Texas Governor’s Committee on People with Disabilities

**SUMMARY MINUTES**

April 7-8, 2021

Zoom Videoconference Meeting Materials Available at: <https://gov.texas.gov/organization/disabilities/committee-meetings>

**Call to Order**

Ellen Bauman motioned to bring the quarterly meeting to order after Chair Bangor established quorum. The meeting began at 1:08 p.m.

**Members Present**

Aaron Bangor, Ph.D., Chair; Kori Allen; Ellen Bauman; Elyse Lieberman, Ph.D.; Eric Lindsay; Richard Martinez; Joseph Muñiz; Kristie Orr, Ph.D.; Dylan Rafaty; Emma Faye Rudkin and Kris Workman

**Committee Member** **Absence**

Ms. Evelyn Cano had a critical family situation. Kristie Orr motioned approval for an excused absence. Members approved the motion by roll call vote.

**Exofficio Representatives Present**

Sandra Breitengross Bitter, Texas State Independent Living Council; Marsha Godeaux, Texas Department of Licensing and Regulation; Claudia Peden, Texas Workforce Commission; Justin Porter, PhD, Texas Education Agency; Robert Schuller, Department of Family and Protective Services; and Dana Williamson, Health and Human Services Commission

**Staff Present**

Ron Lucey, Randi Turner, Nancy Van Loan, Monica Villarreal and Lindsey Zischkale

**Invited Presenters**

Ross W. Greene, Ph.D. child psychologist and author; Stephanie Duke, Disability Rights Texas; Gisela Ryan-Bunger, Texas Division of Emergency Management; Kumar Sharma, M.D., Texas Chronic Kidney Disease Task Force; M.C. Lambeth, Texas Health and Human Services; Lora Taylor, Texas Council on Developmental Disabilities; Emily Wolinsky, Texas citizen; Krishnaveni Gundu, Co-Founder, and Dalila Reynoso, Texas Jail Project

**Approval of January 27-28, 2021 Summary Minutes**

Eric Lindsay noted a correction that Ellen Bauman (*not Bangor*) spoke on guardianship on page 13. Mr. Lindsay motioned to adopt the minutes, as corrected. Members approved the motion by roll call vote.

**Public Comment**

* Linda Litzinger, Texas Parent to Parent, remarked House Bill 3145 (87R) by Deshotel provides dental care for people on Medicaid, and over age 21. This would cost less than going to an emergency room for dental care. About 40 organizations support this legislation.
* Rainey Dock Matthews, former chair of Fort Worth Mayor’s Committee on Persons with Disabilities thanked members and staff for leadership and willingness to embrace and empower her to be an advocate. GCPD’s webinars broadened her knowledge. In appreciation for Ms. Matthews’ service in the community, Executive Director Lucey had a flag flown over the Texas Capitol, in her honor.
* P.C. said apartment managers need training about providing care to residents during emergencies, and suggested a requirement for back-up generators for tenants requiring electricity for medical equipment.
* D.D. spoke about veterans with disabilities not supported by VA or military. Hyperbaric oxygen therapy has a 30-year history for neurological recovery but is not an expense covered under Medicare/Medicaid. Mr. Lindsay will review D.D.’s personal information.
* C.H. wrote about alleged fraud perpetrated against the Texas public and elected officials, and federal Centers for Medicare and Medicaid Services by contract providers offering a standard of services that they do not provide. Contract compliance is the issue.

**Collaborative and Proactive Solutions and Addressing Students’ Challenging Behaviors**, Ross W. Greene, Ph.D., is a clinical child psychologist and author. His structured model dramatically reduces or eliminates the use of restraint and seclusion in schools, therapeutic facilities and prisons through collaborative and proactive solutions. It reduces or eliminates school discipline referrals, detentions, and suspensions by requiring an emphasis on solving problems rather than modifying behaviors. Concerning behaviors are set in motion by lagging skills and unsolved problems, not by poor motivation. Research from the University of Wisconsin-La Crosse says about 80% of concerning behaviors occurring in school can be tracked to addiction and 20% is social. Teachers’ problem-solving skills are frequently not applied to the concerning behaviors in the classroom, such as expectations the student is having difficulty meeting. Dr. Greene’s model has the potential to save time spent on functional behavior assessments and testing referrals. Four components in the paradigm shift include requiring different behavioral assessment practices; an adult deciding upon a solution and imposing it on a kid without the kid’s input; proactive problem solving instead of reactive; and kids do well if they want, which is preferable. Most school discipline programs are oriented toward motivating kids. If a kid is poorly motivated, rewards and punishments do not solve the problems that are causing the concerning behaviors. An assessment of lagging skills and unsolved problems supports how to address the kid’s behaviors. Sequence of restraint and seclusion involves crisis prevention and crisis management but does not improve safety. There is significant disproportionality in ways rewards and punishments are administered to kids with disabilities. Crisis prevention trainings offer de-escalation strategies. Behavior interventions focus on crisis management. Dr. Greene has a vast video library describing the model but prefers to tailor training to individual situations. Two websites offering free resources: LivesInTheBalance.org and TrueCrisisPrevention.org.

