



TEXAS GOVERNOR'S COMMITTEE ON PEOPLE WITH DISABILITIES

POLICY RECOMMENDATIONS FOR THE 2015-2017 BIENNIUM

84TH LEGISLATIVE SESSION: JANUARY 2015

Texas Governor’s Committee on People with Disabilities

2015-2017 Biennium

Policy Recommendations

Presented to Governor Greg Abbott 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 Cover and Chapters: Each Issue Area Chapter includes a Wordle. A Wordle is a word cloud of key concepts in a document; the larger the text, the more prominent the concepts. The Back Cover is a Wordle of key concepts in the entire 84th policy recommendations. Key concepts are: *“Texas, people, accessible, services and community”*

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TEXAS GOVERNOR'S COMMITTEE ON PEOPLE WITH DISABILITIES

POLICY RECOMMENDATIONS FOR 2015-2017

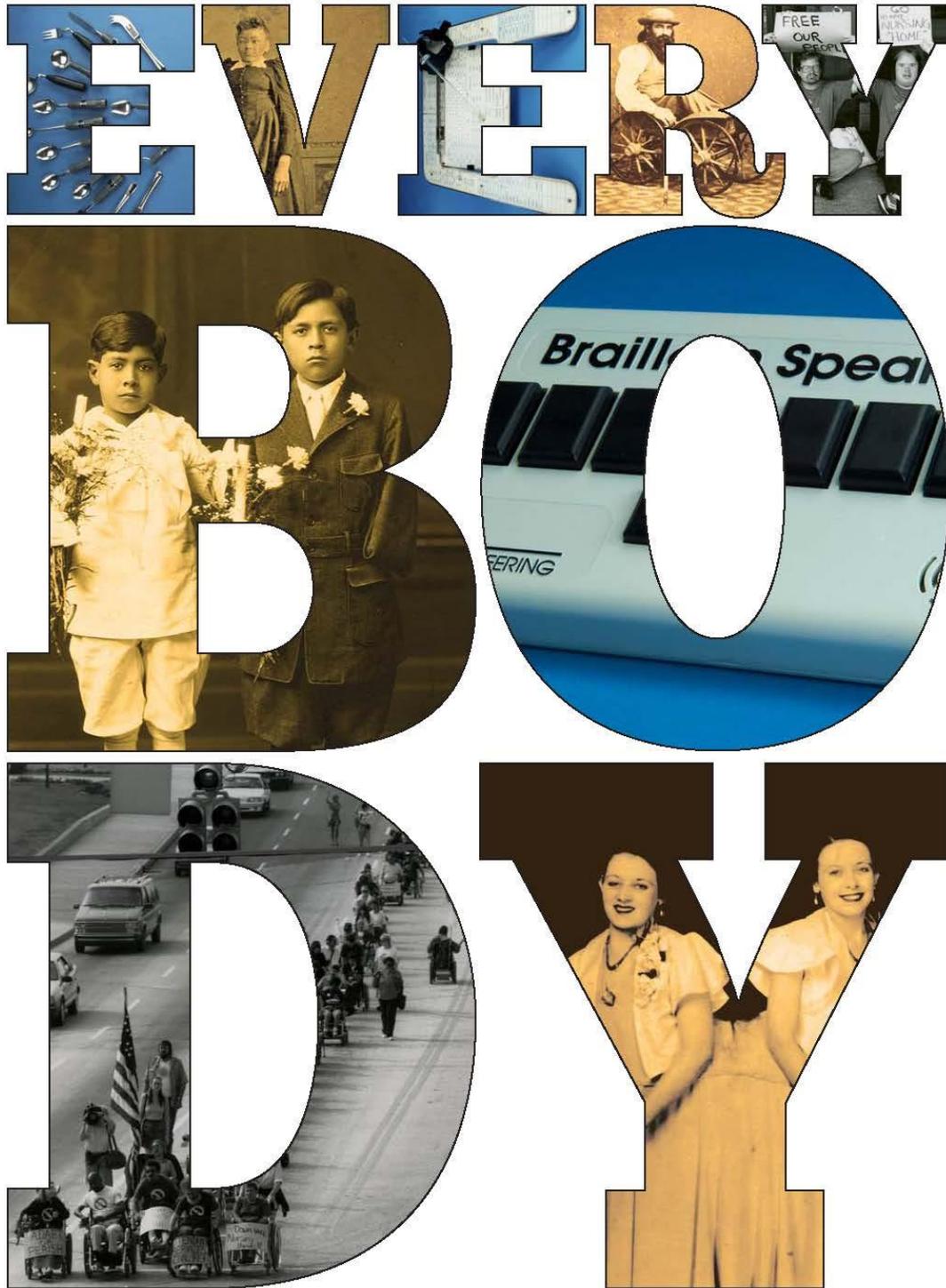
ABOUT THE TEXAS GOVERNOR'S COMMITTEE ON PEOPLE WITH DISABILITIES

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.



Everybody: An Artifact History of Disability in America

People with disabilities have been present throughout American history. Sometimes difference mattered, at other times it didn't.



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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 2015-2017 biennium, the Committee offers 145 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 with and without disabilities. 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, accessible 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.

HOW MANY TEXANS HAVE DISABILITIES?

It is helpful to include in the Executive Summary an explanation about the number of Texans with disabilities. The Committee receives many questions about how many people with disabilities live in Texas. This is difficult to discern because the ten year census does not ask a disability question and even if it did, it would be self-reported data. Additionally, the census does not include individuals who are aged 0-5, nor does it include people who are institutionalized. State and local policy makers, planners and business people need more data to estimate demographic changes that may affect them, so the American Community Survey was created to serve this need. The American Community Survey (ACS) is an ongoing survey that provides data every year -- giving communities the current information they need to plan investments and services. Information from the survey generates data that help determine how more than \$400 billion in federal and state funds are distributed each year.¹ Basically, the ACS periodically conducts surveys on a sampling of the population and makes projections from it. Every year, the U.S. Census Bureau contacts over 3.5 million households across the country to participate in the ACS.

Historically, the census has used one out of five or 20 percent of the population has a disability. For Texas, this would mean that 5.2 million² people in Texas have a disability, although based on the self-reported nature and other factors already mentioned, the Committee believes this estimation is still lower than the actual number. Due to the collection and time projections of the decennial census and the yearly American Community Survey, there are different projections of the number of people with disabilities in Texas. The Committee uses the Census estimation of one out of five people with a disability or an approximate 5.2 million Texans with disabilities.

¹ U.S. Census, American Community Survey,

http://www.census.gov/acs/www/about_the_survey/american_community_survey/

² A 2013 Census number for the overall Texas population was 26,448,193. Using the 20% estimate, this would denote 5.2 million Texans with disabilities. <http://quickfacts.census.gov/qfd/states/48000.html>

TEXAS GOVERNOR'S COMMITTEE CITIZENS' INPUT SURVEY

Every biennium, the Texas Governor's Committee on People with Disabilities (The Committee) submits to the Governor and the Legislature recommended changes in state laws relating to persons with disabilities. The Committee's policy recommendations for the 84th legislature are based on a careful study and analysis of our ten issue areas: access, communication, education, emergency management, health, housing, recreation, transportation, veterans and workforce. In addition, our recommendations were shaped by feedback from Texans that participated in our Citizen Input Survey.³ The Committee received 1,577 survey responses from citizens eager to make their voice heard on important issues facing Texans with disabilities. Thirty-seven percent (37.41%) of respondents indicated they are a person with a disability. Fifty-nine percent (59.23%) of respondents indicated they do not have a disability, a majority of these responses came from parents, guardians, caregivers, advocates and professionals in the field of disabilities. The remaining responses, 3 percent (3.36%), came from individuals who elected not to identify as person with or without a disability.

Of the 1,577 survey participants, 1,441 elected to share county data which indicates that 118 of the 254 counties in Texas (46 percent) responded. Many responses came from urban counties such as Travis, Harris, Bexar and Williamson counties, which may represent network connections in areas where there are strong local Mayor's Committee's on People with Disabilities. On the following page is a heat map of Texas counties detailing the level of response to the Citizen Input Survey.

CITIZEN COMMENTS

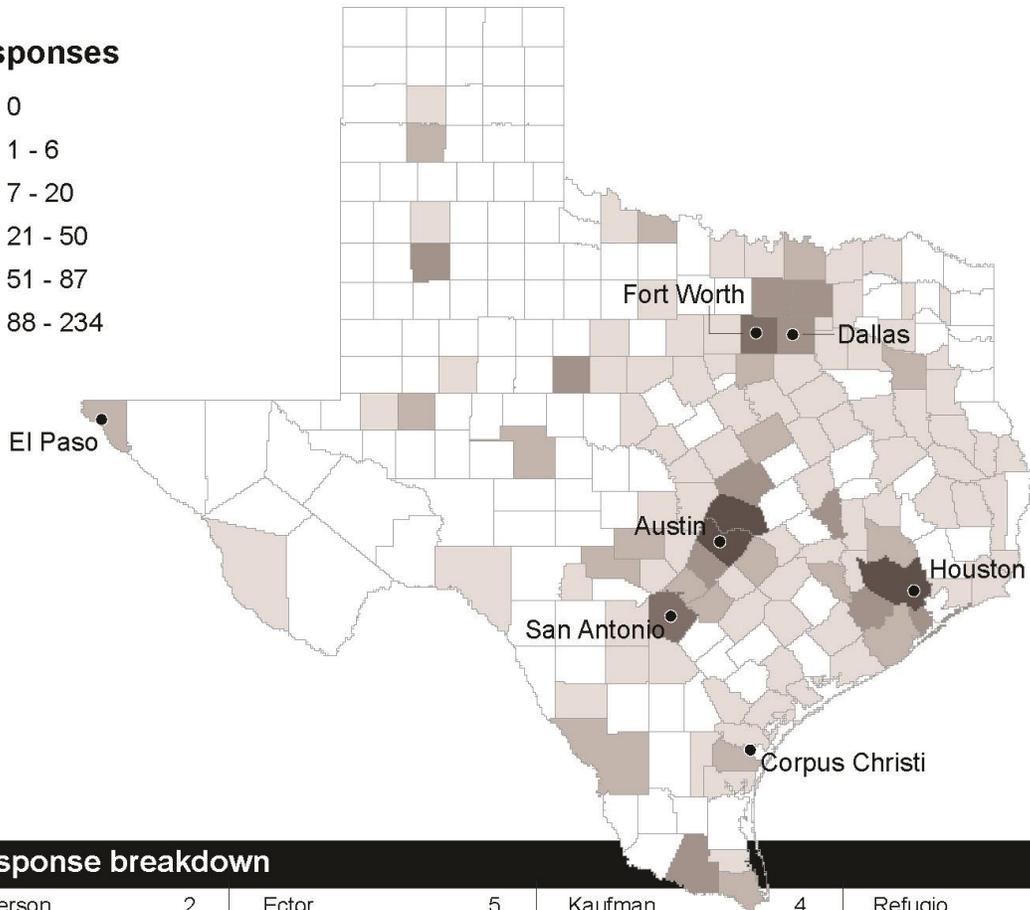
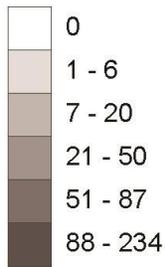
Many of the citizen comments that speak to salient issues are included in the issue areas chapters of the policy document.

ISSUE AREA WORDLE'S

A *wordle* is a word cloud which is a visual image based on a specific text. The larger the concepts in the text, the larger the visual images of the words. Wordle's give the viewer a visual conceptualization of important concepts in the text. They are located at the end of each issue area in the document.

³ The Citizen Input Survey was available to the public from August 15, 2014 – September 15, 2014.

Responses



Response breakdown

Anderson	2	Ector	5	Kaufman	4	Refugio	1
Angelina	3	El Paso	8	Kendall	2	Robertson	1
Aransas	1	Ellis	3	Kerr	8	Rockwall	1
Atascosa	2	Erath	2	Kleberg	1	Rusk	3
Austin	10	Fannin	2	Lamar	3	Sabine	1
Bastrop	9	Fayette	1	Lampasas	6	San Augustine	1
Bee	1	Fort Bend	39	Lavaca	2	San Patricio	2
Bell	41	Franklin	1	Lee	2	Shackelford	1
Bexar	71	Freestone	1	Limestone	1	Smith	18
Blanco	1	Frio	1	Llano	2	Tarrant	87
Bosque	1	Galveston	23	Lubbock	26	Taylor	26
Brazoria	17	Gillespie	7	Matagorda	4	Tom Green	8
Brazos	22	Gonzales	2	McLennan	11	Travis	234
Brown	3	Grayson	10	Medina	3	Tyler	2
Burnet	5	Gregg	1	Midland	9	Val Verde	1
Caldwell	2	Grimes	1	Mills	1	Van Zandt	3
Calhoun	2	Guadalupe	11	Montague	2	Victoria	3
Callahan	1	Hale	1	Montgomery	20	Walker	4
Cameron	9	Harris	175	Morris	1	Waller	1
Chambers	1	Hays	30	Nacogdoches	3	Washington	2
Cherokee	2	Hidalgo	30	Navarro	1	Webb	7
Collin	37	Hill	1	Nueces	15	Wharton	2
Comal	9	Hood	2	Orange	2	Wichita	9
Cooke	1	Houston	3	Palo Pinto	1	Wilbarger	2
Coryell	5	Howard	2	Parker	3	Willacy	1
Dallas	50	Hunt	3	Polk	1	Williamson	146
De Witt	1	Jasper	1	Potter	6	Wood	2
Denton	23	Jefferson	1	Presidio	1	Young	3
Dimmit	1	Jim Wells	1	Randall	17		
Eastland	1	Johnson	8	Real	1		

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 and affordable 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](#), which 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 82nd 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

Communications

Education

Emergency Management

Health

Housing

Recreation

Transportation

Veterans

Workforce

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ACCESS

GOAL

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

OVERVIEW

On July 26, 2015, the disability community will celebrate the 25th 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 25 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. 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.

“Access is still a critical issue for Texans with disabilities.”

-Bell County survey respondent

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 and the variable accessibility of private, government and religious facilities. Other comments reflected the evolving understanding of disability, as respondents commented on access needs beyond physical requirements, including more general awareness of disability related issues.

“Far too many understand ‘accessible’ as meaning wheelchair oriented. It is not. There is too much focus on one disability going forward and it is time for a change so that public entities plan for all disability types.”

-Taylor County survey respondent

The need for improvement in these areas cannot be based 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: 58.23 percent of respondents indicated that they “strongly agree” with the proposal to “encourage the design of communities so that they are walk-able and encourage physical activity, social engagement, and aging-in-place (aka “Livable Communities”) and 29.27 percent indicated that they “agree.”

“I am planning on where to move next spring when I retire. I want access to services when the point is reached where I can no longer drive. I want to be able to walk places or take public transportation. I need to be close to activities that I can participate in with age appropriate peers. I want to be able to volunteer in my community.”

-Tarrant County survey respondent

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 activities⁴

Kihl 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

⁴ Kihl, M., Brennan, D., Gabhawala, N., List, J., & Mittal, P. (2005). [Livable Communities: An Evaluation Guide](#) (Rep.). Retrieved December 11, 2014

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.”⁵

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.⁶

“There are NO sidewalks in our town therefore people with disabilities have nowhere to walk except in the street or have to be transported to a park. There is nowhere in their community near their homes where they can just walk around the block without their safety being at risk. There are also limited number of handicapped parking spaces in grocery stores or businesses. There are some businesses in our town, where there is nowhere for anyone with a walker or a wheelchair to have access because there is no incline for them.”

-Tom Green County survey respondent

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.⁷ 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

⁵ Ibid

⁶ Smart Growth America. (n.d.). [National Complete Streets Coalition](#). Retrieved December 11, 2014

⁷ Ibid

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.⁸

Houston – the nation’s fourth-largest city – is working to become a more walkable, age-friendly place. The city’s [Complete Streets and Transportation Plan](#) is meant to provide safe, accessible and convenient use by motorists, public transit riders, pedestrians, people of all abilities and bicyclists. The new policy, detailed in a draft [executive order](#)⁹, will be achieved over time as improvements to existing roadways and redevelopment occur. Following the executive order, AARP released a statement praising the City of Houston for its Complete Streets Policy and said the following:

“A great city like Houston deserves safe and accessible streets in order to foster an even more thriving environment that is livable for everyone, regardless of how one gets around for business or pleasure. A Complete Street is one that is safe and convenient for travel by automobile, foot, bicycle, and transit for everyone in the community, regardless of age or ability.”¹⁰

⁸ Ibid

⁹ City of Houston. (2013, November 1). [Executive Order 1-15. Houston Complete Streets and Transportation Plan](#) [PDF].

¹⁰ AARP. (2013, October 10). [Statement: Houston’s Executive Order on Complete Streets](#). Retrieved December 16, 2014

Elsewhere in Texas, the City of El Paso¹¹ and Brownsville¹² have both adopted a number of ordinances that are committed to Complete Streets. As did the City of San Antonio which unanimously adopted a Complete Streets policy that includes the following principles:¹³

- The city supports Complete Streets, which best serve users or potential users that a street may have.
- The city supports healthy living and fitness.
- The city supports pedestrian-oriented neighborhoods.
- Commercial areas will be enhanced through the application of the Complete Streets policy.
- The city will maximize the benefits of projects through application of the Complete Streets policy.

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.

¹¹ Plan El Paso. (n.d.). [El Paso, Texas Adopts First Round of Ordinances Based on Plan El Paso Discussions](#). Retrieved December 16, 2014

¹² Schmitt, A. (2014, August 4). [How Brownsville, Texas, is using bikes to address social problems](#). Retrieved December 30, 2014.

¹³ Safe Streets Texas. (2011, October 1). [City council embraces “Complete Streets”](#). Retrieved December 16, 2014

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 federal 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 Licensing and Regulation (TDLR) plays a hands-on role in implementing Texas' 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.¹⁴

Texas' 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 \$50,000.¹⁵

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

¹⁴ Sunset Advisory Commission. (2002). [Sunset Staff Report: Texas Department of Licensing and Regulation](#) (Rep.). Retrieved December 11, 2014

¹⁵ Texas Board of Architectural Examiners, [Accessibility in Texas](#). Retrieved December 11, 2014

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.¹⁶

“Speed up the enforcement area. Backlog of complaints terribly undermine the intention of TAS and ADA requirements.”

-Williamson County survey respondent

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,¹⁷ 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.

¹⁶ Americans with Disabilities Act of 1990, [42 U.S.C.A. § 12181\(9\)](#)

¹⁷ Adaptive Environment Centers. (1998, September 4). [ADA Fact Sheet on Tax Incentives for Improving Accessibility](#) [PDF]. Adaptive Environment Centers.

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.

Data from the 2013 American Community Survey *1-Year Estimates* revealed that there are around 39.1 million people with disabilities in the United States. That number represents an estimated 12.6 percent of the U.S. population¹⁸, 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.¹⁹

“My daughter, the person with the disability, was once denied the right to vote despite having her voter ID card...”

-Travis County survey respondent

A study of political participation by people with disabilities in the 2012 elections demonstrate that voter participation by eligible people with disabilities was 5.7 percent lower than participation by those without disabilities.²⁰ 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. In fact, one report on the 2012 election cycle reveals that 30.1 percent of voters with disabilities reported difficulty in voting at a polling place, compared to just 8.4 percent of voters without disabilities. 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 2012.²¹

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 \(HAVA\)](#),²² a report published by

¹⁸ U.S. Census Bureau; American Community Survey, [Disability Characteristics: 2013 American Community Survey 1-Year Estimates](#), Table S1810; generated by Stephanie Myers; using American Fact Finder; (16 December 2014).

¹⁹ Dole, B., & Coelho, T. (2012, September 16). [Opinion: Disabled Voters Possess Untapped Political Power](#). Retrieved December 11, 2014.

²⁰ Schur, L., Adya, M., & Kruse, D. (2013, June). [Disability, Voter Turnout, and Voting Difficulties in the 2012 Elections](#),” report to the U.S. Election Assistance Commission and Research Alliance for Accessible Voting.

²¹ Ibid

²² The Help America Vote Act (HAVA) of 2002 was passed by the United States Congress to make sweeping reforms to the nation’s voting process. HAVA addresses improvements to voting systems and voter access that were identified following the 2000 election.

the [National Council on Disability \(NCD\)](#)²³ which provides a snapshot of the experiences of people with disabilities during the 2012 election, reveal that significant barriers still exist within polling places across America. According to the NCD report²⁴, voters experienced barriers related to requesting assistance with registration; architectural and physical barriers to entering polling sites and/or the polling room; physical, technological and attitudinal barriers to casting a ballot; problems related to proving eligibility and competency to election personnel. 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.²⁵

“Please educate those who work at voting polls about curbside voting. Each time a friend brings me to do this, they have a very hard time finding someone who works the polls who understands how this works!”

–Travis County survey respondent

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.²⁶ 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?²⁷

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

²³ The National Council on Disability is an independent federal agency charged with advising the President, Congress, and other federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities. NCD is comprised of a team of Presidential and Congressional appointees, an Executive Director appointed by the Chairman, and eleven, full-time professional staff.

²⁴ National Council on Disability. (2013, October 24). [Experience of Voters with Disabilities in the 2012 Election Cycle](#). Retrieved December 16, 2014.

²⁵ Schur, L., Adya, M., & Kruse, D. (2013, June). [Disability, Voter Turnout, and Voting Difficulties in the 2012 Elections](#), report to the U.S. Election Assistance Commission and Research Alliance for Accessible Voting.

²⁶ U.S. Government Accountability Office. (2009). [Government Accountability Report, Additional Monitoring of Polling Places Could Further Improve Accessibility](#) (Rep. No. GAO-09-941). Retrieved December 12, 2014.

²⁷ Ibid

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.²⁸

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.

²⁸ Seelye, K. Q. (2011, November 16). [Oregon Tests iPads as Aid to Disabled Voters](#) [Editorial]. *New York Times*. Retrieved December 16, 2014.

Background and Purpose:

SERVICE ANIMALS

During the [83rd Legislative Session HB 489](#) was successfully passed, clarifying and expanding the rights of people with disabilities who use service dogs. House Bill 489, otherwise known as “Bootz’s Law”, brings Texas state law in line with requirements found in the Americans with Disabilities Act (ADA) related to access for people using service animals in public facilities. House Bill 489 also increases the criminal penalties for those who unlawfully deny a service animal access to a facility due to the animal’s presence, and increases penalties for those who wrongfully represent a pet as a service animal²⁹. Bootz’s Law recognizes that people with PTSD, seizure disorders and health conditions benefit from service dogs. Additionally, Bootz’s Law specifies two questions that may be asked of a person who uses a service dog when attempting to access public places.

“I am a huge proponent of education on Service Dogs... I have one myself, and personally get tired of getting questioned constantly about my service animal...”

-Taylor County survey respondent

There are many misconceptions surrounding service animals, such as a certification or training requirement, proof in the form of a certificate, license, vest or identifying label, limitation to specific breed or size, or that only people who are blind use service animals. These popular misconceptions and limited questions business owners are permitted to ask people with disabilities who use service animals has the potential to result in unfortunate experiences by both parties. Since Bootz’s Law went into effect on January 1, 2014, questions about service animals have become the most frequent type of the question the Governor’s Committee on People with Disabilities has received from constituents.

Among Citizen Survey respondents, there is a strong belief that more should be done to educate business owners about the rights of people who use service dogs with 33.31 percent of respondents “agreeing” and 52 percent “strongly agreeing” that it is an important issue. Additionally, more enforcement is needed for individuals who use their pets as faux service dogs in order to gain access to public services.

POLICY RECOMMENDATIONS:

- **Recommendation 1.8:** Educate business owners on the rights of people who use service animals.
- **Recommendation 1.9:** Explore ways to minimize the misrepresentation of pets as service animals.

²⁹ [Texas Human Resources Code-Section 121.006. Penalties for Improper Use of Assistance Animals \(a\)](#)



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COMMUNICATIONS

GOAL

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

OVERVIEW

In the state of Texas, there is an estimated 874,094 individuals who identify as having some form of hearing difficulty.³⁰ This is important to note because 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:

HEARING TECHNOLOGIES

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 telecoil³¹ 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 installed³². While common in some European countries, the adoption of hearing loops has only recently started to increase in the United States.³³

The lack of awareness and availability of such technology is significant to Texas. According to the Citizen Survey, 38 percent “agree” and 48 percent “strongly agree” that it is important to promote the use of accessible communication in public places, programs, and services.

³⁰ U.S. Census Bureau. [Disability Characteristics 2013 American Community Survey 1-Year Estimates. Texas. S1810](#). PDF.

³¹ A telecoil is a small copper coil that is an option on most hearing aids and is built into cochlear implant processors. They are also known as telecoils and were originally used to boost the magnetic signals from the telephone handset. The telecoil is activated by a t-switch on the hearing aid or cochlear implant. All landline and some cell phones are designed by law to be used with a telecoil.

³² Costs range from \$100 to \$300 for self-installed home TV room loops and up to several thousand dollars for professional installation in an average-sized auditorium or worship space. Source: Hearing Loss Association of America, S. (2011, September 15). [Frequently Asked Questions about Hearing Loops](#) [PDF]. Bethesda: Hearing Loss Association of America.

³³ Weiss, Stefanie. [“How Hearing Loops Can Help.”](#) *Washington Post*. The Washington Post, 9 Apr. 2012. Web. 14 Jan. 2015.

“Looping, looping! I’m a strong advocate of looping for the hearing impaired. Texas is so far behind with this wonderful way for the hearing impaired to hear when they worship, go to museums, banking, music halls, etc. Our public buildings (local & state) should lead out in this by looping any facility where people gather!”

-Tarrant County survey respondent

“Promote that all state and federal buildings be looped for T-coil hearing aids. Promote that all theaters and churches be looped as well. Promote that all federal and state buildings install caption phones next to the ground line phones.”

– Collin County survey respondent

Likewise, it’s important that public address systems intended to warn people about emergencies be accessible. Public address systems can be found in sports stadiums, schools, churches, commercial buildings are often used to quickly alert people within the building of in emergency, such as an approaching tornado or a lost child. People who are deaf or hard of hearing cannot receive these important messages unless the building also uses message boards or some other system for communicating with all individuals, regardless of disability. Of those who took the Citizen Survey, 34 percent “agree” and 43 percent “strongly agree” with supporting more accessible public address systems within large venues, such as auditoriums, sporting arenas, and convention centers.

“Very concerned about having access to technology in medical environments. If a page comes over the speaker to evacuate the building I probably would be standing wondering what was said. Need messaging boards in high traffic area alerting hearing impaired to what is happening.”

-Tarrant County survey respondent

POLICY RECOMMENDATIONS:

- **Recommendation 2.1:** Promote the installation of hearing loops in places of public accommodations that have public address systems, spoken broadcasts or other audio programs.
- **Recommendation 2.2:** 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:

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](#)³⁴ of the Communications Act; [Section 508](#) of the Rehabilitation Act³⁵; and most recently, the [Twenty-First Communications and Video Accessibility Act \(CVAA\)](#) of 2010³⁶. 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](#),³⁷ 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. 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](#)³⁸ seeks to promote connectivity across the whole community.

³⁴ [Section 255](#) requires manufacturers and service providers to make their devices and services compatible with peripheral devices and specialized customer premises equipment that are commonly used by people with disabilities, if such compatibility is readily achievable.

³⁵ [Section 508](#) was enacted to eliminate barriers in information technology, open new opportunities for people with disabilities, and encourage development of technologies that will help achieve these goals.

³⁶ [The 21st Century Communications and Video Accessibility Act](#) was passed by Congress to update our nation's telecommunications protections for people with disabilities. The new law contains groundbreaking protections to enable people with disabilities to access broadband, digital and mobile innovations -- the emerging 21st century technologies for which the act is named.

³⁷ [Texas Legislative 79th Session, Regular Session, House Bill 2819, 2005](#).

³⁸ [The National Broadband Plan](#), released by the FCC on March 17, 2010, sets out a roadmap for initiatives to stimulate economic growth, spur job creation and boost America's capabilities in education, health care, homeland security and more. The plan includes sections focusing on economic opportunity, education, health care, energy and the environment, government performance, civic engagement and public safety.

POLICY RECOMMENDATIONS:

- **Recommendation 2.3:** Encourage the use of accessible technology to reach traditionally underserved populations, including people with disabilities, especially through the use of social media.
- **Recommendation 2.4:** 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 2.5:** 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 2.6:** 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. In 2005, the State of Texas took strong steps to promote the accessibility of technologies used at work and home by passing [House Bill 2819³⁹](#), which requires each State agency to develop, procure, maintain and use information and communication technologies that are accessible. As a result of [House Bill 2819](#), Texas is already a leader in policy, but gaps remain in the other areas.

