

Texas Governor's Committee on People with Disabilities



2020-2021 Biennium Policy Recommendations

for the

**86th Legislative Session
February 2019**

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About the Texas Governor's Committee on People with Disabilities

The Texas Governor's Committee on Employment of the Handicap was created by Governor Allan Shivers in September 1950. The committee was continued by Governor Dolph Briscoe in 1978 through [Executive Order DB-40](#). Executive orders by Governor William P. Clements in 1981 ([WPC-14A](#)) and 1987 ([WPC 87-16](#)) and Governor 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 committee was statutorily created and named the Texas Governor's Committee on People with Disabilities (GCPD). [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 [12 members](#) to serve on GCPD, seven of whom must be people with disabilities. Representatives from six state agencies serve as ex-officio or advisory members.

GCPD makes [recommendations](#) to the Governor and the Texas Legislature on disability issues; promotes compliance with disability-related laws; promotes a network of local committees doing similar work; and recognizes employers for hiring and retaining employees with disabilities and media professionals and students for positively depicting Texans with disabilities. GCPD members and staff also provide technical assistance, information and referral services to citizens on issues affecting Texans with disabilities. Members of GCPD work on issues related to access, communication, education, emergency management, health, housing, recreation, transportation, veterans and workforce. GCPD's enabling law is outlined in the [Human Resources Code, Chapter 115](#).

Mission

GCPD's mission is to further opportunities for persons with disabilities to enjoy full and equal access to lives of independence, productivity and self-determination.

Key Services

GCPD recommends changes in disability policies and programs in the areas of accessibility, communication, education, emergency management, health, housing, recreation, transportation, veterans and workforce. GCPD also supports a network of committees on people with disabilities, issues awards to promote greater awareness, and promotes compliance with disability-related laws.

Executive Summary

The Texas Governor's Committee on People with Disabilities (GCPD) submits this report to the Governor and to the 86th Texas Legislature on recommended changes in state laws relating to people with disabilities. This report offers guidance to the Governor and legislators on issues and challenges facing Texans with disabilities and GCPD's recommendations to best address these challenges.

Within this report GCPD provides information on goals, purposes, challenges and recommendations for each targeted policy or program issue area. GCPD believes that each recommendation should be actionable and promote access and equity toward lives of independence and self-determination for Texans with disabilities. To that end, GCPD offers recommendations that strive to address issues in a coordinated and comprehensive manner, leverage relevant partnerships to effectively take advantage of all available resources, and implement strategies that maximize performance outcomes for people with disabilities.

Policy input was gathered from public hearings at GCPD's quarterly meetings, listening sessions with disability stakeholder groups, and past staff research directed by legislation requiring an interim study on accessible parking. GCPD's policy recommendations are organized into 10 primary issue areas related to access, communications, education, emergency management, health, housing, recreation, transportation, veterans, and workforce. These policy recommendations, with the support of all committee members, focus on vital issues important to Texans with disabilities, including:

- providing affordable, appropriate and accessible housing;
- ensuring accessible, affordable, reliable and safe transportation;
- adjusting the physical and recreational environment for inclusiveness and accessibility;
- increasing work, volunteer and education opportunities;
- ensuring access to key health and support services; and
- fostering participation in civic, cultural and social activities.

Based upon stakeholder input and the needs of Texans with disabilities, some issue areas do not require any proposed changes to state law during this biennium. GCPD's most significant policy work is contained in the communications and transportation issue areas and are provided through two supplemental reports posted on GCPD's website.

GCPD's past accessible parking study to the 85th Texas Legislature, [A Review of Accessible Parking for Persons with Disabilities in Texas](#), remains relevant, offering examples of best practices for accessible parking enforcement and education.

Another leading focus for GCPD has been improving access to effective communications for Texans who are deaf or hard of hearing. Several policy proposals were developed and researched at the request of members of deaf advocacy organizations, including the Texas Association for the Deaf and the Deaf Grass Roots Movement. GCPD's issue areas include recommendations to address unserved or underserved members of the deaf community, including Texans who are deafblind and newborn children who failed a newborn hearing screening and are at greater risk for a developmental delay in language development.

GCPD's recommendations were informed by the experience of Texans with disabilities during Hurricane Harvey. These recommendations include creating a disability coordinator position at the Texas Division of Emergency Management, support for a proposal to implement next generation 911 services for advanced communication access technology, including high quality voice text and video communication to help deaf Texans to communicate in American Sign Language with 911 emergency call centers, and a larger role for Health and Human Services in helping Texans with disabilities prepare for disasters.

GCPD strongly endorses our state's investment in the establishment and funding of a support service provider (SSP) program to assist Texans who are deafblind who have significant challenges and lack any public program to assist them in accessing their community. The Helen Keller National Center has identified an estimated 2,500 Texans who are deafblind. Deafblindness is a disability in which a person not only has deafness, with their hearing impaired severely enough so that most speech cannot be understood with amplification, but who also has legal blindness. Significant and unique adaptations are often required for individuals who are deafblind to maintain their independence. The use of a SSP is critical to help Texans who are deafblind lead more independent lives. SSPs are specially trained professionals who enable people who are deafblind and who communicate with American Sign Language to access their environments and make informed decisions. They can also provide individuals who are deafblind with visual and environmental information and communication accessibility. Common tasks performed by an SSP include helping a person who is deafblind go shopping at the grocery store, read their mail or help them participate in a public meeting. GCPD published [A Report on Support Service Providers \(SSPs\)](#) that proposes the establishment of a state SSP program to meet the critical needs of Texans who are deafblind.

GCPD strives to identify and support the greatest unmet needs of Texans with disabilities that are often overlooked due to the low incidents rates of a specific disability population. In doing so, we encourage the State of Texas to invest in programs that will make the greatest impact in improving the lives of Texans with disabilities.

Respectfully submitted,

Ron Lucey
Executive Director

Summary Policy Recommendations for 2020-2021 Biennium

The Texas Governor's Committee on People with Disabilities (GCPD) offers the following recommendations for the 2020-2021 biennium and the Texas 86th Legislature.

ACCESS

1. Designate the Governor's Committee on People with Disabilities with lead coordination responsibility among state agencies for the annual distribution of service animal education materials to public facilities and businesses operating within the State of Texas.
2. Clarify the difference in state law between the terms service animal and assistance animal in the HRC Sec. 121.002. Remove "approved" from the term "approved trainer" in the HRC Sec. 121.003(i) as the U.S. Department of Justice has confirmed that individuals may train their own service animal under the Americans with Disabilities Act (ADA)¹ and no state agency is designated to approve service animal training.
3. Ensure effective training of law enforcement regarding service or assistance animals and legitimacy.
4. Increase the penalty of fraudulent representation of service or assistance animals and include additional penalty options such as community service and taking a court-ordered disability public awareness class.
5. Designate a state agency to work in collaboration to create public awareness training/classes (i.e., Texas Workforce Commission-Vocational Rehabilitation Services, Governor's Committee on People with Disabilities) and support a robust public education campaign regarding service and assistance animals.
6. Ensure all necessary parts of the voting process from beginning to end are accessible to voters with disabilities, including the absentee and early voting process.

COMMUNICATIONS

1. Establish a support service provider (SSP) program that includes training for SSPs so that services are provided in a standard and consistent manner.
2. Establish a pay rate for SSP services paid for by the state with a graded scale of wages similar to that of the Interpreter I, II and III career path.

3. Establish a voucher program to pay for SSP services.
4. Establish the funding source for the SSP program, noting any inherent obligations that may be associated with the source of funds (e.g. general revenues, etc.).
5. Set an initial proposed budget of \$5.808 million for the SSP program.
6. Determine the fee for service in rule to facilitate future changes.
7. Designate a state agency to administer the SSP program.
8. Provide oversight for compliance with Texas Government Code 2054, Subchapter M, pertaining to accessibility requirements for electronic and information resources at state agencies, as well as state colleges and universities.
9. Authorize an appropriation for the Texas State Library's Talking Book Program to use for paid advertising so that the Program will be more widely known and be of more benefit to people whose disabilities impede or preclude the use of printed materials and physical books.
10. Restore the Texas Health and Human Services' Office of Deaf and Hard of Hearing Services (ODHHS) funding levels to Pre-Sunset, Pre-HHSC merger, levels resulting in the restoration of contracted Resources Specialists from 17 specialists to the pre-sunset level of 34 specialists.

EDUCATION

1. Support the establishment of a volunteer Accessible Digital Curriculum and Learning Materials Advisory Committee to Texas Education Agency consisting of accessibility and education subject matter experts.

EMERGENCY MANAGEMENT

1. Reclassify a vacant full-time employee (FTE) position or create a new FTE position within the Texas Division of Emergency Management to serve as the disability coordinator to coordinate emergency management activities for people with disabilities.
2. Encourage all state health and human service agencies providing services to Texans with disabilities to discuss emergency preparedness and evacuation planning.
3. Recommend the development of a Rapid Response Behavioral Health (BH) Task Force composed of mental health professionals who are trained in applied behavioral analysis and mental health treatment protocols, including but not limited to developmental disabilities (such as the autism spectrum), mental illness, and certain neurological disorders.

- a. Taskforce members will advise the state on emergency response and recovery protocols for disaster survivors with behavioral health disabilities and be available for deployment as needed to augment local resources.
 - b. Members of the proposed Behavioral Health Task Force shall have a prior background check and receive the necessary support for rapid deployment during an emergency so they may meet the needs of individuals with disabilities through rapid assessment and recommendation/assignment to the most appropriate response and recovery services based on identified behavioral health needs.
 - c. A registry of Behavioral Health Task Force members should be maintained by the Texas Health and Human Services Commission (HHSC), the state agency most capable in identifying and screening candidates for this registry while coordinating its efforts with the [Texas Division of Emergency Management](#).
 - d. The roles of the Behavioral Health Task Force should include the evaluation and recommendation of planning and training to ensure behavioral health needs are addressed at local and state levels, assessing and modifying shelter environments as needed, including creating blue room sensory areas for individuals on the autism spectrum with lower tolerance levels for the conditions within general population shelters; providing crisis intervention (immediate and short-term psychological care) during an emergency situation to restore equilibrium to the biopsychosocial functioning of the individuals with disabilities; and consulting and coordinating shelter management.
4. Support continued migration from an analog, voice-centric 911 generation emergency communications systems to a 21st century Next Generation, IP-based emergency services model that embraces a wide range of voice, video, and data applications.

HEALTH

1. Establish requirements for certified medical interpreters that are similar to those for certified court interpreters.
2. Increase the number of care coordinators for the Texas Early Detection and Hearing Intervention (TEDHI) program.
3. Increase the number of slots available to be served by the Deaf Blind Multiply Disabled (DBMD) waiver, 100 per year for the next four years.

4. Support increased community attendant care wages and benefits at a level necessary to attract and retain personal care attendants covered by state Medicaid waiver programs while facilitating consumer-directed care.
5. To ensure that the information captured on the STAR-Kids Screening Assessment Instrument (SK-SAI) is both accurate and complete, the beneficiary and his or her parents or guardians should be involved in completing and reviewing the assessment instrument together with the managed care organizations before it is submitted to Texas Medicaid Healthcare Partnership.
6. HHSC should require Texas Medicaid Healthcare Partnership (TMHP) to issue non-form letter denials that (1) provide specific reasons for the denial, including reasons why the beneficiary does not need the level of nursing care that would be provided in a nursing facility and why the individual beneficiary no longer meets medical necessity for Medically Dependent Children Program (MDCP); and (2) include the "specific regulations that support, or the change in federal or state law, that requires the action." GCPD will monitor the modified process to assess the overall impact on the level of denials and appeals for MDCP eligibility.
7. HHSC should issue ascertainable standards (i.e., written guidance) on the meaning of the medical necessity criteria and train Texas Medicaid Healthcare Partnership (TMHP) reviewers on these standards.
8. HHSC should instruct Texas Medicaid Healthcare Partnership (TMHP) to follow the guidance on parents and guardians in assessing medical necessity.
9. HHSC should release all information, subject to any restrictions under state and federal law (such as HIPAA) related to how the STAR-Kids Screening Assessment Instrument (SK-SAI) was tested for inter-rater reliability and validity, and all statistics for the denial rate on renewals.
10. Support HHSC's exceptional item request of \$70.4 million to fund Early Childhood Intervention (ECI) programs for the 2020-2021 biennium.
11. Approve the Sunset Advisory Commission's past recommendation to close the Austin State Supported Living Center (SSLC) within five years (by August 31, 2024).
 - a). Establish a closure commission to evaluate the closure of the Austin SSLC and decide if additional SSLCs should also be closed.
 - b). Establish individualized plans with residents, transitioning as many as possible to the community, respecting their choice through person centered planning.
 - c). In consultation with the General Land Office, reassess land values for SSLC property, determine the highest and best use of the

properties, up to and including the sale of the property. Proceeds from any sale of property, and/or associated property tax revenues should be dedicated to funding supports and services for Texans with intellectual and developmental disabilities; investing more in those currently on waivers and provide waivers for those on the interest list.

