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Choose the agency that you would like to provide input about
[Texas Workforce Commission](#)

Public Comments

1

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Your Comments or Concerns

TWC's 2023 ReHabWorks infrastructure modernization did not necessarily resolve the frontline workflow problems affecting vocational rehabilitation counselors and customers. Counselors may still re-enter information already held by the agency, rely on reports that are not updated in real time, search across separate systems for customer documents, manually route service records, and track compliance deadlines outside the case-management workflow. These limitations consume time that should be devoted to counseling, employment planning, assistive technology, and direct customer services. They can also create significant accessibility barriers for customers who are blind, newly blind, or unable to use conventional document-submission methods independently. These concerns and their effects are detailed in the attached Paper 1, "Technology That Empowers People."

Your Proposed Solution

As detailed in the attached Paper 1, I recommend that the Sunset Advisory Commission direct TWC to conduct an independent, user-centered assessment of ReHabWorks and the surrounding VR technology environment. The assessment should determine whether the current system can provide secure and accessible document submission, one-time data entry, near-real-time caseload reporting, automated compliance reminders, integrated service authorizations and IPE amendments, reliable audit trails, and accessible electronic signatures. TWC should then develop a measurable modernization plan comparing continued enhancement of ReHabWorks with other technology options, while including customers with disabilities and frontline VR staff in system design, testing, and implementation.

Attachment

[Paper 1 Technology That Empowers People - Sunset Advisory Commission Recommendation.pdf](#) (244.38 KB)

My Comments Will Be Made Public

Yes

TEXAS SUNSET ADVISORY COMMISSION

PAPER 1

Technology That Empowers People

A Vision for Modernizing Information Technology to Strengthen Vocational Rehabilitation Services in Texas

Central proposition: Texas should evaluate vocational rehabilitation technology by whether it reduces administrative friction, protects disability and medical information, expands independent access, and gives counselors more time to deliver counseling, guidance, and employment services.

Submitted by Jeanette S. Lee, MRC, CRC

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August 2, 2026

Document Purpose and Author Perspective

This paper is submitted as public policy analysis for the Sunset review of the Texas Workforce Commission (TWC). It is not a request for the Sunset Advisory Commission to decide an individual employment dispute. It uses firsthand operational observations to identify system-level risks and opportunities that can be tested through records, user research, accessibility testing, workflow measurement, and audit evidence.

The author brings a dual professional perspective: experience leading private-sector information technology work and experience as a Certified Rehabilitation Counselor serving Texans who are blind or visually impaired. That combination matters because a case-management system is not merely a database. It shapes how quickly a customer can enter the program, how reliably documents reach the case record, how counselors monitor deadlines, how managers interpret performance, and how much professional time remains for direct vocational rehabilitation work.

Scope limitation: This paper does not prescribe a particular vendor or assume that replacement is the only acceptable answer. It recommends a requirements-led, independently validated modernization process. TWC should be allowed to demonstrate whether its present platform can meet the required outcomes before the State commits to replacement, re-platforming, or further renovation.

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Executive Summary

Texas has already invested in ReHabWorks modernization. TWC reports that a three-release renovation completed in August 2023 migrated the system to Amazon Web Services, integrated legacy TxROCS reporting functions, added single sign-on and database upgrades, introduced a caseload dashboard and customer messaging through SARA, and streamlined reports. TWC’s own award submission states that the system is used by more than 1,300 staff statewide. Those accomplishments are material and should be recognized. They also create the right moment for a second question: did the renovation measurably transform the daily experience of customers and frontline vocational rehabilitation staff? [1]

From a frontline perspective, significant friction can remain even after a successful infrastructure project. Counselors may still re-enter information already held by the agency; wait for overnight reporting before seeing current caseload status; search across ReHabWorks and separate collaboration repositories; manually generate or route service records; track compliance deadlines outside the case-management workflow; and spend time helping customers deliver documents through channels that are difficult for people who are newly blind or who do not have accessible technology. A document referenced in a case note may not be readily available where the counselor expects to find it. When the system does not make the next required action visible, compliance depends too heavily on memory, parallel spreadsheets, email, calendars, and supervisory reconstruction.

These are not minor convenience issues. Every repeated field, delayed dashboard, manual handoff, and inaccessible document step consumes capacity that should be used for vocational counseling, informed choice, assistive technology planning, training coordination, job development, and employer engagement. Federal VR rules emphasize individualized planning, the full range of necessary services, coordination with the statewide workforce system, informed choice, timely service, and access for individuals with disabilities. Technology should operationalize those duties rather than add another layer of work. [2]–[6]

Recommended Sunset action: Direct TWC to complete an independent, user-centered VR technology capability assessment and submit a modernization plan with measurable requirements, costs, risks, timelines, accessibility results, and implementation options. The plan should compare continued enhancement of ReHabWorks against re-platforming or procurement of a specialized solution without preselecting a vendor.

The proposed standard is straightforward: information should be entered once and reused lawfully; documents should travel securely into the authoritative case record; deadlines should generate visible, graduated alerts; common authorizations and plan amendments should be assembled from approved case data; dashboards should update in near real time; customers should be able to complete, sign, upload, and review information independently using accessible technology; budget tools should support—not ration—individualized services; and every consequential data action should be auditable.

1. The Sunset Issue

Issue statement

TWC cannot demonstrate that the ReHabWorks technology environment consistently converts its 2023 infrastructure modernization into reduced frontline burden, independent customer access, reliable record handling, real-time compliance visibility, and integrated workforce service delivery.

Why this belongs in Sunset review

Sunset review examines whether an agency's structures and processes are effective, accountable, efficient, and aligned with statutory purpose. The question is therefore larger than whether ReHabWorks is online, cloud-hosted, or supported. The relevant performance question is whether the complete technology environment enables TWC VR to deliver individualized services promptly and securely while making prudent use of counselor time and public funds.

- 23. **Operational efficiency.** Redundant entry and manual routing consume skilled staff time and create avoidable error opportunities.
- 24. **Program effectiveness.** Delayed or incomplete information can postpone eligibility, planning, authorizations, training, or case progress.
- 25. **Accessibility.** Customers with visual, cognitive, physical, hearing, or communication disabilities must be able to use digital channels independently.
- 26. **Accountability.** TWC needs traceable records showing receipt, access, modification, deletion, routing, and resolution of customer documents and tasks.
- 27. **Workforce integration.** A consolidated agency should be able to coordinate services across WIOA partners without forcing customers and counselors to recreate information.
- 28. **Stewardship.** The State should know the full lifecycle cost and benefit of maintaining, enhancing, replacing, or re-platforming ReHabWorks.

A testable policy question

Can a counselor and customer complete the core VR lifecycle—from referral and application through eligibility, the Individualized Plan for Employment (IPE), service authorization, progress monitoring, employment, and closure—through an accessible, secure, integrated workflow that avoids unnecessary re-entry and exposes the next required action in real time? Sunset should require TWC to answer this with evidence, not architecture descriptions alone.

2. What TWC Has Already Modernized

TWC's ReHabWorks renovation should be treated as the baseline for assessment, not dismissed. According to the agency's NASCIO award materials, the project migrated VR systems to AWS, integrated TxROCS functions, sustained Enterprise Data Warehouse connectivity, enhanced information sharing and virtual case files, integrated workflows, and expanded customer messaging. The final release was

deployed August 31, 2023. Earlier releases added a caseload management dashboard, reporting changes, and the SARA virtual assistant. [1]

Reported 2023 improvement	Intended value	Sunset follow up question
Cloud migration	Modern, supportable infrastructure	What measurable reductions occurred in downtime, latency, defect rate, maintenance cost, and processing time?
TxROCS integration	Fewer legacy systems and streamlined reporting	Which tasks or duplicate fields were eliminated for counselors, assistants, managers, and customers?
Caseload dashboard	Better visibility into case health	How current is the data, and can users act directly from the dashboard?
SARA messaging	Additional customer communication path	Is the complete interaction accessible, retained in the authoritative record, and linked to actionable workflow?
Virtual case files	Improved information sharing	Are all case documents stored, routed, retained, and audited within one authoritative environment?

This distinction is important: modernization can succeed at the infrastructure layer while leaving process debt at the user layer. Moving a manual workflow to the cloud does not by itself remove duplicate entry, improve document intake, make a form accessible, connect an incoming report to the next required task, or create real-time compliance intelligence. Sunset should evaluate the end-to-end service pathway rather than treating cloud hosting as proof that modernization is complete.

3. The Remaining Frontline Problem

3.1 Redundant entry and avoidable reconstruction

Information gathered at referral, application, intake, eligibility, and planning should populate later workflows when legally and programmatically appropriate. Yet counselors may be required to rekey demographic, provider, service, and planning information when requesting services or preparing documents. Re-entry creates four costs: staff time, inconsistency between records, delayed approvals, and difficulty determining which field is authoritative.

A modern workflow should present pre-populated data with clear source attribution and require the counselor to confirm or update it. Reuse must never convert professional judgment into an automatic decision. It should eliminate clerical duplication while preserving a visible review step.

3.2 Split document handling

Frontline work may involve ReHabWorks plus Microsoft Teams or other collaboration locations used for images and documents. The concern is not that collaboration technology is inherently insecure. The concern is whether the specific configuration, permissions, retention rules, audit logs, ownership, and transfer workflow provide controls equivalent to an authoritative case record. If a case note says a

customer supplied a document but the document cannot be found where needed, the agency needs a traceable answer: when was it received, where was it stored, who accessed it, whether it was moved or deleted, and whether the customer was notified of any deficiency?

3.3 Delayed caseload status

When reports update only after an overnight cycle, counselors and supervisors cannot see the effect of work completed that day. A stale dashboard can cause unnecessary follow-up, duplicate effort, inaccurate management conversations, and missed opportunities to correct a deadline before it becomes a violation. Near-real-time visibility is especially important for large caseloads and for counselors returning from leave or covering another caseload.

3.4 Compliance managed outside the workflow

Eligibility, IPE development, annual review, student progress, service reports, and other time-sensitive actions should not depend primarily on an individual remembering dates or maintaining a private tracking system. The platform should calculate clocks from authoritative events, display the rule and due date, warn the responsible team, and provide a lawful escalation path. A system should prevent accidental finalization of an inconsistent action where appropriate, but it should not indiscriminately freeze a case in a way that blocks needed customer services.

3.5 Customer barriers become counselor workload

A customer who is blind, newly blind, has low digital literacy, lacks accessible hardware, or cannot travel easily may need extensive assistance simply to transmit information. That assistance is sometimes appropriate rehabilitation counseling. But when the difficulty comes from an inaccessible or fragmented intake and document-delivery process, the technology has shifted an administrative burden to the customer and then to the counselor. The result is less time for employment exploration, specialized training, assistive technology coordination, employer engagement, and direct counseling.

Frontline vision: If technology worked as it should, counselors could spend more time exploring employment opportunities, specialized training, and partnerships with technology entities advancing access for people who are blind or visually impaired.