POLICY RECOMMENDATIONS:

- **Recommendation 2.7:** 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 2.8:** Encourage information sharing within the technological development community about emerging assistive technologies and best practices.
- **Recommendation 2.9:** Promote the development of standards of professional competence for accessibility practitioners in the area of information and communications technology.
- **Recommendation 2.10:** Support the inclusion of accessibility and Universal Design topics in the higher education curricula for computer science, engineering, design, and architecture.
- **Recommendation 2.11:** 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.

³⁹ [Texas Legislative 79th Session, Regular Session, House Bill 2819, 2005.](#)

Background and Purpose:

IMPROVEMENTS IN RELAY SERVICES AND QUALIFIED INTERPRETERS

A [Video Relay Service](#) (VRS) is a video-telecommunication service that allows a person who is deaf or hard-of-hearing to communicate over video telephones with hearing people in real-time, via a sign language interpreter. VRS is a newer form of telecommunication service to the deaf and hard of hearing community which started in the United States in 1974 as Telecommunications Relay Service. One of the first demonstrations of the ability for telecommunications to help sign language users communicate with each other occurred when AT&T's videophone, called [Picturephone](#) was introduced to the public at the 1964 New York World's Fair –two visitors who were deaf were able to freely communicate with each other between the fair and another city.⁴⁰ Various other organizations have also conducted research on signing via video-telephony. With video interpreting, sign language interpreters work remotely with live video and audio feeds, so that the interpreter can see the person who is deaf and the hearing person. Much like telephone interpreting, video interpreting can be used for situations in which no on-site interpreters are available.

In Texas, [Video Relay Service](#) (VRS) is conducted through the [Public Utility Commission of Texas \(PUC\)](#)⁴¹. A voice telephone user can also initiate a VRS call by calling a VRS provider, usually through a toll-free number. VRS is an enormously popular service because the conversation between the VRS user and the VRS Interpreter (VI) flows much more quickly than with a text-based Texas Relay Service (TRS) call. Unlike text-based relay services, a Video Interpreter is able to express the mood of both parties; interpreting the mood of a hearing person in sign language, and voicing the mood of a signing person. Consequently, VRS is much more like a normal telephone conversation where the emotions of each party are readily identified by inflections of the voice and body language.

The VRS VI can be reached through the VRS provider's Internet site (web camera and computer), or through video equipment attached to a television. Currently, more than a dozen providers offer VRS. Like all TRS calls, VRS is free to the caller. VRS providers are compensated for their costs from the [Interstate TRS Fund](#), which the Federal Communications Commission (FCC) oversees.

There have been concerns by Texans who are deaf about the lack of medical or legal certification of interpreters for these important calls. Any misinformation regarding a medical or legal issue could have dire consequences for the person who is deaf or hard-of-hearing.

POLICY RECOMMENDATION

- **Recommendation 2.12:** Explore the need for the [Relay Texas](#) system to have communications assistants with certification in specialized medical and legal fields.

⁴⁰ Bell Laboratories RECORD. (1969, May/June). A collection of several articles on the AT&T Picturephone Vol. 47 Number 5), pp. 134-153,160-187.

⁴¹ The Public Utility Commission (PUC) rules are under Texas Administrative Code, Title 16, Part II.

Background and Purpose:

AWARENESS AND INCLUSION

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.⁴² These same themes were embodied by two laws passed by the 82nd Legislature in 2011. [House Bill 3616](#)⁴³ established October as Persons with Disabilities History and Awareness Month in Texas and [House Bill 1481](#)⁴⁴ 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.”

American Sign Language

Additionally, promoting awareness and knowledge of American Sign Language (ASL) is another area of concern that received quite a bit of feedback on our Citizen Survey. American Sign Language (ASL) is a complete, complex language that employs signs made by moving the hands combined with facial expressions and postures of the body. It is the primary language of many North Americans who are deaf and is one of several communication options used by people who are deaf or hard-of-hearing. ASL is a language completely separate and distinct from English. It contains all the fundamental features of language—it has its own rules for pronunciation, word order, and complex grammar.⁴⁵

During the 83rd Legislative Session [House Bill 143](#)⁴⁶ was introduced but ultimately did not pass. House Bill 143 sought to have ASL offered as an elective in public high schools. The Committee feels this is an important topic and it was mirrored in our Citizen Survey results with 38 percent of respondents “agreeing” and 39.76 percent “strongly agreeing” that more should be done to promote awareness and knowledge of ASL. A number of survey respondents noted their desire to have ASL be a part of school curriculum.

“Encourage schools to teach sign language.”

-Calhoun County survey respondent

⁴² People-first language aims to avoid perceived and subconscious dehumanization when discussing people with disabilities. The basic idea is to impose a sentence structure that names the person first and the condition second, for example “people with disabilities” rather than “disabled people” or “disabled”, in order to emphasize that “they are people first”.

⁴³ [Texas Legislative 82nd Session, Regular Session, House Bill 3616, 2011](#)

⁴⁴ [Texas Legislative 82nd Session, Regular Session, House Bill 1481, 2011](#)

⁴⁵ National Institute on Deafness and Other Communication Disorders. “[American Sign Language](#).” *American Sign Language*. U.S. Department of Health and Human Services. Web. 11 Jan. 2015.

⁴⁶ [Texas Legislative 83rd Session, Regular Session, House Bill 143, 2013](#).

“ASL was taught in my children’s high school. This should be made more available than just in high school. Early learning means better retention.”

-Williamson County survey respondent

“...Offer Sign Language classes in all Texas High Schools as a Language Requirement choice.”

-Hays County survey respondent

Survey respondents also spoke of their desire to have educators in Texas schools know ASL so they can communicate with their students. It is important to note, that the American Community Survey estimates there are 12,737 Texans under the age of 5 with a hearing difficulty. Additionally, among the 5-17 age population, there is an estimated 33,540 Texans with a hearing difficulty.⁴⁷

“More special educators and regular educators must learn ASL. My son’s communication is largely sign, and many of his teachers do not understand what he is saying and assume he has little to say.”

-Travis County survey respondent

“Funding is needed to enable school districts to recruit and retain ASL teachers.”

-Harris County survey respondent

POLICY RECOMMENDATIONS:

- **Recommendation 2.13:** Encourage the inclusion of People-First language in the curricula of mass communication and journalism programs in Texas public schools and institutions of higher learning.
- **Recommendation 2.14:** Promote the awareness and inclusion of American Sign Language (ASL).
- **Recommendation 2.15:** Encourage American Sign Language (ASL) be accepted as an option to fulfill the language requirement in junior high and high schools.

⁴⁷ U.S. Census Bureau, [Disability Characteristics 2013 American Community Survey 1-Year Estimates. Texas. S1810](#), PDF.

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EDUCATION

GOAL

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

OVERVIEW

In 2013, Texas Local Education Agencies (LEAs) served 441,633 students with disabilities from ages 3-21.⁴⁸ 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 Texans, 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; increased use of new and emerging technologies to enhance the learning experience and participation in extra-curricular activities; questions about behavioral interventions in schools, especially the use of restraint to discipline students with disabilities; continued concern about the safety of students with severe or multiple disabilities; 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.

⁴⁸ Swain, C. (Jan 15, 2015). Recommendations to Improve Education Services for Students with Disabilities. *Texas Employment-First Task Force*. Lecture conducted from Austin, TX.

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.⁴⁹ 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. During the 83rd Legislative Session, [House Bill 1926](#) expanded the use of the state Virtual School Network to address concerns that four-year universities currently have admissions requirements that exceed Texas’ requirements for high school graduation. 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 [Texas Government Code Section 2054](#) and Texas Administrative Code sections [206.50](#) 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.

⁴⁹ Gates, B. (n.d.). [Fulfilling Technology’s Promise to Education](#) [Editorial]. *Capitol Ideas: The Council of State Governments*. Retrieved December 16, 2014.

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.⁵⁰

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 that students face such as: work commitments, family obligations and financial constraints.

⁵⁰ Bill and Melinda Gates Foundation. (2010). [*Next Generation Learning: The intelligent use of technology to develop innovative learning models and personalized educational pathways*](#) [PDF].

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. This concern was mirrored in the response to the Citizen Survey with 26.33 percent of respondents “agreeing” and 65.49 percent of respondents “strongly agreeing” that it is important to support programs that increase graduation rates among students with disabilities.

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.⁵¹

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.”⁵²

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.

⁵¹ Ibid

⁵² Lewin, T. (2011, November 29). [Official Calls for Urgency on College Costs](#) [Editorial]. *New York Times*. Retrieved December 16, 2014.

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.
- **Recommendation 3.5:** Support programs that increase graduation rates among students with disabilities.

Background and Purpose:

DISCIPLINARY PRACTICES AND PROCEDURES

Over the last twenty years, zero tolerance policies⁵³ have become an accepted part of public school disciplinary culture. This trend began in the 1990s, when 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.

Zero tolerance policies in schools mandate certain punishments for infractions, regardless of the circumstances.⁵⁴ 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.⁵⁵

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.⁵⁶

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.⁵⁷

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

⁵³ A zero-tolerance policy in schools is a policy of punishing any infraction of a rule, regardless of accidental mistakes, ignorance, or extenuating circumstances. In schools, common zero-tolerance policies concern possession or use of illicit drugs or weapons. Students, and sometimes staff, parents, and other visitors, who possess a banned item for any reason are always punished.

⁵⁴ Rausch, M., & Skiba, R. (2006, Fall). [Discipline, Disability, and Race: Disproportionality in Indiana Schools](#) [PDF]. Center for Evaluation & Education Policy.

⁵⁵ Losen, D., & Skiba, R. (2012). [Suspended Education: Urban Middle Schools in Crisis](#) [PDF]. Southern Poverty Law Center.

⁵⁶ Council on State Governments Justice Center. (2011, July 19). [Breaking Schools Rules: A Study of How School Discipline Relates to Students’ Success and Juvenile Justice Involvement \(Rep.\)](#). Retrieved December 16, 2014, from The Council on State Governments Justice Center and Public Policy Research Institute website.

⁵⁷ Ibid

disability, not of any bad intent, zero tolerance policies have the potential to punish the student for the disability, rather than the conduct.

During the 83rd Legislative Session, we saw significant movement in the area of school discipline, including [Senate Bill 393](#)⁵⁸, [Senate Bill 394](#)⁵⁹, [Senate Bill 395](#)⁶⁰, and [Senate Bill 1114](#)⁶¹. Among other things, Senate Bill 393 requires that complaints alleging a school offense be accompanied by a statement from a school employee stating whether the student is eligible for or receives special education services and also stating what graduated sanctions were already imposed on the student before the complaint was filed. Senate Bill 1114 creates a discretionary progressive sanction model for dealing with school disciplinary issues. This process allows for the correction of behavior through intervention and corrective sanctions before using the criminal justice system. In addition, it allows juvenile case managers who currently work for courts that hear juvenile cases, mostly truancy, to intervene and work with a student prior to the student being referred to court.

Like “zero tolerance” policies that have a disproportionate effect on students with disabilities, so too do the use of seclusion and restraint policies. 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.”⁶² 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.⁶³

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.”⁶⁴ 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.

⁵⁸ [Texas Legislative 83rd Session, Regular Session, Senate Bill 393, 2013.](#)

⁵⁹ [Texas Legislative 83rd Session, Regular Session, Senate Bill 394, 2013.](#)

⁶⁰ [Texas Legislative 83rd Session, Regular Session, Senate Bill 395, 2013.](#)

⁶¹ [Texas Legislative 83rd Session, Regular Session, Senate Bill 1114, 2013.](#)

⁶² U.S. Government Accountability Office. (2009, May 19). GAO-09-719T, [Seclusions and Restraints: Selected Cases of Death and Abuse at Public and Private Schools and Treatment Centers](#). Retrieved December 16, 2014.

⁶³ Ibid

⁶⁴ Ibid

Texas law currently addresses the restraint and seclusion of students with disabilities in [Section §89.1053 of the Texas Administrative Code](#)⁶⁵ and [Section §37.0021 of the Texas Education Code](#)⁶⁶. Both fall under the purview of the Texas Education Agency (TEA)⁶⁷ and clarify the procedures for use of restraint and time-out. 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.⁶⁸ 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.⁶⁹ The law also requires detailed notification of the use of restraint to a student’s parent(s)⁷⁰ and requires that a core team of personnel on each campus be trained in the use of restraint.⁷¹ Importantly, the law prohibits the use of restraints that “deprive the student of basic human necessities”.⁷² Texas law on the use of seclusion is direct and to-the-point: school personnel may not place a student in seclusion.⁷³ Despite the State’s clear stance on seclusion practices in Texas schools, a report by NBC 5 Dallas-Fort Worth revealed that dozens of schools have small “recovery rooms” where students with disabilities or behavioral issues are placed during escalated situations and these rooms were used about 800 times during the 2013-2014 academic year.⁷⁴

Another recent phenomenon in school discipline is the increasing presence of school based law enforcement officials in Texas public schools. School-based law enforcement programs follow one of two models, either a “community oriented policing” model in which local law enforcement officials, either from the city police department or sheriff’s office is placed in the school through a contract or memorandum of understanding. In this model, the police officer is considered to be not only a law enforcement officer but also a counselor, mentor and teacher.

In the second model, the school district creates its own police department and commissions the police officers itself. Today, there are 167 Texas school districts, educating half of the state’s public school students, which operate their own police departments.⁷⁵ Each school district determines its own policy for the police officer’s scope of responsibility, type of force that can be used and in what situations. Depending on the school district, school peace officers may carry a baton or other impact weapon, Taser, pepper spray, canine or firearm. When a school police officer is permitted to use a weapon, such as during a life or death situation or when attempting to stop a fleeing student, varies by school district. What does not vary by school district is the absence of any requirement to report that a school police

⁶⁵ [Texas Administrative Code. Section §89.1053. Procedures for Use of Restraint and Time-Out.](#)

⁶⁶ [Texas Education Code. Section §37.0021. Use of Confinement, Restraint, Seclusion, and Time-Out.](#)

⁶⁷ The Texas Education Agency is the state agency that oversees primary and secondary public education. It is headed by the commissioner of education. The mission of TEA is to provide leadership, guidance and resources to help schools meet the educational needs of all students.

⁶⁸ [Texas Administrative Code. Section §89.1053\(B\)\(1\)\(A\)\(B\). Procedures for Use of Restraint and Time-Out.](#)

⁶⁹ Ibid, [Section 89.1053\(c\)\(3\)\(4\)](#)

⁷⁰ Ibid, [Section 89.1053\(e\)](#)

⁷¹ Ibid, [Section 89.1053\(d\)](#)

⁷² Ibid, [Section 89.1053\(c\)\(4\)](#)

⁷³ Ibid, [Section 37.0021\(c\)](#)

⁷⁴ Caruba, L. (2014, November 6). [Seclusion Rooms in North Texas Schools Spark Controversy](#). *Texas Monthly*.

⁷⁵ Fowler, D., Lightsey, R., Monger, J., & Aseltine, E., [Texas’ School-to-Prison Pipeline. Ticketing, Arrest & Use of Force in Schools](#) (Publication).

officer used force or restrained a student.⁷⁶ In short, we do not know how often school-based police officers are using force, the type of force used (Taser, pepper spray, baton, etc.), or in what situations. This absence of data makes it impossible to ascertain if students with disabilities are being subjected to uses of force at a higher rate than students without disabilities or if force is being used in situations that could be deescalated through other means. Additionally, unnecessary use of force in schools put students with underlying medical conditions in unnecessary danger as they may face serious health outcomes after the use of police-style tactics.

Similar force, restraint and seclusion issues faced by the Texas Juvenile Justice Department (TJJD)⁷⁷ were addressed with [Senate Bill 325](#)⁷⁸ and resulted in the following policy changes:

- Creation of an interagency review panel to make recommendations related to uniform definitions, data collection, and minimum standards on the use of behavioral interventions
- Changes to Health and Safety Code limiting use of restraint and seclusion in residential treatment centers, child-care institutions, mental health facilities
- Emphasize alternative to restraint and seclusion
- Ensure restraint and seclusion are used as a last result
- Gain better insight into the use of restrains through data collection
- Restricted the use of pepper spray in Texas Youth commission facilities and in county-level pre- and post- adjudication facilities

The issue of disciplinary procedures that disproportionately impacts students with disabilities was strongly noted in the response to our Citizen Survey with 28.45 percent of respondents “agreeing” and 58.63 percent “strongly agreeing” that this is a topic of concern.

“I believe that seclusion and restraints should NEVER be used in a public school setting. Many years ago I worked where my students were subjected to both and I feel it’s inhumane. Educators are not in a position to use them correctly and in my experience I’ve seen them be used unfairly.”

-Harris County survey respondent

⁷⁶ [Texas Education Code, Section §37.0021\(g\)\(1\).](#)

⁷⁷ Pursuant to Senate Bill 653 passed by the 82nd Texas Legislature and signed by the Governor, the Texas Juvenile Justice Department (TJJD) was created on December 1, 2011 and the existing Texas Juvenile Probation Commission (TJPC) and Texas Youth Commission (TYC) were abolished. On December 1, 2011, operations of both TJPC and TYC were transferred to the new TJJD and all references to TJPC and TYC were changed to the new name.

⁷⁸ [Texas Legislative 79th Session, Regular Session, Senate Bill 325, 2005.](#)

“I feel there should definitely be more research and oversight on the impact of seclusion and restraint policies on students with disabilities--even districts with established policies and procedures may have plans that negatively impact students.”

-Travis County survey respondent

POLICY RECOMMENDATIONS:

- **Recommendation 3.6:** Establish a review panel of educators, diagnosticians and administrators to review the appropriateness of each case of restraint in consultation with the student and his or her family, including how the incident could have been avoided.
- **Recommendation 3.7:** Require school districts to collect and report data on the use of force by school peace officers on students with disabilities.
- **Recommendation 3.8:** Establish an interagency panel to provide guidance on establishing uniform definitions, data collection, and minimum standards on the use of behavioral interventions by school peace officers on students with disabilities.

Background and Purpose:

EDUCATIONAL ACCOMMODATIONS

In general, students with disabilities have the right to accommodations that suit their individual needs. Many provisions of federal⁷⁹ and state⁸⁰ law guarantee these rights. Often, accommodations are stipulated in a student's [Individualized Education Program \(IEP\)](#)⁸¹, but a lack of enforcement of the provisions of an IEP can result in the student not receiving necessary accommodations.

The Biennial Disability Report⁸², released by the [Texas Council for Developmental Disabilities \(TCDD\)](#)⁸³ in December 2012, includes a "Special Focus Section" on education and employment which highlights the lack of enforcement of IEPs and the negative impact this has on the perceptions of many parents. As part of this report, TCDD included information from surveys conducted by the [Texas Office on the Prevention of Developmental Disabilities \(TOPDD\)](#). 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.⁸⁴

Citizen Survey respondents overwhelmingly supported an initiative to promote oversight and accountability of educational agencies that provide accommodations for students with disabilities. Twenty-eight percent of respondents "agreed" and 63 percent "strongly agreed" that oversight is sorely needed. Parents wrote about the challenge of getting services for their children who have disabilities.

"... ARD meetings are agonizing for parents of students with disabilities. It is painful to hear excuse after excuse why IEP modifications aren't being exercised by staff..."

-Travis County survey respondent

⁷⁹ Code of Federal Regulations, [34 CFR §300.1\(a\)](#)

⁸⁰ Texas Administrative Code, [19 TAC §89.1001\(a\)](#)

⁸¹ Each public school child who receives special education and related services must have an Individualized Education Program (IEP). To create an effective IEP, parents, teachers, other school staff--and often the student--must come together to look closely at the student's unique needs. These individuals pool knowledge, experience and commitment to design an educational program that will help the student be involved in, and progress in, the general curriculum. The IEP guides the delivery of special education supports and services for the student with a disability.

⁸² The Texas Council for Developmental Disabilities has released their 2014 report. The report is viewable at the following web link: <http://tcdd.texas.gov/resources/publications/>

⁸³ The Texas Council for Developmental Disabilities is one of 56 state councils on developmental disabilities in the United States and its territories created through the [Developmental Disabilities Assistance and Bill of Rights Act \(DD Act\)](#).

⁸⁴ The Texas Council for Developmental Disabilities, & Texas Office for Prevention of Developmental Disabilities. (2012). [2012 Texas Biennial Disability Report](#) (Rep.). Retrieved December 17, 2014.

“We have been through the Texas school system, ARD meetings and IEP’s, but if the teachers don’t follow through, it does not do any good!”

-Randall County survey respondent

“Students with disabilities do not have equal access in the state of Texas. It is a constant fight to get services for students.”

-Bell County survey respondent

Equally important, was the Citizen Survey commentary on the importance of funding and the impact it has on a school’s ability to successfully provide accommodations and serve all students.⁸⁵

“There needs to be more funding for students who have disabilities to get the proper education-meaning we need more teachers that work with these kids and they [teachers] need to be paid more for working with these kids so that the kids can get more attention and be able to learn and get the education that any other child gets.”

-Tom Green County survey respondent

“Increase funding to schools to accommodate students with disabilities.”

-Tarrant County survey respondent

“...In the absence of adequate funding, school districts cannot provide needed technology, add staff to maintain discipline through increased supervision, and increase the inclusion and staff support of students with disabilities in general education classes. All of these goals are attainable with support, but unfunded mandates are not usually successful.”

-Harris County survey respondent

⁸⁵ Texas public schools are funded by federal funds, state funds and local school district property taxes. The amount of state and local funds are determined by the Foundation School Program, a state program administered by the Texas Education Agency. [Texas Education Code. Section §42.001. State Policy.](#)

POLICY RECOMMENDATIONS:

- **Recommendation 3.9:** Explore ways to promote oversight and accountability of school districts that provide accommodations for students with disabilities.
- **Recommendation 3.10:** Explore ways to ensure schools are able to provide legally mandated accommodations to students with disabilities.

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.

“Schools that have ample resources for athletic programs and facilities should be required to do more to include and encourage children with disabilities...”

-Harris County survey respondent

“Increase PE (physical education) and recess time in schools, and ensure full inclusion for kids with disabilities...”

-Harris County survey respondent

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.⁸⁶ In 2001, in response to the need for more physical activity in schools, the Texas State Legislature passed [Senate Bill 19](#)⁸⁷, 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).

Opportunities for physical activity was noted by respondents to the Citizen Survey with 26.58 percent “agreeing” and 61 percent “strongly agreeing” that physical activity in schools needs to be increased.

⁸⁶ U.S. Department of Education. (2011). [Creating Equal Opportunities for Children and Youth with Disabilities to Participate in Physical Education and Extracurricular Activities](#) (Rep.). Retrieved January 14, 2015.

⁸⁷ [Texas Legislative 77th Session, Regular Session, Senate Bill 19, 2001.](#)

Extra-curricular Activities

After school activities such as band, theatre, clubs and sports are all an important part of the school experience for young children and adolescents. Through extra-curricular activities, students make friends, practice social and teambuilding skills – skills that are a necessary in future years as a member of the workforce or community.

“Students with disabilities should be able to participate in sports, chorus or any other classes that interest them if they are able to...”

-Galveston County survey respondent

Schools should increase opportunities for students with disabilities to experience the full spectrum of extra-curricular activities available to other students by exploring new technologies or creative solutions which allow for reasonable accommodations to existing barriers.

Safety Concerns

Another area of concern related to the health and safety of students with disabilities pertains to the occurrence of abuse or neglect in special education classrooms. Students with severe disabilities are sometimes not integrated into traditional classrooms and instead spend all or part the school day in a special education classroom. Several cases in Texas have sparked controversy when students were unable to verbalize to their parents, counselors or teachers that an instance of abuse, neglect or trauma occurred.⁸⁸ During the 83rd Legislative Session, [Senate Bill 1380](#)⁸⁹, which passed in the Senate but not in the House, would have made cameras in special education classes mandatory. The Texas Education Code specifically allows for the videotaping of students without parental approval for the purpose of child safety.⁹⁰ In an interview with ABC News the head of the National Association of Special Education Teachers recognized “a need for cameras in some of those classrooms”.⁹¹ Parents of children with disabilities shared their feelings about security cameras in special education classrooms through the 2014 Citizen Survey.

⁸⁸ Groogan, G. (2012, August 20). Can cameras protect special-needs kids from abuse? Retrieved from <http://www.myfoxboston.com/story/19325960/2012/08/20/can-cameras-protect-special-needs-kids-from-abus>

⁸⁹ Texas Legislative 83rd Session, Regular Session, Senate Bill 1380, 2013.

⁹⁰ Texas Education Code. [Section §26.009. Consent Required for Certain Activities.](#)

⁹¹ Ng, C. (2012, September 05). [Cameras in the classroom a crusade for parents of special-needs kids.](#) Retrieved January 14, 2015.

“Cameras with audio in all classrooms to end abuse of disabled children.”

-Lubbock County survey respondent

“There should be cameras in all special education classrooms! These will protect the student and the staff and hold those accountable for abuse, restraint or neglect! Most government places individuals are scanned, search and monitored and this same consideration should be mandatory in our public schools. Protect our most vulnerable students!”

-Harris County survey respondent

“Cameras in special education classrooms!! NOW!!”

-McLennan County survey respondent

Since children in special education classes have disabilities that are more severe, they are more vulnerable to instances of emotional or physical mistreatment and less likely to report the abuse. We have a responsibility to identify ways prevent future occurrences of abuse and hold the abusers accountable while minimizing the incidence of false accusations against educators.

Texas, as of 2013 has 8,555 schools, independent and charter schools, throughout the state that serve over 5 million students.⁹² 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. The Save the Children Disaster Preparedness Report of 2012 reported that there are 94 percent of American children who live in communities at risk of natural disasters⁹³ In 2011, when an 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.⁹⁴ Preparing children and staff to keep our children safe during school hours is paramount.

⁹² Texas Education Agency. Snapshot 2013 Summary Tables, <http://ritter.tea.state.tx.us/perfreport/snapshot/2013/state.html>

⁹³ Save the Children. (2012). [National Report Card on Protecting Children During Disaster. Is America Prepared to Protect Our Most Vulnerable Children in Emergencies?](#) [PDF].

⁹⁴ Ibid

POLICY RECOMMENDATIONS:

- **Recommendation 3.11:** Explore ways to increase accessible physical activity for all students, incorporating outdoor and nature activities.
- **Recommendation 3.12:** Explore ways to increase accessible after-school and extra-curricular activities for students with disabilities.
- **Recommendation 3.13:** Ensure the safe delivery of high quality education in special education classrooms through accountability tools (such as cameras) and other initiatives.
- **Recommendation 3.14:** Ensure school district integrate the needs of students, staff and visitors with disabilities and others with access and functional needs into all aspects of the district's comprehensive emergency management program including planning, training, and drilling.



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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' 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, [*A 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.⁹⁵

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."⁹⁶

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

⁹⁵ Federal Emergency Management Agency. (2011, December 1). [*A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action | FEMA.gov*](#). Retrieved December 11, 2014.

⁹⁶ Testimony "[*The New Homeland Security Imperative: The Case for Building Greater Societal and Infrastructure Resilience*](#)" Written Testimony prepared for a hearing of the Committee on Homeland Security and Governmental Affairs U.S. Senate on "The Future of Homeland Security: Evolving and Emerging Threats," Stephen E. Flynn, Ph.D. Founding Co-Director George J. Kostas Research Institute for Homeland Security & Professor of Political Science, Northeastern University, page 8.

Texans, people who do not speak English, and other subgroups that have the potential to be particularly vulnerable (and valuable) during a disaster.⁹⁷

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.⁹⁸

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, pandemics, terrorism, tropical disease and other non-natural disasters could prove extremely beneficial for Texas.

Emergency management and homeland security professionals and the communities across Texas, face a future rife with challenges likely to be significantly different from those we have confronted in the past. 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.⁹⁹

As many states do, we have a centralized top-down system that is increasingly 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 networked action so that Texans can proactively plan for and address shifting trends together, as a community.

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.¹⁰⁰ Moreover, to a greater degree than at any point in history,

⁹⁷ The National Academies. (2012, August 1). [Disaster Resilience: A National Imperative](#). Retrieved December 11, 2014.

⁹⁸ Ibid

⁹⁹ Federal Emergency Management Agency, Strategic Foresight Initiative. (2012). [Crisis Response and Disaster Resilience 2030: Forging Strategic Action in an Age of Uncertainty](#) (Rep.). Retrieved December 11, 2014.

¹⁰⁰ Ibid

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.¹⁰¹ 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.¹⁰² Building a culture of resilience that allows our population to bend instead of break during catastrophic events will require inclusion and participation of diverse stakeholders at every level of our communities, including participation of people with disabilities at the planning tables.

¹⁰¹ U.S. Department of Homeland Security. (2010). [*First Quadrennial Homeland Security Review*](#) (Rep.). Retrieved December 11, 2014.

¹⁰² Federal Emergency Management Agency, Strategic Foresight Initiative. (2012). [*Crisis Response and Disaster Resilience 2030: Forging Strategic Action in an Age of Uncertainty*](#) (Rep.). Retrieved December 11, 2014.

