



Revised Long Range State Plan For Texans with Disabilities

The Texas Council on Disabilities
January 1991

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January 30, 1991

Dear Governor Richards, Lt. Governor Bullock,
Speaker Lewis and Members of the Legislature:

On behalf of the Texas Council on Disabilities, I am pleased to present the Revised Long Range State Plan for Texans with Disabilities pursuant to Section 132.002(6) of the Texas Human Resources Code.

I would like to thank and commend my colleagues on the Council for their invaluable contributions to the development of the Revised State Plan. I also wish to express my appreciation for state agency personnel who assisted the Council in fulfilling its mandates. In addition, I want to recognize the Texas Rehabilitation Commission, the Council's lead support agency since October, 1988.

Finally, I would like to express my thanks to each of you for your interest in, and support of, the Council on Disabilities and its work.

Yours truly,

A handwritten signature in cursive script that reads "Linda J. Parker".
Linda J. Parker
Chair

Revised Long Range State Plan for Texans with Disabilities

January 1991

Prepared by the Texas Council on Disabilities'
State Plan Task Force

Acknowledgements

This report is not just the product of the Task Force. Many agency representatives as well as advocacy groups and private service providers contributed to the revision of the original document. The 1985 Long Range State Plan for Texans with Disabilities was compiled after extensive public hearings conducted over the state. The present review was conducted in the same spirit. Copies of the Plan were circulated throughout agencies concerned with human services, advocacy groups, and private service providers as well as consumers. A public hearing was conducted in Austin March 23, 1990 to which over 700 persons were invited to make comments either in person or in writing.

To be acknowledged are: the Task Force Co-Chairs, Mary Hazelwood, and Ann Phillips; subcommittee Chairs, Anita Anderson, Mark Seeger, and Roy Kimble; members of the Task Force, Scott Bowman, Ken Crow, Virginia Roberts, Paula Johnson, Carol Kirchum Price, Allan Meyers, and staff support, Jerry Ann Robinson.

In addition, we would like to acknowledge the State Independent Living Centers who contributed their expertise in reviewing and revising the Goals and Objectives, Texas Education Agency for providing a text editor to do the final edit of the revised document, and Texas Rehabilitation Commission's Publications Division for the final proofing.

Introduction

Under the subheading "powers and duties" (132.005), the 70th Legislature requires the council to "...continually monitor the implementation of the long-range state plan for Texans with disabilities and prepare a biennial review and revision of the plan for official submission in January of each odd-numbered year to the governor, the legislature, the legislative budget board, appropriate legislative committees, and the participating state agencies..." The Council on Disabilities submitted the Long Range State Plan for Texans with Disabilities in January 1985. The next reports were due in January of 1987 and January of 1989. However, the council had no chair and was virtually inactive during that period. It was reactivated in October 1988, not in time for a proper review.

With this information in mind, the Task Force on the Long Range State Plan set about to review each goal and objective listed in the plan for compliance with legislation of 1987 and 1989. The task force determined which state or private entities are addressing each goal/objective by program, task force, or study. In addition, where necessary, the task force makes recommendations for deletion of objectives and/or addition of new goals and objectives. Note the addition of Goals A, B, and P.

Since the original Long Range State Plan for Texans with Disabilities, many changes and improvements have occurred in the human services arena. There is a definite movement toward full citizenship with corresponding rights and responsibilities for persons with disabilities. The ensuing independence enables persons with disabilities to exert more control and choice over their lives. In turn, agencies are becoming more flexible in their service delivery systems. Last summer's passage of the Americans with Disabilities Act will, no doubt, enhance and enforce federal and state statutes with regard to persons with disabilities. In addition, communities will be challenged to integrate people with disabilities to the extent that no longer will they be mysteriously absent from community resources, they will be in full participation.

The Texas Council On Disabilities
Long Range State Plan for People with Disabilities

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*Indicates New Goals

Foreword

The Texas Council on Disabilities was reactivated in October 1988 by the appointment of Linda J. Parker as chair and the selection of the Texas Rehabilitation Commission as lead agency. Ms. Parker convened an organizational meeting February 16, 1989, and set up the following Task Forces: Demographic Survey, Long Range State Plan, and Transportation.

It was determined by Ms. Parker and the Texas Rehabilitation Commission that an Executive Director should be hired to support council activities. Subsequently, the new director began May 1, 1989.