4. Design Principles for a Modern VR Platform

Principle	Operational meaning
Enter once, reuse responsibly	Capture information at its source; pre-populate later forms; show provenance; require confirmation when a decision or attestation is involved.
Authoritative record	Keep case documents, messages, decisions, and task history in or reliably linked to one governed record.
Accessible by design	Test with disabled customers and staff using real assistive technologies throughout design

Principle	Operational meaning
	and release.
Real-time actionability	Show current status, next action, owner, due date, and dependencies without waiting for overnight reports.
Professional judgment preserved	Automate assembly, reminders, routing, and validation; reserve eligibility, informed choice, service need, and case decisions for qualified staff.
Transparent rules	Explain why an alert, validation, restriction, or recommendation appears and identify the governing policy.
Minimum necessary access	Use role-based access and segregation appropriate to the sensitivity and purpose of the information.
Interoperability	Exchange data through governed interfaces and avoid forcing customers to recreate information already held by the workforce system.
Measurable improvement	Tie every feature to a baseline and outcome: time saved, errors prevented, access improved, or service accelerated.
Human support remains available	Digital access expands choices; it does not eliminate telephone, in-person, interpreter, or accommodation pathways.

5. Required Functional Capabilities

5.1 Unified customer profile and reusable data

29. Create a single, governed customer profile with field-level source, verification date, and update history.
30. Pre-populate recurring demographic, contact, disability, provider, and service fields from approved data.
31. Allow customers to propose corrections through an accessible portal while preserving staff review and audit history.
32. Identify conflicts between records rather than silently overwriting information.
33. Support lawful household, guardian, representative, interpreter, and alternate-format preferences without confusing those roles with the customer.

5.2 IPE drafting and amendment support

The system should assemble a draft IPE from confirmed intake, eligibility, assessment, informed-choice, employment-goal, and service information. When an assistive technology purchase or other agreed service is approved, the platform should offer to prepare the corresponding amendment and carry forward continuing services. The counselor must review the proposed content, discuss it with the customer as required, and authorize the final plan. The system should identify what changed and retain every signed version.

5.3 Service authorization automation

For commonly purchased services, the platform should generate a draft authorization using confirmed customer, provider, service, rate, location, and funding data. It should validate required fields, detect

duplicate or conflicting authorizations, route approvals, deliver the authorization securely to the correct provider, and connect incoming reports and invoices to the authorization. An override should be available when a different provider is needed because of availability, customer informed choice, accessibility, geography, specialization, or another documented reason.

5.4 In-house service routing

When the customer is likely to need an in-house service—such as vocational rehabilitation teaching or specialized deaf-blind consultation—the system should create a draft referral or service record, notify the appropriate staff, and track acceptance and scheduling. Assignment rules must allow documented exceptions, including customer preference when relevant to effective service delivery.

5.5 Document and report intake

34. Accept accessible customer uploads, mobile capture, provider submissions, routed fax, secure email ingestion, and staff scanning.
35. Stamp receipt time and source; scan for malware; classify the document; associate it with the correct case; and place it in a review queue.
36. Notify the counselor and other authorized team members when a report arrives and identify the task it may satisfy or trigger.
37. Prevent untraceable deletion; preserve version history; and document correction of misfiled records.
38. Give customers an accessible receipt and explain whether further action is required.

5.6 Accessible electronic signatures

Customers and staff should be able to review and sign documents using keyboard navigation, screen readers, magnification, voice control, and mobile devices. The workflow should distinguish consent, acknowledgment, approval, and attestation; record the version signed; provide an accessible copy; and support a documented alternative when electronic signature is not appropriate.

5.7 Student and education workflows

The platform should track measurable skill gains and education milestones, remind students about transcripts and progress documentation, and generate an authorization form when the customer elects to allow TWC to request records directly. Reminders should be accessible, configurable, and coordinated so the customer is not flooded with duplicate notices from multiple staff members.

6. Accessibility and Customer Independence

Accessibility is not a final compliance check applied after procurement. It is a product requirement, a testing discipline, and a governance responsibility. One-stop services provided electronically are

expected to improve efficiency, coordination, and quality, and one-stop systems must be evaluated for programmatic accessibility and equal opportunity for people with disabilities. [5][6]

6.1 Required testing model

39. Define critical user journeys before design: application, document upload, status review, appointment confirmation, message receipt, IPE review, signature, correction request, and appeal or complaint information.
40. Recruit customers and staff with diverse disabilities, including people who are blind, have low vision, are deaf-blind, use alternative input, have cognitive disabilities, or rely on mobile accessibility features.
41. Test with actual assistive technologies and realistic documents, not only automated scanning tools.
42. Record completion rate, time, errors, requests for sighted assistance, and abandonment.
43. Treat any step requiring avoidable sighted help as a service-design defect and document remediation before statewide release.
44. Repeat testing after meaningful interface or workflow changes and publish a plain-language accessibility conformance summary.

6.2 Newly disabled customers

A newly blind customer may not yet have mastered screen-reading software or accessible document capture. A well-designed system should not assume advanced technical skill. It should offer simple language, progressive disclosure, saved progress, clear telephone support, optional staff-assisted entry, alternate formats, and confirmation that a submission arrived. Accessibility must include usability for people still acquiring adaptive skills.

6.3 Digital choice, not digital-only service

A portal should expand independent access, not become a gatekeeping mechanism. Customers must retain practical ways to apply, communicate, sign, and provide documents by telephone, in person, mail, or another reasonable method. Staff should be able to record an accommodation or preferred communication mode once and have it respected across workflows.

7. Information Governance, Privacy, and Auditability

VR records may contain highly sensitive disability, medical, educational, financial, employment, and family information. The policy question is not whether a named product is categorically secure or insecure. It is whether TWC has defined and enforced controls for the way each repository is configured and used.

Control domain	Minimum evidence Sunset should require
System of record	Written designation of the authoritative location for each record type and the process for reconciling copies.
Access	Role-based permissions, periodic access recertification, separation of duties, and prompt removal of access.
Audit logs	Who viewed, downloaded, changed, moved, shared, or deleted information; timestamps; retention; review procedures.
Retention and legal hold	Schedules by record class, suspension of deletion when required, and documented disposition.
Data loss prevention	Rules governing external sharing, download, device storage, printing, email, fax, and collaboration spaces.
Misfiled or missing records	Incident workflow, customer impact review, recovery steps, notification criteria, and corrective action.
Third parties	Provider identity, secure submission, contractual controls, breach duties, and access termination.
Continuity	Backup, recovery objectives, restoration testing, and procedures for continued service during disruption.

TWC should conduct a targeted data-flow inventory showing how a document moves from customer or provider receipt to classification, review, case association, decision, retention, and disposal. Every transfer between systems is a potential delay, access, integrity, or accountability risk. The inventory should identify manual downloads, local copies, email attachments, fax queues, collaboration folders, and integrations.

8. Real-Time Caseload Intelligence

A counselor dashboard should be a decision tool, not a delayed report. It should answer five questions immediately: What changed? What is due? What is blocked? Who owns the next action? Which customers may be experiencing avoidable delay?

8.1 Compliance clock engine

45. Start clocks from authoritative triggering events and show the underlying date and rule.
46. Use graduated alerts at configurable intervals, with clear severity that does not rely on flashing alone.
47. Notify the counselor and designated assistant; escalate according to a written policy when the risk becomes imminent.
48. Explain acceptable extension or exception pathways and require documentation rather than silently resetting dates.
49. Allow supervisors to see aggregate risk without exposing more customer detail than necessary.
50. Avoid blanket case freezes that could prevent urgent or necessary services; use targeted validation and supervisory override.

8.2 Caseload analysis

The platform should identify cases approaching eligibility, IPE, annual-review, education, employment, and closure milestones; cases with missing recent contact or counseling documentation; provider reports awaiting review; open authorizations without expected deliverables; customers whose progress has stalled; and cases that may need short-term services before closure. Results should link directly to the relevant case and task.

8.3 Workload context

A count of open cases does not show workload. A useful dashboard should distinguish intake volume, active service coordination, training and education cases, assistive technology complexity, employer development, deaf-blind coordination, cases covered for absent staff, and administrative recovery after leave. These indicators should support staffing and assistance decisions, not create an automated score that substitutes for individualized review.

9. Workflow Automation and Professional Judgment

The most valuable automation removes copying, searching, routing, waiting, and reconciliation. It should not decide who is worthy of service or reduce individualized planning to a standardized bundle. Federal regulations require assessment of each person's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. [3]

Appropriate to automate	Must remain human led
Pre-populating verified fields	Determining eligibility and priority
Calculating deadlines and reminders	Selecting an employment outcome through informed choice
Drafting standard documents	Determining the nature and scope of necessary services
Routing authorizations and reports	Evaluating conflicting evidence and exceptions
Checking completeness and consistency	Counseling, guidance, relationship-building, and advocacy
Forecasting budget commitments	Approving expenditures and balancing individual need with policy
Summarizing task history with citations	Making disciplinary or personnel judgments about staff

10. Integration Across the Workforce System

TWC describes itself as operating an integrated workforce development system, and Texas's consolidation of all six WIOA core programs within one agency is unusual. [7] That structure creates an opportunity: customers should not have to repeatedly provide the same basic information, and counselors should be able to coordinate with workforce partners through governed, consent-aware processes.

Integration should begin with defined use cases rather than unrestricted access. Examples include confirming co-enrollment, referring a customer to a workforce service, receiving status of a referral, accessing relevant labor-market information, avoiding duplicate assessments, and verifying outcomes where authorized. Each exchange should have a legal purpose, minimum data set, consent or other authority, responsible owner, correction process, and audit trail.

Integration safeguards

51. Do not expose disability or medical information merely because systems can be connected.
52. Use role- and purpose-based access, not broad visibility across divisions.
53. Tell customers what information will be shared, with whom, and why in accessible language.
54. Preserve a record of referrals and outcomes without forcing counselors to enter the same event in multiple systems.
55. Create a correction and dispute process when data received from another system is inaccurate.
56. Measure whether integration reduces customer and staff effort and improves service coordination.

11. Responsible Use of Artificial Intelligence

AI may help counselors draft case notes, summarize lengthy provider reports, suggest missing documentation, classify incoming records, or identify deadlines. It also introduces risks of fabricated content, omitted nuance, bias, unauthorized disclosure, and automation complacency. Any AI feature used in VR should be narrow, transparent, reviewable, and subordinate to professional judgment.

Minimum AI controls

57. Define the permitted use case and prohibit use outside it without review.
58. Keep protected data within an approved environment and contractually prohibit reuse for unrelated model training.
59. Show the source material supporting a summary or recommendation.
60. Require the counselor to review, correct, and affirmatively approve generated case-record text.
61. Label AI-assisted content in system history without stigmatizing the customer or counselor.
62. Test for differential errors affecting disability groups, language groups, and assistive-technology users.
63. Provide a non-AI workflow and a way to report harmful or inaccurate output.
64. Prohibit automated eligibility, service denial, closure, disciplinary, or performance-rating decisions.