Legislation would be a possible approach to implementing collaborative and proactive solutions via Texas Education Agency or local education agencies. In-service training is a good place to start. TEA already has a multi-tier network for rolling out new trainings and initiatives. Members discussed options to embrace this philosophy and move it forward by focusing on collaboration. HHSC’s involvement would be helpful since the community resource coordination group process overlaps with the public school system. Training would be a key component.

Chair Bangor motioned for Lieberman, Bauman, Cano, TEA exofficio Porter, and GCPD staff to explore resources for Dr. Greene’s Collaborative and Proactive Solutions resources and the Committee’s future direction. Members approved the motion by roll call vote.

**Reports from Invited Exofficio Agency Representatives**

Texas State Independent Living Council (TxSILC)

Sandra Breitengross Bitter said TxSILC works closely with the 27 centers for independent living (CILs) on objectives relating to accessible transportation, emergency management, and housing. The Independent Living (IL) Network is in the process of implementing the FY21-23 State Plan for Independent Living. Staff participated in the production of a bi-monthly REV-UP podcast titled, “Use Your Power” featuring registering to vote, best practices for advocacy at the Texas Capitol, and addressing disability issues in local elections. Staff have co-hosted regular teleconference calls with stakeholders regarding the response to Winter Storm Uri. CILs are working with communities on COVID-19 vaccination activities. Funding from the Centers for Disease Control and Prevention supports CILs to ensure the disability population can receive COVID-19 vaccines. Policy recommendations and videos from the Accessible Transportation Summit are on their website.

Department of Family and Protective Services (DFPS)

Robert Schuller presented the report that included links to agency reports and public meetings. DFPS made presentations to the Legislature and various appropriation subcommittees. Corliss Lawson joined DFPS as Associate Commissioner of Foster Care Litigation Compliance. A Child Protective Services (CPS) developmental disability program specialist continues to work with counterparts at HHSC revising cross agency training on guardianship. Several specialists gave input to a master’s capstone team from TAMU’s Bush School of Government and Public Service. The project researched resources and opportunities for children with disabilities in CPS care, with a focus on clients’ transitions to adulthood.

Ms. Rudkin is working with CPS on children who are deaf and in Texas’ foster care system. Texas Adoption Resource Exchange (TARE) helps match children awaiting adoption with adoptive parents, while balancing a child’s privacy and strength-based profiles. TARE modified its website search filters to include deafness and varying degrees of disability. There are concerns about naming specific disabilities and providing medical information. If an organization wants to be a court-appointed advocate, they need to apply through the court who has jurisdiction with the case. Mr. Schuller reiterated an agency policy requiring certified interpreters for court hearings.

Health and Human Services Commission (HHSC)

Dana Williamson highlighted a new COVID-19 Vaccine section including links about the distribution process. The Reports section included agency priorities and information on managed care. In January of 2021, HHSC created the Office of Disability Services Coordination within the Chief Program and Services Office (CPSO) to provide strategic leadership and cross-agency coordination for initiatives that affect Texans with disabilities. The Office will be responsible for the Disability Services Action Plan and will serve as a connection point for communities to assist with challenges in navigating services within HHSC. The CPSO consists of the entire Medicaid CHIP division, and several community-based and aging programs. The Health and Specialty Care System comprises state supported living centers and state psychiatric hospitals. Local Intellectual and Developmental Disability Authorities (LIDDAs) provide behavioral health crisis intervention and respite services. Financial eligibility determination falls within Access and Eligibility Services. Rider 157 from the 86th Texas Legislature directed HHS to develop a Community Attendant Workforce Development Strategic Plan. The Direct Service Workforce Development Taskforce published their inaugural strategic plan in November and will meet bi-monthly to discuss attendant salaries, benefits and areas that affect recruitment and long-term retention.