HOUSING

1. Promote adoption of accessible, affordable and transit-oriented housing in Texas communities through sharing of information on local visitability ordinances and best practices for the development of accessible single family homes and duplexes.
2. Promote greater understanding of fair housing laws through education and work with the Texas Workforce Commission's Civil Rights Division related to housing discrimination complaints.
3. GCPD will study strategies and "solutions that work" from other states or local communities that have expanded community-based housing options for people with disabilities and ensures long-term housing affordability.

RECREATION

1. GCPD shall promote through education and outreach existing grant funding for the installation of "inclusive" playground equipment, whether by means of new construction or through retrofit of an existing playground, so that it is ADA accessible and usable by children with disabilities.

TRANSPORTATION

1. Strengthen enforcement of accessible parking laws as follows:
 - a. Strengthen language in Texas Transportation Code, Title 7. Vehicles and Traffic, Subtitle H. Parking, Towing, and Storage of Vehicles - Chapter 681, Privileged Parking, Section 681.010 – Enforcement so that it is unequivocal in its mandate for all individuals with enforcement responsibilities to enforce accessible parking laws (i.e., change "may" to "shall" or "must").
 - b. Bolster language in enforcement responsibilities as they apply to accessible parking on private property or areas of public accommodation.

- c. Reconsider judicial discretion to discourage frequent dismissal of accessible parking citations.
 - d. Consider mandatory towing for vehicles illegally parked in accessible parking spaces and have the violator bear the costs for towing in addition to any fines incurred.
 - 2. Control accessible parking placard fraud and abuse through tighter laws and administrative remedies, such as:
 - a. coordinating the Department of Motor Vehicles, county tax assessor collectors, and the Department of State Health Services cross-checking of current disability placard holder lists against the state registry for death records and cancelling any placard for an individual identified as deceased and explore tracking of parking placards by the Department of Motor Vehicles with a unique identifier (Texas driver license or state identification number);
 - b. requiring the surrender of handicapped parking tags and placards at the time of the estate tax deadline by the individual inheriting the vehicle; and
 - c. enforcing accessible parking placard fraud and abuse by establishing a task force for placard abuse enforcement or designating a state agency to assign resources to enforce current laws.
 - 3. Develop statewide public awareness on accessible parking and its impact on Texans with disabilities through public awareness campaigns.
 - 4. Change the language in the Transportation Code from "Handicapped Parking" to "Accessible Parking" to align with the spirit of Texas Government Code, Chapter 392, Person First Respectful Language Initiative.
 - 5. Improve accessibility for visitors and residents within the Capitol Complex area by installing sheltered accessible drop-off stations within the Capitol Complex perimeter.
 - 6. Amend Transportation Code § 681.011 Offenses; Presumption to permit alternative sentencing, which includes:
 - a. required education classes on disability awareness and accessible parking with a reduced fine upon completion of said education; and
 - b. community service/restitution requirements at a nonprofit organization that serves persons with disabilities or disabling diseases or any other community restitution that may sensitize the violator to the needs and obstacles faced by persons with disabilities.
 - 7. Redefine the van accessible requirements in the Texas Accessibility Standards (TAS) for medical facilities to increase the number of van accessible spaces at these locations.

8. Update the TAS through legislation or rulemaking by:
 - a. painting the International Symbol of Accessibility in an accessible parking space if the space is paved; and
 - b. painting the words "No Parking" in access aisles if the space is paved.
9. Include on accessible parking signs regulatory language that informs of:
 - a. fines and penalties (e.g. \$550–\$1,100 fine); and
 - b. consequences of illegal parking in accessible parking spaces (Violators will be towed).
10. Consider expanded statutory authority in Human Resources Code, Title 7, Chapter 115.009 to grant additional authority to GCPD to:
 - a. provide education, training and assistance to law enforcement agencies on accessible parking enforcement; and
 - b. work with other state agencies to provide public education and awareness on accessible parking issues and compliance with accessible parking laws.
11. Implement periodic audits by the Texas State Auditor's Office of the disabled parking placard program to determine if statutory changes by the Legislature or changes in administration by the DMV may be needed that will allow for better detection and deterrence of the misuse of disabled placards and plates. Such audits will provide an impartial assessment of the effectiveness of program processes and procedures in place as well as an analysis of program revenues derived from parking meter and/or parking lot revenues (either lost or collected) that can impact the budgets of those jurisdictions sampled during the audit (please refer to recent audit reports from Massachusetts, California, Seattle, and San Francisco).
12. Recommend policy or legislation to have the Texas Department of Motor Vehicles and the Texas Department of Public Safety include "communication impediment with a peace officer" data for those individuals who wish to voluntarily disclose a disability within the TLETS data system. When including such voluntarily disclosed disability data, designated agencies shall ensure that (1) all law enforcement officers are trained on this data and its intended use following TLETS implementation and (2) all disability-related information associated with the information stored in the TLETS data system shall remain confidential and storage and use of such data shall adhere to medical confidentiality laws as applicable.

VETERANS

1. GCPD will monitor legislation that affects veterans with disabilities, publish information on any changes to such laws, policies or state programs on GCPD's key laws webpage, and share relevant information with stakeholders.

WORKFORCE

1. Ensure that at the point an individual with a disability is moved from a sheltered workshop environment to integrated community-based employment, the integrated employment will be appropriately funded to provide the necessary long-term support, to include job coaching, to safeguard and allow for a successful integrated community employment outcome.
2. Implement recommended best practices to strengthen disability-related accessibility and employment practices that can lead to increased hiring and retention of employees with disabilities as follows:
 - a. State agencies should actively recruit qualified job applicants with disabilities.
 - b. State agencies should partner with Texas Workforce Commission's Vocational Rehabilitation program if job retention services are needed.
 - c. State agencies should have a written reasonable accommodation policy and procedure that includes the interactive process.
 - d. State agencies should pay for employee job accommodations from a centralized agency job accommodation fund for their employees.
 - e. All State agencies should designate a Title II ADA Coordinator and comply with notice requirements.
 - f. State agencies should ensure they have a process in place for handling general disability-related complaints and disability discrimination complaints.
 - g. Develop and share common training resources on disability awareness, etiquette and effective communications in state government.

Description of the Committee's Ten Policy Issue Areas

The Governor's Committee on People with Disabilities (GCPD) structures its work into ten broad issue areas: access, communication, education, emergency management, health, housing, recreation, transportation, veterans, and workforce. A description for each issue area is provided where GCPD works to help citizens across the state access the programs and services they need or seek solutions for those problems that are identified.

Access

State and federal laws strive to guarantee that people with disabilities can access the same locations and services as the general population. GCPD monitors issues related to physical accessibility of facilities as well as programmatic accessibility of those entities that fall under [Title II of the Americans with Disabilities Act](#) (ADA), covering state and local governments, as well as entities covered under [Title III of the ADA](#), which applies to commercial facilities and business enterprises known as public accommodations. GCPD also looks at important sub-issues in this area, such as [accessible voting](#), [accessible parking](#) and [service animals](#). Key state and federal agencies that GCPD partners with include the [Texas Department of Licensing and Regulation](#) and the [U.S. Department of Justice](#).

Communications

Communication brings people together. Enabling easier and more efficient communications has benefits in the workplace, social settings, and everyday life. In Texas, it is estimated that 357,574 people or 2.3 percent of the adult population have some form of hearing difficulty.² Add to this the number of children (ages infant–19) with hearing loss (1.4 per 1,000 babies screened; 5 per 1,000 children ages 3–17 years on parent-reported hearing loss; and 14.9 percent of children ages 6–19 years based on cross-sectional survey, in-person interview and audiometric testing), and the population of Texans with some form of hearing impairment becomes significant.

Effective communication must be provided, as necessary, to people with disabilities. This may occur when a person with a disability is applying for a job, attending a public meeting, speaking with his or her doctor or receiving an emergency alert. For these reasons and more, accessible communication and the assistive technologies and services that make such communication possible are of vital importance and impact all of GCPD's issue areas. Communication areas that GCPD looks at include, but are not limited to, accessibility of websites, e-learning tools, emergency notifications and monitoring of new and emerging assistive technology devices. GCPD 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 GCPD partners with are the [Texas Department of Information Resources](#), the [Federal Communications Commission](#) and the [U.S. Access Board](#).

Education

Students with disabilities can face educational challenges from the moment they begin preschool through the day they sit for a professional licensing examination. GCPD supports inclusion and accommodation of people with disabilities at all ages and levels of the educational process. GCPD's work in this area covers services provided under the [Individuals with Disabilities Education Act \(IDEA\)](#), including 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 GCPD partners with are the [Texas Education Agency](#) and the [U.S. Department of Education](#).

Emergency Management

According to the Federal Emergency Management Agency (FEMA), since 1953, Texas has experienced more presidentially declared disasters than any other state.³ Hazards faced by Texans over the years have ranged from severe rains and catastrophic flooding from hurricanes and tornadoes, to icy winter storms and deadly freezes, to extreme droughts and devastating wildfires. GCPD covers all aspects of emergency management for Texans with disabilities, including planning for natural, man-made and public health-related disasters. GCPD plays an instrumental role in the Texas Disability Task Force on Emergency Management, a functional needs and support services advisory 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 all phases of an emergency. The key state and federal agencies that GCPD partners with are TDEM, the Texas Department of Public Safety, the [Texas Health and Human Services Commission](#) (HHSC), the [Texas Department of State Health Services](#) (DSHS), [Federal Emergency Management Agency](#) (FEMA) and the [U.S. Department of Homeland Security](#).

Health

GCPD is dedicated to promoting health and wellness among Texans with disabilities, including those who face barriers to quality healthcare, whether attitudinal, communication, physical, policy, programmatic, social, financial, or transportation barriers. According to the United Cerebral Palsy's *2016 Case for Inclusion* annual report, which tracks state community living standards for individuals with intellectual and developmental disabilities, Texas ranked Nos. 50/51 (including Washington DC) in overall rankings for

2015 and 2016.⁴ With a growth rate of a quarter million people each year through domestic migrations and immigration⁵ and the aging of the Baby Boomers, so that 5.9 million or 19.4 percent of the state's total population will be over 64 years of age in 2030⁶, the demand for health care services in Texas will only increase. GCPD provides analysis and guidance on access to the health care system, including health insurance, public benefit programs such as Medicaid and Medicare, and physical accessibility to medical facilities and on-site medical equipment. GCPD studies and proposes strategies addressing mental health issues of individuals with psychiatric disabilities and provides resources and information in this area. GCPD favors solutions that allow Texans to age-in-place gracefully in their own homes or with their families so that more time can be spent independently in a familiar environment with the support of family and the local community. The key state and federal agencies that GCPD partners with are the [Health and Human Services Commission](#) (HHSC), [Department of State Health Services](#) (DSHS), the Texas Workforce Commission's (TWC) [Vocational Rehabilitation Services](#), the [Texas Department of Aging and Disability Services](#) and the [Centers for Medicaid and Medicare Services](#).

Housing

Historically, people with disabilities were segregated and isolated from society as they were diverted to live in state-operated institutions or group homes. With the de-institutionalization movement in the 1960s, the birth of the disability rights movement in the 1970s, and shifts toward integration in the 80s and 90s⁷, culminating with the Olmstead decision in 1999 finding that unjustified institutionalization may constitute discrimination against individuals with disabilities, requirements for accessible housing were legislated for people with disabilities. Today, affordable, accessible housing allows Texans with disabilities to live independently within their local communities. GCPD promotes the availability of accessible housing, whether these homes are within a multi-family housing complex or are single family dwellings that lawfully comply with the [Fair Housing Act](#) and [local visitability ordinances](#). GCPD provides information on housing antidiscrimination laws, home modifications, financial assistance for housing and tax credits and exemptions. The key state and federal agencies that GCPD partners with are the [Texas Department of Housing and Community Affairs](#), TWC's [Civil Rights Office](#) and the [U.S. Department of Housing and Urban Development](#).