12. Governance and Accountability

Modernization should be governed jointly by VR program leadership, frontline users, customers, accessibility experts, information security, privacy, records management, data governance, procurement, and enterprise IT. No single group sees the whole service pathway.

12.1 Standing VR Digital Governance Council

65. Include voting frontline representation from general and blind/visually impaired caseloads, rehabilitation assistants, supervisors, specialists, and field regions.
66. Include customers with disabilities and the State Rehabilitation Council through a compensated, accessible participation process.
67. Publish prioritized problems, decision criteria, accessibility findings, release notes, and performance measures, with lawful redactions.
68. Require written disposition of significant user recommendations: accepted, deferred, rejected, or under study, with rationale.
69. Maintain a transparent backlog separating defects, compliance risks, accessibility barriers, enhancements, and policy changes.

12.2 Product ownership

TWC should name a senior product owner accountable for end-to-end VR outcomes, not merely software delivery. Success measures should include customer task completion, accessibility, counselor time, service timeliness, document integrity, and defect resolution. The product owner should have authority to resolve cross-divisional conflicts and should report at least quarterly to executive leadership and the Commission during implementation.

12.3 Change control

Changes to deadlines, validations, required fields, reports, or workflow logic can alter how employees are evaluated and how customers receive services. TWC should document the policy authority, user impact, testing, training, effective date, and rollback plan for each consequential change. Staff should not discover a new compliance rule through a system error message.

13. Procurement and Options Analysis

The State should not begin with the conclusion that ReHabWorks must be replaced or that continued internal enhancement is necessarily best. It should compare at least three realistic options using the same requirements and lifecycle horizon.

Option	Potential strength	Primary risk to test
Continue enhancing	Preserves investment, internal knowledge, and	Process debt may remain; enhancements may

Option	Potential strength	Primary risk to test
ReHabWorks	continuity	be slower or costlier than projected.
Re-platform modularly	Allows staged replacement of high-friction capabilities	Integration complexity and temporary dual workflows can increase burden.
Procure specialized VR platform	May provide proven federal VR workflows and vendor maintenance	Fit, accessibility, migration, customization, lock-in, and total cost must be independently validated.
Enterprise public-sector platform	May support cross-program integration and configurable workflows	Configuration can become custom development under another name; VR specialization may be insufficient.

Required cost model

70. Ten-year licensing, hosting, infrastructure, vendor, contractor, and state staff costs.
71. Enhancement backlog, federal reporting changes, security remediation, accessibility remediation, and technical debt.
72. Data cleansing, migration, reconciliation, parallel operations, training, and productivity transition.
73. Integration development and recurring interface maintenance.
74. Exit costs, data portability, configuration ownership, and vendor transition assistance.
75. Benefits stated in measurable labor hours, cycle time, error reduction, service access, and risk reduction—not generalized transformation claims.

Market research standard

Vendor demonstrations should use scripted Texas scenarios and representative assistive technologies. TWC should not accept a vendor’s general statement that a product is “accessible,” “integrated,” “AI-enabled,” or “VR-ready.” Each claim must be demonstrated against a requirement, recorded, scored by independent users, and incorporated into enforceable acceptance criteria.

14. Pilot and Implementation Roadmap

Phase	Timeframe	Required output
1. Independent discovery	0–6 months	Workflow inventory, baseline measures, accessibility evaluation, data-flow map, user research, requirements, and options screening.
2. Prototype and procurement preparation	6–12 months	Clickable prototypes, user tests, target architecture, security/privacy requirements, cost model, procurement or enhancement plan.
3. Controlled pilot	12–20 months	Pilot in varied regions and specialty caseloads; parallel validation; defect, accessibility, and burden results.
4. Incremental rollout	20–36 months	Wave-based deployment, training, support, migration reconciliation, and public performance dashboard.
5. Optimization and audit	36–48 months	Benefits realization review, independent accessibility retest, security audit, backlog closure, and legislative report.

Pilot selection

The pilot should include urban and rural offices; general and BVI caseloads; high-volume intake; students; customers needing assistive technology; deaf-blind coordination; counselors and assistants with disabilities; and staff returning from extended leave or covering cases. This is not to test employees. It is to test whether the platform supports the full range of work conditions.

Go/no-go gates

76. No unresolved critical accessibility barrier in a core customer or staff workflow.
77. No unexplained loss, duplication, or corruption of migrated documents or case events.
78. Demonstrated reduction in duplicate entry and task completion time.
79. Reliable calculation and display of compliance clocks.
80. Documented recovery, rollback, and continuity capability.
81. Training and support readiness, including accessible materials and role-based practice environments.
82. User acceptance results disaggregated by role, region, and disability without exposing individual identities.

15. Measures Sunset Should Require

Measure	Baseline and reporting approach
Duplicate entry burden	Time and keystrokes for representative workflows before and after; number of fields re-entered.
Customer independence	Percentage completing each core digital journey without staff or sighted assistance, disaggregated by access need.
Document integrity	Receipt-to-case time; misfile, duplicate, missing, and recovery rates; unresolved exceptions.
Dashboard currency	Age of displayed data and latency between case action and dashboard update.
Compliance prevention	Number and rate of deadlines corrected before violation; alert precision; overrides and reasons.
Service velocity	Median days across referral, application, eligibility, IPE, authorization, service start, and report review.
Counselor capacity	Estimated hours shifted from clerical processing to counseling, guidance, employment, and employer work.
Accessibility defects	Critical/high defects opened, fixed, retested, and aged; task completion by assistive technology.
User experience	Customer and staff task-level satisfaction, not only general system satisfaction.
Lifecycle cost	Actual versus forecast cost by development, operations, vendors, integration, remediation, and training.

Measures should not be used to punish staff for defects created by the system. During transition, TWC should identify metrics affected by migration, training, parallel work, defects, or reporting latency and explain those effects before using data for performance conclusions.

16. Proposed Sunset Recommendations

Recommendation 1 — Require an independent VR technology capability assessment

Direct TWC to contract for or otherwise obtain an independent assessment of ReHabWorks and the surrounding technology environment. The assessment should evaluate end-to-end workflows, duplicate entry, data latency, document handling, accessibility, privacy, cybersecurity, auditability, integrations, reporting, user burden, and total lifecycle cost. It should include customers and frontline staff and should be delivered to TWC's governing Commission and Sunset staff.

Recommendation 2 — Require a requirements-led modernization plan

Require TWC to submit a plan comparing continued enhancement, modular re-platforming, specialized VR procurement, and enterprise-platform alternatives. The plan should identify requirements, costs, benefits, risks, milestones, procurement strategy, migration approach, workforce impact, and contingency plans. No vendor should be preselected in the directive.

Recommendation 3 — Establish enforceable accessibility and user-acceptance gates

Require TWC to define critical journeys and demonstrate independent completion by customers and staff using representative assistive technologies before statewide release. Automated accessibility scans may supplement but not replace human testing. Contract acceptance and payment milestones should depend on remediation of critical barriers.

Recommendation 4 — Designate one authoritative case-record and document-governance model

Require TWC to document the authoritative repository for every VR record type, the approved use of collaboration repositories, access controls, audit logging, retention, incident response, reconciliation, and procedures for missing or misfiled records. Incoming documents should generate a traceable receipt and workflow status.

Recommendation 5 — Implement real-time compliance and caseload intelligence

Require TWC to provide near-real-time dashboards, authoritative compliance clocks, graduated accessible alerts, task ownership, provider-report notifications, education milestones, and actionable caseload analysis. Validation controls must preserve lawful exceptions and must not block necessary customer services without review.

Recommendation 6 — Automate clerical work while protecting individualized decision-making

Require one-time data capture, pre-populated forms, draft IPE and amendment support, draft service authorizations, integrated referrals, and accessible signatures. TWC should publish a decision-rights matrix identifying which actions may be automated and which require qualified professional judgment or customer informed choice.

Recommendation 7 — Create permanent VR digital governance with frontline and customer participation

Require a standing governance body with compensated and accessible customer participation, frontline representation across program specialties, and transparent disposition of material recommendations. Establish a single accountable product owner and quarterly outcome reporting during modernization.

Recommendation 8 — Require benefits realization and legislative reporting

Require TWC to report baseline and post-implementation measures for customer independence, document integrity, service timeliness, dashboard latency, accessibility, staff burden, defects, and lifecycle cost. An independent review should occur after major rollout and before the project is declared complete.

Conclusion

Texas has already demonstrated that it can undertake a substantial ReHabWorks technology project. The next phase should be judged by a more demanding standard: whether modernization reaches the customer and the counselor. A cloud-hosted system can still require manual copying. A dashboard can still be stale. A messaging tool can still sit outside the next action. A document can still be received but difficult to locate. A nominally digital process can still require sighted assistance.

The purpose of vocational rehabilitation is not to maintain records; it is to help people with disabilities prepare for, obtain, advance in, and retain competitive integrated employment and live more independently. Records and controls are necessary, but the technology should make those duties easier to perform correctly. Every hour recovered from searching, re-entry, routing, and reconstruction can be redirected to counseling, assistive technology, training, job development, employer engagement, and customer problem-solving.

Sunset can give TWC a constructive, accountable path forward: recognize the 2023 renovation, independently measure the remaining gaps, define the outcomes Texas expects, compare options fairly, build with disabled customers and frontline professionals, and require evidence that promised benefits were achieved. That is how Texas can move from technology that stores vocational rehabilitation work to technology that empowers it.

Appendix A — Minimum Capability Standard

ID	Capability	Acceptance evidence
A1	Reusable customer data	Later forms populate from verified source fields, display provenance, and allow correction without silent overwrite.
A2	Accessible customer portal	Critical journeys are independently completed with representative assistive technologies and mobile devices.
A3	Document receipt and routing	Every submission receives a timestamp, case association, status, owner, audit history, and accessible receipt.
A4	Real-time dashboard	Case actions appear within a defined service-level target and link to the next actionable task.
A5	Compliance clocks	Rules, trigger dates, due dates, alerts, extensions, and overrides are visible and testable.
A6	IPE support	Drafts reuse confirmed information, show changes, preserve all versions, and require counselor/customer review.
A7	Authorization support	Draft authorizations reuse approved data, validate completeness, route approvals, and link reports and invoices.
A8	Integrated referrals	In-house and external referrals show acceptance, scheduling, deliverables, and exceptions.
A9	Budget intelligence	Committed, spent, projected, and high-cost services are visible without creating automated service rationing.
A10	Case analysis	Users can identify stalled cases, missing contacts, pending reports, milestones, and cases nearing closure.
A11	Auditability	Access, change, sharing, movement, deletion, and restoration events are retained and reviewable.
A12	Interoperability	Defined workforce exchanges reduce re-entry and include lawful purpose, correction, and access controls.
A13	AI safeguards	AI output cites sources, requires human approval, is logged, and cannot autonomously deny or close services.
A14	Accessible staff workflow	Employees with disabilities can perform all essential system tasks without avoidable assistance.
A15	Continuity and recovery	The agency demonstrates backup, restoration, rollback, and operation during system disruption.