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.¹⁰³

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

¹⁰³ The National Academies. (2012, August 1). [Disaster Resilience: A National Imperative](#). Retrieved December 11, 2014.

- Identifying and communicating the roles and responsibilities of communities and all levels of government in building resilience.¹⁰⁴

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;¹⁰⁵
- 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 agencies¹⁰⁶

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

¹⁰⁴ Ibid

¹⁰⁵The National Academies. (2012, August 1). [Disaster Resilience: A National Imperative](#). Retrieved December 11, 2014.

¹⁰⁶ Jan, S., & Lurie, N. (2012). [Disaster Resilience and People with Functional Needs](#) (Rep.). doi:10.1056/NEJMp1213492

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 levels¹⁰⁷

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

¹⁰⁷ Federal Emergency Management Agency. (2011, December 1). [A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action | FEMA.gov](#). Retrieved December 11, 2014.

- Collaborate across all levels of government and community
- Focus on community assets and community asset mapping

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 with everyone 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.¹⁰⁸

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.¹⁰⁹

Emergency mitigation, preparedness and response needs to become more local, more personal, and more immediate in our potential for multiple catastrophic events, empowering 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, family, and community.

¹⁰⁸ Federal Emergency Management Agency. (2011, December 1). [A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action | FEMA.gov](#). Retrieved December 11, 2014.

¹⁰⁹ Ibid

Inclusive and Welcoming

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 and homeland security 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. To be sure, there are vulnerable populations such as people in hospice, who have dementia or an end stage of life disease, however, the vast majority of people with disabilities, if given equal access to information and resources can be as resilient if not more resilient as everyone else. But this takes involvement at the most basic levels of community. The Committee believes more resource investment at the local level would be beneficial.

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).¹¹⁰ 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.¹¹¹

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.

Citizen comments reflect a desire for a Whole Community approach to emergency management in Texas.

¹¹⁰ Belasco, A. (2011). [The Cost of Iraq, Afghanistan, and Other Global War on Terror Operations Since 9/11](#) (Rep. No. RL33110). Retrieved December 11, 2014.

¹¹¹ Stephen E. Flynn, Ph.D., (2012, June 11) [The New Homeland Security Imperative: The Case for Building Greater Societal and Infrastructure Resilience](#), p.4. Testimony to the Committee on Homeland Security and Governmental Affairs of the U.S. Senate.

“The location of people with disabilities in the community...and those who may be disabled due to age related illnesses....is vital to emergency management. Using community and neighborhood networks to reach out to people to increase awareness and contact with these folks is important...simply because they may need more assistance during an emergency.”

-Travis County survey respondent

“People with disabilities must be actively involved in the development of disaster preparedness plans. Also, the mental health ramifications of disasters and the importance of early intervention and qualified personnel is very important. Knowledge in minimizing the long term effect of disaster trauma must be included in any plan. Also, specific specialized, procedures for supporting and providing aid and resources to people who have been diagnosed with a mental health issue are imperative. This is especially true for people who are institutionalized.”

-Bexar County survey respondent

“Nothing about us without us.” This is the motto of people with disabilities. Please include us in the planning and implementation of emergency preparedness policies.”

-Travis County survey respondent

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 community-led bottom-up 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.¹¹² The 2010 Census found that approximately 56.7 million (18.7 percent) people living in the United States had some kind of disability. Two demographic trends likely to play a role in disaster management are migration to coastal areas and the aging of the population.

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 year 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.¹¹³

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.¹¹⁴

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 (2nd), San Antonio (16th), Dallas-Fort Worth (17th) and Houston (18th). 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

¹¹² Parsons, B., & Fulmer, D. (2007). [The Paradigm Shift for Planning for Special-Needs Populations](#) (Rep.).

¹¹³ Brault, M. (2012). [Americans with Disabilities: 2010](#) (Rep.). Retrieved December 11, 2014

¹¹⁴ U.S. Census Bureau. (2011, December 21). [Texas Gains the Most in Population Since the Census](#). Retrieved December 11, 2014

split equally between the Midwest and West. Texas contained more of these counties than any other state, with 12.¹¹⁵

In keeping with the 1 in 5 population estimates of people with disabilities nationwide, Texas' 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 1980.¹¹⁶

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.¹¹⁷
- 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)."¹¹⁸

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.¹¹⁹

As an example, 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 the Disability Taskforce on Emergency Management, which created a functional

¹¹⁵ U.S. Census Bureau. (2012, April 5). [Census Estimates Show New Patterns of Growth Nationwide](#). Retrieved December 11, 2014.

¹¹⁶ Crossett, K., Culliton, T., Wiley, P., Goodspeed, T., & National Oceanic and Atmospheric Administration. (2004). [Population Trends Along the Coastal United States: 1980-2008](#) (Rep.). Retrieved December 11, 2014.

¹¹⁷ Parsons, B., & Fulmer, D. (2007). [The Paradigm Shift for Planning for Special-Needs Populations](#) (Rep.).

¹¹⁸ National Council on Disability. (2011). [National Disability Policy: A Progress Report - October 2011](#). Retrieved December 11, 2014.

¹¹⁹ State of Texas Functional Needs Support Services Integration Committee. (2011). [Functional Needs Support Services Tool Kit](#) (Rep.). Retrieved December 12, 2014.

needs support services [toolkit](#). Subsequently, five subcommittees were developed to look at planning, training, 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.)

POLICY RECOMMENDATIONS:

- **Recommendation 4.8:** Encourage the education of local emergency managers and local elected officials on the application of the ADA principles to disaster planning and response activities.
- **Recommendation 4.9:** Explore ways to enhance local evacuation and sheltering operations so that the anticipated access and functional needs of individuals with disabilities are met.
- **Recommendation 4.10:** Explore the feasibility of developing a long-term strategy to address the needs of the unprecedented Due to the changing demographics.
- **Recommendation 4.11:** When Texas State and local government entities undertake long-range emergency management planning they would do well to keep the needs of aging Texans in mind.

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.¹²⁰

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.¹²¹

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

¹²⁰ Lindsay, B. (2011). [*Social Media and Disasters: Current Uses, Future Options, and Policy Considerations*](#) (Rep.). Retrieved December 12, 2014.

¹²¹ Federal Emergency Management Agency, Strategic Foresight Initiative. (2012). [*Crisis Response and Disaster Resilience 2030: Forging Strategic Action in an Age of Uncertainty*](#) (Rep.). Retrieved December 11, 2014.

“what matters” and producing content themselves.¹²² 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.¹²³

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. The 2013 Citizen Survey revealed that citizens with 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.¹²⁴

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.¹²⁵

¹²² Ibid

¹²³ Federal Emergency Management Agency, Strategic Foresight Initiative. (2012). [*Crisis Response and Disaster Resilience 2030: Forging Strategic Action in an Age of Uncertainty*](#) (Rep.). Retrieved December 11, 2014.

¹²⁴ Federal Emergency Management Agency, Strategic Foresight Initiative. (2011). *Technological Development and Dependency: Long-term Trends and Drivers and Their Implications for Emergency Management*, (Rep.). Retrieved December 12, 2014.

¹²⁵ Lindsay, B. (2011). [*Social Media and Disasters: Current Uses, Future Options, and Policy Considerations*](#) (Rep.). Retrieved December 12, 2014.

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 date¹²⁶

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.

¹²⁶ Social Media and Emergency Management idisaster 2.0. (2012, February 13). [What is a Virtual Operations Support Team?](#) Retrieved December 12, 2014.

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.¹²⁷

POLICY RECOMMENDATIONS:

- **Recommendation 4.12:** Support the use of information sharing and the use of developing emerging technologies to advance emergency management capabilities.
- **Recommendation 4.13:** 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 4.14:** 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 4.15:** 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 4.16:** 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 4.17:** 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 4.18:** 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 4.19:** 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.
- **Recommendation 4.20:** Promote efforts to infuse emergency management principles and life skills across the entire educational experience to empower individuals, including children and youth.

¹²⁷ U.S. Department of Justice. (2007, February 27). [ADA Best Practices Tool Kit for State and Local Governments-General Effective Communication Requirements Under Title II of the ADA](#). Retrieved December 12, 2014.

Background and Purpose:

NEXT GENERATION 9-1-1

For more than 40 years, there's no question that the 9-1-1 system has been a great success.¹²⁸ But it has not kept up with the rapidly increasing number and type of communication devices that Americans now depend on. The vast majority of the nation's call centers, or Public Safety Answering Points (PSAPs), use analog equipment that cannot receive text messages, videos or photos or certain calls from computers. Even worse, the location of calls made on a mobile device can be difficult for today's PSAPs to accurately pinpoint. And when calls overwhelm a call center — as they might during a natural disaster or even a vehicle crash — they can't be transferred between centers or rerouted, which can leave citizens without needed aid.

Next Generation 9-1-1 (NG911) enhances the 9-1-1 system to create a faster, more flexible, resilient, and scalable system that allows the 9-1-1 network to keep up with communication technology used by the public. Put simply, NG911 is an Internet Protocol (IP)-based system that allows digital information (e.g., voice, photos, videos, text messages) to flow seamlessly from the public, through the 911 network, and on to emergency responders. Upgrading to NG911 transforms an outdated public safety system into a digital network that is faster, more efficient, more cost-effective and safer for the public and for law enforcement.

With NG911, a 9-1-1 “call” may take very different forms. Staff at PSAPs will be able to receive, process and store text, pictures and videos from citizens. Even better, that information can be quickly — sometimes almost immediately — relayed to first responders, giving them more precise information. For example, access to live video from cameras inside a bank being robbed could give responding officers valuable information about suspects, weapons and the number of hostages. Additionally, the new technology will allow PSAPs to identify the location of callers — even those on wireless devices — faster and more accurately so law enforcement can find citizens quickly in an emergency. And texting for help is also potentially life-saving when citizens cannot make a call or speak without endangering themselves.

NG911 holds particular promise for people with hearing impairments or other disabilities. Teletypewriter or TTY devices have generally become less necessary for people with hearing or speech impairments in their day-to-day communications. E-mail, instant messages, video chat and text messages are now much more commonly used for communicating with friends, family members, health-care providers and others. However, because most 911 PSAPs are accessible only via phone, deaf or speech-impaired people must still use a TTY device or have their messages relayed to a 9-1-1 call-taker by a friend, relative or third-party relay service.

¹²⁸ U.S. Department of Transportation, Intelligent Transportation Systems, Next Generation 9-1-1, http://www.its.dot.gov/ng911/ng911_trans_problem.htm

Relay services serving the hearing-impaired community now commonly accept IP-based communications as well as TTY, video relay and other types of calls. However, as PSAPs implement NG911, there won't be a need to relay messages to 911. PSAPs will be able to communicate directly with deaf or hard-of-hearing callers via text messaging and video relay services.

Legislators made significant progress in securing NG911 in Texas with the passage of [House Bill 1972](#)¹²⁹ and [Senate Bill 628](#)¹³⁰ during the 83rd Legislative Session. House Bill 1972 paves the way for NG911 by statutorily redefining 9-1-1 so that it is not restricted to telephone service, and cleaning up some issues of liability and confidentiality. Specifically, House Bill 1972 updates existing language by changing the definition of “9-1-1 service” to mean a communications service that connects users to a public safety answering point through a 9-1-1 system. It removes the references to “telephone” throughout the Health and Safety Code.

Senate Bill 628 adjusts funding structures relevant for the transition to NG911. Currently, 911 communications are delivered by one of two kinds of entities. The first of these two kinds of entities, emergency communication districts, have predictable sources of revenue to support their 911 services from emergency service fees paid by district residents. A predictable revenue stream would assist with a smooth deployment of NG911. The second kind of entity, a regional planning commission, tends to face greater funding struggles especially if it does not have an emergency communications district within its territory. Senate Bill 628 seeks to address this disadvantage by providing for the creation of regional emergency communications districts that would have the same governing and financing authority as emergency communication districts.

Text to 9-1-1 is one component of the NG9-1-1 initiative. Text to 9-1-1 allows a caller to send a text to a 9-1-1 operator just as though he is texting another wireless phone. Text to 9-1-1 requires both the carrier, such as Verizon Wireless or AT&T, and the PSAP to have the appropriate technology. The North Central Texas Council of Governments (NCTCOG) began implementing a Text To 9-1-1 program in January 2012. Currently, residents of the NCTCOG counties (excluding Dallas, Tarrant and Denton counties who run their own 9-1-1 systems) who have one of the four major phone carriers (Verizon Wireless, T-Mobile, AT&T or Sprint) can send request for help via text to 9-1-1. As of October 2014, 37 of the NCTCOG 9-1-1 PSAPs have been deployed with all 4 major wireless service providers. Residents in Harris and Fort Bend counties can text to 9-1-1 if they have T-Mobile or Verizon. And residents in Wichita and Wilbarger counties can text to 9-1-1 if they have a Verizon wireless plan.

Input from the Citizen Survey noted that 23.42 percent of respondents “agree” and 70.33 percent “strongly agree” that all Texans, regardless of county residence, should have access to Text to 9-1-1.

While the progress made thus far is promising, there is clearly a substantial amount of work that needs to happen to make text to 9-1-1 an option for all Texans. Updating the number of PSAPs in Texas that are not currently compatible with a text to 9-1-1 system would require addressing many technical and

¹²⁹ [Texas Legislative 83rd Session, Regular Session, House Bill 1972, 2013.](#)

¹³⁰ [Texas Legislative 83rd Session, Regular Session, Senate Bill 628, 2013.](#)

financial challenges. The Texas Commission on State Emergency Communications [NG9-1-1 Master Plan](#) outlines recommendations to guide state-level transition to Next Generation 9-1-1 technology from legacy systems that are reaching their end of usefulness.¹³¹

POLICY RECOMMENDATIONS:

- **Recommendation 4.21:** Support the implementation of Next-Generation 9-1-1 services across the state, including smaller or rural jurisdictions who have emergency call centers with outdated technology.
- **Recommendation 4.22:** Encourage local jurisdictions to provide awareness campaigns to educate callers about providing location-specific information.
- **Recommendation 4.23:** Support the continued advancement of incorporating new technologies, such as Video Relay Service, into emergency response systems.

¹³¹ Texas Commission of State Emergency Communications NG 9-1-1 Master Plan, May 7, 2014, www.mcp911.com

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.¹³²

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.¹³³ 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.¹³⁴

¹³² Graham, J. (2012, May 10). [When Disaster Strikes the Nursing Home](#). *The New York Times*. Retrieved December 11, 2014.

¹³³ Ibid

¹³⁴ Ibid

POLICY RECOMMENDATIONS:

- **Recommendation 4.24:** Explore ways to increase nursing home and congregate living preparedness, mitigation and recovery during disasters.
- **Recommendation 4.25:** Encourage the use of tornado shelters in Texas for congregate living facilities in historically tornado-prone areas.
- **Recommendation 4.26:** 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 4.27:** 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 4.28:** 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 4.29:** Examine ways the State can promptly reimburse public organizations that exhausted critical resources during disasters for any donated equipment, food or medical supplies.
- **Recommendation 4.20:** 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 4.31:** Require a disability-focused performance evaluation and assessment for all State exercises and disaster responses as standard operating procedure for after-action reports.

Background and Purpose:

AWARENESS AND ETIQUETTE

The 2010 U.S. Census indicates that 1 out of every 5 persons in the U.S. has a disability. Given that estimate, 20 percent of the current population of Texas with some type of disability would be just over 5 million people. As has been said before, experiencing or having a disability is part of the human experience. Likewise, interacting with first responders, whether because of a small scale emergency, such as a car accident or a large scale disaster, such as evacuating because of an approaching hurricane, is also part of the human experience. For individuals with disabilities, explaining the cause of a traffic accident, receiving instructions on how to reach safety, or even asking for help from a police officer for help may be more difficult, especially if the individual is injured, scared or just endured a traumatic event. Regardless of the situation, we know first responders want to help their citizens in need and an increased awareness of disability issues that may impact an emergency situation would benefit the responding police officer, firefighter or paramedic. These issues could be related to communication, erratic or unusual behavior or the need to accommodate service animals, necessary durable medical equipment or assistive technology, among many others. First responders need to be able to recognize when a person has a disability, understand how the disability may be impacting the ongoing emergency situation, and respond appropriately.

Not all disabilities are physical in nature or readily apparent at first glance. Therefore, recognizing that a person has a disability may only occur after interacting with the individual or observing their behavior. For example, a person with a traumatic brain injury may not appear to have a disability, but may show signs of confusion, stress or appear withdrawn, may use simple concrete words, or may have a medical identification bracelet. A first responder interacting with this individual may need to use short sentences, repeat themselves, point to ID badge or protective equipment to illustrate their words, remain calm and give the person extra time to process what is going on.

Sometimes a first responder may not know when a person their attempting to communicate with has a disability and routine practices can be altered to ensure accessibility. The evacuation of a neighborhood because of a gas leak or approaching fire provides a great example. During this situation, firefighters or other first responders may go door to door letting residents they need to evacuate. They would need to know that in addition to pounding on the door and yelling instructions, they also need to ring the doorbell. People who are deaf or hard of hearing typically have a light activated doorbell that flashes when the doorbell rings. If the firefighter does not know to ring the doorbell, that person may never be alerted of the approaching danger.

Fortunately, there are resources and trainings available to increase first responder awareness of these important issues. Through a collaborative effort between the [Texas A&M Center on Disability and Development](#), [Texas Center for Disability Studies](#) and [University of New Mexico Center for Development and Disability](#) the Mobile TIPS for First Responders was developed. TIPS can be used as a smartphone app or a pocketbook size flip book of laminated cards that provides information about different disabilities, including what to look for to recognize the disability, how to speak to the person or

what to ask, or what accommodations might need to be made for the individual. Mobile TIPS is a smart practice that all first responders in Texas would benefit from having at their fingertips.¹³⁵

In terms of training first responders, the state of New York is taking the lead by becoming the first state to offer a comprehensive [training curriculum](#) tailored to the needs and considerations of the different types of first responders.¹³⁶ Trainings are available specifically for law enforcement, firefighters, emergency medical service providers, 9-1-1 operators, and emergency management. The training program was developed and currently being delivered by Niagara University and is funded by the New York State Developmental Disabilities Planning Council.¹³⁷ These are smart practices that could be incorporated into first responder and emergency management policies and procedures.

While disability issues are numerous and it would be impossible for all first responders to plan and prepare for every type of situation, there are trainings and resources available, such as [Mobile TIPS](#), that would give first responders a baseline level of knowledge that greatly improve their ability to recognize signs of a disability, understand how the disability may be impacting the emergency situation and respond accordingly.

There are also interactions between the public and first responders that may not be life threatening, but are moments in a person's life that shape how they view first responders and this could potentially have long term effects. First responders can build positive rapport with members of the disability community by using people first language and following basic disability etiquette tips, such as speaking to the person with a disability, asking how they may need help, and treating their mobility device or service animal as an extension of the person and not just a piece of equipment or pet. Disability etiquette training can easily be incorporated into a training intended to improve first responders' ability to recognize and accommodate people with disabilities in the line of duty.

Citizen comments also reflect a need for additional etiquette and awareness training among first responders and emergency managers.

Increase disability awareness of public officials who respond to emergencies, and ensure that their communication methods are appropriate so that people with disabilities have access to the same information that someone without a disability would have access to...

- Harris County survey respondent

¹³⁵ Tips for first responders - [Project REDD](http://disabilitytips.tamu.edu/index.html)., Retrieved from <http://disabilitytips.tamu.edu/index.html>

¹³⁶ [First responders disability awareness training](http://www.fr-dat.com/)., Retrieved from <http://www.fr-dat.com/>

¹³⁷ Niagra Gazette. (2010, November 14). [Grant allows NU to educate first responders](#). Retrieved January 7, 2015.

Continue to increase awareness in the law enforcement field of how to manage communication with deaf individuals during conflict situations. For example, identifying a deaf person (rather than assuming they aren't listening) not handcuffing a deaf person with hands behind back so that they can't sign, access to a certified sign language interpreter as quickly as possible (perhaps use Smart Technology to access via internet/Video Relay Service if an interpreter cannot arrive within 15 minutes), and teach basic sign language to officers, especially if they work in a district with a known deaf individual/population.

-Travis County survey respondent

There needs to be better training of police officers in regards to how they interact and communicate with persons with disabilities especially persons with mental illness.

-Williamson County survey respondent

POLICY RECOMMENDATIONS:

- **Recommendation 4.32:** Promote disability awareness, disability cultural competency and etiquette for all first responders.
- **Recommendation 4.33:** Explore the use of programs that would alert first responders that an emergency situation involves a person with a disability.

Background and Purpose:

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 U. S. shows approximately 200 telemedicine networks linking 2,500 medical centers nationwide.¹³⁸

Telemedicine technology can also be used during situations where a paramedic or shelter nursing staff needs to communicate with a patient in American Sign Language. The telemedicine technology and Video relay services could be linked to provide effective communications to individuals who use American Sign Language to communicate.

POLICY RECOMMENDATIONS:

- **Recommendation 4.34:** Explore the use of [telemedicine](#) for emergency management response to natural or disease-related disasters.
- **Recommendation 4.35:** Support the development of electronic health record systems to be used in conjunction with telemedicine to assist in disaster health management.

¹³⁸ American Telemedicine Association. [What is Telemedicine?](#) Retrieved December 11, 2014



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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.¹³⁹

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

¹³⁹ National Council on Disabilities. (2009, September 30). [*The Current State of Health Care for People with Disabilities.*](#)

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.¹⁴⁰

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.

¹⁴⁰ Center for Public Policy Priorities. (February 2012) [What Happened and What Work Remains?: Health Care and the 2011 Legislature](#).

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.¹⁴¹ 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."¹⁴²

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.¹⁴³

¹⁴¹ Center for Public Policy Priorities. (February 2012) [What Happened and What Work Remains?: Health Care and the 2011 Legislature](#).

¹⁴² Hwang, J. & Christensen, C.M. (2007). [Disruptive Innovation in Health Care Delivery: A Framework for Business-Model Innovation](#), p. 1329.

¹⁴³ Ibid, pp. 1330-1131

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. 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.¹⁴⁴ 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.¹⁴⁵

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.

¹⁴⁴ Ibid, pp. 1334-1335

¹⁴⁵ Glabman, M. (January 2009). [Disruptive Innovations that Will Change Your Life in Health Care](#).

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.¹⁴⁶

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.¹⁴⁷ Estimates suggest that the average lifetime cost of obesity is over half a million dollars for an adult whose obesity began in childhood.¹⁴⁸ 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.¹⁴⁹ If current trends continue unchecked, the cost of obesity to the Texas economy is estimated to reach \$32.5 billion annually by 2030.¹⁵⁰

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.¹⁵¹ In Texas, 50 percent of all deaths per year are caused by heart disease, cancer, or stroke.¹⁵² Overall, chronic diseases are responsible for between 60 and 70 percent of all deaths in Texas.¹⁵³

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](#).

¹⁴⁶ Combs, S. Texas Comptroller of Public Accounts. (2011). *Gaining Costs, Losing Time, 2011 Special Report: The Obesity Crisis in Texas*, p. 1. Retrieved from: <http://www.window.state.tx.us/specialrpt/obesitycost/pdf/GainingCostsLosingTime.pdf>

¹⁴⁷ Ibid, p. 1

¹⁴⁸ Ibid, p. 1., internal citation omitted

¹⁴⁹ Ibid

¹⁵⁰ Ibid, p. 2

¹⁵¹ Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey. (2009). Available from Center for Health Statistics at the Texas Department of State Health Services website: <http://www.dshs.state.tx.us/chs/>

¹⁵² Ibid

¹⁵³ Ibid

Behavioral choices, such as how much physical activity a person engages in, whether the person eats well, and whether the person uses tobacco or nicotine 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.¹⁵⁴ 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.”¹⁵⁵

Tobacco use is the single largest cause of preventable, premature death and disease in Texas. Tobacco use is a primary contributor to lung disease, heart disease, and diseases of the mouth, breast, pharynx, esophagus, pancreas, kidney, bladder, and uterine cervix. Tobacco products are associated with the deaths of more than 400,000 people in the U.S. every year. In Texas, 24,200 adults die annually from smoking-related causes. Additionally, for every person who dies from a tobacco-related cause, an additional 20 suffer from tobacco-related diseases.¹⁵⁶

E-Cigarettes

Research into the effects of e-cigarettes lags behind their popularity. But ready or not, the era of e-cigarettes is here. It’s a booming, billion-dollar industry -- on track to outsell tobacco products within a decade. The number of teens and tweens using these products doubled between 2011 and 2012.¹⁵⁷ All e-cigarettes work basically the same way. Inside, there’s a battery, a heating element, and a cartridge that holds nicotine and other liquids and flavorings. Features and costs vary and some are disposable. Others have a rechargeable battery and refillable cartridges. Using an e-cigarette is called “vaping.”¹⁵⁸ The nicotine inside the cartridges is addictive, and withdrawal symptoms include feeling irritable, depressed, restless and anxious. It can be dangerous for people with [heart](#) problems and may also harm [arteries](#) over time.¹⁵⁹

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.

¹⁵⁴ Texas Department of State Health Services. (2010). [Texas Chronic Disease Burden Report](#), p. 2.

¹⁵⁵ Ibid

¹⁵⁶ Texas Health and Human Services System, Strategic Plan 2015-2019, Volume I, http://www.hhsc.state.tx.us/about_hhsc/strategic-plan/

¹⁵⁷ Griffin, R. (n.d.). [E-Cigarettes: Health and Safety Issues](#). Retrieved January 27, 2015.

¹⁵⁸ Ibid

¹⁵⁹ Ibid

One smart practice can be found in our state neighbor to the west, New Mexico’s Disability Advisory Group about Tobacco (DAGAT). The purpose and role of this group is to provide input and direction on the issues related to commercial tobacco for people with disabilities from people with disabilities. Concern about the disproportionate health and social consequences of tobacco use in New Mexico led to the formation of “STOMP” Stop Tobacco on My People. The group has worked to address the needs and issues of populations with significant health disparities which includes people with disabilities. Emerging data indicates the use of commercial tobacco by people with disabilities is significantly higher than the general population. This is true across the spectrum of disabilities including people with: physical, sensory, cognitive and emotional/mental disabilities. With this in mind, DAGAT has a broad cross disability representation and involvement.¹⁶⁰

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 nicotine or tobacco products and to address the need for reduction in potential alcoholism.

¹⁶⁰ [New Mexico’s Advisory Group About Tobacco](http://dagat.nmtupac.org/), New Mexico. <http://dagat.nmtupac.org/>

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.¹⁶¹

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.”¹⁶²

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

¹⁶¹ According to DADS, the number of people on the [Interest List for Community Services in Texas](#) is 165,745.

¹⁶² Healy, M. (December 11, 2012). [Health Rankings: USA is Living Longer, but Sicker](#). Retrieved from *USA Today*.

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. Table 1 compares the average monthly cost per person in a state supported living center to an individual receiving home and community-based services.

Table 1. Average Monthly Cost Per Person¹⁶³

State Supported Living Center (SSLC)	\$15,207
Community Living Assistance and Support Services (CLASS)	\$3,610
Deaf Blind with Multiple Disabilities (DBMD)	\$4,257
Home and Community-Based Services (HCS)	\$3,489

Source: GCPD Analysis of the [Sunset Staff Report with Commission Decisions for the Department of Aging and Disabilities](#).

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. For people currently living in a state supported living centers whose mental, physical or social needs require intense one-on-one interventions, the Committee recommends intense case management working with families and caregivers on each individual’s needs, as well as the family’s needs.

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 of care. In 2002, Governor Rick Perry signed Executive Order 13 which 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.”¹⁶⁴ To that end, there has been executive support for many state initiatives that facilitate community-based options, including the [Promoting Independence Plan](#) and accessible housing initiatives through the [Texas Department of Housing and Community Affairs](#).

¹⁶³ Department of Aging and Disability Services, Sunset Advisory Commission Staff Report with Commission Decisions, Appendix C, August 2014, p. 95.

¹⁶⁴ AARP Public Policy Institute. (June 2009). *Providing More Long-term Support and Services at Home: Why It’s Critical for Health Reform*. Retrieved from: http://www.aarp.org/health/health-care-reform/info-06-2009/fs_hcbs_hcr.html

During the 83rd Legislative Session, Senate Bill 7¹⁶⁵ provided a number of initiatives that supported community based options. The Committee encourages the Legislature to continue monitor the steps taken in Senate Bill 7 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.

¹⁶⁵ [Texas Legislative 83rd Session, Regular Session, Senate Bill 7, 2013.](#)

Background and Purpose:

AGING-IN-PLACE, THE “MEDICAL HOME” MODEL, CARING FOR CAREGIVERS, AND COMMUNITY ATTENDANTS

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.¹⁶⁶ 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’ population is growing and aging. U.S. Census figures report that Texas had the most population growth of any state in 2011.¹⁶⁷ 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 2030.¹⁶⁸ 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.¹⁶⁹ 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.”¹⁷⁰ The Committee supports statewide efforts to enhance the prevention and treatment of Alzheimer’s disease.