Follow up items:

* HHSC provided to GCPD members a Long-term Care Regulatory Provider Investigation Overview that addressed previous testimony on the abuse, neglect and exploitation process.
* HHSC submitted its response and corrective action plan to Office of Special Education Programs on February 3. HHSC presented details on the corrective actions to the Early Childhood Intervention (ECI) Advisory Committee on April 7. HHSC’s 2022-2023 LAR asked to maintain current funding levels for ECI.
* Inquiry about HHSC putting exceptional item for Co-Navigators (formerly called SSPs) into Legislative Appropriation Request. Given unprecedented challenges and impact of COVID-19, the agency focused on maintaining existing essential services.
* The vast majority of individuals receive acute care and long-term services through managed care organizations. Rider 61 from the 85th Legislature evaluated oversight in areas to strengthen managed care services. HHSC contracted with Deloitte to conduct an evaluation. One of the primary recommendations was to improve accuracy of provider directories, including MCO validation requirements and improvement of critical processes. HHSC has worked with MCOs to incentivize the use of telemedicine and with Texas Department of Insurance to reduce some administrative burdens. Each MCO and dental maintenance organization receives a corrective action plan for each county that does not meet the performance standard. Counties can be subject to liquidated damages if compliance is not met. HHSC submits a biennial report to the federal Centers for Medicare and Medicaid Services.

Texas Department of Licensing & Regulation (TDLR)

Marsha Godeaux reported the agency is monitoring over 300 bills during the 87th Legislature, including Senate Bill 714 and House Bill 1560 regarding TDLR’s continuation and functions. There is also legislation that affects health profession programs and telehealth. Inspections for the Elimination of Architectural Barriers program lessened slightly because of Winter Storm Uri. Renovations estimated at over $50,000 trigger a review of Texas Accessibility Standards’ compliance. The number of users for the online Texas Architectural Barriers System continues to grow.

Follow up items:

* House Bill 100 (85R) defines reporting on the pilot program findings – participating Transportation Network Company shall provide reports to each standing legislative committee with primary jurisdiction over transportation.
* The driving course that is available in American Sign Language is free to download and is given through and by a licensed provider or driving school. Providers do not report registration data to TDLR.

Texas Education Agency (TEA)

Justin Porter, Ph.D., said TEA has not received a response to the 1,200 documents submitted to the Office of Special Education Programs. Nor is data available on the Supplemental Special Education Services program regarding the $1,500 spending accounts for families of children with significant cognitive disabilities impacted by COVID. TEA launched an online dyslexia therapy program based on a respected multi-sensory teaching approach. TEA expects a significant amount of training for therapists to occur this summer. TEA is watching a couple of bills around dyslexia and requiring local education agencies (LEAs) to complete paperwork for compensatory services determinations.

The AmplioSpeech platform equips school districts with digital speech and language therapies for students with dyslexia receiving such services via at-home learning. AmplioSpeech tracks data virtually, aggregates and creates reports lessening the teachers’ administrative load. TEA makes the tool available and LEAs choose to adopt it. TEA may explore publicizing a resource list of dyslexia services for school districts and parents. TEA works with TDLR to license teachers desiring to become a dyslexia interventionist or certified academic language therapist.

Texas Workforce Commission (TWC)

Claudia Peden said TWC leadership provided an update on the agency’s work and requests for appropriations. Exceptional Items are included in the introduced versions of House Bill 1 and Senate Bill 1. Ms. Peden highlighted several initiatives to disability programs. TWC implemented a new Vehicle Modifications policy to be more efficient for vocational rehabilitation customers. TWC launched an employer recognition initiative, “We Hire Ability” highlighting employers’ commitment to hiring individuals with disabilities while recognizing the employer’s role in ensuring a diverse and inclusive workforce. Employers of businesses, nonprofit organizations or state agencies whose workplaces integrate 10% of people with disabilities are eligible to receive a decal to display on their storefront and a digital one for their website. Forty-one online student transition fair events involved 3,568 participants. Nine institutions of higher education will participate in Explore STEM 2021. TWC executed contracts with 28 local workforce boards to begin planning Summer Earn and Learn. TWC promoted remote worksite training and placements, and secured resources such as technology devices, needed by students to participate in the program. This spring Vocational Rehabilitation Division (VRD) will introduce an online self-referral tool for customers to begin the inquiry process for VR services.