Appendix B — Audit Questions for Sunset Staff

83. Which ReHabWorks workflows still require users to enter information already held in another ReHabWorks field, report, form, or TWC system?
84. What are the median and 90th-percentile completion times for application, eligibility, IPE, authorization, plan amendment, annual review, and case closure?
85. How long after a case action does each dashboard or management report reflect the change?
86. Which VR documents are stored outside the authoritative ReHabWorks case record, and why?
87. What audit evidence exists for viewing, download, modification, movement, sharing, and deletion of VR documents in each repository?

88. How many incidents during the last three fiscal years involved missing, misfiled, duplicated, inaccessible, or unrecoverable VR documents, and what customer impact resulted?
89. Can a customer who is blind independently apply, upload a document, review an IPE, sign, read a message, and verify receipt using the portal?
90. What human accessibility testing has TWC completed since the 2023 renovation, with which disabilities and assistive technologies, and what defects remain open?
91. How does the system notify a counselor of an incoming provider report, and can the user act directly from that notice?
92. Which compliance clocks are calculated by the system, what events trigger them, and how are extensions and exceptions recorded?
93. What is the total ten-year lifecycle cost of ReHabWorks, including state staff, contractors, hosting, enhancement, federal reporting changes, accessibility, security, integrations, and technical debt?
94. What benefits were promised for the 2023 renovation, what baselines were recorded, and what realized results can TWC demonstrate?
95. How many counselor and assistant hours are spent weekly on duplicate entry, manual uploads, searching, routing, and reconciliation?
96. What systems can exchange information with ReHabWorks today, what data are exchanged, and which workflows still require manual copying?
97. How are customers and frontline employees included in requirements, prioritization, acceptance testing, and post-release evaluation?
98. What controls prevent automated tools or performance dashboards from discouraging necessary services for people with the most significant disabilities?
99. What is TWC's plan for data portability and continued operations if a vendor, platform, or major integration becomes unavailable?
100. Who is accountable for end-to-end VR digital outcomes, and what measures are reported to the three-member Commission?

Appendix C — User-Acceptance Test Scenarios

Newly blind applicant submits records

A customer using a smartphone and basic screen reader completes an application, uploads medical and identity records, receives an accessible receipt, and checks what remains due without sighted assistance.

Counselor develops an IPE

The counselor reviews intake and assessment data, selects confirmed information, drafts an IPE, discusses informed choice, adds specialized services, obtains accessible signatures, and retrieves the signed version.

Assistive technology amendment

An approved technology purchase triggers a proposed IPE amendment and authorization; the counselor reviews the scope, customer approves, provider receives the correct document, and delivery/report milestones appear.

Incoming provider report

A provider submits a report; the system associates it with the correct case and authorization, alerts authorized team members, records review, and creates the next task.

Impending annual review

The system calculates the due date, sends graduated accessible alerts to the counselor and assistant, schedules outreach, records the customer response, and documents any lawful extension.

Return from extended leave

A counselor sees changes, urgent items, pending reports, upcoming deadlines, and work completed by coverage staff without reconstructing the caseload through emails and separate spreadsheets.

Document filed to wrong case

An authorized user identifies a misfiled record, initiates correction without destroying audit history, restricts inappropriate access, evaluates customer impact, and documents resolution.

Customer changes communication preference

A customer changes from print mail to accessible electronic communication; the preference propagates to relevant workflows and can be overridden for one transaction with documented consent.

Rural customer and unavailable provider

The system identifies provider delay, supports a documented override based on availability and informed choice, updates authorization routing, and retains the reason.

System interruption

Staff follow a continuity workflow, record necessary service actions, restore them without duplication when service returns, and reconcile all timestamps and documents.

Appendix D — Source Notes

- [1] Texas Workforce Commission, “ReHabWorks and WINS in Texas: The Vocational Rehabilitation Replacement Project,” NASCIO State IT Recognition Awards submission. Describes the 2023 AWS migration, TxROCS integration, dashboard, SARA messaging, reporting improvements, and statewide use. <https://www.nascio.org/awards-library/awards/rehabworks-and-wins-in-texas-the-vocational-rehabilitation-replacement-project/>
- [2] 34 C.F.R. Part 361, State Vocational Rehabilitation Services Program. <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-361>
- [3] 34 C.F.R. § 361.45, Development of the Individualized Plan for Employment; requires individualized assessment, including strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-361/subpart-B/subject-group-ECFR8c5f55ccf5c0da2/section-361.45>
- [4] 34 C.F.R. § 361.48, Scope of vocational rehabilitation services, including counseling and guidance, rehabilitation technology assessment, and referral/coordination with the statewide workforce system. <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-361/subpart-B/subject-group-ECFR8c5f55ccf5c0da2/section-361.48>
- [5] 34 C.F.R. Part 361, Subpart F, electronic access to one-stop partner services and expectations for efficiency, coordination, and quality. <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-361/subpart-F>
- [6] 34 C.F.R. § 361.800, one-stop certification for effectiveness, physical and programmatic accessibility, continuous improvement, and equal opportunity for people with disabilities. <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-361/subpart-F/section-361.800>
- [7] Texas Workforce Commission, Self-Evaluation Report to the Sunset Advisory Commission, August 2025, especially agency organization and Vocational Rehabilitation program sections. https://www.sunset.texas.gov/public/uploads/2025-09/Texas%20Workforce%20Commission%20Self-Evaluation%20Report_0.pdf
- [8] 34 C.F.R. § 361.36, ability to serve all eligible individuals, including timely eligibility, IPE development, and provision of services. <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-361/subpart-B/subject-group-ECFR598a81fff49e46d/section-361.36>

Author evidence note. Descriptions of frontline workflows and desired capabilities are based on the author’s professional experience and a written operational questionnaire completed for this submission. They are presented as observations and testable hypotheses. The recommendations expressly call for independent validation using system logs, workflow measurements, configuration review, accessibility testing, customer research, and staff input.

From: [Sunset Advisory Commission](#)
To: [Jalisa Broussard](#)
Subject: FW: Public Input Form for Agencies Under Review (Private/Before Publication)
Date: Tuesday, August 4, 2026 8:02:33 AM

From: sunset.website@brightleafgroup.com <sunset.website@brightleafgroup.com>
Sent: Monday, August 3, 2026 6:42 PM
To: Sunset Advisory Commission <sunset@sunset.texas.gov>
Subject: Public Input Form for Agencies Under Review (Private/Before Publication)

Submitted on Mon, 08/03/2026 - 17:22

Submitted by: Visitor

Submitted values are:

Choose the agency that you would like to provide input about
[Texas Workforce Commission](#)

Public Comments

1

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Your Comments or Concerns

Texas Vocational Rehabilitation counselors may be evaluated through performance measures whose goal-setting, case-selection, denominator, weighting, and attribution methods are not sufficiently transparent or reproducible. Different measures may rely on small selected case samples, entire caseloads, averaged goals, or narrative examples without consistently explaining how those results determine the overall rating. These concerns are compounded by BVI caseload conditions, divided VRC–Rehabilitation Assistant accountability, extensive manual caseload-review requirements, and customer feedback that may not reliably reach the responsible counselor. My attached Paper 2, “Performance Measurement That Supports Counselors and Customers,” explains these systemic concerns and uses de-identified records and frontline observations as supporting examples. It does not ask the Commission to decide an individual personnel dispute.

Your Proposed Solution

I recommend that the Sunset Advisory Commission require TWC VR to establish a transparent and auditable performance-management framework. TWC should publish how counselor goals are established; adopt a documented case-sampling protocol; disclose performance-measure denominators, weighting, and threshold rules; account for relevant caseload and system conditions; document the assignment and attribution of supplemental and transferred closures; clarify VRC and Rehabilitation Assistant responsibilities under coordinated supervision; replace burdensome manual review processes with an actionable ReHabWorks dashboard; audit the accessibility and routing of SARA customer feedback; and report whether performance-management practices contribute to counselor turnover, vacancies, caseload transfers, and customer service delays. The complete recommendations and proposed oversight measures are provided in the attached Paper 2, Performance Measurement That Supports Counselors and Customers

Attachment

[Jeanette Lee Sunset Paper 2 Performance Measurement That Supports Counselors and Customers.pdf](#) (175.8 KB)

My Comments Will Be Made Public

Yes

PAPER 2

Performance Measurement That Supports Counselors and Customers

Improving transparency, accountability, teamwork, and customer feedback in Texas Vocational Rehabilitation

Submitted to the Texas Sunset Advisory Commission

Regarding: Texas Workforce Commission — Vocational Rehabilitation Program

Submitted by: Jeanette S. Lee, MRC, CRC

Date: August 2026

Central recommendation Require TWC VR to use a transparent, auditable performance-management framework that explains how goals are established, how cases are selected for review, how duties are weighted, how shared work is attributed, and how customer and caseload circumstances affect results.

Executive summary

Texas Vocational Rehabilitation needs performance measures that help counselors identify barriers, improve practice, and move customers toward meaningful employment. Measures lose that value when employees cannot determine how goals were set, why particular cases were selected, which duties control the overall rating, or whether factors outside the counselor's control were considered.

A review of de-identified performance records from multiple periods shows materially different measurement approaches. Some ratings relied on a small group of selected cases; others used an entire active caseload; others averaged progress toward several different goals. The records assigned precise percentages but did not consistently disclose the sampling method, weighting formula, or rationale for the selected denominator. Strong results in several core duties could be overwhelmed by a smaller number of measures without an identified weighting system.

These concerns are intensified in Blind and Visually Impaired (BVI) services, where customer disability significance, purchased-service availability, staffing, referral flow, labor-market conditions, customer choice, and counselor turnover can affect outcomes. They also intersect with a divided VRC–Rehabilitation Assistant structure, an extensive manual weekly caseload-review tool, and a customer survey process that may not reliably deliver actionable feedback to the responsible counselor.

This paper does not ask the Sunset Commission to decide an individual personnel dispute. It uses de-identified records and frontline observations to identify governance questions that TWC should be required to answer through published methods, auditable data, role clarity, accessibility testing, and outcome-focused oversight.

1. Why measurement integrity matters

Performance management affects more than an employee rating. It shapes which work receives attention, how supervisors allocate support, whether experienced counselors remain with the agency, and whether management can distinguish an individual practice problem from a system barrier. A measurement system should therefore be understandable, reproducible, and connected to customer outcomes.

Counselors should know in advance which duties are mandatory thresholds, which measures are weighted most heavily, how case-review samples are chosen, what data period applies, and how the overall rating is calculated. Without that information, a percentage may appear objective while concealing discretionary choices about cases, denominators, exclusions, and attribution.