Recreation

Recreation provides a positive impact on the physical, mental, and social health of all Texans. GCPD supports accessible recreational opportunities for Texans with disabilities and provides information on physical access to recreational facilities, including parks, sports arenas, as well as arts and entertainment venues. GCPD applauds the involvement of people with

disabilities in recreational pursuits ranging from individual and team sport competitions to the performing and visual arts. The key state and federal agencies GCPD partners with are the [Texas Parks and Wildlife Department](#) and the [U.S. Access Board](#). Also, independent organizations contracted by the [U.S. Department of the Interior](#), such as the [National Park Service](#) and the [National Center on Accessibility](#), provide consultation on accessible recreational opportunities.

Transportation

People with disabilities are more active in their communities than ever before as entrepreneurs, small business owners, employees, job seekers, advocates, volunteers and more. Thus, a reliable source of accessible transportation is needed so they can maintain full productivity and participate in the wide range of activities waiting for them every day. GCPD examines a variety of transportation issues, from accessible parking and paratransit services needed on a daily basis to business or 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](#) (TxDMV), [Texas Department of Public Safety](#) (TxDPS), the [Federal Highway Administration](#), the [U.S. Department of Transportation](#), the [Federal Transit Administration](#), the [Aviation Consumer Protection Division of the U.S. Department of Transportation](#) and [US Department of Justice](#) (DOJ). In 2016, GCPD also partnered with DPS and the nonprofit organization [Aspergers 101](#) on promoting the state's "Driving with Autism" initiative in support of transportation independence and public safety for drivers with autism.

Veterans

According to the latest data provided by the Bureau of Labor Statistics⁸, Texas is home to over 1.74 million veterans. In general, about 20 percent of veterans have a service-connected disability⁹. Therefore, many Texas veterans living within our local communities have disabilities and require disability-related services. GCPD looks at all aspects of veteran 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 GCPD are [TWC Veterans Services](#), the [Texas Veterans Commission](#) and the [U.S. Department of Veterans Affairs](#).

Workforce

As it was eloquently expressed in the Developmental Disabilities Assistance and Bill of Rights Act of 2000¹⁰: "Disability is a natural part of the human experience that does not diminish the right of individuals with disabilities to

live independently, exert control and choice over their own lives, and to fully participate in and contribute to their communities through full integration and inclusion in the economic, political, social, cultural, and educational mainstream of United States society.” Texans with disabilities represent a valuable and skilled labor market that is sometimes overlooked by employers. GCPD supports compliance with [Title I of the ADA](#), which prohibits discrimination against applicants for employment or employees with disabilities by covered entities. GCPD also supports innovative approaches to integrating people with disabilities into the workforce by reasonable accommodations, assistive technologies and trainings on 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 U.S. Department of Labor, particularly the [Office of Disability Employment Policy](#) (ODEP).

**Goals, Purposes, Challenges and Policy Recommendations
for Policy Issue Areas:**

Access

Communications

Education

Emergency Management

Health

Housing

Recreation

Transportation

Veterans

Workforce

Access

GOAL

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

PURPOSE

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 for safety and public health, the Americans with Disabilities Act Accessibility Guidelines and the Texas Accessibility Standards contain minimum acceptable levels for architectural and facility access requirements for people with disabilities.

CHALLENGES

Individuals with disabilities still face important barriers to access. There remains a continuing need for increased awareness of architectural or physical accessibility requirements. It is easy to assume that older facilities and accessible elements may be exempt from accessibility requirements because they are “grandfathered in.” However, this is not necessarily the case. For example, under Title III of the ADA, existing facilities are considered to be discriminating against individuals with disabilities when such facilities fail to remove architectural barriers when it is “readily achievable” to do so.¹¹

Limited resources for enforcement of accessibility compliance are also an issue. Many times compliance concerns are identified by a complaint. When a private citizen files a complaint against a facility through the Texas Department of Licensing and Regulation or the U.S. Department of Justice, the system may be slow and inefficient as staff for these entities are spread thin and may be unable to conduct timely or full-fledged investigations of complaints.

POLICY RECOMMENDATIONS

Service Animal Issues and Proposed Solutions

The public is accustomed to routinely encountering service animals in various public places. However, state and federal laws and regulations regarding service animals and assistance animals are often misunderstood by businesses and members of the public. For example, the terms service animal, assistance animal, emotional support animal and comfort animal are often used interchangeably. Confusion may result from the context and setting of a service animal encounter and raise questions as to which laws apply to that particular encounter. GCPD regularly receives questions from businesses and individuals concerning service animals, such as how to distinguish between a service animal, an assistance animal, and a pet, whether an individual may bring an emotional support animal into a restaurant, and when it is proper for a business to eject a service animal. Certification and licensing for service animals are not required by law and only two questions can be asked of the service dog owner. However, when a disability is not obvious, the person with a disability may be challenged with inappropriate questions and even be asked to leave an establishment. Furthermore, there are concerns of public skepticism toward service animals more generally due to the ease with which an individual can purchase on the Internet dog vests and other accessories identifying an animal as a service animal. "Service dog vests" is a top-searched term on Google. Websites, including eBay and Amazon, offer for sale certificates, badges, ID cards, vests, leashes, collars, dog tags and other accessories that can be used to indicate any given dog is a "service dog," and "emotional support dog," or a "seizure alert dog" with absolutely no proof of an animal's training or abilities. There are also online "registries" that will certify a pet dog as a "service dog" or "therapy dog" or "emotional support animal." When these instances of fraud occur, they make it more difficult for someone with a genuine need for a service animal who is accompanied by a trained service animal to be acknowledged as using a legitimate and lawful accommodation or policy modification within a public setting. There are about 55 million people with disabilities in the U.S., but only 20,000 service dogs are in use. Concern is rising among service animal handlers about the ease with which people can claim any dog is a service dog.

To help address a lack of public awareness about the rights of individuals with service animals and applicable laws the Texas Legislature enacted [House Bill 489 \(83rd Regular Session\)](#). This bill established a requirement in [Human Resources Code 121.008\(b\)](#) to provide for mailings of educational materials on service animals once a year to public facilities and businesses. To ensure this mandate is fulfilled, responsibility was assigned to a

cooperative effort between “state agencies responsible for the rehabilitation of persons with disabilities”¹² and “[t]he comptroller, the secretary of state, and other state agencies that regularly mail forms or information to significant numbers of public facilities and businesses operating within the state.” Questions arose during the 85th Legislative Session about service and assistance animals and the use or misuse of those animals. A clearer definition of these types of animals in Texas statute particularly as it relates to housing will help better address these questions. In the housing context, the U.S. Department of Housing and Urban Development (HUD) and various courts have affirmed that housing providers must, as a reasonable accommodation, modify or make exceptions to a “no pets” policy for persons with disabilities who require service or assistance animals.¹³ HUD has stated that an assistance animal is “an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person’s disability.”¹⁴ An animal that does not qualify as a service animal under the ADA may still qualify as an assistance animal under the Fair Housing Act (FHA).¹⁵ The Fair Housing Act does not place a limitation on what type of animal can be an emotional support animal.

[Texas Human Resources Code, Chapter 121](#) creates confusion by using the terms “service animal” and “assistance animal” interchangeably but limits the animal to a canine as follows: Section 121.002(1) “‘Assistance animal’ and ‘service animal’ mean a canine that is specifically trained or equipped to help a person with a disability....” A clarification of current statute may reduce the number of questions on this issue.

Recommendation 1.1: Designate the Governor’s Committee on People with Disabilities with lead coordination responsibility among state agencies for the annual distribution of service animal education materials to public facilities and businesses operating within the State of Texas.

Recommendation 1.2: Clarify the difference in state law between the terms service animal and assistance animal in the HRC Sec. 121.002. Remove “approved” from the term “approved trainer” in the HRC Sec. 121.003(i) as the U.S. Department of Justice has confirmed that individuals may train their own service animal under the Americans with Disabilities Act (ADA)¹⁶ and no state agency is designated to approve service animal training.

Recommendation 1.3: Ensure effective training of law enforcement regarding service or assistance animals and legitimacy.

Recommendation 1.4: Increase the penalty of fraudulent representation of service or assistance animals and include additional penalty options such as community service and taking a court-ordered disability public awareness class.

Recommendation 1.5: Designate a state agency to work in collaboration to create public awareness training/classes (i.e., Texas Workforce Commission-Vocational Rehabilitation Services, Governor’s Committee on People with Disabilities) and support a robust public education campaign regarding service and assistance animals.

Accessible Voting

As in many areas of life, the use of technology in voting is increasingly more common. Compliance with accessibility standards in voting machine technologies has resulted in a secret ballot for voters with disabilities who had previously not enjoyed this valued right. Stakeholders from local jurisdictions describe barriers to independently casting a secret ballot using an inaccessible paper absentee ballot form. The market place of elections systems has responded to the need for accessible absentee ballot and provided solutions to address the need for accessibility at all phases of the elections process. Additionally, in a [Report to the 85th Legislature on Section 105.004 of the Texas Election Code Relating to a Program Allowing Certain Military Voters on Active Duty Overseas to Cast a Ballot Electronically](#) the Secretary of State’s Elections Division demonstrated in a pilot program that it is possible to allow voters to cast an absentee independent secret ballot in a secure manner using an information technology solution. These same solutions that benefit overseas members of the military may also benefit many Texas voters with disabilities who have a need to vote absentee. As technology expands into other voting-related practices, the Texas Election Code should be updated to require that all aspects of voting - voter registration, early voting, absentee voting and Election Day voting - be secure and accessible to people with disabilities.

Current Texas statute at ELEC § 61.012¹⁷ requires each polling place in a political subdivision to have at least one voting station that meets the requirements for accessibility, unless the political subdivision qualifies for one of the carve outs set out in § 61.013. Although § 61.013¹⁸ provides a process to request a reasonable accommodation with the early voting clerk of a county or political subdivision at least 21 days in advance of an election, the statute could be strengthened by narrowing such carve outs to promote the ability of people with disabilities to vote independently and without assistance on the day of election or during early voting periods. Only a

change in statute that strengthens obligations of political subdivisions to fulfill their responsibilities for accessibility at all stages of the election process will ensure full independence for people with disabilities who choose to exercise their right to vote.

Recommendation 1.6: Ensure all necessary parts of the voting process from beginning to end are accessible to voters with disabilities, including the absentee and early voting process.

Communications

GOAL

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

PURPOSE

The U.S. Department of Justice has indicated that the Americans with Disabilities Act (ADA) requires state and local governments to seek to effectively communicate with people with disabilities, meaning 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.”¹⁹ For people who have disabilities that affect hearing, seeing, speaking, reading, writing or understanding, this may require different ways of communicating with them so they have equal access to the workplace, public accommodations, goods and services, and facilities.

CHALLENGES

Providing effective communications with people with differing impairments and limitations can present challenges as the method for communication must be formatted to meet the particular needs of the individual. Ensuring that these differences in communication needs do not hinder, but rather enrich, two-way communication is the key to creating a society accessible for all of its members. Increasingly, information and communication technologies are playing a vital role in mediating these communication needs. It is critical that advances in technology enhance access through consideration of unique disability needs rather than function as yet another barrier to people with disabilities.

POLICY RECOMMENDATIONS

Support Service Providers

Several deaf advocacy groups approached GCPD to express their concerns on not being able to independently access the community due to a lack of support services for Texans who are deafblind. In response to concerns raised by these constituents, GCPD researched and prepared a report on the status of support service providers (SSPs) in Texas. Issues on SSP services for the deafblind community can crossover between communication and health. In this report, SSP services are addressed as a communication issue. After an extensive review on this profession in Texas and across the country, GCPD prepared seven recommendations for establishing a program that funds SSP services in Texas. The full [Support Service Provider report](#)²⁰ and discussion on each recommendation can be found on GCPD's website. However, policy recommendations were extracted from the SSP report and are provided as follows:

Recommendation 2.1: Establish a support service provider (SSP) program that includes training for SSPs so that services are provided in a standard and consistent manner.