Ms. Peden responded to a question about waiving a requirement of applying for three jobs per week if unemployment insurance recipients were active VR participants. Exempting VR customers would conflict with federal requirements. The rapid engagement team fields inquiries on a variety of topics including VR.

**Executive Director Report and Staff Updates**

Ron Lucey shared outreach and stakeholder activities for the quarter:

* Hosted students from Texas School for the Blind and Visually Impaired for their annual Capitol Experience Day
* Provided remarks for HHSC’s conferences on Prevention of Intellectual and Developmental Disabilities and Texas Brain Injury Awareness
* Provided remarks for UT Arlington’s Disability History Minor program on accessibility
* Briefed Fort Worth Mayor’s Committee on the GCPD’s work
* Response and Recovery of Winter Storm Uri. Texas State Independent Living Council, Texas Council on Developmental Disabilities, FEMA and GCPD have been collaborating on offering disability mutual aid. Two subcommittees were established – Emergency Preparedness led by Stephanie Duke, and another on power-dependent durable medical equipment led by Ellen Bauman and Lora Taylor.
* A tool, Vaccination Tips on Communicating with People who have Disabilities was designed for interacting with healthcare and pharmacy workers and Texas National Guard. Department of State Health Services, Texas Division of Emergency Management and Council on Developmental Disabilities are partners. GCPD will help distribute the flyer.
* Accessibility and Disability Policy Webinars offer monthly training opportunities. GCPD’s website lists a substantial library of topics.
* DSHS Commissioner John Hellerstedt and employees from DSHS, and Tommy Simmons from TWC featured information on COVID-19 vaccine, eligibility, and finding local providers (900 registrations)
* Participated on HHSC Aging and Low Vision Task Force, and Texas Association of the Deaf and Mental Health Services workgroups
* Interacted with 265,954 individuals through the GovDelivery platform, email and phone inquiries from constituents
* Encouraged members to help grow the number of local advisory committees focusing on disability topics important to Texans. City or county governmental entities at times provide support. GCPD has a GoogleGroup, shares best practices, and partners on annual award programs. Local groups echo GCPD’s GovDeliveries.

**Guardianship Subcommittee Update**

Ellen Bauman said the subcommittee’s purpose is to address the lack of alternatives to guardianship for people with disabilities and lack of knowledge in the court system. They have met to establish goals and objectives, and review existing resources. Ms. Bauman encouraged members to become more familiar with House Bill 1675 (87R) regarding supported decision-making and guardianship. A subject matter expert could present on this topic to help develop policy recommendations.

**87th Texas Legislature Update**

Staff can provide resource testimony on pending legislation, upon invitation by legislators. Ms. Villarreal discussed bills that directly align with policy recommendations from the GCPD’s biennial legislative report. She is tracking over 100 bills that may have an impact on people with disabilities; members have received periodic status reports. (Spreadsheet available upon request.)

**Winter Storm Uri Debrief and Response and Recovery Issues**

**Review of Resources for Dialysis Patients**

Dr. Kumar Sharma from the Governor’s Chronic Kidney Disease Taskforce said Winter Storm Uri raised many issues, including the need to have a good disaster plan. When water pipes froze and broke, dialysis units were not able to operate until the city made repairs. Each individual treatment requires liters of water processed through reverse osmosis and filters. Dialysis units need emergency power generators, an adequate water supply, portable dialysis machines, and emergency vehicles to transport patients. Texas has one of the highest rates of progressive kidney failure in the country. Patients diagnosed early can avoid dialysis, amputations or heart disease. When made available at an early stage, people with good blood pressure and blood glucose levels, medications, education about diet control, and access to healthcare can avoid progression to advanced kidney failure. UT San Antonio’s Health Science Center has a good mortality rate for patients on dialysis and could be a model across the state. GCPD might use the recommendations the Chronic Kidney Disease Taskforce is developing.