Governance question Could an independent reviewer reproduce the rating from the stated methodology and underlying records? If not, the number is not sufficiently auditable for high-stakes performance decisions.

2. Unexplained goals and changing denominators

Frontline counselors may receive successful-employment outcome goals without a clear explanation of where the numbers originated. It may be unclear whether a goal reflects federal Rehabilitation Services Administration expectations, TWC's state plan, a statewide target distributed among regions, prior-year performance, local management adjustments, or a combination of these sources.

The de-identified records reviewed for this paper also used substantially different denominators for different duties. Examples included four selected cases for certain compliance measures, all 101 active cases for some caseload-wide measures, progress toward several Customer FIRST goals combined into one average, and separate numerical goals for successful closures, post-secondary participation, and engaged participants.

Different denominators may be appropriate for different questions. The problem is not variation itself; it is the absence of a disclosed methodology explaining why a particular denominator is valid, how a sample was selected, and how results from different measures combine into one rating.

De-identified evidence summary

Record period	Stated measurement source	Reported result	Methodological question
2021–22 annual review	Five cases reviewed by VRS; additional MOSAIC review and reporting data referenced	Overall: Good	Were all ratings based on the same sample, and how were additional reviews selected and weighted?
Nov. 2022–Feb. 2023 PIP evaluation	Assessed duties and supervisory review	Job duties and overall: Outstanding	What changed in method, workload, support, or thresholds before later ratings?

2022–23 annual review	Case review and performance information	Overall: Outstanding; case notes described as well written and policy compliant	Was the same sampling and weighting protocol used in later periods?
Mar.–Jun. 2025 review	Four-case samples for some duties; all 101 active cases for others; multiple goals averaged	Several duties Outstanding or Good; four duties Unacceptable; overall Unacceptable	Why were the cases chosen, how were unlike measures combined, and what weight did each duty carry?

Source note: This table summarizes de-identified performance reviews and PIP-related records available to the author. The underlying records are not appended because they contain employment-specific and case-related information.

3. Case selection and narrative discretion

The records do not reflect one clearly identified set of cases controlling the entire evaluation. They reference selected case reviews, MOSAIC reviews, ReHabWorks reports, whole-caseload compliance information, and individual cases discussed in narrative comments. Yet they do not consistently state how cases were selected, whether the sample was random or risk-based, whether exclusions applied, or who approved the selection.

A small sample can be useful for coaching or quality assurance. It becomes problematic when the selection method is unexplained and the resulting observations are generalized to overall performance. A reviewer can unintentionally select cases with known complications, missed deadlines, recent transfers, customer nonresponse, or other unusual features. Without a written protocol, neither the employee nor an outside reviewer can evaluate representativeness.

TWC should distinguish at least three uses of case information: statistically or risk-valid performance measurement; targeted quality assurance; and illustrative coaching examples. A case selected for coaching should not silently become proof of caseload-wide performance.

4. Weighting that is not visible to the employee

One reviewed period rated initial contact and application as Outstanding, eligibility determination as Outstanding, purchasing and service records as Good, and contribution to unit and agency priorities as Outstanding. All six core dimensions—including customer service, teamwork, communication, initiative, adaptability, and adherence to agency rules—were rated Acceptable. Nevertheless, four job duties rated Unacceptable drove both the job-duties summary and overall summary to Unacceptable.

An agency may reasonably determine that certain federal compliance duties are critical. If so, it should say so in advance and explain whether those duties operate as minimum thresholds, automatic caps, or weighted components. The concern is not that every duty must count equally. The concern is that the employee should be able to see how the overall result follows from the component ratings.

5. Outcomes must be interpreted within BVI system conditions

Successful employment is the central purpose of vocational rehabilitation, but an individual counselor does not control every factor that affects whether and when a customer reaches an employment outcome. BVI caseloads may include customers with most significant disabilities, specialized training needs, extended adjustment-to-blindness services, limited transportation, technology barriers, and labor-market constraints. Purchased-service capacity, referral flow, vacancies, transferred cases, customer health, relocation, death, withdrawal, and customer choice also affect results.

TWC's November 2024 BVI Best Practices presentation identified broader program pressures, including substantial disability significance among BVI customers, declining successful-closure rates after Program Year 2022, variation among regions, and elevated BVI counselor turnover. The presentation also recognized the VRC, RA, customer, and specialists as a team. These system conditions do not excuse deficient practice, but they demonstrate why raw closure counts cannot be treated as though every outcome is attributable to one counselor.

Historical changes in what qualifies as a successful employment outcome also matter. BVI caseloads previously could receive successful outcomes for homemaker services and some noncompetitive settings. As policy placed greater emphasis on competitive integrated employment and stopped treating homemaker outcomes as successful employment, goals based mainly on prior closure counts could become disconnected from the work now eligible to count. TWC should disclose whether and how such policy changes were incorporated into counselor goals.

6. Supplemental and transferred closures

Management may assign supplemental or transferred cases to particular counselors for closure. When this occurs, the agency should document who decided the assignment, why it was made, what work had already been completed, and how credit was attributed. Otherwise, closure counts may reflect management distribution decisions as much as counselor performance.

A transparent framework should identify both the counselor who performed substantial rehabilitation work and the counselor who completed final closure requirements. The purpose is not to divide credit mechanically, but to prevent a metric from masking how outcomes were produced.

7. When a caseload-management tool becomes a performance proxy

Region 2 required VRC and RA teams to participate in weekly meetings using an 18-page caseload-management tool created under regional leadership. The expectation was reportedly that teams would work through the pages to obtain a better handle on their caseloads. The tool addresses nearly every case phase: referrals, application, eligibility, IPE development, active services, counseling and guidance, annual reviews, service authorizations, budget reconciliation, customer engagement, employment verification, potentially eligible students, trial work, and closure.

Many answers must be located, compiled, or tracked manually. On a caseload of 101 active customers, even five minutes per customer would require more than eight hours; ten minutes would require almost seventeen hours. This estimate excludes preparation, documentation, contacts, authorizations, and follow-up work generated by the review. Failure to complete every applicable page in one calendared meeting therefore does not, by itself, establish deficient caseload management or poor teamwork.

The tool reportedly became part of the explanation for performance concerns when VRCs and RAs did not meet consistently or could not work through all pages. Before treating tool completion as a

performance indicator, TWC should establish a realistic time standard, define the review cycle, automate the required information, and connect noncompletion to an actual missed compliance or customer consequence.

Better measure Evaluate whether VRC–RA meetings resolve barriers and advance cases—not merely whether a recurring meeting occurred or every page was discussed.

8. Align the VRC and RA as one team—with clear professional authority

The VRC and RA serve the same customers, yet in the structure described by frontline staff they reported to different supervisors and operated under different goals. An administrative supervisor could limit the number of tasks sent to an RA while the VRC remained accountable for deadlines, documentation, and outcomes. This divided authority encouraged conflict instead of shared accountability.

Regional messaging that both employees ‘owned’ the case added ambiguity. Teamwork does not mean identical roles or equal professional authority. The VRC is the credentialed rehabilitation professional accountable for counseling and guidance, eligibility, informed choice, rehabilitation planning, service justification, and closure decisions. The RA provides essential administrative and case-support functions within defined authority.

Role confusion can affect services. In one frontline example, an RA questioned whether a VRC’s request for additional orientation and mobility training was ‘a little excessive.’ An RA may appropriately identify missing documentation or seek clarification. However, vocational necessity should be evaluated through the customer’s functional limitations, employment goal, informed choice, progress, and professional assessment—not through an undefined concept of equal case ownership.

TWC’s reported plan to place the VRC and RA under the same supervisor is constructive. Common supervision should be paired with a written responsibility matrix, compatible performance goals, workload planning, escalation rules, and clear final decision authority.

9. Customer feedback must reach the responsible counselor

Frontline experience raises a separate but connected concern about SARA survey responses. Customers sometimes reported completing a survey, while ReHabWorks displayed a message indicating that SARA could not read the response. Counselors did not receive a readily usable caseload-level report showing customer praise, dissatisfaction, or requests for follow-up. Customers could reasonably believe that a counselor ignored feedback the counselor never received in actionable form.

This warrants particular accessibility testing when blind customers respond using screen readers. The present information does not establish that screen-reader use caused every unread response. It does establish a need to test the complete workflow—from accessible survey completion through interpretation, retention, routing, counselor notification, and human follow-up.

- Retain the customer’s original response whenever automated interpretation fails.
- Notify the responsible counselor and supervisor that an unreadable response was received.
- Provide a caseload-level dashboard for praise, dissatisfaction, requested contact, and unresolved feedback.
- Test with commonly used screen readers, browsers, mobile devices, and input methods.

- Give the customer confirmation that the response reached a human reviewer.
- Track failure rates by assistive technology and input method without burdening the customer.

10. Counselor retention and organizational learning

Experienced counselors may leave when expectations are high but the basis for ratings is unclear, necessary support is divided, and system barriers are attributed to individual effort. Turnover then increases caseload transfers, supervisory burden, customer delays, and the loss of institutional knowledge. A performance system should identify training and operational barriers early, recognize improvement, and distinguish correctable practice issues from workload or technology failures.

TWC should monitor whether particular performance-management practices correlate with turnover, vacancies, extended leave, grievances, delayed services, and repeated customer transfers. The objective is not to weaken accountability. It is to make accountability accurate enough to improve the program.

11. Recommended Sunset actions

The Sunset Advisory Commission should direct or recommend that TWC VR:

1. Publish the methodology used to establish counselor performance goals and identify whether each goal originates with federal requirements, the state plan, statewide allocation, prior-year outcomes, regional distribution, or management adjustment.
2. Adopt a written case-sampling protocol stating sample size, selection method, review period, exclusions, reviewer identity, purpose of review, and how targeted cases differ from representative samples.
3. Provide employees the weighting formula or threshold rules used to calculate every summary and overall rating before the rating period begins.
4. Separate federal compliance requirements, state policy requirements, management preferences, coaching observations, and exceptions so each is evaluated under the correct standard.
5. Use contextual outcome analysis that accounts for BVI caseload characteristics, customer choice, disability significance, purchased-service availability, referral flow, labor-market conditions, counselor leave, vacancies, transferred cases, relocation, death, deteriorating health, and other circumstances outside the counselor's control.
6. Document how supplemental and transferred closures are assigned, what work was completed by each counselor, and how outcome credit is attributed.
7. Place the VRC and assigned RA under coordinated supervision and establish compatible customer-service goals, a written responsibility matrix, reasonable task limits, and clear professional decision authority.
8. Replace the 18-page manual review process with a ReHabWorks dashboard that automatically displays deadlines, last customer contact, pending authorizations, required reviews, unread customer feedback, budget issues, and next actions.
9. Establish a realistic rotating caseload-review cycle and prohibit use of incomplete tool completion as proof of poor performance without a defined time standard and documented customer or compliance consequence.
10. Audit the end-to-end accessibility and reliability of SARA customer feedback, preserve unreadable responses, notify responsible staff, and give customers confirmation of human receipt.