Recommendation 2.2: Establish a pay rate for support service provider (SSP) services paid for by the state with a graded scale of wages similar to that of the Interpreter I, II and III career path.

Recommendation 2.3: Establish a voucher program to pay for support service provider (SSP) services.

Recommendation 2.4: Establish the funding source for the support service provider (SSP) program, noting any inherent obligations that may be associated with the source of funds (e.g. general revenues, etc.).

Recommendation 2.5: Set an initial proposed budget of \$5.808 million for the support service provider (SSP) program.

Recommendation 2.6: Determine the fee for service in rule to facilitate future changes.

Recommendation 2.7: Designate a state agency to administer the support service provider (SSP) program.

Implement Oversight for State EIR Accessibility Compliance

September 1, 2018 marked 12 years since the enactment of Texas Government Code 2054, Subchapter M. This state law says that state agencies and institutions of higher education must, if required by the Department of Information Resources, make electronic and information resources (EIR) they develop or purchase accessible, unless implementation would cause significant difficulty or cost to the agency, subject to the final determination of the agency's executive director. This requirement applies to an agency's internal and public facing websites, digital documents and applications. The law was intended to provide equal access to state government services and to higher education for Texans with disabilities while also creating more accessible workplaces for potential workers with disabilities. In recent years, the U.S. Department of Justice has included the evaluation of state programs' websites and other EIR for accessibility when performing an ADA investigation.

Significant progress has been made to implement accessibility in state government during the past decade, but many challenges remain including:

- making legacy software applications fully accessible;
- ensuring that state agency and higher education employees who are responsible for creating or maintaining agency websites and applications have the necessary accessibility skills and training to meet current accessibility standards;
- ensuring state agencies and institutions of higher education have the necessary business procedures and contract language to purchase accessible EIR goods and services; and
- ensuring state agencies monitor and report their compliance with applicable accessibility laws and standards.

Presently, the only method for collecting data on state agency compliance with accessibility laws is through the Information Resources Deployment Review, a self-reporting survey conducted by the Department of Information Resources (DIR). This survey depends on voluntary reporting and lacks sufficient detail to gather enough useful information to strategically plan for further implementation of state accessibility standards. Additionally, the State Auditor's Office (SAO) does not include accessibility of EIR in its State Audit Plan nor does SAO include accessibility knowledge, skills and abilities in standard state job descriptions. As a result, agencies may be at risk for accessibility complaints due to inaccessible EIR, while current employees, job seekers and customers with disabilities may not have equal access to the same information and services as individuals without disabilities.

Recommendation 2.8: Provide oversight for compliance with Texas Government Code 2054, Subchapter M, pertaining to accessibility requirements for electronic and information resources at state agencies, as well as state colleges and universities.

Expanding Recorded Book Library Services to Texans with Disabilities

The Texas State Library and Archives Commission's Talking Book Program (TBP) provides free library services to qualifying Texans with visual, physical, or reading disabilities.²¹ TBP is part of the National Library Service for the Blind and Physically Handicapped, a program administered by the Library of Congress. The TBP collection consists of more than 100,000 titles, including hundreds of titles in Spanish, and some in French, German, Russian, and other languages. The GCPD supports the authorization of funding for the Texas State Library's Talking Book Program to purchase advertising to market its program of recorded books and thereby to expand services to people who, because of one or more disabilities, are unable to make use of the printed word and/or physical books. Only approximately five-percent of all eligible Texans with a visual or physical disability participate in the Talking Book Program. Much greater outreach through paid advertising can help bring the educational and recreational benefits of recorded books to thousands of more Texans with a reading disability.

Recommendation 2.9: Authorize an appropriation for the Texas State Library's Talking Book Program to use for paid advertising so that the Program will be more widely known and be of more benefit to people whose disabilities impede or preclude the use of printed materials and physical books.

Restore Funding of Resource Specialist Program to Eliminate Communication Barriers for Texans who are Deaf or Hard of Hearing

Following the Sunset of the Texas Department of Assistive and Rehabilitative Services (DARS) and subsequent merger of the Office for Deaf and Hard of Hearing Services (ODHHS) under HHSC, ODHHS had 34 Resource Specialists. Since the merger under HHSC the number of specialists was reduced to 17. Communities such as El Paso, Wichita Falls, Abilene, Odessa, Midland, and others, now go without these services. The goals of the DARS Sunset Legislation were to avoid any substantial cuts to programs formerly under DARS.

The Resource Specialists program provide services for people who are deaf or hard of hearing, as well as to government agencies, service providers,

employers, and private entities. Regional service providers offer services statewide at no cost to individuals through contracts with HHSC Office for Deaf and Hard of Hearing Services (ODHHS).

For more information about the Resource Specialist program click on these links, [Deaf and Hard of Hearing \(DHH\) Technology Specialists](#) and the [DHH Access Specialists](#).

Examples of services the specialists provide ensure Texans who are deaf or hard of hearing are able to:

- receive effective communication in hospital settings by helping hospitals understand the benefits and limitations of video remote interpreting and how to obtain qualified interpreters;
- work with an attorney to ensure equal access to the justice system;
- respond and recover from disasters by establishing social media communications, uploading information in sign language so people who are deaf and hard of hearing know where to go during an emergency and how to obtain recovery information (example - Hurricane Harvey's [Deaf Emergency Response Team](#));
- ensure their public safety by training law enforcement how to interact with people who are deaf or hard of hearing;
- maintain independence by providing classes on self-advocacy for individuals who are deaf or hard of hearing;
- access state agency programs and services by serving as a resource to state agencies, for example, assisting ECI with connecting parents to sign language classes, and working with TWC vocational rehabilitation (VR) counselors to assess technology needs of VR customers to ensure appropriate assistive technology services are provided;
- age in place in the community by working with senior citizens who are deaf to meet their in-home communication needs such as knowing when someone is at the door, the phone is ringing, or how they communicate with family members through assistive technology.

Impact from the Cut in Services

As the population of individuals who are deaf or hard of hearing in Texas grows, so does the demand for services. Yet, HHSC lowered the appropriations request for client services by almost \$1,000,000 for the 2018 and 2019 fiscal years.²² ODHHS services were cut completely in HHSC Regions 2, 9 and 10 which covers much of west Texas from Wichita Falls to El Paso, a 66 county area.

- In some regions where two specialists served the region, now there is one. The specialist has great difficulty keeping up with the demands of the population working well over 40 hours a week to serve the community.

- Since September 2018 specialists have been allowed to provide assistance outside their regions to Regions 2, 9 and 10, but with no increase in their budgets to do so.
- Resource constraints on several of the contracting agencies limit their ability to travel to all parts of their region.
- Many individuals in HHSC Regions 2, 9 and 10 have not received interpreter services when arrested, jailed, or hospitalized and complain they have no advocates to assist with ensuring access to local community services or state and local government programs.

Recommendation 2.10: Restore Health and Human Services’ Office of Deaf and Hard of Hearing Services (ODHHS) funding levels to Pre-Sunset, Pre-HHSC merger, levels resulting in the restoration of contracted Resources Specialists from 17 specialists to the pre-sunset level of 34 specialists.

Education

GOAL

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

PURPOSE

The reauthorization of the [Individuals with Disabilities Education Act \(IDEA\)](#) in 2004 redefined transition and strengthened the role of transition planning. Academic expectations were raised for students with disabilities through increased state and district accountability standards in preparing “all children with disabilities . . . for further education, employment, and independent living.” (§300.1 Purposes)²³. State law and rules added requirements in the state’s provision of transition services to students receiving special education services. In partnering with the education system to ensure proper implementation of the transition process, students with disabilities can succeed in learning the knowledge and skills they need to function effectively as an emergent adult to pursue post-secondary education or vocational training, employment and independent living.

The Governor’s Committee on People with Disabilities’ (GCPD) current focus on equal access to educational opportunity for students with disabilities aligns with Governor Abbott’s Tri-Agency Workforce Initiative for improved education outcomes for students to enter post-secondary education or training and be

best prepared for the occupations of Texas's 21st century economy. Ensuring such outcomes requires closer coordination and planning between K-12 local education agencies, local Texas Workforce Solutions vocational rehabilitation providers and post-secondary education. GCPD staff engaged in many transition workshops, conferences and presentations to highlight model practices for work-based learning programs, pre-vocational training and the need for early counseling and career guidance in middle school to ensure students with disabilities can make an informed choice about their high school endorsement. GCPD also focuses on ensuring students who are deaf or hard of hearing receive quality education outcomes through better accountability and measuring their academic progress. In 2016, GCPD strengthened its focus on education with the appointment of an ex-officio member from the Texas Education Agency. In 2017, GCPD's launched its monthly Accessibility and Disability Policy Webinar series that frequently features expert presenters on special education and transition topics of interest to parents of children in K-12 special education.

CHALLENGES

Adulthood involves a wide range of skill areas and activities: community experiences, employment, adult services, daily living skills, vocational or postsecondary education and more. IDEA's definition of transition services requires that this range of areas and activities be coordinated and oriented toward producing results. At the same time, these services must address the student's academic and functional achievement so that movement toward the post-school world is smooth, not haphazard. The challenge for the education system is to provide transition services based on the student's needs that take into account his or her preferences and interests, provide for annual plan updates (as plans may be developed younger than 16 in some cases), identify plan goals that are appropriate based on needs assessments and have measurable goals. The transition plan must be individualized to meet the needs of the student with the disability. As students with disabilities prepare for post-secondary education and the jobs of the 21st century they must have full and equal access to the standard curriculum used by their non-disabled peers including equal access to digital learning platforms and e-learning tools with or without the use of assistive technology.

POLICY RECOMMENDATIONS

Equal Access to Digital Learning Materials and Curriculum

Students with disabilities, particularly students with print disabilities such as visual impairments, dyslexia and learning disabilities have limited access to the same print materials as students without disabilities. These students are often unable to access the content in digital materials because the content is not designed to be compatible with their assistive technologies. Assistive technologies (AT) are used to overcome the barriers of students' disabilities, but AT cannot overcome the man-made barriers of inaccessible content. Examples of inaccessible content are locked PDFs, text presented as graphic images or Flash content. The result of inaccessible learning and assessment materials is that students with disabilities may not being given equally effective access to the general curriculum.

Recommendation 3.1: Support the establishment of a volunteer Accessible Digital Curriculum and Learning Materials Advisory Committee to Texas Education Agency (TEA) consisting of accessibility and education subject matter experts.

Emergency Management

GOAL

Promote safety of Texans with disabilities by adequately preparing for disability-related issues during disasters.

PURPOSE

"Emergency preparedness" is a term used to describe a plan or the steps taken to prepare before, during and after an emergency, natural disaster or acts of terrorism. Although the ADA does not specifically speak to these types of situations, its provisions are applicable to emergency preparedness and response in times of emergency. In order to further the ADA's goals, President George W. Bush issued [Executive Order 13347](#) on July 22, 2004, relating to emergency preparedness for individuals with disabilities. In planning for emergencies such as hurricanes, tornadoes, fires or terrorist attacks, people with disabilities have functional and access needs to consider that require extra planning so that they can get the additional assistance or services required during an emergency.

CHALLENGES

Emphasizing an individual's need for independence, while recognizing the specific needs of individuals based on their disability, is essential to an effective emergency management program for people with disabilities. Awareness of the impact that disabilities may play during an emergency must be raised for both the responder and the person with a disability during an emergency situation. This includes identification of and removal of barriers for people with disabilities, including physical, communication and attitudinal barriers, as well as recognizing how an emergency may change the actual abilities (physical, cognitive or emotional) of the person with the disability. This includes their ability to make needed decisions with or without the help of the person's accustomed support system, which may include family, friends, neighbors or local organizations.

POLICY RECOMMENDATIONS

Disability Coordinator FTE at TxDPS TDEM

Since 2012, the Governor's Committee on People with Disabilities (GCPD) has been a charter member of the Texas Disability Task Force on Emergency Management. The task force serves as a resource to the Texas Division of Emergency Management (TDEM) to provide input to the emergency management community that assists in enhancing state and local planning and response and to promote preparedness efforts for Texans with disabilities. This advisory committee supports a proposal to TDEM to establish and hire a full-time disability coordinator. At the August, 2016, meeting, GCPD also unanimously voted to support creation of a full-time disability coordinator at TDEM. In 2018, once again, this recommendation was restated in the form of a white paper issued by the Texas Disability Taskforce on Emergency Management. This recommendation was endorsed at each level of the Texas Emergency Management Advisory Committee (TEMAC) and remains a pending decision for the state's leadership of the Texas Division of Emergency Management.