The following goals and objectives are the result of the State Plan Task Force's review of the Long Range State Plan for Texans with Disabilities. The Task Force alphabetized the goals because each has priority in its own right. The objectives are numbered for ease of reference; the numbering system is not intended as a priority ranking.

The Council on Disabilities urges all entities concerned with or dedicated to service and/or quality of life issues of people with disabilities to promote the principles incorporated in the plan and to work toward the fulfillment of the goals and objectives.

These ideals will benefit all Texans. The removal of attitudinal, architectural, and informational barriers to those individuals within the general population who have disabling conditions will enrich all the citizens of Texas, and promote a healthier economy through the productivity of people with disabilities.

(New)
Goal A: A Crime Free Environment

Developing a crime-free environment which recognizes the special vulnerability of people with disabilities is a top priority for all Texans.

OBJECTIVES

1. Create programs that promote crime prevention and awareness among people with disabilities.
2. Encourage cooperation among existing networks to inform, disseminate, and promote crime awareness to people with disabilities and to the general public.
3. Promote programs to heighten law enforcement's awareness of people with disabilities; i.e. emergency personnel, probation officers; and increase cooperation between law enforcement and disabled consumer organizations.
4. Promote crime victim support services for victims with disabilities.
5. Promote new research in the area of persons with disabilities and involvement in crime.
6. Promote compilation and dissemination of existing data pertaining to crime and persons with disabilities.
7. Promote development of training packages necessary to effect objectives 1 through 6.

Related Issues:

Identify characteristics and factors which may lead persons with disabilities to engage in criminal activities.

Create programs to rehabilitate those persons with disabilities who engage in criminal activity.

(New)
Goal B: Access to Health Care Services

Increase access to, availability of, and eligibility for, quality health care services for people with disabilities.

OBJECTIVES

1. Promote pre-service training and continuing education programs to prepare physicians, dentists, and other health professionals to work with people with disabilities.

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2. Support and encourage entities involved with the prevention of disabilities.
 3. Promote the accessibility of public and private wellness programs for people with disabilities.
 4. Promote increased availability and encourage expansion of the rural health care delivery system for people with disabilities, providing transportation and communication, and proposing related legislation and appropriations.
 5. Promote increased accessibility to the urban health care delivery system for people with disabilities.
 6. Promote the availability and awareness of public and private health coverage options for people with disabilities.
 7. Encourage the insurance industry to include and expand home health care coverage as a cost effective alternative to institutional care.

Goal C: Accessible Communities

Communities will be developed which are fully accessible in all respects—in geography, architecture, and communications—and, which offer support systems.

OBJECTIVES

1. Develop accessible communities which use the best and most current technical, organizational, and social knowledge to assure equal and productive participation in society.

HB 0964 Relating to access by handicapped persons to mass transit systems.

TDOA Federal mandate, 983, Centers are accessible. Annually verified accessibility.

2. Create incentives to develop communities with accessible architecture and communications.

RELAY TEXAS will increase communication for hearing and speech impaired.

3. Educate planners, architects, interior designers, engineers and developers about the needs of people with disabilities and the need for incentives for developing communities with accessible architecture and communications.

Access U.S. / Access Texas, Service Program of Texas Rehabilitation Association.

Americans with Disabilities Act (ADA)

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4. Support local committees on people with disabilities for continued development of access advocacy, including accessibility surveys. For example, Access Texas (a program of the National Rehabilitation Association) does accessibility surveys of meeting and lodging facilities.

Access U.S./ Access Texas
Interagency Council on Services for the Homeless
Coalition of Texans with Disabilities

5. Initiate achievable short and long range plans with time lines for expanding and developing public transportation systems to meet the needs of Texans with disabilities.

Texas Planning Council for Developmental Disabilities
Americans With Disabilities Act
Council on Disabilities, Transportation Task Force
Coalition of Texans with Disabilities

6. Assure communication accessibility to vision, hearing, and speech impaired persons.

RELAY TEXAS has increased communication of hearing and speech impaired.