11. Provide counselors and supervisors an auditable performance dashboard showing component measures, denominator, exclusions, data source, weighting, and calculation of the overall result.
12. Report to agency leadership and the Commission on counselor turnover, vacancies, caseload transfers, service delays, and whether performance-management practices contribute to loss of experienced staff.

12. Implementation and oversight

TWC should pilot the revised framework with BVI and General VR staff from multiple regions, including counselors, RAs, supervisors, quality-assurance staff, accessibility specialists, and customers. Before statewide implementation, participants should test whether they can reproduce sample ratings from the published method and whether dashboard information reduces manual tracking.

At minimum, TWC should report the following for the pilot and first full year:

- Percentage of performance measures with a published denominator, data source, and weighting rule.
- Inter-rater consistency for case reviews and the number of ratings changed after methodological correction.
- Time spent preparing for and conducting VRC–RA caseload reviews.
- Rates of overdue compliance actions before and after dashboard implementation.
- SARA response failures, successful human routing, and follow-up time, including accessibility test results.
- BVI counselor and RA vacancy and turnover rates, customer reassignment, and service-delay indicators.

Conclusion

Texas needs a vocational rehabilitation performance system that is rigorous enough to protect public funds and federal compliance, fair enough to retain qualified staff, and practical enough to improve services. Transparency is not a concession to employees; it is a management control. When goals, samples, denominators, weighting, shared work, and system conditions are visible, leaders can identify the actual cause of a problem and direct resources where they will help customers.

TWC has an opportunity to pair its planned VRC–RA supervisory restructuring with a broader modernization of performance measurement and customer feedback. Sunset should require that modernization to be documented, auditable, accessible, and tied to customer progress rather than unexplained numerical ratings or completion of manual process tools.

Records informing this submission

This paper was informed by de-identified review of the author's performance reviews and performance-improvement records from multiple rating periods; a Region 2 VRC/RA weekly caseload meeting tool; a November 2024 TWC BVI Best Practices presentation; and the author's frontline experience in Texas BVI vocational rehabilitation. The records available to the author are not appended to this public submission in order to avoid unnecessary disclosure of personnel and customer information.

Additional supporting reports remain in TWC systems that became inaccessible to the author without advance notice. Sunset should require TWC to produce the underlying methodology and data.

From: [Sunset Advisory Commission](#)
To: [Jalisa Broussard](#)
Subject: FW: Public Input Form for Agencies Under Review (Private/Before Publication)
Date: Wednesday, August 5, 2026 8:07:03 AM

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Sent: Wednesday, August 5, 2026 3:50 AM
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Subject: Public Input Form for Agencies Under Review (Private/Before Publication)

Submitted on Wed, 08/05/2026 - 02:44

Submitted by: Visitor

Submitted values are:

Choose the agency that you would like to provide input about
[Texas Workforce Commission](#)

Public Comments

1

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Your Comments or Concerns

TWC's integrated workforce structure does not consistently protect the specialized, individualized rehabilitation required by Texans who are blind or visually impaired. Administrative restructuring, uneven access to blindness expertise, provider shortages, authorization delays, and unclear responsibility can interrupt the progression from adjustment-to-blindness services to employment. Financial instability presents an additional risk. Texas relinquished approximately \$154.2 million in federal VR funds during federal fiscal years 2019–2021, yet several years later fiscal pressure led to discussions concerning Order of Selection. Although Texas did not formally implement OOS, this sequence demonstrates the need for better forecasting, adequate state matching funds, transparent accounting, and protection against informal service rationing. These concerns and supporting recommendations are detailed in the attached Paper 3, "Specialization Without Silos."

Your Proposed Solution

Sunset should require TWC to adopt a Specialized BVI Services Assurance Plan and recommend that the Legislature establish a separately identifiable, encumbered, and protected BVI Services Allocation. The allocation should support specialized BVI field services, Criss Cole Rehabilitation Center operations, orientation and mobility, assistive technology, adjustment-to-blindness training, provider development, and specialized employment services. TWC should also prepare an annual five-year VR fiscal-sufficiency forecast; report federal awards, state match, obligations, expenditures, carryforward, and relinquished funds; establish an OOS early-warning process; prohibit undisclosed spending ceilings and other informal pre-OOS rationing; preserve legitimate multiyear customer obligations; and measure whether restructuring improves specialist access, service timeliness, customer experience, and employment outcomes. Senior regional expertise should be redirected toward accountable statewide service functions that remove customer barriers.

Attachment

[Jeanette Lee Sunset Paper 3 updated.pdf](#) (169.04 KB)

My Comments Will Be Made Public

Yes

PUBLIC INPUT TO THE TEXAS SUNSET ADVISORY COMMISSION

SPECIALIZATION WITHOUT SILOS

Protecting the Specialized Rehabilitation Pathway
for Texans Who Are Blind or Visually Impaired

PAPER 3

Central proposition: Texas can streamline administration and remove unnecessary management layers without allowing specialized blindness expertise to disappear from frontline services, purchasing decisions, workforce partnerships, or accountability.

Submitted by
Jeanette S. Lee, MRC, CRC
Former Vocational Rehabilitation Counselor — Blind and Visually Impaired

August 2026

Executive summary

Texans who are blind or visually impaired can and do succeed in competitive integrated employment. Reaching that result, however, often requires a rehabilitation pathway that combines vocational counseling with disability-specific assessment, adjustment-to-blindness training, orientation and mobility, assistive technology, accessible communication, independent living skills, benefits counseling, education or training, and employer engagement. These services are not interchangeable. Their timing and coordination can determine whether a customer progresses toward employment or waits while preventable barriers multiply.

Texas has significant strengths on which to build: experienced BVI counselors and rehabilitation assistants, the Criss Cole Rehabilitation Center, blindness specialists, established provider standards, assistive-technology expertise, orientation-and-mobility services, the Older Individuals Who Are Blind program, Business Enterprises of Texas, and relationships with schools, employers, and community organizations. The policy question is not whether Texas should preserve administrative silos. It is whether an integrated VR system will reliably preserve and deploy the specialized expertise customers need.

This question is especially important as TWC responds to Sunset staff recommendations concerning the VR regional management structure. Removing layers can move resources closer to customers, but a reorganization should not make specialized knowledge harder to find, dilute responsibility, or leave local outcomes dependent on informal relationships. The redesigned structure should make statewide BVI expertise more visible, more accessible, and more accountable than it is today.

The restructuring is also an opportunity to deliberately mesh TWC's workforce-development culture with VR's individualized rehabilitation culture and to redeploy experienced regional leaders into statewide functions that solve customer problems. Senior positions should be retained only where their expertise, authority, and cost produce defined and measurable service value.

Requested Sunset direction: Require TWC to pair any VR restructuring with a written Specialized BVI Services Assurance Plan, a statutorily protected BVI Services Allocation, statewide access standards, transparent fiscal forecasting, customer participation, and outcome reporting.

1. Purpose and relationship to Papers 1 and 2

Paper 1, "Technology That Empowers People," addressed the infrastructure and workflow needed to help counselors and customers act on current information. Paper 2 addressed transparent, auditable performance measurement. Paper 3 addresses the customer-facing service model: how Texas can ensure that a person who is blind or visually impaired receives timely, coordinated, high-quality rehabilitation regardless of residence, local staffing conditions, or organizational chart.

This paper does not argue for recreating separate administrative divisions for blind and general VR. Nor does it contend that every customer with vision loss needs the same services. It asks Texas to preserve specialization within an integrated system and to make access depend on assessed need and informed choice—not geography, vacancy patterns, budget pressure, or whether a particular office happens to know the right specialist.

2. Why specialized blindness rehabilitation matters

Vision loss can affect far more than the ability to read print. It may alter travel, access to information, use of technology, performance of daily tasks, confidence, communication, and an employer's perception of capability. A customer may be adapting to recent blindness while also choosing a new career, pursuing education, learning nonvisual techniques, acquiring accessible technology, and addressing transportation or benefits concerns. These needs must be understood as parts of one employment plan.

TWC's own program materials recognize specialized components of this pathway. Its service standards and forms separately address orientation and mobility and other BVI services; its subject-matter resources describe O&M as preparation for independent travel; and the Criss Cole Rehabilitation Center is a comprehensive training facility for blind and visually impaired customers. These structures reflect an important operational truth: blindness rehabilitation requires knowledge that cannot be reduced to a generic disability checklist.

Specialization is also an informed-choice safeguard. A counselor who understands blindness can explain the purpose and sequence of services, recognize when an assessment is incomplete, evaluate whether technology or training matches the employment goal, and help the customer compare options. Without that knowledge, a nominal choice may not be an informed one.

3. Integration and specialization are compatible

In the 2015 Sunset review, Texas directed integration of the administration, management, and oversight of blind and general VR services. Importantly, the same recommendation expressly contemplated "continued specialization in different consumer populations amongst vocational rehabilitation counselors." The enduring principle should be integration without loss of expertise.

A unified organization can consolidate policy, reporting, quality assurance, procurement, and common administrative functions. At the same time, it can designate BVI-qualified counselors and specialists, maintain disability-specific training and supervision, establish consultation pathways, and measure whether customers actually receive specialized services. Integration should remove duplication—not erase competence.

Governance test: After reorganization, can a customer, counselor, supervisor, or outside reviewer identify who is responsible for specialized BVI guidance, how quickly that expertise must be available, and what happens when the needed provider or specialist is unavailable?

4. Texas strengths worth protecting

The current system contains assets that many customers and employers may never see as one connected network. Sunset should view them as a statewide rehabilitation capacity and require TWC to manage them accordingly.

- Experienced BVI counselors and rehabilitation assistants who understand the interaction among functional vision, adjustment, training, technology, education, and employment.

- The Criss Cole Rehabilitation Center and community-based adjustment-to-blindness resources that teach practical, transferable skills.
- Orientation-and-mobility specialists, assistive-technology specialists, low-vision resources, and providers with blindness-specific competencies.
- The Older Individuals Who Are Blind program and Business Enterprises of Texas, which connect TWC to broader blindness-service and entrepreneurship expertise.
- Provider credentialing and the Blind Premium Endorsement, which demonstrate that Texas already recognizes the need for added provider competence.
- Relationships with the Texas School for the Blind and Visually Impaired, education partners, community organizations, employers, and workforce boards.

The objective should be to convert these assets from a collection of programs and knowledgeable individuals into a dependable statewide pathway with clear entry points, handoffs, service standards, and accountability.

5. Challenges and opportunities

5.1 Geography and vacancies can become service criteria

A statewide program should not provide materially different access because one area has an experienced BVI counselor, another has a vacancy, and a third relies on informal consultation. When expertise is scarce, TWC should make it mobile through statewide consultation, virtual participation when appropriate, cross-area case staffing, travel capacity, and clear escalation—not require the customer to absorb the shortage.