Although the TDEM operations manager provides limited staff support to the task force to conduct its regular meetings, the task force and GCPD recognize the need for TDEM to create and hire a full-time disability coordinator position to leverage the task force's expertise, lead planning, and training activities, support task force goals and fully promote emergency management disability inclusion practices throughout the state. Such activities include:

- a) Developing, implementing, maintaining and delivering training on disabilities and functional and access needs for emergency management officials and first responders.
- b) Ensuring state and local emergency plans include the needs of people with disabilities.
- c) Supporting the Texas Disability Task Force and promoting the establishment of access and functional needs advisory committees in local jurisdictions throughout the state.
- d) Promoting full participation in the State of Texas Emergency Assistance Registry (STEAR) by Texans with disabilities and ensuring data custodians are effectively using this data for local planning in every jurisdiction.
- e) Promoting emergency preparedness for Texans with disabilities by leveraging partnerships with state and local disabilities organizations.

Recommendation 4.1: Reclassify a vacant full-time employee (FTE) position or create a new FTE position within Texas Division of Emergency Management to serve as the disability coordinator to coordinate emergency management activities for people with disabilities.

Helping Texans with Disabilities Prepare for Disasters

The Texas Health and Human Services Commission is the state’s designated agency for providing independent living services to assist Texans with disabilities to live independently in the community and avoid unnecessary institutionalization. In order to remain safe in the community and prepared for all potential emergency situations, the Independent Living Centers (ILC) must include emergency preparedness in the ILC curriculum. Similarly, HHSC Medicaid managed care providers can serve an important role for helping individuals with disabilities receiving community-based services to develop a personal preparedness plan, develop a customized emergency kit that addresses their specific disability needs and if appropriate helps facilitate registering for the State of Texas Emergency Assistance Registry on an annual basis.

Recommendation 4.2: Encourage all state health and human service agencies and programs providing services to Texans with disabilities to discuss emergency preparedness and evacuation planning.

Responding to Behavioral Health Needs in Disasters

During the response and recovery to Hurricane Harvey, Texas hurricane survivors with autism were commonly sheltered in mass care general population shelters. These shelters were usually managed by the American Red Cross. It is the shelter policy of the state of Texas that all shelters be

accessible to the whole community, including individuals with access and functional needs. The only other type of shelter available in Texas are medical shelters for individuals requiring skilled nursing care. In the aftermath of Hurricane Harvey, at the October 2017 GCPD meeting, the committee received testimony that the shelter needs of families with a family member with autism were not adequately or properly addressed in general population shelters. Shelter managers generally lack the professional training to recognize many behavioral health challenges and make an intervention plan to address the shelter and care needs of these survivors. The noisy and crowded environment of mass care shelters can be expected. However, the sensory integration challenges of some individuals on the Autism spectrum or with other behavioral health disabilities requires assessment by trained behavioral health professionals to make rapid assessment and shelter placement decisions that are appropriate for an individual's needs.

Recommendation 4.3: Recommend the development of a Rapid Response Behavioral Health (BH) Task Force composed of mental health professionals who are trained in applied behavioral analysis and mental health treatment protocols, including but not limited to developmental disabilities (such as the autism spectrum), mental illness, and certain neurological disorders.

- a. Taskforce members will advise the state on emergency response and recovery protocols for disaster survivors with behavioral health disabilities and be available for deployment as needed to augment local resources.
- b. Members of the proposed Behavioral Health Task Force shall have a prior background check and receive the necessary support for rapid deployment during an emergency so they may meet the needs of individuals with disabilities through rapid assessment and recommendation/assignment to the most appropriate response and recovery services based on identified behavioral health needs.
- c. A registry of Behavioral Health Task Force members should be maintained by the Texas Health and Human Services Commission (HHSC), the state agency most capable in identifying and screening candidates for this registry while coordinating its efforts with the [Texas Division of Emergency Management](#).
- d. The roles of the Behavioral Health Task Force should include the evaluation and recommendation of planning and training to ensure behavioral health needs are addressed at local and state levels, assessing and modifying shelter environments as needed, including creating blue room sensory areas for individuals on the autism spectrum with lower tolerance levels for the conditions within general population shelters; providing crisis intervention (immediate and short-term psychological care) during an emergency situation to

restore equilibrium to the biopsychosocial functioning of the individuals with disabilities; and consulting and coordinating shelter management.

Next Generation 911

“Dialing 9-1-1 is the most familiar and effective way Americans have of finding help in an emergency. The Americans with Disabilities Act (ADA) requires all Public Safety Answering Points (PSAPs) to provide direct, equal access to their services for people with disabilities who use analog [TTYs].”²⁴ However, many individuals with disabilities use the internet and wireless text devices as their primary mode of telecommunications. PSAPs are shifting from analog telecommunications technology to Internet-Protocol (IP)-enabled Next Generation 9-1-1 (NG911) services that will provide voice and data (such as text, pictures, and video) capabilities.

The Middle Class Tax Relief and Job Creation Act of 2012 amended the National Telecommunications and Information Administration Organization Act to modify the 9-1-1, E9-1-1, and Next Generation 9-1-1 program to foster the migration from analog, voice-centric 9-1-1 and current generation emergency communications systems to a 21st century, Next Generation, IP-based emergency services model that embraces a wide range of voice, video, and data applications. This will help ensure that 9-1-1 access for all citizens includes improving access to 9-1-1 systems for persons who are deaf, hard of hearing, deafblind, and individuals with speech disabilities, who increasingly communicate with non-traditional text, video, and instant-messaging communications services and expect those services to be able to connect directly to 9-1-1 systems. In 2016, the latest available statistics on the prevalence of disability among non-institutionalized people of all ages in Texas (using data from the 2016 American Community Survey), 11.8% of the Texas population were reported as having a disability. This equates to 3,250,900 of the 27,480,600 individuals of all ages in Texas reported as having one or more disabilities. Of this number 2.6% reported a visual disability (702,500) and 3.4% reported a hearing disability (923,200) for a combined total of 794,820 individuals with visual and hearing disabilities. Speech disabilities were not a reported sub-category in the survey conducted.

The 2017 National 911 Progress Report issued by the National 911 Program reports that Texas had 498 primary PSAPs to which 911 calls are routed directly from the 911 control office and 59 secondary PSAP to which 911 calls are transferred from a primary PSAP. These PSAPs received 22,963,173 incoming cellular calls, 702,588 VoIP calls, and 37,584 text-to-911 messages (number aggregated at the state level). However, while 0% of the geographic area served by Texas 911 authorities provide the Enhanced 911 Level of Service (i.e., “a telephone system which includes network switching,

data base and Public Safety Answering Point [PSAP] premise elements capable of providing automatic location identification data, selective routing, selective transfer, fixed transfer, and a call back number), these 911 authorities did provide 100% of the population with Enhanced 911 level of service for VoIP (i.e., "a distinct packetized voice information in digital format using the Internet Protocol"). The Texas Emergency Communications Commission reported 15 sub-state 911 authorities have developed a concept, procured defined components (such as Emergency Services IP Network [ESInet] or Emergency Routing Proxy [ESRP] capability, and installed/deployed and tested the components and/or functions of the NG911 system. However, only two of the systems were reported as capable of processing and interpreting location and caller information within the state.

The Texas Commission on State Emergency Communications (CSEC) provides 911 service to about one third of Texans, mostly in rural areas of the state. The CSEC's mission is to preserve and enhance public safety and health in Texas through reliable access to emergency telecommunications services. To achieve its mission, CSEC contracts with 24 regional planning commissions for public safety answering services. The full implementation of Next Generation 911 will require sufficient public investment by the Texas Legislature and performance goals for the Commission on State Emergency Communications to achieve implementation of NG911 technology throughout Texas within a reasonable timeframe. Implementation of NG911 is an essential public safety issue for all Texans but is a vital communications access issue for Texans who are deaf or who have a speech impairment which restricts their ability to make a voice call to a "911" call center using the phone system.

Recommendation 4.4: Support continued migration from an analog, voice-centric 911 generation emergency communications systems to a 21st century Next Generation, IP-based emergency services model that embraces a wide range of voice, video, and data applications.

Health

GOAL

Promote health and wellness among Texans with disabilities through access to health options for people with disabilities.

PURPOSE

According to the Office of Disease Prevention and Health Promotion, it has been difficult to raise awareness about the health status and disparities that may exist for people with disabilities because they have been overlooked in health surveys, data analyses and health reports.²⁵ Ensuring access to key health and support services and appropriate health care for individuals with disabilities is essential to improving overall health-related quality of life and well-being for this largest minority population of our society.

CHALLENGES

Individuals with disabilities are more likely to face challenges in managing their health care concerns than people without disabilities. People with disabilities may manifest disparities that range from mild to severe within different disability conditions or even within the same disability among individuals with the same disability condition. Also, barriers continue to persist despite attempts to improve health equity for all, including barriers in the areas of wellness programs (e.g., preventive health care services and access to fitness facilities) and routine medical services (e.g., physical access to medical facilities, effective communications and accessible medical diagnostic equipment).

POLICY RECOMMENDATIONS

Establish Requirements for Certified Medical Interpreters

Effective communication is critical to the successful delivery of health care services. The Joint Commission on Accreditation of Healthcare Organizations supports efforts to improve communication between health care professionals and patients. "The Joint Commission recommends an approach to communicating health information that encompasses language needs, individual understanding and cultural and other communication issues."²⁶ "Effective communication: The successful joint establishment of meaning wherein patients and health care providers exchange information, enabling patients to participate actively in their care from admission through discharge, and ensuring that the responsibilities of both patients and providers are understood. To be truly effective, communication requires a two-way process (expressive and receptive) in which messages are negotiated until the information is correctly understood by both parties. Successful communication takes place

only when providers understand and integrate the information gleaned from patients, and when patients comprehend accurate, timely, complete, and unambiguous messages from providers in a way that enables them to participate responsibly in their care."²⁷

Federal guidance prohibits the practice of asking patients to bring their own interpreters to a health care setting. As it has a direct impact on the medical outcome of the patient with a hearing impairment, it is necessary that the individual who assists the person who is deaf or hard of hearing demonstrate essential knowledge, skills and abilities so that communication is accurate, effective and impartial. It is also important that specialized vocabulary or terminology or phrases are interpreted correctly to the patient. As [Texas Government Code Chapter 57](#) provides that court interpreters be certified in the legal field, the Advisory Committee on Qualifications for Health Care Translators and Interpreters has recommended in its [Advisory Committee on Qualifications for Health Care Translators and Interpreters 2016 report](#) for the executive commissioner and the 85th Legislature both the qualifications and levels of certifications needed for certification as a medical interpreter.

Recommendation 5.1: Establish requirements for certified medical interpreters that are similar to those for certified court interpreters.

Early Detection of Hearing Loss

According to the U.S. Department of Health and Human Services, National Institute on Deafness and Other Communication Disorders (NIDCD), about 2 to 3 out of every 1,000 children in the United States are born with a detectable level of hearing loss in one or both ears.²⁸ In 2016, Texas Vital records reported to the Center for Disease Control (CDC) 406,763 births. Accordingly, this means Texas should be identifying approximately 1,200 babies with hearing loss. However, the 2016 Texas Early Detection and Hearing Intervention (TEDHI) program report to the CDC states 437 newborn babies did not pass the hearing screening.²⁹ Based on the screening results, it appears Texas is failing to identify 600+ babies with hearing loss. Of the 437 babies mentioned above, TEDHI received reports that 176 received follow-up and referral services, but it is unknown if follow-up or early intervention referrals occurred with the other 261 babies, 59.7%.

Hearing screening is a test to tell if people might have hearing loss. Hearing screening is easy and not painful. In fact, babies are often asleep while being screened. It takes a very short time — usually only a few minutes. If a baby does not pass a hearing screening, it's very important to get a full hearing test as soon as possible, but no later than 3 months of age. All

children who do not pass a hearing screening should have a full hearing test. This test is also called an audiology evaluation.

Hearing loss can affect a child's ability to develop communication, language, and social skills. The earlier children with hearing loss start getting services, the more likely they are to reach their full potential.

Recommendation 5.2: Increase the number of care coordinators for the Texas Early Detection and Hearing Intervention (TEDHI).

