a locked box, locked closet, or locked room that is designed solely to exclude a person; and contains less than 50 square feet of space”.<sup>43</sup> Seclusion is distinguished from the use of “time-out” which involves separating a student from other students to allow the student to regain self-control in a setting where the student is not locked or blocked in.<sup>44</sup> The law reserves the right for seclusion to be used in certain court-ordered placements and does not apply to juvenile probation, detention, or corrections personnel. Further, there is an exception on the prohibition against seclusion by school district personnel

in emergencies where a student possesses a weapon and school district personnel are awaiting the arrival of law enforcement.

Compared to many states, Texas’s law on restraint and seclusion is fairly comprehensive, but despite these protections, concerns about the use of restraint and seclusion remain. In response to the Texas Governor’s Committee Citizens’ Input Survey, 70 percent of surveyed respondents indicated that the prohibition of restraint and seclusion of students with disabilities is of “high importance” and 15 percent indicated it is of “moderate importance”.<sup>45</sup> The existing protections could be strengthened through the introduction of training requirements for all school district personnel who are likely to interact with students with disabilities in methods for managing aggressive behavior other than the use of restraint. Further, incidents of restraint could be reviewed by a panel of experts to determine appropriateness and how to avoid similar incidents in the future.

### **Policy Recommendations:**

- **Recommendation 3.5:** Require the successful completion of Prevention and Management of Aggressive Behavior (PMAB) or similar training for all school district personnel who are likely to interact with students with disabilities.
- **Recommendation 3.6:** Establish a review panel of educators, diagnosticians and administrators to review the appropriateness of each case of restraint or seclusion in consultation with the student and his or her family, including how the incident could have been avoided.

### ***Background and Purpose: Anti-Bullying Efforts***

The 82<sup>nd</sup> Texas State Legislature passed legislation related to bullying in schools. [House Bill 1942](#) provided a definition of bullying; required school district boards to adopt policies prohibiting bullying and requiring parental notification; allowed for the transfer of the student engaging in the bullying; allowed for staff training related to bullying; and required the [State Board of Education](#) to adopt evidence-based practices related to bullying. House Bill 1942 also included a provision directly related to students with disabilities, which required that any change in placement for a student receiving special education services be performed in accordance with relevant special education law.

Despite this considerable progress, concerns about bullying of students, in particular students with disabilities, remain high. Seventy-nine percent of respondents to the Texas Governor’s Committee Citizens’ Input Survey indicated that “strengthening existing anti-bullying laws in schools related to students with disabilities” was of “high importance” and 11 percent of survey respondents indicated that it was of “moderate importance.” The bullying phenomenon has taken on new aspects in the digital age. [The National Crime Prevention Council](#) defines cyber-bullying as occurring “when an individual uses the Internet, cell phones, or other devices to send or post text messages, videos, or photos intended to

hurt or embarrass another person.” In fact, the combined threat of bullying and cyber-bullying has become parents’ greatest fear: Care.com commissioned a national survey, which revealed that bullying and cyber-bullying have eclipsed kidnapping as parents’ greatest fears about their children’s safety. Almost one in three (30 percent) of surveyed parents with children ages 12 to 17 reported fearing bullying and cyber-bullying over kidnapping, domestic terrorism, car accidents, suicide or any other incident.<sup>46</sup>

Students with disabilities are distinctly vulnerable to bullying and disproportionately affected by bullying. Many research studies indicate that students with disabilities are substantially more likely to be the victims of bullying than their peers without disabilities. Further, research suggests that the bullying experienced by students with disabilities is often directly related to the student’s disability.<sup>47</sup> The effects of bullying take a heavy toll on any student. The United States Department of Education identified possible effects of bullying on students, including lowered academic achievement and aspirations, increased anxiety, loss of self-esteem and confidence, depression and post-traumatic stress, deteriorating physical health, self harm and suicidal thinking, suicide, feelings of alienation, absenteeism and other negative impacts, both educational and health-related.

Often, the existing legal and policy tools to address bullying against students with disabilities remain underutilized. Students who have been bullied, parents, and educators can all benefit from policies that focus on preventing bullying and reporting the incidents that do occur. Julie Hertzog and the [National Bullying Prevention Center](#) suggest strategies that focus on clear communication. Among Herzog’s recommendations are the following:

- Suggest that schools consider using student surveys. These surveys often reveal problem areas and allow students to anonymously express their concerns or fears.
- Provide curriculum strategies and resources that value diversity, including disabilities.
- Encourage schools to have up-to-date and timely in-service training for staff to help them best handle and recognize bullying problems and potential disability harassment. It’s not only important for staff to know how best to intervene, but also to understand the impact of their role as role models. Make sure that staff training sessions include areas specific to the particulars of student disabilities and that all relevant staff, including teachers, yard duties assistants, bus drivers, and sport coaches receive training.<sup>48</sup>

Students who have experienced bullying do not have to stay victims. Any student, including targets of bullying, can be part of changing the culture that allows bullying to persist. Students with disabilities have particular tools and supports already available through their [Individualized Education Programs](#) (IEPs). Parents, educators, and school officials should work together to ensure that a student’s IEP addresses the student’s unique needs. IEPs can be used to improve the circumstances that can lead to bullying. Expanding the role of IEPs to include bullying prevention and elimination is a policy recommendation of the National Council on Disability.<sup>49</sup> Some of the

suggested goals and interventions that can be included in a student's IEP to address bullying issues come from AbilityPath.org:

- Increase self-advocacy skills so that the child can say “stop that” or walk away.
- Help the child identify bullying as well as how and to whom to report it. Keep in mind that some children may have a difficult time determining that they are a target of bullying behavior.
- Teach the child a signal system to use when in need of friend or adult intervention.<sup>50</sup>

Texas schools can build on the foundation of existing state anti-bullying legislation to create policies and culture that eliminate existing bullying and prevent new incidents from arising. Among the tools available to education professionals to help protect students with disabilities from the negative effects of bullying is the IEP process.

### **Policy Recommendation:**

- **Recommendation 3.7:** Utilize the existing Individualized Education Program (IEP) process to address bullying prevention.

### ***Background and Purpose: Effects of Zero Tolerance Policies and Ticketing in Schools on Students with Disabilities***

Over the last twenty years, zero tolerance policies have become an accepted part of public school disciplinary culture. This trend began in the 1990s, when apprehension about violent crime was at its peak. Some experts were predicting a continued rise in violent crime, along with the creation of juvenile “super predators.” In response to these concerns, zero tolerance crime policies emerged and grew in popularity. The same notions that emerged in criminal justice also began cropping up in school discipline. Most of us are familiar with how zero tolerance policies affect criminal proceedings for adult offenders. Less well-known, though, is the extension of zero tolerance policies to schools and the student offenders who run afoul of these policies.

Zero tolerance policies in schools mandate certain punishments for infractions, regardless of the circumstances.<sup>51</sup> The majority of infractions for which students receive zero tolerance punishments are non-violent, including abusive language; attendance issues, such as tardiness; disobedience or disrespect; and general classroom disruptions.<sup>52</sup>

Groundbreaking research by the [Council of State Governments \(CSG\) Justice Center](#), in partnership with the [Public Policy Research Institute of Texas A&M University](#), reveals some disturbing trends in school discipline in Texas. A study released in 2011, called [Breaking Schools' Rules: A Statewide Study of How School Discipline Relates to Students' Success and Juvenile Justice Involvement](#), revealed that

zero tolerance policies have a disproportionate, negative impact on students from several minority groups, including students with disabilities.<sup>53</sup>

Breaking Schools' Rules demonstrated that:

[n]early three-quarters of the students who qualified for special education services during the study period were suspended or expelled at least once. The level of school disciplinary involvement, however, varied significantly according to the specific type of disability. For example, students coded as having an 'emotional disturbance' were especially likely to be suspended or expelled. In contrast, students with autism or [intellectual disabilities]—where a host of other factors was controlled for—were considerably less likely than otherwise identical students without disabilities to experience a discretionary or mandatory school disciplinary action.<sup>54</sup>

Students with disabilities deserve a thoughtful and proportionate response to their disciplinary infractions. Especially in instances when a student's misconduct is a manifestation of the student's disability, not of any bad intent, zero tolerance policies have the potential to punish the student for the disability, rather than the conduct.

Another recent phenomenon in school discipline is the gradual acceptance of the presence of law enforcement officials in Texas public schools. Currently, law enforcement officials can issue citations ("tickets") to children (ages 10-16) for Class C misdemeanors in schools. These citations usually send the students into the municipal and judicial court pipeline, not the juvenile justice system that was specifically designed to handle cases involving children. More children in Texas are adjudicated as criminals in municipal and justice courts than come into contact with juvenile probation and juvenile courts combined.<sup>55</sup> Sending children into municipal and judicial courts deprives them of many of the advantages and protections afforded to children in the juvenile justice system. It also has disproportionate, negative effects on children with disabilities.

Whether citations continue to be used or not, it is advisable to give local prosecutors more discretion and increased access to information in their interactions with students. Prosecutors should have access to information on whether a student is eligible for or receiving special education services and specifically whether the student has a disorder or disability related to culpability for the infraction prior to the filing of charges. This would allow prosecutors to take a student's disability into account in the student's interactions with the justice system. Further, prosecutors should be able to ascertain from schools whether any disciplinary measures have already been taken against the child. This communication between the prosecutor and the school will help to ensure that the child receives proportional and fair punishment.<sup>56</sup>

## **Policy Recommendations:**

- **Recommendation 3.8:** Investigate the effects of zero tolerance policies on students with diagnosed emotional disabilities and whether modification of the application of zero tolerance policies would be appropriate for such students.
- **Recommendation 3.9:** Authorize prosecutors to request information related to a student offender’s eligibility for special education services and information related to previous disciplinary actions already taken against the offender.

### ***Background and Purpose: Testing Accommodations***

In general, students with disabilities have the right to testing accommodations that suit their individual needs. Many provisions of federal and State law guarantee these rights. Often, test-taking accommodations are stipulated in a student’s Individualized Education Program (IEP), but a lack of enforcement of the provisions of an IEP can result in the student not receiving necessary accommodations.

A [report](#) from the [Texas Council for Developmental Disabilities](#) (TCDD) highlights this lack of enforcement of IEPs and the negative perceptions that many parents have of the effects of standardized testing on students with developmental disabilities. The TCDD’s Biennial Disability Report, released in December 2012, includes a “Special Focus Section” on education and employment. As part of this report, TCDD included information from surveys conducted by the [Texas Office on the Prevention of Developmental Disabilities](#). TCDD summarized responses related to enforcement of IEPs:

[i]t was also pointed out that there is no mechanism for monitoring that IEPs are followed and no consequences when a school does not fully implement the IEP. One respondent suggested that an ombudsman get assigned to each family to even the playing field. Many parents wrote about ‘receiving accommodations on paper.’<sup>57</sup>

Both surveyed groups, parents and consumers, and “key informants” – doctors, educators, and others who advocate on behalf of people with developmental disabilities -- were skeptical of the value of standardized testing for students with developmental disabilities. Fifty-nine percent of parents and consumers responded with “not at all” when asked “is standardized testing helpful to children with disabilities?” When asked, “does standardized testing hinder children with disabilities?” 43 percent of consumers responded with “very much.” Key informants may have been even more negative on the subject of standardized testing, with 70 percent indicating that standardized testing did not help children with disabilities “at all.” Further, when asked about whether schools are following guidelines regarding special education, only 50 percent of key informants indicated that schools are following guidelines.

The need for testing accommodations is not restricted to the K-12 environment. Students in post-secondary and professional programs also deserve accommodations that level the playing field. A recent flurry of ADA litigation surrounding accommodations for test takers during the Law School Admission

Test (LSAT) and the California State Bar Exam demonstrate the importance of testing accommodations at all levels of education and professional advancement.

### **Policy Recommendations:**

- **Recommendation 3.10:** Ensure that accommodations stipulated for a student in the student's IEP are provided for in all test-taking scenarios.
- **Recommendation 3.11:** Explore creative ways to provide testing accommodations related to post-secondary programs and professional certifications.

### ***Background and Purpose: Health and Welfare of Students***

Texas students face several significant challenges to their health and wellness. Among these challenges are a lack of physical activity in their daily lives and a lack of access to quality health care. Both of these challenges could be met with small changes to school policies that would promote health and wellness among students.

While health and wellness are important for all Texas students, opportunities for physical activity in school are especially important for students with disabilities. Physical activity is 4.5 times lower for students with disabilities than it is for students without disabilities.<sup>58</sup> In 2001, in response to the need for more physical activity in schools, the Texas State Legislature passed [Senate Bill 19](#), amending the Texas Education Code to authorize the State Board of Education, after consulting with educators, parents, and medical professionals, to require public elementary school children to participate in 30 minutes of daily structured physical activity or 135 minutes of physical activity per week. The Committee supports all efforts to comply with this legislation and especially efforts that go above and beyond the existing requirements to encourage lifelong habits of healthy living among all students, including students with disabilities. Schools that go above and beyond could be rewarded with special recognition from the State, which would then encourage other schools to follow the example of the award-winning school. Another mechanism that could be used to ensure that students with disabilities are provided with appropriate opportunities for physical activity is each student's Individualized Education Program (IEP).

A consistent theme of the data presented in the Committee's report is a need for access to quality healthcare for Texans. This need is present even among students and is especially pressing for students with disabilities who may have particular health care needs that are not being addressed. To partially address some students' lack of access to quality health care, the State could consider creating incentives for health care practitioners to provide their services in public schools as volunteers. The State of Florida enacted such a program in 2002. Through the program, licensed physicians, physician's assistants, nurses, pharmacists, dentists, physical therapists, speech pathologists, and other practitioners are eligible for a waiver of license renewal fees and 25 hours of continuing education credits if they meet certain criteria. The criteria include the passage of a background check and the volunteering of at least 80 hours

in a school year if the practitioner has an active practice or at least 400 hours if the practitioner is retired.  
59

### **Policy Recommendations:**

- **Recommendation 3.12:** Explore ways to increase accessible physical activity for all students, incorporating outdoor and nature activities.
- **Recommendation 3.13:** Explore use of volunteer health care practitioners in Texas public schools.

### ***Background and Purpose: Low Vision and Orientation and Mobility Evaluations***

For students to receive the services that most benefit them, the students' needs must be evaluated. Evaluations conducted by professionals familiar with accommodations related to the specific area being evaluated may result in recommendations beneficial to the student's continuing growth and development. There are two types of evaluations that the Committee has identified as particularly needed by our current Texas students: clinical low vision evaluations and orientation and mobility evaluations.

Some children who have low-vision read both print and braille. These students can particularly benefit from clinical low vision evaluations, which can identify the need for optical and electronic devices and lead to instruction in the use of these devices. Currently, clinical low vision evaluations are available to veterans and other adults in Texas undergoing rehabilitation, but are not available to most students. As a result, students with low vision are often accommodated through the one-size-fits-all provision of materials in large print, which do not take into account the variations in degrees of low vision. On the other hand, the case for providing an optical device, which creates an image size that is individualized to the student, is compelling.<sup>60</sup>

First, from the student's perspective, an optical device can open up a wide world of materials. Without a device, when a student is assigned to read *The Great Gatsby* for literature class, he must wait for the teacher to manually enlarge a photocopied version or to order a large print version. With a device, the student can independently obtain a standard print version of *The Great Gatsby* from the library. Later, the student can comfortably read street signs to find his way to a local café, where he reads his book while drinking a coffee he ordered off a standard print menu with the help of his device. Inspired by the book, he can go on to read a biography of F. Scott Fitzgerald and a history book about life in the 1920s, all without having to wait or pay extra for a large print version. Later in life, being able to read standard print comfortably at a competitive reading speed may help the student obtain employment.

Second, the provision of optical devices may represent a cost-savings to the school district. A single optical device can last a student several years and provide access to hundreds of books and other printed materials during that period. Without a device, each textbook, handout, and test that the student had to read during the school year would need to be provided in large print. The provision of optical devices

will save teachers' valuable time by preventing them from having to manually enlarge materials at a copy machine.<sup>61</sup>

The field of orientation and mobility (O&M) is the study and practice of teaching individuals who have visual impairments how to move about safely and efficiently in their environment. Professionals who work in this field are known as certified orientation and mobility specialists (COMS). COMS are employed by schools and state agencies serving both children and adults. One of the most important tasks of a COMS is conducting an O&M evaluation.

A COMS performs an O&M evaluation to assess a person's knowledge of spatial concepts and ability to move safely and effectively in various environments. The O&M evaluation will help the COMS determine if an individual who is visually impaired has a need for specialized instruction (i.e., developing safe and efficient movement and travel skills). If so, the COMS can recommend O&M instruction based on the evaluation results.

The amount and type of instruction will vary based on individual needs, including skills such as developing purposeful movement and spatial concepts for infants; learning how to become oriented to new areas for young children; managing travel using a wheelchair; using a long cane; crossing streets safely; or learning how to use magnification devices for viewing distant signage. Without this training, students who have moderate to significant vision loss will have profound difficulty moving about in various environments safely and independently.

At the present time, a large number of school-age children in Texas are not receiving O&M evaluations. According to the Texas Annual Registry of Students with Visual Impairments, only 54.5 percent of the 8,788 students receiving visual impairment services in the State have received an O&M evaluation. Data from 2008 through 2011 reported in the Texas Annual Registry of Students with Visual Impairments show a one percent increase per year in the number of students receiving O&M evaluations. If this trend remains unchanged, then over 40 percent of students will not receive evaluations. As Texas's population of students with visual impairments continues to grow at an annual rate of three percent, it is necessary to identify new ways to provide O&M evaluations for students with visual impairments and to give instruction to those students who do need such services.<sup>62</sup>

### **Policy Recommendation:**

- **Recommendation 3.14:** Support efforts that will increase the number of clinical low vision and orientation and mobility evaluations for Texas students with the goal of eventually providing evaluations to all students with visual impairments in Texas.

## ***Background and Purpose: Transition Planning for Students with Disabilities***

When young people with disabilities transition from the supported environment of a high school special education program into the post-high school world, it can sometimes feel like the student fell off of a cliff. Unfortunately, some young people with significant disabilities go from attending school five days a week to an adult life in which they do not have any regular activities. A January 2012 study published in the *American Journal on Intellectual and Developmental Disabilities* concluded that many adults with intellectual or developmental disabilities “do nothing” all day.<sup>63</sup> The study reports another disconcerting trend: “[s]trikingly, the researchers said that adults with nothing to do had three times the number of unmet needs for services as compared to those who were working, volunteering or attending school”<sup>64</sup> In other words, the people most in need of services and supports are the ones who are most likely to fall through the cracks after high school.

Lack of adequate services and supports can take a toll on the family members of a person with a disability as well. In a survey of family members of adults with intellectual or developmental disabilities, one in five families (20 percent) reported that someone in the family had to quit a job to stay home and support the needs of the family member with a disability.<sup>65</sup> The toll is not just financial; the vast majority of caregivers report that they experience physical fatigue (88 percent), emotional stress (81 percent), and emotional upset or guilt (81 percent) some or most of the time.<sup>66</sup>

An important antidote to the challenges young people with disabilities face after high school is the effective use of transition planning. The term “transition planning” refers to planning that occurs as part of a student with a disability’s [Individualized Education Program \(IEP\)](#) in preparation for the time when the student will transition from high school into the next stage of the student’s life. Federal law requires that a transition plan address the person’s post-high school goals, whether for continued education or employment, and may contain goals related to independent living.<sup>67</sup> Texas state rules related to transition planning are found in the [Texas Education Code](#) and the [Texas Administrative Code](#).

Currently, Texas law requires that transition planning consider the following issues, among others, for integration into the IEP when appropriate: postsecondary education options; a functional vocational evaluation; employment goals and objectives; independent living goals and objectives; and referrals to governmental agencies for services.<sup>68</sup> In recent years, the State of Texas has enhanced transition planning for students with disabilities. Specifically, in the 82<sup>nd</sup> Legislative Session, the legislature passed [Senate Bill 1788](#), which required that transition planning for each eligible student begin “not later than” when the student reaches 14 years of age.<sup>69</sup> In so doing, the State of Texas exceeded federal requirements found in the Individuals with Disabilities Education Act (IDEA) that state that transition planning must begin by the student’s first IEP meeting at age 16.<sup>70</sup> By requiring that transition planning begin “not later than” when the student reaches age 14, the State law leaves the door open for transition services to begin earlier, a provision that could prove helpful to many students with disabilities and their families.

Despite this progress in the legal framework for transition planning, students still face significant challenges as they transition out of Texas high schools. Seventy-four percent of respondents to the Governor’s Committee Citizens’ Input Survey indicated that “increased requirements for individualized, person-centered and meaningful transition planning” was of “high importance” and 16 percent indicated it was of “moderate importance.”<sup>71</sup> In open-ended responses, respondents demonstrated the important role that transition planning plays through statements such as: “[t]ransition from school to community is a huge issue,” “[t]ransition programs and readily achievable residential services are the most important issues for our family,” and “[i]t is time that education be measured by its ability to transition students from high school to college, vocational training, to productive living”<sup>72</sup>

Survey respondents appeared to value transition planning that is individualized, person-centered, and takes each student’s disability into account, rather than a one-size-fits-all approach. Planning that would address the distinct needs of students with autism came up in several survey responses, as did planning for students who are deaf or have a hearing disability.<sup>73</sup>

[The Arc of Texas](#) also noted the need for enhanced transition services in its [83<sup>rd</sup> Legislative platform](#). The Arc of Texas staff pointed out the differences between services provided in the public school system and those provided to adults outside of school:

[t]he structure, funding and operations of school districts is vastly different from adult service agencies, including [the Texas Department of Assistive and Rehabilitative Services (DARS), the Texas Department of State Health Services (DSHS), the Texas Department of Aging and Disability Services (DADS) and the Texas Workforce Commission (TWC)]. For youth with significant support needs to effectively access and utilize the services of the adult service system, reduce dependency on high cost services and increase community employment and living success, [the Texas Education Agency] TEA must implement strategies for effective transition.<sup>74</sup>

This commentary from The Arc of Texas highlights one of the areas of potential improvement for transition services in Texas. As it is, young people and their family members face a patchwork of service providers with divergent eligibility criteria. Transition coordinators could serve as a kind of clearing house, providing relevant information and assisting with applications for services across issues areas, including education, employment, housing, and independent living. For transition coordinators to be realistically expected to provide this information may require increased collaboration between school districts, State agencies and private institutions, and may also require enhanced training for transition coordinators. For example, the University of Kansas Department of Special Education has developed a [Masters of Science in Education with an emphasis in Transition Education and Services](#), a 30-credit hour graduate program offered online.