7. Initiate strict statewide standards with education and enforcement mechanisms for access to all public facilities.

SPGSC - Architectural Barriers Division

8. Assure equal access to local parks and recreation facilities, programs, and community based organizations.

Texas Parks and Recreation, 1990-1991 Action Program, 1990

Texas Outdoor Recreation Plan, 1990, addresses accessibility for persons with disabilities

9. Assure that local government programs and facilities are models of accessibility for persons with disabilities.

Interagency Council on Services for the Homeless
TRC, Brown-Heatly Building, a Model of Accessibility

Goal D: Attitudes

Realistic and positive perceptions of all persons with disabilities will be communicated by the media, educational facilities, and those who work in the human services arena. Positive perceptions of the potential of disabled people and affordable solutions to their problems must be communicated to all citizens.

OBJECTIVES

1. Recognize media for appropriate portrayal of persons with disabilities.

Governor's Committee, Barbara Jordan Award
Governor's Office of Volunteers

2. Promote the use of non-stereotypical images of disabled people.

TRC places People First...state agencies serving people with disabilities are changing the language in their literature

ADA

3. Promote portraying persons with disabilities as equal participating members of society.

ARC, Media Awards

ADA

Program, SPECTRUM, on the Silent Network, San Antonio

4. Initiate workshops and public awareness sessions conducted by people with disabilities for service agencies, organizations, employers, educators, and others.

5. Governor's Committee, ARA, etc., Disability Awareness Day and Opportunity 2000, The New Age Workforce

TRC, People First

TRC/TRA ADA Awareness Training

5. Encourage the local media to address the needs of people with disabilities within their communities; e.g. investigative reporting on employment, transportation, housing, and social issues.

Goal E: Coordination

Promote planning and coordinating government, private, and voluntary disability-related activities at the federal, state and local levels.

OBJECTIVES

1. Create and publish a long-range plan with biennial revisions for disability-related services in Texas.

Long Range State Plan for Texans with Disabilities
THSCC Reference Guide

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2. Coordinate disability-related programs at the state level.

THHSCC
Governor's Committee

3. Promote a single point-of-entry system and a uniform client identification and tracking system for all Texans, including those with disabilities, to assure the continuity of care within the service delivery system.

Under study by Texas THHSCC

CORE, Computer Node, originally under THHSCC, now under Department of Information Resources

TRC's GIS system may be utilized for tracking

4. Promote an effective individual case management system for all disability-related services.

Under study by THHSCC

5. Coordinate the efforts of community volunteers, peer support groups, and client assistance organizations.
6. Initiate a system whereby state agencies and organizations can work and communicate with each other, their clients, and the general public to produce a dynamic service delivery system sensitive to the changing environment, individual needs, and the job market.
7. Initiate a statewide referral system for questions relating to disabilities.

Information and Referral under study THHSCC.

8. Promote the statewide program for the transition of students with disabilities from the public school special education program into other service delivery systems, and help identify, plan, and develop services needed beyond the educational system.

Memorandum of Understanding (MOU), SB 417

9. Promote clearly defined and coordinated eligibility requirements and intake procedures for all services available to people with disabilities.

Goal F: Data Base

A common data base will be created and updated regularly to assist policy makers in long-range planning, policy and program development.

OBJECTIVES

1. Promote a comprehensive demographic survey to identify and locate Texans with disabilities and assure that the resulting data base is routinely updated and used by all public and private agencies and organizations for planning programs and establishing priorities.

THHCC & United Way are developing SNAP, (Statewide Needs Assessment Program)

COD is pursuing the Demographic Survey begun in 1984. TDHS has included some questions on disabilities in their census.

DD Council has conducted a survey for developmental disabilities.

2. Create a uniform client identification coding system to: (a) identify all disabling conditions of individuals being served, (b) identify all services being received by such individuals, (c) identify the cost of said services, and (d) assure the system's use by all agencies serving people with disabilities.

THHSCC sponsored CORE project

3. Design and implement a system for sharing information among appropriate agencies, organizations, and individuals which will assure the confidentiality of each client.

THHSCC sponsored CORE project

4. Establish in each agency providing services to individuals with disabilities a management information system compatible with the demographic and client identification data bases which will; (a) support management decisions affecting resource allocation, (b) assist in efficient management of service operations and personnel, (c) support timely information and decisions regarding services to individual clients, and (d) permit analysis of the cost effectiveness of program alternatives which promote the greatest possible degree of independence and self-reliance.