Baby Boomers

The Texas State Data Center estimates that baby-boomers (people born between 1946 and 1964) will contribute to a 133-percent increase in the number of people ages 65 and older between 2015 and 2040. Similarly, the adult population with disabilities, including people with mental illness, is expected to

¹⁶⁶ AARP Public Policy Institute. (June 2009). [*Providing More Long-term Support and Services at Home: Why It’s Critical for Health Reform*](#).

¹⁶⁷ U.S. Census Bureau. (2011). [*Texas Quick Facts*](#). Retrieved from the U.S. Department of Commerce website.

¹⁶⁸ Pew Research Center (December 29, 2010). [*Baby Boomers Retire*](#).

¹⁶⁹ Minino, M.P.H., A., Xu, M.D., J. & Kochanek, M.A., K. - Division of Vital Statistics (2010, December 9). *Deaths: Preliminary Data for 2008*, Volume 59, Number 2, Retrieved from the Centers for Disease Control and Prevention website: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_02.pdf), as cited in Cognitive Impairment and Alzheimer’s Disease Report from The Council of State Governments, available at www.healthystates.csg.org/NR/rdonlyres/.../AlzheimersTPfinal.pdf, p. 2

¹⁷⁰ The Council of State Governments, [*Cognitive Impairment and Alzheimer’s Disease*](#), p. 2.

increase by 55 percent between 2015 and 2040. The sharp increase in the number of people ages 65 and older will result in a significant increase in the already-growing demand for state services.¹⁷¹

Medical Home Model

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.¹⁷²

Family Caregivers

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.¹⁷³

“Parents that are caregivers should be able to get some kind of tax break or be paid for having to give up extra income because they can’t work! We also need teen-adult daycare specifically for special needs.”

- Williamson County survey respondent

¹⁷¹ Texas Health and Human Services System, [Strategic Plan 2015-2019](#), Volume I.

¹⁷² The Council of State Governments. (November 2010). [State Initiatives in Patient-Centered Medical Homes](#), p. 1.

¹⁷³ Cyncar, P. & Mendes, E. (July 26, 2011). [More Than One in Six American Workers Also Act as Caregivers](#).

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.¹⁷⁴

Community Attendants

Community attendants are the vital workforce that cares for our aging Texans who do not have family to provide care for them. Community attendants help individuals with disabilities and the aging population achieve a greater degree of independence that they could on their own. These workers assist people who need their assistance with a wide variety of daily tasks in their own homes, allowing them to avoid unnecessary, expensive hospitalization or institutionalization. Community attendants are key to making cost-effective community services successful for individuals with disabilities and seniors in Texas. These workers receive no sick leave, no paid vacation, and no health insurance and are paid \$7.86 per hour in 2015. This creates a shortage of attendants and makes it hard for individuals with disabilities and seniors to find the good and reliable help that they need.¹⁷⁵

Former Attorney General Greg Abbott spoke of his commitment to increasing community attendant wages at the Texas Disability Issues Forum, in Austin on September 24, 2014. When queried on community attendants, Attorney General Abbott responded:

“As part of my Healthy Texans plan, I have called for increasing community attendant professionals' wages. I believe that community-based services should be supported whenever possible, and consumer-directed delivery should be offered as the first option. Personal attendants assisting with day-to-day-tasks can provide many Texans with disabilities with a higher quality of life. The state should work to ensure that people with disabilities, their families, and their caregivers receive the chosen treatment and care for their needs in a way that is consumer-directed.”¹⁷⁶

¹⁷⁴ The Arc. (June 2011). [*Still in the Shadows with Their Future Uncertain: A Report on Family and Individual Needs for Disability Supports*](#), p. 6.

¹⁷⁵ Coalition of Texans with Disabilities. [Community Attendants](#). Retrieved January 20, 2015

¹⁷⁶ Abbott, G. (Sept 24, 2014). [Texas Disability Issues Forum](#). Conducted from Austin, TX.

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.
- **Recommendation 5.18:** Support increased community attendant care wages while facilitating consumer-directed care.

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. Mental illness is a leading cause of disability in the U.S., Canada, and Western Europe. Two large national surveys conducted in the 1980s and 1990s serve as the basis for prevalence estimates for the adult population.¹⁷⁷ It is estimated that 19 percent of the adult U.S. population has a mental disorder during the course of a year. In Texas, the 2013 estimated number of adults with serious and persistent mental illness was 499,389. Approximately 20 percent of children and adolescents have some type of mental disorder.¹⁷⁸ Federal regulations also define a subpopulation of children and adolescents with more severe functional limitations, known as serious emotional disturbance (SED). Children and adolescents with SED comprise approximately 5 to 9 percent of children ages 9 to 17.¹⁷⁹ In 2013, the estimated number of children with SED in Texas was 175,137.

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 the state health and human services commission (HHSC), 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.

“Access to mental health care that is both in-patient and out-patient. Also, for a variety of severity needs as some folks need occasional peer support and others need ongoing support from a team of professionals.”

-Travis County survey respondent

POLICY RECOMMENDATION:

- **Recommendation 5.19:** Support early intervention and therapeutic treatments for Texans experiencing mental illness.

¹⁷⁷ U.S. Department of Health and Human Services. “[Mental Health: A Report of the Surgeon General](#),” 1999.

¹⁷⁸ Texas Health and Human Services System, [Strategic Plan 2015-2019](#), Volume I.

¹⁷⁹ U.S. Department of Health and Human Services. “[Mental Health: A Report of the Surgeon General](#),” 1999.

HOUSING

GOAL

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

OVERVIEW

Communities in Texas are faced with choices and decisions about how to grow, plan for change, and improve the quality of life for all citizens including children and adults with disabilities. The Committee believes that for the promise of full integration into the community to become a reality, people with disabilities need:

- Safe, integrated, accessible and affordable housing
- Access to transportation
- Equal access to enjoy whatever services, programs, and activities are offered to all members of the community

Whether purchased or rented, a home of one's own embodies values of independence and self-determination. However, Texans with disabilities still face significant challenges to sufficient housing choices. These challenges include expense, inaccessibility, unavailability, and housing discrimination. The Committee supports innovative responses to these obstacles, including encouraging supportive housing programs, building new homes with accessibility features, implementation of visitability, supporting modifications to existing homes, and fostering public-private partnerships toward the development of housing options.

Data from the [2013 American Community Survey 1-year estimates](#),¹⁸⁰ shows the non-institutionalized civilian population of Texas is 25,976,562. Roughly 11.7 percent of the population, or 3,047,158 Texans, are persons with a disability. Of those, 1,602,460 are between 18-64 years old.¹⁸¹

¹⁸⁰ U.S. Census Bureau. (2014, November 6). [S1810 Disability Characteristics. 2013 American Community Survey 1-Year Estimates](#). PDF. The American Community Survey (ACS) is a nationwide continuous survey that is designed to provide communities with reliable and timely demographic, housing, social and economic data. However, sample size becomes a critical issue when interpreting the data. In some cases, unreliable data is reported. In order to understand and use the data appropriately, the Census Bureau provides the Margin of Error (MOE) figure which allows the user to determine the sampling error and relative reliability, calculate an estimate with a different confidence interval, properly aggregate data, and determine statistical significance in the change of an estimate. For the data presented, the total civilian non-institutionalized population has a margin of error at +/-4,689. The total population of Texans with a disability has a margin of error at +/-35,026.

¹⁸¹ The American Community Survey estimates represent a sampling technique and the ten-year national Census uses a 1 out of 5 ratio. So, the estimates of people with disabilities in Texas can range from 3 to 5 million. Because of the self-reported nature of disability statistics, it is difficult to get an accurate accounting of the number of people with disabilities in Texas.

The most common type of disabilities or impairments among the 18-64 age group is:

- Ambulatory disability with 797,942 persons reporting this difficulty
- Cognitive disability with 622,893 persons reporting this difficulty
- Independent Living difficulty with 514,123 persons reporting this difficulty

Among Texans 65 years and older there are 1,148,650 persons with a disability. The most common type of disability among the 65+ age group is:

- Ambulatory disability with 754,528 persons reporting this difficulty
- Independent Living difficulty with 480,683 persons reporting this difficulty
- Hearing disability with 478,438 persons reporting this difficulty

Given that ambulatory disability and independent living difficulty prominently appear in both age groups policy makers would do well to consider the housing needs of current and future Texans.

Background and Purpose:

CREATING AN ACCESSIBLE HOUSING SUPPLY

Texas' population is growing with more than 400,000 people moving to Texas each year.¹⁸² According to the Texas A&M Real Estate Center, Texas is projected to add around 30 million residents over the next four decades. Dr. Jim Gaines, a research economist with the Real Estate Center predicts this influx of residents will severely impact the need for new housing.¹⁸³ All these new people and a growing economy will create new demands on Texas' transportation system.¹⁸⁴ Additionally, the Baby Boom generation in Texas is expected to be over 5.6 million strong, or about 28 percent of the State's total population.¹⁸⁵ Knowing this should help us plan for what's coming — we'll need accessible, affordable housing options that enable individuals to age-in-place and easily connect to accessible, affordable and reliable transportation options. When Texas state and local government entities undertake long-range planning for the development of communities, they would do well to keep the growth of Texas in mind, as well as, changing demographics of an aging population.

Accessible Housing Supply

One current and future challenge is the need for accessible housing. Accessible in this context does not mean 'available' which is a common misunderstanding. 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 accessible features. A person who uses a wheelchair may require a ramped entrance or no-step entrance in their home. 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.

“Educate the public and increase awareness of the benefits of universal design in home construction and remodeling so that people with disabilities can live in the community, visit homes in the community and be fully engaged in community life without barriers. Let's create a world that works for everyone.”

—Travis County survey respondent

182 Texas Department of Transportation Planning/Programming Division. Texas Transportation Plan 2040. Texas Department of Transportation. Retrieved November 06, 2014.

183 Jones, D. S., & Real Estate Center at Texas A&M University. (2013, August 14). Wanted: Housing for 30 Million More Texans (Tech.). Retrieved November 6, 2014.

184 Texas Department of Transportation Planning/Programming Division. Texas Transportation Plan 2040. Texas Department of Transportation. Retrieved November 06, 2014.

185 Texas Department on Aging and Disability Services. (2000). The Texas Baby Boomer Survey (Rep.). Austin: Texas Department on Aging and Disability Services. Retrieved November 6, 2014.

How can we transform Texas’s existing supply of housing, which is largely composed of inaccessible housing, into a supply with sufficient accessible housing that meets the needs of Texans with a disability and the aging population? There are two possible mechanisms to shift the scales:

- By building new housing that is accessible
- By modifying existing housing to make it accessible

Building New, Accessible Homes

As new housing is developed, the concept of “visitability” should be factored in. Visitability¹⁸⁶ encourages all new housing to be developed with basic accessibility features.

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. Nonetheless, some people are skeptical when they first hear about visitability: why build a house with accessibility features if the residents do not have disabilities?

- 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.
- An accessible home means a person can age-in-place.

Some local Texas jurisdictions have already passed visitability ordinances, including Austin and San Antonio. The [City of Austin Visitability Ordinance](#)¹⁸⁷, which goes into effect in July 2015, requires the following in newly-constructed single-family homes and duplexes:

¹⁸⁶ Salomon, E. (2010). *Expanding Implementation of Universal Design and Visitability Features in the Housing Stock*. (Tech.). Washington D.C.: AARP Public Policy Institute.

- New dwelling units with habitable space on the first floor be constructed with a bathroom or a half bath on the first story.
- Light switches on the visitable floor be no higher than 48 inches above the interior floor level, and that outlet receptacles be a minimum of 15 inches above the interior floor level.
- A visitability route on the visitable floor, and to have a clear minimum width opening of 32 inches.
- An exterior route to the no-step entrance for newly developed lots and all new structures built on existing lots when practicable based on topography.

Because it focuses on 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.

“Increasing awareness of accessibility issues in all kinds of housing will benefit all of our communities. The idea of “visitability” in single family dwellings should be something everyone is at least aware of. This allows and encourages having homes accessible to friends and family living with disabilities.”

-Bexar County survey respondent

Visitability ordinances are needed - so that single-family homes are constructed with at least wheelchair access to the entry and to one bathroom.”

-Harris County survey respondent

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?

¹⁸⁷ The City Council of the City of Austin. (2014, February 12). [Ordinance No. 20140130-021](#). [PDF]. Austin: City of Austin.

Amy Young Barrier Removal Program

The [Texas Department of Housing and Community Affairs](#) (TDHCA) administers the [Amy Young Barrier Removal Program](#)¹⁸⁸. The Program provides one-time grants of up to \$20,000 to Persons with Disabilities who need modifications to increase accessibility and eliminate hazardous conditions in their home. Program beneficiaries must include a person with a disability, must have a household income that does not exceed 80 percent of the Area Median Family Income, and may be tenants or homeowners.

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 pays the bill for such care. There is also room for the private, nonprofit sector to assist low-income Texans with necessary home modifications.

Livable Communities

The Committee believes that policymakers and lawmakers need to prepare for the future of an aging population with serious mobility needs, and consider access to housing and transportation from a more holistic perspective. A majority of older adults want to age-in-place, so they can continue to live in their own homes or communities.¹⁸⁹ As a result, there is increased interest in creating “Livable Communities.”

The standard style of suburban development since the 1950s produces less livable communities. Uses are rigorously separated into housing subdivisions, shopping malls, and business parks, which are then segregated by walls and wide collector streets. Residents must depend on cars for all their shopping, family and recreational trips. Traffic congestion is the norm. A sense of community is often lacking.¹⁹⁰

In 2005, The American Institute of Architects (AIA) released [Livability 101: What Makes a Community Livable?](#) The publication identifies 10 principles for livable communities:¹⁹¹

1. **Design on a Human Scale:** Compact, pedestrian-friendly communities allow residents to walk to shops, services, cultural resources, and jobs and can reduce traffic congestion and benefit people's health.
2. **Provide Choices:** People want variety in housing, shopping, recreation, transportation, and employment. Variety creates lively neighborhoods and accommodates residents in different stages of their lives.

¹⁸⁸ Texas Department of Housing and Community Affairs. [Amy Young Barrier Removal Program](#). Retrieved November 07, 2014.

¹⁸⁹ Farber, N., Shinkle, D., Lynott, J., Fox-George, W., & Harrell, R. (2011, December). [Aging in Place: A State Survey of Livability Policies and Practices - AARP](#). Retrieved November 06, 2014.

¹⁹⁰ Sierra Club. [Livable Communities](#). Retrieved November 07, 2014.

¹⁹¹ [Livability 101: What makes a community livable?](#) (2005). Washington, D.C.: American Institute of Architects. Retrieved November 6, 2014.

3. **Encourage Mixed-Use Development:** Integrating different land uses and varied building types creates vibrant, pedestrian-friendly, diverse communities.
4. **Preserve Urban Centers:** Restoring, revitalizing, and infilling urban centers take advantage of existing streets, services, and buildings and avoid the need for new infrastructure. This helps to curb sprawl and promote stability for city neighborhoods.
5. **Vary Transportation Options:** Giving people the option of walking, biking, and using public transit, in addition to driving, reduces traffic congestion, protects the environment, and encourages physical activity.
6. **Build Vibrant Public Spaces:** Citizens need welcoming, well-defined public places to stimulate face-to-face interaction, collectively celebrate and mourn, encourage civic participation, admire public art, and gather for public events.
7. **Create a Neighborhood Identity:** A “sense of place” gives neighborhoods a unique character, enhances the walking environment, and creates pride in the community.
8. **Protect Environmental Resources:** A well-designed balance of nature and development preserves natural systems, protects waterways from pollution, reduces air pollution, and protects property values.
9. **Conserve Landscapes:** Open space, farms, and wildlife habitat are essential for environmental, recreational, and cultural reasons.
10. **Design Matters:** Design excellence is the foundation of accessible, successful and healthy communities.

The American Institute of Architects is not alone in exploring the benefits of Livable Communities. The National Council on Disability, the Federal Highway Administration, and AARP are just a few examples of prominent groups that also back the creation of Livable Communities. It is important to note, that when you make a community livable, you 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.¹⁹²

¹⁹² National Council on Disability. (2004). [*Livable Communities for Adults with Disabilities*](#). Washington D.C.: National Council on Disability. Retrieved November 6, 2014.

Complete Streets

Incomplete streets – those designed with only cars in mind – limit transportation choices by making walking, bicycling, and taking public transportation inconvenient, unattractive, and, too often, dangerous.¹⁹³ In contrast, Complete Streets, are streets for everyone.¹⁹⁴

“Even someone who does not have a disability has a lot of trouble accessing transportation. There are no sidewalks or safe places to walk on roads in communities, or to ride bicycles and little to no lighting at night in most residential neighborhoods. Being from the Northeast originally I was shocked that all of the newer communities built in this area are for cars and houses only, not for outdoor community living, exercise or safe transport aside from a motor vehicle...”

-Bell County survey respondent

Complete Streets make it easy to cross the street, walk to shops, and bicycle to work. They allow buses to run on time and make it safe for people to walk to and from train stations. While there is no singular design prescription for Complete Streets, they may include a combination of the following elements:¹⁹⁵

- Sidewalks
- Bike lanes (or wide paved shoulders)
- Special bus lanes
- Comfortable and accessible public transportation stops
- Frequent and safe crossing opportunities
- Median islands
- Accessible pedestrian signals
- Curb extensions
- Narrower travel lanes
- Roundabouts, and more

¹⁹³ National Complete Streets Coalition. [Complete Streets: Policy Basics](#). Washington D.C.: National Complete Streets Coalition. Retrieved November 6, 2014.

¹⁹⁴ North Central Texas Council of Governments. [Complete Streets](#). Retrieved November 6, 2014.

¹⁹⁵ National Complete Streets Coalition. [What Are Complete Streets?](#) Retrieved November 07, 2014

Complete Streets policies remove barriers to independent travel by considering the needs of all users at the outset of every transportation project.¹⁹⁶ Community design is a vitally important determinant of how well Texans with disabilities and older Americans are able to move about their neighborhoods and get to their desired destinations. 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 2011](#),¹⁹⁷ 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 ages 65 and up.¹⁹⁸ On these grounds, we can argue that Texans need Complete Streets in their communities that are designed to be safe and convenient for travel by automobile, foot, bicycle and transit regardless of age or ability.

POLICY RECOMMENDATIONS:

- **Recommendation 6.1:** Encourage the promulgation of local visitability ordinances, which include basic accessibility requirements in the construction of single-family homes or duplexes.
- **Recommendation 6.2:** 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 6.3:** Promote the elements of transit-oriented development, livable communities and complete street concepts in Texas.

¹⁹⁶ National Complete Streets Coalition. (2012, December 4). [Complete Streets Help People with Disabilities](#). [PDF]. Washington D.C.: Smart Growth America.

¹⁹⁷ Ernst, Michelle. [Dangerous By Design 2011](#). Report. Washington D.C.: Transportation for America, 2011.

¹⁹⁸ Shannon, Kelley. (2011, November 1). [Walker, Drivers, Cyclists Need Safe, Complete Streets in Texas - AARP Bulletin](#). Retrieved November 1, 2011.

Background and Purpose:

AFFORDABLE ACCESSIBLE HOUSING

Many Texans face housing challenges, but for Texans with disabilities, the challenges can sometimes seem insurmountable. According to the [2013 American Community Survey 1-Year Estimates](#), 21.8 percent of Texans with disabilities are under the poverty line, compared to 14 percent of people without disabilities. For Texans with disabilities living on Supplemental Security Income (SSI) housing is an especially pressing issue and it comes as no surprise that housing is a major concern among survey respondents.

No state in the United States has an average-priced one-bedroom or two-bedroom apartment that would be affordable to someone on SSI. In fact, the average rental payment in the United States for a studio apartment would require spending 100 percent of the monthly SSI payment and renting the average one-bedroom unit would require 112 percent of a monthly SSI payment.¹⁹⁹

“It is impossible for a person receiving SSI and/or SSDI to find safe, affordable, accessible, integrated in the community housing options in Texas.”

-Collin County survey respondent

The National Low Income Coalition is focused on the issue of affordability and annually releases their findings in their annual report, *Out of Reach*. The report provides an in depth look at the hourly wage a full-time worker must earn to afford a two-bedroom rental at HUD-estimated Fair Market Rent²⁰⁰ while spending no more than 30 percent of income on housing costs.

This year, the Coalition found that a worker in the state of Texas²⁰¹ would need to earn \$16.77 an hour, working full-time, to afford a decent two-bedroom rental.²⁰² Compounding the difficulty of finding affordable and accessible housing, is finding housing that is near mass transit that enables individuals to easily get to and from work, school, visiting family/friends, etc.

199 National Council on Disability. (2010). *The State of Housing in America in the 21st Century: A Disability Perspective*. Washington D.C.: National Council on Disability.

200 Fair Market Rents are gross rent estimates. They include the shelter rent plus the cost of all tenant-paid utilities, except telephones, cable or satellite television service, and internet service. Source: U.S. Department of Housing & Urban Development Office of Policy Development & Research. Fair Market Rents for the Section 8 Housing Assistance Payment Program. Washington D.C.: U.S. Department of Housing & Urban Development.

201 Texas minimum wage rate is \$7.25 per hour. Source: United States Department of Labor Wage and Hour Division. Minimum Wage Laws in the States - September 1, 2014. Retrieved November 07, 2014.

202 National Low Income Housing Coalition. (2014, March 24). *Out of Reach*. Retrieved November 7, 2014.

POLICY RECOMMENDATIONS:

- **Recommendation 6.4:** Encourage housing subsidies and other initiatives that increase the affordability of housing for Texans with disabilities.
- **Recommendation 6.5:** Increase affordable, accessible, and integrated housing for people with disabilities to meet needs and demand.

Background and Purpose:

SUPPORTIVE HOUSING

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. This is especially important in light of the Sunset Advisory Commission's recommendation to close the Austin State Supported Living Center²⁰³ by August 31, 2017. The Commission will also assign an SSLC Closure Committee to determine which five of 12 other state supported living centers to shut down.²⁰⁴ The closures would mark the first since 1995, and will affect nearly 300 intellectually and developmentally challenged Austin residents and potentially up to 1,000 residents statewide.²⁰⁵

“Now that the State of Texas is considering the closure of several State Supported Living Facilities, it is imperative that more homes are converted to group homes for the mentally challenged. Once the institution is closed these individuals will not have any place to live. This may have been their home for their entire lives and it isn't fair to turn them into the street. More funds need to be channeled in the care either by increasing the amount of the institutions or in the building of group homes for them.”

–Tom Green County survey respondent

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 RECOMMENDATION:

- **Recommendation 6.6:** Support State efforts that would drive funding toward services provided in the community, rather than services only available in institutions.

²⁰³ State Supported Living Centers are state-run institutions for people with intellectual and developmental disabilities. There are 13 in Texas and the total resident population is around 3,600. Source: Sunset Advisory Commission. [Staff Report with Commission Decisions: Department of Aging and Disability Services](#) (Rep.). Retrieved January 19, 2015.

²⁰⁴ TCDD. “[Sunset Commission Adopts SSLC Recommendations](#).” Texas Council for Developmental Disabilities. August 15, 2014. Accessed November 07, 2014.

²⁰⁵ Tuma, Mary. “[Evicted and Helpless](#).” The Austin Chronicle. September 19, 2014. Accessed November 07, 2014.

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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, recreation is a vital ingredient in a good life and deserves State support.

Recreation, leisure and play activity that includes all ages and abilities is a great equalizer.²⁰⁶ The social interaction of recreation is important. Recreation promotes the inclusion of people. It enhances social connections, motivation, and self-esteem. 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.²⁰⁷ Our policy recommendations are a strategic plan that can be used by lawmakers to improve access to recreational opportunities for all Texans.

²⁰⁶ Christopher and Dana Reeve Foundation. "[Playground Accessibility](#)." Spinal Cord Injury and Paralysis Resource Center. Christopher and Dana Reeve Foundation, 31 Oct. 2008. Web. 5 Nov. 2014.

²⁰⁷ National Council on Disability. [The Current State of Health Care for People with Disabilities](#). Washington D.C.: National Council on Disability, September 2009.

Background and Purpose:

INCREASE PHYSICAL ACTIVITY OPPORTUNITIES

Being physically active is one of the most important steps that Texans can take to improve their health. The Centers for Disease Control and Prevention recommend children and adolescents, ages 6 to 17 years of age, have 60 minutes (1 hour) or more of physical activity each day. Adults, ages 18 to 64 years of age, need at least 2 hours and 30 minutes of moderate-intensity aerobic activity every week combined with muscle strengthening activities on two or more days a week.²⁰⁸

Individuals with disabilities receive the same benefits from participating in recreational activities and their need is even greater. But a lack of choices often stop them from being active.

“Our town only has 1 park that is designed to meet the needs of children with disabilities. There is nothing else in this town for people with disabilities to attend - no water park that is safe for them, no zoo, nothing for these people without going over 100 miles for activities.”

-Tom Green County survey respondent

In September 2012, the [Texas State Nutrition, Physical Activity, and Obesity Profile](#) was released. The report found that:

- Less than half of adults in Texas (43.1%) achieve at least 300 minutes a week of moderate-intensity aerobic physical activity or 150 minutes a week of vigorous-intensity aerobic activity (or an equivalent combination).
- 27.3% of Texas’s adults reported that during the past month, they had not participated in any physical activity.

Additionally, the report found that 65.9 percent of Texans are overweight, with a body mass index of 25 or greater. Of the total number of overweight Texans, 27.7 percent are considered obese, with a body mass index of 30 or greater.²⁰⁹ Obesity has important consequences on the health and economy of Texas. It is linked to a number of chronic diseases, including coronary heart disease, stroke, diabetes, and some cancers.

In her 2010 report, [The Surgeon General’s Vision for a Healthy and Fit Nation](#), Dr. Regina Benjamin puts forth the view that interventions to prevent obesity should focus not only on personal behaviors and biological traits, but also on the characteristics of the social and physical environments that offer or limit

²⁰⁸ Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion. (2014, March 03). [How much physical activity do adults need?](#) Retrieved November 03, 2014.

²⁰⁹ Center for Disease Control and Prevention - National Center for Chronic Disease Prevention and Health Promotion, Division Of Nutrition, Physical Activity, And Obesity. (2012). [State of Texas Nutrition, Physical Activity, and Obesity Profile](#) (Issue brief). Centers for Disease Control and Prevention. Retrieved November 5, 2014.

opportunities for positive health outcomes. On these grounds, Dr. Benjamin lends support for critical opportunities for interventions that can occur in multiple settings whether it is at home, while a child is in school, or out and about in the community.²¹⁰

To reverse the obesity epidemic, every community should become actively involved in efforts to create healthier environments for all citizens. Every Texan deserves the opportunity to participate in physical activity. Children should have a safe route to walk or ride their bike to school, and have local parks with access to playgrounds and community centers. Children need access to sports leagues and dance or fitness programs that are exciting and challenging to keep them engaged.

POLICY RECOMMENDATIONS:

- **Recommendation 7.1:** Support infrastructure improvements, such as sidewalks and bike paths, to ensure that children can walk and bike safely to school.
- **Recommendation 7.2:** Encourage State and local educational agencies to provide opportunities in and outside of school for students at increased risk for physical inactivity, including children with disabilities.
- **Recommendation 7.3:** Support creation, rehabilitation, and maintenance of parks, playgrounds, and recreation facilities in underserved residential areas and offer quality programming to encourage and support physical activity.
- **Recommendation 7.4:** Increase the number of safe and accessible parks and playgrounds, particularly in underserved and low-income communities.

²¹⁰ U.S. Department of Health and Human Services. [*The Surgeon General's Vision for a Healthy and Fit Nation*](#). Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, January 2010.

Background and Purpose:

ADULT PLAYGROUNDS

Playgrounds are no longer just for children: an emerging trend in recreation is the creation of adult playgrounds. Our country's seniors are living longer, and we are seeing a growth in numbers of the aging population. With this, there is an increasing demand for services available to the senior populace. There has been a continued push to create adult playgrounds to address the lack of physical activity for an aging population and adults with disabilities. 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.²¹¹

“The elderly are left out of the planning process when it comes to recreation.”

-Harris County survey respondent

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.²¹² Among Citizen Survey respondents, the promotion of playgrounds that can be used by all ages, including the very young and/or elderly received support with 30.62 percent of respondents “agreeing” and 58.39 percent “strongly agreeing” that is an important issue.

POLICY RECOMMENDATION:

- **Recommendation 7.5:** Promote the creation and development of adult playgrounds and multigenerational playgrounds that will encourage physical fitness and healthy lifestyles.

²¹¹ Hu, W. (2012, June 30). [Mom, Dad, This Playground's for You](#). Retrieved November 05, 2014.

²¹² Abrahms, S. (2012, August 16). [The Shape of Things to Come: Adult Playgrounds](#). Retrieved November 05, 2014.