Students with disabilities and their families deserve planning that provides complete, relevant, and accessible information. A survey respondent summarized current transition planning in Texas in this way: “[s]earching for available and appropriate resources after graduation is akin to going on a scavenger hunt, but no one tells you what you are supposed to find”.<sup>75</sup> Students and family members would benefit from a comprehensive guide, periodically updated, that would provide information on

relevant services, including information on how to apply for the services. Finally, for transition planning to truly serve Texas's young adults with disabilities, the system needs to be accountable to the people and families that it serves. The Texas Education Agency (TEA) should develop outcome-based transition standards that will build in accountability.

**Policy Recommendations:**

- **Recommendation 3.15:** Promote collaboration between school districts and State agencies related to comprehensive transition planning, including planning related to further education, employment, housing, and independent living, for young adults with disabilities.
- **Recommendation 3.16:** Direct the Texas Education Agency to create a Transition Specialist Training Program that is consistent across all districts and that provides comprehensive training across issue areas relevant to transitioning students.
- **Recommendation 3.17:** Create a comprehensive guide for transitioning students with disabilities and family members, updated biennially, that outlines the services provided by Texas State agencies and private partners, includes information on applying for services, and is presented in a print version and an online, accessible version.
- **Recommendation 3.18:** Develop outcome-based transition standards which build in accountability on the delivery of services.

# ***EMERGENCY MANAGEMENT***

## ***GOAL***

Promote a Whole Community approach to the full inclusion and participation of Texans with disabilities in the emergency management life cycle.

## **Overview**

Texas has an important role to play in building the emergency preparedness and resilience of our nation as a whole. Texas's large population, diverse geography, and the wide range of natural disasters that Texas regularly faces make our State uniquely situated to contribute to the national dialogue about emergency response and recovery. The Governor's Committee knows that Texas's greatest resource is its people; throughout our recommendations we encourage enhanced civilian participation in all stages of the emergency management process. In particular, we call for enhanced participation by people who have traditionally been left out of the planning process, but who bring distinct perspectives and contributions: people with disabilities and those with access and functional needs. For purposes of discussion in this document, Whole Community is defined as a concept in which emergency management professionals and all demographic groups of the community come together to prepare, respond, and recover from disasters, natural and manmade. According to the 2011 FEMA publication, [\*Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action\*](#),

[t]he challenge for those engaged in emergency management is to understand how to work with the diversity of groups and organizations and the policies and practices that emerge from them in an effort to improve the ability of local residents to prevent, protect against, mitigate, respond to, and recover from any type of threat or hazard effectively.<sup>76</sup>

Building the nation's resilience will require national and interstate participation, involving open and bottom-up strategy. Increasing the nation's resilience to natural and human-caused disasters will require complementary federal, State and locally-driven actions that center on a common vision. For the purposes of discussion in this document, resilience is defined as "the capacity of individuals, communities, companies, and the government to withstand, respond to, recover from, and adapt to disruptive events."<sup>77</sup>

Successful collaborations toward enhanced resilience will require input from a wide range of community members, including people with disabilities, people with access and functional needs, children, aging Texans, people who do not speak English, and other subgroups that have the potential to be particularly vulnerable (and valuable) during a disaster.<sup>78</sup>

Improving resilience cannot be distilled down to one state or federal policy but rather the functions of government and community at all levels should be guided by a set of principles and practices that advance resilience.<sup>79</sup>

Organizations involved in emergency management generally agree that working across legal, organizational, community and cultural boundaries will increase our ability to recognize, measure and

mediate risk, fostering a unity of effort that will help us create and sustain a more resilient world. And to a notable degree, practical efforts have been made on many levels to do just that. But as we learn from recent emergency situations, more effective approaches and solutions become apparent, and incorporation of those lessons into future planning becomes vital.

Our system for emergency management in Texas has for the most part been natural disaster specific; however, an all-hazards approach that includes issues related to cybersecurity and non-natural disasters could prove extremely beneficial for Texas.

The emergency management community faces a future with challenges likely to be significantly different from those we confront today. Powerful drivers of change, such as globalization, technological development, decentralized and leaderless terrorists networks and the changing roles of individuals in society, have real potential to reshape the context within which we will operate. Addressing these transformations will be challenging; confronting the complexity that arises from the interaction of multiple drivers – such as demographic shifts, technology, environmental changes, and economic uncertainty – will require entirely new approaches, tools, and capabilities.<sup>80</sup> As many states do, we have a centralized top-down system that is increasing asked to deal with situations or disasters that are decentralized and complex.

Public safety, public security, and disaster management organizations have already taken some steps to address these emerging challenges. However, the increasing pace and complexity of change calls for inclusive engagement and action so that we can proactively plan for and address shifting trends together, as a community.

Shifting demographics and the rate of technological innovation will challenge the way we plan and communicate with the public [...] Constraints on spending at all levels—federal, state, local, and tribal—are forcing and will continue to force us to rethink what activities we can truly afford to do and how to build partnerships to accomplish our objectives. At the same time, more frequent and more intense storms will present operational challenges and complexities. [...] As U.S. demographics change, we will have to plan to serve increasing numbers of people with disabilities [and other subgroups]. It will be crucial to engage these communities as future challenges strain our community's resources and capabilities.

The emergency management community faces increasing complexity and decreasing predictability in its operating environment. Complexity will take the form of more incidents, new and unfamiliar threats, more information to analyze (possibly with less time to process it), new players and participants, sophisticated technologies, and exceedingly high public expectations. This combination will create a vastly different landscape for risk assessment and operational planning. Pressure to perform in this environment will be extraordinary.<sup>81</sup>

“To a greater degree than at any point in history, individuals and small groups—from nongovernmental organizations (NGOs) on the one hand to criminal networks and terrorist organizations on the other—have the ability to engage the world with far-reaching effects, including those that are disruptive and destructive.”<sup>82</sup>

“Inevitably, in this kind of environment, individuals, families, neighborhoods, communities, and the private sector will likely play an increasingly active role in meeting emergency management needs. The public’s ability and desire to self-organize will grow, as the role of the individual, access to information, and technology all evolve.”<sup>83</sup>

Emergency management on a more local level must be addressed just as seriously as nationwide threats and Texas has its own fair share of challenges. The ongoing Texas drought and water shortages have affected all of our 254 counties and from April 2011 to December 2011, 183 counties were challenged with wildfires. In the period from July 1, 2011 to October 25, 2012, Texas experienced 22,548 fires, burning 758,106 acres and destroying 2,410 homes.<sup>84</sup> While our State and local response to these disasters has been admirable, the situations have provided opportunities to increase our understanding of even more effective preparation, prevention and response in the future and to implement practices and evaluate critical infrastructure necessary to our State’s resiliency.

### ***Background and Purpose: Building a Culture of Resilience***

No person or place is immune from disasters or disaster related losses. Infectious disease outbreaks, acts of terrorism, social unrest, cyber-insecurity or financial disasters in addition to natural hazards can all lead to large-scale consequences for the nation and its communities. Communities and the nation thus face difficult fiscal, social, cultural and environmental choices about the best ways to ensure basic security and quality of life against hazards, deliberate attacks and disasters. Beyond the unquantifiable costs of injury and loss of life from disasters, statistics for 2011 alone indicate economic damages from natural disasters in the United States exceeded \$55 billion, with 14 events costing more than a billion dollars in damages each. [In 2012, Hurricane Sandy is estimated to have incurred a cost of \$60 billion alone.]

One way to reduce the impacts of disasters on the nation and its communities is to invest in enhancing resilience. [Resilience is] the ability to prepare and plan for, absorb, recover from and more successfully adapt to adverse events. [...] Enhanced resilience allows better anticipation of disasters and better planning to reduce disaster losses—rather than waiting for an event to occur and paying for it afterward. However, building the culture and practice of disaster resilience is not simple or inexpensive. Decisions about how and when to invest in increasing resilience involve short- and long-term planning and investments of time and resources prior to an event. Although the resilience of individuals and communities may be readily recognized after a disaster, resilience is currently rarely acknowledged before a disaster takes place, making the “payoff” for

resilience investments challenging for individuals, communities, the private sector, and all levels of government to demonstrate.<sup>85</sup>

Building resilience toward the [...] future [...] requires a paradigm shift and a new national “culture of disaster resilience” that includes components of:

- Taking responsibility for disaster risk;
- Addressing the challenge of establishing the core value of resilience in communities, including the use of disaster loss data to foster long-term commitments to enhancing resilience;
- Developing and deploying tools or metrics for monitoring progress toward resilience;
- Building local community capacity, since decisions and the ultimate resilience of a community are driven from the bottom-up;
- Understanding the landscape of government policies and practices to help communities increase resilience; and
- Identifying and communicating the roles and responsibilities of communities and all levels of government in building resilience.<sup>86</sup>

Bottom-up interventions—the engagement of communities in increasing their resilience—are essential because local conditions vary greatly across the country [and the State]; the nation’s communities are unique in their history, geography, demography, culture, and infrastructure; and the risks faced by every community vary according to local hazards. Some universal steps can aid local communities in making progress to increase their resilience and include:

- Engaging the whole community in disaster policymaking and planning;
- Linking public and private infrastructure performance and interests to resilience goals;
- Improving public and private infrastructure and essential services (such as health and education);
- Communicating risks, connecting community networks, and promoting a culture of resilience;
- Organizing communities, neighborhoods, and families to prepare for disasters;<sup>87</sup>
- Supporting the development of electronic health information systems;
- Supporting the development of technologies that enhance social connectedness;

- Inviting residents with access and/or functional needs to participate in the process of emergency preparedness and response planning and to view such residents as community assets rather than vulnerable populations or liabilities;
- Developing strong partnerships between government and nongovernmental organizations for planning, response, and recovery;
- Promoting widespread adoption of both business-continuity plans for public and private critical agencies<sup>88</sup>

As a concept, Whole Community is a means by which residents, emergency management practitioners, organizational and community leaders, and government officials can collectively understand and assess the needs of their respective communities and determine the best ways to organize and strengthen their assets, capacities, and interests. By doing so, a more effective path to societal security and resilience is built. In a sense, Whole Community is a philosophical approach on how to think about conducting emergency management. A Whole Community approach attempts to engage the full capacity of the private and nonprofit sectors, including businesses, faith-based and disability organizations, and the general public, in conjunction with the participation of local, tribal, state, territorial, and Federal governmental partners. The benefits to a Whole Community approach include:

- Shared understanding of community needs and capabilities
- Greater empowerment and integration of resources from across the community
- Stronger social infrastructure
- Establishment of relationships that facilitate more effective prevention, protection, mitigation, response, and recovery activities
- Increased individual and collective preparedness
- Greater resiliency at both the community and national levels<sup>89</sup>

We have seen throughout the National Planning Frameworks firm statements to the emergency management community about full inclusion of the whole community, but this concept is not fully yet embraced by the emergency management and homeland security community at the local and state level. These attitudinal barriers keep people with and without disabilities who have access and functional needs from the planning table where in many cases, they are the true experts. If resiliency is defined as the ability to “withstand, respond to, adapt to and recover from”... people with disabilities do this every day. Emergency managers and the homeland security community can:

- Ask people from the Whole Community to be involved
- Value and appreciate their input, trust and respect their input and expertise

- Build relationships on common values
- Teach about risks and preparedness tools
- Ask people to reach out to their networks
- Involve children and young people and educate early on the civic importance of preparedness
- Embrace creativity and social media
- Encourage participation at the local level
- Communicate the message in plain, simple ways
- Collaborate across all levels of government and community

### ***Whole Community Principles***

The Governor's Committee position is simply this: Texas should welcome all its citizens into the emergency management and homeland security narrative because Texas cannot spare the talents of any person willing to serve.

Community engagement can lead to a deeper understanding of the unique and diverse needs of a population, including its demographics, values, norms, community structures, networks, and relationships. One size does not fit all. The more we know about our communities, the better we can understand their real-life safety and sustaining needs and their motivations to participate in emergency management-related activities prior to an event.

Engaging the whole community and empowering local action will better position stakeholders to plan for and meet the actual needs of a community and strengthen the local capacity to deal with the consequences of all threats and hazards. This requires all members of the community to be part of the emergency management team, which should include diverse community members, social and community service groups and institutions, faith-based and disability groups, academia, professional associations, and the private and nonprofit sectors, while including government agencies who may not traditionally have been directly involved in emergency management. When the community is engaged in an authentic dialogue, it becomes empowered to identify its needs and the existing resources that may be used to address them.

A Whole Community approach to building community resilience requires finding ways to support and strengthen the institutions, assets, and networks that already work well in communities and are working to address issues that are important to community members on a daily basis. Existing structures and relationships that are present in the daily lives of

individuals, families, businesses, and organizations before an incident occurs can be leveraged and empowered to act effectively during and after a disaster strikes.<sup>90</sup>

We need to become more local, more personal, and more immediate in our response to the potential for multiple catastrophic events and to empower the whole community to build its resilience at all levels. The bottom line is that we have to focus our attention on preparedness, readiness, resilience at the individual and local level.

We have work to do in helping citizens understand the need to be prepared. On the Governor's Committee Citizen Input Survey, 65 percent of respondents said they did not have an emergency preparedness kit and only half of respondents (50 percent) responded that they currently have an emergency plan.

Everyone has responsibility before, during and after for disasters including people with disabilities. The community with disabilities wants to be seen as an asset in the community, not a liability. One of the first steps for emergency managers is to use inclusive and welcoming language. People with disabilities carefully listen to the spoken and unspoken messages that are delivered by the emergency management establishment. When people with disabilities hear terms like "special needs" and "vulnerable populations," it signals a marginalization of individuals who have needs, not rights. Vulnerable people must have things done for them; they are recipients not equal partners. Emergency Managers would do well to change the narrative and seek to integrate equal access and participation of community members with disabilities into all aspects of emergency planning, services, transportation, sheltering, education, mitigation and recovery.

"Consider these numbers, according to a Congressional Research Service [report](#), between 2001 and 2011, Congress approved \$1.28 trillion dollars for the Operation Enduring Freedom (OEF) Afghanistan and other counter terror operations; Operation Nobel Eagle (ONE), providing enhanced security at military bases; and Operation Iraqi Freedom (OIF)."<sup>91</sup>

That amount translates into a burn-rate of \$350 million for each and every day for ten years. By contrast, the cost of one-hour of these war operations - \$15 million—has been the most that has been invested in the entire annual budget for the Citizens Corps Program which was initiated after 9/11 to engage citizens in the homeland security mission by volunteering to support emergency responders.<sup>92</sup>

The Committee believes that providing more resources for individual and community response is a strategic investment in resiliency that pays big dividends. Whether we are faced with routine natural events or a complex man-made or terrorist problem, public and private leaders as well as ordinary citizens must be able to adapt and be capable of developing effective responses. Building resilience at the local community level in a Whole Community approach is a vital need across our broad and diverse State.

## **Policy Recommendations:**

- **Recommendation 4.1:** Ensure that all training courses for emergency management professionals address the requirements of people with disabilities and people with access and functional needs.
- **Recommendation 4.2:** Ensure that Texas Citizen Corps, Citizen Corps Councils, and Volunteer Organizations Active in Disasters (VOADs) activities reflect the Whole Community concepts with full inclusion of Texans with disabilities and those with access and functional needs.
- **Recommendation 4.3:** Facilitate Neighbor to Neighbor (N2N) initiatives in Texas with full inclusion and participation of Texans with disabilities and those with access and functional needs.
- **Recommendation 4.4:** Encourage all State Health and Human Service agencies providing services to Texans with disabilities to discuss emergency preparedness and evacuation planning.
- **Recommendation 4.5:** Require local emergency managers to integrate local residents with disabilities as active participants in the integrated planning and recovery process.
- **Recommendation 4.6:** Require State and local disaster jurisdictions to provide effective, accessible and timely public alert warnings.
- **Recommendation 4.7:** Invest resources in individual and community efforts to facilitate the overall resiliency of the community.

## ***Background and Purpose: Our Changing Demographics***

“The U.S. population is aging, growing increasingly diverse, and more frequently receiving health care at home. In addition, an increasing number of Americans are migrating to areas that are at a higher risk of hazard.”<sup>93</sup> The 2010 Census found that approximately 56.7 million (18.7 percent) people living in the United States had some kind of disability.

As a generally accepted understanding of prevalence, the risk of having a disability increased with successively older age groups. At 70.5 percent, people in the oldest age group (people 80 years and older) were about 8 times as likely to have a disability as people in the youngest age group (children less than 15 years old), at 8.4 percent. Severe disability and the need for personal assistance also increased with age. The probability of severe disability was 1-in-20 for people aged 15 to 24, while 1-in-4 for those aged 65 to 69. Among the oldest group, more than half (55.8 percent) had a severe disability. Of individuals 55 to 64 years old and nearing retirement, about 6.0 percent needed assistance with one or more [activities of daily living]. The percentage needing assistance for those aged 80 and older was about 5 times as large (30.2 percent). For

individuals with greater assistance needs, their disability is often associated with relocation out of the non-institutionalized population and into nursing homes or other assisted living facilities. Approximately 1.3 million of the 40.4 million people aged 65 and older were living in nursing facilities in 2010. Were this population included, the disability rates for older age groups, and for people overall, would likely be higher.<sup>94</sup>

### **Texas's Population Growth**

According to the U.S. Census Bureau, the [population of Texas](#) was 25,674,681 in 2011. Texas gained more people than any other state between April 1, 2010, and July 1, 2011 (529,000), followed by California (438,000), Florida (256,000), Georgia (128,000) and North Carolina (121,000), according to the latest U.S. Census Bureau estimates for states and Puerto Rico. Combined, these five states accounted for slightly more than half the nation's total population growth.<sup>95</sup>

Although new patterns of growth have emerged since the 2010 Census, some trends persist from the last decade. One such example is the growth in Texas. There were five large metro areas (2011 populations of at least 1 million) among the 20 fastest growing from 2010 to 2011. Four of them were in Texas: Austin (2<sup>nd</sup>), San Antonio (16<sup>th</sup>), Dallas-Fort Worth (17<sup>th</sup>) and Houston (18<sup>th</sup>). Looking at numeric growth, Dallas-Fort Worth and Houston added more people between 2010 and 2011 than any other metro area (155,000 and 140,000, respectively). These two metro areas were the biggest numeric gainers during the 2000 to 2010 period (with Houston gaining more than Dallas-Fort Worth over the decade). Among the 50 fastest-growing counties from 2010 to 2011, 38 were in the South, with the remaining 12 split equally between the Midwest and West. Texas contained more of these counties than any other state, with 12.<sup>96</sup>

In keeping with the 1 in 5 population estimates of people with disabilities nationwide, Texas's population for people with disabilities is estimated to be 5.1 million.

### **Population Trends Impacting Emergency Management**

“As of 2003, 53 percent of the nation's population lived in the 673 U.S. coastal counties, an increase of 33 million people since 1980.”<sup>97</sup>

To be able to assess the resources needed for the entire community when a disaster strikes, emergency managers must ensure that demographic trends are factored into their emergency plans. [For example,]

- An estimated 13 million individuals age 50 or older in the United States will need evacuation assistance, and for about half of them, such assistance will be required from someone outside of their household.
- More than 1.4 million people in the United States receive home healthcare.<sup>98</sup>

- Transportation-disadvantaged populations, including those that cannot provide their own transportation due to age, disability, or income constraints, may face challenges in accessing transportation, such as lack of access to public transportation or a private vehicle. For example, according to a 2011 report by the National Council on Disability, “people with disabilities are more likely than people without disabilities to report that they have inadequate transportation (34 percent versus 16 percent, respectively).”<sup>99</sup>
- The number of Texans aged five and older who spoke a language other than English at home from 2006-2010 is estimated at 34.2 percent.<sup>100</sup>

All of the above statistics indicate the need for advance thought and planning by local, State and tribal emergency professionals in Texas.

Emergency managers can draw from community representatives to establish an advisory committee on people with disabilities and unique functional needs. The committee should consist of a cross-section of community residents with disabilities and unique functional needs, as well as, representatives from the local emergency management agency, service provider organizations, advocacy groups, and local government agencies.<sup>101</sup>

In January of 2010, a multi-disciplinary group of stakeholders including various representatives from disability organizations, State agencies, community groups and people with disabilities formed a Functional Needs Support Services (FNSS) Taskforce, which created a functional needs support services [toolkit](#). Subsequently, three subcommittees were developed to look at effective communication, preparedness and outreach and training related to the Texas community with disabilities. The work of the subcommittees is ongoing, with one representative from the FNSS Taskforce as a representative to the Emergency Management Advisory Council (EMAC.)