Goal G: Education

A continuum of public, private, and community educational opportunities provided in the most productive and least restrictive environment shall be available to all children and adults with disabilities and shall include free and appropriate public education for qualified students which is at least equal in quality and scope to that which is provided for non-disabled persons.

OBJECTIVES

1. Promote the enforcement of all laws protecting educational rights of children and youth with disabilities and their parents.

SB 417 (MOU) Memorandum of Understanding

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2. Promote the development of new and creative educational techniques applicable to disabled persons of all ages.

HB 1196 Relating to the exemption of deaf or blind students from certain academic skills testing and remedial coursework requirements

3. Expand adult education programs and opportunities for adults with disabilities.
4. Assure barrier free accessibility to all libraries and museums.

ADA

5. Promote the creation of new and expand existing vocational education programs for disabled persons of all ages.
6. Provide transitional services to teenagers and young adults with disabilities to assure their successful integration into the community and the work force.

SB 417 MOU

7. Promote the creation of new and expand existing early intervention services for children with disabilities, including education and counseling for their parents.

HB 1469 Relating to the Definition of "Handicapped Person" for the Purpose of Education, Training, and Special Services Provided by a Rehabilitation District

SB 417 MOU

8. Promote the enforcement of existing laws that require minimum standards of accessibility for all educational facilities.

ADA

9. Assure that the opportunity to participate in extended vocational programs (after school, weekend, summer) is available to all eligible students with disabilities.
10. Assure that all school programs, including enrichment, supplemental, tutorial, summer school and extracurricular activities, are available and accessible to students with disabilities on the same basis as they are made available to all other students.
11. Require courses at all levels of primary, secondary and higher education which will create awareness and understanding of the problems of persons with disabilities, e.g. social, physical and psychological.
12. Assure that professional degrees in disability-related areas require clinical experience with people with disabilities.

Goal H: Employment

Productive employment of individuals with disabilities will be increased at all levels of society, including policy making and administration, and in disability-related service programs.

OBJECTIVES

1. Encourage employers to make reasonable modifications in job descriptions, work environments, and hiring practices which will result in the productive employment of people with disabilities.

TRC Supported Employment Program
TDOA STEP Program
ADA

2. Assure that all publicly-funded service agencies are models of equal opportunity for disabled persons at all levels of employment, with sufficient funds designated for reasonable accommodation and outreach.
3. Initiate programs, including tax and other incentives, to encourage employers to hire qualified individuals with disabilities.
4. Promote the stringent enforcement of all state and federal laws concerning the employment rights of persons with disabilities in compliance with the Americans with Disabilities Act.

TRC initiative to actively recruit qualified persons with disabilities to apply for positions

5. Create employment programs for people with disabilities who can be productive with alternative settings; i.e. supported employment, job coach, shared time.
6. Expand state and local job placement programs to refer and place trained workers with disabilities.

Supported Employment
Alternative Supported Employment

7. Create and/or expand accurate, reliable techniques to measure the vocational potential of persons with disabilities, particularly those with multiple disabilities.
8. Assure frequent follow-up to measure the effectiveness of vocational training and other employment services for persons with disabilities.
9. Offer persons with severe disabilities a continuum of work-related options including vocational training, vocational assessment, progressive sheltered workshops, work stations in industry, and competitive job placement.
10. Make employee assistance programs accessible to employees with disabilities.

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11. Assure that all employer assistance resources are accessible to employers and self-employed professionals who have disabilities.
 12. Promote the use of appropriate creative technology to help employers accommodate disabled persons.

Governor's Committee for Disabled Persons

Goal I: Evaluation

Policy and program evaluation systems will be established to monitor the effectiveness of disability-related programs and program management.

OBJECTIVES

1. Develop and pilot a method to evaluate the benefits of disability-related services in providing an opportunity to achieve self-reliance, independence and productivity in the least restrictive environment for a person with a disability.
2. Develop and implement policy and program evaluation systems for use in allocating resources among programs and identifying programs with the strongest independence orientation.
3. Develop evaluation procedures appropriate to the abilities of the client, including those who are non-verbal or severely physically disabled.
4. Establish guidelines for administrative and fiscal reviews which assure accountability, integrity, and good management practice in disability-related programs.

