From:	Sunset Advisory Commission
To:	Jalisa Broussard
Subject:	FW: Public Input Form for Agencies Under Review (Private/Before Publication)
Date:	Monday, August 3, 2026 8:31:08 AM

From: sunset.website@brightleafgroup.com <sunset.website@brightleafgroup.com>
Sent: Sunday, August 2, 2026 5:42 PM
To: Sunset Advisory Commission <sunset@sunset.texas.gov>
Subject: Public Input Form for Agencies Under Review (Private/Before Publication)

Submitted on Sun, 08/02/2026 - 16:21

Submitted by: Visitor

Submitted values are:

Choose the agency that you would like to provide input about
Texas Workforce Commission

Public Comments
1

Organization you are affiliated with
Vocational Rehabilitation Services

Email

State
Texas

Your Comments or Concerns
1-Concern: BVI caseload size is expected to be the same size as a general caseload size; this is an unrealistic expectation. How can they be the same size if they do not offer the same services, and blind and visually impaired services require more processing? Having 85-120 cases is unrealistic when providing services to a specialized population who require several services to become independent and be able to obtain and retain employment.
Example: If a deaf and hard of hearing person comes in for services, they will need to see an ear, nose, and throat doctor, then see an audiologist, then go for fittings, and then

pick up the final purchase of hearing aids. Then, after having the hearing aids and continuing to work, they can be successfully closed.
Whereas a blind and visually impaired person will require doctor appointments to assist them with their vision issues. They may require injections, they may require surgery, or need to be seen by other eye specialists. The customer may then need vocational rehabilitation teacher services to assist them with learning independent daily living skills (such as how to choose clothing with limited or no vision, kitchen safety, and other skills). The customer will need an employment assistance specialist to do an evaluation of technology needs. Then, after the employment assistance specialist evaluation, the customer will have the opportunity to go to an assistive technology evaluation in Austin to demo assistive technology to determine what technology would assist them to be independent. After that, the counselor has to purchase this technology from different vendors, which takes time.
Depending on their vision, they may need orientation and mobility (use of the cane) to learn how to travel independently. The customer may need diabetes education from the diabetes educator specialist. If they do not know what kind of job they can do due to their vision loss, then they may need to be sent to the vocational diagnostic unit for a vocational evaluation and possibly a psychological evaluation. If the customer is deaf/blind, they will need to be connected to the Deaf/Blind Specialist for evaluation of adaptive aids and training.
There is always the possibility that the customer may need to attend Criss Cole Rehabilitation Center for more involved training with them living at Criss Cole for several months.

2-Concern: Losing vendors because the bills are not being paid in a timely manner. A pilot program was attempted and failed.

3-Concern: Blind and Visually Impaired Services used to have one Rehabilitation Assistant to each Vocational Rehabilitation Counselor. Rehabilitation Assistant is not able to properly support the Vocational Rehabilitation Counselor by providing extensive services to the customer. Customers complain that services are too slow and are not being processed quickly enough, thus delaying the opportunity to move from service to service in a timely manner. Rehabilitation Assistants are in charge of filing information, and at this time the e-filing system is not working as they do not have enough time to file due to covering more than one caseload at a time.

4-Concern: The Regional Blind Services Specialist and the Community Outreach and Awareness Specialist positions were both eliminated. If Sunset said the staff needed more assistance/support, why were these essential positions removed from the agency?

The Regional Blind Services Specialist offers support to all staff -Counselors, Assistants, Vocational Rehabilitation Teachers, Employment Assistance Specialists, Supervisors, and General staff through consultations on eye reports, in-house providers, explaining policies and procedures, mentoring, facilitating group meetings, and training. Blind Services Specialists collaborate with all staff as well as state office staff to ensure policy concerns are shared and assist with training needs for the field staff.
Community Outreach and Awareness Specialist is needed to continue doing community outreach, seeking new vendors, and doing presentations to community stakeholders regarding services to increase referrals for the Blind and Visually Impaired caseloads.

5-Concern: Training is an issue affecting all staff. Due to the cutback of training and in-person training, new counselors are taking longer to learn how to provide necessary services to customers. Lack of training affects all staff members. Virtual training does not work, as everyone has too many job duties and cannot focus on the training even though they say they can. It shows by their lack of understanding when having to perform the necessary tasks.

6-Concern: If State Office asked for their review amounts to be lowered due to the increase in cases, this would indicate a need for more employees to handle the influx of cases. More full-time employees are needed to meet the needs of the state growing and caseloads increasing.

7-Concern: Current attempts to get raises leave staff hopeless and feel as though a raise is not attainable. Staff must meet the career ladder requirements and then additional caseload requirements, which are not part of the career ladder. The additional criteria often leave staff morale low and feeling they can never attain the goal set of having a perfect caseload due to lack of support, as they rely on the Rehabilitation Assistant to provide assistance to the caseload, but who do not have the bandwidth to do so.

Your Proposed Solution
1-Solution: Have different caseload expectations in policy for general and Blind and Visually Impaired, with the caseload amount being 65 so Counselors can provide quality services to this population. Ensure this messaging is set as Supervisors and Managers will be wishy washy about the caseload size. BVI cases require long-term assistance through services, unlike most general cases, for which those services can be accomplished in a year's time. Therefore, Blind should be separated and set as a stand-

alone agency or sent to HHSC.

2-Solution: Have an accounts payable staff in each Unit to ensure payments are being made in a timely manner to prevent losing vendors and keeping relationships healthy.

3-Solution: Have a one-to-one ratio for Rehabilitation Assistant and a BVI Counselor in order to ensure services are provided timely and Rehabilitation Assistant can perform job duties.

4-Solution: Return the Blind Service Specialist and the Community Outreach and Awareness Specialist positions to support staff.

5-Solution: More in-person training.

6-Solution: Add more full-time employees to the Agency.

7-Solution: Stick to only the requirements of the career ladder, which requires staff to meet training goals and not include the performance review.

My Comments Will Be Made Public
Yes