### ***Background and Purpose: Social Media and Disaster Management***

Technology is empowering the world to communicate in real time across vast distances reaching diverse audiences. In the past, State and local governments’ emergency warnings mainly consisted of warning sirens and messages broadcast over radio and television. More recently, mobile technology and the use of smart devices has opened up significant avenues to notification and warning and situational awareness in disasters, and with the increased accessibility of smart devices and applications, people with disabilities are able to receive information in many cases just as fast as the population without disabilities. Getting the right information to the right people in times of disaster is a time-sensitive and strategic skill. The convention of demand and supply are often out of sync in a disaster situation. Recent mobile technology opens up platforms for crowdsourcing and crisis mapping, allowing emergency managers to triage millions of tweets, short message service (SMS) text messages, photos and email into data which then can be used to make meaningful and timely decisions.

For instance, in 2009 the U.S. Army used its Twitter account to provide news and updates during the Fort Hood shootings; the American Red Cross similarly uses Facebook to issue alerts to potential disasters. However, the main source of information disseminated and sought after is generally posted by citizens, rather than emergency management agencies or organizations. For example, warning messages via the Internet during the Virginia Tech shootings in April of 2007 came primarily from students and unofficial sources, and during the 2007 Southern California Wildfires, citizens sought information through social media because they felt media sources were too general or inaccurate.<sup>102</sup>

These are only a few examples of how technological change and innovation is changing the emergency management communications landscape.

The pace of technological change—from biotechnology and nanotechnology to information and communication technology—is accelerating and affecting nearly every facet of life. Smart phones, high-speed internet, and “cloud” computing, to name only a few examples, are transforming how people do business, communicate, and carry out essential services such as health care. But the increased pervasiveness of technology is exposing new risks: dependence on computer systems to manage operations in multiple sectors, such as water, telecommunications, and transportation infrastructure, increases systemic vulnerabilities, including the threat of cyber-attacks.

Furthermore, technological innovation and the public’s evolving expectations of government are fundamentally altering how individuals interact with society—leading to a redefinition of community. It is increasingly clear that there are many different kinds of communities, including communities of place, interest, belief, and circumstance, which can exist both geographically and virtually. Along with the changing profile of communities, new tools empower the public to play a greater role in identifying “what matters” and producing content themselves. In addition, evolving patterns of information flow have changed the role of the media and modes of information exchange. The explosion of social media and personal communications technology will continue to increase real-time access and delivery of information. Public access to “raw” data sources, such as Data.gov, expands the possibilities of how existing information can be used and increases expectations of government transparency.<sup>103</sup>

Ordinary citizens now are hyper-informed and have access to real time information at the same rate as emergency management professionals in the field. And with the improved accessibility of hardware and apps, people with disabilities are utilizing social media in disasters and emergency management. Some issues that are important based on input on the Governor’s Committee Citizen Input Survey are that 86 percent of respondents said that they “strongly agreed” that emergency notification and warnings are provided in multiple formats, including formats that are accessible to people who are blind, deaf, hard-of-hearing, or use American Sign Language and 82 percent responded that they felt people with disabilities should be integrated into the planning process for emergencies at the state and local level. Additionally, citizens responded that they are using social media; Facebook (81 percent), YouTube (40

percent), Google+ (36 percent) and Twitter (17 percent). However, they responded that they get information from a variety of sources, such as smartphones (54 percent), landline phone (44 percent), text messaging (50 percent), laptop computer (56 percent), as well as, television (85 percent) and radio (60 percent). The disability community has strong ties to the community with 70 percent of respondents stating that they get most of their information from family and friends.

Worldwide, mobile devices have become the preferred choice for communication and internet access. There were 4.6 billion mobile phone subscribers in 2009 up from 1.8 billion in 2004 (39 percent increase). If trends continue, it is predicted there will be 6.9 billion mobile phone subscribers worldwide by 2020 (67 percent increase). In 2009, half a billion mobile phone subscribers used their device to connect to the internet. This number is expected to double to one billion by 2015. Information searches, mapping/location, messaging, social networking, and music downloads are among the current and projected most popular mobile internet sites accessed by mobile device users. Facebook, the world's most popular social networking site, currently has 500 million users of which 200 million (40 percent) access the system through mobile devices.<sup>104</sup>

The use of all forms of social media has become an integral and vital element in addressing emergency situations to entire communities, but they provide a significant benefit to many people with disabilities. The inclusion of the use of various forms of social media can be used to: alert emergency managers and officials to certain situations by monitoring the flow of information from different sources during an incident. Monitoring information flows could help establish "situational awareness." Situational awareness is the ability to identify, process and comprehend critical elements of an incident or situation. Obtaining real-time information as an incident unfolds can help officials determine where people are located, assess victim needs, and alert citizens and first responders to changing conditions and new threats.<sup>105</sup>

New platforms such as [Ushahidi](#) and open source crowdsourcing mapping, are two recent tools that help with situational awareness, allowing limited resources and staff to be triaged where they are needed most.

One recent tool used by emergency managers that has proven successful is a Virtual Operations Support Team (VOST).

Virtual Operations Support (VOS) as applied to emergency management and disaster recovery is an effort to make use of new communication technologies and social media tools so that a team of trusted agents can lend support via the Internet to those on-site who may otherwise be overwhelmed by the volume of data generated during a disaster. VOS Teams (VOST) are activated to perform specific functions in support of affected organizations and jurisdictions. Each VOST has a Team Leader that reports directly to the affected organization or local jurisdiction.

A VOST can be defined as a team that accomplishes some or all of the following:

- Establishes a social media presence for an organization that previously did not use social networking tools to communicate with the public;
- Monitors social media communications;
- Handles matters that can be executed remotely through digital means such as assisting with the management of donations or volunteers;
- Follows social media and traditional media trends and reports back to the organization what is being seen;
- Identifies misinformation or angry postings that need to be corrected or dealt with;
- Provides a supportive voice for the organization and its efforts;
- Amplifies the organization’s message by repeating content (via personal and/or official social media accounts);
- Compiles media coverage (traditional and non-traditional) by date <sup>106</sup>

The Committee believes that a hybrid team called a [Disability Virtual Operation Support Team](#) (DVOST) could perform similar functions using various forms of social media to provide technical assistance and triage to first responders from the network of disability-related supports and services.

Above all, with the use of all forms of technology, community resources, organizations and networking, the ultimate goal is effective communication with the public.

Under Title II of the ADA, all State and local governments are required to take steps to ensure that their communications with people with disabilities are as effective as communications with others. This requirement is referred to as “effective communication” and it is required except where a state or local government can show that providing effective communication would fundamentally alter the nature of the service or program in question or would result in an undue financial and administrative burden.[...] Simply put, “effective communication” means that whatever is written or spoken must be as clear and understandable to people with disabilities as it is for people who do not have disabilities. <sup>107</sup>

### **Policy Recommendations:**

- **Recommendation 4.8:** Support the use of information sharing and the use of developing emerging technologies to advance emergency management capabilities.
- **Recommendation 4.9:** Explore ways for emergency management and healthcare professionals to use the power of social media tools such as Twitter, YouTube, Flickr, Facebook,

crowdsourcing, crisis mapping and others to create avenues for real-time information gathering during active disasters.

- **Recommendation 4.10:** Explore the use of a Disability Virtual Operations Support Team to provide technical assistance for issues related to people with disabilities and access and functional needs in disasters using various forms of social media.
- **Recommendation 4.11:** Ensure sufficient communications that employ both high tech and low-tech capabilities in the event of a disaster in order to reach all audiences.
- **Recommendation 4.12:** Expand, enhance, and increase the use of social media in non-disaster times to ensure public awareness of community preparedness for all hazards in Texas.
- **Recommendation 4.13:** Utilize charitable and humanitarian giving via smart phones for disasters in Texas.
- **Recommendation 4.14:** Utilize technology to provide accessible webinars, materials and reports relevant to emergency management and issues related to Texans with disabilities.
- **Recommendation 4.15:** Encourage State enforcement of guidelines for broadcasters, cable operators, and satellite television services to comply with the equal access to public warnings requirement for the [Emergency Alert System](#).
- **Recommendation 4.16:** Encourage the Texas Association of Broadcasters to educate programming distributors, broadcasters, cable operators, and satellite television services on their [legal obligation](#) to make emergency information accessible to people with hearing and vision disabilities.
- **Recommendation 4.17:** Require State and local emergency management professionals to comply with their legal obligations to provide effective communication to Texans with disabilities and to people with access and functional needs.

### ***Background and Purpose: Youth Preparedness and Cultural Change***

Emergency Management planners and professionals would do well to consider the needs and the role of youth and children in their planning and response. Because many emergency situations may happen without advance warning, the arrival of emergency personnel on the scene may not be immediate. Taking into account the perspective, needs, and potential input from children and youth in the community can benefit all aspects of planning and responding to emergency situations.<sup>108</sup>

The best way to reverse this trend is to educate young people on both the “practical necessity and the opportunity to serve others.”<sup>109</sup>

It is important that children know what to do in an emergency and that all disaster planning, preparedness, response, and recovery efforts include children’s unique needs and assets. [...]

While children have unique needs during an emergency, they can also play a very important role when it comes to preparedness. [Consider the following points.]

- Children involved in youth preparedness programs can effectively spread important messages about preparedness to their family members. They can be change agents. Participating in emergency preparedness activities such as helping parents create a disaster supply kit, collecting items for the kit, making a family preparedness plan, or creating a list of emergency numbers not only empowers children but also educates adults about preparedness.
- By participating in youth preparedness programs, children are empowered to become leaders at home and in their schools and communities. Children who have participated in preparedness programs across the nation have responded in emergency situations and have taught others about preparedness.
- Studies and anecdotal evidence support the idea that children who have learned about emergency preparedness experience less anxiety during an actual emergency. The knowledge of what to do during an emergency empowers them to act with confidence and enables them to become active participants in emergency efforts.
- Children are often overlooked in being an active member of family preparedness activities. They can and should take an active role.
- Many adult preparedness programs exist, but for children to be effectively prepared, they need to receive age-appropriate materials and messaging. Many community preparedness programs don't offer this.
- Behavioral changes – As children are learning about preparedness and bringing the information to their families, a behavioral shift will occur, making family preparedness a priority.
- Community cohesion – Working with business, leaders, and other organizations will create a unified team of citizens within the community dedicated to a common goal.
- First Responder familiarity – For many youth, seeing first responders, police officers, and emergency personnel incite fear or uncertainty. Youth preparedness programs that enable first responders to work with children help cultivate positive relationships and help children understand that first responders play a positive role in their communities.<sup>110</sup>

Inherent in our children is the innovation, drive, and imagination that have made, and will continue to make, this country great. By investing energy, talent, and dollars now in the

education and training of young Americans – the scientists, statesmen, industrialists, farmers, inventors, educators, clergy, artists, service members, and parents, of tomorrow – we are truly investing in our ability to successfully compete in, and influence, the strategic environment of the future. Our first investment priority, then, is intellectual capital and a sustainable infrastructure of education, health and social services to provide for the continuing development and growth of America’s youth. <sup>111</sup>

### **Policy Recommendations:**

- **Recommendation 4.18:** Support efforts to establish a Youth Preparedness Council, including youth with disabilities in Texas.
- **Recommendation 4.19:** Support efforts in Texas public schools to educate all students, including students with disabilities, on emergency preparedness and planning for their community.

### ***Background and Purpose: Emergency Planning During the School Day***

During 2012, across the country wildfires destroyed hundreds of homes and displaced many Americans bringing to the forefront of concern the need for more emergency preparedness efforts by individual citizens.

When [the 2011] earthquake shook the eastern United States without warning, it served as a powerful reminder that a major disaster can strike anywhere at any time. Sending shockwaves through our nation’s capital and other East Coast cities just before 2 p.m. on Tuesday, August 23, 2011, the earthquake demonstrated that emergencies, natural or manmade, can and do take place during the workday, a time when our nation’s youngest, most vulnerable citizens are at school or in child care.

During normal working (and school) hours—which total more than 2,000 hours a year—the safety of nearly 68 million of our country’s children is in the hands of school officials and caregivers. Most parents assume that when they drop their kids off for the day, they will be safe if disaster strikes. But two-thirds of our nation’s states do not require basic emergency preparedness regulations for child care facilities and schools. [...]

For the fifth consecutive year, Save the Children conducted an assessment of all 50 states and the District of Columbia on four basic disaster preparedness and safety standards for children in child care and at school. In addition to evaluating every state’s basic emergency preparedness for children, this year’s report highlights a critical standard which every state should have in place to address the needs of the most vulnerable children attending child care—infants and toddlers, as well as children with disabilities

and those with access or functional needs. More than half of the states fail to account for these children in their emergency preparedness plans.

[The report noted that:]

- Over the last five years, the number of states meeting all four standards has increased from four in 2008 to 17 in 2012.
- While 17 states now meet all four basic preparedness standards, 33 states and the District of Columbia still do not.
- Twenty-seven states do not require all regulated child care facilities to have a plan that accounts for kids with disabilities and those with access and functional needs.
- Five states—Idaho, Iowa, Kansas, Michigan and Montana—fail to meet any of the preparedness standards for regulated child care facilities or schools, putting many children at risk.<sup>112</sup>

Texas [currently has](#) requirements for schools to have an evacuation and relocation plan, a family and child reunification plan and a K-12 multiple disaster plan; however, it currently does not have any planning requirements specific to children with disabilities.<sup>113</sup>

### **Policy Recommendations:**

- **Recommendation 4.20:** Strengthen existing Texas law to require Texas schools to create multi-hazard, comprehensive emergency preparedness plans that include children with disabilities and those with access and functional needs.
- **Recommendation 4.21:** Promote efforts to infuse emergency management principles and life skills across the entire educational experience to empower individuals, including children and youth.

### ***Background and Purpose: Next Generation 9-1-1***

The existing Americans with Disabilities Act (ADA) Title II regulations:

require that Public Safety Answering Points (PSAPs) provide direct, equal access to telephone emergency centers for individuals with disabilities who use analog text telephones (TTYs). [...] Many individuals with disabilities now use the Internet and wireless text devices as their primary mode of telecommunications. At the same time, PSAPs are considering and planning to shift from analog telecommunications technology to new Internet-Protocol (IP)-enabled Next

Generation 9-1-1 services (NG 9-1-1) that will provide voice and data (such as text, pictures, and video) capabilities.<sup>114</sup>

Currently, the Department of Justice has an Advance Notice of Proposed Rule Making (ANPRM) out for comment regarding NG 9-1-1. This ANPRM seeks “information on possible revisions to the Department’s regulation to ensure direct access to NG 9-1-1 services for individuals with disabilities.”

115

And on December 12, 2012, the Federal Communications Commission (FCC) proposed to require all wireless carriers, including certain providers of text messaging applications, such as iMessage, to make it possible for customers to send text messages to 9-1-1. The four largest wireless carriers have already voluntarily committed to make texting to 9-1-1 possible by May 15, 2014. Text-to-9-1-1 will provide millions of people with hearing and speech disabilities, access to emergency services by enabling them to send a text message to 9-1-1. This will also provide consumers with enhanced access to emergency communications in situations where a voice call could endanger the caller, or a person with disabilities is unable to make a voice call. Text-to-9-1-1 will be available as an addition to, not a substitute for, voice calls to 9-1-1 services, and consumers should always make a voice call to 9-1-1 during an emergency if they can.<sup>116</sup>

Moreover, in February of 2012, Congress allocated funding for an interoperable Public Safety LTE network across the United States. The new Public Safety LTE network will bring many changes in the coming years to the way that public safety responders across Texas use data communications in their everyday jobs. More speed and dedicated, private bandwidth will allow for greater use of real-time video, public safety “Apps /App stores” as well as a wide-range of other capabilities. No area of public safety will be excluded from use of the network.

Texas has been very proactive in the development of PS LTE; in fact, Harris County today has the only working PS LTE network in the country operating on FCC approved licenses. The Committee supports the efforts to implement this network of interoperable communications across our state.<sup>117</sup>

### **Policy Recommendation:**

- **Recommendation 4.22:** Support the adoption of digital, interoperable, Next-Generation 9-1-1 services across the state that are capable of interacting with those in need with voice, TTY, SMS, and real-time text.

### ***Background and Purpose: Congregate Living Preparedness***

It is critical that nursing care and congregate living facilities have trained staff as well as updated and detailed emergency procedures in place. According to an [April 2012 report](#), by the Department of Health and Human Services:

Ninety-two percent of nursing homes have plans for handling tornadoes, hurricanes, floods or fires, and 72 percent have staff members trained in emergency procedures, as required by federal law. But after conducting in-depth inspections at 24 institutions, officials found significant gaps in preparations. Each of the homes had experienced a flood, a hurricane or a wildfire from 2007 to 2010, and 17 reported substantial challenges responding to these disasters. Yet 22 homes failed to specify how patients' medical records and medications would be dealt with in an emergency. Twenty-three had no plan for handling the illness or death of a resident in a disaster.

None of the emergency plans in place in these nursing homes included measures to ensure an adequate supply of drinking water for workers and patients. At 19 of them, there was no strategy to ensure an adequate fuel supply for backup generators. Ten homes had not addressed the need for adequate staffing during emergencies; 15 didn't detail how patients' needs for items such as feeding tubes, ventilators or oxygen would be handled.

One home had no procedures for dealing with floods, even though it was in a flood plain. None of the homes had participated in drills or exercises run by community emergency preparedness managers.

The results were a disappointing repeat of [a similar government report issued in 2006](#) — the first major study to track nursing homes' ability to respond to disasters after Hurricane Katrina struck the Gulf Coast in August 2005. In one tragic incident outside New Orleans, 35 residents of St. Rita's Nursing Home perished, some overcome by floodwaters in their beds. According to the Federal Emergency Management Agency, the states most likely to experience natural disasters are Texas, California, Oklahoma, New York, Florida, Louisiana, Alabama, Kentucky, Arkansas and Missouri, in that order. More than 1.1 million nursing home residents, or about 36 percent of the nation's total, live in those areas. <sup>118</sup>

### **Policy Recommendations:**

- **Recommendation 4.23:** Explore ways to increase nursing home and congregate living preparedness, mitigation and recovery during disasters.
- **Recommendation 4.24:** Encourage the use of tornado shelters in Texas for congregate living facilities in historically tornado-prone areas.
- **Recommendation 4.25:** Map at-risk populations in settings where significant numbers of Texans with disabilities live together, such as long-term care and assisted living facilities, schools of special education, hospitals, community mental health centers, group homes, [State Supported Living Centers](#) and [State Hospitals](#).

- **Recommendation 4.26:** Ensure that providers of various home and community-based health-related services receive the same priority as ‘health care personnel’ for vaccinations during a pandemic event.
- **Recommendation 4.27:** Ensure that prioritization of debris removal and utility restoration is provided to areas that serve people with disabilities in congregate and residential living facilities.
- **Recommendation 4.28:** Examine ways the State can promptly reimburse public organizations that exhausted critical resources during disasters for any donated equipment, food or medical supplies.
- **Recommendation 4.29:** Rebuild any infrastructure destroyed during a disaster in an accessible manner, to the greatest extent possible, using the newly adopted [2010 Americans with Disabilities Act Accessibility Guidelines \(ADAAG\)](#).
- **Recommendation 4.30:** Require a disability-focused performance evaluation and assessment for all State exercises and disaster responses as standard operating procedure for after-action reports.

### ***Telemedicine***

Telemedicine and Electronic Health Records (EHR) will change patient care and treatment. The U.S. Department of Health and Human Services defines telemedicine as “the use of medical information exchanged from one site to another via electronic communications to improve a patient’s health.” This includes using audio and video technologies to provide real time, two-way communication between patients and health care providers. EHR consist of an electronic version of a patient’s medical history (i.e. an electronic medical record) and the technology used by clinicians and patients to access that record. EHR can be used in conjunction with telemedicine to improve health care outcomes and reduce errors. The American Telemedicine Association’s current inventory of telemedicine-equipped facilities in the United States shows approximately 200 telemedicine networks linking 2,500 medical centers nationwide.<sup>119</sup>

### **Policy Recommendations:**

- **Recommendation 4.31:** Explore the use of [telemedicine](#) for emergency management response to natural or disease-related disasters.
- **Recommendation 4.32:** Support the development of electronic health record systems to be used in conjunction with telemedicine to assist in disaster health management.

## ***HEALTH***

### ***GOAL***

Promote health and wellness among Texans with disabilities through accessible, affordable health care options provided in a range of settings.

### **Overview**

Texans with disabilities can face significant obstacles to health and wellness such as a lack of affordable, accessible care; the rise of chronic diseases, often spurred by unhealthy lifestyles; limited availability of long-term services and supports; and a fragmented approach to the treatment of mental illness.

The Governor's Committee on People with Disabilities' Citizen Input Survey demonstrated that health care is one of the most important issues to Texans with disabilities. Paramount among the concerns of Texans with disabilities is access to efficient and quality health care. Ninety percent of survey respondents indicated that access to efficient and quality health care is of "high importance" to them.<sup>120</sup>

Despite the obstacles noted above, some promising practices have emerged in Texas. State policies should foster the improvement of health outcomes for all Texans by encouraging the continuation of these positive trends. Specifically, health policies should be guided by these four principles:

- Increase accessibility and affordability of health care
- Promote personal responsibility for healthy lifestyles
- Encourage long-term services and supports in a range of settings, including in community based settings
- Support early intervention and therapeutic treatments for Texans experiencing mental illness

### ***Background and Purpose: Increase Accessibility and Affordability of Health Care***

All people need access to healthcare, but for many people with disabilities, the need can be especially pressing. People with disabilities tend to be in worse health than their peers without disabilities, but they tend to use preventative services at a lower rate, despite their higher prevalence of secondary conditions. Put simply, people with disabilities may have urgent health care needs that sometimes go unaddressed due to barriers to care. These barriers often include lack of appropriate training among health care practitioners, lack of accessible medical facilities and equipment, and stereotypes about disabilities that persist even in health care settings.<sup>121</sup>

Even when accessible health care is available, many Texans with disabilities struggle to afford the care they require. While technology and ever-increasing sophistication of medical understandings improve, many Texans are left behind because they remain without viable access to health care.