Strategic Policy Committee, THHSCC

Goal J: Independent Living Opportunities

Independent living opportunities in the most productive and least restrictive environment will be available to all Texans with disabilities. At present, lack of facilities and funds and, many times, public opinion, prevent people with disabilities from making the most of their own lives and contributing fully to society.

OBJECTIVES

1. Reduce the unmet needs of severely-disadvantaged disabled people, such as members of cultural and social minorities, residents of rural areas, individuals affected by substance abuse and chronic poverty, those with severe physical and/or mental disabilities and/or acute behavioral problems.

HB 2484 Relating to the establishment of a council on minority health affairs.

SB 75 Relating to discrimination in certain transactions concerning housing; creating a procedure for investigation and settling complaints of discriminatory housing practices; providing civil and criminal penalties.

SB 487 Relating to the provision of long-term health care; providing civil and criminal penalties.

SB 1509 Relating to the establishment of a support program to assist persons with disabilities and their families; providing a criminal penalty.

SB 1697 Relating to state mental health and substance abuse services and programs for children, families of children, and adults.

TDOA, Federal Mandate, 60 + , targeting culturally disabled and disadvantaged 60 + .

2. Create affordable housing and other public and private facilities which are accessible to persons with disabilities.

SB 75 Relating to discrimination in certain transactions concerning housing; creating a procedure for investigation and settling complaints of discriminatory housing practices; providing civil and criminal penalties.

Federal Fair Housing Act.

3. Foster programs to create a broad range of high quality, independence-oriented, family, volunteer and other attendant care services for disabled people of all ages.

SB 1509 Relating to the establishment of a support program to assist persons with disabilities and their families; providing a criminal penalty.

HB 1347 Expands coverage of MHMR in-home family support

TRC Attendant Care Program

DHS Consumer Managed Attendant Care

DHS In Home and Family Support

DHS Primary Home Care and Family Care

MHMR In Home and Client Attendant Care

TDMHMR Funding increased for in-home and family support for MR.

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4. Increase the availability of technological aids (adaptive/assistive devices) which allow maximum productivity and equal participation in society by disabled people.

SB1 509 Relating to the establishment of a support program to assist persons with disabilities and their families; providing a criminal penalty.

TRC Technology Task Force

TCB Career Development Unit

ADA

TEA (see Education, Goal 2)

BUICP Hi-Tech equipment loan to PSUI kids to augment academic opportunities. ICF-RC includes recommendations for assistive devices.

5. Expand effective consumer-operated independent living programs, with a stable base of private sector, state and local government funding, for elderly and disabled persons.

SB 482 TDOA Options for Independent Living

HB 737 Relating to the requirement that the Texas Department on Aging study the need for regulating home-care companion referral services.

DD Council is funding two supported living projects.

6. Expand community residential programs for individuals who can achieve productivity more efficiently and effectively in such settings.

SB 463 Relating to the establishment of a community mental health or mental retardation center.

HB 1347 Relating to a support program for persons who are mentally disabled.

HB 2484 Relating to the establishment of a council on minority health affairs.

HCR 84 This resolution expresses Legislative support for the continuation and expansion of home and community health care, as exists within the programs and services provided by TDOA and TDHS.

HCR 238 Establishes a legislative task force to recommend amendments to the MRPA, composed of legislators, agency staff, consumers, advocates, providers and professionals.

1915C (DHS)

TRC Deaf/Blind Program

MHMR Autism Program

7. Expand temporary and emergency services such as respite care, mental health services, shelters, sign language interpreters, attendant care, transportation, technical aids, and other essential backup independent living services.

SB 1509 Relating to the establishment of a support program to assist persons with disabilities and their families; providing a criminal penalty.

TCD Legal and Medical Interpreter Services

TDHS expanded Respite Care

TDOA Existing Transportation

TCD Legal and Medical Interpreters Services

8. Expand day activity centers, hospice programs, and other medical, rehabilitative, social, and recreational programs designed to encourage and enable persons with disabilities to be more productive.

SOHOT, Services to Old Hearing Impaired Texans

Deaf Action Center, Dallas

DHS

SB 463 Relating to the establishment of a community mental health or mental retardation center.

HB 2484 Relating to the establishment of a council on minority health affairs.

HB 1509 Relating to the establishment of a support program to assist persons with disabilities and their families; providing a criminal penalty.