Increasing Funding for the Deaf Blind Multiply Disabled Medicaid Waiver Interest List

The Deaf Blind Multiply Disabled (DBMD) Waiver serves approximately 350 individuals who are deafblind. In addition, there is an "interest list" of over 300 individuals waiting for services.³⁰ Therefore, approximately half the deafblind community members are not being served through this program.

Deafblindness is a low incident disability, a combination of a sight and hearing impairment that affects how an individual can communicate, access information, and get around. Deafblindness is considered to be concomitant [simultaneous] hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

For individuals to qualify for the HHSC Deaf Blind Multiple Disabled (DBMD) program³¹, they must have a diagnosis of deafblindness (or a related condition that will result in deafblindness) as well as an additional diagnosis; have a related condition that was displayed before age 22; and meet the level of criteria for placement in an intermediate care facility for individuals with disabilities (ICF/IDD) and have substantial functional limitations in at least three of the following areas of major life activities:

- Learning
- Mobility
- Self-care
- Language
- Self-direction (age 10 and over)
- Independent living (age 10 and over)

"The DBMD program focuses on increasing opportunities for individuals to communicate and interact with their environment. Services provided are based on the unique needs of the individual and on an individual plan of care

(IPC)...”³² Early intervention and access to these vital services are critical for development. Families who are unable to access the program and its benefits suffer.

Although this recommendation will have a financial impact affecting legislative appropriations due to the increased number served, due to the low incidence of occurrence of deafblindness compared to the greater population this will have an insignificant impact to the state budget as a whole. Additionally, due to the low incidence of occurrence, and the majority of the individuals being school age, they will not need full waiver services for a number of years. Once these individuals graduate from the school system they will need full DBMD services. If the interest list is increased an additional 100 individuals per year, by the time these children age out of school, the DBMD program will be prepared to support them.

Recommendation 5.3: Increase the number of slots available to be served by the Deaf Blind Multiply Disabled (DBMD) waiver, 100 per year for the next four years.

Attracting and Retaining Personal Care Attendants Covered by State Medicaid Waiver Programs

Publicly funded community attendants provide vital personal services in home and community-based service programs for persons with disabilities and Texans who are older. These highly skilled community attendants build close and trusted relationships with the people they help, enhancing the independence of aging Texans and Texans with disabilities, assisting them with their most personal and intimate needs like personal hygiene, cleaning, cognitive assistance and assisting with routine medications. Community attendants are essential to the long-term services and support system by supporting people with disabilities and older Texans, enabling them to live in the community and avoid more costly institutions or hospitalizations. Texas is facing a critical crisis-level shortage within the community attendant labor force and will be unable to meet growing statewide demands. High turnover due to low pay and no benefits threaten the very quality of respect, support and independence that individuals with disabilities of all ages should receive.

Recommendation 5.4: Support increased community attendant care wages and benefits at a level necessary to attract and retain personal care attendants covered by state Medicaid waiver programs while facilitating consumer-directed care.

Eligibility Processes for the Medically Dependent Children Program

The stated goal of the Medically Dependent Children Program (MDCP) is to provide “services to support families caring for children and young adults who are medically dependent and to encourage de-institutionalization of children in nursing facilities.”³³ The eligibility process used by Texas Medicaid to determine continued medical necessity/eligibility for the MDCP has several key problems that has resulted in skyrocketing denial rates for the program during the renewal process: 2.6% in 2014-2015 to 10.7% in July 2017, the last known date for which HHSC released statistics on MDCP denials.

Under Texas Administrative Code, Rule 19.2401 to meet medical necessity, the child or young adult must (1) have a medical condition of sufficient seriousness that exceeds the routine care which may be given by an untrained person; and (2) require licensed nurses’ supervision, assessment, planning, and intervention that are available only in an institution, in addition to other requirements.

Although MDCP and nursing facility admissions have the same eligibility/medical necessity criteria, nursing facility populations are not reassessed annually and permanent medical necessity for nursing facility admission is deemed after six months, the majority of children and young adults on MDCP who have chronic disabilities and health conditions are assessed annually for continued eligibility for MDCP.

The Managed Care Organization (MCO) assessing MDCP eligibility began using a new assessment instrument, the STAR-Kids Screening Assessment Instrument (SK-SAI), which includes a Nursing Care Assessment Module (NCAM), used to identify a beneficiary’s need for skilled nursing services. Once completed, the SK-SAI is forwarded to the Texas Medicaid Healthcare Partnership (TMHP) where TMHP nurse reviewers and medical directors use portions of the SK-SAI—primarily the NCAM—to determine eligibility for MDCP. If a TMHP medical director determines that the beneficiary no longer meets eligibility for MDCP, TMHP notifies the beneficiary that he or she has 14 business days to submit additional information supporting continued eligibility. If no additional information is submitted, or TMHP deems that the additional information does not support continued eligibility, TMHP issues a notice denying eligibility for MDCP. It appears that deficiencies within the process used by Texas Medicaid may relate to the rise in denials for MDCP at renewal.

Prior to the transition to STAR-Kids and the use of the new assessment instrument (SK-SAI), renewal denial rates for children and young adults on

MDCP during their annual reassessments was 2.6% (2014-2015) and 3.13% (2015-2016). In 2017, following the transition of MDCP beneficiaries to STAR-Kids, the percentage of beneficiaries being denied renewal for MDCP skyrocketed to 11.58% for February 2017 through May 2017. For June 2017, the denial rate was 14.1%, and for July 2017, the denial rate was 10.7%.

Issue: The assessment process used by MCOs results in errors and omissions on the SK-SAI. The MCO assessor typically asks questions and gathers information from the beneficiary's parent or guardian, but the assessor often completes the SK-SAI at a later time. Therefore, the parent or guardian is not directly involved in actually completing and reviewing the SK-SAI prior to its submission to TMHP, and does not typically see the completed SK-SAI until eligibility is denied and a fair hearing is requested. This process was modified by HHSC in September 2018.

Recommendation 5.5: To ensure that the information captured on the STAR-Kids Screening Assessment Instrument (SK-SAI) is both accurate and complete, the beneficiary and his or her parents or guardians should be involved in completing and reviewing the assessment instrument together with the managed care organizations before it is submitted to Texas Medicaid Healthcare Partnership.

Issue: Denial notice forms do not explain why the beneficiary does not need the level of nursing care that would be provided in a nursing facility or why the beneficiary is no longer eligible for MDCP, despite having been found eligible in prior years with no change in the beneficiary's disabilities, conditions, or needs, and no change in the medical necessity criteria. In 42 CFR 431.210(b) requires that denial notices explain the specific reason for the intended action. Also, 42 CFR 431.210(c) requires denial notices to include the "specific regulations that support, or the change in federal or state law, that requires the action." TMHP's notices failed to cite any regulations. Such non-specific denial notices encourage arbitrary denial decisions. This process was modified by HHSC on January 1, 2019.

Recommendation 5.6: HHSC should require Texas Medicaid Healthcare Partnership (TMHP) to issue non-form letter denials that (1) provide specific reasons for the denial, including reasons why the beneficiary does not need the level of nursing care that would be provided in a nursing facility and why the individual beneficiary no longer meets medical necessity for Medically Dependent Children Program (MDCP); and (2) include the "specific regulations that support, or the change in federal or state law, that requires

the action.” GCPD will monitor the modified process to assess the overall impact on the level of denials and appeals for MDCP eligibility.

Issue: No Ascertainable Standards for Decision Makers. Decision makers at TMHP have not been provided any ascertainable standards, such as written policy or guidance, on the medical necessity (MN) criteria. To meet MN, the beneficiary must (a) have a medical condition of sufficient seriousness that exceeds the routine care which may be given by an untrained person; and (b) require licensed nurses’ supervision, assessment, planning, and intervention that are available only in an institution in addition to other requirements. Family representatives from the state’s protection and advocacy agency report that TMHP reviewers lack a common understanding of what is or is not “nursing.” Absent “ascertainable standards” from HHSC, TMHP reviewers are making arbitrary decisions based on their own individual understanding of the medical necessity criteria.

Recommendation 5.7: HHSC should issue ascertainable standards (i.e., written guidance) on the meaning of the medical necessity criteria and train Texas Medicaid Healthcare Partnership (TMHP) reviewers on these standards.

Issue: TMHP improperly considers the duties of parents and guardians, despite guidance to the contrary. Guidance was issued to TMHP in 2014 clarifying that TMHP was not to consider the duties of parents or guardians when considering whether the individual has a need for skilled nursing. Yet, when a child or young adult would meet medical necessity for nursing facility admission, because he or she is at home, TMHP denies eligibility for MDCP claiming that parents and guardians must perform the nursing care.

Recommendation 5.8: HHSC should instruct Texas Medicaid Healthcare Partnership (TMHP) to follow the guidance on parents and guardians in assessing medical necessity.

Issue: Lack of Transparency on Testing of SK-SAI. Although HHSC claims that the SK-SAI was tested and is valid, significant doubt exists about the reliability and validity of the assessment instrument.

Recommendation 5.9: HHSC should release all information, subject to any restrictions under state and federal law (such as HIPAA) related to how the STAR-Kids Screening Assessment Instrument (SK-SAI) was tested for inter-rater reliability and validity, and all statistics for the denial rate on renewals.

Funding Sustainability for Early Childhood Intervention Services

Early Childhood Intervention (ECI) is a statewide program within the Texas Health and Human Services Commission (HHSC) for families with children birth, up to age 3, with developmental delays, disabilities or certain medical diagnoses that may affect development. ECI services support families as they learn how to help their children grow and learn.

HHSC contracts with programs statewide to provide developmental services to eligible children. These services are provided in all Texas counties. Services may include: hearing and vision educational services, speech, occupational and physical therapy services, nutrition services, specialized skills training, counseling, and assistive technology.

Since 2011, ECI funding has been decreasing and as a result, 16 ECI community program providers have closed. In 2016 alone, ECI saw a 1.4million dollar decline in funding.³⁴ Although the remaining ECI programs have taken over services to the children in areas affected by provider closures, this has often resulted in service delays for children with time-limited access to vital developmental services.

Minimum state funds are needed to make the ECI system stable. A recent survey found that as little as \$5 million directly to ECI programs for services would be sufficient to help balance the budgets of all ECI programs for FY 2018. The cost of services to children with disabilities has increased but reimbursement for services has decreased. Private insurance does not typically pay for ECI services and Medicaid has greatly reduced reimbursement for therapy services. ECI receives state and federal funds, but over 50% of an ECI budget comes from reimbursement through billing services. As the state has decreased state funds, there has also been a decrease in reimbursement for services. Return on investment (ROI) research has found that ECI services remove or decrease the need for a child to enter into costly special education services when they enter school. ECI provides cost saving services to the State of Texas. These services need to get sufficient funding so ECI can continue to provide services to bring children to their fullest potential.

Recommendation 5.10: Support HHSC's exceptional item request of \$70.4 million to fund Early Childhood Intervention (ECI) programs for the 2020-2021 biennium.

Responsible Closure of the Austin State Supported Living Center

Among the most consistent healthcare issues the GCPD receives comments upon from Texans with disabilities and disability stakeholder groups is a call for Texas to balance the state's investment in community-based long-term care over the current over-investment in institutional care at the State Supported Living Centers. Despite declining enrollment, skyrocketing costs, and concerns about the quality of care, Texas continues to operate thirteen SSLCs. Although the number of people living in SSLCs has greatly declined since the 1960s, Texas has not closed any SSLCs for more than 20 years, not since 1996.

Currently 43% of the State's budget allocated for Texans with intellectual and developmental disabilities is going to the SSLC system. Although the statewide population of the SSLCs varies slightly each month, the 13 SSLCs serve approximately 3,000 residents. In contrast, approximately 37,150 people are served by Community-based Medicaid Waivers and live in the community. However, the interest list for waivers consists of 138,000 people and is a 13 year wait. Currently, the cost of supporting one resident for one month living in an SSLC is just over \$24,000 compared to the cost to serve an individual living in the community with a Medicaid Waiver is just over \$4,000.00.

SSLCs have long been a focus of lawsuits and controversy. In 2009, U.S. Department of Justice and Texas entered into a settlement agreement in response to alleged civil rights violations at SSLCs.³⁵ The State agreed to make improvements to medical services, psychiatric care, nursing care, restraint use, training programs, and other services at all facilities. However, progress has been inconsistent in meeting these requirements. Despite significant and ongoing oversight and investments, the Austin SSLC continues to demonstrate the most serious violations of any SSLC, threatening its federal certification and the safety of its residents.