A few simple examples illustrate the barriers that Texans with disabilities may face to keep them from benefiting from accessible, affordable care.

- A woman knows that her family history puts her at increased risk for breast cancer, so she schedules an appointment for a mammogram to screen for the disease. When she arrives at the doctor's office, she discovers that the X-ray machine is positioned at a height that she cannot reach from her wheelchair. She is unable to benefit from this screening tool.
- A high-school boy with autism attends his annual physical. Because the boy does not make eye contact with the doctor and appears distracted, the doctor addresses many of his comments and questions to the boy's mother while the boy is out of the room. The boy leaves the appointment without a clear understanding of his health and without the opportunity to ask the questions he wanted to ask the doctor.
- A man whose disability prevents him from working is referred by his general practitioner to a specialist for treatment. It turns out that the specialist does not accept Medicaid. The man cannot afford to pay for treatment out of pocket.

At the federal level, the [United States Access Board](#) is currently developing standards [related to medical diagnostic equipment](#). These standards will address access for people with disabilities to examination tables and chairs, x-ray machines, and medical equipment. The Committee encourages support of the [universal design](#) of medical facilities and robust implementation of the Access Board's new standards when they take effect. Further, the Committee supports promoting education among medical service providers about the current legal requirements for accessibility and about disability etiquette, People First language, and other practices that will ensure that Texans with disabilities receive prompt care in a setting that respects their dignity.

Texas has already taken some steps to improve Texans' access to affordable healthcare, including a [major expansion](#) of Medicaid managed care options. Unfortunately, Texas is still the state with the highest uninsured rate in the nation at 24.6 percent. Nearly one in four Texans lacks health coverage. This includes one-third of Texas's working age adults.<sup>122</sup> People with disabilities disproportionately bear the burden of being uninsured because too often disability, unemployment, and a lack of medical insurance go hand-in-hand. Some Texans with disabilities who are able to work may find themselves in a catch-22: often their modest wages disqualify them from receiving healthcare through Medicaid, but their employers do not provide health benefits and they cannot afford or do not qualify for private insurance due to a pre-existing condition. For these reasons, the Committee supports health care reform in Texas that would increase the number of insured Texans while maintaining access to quality medical care with a strong emphasis on prevention and individual choice. Further, the Committee supports efforts that will enable small employers in Texas to offer health insurance to their employees.

As we contemplate the question of how to help Texans with disabilities afford health care, it is useful to consider the role that innovation may play in transforming the costs of health care in the coming years. The unsustainable growth rate of United States medical spending dominates almost any discussion of American health care. As a share of our nation's gross domestic product (GDP), spending on health care

grows each year and appears to threaten to consume spending allocated for other important services. Some experts have suggested that rather than asking ourselves how to afford health care, we should be asking instead how to make healthcare more affordable. One possible avenue for making health care more affordable may be “[disruptive innovation](#),” a process that couples “cost-reducing technologies with innovative business models to deliver increasingly affordable and accessible products and services.”<sup>123</sup>

Recent history includes many examples of disruptive innovations that took a once expensive and complex innovation available only to a select few and placed an affordable version into the hands of the masses. Not so long ago, mainframe and minicomputers were available only to wealthy corporations or universities who could afford to maintain the computer and employ skilled computer scientists and technicians to process jobs. The disruptive innovation of the personal computer (PC) changed all of that. Once the PC established a foothold in the market, improvements to the PC soon followed. The PC became more powerful and improved in functionality over time. Eventually, even the users of expensive mainframe computers found that their needs could be met by PCs. This example illustrates some hallmarks of disruptive innovations: they are usually introduced to the market by new entrants, not established industry giants; they generally start out as an inferior product compared to the product existing customers are already using, but they are simpler, more convenient, and more affordable, and thus appeal to a previously ignored set of customers; and, finally, as the innovation improves over time, it can begin to replace the existing product, even among the most affluent customers.<sup>124</sup>

The question of what disruptive innovations in health care would look like has been discussed in detail in Hwang and Christensen’s “[Disruptive Innovation in Health Care Delivery: A Framework for Business-Model Innovation](#).” In essence, the authors propose a regulatory environment that allows for innovation in service-delivery. These innovations would assume a share of the work-load currently being performed by physicians in expensive settings, such as hospitals. Facilitated user-networks, such as those utilized successfully in Weight Watchers and Alcoholics Anonymous, could be expanded to address specific, rules-based portions of health care, allowing for delivery at a lower cost and preserving the role of patient-physician interactions in complicated cases. Technology could be harnessed to simplify and streamline information-sharing and transform our current, fragmented system of care into a coherent system based around satisfying relationships.<sup>125</sup> Examples of other disruptive innovations that may gain traction in health care and health care delivery are retail clinics, telemedicine, medical tourism, personalized medicine, and point-of-care payments.<sup>126</sup>

### **Policy Recommendations:**

- **Recommendation 5.1:** Support the universal design of medical facilities and examination tables, diagnostic equipment and devices to benefit all people, including people with various types of disabilities.
- **Recommendation 5.2:** Promote education among medical service providers about legal requirements for accessibility of medical facilities, including the use of reasonable

accommodations to ensure that Texans with disabilities receive prompt care in a setting that respects their dignity.

- **Recommendation 5.3:** Support health care reform in Texas that would increase the number of insured Texans while maintaining access to quality medical care with a strong emphasis on prevention and individual choice.
- **Recommendation 5.4:** Support efforts to help small employers offer health insurance to their employees.
- **Recommendation 5.5:** Encourage a regulatory environment that allows for “disruptive innovations” in health care delivery that will enhance affordability of health care for all Texans.

### ***Background and Purpose: Promote Personal Responsibility for Healthy Lifestyles: Fighting Obesity and Chronic Disease***

Texas is currently facing an obesity crisis that threatens the health and wellness of our citizens and the productivity and financial welfare of our economy. It is not an exaggeration to say that most Texans are overweight; in fact, it is an understatement. The Texas Comptroller of Public Accounts reported in 2011 that 66.7 percent of adult Texans were overweight or obese and that the trend was on the rise.<sup>127</sup>

The obesity crisis comes with a huge price tag. For Texans, obesity means reduced life expectancy, amplified risk for chronic diseases, increased health care costs, and diminished lifetime earnings. The average health care spending for an adult who was obese in 2006 was \$1,429 or almost 42 percent higher than the spending of a normal-weight person.<sup>128</sup> Estimates suggest that the average lifetime cost of obesity is over half a million dollars for an adult whose obesity began in childhood.<sup>129</sup> For Texas businesses, obesity often means additional health care costs for employers, decreased productivity and increased absenteeism, and a rise in employee disabilities. The Texas Comptroller of Public Accounts reported that obesity costs businesses in Texas an additional \$9.5 billion annually.<sup>130</sup> If current trends continue unchecked, the cost of obesity to the Texas economy is estimated to reach \$32.5 billion annually by 2030.<sup>131</sup>

Going hand-in-hand with a rise in obesity in Texas is a rise in chronic diseases, which negatively affect the lives of millions of Texans. In fact, when looking at statistics about those affected by chronic disease, it is sometimes easier to comprehend who is not personally affected, rather than who is. Only 31 percent of Texans do not experience any form of chronic disease.<sup>132</sup> In Texas, 50 percent of all deaths per year are caused by heart disease, cancer, or stroke.<sup>133</sup> Overall, chronic diseases are responsible for between 60 and 70 percent of all deaths in Texas.<sup>134</sup>

As our understanding of the interconnectedness of these chronic diseases grows, our preferred methods of treatment continue to evolve. Conditions like obesity, cardiovascular disease, and diabetes cannot be treated as separate illnesses because the conditions are interconnected. For this reason, the Committee supports Texas’s continued effort to integrate its response to chronic disease prevention and care, as

exemplified in recent efforts by the Department of State Health Services through the [Health Promotion and Chronic Disease Prevention Section](#).

Behavioral choices, such as how much physical activity a person engages in, whether the person eats well, and whether the person uses tobacco products or consumes excessive amounts of alcohol, all contribute to overall wellness. In fact, the World Health Organization has estimated that if the major behavioral risk factors for chronic diseases were eliminated, more than 40 percent of cancer cases could be prevented and, astonishingly, at least 80 percent of all heart disease, stroke, and type 2 diabetes could be prevented.<sup>135</sup> Reed Tuckson of the United Health Foundation puts a fine point on it: “[t]here’s no way that this country can possibly afford the medical care costs and consequences of these preventable chronic illnesses [...] We have two freight trains headed directly into each other unless we take action now. [...] People have to be successful at taking accountability for their own health-related decisions.”

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Because behavioral choices play such a critical role in the prevention of chronic diseases, the Committee supports positive, innovative approaches to improvements: technological resources that will enhance Texans’ ability to self-monitor chronic health conditions; long-term plans that will increase physical activity and improve nutrition; and community programs that will reduce the incidents of smoking and tobacco use and will reduce incidents of alcoholism.

### **Policy Recommendations:**

- **Recommendation 5.6:** Support integrated initiatives in chronic disease prevention and treatment that promote overall wellness of Texans.
- **Recommendation 5.7:** Invest resources in the continued development of technology that improves individuals’ ability to self-monitor chronic health conditions and live independently.
- **Recommendation 5.8:** Establish a long-term plan to develop accessible community-based programs to increase physical activity and improve nutrition throughout the state to reduce chronic disabilities caused by obesity.
- **Recommendation 5.9:** Implement community programs, services and education throughout Texas to promote the cessation of smoking and other tobacco use and to address the need for reduction in potential alcoholism.

### ***Background and Purpose: Encourage Long-term Services and Supports in a Range of Settings***

How does a Texan choose where to live? The answer depends on each Texan’s needs and personal preferences. Some young people move to urban areas for work or education; parents often look for homes in neighborhoods with good schools; and older Texans may seek retirement homes with a lakefront view. In short, most Texans live in settings that they have chosen to suit their lifestyles.

How does a Texan with a disability choose where to live? The answer should be the same as for anyone else: Texans with disabilities should live in settings that they have chosen to suit their lifestyles. In recent decades, the disability community has seen significant progress toward this goal. There has been steady movement away from the automatic institutionalization of people with disabilities in hospitals or nursing homes and toward home and community-based services (HCBS).

What does it mean to live “in the community?” For some people with disabilities, it means living with family members or a spouse. For others, it means living with friends, roommates, or in a small group home. For many people with disabilities, living in the community is the natural choice and does not require any additional services or supports. Some Texans with disabilities require periodic visits from physical therapists, health practitioners, or personal care attendants and Texans with severe disabilities may require regular assistance with tasks of daily living or regular medical care. These Texans can still live in the community, rather than in an institution, if the services they require can come to them.

When it comes to services for people with disabilities in Texas, where once people had to go to the services, increasingly, the services are now coming to the people. This is good news for several reasons. First, providing services in the community respects the civil right of a person with a disability to choose to live where he or she wants. Second, it means that people have the choice to live with family, friends, or independently in integrated community settings. Third, this trend represents cost-savings for the State of Texas.

Through the [Medicaid](#) program, the state pays for access to services for many, but not all, Texans with disabilities. At first blush it might seem that providing home and community-based services (HCBS), which involves transportation costs for the provider, would be more expensive than providing care in an institution, but a 2009 study by the AARP (formerly known as the American Association of Retired Persons) suggests otherwise. The AARP study demonstrates that “[o]n average, the Medicaid program can provide home and community-based services to three people for the cost of serving one person in a nursing home. Research shows that states that invest in HCBS, over time, slow their rate of Medicaid spending growth, compared to states that remain reliant on nursing homes.”<sup>137</sup>

Why is providing HCBS less expensive than providing services in an institution? One simple explanation is that most people with disabilities do not require 24-hour care, but that is the kind of care available in most institutions. Another reason is that people who live in their own homes or community settings are generally paying their own rent, utilities, and food expenses, or relying on family members to cover those expenses. In an institution, those expenses are often billed to the state through Medicaid.

Are home and community-based services right for everyone? Well, this is Texas, and Texans like to have choices. The one-size-fits-all practices of institutionalization are over, but one-size-fits-all assumptions about community-based care will not work either. Some people with disabilities and their families prefer the supported environments of [state supported living centers](#), [intermediate care facilities](#), and nursing homes.

Providing a full spectrum of options for people with disabilities means providing safe, reliable, and affordable institutional options on one end of the spectrum and flexible, community-based options on

the other, always with an emphasis on quality. Governor Rick Perry affirmed his commitment to providing Texans with disabilities and their families with a broad spectrum of living choices in [Executive Order 13](#) in 2002. In the Order, the Governor stated that “it is imperative that consumers and their families have a choice from among the broadest range of supports to most effectively meet their needs in their homes, community settings, state facilities or other residential settings.”<sup>138</sup> To that end, the Governor pledged his support of many state initiatives that support community-based options, including the [Promoting Independence Plan](#) and accessible housing initiatives through the [Texas Department of Housing and Community Affairs](#).

The Governor’s Committee encourages the Legislature to continue to take steps that will increase the safety and affordability of care of Texans who reside in institutions while also enhancing opportunities for Texans with disabilities to receive care in their community settings.

### **Policy Recommendations:**

- **Recommendation 5.10:** Increase the safety and affordability of care within institutions, including State Supported Living Centers, State Hospitals, and Intermediate Care Facilities.
- **Recommendation 5.11:** Increase support for home and community-based care for all Texans with disabilities, whether they are recipients of Medicaid or not.
- **Recommendation 5.12:** Allow Medicaid funding to be spent on home and community-based care, such as [Community First Choice](#) options.
- **Recommendation 5.13:** Retool programs and regulations to enable people to access the services they need to live independently without creating financial hardship for the family.

### ***Background and Purpose: Aging-in-Place, the “Medical Home” Model, and Caring for Caregivers***

Where would you like to spend your aging years? If your answer is “at home,” you are in a solid majority. More than 80 percent of Americans express a preference for aging in their own homes.<sup>139</sup> This preference has given rise to a movement, often referred to as “aging-in-place.” The Committee supports initiatives that will respect the wishes of aging Texans by allowing them to remain in their homes or with family members, rather than in nursing homes or other institutions, if aging-in-place is their preference. Supporting the growing number of aging Texans will require some changes in our health care delivery system and enhanced support for family members who may also fulfill the role of caregivers.

Texas’s population is growing and aging. U.S. Census figures report that Texas had the most population growth of any state in 2011<sup>140</sup> At the same time, Texas has a high population of people from the Baby Boom generation, the generation born between 1946 and 1964. In January of 2011 the Baby Boomers

began turning 65 at a rate of 10,000 per day and will continue to do so until the year 2030.<sup>141</sup> As the existing Texas population ages, our State continues to attract mature members of society from outside the State as well. Several distinct health care needs of the aging population should be addressed as we move forward.

Many Texans will acquire age-related disabilities, requiring particular care in the most accessible setting possible. One of the most pervasive, age-related disabilities affecting aging Texans is Alzheimer's disease. In 2008, Alzheimer's disease surpassed diabetes to become the sixth leading cause of death among U.S. adults age 18 or older.<sup>142</sup> The Council of State Governments reports, "[a]ge is the single greatest risk factor for Alzheimer's disease. Unless something is done to delay the onset or to intervene, researchers predict as many as 16 million Americans will have Alzheimer's disease by 2050."<sup>143</sup> The Committee supports statewide efforts to enhance the prevention and treatment of Alzheimer's disease.

Promising practices in health care, particularly for the aging population, focus on the idea of a "[medical home](#)." In the medical home model, patients receive services in their own homes or at an adult day-care center. Doctors, social workers, occupational and physical therapists, and other specialists provide the care and are compensated by fixed monthly rates for each patient. Because the rates are fixed, rather than a fee-for-service, some experts believe providers will have an incentive to encourage overall wellness and will not order unnecessary tests or procedures. The Council of State Governments spoke positively about the possibilities offered by medical homes:

[a]t the core of the medical home is the patient's personal, comprehensive, long-term relationship with a primary care physician and a philosophy of care focused on preventing illness and helping patients take an active role in promoting their own health. The primary care physician and staff act as a home base – or the patient's medical "home" – where the patient can access care during extended hours, patients actively participate in their care, and the medical home coordinates medical care across all health care settings such as hospitals, outpatient facilities and nursing homes.<sup>144</sup>

Another trend emerging as Texans move into their later years is an increased reliance on family members and friends to provide necessary support and caregiving. According to a recent Gallup Poll, more than one in six American workers also provides care to a family member or friend who is elderly or has a disability.<sup>145</sup> This additional, uncompensated caregiving activity cuts into the caregiver's ability to participate in gainful employment. It also takes a toll on the caregiver's health; another Gallup Poll indicated that caregivers have worse emotional and physical health as compared to non-caregivers.<sup>146</sup>

Service providers are familiar with being asked to do more with less. The Committee hopes that these recommendations will offer ways for Texas health service providers to work smarter, more efficiently, and more affordably.

## **Policy Recommendations:**

- **Recommendation 5.14:** Support ongoing and expedited implementation of the activities outlined in the [2010-2015 Texas State Plan on Alzheimer's Disease](#).
- **Recommendation 5.15:** Explore the use of [telemedicine](#) to assist healthcare practitioners as a tool to serve the increasing numbers of people with disabilities in Texas.
- **Recommendation 5.16:** Explore the use of the medical home model for Texans.
- **Recommendation 5.17:** Promote workplace-friendly policies and practices for those in the workforce who are also acting as long-term caregivers.

### ***Background and Purpose: Mental Health***

Texans of all ages and from all walks of life may at some point in their life face mental health challenges. In 2009, the estimated number of adults with serious and persistent mental illness in Texas was almost half a million. [The Department of State Health Services](#) (DSHS), the Texas State agency tasked with improving the physical and mental health of Texans, estimated the figure at 467,226.<sup>147</sup> The sheer number of Texans facing mental health challenges requires that lawmakers and officials think strategically about how best to provide much-needed mental health services in a cost-effective way that is accessible to all Texans.

Currently, Texans receive mental health services through private providers and through an array of services through DSHS, ranging from prevention and early identification to residential treatment and in-patient hospitalization. The Committee believes that the people of Texas are best served in settings of their own choosing and supports a broad spectrum of care options for Texans with mental health issues.

## **Policy Recommendation:**

- **Recommendation 5.18:** Support early intervention and therapeutic treatments for Texans experiencing mental illness.

### ***Background and Purpose: Forensic Commitments, Jail Diversion Programs, and Mental Health Courts***

Although many people who experience mental illness never encounter the criminal justice system, there are situations in which criminal justice and mental health service delivery do overlap. Texas State Psychiatric Hospitals often house offenders or alleged offenders with mental illness. These hospitals face significant strains on their capacity as they strive to serve two populations: Texans who are criminally admitted and Texans who are civilly admitted. Because most State Psychiatric Hospitals are

operating at or above capacity, a spokesperson for the Department of State Health Services summed up the capacity challenge in this way: “we can’t admit one unless we discharge one, and we have to take into account what’s best for the patient, not just the numbers.”<sup>148</sup>

This issue of capacity was examined by the [Continuity of Care Task Force](#), convened by DSHS in 2010. The Task Force summarized:

[t]he Texas state psychiatric hospital system is nearing or already over capacity. Lack of sufficient capacity of both inpatient and outpatient treatment resources for individuals with behavioral health disorders is a public health concern in Texas. Significant numbers of Texans are unable to access services for mental illnesses for a variety of reasons. This, in the context of a growing Texas population with the highest percentage of medically uninsured in the nation, signals a convergence of factors impacting all sectors of our state environment.<sup>149</sup>

Two years later, the situation is much the same. DSHS reports that State mental health hospitals “continue to operate at or above funded capacity, with several hospitals on diversion (triaging patients to hospitals with available beds) on most days. More than 500 patients have been in the hospital for more than a year because they require supports not available in the community.”<sup>150</sup> One contributing factor to the strain is an uptick in forensic commitments. The number of patients admitted to these hospitals as forensic commitments has increased from 16 percent admission in 2001 to 36 percent in 2008.<sup>151</sup> Forensic commitments include two groups of people: first, there are people who have allegedly committed a crime, but because a mental health issue prevents them from understanding the charges brought against them, they are not yet competent to stand trial. These alleged offenders are committed to a State mental health hospital for treatment that may restore their competency and allow them to eventually stand trial. Second, there are people who have been charged with a crime, but were found “not guilty by reason of insanity.” In those cases, the person is not subject to jail time, but may still pose a threat to self or others and may require treatment in a facility. An increase in forensic commitments means a corresponding decrease in each State facility’s capacity to accept civilly committed patients.

Despite significant challenges, there are promising practices emerging in Texas, including the rise of [jail diversion programs](#) and specialty [mental health courts](#). Jail diversion programs are designed to prevent unnecessary detention of people with mental health issues. In the past, when police were called to a situation involving a person with mental illness in crisis, the call often led to an expensive incarceration of the person in crisis.<sup>152</sup> Today, police officers are receiving more training in recognizing the signs of mental illness and in how to diffuse crisis situations. Beginning in 2012, Texas law enforcement officers with peace officer certification are now required to have 40 hours of training in crisis intervention.<sup>153</sup> Instead of resorting to incarceration to put an end to a volatile situation, officers are trained to consider other alternatives, including escorting the volatile person to a health care service center or a hospital emergency room, where the person may receive a psychiatric evaluation and a referral to a doctor or State hospital.<sup>154</sup> These alternatives represent a cost-savings for the community and also a benefit to the person experiencing mental illness, who may be directed to a service better suited to serve the person’s needs.