Background and Purpose:

PHYSICAL ACCESSIBILITY OF PLAYGROUNDS FOR CHILDREN

To be young is to play. However, children with disabilities are not always able to enjoy playgrounds especially when they are cumbersome, not fully accessible or too far from home.²¹³ Some of the simple moments spent with family that many of us take for granted are denied to families affected by disability. Picture a traditional playground for children. Maybe you are picturing your child’s school playground or the local park. But what if the closest playground to your family was not accessible for your child? What if you had to drive all the way across town to find an accessible playground for your child to enjoy? For some parents, this scenario is a reality and their concerns were noted in our Citizen Input Survey.

“School playgrounds in Texas are not, as a rule, accessible to all children. This is the first place outside of the home that many disabled children feel left out, because they cannot play with their friends.”

-Tarrant County survey respondent

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.

Other locales in Texas have heeded the call to create inclusive playscapes for children of all abilities. The City of Houston boasts six inclusive playgrounds.²¹⁴ The City of Frisco is home to Hope Park.²¹⁵ The park, which opened in 2013, was built to suit the needs of all children, at any age, with a focused consideration for children with special needs – an inclusive play adventure that brings children together and helps them build self-confidence, make friends and play as equals.²¹⁶

²¹³ Christopher and Dana Reeve Foundation. “Playground Accessibility.” Paralysis Resource Center. Christopher and Dana Reeve Foundation, 31 Oct. 2008. Web. 5 Nov. 2014.

²¹⁴ Houston Parks and Recreation Department. “The Playground Without Limits at the Metropolitan Multi-Service Center.” Retrieved November 5, 2014.

²¹⁵ Frisco Parks and Recreation Department. “Hope Park.” Frisco Parks and Recreation Department. Accessed November 05, 2014.

²¹⁶ Hope Park Frisco. “About Hope Park.” Hope Park Frisco. Retrieved November 05, 2014.

Fenced-In Play Areas

Respondents to the Citizen Input Survey brought to light issues that the survey itself did not contemplate. We heard from parents of children on the autism spectrum who worry about taking their children to their local park because the children have a tendency to wander or run off. Wandering, also called elopement, is an important safety issue that affects some people with disabilities, their families, and the community.²¹⁷ In a letter to the U.S. Department of Health and Human Services, the Interagency Autism Coordinating Committee (IACC) called attention to wandering among those on the autism spectrum as a serious safety issue.²¹⁸

The constant worry of wandering places a major burden on families. Research on elopement behavior in children with autism spectrum disorders found that nearly half of children with autism were reported to engage in elopement behavior, with a substantial number at risk for bodily harm. These results highlight the need to support families coping with this issue by developing interventions to reduce the risk of elopement.²¹⁹ One suggestion cited by a number of respondents to the Committee's Citizen Input Survey is the use of fenced-in play areas.

"My children are on the autism spectrum and we cannot take our children to our city parks because they are not fenced in. We have a child who is a "runner" so we do not feel safe when at a park or other outdoor entertainment provided by our city."

-Houston County survey respondent

"More parks and playgrounds that are fenced for "runners". My daughter is autistic so finding parks that are completely fenced in is a challenge. The "Round Rock Park for all Abilities" is a great park."

-Williamson County survey respondent

²¹⁷ National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention. (2014, August 01). [Safety and Children with Disabilities: Wandering \(Elopement\)](#). Retrieved November 05, 2014.

²¹⁸ Interagency Autism Coordinating Committee (IACC). (n.d.). [IACC Letter to Secretary Sebelius on Wandering](#). February 9, 2011 [Letter written February 9, 2011 to Secretary Sebelius]. Retrieved November 05, 2014.

²¹⁹ Anderson, C., Law, J., Daniels, A., Rice, C., Mandell, D., Hagopian, L., & Law, P. (2012, November). [Occurrence and Family Impact of Elopement in Children with Autism Spectrum Disorders](#). *Pediatrics*, 130(5), 870-877. Retrieved November 5, 2014.

Citizen Survey respondents noted their concern about recreational opportunities for children with disabilities with 31.17 percent of respondents “agreeing” and 57.66 percent “strongly agreeing” that more needs to be done to promote programs that allow/enable children with disabilities to play sports and/or engage in recreational and physical activity. While newly designed or constructed play areas for children must comply with the 2010 ADA Standards for Accessible Design, the Committee recommends the involvement of parents, community members, and the rights and preferences of people with disabilities in the design and development of recreational services, programs, facilities, and functions. While the guidelines establish minimum accessibility requirements for newly constructed and altered play areas the Committee encourages designers and operators to exceed the guidelines where possible to provide increased accessibility and opportunities.

POLICY RECOMMENDATIONS:

- **Recommendation 7.6:** Incorporate the long-range goal of providing the highest level of accessibility that is reasonable for children of all abilities to enjoy their local school and community playgrounds.
- **Recommendation 7.7:** Promote the involvement of parents, community members, and 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](#).

Background and Purpose:

PHYSICAL ACCESSIBILITY OF RECREATIONAL VENUES

Local parks provide valuable outdoor recreational and educational opportunities for communities and have been found to contribute to the physical, social and mental well-being of residents.²²⁰ Recreation promotes the inclusion of people. It enhances social connections, motivation, and self-esteem.²²¹ Texas parks and natural areas provide joyful and inspiring places to be active and contribute to the individual health of all Texans. Incorporating accessibility into the long-range planning of State parks, public beaches, and other recreational opportunities for Texans with Disabilities is a top-tier concern for survey respondents.

“Access should be equal for people with disabilities and for people without disabilities. Neither group should be discriminated against in any venue.”

-Harris County survey respondent

“People with disabilities should have the same access to recreation as people without. It’s simple.”

-Travis County survey respondent

The physical accessibility of recreational venues was noted among respondents to the Citizen Survey with 36 percent “agreeing” and 49 percent “strongly agreeing” that prompt compliance with the most recent legal requirements for physical accessibility at recreational venues is an important issue. The new ADA Standards for Accessible Design²²² and the United States Access Board’s guidance on accessible recreation facilities²²³ is 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.

220 Texas Parks and Wildlife Department. (2012). A Strategic Plan for Texas Parks and Wildlife Department for Fiscal Years 2013-2017. Rep. Austin: Texas Parks and Wildlife Department.

221 Christopher and Dana Reeve Foundation. (2014, April 24). Recreation Resources for People with Disabilities. Retrieved November 05, 2014.

222 U.S. Department of Justice. (2010, November 17). ADA Standards for Accessible Design. Retrieved November 5, 2014.

223 United States Access Board. ADA Accessibility Guidelines: Recreation Facilities. Retrieved November 5, 2014.

Family Restrooms

Data yielded from the Citizen Input Survey shows growing support for family restrooms in both public and private venues such as parks, restaurants, hotels, theaters, convention centers, retail stores, shopping centers, doctors' offices, hospitals, museums, libraries, zoos, amusement parks, football stadiums, airports, etc. Family restrooms are suitable for the needs of families or groups that are traveling with children, or people with disabilities, and are large enough to accommodate a person with a wheelchair as well as another person when assistance is needed. Additionally, a family restroom is open to both genders and permits a person of one gender to assist a member of another gender in using the facilities.

“Family bathrooms are important so that an individual can be helped through the toileting process with privacy and without interfering with the privacy of others using a bathroom. Also, family bathrooms avoid the situation where when Mom has to bring adult disabled son into Ladies room ... awkward for all.”

-Travis County survey respondent

“A family restroom makes a big difference in my ability to assist my dependent with basic needs when we go out to stores, medical offices, etc.”

-Hays County survey respondent

Most public restrooms are segregated by sex. But what if you are caring for an adult with a disability who needs assistance in the restroom? For example, a husband provides primary care for his wife who has Alzheimer's. They are traveling from the coastal city of Seadrift, Texas to the big city of Dallas to visit their children and grandchildren. They decide to stop along the way to enjoy lunch at a diner in Giddings, Texas. However, his wife needs assistance when using the restroom. If the husband of an adult woman with a disability needs to accompany his wife into a restroom, should he visit the men's room or the women's room? A private, accessible, 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 7.8:** Support the long-range goal of providing the highest level of accessibility into the planning of State parks, public beaches and other recreational opportunities for all Texans.
- **Recommendation 7.9:** Support the construction of accessible recreation facilities and amenities to broaden access to the outdoors which enhances the quality of experience for people of all ages, abilities and interests.
- **Recommendation 7.10:** Encourage public and private venues to incorporate family restrooms as an accessible amenities option.



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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.”²²⁴ This trend includes the revitalization of downtown and inner-cities, development of urban rail systems and more bicycle and pedestrian opportunities.²²⁵ 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.

During the [83rd Legislative Session, House Bill 1545](#)²²⁶ was passed which required the Governor’s Committee on People with Disabilities (the Committee) to conduct an interim study related to paratransit services, to identify:

- The feasibility of standardizing the process of certifying an individual’s eligibility for services in the state; and
- Whether the current 21-day provision of services by a provider is adequate to meet the needs of visitors with disabilities to locations served by the provider.

The Committee undertook an extensive review of relevant laws, regulations, and policies; funding; and historical and contextual background of the provision of paratransit services. In addition, the Committee focused on developing a comprehensive understanding of the transportation, needs, preferences, and priorities of people with disabilities. As a result of this study, our policy recommendations for the 84th legislative session stem from our interim study findings and feedback from the annual survey. The policy recommendations will give planners and legislators ideas on ways to incorporate accessibility

²²⁴Texas Department of Transportation/Transportation Planning and Programming Division. (2010). [Statewide Long-Range Transportation Plan 2035](#) (Rep.). Retrieved November 18, 2014.

²²⁵ Ibid

²²⁶ [Texas Legislative 83rd Session, Regular Session, House Bill 1545, 2013](#)

into the transportation options and systems of the future. The Committee puts forth six recommendations from the Interim Study later in the chapter.

“Ultimately, effective transportation is an issue for all Texans. We have not done well in the area of effective, efficient, and affordable mass transit, accessible or not. This proves to be one of the biggest barriers to employment and full participation in the community for all people. We must do better! And it must all be fully accessible!”

-Bexar County survey respondent

Background and Purpose:

TRANSPORTATION NEEDS OF PEOPLE WITH DISABILITIES

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. Texas' population is growing with roughly 635 people coming to Texas every day.²²⁷ According to the Texas Department of Transportation, the population of Texas is expected to increase by 43 percent by 2035. The state population will exceed 33 million and outpace the nation.²²⁸ All these new people and a growing economy²²⁹ create new demands on Texas' transportation systems.²³⁰

“Need to pay attention to the needs of individuals with disabilities to get to work, socialize, and live their lives completely.”

-Travis County survey respondent

Given the size of Texas, transportation is critical for activities that occur beyond the home, such as going to work, socializing, and seeking health care. And many factors, from sidewalk design to the distance to the bus stop, impacts access to transportation. Whether to work, school, the gym, or the grocery store, “getting there” is the necessary first step to participating in activities that positively influence one's quality of life. Still, for many Texans with disabilities, the question “How will I get there?” remains difficult to answer.

Aging Population

The Committee believes that policymakers and lawmakers need to prepare for the future of an aging population with serious mobility needs, and consider mobility and transportation access from a more holistic perspective. The [Federal Highway Administration Office of Safety Programs](#) encourages practitioners to consider differences in vision, fitness and flexibility, and reaction time when designing for older drivers, and pedestrians.²³¹ Efforts to build safer roads for aging Texans has the potential to benefit all Texans, including those with disabilities.

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

²²⁷ O'Rourke, C. (2010, January 13). [Perry Says 1,000 People Move to Texas Daily](#) [Editorial]. *Austin American-Statesman*. Retrieved December 19, 2014.

²²⁸ Texas Department of Transportation/Transportation Planning and Programming Division. (2010). [Statewide Long-Range Transportation Plan 2035](#) (Rep.). Retrieved November 18, 2014.

²²⁹ Office of the Governor. (2014, April 28). Office of the Governor Rick Perry - [Noteworthy] [We Built A Stronger Texas](#). Retrieved December 22, 2014.

²³⁰ Texas Department of Transportation Planning/Programming. (n.d.). [Texas Transportation Plan 2040](#). Retrieved December 22, 2014.

²³¹ Federal Highway Administration. (n.d.). [Older Road Users - Safety](#). Retrieved December 2, 2014.

move about their neighborhoods and reach their desired destinations. More than half of United States citizens age 50 and older live in the suburbs.²³² 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.²³³

The Baby Boom generation in Texas is over 5.6 million strong, or about 28 percent of the State's total population.²³⁴ Our large baby boomer population is important to note because according to research conducted by the University of California, San Francisco, "A vast majority of people who live to older ages live with disability or a mobility problem in the last years of life, and for women it's even more likely." In interviews conducted, they found that mobility problems occurred even more often. 69 percent of the older adults had trouble walking more than a few blocks, 45 percent found it difficult to walk one block, and more than half struggled to climb a single flight of stairs.²³⁵ When Texas State and local government entities undertake long-range planning for the development of transit and maintenance of communities, they would do well to keep the needs of aging Texans in mind.

POLICY RECOMMENDATION:

- **Recommendation 8.1:** Conduct a comprehensive study on the transportation needs of people with disabilities specifically examining how the provision of accessible, affordable and reliable transportation or the lack thereof affects others areas of independent living such as access to housing, healthcare, education, recreation, employment, voting and other activities of daily living.

²³² AARP. (2010, March). [AARP Issue Brief: Transportation](#). Retrieved December 22, 2014.

²³³ Ibid

²³⁴ The Texas Baby Boomer Survey, Texas Department on Aging and Disability Services, 2000

²³⁵ Smith, A., Walter, L., Miao, Y., Boscardin, J., & Covinsky, K. (2013). [Disability during the Last Two Years of Life](#) (Rep.). Retrieved December 22, 2014; Span, P. (2013, July 08). [High Disability Rates Persist in Old Age](#). Retrieved December 22, 2014.

Background and Purpose:

EDUCATIONAL CAMPAIGN TO INCREASE AWARENESS OF PARATRANSIT SERVICES

The data generated from the Committee's interim study shows that a small portion of paratransit riders travel outside of their local service area and use paratransit while visiting another city or town. Some respondents completing the survey by phone acknowledged that they were not aware that they *could* use paratransit in another city or town. As a result, the Committee believes that an educational awareness campaign highlighting the rights of paratransit riders to avail themselves of visitor services would be a benefit.

The Committee is not the only voice that lends support for an educational campaign, on September 22, 2014, The Governor's Committee on People with Disabilities received a joint position paper from the following Transit Authorities:

- Corpus Christi B
- Capital Metropolitan Transportation Authority (Austin Cap Metro)
- Corpus Christi Regional Transportation Authority (RTA)
- Dallas Area Rapid Transit (DART)
- Denton County Transportation Authority (DCTA)
- Fort Worth Transportation Authority (The T)
- Metropolitan Transit Authority of Harris County (METRO)
- VIA Metropolitan Transit

The transit authorities expressed their support for an educational campaign, stating:

The MTAs... are supportive of a coordinated visitor Paratransit education and awareness initiative to ensure that our customers are fully educated and aware of available visitor Paratransit services in Texas and across the nation per ADA guidelines and eligibility. This information will be distributed in a variety of ways, including through agency websites, e-mails, customer brochures, ongoing Paratransit customer service communication and feedback through customer advisory committees and public meetings and through partner human service agencies in the state.

POLICY RECOMMENDATION:

- **Recommendation 8.2:** Develop an educational campaign to increase awareness of paratransit services for individuals who want, or need, to travel outside of their local service area.

Background and Purpose:

STATEWIDE PARATRANSIT ADVISORY COMMITTEE

Annual survey respondents largely support the promotion of policies that result in a more effective paratransit system. The formation of a Statewide Paratransit Advisory Committee would enable stakeholders to communicate with one another and have a forum to jointly resolve policy and operational issues. The Advisory Committee could be composed of consumers of paratransit services, human service representatives whose clients use paratransit service, representatives of private, public, and nonprofit providers, and others whose interests are consistent with the purpose of the Committee.

The on-going role of the Statewide Paratransit Advisory Committee would be to:

- Foster, organize, and guide coordination efforts in the state of Texas.
- Provide feedback to state, regional, and county agencies and organizations that fund/purchase community transportation services.
- Advocate for paratransit service which is safe, reliable, and responsive to changing needs and is consistent with the spirit, letter and intent of the ADA.
- Develop detailed recommendations for reform and introduce efficiencies in the provision of community and demand-response transportation services.

POLICY RECOMMENDATION:

- **Recommendation 8.3:** Within the Texas Department of Transportation, support the creation of a Statewide Paratransit Advisory Committee.

Background and Purpose:

PARATRANSIT OMBUDSMAN

Presently, Texans who believe they were denied paratransit services or feel as though the service is not meeting their needs have the option to appeal the decision or engage in the interactive process with the transit provider to seek a desirable outcome. If and when this is not successful, one has the option to file a complaint with the Federal Transit Administration Office of Civil Rights. Per the FTA:

Department of Transportation (DOT) regulations implementing the Americans with Disabilities Act (ADA) require transit agencies to have a complaint process. If you believe an ADA violation has occurred, we encourage riders to first file a complaint or otherwise communicate with their local transit agency to give them an opportunity to resolve the situation. If you find the transit agency to be unresponsive, after waiting a reasonable amount of time for a resolution, you may decide to file a complaint with the Federal Transit Administration's (FTA) Office of Civil Rights. The Office of Civil Rights is responsible for ensuring that providers of public transportation comply with ADA requirements. A complaint should contain enough details for an investigator to understand why a complainant believes a transit agency violated the ADA and include specifics such as dates, times, and route numbers of incidents, along with any related correspondence from the transit agency. The Office's enforcement priority is on repeated issues—not one-time operational breakdowns—so it may be important depending on the nature of the complaint allegations to keep a log of incidents, again with dates and times, to submit with the complaint.²³⁶

Texas could benefit from a Paratransit Ombudsman who is charged with providing impartial assistance for the informal resolution of concerns and conflicts that are related to paratransit. In all interactions, an ombudsman would act with impartiality. They do not serve as an advocate for any person in a dispute with an organization, nor for the organization; rather, they would advocate for due process and procedural fairness and would work to facilitate a solution that is acceptable to all parties.

POLICY RECOMMENDATION:

- **Recommendation 8.4:** Within the Texas Department of Transportation, support the creation of a Paratransit Ombudsman.

²³⁶ See Federal Transit Administration. [Frequently Asked Questions](#), specifically question number 14 for an insightful analysis of this issue.

Background and Purpose:

STATEWIDE PARATRANSIT RIDER DATABASE

Under the Department of Transportation’s ADA regulations at [49 C.F.R Section §37.127](#)²³⁷ visitors who can show they are eligible with a paratransit ID from their local service provider should not be asked to complete an application for services until they meet or exceed 21 days of service as a visitor. The creation of a statewide database of paratransit users would provide transit providers access to an individual’s paratransit eligibility information. Access to the database can cut down or eliminate “red-tape” when a paratransit user visits an area outside of their local service provider.

POLICY RECOMMENDATION:

- **Recommendation 8.5:** Within the Texas Department of Transportation, support the creation of an accessible Statewide Paratransit Rider Database.

²³⁷ U.S. Department of Transportation. Section [§37.127 Complementary paratransit service for visitors.](#)

Background and Purpose:

ACCESSIBLE ONE-STOP-SHOP WEBSITE THAT CONTAINS COMPREHENSIVE INFORMATION ABOUT TRANSIT AGENCIES IN TEXAS

The provision of transportation information throughout the state has the potential to benefit both Texans and visitors to our great state. At the core of this site is a searchable directory of transit providers in Texas, with contact information, and links to more information. In addition, issue specific pages to help paratransit riders understand their rights as guaranteed by the ADA. The ultimate goal is to explain what transportation resources are available in Texas so everyone can make reasoned and informed choices.

Additionally, the transit authorities' joint position paper expresses support for a one-stop-shop website, stating, "As was testified at the July 24 public hearing, the MTAs are supportive of the concept of a statewide accessible website with links to Paratransit service providers in the state. This will provide a convenient, one-stop information resource for citizens seeking information about Paratransit services and availability in Texas."

POLICY RECOMMENDATION:

- **Recommendation 8.6:** Within the Texas Department of Transportation, support the creation of an accessible one-stop-shop website that contains comprehensive information about transit agencies in Texas.

Background and Purpose:

ENSURE ADEQUATE FUNDING FOR TRANSPORTATION PROGRAMS THAT SERVE ALL TEXANS

Currently, the Texas Department of Transportation in cooperation with public transit agencies and local officials throughout the state of Texas, annually identify public transportation needs statewide and release their findings as required by [Sec. 456.008 of the Texas Transportation Code](#).²³⁸ As the population of Texas increases and ages, consideration should be given to ensure that all of Texas has the funding needed to provide transportation to all Texans that depend these services to get to work, school, the doctor, or be an active member of their local community.

[...][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.²³⁹

“Increase transportation in rural areas to promote independence for people with disabilities to be able to access service and obtain employment in the community.”

-El Paso County survey respondent

Rural communities face even greater barriers to accessible transportation. A significant lack of funding to rural communities means that public transit in general, let alone accessible transportation, is often in very short supply. Transit agencies in rural and small-urban areas are not recipients of locally generated tax revenue like their large metropolitan counterparts. They depend on federal and state funds to meet the transportation needs of their community.

POLICY RECOMMENDATION:

- **Recommendation 8.7:** Examine current funding to ensure adequate resources for an accessible, affordable and reliable transportation system and related programs that serve all Texans.

238 Texas Transportation Code. Sec. 456.008. Commission Report on Public Transportation Providers.

239 National Council on Disability. (2005, June 13). The Current State of Transportation for People with Disabilities in the United States. Retrieved December 22, 2014.

Background and Purpose:

IMPROVE ACCESSIBILITY IN AND AROUND TRANSIT LOCATIONS

Annual survey respondents noted their interest in investing resources in programs that result in greater access to public transportation with 31.68 percent “agreeing” and 52.26 percent “strongly agreeing” that this is an important issue.

“Curb cuts need to be improved so that more people can use their wheelchairs or scooters safely in the community. Too many communities lack the proper amount of curb cuts...”

-Tarrant County survey respondent

Accessible rights of way enhance mobility. Inaccessible rights of way, for example, lack of sidewalk access, navigating with a wheelchair through grass or dirt to access paratransit services limits mobility. In such cases, the areas between the sidewalk, bus stop, and curb can become worn and decline to muddy areas during inclement weather.

As with any pedestrian improvement, there should be strict adherence to the United States Access Board Guidelines and Standards and the Texas Accessibility Standards for mobility clearances, widths, and slopes to improve access for persons with disabilities. Push for the installation of covered bus shelters for protection from the elements and seating while waiting for a bus. Additionally, shelters located in areas with good lighting and visibility from surrounding [areas] enhances the safety of the stop.

POLICY RECOMMENDATION:

- **Recommendation 8.8:** Encourage local communities and transit operators to work together to improve the critical infrastructure, such as accessible sidewalks and covered bus stops in and around transit locations.

Background and Purpose:

LIVABLE COMMUNITIES AND COMPLETE STREETS

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.”²⁴⁰ This trend includes the revitalization of downtown and inner-cities, development of urban rail systems and more bicycle and pedestrian opportunities.²⁴¹ But for many people with disabilities, transportation can be a struggle.

People with disabilities in communities across Texas continue to face barriers such as inaccessible bus stops, intersections without curb ramps, street crossings and pedestrian signals that are not audible to individuals with visual disabilities, and barriers such as telephone poles blocking sidewalks. If people with disabilities cannot even get down their streets, they will be unable to connect to other forms of transportation. With that in mind, encouraging the design of communities so that they are walk-able and promote physical activity, social engagement, and foster aging-in-place, will have a positive impact on communities across the state. Thinking now about how to provide safe mobility for all Texans will save communities time and money in the future. To address issues accessing public transportation, the Committee encourages state policy requiring transportation and development plans to adopt the principles of “[Livable Communities](#)“ and “[Complete Streets](#).”

“We are becoming a more urban society. This is happening across the nation, not only in Austin. We must think and plan smart to build a community that is inclusive and promotes diversity.”

-Travis County survey respondent

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. The 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. According to the National Council on Disability, a Livable Community for adults with disabilities is defined as one that achieves the following:

²⁴⁰ Texas Department of Transportation/Transportation Planning and Programming Division. (2010). [Statewide Long-Range Transportation Plan 2035](#) (Rep.). Retrieved November 18, 2014.

²⁴¹ Ibid

- 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; and
- Encourages participation in civic, cultural, social, and recreational activities.

Complete Streets

Incomplete streets – those designed with only cars in mind – limit transportation choices by making walking, bicycling, and taking public transportation inconvenient, unattractive, and, too often, dangerous.²⁴² In contrast, Complete Streets, are streets for everyone.²⁴³

“Bring these improvements to existing neighborhoods, not just building new ones.”

-Lubbock County survey respondent

Complete Streets make it easy to cross the street, walk to shops, and bicycle to work. They allow buses to run on time and make it safe for people to walk to and from train stations. While there is no singular design prescription for Complete Streets, they may include a combination of the following elements:²⁴⁴

- Sidewalks
- Bike lanes (or wide paved shoulders)
- Special bus lanes
- Comfortable and accessible public transportation stops
- Frequent and safe crossing opportunities
- Median islands
- Accessible pedestrian signals
- Curb extensions
- Narrower travel lanes

²⁴² National Complete Streets Coalition. [Complete Streets: Policy Basics](#). Technical paper. Washington D.C.: National Complete Streets Coalition, 2011. Accessed November 6, 2014.

²⁴³ North Central Texas Council of Governments. [“Complete Streets.”](#) NCTCOG. Accessed November 6, 2014.

²⁴⁴ National Complete Streets Coalition. [“What Are Complete Streets?”](#) Smart Growth America. Accessed November 07, 2014.

- Roundabouts, and more

Complete Streets policies remove barriers to independent travel by considering the needs of all users at the outset of every transportation project.²⁴⁵ Community design is a vitally important determinant of how well Texans with disabilities and older Americans are able to move about their neighborhoods and get to their desired destinations. 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.

“Independence for all will increase when people are provided access to sidewalks, bike lanes, and public transportation.”

-Tarrant County survey respondent

According to a report from Transportation for America, [Dangerous by Design 2011](#),²⁴⁶ 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 ages 65 and up.²⁴⁷ On these grounds, we can argue that Texans need Complete Streets in their communities that are designed to be safe and convenient for travel by automobile, foot, bicycle and transit regardless of age or ability. Additionally, Citizen Survey respondents noted their concern about pedestrian safety with 29 percent “agreeing” and 51.13 percent “strongly agreeing” that more should be done to encourage the creation of complete streets.

POLICY RECOMMENDATION:

- **Recommendation 8.9:** Support 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.”

²⁴⁵ National Complete Streets Coalition. [Complete Streets Help People with Disabilities](#). PDF. Washington D.C.: Smart Growth America, December 4, 2012.

²⁴⁶ Ernst, Michelle. [Dangerous By Design 2011](#). Report. Washington D.C.: Transportation for America, 2011.

²⁴⁷ Shannon, Kelley. [Walker, Drivers, Cyclists Need Safe, Complete Streets in Texas - AARP Bulletin](#).” AARP. November 1, 2011.

BACKGROUND AND PURPOSE: AUTONOMOUS VEHICLES

Although in its infancy, autonomous, or “self-driving,” vehicle technology has enormous potential benefits for people with disabilities. A November 2014 [article in the *New York Times*](#)²⁴⁸ captured the paradigm shift that is possible with this new technology:

The self-driving car, embraced as a stress-reducing convenience for harried drivers and a potential advance in road safety, could also prove to be a life-changing breakthrough for many people with disabilities, granting them a new measure of independence.

This was also echoed by an [article in the *Wall Street Journal*](#)²⁴⁹:

Self-driving cars will increase freedom and lower the cost of mobility for the world’s 40 million blind, the one billion disabled, and 100 million over 80 years of age....

Indeed, the potential for increased independence with an autonomous vehicle was demonstrated back in 2012 when [Google invited a man who is blind to run a few errands in one of their self-driving cars](#)²⁵⁰. It also has great [potential for those with physical disabilities](#)²⁵¹ that do not have access to an adapted vehicle that meets their needs.

Currently, lack of independent access to transportation substantially limits opportunities related to employment (46 percent), completing household errands (56 percent), access to health care (49 percent), and social inclusion (58 percent) for people with disabilities.²⁵² Autonomous vehicles are a potential mainstream technology that, as a byproduct, may [help reduce barriers to full inclusion for people with disabilities](#)²⁵³.

POLICY RECOMMENDATION:

- **Recommendation 8.10:** Explore a regulatory framework that would allow research, evaluation, and introduction of autonomous vehicle technology, including an emphasis on full self-driving capabilities that would be independently usable by people with disabilities.

²⁴⁸ Stenquist, P. (2014, November 08). [In Self-Driving Cars, a Potential Lifeline for the Disabled](#). Retrieved January 12, 2015.