In 2015, the Texas Senate approved a Sunset Advisory Commission recommendation to close the Austin SSLC and establish a closure commission to decide if five more SSLCs should also close. The measure failed to be passed by the Texas House of Representatives, thus no progress was made.

Since 2002, the SSLC system population has declined by 24.4%. Seven campuses have experienced reductions of at least 100 people. These campuses include Abilene, Brenham, Corpus Christi, Denton, Lubbock, Mexia, and Richmond.

Most residents of SSLCs may be successfully transitioned to long-term care in the community. Among these SSLC residents, 52.4% have the lowest levels of need. SSLC residents with the highest level of need total 0.5%, which is one tenth the number living in the community.

To date, hiring and retention of SSLC employees remains a chronic issue. There are 2,000 job openings at the 13 SSLCs. From September 1, 2017 to March 31, 2018, taxpayers paid \$13 million in overtime and an additional \$16 million to staffing companies to maintain care for the SSLC population.³⁶

Austin State Supported Living Center [SSLC]: Pages 23-28 of Sunset Advisory Commission Staff Report with Decision Material: Dept. of Aging and Disability Services:

<https://www.sunset.texas.gov/public/uploads/files/reports/DADS%20Decision%20Material.pdf>

Downsizing of the State Supported Living Center System: An Issue Brief from Legislative Budget Board Staff:

http://www.lbb.state.tx.us/Documents/Publications/Issue_Briefs/520_HHS_Downsize%20SSLCs.pdf

State Supported Living Centers Fact Sheet: <http://www.tcdd.texas.gov/wp-content/uploads/2017/04/SSLCs-Fact-Sheet.pdf>

Recommendation 5.11: Approve the Sunset Advisory Commission's past recommendation to close the Austin State Supported Living Center (SSLC) within five years (by August 31, 2024).

- a. Establish a closure commission to evaluate the closure of the Austin SSLC and decide if additional SSLCs should also be closed.
- b. Establish individualized plans with residents, transitioning as many as possible to the community, respecting their choice through person centered planning.
- c. In consultation with the General Land Office, reassess land values for SSLC property, determine the highest and best use of the properties, up to and including the sale of the property. Proceeds from any sale of property, and/or associated property tax revenues should be dedicated to funding supports and services for Texans with intellectual and developmental disabilities; investing more in those currently on waivers and provide waivers for those on the interest list.

Housing

GOAL

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

PURPOSE

Affordable, accessible housing allows Texans with disabilities to live independently within their local communities. However, “the shortage in housing for individuals with disabilities has reached crisis proportions”³⁷ and affordability is questionable in some areas of the state. A Supplemental Security Income (SSI) recipient in Texas can spend from 69–123 percent of their check on rent for a one-bedroom apartment depending on their location.³⁸ Supporting goals of sufficient affordable, accessible housing and promoting nondiscriminatory housing practices is key to developing and maintaining the independence of individuals with disabilities within our local communities.

CHALLENGES

A joint article by Byrne and Dale (2016) disclosed that the three biggest housing challenges for individuals with disabilities are³⁹:

1. **Affordability:** In 2014, the national average rent for a one-bedroom rental unit was equal to 104 percent of the national average monthly income of a one-person SSI household.⁴⁰
2. **Physical accessibility:** Residences may require accommodations which come at additional cost.
3. **Discrimination:** The majority (11/20) of U.S. Department of Housing and Urban Development (HUD) discrimination charges filed in 2015–2016 have been disability discrimination charges.⁴¹

POLICY RECOMMENDATIONS

Affordable and Accessible Housing Best Practices

Several Texas communities are leading the state in addressing accessible housing through adoption of city ordinances for “visitable” single-family and duplex housing construction. The term, visitable or visitability, refers to

single-family or owner-occupied housing designed in such a way that it can be lived in or visited by people who have trouble with steps, who use wheelchairs or walkers, or have a mobility impairment. A house is visitable when it meets three basic requirements:

- one no-step entrance
- doors with 32 inches of clear passage space
- one bathroom on the main floor you can get into in a wheelchair

Other visitable home features may include raised electrical outlets (24-inches) and lowered light switches and thermostats.

Local affordable housing programs depend largely on availability of Section 8 housing programs from HUD and local building incentives to include affordability in a housing developer's neighborhood plans.

Recommendation 6.1: Promote adoption of accessible, affordable and transit-oriented housing in Texas communities through sharing of information on local visitability ordinances and best practices for the development of accessible single family homes and duplexes.

Recommendation 6.2: Promote greater understanding of fair housing laws through education and work with the Texas Workforce Commission's Civil Rights Division related to housing discrimination complaints.

Recommendation 6.3: GCPD will study strategies and "solutions that work" from other states or local communities that have expanded community-based housing options for people with disabilities and ensures long-term housing affordability.

Recreation

GOAL

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

PURPOSE

Recreation provides a positive impact on the physical, mental and social health of all Texans. This is reinforced by a study conducted by the California

State Parks service on the health and social benefits of recreation.⁴² The study cites how access to recreational activities helps individuals with disabilities diminish the risk of chronic disease, reduce the severity of many mental health disorders, alleviate depression and stress, improve quality of life through enhanced self-esteem and experience personal and spiritual growth and feelings of satisfaction. Also, recreational activity can promote social bonds by building positive attitudes and sensitivity toward people with disabilities and build cultural diversity and harmony in community-based leisure programs.

CHALLENGES

Despite increased awareness and public acknowledgement of the disability community, barriers still exist in accessing recreational opportunities for people with disabilities. These barriers include, but are not limited to, lack of transportation to recreation venues, limited or unavailability of programs, limited or unavailability of accessible recreational equipment, architectural accessibility issues, lack of assistive technology, ineffective communication methods and insufficiently trained staff.

POLICY RECOMMENDATIONS

Inclusive Playgrounds

Outdoor play prompted by playgrounds not only provides fun and games to a child, it “promotes social, intellectual, and oral skills by allowing the child to interact with their peers and environment.”⁴³ Approximately 12.2 percent of Texas’ 8.4 million noninstitutionalized children under the age of 20 have been diagnosed with a disability in Texas.⁴⁴ One can reasonably surmise that most every county in the state may have a child with a disability living within its boundaries.⁴⁵ In taking a proactive stance to ensure equitable access to recreational play for all children within their community, local leaders in Harlingen, Texas, formed partnerships to fund not just one, but three all-inclusive playgrounds – the first of their kind in the Rio Grande Valley.⁴⁶ On a grander scale, the State of New Jersey introduced [Assembly Bill No. 3612](#), known as Jake’s Law, which pushes for every “county to build at least one ‘inclusive’ playground that is accessible to children with disabilities.”⁴⁷

Recommendation 7.1: GCPD shall promote through education and outreach existing grant funding for the installation of “inclusive” playground equipment, whether by means of new construction or through retrofit of an existing playground, so that it is ADA accessible and usable by children with disabilities.

Transportation

GOAL

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

PURPOSE

“Transportation provides a vital lifeline for people with disabilities to access employment, education, healthcare, and community life. Transportation services allow individuals with disabilities to live independently within their communities.”⁴⁸

CHALLENGES

“Texas added the second largest number of elderly to its population between 2000 and 2014.”⁴⁹ Also, 12 percent of the state’s population resides in rural areas.⁵⁰ When you add to these statistics that 11.7 percent of the population (3,101,039 individuals)⁵¹ had a disability in 2014, it is not surprising to note that people often find a shortage of accessible parking facilities or limited options for suitable accessible transportation services based on location, disability impairments or age-based limitations.

POLICY RECOMMENDATIONS

Accessible Parking

During the [84th Legislative Session, House Bill 1317](#) charged the Governor’s Committee on People with Disabilities (GCPD) to gather information and prepare a report on accessible parking issues in the state of Texas. Issues on accessible parking can crossover between transportation and access. In this report, accessible parking is addressed as a transportation issue. After an extensive review of state and federal accessible parking laws and input from the public, GCPD prepared recommendations that we believe are practical solutions to accessible parking challenges in Texas. The full report and discussion on each recommendation can be found on GCPD’s webpage: <https://gov.texas.gov/organization/disabilities/gcpd-reports>. Policy recommendations were extracted from the accessible parking report and are provided as follows:

Recommendation 8.1: Strengthen enforcement of accessible parking laws as follows:

- a. Strengthen language in [Texas Transportation Code, Title 7. Vehicles and Traffic, Subtitle H. Parking, Towing, and Storage of Vehicles - Chapter 681, Privileged Parking](#), Section 681.010 – Enforcement so that it is unequivocal in its mandate for all individuals with enforcement responsibilities to enforce accessible parking laws (i.e., change “may” to “shall” or “must”).
- b. Bolster language in enforcement responsibilities as they apply to accessible parking on private property or areas of public accommodation.
- c. Reconsider judicial discretion to discourage frequent dismissal of accessible parking citations.
- d. Consider mandatory towing for vehicles illegally parked in accessible parking spaces and have the violator bear the costs for towing in addition to any fines incurred.

Recommendation 8.2: Control accessible parking placard fraud and abuse through tighter laws and administrative remedies, such as:

- a. coordinating the Department of Motor Vehicles, county tax assessor collectors, and the Department of State Health Services cross-checking of current disability placard holder lists against the state registry for death records and cancelling any placard for an individual identified as deceased and explore tracking of parking placards by the Department of Motor Vehicles with a unique identifier (Texas driver license or state identification number);
- b. requiring the surrender of handicapped parking tags and placards at the time of the estate tax deadline by the individual inheriting the vehicle; and
- c. enforcing accessible parking placard fraud and abuse by establishing a task force for placard abuse enforcement or designating a state agency to assign resources to enforce current laws.

Recommendation 8.3: Develop statewide public awareness on accessible parking and its impact on Texans with disabilities through public awareness campaigns.

Recommendation 8.4: Change the language in the Transportation Code from “Handicapped Parking” to “Accessible Parking” to align with the spirit of [Texas Government Code, Chapter 392, Person First Respectful Language Initiative](#).

Recommendation 8.5: Improve accessibility for visitors and residents within the Capitol Complex area by installing sheltered accessible drop-off stations within the Capitol Complex perimeter.

Recommendation 8.6: Amend [Transportation Code § 681.011 Offenses; Presumption](#) to permit alternative sentencing which includes:

- a. required education classes on disability awareness and accessible parking with a reduced fine upon completion of said education; and
- b. community service/restitution requirements at a nonprofit organization that serves persons with disabilities or disabling diseases or any other community restitution that may sensitize the violator to the needs and obstacles faced by persons with disabilities.

Recommendation 8.7: *Redefine the van accessible requirements in the Texas Accessibility Standards (TAS) for medical facilities to increase the number of van accessible spaces at these locations.

Recommendation 8.8: *Update the TAS through legislation or rulemaking by:

- a. painting the International Symbol of Accessibility in an accessible parking space if the space is paved; and
- b. painting the words "No Parking" in access aisles if the space is paved.

Recommendation 8.9: *Include on accessible parking signs regulatory language that informs of:

- a. fines and penalties (e.g. \$550–\$1,100 fine), and
- b. consequences of illegal parking in accessible parking spaces (Violators will be towed).

*This may require a change to the Texas Accessibility Standards (TAS), which would require the Texas Department of Licensing and Regulation to seek recertification of TAS by the U.S. Department of Justice.

Recommendation 8.10: Consider expanded statutory authority in Human Resources Code, Title 7, Chapter 115.009 to grant additional authority to GCPD to:

- a. provide education, training and assistance to law enforcement agencies on accessible parking enforcement; and
- b. work with other state agencies to provide public education and awareness on accessible parking issues and compliance with accessible parking laws.

Recommendation 8.11: Implement periodic audits by the Texas State Auditor’s Office of the disabled parking placard program to determine if statutory changes by the Legislature or changes in administration by the Texas Department of Motor Vehicles (DMV) may be needed that will allow for better detection and deterrence of the misuse of disabled placards and plates. Such audits will provide an impartial assessment of the effectiveness of program processes and procedures in place as well as an analysis of program revenues derived from parking meter and/or parking lot revenues (either lost or collected) that can impact the budgets of those jurisdictions sampled during the audit (please refer to recent audit reports from Massachusetts, California, Seattle, and San Francisco).