Mental health courts are another iteration of programs designed to keep people with mental illness out of serving unnecessary or inappropriate time in jail. Mental health courts are similar to other problem-solving courts, such as domestic violence courts and drug courts, which attempt to address the underlying issue that may have prompted the criminal behavior. The end result of a case before a mental health court may be a judicially-supervised, community treatment plan for the offender, designed and implemented by court staff and mental health professionals. [Harris](#) and [Bexar](#) Counties are two examples of jurisdictions that have successfully implemented mental health courts.

For the above programs to work, the overlap between mental health service delivery and criminal justice must include community-based programs that will allow people experiencing mental illness to access services before, during, and after their period of need. Programs should focus on treating the individual and allowing for recovery, rather than on criminalizing non-violent behaviors that may be a manifestation of a disability. The Committee supports increased funding for integrated prevention and recovery focused programs that treat alleged offenders and convicted offenders in the most appropriate and therapeutic setting.

### **Policy Recommendations:**

- **Recommendation 5.19:** Encourage a multi-faceted, coordinated plan between State authorities, county jails, and public and private mental health authorities/providers to diagnose and treat offenders with mental illness in the most appropriate, therapeutic setting.
- **Recommendation 5.20:** Encourage the development of programs to facilitate the early identification and diagnoses of mental illnesses and linkages to appropriate and effective treatments.
- **Recommendation 5.21:** Support continued efforts to implement the August 2010 Texas Department of State Health Services Continuity of Care Task Force Report [recommendations](#).
- **Recommendation 5.22:** Support continued implementation of jail diversion programs and specialty mental health courts that prevent expensive incarcerations and allow for Texans with mental illness to receive appropriate treatment in the community.

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## ***HOUSING***

### ***GOAL***

Increase availability of safe, affordable and accessible integrated housing options for people with disabilities.

### ***Overview***

Fostering opportunities for each Texan with a disability to live independently in a community setting is one of the major goals of the Committee. Whether purchased or rented, a home of one's own embodies values of independence and self-determination. Despite the importance of housing issues, Texans with disabilities still face significant challenges to sufficient housing choices. These challenges include expense, inaccessibility, unavailability, and housing discrimination. Eighty-four percent of respondents to the Governor's Committee Citizen Input Survey ranked "affordability of accessible, safe housing" of "high importance."<sup>155</sup> Given the considerable obstacles Texans with disabilities face in securing safe, affordable, and accessible housing in an integrated setting, the Committee supports innovative responses to these obstacles, including encouraging supportive housing programs, building new homes with accessibility features, supporting modifications to existing homes, and fostering public-private partnerships toward the development of housing options.

### ***Background and Purpose: Affording Accessible Housing***

Many Texans face the challenge of how to afford the expense of renting or purchasing a place to live, but for Texans with disabilities, the challenge can sometimes seem insurmountable. Texans with disabilities who cannot work and rely on public benefits, such as Supplemental Security Income (SSI), for their monthly income are often priced out of housing markets. In Texas, a normal monthly SSI disbursement in 2010 was \$674. A modest 1-bedroom apartment would require a renter to spend 99 percent of that monthly disbursement; an efficiency apartment would cost 90 percent of the disbursement, leaving little or nothing for the renter to spend on food, medicine, and other necessities.<sup>156</sup> Put simply: "it is virtually impossible for people with disabilities receiving SSI to obtain decent, safe, affordable, and accessible housing in the community without a permanent housing subsidy."<sup>157</sup>

A second challenge that Texans with disabilities face in securing housing is the challenge of inaccessibility. For a home to be accessible to a person with a disability, particularly a person with a mobility disability or sensory disability, the home may need certain physical features. A person who uses a wheelchair may require a ramped entrance and a roll-in shower. A person who is deaf or hard-of-hearing may need a smoke alarm with flashing lights. Accessibility does not stop with the features of the apartment or house itself, though. For a home to truly serve the needs of a person with a disability, it may need to be located on an accessible transportation route, such as a bus line, and must allow sufficient access to the community for grocery shopping, doctors' visits, and other necessities.

Despite State and federal efforts to meet the public’s need for affordable, accessible housing, the demand for such housing is much greater than the available supply. Hundreds of thousands of people with disabilities live in homes that do not meet their basic accessibility needs.<sup>158</sup> At the same time, many people with disabilities find themselves completely without a place to live: a study found that at least 43 percent of the homeless adults who stayed in a shelter on a particular night across the United States, about 421,000 people, had a self-reported disability. This number does not include those adults who chose not to self-report, nor does it include children with disabilities who stayed in shelters or adults or children with disabilities who spent the night on the streets, in abandoned buildings, or in other settings not intended for human habitation.<sup>159</sup> To complete the picture of the demand for affordable and accessible housing for people with disabilities, it is important to mention people with disabilities who currently live in institutions, such as nursing homes, State Supported Living Centers, and Intermediate Care Facilities, not due to their own references, but because there is a lack of services available to support their independent living in the community. The call for “integrated” housing options is a response to this segregation of people with disabilities in institutions.

### **Policy Recommendations:**

- **Recommendation 6.1:** Encourage localities to identify and address building codes and zoning regulations that lead to increased housing costs.
- **Recommendation 6.2:** Encourage housing subsidies and other initiatives that increase the affordability of housing for Texans with disabilities.

### ***Background and Purpose: Supportive Housing***

People with all kinds of disabilities have a right to live in the most integrated setting possible. For some people whose disabilities make truly independent living difficult or impossible, supportive housing provides an option that respects the person’s dignity, while linking the person to valuable services, and providing a cost-savings to the community. Supportive housing combines housing and services for people with disabilities. It is generally regarded as a positive alternative to congregate living, both for the people with disabilities, in particular for those with mental health challenges, and for the community.

A growing body of evidence confirms that supportive housing works for people with mental disabilities, including those with the most severe [disabilities]. [...] [R]esearch confirms that people with disabilities vastly prefer living in their own apartment or home instead of in group homes or buildings housing primarily people with disabilities. Moreover, permanent supportive housing is less costly than other forms of government-financed housing for people with disabilities. Studies have shown that it leads to more housing stability, improvement in mental health symptoms, reduced hospitalization and increased satisfaction with quality of life, including for participants with significant [disabilities], when compared to other types of housing for people with mental disabilities.<sup>160</sup>

To achieve a sufficient supply of supportive housing to meet current need, State mental health systems should work with supportive housing providers and help the providers secure subsidies. Public officials and stakeholders can work to ensure that subsidies are available and encourage a paradigm shift that respects the choice of each person with a disability to live in the community if he or she so chooses. This shift could include making it easier for Texans with disabilities to secure needed services through Medicaid funds outside of institutions.

### **Policy Recommendations:**

- **Recommendation 6.3:** Explore effective plans, policies, and practices for supportive housing that coordinate with community living and long-term care supports across State systems, using a consumer-directed approach.
- **Recommendation 6.4:** Support State efforts that would drive funding toward services provided in the community, rather than services only available in institutions.
- **Recommendation 6.5:** Encourage community integration of Texans in supportive housing by coordinating support services, housing, and transportation so people are able to participate in the social, economic, educational, and recreational activities available through community living.

### ***Background and Purpose: Creating an Accessible Housing Supply***

How can we transform Texas’s existing supply of housing, which is largely composed of inaccessible housing, into a supply with sufficient accessible housing? There are two possible mechanisms to shift the scales: first, by building new housing that is accessible and second, by modifying existing housing to make it accessible. Stakeholders should encourage common sense policies that pursue both of these mechanisms.

#### **Building New, Accessible Homes**

As new housing is developed, it should be developed with the concept of “visitability” in mind. [Visitability](#) is an international movement that encourages all new housing to be developed with basic accessibility features. Some people are skeptical when they first hear about visitability: why build a house with accessibility features if the residents do not have disabilities? Far from a special interest issue, though, visitability benefits all potential residents and prevents costly modifications down the road. Some local Texas jurisdictions have already passed visitability ordinances, including Austin in 1998 and San Antonio in 2002. <sup>161</sup>

Visitability requires three basic features in each new home: first, the home must have at least one “zero-step entrance,” an entrance along an accessible path that could be used by a person using a wheelchair or walker to enter the home; second, all interior doors must be sufficiently wide that a person using a

wheelchair could pass through them; third, there must be at least a half-bathroom located on the first floor. With just these three requirements in place, a visitable home provides a myriad of benefits to residents of the home and visitors.

- If a resident acquires a disability due to age, the resident and other family members are more likely to be able to remain in their home, rather than having to seek “special” housing elsewhere.
- All residents will benefit from the zero-step entrance when wheeling luggage, strollers, or wheeled grocery carriers.
- If a resident experiences a temporary disability, such as a broken leg, or needs to recover from surgery, he can remain in his home during recovery with relative ease.
- Family members, friends, and other potential visitors with disabilities can enter and spend time in the home independently and with dignity.
- Building in accessible features is much less expensive than making costly renovations later, if renovations are possible at all.
- Remaining in one’s own home after acquiring an age-related or other kind of disability is much less expensive than moving to an assisted living facility or nursing home.

The aptly-named Mr. Baron Houser has built over 100 homes in San Antonio under San Antonio’s visitability ordinance. He described how prospective buyers respond to the visitable homes:

[t]hey like the more open feel of the floor plan. The house doesn’t look like it was designed for someone in a wheelchair. It’s beautiful, whether it’s a small home or a large one.

When we point out the features, we mention the changing demographic, how their mom or dad might want to visit or live there sometime. We call them “homes built for any stage of life.” They accommodate the whole life span. People have responded positively to that.<sup>162</sup>

Because it focuses on just three basic accessibility features, visitability is inexpensive and does not threaten common aesthetic considerations. Best of all, though, families will be able to fully enjoy their homes, confident that they can remain in their homes for years to come.

### **Modifying Existing Homes**

The staff of the Committee frequently receives inquiries from Texas residents seeking financial assistance to modify their homes. Retrofitting existing homes for accessibility can be very expensive and is often beyond the means of the resident with a disability. If more new homes are built with accessibility features, fewer modifications will be needed in the future, but what can be done in the meantime?

The [Texas Department of Housing and Community Affairs](#) (TDHCA) administers the [Amy Young Barrier Removal Program](#), which released \$4 million of funding in August 2011. The Program offers one-time grants of up to \$20,000 to low-income Texans with disabilities for home modifications necessary for accessibility or for the elimination of hazardous conditions. Units of local government, nonprofit organizations, Public Housing Authorities (PHAs), and public agencies are eligible to apply to serve as administrators of the program. The program was designed to provide access to funds until all funds were reserved or until August 2013, whichever came first. At the time of this writing, the program [website](#) indicates that almost all of the funds have been reserved, with only \$50.12 available as of January 11, 2013.

The State of Texas should continue to assist low-income Texans with disabilities with necessary home modifications. Not only will this assistance allow for these Texans to live independently and with dignity, it will represent cost-savings for the State, as institutional care provided in an assisted living facility or a nursing home is much more expensive than care provided in a person's home, and Medicaid often foots the bill for such care. There is also room for the private, nonprofit sector to assist low-income Texans with necessary home modifications.

Finally, there are emerging practices that attempt to turn negative trends in the housing market into positives. Across the country, private industry groups, such as banks, are partnering with nonprofits to renovate foreclosed homes, making them accessible and affordable to Veterans returning from service with disabilities. This kind of innovative thinking should be encouraged and could be expanded to include groups beyond Veterans.

### **Policy Recommendations:**

- **Recommendation 6.6:** Encourage the promulgation of local visitability ordinances, which include basic accessibility requirements in the construction of certain single-family homes or duplexes.
- **Recommendation 6.7:** Continue to make funds available through the Texas Department of Housing and Community Affairs to low-income Texans with disabilities for home modifications for accessibility.
- **Recommendation 6.8:** Encourage private industry and the nonprofit sector to assist with home modifications for accessibility to low-income Texans with disabilities and Texas Veterans with disabilities.

## ***Background and Purpose: Housing Discrimination***

Even when people with disabilities are able to find housing that meets their needs, they may face discrimination in the process of renting or purchasing the dwelling or may be discriminated against after they are established in the dwelling, such as in incidents where landlords or other responsible housing authorities refuse to make reasonable accommodations to policies or procedures. Forty-eight percent of the fair housing complaints filed with federal housing agencies in 2010 were disability discrimination complaints, making disability discrimination complaints more common than complaints about any other form of discrimination, including race and national origin.<sup>163</sup> This number speaks to some particular features of disability discrimination. First, there is a lack of awareness of what constitutes disability discrimination. A study completed for the U.S. Department of Housing and Urban Development (HUD) reports that “[o]nly slightly more than half of Americans know that it is illegal for landlords to refuse to make reasonable accommodation for persons with disabilities or to permit reasonable modification to a housing unit.”<sup>164</sup> Second, disability discrimination, unlike other forms of discrimination, can occur at almost any point in the housing process.

[TDHCA’s report, \*The Housing Needs of Texans with Disabilities\*](#), further addressed this lack of awareness of fair housing principles:

[n]umerous studies documented discrimination against persons with disabilities when seeking housing. Some properties required medical assessments as a condition of residency, discouraged prospective residents who used wheelchairs, were concerned that persons with mental disabilities would disrupt other tenants or not take their medication, and had resident ratios that were not congruous with occupancy policies.<sup>165</sup>

With State and federal laws prohibiting housing discrimination against people with disabilities already in place, increased awareness of existing protections and more robust enforcement could turn the tide of discrimination.

## **Policy Recommendations:**

- **Recommendation 6.9:** Improve enforcement of fair housing disability rights, including ensuring that all agencies at the local and State levels affirmatively further fair housing for people with disabilities by reviewing and eliminating obstacles to accessible housing.
- **Recommendation 6.10:** Encourage awareness of fair housing principles, especially requirements of reasonable accommodation.

## ***RECREATION***

### ***GOAL***

Ensure the full inclusion, participation and integration of people with disabilities into recreational opportunities, venues and services in Texas.

### **Overview**

Recreation, defined here as healthy or productive activities engaged in for enjoyment, can be valuable in promoting good health and engagement in the community, while strengthening family ties. When compared to policy areas like health or employment that can affect a person's everyday life in obvious ways, the importance of recreation may seem relatively minor. Far from being relegated to the position of a luxury or an afterthought, though, recreation is a vital ingredient in a good life and deserves State support.

State support of recreational opportunities does not mean that lawmakers should mandate that all Texans "get out there and have some fun!" Instead, State policies can support inclusive, affordable, and welcoming recreational environments for all Texans, including Texans with disabilities. The goal should be opportunities for full participation by people of all disability types in activities of their choosing, including playing sports, participating in the arts, experiencing the natural world, and attending athletic and cultural events. Further, these opportunities should be inclusive, allowing people to participate together, strengthening bonds among family members, friends, and community.

An investment in recreational opportunities for all Texans is also an investment in good health. There is a strong correlation between many recreational activities and healthy living. All people benefit from regular, moderate physical activity. Activity promotes good health and can prevent secondary disease, including cardiovascular disease, osteoporosis, and diabetes. Although this need for activity is universal, people with disabilities are less likely to engage in a beneficial amount of physical activity.<sup>166</sup> Respondents to the Texas Governor's Committee Citizens' Input Survey noted the relationship between a lack of recreational opportunities for people with disabilities and the challenge of obesity. One respondent summarized the issue: "[i]f we do not work towards inclusion in recreation then the obesity epidemic will continue for people with disabilities."<sup>167</sup>

Because many recreational activities have physical components, it can be easy to focus on people experiencing physical challenges and to forget that people with intellectual, developmental, and sensory disabilities need to be included in recreation, too. The Committee's policy recommendations encourage creating recreational environments that are physically accessible to people with mobility disabilities and we also recommend inclusive practices, such as increasing training and awareness of reasonable accommodations available to people of all disabilities. A person with an intellectual disability may require assistance in filling out an application to join the local recreational center; someone who is blind may require printed materials in an alternate format, such as braille. Staff at recreational venues should be aware of the rights and needs of people with disabilities, so that all people can be welcomed and included in recreational activities.

## ***Background and Purpose: Physical Accessibility of Recreational Venues***

Some of the simple moments spent with family that many of us take for granted are denied to families affected by disability. As an example, picture a traditional playground for children. Many respondents to the Citizen Input Survey mentioned that children's playgrounds are often full of unintended barriers to children and adults with disabilities. Now picture a child in a wheelchair enjoying swings and rides at a playground as much as any other child.

If this image seems impossible, you may enjoy a visit to [Morgan's Wonderland](#). This outdoor recreational facility in San Antonio demonstrates the level of inclusion possible when people with disabilities are considered from the start. For example, where many traditional play areas use mulch to surround playscapes, the simple choice to use a rubberized surface instead of mulch at Morgan's Wonderland makes the surface much easier for people in wheelchairs or using other mobility assistance devices to navigate. Swings and amusement park rides can be built with ramps and sized to accommodate riders with various disabilities, including those who use wheelchairs.

Morgan's Wonderland is an exceptional recreational venue, but it also represents a new standard to which our existing facilities could aspire. For many years, outdoor play areas, amusement parks, and sporting facilities were not required to comply with standards of physical accessibility, but that is changing. While the Americans with Disabilities Act (ADA) has existed for over 20 years, it has only recently been expanded, through implementing regulations, to apply to many recreational facilities. Beginning March 15, 2012, the [ADA Standards for Accessible Design](#) apply to newly designed or constructed recreational buildings and facilities and to existing facilities when they are altered. These regulations now apply to many amusement rides, recreational boating facilities, fishing piers, exercise machines and equipment, golf and miniature golf facilities, play areas for children, saunas and steam rooms, swimming pools, wading pools, and spas.<sup>168</sup>

Another piece of the same ADA standards update opened new recreational opportunities for people with mobility disabilities. A rule change with a compliance date of March 15, 2011, mandated that people with mobility impairments be allowed to take their wheelchairs or "other power-driven mobility devices" onto public trails, such as walking and hiking trails. This rule applies to trails managed by state and local governments and other trails open to the public.

These new standards are a significant step in the right direction. The Committee recommends prompt and robust compliance with the new standards. As always, accessibility requirements as laid out in State and federal law should be viewed as a floor, not a ceiling. Texas State and local governments and private actors can always go above and beyond the requirements of law in creating accessible, affordable, and inclusive recreational opportunities.

The creation of inclusive recreational environments will require work beyond the physical environment and may require reworking traditional models. For example, many respondents to the Texas Governor's Committee Citizens' Input Survey brought to light an issue that the survey itself did not contemplate: the double cost incurred for a person with a disability to attend any kind of paid recreational event with a

personal attendant. Respondents suggested free or discounted admission for personal attendants assisting a person with a disability. Several other open-ended responses mentioned the difficulty – if not impossibility – of attending events in venues that do not have family restrooms. If the mother of an adult son with a disability needs to accompany her son into a restroom, should she visit the men’s room or the women’s room? A private, family restroom, as opposed to a communal men’s or women’s restroom, is the natural choice, but not all venues are equipped with family restrooms.

### **Policy Recommendations:**

- **Recommendation 7.1:** Promote the rights and preferences of people with disabilities in the design and development of recreational services, programs, facilities, and functions, and encourage prompt compliance with the revised [2010 federal accessibility guidelines for recreational facilities](#).
- **Recommendation 7.2:** Increase awareness of new requirements in effect on March 15, 2011 and March 15, 2012 from the Department of Justice regulations to Titles II and III of the Americans with Disabilities Act, in particular requirements that entities permit the use of wheelchairs and other power-driven mobility devices in all areas open to pedestrians, including walking and hiking trails.
- **Recommendation 7.3:** Incorporate [universal design and accessibility](#) into the long-range planning of State parks, public beaches and other recreational opportunities for Texans with disabilities.
- **Recommendation 7.4:** Encourage large public venues to incorporate family restrooms as an accessible amenities option.

### ***Background and Purpose: Accessible Travel and the Aging Population***

Throughout the Committee’s report, we have discussed the effect that the graying of the Baby Boom generation has had on various facets of American life. Yet another facet affected by the aging Baby Boom generation is an increased demand for accessible travel options. Baby Boomers are aging and many are acquiring age-related disabilities, such as hearing loss and reduced mobility, but many Boomers are not letting these disabilities prevent them from traveling. Scott Rains, a 56-year-old minister who is a quadriplegic and avid traveler put it this way: “[t]hey don’t intend to let hip replacements and insulin shots prevent them from traveling [...] Nor will they be pandered to, stigmatized, or written off.”<sup>169</sup>

Accommodations for travel would preferably include accessible hotel rooms, the availability of captioning and [audio description](#) during in-flight entertainment, and much more than can be included here. More information about accessible travel can be found through the website of the [Society for Accessible Travel and Hospitality](#). State and federal laws contain guidelines meant to ensure that

transportation and lodging facilities are accessible to people with disabilities, but, as is often the case, industry experts report that there is a gap between the law as written and the law as implemented.<sup>170</sup> All people with disabilities deserve equal access to travel opportunities; the Baby Boom generation may help to make the business case for accessible travel.

Travel and tourism play an important role in the Texas economy. When visitors spend time and money in Texas, they create jobs and tax revenues for communities within the State. In 2011, the gross domestic product of the Texas travel industry was \$24.9 billion. This figure is comparable to Texas's other major export-oriented industries such as microelectronics and agriculture and food production.<sup>171</sup>

By creating accessible travel options and amenities in Texas, Texas businesses will not only be doing the right thing, they will also be satisfying their legal obligations and harnessing a valuable market.

### **Policy Recommendation:**

- **Recommendation 7.5:** Encourage travel agencies, hotels, and other providers of travel and recreation activities to go above and beyond the minimum legal requirements of accessibility to create an atmosphere that is usable and welcoming to people with disabilities.