²⁴⁹ Howard, D., & Mills, M. (2014, February 20). [Punch the Accelerator on Self-Driving Cars](#). Retrieved January 12, 2015.

²⁵⁰ Google. [Self-Driving Car Test: Steve Mahan](#) [Video file]. Retrieved January 12, 2015.

²⁵¹ United Spinal Association. (2014, May 15). [United Spinal Works with Google on Self-Driving Car](#). Retrieved January 12, 2015.

²⁵² Texas Governor’s Committee on People with Disabilities. (2014). *Interim Report: A Study Regarding the Use of Certain Public Transportation Services by Persons with Disabilities* (pp. 1-156, Rep.). Austin, TX: GCPD.

²⁵³ Chapman, L. (2012, October 1). [What Do Self-Driving Vehicles Mean for Disabled Travelers?](#) Retrieved January 12, 2015.



VETERANS

GOAL

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

OVERVIEW

The number of veterans in the United States in 2013 was 19.6 million.²⁵⁴ Texas has the second-highest number of Veterans of any state in the United States — 1.5 million.²⁵⁵ California is number one with 1.7 million veterans.²⁵⁶

Texas Veterans and Disabilities²⁵⁷

The prevalence of disabilities within the veteran population is particularly relevant since the veteran population is older than the nonveteran population on average and the likelihood of developing a disability increases with age. Approximately 27 percent of Texas veterans (430,988 individuals) report having some type of disability compared to 14 percent of the 18 and older nonveteran population (2,371,394 individuals). Table 1 details the specific types of disabilities reported by the veteran and nonveteran populations in Texas. The reported disability categories are not mutually exclusive and one individual may be counted in multiple disability categories. Additionally, the disability may not necessarily be the consequence of military service. Ambulatory difficulty was the disability most frequently reported by 15.4 percent of the veteran population. Hearing and independent living difficulties were the second and third most frequently reported disabilities. Cognitive, self-care, and vision difficulties were the fourth, fifth, and sixth most frequently reported. These data underscore the need for any services that address the needs of veterans to include support for disabilities.

²⁵⁴ U.S. Census Bureau; American Community Survey, [Selected Social Characteristics in the United States, 2013 American Community Survey 1-Year Estimates](#), Table DP02; generated by Angela English; using American FactFinder; (11 December 2014).

²⁵⁵ U.S. Census Bureau; American Community Survey, [Veteran Status, 2013 American Community Survey 1-Year Estimates](#), Table S2101, American FactFinder; (11 December 2014).

²⁵⁶ Ibid

²⁵⁷ Texas Workforce Investment Council, & Texas Workforce Commission. (2012). [Veterans in Texas: A Demographic Study](#) (Rep.). Retrieved December 11, 2014.

Table 1: Percentages of Texas Veterans and Nonveterans (18 and Older) Reporting a Disability, 2011

Reported Disability	Veterans		Nonveterans (18+)	
	Number	Percent	Number	Percent
Ambulatory difficulty	244,320	15.4%	1,393,089	8.2%
Hearing difficulty	216,235	13.6%	623,579	3.7%
Independent living difficulty	128,672	8.1%	953,354	5.6%
Cognitive difficulty	121,773	7.7%	874,043	5.1%
Self-care difficulty	82,569	5.2%	570,663	3.4%
Vision difficulty	72,401	4.6%	526,086	3.1%
Total Population	1,590,364		17,034,363	

Table notes: 2011 American Community Survey (ACS) microdata. Reported disability categories are not mutually exclusive and one individual can report having several disabilities.

Approximately 19 percent of Texas veterans (309,299 individuals) have a service connected disability rating. Table 2 illustrates the percentage of Texas veterans within the different ranges of disability ratings. Approximately five percent of Texas veterans have a zero percent disability rating. The majority of veterans with a service connected rating (33.2 percent) have a disability rating of 10 or 20 percent. Approximately 25 percent of Texas veterans with a rating have a disability rating of 70 or higher.²⁵⁸

Table 2: Percentages of Texas Veterans with Service Connected Disability Ratings, 2011

Service Connected Disability Rating	Number	Percent
0 percent	14,085	4.6%
10 or 20 percent	102,796	33.2%
30 or 40 percent	59,147	19.1%
50 or 60 percent	37,460	12.1%
70 to 100 percent	77,733	25.1%
Not Reported	18,078	5.8%
Total	309,299	

Table notes: 2011 American Community Survey (ACS) microdata.

²⁵⁸ Ibid

Service connected disability ratings can also be analyzed by period of service. Table 3 illustrates the percentage of Texas veterans within the different ranges of disability ratings for each period of service. The period of service with the largest number of Texas veterans with any service connected disability rating was Vietnam. The Vietnam era also had the greatest percentage of veterans with service connected disability ratings of 70 percent or higher. Approximately 25 percent of both World War II and Gulf War II era veterans had service connected disability ratings of 70 percent or higher in 2011.

Table 3: Percentages of Texas Veterans with Service Connected Disability Ratings by Period of Service, 2011

Service Connected Disability Rating	Period of Service					
	Gulf War Era II	Gulf War Era I	Vietnam	Korea	World War II	Other
0 percent	3.2%	3.3%	5.0%	7.4%	4.8%	6.9%
10 or 20 percent	24.6%	39.9%	30.1%	42.0%	34.6%	44.5%
30 or 40 percent	23.9%	23.8%	16.8%	14.1%	15.8%	12.1%
50 or 60 percent	18.6%	11.0%	10.8%	7.7%	5.6%	10.1%
70 to 100 percent	25.0%	18.3%	31.5%	21.9%	25.4%	17.1%
Not reported	4.7%	3.7%	5.7%	6.8%	13.9%	9.3%
Total	66,162	64,776	119,299	12,629	11,949	34,484

Table notes: 2011 American Community Survey (ACS)

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
- Housing assistance
- 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

Background and Purpose:

WOMEN VETERANS

Women Veterans who need health care services that differ from their male counterparts tend to access services at a higher rate than male 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.²⁵⁹ 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.²⁶⁰ 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.²⁶¹

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.²⁶² 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.²⁶³

²⁵⁹ [The National Center for Veterans Analysis and Statistics](#). Retrieved December 11, 2014

²⁶⁰ Department of Veterans Affairs, & Women Veterans Task Force. (2012). [Strategies for Serving our Women Veterans 2012 Report](#). Retrieved December 11, 2014.

²⁶¹ Ibid

²⁶² Gibbs, N. (2010, March 08). [Sexual Assaults on Female Soldiers: Don't Ask, Don't Tell](#). Retrieved December 11, 2014.

²⁶³ U.S. Government Accountability Office. (2009). [VA Health Care: Preliminary Findings on VA's Provision of Health Care Services to Women Veterans](#) (Rep. No. GAO-09-899T). Retrieved December 11, 2014.

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

Post-traumatic stress disorder, or PTSD, is an anxiety disorder that occurs after a traumatic event in which a threat of serious injury or death was experienced or witnessed, and the individual's response involved intense fear, helplessness, or horror. In addition, the disorder is marked by the following symptoms occurring for more than one month and causing significant distress and/or impairment: re-experiencing the event, avoidance of stimuli relating to the event, numbing of general responsiveness, and hyper arousal.²⁶⁴ While stress has been a fact of combat since the beginning of warfare, three novel features of the current conflicts may be influencing rates of mental health and cognitive injuries at present: changes in military operations, including extended deployments; higher rates of survivability from wounds; and traumatic brain injuries.²⁶⁵ The Institute of Medicine in June of 2014 reported that The Defense and Veterans Affairs departments spent \$9.3 billion to treat post-traumatic stress disorder from 2010 through 2012, but neither knows whether this staggering sum resulted in effective or adequate care.²⁶⁶ DOD spent \$789.1 million on PTSD treatment from 2010 through 2012. During that same time period, VA spent \$8.5 billion, with \$1.7 billion treating 300,000 Iraq and Afghanistan veterans.²⁶⁷

Traumatic brain injury varies in magnitude from mild to severe, and the extent of cognitive and functional impairment varies dramatically. In the civilian sector, at least 75 percent of head injuries is estimated to be mild in severity,²⁶⁸ although we do not know if this distribution is similar to those injured in Afghanistan and Iraq. Historically used interchangeably with the term concussion,²⁶⁹ mild brain injury is associated with full functional recovery in 85 to 95 percent of cases.²⁷⁰ In a systematic review of the civilian literature concludes that most persons with mild TBI recover within three to 12 months.²⁷¹ Nonetheless, mild as well as moderate and severe brain injuries can all result in significant long-term impairment, including difficulty in returning

²⁶⁴ American Psychiatric Association. *Diagnostic and Statistical Manual—Version Four*. Washington, D.C., 2000.

²⁶⁵ Tanielian, Terri, Jaycox, Lisa, *Invisible Wounds of War, Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, RAND Corporation, 2008. P. 6.

²⁶⁶ Brewin, Bob, IOM Report: Defense/VA Have No Clue if \$9.3 Billion Worth of PTSD Treatment Works, Nextgov.com, June 20, 2014. <http://www.nextgov.com/defense/2014/06/iom-report-defenseva-have-no-clue-if-93-billion-worth-ptsd-treatment-works/86929/>

²⁶⁷ Ibid

²⁶⁸ National Center for Injury Prevention and Control. *Report to Congress on Mild Traumatic Brain Injury in the United States: Steps to Prevent a Serious Public Health Problem*. Atlanta, Ga.: Centers for Disease Control and Prevention, 2003.

²⁶⁹ Bigler, E. D. Neuropsychology and clinical neuroscience of persistent post-concussive syndrome. *Journal of the International Neuropsychological Society*, Vol. 14, 2008, pp. 1–22.

²⁷⁰ Ruff, R. Two decades of advances in understanding of mild traumatic brain injury. *Journal of Head Trauma Rehabilitation*, Vol. 20, 2005, pp. 5–18.

²⁷¹ Carroll, L. J., J. D. Cassidy, L. Holm, J. Kraus, and V. G. Coronado. Methodological issues and research recommendations for mild traumatic brain injury: The WHO Collaborating Centre Task Force on Mild Traumatic Brain Injury. *Journal of Rehabilitative Medicine*, Vol. 43, Suppl., February 2004, pp. 113–125.

to work. More study is needed on TBI to evaluate the number and extent of prevalence in the Veteran population.

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 research, 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:** Encourage Texas Medical Schools to train physicians in physical and psychosocial implications of compression injuries.
- **Recommendation 9.5:** 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.²⁷² General Eric Shinseki estimated that there were about 131,000 homeless Veterans in the U.S. in 2008.²⁷³

“...There is nothing sadder than seeing a homeless veteran. They have no one and no place to call home. They have served their country and now their county/city/state should do everything in its power to help them...Please allocate and fight for the Veterans”

-Tom Green County survey respondent

“I participate in a weekly homeless meal ministry. The number of homeless veterans is astonishing.”

-Randall County survey respondent

According to the National Coalition for Homeless Veterans, prior 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.²⁷⁴ Additionally, at least 45 percent of homeless Veterans have symptoms of mental illness, and 50 percent have substance abuse problems.²⁷⁵ Citizen Survey respondents noted their concern about this issue with 20 percent “agreeing” and 73.53 percent “strongly agreeing” that more needs to be done to explore ways to reduce homelessness among veterans.

²⁷² Department of Veterans Affairs, & Women Veterans Task Force. (2012). [*Strategies for Serving our Women Veterans 2012 Report*](#). Retrieved December 11, 2014.

²⁷³ U.S. Dept. of Veterans Affairs. (2010, January 27). [*VA Secretary Shinseki Helps Vets at VA Medical Center Homeless Stand Down*](#). Retrieved December 11, 2014.

²⁷⁴ National Coalition for Homeless Veterans. *Plan to End Homelessness Among Veterans*. Retrieved from NCHV website <http://www715.sslidomain.com/nchv/page.cfm?id=213>

²⁷⁵ Ibid

POLICY RECOMMENDATIONS:

- **Recommendation 9.6:** 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 9.7:** 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. 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. Among Citizen Survey respondents there is a notable concern about access to mental health services for veterans. Support for the increase of available mental health services, including treatment for post-traumatic stress disorder and traumatic brain injuries received support from 19.67 percent of respondents “agreeing” and 73.78 percent “strongly agreeing” that this is a top tier issue that needs to be addressed.

“This is a critical issue. Far too many vets are mentally ill and homeless. They served this country and deserve appropriate care. PTSD services are critical for vets, their spouses and families. They should be immediate, intensive and long term.”

-Brazoria County survey respondent

Every day, 22 veterans take their own lives. That’s a suicide every 65 minutes. As shocking as the number is, it may actually be higher. The figure, released by the [Department of Veterans Affairs](#) in February, is based on the agency’s own data and numbers reported by 21 states from 1999 through 2011. Those states represent about 40 percent of the U.S. population.²⁷⁶ Many mental health professionals believe this is an underreported number. Veteran suicide numbers have gone up in recent years with much of the attention focused on veterans of the wars in Iraq and Afghanistan killing themselves. However, almost seven out of ten veterans who have committed suicide were over the age of 50.²⁷⁷ The VA [study](#) found that the percentage of older veterans with a history of VA healthcare who committed suicide actually was higher than that of veterans not associated with VA care. Veterans over the age of 50 who had entered the VA healthcare system made up about 78 percent of the total number of veterans who committed suicide - 9 percentage points higher than the general pool.²⁷⁸

The Texas Veterans Land Board (VLB) operates six programs that provide benefits and services for Texas Veterans, military members and their families. They include: providing for low interest land, home, and home improvement loans; skilled nursing home care in eight state Veterans homes; burial and interment services in four state Veterans cemeteries; and Veterans benefit information and assistance

²⁷⁶ Basu, M. (2013, November 14). [Why Suicide Rate Among Veterans May Be More Than 22 A Day](#). Retrieved December 11, 2014.

²⁷⁷ Jordan, B. (2014, August 31). [Older Vets Committing Suicide at Alarming Rate](#). Retrieved December 11, 2014.

²⁷⁸ Ibid

services through the joint VLB/ TVC state wide Veterans marketing and communication call center.²⁷⁹ Nursing home care is currently limited to a service connected disability, however veterans with non-service connected disabilities struggle to find nursing home placements, especially veterans with non-service connected disabilities who don't qualify for Medicaid.

POLICY RECOMMENDATIONS:

- **Recommendation 9.8:** Create a marketing and information program for returning veterans that educates them on all services available in Texas through the Texas Veterans Commission.
- **Recommendation 9.9:** Foster efforts to utilize social media and the Internet to provide a communication network of services for veterans with disabilities.
- **Recommendation 9.10:** 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 9.11:** Explore increasing the number of skilled nursing home care facilities to include veterans with non-service connected disabilities who do not qualify for Medicaid.
- **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:** Support efforts for suicide prevention programs and services in Texas.
- **Recommendation 9.15:** Support efforts to provide accessible transportation for veterans to and from VA medical facilities, especially in rural areas.²⁸⁰
- **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 efforts to decrease the time related to processing VA disability-related claims.
- **Recommendation 9.18:** Support long-term planning efforts related to the needs of an aging veteran population with severe medical needs in Texas.

²⁷⁹ *Texas Coordinating Council for Veterans Services: Report Two* (October 2014, Rep.). (2014). Austin, Texas, p. 104

²⁸⁰ *Texas Coordinating Council for Veterans Services: Report Two* (October 2014, Rep.). (2014). Austin, Texas

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-four 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 U.S. Census Bureau estimates the non-institutionalized population of people with disabilities ages 16 and up in Texas is roughly 2,794,596. Of this, only 732,312 are employed. This means 69 percent of Texans with disabilities ages 16 and up are not in the workforce.²⁸¹

In stark contrast, the U.S. Census Bureau estimates the non-institutionalized population of people without disabilities in the state of Texas ages 16 and up is roughly 16,908,448. Of this, 11,338,973 are employed. This puts the unemployment rate for Texans without disabilities at 28 percent.²⁸²

What explains the disparity in unemployment between people with disabilities and people without? And how can the great state of Texas be a leader for other states to follow when it comes to the employment of people with disabilities?

²⁸¹ U.S. Census Bureau. [Selected Economic Characteristics for the Civilian Noninstitutionalized Population by Disability Status, Texas, S1811](#). 12 Jan. 2014. PDF.

²⁸² Ibid

Background and Purpose:

ENHANCE EXISTING STATE SERVICES

The 83rd Legislative Session resulted in substantial progress in the State's efforts to enhance existing state services which promote employment opportunities for people with disabilities. The legislators passed [Senate Bill 1226](#)²⁸³ which established competitive employment as the preferred outcome for people with disabilities and mandated the creation of an Employment-First Task Force to promote competitive employment of individuals with disabilities. The task force, which is made up of self-advocates, family members, employers, and other stakeholders were tasked with increasing the information about employment that people with disabilities receive, increasing opportunities for education and training for people with disabilities, promotes partnerships with employers, and ensures staff at school and vocational programs are trained to assist towards this goal. Additionally, the task force is required to develop recommendations for policy, procedure, and rule changes, and submit a report every two years to the Governor, Legislature, and state agency leaders with recommendations.

In September of 2014, the first report of the Employment First Task Force was released for legislative review and recommendations for the 84th Legislative Session beginning in January of 2015.²⁸⁴ The Task Force report is an excellent example of disability employment experts and advocates working together to identify ways in which Texas can improve integrated and inclusive employment for people with disabilities.

POLICY RECOMMENDATION:

- **Recommendation 10.1:** Support efforts of the Employment-First Task Force to promote fully integrated and inclusive employment for people with disabilities.

²⁸³ [Texas Legislative 83rd Session, Regular Session, Senate Bill 1226, 2013.](#)

²⁸⁴ [Texas Employment First Policy and Texas Employment First Task Force Report](#) (Rep.). (2014, Fall). Retrieved January 13, 2015.

Background and Purpose:

SHELTERED WORKSHOPS

Section 14(c) of the Fair Labor Standards Act allows employers certified by the United States Department of Labor to compensate persons with disabilities for work at a rate less than the minimum wage – a wage set by Congress for all other workers in the United States.²⁸⁵ Across the nation, many disability advocates argue that Section 14(c) should be abolished because it discriminates against people with disabilities and is inconsistent with the disability policy goals established by the ADA. Others argue that the subminimum wage certification program still has an important role among a range of employment options because it provides opportunities to people with disabilities who may be unable to obtain competitive employment. Debates among advocates and policy-makers about the future of Section 14(c) have often been divisive, and consensus has been elusive.

Sheltered workshops took the legal spotlight earlier this year when the Department of Justice reached a landmark settlement decision with Rhode Island to resolve violations of the ADA related to persons with intellectual and developmental disabilities (I/DD).²⁸⁶ This is the first statewide settlement to address the rights of people with I/DD to receive integrated state-funded employment and daytime services in the broader community, rather than in segregated sheltered workshops and facility-based day programs. Following this decision, several states announced they would begin phasing sheltered workshops out of their state-funded employment options for people with IDD, including Oregon and New York.²⁸⁷

Sheltered workshops were also part of the debate to around [Workforce Investment and Opportunity Act \(WIOA\)](#), which was signed into law in 2014. The WIOA included a controversial provision in Section 511 which provides for a “check-list” for the vocational rehabilitation system to use in determining whether a youth with significant disability is capable of securing competitive employment.²⁸⁸ Proponents of Section 511 believe this will reduce the number of youths with disabilities who are deemed ineligible for VR services and placed into shelter workshops. Opponents of Section 511 claim the language is too vague and increases the risk of youths with disabilities being unnecessarily placed in sheltered workshops. They also argue Section 511 will continue to codify a practice that many in the disability community believe to an antiquated and discriminatory practice.²⁸⁹ The National Council on Disability has taken a similar position on their newly released policy recommendations, which call for sheltered workshops to be phased out nationwide.²⁹⁰

Given the lack of consensus at the national level, it should not be surprising that the 2014 Citizen Input Survey revealed a variety of opinions on sheltered workshops in Texas.

²⁸⁵ U.S. Dept. of Labor, Employment Standards Administration, Wage and Hour Division (2008) (enacted).

²⁸⁶ Justice News. (2014, April 8). Retrieved from <http://www.justice.gov/opa/pr/departement-justice-reaches-landmark-americans-disabilities-act-settlement-agreement-rhode>

²⁸⁷ Campbell, M. (2014, August 25). [New federal rules could close sheltered workshops for people with disabilities](#).

²⁸⁸ Workforce Innovation and Opportunity Act of 2014, 29 U.S.C. § 511

²⁸⁹ Lyens, J. (n.d.). [Proposed Section 511 of Rehabilitation Act - arguments for and against: Opposition](#).

²⁹⁰ National Council on Disability. Subminimum Wage and Supported Employment. August 23, 2012.

“Abolish sheltered workshops in which disabled workers are paid sub-minimum wages.”

-El Paso County survey respondent

“Yes, I have worked with the disabled in sheltered workshops and have seen some of the best work ethics come from those disabled individuals. They would be an asset to any company who was open minded enough to give them a chance. DO AWAY with the sub-minimum wage for workers with disabilities, especially the “sheltered workshops” These shops demean their workers, and they use subjective criteria to pay whatever they think is appropriate.”

-Angelina County survey respondent

“I recommend closing sheltered workshops and stopping sub-minimum wages. Put those efforts into finding those same people true competitive, integrated employment. It can and should work!”

-Travis County survey respondent

“Sheltered workshops often provide the only option for persons with extremely severe disabilities. Limiting this option will decrease such opportunities and further burden care givers by eliminating a viable source of day time vocational opportunities. Sheltered workshops provide one of the few available sources of vocational and on the job training for persons with severe and profound disabilities. The focus should be on supporting the improvement of such facilities, not the elimination of this vital bridge to employment.”

-Harris County survey respondent

As mentioned earlier, the Employment First Task Force developed a report of recommendations for inclusive and integrated employment – this report provides information and recommendations related shelter workshops in Texas. Currently, there are 113 employers who use the 14(c) exception to the Fair Labor Act and pays below the minimum wage in sheltered workshops or enclaves (segregated work areas on the employer’s worksite). And documentation reviewed by the Task Force indicates that some employees with disabilities earn less than 10 cents an hour.

The Committee recognizes the complicated nuances that surround subminimum wage employment for those with significant disabilities who might otherwise not be able to find meaningful employment. However, the Committee supports efforts to maximize employment opportunities for Texans with disabilities in the most integrated and inclusive settings possible.

POLICY RECOMMENDATION:

- **Recommendation 10.2:** Explore ways to maximize employment opportunities in the most integrated and inclusive setting possible.

Background and Purpose:

SUPPORT AN INCLUSIVE BUSINESS CLIMATE

Everyone knows that Texas is the best place in the country to do business.²⁹¹ 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.”²⁹²

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. Disability status continues to disadvantage people with disabilities seeking employment due to persistent myths surrounding their employability. Misinformation such as people with disabilities have a lack of job qualifications and have poor job performance, the cost associated with hiring people with disabilities and providing accommodations is too much, and the fear that the reactions and responses of others will have an adverse effect on business.²⁹³

Fear and misinformation about the needs, costs, and results of hiring people with disabilities continues to be a barrier to employment. It is important to remember that people with disabilities want to work.²⁹⁴ For help accommodating employees with disabilities, employers can refer to the Job Accommodation Network (JAN). JAN is a service of the Office of Disability Employment Policy under the U.S. Department of Labor. JAN provides free, expert, and confidential guidance on workplace accommodations and disability employment issues. Employers don’t have to go through the accommodation process alone. It is understandable that the idea of accommodating an employee with a disability can be daunting at first, but the U.S. Government has multiple resources to assist companies to become ADA compliant.

²⁹¹ Donlon, JP. (2011, May 3) [Texas Best State to Do Business 2012](#). and Cohn, S. (2012, July 10). [Texas is America’s Top State for Business 2012](#).

²⁹² Statement of Kathleen Martinez before the Committee on Health, Education, Labor and Pensions, United States Senate, July 14, 2011. Retrieved from the U.S. Department of Labor website:

http://www.dol.gov/sec/media/congress/20110714_Martinez.htm

²⁹³ Lengnick-Hall, M., Gaunt, P., & Kulkarni, M. (2008) Overlooked and Underutilized: People with Disabilities are an Untapped Human Resource. *Human Resource Management*, 47(2), 255-273.

²⁹⁴ Ibid

“Create public awareness efforts on the business case of hiring employing people with disabilities.”

-Travis County survey respondent

With more awareness of the benefits of an integrated workplace, more employers are likely to support employment of people with disabilities. In fact, survey results of over 1,500 employers conducted by the [Job Accommodation Network](#) (JAN) demonstrated that the benefit 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.”²⁹⁵ 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.²⁹⁶

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.²⁹⁷ 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.

“Improve reasonable accommodations. Educate employers to be disability friendly...”

-Travis County survey respondent

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

²⁹⁵ Loy, B. (2012, September 1) [Workplace Accommodations: Low Cost, High Impact](#), p. 2.

²⁹⁶ Ibid, p. 3

²⁹⁷ Job Accommodation Network (2012, March 9) [Tax Incentives Fact Sheet](#).

consumers agreed that they would prefer to give their business to companies that hire people with disabilities.²⁹⁸

Support for exploring programs and policies to educate employers about the benefits of hiring people with disabilities received strong support from respondents to the Citizen Survey with 30.69 percent “agreeing” and 62 percent “strongly agreeing” that this is an important issue.

POLICY RECOMMENDATIONS:

- **Recommendation 10.3:** Encourage employers to promote full inclusion in the workplace, including through the provision of reasonable accommodations for employees with disabilities.
- **Recommendation 10.4:** Expand tax incentives for employers to hire and retain people with disabilities.
- **Recommendation 10.5:** Develop an educational campaign to improve employers’ knowledge about the financial benefits of hiring and retaining employees with disabilities.

²⁹⁸ Siperstein, G., Romano, N. & Mohler, A. (July 2005). [*A National Survey of Consumers Attitudes Towards Companies that Hire People 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.²⁹⁹

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.

Technology also plays a critical role in allowing an individual to take advantage of flexible work policies, such as working from home. An individual who is blind and relies on a family member for transportation to work, may experience a difficult work situation if the family member who typically drives them to work is ill or has other commitments. Technology which makes working home possible, would enable that employee who is blind to continue to work despite temporary transportation barriers. Likewise, an employer who has flexible work policies such as this is promoting an inclusive work environment for people with disabilities and making reasonable accommodation as required by law.

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. The accessibility of hiring practices was noted as a concern among Citizen Survey respondents with 32.36 percent "agreeing" and

²⁹⁹ National Association of States United for Aging and Disabilities. (2011) [State of the States Survey 2011: State Aging and Disability Agencies in Times of Change](#).

59.50 percent “strongly agreeing” that more needs to be done to ensure that all state and local government websites provide a fully accessible job application process.

POLICY RECOMMENDATIONS:

- **Recommendation 10.6:** Encourage accessible emerging workforce technologies.
- **Recommendation 10.7:** Ensure all State and local government websites provide a fully accessible job application process.
- **Recommendation 10.8:** Encourage employers to explore technologies that allow for flexible work policies, such as working from home.

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.³⁰⁰ These trends are expected to continue: the number of workers aged 55 and older is expected to increase 43 percent by the year 2018.³⁰¹ 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. 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.³⁰²

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.”³⁰³ 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.³⁰⁴

³⁰⁰ Council for Adult and Experiential Learning, (October 2011). [State Strategies to Support the Maturing Workforce](#). Page 5.

³⁰¹ [Statement of Kathleen Martinez before the Committee on Health, Education, Labor and Pensions, United States Senate](#), July 14, 2011.

³⁰² Munnell, A., Sass, S. & Soto, M. (June 2006). [Employer Attitudes Towards Older Workers: Survey Results](#), p. 10. [Work Opportunities for Older Americans - Series 3]

³⁰³ Council for Adult and Experiential Learning, (October 2011). [State Strategies to Support the Maturing Workforce](#). Page 5.

³⁰⁴ Bruyere, S. & Young, J., Cornell University (2012, October 10). [Workforce and Workplace Trends: Impact on Job Seekers with Disabilities and Service Providers](#). PowerPoint presentation presented to the 2012 Southwest Disability Conference attendees.

POLICY RECOMMENDATIONS:

- **Recommendation 10.9:** Build capacities of workforce agencies to respond to needs of the aging workforce.
- **Recommendation 10.10:** Encourage practices that allow for flexible terms of employment that could benefit older workers while still ensuring productivity for the employer.

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APPENDICES

Appendix A:

POLICY RECOMMENDATIONS FOR THE 2015-2017 BIENNIUM

Appendix B:

***TEXAS CITIZEN INPUT SURVEY ON ISSUES IMPORTANT TO PEOPLE WITH DISABILITIES
2014***

Appendix C:

***U.S. CENSUS FACT FINDERS: DISABILITY CHARACTERISTICS FOR TEXAS, ONE YEAR,
THREE YEAR AND FIVE YEAR: AMERICAN COMMUNITY SURVEY***

Appendix D:

BIBLIOGRAPHY

Appendix E:

COMMITTEE ON PEOPLE WITH DISABILITIES APPOINTED MEMBERS AND STAFF



DISABILITY & HISTORY

Everybody: An Artifact
History of Disability in America

People with disabilities and ideas related to disability are everywhere in American history. Just as ethnicity and race are not Either/Or rigid classifications, neither is disability.