5.2 Authorization and provider delays interrupt rehabilitation

Blindness services often build on one another. Delays in assessment, authorization, purchasing, scheduling, or document routing can postpone later training and employment activity. A customer waiting for O&M, assistive technology, or adjustment training is not simply waiting for a transaction; the delay may affect safe travel, school participation, job search, or the ability to use other services. TWC should measure end-to-end elapsed time, not merely whether each internal step was eventually completed.

5.3 Budget controls must not substitute for individualized planning

Public funds must be spent prudently. At the same time, federal VR policy requires services to be based on the individual's rehabilitation needs and individualized plan. Cost can inform how a need is met, but an undisclosed budget ceiling, local spending pressure, or administrative preference should not silently decide whether an assessed service is provided. When a service is denied, reduced, delayed, or substituted, the record should state the program basis and inform the customer of review rights.

5.4 General workforce access does not replace specialized rehabilitation

Workforce boards and career centers can expand employer connections and access to mainstream employment services. They are valuable partners, but accessibility and blindness competence cannot be assumed. A referral should include a warm handoff, accessible materials and systems, clarity about continuing VR responsibility, and confirmation that the customer received the intended service.

5.5 Customer experience must be visible in governance

Traditional compliance measures may show that an eligibility decision, plan, or authorization was entered. They do not necessarily show whether the customer understood the plan, received documents in a usable

format, could reach a person, obtained services in the right sequence, or believed the services supported the employment goal. BVI customer experience should be measured directly and accessibly.

5.6 Two organizational cultures must be deliberately meshed

The transfer of VR to TWC brought together two legitimate but different organizational traditions. A workforce agency naturally emphasizes scale, standardization, employer relationships, rapid connection to jobs, common systems, and measurable production. Vocational rehabilitation emphasizes individualized assessment, counseling relationships, informed choice, disability-specific expertise, due process, and the time required to build lasting capacity for employment. Neither culture is sufficient by itself for every VR customer.

The risk is not simply disagreement between employees. If one culture silently becomes the default, efficiency may be defined as faster transactions rather than durable rehabilitation, or specialization may become disconnected from the broader labor market. TWC and VR can coexist when leadership defines what should be shared and what must remain distinct: shared employer networks, technology, procurement, data, and administrative support; protected individualized decision-making, counseling, disability expertise, customer rights, and professional rehabilitation judgment.

A successful merger of cultures requires more than moving boxes on an organization chart. TWC should provide cross-training in both directions, use joint operational teams, evaluate leaders on workforce and rehabilitation outcomes, and create a formal process for resolving conflicts between production pressure and individualized customer need. The question should not be whether a practice came from TWC or the former rehabilitation system. It should be whether the practice is lawful, accessible, evidence-informed, and effective for the customer.

5.7 Regional leadership can be redeployed toward direct customer value

Sunset's proposal to reduce the VR regional management structure creates an opportunity to reconsider—not automatically discard—the expertise held by regional directors and other senior staff. These are highly compensated leadership positions. The public should receive a corresponding, visible return in improved service capacity, faster problem resolution, stronger provider networks, and better employment outcomes.

Some former regional functions may no longer justify a separate geographic management layer. However, experienced leaders could be reassigned to statewide functional portfolios that address problems no individual counselor or local office can solve. Examples include specialized BVI services; rural access; provider recruitment and capacity; transition and higher education; assistive technology and accessibility; employer partnerships; complex-case consultation; customer appeals and systemic barrier resolution; vacancy and caseload surge response; and frontline training and mentoring.

Such roles should not become another layer of approval. Each position should have a public purpose, defined customers, service-level expectations, authority to remove barriers, and outcome measures. A regional leader redeployed as a statewide service-capacity lead should be evaluated on fewer unserved areas, shorter provider waits, resolved escalations, improved staff competence, and better customer progress—not the number of meetings held or directives issued.

5.8 The financial contradiction: relinquished funds, later pressure, and the warning of OOS

Texas's recent VR funding history presents a contradiction that warrants legislative oversight. The Rehabilitation Services Administration reported that Texas VR relinquished approximately \$12.3 million, \$87.9 million, and \$54 million of its federal VR formula awards in federal fiscal years 2019, 2020, and 2021—approximately \$154.2 million across three years. Several years later, increased participation and

service costs placed the program under financial pressure, and additional state General Revenue was needed to draw down all available federal funding.

The Texas Workforce Investment Council's 2025 VR Primer reports that the Legislature provided supplemental state funds for state fiscal year 2025 and additional funding for the 2026–27 biennium. During 2025, fiscal forecasting, financial management, and Order of Selection were subjects of discussion between VR leadership and the Rehabilitation Council of Texas. Texas did not formally implement OOS; its state plan continued to state that all eligible individuals would be served.

Federal law requires a state VR agency to use OOS when it cannot provide the full range of appropriate services to all eligible applicants. The decision must be based on projected fiscal and personnel resources and customer needs. OOS must operate statewide, prioritize individuals with the most significant disabilities, and may not be based on type of disability. A protected BVI allocation therefore cannot exempt all BVI applicants from a lawful OOS. Its purpose is different: to preserve the statewide blindness-rehabilitation infrastructure needed to serve eligible customers and prevent specialized capacity from being quietly weakened during fiscal pressure.

Texas should not relinquish substantial federal rehabilitation resources during one period and later approach conditions under which eligible Texans could face waiting lists. Nor should the state respond to fiscal pressure through undisclosed spending ceilings, slowed authorizations, reduced services, accelerated closures, or other practices that function like informal rationing. TWC should maintain a multiyear forecast of state match, federal awards, existing IPE obligations, expected applicants, qualified personnel, provider capacity, service costs, Pre-ETS requirements, and specialized-service needs.

Financial governance principle: A customer's access to comprehensive rehabilitation should not depend on whether Texas recognized a matching-fund shortfall early enough, whether a local office's spending target reflects actual customer needs, or whether specialized capacity can be reduced without appearing as a formal service denial.

6. Recommended Sunset actions

The Sunset Advisory Commission should direct or recommend that TWC VR:

- 1. Adopt a Specialized BVI Services Assurance Plan.** Publish, before implementing the final VR restructuring, how TWC will preserve blindness expertise, assign statewide responsibility, maintain consultation and escalation pathways, prevent service disruption, and evaluate results.
- 2. Redeploy regional leadership into accountable statewide service portfolios.** Evaluate each regional director and other senior regional position for reassignment to a defined statewide function that removes customer barriers—such as BVI services, rural access, provider capacity, transition, assistive technology, employer partnerships, complex-case escalation, surge response, or frontline development. Eliminate duplicative approval layers, but retain valuable expertise where it can produce measurable customer benefit.
- 3. Establish minimum BVI competency standards.** Define initial and continuing competencies for counselors, supervisors, rehabilitation assistants, quality reviewers, and relevant contractors who serve or make

decisions affecting BVI customers. Training should include adjustment to blindness, O&M, assistive technology, accessible communication, informed choice, and employment implications of vision loss.

- 4. Guarantee timely access to specialized consultation.** Create service standards for obtaining BVI counselor or specialist consultation, including statewide virtual access, cross-area staffing, and escalation when local expertise or providers are unavailable.
- 5. Standardize a customer-centered BVI pathway.** Develop an accessible onboarding and planning framework that explains available specialized services, sequencing, informed choice, customer rights, contact points, and how the customer can request reassessment or escalation. The framework should guide—not replace—individualized counseling.
- 6. Track end-to-end service timeliness.** Report time from identified need to assessment, decision, authorization, provider acceptance, service start, and completion for key BVI services. Separate customer-requested pauses from agency, provider, procurement, and document-processing delays.
- 7. Protect individualized service decisions.** Require written, case-specific justification whenever an assessed BVI service is denied, reduced, delayed beyond standard, or replaced. Distinguish federal or state requirements, clinical or vocational rationale, availability constraints, cost comparisons, and management preferences.
- 8. Build and publish statewide provider-capacity information.** Maintain current information on provider location, credentials, accessibility, wait time, service modality, capacity, and performance for O&M, assistive technology, adjustment training, employment services, and other specialized supports. Use identified gaps to guide recruitment and contracting.
- 9. Require accessible warm handoffs.** When customers are connected to workforce boards, education partners, providers, or other programs, require confirmation of accessible communication, responsible contact, service acceptance, next step, and continuing VR responsibility.
- 10. Create a standing BVI customer and practitioner advisory process.** Include customers from urban and rural areas, people with diverse levels and causes of vision loss, counselors, rehabilitation assistants, specialists, providers, employers, and blindness organizations in implementation review. Publish themes and agency responses.
- 11. Measure outcomes beyond closure counts.** Report employment quality, wages, hours, benefits, retention, career progression, credential attainment, time in plan, service timeliness, unsuccessful closure reasons, customer experience, and regional equity for BVI customers, with privacy protections and appropriate context.
- 12. Require a post-reorganization service-impact review.** At six, twelve, and twenty-four months, report staffing, vacancies, caseload transfers, specialist access, provider gaps, authorization times, customer complaints and appeals, service interruptions, expenditures, and employment outcomes. Correct adverse effects promptly.
- 13. Adopt a TWC–VR culture-integration framework.** State which functions will use common TWC workforce practices and which require protected rehabilitation standards. Provide reciprocal cross-training, joint problem-solving, and a written method for resolving conflicts among production expectations, individualized need, informed choice, professional judgment, fiscal stewardship, and federal requirements.
- 14. Tie senior leadership positions to customer-facing value.** For every retained or redeployed senior regional position, publish the role’s purpose, statewide or functional scope, authority, service standards,

deliverables, and customer-outcome measures. Evaluate whether the position reduces delay or expands capacity rather than recreating a management layer under a new title.

- 15. Statutorily establish, separate, and protect a BVI Services Allocation.** Create a separately identifiable allocation within the VR budget for specialized BVI field services, Criss Cole Rehabilitation Center operations, orientation and mobility, assistive technology, adjustment-to-blindness training, specialized employment services, provider development, and the professional capacity required to deliver those services. Encumber the allocation for its designated purposes and protect it from transfer to unrelated workforce operations, general administrative cost pools, or other program purposes without documented executive approval, public reporting, and a finding that the transfer will not reduce timely BVI services.
- 16. Preserve legitimate multiyear BVI obligations.** Do not treat a late-year balance as excess when funds are needed for authorized services, pending purchases, provider development, multiyear education or training, or customers whose rehabilitation plans cross fiscal years. Report commitments and encumbrances separately from genuinely unobligated balances.
- 17. Require a five-year VR fiscal-sufficiency forecast.** Update the forecast annually and include projected federal awards, required state match, existing IPE obligations, expected applicants and eligible customers, qualified personnel, provider capacity, administrative costs, Pre-ETS requirements, service inflation, specialized-service needs, and plausible fiscal and caseload risks.
- 18. Create a transparent OOS early-warning process.** Notify the three-member Commission, Rehabilitation Council of Texas, Legislative Budget Board, and appropriate legislative committees when forecasts show a material possibility that Texas may be unable to serve all eligible applicants. Identify corrective options, timing, customer effects, and the additional state match or other resources needed. Continue to follow all federal consultation, state-plan, notice, priority, and appeal requirements if OOS becomes necessary.
- 19. Prohibit informal pre-OOS rationing and report federal-funds use.** Do not use undisclosed spending ceilings, avoidable authorization delays, service reductions, accelerated closures, waiting practices, or local budget targets as substitutes for the formal protections required by federal OOS rules. Annually report the federal VR award, required and available state match, funds drawn, carried forward, relinquished or returned, amounts obligated and expended, reasons funds were not used, and effects on customer services and provider capacity.