HB 0904 Relating to the establishment of a community mental health or mental retardation center.

9. Create policies and maintain programs that help families in their role as primary sources of support for people with disabilities.

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- HB 1509 Relating to the establishment of a support program to assist persons with disabilities and their families; providing a criminal penalty.
- SB 1678 Relating to the Texas Medicaid program regarding optional maternal and child health services; to the creating of the Maternal and Child Health Advisory Committee; and to authority for use of local funds in the Medicaid program.
- SCR 100 Requires MHMR to conduct a thorough analysis of funding methods used in other states for providing community-based services to persons with mental retardation and report its findings and recommendations to the legislature in January 1991.

TDHS Chronically Ill and Disabled Children Program.

TDOA Initiative - Public/Private Sector, help employees understand what is appropriate for their elderly parents; i.e. Business Advisory Board for Independent Living.

10. Initiate programs to help people with disabilities get adequate nutrition.

TDOA Expanded Congregate Meals & Home Delivered Meals 60+

11. Create, maintain, improve, and expand community-based, independence-oriented, long-term residential services for people with severe disabilities.

TDHS New Level of Care IQ over 75, severe disabilities and need long term services.

12. Promote assistance to aged disabled people with problems to allow them to live as independently as possible.

Goal K: Law

Working together, the public and private sectors will develop a comprehensive, internally consistent body of disability-related law which complies with the Americans with Disabilities Act and guarantees and enforces equal rights and opportunities for persons with disabilities.

OBJECTIVES**

1. Use local consumers, service providers, and other appropriate persons to study, monitor, and make recommendations about disability-related laws and regulations.
2. Require all agencies to establish and/or adopt rules and guidelines assuring the equal rights of all people with disabilities at every level of agency proceedings.
3. Initiate appropriate client rights assurance systems, including self-advocacy training, within programs serving people with disabilities.

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4. Create basic state-level disability rights legislation with an independent, permanent mechanism to investigate complaints and to ensure enforcement.
 5. Continually update and distribute a compilation of disability-related laws to persons with disabilities, advocates of people with disabilities, and other interested individuals.

Advocacy, Inc.

6. Initiate educational programs to increase public awareness and understanding of disability-related laws, rules, and regulations.

TRA/TRC ADA Awareness Training
Governor's Committee

7. Provide information about their rights to people with disabilities and their representatives, and provide affordable legal and advocacy services when necessary.

**Passage of the Americans with Disabilities Act will have a profound effect on the objectives listed under Goal K.

Goal L: Prevention and Intervention

Disabilities will be kept to a minimum through prevention and appropriate and timely intervention.

OBJECTIVES

1. Promote programs on disability prevention which can be incorporated into the health and safety curriculum in public, private, and community education.

SB 1678 Relating to the Texas Medicaid program regarding optional maternal and child health services; to the creation of the Maternal and Child Health Advisory Committee; and to authority for use of local funds in the Medicaid program.

2. Assure that all public information materials on prevention and intervention are available in formats useful to persons with all type of disabilities.

(Note: AIDS information is needed for the deaf.)

3. Make genetic counseling and screening services available to the people of Texas.
4. Expand health services, particularly prenatal and child health care, for indigent populations.

SB 1678 Medicaid expansion

Medicaid expansion for pregnant women and children under 6

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5. Initiate and support programs for early detection and treatment of disabilities in infants and children, including parent education and counseling.

Early periodic screening and diagnosis of treatment. Medicaid for children under 21. (EPSDT)

6. Provide disability-related screening, information, and referral to appropriate services, for underserved persons such as non-English speakers, low-income persons, and those who live in isolated areas.

Vision/Hearing screening test

SLIAG, United Way and THHSCC

7. Create a communication network among prevention and intervention service providers so that accurate, current information on disability prevention can be exchanged among national, state, and local disability-related information systems.

SB 1527 Relating to the establishment of an office for the prevention of developmental disabilities

8. Extend appropriate primary treatment and rehabilitation services to all persons with physical and mental disabilities, including substance abusers and those with multiple disabilities.

TCADA Federal mandate targeted for prevention and intervention, MOU with TCS

9. Increase community-based habilitation and rehabilitation services.

MHMR new Medicaid waiver request

10. Assure that health maintenance education programs and facilities are accessible to and appropriate for persons with disabilities.