A kidney transplant is a complicated procedure requiring coordination of two living donors through multiple steps. Mr. Martinez asked about kidney donations and transplants during the COVID pandemic when hospitals did not allow elective surgeries. Dr. Sharma replied there has been about a 25% reduction of the number of transplants. With virtual medicine, patients can be seen at home, however blood pressures and blood samples need to be taken to avoid compromising patient care. Geographic areas of Texas have different populations, but in San Antonio, many patients receive diagnoses of diabetes, obesity, hypertension in their 20’s and 30’s. Getting and understanding data will help achieve better outcomes. Pragmatic clinical trials would see what interventions work and make a difference.

**Disability Rights Texas’ Winter Storm Survey Results and Impact**

Disability Rights Texas conducted a survey on the impact of Winter Storm Uri. Questions attempted to gauge unmet needs of persons with disabilities during and after the storm, as well as assess public awareness and accessibility disaster‑related services. Stephanie Duke discussed the 597 responses from 337 individuals who self-reported having a disability. The survey focused on electricity and generator availability, clean water, safety, community lifelines and effective emergency response. Power is important to operate life-sustaining equipment, to charge batteries for DME, and refrigerate perishable items. Lack of proper hydration can compound existing health conditions. The survey asked about local jurisdictions’ wireless emergency notification alerts and accessibility of messages. Only 6% of respondents had registered for STEAR, the majority were not aware of this voluntary registry. The survey asked about renters’ or homeowners’ insurance, and about applying for assistance from FEMA. Respondents expressed open-ended comments. The [report](https://media.disabilityrightstx.org/wp-content/uploads/2021/04/06100917/apr-5-2021-DRTX-winter-survey-report-FINAL.pdf) includes recommendations on inclusive planning practices, improving notification systems, weatherization, awareness about potential benefits from FEMA, Unemployment Insurance and Disaster-SNAP benefits, and assistance such as mental health resources.

**Response from Texas Division of Emergency Management (TDEM)**

Gisela Ryan-Bunger said Winter Storm Uri brought tremendous challenges from an emergency perspective for citizens all across the state. She explained Texas’ basic emergency management (EM) structure. From 1953 to 2021, Texas has had 101 disaster declarations but not every event rises to a federal disaster status. All disasters start and end locally. Judges or mayors are EM directors who have authority to appoint EM coordinators responsible for preparedness, planning, mitigation and response. Local jurisdictions should exhaust all local capabilities before requesting assistance from a higher level. There are 31 Disaster District Committees, assigned geographically and led by DPS with support from TDEM field personnel. Individuals from 39 state agencies, appointed by the governor through Executive Order GA-05, effect an efficient response at the State Operations Center. Agencies provide equipment, personnel or have statutory or regulatory oversight over a particular sector or infrastructure, and play a vital role in identifying necessary waivers that might be impediments to response. A federal disaster declaration allows Texas to engage FEMA partners, establishing a critical infrastructure for distribution of essential commodities. Statutory references include Texas Government Code, Chapter 418, Texas Disaster Act; Chapter 421, Homeland Security; and Chapter 433, State of Emergency Disasters. Texas Administrative Code, Title 37, Chapter 7 guide TDEM’s responsibilities.

Sending accessible alerts and notifications before an impending emergency. Local jurisdictions purchase from a variety of mass notification systems. Each system has different capabilities; some systems are not able to handle wireless emergency alerts. TDEM has 143 jurisdictions called public alerting authorities; the majority will try to use Reverse 9-1-1. Some jurisdictions use older technology. FEMA maintains a list of vendors and has a training course on the use of alert systems and shaping messaging.

Ensuring effective communications at emergency news conferences by including sign language interpreters in the camera’s frame. Media might consider picture-in-picture technology. TDEM partners with Texas A&M University for access to research technologies.

State-level policies to protect and restore electrical power to individuals with critical power-dependent durable medical equipment. Individuals may have been on a critical power list but Texans discovered that the companies were not able to be reliably supported. The priority is to support critical infrastructures like hospitals and 9-1-1 call centers.

Effectiveness of State of Texas Emergency Assistance Registry (STEAR). In 2009, Executive Order RP-57 formed the Transportation Assistance Registry (TAR) to make recommendations on evacuation of the coastal counties during hurricanes. In 2013, TAR’s function expanded to be an all hazards tool for emergency planners. Today TDEM manages the STEAR program and collects data of people who voluntarily register. Texans may call 2-1-1 to register. The registry form itself captures an individual’s unique needs. Local emergency managers pull data and apply it to planning processes. TDEM sends annual reminders to over 87,000 registrants as an opportunity to update information. Newly elected county judges or mayors may find information about STEAR on social media. Participating municipalities or counties are listed on TDEM’s website. If a county does not participate inquiries should be made to the county judge or commissioners’ court. Data custodians are able to download and review the guide on TDEM’s website.