### ***Background and Purpose: Adult Playgrounds***

Playgrounds are no longer just for children: another emerging trend in recreation is the creation of adult playgrounds. These outdoor fitness areas contain low-impact exercise equipment designed with adults in mind. Located in public parks, adult playgrounds provide many of the benefits of membership at a gym, but use of the equipment is free. Adult playgrounds first turned up in Europe and China, but have since made their way to the United States and now can be found in urban centers in many warm weather states, including Texas, and even in colder climates, such as the Bronx in New York.<sup>172</sup>

From a disability perspective, adult playgrounds come with many benefits: they provide an inexpensive way for adults at a variety of fitness levels to participate in healthy activities and they have the potential to assist in anti-obesity efforts. In general, regular physical activity improves physical and mental health and can help to prevent other chronic diseases, including diabetes, depression, heart disease, and memory loss. Further, some parks are designed to be “multigenerational,” where adult exercise equipment is integrated with or adjacent to play equipment for children. These multigenerational parks allow grandparents, parents and caregivers opportunities to exercise while a child plays.<sup>173</sup>

### **Policy Recommendation:**

- **Recommendation 7.6:** Promote the creation and development of adult playgrounds and multigenerational playgrounds that will encourage physical fitness and healthy lifestyles.

## ***TRANSPORTATION***

### ***GOAL***

Promote the availability of affordable, reliable and accessible transportation for people with disabilities.

### **Overview**

Access to affordable and accessible transportation options helps enable all of us to work, choose where to live, pursue an education, access health care, worship, shop, and participate in recreational activities. The ability to move about in our environment to get to school, work and to medical care is a daily necessity. Transportation allows most of us to enjoy all the benefits that the big State of Texas has to offer. We live in a State that is as geographically diverse as its population and the ability to move about our environment is considered a basic need.

According to the Texas Department of Transportation report, Texas Statewide Long-Range Transportation Plan 2035, “livability and sustainability are concepts that are likely to be central to future surface transportation legislation. Impacts could include an increased focus on transit and rail services, transit-oriented development, smaller personal vehicles, and increased use of human powered modes, such as bicycle or walking.”<sup>174</sup> This trend includes the revitalization of downtown and inner-cities, development of urban rail systems and more bicycle and pedestrian opportunities.<sup>175</sup> But for many people with disabilities, transportation can be a struggle. The Committee has developed policy recommendations that will give planners and legislators ideas on ways to incorporate accessibility into the transportation options and systems of the future.

### ***Background and Purpose: Livable Communities and Complete Streets***

“Livable community” is a fluid term whose definition may change depending on the context and such considerations as community capacity, organizational goals, and the needs and desires of particular groups of citizens. [...] [T]he elements that make a community livable for people with disabilities make it a livable place for all members of the community. Thus, in improving its livability for one particular group of constituents, the community actually accomplishes considerably more. A Livable Community for Adults with Disabilities is defined as one that achieves the following:

- Provides options for affordable, appropriate, accessible housing;
- Ensures accessible, affordable, reliable, safe transportation and accessible parking;
- Adjusts the physical environment for inclusiveness and accessibility;
- Provides work, volunteer, and education opportunities;
- Ensures access to key health and support services;
- Encourages participation in civic, cultural, social, and recreational activities.

Within each of these six areas, a livable community strives to maximize people's independence, assure safety and security, promote inclusiveness, and provide choice.<sup>176</sup>

The Governor's Committee Citizens' Input Survey noted that 75 percent of respondents listed as "high importance" the need for affordable, accessible and timely transportation. Sixty-five percent listed transit-oriented development and accessible, affordable, and timely mass transportation as issues of "high importance".<sup>177</sup> While accessible transportation options are important to the current population, it is also important for the aging population of Texans to remain independent.

Starting on January 1, 2011, as the Baby Boomers began to celebrate their 65<sup>th</sup> birthdays, approximately 10,000 people turned 65 every day; this trend will continue for 20 years until 2030.<sup>178</sup>

By 2030, nearly every fifth person in the United States will be 65 and above, and one in four drivers will be 65 and over by 2025. The number of older non-drivers, nearly 7 million in 2001, will also double by 2025. This has profound implications for the planning, design, and operation of our roads and transit systems, as well as pedestrian and bicycle facilities. [...] The availability of transportation services, the safety of roadways and vehicles, and the design of communities are crucial concerns for mid-life and older Americans. Currently, non-drivers have few transportation alternatives and fewer safe alternatives. Public transportation is very limited or nonexistent in the suburban areas where most mid-life and older Americans live. In an American Association of Retired Persons (AARP) survey, 60 percent of persons age 50 and above said they did not have public transportation within a 10-minute walk of their home."<sup>179</sup>

In Texas, the number of Texans 65 or older is expected to grow from 2.4 million to 6.4 million by 2040.<sup>180</sup> During the 82<sup>nd</sup> Legislative session, legislation was filed to require the Texas Department of Transportation to recognize that available walkable and bikeable pedestrian and transit modes are important elements of an inclusive transit-oriented development. This "Complete Streets" legislation would not only allow people to walk, bike or roll to community services but would also help reduce the obesity rate in Texas. Sixty-nine percent of respondents to the Texas Governor's Committee Citizens' Input Survey stated that they "strongly agreed" with the recommendation to encourage the creation of "Complete Streets" developments. Additionally, 60 percent of respondents strongly agreed that there needs to be increased funding for accessible affordable timely rural paratransit programs.

Too few streets are "complete"—that is, designed and operated to accommodate users of all ages and abilities, whether walking, using public transportation, bicycling, or driving. Roughly one-fifth of older persons live in rural areas, and about a third of users of rural public transportation are elderly. High operating costs, especially for gasoline, threaten the transit programs that serve rural and older Americans [even as] [...] demand is on the rise. Older individuals currently make about 90 percent of their trips by automobile. While older drivers are generally safe drivers, when they are involved in crashes, they are significantly more likely to die than are younger persons. Crash fatalities among people age 75 to 79 are four times as likely as those among people age 30 to 59. The Insurance Institute for Highway Safety (IIHS) reports that fragility is

the largest contributor to older persons' high risk of dying from a crash, when compared with persons younger than 60 years of age.

While the Federal Highway Administration has developed guidelines to accommodate older drivers with effective road design, the states have been slow and inconsistent in implementing these recommendations. Community design largely determines how well Americans at midlife and older move about their neighborhoods and reach their desired destinations. More than half of United States citizens age 50 and older live in the suburbs. Not surprisingly, a mobility mismatch between these communities, designed almost exclusively for the automobile, and a growing non-driving population has resulted. People living in areas with better, more integrated transportation and housing make more trips outside their homes, by foot and on public transportation, than their counterparts who do not live in such locations. Pedestrian-friendly communities allow older residents a greater opportunity to retain their independence and to stay engaged.<sup>181</sup>

Moreover, as Texas's population ages, older citizens who use walkers, wheelchairs or other mobility supports need curb cuts and accessible audible and visual walk lights with sufficient time to cross streets and roads. According to a report from Transportation for America, "Dangerous by Design in 2011," Houston, Dallas-Fort Worth, Austin and San Antonio are ranked among the top 25 most dangerous places for pedestrians in the nation. Over the past decade, more than 4,200 Texas pedestrians were killed and more than 500 of those killed were 65-plus.<sup>182</sup>

### ***Background and Purpose: Moving About in our Communities***

[One of three children in Texas] is overweight or obese, including almost half of Hispanic children in the state. These children have greater than a two-thirds chance of remaining obese at age 35 [and will likely] develop lifelong health and productivity consequences. Already by 2005, obese adults cost Texas businesses \$3.3 billion per year. Today's obese children are poised to triple Texas' current adult obesity rate by 2040, and obesity-related expenses are projected to skyrocket accordingly.

Fortunately, obesity is a preventable condition. Innovative policies can reach children while they are still young, reversing their unhealthy weight trends, and preventing weight gain in the first place. Texas has taken bold first steps toward reducing childhood obesity, yet more work remains. With the right combination of actions, the state could avert future costs for Texas and its businesses, and improve the next generation's quality of life.<sup>183</sup>

Along with the increased monetary consequences related to obesity, the obesity-related disability costs are also likely to rise.

In 2009, according to the Texas Childhood Obesity Prevention Policy Evaluation, only 13 percent of children walked or biked to school, compared to 42 percent who did 40 years ago. The

research showed that students would be more likely to walk or bike to school if streets were designed to protect them and that parents could be assured of their safety.<sup>184</sup>

If we design transportation environments which are good for people who are 8 and good for people who are 80, we create accessible options for everyone. Gil Penalosa, a transportation design expert, has developed an “8-80 Plan.” What are the characteristics of an “8-80 City”?

- 8-80 Cities are communities built for people. They reflect social equality in the public realm and promote sustainable happiness.
- They nurture our need to be physically active by providing safe, accessible and enjoyable places for everyone to walk, bike and be active as part of a daily routine.
- They recognize that people are social creatures and prioritize human interaction by fostering vibrant streets and great public places where people can rest, relax and play.
- 8-80 Cities encourage sustainable and healthy lifestyles for everyone regardless of age, gender, ability, ethnicity or economic background.<sup>185</sup>

### **Policy Recommendations:**

- **Recommendation 8.1:** Explore high speed rail options that include maximum accessibility requirements with focus on intelligent system technologies.
- **Recommendation 8.2:** Encourage communities in Texas to implement long term strategies for transit-oriented, mixed use development that would provide accessible, safe, reliable, and affordable transportation choices for Texans with disabilities in order to obtain employment, healthcare, housing and other needed services.
- **Recommendation 8.3:** Encourage local public transit programs to direct funding to improve accessible program design, including rural paratransit programs.
- **Recommendation 8.4:** Support State and local government efforts for aggressive coordination of accessible and affordable transportation, resources and services for Texans with disabilities.
- **Recommendation 8.5:** Promote the elements of transit-oriented development, livable communities and complete street concepts in Texas
- **Recommendation 8.6:** Encourage the principles of Livable Communities in the long range regional planning and development of communities in Texas, including accessible transportation options.

## ***Background and Purpose: Accessible Transportation Options***

### **Public Rights-of-way**

Accessible streets, sidewalks, and other public infrastructure are crucial to viable transportation for people with disabilities. The lack of enforceable standards under the ADA remains a significant problem, as communities across the United States erect barriers, including inaccessible bus stops, intersections without curb ramps or with improperly constructed ramps, street crossings and pedestrian signals that are inaccessible to people with visual impairments, and phone poles and other barriers blocking sidewalks.

Travel by taxicab, [used] by many people with disabilities, can pose real barriers to individuals who use service animals or wheelchairs. Accessible taxicabs generally are not required by the ADA. In the void created by this lack of a legal mandate, most cities have attempted to establish wheelchair-accessible taxi services. [...] Some cities have imposed accessible taxicab mandates without providing the necessary incentives for drivers and cab companies, or without the necessary monitoring and enforcement. Often, accessible taxis are not available in neighborhoods for use by people with disabilities; they are busy providing paratransit rides on contract with the local transit agency, or waiting at the airport for nondisabled passengers with golf clubs and bulky luggage, or even parked and not in use.

[Adding to the challenges of readily available urban transportation, the rural transportation challenges are additionally significant.]

Although some model programs have been established in rural areas, a significant discrepancy in funding to such areas means that public transit in general, much less accessible public transit, is in grossly short supply. The human cost is great, resulting in many problems, including institutionalization of people with disabilities solely as a result of the lack of adequate transportation to medical appointments.

While public transportation in this country has made great strides since the passage of the ADA, significant gaps remain for many sectors of the disability community, including people who live in rural areas, those who rely on paratransit to get to work or medical appointments, and those with visual impairments who rely on bus stop announcements. [...]

Flexibility in bus service planning has resulted in the implementation of hybrid services that may provide more options for people with disabilities in rural and suburban communities.

[...][P]rogress has been made on many fronts and successful practices for providing various modes of transportation have improved somewhat, and can serve as models for other communities. The continued underfunding of public transportation, however, directly limits the mobility of large sections of the disability community who are unable to use a car, and this problem will not be fully addressed without a fundamental shift in funding priorities to support a comprehensive, accessible public transportation system.<sup>186</sup>

## **Policy Recommendation:**

- **Recommendation 8.7:** Encourage public and private entities to voluntarily increase the percentage of accessible parking spaces above the federal minimum guidelines.

### ***Background and Purpose: Distracted Driving and Pedestrian Safety for Texans with Disabilities***

With new technolog[ies] being introduced every day, distracted driving is a major traffic safety issue. Although lawmakers at the state, federal and local level are examining a wide variety of issues related to driver focus, the most common concern is the potential distraction caused by cell phones and other technology in the car. More than 220 million people in the United States subscribe to wireless services, and it is estimated that as many as 80 percent of those subscribers use their phones while driving. Many states have passed laws related to cell phone use in the car. Ten states — California, Connecticut, Delaware, Maryland, New Jersey, New York, Nevada, Oregon, Washington and West Virginia — and the District of Columbia have banned hand-held phone use by all drivers. Legislatures in other states have prohibited cell phone use by younger drivers or school bus drivers. The National Conference of State Legislatures (NCSL) closely monitors the latest developments in distracted driving legislation. Many states that have passed hand-held bans and texting bans provide for various exemptions for emergencies, law enforcement personnel, emergency medical technicians, firefighters, state Department of Transportation employees, etc.<sup>187</sup>

While this is a safety concern for many pedestrians and other drivers, it is a particular issue for Texans who are blind or have mobility disabilities, who need to navigate the Texas streets and byways. According to the American Council of the Blind of Texas, approximately 30 percent of Americans do not drive, and a large percentage are persons with disabilities, including persons who are blind or visually impaired. Distracted drivers significantly imperil the safety of pedestrians, especially those who are blind or visually impaired or have mobility disabilities. The National Highway Traffic Safety Administration reports that 80 percent of all accidents involve a distracted driver, and that using a cell phone while driving is among the “Top Five” distractions.<sup>188</sup> A recent *Austin American-Statesman* article stated that

2012 ranks as the deadliest year for pedestrians and cyclists in Austin history. [...] Last year also saw a significant increase in auto-pedestrian-cyclist fatalities, from 12 in 2010 to 22 in 2011, while vehicular deaths continued to decline. This year both are up, and as the *American-Statesman* reported in March, the percentage of total traffic deaths comprised by pedestrians and cyclists — 46 percent — is higher than ever. [...] Nationally, pedestrian fatalities are also on the rise, while motorist fatalities have declined since 2007, according to the National Highway Traffic Safety Administration.<sup>189</sup>

## **Policy Recommendation:**

- **Recommendation 8.8:** Support legislation that would ban the use of hand-held wireless communication devices for text-based communication while operating a motor vehicle.

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## **VETERANS**

### **GOAL**

Promote an array of services and opportunities for Texas Veterans with disabilities.

### **Overview**

Since October 2001, approximately 1.64 million U.S. troops have been deployed as part of Operation Enduring Freedom (OEF; Afghanistan) and Operation Iraqi Freedom (OIF; Iraq). The pace of the deployments in these current conflicts is unprecedented in the history of the all-volunteer force.<sup>190</sup> Not only is a higher proportion of the armed forces being deployed, but deployments have been longer, redeployment to combat has been common, and breaks between deployments have been infrequent.<sup>191</sup>

At the same time, episodes of intense combat notwithstanding, these operations have employed smaller forces and have produced casualty rates of killed or wounded that are historically lower than in earlier prolonged wars, such as Vietnam and Korea. Advances in both medical technology and body armor mean that more servicemembers are surviving experiences that would have led to death in prior wars.<sup>192</sup> However, casualties of a different kind are beginning to emerge—invisible wounds, such as mental health conditions and cognitive impairments resulting from deployment experiences. These deployment experiences may include multiple deployments per individual servicemember and exposure to difficult threats, such as improvised explosive devices (IEDs).

As with safeguarding physical health, safeguarding mental health is an integral component of the United States' national responsibilities to recruit, prepare, and sustain a military force and to address service-connected injuries and disabilities. But safeguarding mental health is also critical for compensating and honoring those who have served our nation. Public concern over the handling of such injuries is running high. Policy changes and funding shifts are already occurring for military and Veterans' health care in general and for mental health care in particular. However, despite widespread policy interest and a firm commitment from United States Department of Defense and the Veterans Administration to address these injuries, fundamental gaps remain in our knowledge about the mental health and cognitive needs of U.S. servicemembers returning from Afghanistan and Iraq, the adequacy of the care systems available to meet those needs, the experience of Veterans and servicemembers who are in need of services, and factors related to whether and how injured servicemembers and Veterans seek care.<sup>193</sup>

Texas has the second-highest number of Veterans of any state in the United States — 1.7 million.

Many Veterans either entered service in Texas or were stationed at one of the 15 active military bases spread throughout Texas. While males continue to dominate all branches of the military, the number of female Veterans continues to increase steadily. There are now over 1.8 million women Veterans nationwide, and women Veterans represent 7.7 percent of the total U.S.

Veteran population of 23.4 million. Texas has approximately 161,000 women Veterans, the second-largest female Veteran population of any state. [...] Texas is committed to serving the needs of its Veterans. Because of the recent conflicts in Iraq and Afghanistan, a large number of Veterans require specific assistance and services, such as filing [for disability compensation from the VA or] finding counseling for Post-Traumatic Stress and Traumatic Brain Injury, the signature wounds of these wars.

Also, as Veterans age in Texas, there is an increase in the need for care and assistance for older Veterans, which includes filing to increase a VA disability rating or applying to enter a Veterans' Home. Women Veterans who need health care services that differ from their male counterparts tend to access services at a higher rate than male Veterans.

Upon leaving the military, a Veteran will need benefits and services such as:

- Filing a claim with the VA
- Using Government Issued Bill benefits
- Utilizing an On-the-Job training opportunity
- Securing employment
- Getting housing assistance
- Getting counseling for Post-Traumatic Stress or Traumatic Brain Injury
- Obtaining family and child services
- Finding referral to other services
- Getting into a Veterans' Home, and
- Accessing burial, health and life insurance benefits <sup>194</sup>

The Veteran population in Texas age 60 years and older which in 2008 numbered approximately 818,926 will increase slightly to 823,100 by 2014. The number of Veterans 80 years of age and older currently stands at 172,150 and is expected to peak in 2014 at 178,000. The number of Veterans over the age of 80 will gradually decline through 2021 at which time their numbers will once again begin to grow.

By F[iscal]Y[ear] 2014, the modal age of Veterans is estimated to be nearly 70 years old. As the Veteran population ages, we expect a concurrent increase in demand for care and services from this demographic. This will be a major challenge to both the Department of Veteran Affairs (VA) and the Texas Veterans Commission. The majority of older civilian males age 80 and older are Veterans, reflecting the high proportion of men who served in World War II.

In 2009, Vietnam-era Veterans still comprised the largest number of Veterans in Texas (517,000). However, there has been a very significant growth in the Gulf War Veterans' population. Between 2005 and 2009, the number of Gulf War Veterans residing in Texas increased by an incredible 32 percent and currently there are 467,000 Gulf War Veterans residing in Texas. <sup>195</sup>

The survival rate for U.S. servicemembers wounded in Iraq has reached 90 percent, higher than in any previous war, and 10 points higher than in the 1991 Persian Gulf War, thanks to body armor and better care. For every servicemember killed in Iraq, 15 others have survived illness or injury there. However, unlike previous wars, few soldiers are wounded as the result of small arms fire or shrapnel. Consequently, more servicemembers survive to return home with severe combat-related injuries that require additional care.<sup>196</sup> However, Texas has a long and rich legislative history of supporting its Veterans throughout time.

The State of Texas, through its legislative and executive representatives, has a proud history of serving the needs of Texas Veterans.

In 1947, in order to care for the large increase in Texas's Veteran population resulting from World War II and other wars in which Texas residents participated, Texas legislators once again rose to the occasion (50<sup>th</sup> Legislature, Regular Session) by establishing a system of Veterans' county service officers, and mandating the [Texas Veterans] Commission to train the Veterans' county service officers and assistants and coordinate a statewide Veterans Assistance Program.

More recently, Texas's elected officials have carried the proud tradition of serving the needs of Texas Veterans to even greater heights. Recent events unfolded in 2006 when the 79<sup>th</sup> Texas Legislature took the unprecedented lead in serving the needs of Texas Veterans by transferring Veterans Employment Services (VES) to the Texas Veterans Commission. Shortly thereafter, in October 2006, Governor Rick Perry followed suit by issuing an executive order transferring the Veterans Education Program (State Approval Authority) to the Texas Veterans Commission. The 81<sup>st</sup> Legislature, recognizing Veterans and their families experience unique hardships not faced by their civilian counterparts, answered the call again by passing House Bill 1299, which created a lottery scratch-off game benefiting the Texas Veterans Commission Fund for Veterans' Assistance (FVA).

As elements of a horizontally integrated service delivery network, each program is designed to interact with the other to significantly improve the quality of life for Texas Veterans and their families. This relationship remains dynamic and ongoing throughout the course of the Veteran's life and, in many cases, beyond through death and pension benefits.

Today, Texas is widely recognized throughout the country as the progressive thought leader on Veteran issues. The state's leaders have sent a clear message to the Veterans of the state and to the nation as a whole that the sacrifices made by Veterans and their families are not forgotten and are in fact deeply appreciated.<sup>197</sup>

During the 82<sup>nd</sup> Legislative Session, Governor Perry first called for the creation of the [College Credit for Heroes] program in June 2010, when he established a comprehensive Veterans' initiative in advance of the legislative session.

