

From: [Sunset Advisory Commission](#)
To: [Cecelia Hartley](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Friday, June 06, 2014 6:22 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Friday, June 6, 2014 - 18:21

Agency: DEPARTMENT ASSISTIVE AND REHABILITATIVE SERVICES DARS

First Name: Mary

Last Name: Kindrick

Title: Comments Regarding the Sunset Report on DARS

Organization you are affiliated with: National Federation of the Blind of Texas

Email:

City: Abilene

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

My name is Mary Kindrick, a member of the National Federation of the Blind of Texas Board of Directors and a recent graduate from Cisco College. I wish to comment on the Sunset Commission's staff report on the Department of Assistive and Rehabilitative Services (DARS).

I oppose the first and third recommendations in this report.

Recommendation #1: Currently DARS has 2 designated units: the Division for Rehabilitation Services (DRS) and the Division for Blind Services (DBS).

Recommendation one is to administratively merge these divisions.

I believe that merging the Division for Blind Services (DBS) and Department of Rehabilitative Services (DRS) would not be advisable, and I am very much opposed to this suggestion.

Today, DRS does not well serve the needs of the multitude of both the number and types of consumers with disabilities they are charged with. The problems only got worse after the Commission for the Deaf was abolished and merged with other elements of what became DRS. With the growing awareness of other disabilities, such as Autism, the confusion and inefficiencies are growing.

Today, those counselors are often more generalists and do not well understand the real needs of the individual consumers they are trying to help. The problem is worse in smaller towns where huge caseloads are dumped on the backs of a few counselors. Often, consumers simply go away or disappear from the radar, frustrated with long waits, inattention, and neglect. Complaints by counselors about workload and schedules, and resource limitations also serve to run away consumers. Why would the legislature make things even worse than they are already by

adding more disabilities to an already inefficient operation?

While there are many successful DRS service examples, the ones I am familiar with as successes are specific disabilities that often require little involvement by the state, and can be addressed fairly straight forward.

More severe disabilities require a wholly different level of effort and concentration, as well as management and support. Physical therapy is not the same as psychiatric therapy and those are not the same as orientation and mobility training, though the consumer's physical manifestations might lead the generalist counselor to send a consumer to any one of them. However, a counselor may not actually know what the consumer needs because he is not equipped to make such calls for services. Worse, he/she may be so overwhelmed by heavy and diverse caseloads that a quick decision is made based only on a gut feel or desire to achieve an internal management goal. A counselor is expected to know what each and every consumer needs and that is often based on their own judgment, regardless of the fact that they may know little to nothing about specific disabilities. Worse, management reacts based on generalized concepts and often does not understand the individual's real needs or even of that disability type, rendering poor and ineffective management support to the counselor.

Since I have gone to 4 universities and had to request accommodations from all of them, and for each semester, I can tell you that not one counselor in the universities understood the needs of the totally blind, yet they were to serve all students with disabilities. The great frustration is that it requires me to take the time to teach each individual about blindness and why their preconceived ideas were incorrect. Generalists, whether in a job function as counselor, supervisor, manager, executive, or specialist, might have value in some cases for some people. But In general, they waste the time of the people they are charged to help because they often know little about a specific disability and how to interrelate with that individual.

With the view of downsizing managers and administrative help, the problem for everyone will be magnified. It was already a poor decision to eliminate such help in the past as it only meant that the specialists and counselors took on more paperwork burdens. Rather than freeing the counselor to do more meaningful and productive work, the Sunset Committee wants to burden them down with more work, inefficiencies, and delays in getting the real job done.

The real problem is not the number of folks, but what they do. Why does each counselor have to do so much paperwork for each case? How does the consumer benefit by the counselor doing it versus sharing the load with others who can process paperwork faster and at less cost than a counselor? The report fails to mention any of this. The problems only get much worse with consolidation.

I will contrast the treatment I have had from DBS with someone else's treatment that I know, a 19 year old friend, whom I will call Janie. Janie is autistic/developmentally challenged. I am totally blind. We have specific and very different needs for education and training.

My disability was easy to determine. The road to and through rehabilitation was far from easy. My on-going needs are periodic and specific. While I had to fight at times to get what I needed and had to convince some of my ability to succeed, I have been successful, regardless of the barriers thrown up or encountered. However, I always felt that the key people in DBS truly understood blindness and the services they could provide. The real burden was on me to show what I could do if I got the support I really needed.