**HHSC’s Efforts to Help Texans with Disabilities Prepare for Future Disasters and the 2021 Hurricane Season**

M.C. Lambeth, Director of Continuity and Emergency Management, spoke on House Bill 2325 (86R) that requires managed care organizations (MCOs) to submit disaster recovery and business continuity plans every year. The disaster recovery plan offers details for the restoration of management information systems in the event of an emergency or disaster. The business continuity plan focuses on logistical operations. Emergency preparedness is a responsibility that individuals and families tend to put off.

HHSC works with MCOs to disseminate resources to the community and to ensure continuity of member care in each service area. MCOs provide updates during and after the disaster for HHSC to learn of significant needs or relocation. COVID brought a higher awareness of regulatory involvement with hospitals and HHSC-regulated facilities. Ms. Lambeth’s staff conduct emergency training and tabletop exercises at the State Operations Center. HHSC is working with the Office of Disability Services Coordination, and the Civil Rights division to develop disaster preparedness language for people with disabilities or people with limited English proficiency. State hospitals and state supported living centers have their own emergency management coordinators aware of the residents’ needs. HHSC has a terrific disaster behavioral health services division. HHSC directs people to the website, [www.TexasReady.gov](http://www.TexasReady.gov).

Education around emergency preparedness should be easily understood, accessible and readable formats. Texas’ 2-1-1 network does not have a smartphone application for people without voices to communicate. Members asked how HHSC ensures MCOs are held accountable for safeguarding the health and safety of people they serve, and what methods of communication are used to guarantee an individual fully understands the preparedness conversation.

**Impact of Loss of Power on People with Power Dependent Medical Equipment**

Lora Taylor shared about her daughter’s medically fragile condition and severe seizure disorder. Home medical equipment consists of an oxygen concentrator, suction machine, and multiple oxygen tanks. The family was prepared for rolling blackouts, but not for extended power loss. They received no help when calling 2-1-1. Ms. Taylor’s daughter had registered on the State of Texas Emergency Assistance Registry (STEAR) program. She later applied to be on PUC’s Critical Care Registry. The Taylors tried to recharge the equipment using a car battery. Cell phone service was poor. They considered evacuation to a friend’s home but were cautious of exposure to COVID. Then pipes burst and they were without water for five days while waiting for plumbing repair. The combination of no power and no water is very complicated. Many Texans do not have financial means to purchase a whole-house generator. It is inexcusable that people who rely on electricity for durable medical equipment were without it.

Emily Wolinsky read a statement “Texas stranded me and left me in the freezing cold for 80 hours the day after Valentine’s Day”. As a person with paralysis she can’t regulate body temperature. She lost access to a nighttime ventilator. Personal care providers could not access roads to assist her with activities of daily living and administer medications. Ms. Wolinsky received no information from the city, county or state leadership. Updates arrived from friends via texts. The need is great to have people with complex disabilities involved in emergency management planning at the state level to solve problems.

**Incarceration of Persons with IDD and Mental Health Issues**

Krish Gundu and Dalila Reynoso from The Texas Jail Project discussed the state of care for people with disabilities in county jails. The core of their advocacy work is trying to educate and change the public narrative and misconceptions about the people who are in jail. Last year they represented 152 cases including people with severe mental illness or cognitive disabilities, veterans, and pregnant women. They work with Texas Judicial Commission on Mental Health, local mental health authorities and Texas Veterans Commission.

In 2013, over 40% of bookings into Texas county jails were individuals who had prior contact with the public mental health system. In 2016, adults with untreated mental health conditions were eight times more likely to be incarcerated than the general population. The Texas Jail Project identified the following gaps: data and reporting; oversight without enforcement; housing barriers to pretrial diversion or pretrial release; language or cultural barriers; continuity of medication; rights about medical information; jails without LMHA/MHMR contracts; continuity of care when a person has private insurance; and post release continuum of care. In 2019, over 40% of reports of non-compliance indicated improper notification process or screenings. Of non-compliant jails, 65% failed inspections around mental illness screening, observation checks, or medication practices. People are charged with violent offences when expressing disability manifestations. Fundamentally, jails are unsafe for people with disabilities. Injuries are common. Jail staff lack training, pay is not adequate and there is high turnover.