Senate Bill 1736 by Sen. Leticia Van de Putte created College Credit for Heroes, a partnership between the Texas Workforce Commission and Texas Higher Education Coordinating Board that allows colleges and universities to award course credit for experience, education and training obtained during military service. This helps Veterans save time and money as they pursue degrees, and helps speed their transition into the workforce.<sup>198</sup>

Also during the 82<sup>nd</sup> Legislative Session, Senate Bill 1796 created the Texas Coordinating Council for Texas Veterans (TCCVS). In October of 2012, the first report of the TCCVS was released for legislative review and recommendations for the 83<sup>rd</sup> Legislative Session beginning in January of 2013.<sup>199</sup> The Governor's Committee on People with Disabilities has reviewed the report and supports its recommendations for services for our brave men and women Veterans.

### ***Background and Purpose: Women Veterans***

Women are now the fastest growing cohort within the Veteran community. In 2011, about 1.8 million or 8 percent of the 22.2 million Veterans were women.<sup>200</sup> The male Veteran population is projected to decrease from 20.2 million men in 2010 to 16.7 million by 2020. In contrast, the number of women Veterans will increase from 1.8 million in 2011 to 2 million in 2020, at which time women will make up 10.7 percent of the total Veteran population.<sup>201</sup>

The urgency of this effort is acute, given the rapid growth of the women Veteran population. Consider these facts, which Secretary Shinseki cited in announcing the formation of the Women Veterans Task Force (WVTF) in July 2011:

- Fully 14 percent of active duty and 18 percent of National Guard and Reserves forces are now women. In contrast, the percentage of women in uniform was just 2 percent in 1950.
- The nature of warfare places women in hostile battle space in ever-increasing numbers, with ever-increasing opportunity for direct-fire combat with armed enemies.
- Women are sustaining injuries similar to their male counterparts, both in severity and complexity.<sup>202</sup>

However, female Veterans often report a different experience than their male counterparts and given the long protracted war, a disturbing trend has emerged. Although both women and men can experience sexual harassment or sexual assault during their military service,

[t]he Pentagon's latest figures show that nearly 3,000 women were sexually assaulted in fiscal year 2008, up 9 percent from the year before; among women serving in Iraq and Afghanistan, the number rose 25 percent. Close to a third of all female Veterans say they were victims of rape or assault while they were serving — twice the rate in the civilian population. [...] The Pentagon estimates that 80 percent to 90 percent of sexual assaults go unreported.<sup>203</sup>

These alarming statistics point to the need for specialized mental health care services for women Veterans. Officials often report challenges when attempting to hire providers with specific training and experience in women's health care and in mental health care, such as treatment for women Veterans with post-traumatic stress disorder or who had experienced military sexual trauma.<sup>204</sup>

Additionally, the Veterans Administration provided health care to over 281,000 women Veterans in 2008--an increase of about 12 percent since 2006--and the number of women Veterans in the United States is projected to increase by 17 percent between 2008 and 2033. Women Veterans seeking care at VA medical facilities need access to a full range of health care services, including basic gender-specific services--such as cervical cancer screening--and specialized gender-specific services--such as treatment of reproductive cancers.<sup>205</sup>

### **Policy Recommendation:**

- **Recommendation 9.1:** Increase access for female veterans to gender-specific health services including mental health trauma care.

### ***Background and Purpose: Post Traumatic Stress and Traumatic Brain Injuries***

Almost 50,000 American soldiers have returned from the conflicts in Iraq and Afghanistan with injuries. The signature injuries of these two conflicts are Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). Thirty percent of returning Veterans have screened positive for PTSD, TBI and/or major depression.<sup>206</sup> The Texas State Legislature, in addition to the VA, has taken significant steps to address the wide range of injuries, including TBI and PTSD.

House Bill 1 during the 80<sup>th</sup> Texas Legislature, Regular Session, 2007, established the [Office of Acquired Brain Injury](#) (OABI) within the Texas Health and Human Services Commission to serve as the state's lead department providing guidance; consultation; referral and service coordination for survivors of Acquired Brain Injury (ABI), family members and caregivers, including returning combat Veterans to ensure a seamless, comprehensive system of care through the collaboration and coordination of federal, state and local resources.

Texas has the only statutorily established state office of brain injury and advisory council in the United States. The OABI has been recognized by the U.S. Department of Health and Human Services, Health Resources and Services Administration as a national model for its robust, innovative programs and its unprecedented development of a multi-systemic national and statewide network of partners providing service referral coordination, education and outreach, connecting Veterans as well as civilians to the appropriate array of care.

House Bill 2019, 78<sup>th</sup> Texas Legislature, Regular Session, 2003, established the [Texas Traumatic Brain Injury Advisory Council](#) (TBIAC) to be “devoted to the interests of persons with traumatic brain injuries and their families. The 22 member Council represents the geographic, cultural and ethnic diversity of the state.

The OABI comprehensively reviews and assess existing Veterans’ programs within and without the Health and Human Services enterprise. OABI and 2-1-1 Texas partner to provide the most comprehensive information and referral service coordination through a web-based course certified for continuing education credit through the Department of State Health Services. The office provides brain injury awareness training and certification for all call center specialists to increase their knowledge of the challenges Veterans with TBI may encounter when seeking assistance and specialized communication skills. Approximately 650 certifications have been issued on behalf of the OABI through the Department of State Health Services to date. The course is used by several other states as well.

The OABI and Texas TBI Advisory Council developed bilingual DVDs to assist brain injury survivors, their families and caregivers. Both English and Spanish DVDs include special training to assist Veterans with TBI and PTSD, their families/caregivers and each contains a segment featuring Texas Veterans. The Spanish DVD is introduced and closed by former Texas Adjutant General Jose Mayorga. Brain injury survivors often experience cognitive dysfunction leading to depression and suicide, anger management, antisocial behavior, emotional outbursts and inappropriate language or actions, isolation and withdrawal from family and friends. Stressful situations can exacerbate negative reactions that may lead to negative encounters with law enforcement, airport security personnel or other authority figures. To assist Veterans and other brain injury survivors, identification wallet cards have been printed that include the individual’s name and an emergency contact’s information. The reverse side of the card contains signs and symptoms of TBI and a message stating that communication is difficult in stressful situations and tips for a more positive outcome.<sup>207</sup>

Of the 1,131 responses to the 2012 Texas Citizen Input Survey for the 83<sup>rd</sup> Legislative Session on Veterans issues, citizens ranked the need for increased services to Veterans with TBI as their highest priority at 76.1 percent. Citizens noted that providing long-term care services for aging Veterans with disabilities was important to them with a responsive percentage of 74.4 percent. Respondents strongly

agreed with supportive collaborative efforts between State and federal agencies to provide long-term care for Veterans with disabilities at 75 percent. Additionally, respondents strongly agreed on improving the availability of information on services for Veterans with disabilities regarding job opportunity and placements.<sup>208</sup>

### **Policy Recommendations:**

- **Recommendation 9.2:** Support public and private initiatives in Texas to screen returning veterans for Traumatic Brain Injury and Post Traumatic Stress and make information and resources available that are necessary for rehabilitation, transition, and return to work.
- **Recommendation 9.3:** Support legislation that would provide increased resources to the Office of Acquired Brain Injury and the Texas Traumatic Brain Injury Advisory Council.
- **Recommendation 9.4:** Develop a multi-agency, comprehensive long-term strategy in Texas to address the mental health needs of current and returning veterans.
- **Recommendation 9.5:** Encourage Texas Medical Schools to train physicians in physical and psychosocial implications of compression injuries.
- **Recommendation 9.6:** Explore efforts to educate employers on the benefits of using qualified/trained individuals such as Certified Rehabilitation Counselors to provide job placement services to veterans with disabilities and encourage collaboration with education and federal organizations with similar missions.

### ***Background and Purpose: Homelessness of Veterans***

Our knowledge of homeless Veterans is increasing and it is important to note that:

Veterans are overrepresented among the homeless population. In 2010, Veterans accounted for 10 percent of the total adult population and 16 percent of the homeless adult population. However, Veterans comprised 13 percent of sheltered homeless adults in 2010 and 16 percent of homeless adults at any given point in time.<sup>209</sup>

General Eric Shinseki estimated that there were about 131,000 homeless Veterans in the U.S. in 2008.

<sup>210</sup> According to the National Coalition for Homeless Veterans,

[p]rior to becoming homeless, a large number of Veterans at risk of homelessness have [experienced] [...] PTSD or have addictions acquired during or worsened by their military service. At least 45 percent of homeless Veterans [experience] [...] symptoms of mental illness, while over 50 percent have substance abuse problems. Many are dually-diagnosed, which especially challenges existing service-delivery systems. [...]

According to the VA 2007 Community Homelessness Assessment, Local Education and Networking Groups report, there were an estimated 154,000 Veterans who were homeless on any given night. This estimate of homeless [V]eterans is down 21 percent from the 2006 estimate and represents a 40 percent reduction since 2001. The VA stated the decrease was due in part to the partnership between the VA and community-based homeless Veteran service providers, which provides evidence that the VA's programs to help homeless Veterans are effective.

The Department of Housing and Urban Development (HUD) reported in its 2007 Annual Homelessness Assessment Report to Congress that there had been a 30 percent reduction in chronic homelessness over the past two years. Among the 1.6 million people who were homeless and who found shelter during 2007, 13 percent were Veterans. The authors of the report attributed the reduction in homelessness to the effectiveness of supportive housing.<sup>211</sup>

### **Policy Recommendations:**

- **Recommendation 9.7:** Develop a comprehensive psychosocial screening process for current and returning veterans that could help identify veterans who are at high risk of homelessness due to a physical, mental or cognitive disability.
- **Recommendation 9.8:** Support efforts to develop a continuum of housing options for returning veterans.

### ***Background and Purpose: Health and Mental Health Services***

As mentioned earlier, formal studies have shown that deployments in the Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) war zones significantly increase the risk that a Veteran will return with symptoms of Post Traumatic Stress Disorder (PTSD), a Traumatic Brain Injury (TBI), and/or major depression.

Due to the stressful and unique nature of the work of servicemembers, particularly those who have seen combat, the military has created a culture in which servicemembers take care of each other. This mentality easily lends itself to an environment where servicemembers rely on the natural support of their colleagues to cope with stress. In a recent behavioral health survey of more than 28,000 active-duty military personnel, “talking with friends and family” was the second most common coping strategy for dealing with stress, with 73 percent responding to using that strategy frequently or sometimes. (The most common coping strategy, with 79 percent responding to using the strategy frequently or sometimes was “thinking of a plan to solve the problem.”) Strong social support networks have been linked to resilience, which is a fundamental component of successfully managing stress.

Peer-to-peer programs use peer support as a primary intervention for Veterans, especially for those who are in crisis and for those who are in adjustment phases. In a formalized peer-to-peer program, the peer providing the support has received some level of training and has access to more intensive support resources. Although peer support discussions can improve the mental health of a Veteran, peer support is not professional counseling. Some individuals may have needs that are beyond the scope of a peer-to-peer program and require professional support. Providing peer-to-peer support training to servicemembers and Veterans, many of whom are already providing informal social support, could increase the effectiveness of the individual providing support as well as increase his or her ability to identify a potential high-risk situation before a crisis event occurs.

In November 2009, Governor Perry worked with the Legislature to secure an additional \$5 million to supplement the \$1.2 million from the state budget to expand mental health treatment and support programs for Veterans and their families. The 81<sup>st</sup> Legislature passed, and Governor Perry signed, Senate Bill 1325, which established state peer-to-peer mental health programs for Veterans. The 81<sup>st</sup> and 82<sup>nd</sup> Legislatures have also continued funding in order to maintain and enhance the peer-to-peer program for Veterans and their families, to expand existing mental health programs for Veterans and their families, and to recruit and train volunteers and practitioners for Veterans’ mental health treatment and peer support.

The state has developed a network of trained peers who know how to reach out to help these new war Veterans. Because the new war Veterans typically do not understand how their invisible wounds can affect their lives, and because they are unlikely to present themselves for medical or mental health treatment, they need a supportive hand from a peer who understands both their military experiences and their injuries. Because of this, the state has created the Department of State Health Services-sponsored Military Veteran Peer Network. The understanding that comes from a fellow Veteran often is the first and most important step a new Veteran can take on their journey home from War.<sup>212</sup>

While the peer-to-peer framework has potential for a successful intervention strategy, often navigating the state or federal system for other types of care once the Veteran has returned home can be a stressful process.

In July of 2012,

Governor Rick Perry, along with Lieutenant Governor David Dewhurst and Speaker Joe Straus, [...] authorized the Texas Veterans Commission (TVC) to use \$1.5 million from its 2012-2013 biennial budget to address the backlog of Veterans' claims pending before the U.S. Department of Veterans Affairs (VA). The governor [...] also authorize[d] a \$100,000 grant from the Governor's Office so TVC can begin addressing the issue immediately. The TVC [...] create[d] a state strike force team at each of the two VA regional offices in the state, modeled after the successful claims processing assistance teams that Governor Perry funded in 2009, which cleared more than 17,000 cases from the VA backlog between November 2009 and July 2011. The TVC [...] also create[d] fully developed claims teams in Dallas, Fort Worth, Temple, Austin, Houston, San Antonio and McAllen with claims counselors to improve access and assist Veterans in filing and fully developing claims. Staff from these teams [...] [were] located at each regional office to expedite fully developed claims, and work on claims for Veterans and family members with unique challenges.<sup>213</sup>

Despite these efforts, an August 2012 article in the Austin American-Statesman newspaper noted that "the Waco VA claims processing center which serves Central Texas Veterans, had the nation's longest average time for claims processing, roughly 393 days. That is "three times as long as the nation's fastest claims processing center." The two VA claims offices in Texas, one in Waco and one in Houston, are among the busiest in the nation, each completing more claims than other regional offices. The Central Texas office has one of the nation's largest veteran populations with Bell County, which is home to Fort Hood. And despite the surge of claims for younger Veterans, Vietnam Veterans account for 3 of every 10 new claims. That's partly because new rules in 2010 made it easier for Vietnam Veterans to file claims based on PTSD and exposure to Agent Orange. Waco officials devoted significant resources to process the 19,000 Agent Orange claims.<sup>214</sup>

### **Policy Recommendations:**

- **Recommendation 9.9:** Create a marketing and information program for returning veterans that educates them on all services available in Texas through the Texas Veterans Commission.
- **Recommendation 9.10:** Foster efforts to utilize social media and the Internet to provide a communication network of services for veterans with disabilities.
- **Recommendation 9.11:** Promote the use of accessible and usable technology to help veterans self-assess what services and resources are available to them through the Texas Veterans Commission.
- **Recommendation 9.12:** Support the collaborative efforts of state and federal agencies to improve timeliness, ease of application, and delivery of services and benefits to Texas Veterans.

- **Recommendation 9.13:** Promote the use of telemedicine to assist in providing health and mental health services to current and returning veterans in Texas.
- **Recommendation 9.14:** Explore ways to promote employment of current and returning veterans in Texas.
- **Recommendation 9.15:** Support efforts to provide accessible transportation for veterans to and from VA medical facilities, especially in rural areas.
- **Recommendation 9.16:** Encourage agencies with job placement components to link Veteran services websites to their websites to meet all the complex needs of today's Veterans.
- **Recommendation 9.17:** Support programs and services for peer-to-peer interactions of returning Veterans, including peer-to-peer counseling services.
- **Recommendation 9.18:** Support efforts to decrease the time related to processing VA disability-related claims.
- **Recommendation 9.19:** Support long-term planning efforts related to the needs of an aging veteran population with severe medical needs in Texas.

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## **WORKFORCE**

### **GOAL**

Support full, integrated employment opportunities for people with disabilities in the public and private sectors.

### **Overview**

*“Texas Works Best When ALL Texans Work.”* This simple truth is engraved on each of the [Lex Frieden Employment Awards](#) medallions, which are given by the Committee each year to Texas employers who demonstrate exemplary practices in the hiring and retention of employees with disabilities. The Committee firmly believes that every Texan with a disability deserves the opportunity to work if he or she chooses. Further, Texas employers and the State economy as a whole can benefit from an integrated workforce where people with and without disabilities work side by side. Despite existing legal protections that enshrine principles of nondiscrimination in the workplace, work remains to be done on building a truly integrated and inclusive workforce.

The Americans with Disabilities Act (ADA) calls for the full participation of people with disabilities in society, including in the workforce. Despite twenty-two years of ADA enforcement and litigation, parity in workforce participation by Americans with disabilities remains elusive. People with disabilities in the United States still face a higher risk of unemployment than their counterparts without disabilities.

The [Bureau of Labor Statistics at the U.S. Department of Labor](#) reports that the unemployment rate for people with disabilities was 15 percent in 2011. This was well above the 8.7 percent unemployment rate for people without disabilities. These statistics consider only those people with disabilities who were available for work and actively seeking it. In other words, the 15 percent does not include people who were not interested in work or not actively seeking it due to age, illness, or disability. People who were not working and were not seeking employment were considered “not in the labor force,” as opposed to “unemployed.” Here, too, the numbers were striking: roughly eight in ten people with disabilities were considered not in the labor force in 2011. Part of this huge ratio can be explained by the large number of people over the age of 65 with disabilities, who were not seeking work. Still, at every age group, people with disabilities were more likely than their peers without disabilities to be out of the labor force.<sup>215</sup>

What explains the disparity in unemployment between people with disabilities and people without? Many people with disabilities continue to face complex obstacles to securing and maintaining employment. In addition to challenges that may arise directly from the person’s disability, applicants and employees may encounter attitudinal barriers, a lack of awareness of appropriate workplace services and supports, and a sometimes confusing patchwork of State and federal employment services. Additionally, people with disabilities who receive public benefits may fear losing necessary medical coverage, such as coverage through [Medicaid](#), and important cash assistance if they secure even a low-paying job. An open-ended response to the Texas Governor’s Committee Citizens’ Input Survey cast the dilemma between employment and public benefits into stark relief: a citizen wrote that he had recently learned that if he secured gainful employment, he would no longer be qualified to receive a motorized

wheelchair through a public benefit program. The wheelchair was not something he could afford on his own. The citizen wrote: “I do not believe I should be placed in a position to make such a choice. I want to work [... but] I \*need\* the electric wheelchair.”<sup>216</sup>

Respondents to the Texas Governor’s Committee Citizens’ Input Survey spoke almost unanimously about the importance of employment in the lives of Texans with disabilities. Eighty-six percent of respondents indicated that “increased employment opportunities for people with disabilities” was of “high importance” and 10 percent indicated that it was of “moderate importance,” bringing the joint total to 96 percent. Given the diversity of survey respondents, a consensus among 96 percent of respondents is an eye-catching figure.

Further, survey respondents indicated strong interest in a range of possible responses to employment issues. Popular responses included “educate employers on the legal requirements of reasonable accommodations” with 82 percent of respondents “strongly” in favor: “foster hiring practices and policies inclusive of all people with disabilities” also with 82 percent “strongly” in favor: and “ensure that all state and local government websites provide a fully accessible job application process” with 80 percent of respondents strongly in favor. The popularity of the third response, that of ensuring that state and local governments provide accessible job applications, demonstrates the opportunity for governments to act as model employers of people with disabilities and to set examples for the private sector.

There are promising practices at work in Texas and in other states. The Committee’s recommendations suggest building on existing promising practices and responding to emerging demographic trends. Specifically, the Committee’s recommendations fall into four broad categories:

1. Educate employers about existing requirements and support an inclusive and flexible business climate in Texas;
2. Level the playing field for applicants and employees with disabilities through accessible workplace technology;
3. Enhance existing State services and encourage an integrated approach to service delivery; and
4. Respond quickly to emerging trends, including the aging of the workforce.

### ***Background and Purpose: Support an Inclusive Business Climate***

Everyone knows that Texas is the best place in the country to do business.<sup>217</sup> Employers and other job-creators flock to Texas to benefit from an economic climate that promotes innovation, allows for growth, and provides boundless opportunities. Texas employers would do well to utilize another mechanism for growth, productivity, and success by increasing their hiring and retention of people with disabilities.

Disability advocates often refer to “making the business case” for the employment of people with disabilities, but the case is so persuasive, it makes itself. Supporting employment of people with disabilities is not just the right thing to do or a legal requirement, it is a business opportunity. As United States Assistant Secretary of Labor for Disability Policy Kathleen Martinez says, “the vast majority of policies and practices that promote the employment of people with disabilities are just good business practice.”<sup>218</sup>

This rosy outlook invites the question: if an integrated workplace is so beneficial to employers, why are applicants and employees with disabilities still encountering obstacles from employers? One answer is that myths and stereotypes about people with disabilities in the workplace persist. With more awareness of the benefits of an integrated workplace, more employers are likely to support employment of people with disabilities.

One common misperception about people with disabilities in the workplace is that employers will lose money through the legally-mandated provision of expensive accommodations; in fact, a study conducted by the [Job Accommodation Network](#) (JAN) demonstrates that the opposite is true. In a survey of over 1,500 employers, JAN’s results demonstrated that the benefit that employers received from making workplace accommodations for employees with disabilities far outweighed the low cost of the accommodations. Employers cited benefits including “retaining valuable employees, improving productivity and morale, reducing workers’ compensation and training costs, and improving company diversity.”<sup>219</sup>

Perhaps most striking was the finding that in over half of the cases, the accommodations cost absolutely nothing to make. In fact, the study found that 56 percent of employers reported the provided accommodations had no cost to the employer.<sup>220</sup>

In cases where affording accommodations proves a challenge for an employer, there is room for the State or federal government to step in to ease the financial burden. Several federal tax incentives assist employers’ efforts to pay for accommodations. These incentives include the Disabled Access Credit, the Architectural and Transportation Barrier Removal Deduction, and the Work Opportunity Tax Credit.<sup>221</sup> Employers could benefit from awareness of these incentives and a strong understanding of how to make the incentives work for them and for their employees. State tax incentives would also assist with potentially expensive accommodations.