7. Implementation and oversight

TWC should not attempt to finalize these standards solely at headquarters. The agency should use a time-limited design and pilot process involving BVI customers, frontline staff, specialists, providers, workforce boards, the Rehabilitation Council of Texas, and blindness organizations. Participation should be accessible, and disagreement should be documented rather than averaged away.

Oversight question	Minimum measure	Why it matters
Can customers reach expertise?	Consultation response time; areas without designated BVI capacity	Tests whether specialization exists in practice, not only on an organization chart.
Do services start promptly?	Need-to-start time by service and cause of delay	Shows where internal steps or provider shortages interrupt progress.
Is access equitable?	Timeliness, service mix, and outcomes by geography and relevant customer characteristics	Identifies unequal access that statewide averages can hide.
Did restructuring help?	Before-and-after staffing, administrative cost, customer delay, and employment indicators	Connects claimed efficiency to the customer result.

Oversight question	Minimum measure	Why it matters
Do senior roles add value?	Portfolio deliverables, barriers resolved, capacity added, and customer effect	Prevents a regional layer from being recreated under new titles.
Is VR fiscally sufficient?	Five-year match, obligation, caseload, personnel, provider, and service-cost forecast	Provides warning before fiscal pressure threatens access or specialized capacity.

Suggested public reporting should use aggregate data and privacy safeguards. The purpose is program improvement and accountability, not disclosure of individual customer or employee records.

8. The future of blindness rehabilitation in Texas

The strongest future model is neither a return to isolated administrative systems nor a generic system that treats disability-specific knowledge as optional. It is a networked model: common administration and technology; local relationships; statewide specialized expertise; accessible customer participation; and transparent accountability for whether services lead to meaningful work.

Technology can expand access to consultation and training, but it should not become a reason to eliminate hands-on instruction, local relationship building, or customer choice. Likewise, data can reveal delays and unequal access, but only if TWC defines the full service pathway and records why time was lost.

Reorganization can reduce overhead, but its success should be judged by what reaches the customer.

Texas has the institutional assets to become a national leader in integrated, specialized blindness rehabilitation. Sunset can help ensure that the next organizational change strengthens those assets instead of allowing them to become less visible and less accountable.

Conclusion

A person who is blind or visually impaired should not have to understand TWC's internal structure to obtain the right expertise. The system should recognize the need, connect the customer to qualified people, coordinate services, explain decisions, and keep progress toward employment visible.

The central issue is not whether Texas organizes VR by region, function, or another structure. The issue is whether the resulting system can guarantee timely access to specialized rehabilitation wherever a customer lives. Sunset should require TWC to answer that question in writing, measure the answer in practice, and correct the structure when the customer experience shows that expertise has been lost.

Sources informing this submission

- [Texas Sunset Advisory Commission, Texas Workforce Commission Staff Report \(June/July 2026\)](#)
- [Texas Sunset Advisory Commission, Report to the 84th Legislature—Texas Workforce Commission Agency Section \(February 2015\)](#)
- [Texas Workforce Commission, Vocational Rehabilitation Services Manual](#)
- [Texas Workforce Commission, Vocational Rehabilitation Standards for Providers Manual](#)
- [Texas Workforce Commission, Vocational Rehabilitation Program](#)
- [Texas Workforce Investment Council, Vocational Rehabilitation Services: A Texas Primer \(2025\)](#)
- [Texas Workforce Commission, Vocational Rehabilitation Service Forms](#)
- [University of North Texas WISE, TWC-VR Credentials and Endorsements](#)
- [U.S. Rehabilitation Services Administration, Federal Fiscal Year 2023 Report on the Review of the Texas Vocational Rehabilitation Program](#)
- [Rehabilitation Council of Texas, 2025 Annual Report](#)

- [Texas Workforce Commission, WIOA Combined State Plan, Program Years 2024–2027](#)
- [34 C.F.R. § 361.36, Ability to Serve All Eligible Individuals; Order of Selection for Services](#)

This paper also draws on the author’s frontline experience serving Texans who are blind or visually impaired. It is a governance and service-delivery submission; it does not ask Sunset to decide an individual personnel matter or disclose customer records.

From: [Sunset Advisory Commission](#)
To: [Jalisa Broussard](#)
Subject: FW: Public Input Form for Agencies Under Review (Private/Before Publication)
Date: Wednesday, August 12, 2026 7:58:51 AM

From: sunset.website@brightleafgroup.com <sunset.website@brightleafgroup.com>
Sent: Wednesday, August 12, 2026 3:22 AM
To: Sunset Advisory Commission <sunset@sunset.texas.gov>
Subject: Public Input Form for Agencies Under Review (Private/Before Publication)

Submitted on Wed, 08/12/2026 - 01:57

Submitted by: Visitor

Submitted values are:

Choose the agency that you would like to provide input about
[Texas Workforce Commission](#)

Public Comments

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Your Comments or Concerns

Texas Vocational Rehabilitation counselors may be evaluated through performance measures whose goal-setting, case-selection, denominator, weighting, and attribution methods are not sufficiently transparent or reproducible. Different measures may rely on small selected case samples, entire caseloads, averaged goals, or narrative examples without consistently explaining how those results determine the overall rating. These concerns are compounded by BVI caseload conditions, divided VRC–Rehabilitation Assistant accountability, extensive manual caseload-review requirements, and customer feedback that may not reliably reach the responsible counselor. My attached Paper 2, “Performance Measurement That Supports Counselors and Customers,” explains these systemic concerns and uses de-identified records and frontline observations as supporting examples.

Your Proposed Solution

I recommend that the Sunset Advisory Commission require TWC VR to establish a transparent and auditable performance-management framework. TWC should publish how counselor goals are established; adopt a documented case-sampling protocol; disclose performance-measure denominators, weighting, and threshold rules; account for relevant caseload and system conditions; document the assignment and attribution of supplemental and transferred closures; clarify VRC and Rehabilitation Assistant responsibilities under coordinated supervision; replace burdensome manual review processes with an actionable ReHabWorks dashboard; audit the accessibility and routing of SARA customer feedback; and report whether performance-management practices contribute to counselor turnover, vacancies, caseload transfers, and customer service delays. The complete recommendations and proposed oversight measures are provided in the attached Paper 2.

Attachment

[Jeanette Lee Sunset Paper 2 No Evidence Table.pdf](#) (170.88 KB)

**My Comments Will Be Made Public**

Yes

From: [Sunset Advisory Commission](#)
To: [Jalisa Broussard](#)
Subject: FW: Public Input Form for Agencies Under Review (Private/Before Publication)
Date: Wednesday, August 12, 2026 7:58:42 AM

From: sunset.website@brightleafgroup.com <sunset.website@brightleafgroup.com>
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Subject: Public Input Form for Agencies Under Review (Private/Before Publication)

Submitted on Wed, 08/12/2026 - 02:41

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Your Comments or Concerns

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Your Proposed Solution

I recommend that the Sunset Advisory Commission require TWC VR to establish a transparent and auditable performance-management framework. TWC should publish how counselor goals are established; adopt a documented case-sampling protocol; disclose performance-measure denominators, weighting, and threshold rules; account for relevant caseload and system conditions; document the assignment and attribution of supplemental and transferred closures; clarify VRC and Rehabilitation Assistant responsibilities under coordinated supervision; replace burdensome manual review processes with an actionable ReHabWorks dashboard; audit the accessibility and routing of SARA customer feedback; and report whether performance-management practices contribute to counselor turnover, vacancies, caseload transfers, and customer service delays. The complete recommendations and proposed oversight measures are provided in the attached Paper 2.

Attachment

[Jeanette Lee Sunset Paper 2 Final update.pdf](#) (132.6 KB)

**My Comments Will Be Made Public**

Yes

From: [Sunset Advisory Commission](#)
To: [Jalisa Broussard](#)
Subject: FW: Public Input Form for Agencies Under Review (Private/Before Publication)
Date: Wednesday, August 12, 2026 7:58:29 AM

From: sunset.website@brightleafgroup.com <sunset.website@brightleafgroup.com>
Sent: Wednesday, August 12, 2026 4:12 AM
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Subject: Public Input Form for Agencies Under Review (Private/Before Publication)

Submitted on Wed, 08/12/2026 - 02:58

Submitted by: Visitor

Submitted values are:

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Your Comments or Concerns

TWC's integrated workforce structure does not consistently protect the specialized, individualized rehabilitation required by Texans who are blind or visually impaired. Administrative restructuring, uneven access to blindness expertise, provider shortages, authorization delays, and unclear responsibility can interrupt the progression from adjustment-to-blindness services to employment. Financial instability presents an additional risk. Texas relinquished approximately \$154.2 million in federal VR funds during federal fiscal years 2019–2021, yet several years later fiscal pressure led to discussions concerning Order of Selection. Although Texas did not formally implement OOS, this sequence demonstrates the need for better forecasting, adequate state matching funds, transparent accounting, and protection against informal service rationing. These concerns and supporting recommendations are detailed in the attached Paper 3, "Specialization Without Silos."

Your Proposed Solution

Sunset should require TWC to adopt a Specialized BVI Services Assurance Plan and recommend that the Legislature establish a separately identifiable, encumbered, and protected BVI Services Allocation. The allocation should support specialized BVI field services, Criss Cole Rehabilitation Center operations, orientation and mobility, assistive technology, adjustment-to-blindness training, provider development, and specialized employment services. TWC should also prepare an annual five-year VR fiscal-sufficiency forecast; report federal awards, state match, obligations, expenditures, carryforward, and relinquished funds; establish an OOS early-warning process; prohibit undisclosed spending ceilings and other informal pre-OOS rationing; preserve legitimate multiyear customer obligations; and measure whether restructuring improves specialist access, service timeliness, customer experience, and employment outcomes. Senior regional expertise should be redirected toward accountable statewide service functions that remove customer barriers.

Attachment

[Jeanette Lee Sunset Paper 3.pdf](#) (169.02 KB)

**My Comments Will Be Made Public**

Yes