Telehealth screening, part of the Sandra Bland Act, mandates a booking officer to notify a Justice of the Peace triggering an evaluation. If there is no contract with a local mental health authority, jail personnel determine “crisis”. A local doctor may only visit a prison a few times a week. Some jails have pharmacies but there may be formulary issues; some jails allow medications from family members. Many jails have privatized medical providers that make it harder for families to interact. For people suspected of mental illness or IDD, 17.032 Personal Release bonds are underutilized. There is lack of data when it comes to mobile crisis outreach units. The biggest underlying issues are lack of appropriate housing for people and finding local resources for the homeless population. Housing begins with screening and classification. Connection to resources is a huge challenge.

Over 70% of all admissions are forensic. Recent HHSC data says there are approximately 1,400 people waiting for release from jail. The wait is three times longer to secure a bed at a maximum-security facility. During the 12-18 months of delay, decompensation accelerates in an under-resourced, over-crowded, non-therapeutic jail setting. Tools are underdeveloped for outpatient competency restoration. People who are incarcerated return to jail for multiple restorations while trying to break the cycle. Winter Storm Uri exacerbated poor jail conditions, ie: medication delays, meal interruptions, longer wait times to see medical staff, and dangerous unhygienic conditions. Once someone is in county jail as a veteran, the VA or local mental health authority will not offer services.

**Discussion of Past Emergency Management Policy Recommendations**

Monica Villarreal led a discussion of GCPD’s recommendations from the 85th, 86th, and 87th Texas Legislatures in the area of emergency management for possible inclusion as policy recommendations for the 88th Legislature.

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

Discussion: Texas Disability Task Force, an interagency advisory committee structured under TDEM, supports this recommendation. Members want the message to continue but agree TDEM can define their own procedures. One state agency’s FTE to serve the emergency management needs of five million Texans is a good investment. In times when there are no disasters, the position could promote preparedness and encourage local emergency managers to support an Access and Functional Needs Advisory Committee or provide training identified as best practices.

Ellen Bauman motioned to move recommendation #1 forward. Mr. Martinez seconded; members approved the motion by roll call vote.

1. Require all local emergency management jurisdictions to assign a local data custodian or develop a regional data custodian to manage their STEAR data and make it available to First Responders and local Emergency Managers in an emergency event.

Discussion: The recommendation connects STEAR and local emergency managers. Communities need a proactive, planned response system. A published summary of operational plans would provide transparency. STEAR could be a useful component for implementing emergency planning or response, however, it has not been consistent in its use. Smaller rural communities may not have financial resources available for a data custodian so multiple counties might collaborate. County judges can decide upon using the data. Having local data custodians should be a requirement. Registrants should know how data is going to be used when they sign up so there is not a false sense of security. Perhaps there could be a check box added to the registration form to authorize consent for an emergency manager to share data with Volunteer Organizations Active in Disaster. Communities should accept responsibility for evacuation of citizens when someone does not have options to evacuate independently. A person with a disability should serve on the STEAR Advisory Committee Members asked for research on how Texans learn about signing up for STEAR.

Elyse Lieberman motioned to ensure both an adult with a disability and a parent/guardian of a child with a disability are represented on the STEAR Advisory Committee. Ms. Bauman seconded; members approved the motion by roll call vote.

Ellen Bauman motioned to explore ways to establish volunteer data sharing and legal avenues for data-sharing agreements. Dr. Lieberman seconded; members approved the motion by roll call vote.

1. Encourage all state health and human service agencies and programs to follow Texas Government Code, Chapter 418, Section 127, by discussing emergency preparedness and evacuation planning with individuals with disabilities.

Discussion: This recommendation seeks HHSC’s compliance with House Bill 2325 (86R). M.C. Lambeth presented earlier about this legislation in the context of business continuity for MCOs. People with disabilities need to have an in depth conversation with a MCO case manager to fully understand what they need to do. Staff will research the final enactment of the bill. Members tabled this recommendation.

1. Develop a Rapid Response Behavioral Health Task Force composed of mental health professionals trained in applied behavioral analysis and mental health treatment protocols to help staff emergency shelters.