Another often overlooked aspect of employment of people with disabilities is the goodwill that employers are likely to receive as a result of an integrated workplace. A national survey of consumer attitudes towards companies that hire people with disabilities recently demonstrated that 92 percent of consumers felt favorably toward companies that hire individuals with disabilities. Further, the survey participants had strong positive opinions about the value of hiring people with disabilities; 87 percent of consumers agreed that they would prefer to give their business to companies that hire people with disabilities.<sup>222</sup>

## **Policy Recommendations:**

- **Recommendation 10.1:** Encourage employers to promote full inclusion in the workplace, including through the provision of reasonable accommodations for employees with disabilities.
- **Recommendation 10.2:** Expand tax incentives for employers to hire and retain people with disabilities.
- **Recommendation 10.3:** Develop an educational campaign to improve employers' knowledge about the financial benefits of hiring and retaining employees with disabilities.

### ***Background and Purpose: Level the Playing Field through Accessible Workplace Technology***

Information and communication technologies play a significant and expanding role in the modern American workplace. Specifically, web-based information has become the foremost path to employment. Recruiting and hiring activities often begin or take place entirely over the Internet. In many instances, the only way to apply for a job or to request an interview is through the Internet. Further, job applicants often research prospective employers and scout job opportunities online. Many employers use websites to conduct job-related testing, provide training to employees, and share information.<sup>223</sup>

Technology plays a dual role in the employment of people with disabilities. Sometimes technology plays an [assistive](#) role. A person who is blind using a screen reading device to perform computer work and a person who is hard of hearing using an assistive listening device while communicating with clients are examples of employees with disabilities using technological devices as productivity-enhancing tools. To give a complete picture, it is only fair to remember that people without disabilities require workplace accommodations, too. Overhead lights, climate control devices, printed materials, and computer speakers are all common-place accommodations that enhance the productivity of many American workers with and without disabilities.

Technology takes on the other half of its dual role when it becomes a barrier. Picture the job applicant who finds that a Web-based job application is inaccessible to his screen reading device. Likewise, the first day on the job can be demoralizing for a new hire who discovers that he cannot access databases necessary for the performance of his job.

The Committee's recommendations in the area of workplace technology are two-fold, in response to the dual role of technology in the workplace. First, we recommend that employers continue to invest in accessible emerging workforce technologies, the kind of technologies that will act as productivity-enhancing tools for employees with disabilities. Second, we recommend that employers ensure that their hiring processes are completely accessible to people with disabilities.

## **Policy Recommendations:**

- **Recommendation 10.4:** Encourage accessible emerging workforce technologies.
- **Recommendation 10.5:** Ensure all State and local government websites provide a fully accessible job application process.

### ***Background and Purpose: Enhance Existing State Services***

A person with a disability may struggle to secure employment in our current competitive environment. Our recent nation-wide economic downturn affected the employment of people with disabilities more significantly than it did those without disabilities. Since 2007, the United States has experienced a nine percent decline in the presence of workers with disabilities in the workforce.<sup>224</sup>

Unfortunately, unemployment is often linked to other struggles, including lack of health insurance coverage. Many Texans with disabilities who are currently facing unemployment are not eligible for benefits or cash assistance through the federal [Social Security Disability Insurance](#) (SSDI) program, which uses a stringent definition of disability, focusing on whether the person is able to perform any substantial gainful activity. Without recognition as a person with a disability by the Social Security Administration, the person does not automatically qualify for health coverage through [Medicaid](#). Instead, in these cases, qualification for Medicaid requires meeting a rigorous assets test. Meanwhile, those unemployed Texans with disabilities who do qualify for Medicaid may be seeking employment, not just to better their own lives, but to have access to an employer-sponsored health insurance program. In these cases, employment can serve as a Medicaid off-ramp and as a relative savings for the State of Texas.

The struggles of each individual facing unemployment are disheartening enough, but they also come with a price tag for society:

[t]he creation and sustainability of employment options for young, working age adults with disabilities is a critical component of efforts to improve community living options and a top policy priority for the disability advocacy community. Increased self-sufficiency from employment also can impact overall state Medicaid expenditures.<sup>225</sup>

The State of Texas can prevent some people from falling through the cracks by providing streamlined, integrated supports to Texans with disabilities who are in need of services to assist in finding and retaining a job. If more people with disabilities can secure permanent employment, then more people with disabilities will have access to employer-sponsored health insurance and other benefits.

Further, the State of Texas can take an active role in creating employment opportunities for Texans with disabilities through public-private partnerships. The National Governors' Association, under Chair Jack Markell, Governor of Delaware, has rolled out a new initiative aimed at increasing employment of people with intellectual disabilities.

The initiative's goals are:

educating both private sector and public sector employers about accommodating people with disabilities in the workplace and the benefits of doing so; supporting state governments in joining with business partners to develop blueprints to promote the hiring and retention of individuals with disabilities in integrated employment in both the public and private sectors, and establishing public-private partnerships to build out those blueprints and increase employment of individuals with disabilities.<sup>226</sup>

The State of Texas can take cues from this national initiative and support public-private partnerships toward the hiring and retention of people with disabilities.

### **Policy Recommendations:**

- **Recommendation 10.6:** Include businesses owned by people with disabilities in the State's definition of [Historically Underutilized Businesses](#) (HUBs).
- **Recommendation 10.7:** Encourage the [Texas Workforce Investment Plan](#) to utilize existing online resources to educate additional staff on placement needs and reasonable accommodations.
- **Recommendation 10.8:** Support continued funding and expansion of the [Texas Disability Navigator Program](#).
- **Recommendation 10.9:** Encourage public-private partnerships to increase the employment of people with disabilities.

### ***Background and Purpose: Respond Quickly to Emerging Trends, Including the Aging of the Workforce***

Demographics in the American workplace are expected to continue shifting dramatically in the near future. Nearly 25 percent of the United States' total population, over 74 million Americans, is aged 55 or older.

As our nation grays, so does our workforce. In 2009, almost 29 million members of this older demographic were in the labor force. Even among those aged 65-74, almost 25 percent were still in the labor force.<sup>227</sup> These trends are expected to continue: the number of workers aged 55 and older is expected to increase 43 percent by the year 2018.<sup>228</sup> Statistics like these challenge our traditional notions of retirement and have direct implications for disability employment policy.

As workers age, they tend to acquire age-related disabilities: workers aged 65 and older have a 42 percent prevalence of disability, compared to the 9.5 percent prevalence among workers aged 18 to 24.<sup>229</sup> Many of these workers will benefit from a flexible work environment. Employers will benefit, too.

Older workers have high levels of educational attainment and they consistently show their value through work ethic, loyalty, and reliability.<sup>230</sup>

Given these emerging trends, it is likely that the [Texas Workforce Commission](#), the [Department of Assistive and Rehabilitative Services](#), and other State agencies that provide workforce support will see growth in the number of clients 55 years of age and older. These agencies would do well to plan to build capacity to help the increasing number of older workers. Examples of strategies that could be incorporated into State agency plans include the education of job developers about the value of mature workers, “training and support for advising staff so they are better able to serve this group, and the development of worker training programs designed around the needs of older workers.”<sup>231</sup> Further, employers could benefit from creating flexible terms of employment that will allow the employers to take advantage of the knowledge and skills of members of the mature workforce, while accommodating the distinct needs and preferences of these workers. Some employers are already beginning to develop innovative employment programs, such as “snowbird programs” that allow older employees to take time off during the colder months to temporarily relocate to a warm climate and return to work in the spring and summer. Other innovative approaches incorporate workplace flexibility, such as work from multiple locations or work from home; work hour flexibility, such as part-time work and job-sharing; benefit flexibility, including phased retirements and cafeteria plans; and flexibility in employment relationships, such as opportunities for project work, consultation, and independent contractor status.<sup>232</sup>

### **Policy Recommendations:**

- **Recommendation 10.10:** Build capacities of workforce agencies to respond to needs of the aging workforce.
- **Recommendation 10.11:** Encourage practices that allow for flexible terms of employment that could benefit older workers while still ensuring productivity for the employer.

***ENDNOTES***

***APPENDIX A:***

***TEXAS CITIZEN INPUT SURVEY ON ISSUES IMPORTANT TO PEOPLE WITH DISABILITIES 2012***

***APPENDIX B:***

***COMMITTEE ON PEOPLE WITH DISABILITIES APPOINTED MEMBERS AND STAFF***

## ENDNOTES

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## TEXAS GOVERNOR'S COMMITTEE ON PEOPLE WITH DISABILITIES: APPOINTED MEMBERS AND STAFF

**JOE BONTKE** of Houston is the current Chair of the Governor's Committee on People with Disabilities. He is the Outreach Manager and Ombudsman for the Houston District Office of U.S. Equal Employment Opportunity Commission (EEOC). Joe has been in the field of Human Resources & Civil Rights for the past 24 years and has experience in employment law and adult education. With a Bachelor's in Philosophy and a Masters in Education, he has been a Human Resources Director, a Training Coordinator for the American Disabilities Act (ADA) Technical Assistance Center for Federal Region VI, was appointed as Assistant Professor at Baylor College of Medicine and served as Vice Chair of the Committee before his appointment to Chair. Using his entertaining style, Joe has educated groups throughout the country and most recently, his work at the EEOC has enabled him to empower employers and employees with the understanding they need to work effectively at their jobs. Joe's philosophy of education is - that 90% is knowing where to find the information when you need it.

**AARON W. BANGOR, PHD**, of Austin is a Principal Member of Technical Staff at AT&T Labs and currently serves as Vice Chair of the Governor's Committee on People with Disabilities. He is a member of the Human Factors and Ergonomics Society and serves on national and international committees regarding the usability and accessibility of technology. He holds seven patents and is also board certified in professional ergonomics as a Certified Human Factors Professional. Dr. Bangor received Bachelor's degrees, a Master's degree, and a Doctoral Degree in Human Factors Engineering from Virginia Tech.

**RODOLFO "RUDY" BECERRA, JR.** of Nacogdoches recently graduated from Stephen F. Austin State University (SFASU) with a Bachelor of Science in Rehabilitation. While at the university, he worked as a Disability Consultant for the Office of Students with Disabilities and a Library Assistant managing the adaptive technology in the computer lab. He is a former member of the Nacogdoches Mayor's Committee on People with Disabilities. Currently, Mr. Becerra is preparing to enter graduate school in the near future.

**DAPHNE BROOKINS** of Forest Hill is a Human Services Specialist for the City of Fort Worth (CAP). She is an Alumni board member of Texas Wesleyan University, and serves on the board of directors for Expand Your Horizons, introducing young girls to careers in fields of Math and Science, and Amon Carter Jr. Downtown YMCA, Girls, Inc., New Directions Initiative, Tarrant County Challenge, and

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Southeast Fort Worth Dropout Coalition. She is a former forum leader and past spokesperson for the American Cancer Society, former Mayor Pro Tem and Councilman for the City of Forest Hill, a past member of the Tarrant County CHIP Coalition and a former member of Fort Worth Sister Cities Young Professional Advisory Council. Ms. Brookins was awarded "Greatest Woman in Texas" in 2009 and "40 Under 40" in 2008 by the Fort Worth Business Press. She received a Bachelor's degree from Texas Wesleyan University.

**DAVID A. FOWLER** of Katy is a retired U.S. Army Veteran. He serves as a Vice President for the Paralyzed Veterans of America and the President of the Texas Chapter of the Paralyzed Veterans of America. He has served as the Vice President and Advocacy Director of the Texas Chapter Paralyzed Veterans of America and as a Commissioner on the Houston Commission on Disabilities. He is a member of the Houston Veterans Association, the Disabled American Veterans, and the 82nd Airborne Association. Mr. Fowler attended Houston Community College.

**MACKENZIE KELLY** of Austin is focused on civic and public service for her community. For the past two years she has been an Emergency Management Technician with the Williamson County Office of Emergency Management (OEM). She has also served as a senior volunteer firefighter with the Jollyville Fire Department for over seven years. In addition to her work at the OEM, Mackenzie serves on numerous boards and committees. She is involved with the City of Austin Homeland Security Emergency Management Community Emergency Response Team (CERT) as the Board's Communications Director. Mackenzie is furthering her career by working towards a Bachelor of Science degree in Emergency and Disaster Management from American Military University. She is a fellowship candidate of the Disaster Science Fellowship program with the Emergency Management Academy. She is also working on her Associate Emergency Manager Certification from the International Association of Emergency Managers.

**CONNIE SUE KELLEY** of Humble was a caregiver for many years for her husband, who had serious health problems until he passed away in 2009, and also for her daughter, who has had health issues since she was nine years old. Ms. Kelley is a native Texan - born in Houston and raised in the oil fields of West Texas and East Texas, living in oil field camps which provided the sense of community that helped form who she is. Ms. Kelley attended Kilgore Jr. College, where she was nominated to Who's Who in Education, and later attended Stephen F. Austin University and graduated with a Bachelor of Science Degree in Elementary Education and a Master's Degree in Elementary Supervision with a Minor in Reading. After graduation, she taught for fifteen years, married her husband, who was a Methodist minister, and eventually moved to Humble, which she still calls home.

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**MARGARET LARSEN** of Austin is the President and CEO of Special Olympics Texas (SOTX), a position in which she has served for 16 years. She sits on Special Olympics, Inc.'s United States Leadership Council and serves as the Chair of the Government Relations Committee. Representing Special Olympics Texas, she has led national legislative efforts for Special Olympics Hill Day in Washington, D.C. Ms. Larsen formed a special committee to focus on proper terminology and respectful language, subsequently launching a public awareness campaign about the "R-word" that garnered national attention and recognition. With Ms. Larsen's foresight and drive, today Special Olympics Texas is one of the largest and most respected programs in the world with the participation of more than 44,000 children and adults with intellectual disabilities. Ms. Larsen holds a degree from John Hopkins University, and was a Post Graduate Reader at Exeter College in the Oxford University system.

**DAVID ONDICH** of Burleson is the Human Resources and Disability Specialist within the Human Resources Department at the City of Fort Worth. He works on several key city initiatives related to the recruitment, training and retention of a diverse workforce to include individuals with disabilities. Mr. Ondich has completed coursework for his Ph.D. in Rehabilitation Counseling from the University of Texas at Austin. Prior to attending UT Austin, he earned a Bachelor's Degree in Rehabilitation Sciences and a Master's Degree in Rehabilitation Counseling Psychology from UT Southwestern Medical School of Allied Health in Dallas. He provides consultation to the Diversity Advisory Committee to the City Manager, serves as Chair of the Fort Worth Return to Work Committee, and as Staff Liaison to the Mayor's Committee on Persons with Disabilities. In 2008, he received The Governor's Trophy for his innovative efforts to employ Texans with disabilities in Fort Worth. In 2009, he received a Barbara Jordan Media Award for a television documentary titled "Reaching Higher: Versie Returns to Work."

**SHAWN P. SALADIN, PHD, CRC, CPM** of Edinburg is the Interim Chair of the Department of Communication Sciences and Disorders. He is an Associate Professor and Coordinator of Deaf Rehabilitation for the Department of Rehabilitation at the University of Texas-Pan American and the current Chair of the Commission on Rehabilitation Counselor Certification and past president of the Texas Rehabilitation Association. He has previous work experience with the state of Texas State/Federal Vocational Rehabilitation (VR) program. He served on the Rehabilitation Council of Texas for six years prior to his appointment to the Texas Governor's Committee on People with Disabilities.

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***KATHY S. STRONG*** of Garrison is Executive Director of the Nacogdoches Treatment Center. She is an ex-officio member of the Nacogdoches Mayor's Committee on People with Disabilities. She is a member of the Leadership Nacogdoches Steering Committee and serves on the Texas State Plan on Alzheimer's Disease - Emphasis on Caregivers. She served as director of an accessible housing project in Nacogdoches and taught special education classes. Ms. Strong received a Bachelor's Degree from Stephen F. Austin State University.

***PATTY WATSON*** of Flower Mound is a Technology Executive for Bank of America. She is executive sponsor of Bank of America's North Texas Disability Affinity Group and a member of the Lime Connect Board of Directors, a company that places people with disabilities in quality jobs throughout the country. She is also a volunteer coach for the Greater Lewisville Area Soccer Association. Ms. Watson served in the U.S. Air Force. She received a Bachelor's Degree from Saint Mary's College at Notre Dame and a Master Business Administration from the University of Dayton in Ohio.

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## STAFF MEMBERS

### ***ANGELA ENGLISH, LPC, LMFT***

**Executive Director**, Ms. English is currently the Executive Director of the Texas Governor's Committee on People with Disabilities where she plans, directs and coordinates the programmatic goals and all related business of the Committee, including human resources management, staff development and budget management.

Ms. English's previous experience includes serving for six years as the Accessibility and Disability Rights Coordinator for the Governor's Committee on People with Disabilities, providing technical assistance regarding accessibility and disability rights laws. She has 13 years of service in Mental Health Quality Management related to State Hospitals, Community Mental Health Centers and State Supported Living Centers.

She has a Master's degree from Baylor University in Educational Psychology and a Bachelor's Degree from Carson-Newman College in Art/Special Education. Ms. English is a Licensed Professional Counselor and a Licensed Marriage and Family Therapist. She has teaching degrees in Special Education and Art Education K-12 grades.

In 2010, she was appointed by Janet Napolitano to serve on the [Local, State, Tribal and Federal Preparedness Task Force](#), which was charged with assessing the state of the nation's disaster preparedness and making recommendations. The task force report "*Perspective on Preparedness: Taking Stock Since 9/11*," represents a significant milestone in aligning preparedness leadership, practitioners, and stakeholders to a common vision for future improvements across the Nation. The Perspective on Preparedness report offers an analysis of what preparedness has meant in the United States, both historically and since 9/11, and includes an in-depth analysis of post-9/11 preparedness-related activities in policy and guidance, grants, and capabilities and assessment. The Task Force also provided input into the [Presidential Policy Directive 8 \(PPD8\)](#), the [National Preparedness Report](#), and the [Threat and Hazard Identification Risk Assessment \(THIRA\)](#). Additionally, Ms. English was a member of the [National Disaster Recovery Framework](#) Access and Functional Needs Subcommittee that worked on the [Whole Community](#) paradigm and language.

And in 2012, she was selected to attend the [Executive Leaders Program](#) at the Naval Postgraduate School's Center for Homeland Defense and Security in Monterey, California. The Naval Postgraduate School's [Center for Homeland Defense and Security](#) in partnership with the U.S. Department of Homeland Security's National Preparedness Directorate provides the educational opportunity for our nation's homeland security leaders to develop the strategies, policies and organizational elements needed to defeat terrorism in the United States.

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***ERIN LAWLER, JD, MS***

**Accessibility and Disability Rights Coordinator**, Ms. Lawler has served as the Accessibility and Disability Rights Coordinator for the Committee since June of 2011. She is a licensed Texas attorney and an experienced mediator. She earned a Juris Doctor degree with honors from Notre Dame Law School, a Master of Science with honors from the London School of Economics, and a Bachelor of Arts from American University, where she graduated phi beta kappa. In September 2011, Ms. Lawler was appointed to the Disability Issues Committee of the State Bar of Texas. She is a Credentialed Mediator with the Texas Mediator Credentialing Association and an attorney-mediator with the Austin Dispute Resolution Center. She is also a board member of the Austin Association of Mediators. Ms. Lawler won the Dean's Award from Notre Dame Law School for outstanding coursework.

***NANCY VAN LOAN***

**Executive Assistant**, Ms. Van Loan is the Executive Assistant for the Committee. Ms. Van Loan has seventeen years experience with the Office of the Governor providing technical support for the Executive Director, Committee members, and staff. She has twenty-one years of service with the State including four years with the Texas Department of Insurance Workers' Compensation Division. She has taken undergraduate courses from Mohave and Pima Community Colleges, and the University of Central Texas. Ms. Van Loan served four years in the United States Army Signal Corps and has six years managerial experience in the grocery stores' industry.

***JO VIRGIL, MS***

**Community Outreach and Information Coordinator**, Ms. Virgil has served as Community Outreach and Information Coordinator for the Committee since January 2009. Ms. Virgil holds a Master of Journalism degree from the University of North Texas and a Bachelor of Arts degree in English from Texas Tech University, as well as teacher certification in English and Journalism. Her background includes a position as Community Relations Manager for Barnes & Noble and, before that, as a reporter and columnist for the Fort Worth Star-Telegram. Her work with Barnes & Noble included planning and implementing events (such as author signings, writing workshops, performances, and other community-related events) and working with local schools, libraries, literacy and arts organizations, and other non-profit organizations to promote literacy as well as to build a sense of community. Ms. Virgil currently serves on the Board of the Central Texas Storytelling Guild. She is active in Story Circle Network, an organization that encourages women to write their life stories, and the Writers' League of Texas.

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***DAWN WOODALL***

**Administrative Assistant**, Ms. Woodall is the Administrative Assistant for the Committee. Ms. Woodall has eleven years experience working for the Texas Legislative Council and other state agencies providing technical support to Executive Directors and staff. Before accepting the position with the Governor's Office, Ms. Woodall worked as a Caseworker Assistant and Executive Assistant for the Texas Department of Family Protective Services. Ms. Woodall has undergraduate studies in the field of psychology.



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**AVAILABILITY OF MATERIALS IN ALTERNATE FORMATS  
AND NOTICE OF NONDISCRIMINATION**

This information is available in alternate formats upon request.

Contact the Texas Governor's Committee on People with Disabilities

1100 San Jacinto, Suite 1.200, Austin, Texas 78701

512-463-5739; 512-463-5745 (fax)

Use the relay option of your choice to call us.

e-mail: [GCPD@governor.state.tx.us](mailto:GCPD@governor.state.tx.us)

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