TDOA, expanding to all elderly, statewide

TDC, Women and Children under TDH has initiative to do video tapes

TDC MOU with TDH set up interagency contract for interpreters' services that can be drawn on around the state.

11. Promote public awareness of protective services to prevent or remedy neglect, abuse, or exploitation of individuals of all ages with disabilities. TDS news conference on protective services to promote awareness.

12. Establish emergency procedures to protect the health and safety of people with disabilities during emergencies, such as severe weather or power failure.

TDD accessible number with Health Department to call for rides

911, some are TDD accessible

New Statewide Telephone Relay, RELAY TEXAS, will make help more accessible.

Goal M: Private Sector Involvement

Private sector involvement in developing effective solutions for the problems of the disabled will be encouraged.

OBJECTIVES

1. Research private sector resources, and develop ways to distribute and use this information in disability-related services.
2. Create awareness among individuals, families, businesses, and others of the necessity for productive private sector solutions to the problems of the disabled.
3. Use private sector solutions to address the problems of disabled persons.
4. Recognize outstanding individual, business, and organizational contributions to persons with disabilities.

Media Awards

5. Initiate tax and regulatory incentives which encourage individuals and businesses to make financial investments in the solution of disability-related problems.

Goal N: Qualified Personnel

A sufficient number of qualified personnel will be available at all levels to provide effective services for disabled people.

OBJECTIVES**

1. Provide appropriate, effective courses on the problems of disabilities as degree and certification requirements for professions which most impact the lives of persons with disabilities, including but not limited to: medicine, health, social service, education, communication, business, architecture, law, public service, technology and the sciences.

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2. Recognize the life experience of a person with a disability as a bona fide qualification for certain jobs.
 3. Train and hire qualified disabled people in all disability-related service areas, especially to fill policy-making and administrative positions.
 4. Help service providers offer ongoing in-service training and enrichment experiences, especially in disability awareness, productivity, and independent living, to appropriate professional staff and volunteers.
 5. Provide supportive mental health resources to reduce stress and prevent job burn-out for service providers who deal with problems related to disabilities.
 6. Remove regulatory barriers which inhibit the performance of service provider personnel.
 7. Promote positive public attitudes toward disability-related service provider personnel.
 8. Provide appropriate pay and public recognition of dedicated professionals who achieve consistently superior results as service providers.

***The rules and regulations that result from the ADA may aid in fulfilling these objectives.

Goal O: Research

Productive, coordinated research for development of efficient, cost-effective, independence-oriented technology and service delivery will be promoted, funded, conducted and made available for use by public and private entities.

OBJECTIVES

1. Identify ways to bring together persons conducting research and those who are likely to utilize the findings.
2. Disseminate research findings from international, national, state, and local sources.
3. Develop an information bank and dissemination network concerning available federal, state, and local research funds.
4. Improve communication among service providers, consumers, researchers, and funding sources to identify priority areas for research.
5. Increase state funding for research projects on disabilities.

(New)
Goal P: Social, Recreational, and Leisure Opportunities

People with disabilities will have the opportunity to participate in an array of integrated social, recreational, and leisure activities.

OBJECTIVES

1. Promote the value of integrated social, recreational, and leisure activities to enhance quality of life for people with disabilities.
2. Develop and implement marketing strategies to increase awareness of the need of people with disabilities for social, recreational, and leisure activities.
3. Promote the removal of architectural barriers.
4. Identify state of the art technology which can assist individuals in accessing social, recreational, and leisure activities.
5. Remove present policies, procedures, and standards which restrict individualized integrated social, recreational, and leisure options for people with disabilities.
6. Address liability issues which restrict flexible, innovative, creative, individualized, integrated options for people with disabilities.
7. Promote individualized choice and participation in integrated social, recreational, and leisure activities.

Goal Q: Volunteers

All persons, including those with disabilities, will be encouraged to volunteer in public and private efforts to enable people with disabilities to achieve their fullest potential.

OBJECTIVES

1. Identify and publicize effective volunteer efforts to serve persons with disabilities.
2. Increase local volunteer and community organizations' involvement in responding to the needs of persons with disabilities.
3. Strengthen and fully use professional support staff and training, and reimburse volunteers for "out of pocket" expenses to increase volunteer participation.
4. Increase opportunities for people with disabilities to serve as volunteers.

