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**TEXAS REHABACTION NETWORK (TRAN)
RESPONSE TO SUNSET STAFF RECOMMENDATIONS REGARDING
THE DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES**

June 25, 2014

Dear Senator and Chair, Jane Nelson; and, Representative and Vice Chair Four Price; and, other Sunset Advisory Commission Members – Senators Brian Birdwell, Juan Hinojosa, Dan Patrick, Charles Schwertner, Dawn Buckingham; and, Representatives Cindy Burkett, Harold V. Dutton, Jr., Larry Gonzales, Richard Raymond, Tom Luce:

Founded in 1995, TRAN is a non-profit organization whose mission is to advance the Public Vocational Rehabilitation (PVR) System in the State of Texas. Our membership, a coalition of almost 800 professionals in public and private rehabilitation, business and education, and other fields, as well as former and current consumers, appreciates the opportunity to comment on the Sunset Staff Report regarding the Texas Department of Assistive and Rehabilitative Services (DARS).

TRAN concurs with the Report's recommendations under Issues 2, 4 and 5. However, we believe the Report's recommendations regarding Issues 1 and 3 have serious deficiencies.

TRAN firmly believes that the Texas PVR system, as it serves people with all disabilities, particularly those Texans who are blind, will be damaged and suffer a severe, possibly irrevocable, setback, if recommendations under Issues 1 and 3 are adopted.

We agree in spirit that the DARS Divisions for Rehabilitation (DRS) and Blind Services (DBS), as well as all other state departments, should regularly research effective ways to coordinate for the benefit of its constituents and consumers. However, any change contemplated by agencies themselves and the Sunset Commission should not put at risk the populations already being served efficiently and effectively.

Issue 1

The Sunset Staff Report states: *“Even though these divisions provide essentially the same core services and have a similar need to tailor these services to the needs of specialized populations, they administer their programs separately.”*

TRAN's position is that this method of administration is exactly what has made the services effective in Texas for generations and envied in many other states, which have taken the damaging step of streamlining and diminishing the unique separation of internal oversight required to produce excellent outcomes. Administrators of each

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division serve distinct populations. The service populations are NOT similar. The administrators are required to possess skills and knowledge about those populations to ensure the effectiveness of services. For instance, the administrative heads of the Division for Blind Services have decades of experience directly working with people who are blind, as did previous administrators. The heads of the Division for Rehabilitation Services have specialized knowledge about the needs of that population. Service outcomes show the power of the current system.

Our comments come from an organization of professionals with nearly 20 years of experience in serving all people with disabilities. TRAN agrees that consolidation can have its merits, however, in this case, we believe the recommendation to consolidate DRS and DBS is the wrong approach.

TRAN's response to Issue 1: "*The Separation Between DARS' Divisions for Blind Services and Rehabilitation Services Causes Unnecessary Duplication and Impedes Access to Services*" is that the separation between DARS's two VR divisions is in fact essential to providing Texans with disabilities access to the best possible services.

Issue 3

Because of the important vocational rehabilitation components that make up Independent Living Services, TRAN is compelled to comment on this Issue.

The Sunset Staff Report states, "*DARS offers many independent living services consumers could easily access through local Centers for Independent Living.*"

The fact is that people with blindness cannot easily access services at Centers for Independent Living (CILs) because they are unable to safely travel to those Centers, and those Centers do not provide the essential and comprehensive in-home services that DARS provides people with blindness and all other disabilities.

Furthermore, the Sunset Report asserts that DARS duplicates CIL services to people with all disabilities. The reality is that there is very limited duplication of ILS between CILs and DARS. The only core service that could possibly be considered a duplicate is Information and Referral, which is a no-cost service all agencies provide.

We believe that if recommendation 3.1 is adopted, then current consumers would be placed at risk for ineffective services because of the following:

- Each CIL is independent of each other, with independent funding streams and levels of funding, even from DARS.
- Although CILs have "core services" that are consistent from one CIL to another, the quality and quantity of core services actually provided are inconsistent.

- As far as TRAN has been able to determine, at most only three or four CILs have consistently provided core services to people with blindness in just the past 12 months.
- CILs do not train and retain staff members who are able to provide services to consumers with blindness. The focus of the CILs is on the broader disability population rather than service to persons who are blind.

It is TRAN's understanding that the original intent of State Independent Living Services as currently administered by DARS was to reduce the cost to the State of serving people with ILS needs by serving them in their homes (rather than in nursing or group homes); and to potentially increase those individuals' functioning to the point where they may be able to obtain and maintain gainful employment, which in turn would save the State even more money by creating taxpayers from people who before required taxpayer assistance. Furthermore, we believe that CILs were created to only supplement State ILS by working as providers for and partners with DARS.

TRAN believes that Recommendation 3.1 would change the long-time, successful system of DARS directly providing essential independent living services (ILS) to all consumers in their homes in all parts of Texas, to a new and fractured system of independent CILs that are unable to provide services to people with disabilities in their homes in all parts of the State.