 Smithsonian
National Museum of American History
Kenneth E. Behring Center

visit
everybody.si.edu

 THE NATHAN
CUMMINGS
FOUNDATION

POLICY RECOMMENDATIONS FOR THE 2015-2017 BIENNIUM
Submitted to the 84th Texas Legislature

ACCESS

- **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.
- **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.
- **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.
- **Recommendation 1.8:** Educate business owners on the rights of people who use service animals.
- **Recommendation 1.9:** Explore ways to minimize the misrepresentation of pets as service animals.

COMMUNICATIONS

- **Recommendation 2.1:** Promote the installation of hearing loops in places of public accommodations that have public address systems, spoken broadcasts or other audio programs.

- **Recommendation 2.2:** 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.
- **Recommendation 2.3:** Encourage the use of accessible technology to reach traditionally underserved populations, including people with disabilities, especially through the use of social media.
- **Recommendation 2.4:** 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 2.5:** 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 2.6:** Support programs that increase the availability and affordability of accessible information and communication technologies, including high-speed Internet service, for all Texans.
- **Recommendation 2.7:** 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 2.8:** Encourage information sharing within the technological development community about emerging assistive technologies and best practices.
- **Recommendation 2.9:** Promote the development of standards of professional competence for accessibility practitioners in the area of information and communications technology.
- **Recommendation 2.10:** Support the inclusion of accessibility and Universal Design topics in the higher education curricula for computer science, engineering, design, and architecture.
- **Recommendation 2.11:** 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.
- **Recommendation 2.12:** Explore the need for the [Relay Texas](#) system to have communications assistants with certification in specialized medical and legal fields.

- **Recommendation 2.13:** Encourage the inclusion of People-First language in the curricula of mass communication and journalism programs in Texas public schools and institutions of higher learning.
- **Recommendation 2.14:** Promote the awareness and inclusion of American Sign Language (ASL).
- **Recommendation 2.15:** Encourage American Sign Language (ASL) be accepted as an option to fulfill the language requirement in junior high and high schools.

EDUCATION

- **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.
- **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.
- **Recommendation 3.5:** Support programs that increase graduation rates among students with disabilities.
- **Recommendation 3.6:** Establish a review panel of educators, diagnosticians and administrators to review the appropriateness of each case of restraint in consultation with the student and his or her family, including how the incident could have been avoided.
- **Recommendation 3.7:** Require school districts to collect and report data on the use of force by school peace officers on students with disabilities.
- **Recommendation 3.8:** Establish an interagency panel to provide guidance on establishing uniform definitions, data collection, and minimum standards on the use of behavioral interventions by school peace officers on students with disabilities.
- **Recommendation 3.9:** Explore ways to promote oversight and accountability of school districts that provide accommodations for students with disabilities.

- **Recommendation 3.10:** Explore ways to ensure schools are able to provide legally mandated accommodations to students with disabilities.
- **Recommendation 3.11:** Explore ways to increase accessible physical activity for all students, incorporating outdoor and nature activities.
- **Recommendation 3.12:** Explore ways to increase accessible after-school and extra-curricular activities for students with disabilities.
- **Recommendation 3.13:** Ensure the safe delivery of high quality education in special education classrooms through accountability tools (such as cameras) and other initiatives.
- **Recommendation 3.14:** Ensure school district integrate the needs of students, staff and visitors with disabilities and others with access and functional needs into all aspects of the district's comprehensive emergency management program including planning, training, and drilling.

EMERGENCY MANAGEMENT

- **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 community-led bottom-up 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.
- **Recommendation 4.8:** Encourage the education of local emergency managers and local elected officials on the application of the ADA principles to disaster planning and response activities.

- **Recommendation 4.9:** Explore ways to enhance local evacuation and sheltering operations so that the anticipated access and functional needs of individuals with disabilities are met.
- **Recommendation 4.10:** Explore the feasibility of developing a long-term strategy to address the needs of the unprecedented Due to the changing demographics.
- **Recommendation 4.11:** When Texas State and local government entities undertake long-range emergency management planning they would do well to keep the needs of aging Texans in mind.
- **Recommendation 4.12:** Support the use of information sharing and the use of developing emerging technologies to advance emergency management capabilities.
- **Recommendation 4.13:** 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 4.14:** 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 4.15:** 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 4.16:** 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 4.17:** 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 4.18:** 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 4.19:** 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.
- **Recommendation 4.20:** Promote efforts to infuse emergency management principles and life skills across the entire educational experience to empower individuals, including children and youth.

- **Recommendation 4.21:** Support the implementation of Next-Generation 9-1-1 services across the state, including smaller or rural jurisdictions who have emergency call centers with outdated technology.
- **Recommendation 4.22:** Encourage local jurisdictions to provide awareness campaigns to educate callers about providing location-specific information.
- **Recommendation 4.23:** Support the continued advancement of incorporating new technologies, such as Video Relay Service, into emergency response systems.
- **Recommendation 4.24:** Explore ways to increase nursing home and congregate living preparedness, mitigation and recovery during disasters.
- **Recommendation 4.25:** Encourage the use of tornado shelters in Texas for congregate living facilities in historically tornado-prone areas.
- **Recommendation 4.26:** 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 4.27:** 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 4.28:** 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 4.29:** Examine ways the State can promptly reimburse public organizations that exhausted critical resources during disasters for any donated equipment, food or medical supplies.
- **Recommendation 4.30:** 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 4.31:** Require a disability-focused performance evaluation and assessment for all State exercises and disaster responses as standard operating procedure for after-action reports.
- **Recommendation 4.32:** Promote disability awareness, disability cultural competency and etiquette for all first responders.
- **Recommendation 4.33:** Explore the use of programs that would alert first responders that an emergency situation involves a person with a disability.

- **Recommendation 4.34:** Explore the use of [telemedicine](#) for emergency management response to natural or disease-related disasters.
- **Recommendation 4.35:** Support the development of electronic health record systems to be used in conjunction with telemedicine to assist in disaster health management.

HEALTH

- **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.
- **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 nicotine or tobacco products and to address the need for reduction in potential alcoholism.
- **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.
- **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.
- **Recommendation 5.18:** Support increased community attendant care wages while facilitating consumer-directed care.
- **Recommendation 5.19:** Support early intervention and therapeutic treatments for Texans experiencing mental illness.

HOUSING

- **Recommendation 6.1:** Encourage the promulgation of local visitability ordinances, which include basic accessibility requirements in the construction of single-family homes or duplexes.
- **Recommendation 6.2:** 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 6.3:** Promote the elements of transit-oriented development, livable communities and complete street concepts in Texas.
- **Recommendation 6.4:** Encourage housing subsidies and other initiatives that increase the affordability of housing for Texans with disabilities.
- **Recommendation 6.5:** Increase affordable, accessible, and integrated housing for people with disabilities to meet needs and demand.

- **Recommendation 6.6:** Support State efforts that would drive funding toward services provided in the community, rather than services only available in institutions.

RECREATION

- **Recommendation 7.1:** Support infrastructure improvements, such as sidewalks and bike paths, to ensure that children can walk and bike safely to school.
- **Recommendation 7.2:** Encourage State and local educational agencies to provide opportunities in and outside of school for students at increased risk for physical inactivity, including children with disabilities.
- **Recommendation 7.3:** Support creation, rehabilitation, and maintenance of parks, playgrounds, and recreation facilities in underserved residential areas and offer quality programming to encourage and support physical activity.
- **Recommendation 7.4:** Increase the number of safe and accessible parks and playgrounds, particularly in underserved and low-income communities.
- **Recommendation 7.5:** Promote the creation and development of adult playgrounds and multigenerational playgrounds that will encourage physical fitness and healthy lifestyles.
- **Recommendation 7.6:** Incorporate the long-range goal of providing the highest level of accessibility that is reasonable for children of all abilities to enjoy their local school and community playgrounds.
- **Recommendation 7.7:** Promote the involvement of parents, community members, and 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 7.8:** Support the long-range goal of providing the highest level of accessibility into the planning of State parks, public beaches and other recreational opportunities for all Texans.
- **Recommendation 7.9:** Support the construction of accessible recreation facilities and amenities to broaden access to the outdoors which enhances the quality of experience for people of all ages, abilities and interests.
- **Recommendation 7.10:** Encourage public and private venues to incorporate family restrooms as an accessible amenities option.

TRANSPORTATION

- **Recommendation 8.1:** Conduct a comprehensive study on the transportation needs of people with disabilities specifically examining how the provision of accessible, affordable and reliable transportation or the lack thereof affects others areas of independent living such as access to housing, healthcare, education, recreation, employment, voting and other activities of daily living.
- **Recommendation 8.2:** Develop an educational campaign to increase awareness of paratransit services for individuals who want, or need, to travel outside of their local service area.
- **Recommendation 8.3:** Within the Texas Department of Transportation, support the creation of a Statewide Paratransit Advisory Committee.
- **Recommendation 8.4:** Within the Texas Department of Transportation, support the creation of a Paratransit Ombudsman.
- **Recommendation 8.5:** Within the Texas Department of Transportation, support the creation of an accessible Statewide Paratransit Rider Database.
- **Recommendation 8.6:** Within the Texas Department of Transportation, support the creation of an accessible one-stop-shop website that contains comprehensive information about transit agencies in Texas.
- **Recommendation 8.7:** Examine current funding to ensure adequate resources for an accessible, affordable and reliable transportation system and related programs that serve all Texans.
- **Recommendation 8.8:** Encourage local communities and transit operators to work together to improve the critical infrastructure, such as accessible sidewalks and covered bus stops in and around transit locations.
- **Recommendation 8.9:** Support 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 8.10:** Explore a regulatory framework that would allow research, evaluation, and introduction of autonomous vehicle technology, including an emphasis on full self-driving capabilities that would be independently usable by people with disabilities.

VETERANS

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

- **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 research, 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:** Encourage Texas Medical Schools to train physicians in physical and psychosocial implications of compression injuries.
- **Recommendation 9.5:** 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.
- **Recommendation 9.6:** 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 9.7:** Support efforts to develop a continuum of housing options for returning veterans.
- **Recommendation 9.8:** Create a marketing and information program for returning veterans that educates them on all services available in Texas through the Texas Veterans Commission.
- **Recommendation 9.9:** Foster efforts to utilize social media and the Internet to provide a communication network of services for veterans with disabilities.
- **Recommendation 9.10:** 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 9.11:** Explore increasing the number of skilled nursing home care facilities to include veterans with non-service connected disabilities who do not qualify for Medicaid.
- **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:** Support efforts for suicide prevention programs and services 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 efforts to decrease the time related to processing VA disability-related claims.
- **Recommendation 9.18:** Support long-term planning efforts related to the needs of an aging veteran population with severe medical needs in Texas.

WORKFORCE

- **Recommendation 10.1:** Support efforts of the Employment-First Task Force to promote fully integrated and inclusive employment for people with disabilities.
- **Recommendation 10.2:** Explore ways to maximize employment opportunities in the most integrated and inclusive setting possible.
- **Recommendation 10.3:** Encourage employers to promote full inclusion in the workplace, including through the provision of reasonable accommodations for employees with disabilities.
- **Recommendation 10.4:** Expand tax incentives for employers to hire and retain people with disabilities.
- **Recommendation 10.5:** Develop an educational campaign to improve employers' knowledge about the financial benefits of hiring and retaining employees with disabilities.
- **Recommendation 10.6:** Encourage accessible emerging workforce technologies.
- **Recommendation 10.7:** Ensure all State and local government websites provide a fully accessible job application process.
- **Recommendation 10.8:** Encourage employers to explore technologies that allow for flexible work policies, such as working from home.
- **Recommendation 10.9:** Build capacities of workforce agencies to respond to needs of the aging workforce.
- **Recommendation 10.10:** Encourage practices that allow for flexible terms of employment that could benefit older workers while still ensuring productivity for the employer.

For more information, contact:

Texas Governor's Committee on People with Disabilities

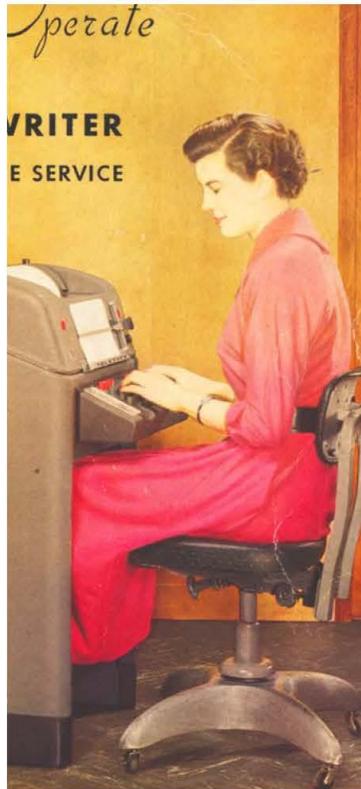
512-463-5739

GCPD@gov.texas.gov

www.gov.texas.gov/disabilities/contact



**WHY
BE
NORMAL?**



TECHNOLOGY

Everybody: An Artifact

History of Disability in America

Historically, technology has played a distinctive role in the lives of people with disabilities. Access to resources often comes through technology. New forms of technology that benefitted mainstream society often initially excluded people with disabilities because of inadequate design or planning.



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TEXAS CITIZEN INPUT SURVEY ON ISSUES IMPORTANT TO PEOPLE WITH DISABILITIES 2014

Introduction

The Texas Governor's Committee on People with Disabilities seeks your input on issues facing Texans with disabilities. Every two years, the Committee makes policy recommendations to the Governor and the Legislature on issues related to Texans with disabilities. Your input will help the Committee create policy recommendations that respond to the needs of the community.

The Committee wants to hear from Texans with disabilities, family members, caregivers, and professionals in the field of disability issues. If you would like to include outside data in your responses, please feel free to paste the data or link to the data in the open-ended response sections.

This survey is anonymous. It will be open from August 27, 2014 to September 10, 2014. Survey responses will then be reviewed and considered as the Committee creates its policy recommendations for the 84th Texas State Legislative Session, which will begin in January 2015.

We estimate that the survey will take about 5 minutes to complete.

Thank you for participation in this important survey.

Instructions

This survey is made up of eleven sections. We invite you to answer the questions in all eleven sections. If you wish to skip some sections, you may do so, but please take the time to fill out the "demographic information" section. You can skip a section by clicking the "next" button at the bottom of that section's screen.

The sections are:

- 1) Demographic Information
- 2) Access
- 3) Communication
- 4) Education
- 5) Emergency Management
- 6) Health
- 7) Housing
- 8) Recreation
- 9) Transportation
- 10) Veterans
- 11) Workforce

Section 1 of 11: Demographic Information

1. Do you live in Texas?

Yes
No

2. What is your primary language?

English
Spanish
American Sign Language
Other (please specify)

3. Which category below includes your age?

19 or younger
20-29
30-39
40-49
50-59
60-69
70 +

4. Do you consider yourself a person with a disability?

A person with a disability is defined as an individual who has a physical or mental impairment that impacts a major life activity. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Yes
No
Prefer not to say
Other (please specify)

5. Are you a parent, guardian, or caregiver who is answering for a person with a disability?

Yes
No

6. If you are a parent, guardian, or caregiver of a person with a disability, what is the age of the person with a disability under your care?

- 19 or younger
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70 +

7. Please tell us more about your relationship to disability issues by completing the following statement: “I am a person who...” (Check all that apply).

If you are responding to this survey for another person, please respond to “I am a person who...” as though you are that person.

- Is blind or has a visual disability.
- Is deaf or has a hearing disability.
- Has a mobility disability.
- Has a cognitive disability.
- Has a physical disability.
- Has a mental health issue.
- Has a speech disability.
- Has a learning disability.
- Has dietary needs related to a disability.
- Does not have a disability.
- Does not have a disability, but my spouse, child, or other family member for whom I am responsible does have a disability.
- Works with or advocates for people with disabilities.
- Other (please specify)

8. Please tell us more about your daily life by completing the following statement: “I am a person who...” (Check all that apply).

If you are responding to this survey for another person, please respond to “I am a person who...” as though you are that person.

- Has a personal attendant.
- Uses Meals on Wheels or a similar program.
- Uses in-home care related to a disability.
- Uses medical oxygen.
- Uses dialysis.
- Uses a service animal.
- Uses the Internet to order supplies related to a disability.
- None of the above.
- Other (please specify)

9. Which of the following categories best describes your employment status?

If you are responding to this survey for another person, please respond as though you are that person.

- Employed, working 1-39 hours per week (part-time)
- Employed, working 40 or more hours per week (full-time)
- Not employed, looking for work
- Not employed, NOT looking for work
- I am a student
- I am a stay-at-home parent or caregiver
- Retired
- Not able to work

10. Which option below best describes the area where you live?

- A rural area with more than an hour commute to grocery, pharmacy or medical care
- Near a city or town with less than an hour commute to grocery, pharmacy or medical care
- Other (please specify)

11. What transportation options do you use? Please check all that apply.

- My personal vehicle
- Friends help me with transportation
- Family helps me with transportation
- Accessible mass transportation (for example, an accessible bus line or subway)
- Accessible public paratransit
- Accessible private paratransit
- Accessible taxi cab service
- Accessible medical transportation (e.g. a Medicaid shuttle)
- There are no accessible transportation options in my community
- Other (please specify)

12. What Texas County do you live in?

Section 2 of 11: Access

Texans with disabilities deserve equal access to places, programs, and services. We want your feedback on physical access in Texas, such as the accessibility of parking, paths of travel, and facilities. We also want your feedback on how public and private programs are modifying their programs to include people with disabilities.

13. Please rate your response to the following ideas:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Explore the use of universally designed voting machines					
Educate local officials about accessible voting machines, disability etiquette, and physical accessibility of voting sites					
Educate business owners about the rights of people who use service dogs					
Encourage the design of communities so that they are walkable and encourage physical activity, social engagement, and aging-in-place (aka “Livable Communities”)					
Increase enforcement of laws related to accessible parking					
Promote accessible universal design of public accommodations (design that is inherently accessible to people with and without disabilities)					
Promote accessible, universal design of neighborhoods (design that is inherently accessible to people with and without disabilities)					
Encourage voluntary compliance with the American with Disabilities Act (ADA) and Texas Accessibility Standards (TAS) by religious organizations					

14. Do you have other comments related to access in Texas? Comments can raise other issues or provide ideas for improvements.

Section 3 of 11: Communication

Texans with disabilities deserve accessible, effective communication, whether they are applying for jobs, speaking to their doctors, taking a class, or receiving emergency alerts. We want your feedback on how public and private entities in Texas can better provide for accessible, effective communication, including through website technology, assistive technology, and sign language interpreting services.

15. Please rate your response to the following ideas:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Promote technology that enables smart phones and smart tablets to be more accessible					
Explore assistive and accessible technology opportunities					
Increase the use of effective accessible communication in the workplace, programs and services (for example, through assistive technology and sign language interpreting services)					
Promote the use of accessible communication in public places, programs and services (for example, through assistive technology and sign language interpreting services)					
Increase financial assistance for people with disabilities to acquire assistive technology, including hearing aids					
Increase web accessibility of state and local government resources					
Increase web accessibility of resources of public accommodations					
Expand coverage of high-speed Internet service					
Support more accessible public address systems within large venues (for example, auditoriums, sporting arenas, convention centers)					
Promote education and awareness of People-First language					

Promote awareness and knowledge of American Sign Language (ASL) as a secondary language					
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16. Do you have other comments related to communication in Texas? Comments can raise other issues or provide ideas for improvements.

Section 4 of 11: Education

Texas students with disabilities may face educational challenges from the moment they begin pre-school through the day they sit for a professional licensing examination. We want your feedback on the inclusion and accommodation of people with disabilities at all ages and levels of the educational process.

17. Please rate your response to the following ideas:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Commit the state of Texas to full accessibility of e-learning tools					
Ensure appropriate accommodations are available during testing					
Increase physical activity in schools					
Promote use of technology to make educational and extracurricular activities more accessible for children with disabilities					
Promote oversight and accountability of educational agencies that provide accommodations with students with disabilities					
Promote considerations of students with disabilities in the development or revision of school emergency response plans					
Review current disciplinary policies that disproportionately impact students with disabilities					
Examine impact of seclusion and restraint policies on students with disabilities					
Explore the impact of blending online and traditional classrooms on students with disabilities					
Support programs that increase graduation rates among students with disabilities					

18. Do you have other comments related to education in Texas? Comments can raise other issues or provide ideas for improvements.

Section 5 of 11: Emergency Management

Texas faces a wide range of hazards, including natural, man-made, and disease-related disasters. We want your feedback on how the state and private partners can better respond to the rights and needs of people with disabilities in emergencies, including in emergency notifications, evacuations, and sheltering.

19. Please rate your response to the following ideas:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Require state and local disaster jurisdictions to provide effective and timely public alert warnings					
Integrate people with disabilities in the planning process for emergencies at the state and local level					
Encourage the education of local officials on the rights of people with disabilities during a disaster					
Encourage all agencies providing services to Texans with disabilities to discuss emergency preparedness and evacuation planning					
Support the use of a smart device to provide emergency information and updates					
Provide help with designing a personalized emergency evacuation kit and plan					
Support policies that ensure shelters provide appropriate accommodations to people with disabilities					
Ensure all Texas counties have access to Text to 9-1-1					
Promote volunteerism among people with disabilities					

20. Do you have other comments related to emergency management in Texas? Comments can raise other issues or provide ideas for improvements.

Section 6 of 11: Health

Texans with disabilities may face financial, attitudinal, or physical barriers to quality healthcare. We want your feedback on the current state of health care, health insurance, and public benefits programs such as Medicaid and Medicare. You may also consider issues of mental health and aging.

21. Please rate your response to the following ideas:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Encourage the use of technology to increase access to health care, such as telemedicine or telepsychiatry (telemedicine includes two-way video, email, smart phones, wireless tools and other forms of telecommunications technology)					
Explore the relationship between having a cognitive disability or mental health disorder and the risk of incarceration					
Support programs that reduce chronic illness among people with disabilities by promoting physical activity and tobacco cessation					
Educate doctors and nurses on disability etiquette and rights of patients with disabilities					
Support accessible, universal design of medical facilities and equipment					
Increase support for home and community-based (non-institutional) care					
Support programs that would increase access to mental health care					
Promote programs that provide support for individuals acting as long-term caregivers					

22. Do you have other comments related to health in Texas? Comments can raise other issues or provide ideas for improvements.

Section 7 of 11: Housing

A stable, accessible home can allow a Texan with a disability to live a productive life of independence within the community. We want your feedback on the availability of affordable, accessible housing options, home modifications, financial assistance for housing, and tax credits and exemptions.

23. Please rate your response to the following ideas:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Increase incentives for the building of accessible, affordable, and safe housing					
Support efforts to drive funding toward services provided in the community, rather than services available only in institutions					
Create community-based, integrated housing for people with intellectual or cognitive disabilities					
Develop plans for pedestrian-friendly, transit-oriented communities					
Promote policies that enable seniors and others with disabilities to “age-in-place” in “livable communities”					
Encourage passing of local ordinances that include basic accessibility requirements in the building of single-family homes					

24. Do you have other comments related to housing in Texas? Comments can raise other issues or provide ideas for improvements.

Section 8 of 11: Recreation

Recreation promotes physical and mental wellness for all Texans. We want your feedback on accessible recreational opportunities for Texans with disabilities, including physical access to recreational facilities, parks, sports arenas, and arts organizations.

25. Please rate your response to the following ideas:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Explore the use of technology to make natural parks, museums, sporting events, and theme parks more accessible					
Promote the use of accessible videogames					
Increase universal design for Texas state parks, public beaches, and other recreational venues					
Encourage travel agencies, hotels, and other providers of travel and recreation to use inclusive practices that go beyond the minimum legal requirements					
Encourage prompt compliance with the most recent legal requirements for physical accessibility at recreational venues					
Promote programs that allow children with disabilities to play in sports and engage in recreational and physical activity					
Promote the development of playgrounds that can be used by all ages, including the very young and elderly					

26. Do you have other comments related to recreation in Texas? Comments can raise other issues or provide ideas for improvements.

Section 9 of 11: Transportation

Texans with disabilities deserve reliable and accessible transportation to allow for full participation in a wide range of activities. We want your feedback on all forms of transportation from the everyday issues of a commute to planning for business and recreational travel by airplane and ship.

27. Please rate your response to the following ideas:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Create cross-county accessible, mass transportation					
Invest resources in programs that result in greater access to public transportation					
Promote policies that result in a more effective paratransit system					
Promote programs that encourage drivers to switch to mass transit, biking and car-sharing					
Encourage the creation of complete streets (streets that safely allow for pedestrian, bicycle, and scooter traffic)					
Promote policies that result in a mix of housing, retail and/or commercial development in a walkable neighborhood with high-quality transportation					

28. Do you have other comments related to transportation in Texas? Comments can raise other issues or provide ideas for improvements.

Section 10 of 11: Veterans

Texas is currently home to around 1.7 million veterans, many with disabilities. We want your feedback on how to better serve our veterans, including in the areas of housing, medical care, benefits determination, employment, and health. Texas is currently home to around 1.7 million veterans, many with disabilities. We want your feedback on how to better serve our veterans, including in the areas of housing, medical care, benefits determination, employment, and health.

29. Please rate your response to the following ideas:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Support increase of available mental health services, including treatment for Post-Traumatic Stress Disorder and traumatic brain injuries					
Support collaborative efforts between state and federal agencies to provide long-term care for veterans with disabilities					
Explore ways to make Veterans Health Administration programs more effective in Texas					
Explore the use of “telemedicine” to increase access to healthcare for veterans (telemedicine includes two-way video, email, smart phones, wireless tools and other forms of telecommunications technology)					
Improve availability of information on services for veterans with disabilities, including job placements					
Increase availability of caregiver services of veterans with disabilities					
Explore ways to reduce homelessness among veterans					
Promote programs that provide job training, increase recruitment and employment of veterans					

30. Do you have other comments related to veterans in Texas? Comments can raise other issues or provide ideas for improvements.

Section 11 of 11: Workforce

Texans with disabilities deserve equal access to employment opportunities and equal treatment in the workplace. We want your feedback on how best to integrate people with disabilities into the workforce, including the use of new reasonable accommodations, assistive technologies, and trainings in best practices for both employers and employees.

31. Please rate your response to the following ideas:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Educate employers on the legal requirements of reasonable accommodations					
Encourage employers to allow for flexible terms of employment such as working from home or alternate schedules					
Explore programs and policies to educate employers about the benefits of hiring those with disabilities					
Ensure that all state and local government websites provide a fully accessible job application process					
Encourage the use of new technologies that make the workplace more accessible					
Expand tax incentives for employers to hire and retain people with disabilities					
Explore ways to retain workers who acquire age-related disabilities in the workforce					
Foster hiring practices and policies inclusive of people with disabilities					
Foster hiring practices and policies inclusive of people with disabilities					

32. Do you have other comments related to workforce in Texas? Comments can raise other issues or provide ideas for improvements.

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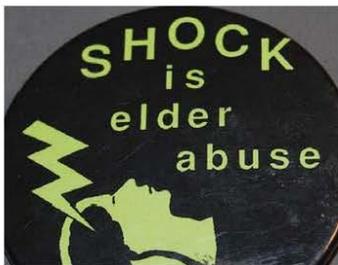
**U.S. CENSUS FACT FINDERS: DISABILITY CHARACTERISTICS FOR
TEXAS, ONE YEAR, THREE YEAR AND FIVE YEAR: AMERICAN
COMMUNITY SURVEY**

ACS 2013 Estimates of Texas Disability Characteristics

ACS 2011-2013 Estimates of Texas Disability Characteristics

ACS 2009-2013 Estimates of Texas Disability Characteristics

CITIZEN



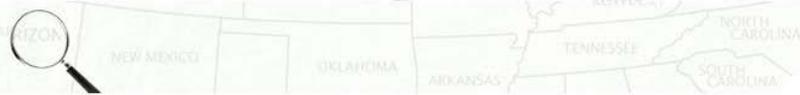
Everybody: An Artifact History of Disability in America

American citizenship is the result of centuries of struggle. Although citizenship guarantees certain rights, access to them has been unequal. The efforts by people with disabilities to participate fully in society began centuries ago and gained momentum in the 20th century.