Discussion: There are not a sufficient number of trained professionals in temporary emergency shelters to serve people with disabilities and to advocate for their needs. Volunteers should be pre-screened and vetted. Volunteers could assist with training and determining protocol. The American Red Cross sometimes creates sensory rooms at mega centers. There is a unit at DSHS with disaster behavioral health responsibilities; we should consider inviting a subject matter expert to give a presentation. Language of earlier recommendations referenced specific disabilities - developmental disabilities, autism spectrum, mental illness, and certain neurological disorders. Consider adding Dr. Greene’s Collaborative and Proactive Solutions model.

Dr. Lieberman motioned to revise the recommendation to “develop a Rapid Response Behavioral Health Task Force composed of mental health professionals who are trained in trauma-informed care, best practices in behavior therapy and other mental health treatment protocols.” Ms. Bauman seconded; members approved the motion by roll call vote.

1. 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.

Discussion: Federal agencies direct the implementation of Next Generation 911 (NG911) standards. NG911 enables some services that have particular benefit for people with disabilities. NG911 systems enhance emergency number services by creating a faster, more resilient system that allows digital information (e.g., voice, photos, videos, text messages) to flow seamlessly from the public through the 911 network and, eventually to first responders. At the state level, a strategic plan was put in place five years ago. Members agreed that no action was necessary at this point.

**Individual Member Reports**

* Ms. Allen will give a presentation at Houston/Galveston Council of Governments on “Downtown Accessibility” and restoring facilities. She is excited for an in-person event with Little People of America.
* Ms. Bauman is working with the response/recovery subcommittees on durable medical equipment, dependent upon electrical power. She also is working with subcommittee on Guardianship issues.
* Dr. Lieberman is excited about working with Ross Greene and specialists from Region 3 Education Service Center on a pilot for Dr. Greene’s collaborative and proactive solutions. He will provide an overview for district and campus administrators.
* Mr. Lindsay is working with PVA Texas Chapter to support passage of Senate Bill 792, with Coalition of Texans with Disabilities and VFW, to expand coordination between veterans’ service organizations.
* Mr. Martinez works full time with VIA Transit Authority in San Antonio. VIA has a $24 million project to build a paratransit center exclusively to serve the disability community. VIA also announced they are working with a company on an app to serve blind/visually impaired patrons. He is excited about a project with TWC to provide aviation mechanic vocational training to students who are Deaf or hard of hearing.
* Dr. Orr is supporting efforts of people in her community to form an advisory board to serve people with disabilities. The National AHEAD conference will be in Austin this summer. Several representatives from TAMU Disability Resources will be involved.
* Mr. Rafaty met with city officials regarding the formation of a Disability Access Advisory Board. He will introduce author and advocate Dr. Al Condeluci at a Community Options training in Dallas. He is collaborating with Toyota USA on developing disability outreach for programs such as workforce readiness, mobility transportation, and education. North Texas Disability Chamber is planning events.
* Ms. Rudkin supports a Deaf teen group that allows a social connection with their peers, which has helped their mental health. The group is planning a summer camp. The Red Cross Disability Inclusion Committee recently appointed her to serve. She provides advocacy work for children experiencing trauma and abuse. She still works with her hearing dog, Hank, on a PBS television program.
* Mr. Workman looks forward to a more in-depth review of safety response.
* Dr. Bangor provided input and perspective to ODEP on COVID-19 Policy Collaborative for an Inclusive Recovery. A report would be helpful to the GCPD’s work.

**Future Meeting**

Mr. Lucey expects the quarterly meeting in July to be virtual. Mr. Rafaty motioned for staff to plan a meeting for half day on July 29 and full day July 30. Members approved the motion by roll call vote.

**Adjournment**

Chair Bangor thanked the presenters, members and exofficios for active participation. Mr. Rafaty motioned to adjourn the meeting. Members approved the motion by roll call vote. Meeting concluded at 5:07 p.m.

Submitted by Nancy Van Loan, Recorder

**Follow Up Items:**

* HHSC: provide a copy of 2020 IDD Strategic Plan workgroup’s report
* HHSC: accountability of MCOs to ensure the health and safety of people they serve
* HHSC: methods of communication used to guarantee an individual fully understands the preparedness conversation
* HHSC: Update on Access to Mental Health Services for Deaf Texans
* TWC: examples of training programs that could be replicated across the state