Issues 2, 4 and 5

TRAN agrees that adopting the recommendations under these three Issues would facilitate more effective collaboration to better serve people with disabilities, without damaging the current successful systems of PVR and ILS.

We thank you again for the opportunity to present this testimony. The members of TRAN remain committed to Texas' Vocational Rehabilitation Program, which is the national model for providing citizens with disabilities the highest standard of service possible.

OTHER IMPORTANT FACTORS REGARDING FISCAL IMPLICATIONS

1. There is no statement related to the cost of creating a combined DSU. It will take considerable staff resources, time and energy, to consolidate programs, program manuals, realignment of staff, etc. that would otherwise be devoted to putting people with disabilities to work, and would delay the implementation of Recommendations 2, 4 and 5, which TRAN agrees with.
2. The Report fails to include important national data that clearly show that separate DSUs perform much more effectively than combined DSUs, where serving Blind consumers is concerned (Please see RSA data below *). This data confirms what our professional experience tells us, that under a combined DSU, people with blindness are more likely to experience delays in services and less likely to achieve successful outcomes, which result in a reduction in Social Security Administration reimbursements and an overall decrease in ROI.
3. Page 14 of the Sunset Report lists specific field management positions in DRS and DBS as an example of administrative duplication. According to the Report, these positions, if reduced, would result in most of the \$1.8 million in projected administrative cost savings. What would certainly be an unintended consequence, however, is that this reduction of field supervisors would push DARS back into non-compliance with the State Auditors 2002 recommendation that state agencies strive to maintain an 11:1 Staff to Supervisor ratio. But the report doesn't stop there. It further states on page 19 that "with these savings, the agency could hire an additional 31 vocational rehabilitation counselors and assistants . . . ," which would push DARS further out of compliance with the State Auditors Guidelines.

*RSA DATA

Comparisons were completed on three large and comparable states with separate DSUs (like Texas), which had 20.7% of the nation's population, and three large and comparable states with Combined DSUs (like California), which had 20.3% of the nation's population on the following primary indicators of success Federal Fiscal Year 2012:

Rehabilitation Rate: The three states with Blind DSUs had a more effective Rehabilitation Rate – 67% compared to only 37% for the states with Combined DSUs

Competitive Employment: The three states with Blind DSUs achieved 25.7% of the nation's competitively employed consumers, while the three states with combined DSUs had only 12.0% of the nation's competitively employed consumers.

Successful Outcomes: The three states with Blind DSUs achieved 22.2% of the nation's successful closures, while the three states with combined DSUs had only 15.9% of the nation's successful closures.

In 2012 DBS achieved 12.2% of the nation's successful closures and 13.5% of the nation's competitively employed consumers with only 8.3% of the nation's population.

DARS' overall Return on Investment is for every \$1 spent on putting people with disabilities to work, \$8 is returned to tax payers as a result of those individuals becoming tax payers themselves and reducing or eliminating altogether their reliance on public support such as Social Security Disability.

DARS SERVING CONSUMERS WITH MULTIPLE DISABILITIES

On page 15, in its discussion of provision of services to people with multiple disabilities, the Sunset Staff Report states,

“For example, if a consumer comes to DARS with a visual impairment and a mental health issue, that consumer would have to complete services with the Division for Blind Services for the visual impairment before opening a new case with the Division for Rehabilitation Services to address the mental health issue.”

Based on what TRAN knows about how DARS serves people with multiple disabilities, this statement is incorrect. The fact is, it is routine for both divisions to address secondary disabilities – DBS serving consumers with mental health issues and other non-visual conditions, and DRS serving consumers with visual impairments – while at the same time addressing the respective primary disabilities.

We recognize that DARS policies and procedures regarding consumers with multiple disabilities could be simplified and streamlined, and that DRS and DBS could improve how they collaborate to ensure improved service delivery to these individuals, but the fact remains that people with multiple disabilities routinely have access to necessary services under the current structure.

OTHER IMPORTANT FACTORS REGARDING ISSUE 3

- ILS provided by DBS to consumers in their homes – Orientation and Mobility, Diabetic Education, Daily Living Skills, essential Vision Devices, and Adjustment to Blindness Counseling – are not offered by CILs at actual Centers, much less in consumers' homes. A person who recently became blind likely would never make it to a Center because of their inability to travel safely and effectively.
- ILS Skills Training provided by CILs to people with any disability tends to be in a group setting provided at a Center rather than in consumers' homes and communities. Therefore, when serving people with blindness, there would be no "specialized" focus on that disability. Working with this population requires a completely different set of knowledge and skills. Years of research and practice indicate that it is ineffective and unreasonable to try to place an individual with blindness into a group that includes people with other disabilities. Working with people with blindness requires a completely different approach from A to Z, an approach that CILs are unable to provide, which will result in individual with blindness being left behind every time.
- CILs might inform consumers about the availability of rehabilitation technology, but do not purchase it and would likely refer a person with any disability to DARS for this service.