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2013 American Community Survey 1-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	Texas				
	Total		With a disability		Percent with a disability Estimate
	Estimate	Margin of Error	Estimate	Margin of Error	
Total civilian noninstitutionalized population	25,976,562	+/-4,689	3,047,158	+/-35,026	11.7%
Population under 5 years	1,926,363	+/-4,125	17,226	+/-3,097	0.9%
With a hearing difficulty	(X)	(X)	12,737	+/-2,300	0.7%
With a vision difficulty	(X)	(X)	8,659	+/-2,043	0.4%
Population 5 to 17 years	5,102,419	+/-5,506	278,822	+/-10,810	5.5%
With a hearing difficulty	(X)	(X)	33,540	+/-3,390	0.7%
With a vision difficulty	(X)	(X)	43,832	+/-3,482	0.9%
With a cognitive difficulty	(X)	(X)	202,259	+/-9,351	4.0%
With an ambulatory difficulty	(X)	(X)	33,955	+/-3,610	0.7%
With a self-care difficulty	(X)	(X)	45,028	+/-4,435	0.9%
Population 18 to 64 years	16,065,579	+/-7,700	1,602,460	+/-23,921	10.0%
With a hearing difficulty	(X)	(X)	349,379	+/-10,725	2.2%
With a vision difficulty	(X)	(X)	340,050	+/-11,692	2.1%
With a cognitive difficulty	(X)	(X)	622,893	+/-14,130	3.9%
With an ambulatory difficulty	(X)	(X)	797,942	+/-16,441	5.0%
With a self-care difficulty	(X)	(X)	288,313	+/-10,256	1.8%
With an independent living difficulty	(X)	(X)	514,123	+/-13,732	3.2%
Population 65 years and over	2,882,201	+/-4,431	1,148,650	+/-13,476	39.9%
With a hearing difficulty	(X)	(X)	478,438	+/-10,493	16.6%
With a vision difficulty	(X)	(X)	240,953	+/-6,860	8.4%
With a cognitive difficulty	(X)	(X)	288,550	+/-7,181	10.0%
With an ambulatory difficulty	(X)	(X)	754,528	+/-11,004	26.2%
With a self-care difficulty	(X)	(X)	284,551	+/-7,406	9.9%
With an independent living difficulty	(X)	(X)	480,683	+/-9,782	16.7%
SEX					
Male	12,782,688	+/-9,932	1,489,714	+/-21,014	11.7%
Female	13,193,874	+/-8,674	1,557,444	+/-22,606	11.8%
RACE AND HISPANIC OR LATINO ORIGIN					
One Race	25,343,770	+/-19,759	2,975,994	+/-34,352	11.7%

Subject	Texas				
	Total		With a disability		Percent with a disability
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
White alone	19,520,064	+/-43,655	2,333,668	+/-29,007	12.0%
Black or African American alone	3,032,416	+/-14,465	412,755	+/-12,240	13.6%
American Indian and Alaska Native alone	115,659	+/-10,041	19,256	+/-2,537	16.6%
Asian alone	1,086,495	+/-10,341	61,371	+/-4,270	5.6%
Native Hawaiian and Other Pacific Islander alone	18,978	+/-2,753	2,576	+/-962	13.6%
Some other race alone	1,570,158	+/-40,438	146,368	+/-8,567	9.3%
Two or more races	632,792	+/-18,632	71,164	+/-4,304	11.2%
White alone, not Hispanic or Latino	11,417,866	+/-6,204	1,550,830	+/-21,317	13.6%
Hispanic or Latino (of any race)	10,014,117	+/-4,376	964,494	+/-20,181	9.6%
PERCENT IMPUTED					
Disability status	7.5%	(X)	(X)	(X)	(X)
Hearing difficulty	5.5%	(X)	(X)	(X)	(X)
Vision difficulty	5.7%	(X)	(X)	(X)	(X)
Cognitive difficulty	6.2%	(X)	(X)	(X)	(X)
Ambulatory difficulty	6.3%	(X)	(X)	(X)	(X)
Self-care difficulty	6.3%	(X)	(X)	(X)	(X)
Independent living difficulty	6.1%	(X)	(X)	(X)	(X)

Subject	Texas
	Percent with a disability Margin of Error
Total civilian noninstitutionalized population	+/-0.1
Population under 5 years	+/-0.2
With a hearing difficulty	+/-0.1
With a vision difficulty	+/-0.1
Population 5 to 17 years	+/-0.2
With a hearing difficulty	+/-0.1
With a vision difficulty	+/-0.1
With a cognitive difficulty	+/-0.2
With an ambulatory difficulty	+/-0.1
With a self-care difficulty	+/-0.1
Population 18 to 64 years	+/-0.1
With a hearing difficulty	+/-0.1
With a vision difficulty	+/-0.1
With a cognitive difficulty	+/-0.1
With an ambulatory difficulty	+/-0.1
With a self-care difficulty	+/-0.1
With an independent living difficulty	+/-0.1
Population 65 years and over	+/-0.5
With a hearing difficulty	+/-0.4
With a vision difficulty	+/-0.2
With a cognitive difficulty	+/-0.3
With an ambulatory difficulty	+/-0.4
With a self-care difficulty	+/-0.3
With an independent living difficulty	+/-0.3
SEX	
Male	+/-0.2
Female	+/-0.2
RACE AND HISPANIC OR LATINO ORIGIN	
One Race	+/-0.1
White alone	+/-0.2
Black or African American alone	+/-0.4
American Indian and Alaska Native alone	+/-2.2
Asian alone	+/-0.4
Native Hawaiian and Other Pacific Islander alone	+/-4.9
Some other race alone	+/-0.5
Two or more races	+/-0.6
White alone, not Hispanic or Latino	+/-0.2
Hispanic or Latino (of any race)	+/-0.2
PERCENT IMPUTED	
Disability status	(X)
Hearing difficulty	(X)
Vision difficulty	(X)
Cognitive difficulty	(X)
Ambulatory difficulty	(X)
Self-care difficulty	(X)
Independent living difficulty	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of

error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see *Accuracy of the Data*). The effect of nonsampling error is not represented in these tables.

In data year 2013, there were a series of changes to data collection operations that could have affected some estimates. These changes include the addition of Internet as a mode of data collection, the end of the content portion of Failed Edit Follow-Up interviewing, and the loss of one monthly panel due to the Federal Government shut down in October 2013. For more information, see: *User Notes*

The Census Bureau introduced a new set of disability questions in the 2008 ACS questionnaire. Accordingly, comparisons of disability data from 2008 or later with data from prior years are not recommended. For more information on these questions and their evaluation in the 2006 ACS Content Test, see the *Evaluation Report Covering Disability*.

While the 2013 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2013 American Community Survey

Explanation of Symbols:

1. An '***' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An 'l' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An 'l' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An 'u' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '****' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.



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2011-2013 American Community Survey 3-Year Estimates

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Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	Texas				
	Total		With a disability		Percent with a disability Estimate
	Estimate	Margin of Error	Estimate	Margin of Error	
Total civilian noninstitutionalized population	25,573,996	+/-2,672	2,970,358	+/-17,973	11.6%
Population under 5 years	1,937,097	+/-1,564	18,195	+/-1,350	0.9%
With a hearing difficulty	(X)	(X)	12,208	+/-1,231	0.6%
With a vision difficulty	(X)	(X)	11,171	+/-1,109	0.6%
Population 5 to 17 years	5,037,506	+/-2,022	270,685	+/-6,351	5.4%
With a hearing difficulty	(X)	(X)	34,514	+/-1,647	0.7%
With a vision difficulty	(X)	(X)	48,701	+/-2,114	1.0%
With a cognitive difficulty	(X)	(X)	196,179	+/-5,115	3.9%
With an ambulatory difficulty	(X)	(X)	35,190	+/-2,092	0.7%
With a self-care difficulty	(X)	(X)	46,840	+/-2,413	0.9%
Population 18 to 64 years	15,844,859	+/-3,584	1,582,019	+/-12,641	10.0%
With a hearing difficulty	(X)	(X)	352,223	+/-6,485	2.2%
With a vision difficulty	(X)	(X)	336,646	+/-5,635	2.1%
With a cognitive difficulty	(X)	(X)	606,829	+/-8,641	3.8%
With an ambulatory difficulty	(X)	(X)	802,681	+/-8,601	5.1%
With a self-care difficulty	(X)	(X)	289,132	+/-4,791	1.8%
With an independent living difficulty	(X)	(X)	517,684	+/-6,533	3.3%
Population 65 years and over	2,754,534	+/-2,109	1,099,459	+/-7,356	39.9%
With a hearing difficulty	(X)	(X)	455,714	+/-5,052	16.5%
With a vision difficulty	(X)	(X)	229,293	+/-4,091	8.3%
With a cognitive difficulty	(X)	(X)	294,404	+/-4,631	10.7%
With an ambulatory difficulty	(X)	(X)	733,702	+/-6,480	26.6%
With a self-care difficulty	(X)	(X)	283,238	+/-4,195	10.3%
With an independent living difficulty	(X)	(X)	480,880	+/-5,270	17.5%
SEX					
Male	12,571,874	+/-3,919	1,444,572	+/-11,810	11.5%
Female	13,002,122	+/-3,471	1,525,786	+/-10,907	11.7%
RACE AND HISPANIC OR LATINO ORIGIN					
One Race	24,969,121	+/-11,590	2,899,068	+/-17,439	11.6%

Subject	Texas				
	Total		With a disability		Percent with a disability
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
White alone	19,176,263	+/-27,127	2,267,800	+/-15,678	11.8%
Black or African American alone	2,976,927	+/-8,175	408,648	+/-6,261	13.7%
American Indian and Alaska Native alone	122,436	+/-5,526	19,146	+/-1,199	15.6%
Asian alone	1,049,219	+/-5,317	54,821	+/-2,313	5.2%
Native Hawaiian and Other Pacific Islander alone	19,893	+/-1,874	1,597	+/-420	8.0%
Some other race alone	1,624,383	+/-24,109	147,056	+/-4,650	9.1%
Two or more races	604,875	+/-11,006	71,290	+/-2,518	11.8%
White alone, not Hispanic or Latino	11,350,827	+/-4,437	1,514,453	+/-10,334	13.3%
Hispanic or Latino (of any race)	9,801,694	+/-3,039	938,754	+/-10,771	9.6%
PERCENT IMPUTED					
Disability status	5.3%	(X)	(X)	(X)	(X)
Hearing difficulty	3.7%	(X)	(X)	(X)	(X)
Vision difficulty	3.9%	(X)	(X)	(X)	(X)
Cognitive difficulty	4.2%	(X)	(X)	(X)	(X)
Ambulatory difficulty	4.3%	(X)	(X)	(X)	(X)
Self-care difficulty	4.3%	(X)	(X)	(X)	(X)
Independent living difficulty	4.2%	(X)	(X)	(X)	(X)

Subject	Texas
	Percent with a disability Margin of Error
Total civilian noninstitutionalized population	+/-0.1
Population under 5 years	+/-0.1
With a hearing difficulty	+/-0.1
With a vision difficulty	+/-0.1
Population 5 to 17 years	+/-0.1
With a hearing difficulty	+/-0.1
With a vision difficulty	+/-0.1
With a cognitive difficulty	+/-0.1
With an ambulatory difficulty	+/-0.1
With a self-care difficulty	+/-0.1
Population 18 to 64 years	+/-0.1
With a hearing difficulty	+/-0.1
With a vision difficulty	+/-0.1
With a cognitive difficulty	+/-0.1
With an ambulatory difficulty	+/-0.1
With a self-care difficulty	+/-0.1
With an independent living difficulty	+/-0.1
Population 65 years and over	+/-0.3
With a hearing difficulty	+/-0.2
With a vision difficulty	+/-0.1
With a cognitive difficulty	+/-0.2
With an ambulatory difficulty	+/-0.2
With a self-care difficulty	+/-0.2
With an independent living difficulty	+/-0.2
SEX	
Male	+/-0.1
Female	+/-0.1
RACE AND HISPANIC OR LATINO ORIGIN	
One Race	+/-0.1
White alone	+/-0.1
Black or African American alone	+/-0.2
American Indian and Alaska Native alone	+/-1.0
Asian alone	+/-0.2
Native Hawaiian and Other Pacific Islander alone	+/-2.1
Some other race alone	+/-0.2
Two or more races	+/-0.4
White alone, not Hispanic or Latino	+/-0.1
Hispanic or Latino (of any race)	+/-0.1
PERCENT IMPUTED	
Disability status	(X)
Hearing difficulty	(X)
Vision difficulty	(X)
Cognitive difficulty	(X)
Ambulatory difficulty	(X)
Self-care difficulty	(X)
Independent living difficulty	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of

error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see *Accuracy of the Data*). The effect of nonsampling error is not represented in these tables.

The Census Bureau introduced a new set of disability questions in the 2008 ACS questionnaire. Accordingly, comparisons of disability data from 2008 or later with data from prior years are not recommended. For more information on these questions and their evaluation in the 2006 ACS Content Test, see the *Evaluation Report Covering Disability*.

While the 2011-2013 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2011-2013 3-Year American Community Survey

Explanation of Symbols:

1. An '***' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An 'L' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
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4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
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6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.



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2009-2013 American Community Survey 5-Year Estimates

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Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	Texas				
	Total		With a disability		Percent with a disability Estimate
	Estimate	Margin of Error	Estimate	Margin of Error	
Total civilian noninstitutionalized population	25,158,370	+/-2,290	2,902,056	+/-12,737	11.5%
Population under 5 years	1,934,894	+/-803	16,475	+/-1,004	0.9%
With a hearing difficulty	(X)	(X)	11,231	+/-882	0.6%
With a vision difficulty	(X)	(X)	10,067	+/-853	0.5%
Population 5 to 17 years	4,978,951	+/-1,113	268,889	+/-4,025	5.4%
With a hearing difficulty	(X)	(X)	34,807	+/-1,677	0.7%
With a vision difficulty	(X)	(X)	47,077	+/-1,772	0.9%
With a cognitive difficulty	(X)	(X)	196,087	+/-3,427	3.9%
With an ambulatory difficulty	(X)	(X)	35,159	+/-1,475	0.7%
With a self-care difficulty	(X)	(X)	45,659	+/-1,666	0.9%
Population 18 to 64 years	15,591,975	+/-2,702	1,550,620	+/-9,929	9.9%
With a hearing difficulty	(X)	(X)	342,413	+/-4,807	2.2%
With a vision difficulty	(X)	(X)	325,409	+/-4,761	2.1%
With a cognitive difficulty	(X)	(X)	595,327	+/-6,102	3.8%
With an ambulatory difficulty	(X)	(X)	798,426	+/-6,945	5.1%
With a self-care difficulty	(X)	(X)	290,061	+/-3,988	1.9%
With an independent living difficulty	(X)	(X)	509,439	+/-5,053	3.3%
Population 65 years and over	2,652,550	+/-1,297	1,066,072	+/-5,099	40.2%
With a hearing difficulty	(X)	(X)	441,904	+/-3,467	16.7%
With a vision difficulty	(X)	(X)	222,997	+/-3,443	8.4%
With a cognitive difficulty	(X)	(X)	283,543	+/-3,705	10.7%
With an ambulatory difficulty	(X)	(X)	713,756	+/-4,517	26.9%
With a self-care difficulty	(X)	(X)	275,754	+/-3,730	10.4%
With an independent living difficulty	(X)	(X)	470,774	+/-3,967	17.7%
SEX					
Male	12,356,944	+/-3,111	1,405,383	+/-8,780	11.4%
Female	12,801,426	+/-2,472	1,496,673	+/-8,476	11.7%
RACE AND HISPANIC OR LATINO ORIGIN					
One Race	24,578,585	+/-12,187	2,836,466	+/-12,524	11.5%

Subject	Texas				
	Total		With a disability		Percent with a disability
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
White alone	18,755,524	+/-20,953	2,213,003	+/-11,647	11.8%
Black or African American alone	2,915,023	+/-6,108	395,091	+/-4,571	13.6%
American Indian and Alaska Native alone	126,014	+/-3,778	19,523	+/-989	15.5%
Asian alone	1,014,030	+/-3,310	53,293	+/-1,701	5.3%
Native Hawaiian and Other Pacific Islander alone	19,845	+/-1,085	1,671	+/-320	8.4%
Some other race alone	1,748,149	+/-17,015	153,885	+/-3,315	8.8%
Two or more races	579,785	+/-11,390	65,590	+/-1,877	11.3%
White alone, not Hispanic or Latino	11,278,443	+/-3,426	1,494,645	+/-8,790	13.3%
Hispanic or Latino (of any race)	9,576,145	+/-2,471	908,303	+/-7,270	9.5%
PERCENT IMPUTED					
Disability status	4.8%	(X)	(X)	(X)	(X)
Hearing difficulty	3.3%	(X)	(X)	(X)	(X)
Vision difficulty	3.5%	(X)	(X)	(X)	(X)
Cognitive difficulty	3.7%	(X)	(X)	(X)	(X)
Ambulatory difficulty	3.8%	(X)	(X)	(X)	(X)
Self-care difficulty	3.8%	(X)	(X)	(X)	(X)
Independent living difficulty	3.7%	(X)	(X)	(X)	(X)

Subject	Texas
	Percent with a disability Margin of Error
Total civilian noninstitutionalized population	+/-0.1
Population under 5 years	+/-0.1
With a hearing difficulty	+/-0.1
With a vision difficulty	+/-0.1
Population 5 to 17 years	+/-0.1
With a hearing difficulty	+/-0.1
With a vision difficulty	+/-0.1
With a cognitive difficulty	+/-0.1
With an ambulatory difficulty	+/-0.1
With a self-care difficulty	+/-0.1
Population 18 to 64 years	+/-0.1
With a hearing difficulty	+/-0.1
With a vision difficulty	+/-0.1
With a cognitive difficulty	+/-0.1
With an ambulatory difficulty	+/-0.1
With a self-care difficulty	+/-0.1
With an independent living difficulty	+/-0.1
Population 65 years and over	+/-0.2
With a hearing difficulty	+/-0.1
With a vision difficulty	+/-0.1
With a cognitive difficulty	+/-0.1
With an ambulatory difficulty	+/-0.2
With a self-care difficulty	+/-0.1
With an independent living difficulty	+/-0.1
SEX	
Male	+/-0.1
Female	+/-0.1
RACE AND HISPANIC OR LATINO ORIGIN	
One Race	+/-0.1
White alone	+/-0.1
Black or African American alone	+/-0.2
American Indian and Alaska Native alone	+/-0.7
Asian alone	+/-0.2
Native Hawaiian and Other Pacific Islander alone	+/-1.6
Some other race alone	+/-0.2
Two or more races	+/-0.3
White alone, not Hispanic or Latino	+/-0.1
Hispanic or Latino (of any race)	+/-0.1
PERCENT IMPUTED	
Disability status	(X)
Hearing difficulty	(X)
Vision difficulty	(X)
Cognitive difficulty	(X)
Ambulatory difficulty	(X)
Self-care difficulty	(X)
Independent living difficulty	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of

error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see *Accuracy of the Data*). The effect of nonsampling error is not represented in these tables.

The Census Bureau introduced a new set of disability questions in the 2008 ACS questionnaire. Accordingly, comparisons of disability data from 2008 or later with data from prior years are not recommended. For more information on these questions and their evaluation in the 2006 ACS Content Test, see the *Evaluation Report Covering Disability*.

While the 2009-2013 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

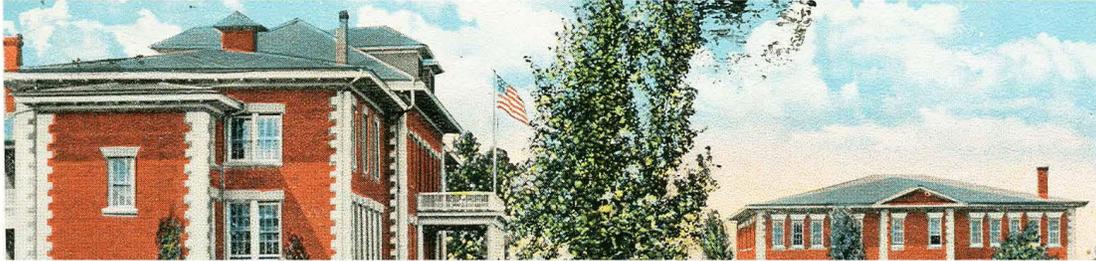
Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Explanation of Symbols:

1. An '***' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An 'L' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An 'L' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '****' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

PLACE



Everybody: An Artifact History of Disability in America

Space is a key factor in the history of disability. Questions about where people belong and who decides have created tension throughout American history. No matter where people ended up, they grappled with issues of identity, community, and autonomy.

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TEXAS GOVERNOR'S COMMITTEE ON PEOPLE WITH DISABILITIES

COMMITTEE MEMBERS:

Joe Bontke of Houston serves as **Chair** of the Governor's Committee on People with Disabilities. He is outreach manager and ombudsman for the Houston District Office of U.S. Equal Employment Opportunity Commission. Bontke has been in the field of human resources and civil rights for more than 25 years and has experience in employment law and adult education. With a bachelor's degree in philosophy and a master's degree in education, he has been human resources director and training coordinator for the Southwest Business and Technical Assistance Center and a past assistant professor at Baylor College of Medicine. Using his entertaining style, Bontke has educated groups throughout the country. 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. Bontke'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 the Lead Accessible Technology Architect at AT&T and currently serves as **Vice Chair** of the Governor's Committee on People with Disabilities. Bangor 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 21 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 earned his Bachelor of Science degree in Rehabilitation from Stephen F. Austin State University. He is a charter member of the SFASU Chapter of the Golden Key Honor Society and former disability consultant for the Office of Students with Disabilities and library assistant who managed adaptive technology in the computer lab. He is a current member of the East Texas Community Health Services Inc. board of directors and former member of the Nacogdoches Mayor's Committee on People with Disabilities. Becerra is pursuing his Master's degree in Rehabilitation Counseling at Stephen F. Austin State University.

Marilou Fowler of Katy is a caregiver and nursing student at Texas Health School. She is a volunteer and athletic coach for the Paralyzed Veterans of America (PVA) Texas Chapter. Fowler is a volunteer with the national PVA Caregiver Support Program. Fowler received a bachelor's degree and a master's degree in hotel, restaurant and business management from the University of San Carlos.

Rames Gonzalez, Jr. of Palmview is a self-employed business owner and community volunteer. He is a member of the Rehabilitation Council of Texas, a past Americans with Disabilities Act student representative for South Texas Community College, and a past firefighter for the Palmview Volunteer Fire Department. Gonzalez received a bachelor's degree from the University of Texas-Pan American and is a graduate of the Texas Department of Assistive and Rehabilitative Services Business Enterprise of Texas program.

Heather Griffith of Fort Worth is an occupational therapy practitioner. Griffith is chairwoman of the Fort Worth Mayor's Committee on Persons with Disabilities and a volunteer for MyRide in Tarrant County. She is a past member of the consumer advisory team for REACH, Inc., a resource center on independent living, and the American Occupational Therapy Association. She is past membership coordinator for the Association for Worksite Health Promotion. Griffith received a bachelor's degree from Texas Woman's University.

P. Faye Kuo, J.D. of Austin is vice president of legal and compliance for Communication Service for the Deaf, Inc. She is a member of the Federal Communication Commission Advisory Committee for Diversity and a past public member of the State Bar of Texas Disability Rights Committee. Kuo is also a past board member of the Greater Austin Foundation for the Deaf and a past member of the American Bar Association Commission on Disability Rights and National Association of the Deaf Civil Rights Subcommittee. Kuo received a bachelor's degree from Rochester Institute of Technology and a law degree from The John Marshall Law School.

Margaret Larsen of Austin is president and CEO of Special Olympics Texas (SOTX), a position in which she has served since 1995. She sits on Special Olympics, Inc.'s Global Development Committee and Partnerships. Representing SOTX, Larsen has led national legislative efforts for Special Olympics Hill Day in Washington, D.C. 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 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. Larsen earned BA/BS degrees in Journalism and Literature from Towson State University, a master's degree in Administration/Urban Studies from John Hopkins University, and completed a post graduate fellowship at Exeter College in Oxford, England.

Linda Millstone of Austin is associate vice president of the University of Texas (UT) at Austin Division of Diversity and Community Engagement. She is president of the Dell Jewish Community Center and president of Central Texas Diversity Council, a member of the Society for Human Resource Management, and a trained mediator. She participated in Leadership Austin and the Governor's Executive Development Program. Millstone received a bachelor's degree

from the University of Delaware and a Master of Public Affairs from the UT Lyndon B. Johnson School of Public Affairs.

David Ondich of Burleson has served as the Americans with Disabilities program coordinator for the City of Fort Worth and a past member of the city manager’s Office Diversity Advisory Committee. He is past chairman of the Easter Seals Business Advisory Council and a past board member of Lighthouse for the Blind of Fort Worth. Ondich 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. In 2008, Ondich 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 associate dean of the University of Texas-Pan American (UTPA) for the College of Health Sciences and Human Services. He is interim chair of the Communication Sciences and Disorders Department and a founder of the UTPA Deaf Rehabilitation Program. Saladin is chair of the Commission on Rehabilitation Counselor Certification, past president of the Texas Rehabilitation Association, and a member of the National Rehabilitation Association and National Council on Rehabilitation Education. He has previous work experience with the state of Texas State/Federal Vocational Rehabilitation (VR) program. Saladin served on the Rehabilitation Council of Texas for six years. Saladin received a bachelor’s degree and a master’s degree in industrial education from Texas A&M University, and a doctorate degree in special education and rehabilitation counselor education from the University of Texas at Austin.

Marco A. Treviño of Edinburg is a licensed clinical and mental health social worker for the United States Veterans Affairs–McAllen Outpatient Clinic. Treviño is a member of the National Association of Social Workers (NASW) since 2005 and currently serves as a Steering Committee member of the NASW Texas Chapter Rio Grande Branch. Treviño received a Bachelor’s and Master’s Degree in Social Work from University of Texas–Pan American. He is also a board-approved supervisor.

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. She speaks to complex disabilities issues, trends and laws and develops biennial policy recommendations to the Governor and the Legislature on issues related

to best practices and emerging trends consistent with the full inclusion and participation of Texans with disabilities in ten issue areas. These ten issue areas are; access, communication, education, emergency management, health, housing, recreation, transportation, veterans and employment.

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.

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.

In 2014, Ms. English graduated With Distinction from the Naval Postgraduate School's [Center for Homeland Defense and Security](#) with a Master of Arts in Security Studies. She is the recipient of the Curtis H. "Butch" Straub Award which is given to the graduate whose leadership, integrity, vision and intellectual courage best honors the man who, in founding CHDS, demonstrated his commitment and development of the discipline of homeland security, to public service, and to risk and change as the cornerstones of both. She was also nominated for the Outstanding Thesis Award in her cohort.

Stephanie Myers***Accessibility and Disability Rights Coordinator***

Stephanie Myers is a native Texan who hails from Katy, Texas where she graduated from Katy High School. After high school, Mrs. Myers studied literature at Sam Houston State University where she earned her B.A. in English. She then shared her love of reading as an 8th grade Language Arts teacher for a number of years until a new opportunity took her to New York City. While living in New York, Mrs. Myers held prestigious internships with both the United Nations and the New York City Parks Department. During this time she was enrolled in a master's program at the City University of New York, School of Professional Studies where she earned an M.A. in Disability Studies. Her graduate degree gave her the skills needed to land a significant position with the City of New York where she served as a Project Coordinator for the Mayor's Office for People with Disabilities. Stephanie is proud to serve the people of Texas as the Accessibility and Disability Rights Coordinator for the Governor's Committee on People with Disabilities.

Katie Sanches, MPH***Research Specialist***

Ms. Sanches has served as a Research Specialist for the Committee since May 2014. Ms. Sanches holds a Master of Public Health in Healthcare Organization and Policy with a focus in Disaster Response and Preparedness Policy. After completing her MPH, Ms. Sanches completed a fellowship with the RAND Corporation Gulf States Policy Institute in New Orleans where she conducted high level research on the post-Katrina greater New Orleans area healthcare infrastructure and community resilience. Previously, Ms. Sanches held positions at the Texas Department of State Health Services as part of the State Medical Operations Center Operations team and as a public health emergency planner. Since 2011, Ms. Sanches has been significantly involved in state efforts to incorporate the needs of people with disabilities into state emergency response plans and preparedness activities and currently chairs the Texas Disability Task Force on Emergency Management. Ms. Sanches is currently a doctoral candidate at the University of Texas School of Public Health.

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.

Nancy Van Loan

Executive Assistant

Ms. Van Loan has provided technical support for the Executive Director, Committee members, and staff since 1995. Van Loan began service with the State in 1991 with Texas Department of Insurance Workers' Compensation Division and Health and Human Services Commission. She has taken undergraduate courses from Mohave and Pima Community Colleges in Arizona and the University of Central Texas. Van Loan served four years in the United States Army Signal Corps and has six years managerial experience in the grocery stores' industry.

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For additional information contact:

Texas Governor's Committee on People with Disabilities
P.O. Box 12428
Austin, TX 78711
512-463-5739
Use the relay option of your choice to call us.
e-mail: gcpd@gov.texas.gov
website: <http://www.gov.texas.gov/disabilities>