Janie's story is very different. For the longest time, her condition was diagnosed as mental illness, and likely misdiagnosed. She is definitely Autistic. In public school DRS would not take on her case and she received no transitional services. After graduating from a special school, she again sought DRS services so she could continue with her life. It was obvious to virtually everyone that her emotional and judgmental age was probably around 10-12 and her speech was badly affected. Yet, DRS did not want her case.

Help through another DRS office got the ball rolling. The counselor was difficult to contact, failed to follow through with promised appointments, misinterpreted information and reports, sent her to improper evaluation entities that complained, but, finally, she was placed in another special school. The last process took over 1 year to complete. A complete year in her life gone because the counselor was overwhelmed; because the generalist counselor did not understand Autism; because maybe, the counselor had management that was busy on other things. Janie is not alone.

I am so happy I received services from DBS already. If it were merged with DRS, I know I would have given up and dropped out, trying to live on SSI by myself. Janie's situation is not good. Now that she is an adult by age, she does not have an advocate and she does not know how to do that for herself. She does not know when she is being given bad advice or bad services. Her counselor has told her she cannot ask for anything else. Why?

She does not know.

There are some disabilities that need specialized state agencies. They are the ones for the blind, the deaf, those that are served by the State Assisted Living Centers, and a few others. There are many disabilities that do not need highly specialized, life-long services. Would a reasonable person have their expensive BMW maintained and repaired by a Chevy technician and expect knowledgeable, efficient and timely service? Why would anyone believe that a singular organization, management, and support system do a credible and professional job, regardless of some specialized counselor?

It is time for the legislature to understand "one size does not fit all" when it comes to disabilities. There is no problem with having separate entities doing different things, regardless of what they are called or what job titles are used. What we do not need is extra levels of management that add no value. What we do not need is management organizations that do not understand the real needs of the consumers they are serving.

What we do not need is some singular organization determining which disability is more worthy of receiving assistance.

What we need is a legislature and agencies that are measured not on budget but on results for the investment made when it comes to the disabled.

Recommendation #3:

The proposed recommendation is that DARS Offers Many Independent Living Services Consumers Could Easily Access Through Local Centers for Independent Living.

This recommendation would change the current system, where DARS directly provides many independent living services (ILS) in consumer homes, to a system where all state independent living services would be provided by or through centers for independent living in all areas of the state, except where no center is willing or able to provide services.

I am opposed to having specialized blind services offered within Centers for Independent Living (CILs). There are several reasons why services for the blind would not be adequately provided within a CIL, which is designed to provide general services for all disabilities. Some of my reasons for this decision are below:

CIL's lack qualified, specifically trained, certified and experienced blind teachers and instructors. They do not generally have such today because that is a duplication of efforts with DBS. Further, the specialized services are best managed from within an agency. CIL's can perform some generalized duties and services, but they should not be required to hire blind specialists. It should be noted that a state-wide agency is far more resourceful and can provide much better services than independent, small, independent, generalized CIL's. CIL's expand on what is offered to the consumer; it does not replace DBS or DRS.

As many educational services for blind children begin at infancy, it is important that an early childhood visual impairment teacher (VIT) go to the family's home. There, the VIT will need to work with both, the child and family members. It is important that this takes place in a natural setting, in order to ensure that the infant receives the proper training that will enable him to develop at the same level, as a sighted peer. . As the child matures, it is necessary for the VIT to meet him at school and other locations. Having these services provided within the CIL would deprive children of all ages from receiving the blindness skills necessary for their best development.

As the number of older people increases, so does the number of those with vision loss. There are several reasons why adults will not or cannot attend classes at a CIL. For many, traveling to a CIL is not feasible. The lack of transportation is a major barrier. For many, there is a genuine fear of leaving the surroundings, where they feel secure. It is often necessary for an independent living skills instructor to visit the consumer's home, where the

individual can learn new ways to accomplish chores in a familiar setting that were once taken for granted. Consumers need to learn to get around within the perimeters of their home, church, and other areas that they might frequent. Basic orientation and mobility skills can be taught in a facility like Criss Cole, but the skills need to be enhanced and furthered in the home locale and usually on a one-to-one basis with a qualified instructor. Orientation assistance needs to be taught when and where most appropriate for each person. It would not be possible for most blind to receive much of this training from a center for independent living.

Thank you for allowing me to make these comments.

Respectfully,

Mary Kindrick

Any Alternative or New Recommendations on This Agency: Either leave the Agencies under DARS alone, or else, disaggregate some of them back to their prior, pre-DARS days, especially DBS and Deaf services. If disaggregation, then create a small department that manages federal relationships, reports, and reviews to insure state consistency and to eliminate any unnecessary, redundant filings or financial requests.

My Comment Will Be Made Public: I agree