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5. Expand corporate programs to respond to the needs of persons with disabilities and to non-profit organizations serving the disabled.
 6. Establish a network of disability-related volunteer sources; e.g. communities, support groups, advocates, schools, and others.
 7. Assure that all state agencies that provide disability-related services use and coordinate with community volunteers, peer support groups and client assistance organizations.

DEFINITIONS

ACCESSIBILITY Equal access to all areas of life, including, but not limited to, physical structures, legal rights, educational and employment opportunities, program services, recreational pursuits, transportation, etc.

EDUCATION (INCLUDING SPECIAL EDUCATION) Encompasses life-long learning opportunities designed to teach individuals to master traditional subject matter, to deal with the direct problems of specific disabilities, and to develop intellectual, psychological, physical, social, cultural and economic abilities.

HABILITATION/REHABILITATION (INCLUDING VOCATIONAL REHABILITATION) Individualized array of training, assistance, health care and support services. These services are designed to allow individuals with disabilities to acquire, obtain and improve self-help, job skills, socialization and daily living skills necessary to live independently.

INDEPENDENT LIVING Control over one's life based on acceptable options that minimize reliance on others in making decisions and in performing everyday activities. This includes managing one's affairs, participating in the day-to-day life of the community as one chooses, fulfilling a range of social roles, and making decisions that lead to self-determination, minimizing non-productive physical and psychosocial dependence upon others. It implies that each person with disabilities, regardless of his or her mental or physical ability, is entitled to achieve independence, productivity, and quality of life.

INTERVENTION SERVICES Provision of medical and support services to persons with disabilities to enhance long term independence.

LEAST RESTRICTIVE ENVIRONMENT An environment which removes all restrictions except those which benefit participants with disabilities. Whenever alternative programs would achieve the desired objective, the least restrictive must be chosen. The least restrictive alternative frequently offers maximum participation with persons who are not disabled. This type of environment is the most productive for accomplishing desired change.

PEOPLE FIRST LANGUAGE Parlance which refers to the individual first and the disability second, i.e., a person with cerebral palsy, an individual with a disability.

PERSON WITH A DISABILITY Any person with a physical, developmental, mental or emotional impairment which would substantially limit one or more major life activities such as learning, communication, mobility, self and health care, socialization, employment, housing and recreation. This would include any individual who is so limited as a result of having a record of such an impairment or being regarded as having such an impairment. Major areas of disability include, but are not limited to: vision, hearing, sensory mobility, respiratory and/or mental impairments; chronic and severe mental illness; learning disabilities; deafness; head trauma; chronic, disabling, life threatening and/or terminal illness; intractable pain; job-related injuries; epilepsy; and substance abuse.

PRODUCTIVITY A broad range of activities which result in positive contributions to the self, to the community and the larger society. This may include salaried employment, community services or independent living.

TRANSITIONAL SERVICES Short and extended services that enable persons with disabilities to: live in the community; participate in work and other meaningful activities; have access to appropriate medical, mental health and non-medical support services; and engage in satisfying social interactions.

UNIVERSAL DESIGN A technical term indicating architectural design which provides universal accessibility to all individuals, whether they have a disability or not.

Some Commonly Used Abbreviations

AFDC	Aid to Families with Dependent Children
ADA	Americans with Disabilities Act
ARC	Association for Retarded Citizens
COD	Council on Disabilities
DD	Developmental Disabilities
DHS	Department of Human Services
ERS	Extended Rehabilitation Services
GCDP	Governor's Committee for Disabled Persons
HSIC	Human Services Interagency Committee
IEP	Individual Education Program
IRWP	Individual Rehabilitation Work Plan
ISD	Independent School District
MI	Mentally Ill or Mentally Impaired
MIS	Management Information System
MR	Mental Retardation
MH	Mental Health
TCB	Texas Commission for the Blind
TCD	Texas Commission for the Deaf
TCADA	Texas Commission on Alcohol and Drug Abuse
TDH	Texas Department of Health
TDHS	Texas Department of Human Services
TDMHMR	Texas Department of Mental Health and Mental Retardation
TEA	Texas Education Agency
THHSCC	Texas Health and Human Services Coordinating Council
TRC	Texas Rehabilitation Commission
UCP	United Cerebral Palsy
UW	United Way

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