Communication Impediment with Peace Officer Initiative

Transportation independence and the ability to drive is critical for many individuals with disabilities to fully participate in the economic and social life of their community. Individuals with a disability that affects their ability to effectively communicate with law enforcement are at a higher risk for a potential misunderstanding when involved in a vehicle stop or pull-over. In April, 2016, the GCPD voted to support the Texas Driving with Autism initiative to promote a voluntary opportunity for individuals with a disability to disclose information about their “communication impediment” with a peace officer through a code on their Texas Driver License or state issued identification card.⁵² The 85th Texas Legislature authorized the display of “Driving with Autism” information materials at all DPS driver license offices.

Currently, law enforcement officers are not informed of an individual’s communication status until they approach the vehicle and ask to see a person’s license. This may be too late in the interaction for the officer to implement his training on providing effective communication to the driver with a disability. Law enforcement officers could obtain information about a driver before pulling them over if the data associated with the “communication impediment with a peace officer” code was associated with a vehicle registered through the Texas Department of Motor Vehicles and revealed through TLETS⁵³. The Texas Law Enforcement Telecommunications System, TLETS, consists of a distributed software application and secure network services that provides data to over 100,000 Criminal Justice employees, through over 8,800 directly defined workstations and 40,000 devices defined to city and county systems that interface with TLETS. This recommendation seeks to integrate the information in the “Communication Impediment Code” with the TLETS system to ensure law enforcement can prepare to effectively communicate with a driver with a disability before any interpersonal interaction.

Recommendation 8.12: Recommend policy or legislation to have the Texas Department of Motor Vehicles and the Texas Department of Public Safety include “communication impediment with a peace officer” data for those individuals who wish to voluntarily disclose a disability within the TLETS data system. When including such voluntarily disclosed disability data, designated agencies shall ensure that (1) all law enforcement officers are trained on this data and its intended use following TLETS implementation and (2) all disability-related information associated with the information stored in the TLETS data system shall remain confidential and storage and use of such data shall adhere to medical confidentiality laws as applicable.

Veterans

GOAL

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

PURPOSE

Texas offers a variety of benefits to its veterans with disabilities, including property tax exemptions, state retirement benefits, the veterans home improvement loan program, veterans employment preference and specialty license plates to name a few. Eligibility for some benefits may depend on residency, military component and veteran disability status. Continued attention to the needs of Texas veterans, as well as coordination of services, reflects the support, recognition and appreciation of our veterans with disabilities.

CHALLENGES

Disparities among veterans due to type of disability, gender, location (rural versus urban), as well as additional factors, affect the types of barriers veterans may encounter in accessing the programs or services they need to become independent, productive or contributing members of their communities or to lead a life of self-determination.

POLICY RECOMMENDATIONS

Monitoring, Sharing, Publishing Veterans-Related Information

The National Center for Veterans Analysis and Statistics, the clearinghouse for the U.S. Department of Veterans Affairs (VA) that collects, validates, analyzes and disseminates “key statistics on the veteran population and VA programs”⁵⁴ reports in its [2017 “Compensation and Pension by County”](#) report that nearly 444,000 veterans in Texas receive a disability pension or compensation. According to the Texas Veterans Commission, a needs assessment of the Fund for Veterans’ Assistance⁵⁵ was conducted in response to the Legislative Budget Board’s Government Effectiveness and Efficiency Report recommendation and [Senate Bill 1879 \(84R\)](#) which now requires a needs assessment every four years. According to the resulting report,⁵⁶ unmet needs for veterans based on priority were: (1) assistance with rent, mortgage and utilities, (2) transportation, (3) living expenses other than housing or food and legal services, (4) mental health and addiction needs and (5) information and referral services. For families of veterans, unmet needs included assistance with rent, mortgage and utilities and other living expenses.

Recommendation 9.1: GCPD will monitor legislation that affects veterans with disabilities, publish information on any changes to such laws, policies or state programs on GCPD’s key laws webpage, and share relevant information with stakeholders.

Workforce

GOAL

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

PURPOSE

“Work is a fundamental part of adult life for people with and without disabilities. It provides a sense of purpose, shaping who we are and how we fit into our community. Meaningful work – being a contributing part of society – is essential to people’s economic self-sufficiency, as well as self-esteem and well-being.”⁵⁷ Title I of the ADA prohibits discrimination against individuals with disabilities in the employment practices of certain employers, which discrimination includes failing to make reasonable

accommodations for the limitations of such individuals, except under certain circumstances. In providing equitable employment practices and full access to the workplace, we tap a valuable source of talent for both the current job market and future openings created as baby boomers exit the job market.

CHALLENGES

The labor force participation for people with disabilities is significantly lower for people with disabilities than those without disabilities. In 2015, the employment rate of working-age people with disabilities in the United States was 35.2 percent, while that for people without disabilities was 78.3 percent.⁵⁸ Reported barriers to employment for individuals with disabilities include, but are not limited to, lack of education or training; discriminatory attitudes and barriers in the job application process (e.g., illegal disability-related questions on employment applications or inaccessible websites in an online application process); services, systems or policies that are nonexistent or hinder the inclusion of people with disabilities in the existing workforce environment; stereotypical attitudes about certain disabilities (e.g., epilepsy) that result in a refusal to hire; inaccurate ideas on cost of workplace accommodations (many may cost \$0–\$500⁵⁹) resulting in a refusal to hire a person with a disability or failure to provide needed accommodations; and lack of accessible transportation or related services (e.g., accessible parking).

POLICY RECOMMENDATIONS

Supported Employment Follow Along Services for Individuals with Intellectual and Developmental Disabilities

The Social Security Administration defines a sheltered workshop as “a private non-profit, state, or local government institution that provides employment opportunities for individuals who are developmentally, physically, or mentally impaired, to prepare for gainful work in the general economy.”⁶⁰ Persons with disabilities employed in sheltered workshops have generally been paid a subminimum wage (SMW) allowable under Section 14(c) of the Fair Labor Standards Act.⁶¹ However, since 1938, a series of defining events have changed employment rights for people with disabilities, including: passage of the [Americans with Disabilities Act of 1990](#) (ADA), the Supreme Court’s decision in [Olmstead v. L.C.](#), signing of [Executive Order 13658](#) in 2014 establishing the minimum wage for workers covered under federal contracts as \$10.10 per hour and signing of the [Workforce Innovation and Opportunity Act in 2014](#) which increased the emphasis on access to workforce services and competitive integrated employment for

people with disabilities. This changing atmosphere spurred litigation by the U.S. Department of Justice, including regarding the segregation of persons with disabilities employed in sheltered workshops or facility-based day programs (Olmstead Enforcement activities)⁶². These activities resulted in a consent decree with the [State of Rhode Island](#) and a settlement agreement with the [State of Oregon](#) in which both states ceased providing placement or funding for new employees to sheltered workshops.

During this period, the Employment First movement was initiated which “centered on the premise that all citizens, including individuals with significant disabilities, are capable of full participation in integrated employment and community life.”⁶³ Passage of [Senate Bill 1226](#) established Texas’ Employment First Policy and Task Force and called for “a living wage through competitive employment in the general workforce [as] the priority and preferred outcome for working-age individuals with disabilities who receive public benefits.”

Nearly 85% of adults with IDD are not employed even though a majority of people with IDD report wanting to work. Texas’ community-based employment assistance and supported employment services through the 1915c Medicaid waivers are extremely underutilized compared to day habilitation services. Texas conducted interviews of individuals with IDD receiving both residential and nonresidential services through Texas’ community-based Medicaid waivers and found individuals with IDD were not receiving the employment related assistance and support they wanted and needed to obtain competitive, integrated employment.

Efforts are needed to support the elimination of the practice of paying individuals with disabilities a subminimum wage through a transition into integrated employment and exploring more opportunities. However, if an individual with IDD does not have a 1915c Medicaid waiver, and they have exhausted their supported employment services through vocational rehabilitation through Texas Workforce Solutions, services currently do not exist to continue providing supported employment—even if the individual still requires supported employment to maintain competitive, integrated employment. This poses a significant barrier to long-term employment for individuals that require continued support while on the job. Additionally, it lies in stark contrast to TWC’s employment first policy. A majority of states already fund supported employment follow-along services for individuals with IDD.

TWC should provide supported employment services to individuals with IDD who cannot access supported employment services through other state resources and explore and evaluate all areas of appropriations that support individuals with IDD with the goal of obtaining competitive, integrated

employment and determine if there are opportunities to pilot the provision of supported employment follow along services without increasing appropriations.

With the addition of this proposed, critical service, TWC should make concerted efforts to report on the true cost of providing supported employment services to individuals with IDD and where the barriers to funding exist. A pilot program should prioritize data collection to gather and identify evidence-based practices, evaluate opportunities to strengthen the network of community providers and ensure sustainability of long-term supported employment throughout the state.

Exploring administrative and other options to increase funding and access to services for supported employment for persons with IDD who require long-term services to continue competitive, integrated employment will help ensure they are employed long-term, leading to self-directed lives and breaking the cycle of poverty.

Recommendation 10.1: Ensure that at the point an individual with a disability is moved from a sheltered workshop environment to integrated community-based employment, the integrated employment will be appropriately funded to provide the necessary long-term support, to include job coaching, to safeguard and allow for a successful integrated community employment outcome.

Policy Solutions for Building a Stronger, More Inclusive State Workforce

In 2016, the State Exchange on Employment and Disability (SEED) convened a joint National Task Force on Workforce Development and People with Disabilities. The task force, led by the Council of State Governments (CSG) and the National Conference of State Legislators (NCSL), was formed to address barriers to employment and identify state-level policy solutions for building stronger, more inclusive workforces. The task force included 60 state policymakers, subject matter experts, and advisors and staff from the Department of Labor's Office of Disability Employment Policy (ODEP). Three representatives from Texas were members of the national task force, including Dr. Aaron Bangor, Chair of the Texas Governor's Committee on People with Disabilities (GCPD); Mary Durham, Chair of the Texas Council for Developmental Disabilities; and Jeff Kline, Program Director with the Texas Department of Information Resources.

In December, 2016, the national task force issued a report titled [Work Matters: A Framework for States on Workforce Development for People with](#)

[Disabilities](#) (Work Matters). This report “serves as a guide on each of the policy areas the task force explored . . . to assist states in improving the ways the public sector serves people with disabilities and provides state examples of innovative programs and policies.” The four policy areas covered included: Career Readiness & Employability; Hiring, Retention & Reentry; Entrepreneurship, Tax Incentives & Procurement; and Transportation, Technology & Other Employment Supports.

The GCPD devoted a quarterly meeting in 2017 to analyzing the recommendations of the Work Matters Report and choosing to focus on a section of the report that recommends that state agencies become model employers and support model employers in the private sector. The Work Matters report became the catalyst for GCPD to recommend how Texas state agencies can more successfully address disability inclusiveness within each organization’s workplace culture. It was determined that this could best be demonstrated by the presence and implementation of agency accessibility and disability employment policies and practices.

The GCPD finds that opportunities exist to improve ways in which Texas state agencies serve people with disabilities. Suggested improvements will benefit not only those Texans with disabilities who are currently employed in our state workforce or are potential applicants for employment, they may also address the high statewide turnover rate among state classified employees and improve disability employment rates for the state as a whole. It is our belief that continuing efforts must be made to ensure that persons with disabilities have the opportunity to enjoy full and equal access to lives of independence, productivity and self-determination. Therefore, the GCPD offers seven (7) recommendations that we believe are practical solutions to workforce challenges in Texas.

Recommendation 10.2: Implement recommended best practices to strengthen disability-related accessibility and employment practices that can lead to increased hiring and retention of employees with disabilities as follows:

- a. State agencies should actively recruit qualified job applicants with disabilities.
- b. State agencies should partner with Texas Workforce Commission’s Vocational Rehabilitation program if job retention services are needed.
- c. State agencies should have a written reasonable accommodation policy and procedure that includes the interactive process.
- d. State agencies should pay for employee job accommodations from a centralized agency job accommodation fund for their employees.
- e. All State agencies should designate a Title II ADA Coordinator and comply with notice requirements.

- f. State agencies should ensure they have a process in place for handling general disability-related complaints and disability discrimination complaints.
- g. Develop and share common training resources on disability awareness, etiquette and effective communications in state government.

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